

Proposals to Revise the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR '95)

This consultative document is issued by the Health and Safety Executive in compliance with its duty to consult under section 50(3) of the Health and Safety at Work etc Act 1974.

Comments should be sent to:

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to reach there no later than **28 October 2012**

The Executive tries to make its consultation procedure as thorough and open as possible. Responses to this consultation document will be lodged in the Health and Safety Executive's Knowledge Centre after the close of the consultation period where they can be inspected by members of the public.

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004 (EIR)). Statutory Codes of Practice under the FOIA and EIR also deal with confidentiality obligations, among other things.

If you would like us to treat any of the information you provide, including personal information, as confidential, please explain your reasons for this in your response. If we receive a request under FOIA or EIR for the information you have provided, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will be disregarded for these purposes. Requests for confidentiality should be made explicit within the body of the response.

HSE will process all personal data in accordance with the DPA. This means that personal data will not normally be disclosed to third parties and any such disclosures will only be made in accordance with the Act.

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Consultation by the Health and Safety Executive

The Health and Safety Executive has a statutory duty to consult stakeholders to seek their views on its proposals. It believes that public consultation provides an open and transparent approach to decision-making. Following consultation, the Health and Safety Executive will make a recommendation to the Secretary of State on the best way forward.

How to Respond

A summary of the proposal and the questionnaire can be found at <http://www.hse.gov.uk/consult/live.htm> You are welcome to comment on any issue raised by this document.

You can:

Respond by email – you should send this to **RIDDOR2013@hse.gsi.gov.uk**

Complete the online questionnaire; or

Respond on paper – you can do this either by:

- Printing the online questionnaire; or
- Making a written response in whatever format you wish.

Send your completed response to:

David Charnock

Health and Safety Executive

1.3.73 Redgrave Court

Merton Road

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L20 7HS **Tel:** 0151 951 3826 **Fax:** 0151 951 4191

We would be grateful if you could send an email address when you provide your response, so that we can inform you of when the HSE intends to publish information concerning consultation responses on the HSE website.

Responses must be received by **28 October 2012**.

If you require a more accessible format of this document please send details to creative@hse.gsi.gov.uk and your request will be considered.

What happens next?

We will acknowledge all responses and give full consideration to the substance of arguments in the proposals; we may contact you again if, for example we have a query in respect of your response.

We will tell you when the HSE will publish information concerning the consultation responses. We will provide a summary of those who responded to this consultation and we will produce a summary of the views expressed to each question; this information will be placed on the HSE's website.

Code of Practice on Consultation

We are committed to best practice in consultation and to the Government's Code of Practice on consultation. The Code of Practice sets out seven criteria for consultation. These are:

- When to consult -Formal consultation should take place at a stage when there is scope to influence the policy outcome.
- Duration -Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.
- Clarity of scope and impact -Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.
- Accessibility -Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.
- The burden of consultation -Keeping the burden of the consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.
- Responsiveness of consultation exercises -Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.
- Capacity to consult -Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

How your responses will be handled

We will acknowledge all responses and give full consideration to the substance of arguments in the development of proposals. The Health and Safety Executive will then decide on how best to take the regulations forward based on an interpretation and analysis of the consultation responses.

Queries and complaints

If you do not believe that this document or the consultation on these proposals meet the criteria on consultations set out above, or if you are not satisfied with the way this consultation exercise has been conducted, please either write to:

Teresa Farnan at: Health and Safety Executive 7th Floor Caxton House 6-12
Tothill Street London SW1H 9NA

Or send an email to teresa.farnan@hse.gsi.gov.uk

We aim to reply to all complaints within 10 working days. If you are not satisfied with the outcome, you can raise the matter with HSE's Chief Executive, Geoffrey Podger, at Health and Safety Executive, Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS. You can also write and ask your MP to take up your case with us or with Ministers. Your MP may also ask the independent Parliamentary Commissioner for Administration (the Ombudsman) to review your complaint.

Introduction

1. This consultative document (CD) seeks views on proposals to revise Britain's occupational accident and disease reporting requirements, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR '95).

2. HSE is consulting stakeholders as required under s.50 of the Health and Safety at Work etc. Act 1974 (HSWA) on the proposed changes to RIDDOR to:

- Give stakeholders the opportunity to be involved in HSE's re-examination of the operation of RIDDOR to determine whether this is the best approach to providing an accurate national picture; and
- Comment on whether the proposals will provide clarity for businesses on how to comply with the reporting requirements in Britain.

Purposes of Reporting and Recording Arrangements

3. Regulatory bodies require reports regarding incidents and ill-health for three primary purposes:

- To provide timely information on matters which may require an urgent regulatory response, such as the investigation of serious incidents (**Investigation**);
- To gather information which can subsequently inform the planning and targeting of regulatory interventions (**Intelligence**); and
- To secure statistical information regarding injuries, ill health and incidents which helps to: identify and track trends and progress, target activities, inform guidance on prevention, and fulfil legal obligations to supply national data (**Statistics**).

4. Based on extensive engagement with stakeholders, the recording and, where appropriate, reporting of relevant information can also assist businesses with the effective management of their health and safety risks:

- By providing quantitative data on the nature and causes of incidents and ill health within an organisation; and
- By raising the profile of certain serious issues as matters which must be reported to the regulator, thereby acting as a behavioural driver for improvement and vigilance.

5. Britain is subject to a number of international requirements, in particular various European Union Directives, which require the reporting of specific types of incident. The current RIDDOR regulations form part of the national framework for compliance with these requirements.

6. The proposed revision of RIDDOR is intended to ensure that these purposes continue to be achieved, whilst removing reporting requirements where the information is not put to significant practical use by regulators, and/or can be better obtained from other sources.

Summary of Current Incident Reporting Arrangements

7. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations were first introduced in 1985 to replace various legislation covering specific workplaces and activities. These regulations were reviewed in 1994, which led to revised RIDDOR 1995 regulations which came into force on 1 April 1996. RIDDOR '95 consolidated and simplified the reporting arrangements, updated some of the requirements for reporting of occupational diseases and dangerous occurrences, and removed barriers to paperless reporting.

8. The essential requirements of RIDDOR '95 are:

- The prompt reporting of all fatal accidents, and those which result in “major injuries” as defined;
- The reporting of certain diseases when diagnosed by a doctor and associated with the work being undertaken by the sufferer;
- The reporting of any accidents resulting in the incapacitation of a worker for a specified period. (In April 2012, the relevant period of incapacitation was extended from over-3-days to over-7-days.)
- The reporting of various other incidents in specific industry sectors, such as offshore hydrocarbon releases and dangerous gas fittings.

9. The current RIDDOR regulations and associated guidance can be found at <http://www.hse.gov.uk/pubns/priced/l73.pdf>. In proposing revised regulations, HSE are seeking to address a number of issues and concerns which have arisen over time in respect of the RIDDOR requirements. As part of this consultation, HSE would welcome comment on businesses' experience of complying with the existing legal requirements, including in relation to the issues identified below.

The Case for Change

(A) 2005 Fundamental Review of RIDDOR

10. In 2005, HSE conducted a fundamental review of RIDDOR, undertaking a public consultation involving the publication of a discussion document (DD) and further work involving representatives of small and medium-sized enterprises (SMEs).

11. The responses to the DD and discussion exercise with SMEs showed overall agreement that RIDDOR 95 had serious flaws, and that change was needed to address these, especially the simplification of the requirements. The review highlighted a number of key issues, including:

- The use of reports and data to drive investigation and enforcement.
- Clarity about the needs for, and uses of, reports and other potential sources of information to underpin any change.
- The contribution of RIDDOR and other data sources to meet national and international obligations on gathering and providing statistics must be clearly identified and understood. The consultation showed that not all stakeholders appreciated the wide range of data sources available.
- The actual value of RIDDOR as a driver of behaviour with regard to health and safety management in larger organisations. In addition, the relevance of RIDDOR data with its drawbacks was questioned; for example, some occupational health issues are excluded.
- The widespread lack of awareness and under-reporting in small firms.

12. In addition, two other broader areas were identified:-

- Misunderstandings and inconsistencies about definitions within RIDDOR, even amongst larger organisations with access to professional advice; and
- Communication with HSE is predominately enforcement-related, which colours duty holders' attitudes to reporting.

13. The then Health and Safety Commission (HSC) decided that, whilst fundamental changes were merited, there must be confidence that other information and data sources were available before any radical revamp was begun. Moreover, the reporting and recording requirements of RIDDOR should be communicated clearly to duty holders. One particular factor recognised was that SMEs' compliance with the law was not facilitated by their belief that their reports led to an increased enforcement response, which those who did not report, avoided. This was seen as a particular issue in the local authority-enforced sector, where SMEs believed there was an overreaction by regulators to minor injuries.

14. HSC considered the findings in July 2006. It concluded that, having thoroughly examined needs for information, stakeholder views and potential change options, there was no clear appetite for radical change at that time and that, despite RIDDOR's flaws, the costs and risks of change outweighed the benefits.

15. However, HSC did direct HSE to make improvements to streamline and simplify the reporting process and its communication, particularly from the SME perspective.

(B) Compliance and Quality of Information Received

16. Compliance with the current RIDDOR requirements is known to be low. Stakeholder engagement suggests that this is attributable to:

- The complexity of the requirements, that results in inconsistencies both between regulators and duty holders, and between different duty holders (and even between departments within large organisations);

- Perceived fears of over-zealous enforcement action; and
- Confusion over whether reports through other systems satisfy the requirement to report under RIDDOR (e.g. systems in place for the protection of vulnerable children.)

17. Partly as a consequence of poor compliance with reporting requirements, the quality and reliability of certain information received via RIDDOR is poor in comparison with other data sources. In particular, the information from reported incidents of occupational disease:

- Is frequently received too late to act as a reliable trigger for an investigation, e.g. because many incidents develop some considerable time after the activity giving rise to the illness has ceased.
- Is so incomplete that it is not regarded as an appropriate data set for statistical analysis. HSE statisticians use a variety of other data sources. (Annex 2 details the preferred sources of ill-health data used by HSE.)

As regards accident reports, the general picture is that (virtually) all fatalities are reported; a good proportion of major injuries to workers, but not to the public; and fewer than half of other reportable lost-time accidents.

(C) Government Reviews of RIDDOR

18. In October 2010, the Government Report, “Common Sense, Common Safety” recommended that:

- The RIDDOR requirement for reporting over-three day injuries to people at work be increased to over-seven days. This change came into force on 6 April 2012.
- HSE re-examine RIDDOR’s operation to determine whether it was the best approach to providing an accurate national picture of workplace accidents.

(page 30 at http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf)

19. In November 2011, Professor Löfstedt in his report “Reclaiming Health and Safety for All: An independent review of health and safety legislation” identified a number of issues associated with the RIDDOR regulations. In particular, the report identified concerns that the categories of reportable accident were unnecessarily complicated, and that it was often time-consuming for organisations to determine if accidents & incidents should be reported. Incidents involving members of the public were highlighted as a particularly problematic area.

(pages 48-49 at <http://www.dwp.gov.uk/docs/lofstedt-report.pdf>)

20. Professor Löfstedt recommended that RIDDOR and its associated guidance be amended to provide clarity for businesses on how to comply, by

reducing ambiguity over reporting requirements for businesses, particularly in relation to incidents involving members of the public. The Government accepted Professor Löfstedt's recommendation and undertook to do this by October 2013. (<http://www.dwp.gov.uk/docs/lofstedt-report-response.pdf>).

(D) 2011 Public Consultation

21. In January 2011, HSE consulted on proposals to amend the over-three day reporting requirement to over-seven days. There was no wider review of RIDDOR at that time. A number of respondents, including the CBI, the Federation of Small Businesses and the Chartered Institute of Occupational Safety and Health (IOSH) asked for a fuller review of the regulations, as did Trades Unions. The Royal Society for the Prevention of Accidents (RoSPA) and the Royal College of Physicians also sought a more fundamental review. Respondents from the education, leisure, retail and other sectors that frequently report incidents involving persons not at work, such as members of the public, students and customers, asked for a review of this reporting requirement.

Aim of the Proposal for Revised Regulations

22. The aim of the proposal is to ensure that the supply of useful information is retained, and to facilitate improved reporting of such information. However, businesses should not be required to provide information which is either not used or could be better obtained from other sources.

23. HSE therefore proposes that the new reporting requirements should:

- Focus on operational needs; ie ensure that enforcing authorities are notified of individual incidents which are serious enough as to require regulatory attention, in accordance with the current published incident selection criteria – see, for example <http://www.hse.gov.uk/enforce/incidselcrits.pdf>
- Ensure that there is sufficient data for HSE and others to act in a risk-based manner, and for statistical and intelligence purposes to meet European and other international obligations.
- Simplify the requirements by removing the duties to report occupational diseases where this information is of little use or is unreliable.
- Simplify the requirements by removing duties to report that duplicate other legally binding or established and effective voluntary agreements to inform other agencies or regulators about incidents and issues.
- Simplify the language of the reporting requirements by reviewing words, terms and phrases in the current regulations, to make compliance easier.
- Provide clear guidance, giving examples of what must be reported and what does not have to be reported and by what deadline.

24. The proposed revision is intended to provide a reporting mechanism which is appropriate for HSE's current and anticipated needs, which is

proportionate in its demands upon business, and which allows HSE, local authorities and other regulators to operate effectively. Additionally, this consultation does not represent any fundamental change to established HSE policy or strategic objectives. As such, it should be emphasised that the consultation will *not* consider the potential for widening the scope of reportable incidents to areas where HSE and other enforcing authorities do not have primacy, such as work-related road traffic accidents;

Terminology and General Principles

(A) “Accident”

25. “Accident” is a key element in the requirement to report deaths and injuries under RIDDOR 1995. All reportable deaths and injuries must arise from an “accident” that led to such harm. Although, there is no definition of “accident” in RIDDOR 1995, Regulation 2 explains that “acts of non-consensual violence to a person at work” and “suicides on a relevant transport system” are included in the meaning of “accident”.

26. In addition to this, recent HSE guidance has included a definition of “accident” based on dictionary definitions and everyday usage of the word. The definition used is: *“an accident is a separate event to a death or injury, and is simply more than an event, it is something harmful that happens unexpectedly.”* (Page 2 at <http://www.hse.gov.uk/pubns/indg453.pdf>)

27. The courts have tackled the question of what is an accident on a case-by-case basis, for example in relation to airline passengers claiming for deep vein thromboses.

28. The need for an accident to have occurred in order to make a death or injury reportable has led to confusion for certain conditions. For example, cases of stress-related illness are not covered by RIDDOR, even when diagnosed by a doctor because the condition builds up over a period of time and is not the result of an “accident” that resulted in an “injury”.

29. This consultation on occupational health and safety reporting law would not be a suitable vehicle through which to introduce a definition of “accident” into British law. HSE therefore suggests that advice on the meaning of “accident” should remain in the form of guidance.

(B) “Arising out of or in Connection to a Work Activity”

30. The “accident” that results in the reportable death or injury must “arise out of, or be connected to a work activity.” This test was included to ensure that the reported death or injury is work-related. However, the uncertainty of the meaning of this term and whether the accident is “connected” to the work activity leads to confusion and inconsistency. Issues that arise include whether the person is on work premises or “at work.”

31. The guidance on what factors determine whether the accident arose out of, or is connected to the duty holder's work activity can appear to contradict the argument that reporting under RIDDOR is not about apportioning blame. (See RIDDOR guidance publication L73, paragraph 36 at: <http://www.hse.gov.uk/pubns/books/l73.htm>). For example, the advice at paragraph 39 (b) on page 23 of L73 says that a trip or a fall by a resident in a care home will be reportable, if the fall was due to an obstruction, such as a trailing cable. This implies that the test for reportability is "fault" and acts as a disincentive to reporting, amounting to unfairness towards those who do.

32. However, if the requirement were to be restricted to deaths and injuries occurring at a place of work, or to people carrying out work, such injuries to bystanders in public places, would no longer be reportable. This might include, for example, someone using a public footpath who was killed by a falling object from a building site scaffold.

Summary of Proposals

33. In order to achieve the balance described in paragraph 24, we propose that employers and persons in control of work premises report the following work-related incidents that are currently within the scope of the RIDDOR '95 regulations:

- All deaths to both workers and people not at work.
- All major injuries (simplified list) to people at work.
- Over-seven day injuries to people at work.
- Dangerous occurrences that occur within major hazard industry sectors or within other specified higher risk sectors or activities such as construction.
- Domestic gas events (simplified criteria to apply).

34. Employers and persons in control of work premises record:

- All reportable incidents (other than gas events.)
- Over-three day injuries to people at work.

35. The following reporting requirements are removed:

- Cases of occupational disease, other than those resulting from a work-related exposure to a biological agent.
- Non-fatal accidents to people not at work.
- Dangerous occurrences outside of higher risk sectors or activities.

- The reporting by self-employed persons of injuries or illness to themselves.

36. No fundamental changes are proposed to the administrative arrangements for reporting incidents. The majority of reports will continue to be made using online report forms which are submitted directly to a central database. The technical and administrative arrangements for receiving incident reports are outside the scope of this consultative document, but will be subject to ongoing review, simplification and improvement as appropriate.

Discussion on Specific Categories of Incident

(A) Deaths

37. Regulation 3(1) requires that any death that results from an accident that arises out of, or is connected to a work activity, must be reported. This includes both deaths of people at work and those not at work.

38. In addition, regulation 4 requires employers to “notify”, but not make a written report, where an employee who has suffered a reportable injury dies within one year of the accident that led to the reportable injury.

39. Suicides on relevant transport systems account for approximately 250 reports per year. The Office of Rail Regulation (ORR) currently have an arrangement whereby the British Transport Police (BTP) make initial enquiries into a suspected suicide and issue ORR with a report of initial findings. Whilst ORR investigate only a small number of suicides, this arrangement enables them to identify and investigate those cases where they feel there may be implications for the railway undertakings’ risk management. ORR believes that the requirement to report suicides on the railways can be removed from RIDDOR.

Proposal

40. Other than the removal of the requirement to report suicides on railways, no change is proposed to the requirement to report the work-related death of any person. It remains important that regulators continue to receive prompt notice of fatalities, both to workers and others.

(B) Non-fatal Injuries to People at Work

41. Reportable non-fatal injuries to people at work fall into two categories: “major injuries,” and “lost-time injuries.” The types of injuries that are classified as “major” are listed in schedule 1 to the regulations. (See <http://www.legislation.gov.uk/ukxi/1995/3163/schedule/1/made>) Since 6 April 2012, the reporting threshold for lost-time injuries is those which result in a period of incapacitation exceeding seven days.

(i) Major Injuries

42. A major injury to a worker must be notified to the enforcing authority by the “quickest practicable means” and followed up with a written report within 10 days. This is intended to enable enforcing authorities to focus their reactive work on those with the most serious (non-fatal) consequences. However, HSE selects RIDDOR incidents for investigation against published incident selection criteria (see <http://www.hse.gov.uk/enforce/incidselcrits.pdf>) that are slightly (but significantly) different from what must be reported.

Proposal

43. We therefore propose to simplify the list of reportable major injuries to align with the incident selection criteria (apart from item 10 below,) as follows:

1. Any fracture other than to fingers, thumbs or toes.
2. Any amputation.
3. Crush injuries leading to internal organ damage.
4. Head injuries that result in a loss of consciousness.¹
5. Burns or scalds covering more than 10% of the body’s surface area.
6. Permanent blinding in one or both eyes.
7. Any degree of scalping
8. Any asphyxiation from whatever cause.
9. Any injury arising from working in a confined space resulting in hypothermia, heat-induced illness, requiring resuscitation or admittance to hospital for more than 24 hours.
10. Any diagnosed illness requiring medical treatment, which is reliably attributable to a work-related exposure to a biological agent or its toxins or infected material. (This enacts a specific requirement of an EU Directive.)

(ii) Lost-Time Injuries

44. The current lost-time injury reporting requirement to people at work is contained in regulation 3(2) of RIDDOR 1995, as amended. On 6 April 2012, the RIDDOR lost-time reporting threshold increased from over-three, to over-seven consecutive days. This change simplified the previous requirement by

¹ Clear guidance will be issued explaining that “fainting”, seizures etc that lead to a head injury would not be included in the major injury category.

aligning it with the requirement for the injured person to obtain a “fit note” from their doctor when they have had to take time off work.

45. The lost-time reports also provide data for statistical and intelligence purposes, supplemented by the Labour Force Survey to compensate for under-reporting.

Proposal

46. This recent change was a specific recommendation of the Government’s report, “Common Sense, Common Safety.” Page 30 (http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf)

No further changes are proposed in respect of the reporting or recording of lost-time injuries.

(C) Non-fatal Injuries to People Not at Work

47. This accident reporting category applies, for example, to members of the public, customers in retail premises, users of leisure facilities, residential and nursing home service users, students and school children and volunteers working for charities.

48. Under RIDDOR 1985, the duty was to report accidents that resulted in a person not at work suffering a major injury. However, in practice this became complicated, as often the duty holder was unable to confirm the exact nature of the injuries to see if they were covered by the major injury category.

49. The 1995 regulations attempted to remove this uncertainty by reducing the threshold for reporting. Regulation 3(1)(c) requires a report to be made where a person been taken from the site where the accident happened to a hospital (by whatever means) for treatment. The requirement deliberately stated that the injured person must go to a “hospital” in an attempt to limit reports to the most serious injuries.

50. Experience shows, however, that the injured person may attend hospital as a precaution or while initially telling the duty holder that they are uninjured decide to seek treatment after leaving the place of the accident. Confusion also arises over whether treatment at a GP’s surgery is included in the requirement to report, which it is not, regardless of the severity of the injury.

51. This attempt to simplify the requirement also led to anomalies, for example a customer falling over in a shop, grazing their knee and going to hospital as a precaution, where the wound is cleaned and dressed must be reported under RIDDOR regulation 3(1)(c). However, the customer who falls but goes home and attends hospital the next day where a fracture is diagnosed, would not be covered by the RIDDOR requirement.

52. In 2009/10 (the latest finalised data available), HSE received 15,106 reports of non-fatal injuries to people not at work, 228 of which it investigated. This is 2% of all non-fatal injury reports for people not at work and 0.2% of the total non-fatal injuries to both people at work and not at work. Of the 228 investigated, 20 (9%) resulted in an enforcement notice being served and a prosecution followed in 15 (7%) cases.

53. Figures are not available for Local Authorities' work, although the view from HSE's Local Authority Unit (LAU) is that all LAs probably use RIDDOR data to some extent. ORR receive around 3,000 RIDDOR reports of passengers and other members of the public being taken to hospital for treatment every year. ORR investigate around 35 of these (1%).

Proposal

54. Given the issues around non-fatal injury reporting for people not at work, HSE proposes to remove this requirement, except for gas-related incidents (see section E below). The enforcing authorities are often notified of very serious injuries to members of the public, not through the RIDDOR reporting system, but by other routes, e.g. via the police and other emergency services, or by the injured person or their family complaining to the enforcing authority. It is felt that these sources of information will continue to be used, and remain of value.

(D) Occupational diseases

55. RIDDOR regulation 5 requires that employers, who receive a written statement that one of their employees is suffering from one of the listed diseases in schedule 3 to the regulations and the sufferer is engaged in the type of work listed for that disease, must make a report. The written statement must be from a registered doctor.

56. For offshore work, the duty holder is additionally required to report diagnosed cases of 25 specific diseases, which include conditions that may not be associated with the work, the spread of which on an offshore platform could give rise to risks due to reduced staffing levels, eg chickenpox, mumps, measles and rubella.

57. HSE receives around 1,600 reports of occupational diseases every year and LAs about 200 nationally (ie less than one report for every authority). Of the 1,600, around 850 were cases of hand arm vibration syndrome (HAVS), 240 were occupational dermatitis and 60 cases of occupational asthma. Figures are not available for LAs' work, but HSE investigates around 450 of these (29%). Of those investigated by HSE, just over 200 (45%) were HAVS cases, around 70 (15%) were cases of occupational dermatitis and 27 (6%) were occupational asthma.

58. The purpose of this reporting requirement is the same as for that of injuries, namely to inform the regulator of cases where its intervention may be necessary. However, the information is frequently received too late to act as a

reliable trigger for an investigation, e.g. because many illnesses develop some considerable time after the activity giving rise to the illness has ceased.

59. Overall, occupational disease reporting levels are extremely low, the information being so incomplete that it is not regarded as an appropriate data set for statistical analysis. There are several barriers that HSE has identified to higher reporting levels, these include:

1. the requirement for the two necessary conditions for reporting, diagnosis and occupation, means that the duty is not well understood by employers.
2. the list in the schedule to the regulations gives only medical names, with which most employers will not be familiar.
3. diseases with long latency periods will not develop and be diagnosed until the sufferer has retired, or changed occupation. Therefore, some cases of cancer, for example, while likely to have been work-related are not covered by RIDDOR '95 because the sufferer is no longer employed in that type of job.
4. the employee must receive a written diagnosis from a doctor which they then give to their employer or, in the case of a doctor acting for the employer (eg as part of a health surveillance scheme) give their permission for the doctor to inform the employer.

60. The poor reporting levels mean that HSE relies on other data sources for intelligence and targeting purposes. These sources include the Labour Force Survey (LFS) and other schemes for work-related illnesses (such as The Health Occupation Reporting network (THOR) in which medical professionals, both specialist hospital consultants and general practitioners with training in occupational medicine, report cases of specific types of disease and conditions they have diagnosed and/or treated. A full list of data sources can be viewed at <http://www.hse.gov.uk/statistics/sources.htm>. HSE's preferred list of data sources for different types of medical conditions can be seen at <http://www.hse.gov.uk/statistics/preferred-data-sources.htm> a copy of which is reproduced at Annex 2.

61. In 2006, HSC felt that there should be greater confidence in alternative data sources before relying on these in preference to RIDDOR. In the case of occupational diseases and ill-health, the additional five years data built up since HSC examined RIDDOR, does mean that greater reliance can be placed on the data generated by these surveys and schemes as a good source for intelligence and targeting purposes. In addition, future schemes that continue the data collection under LFS and THOR will, where possible, ensure that methodologies and data categories are compatible so that valid comparisons can be made with previous data.

Proposal

62. HSE proposes the removal of the reporting requirement for cases of occupational disease, other than those resulting from a work-related exposure to a biological agent.

(E) Reporting of Gas Incidents

(i) RIDDOR Regulation 6(1)

63. This RIDDOR requirement places a duty on the gas conveyor or supplier (for piped gas or bottled liquefied petroleum gas (LPG)) or the emergency service provider (ESP) to report gas incidents causing death or major injuries. This includes exposure to unburnt gas, fire, explosion, carbon monoxide poisoning from any cause including misuse of an appliance, suicide and failure to have appliances serviced.

64. The proposal in section B above will change the major injury category and will not include some of the current categories relevant to gas incidents. In most cases, although the proposed “admittance to hospital for more than 24 hours” category would cover any gaps, this would be difficult for the duty holder to establish. Therefore, a new regulation 6(1) is proposed, which will list the types of injuries that should be reported, rather than refer the duty holder to a list of major injuries.

Proposal

65. In order to simplify the reporting requirement for the gas conveyor, supplier and ESP, HSE proposes that the duty to report should be restricted to incidents that lead to:

- *deaths, or*
- *loss of consciousness or a person attending hospital after the incident for treatment for an injury or illness that have arisen out of or in connection with the gas distributed, filled, imported or supplied, as the case may be, by that person...*

(ii) RIDDOR Regulation 6(2)

66. RIDDOR also places a duty on Gas Safe registered engineers or the ESP’s engineer to report gas fittings found to be potentially dangerous as a result of work done, but which did not cause a fatal or major injury, including those which are dangerous due to inadequate ventilation.

67. An event is ‘reportable’ if the engineer considers that the gas fitting is dangerous to the extent that people could die or suffer a major injury. An event is ‘not reportable’ if the problem has been caused solely by age or lack of servicing.

68. Again, the proposed change to the definition of major injury, if implemented, will mean that the specific types of injuries that must be reported should be listed in the new regulation 6(2), as suggested for regulation 6(1) above. Clearer guidance will be developed that specifies for engineers the types of situations that should be reported to HSE.

Proposal

69. Apart from this change, HSE proposes no other change to the legal requirements under regulation 6, including regulation 6(3), the exemption to avoid duplicate reporting.

(F) Dangerous Occurrences (Regulation 3(1)(e) and Schedule 2)

70. RIDDOR requires that certain listed dangerous occurrences (see <http://www.legislation.gov.uk/ukxi/1995/3163/schedule/2/made>) be notified to the enforcing authority immediately.

71. A dangerous occurrence, sometimes called a “near-miss” incident, is a specific adverse event that is listed in schedule 2 to RIDDOR '95, that does not result in an otherwise reportable death, injury, etc, but must still be reported.

72. Reports of specific dangerous occurrences are important, as they provide HSE with information about precursor events that may lead to deaths, serious injuries or other catastrophic accidental loss. This is particularly the case in the “major hazard” industries, such as offshore oil and gas production, the extractive industries, petro-chemical and chemical manufacturing sectors.

73. The low numbers of dangerous occurrence reports received suggests that there is under-reporting in certain sectors and for certain activities.

Proposal

74. In order to simplify and reduce the reporting requirement for dangerous occurrences, HSE proposes that the duty to report should be restricted to incidents which occur within major hazards industry sectors (where they could represent precursor events to a potential catastrophic failure,) and other specified higher risk sectors or activities, such as construction.

75. The table at Annex 1 to this CD provides detailed proposals for amending the existing categories of dangerous occurrences

76. When formulating these proposals, HSE has taken into account the numbers of reports it receives and the number of these that it then investigates. The relevance to the current work environments and legal requirements and enforcement priorities have also been considered.

Record Keeping

77. RIDDOR Regulation 7 requires deaths, non-fatal injuries, cases of occupational disease, and dangerous occurrences that are reportable under RIDDOR to be recorded, and also requires the recording of over-three day injuries to people at work. There is no duty to keep a record of incidents under regulation 6, gas events.

78. Records of incidents are important. They ensure that duty holders collect the minimum amount of information to allow them to check that they are doing enough to ensure safety and prevent occupational disease. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, use of such records also helps to prevent injuries and ill health, and controls costs from accidental loss.

79. Often, however, records are made of incidents, whether covered by the RIDDOR requirements or not, as duty holders have to retain these for other purposes, e.g. insurance requirements for claims and policy renewal applications, and/or to declare accident rates as part of a tendering exercise. Retaining a copy of the RIDDOR form sent to the enforcing authority, or the accident book record kept for state benefits purposes, is sufficient to comply with the RIDDOR recording requirement.

80. Under EU law, employers are required to keep a record of all over-three day injuries, for example in the accident book.

Proposal

81. HSE proposes no change to the overall duties to keep records, i.e. those incidents that must be reported (with the exception of gas events) must still be recorded, together with the requirement to record over-three day injuries to people at work.

The Self-employed

82. HSE is currently taking forward Professor Löfstedt's recommendation 'exempting from health and safety law, the self-employed who pose no potential risk to others.' The consultative document CD No. 242 for these proposals is available at: <http://www.hse.gov.uk/consult/live.htm>

Proposal

83. HSE therefore proposes that the RIDDOR reporting requirements should align with the proposals in respect of wider health and safety duties on the self employed. Those self-employed persons who will be exempted from the application of other health and safety law would no longer be required to report or record their own accidents occupational diseases, or dangerous occurrences at their own premises which do not endanger others. The self-employed would still have to make appropriate reports where their work had resulted in a fatal accident to another person, or a reportable injury to a worker.

84. An employer, or the person in control of work premises where a self-employed person was killed or injured as a result of a work-related accident would still be required to report this.

Exemptions to Reporting Requirements

85. Regulation 10 of RIDDOR exempts deaths and injuries that would be reportable under regulation 3 from being reported if they:

- result from certain activities, eg medical and dental treatment; or
- the movement of a vehicle on a road (except for specific activities); or
- are members of the armed forces who are “on duty”; or
- duplicate the reporting requirements of other legislation listed in schedule 7, eg nuclear industry, aviation and maritime reporting requirements; or
- result in a self-employed person dying at their own premises.

Proposal

86. On the basis of the above, HSE propose to remove the requirement to report under RIDDOR:

- Incidents reportable under the Electricity Safety, Quality and Continuity Regulations 2002 (ESQCR)
<http://www.legislation.gov.uk/ukxi/2002/2665/made/data.pdf>
- Incidents relating to the transport of dangerous goods by road and rail.

**Questionnaire for the Consultation on the Review of the Reporting
of Injuries, Diseases and Dangerous Occurrences Regulations
1995 (as amended) (RIDDOR)**

Confidentiality: Please tick Yes if you do not wish details of your comments to be made available to the public. (NB if you do not tick Yes they will be made public. This takes precedence over any automatic notes on e-mails that indicate that the contents are confidential.)

Yes

Which sector are you from:

Please tick one option:

- Academic
- Charity
- Consultancy
- Business
- Local Government
- Member of public
- National Government
- Non-departmental public body
- No-governmental organisation
- Pressure group
- Trade association
- Trade union

If you have answered 'Business' please advise the type of business

In which capacity are you responding:

Please tick one option:

- An employee
- An employer
- Health and safety professional
- Trade union official
- Training provider
- Self-employed person

Other – please provide details

Purposes of Reporting and Recording Arrangements

Q1. *How is the information reported and recorded under RIDDOR used to help manage health and safety in your organisation?*

Q2. *Will the changes under the proposed revised regulations have any impact on how your organisation manages health and safety?*

Yes

No

Don't know

If yes, how will this change?

Summary of Current Incident Reporting Arrangements

Q3. *Has your organisation ever experienced difficulty or uncertainty in determining whether incidents must be reported under RIDDOR?*

Yes

No

Don't know

If yes, please describe the particular areas of difficulty or uncertainty

Terminology and General Principles

(A) "Accident"

Q4. *Should the requirement that there must be an "accident" before a death or injury becomes reportable be retained?*

Yes

No

Don't Know

Please provide some comments to support your answer

Q5. *Does "accident" need to be defined in guidance?*

Yes

No

Don't Know

Please provide some comments to support your answer

Q6. *Is the current definition of “accident” sufficient?*

Yes

No

Don't Know

Please provide some comments to support your answer

(B) “Arising out of or in Connection to a Work Activity”

Q7. *Would it improve clarity to restrict accident reporting to injuries to people engaged in work at any place, and to non-workers only when occurring at “work premises”?*

Yes

No

Don't Know

Please provide some comments to support your answer

Specific Categories of Reportable Events

(B) Non Fatal Injuries to People at Work

Q8. *Do you agree with aligning the major injury categories with those in HSE’s incident selection criteria?*

Yes

No

Don't Know

Please provide some comments to support your answer

Q9. *Is the proposed list of major injuries clear and unambiguous?*

Yes

No

Don't Know

If no, please suggest how we can make them clearer

Q10. *Are there any other types of injury that you feel should be included in the list of major injuries? If so, please describe and explain why they require inclusion.*

(C) Non Fatal Injuries to People Not at Work

Q11. *Do you agree with removing the requirement to report non-fatal injuries to persons not at work? (i.e. non-workers who sustain injuries as a consequence of a work activity, such as members of the public and customers in retail premises.)*

Yes

No

Don't Know

Please provide some comments to support your answer

Q12. *Do you agree that removing the requirement to report non-fatal injuries to persons not at work makes it easier to comply with the requirements?*

Yes

No

Don't Know

Please provide some comments to support your answer

Q13. *Are there any potential negative consequences of not recording/reporting this information?*

Yes

No

Don't Know

If yes, please describe

(E) Reporting of Gas incidents

Q14. *Do you agree with the proposed change to the reporting threshold for non-fatal injuries for gas incidents?*

Yes

No

Don't Know

Please provide some comments to support your answer

(F) Dangerous Occurrences (See also Annex 1)

Q15. Do you agree with the proposals for the revision of the types of dangerous occurrences that must be reported given in Annex 1 to this consultative document?

Yes

No

Don't Know

Please provide some comments to support your answer

Record Keeping

Q16. Do you agree that there should be no change to the recording requirements, i.e. records must be kept of all deaths, injuries and dangerous occurrences that must be reported, together with records of O3D injuries to workers?

Yes

No

Don't Know

Please provide some comments to support your answer

The Self-employed

Q17. Proposals are currently being consulted upon to exempt from health and safety law those self-employed whose work activities pose no potential risk of harm to others (refer to HSE consultative document No. 242.) Do you agree that those self-employed people who will be excluded from the requirements of other health and safety law should no longer be required to report, or make arrangements for another to report, their own injuries, occupational diseases, and dangerous occurrences at their own premises that endanger no-one else – eg others working at the premises or neighbours?

Yes

No

Don't Know

Please provide some comments to support your answer

Appendix A: Impact Assessment

Q18. *Do you agree with the conclusion of the Impact Assessment?*

Yes

No

Don't Know

Please provide some comments to support your answer

Q19. *Are there other factors that should be taken into account?*

Yes

No

Don't Know

Please provide some comments to support your answer

Suggestions for additions.

Q20. *What additional information can you provide on the following:*

(i) The time required to complete an accident book and submit RIDDOR reports

(ii) The costs to businesses associated with RIDDOR reporting (para. 21-23)

(iii) The cost of updating IT systems for accident records

(iv) The familiarisation costs associated with the introduction of revised RIDDOR regulations (Impact Assessment par. 35-38)

Appendix B: Equality Impact Assessment

Q21. *Do you agree with the Equality Impact Assessment?*

Yes

No

Don't Know

If No, please state why:

Draft Proposals for Updating the List of Reportable Dangerous Occurrences (RIDDOR, Schedule 2)

Dangerous Occurrence (DO)	Numbers Reported (Average 2008/09 and 2009/10)	Comment	Recommendation
Part 1: Any Workplace	<i>The proposal is to retain those dangerous occurrences associated with “high risk” activities.</i>		
DO 1 Lifting Machinery	850	High risk activity – potential for catastrophic failure of lifting equipment. Current terminology reflects the provisions of the Factories Act 1961, and is inconsistent with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER.)	Retain but simplify Simplify by introducing a single requirement making the reporting consistent with LOLER terminology. (Excluding failures of “lifting accessories” from scope.)
DO 2 Pressure Systems	87	High risk activity – potential for catastrophic failure of a pressure system. Pressure Vessel failures are significant precursor events in the major hazards sector.	Retain but simplify Remove boilers from scope; incidents of boiler explosions are rare and are subject to regular competent person’s inspections under the Pressure Systems Safety Regulations 2000.
DO 3 Failure of Freight Containers	7	Low numbers of reports.	Remove

DO 4 Overhead Electrical cable	93	High risk incidents with significant potential for harm. Some incidents may be reported by electricity distributors who must also report under the Electrical Safety, Quality and Continuity Regulations 2002 (ESQCR)	Retain but simplify Simplify by clarifying reporting criteria. Remove duplication with ESQCR
DO 5 Electrical short circuit	155	High risk incidents with significant potential for harm. The numbers of major injuries reported as a result of underground electricity cable strikes has increased significantly over the last 2 years. Some incidents may be reported by electricity distributors who must also report under ESQCR.	Retain but Simplify Simplify by removing ambiguity from reporting criteria. (e.g. terms such as “the potential to cause death.”) Remove duplication with ESQCR
DO 6 Explosives	78 ²	High risk, significant potential for harm. Predominantly relevant to major hazard industry.	Retain but Simplify Simplify by removing requirements to report very small quantities.
DO 7 Escape of Biological Agent	343	This requirement implements article 7(2) of the Biological Agents Directive (90/679 EC)	Retain
DO 8 Radiation Generators	20	Low numbers of reports. Overlap with duties to report under the Ionising Radiation Regulations 1999 (IRR)	Remove

² NB numbers have risen in 2009/10 and 2010/11 – this may be due to mines and quarries explosives related Dangerous Occurrences being misreported under this category

DO 9 Breathing Apparatus	135 ³	High risk – significant potential for harm with certain categories of BA. Predominantly applies to emergency services.	Retain but Simplify Simplify by removing ambiguity concerning whether BA is “in use,” and restricting reporting requirement to certain categories of BA.
DO 10 Diving	31	Some high risk activities, but current requirements also cover lower-risk leisure activities.	Retain but Simplify Simplify by providing clarity in requirements / guidance as to when a diver is put “at risk.”
DO 11 Collapse of Scaffold	30	Predominantly relates to the construction sector. High risk with potential for harm to both workers and non-workers.	Retain but Simplify Simplify by clearer phrasing of what does, and does not require reporting.
DO 12 Train Collision	3	High risk, but current provisions overlap with ORR Reporting Requirements.	Retain but Simplify Remove any duplication with separate ORR requirements.
DO 13 Well incidents (not water)	50 ⁴	High risk incidents, predominantly relates to major hazard sector where these represent significant precursor events	Retain but Simplify Simplify by clearer phrasing of what does, and does not require reporting.
DO 14 Pipelines	234	High risk incidents, predominantly relates to major hazard sector where these represent significant precursor events As most information is obtained from industry sources, the need to retain a specific reporting requirement merits discussion.	Retain but Simplify Simplify by requiring the industry to notify only incidents where there is loss of containment or failure of safety devices.

³ Numbers reported from 2008/09 have doubled (2009/10 – 176 and 2010/11 112)

⁴ Numbers reported have halved in 2009/10 and 2010/11 although numbers investigated have remained constant

DO 15 Fairground equipment	11	Low numbers of reports, with a low proportion (18%) selected for investigation. There is an established industry scheme (ADIPS) for inspection and testing by competent persons.	Remove
DO 16 Dangerous substances on the Road in tankers and tanks	13	Low numbers of reports. Duplication with DfT reporting requirements. Similar reports are made to DfT under the requirements of the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR)	Remove
DO 17 Dangerous substances on the road	7	Low numbers of reports. Duplication with DfT reporting requirements. Similar reports are made to DfT under ADR requirements, etc.	Remove
DO 18 Building collapse	74	High risk to workers and members of the public. There is some confusion regarding regulatory responsibility for dealing with reports of dangerous structures etc. which primarily rests with local authority building control departments.	Retain but Simplify Simplify by ensuring clarity in reporting criteria, and restricting scope to buildings under construction, alteration or demolition.
DO 19 Explosion or Fire causing stoppage of plant for more than 24 hours	176	High risk – significant potential for harm. Represents a significant precursor event in major hazard industries.	Retain but Simplify Simplify by ensuring clarity in reporting criteria.

DO 20 Release of flammable substances	182	High risk – significant potential for harm. Represents a significant precursor event in major hazard industries. Ambiguity exists regarding the threshold quantities triggering the reporting requirements.	Retain but Simplify Simplify by ensuring clarity in reporting criteria. Clearer guidance relating to reportable quantities of flammable substances in solid/liquid/gaseous states.
DO 21 Accidental release of any substance that could damage the health of any person	668	High-risk, associated with evident risks to health Ambiguity exists regarding the threshold quantities triggering the reporting requirements.	Retain but Simplify Simplify by removing ambiguity in reporting requirement and providing clearer guidance on determining whether an incident is reportable. Consider linking reporting threshold with workplace exposure limits.
<u>Part 2</u> Mines (RIDDOR, Schedule 2, Part 2 Paragraphs 22 - 40)	664	High Risk Sector Obligations exist to report certain incidents under EU directive on extractive industries.	Retain but Simplify Simplify by removing the specific requirement relating to injuries resulting from an explosion, and merging this with the general requirements for fire, escape of flammable substances, etc.

<p><u>Part 3</u></p> <p>Quarries</p> <p>(RIDDOR, Schedule 2, Part 3 Paragraphs 41 – 48)</p>	<p>54</p>	<p>High Risk Sector</p> <p>Obligations exist to report certain incidents under EU directive on extractive industries.</p>	<p>Retain but Simplify</p> <p>Simplify by removing the specific requirement relating to injuries resulting from an explosion, and merging this with the general requirements for fire, escape of flammable substances, etc.</p>
<p><u>Part 4</u></p> <p>Railways</p>		<p>High Risk Sector</p>	<p>Retain but Simplify</p> <p>Simplify by aligning reporting requirement with those incidents that must be reported to the Rail Accident Investigation’s Branch (RAIB) as laid out in European Directive 2004/49/EC. (i.e. retain Dangerous Occurrences 49, 50, 51, 52, 53, 54, 59, and 68.)</p>
<p><u>Part 5</u></p> <p>Offshore Workplaces</p>	<p>351</p>	<p>High Risk Sector</p>	<p>Retain but Simplify</p> <p>Simplify by ensuring clarity in reporting criteria. Remove duplication where reports are currently provided to regulators under established, effective agreed processes with industry.</p>

Table of HSE's Preferred Sources of Ill Health Data

This table is published on HSE's website at <http://www.hse.gov.uk/statistics/preferred-data-sources.htm>

Acronym key		
LFS - Labour Force Survey		
THOR - The Health and Occupation Reporting network		
SWORD - Surveillance of Work-related and Occupational Respiratory Disease specialist surveillance scheme		
EPIDERM - Skin specialist surveillance scheme		
IIDB - Industrial Disablement Benefit		
DC - Death certificates		
AF - Attributable Fraction - This is the proportion of the total number of cases of the disease that are caused by occupational exposure. The AF is either measured directly from a bespoke study or estimated by combining and comparing relevant epidemiological studies from around the world.		
Preferred data sources for different categories of work related ill health		
Nature of harm *	Preferred data source	Reason for preference
1. Common conditions arising in a wide range of occupational settings		
Stress	LFS	<p>The Labour force survey provides our preferred estimate of the scale of occupationally related stress in Great Britain.</p> <p>Our current research suggests that there is high correlation between self-reported and medically diagnosed stress in respect of attribution to work. The question has been asked in the LFS annually for the last decade and hence the LFS is the best source for trend information.</p> <p>THOR –GP is the source which can best capture likely causes of work related mental ill health by asking patients about the events leading to the diagnoses of the condition at the general practitioner level to indicate probable/likely cause.</p>
Musculoskeletal disorders	LFS	<p>The labour force survey is the preferred data source for estimating the scale of work related musculoskeletal disorders in Great Britain.</p> <p>Musculoskeletal disorders are ubiquitous in the working</p>

		<p>population, can occur as chronic or acute conditions and are often episodic in nature and severity. Our current research suggests that there is high correlation between self-reported and medically diagnosed musculoskeletal disorders in respect of attribution to work. The question relating to work related musculoskeletal disorders has been asked in the LFS annually for the last decade and hence the LFS is the best source for trend information.</p> <p>THOR-GP is the best source for understanding likely cause of work-related musculoskeletal disorders by identifying the attributable task or movement and anatomical site related to the condition.</p>
2. Common conditions arising in a limited range of occupational settings		
Asthma	THOR-GP	<p>GPs are best placed to capture most new cases of asthma that occur, rather than only those serious enough to be referred to consultants. It is unlikely that participating GPs are substantially less accurate than consultants in attributing occupational causation, and therefore THOR-GP is our preferred source.</p> <p>SWORD provides the largest numbers of actual reported cases of occupational asthma and, though restricted to cases referred to consultants, therefore provides the best basis for more detailed analyses.</p>
Chronic Obstructive Pulmonary Disorder (COPD)	AF	<p>A/F estimates are preferred since they do not rely on the correct occupational attribution of individual cases, which is particularly difficult for COPD since smoking is the predominant cause. The epidemiological data on which A/F estimates of the overall scale are based provide information about the contribution of different exposures, occupations and industries.</p>
Cancer	AF	<p>Due to the long latency and multifactorial nature of cancer development, there are considerable uncertainties and variation in the assessment of work attribution on individual cases. The data generated using AF do not require the assessment of work attribution in individual cases and has the advantage over other sources of data, where the numbers of occupational cancer cases were counted based on self-assessment or assessment by physicians for disease surveillance or compensation purposes.</p>
Deafness	AF	<p>The preferred source indicating the prevalence of work-related deafness in the working population of Great Britain comes from</p>

		<p>the extensive study carried out in 1997/98 by the Medical Research Council which estimated that 509'000 individuals suffer from deafness as a result of exposure to noise at work. This was calculated by an attributable fraction method which does not rely on individual exposures which are difficult to ascertain and is a better measure of the scale of the problem in the workforce of GB. This data is currently being updated to reflect the current prevalence rate and will report in 2013.</p> <p>From the IIDB we get numbers of new claims assessed for work-related deafness but these remain small with case numbers in the hundreds. The Labour Force survey estimates around 20'000 individuals become aware of deafness onset each year which they attribute to their work.</p>
Skin disorders/dermatitis	THOR-GP	<p>Occupational skin disease can vary widely in severity from, for example, skin cancers and serious cases of dermatitis, to minor skin irritation, which may not be recognised as an adverse health outcome by the individual. THOR-GP captures those cases which are of enough concern to have triggered a visit to a GP and be subsequently diagnosed and attributed to work, but is not restricted to including only those cases serious enough to be referred to a dermatologist.</p> <p>EPIDERM provides by far the largest numbers of actual reported cases of skin disease and, though restricted to more severe cases, provides the best basis for more detailed analyses.</p>
3. Specific or rare conditions arising in a limited range of occupational settings		
Asbestosis	IIDB	This is a serious lung disease with well established arrangements for state compensation and as such IIDB provides the best indication of the scale.
Asbestos-related lung cancer	AF	AF estimates are preferred since they do not rely on the correct occupational attribution of individual cases, which is particularly difficult for asbestos-related lung cancer since smoking is the predominant cause. Temporal trends and the past sources of risk are likely to mirror those of mesothelioma to some extent, for which detailed information is available from DCs and epidemiological studies.
Diffuse pleural thickening	IIDB	This is a serious lung disease with well established arrangements for state compensation and as such IIDB provides the best indication of the scale.

Hand-arm vibration syndrome	AF	<p>The preferred source to estimate the scale of HAV's in the GB working population is derived from the MRC attributable fraction study carried out in 1997/98 which estimated that 288'000 individuals suffered HAV'S as a result of occupational exposure. This method does not rely on measurement of individual exposure and is a better measure of the scale of HAV in the workforce of GB. This data is currently being updated to reflect the current prevalence of HAV's in Great Britain and will report in 2013.</p> <p>The IIDB continues to publish the number of new claimant cases annually and these numbers remain small.</p>
Mesothelioma	DC	<p>Most mesothelioma deaths in GB can be readily identified via the death certificate. Since the disease is rapidly fatal following diagnosis, mortality approximates to incidence. National mesothelioma mortality statistics have been collected on a consistent basis since 1968 so is the best source of information on trends.</p> <p>The British mesothelioma case-control study (Peto et al. 2009, RR696) provides the best indication of the past sources of mesothelioma risk in GB.</p>
Pneumoconiosis and silicosis	IIDB	<p>This is a serious lung disease with well established arrangements for state compensation and as such IIDB provides the best indication of the scale.</p>
Other respiratory disease	SWORD	<p>The specialist reporting scheme includes non-fatal cases and those who have not claimed for IIDB.</p>
Infections	IIDB	<p>Numbers of individuals assessed for occupational infections which are eligible for Industrial Injury and Disablement Benefit</p>

* There are a number of conditions for which a proportion of cases are likely to be caused or made worse by work but for which HSE does not currently have a preferred data source, including cardiovascular, neurological and reproductive disease. HSE continues to monitor the epidemiological evidence about the causes of such diseases and will produce statistical estimates in future where it is feasible to do so with reasonable precision.

Title: Impact Assessment for Proposed Changes to the RIDDOR Reporting System IA No: HSE 0072 Lead department or agency: Health and Safety Executive (HSE) Other departments or agencies: Office for Rail Regulation (ORR)	Impact Assessment (IA)		
	Date: 08/05/2012		
	Stage: Consultation		
	Source of intervention: Domestic		
	Type of measure: Secondary legislation		
Contact for enquiries:			

Summary: Intervention and Options **RPC: GREEN**

Cost of Preferred (or more likely) Option				
Total Net Present Value	Business Net Present Value	Net cost to business per year (EANCB on 2009 prices)	In scope of One-In, One-Out?	Measure qualifies as
£13m	£5.9m	-£0.6m	Yes	OUT

What is the problem under consideration? Why is government intervention necessary?
 RIDDOR came into force in 1996. A public consultation in 2005 and the two subsequent reviews of the British occupational health and safety system showed a need to simplify and clarify the reporting and recording requirements. These proposals aim to achieve this, thereby meeting the Government's commitment to implement the two reports' recommendations.

What are the policy objectives and the intended effects?
 HSE aims to improve the operation of occupational accident, dangerous occurrences and disease reporting and recording requirements under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR). It will also implement the "Common Sense, Common Safety" report's recommendation and that of Professor Lofstedt in his report, "Reclaiming Health and Safety for All".

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)
 The two policy options considered in this impact assessment are 1) Do Nothing and 2) Make Amendments to RIDDOR. Policy option 2 is preferred as it reduces burdens on business, delivers an "out" under the Government's One-In One-Out policy and meets the government commitment to implement the recommendations of the two reviews of health and safety system in Great Britain.

 In addition to the options considered in this impact assessment, a range of options were considered at the policy development stage but were not taken further as they were not deemed to be feasible.

Will the policy be reviewed? It will be reviewed. If applicable, set review date: 05/2017						
Does implementation go beyond minimum EU requirements?			No			
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.		Micro Yes	< 20 Yes	Small Yes	Medium Yes	Large Yes
What is the CO2 equivalent change in greenhouse gas emissions? (Million tonnes CO2 equivalent)			Traded: NA		Non-traded: NA	

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister: _____ Date: _____

Summary: Analysis & Evidence

Policy Option 1

Description: Do Nothing

FULL ECONOMIC ASSESSMENT

Price Base Year NA	PV Base Year NA	Time Period Years NA	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate: 0

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	0	0	0

Description and scale of key monetised costs by 'main affected groups'

This is the "Do Nothing" option, and therefore there are no monetised costs.

Other key non-monetised costs by 'main affected groups'

There is a reputational risk to HSE for failing to implement Government policy.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	0	0	0

Description and scale of key monetised benefits by 'main affected groups'

This is the "Do Nothing" option, and therefore there are no monetised benefits.

Other key non-monetised benefits by 'main affected groups'

This is the "Do Nothing" option, and therefore there are no non-monetised benefits.

Key assumptions/sensitivities/risks NA	Discount rate (%)	NA
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BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:	In scope of OIOO?	Measure qualifies as
Costs: NA	No	NA
Benefits: NA		
Net: NA		

Summary: Analysis & Evidence

Policy Option 2

Description: Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day Injuries to workers and certain Dangerous Occurrences and Gas Events

FULL ECONOMIC ASSESSMENT

Price Base Year 2012	PV Base Year 2012	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: 12	High: 14	Best Estimate: 13

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	1.3	1.3	1.3
High	3.6	3.6	3.6
Best Estimate	2.4	2.4	2.4

Description and scale of key monetised costs by 'main affected groups'

The costs to business accrue from familiarisation costs which total a best estimate of £2.4 million. There are costs to HSE from facilitating the changes of an estimated £90 thousand. These are both one off costs.

Other key non-monetised costs by 'main affected groups'

HSE does not anticipate any significant impact on employers management of health and safety, but this issue will be explored further as part of the consultation process. HSE has also analysed the potential impact on its operational processes and does not anticipate any significant negative impact. This is discussed further in the evidence base. There is a cost to business from updating its ICT systems which HSE is seeking information on as part of the consultation.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	0	1.8	15.2

Description and scale of key monetised benefits by 'main affected groups'

There are annual cost savings resulting from the reduced number of RIDDOR reports submitted of £1.8 million per annum. Of this, it is estimated that business will save £960 thousand annually and government will save £760 thousand annually.

Other key non-monetised benefits by 'main affected groups'

There are not anticipated to be any non-monetised benefits from this policy option

Key assumptions/sensitivities/risks

There is a risk that if the compliance rate with RIDDOR increases as a result of the proposed changes and simplifications then the cost savings will reduce. As HSE has no way of estimating the likely increase in compliance rates, it is assumed that compliance does not change. This is discussed further in the evidence base.

Discount rate (%)

3.5

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			In scope of OIOO?	Measure qualifies as
Costs: 0.3	Benefits: 0.9	Net: -0.6	Yes	OUT

Evidence Base (for summary sheets)

Problem under Consideration

1. HSE aims to simplify and improve Britain's occupational accident and disease reporting requirements, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR). The current regulations have been in force since 1996, and place duties on employers, occupiers of work premises and the self employed which require:
 - The prompt reporting of all fatal accidents, and those which result in "major injuries" as defined;
 - The reporting of certain diseases when diagnosed by a doctor and associated with the work being undertaken by the sufferer;
 - The reporting of any accidents resulting in the incapacitation of a worker for a specified period. (In April 2012, the relevant period of incapacitation was extended from over-3-days to over-7-days.)
 - The reporting of various other incidents in specific industry sectors, such as offshore hydrocarbon releases and dangerous gas fittings.
2. HSE are seeking to address a number of issues and concerns which have arisen over time in respect of the RIDDOR requirements, and in particular are responding to a clear commitment by HM Government to have a simpler accident reporting regime in place by 2014.

Rationale for Intervention

3. In October 2010, the Government report, "Common Sense, Common Safety" recommended that HSE re-examine the operation of RIDDOR to ensure that it was the best approach to providing an accurate national picture of workplace accidents. This report also mandated the specific change in the reporting requirements relating to the incapacitation of a worker from over-3-days to over-7-days.
4. In 2011, Professor Löfstedt in his report "Reclaiming Health and Safety for All: An independent review of health and safety legislation" identified a number of issues associated with the RIDDOR regulations. In particular, the report identified concerns that the categories of reportable accidents were unnecessarily complicated, and that it was often time consuming for organisations to determine if accidents and incidents should be reported. Professor Löfstedt recommended that RIDDOR be amended to provide clarity for businesses on how to comply, by reducing ambiguity over reporting requirements, particularly in relation to incidents involving members of the public. The Government accepted this recommendation, and undertook to do this by 2014¹.
5. In the same report, Professor Löfstedt also recommended that the self-employed should be exempted from health and safety law, where their work poses no potential risk of harm to others. The Government accepted this recommendation, and undertook to implement this by 2013. The self employed who pose no potential risk of harm to others will be made exempt from RIDDOR but the costs and benefits of doing so will be captured in a separate impact assessment explicitly looking at this policy.
6. The above reports and government commitments represent key factors in the rationale for changing the existing regulations. These are complemented by the findings of a public

¹ <http://www.dwp.gov.uk/docs/lofstedt-report-response.pdf>

consultation in 2005, which also showed a need to simplify and clarify the reporting and recording requirements.

7. In addition to the need to simplify and clarify the requirements, analysis of the operation of the existing reporting regime has also identified issues with compliance, and the quality of information received. Compliance with RIDDOR is known to be low. Stakeholder engagement suggests that this is attributable to the complexity of the requirements; perceived fears of over-zealous enforcement; and confusion over whether reports required from other agencies satisfy the RIDDOR reporting requirements.
8. The quality and reliability of the information received via RIDDOR is also often poor in comparison with other data sources. For example, the information regarding reported incidents of occupational disease:
 - Is frequently received too late to act as a reliable trigger for investigation by the regulatory authority; and
 - Is so incomplete that it is not regarded as an appropriate data set for statistical analysis of occupational ill health in Britain.
9. The rationale for intervention can therefore be summarised as:
 - To simplify and clarify the reporting requirements in accordance with the findings of two recent Government reports, and the findings of a fundamental review of the RIDDOR regulations conducted in 2005;
 - To remove the legislative reporting burden from the Self-employed whose work poses no risk to others, in accordance with a clear Government commitment; and
 - To address issues associated with poor compliance and poor data quality with the aim to improve them both.

Policy Objective

10. The primary objective of the proposal to revise the RIDDOR regulations is to simplify, clarify and improve regulatory system for the reporting of workplace accidents, incidents and diseases. It is vital to ensure that the supply of useful information is retained, and to facilitate improved reporting of such information. However, businesses should not be required to provide information which is either not used or could be better obtained from other sources.
11. To this end, it is considered that any new reporting requirements should:
 - Reflect the operational information requirements of enforcing authorities including HSE and local authorities. (i.e. requiring the reporting of individual incidents which are serious enough to require regulatory attention.)
 - Provide sufficient data for HSE and others to act in a risk-based manner.
 - Continue to provide sufficient data for statistical and intelligence purposes to meet European and other international obligations.
 - Simplify and clarify reporting requirements, by:
 - Removing duties to report matters where the information is of little use or unreliable (e.g. in relation to occupational diseases.)
 - Removing duties to report matters where there are other legally binding or established mechanisms in place to inform other agencies and regulators about incidents and issues.
 - Reviewing and clarifying the language of the regulations, to make compliance easier.

- Removing duties to report from the self-employed, where their work poses no risk of potential harm to others.
12. The proposed revision is intended to provide a reporting mechanism which is appropriate for HSE's current and anticipated needs, which allows regulators including HSE and local authorities to operate effectively, and which is proportionate in its demands upon business.
13. The proposals do not represent any fundamental change to established HSE policy or strategic objectives. As such, there is no intention to widen the scope of the existing RIDDOR requirements, e.g. into areas where HSE and other enforcing authorities do not have primacy, such as work-related road traffic accidents.

Description of Options Considered

14. Given the scope of the RIDDOR review, HSE has necessarily considered a number of different options during the development stage, and have narrowed these down to those presented in this impact assessment. Other options considered have been discounted for a number of reasons, such as legal constraints, practicality, political considerations etc.

Option 1 – Do Nothing

15. Option 1 is the Do Nothing option, or baseline scenario. Under this option, no changes to RIDDOR would be made and the status-quo would continue.

Option 2 – Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day injuries to workers and certain Dangerous Occurrences and Gas Events

16. This option would remove the RIDDOR reporting requirement in respect of occupational diseases, and would reduce the scope of reporting requirements in respect of both major injuries and dangerous occurrences. For example, the dislocation of a joint or a temporary loss of sight would no longer be classed as a major injury. Dangerous occurrences which are not associated with major hazard sectors or high risk activities would no longer require reporting. Employers and persons in control of work premises would only report the following that are currently within the scope of RIDDOR:

- All deaths to both workers and people not at work
- All major injuries (the revised list which can be found in paragraphs 53 to 61) to people at work
- Over-seven day (O7D) injuries to people at work.
- Dangerous occurrences that occur in 1) the major hazard sectors or activities, i.e. major accident precursor events, or 2) higher risk sectors or activities
- Domestic gas events.

17. Those self-employed who pose no risk to others will be made exempt from RIDDOR. The analysis of this change is considered in the impact assessment that looks at the policy of exempting this group of self-employed people from health and safety legislation more generally, and so is not considered further in this impact assessment to avoid double counting of costs and benefits.

Analysis of Costs and Benefits

Assumptions

18. This impact assessment considers costs and benefits that extend into the future. Consequently, it is important for any monetised impacts to be expressed in present values to enable comparison between policy options. The discount rate used to generate these present values is defined in the Green Book² as 3.5% for any appraisal period of less than 30 years.
19. Guidance issued by the Department for Business, Innovation and Skills³ states that where a policy has costs and benefits that extend into the future and the policy has no identifiable end point, the impacts of the policy should be appraised over ten years. As this is the case for this policy, an appraisal period of ten years is used when considering the impact of costs and benefits in the future.
20. Where an individual or company is required to spend time doing something identified in this impact assessment, the value of their time (referred to as the opportunity cost of time) is approximated using wage data from the Annual Survey of Hours and Earnings (ASHE)⁴. The wage data extracted from ASHE is then uprated by 30% to reflect non-wage costs such as employer pension or National Insurance contributions, in line with guidance from the Green Book. The exception is where time spent by HSE is valued, in which case an internal source of data, the Global Ready Reckoner, is used. The wage data extracted from this source is not uprated by 30% as it already contains all non-wage costs.

Calculation of the Cost of a RIDDOR Report

21. A previous impact assessment⁵ was conducted in 2011 that estimated the impact of changing the RIDDOR reporting requirement for lost time injuries from over 3 days to over 7 days. In that impact assessment, which was deemed fit for purpose by the Regulatory Policy Committee⁶; assumptions were made about the cost of submitting a RIDDOR report, both for HSE, Local Authorities (LAs) and employers. These assumptions have been updated to reflect the latest data available on wages, but the underlying methodology has remained the same.
22. The cost of a RIDDOR report to industry is estimated to take 37 and a half minutes of a manager's time. This is based on evidence from HSE experts, and includes 10 minutes to fill in the accident book following the accident, 10 minutes to gather the additional required information and prepare to submit the report, 15 minutes to fill the e-form in (the method now used to submit reports to HSE) and 2 and a half minutes to print the completed form off and file it. The time taken to filling the e-form is 5 minutes longer than was assumed under the impact assessment for changing the lost time reporting requirement from over three to over seven days. This is due to the fact that data gathered in the interim period points to the fact that the average length of time taken is around 15 minutes.
23. Reporting is assumed to be completed by a production manager, at a full economic cost of approximately £31 per hour⁷ giving a total cost per report of approximately £20. Were

² http://www.hm-treasury.gov.uk/d/green_book_complete.pdf

³ <http://www.bis.gov.uk/assets/biscore/better-regulation/docs/i/11-1112-impact-assessment-toolkit.doc> paragraphs 82-84

⁴ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-235202>

⁵ http://www.legislation.gov.uk/uksi/2012/199/pdfs/uksifia_20120199_en.pdf

⁶ RPC opinion issued on 1st November 2011, reference number RPC10-HSE-0749(2)

⁷ Source: ASHE 2011, SOC 4 digit, mean salary for a production manager (code 112) uprated by 30% to reflect non-wage costs

an accident to occur that did not require reporting, the employer still has a duty under law to record the accident, which takes 10 minutes to complete, at a cost of approximately £5. **For each report not submitted following the proposed change, there would therefore be a cost saving of approximately £15.**

24. All RIDDOR reports are submitted electronically to HSE and the system used to gather these reports costs around **£0.40 per report**. This is based on data gathered from within HSE and applies to all reports submitted regardless of whether they are then processed by HSE or LAs.
25. The previous RIDDOR impact assessment assumed that the cost to HSE for each report submitted could be calculated by estimating the time taken spent processing Over 3 Day (lost time) injury reports in aggregate, applying a cost to this time and then dividing by the number of lost time injury reports submitted. It is not believed that the length of time taken to process RIDDOR reports that are not lost time injuries are any different to that for lost time injuries, and so we use the same system, albeit with updated values for wages, to generate **a cost to HSE per report of £11**. It should be noted that this cost is slightly lower than the cost in the RIDDOR impact assessment completed in 2011 as the wage of a Band 6 administrator has decreased on average within the organisation⁸, bringing the cost down. This cost reflects the work done processing a RIDDOR report that arrives in HSE, such as collating all reports in regional offices and deciding whether or not to instigate an investigation.
26. HSE and Local Authorities share responsibility for the regulation of workplace health and safety. The enforcement body for any given workplace is determined by the Health and Safety (Enforcing Authority) Regulations 1998. We assume that the time taken to process a RIDDOR report is the same in Local Authorities as it is in HSE, the only difference being the wage rate of those involved with processing these reports. Taking the full economic wage rate of an inspector of factories, utilities and trading standards⁹ of approximately £24 per hour and applying this to the estimated 25 minutes per report **generates a cost estimate for Local Authorities of processing one RIDDOR report of £9.50.**
27. **This means that the overall cost of a RIDDOR report to society is between £25 and £26 depending upon whether HSE or a LA processes it.**
28. HSE is aware that these costs were calculated based upon a RIDDOR report for a lost time injury rather than for a report such as a dangerous occurrence or disease. However, it is not believed that the cost saving from not reporting a more generic RIDDOR report will differ in any significant manner from the cost saving for a lost time report. This is due to the fact that the length of form that needs to be filled in for RIDDOR reports is roughly the same length no matter what is being reported, and any other work required should take roughly the same time regardless of the type of report.
29. Evidence gathered during the process of producing the impact assessment for changing the requirement to report lost time injuries to HSE from over 3 days to over 7 days suggested that roughly 15% of RIDDOR reports were submitted via automatic systems. These RIDDOR reports would result in no cost to firms as an employee would simply input the data into a programme which would store it and send a report to HSE if it was required. We have therefore reduced the number of RIDDOR reports that result in a cost

⁸ Details as to why the average wage within the organisation has decreased are not known, but it is suspected that this will have resulted from those on higher wages having left the organisation reducing the average wage per person

⁹ Source: ASHE 2011, SOC 4 digit, mean salary for an inspector of factories, utilities and trading standards (code3565) uprated by 30% to reflect non-wage costs

saving to firms by 15% for each option when calculating the cost savings. These reports are however considered when analysing the cost savings to LAs and HSE.

Calculation of Number of RIDDOR Reports

30. Unless stated otherwise, the number of RIDDOR reports that would be submitted each year has been calculated based on an average from the last three years for the category of report considered. For example, with fatal RIDDOR reports (for employees, self-employed or members of the public), there were just over 600 in 2008/09, 540 in 2009/10 and 490 in 2010/11, giving a total of just over 1,630 over the three years, or an average of 540 per annum.
31. When projecting forward, we have based the number of RIDDOR reports submitted each year on the number currently submitted, so in this example we would expect to see in the region of 5,400 fatal RIDDOR reports submitted over the next ten years. The reason we have not tried to model a long term trend into this impact assessment is due to the fact that many factors affect the level of reported injuries (including the state of the economy¹⁰) and HSE cannot be certain as to the level of decline we would expect to see in RIDDOR reports.
32. The number of lost time reports that would not be submitted has been based on the calculations in the impact assessment analysing the change from over three day to over seven day reporting. Again, this is based on a three year average and we assume zero change in the number of reports submitted.

Consultation

33. HSE is keen to ensure that the information used when producing cost and benefit estimates in impact assessments is as accurate as possible. In order to achieve this, the consultation regarding the changes to RIDDOR that are proposed will specifically seek comments on the assumptions and calculations presented within this impact assessment. Although many of the assumptions are based on evidence gathered for the previous impact assessment looking at the change in reporting requirements under RIDDOR for lost time injuries, and have hence already been subject to consultation, it is felt best practice and proportionate to invite comments on these again to ensure the analysis is as accurate as possible.

Calculation of Costs and Benefits

Calculation of Costs

Option 1 – Do Nothing

34. As the Do Nothing option, the status quo continues and as such there are no costs to society.

Option 2 – Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day Injuries to workers and certain Dangerous Occurrences and Gas Events

¹⁰ <http://www.hse.gov.uk/research/rrpdf/rr386.pdf>

Cost to Business

Familiarisation Costs

35. The previous impact assessment for the changes to RIDDOR lost time reporting assumed that all business sites with more than 250 employees would spend some time familiarising themselves with the changes to RIDDOR reporting systems and all those with fewer than 100 employees would not spend any time due to the infrequency of reports they have to make. For those business sites with between 100 and 250 employees it was assumed that those in an industry where the injury rate (according to RIDDOR data) was more than 500 per 100,000 workers would spend time familiarising and those with an injury rate of less than 500 per 100,000 workers would not. These assumptions were accepted by the Regulatory Policy Committee during its review of the impact assessment.
36. Given that the current changes to RIDDOR are broader than those analysed previously, it is believed that more businesses will spend some time familiarising themselves with the changes. For this impact assessment, we assume that all business sites with 100 employees or more will spend time familiarising themselves with the changes, and that no business site with fewer than 50 employees will. These business sites will be less aware of their duties to report under RIDDOR generally and thus will only familiarise when an employee actually injures themselves (or there is a case of disease or dangerous occurrence etc) and they decide to check if they need to take any further action. For those business sites with between 50 and 100 employees it is assumed that any business site in an industry where the injury rate is greater than 500 per 100,000 will spend time familiarising and any that is in an industry where the injury rate is lower that this will not.
37. This methodology is similar to that already seen by the Regulatory Policy Committee, and results in an estimated 38 thousand business sites familiarising themselves with the changes. In this instance business sites are defined as any unit that is VAT or PAYE registered, according to the Inter-Departmental Business Register (IDBR). This means that if a firm has more than 1 site then this is picked up in the data.
38. It is assumed that for each business site, between 1 and 3 people will spend an hour familiarising themselves with the changes to RIDDOR and taking any steps necessary to communicate this further within the firm. Assuming that the person familiarising with the changes is a production manager with a full economic wage of £31 per hour, the overall familiarisation cost associated with the changes to RIDDOR is between £1.2 million and £3.5 million (based on 1 person per business site familiarising and 3 people per business site familiarising respectively). Assuming that a best estimate of each business site having 2 people who familiarise with the changes, the best estimate for familiarisation costs is **£2.4 million**. This is a one-off transitional cost that occurs in year 1.

Changes to ICT systems

39. Some firms choose to submit their RIDDOR forms using a computer system that automatically sends reports to HSE if necessary. If the requirements to report under RIDDOR change then any firms who use automatic computer reporting will be required to update their software.
40. HSE is currently unable to estimate what this cost will be for businesses as it has no indication as to the number of firms that report using these systems, or what the cost of changing the system will be. Evidence gathered since the change over for lost time reporting from over three days to over seven days suggests that roughly 5% of RIDDOR

reports are submitted using this system, and the number of firms doing so is expected to be around 30, although this may be an over, or under, estimate.

41. The Regulatory Policy Committee did, in its opinion on the impact assessment for changing lost time reporting requirements from over three to over seven days, state that HSE should have put more effort into quantifying this cost. Therefore, during consultation HSE will be looking for firms to provide more information as to the potential costs of changing ICT systems so that the final stage impact assessment can include (and monetise) this cost. It is believed that their experiences changing their ICT systems as a consequence of the change in reporting requirements for lost time injuries from over three days to over seven days will enable them to estimate this cost.

Costs to Government

42. The ability to produce usable and reliable statistics will not be affected as many of the categories that are being changed (for example dangerous occurrences and occupational diseases) are not regularly used for statistical purposes. For those categories that are used more frequently (notably major injuries) HSE statisticians do not believe that the suggested alterations will have a significant negative impact. More details are given in paragraphs 70-72.
43. The operational use of RIDDOR will not be affected due to the fact that the changes are being made to ensure that those incidents that are reportable match to the incidents HSE focuses its operations on. For example, the proposed list of reportable major injuries exactly mirrors the published incident selection criteria¹¹ that HSE uses to decide which investigations to undertake

Costs to HSE

44. It is estimated that it will take 4 months of a Band 4 (HEO) statistician's time to update the statistical outputs that HSE produces and a further 7 months to update the RIDDOR database and Labour Force Survey questions HSE ask. The full economic cost of a Band 4 statistician is £36 thousand per annum, meaning that the full cost to the statistics branch in HSE of making these changes is £33 thousand. In addition to this cost is the cost of making the changes to the ICT system, which is estimated to be £50 thousand. Thus the full cost of making the appropriate changes to statistics is estimated to be £83 thousand. This is a one off transitional cost occurring in year 1 of the appraisal period.
45. There are also costs from updating HSE guidance that refers to RIDDOR. It is estimated that this work will take 3 weeks of a Band 3 (SEO) administrator's time at a cost of £300 per day. This gives a total cost of updating HSE guidance of £4,500.
46. The total cost to HSE from facilitating the changes to RIDDOR is estimated to be £87 thousand. This is a one-off transitional cost.

Costs to the Office for Rail Regulation

47. The costs to the Office for Rail Regulation, which can be found in Annex 1. These costs are estimated to be £2 thousand in transitional costs and relate solely to familiarisation costs for the rail industry.

¹¹ <http://www.hse.gov.uk/lau/lacs/22-13.htm>

Summary of Costs

48. The overall costs of the proposed changes to RIDDOR are estimated to be between £1.3 million and £3.6 million with a best estimate of £2.4 million. These costs are all transitional, occurring in year 1 of the appraisal period, and of the total it is estimated that between £1.2 and £3.5 million will accrue to business, with a best estimate of the cost to business of £2.4 million.

Calculation of Benefits

Option 1 – Do Nothing

49. As the Do Nothing option, the status quo continues and as such there are no additional benefits to society.

Option 2 – Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day Injuries to workers and certain Dangerous Occurrences and Gas Events

50. Employers and persons in control of work premises would report the following that are currently within the scope of RIDDOR:

- All deaths to both workers and people not at work
- All major injuries (revised list) to people at work
- Over-seven day (O7D) injuries to people at work.
- Dangerous occurrences that occur in 1) the major hazard sectors or activities, i.e. major accident precursor events, or 2) higher risk sectors or activities,
- Domestic gas events

Number of Reports

51. The following paragraphs provide details as to the number of reports that HSE would expect to be submitted under this option (the proposed changes to major injuries would be as indicated in paragraphs 42 to 51).

52. Reporting of deaths to employees, the self employed and members of the public – the annual average number of RIDDOR reports submitted regarding the death of an employee or member of the public (based on three years of data) is roughly **540**. This estimate is based on actual RIDDOR reports submitted to HSE.

53. Fractures other than to fingers, thumbs or toes – the annual average number of non-fatal RIDDOR reports submitted regarding fractures other than to fingers, thumbs or toes (based on three years of data) is roughly **20 thousand**. This estimate is based on actual RIDDOR reports submitted to HSE.

54. Amputations – the annual average number of non-fatal RIDDOR reports submitted regarding amputations (based on three years of data) is roughly **620**. This estimate is based on actual RIDDOR reports submitted to HSE.

55. Crush injuries leading to internal organ damage – the annual average number of non-fatal RIDDOR reports submitted regarding crush injuries leading to internal organ damage (based on three years of data) is roughly **100**. This estimate is based on RIDDOR reports submitted to HSE that were classified as concussion / internal injuries and were not sited on the neck or head.

56. Head injuries resulting in loss of consciousness – the annual average number of non-fatal RIDDOR reports submitted regarding head injuries that result in the loss of consciousness (based on three years of data) is roughly **440**. This estimate is based on actual RIDDOR reports submitted to HSE.
57. Burns or scalds covering more than 10% of the body's surface area – the annual average number of non-fatal RIDDOR reports submitted regarding burns or scalds covering more than 10% of the body's surface area (based on three years of data) is roughly **460**. This estimate is based on RIDDOR reports submitted to HSE that have been classed as major burns. This category was chosen as there is no information collected as to the surface area of the body covered by a burn, and this was deemed the best surrogate.
58. Permanent blinding in one or both eyes – the annual average number of non-fatal RIDDOR reports submitted regarding blinding in one or both eyes (based on three years of data) is roughly **90**. This estimate is based on RIDDOR reports submitted to HSE regarding both temporary and permanent blindness. As a result, this estimate will be higher than if permanent blinding only was considered, however this is the most accurate data available.
59. Any degree of scalping – the annual average number of non-fatal RIDDOR reports submitted regarding scalping (based on three years of data) is roughly **1,100**. This estimate is based on RIDDOR reports submitted to HSE for lacerations to the head, which was deemed the best surrogate for the data required.
60. Asphyxiation from whatever cause – the annual average number of non-fatal RIDDOR reports submitted regarding asphyxiation (based on three years of data) is roughly **240**. This estimate is based on actual RIDDOR reports submitted to HSE.
61. Injury arising from working in a confined space resulting in hypothermia, heat induced illness, requiring resuscitation or admittance to hospital for more than 24 hours - the annual average number of non-fatal RIDDOR reports submitted regarding injuries arising from working in a confined space (based on three years of data) is roughly **50**. This estimate is based on actual RIDDOR reports submitted to HSE using search terms to try and identify injuries that arose from working in a confined space.
62. Any diagnosed illness requiring medical treatment, which is reliably attributable to a work-related exposure to a biological agent or its toxins or infected material – the average annual number of non-fatal RIDDOR reports submitted to HSE regarding illness relating to work-related exposure to biological agents is estimated to be around **10**. This is based on estimations made by statisticians looking at RIDDOR data.
63. Reporting of Over 7 Day Injuries - The impact assessment for the change from over three to over seven day reporting for lost time injuries estimated that there would be roughly **75 thousand** lost time (i.e. over seven day) RIDDOR reports submitted each year. This is based on the best estimate calculated in the impact assessment for the changes in lost time reporting from over three day to over seven day reporting, and HSE do not currently have any better data. For the final stage impact assessment HSE will have over seven day reports for several months and a more accurate estimation may be able to be produced.
64. Major Injuries That Would Be Reported as Over 7 Day – It has been estimated that 46% of major RIDDOR reports that are submitted would still be submitted to HSE as O7D reports. Based on the 3,200 major reports that would no longer be submitted each year on average (calculated by subtracting the estimated number of major reports submitted under Option 2 from the estimated number currently submitted of 26,296, both based on

three year averages), it is estimated that of these **1,500** would be submitted as Over 7 Day injuries. These are all major injuries to employees.

65. Reporting of incidents involving gas that leads to death or loss of consciousness or a person attending hospital after the incident for treatments – for this option we use the number of RIDDOR reports submitted as a proxy for the number that would be received following the change. This is because the reporting requirements are being aligned with the reporting practices that currently occur. The annual average number of RIDDOR reports submitted regarding the involvement of gas that leads to death or loss of consciousness or a person attending hospital after the incident for treatments (based on three years of data) is roughly **3,100**. This estimate is based on actual RIDDOR reports submitted to HSE.
66. Reporting of dangerous occurrences DO1, DO2, DO4, DO5, DO6, DO7, DO9, DO10, DO11, DO12, DO13, DO14, DO18, DO19, DO20 and DO21 under schedule 2 part 1 – the following table presents estimates for the number of reports that would be submitted for each Dangerous Occurrence under schedule 2 part 1 that would still require it. The estimates are based on actual RIDDOR reports submitted to HSE.

Dangerous Occurrence	Estimated Number of RIDDOR Reports
DO1	910
DO2	110
DO4	90
DO5	210
DO6	140
DO7	360
DO9	130
DO10	30
DO11	30
DO12	5
DO13	50
DO14	220
DO18	75
DO19	220
DO20	200
DO21	730
Total	3,480

67. Reporting of dangerous occurrences under schedule 2 parts 2, 3 and 5 - the annual average number of RIDDOR reports submitted regarding dangerous occurrences under schedule 2 parts 2, 3 and 5 (based on three years of data) is roughly **470** (70 for part 2, 60 for part 3 and 340 for part 5). This estimate is based on actual RIDDOR reports submitted to HSE.

Total Number of RIDDOR Reports

68. Under Option 2, HSE would expect to receive a total of **107 thousand** reports submitted each year. Given that currently HSE receives around 177 thousand reports each year (based on an average using three years data and including the estimated reduction in reports from the change in reporting requirements for lost time injuries from over 3 days to over seven days) this means that under Option 2, there would be **70 thousand** reports that would no longer be submitted. The majority of these reports no longer submitted will be injuries to members of the public, certain occupational diseases, certain dangerous

occurrences and major injuries that are neither covered by the categories above nor would be classed as an over seven day injury.

Calculation of Benefits

69. Each report not submitted will result in a cost saving to employers of approximately £15 from the reduced time that has to be spent informing HSE of an injury or case of ill health when one arises. There will be a reduction in the number of reports submitted to HSE of 70 thousand, so firms will reduce the cost burden associated with these reports. Given that 5% of RIDDOR reports are submitted electronically using automatic software, it is not expected that there will be any cost saving associated with 3,500 of the reports. This means that there are a total of 67 thousand RIDDOR reports that will no longer be submitted by firms that actually represent a cost saving. Consequently, the annual cost saving to firms from this option is calculated to be £950 thousand. In present values, this cost saving is £8.2 million over the appraisal period.
70. It is estimated based on internal HSE data sources that roughly 70% of reports not submitted under this option would have been dealt with by HSE and the remaining 30% by LAs. This means that HSE will reduce the number of reports it processes by 49 thousand and LAs by 21 thousand. Thus, cost savings to HSE are estimated to be £570 thousand per annum (of this, £30 thousand comes from the reduction in costs from receiving 70 thousand fewer reports and £540 thousand from the reduced costs of processing the 49 thousand reports HSE is responsible for). The cost savings to LAs are estimated to be £200 thousand. In present value terms, the cost saving to HSE over the appraisal period is £4.9 million and to LAs is £1.7 million.
71. There are also the benefits accruing from changes to RIDDOR reporting from the Office for Rail Regulation, which can be found in Annex 1. These figures are estimated to be an additional cost saving of £49 thousand per annum (of which £6 thousand accrues to businesses). Over the ten year appraisal period the present value of this benefit is £420 thousand.

Summary of Benefits

72. The overall savings from this option are calculated as being £1.8 million per annum. In present values, this is equivalent to £15 million over the appraisal period. Of this benefit, it is estimated that £960 thousand per annum will accrue to businesses, a total of £8.2 million over the appraisal period.

Summary of Options

Option 1 – Do Nothing

73. As the Do Nothing option, the status quo continues and as such there are no costs or benefits to society.

Option 2 – Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day Injuries to workers and certain Dangerous Occurrences and Gas Events

74. Overall, Option 2 is estimated to impose total costs on society between £1.3 million and £3.6 million, with a best estimate of £2.4 million. These are all transitional costs. It is estimated that there will be an annual benefit of £1.8 million or £15.2 million in present values over the appraisal period. The net present value of Option 2 is calculated as being £12.7 million based on best estimates (based on minimum and maximum cost

estimates there is estimated to be a range of £11.6 million to £13.9 million for the net present value).

75. The following tables provide a summary of Option 2 (all figures are rounded to two significant figures).

Table 1 – Costs and Benefits of Option 2 to Business

Net present value (10 years)	Cost / Benefits to Business		
	Minimum (£thousands)	Best Estimate (£thousands)	Maximum (£thousands)
Costs			
Familiarisation Costs	£1,200	£2,400	£3,500
Costs from altering statistics	NA	NA	NA
Costs from altering guidance	NA	NA	NA
Total Cost	£1,200	£2,400	£3,500
Benefits			
Benefits from reduced number of reports	£8,200	£8,200	£8,200
Total Benefit	£8,200	£8,200	£8,200
NET BENEFIT	£7,100	£5,900	£4,700

Table 2 – Costs and Benefits of Option 2 to Government

Net present value (10 years)	Costs / Benefits to Government		
	Minimum (£thousands)	Best Estimate (£thousands)	Maximum (£thousands)
Costs			
Familiarisation Costs	NA	NA	NA
Costs from altering statistics	£83	£83	£83
Costs from altering guidance	£5	£5	£5
Total Cost	£87	£87	£87
Benefits			
Benefits from reduced number of reports	£6,900	£6,900	£6,900
Total Benefit	£6,900	£6,900	£6,900
NET BENEFIT	£6,900	£6,900	£6,900

Table 3 – Total Costs and Benefits of Option 2

Net present value (10 years)	Total Costs		
	Minimum (£thousands)	Best Estimate (£thousands)	Maximum (£thousands)
Costs			
Familiarisation Costs	£1,200	£2,400	£3,500
Costs from altering statistics	£83	£83	£83
Costs from altering guidance	£5	£5	£5
Total Cost	£1,300	£2,400	£3,600
Benefits			
Benefits from reduced number of reports	£15,000	£15,000	£15,000
Total Benefit	£15,000	£15,000	£15,000
NET BENEFIT	£14,000	£13,000	£12,000

Impact on Health and Safety

76. The proposal is to remove an administrative procedure of reporting certain injuries, diseases and dangerous occurrences arising from accidents at work to the enforcing authority.

77. Reporting and recording incidents contribute in two areas:

- The national health and safety system enforced and promoted by the national and local regulators. Here reports of incidents can be used by the enforcing authorities to intervene and enforce standards in line with national and local enforcement policies and incident investigation selection criteria. The information also provides data to help enable enforcing authorities to target their activities and to advise employers on strategies to help prevent injuries.
- Employers' and others' own health and safety management systems. Employers and other duty holders record incidents to feed into the duty holder's health and safety management system, allowing them to check that the arrangements they have are effective.

Impact on Regulators

Option 2

78. The changes in this preferred option align the reporting requirements with HSE's and ORR's incident investigation selection criteria (ISC – see <http://www.hse.gov.uk/enforce/incidselcrits.pdf> and so there would be no overall impact upon their ability to regulate effectively. The position regarding local authorities (LAs) is unclear as some have adopted the HSE's selection criteria while others have their own approach and are currently resourced to investigate all RIDDOR reports they receive. Responses from LA regulators to the 2011 public consultation on the O7D change included five that said they had adopted the HSE's selection criteria as they were a "risk-based regulator", while two said their policy was to investigate every RIDDOR report they received.

79. The changes would remove the requirement to report non-fatal injuries to people who are not at work. However, for the most serious injuries resulting from these incidents, the enforcing authority often first learns of them from the emergency services or through the regulators' complaints systems and not through RIDDOR reporting. Hence, in practice, for the most serious injuries, the RIDDOR report can be a follow-up action by the duty holder and not the means by which the regulator learns of the event.
80. The removal of the requirement to report non-fatal injuries to people not at work may again have a greater impact on those LAs that have not adopted HSE's ISC. This includes injuries to members of the public at retail premises and businesses in the leisure industry, as well as residents in care homes. Further discussions will take place with the bodies representing LAs and the consultation will be publicised through HSE's local authority networks to elicit views on this.
81. HSE also proposes to remove the requirement to report cases of occupational disease. Reporting levels for these are very low with HSE receiving only around 1,600 reports every year and LAs 200 (i.e. around one report for every two LAs each year). Estimates from the Labour Force Survey for 2010/11 put the total number of new cases of work-related illness at 1.1 million per year. HSE's approach to regulating occupational health risks has developed through using other data sources for targeted initiatives to raise awareness and improve standards. See <http://www.hse.gov.uk/statistics/preferred-data-sources.htm>. Figures are not available for LAs' investigation work and so this aspect will be addressed both through the public consultation and contact with the bodies representing LAs.
82. Similarly, there are relatively small numbers of dangerous occurrences (DOs) reported to HSE. However, some DOs reported by the major hazard industries (e.g. offshore and onshore petro-chemical facilities, explosives manufacture and mining and quarrying) are precursor events for major accidents or disasters. The proposed changes to DO types retain these key performance indicators for the major hazards sector along with specific DOs in other high risk industries such as construction. Therefore, the proposed changes to the list of DOs merely remove those categories which historically have not been key operationally or for targeting, intelligence and statistical purposes.
83. The proposals would not significantly adversely affect HSE's ability to spot trends. No changes are proposed to the requirement to report deaths (except for suicides on the railways) and the reduction in the "major injury" category would only result in around 1,700 fewer reports (see paragraph 53 above) which is not judged to have a significant adverse impact operationally or statistically. The small numbers of cases of occupational disease and DOs that are submitted means that for statistical purposes, RIDDOR data is irrelevant.

Impact on Health and Safety Standards for Duty Holders

84. The reporting regulations do not of themselves seek to set or improve occupational health and safety standards. Some concerns were expressed by respondents to the consultation for the implementation of the change from over 3 day to over 7 day reporting in 2011 that removing a reporting requirement would also remove a driver for internal investigation and improvement. Similar views were expressed by respondents to the Health and Safety Commission's (HSC) 2005 discussion document on reviewing RIDDOR. HSE followed this up in 2005 by conducting focus groups involving interviews with medium to large manufacturing companies. These groups said that there were other drivers, more important than RIDDOR, for the investigation and prevention of incidents, such as pressures from parent companies or insurance premiums.

85. In addition, given that HSE already publically acknowledges that only 3.5% of reported injuries to workers are investigated, it seems unlikely that the perception of the threat of a follow-up visit by HSE would be significantly altered. However, HSE is aware that there are key presentational issues around the proposed changes and will carefully publicise the changes to ensure that duty holders understand that the removal of certain categories under RIDDOR does not mean that it is completely uninterested in these risks.
86. The vast majority of employers only make a RIDDOR report infrequently. The analysis of the RIDDOR data base for the O7D change from over 3 day to over 7 day RIDDOR reporting showed that employers with fewer than 250 employees will only make one RIDDOR report of an injury to a worker on average every two years. Only 0.6% of employers employ more than 250. Those employers in the industry with the highest incidence rate of reported injuries (the waste and recycling industry) will still only make three reports every year.
87. The infrequency of the need to report for most employers means that no reliable picture can be built up by businesses and organisations based solely on their own RIDDOR data. Therefore, additional sources, such as an organisation's internal systems for recording injuries and "near miss" events must be used, supplemented by other guidance and information produced by the regulator, professional and trade bodies, trades unions, et al.
88. Views of respondents will be taken into account during the consultation to see if further views and evidence can be elicited from consultation responses. HSE plans to monitor and evaluate the change, looking for any evidence of a wider impact upon standards of health and safety in the workplace that can be reliably attributed to changes in RIDDOR reporting requirements.

Direct Costs and Benefits to Business (One In; One Out)

Option 2 – Reporting only of Fatal Injuries to workers and members of the public, Major Injuries (revised list) and Over-7-Day Injuries to workers and certain Dangerous Occurrences and Gas Events

89. It is estimated that the direct costs to business will result entirely from familiarisation costs and will be in the region of £1.2 to £3.5 million with a best estimate of £2.4 million. These costs are entirely transitional and occur in the first year of the appraisal period only.
90. It is estimated that the direct benefits to business will result from a reduction in time spent submitting RIDDOR reports and will be in the region of £8.2 million in present values over the appraisal period.
91. The net benefit to business over the appraisal period is estimated to be £5.9 million. This equates to an equivalent **annual benefit of £0.6 million** which is the size of the proposed "out".

Micro Business Exemption

92. As the changes to RIDDOR will reduce burdens on all businesses, regardless of the number of people they employ, micro businesses will not be made exempt. It is not expected that there will be any costs to micro businesses from this proposal as they are assumed only to familiarise with RIDDOR when they have an accident they think may be reportable. This is assumed to be the same as under the baseline scenario. Therefore, it is expected that micro businesses will either incur no costs or benefits (in the scenario whereby they experience no reportable accidents) or will incur a benefit (in the scenario

whereby they experience an accident that would be reportable under the baseline but not under Option 2).

Rationale for Level of Analysis Undertaken

93. Given the level of data available and the time constraints that HSE is operating under, it is felt that the level of analysis conducted for this consultation stage impact assessment is appropriate. Statistical data has been provided to the most accurate level possible and many of the cost estimates and assumptions have already been approved by the RPC. All the estimates and assumptions will be further tested during consultation, and the results used to further strengthen the analysis when the final stage impact assessment is completed.

Risks

94. A key risk to the accuracy of the analysis presented is that changes to RIDDOR may result in an increase in compliance rates. This could result from people conducting general familiarisation, increasing their awareness of what is required of them but also from the simplification of requirements. Were the compliance rates to increase then there would be a reduction in the net benefit and the size of the “out”.

95. It is not expected that any increase in compliance will be close to the magnitude necessary to reduce the “out” to a level approaching zero. Indeed, it is considered that the most likely outcome is for compliance levels to remain constant, and for the “out” to be of the magnitude analysed in the main body of this impact assessment.

96. There is also a risk that compliance may actually fall, increasing the cost savings associated with this policy. This outcome could arise as firms become aware of the fact that the RIDDOR reporting requirements are aligned with HSE incident selection criteria, and therefore any RIDDOR report they do submit is more likely to lead to an inspection being carried out. Therefore, firms might be less likely to submit RIDDOR reports in a bid to decrease the chances of them receiving an inspection. HSE currently has no data on, and no way to approximate, the likelihood of this occurring.

Consideration of Wider Impacts

97. A consideration of the wider impacts of this proposal has been conducted and it is not believed that there will be any negative impacts that result from this proposal. A statutory equalities impact assessment has been conducted and did not uncover any potential issues.

98. As small firms are not expected to spend any time familiarising themselves with the changes to RIDDOR, but are expected to benefit from reduced number of reports, then they will observe benefits from this change. The rationale behind this can be found in paragraph 81.

99. It is not anticipated that the changes to RIDDOR will have any impact on competition.

Summary and Preferred Option

100. The preferred option is Option 2. This meets HSE’s commitment to amend the RIDDOR reporting requirements and delivers an “out” of roughly £0.6 million.

101. Option 2 has present value costs over the appraisal period of £2.4 million and benefits of £15.2 million based on best estimates. The best estimate for the net benefit based on present values over the appraisal period is £12.7 million.

102. A summary table for the preferred option can be found in Table 3.

Annex 1 – Office of Rail Regulation Impact Assessment

The Office of Rail Regulation is the health and safety enforcing authority for Britain's railways, including the mainline railway, the London Underground network, other metro systems, tramways, light rail systems and the heritage sector. The general provisions of RIDDOR to report accidents and incidents apply to railways employers.

As the enforcing authority for a public transport sector, we have a vital role in checking that **passengers** and **other members of the public** are protected from danger arising from the railways. Our focus on train accident risk influences our requirement for data about incidents.

Current reporting arrangements

ORR has previously agreed that, for the mainline, RIDDOR reporting may be done via the industry body the Rail Safety and Standards Board (RSSB) which manages a central safety management information system (SMIS) into which all incidents and near misses are reported. This applies to all incidents with the exception of those that need to be reported recently by telephone, and which need may need an urgent response from us (although we normally receive the follow-up written confirmation by this route). RSSB applies a filter to the reports in SMIS and draws out those incidents that are RIDDOR reportable. These are sent to us electronically every 48 or 72 hours.

We have a similar arrangement with the second largest sector, London Underground.

These arrangements have been put in place to simplify the reporting procedures and reduce burdens on the industry.

The remainder of the industry (other metro systems, tramways, light rail systems and the heritage sector) reports individually and electronically via our website.

Currently we receive, on average:

- less than 50 reports of fatalities to workers, passengers and other members of the public each year;
- around 350 major injuries to workers;
- around 1200 minor injuries to workers;
- between 250 and 300 suicides;
- around 3,000 cases of passengers and other members of the public being taken to hospital for treatment; and
- Between 2000 and 3000 dangerous occurrences.

Investigation

We have published criteria explaining how we choose accidents and incidents for investigation resulting in investigations of:

- 100% of reported work-related fatalities to workers, passengers and other members of the public (except suicides and death of trespasses over 16 years of age);
- around 80% of major injuries to workers, focusing on the most serious;
- a very small proportion of minor injuries to workers;
- a very small number <10 suicides;

- the most serious cases of passengers and other members of the public being taken to hospital for treatment – around 35 p.a;
- the most serious dangerous occurrences that could give rise to a serious train accident such as a collision or derailment - around 35 p.a;

The Rail Accident Investigation Branch (RAIB) also investigates accidents and serious incidents on the railways for the purposes of establishing cause. They are not however, an enforcing authority and it is for ORR to determine whether legal proceedings are appropriate. Therefore, we have an involvement in most incidents that the RAIB investigates.

Policy objective:

To review the reporting requirements that RIDDOR places on railways dutyholders in the light of the Löfstedt Review, current climate of deregulation, and removing burdens on industry, whilst ensuring we can continue to carry out our functions as a credible health and safety regulator.

Proposal for railways: retain and simplify reporting requirements for the workforce and members of the public (including passengers) and retain a requirement to report certain dangerous occurrences that are particularly high risk.

1. Retain the reporting of work related fatal accidents to workers, passengers and other members of the public without amendment;
2. redefine major injury to align with mandatory investigation criteria as published by HSE/ORR;
3. redefine the criteria for reporting injuries to members of the public to align with the mandatory investigation criteria published by HSE/ORR;
4. remove the requirement to report suicides as a work-related accident;
5. Retain those dangerous occurrences that equate to the following in the current Schedule 2 Part IV: DOs 49, 50, 51, 52, 53, 54, 59, and 68.

We make no specific comment on the provisions for ill-health reporting and will adopt HSE's position.

Rationale:

This proposal requires employers only to report those accidents and incidents that ORR is likely to need to investigate in order to identify weaknesses of risk management and non-compliance with the law. ORR will also have an overriding responsibility under proposed European regulations (the Common Safety Method for Supervision) to scrutinise the performance of safety management systems on the railway. Investigating incidents is an important part of this duty.

Workers: This will result in requiring fewer existing major injuries to workers to be reported.

Members of the public: Narrowing down the scope of injuries to passengers and other members of the public will also reduce the number of reports that need to be made.

Suicides: This is a sensitive area for those involved and is accounts for approximately 250 reports per year. We currently have an arrangement whereby the British Transport Police make initial enquiries into a suspected suicide and issue us with a report of initial findings. Whilst we investigate only a small number of suicides, this arrangement does enable us to identify and investigate those cases where we feel there may be implications for the railway undertakings' risk management. We believe that the requirement to report to us can be removed from RIDDOR.

The railways specific dangerous occurrences: These are events that could give rise to multiple workforce and passenger fatalities. Given the public and political expectation that the railways are safe, we propose to retain reporting of those events that are most likely to expose evidence of serious failings in the safety management system, and therefore, statutory breaches.

We have aligned the proposal for reportable dangerous occurrences with those required to be reported to the Rail Accident Investigation Branch (RAIB) as laid out in European Directive 2004/49/EC.

Risks and assumptions

The major risk from this proposal is that ORR loses a source of intelligence on which to base its decisions about strategic direction and priorities. We believe that this risk can be eliminated for the mainline and London Underground by continuing our agreement by which we are given access to their data. There can be a small time lag between receiving information this way, as opposed to direct from the dutyholder, as there is a processing period at RSSB or LU. We do not feel this will significantly and adversely affect our regulatory activities.

As the number of reports from the other railways is comparatively small, we believe that the loss of data will not significantly affect our activities.

Assumptions and Calculations

For business costs savings, we have adopted the unit costing used by HSE in their 2011 Impact Assessment for previous amendments to these regulations. Given the central reporting for the mainline and London Underground will not provide any significant savings, we have calculated the savings that will accrue to those parts of the railways sector that report directly to ORR via the web form.

We have calculated that there will be in the region of 400 fewer reports made by these employers, each costed at £16, giving a saving of £6,400.

For the cost savings to ORR we have assumed that there would be in the region of 3,700 fewer reports, from all employers, to be processed at a unit saving of £0.50, giving a saving of £1,850.

For a line manager to assess and process a report to determine whether we should conduct an investigation, or make further enquiries, we have assumed a unit saving of £11. This equates to £41 thousand.

We have calculated the costs of familiarisation with the changes as affecting only those parts of the sector that are not mainline or London Underground, as their reporting into central databases will remain unchanged. There are in the region of 150 dutyholders who will continue to report directly and we have used the HSE assumption of £15 per employer to calculate a one-off cost of £2,250.

Summary of Costs and Benefits

Overall ORR estimate that the changes proposed in this impact assessment will result in savings to society of £49 thousand per annum. Of this figure, £6 thousand is observed by the rail industry and £43 thousand by the regulator. There will be one-off familiarisation costs of £2,250.

The Present Value of these cost savings is £420 thousand and the Present Value of the costs is £2,250. The Net Present Value of this policy is estimated as being £420 thousand.

One-In, One-Out

The equivalent annual net cost to business is calculated as being a cost saving of £5,800 per annum over the appraisal period.

Other impact tests

1. Equalities Act 2010

We have considered our proposals in the light of our responsibility as a public body to promote the provisions of the Equalities Act. We can find no implications for persons with protected characteristics and consider our proposals neutral.

2. Small and Medium Enterprises

Many the businesses that will gain from the reduced requirements to report will fall into the SME sector. Therefore, we believe this to be a positive impact.

3. Competition assessment

Our proposals will be neutral in respect of competition.

4. Health and well-being

Our proposals will result in fewer injuries to members of the public, sustained on railways premises, being reported to ORR. This may result in a small risk to health and well-being because we would not capture intelligence about the less serious injuries to members of the public. Statistics of such events will still be captured by the health services and we believe any risks to health and well-being is insignificant, given that we seldom investigate them presently.

5. Justice Impact Test, Rural Proofing and Sustainable Development

We have considered these tests and find them neutral.

Equality Impact assessment

Job title for lead assessor	Senior Policy Advisor
Unit name for lead assessor	Enforcement Policy Unit
Contact details for lead assessor	Redgrave Court, Merton Road, BOOTLE, Merseyside L207HS
Date of assessment	17 April 2012
Name of proposal	Amend The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and its associated guidance to provide clarity for businesses on how to comply with the requirements.

Impact screen Full impact assessment

Purpose / aim of proposal *[What is the reason for the policy/process/service? What are the objectives?]*

To review and improve RIDDOR and its associated guidance, simplifying and clarifying the reporting and recording duties by October 2013 to ensure that it provides an accurate picture of Britain's occupational accidents and ill health. This is a key recommendation of both the Government's report "Common Sense, Common Safety" and from the Professor Lofstedt's review.

Who will benefit from the proposal? *[Who is your audience – stakeholders/employees/specific groups?]*

Those who are defined as the "responsible person" within regulation 2(1) of RIDDOR: this is usually the employer, but can include a manager, operator, owner or an appointed person who is required to report an injury to the enforcing authorities under RIDDOR 1995. There are also specific requirements on the gas emergency service provider and Gas Safe registered engineers to report gas events. Those who suffer an injury or medical condition as a result of their work. The enforcing authorities will also benefit: HSE as reporting centre provider, and both HSE and local authorities who process RIDDOR forms for investigation purposes.

Information and data (evidence) used *[What evidence do you have? List likely sources, eg Labour force survey, focus groups, etc. Are there any gaps?]*

The Government's report, "Common sense, Common Safety," and the findings of Professor Lofstedt's report "Reclaiming health and safety for all: An independent review of health and safety legislation - November 2011." Information from within 'The Government Response to the Lofstedt Report,' November 2011. HSE and local authority annual statistics based on reports made under RIDDOR. Data from Job Centre Plus who receive reports on behalf of HSE and local authorities. The annual Labour Force Survey (LFS).

Consultation details *[Who have you consulted, eg focus groups? What information did you gather? Did you address any gaps, if applicable?]*

Consultation on the proposal has taken place within HSE and with the Office of Rail Regulation. The proposal takes into account the comments made by organisations and professional bodies representing local authorities made during the previous consultation in February/March 2011 regarding the change to over-seven day reporting. HSE is pursuing a formal public consultation under s.50 of the Health and Safety at Work etc Act (HSWA) 1974. A consultative document will be published with a 12 week consultation period in-line with Government's code of practice for consultations in August 2012.

What is the likely impact identified for any group and why? *[Is the projected impact positive, negative or neutral? What is the extent and severity of the impact, and on which group(s) will it impact? Impact assessments must be undertaken for race, disability and gender but it is recommended that all equality strands be assessed, including age, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity.]*

HSE proposes that the new reporting requirements should:-

- Focus on operational needs, ie ensure that enforcing authorities are notified of individual incidents, further action about which can be taken in-line with published incident selection criteria – see, for example <http://www.hse.gov.uk/enforce/incidselcrits.pdf>
- Ensure there is sufficient data for statistical and intelligence purposes to meet legally binding European and other international obligations and for HSE and other enforcing authorities to act as a risk-based regulator.
- Simplify the legal duties by removing requirements to report that duplicate other legally binding or established voluntary agreements to inform other agencies or regulators about incidents and issues.
- Simplify the language of the reporting requirements by reviewing words, terms and phrases in the current regulations.
- Provide clear guidance that gives examples of what must and what does not have to be reported and by what deadline.

Race: The proposed new reporting requirements are unlikely to have an adverse impact on specific racial groups. When producing any supporting guidance consideration would be given for this to be translated into other languages if there was found to be significant representation in the stakeholder groups in line with the HSE Policy on Communicating with Non- English Speakers EQ1 (09.07). Consideration will also be given to if any guidance produced meets the criteria set out in HSE's Welsh Language Scheme 2006 and should be translated into Welsh.

Disability: The consultation will include the Disability Reference Group however, currently there is no evidence to suggest that disabled people suffer a disproportionate number of reportable injuries and hence the proposed change is thought not to be significant. The HSE will ensure the consultation document, guidance and information provided to support the policy is available in accessible formats.

Gender: There is no evidence to support a view that this group would be disproportionately adversely affected.

Age: No evidence suggests that any other identifiable group will be adversely affected by the proposed change.

Religion, beliefs: There is no evidence that the proposed change will adversely impact on any particular religious group or be disproportionately associated with individuals with particular beliefs.

Sexual orientation and gender reassignment: There is no evidence to suggest that the proposed amendment will disproportionately affect these groups.

Pregnancy: There is no evidence to support a view that this group would be adversely affected.

Maternity: There is no evidence to support a view that this group would be disproportionately adversely affected.

Other vulnerable groups: No evidence suggests that any other identifiable group will be adversely affected by the proposed change.

Summary of impact on equality:

Negative impact on:	Yes	No	Why? Please give details
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no evidence to suggest that specific racial groups will be adversely affected by the proposal.
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no evidence to suggest that disabled people have a higher incidence of accidents leading to lost time injuries.
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence of adverse affect on either gender.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence for adverse affects on the young or old.
Religion, beliefs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to support that religious groups or individuals holding diifferent beliefs will be adversely affected
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to suggest this group will be adversely affected.
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to suggest this group will be adversely affected
Pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to suggest an adverse impact.
Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No evidence to suggest this group will be adversely affected

Could the impact be reduced or removed? *[Explain both how it could be minimised or removed, or why neither option is feasible]*

There is no evidence to support that there is a negative impact on any particular group.

Does the proposal have a positive impact on any group? *[Include the reason for the positive impact and outline how and why this will be positive. If there is no evidence that the proposal promotes equality and diversity or improved relations, could it be adapted to do so?] [If the policy, process or service does not have a positive impact, state any changes that could be made to incorporate this]*

The proposed reporting requirements aim to have a positive impact on the "responsible person" as defined within regulation 2(1) of RIDDOR, and on those who suffer an injury or medical condition as a result of their work. Simplification and clarification of the requirements and guidance will contribute to making the reporting of accidents and dangerous occurrences at work easier and more effective.

Are there any noteworthy points or observations arising from the screening/assessment? *[If so, please record them. You are invited to make recommendations, in which case you should identify by whom they will be actioned]*

Any further research needed will be considered once the public consultation has taken place in August to October 2012.

What additional information is required to assess that there might be a negative impact in relation to a particular group?

Any further research needed will be identified at the 12 month evaluation period to identify any negative impacts.

You should have a monitoring/evaluation review process to check the successful implementation of the proposal otherwise how will we know if HSE has been successful? **What will this consist of and how will this monitoring continue to evaluate the policy/strategy to ensure non-discrimination? What is the review date, who will do it and how will you know you have achieved your outcomes?**

This assessment is based on the information available prior to carrying out a public consultation exercise scheduled for August 2012. It will be reviewed once the outcome of the consultation is available.

Conclusion: *[Summarise the outcome of the screening/assessment process, including decisions made about whether more information is required fully to assess the equality impact. Note that if you have indicated there is a significant negative impact on any group, you may/will need to recommend or make a **full impact assessment**]*

There is no evidence to suggest that any group will be adversely affected by the proposed change. A full, statutory consultation will take place prior to the proposed amending regulations becoming law. Should the public consultation identify any impact on a particular group or equality issue, then this will be fed into and update this Equality Impact Assessment.

Review

N/A

Signed

Date

Proposals to Revise the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR '95)

The full text of this and other
Consultative Documents can be viewed
and downloaded from the
Health and Safety Executive web site on the
internet: www.hse.gov.uk/consult/index.htm

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