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HEALTH AND SAFETY COMMISSION

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

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Issue

1. To report the current position on the Review of RIDDOR and to seek approval to the publication of a Consultation Document (CD).

Timing

2. Routine. If approval is given, we would hope to publish the CD at the beginning of April 2005.

Recommendation

3. That the Commission approve the publication of the draft CD at Annex 1. The CD does not contain worked up/costed proposals. It seeks external stakeholders views on four proposals for possible changes to RIDDOR. These have been developed following an internal cross-HSE Working Group and limited consultation with some key stakeholders at a Public Forum held on 20 January 2005, both of which included Local Authority representation.

Background

4. The HSE has undertaken the review of RIDDOR following a commitment made by the Commission in the Revitalising Health and Safety Strategy Statement in June 2000 to undertake a fundamental review of the health and safety incident reporting regulations. Additionally, a similar commitment was made in the Government's response to the Environment Transport and Regional Affairs Select Committee recommendation.
5. Two recent Misc papers – MISC/05/03 and MISC/05/04 attached at Annexes 3 and 4 – give the background to how the current stage was reached.

Vision

6. We want to work towards a more effective system than now that guides enforcement action cost-effectively, enables better statistical information on injuries and ill-health, sends the right signals to duty holders and others in the system in how to improve, and which meets our EC obligations. RIDDOR currently meets some of all these objectives, but very imperfectly.

Argument

7. Our aim with the CD is to seek a wider range of stakeholders views on the purpose of RIDDOR. In addition, we have further aims of reducing bureaucracy and burdens on businesses while looking at incentives to report such as trailing alternative penalties. This will be undertaken by a staged process (see para 15 below) and in consideration of other initiatives and other work already in hand elsewhere in HSE and outside. The key issues to come out of the limited external consultation undertaken thus far are at [Annex 2](#).
8. There is a clear theme running through all the discussions that have taken place on the review of RIDDOR that there is a need to unpack the objectives of the Regulations along with a general acceptance of a need for change. Also, there is broad agreement of what the key purpose of RIDDOR should be. Fundamentally this is to guide enforcement action and to meet specific legal obligations eg to implement relevant EU Health and Safety Framework Directive provisions (see paras 34-35 of [Annex 1](#)).
9. Although it is accepted that the statistics obtained from RIDDOR are of use to both enforcers and duty holders, there is a strong feeling that the collection of statistical information should be disconnected from other RIDDOR objectives. There are other mechanisms that can be used such as WHASS, the Labour Force Survey and possibly the DWP's Industrial Injury Benefit Scheme etc but these alone will not replace RIDDOR statistics (see paras 25-29 of [Annex 1](#)).
10. The current reporting of Dangerous Occurrences is prescriptive and historical. Consequently, there is a question about the need to introduce a goal-setting approach with a more generic list of dangerous occurrences. Additionally, links to the use of permissioning/safety case regimes and voluntary schemes, such as the current offshore web based Safety Alert Data and Information Exchange (SADIE) system, should be considered to improve the reporting of dangerous occurrences and the information gained from it (see paras 45-49 of [Annex 1](#)).
11. With regard to the collection of information on Occupational Health, there is the question of whether this should continue to be reported under RIDDOR or should this be removed and replaced by working in partnership with other Government Departments such as DWP and DH on other initiatives and other HSE work. For example, HSE's Work Place Health Direct Scheme and voluntary systems such as the construction industry's occupational health pilot scheme – Constructing Better Health (see paras 40-44 of [Annex 1](#)).

12. Additionally, stronger links should be made between the requirements in the Management of Health and Safety at Work Regulations 1999 to influence duty holders' behaviour with regard to internal monitoring, recording and investigation of incidents and to keep records (see para 22 of [Annex 1](#)).
13. Finally, it is also necessary to consult on whether the current reporting and recording requirements of RIDDOR should be extended to cover "at work" work-related road traffic incidents (see paras 65-66 of [Annex 1](#)).

Proposals

14. As a consequence of the above issues, the CD seeks stakeholders' views on the following four proposals for possible change and Part 4 of the CD lists the benefits and risks of each of these:
 - Remove the current requirement on duty holders to report occupational diseases;
 - Remove or make changes to the current reporting requirement on duty holders to notify and report some dangerous occurrences;
 - Remove the current reporting requirement on duty holders to notify and report major injuries – they would be required to notify, report and record all fatalities and injuries that lead to more than 3 days absence from work;
 - Consider whether to make "at work" work-related road traffic incidents reportable under RIDDOR.
15. These proposals endeavour to elicit discussion on changes that could be made to RIDDOR in a staged way. A further CD will be issued with fully costed proposals once replies to [Annex 1](#) have been analysed. The timing of any new regulations would take account of their impact on measuring and completing existing published targets.

Risks

16. In seeking stakeholders views on possible changes to RIDDOR we risk raising stakeholders expectations eg possible extension of the scope of RIDDOR into "at work" work-related road traffic incidents. We may also be accused of moving the goal posts with regard to the Revitalising Health and Safety Strategy. However, although we may have to take some hard decisions once we have analysed the responses, the risk of doing nothing is greater. It should also be remembered that we are, at this stage, only seeking views.

Consultation

17. The HSE Board has been consulted on these proposals and they are based on the views of those external stakeholders involved in the limited consultation undertaken at the Public Forum.

Presentation

18. The CD will be published electronically on the HSE website, along with a Press Release drawing stakeholders' attention to it. We will also make available paper copies to those who want them. It will of course, be open to anyone to comment. The Communications Directorate are aware of our plans and we also plan to run a series of Focus Groups to coincide with publication to try to ensure that small businesses are aware of the CD and to encourage them to submit comments.

Costs

19. None at this stage. In due course, we envisage a reduction in the burden on businesses based on whatever the agreed changes to RIDDOR are.

Financial/Resource/Environmental Implications/Other Implications for HSE

20. The Review is currently using ½ Band 3, 1 Band 4 and 1 Band 5 but the Review team will require at least another full time Band 4 once the replies are received and the analysis begins.

Action

21. Commissioners are asked to approve the publication of the CD at [Annex 1](#).