

## RIDDOR Review Statistical Issues

### Changes to Disease Reporting

- Dropping the disease reporting requirement would have little or no impact on the statistical picture of ill health that we currently present. Our overall estimate of work-related ill health incidence and prevalence are derived from the Labour Force Survey (LFS). Our estimates of certain categories of ill health are also informed by other surveys, such as the Health and Occupation Reporting network (THOR). Measurement of progress against the Revitalising and PSA ill health targets uses these survey results, and RIDDOR data plays no part.

### Changes to injury reporting

- The loss of reported over-3-day (O3D) injury data would have minimal impact on our ability to present fit-for-purpose analysis at GB, country/region, or main sector level. It would not affect our ability to measure progress against the Revitalising or PSA targets, or to meet EU requirements for the UK to make statistical returns (the latter could be met by recording requirements on employers).
- We would lose the ability to estimate reporting levels under RIDDOR because this currently requires a comparison of all injury rate estimates derived from the LFS, with the combined major and O3D rate from RIDDOR. We would need to be able to introduce additional questions into the LFS or other survey in order to derive a major injury rate estimate if we wanted to continue to calculate RIDDOR Reporting levels. There is no guarantee we would succeed because space in the LFS is heavily over-subscribed.
- Any change in the major injury definition in RIDDOR would create a discontinuity in trend data although the impact of this can be reduced by careful design. It should also be possible to mitigate the effect of this break in the (historical) picture through statistical analysis although it would probably need special studies or surveys either side of the discontinuity to develop conversion factors. The change would not affect PSA target measurement (because the RIDDOR change would coincide with the end of the current PSA period) but it would impinge on our judgement of achievement of the Revitalising end-point for fatal and major injuries. This could be overcome if we were able to develop the conversion factors mentioned above.