

Equality Impact assessment

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Unit name for lead assessor	Enforcement Policy Unit
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Date of assessment	22 June 2011
Name of proposal	Amendment to the Regulation 3(2) of the Reporting of Injuries, diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to Implement Lord Young's recommendation

Impact screen Full impact assessment

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

To improve the effectiveness of occupational incident reporting system by implementing Lord Young's recommendation that Regulation 3(2) of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) be amended to increase the period of incapacitation after which the responsible person must report an injury from over-three days (O3Ds) to over-seven days (O7Ds).

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 that is required to report an injury to the enforcing authorities under RIDDOR 1995. Other groups that will benefit are the enforcing authorities. The enforcing authorities: HSE as reporting centre provider and HSE and local authorities for RIDDOR report form processing for investigation purposes. Employees and self-employed people who are absent from work due to the injury, as these will be confirmed by a doctor when they obtain a fit note (form Med 3).

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

HSE and local authority annual statistics based on reports made under RIDDOR, data from the Incident Contact Centre (ICC) that receives reports on behalf of HSE and local authorities. The 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?]*

The HSE undertook a formal statutory consultation beginning 31 January 2011 that lasted 3 months under s.50 of the Health and Safety at Work etc Act (HSWA) 1974. The consultation was in-line with with BIS's code of practice for consultations. The Disability Reference Group were approached directly and raised no issues.

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.]*

The "responsible person" as defined in regulation 2(1) (usually the employer but can include a manager, operator, owner or an appointed person) would be under a duty to send a report to the enforcing authority where a worker has been unable to work as a result of the injury for more than seven (rather than the current three) consecutive days (excluding the day of the accident, but including any days that would not have been working days, eg the weekend, rest days between shifts, non-working days for part-time workers).

This proposed over seven day period coincides with the worker obtaining a "fit note" from their doctor if the injury means they are absent from work. Hence, the injury reported by the responsible person will be confirmed by a medical practitioner.

HSE does not investigate every injury reported to it, rather it currently selects reported injuries for investigation in line with the RIDDOR incident selection criteria (A copy of the incident selection criteria can be found at <http://www.hse.gov.uk/foi/internalops/og/ogprocedures/investigation/incidselcrits.pdf>). These bring within scope the most serious accidents currently of non-fatal injury reports. In 2008/09 HSE investigated 5.2% of RIDDOR major injuries and 0.8% of O3D injuries.

There is no evidence to suggest that the distribution of O3D and O7D injuries would differ. Hence, there should not be a disproportionate effect upon any identifiable group.

Race: The proposed change is unlikely to have an adverse impact on specific racial groups. There is some evidence to suggest that new starters in their first six months of employment are more likely to have a reportable injury with a greater proportion of these being O3D. There is however no available evidence to show that increasing the reporting requirement to O7D will significantly affect migrant workers or other people who are members of a specific racial group.

Disability: The consultation included 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 impact of the proposed change is thought not to be significant.

Gender: There is evidence that there are a higher proportion of part-time workers amongst women. The requirement is for incapacitations for consecutive calendar days, including rest days and other days when the worker would not normally be at work and hence this proposal will not adversely affect women or part-time workers in general. Based on an analysis of the Labour Force Survey (LFS) data, HSE believes that injuries to women are under-reported under the current RIDDOR requirements. If the implementation of the proposal improves reporting rates, this may have a positive impact on women.

Age: The limited evidence suggesting that new starters in their first six months are more likely to suffer an O3D injury may lead to a higher incidence amongst the young. However, the proposal should not adversely impact upon the overall numbers reported. The proposal may improve reporting. Based on an analysis of the Labour Force Survey (LFS) data, HSE believes that injuries to younger workers (data available is for 16 – 24 year old workers) are under-reported under the current RIDDOR requirements. If the implementation of the proposal improves reporting rates, this may have a positive impact on younger workers.

It has been suggested that older workers may be disproportionately represented under the proposed new system as recovery times may be greater amongst this group, leading to longer periods of incapacitation and so reports will still be triggered in this group whereas they would not for others. A higher representation can be argued to be a positive impact as well as negative if this group were over-represented in the data.

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: It has been suggested that due to longer recovery periods that this group may be disproportionately represented in the reporting data once the period of incapacitation has been increased. There is no evidence to support this view. A higher representation can be argued to be a positive impact as well as negative if this group were over-represented in the data.

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"/>	Effects on part-time workers were considered. The requirement is for "calendar days absence" including rest days. so adverse impact for an
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 although some have suggested that longer recovery times associated with pregnancy.
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]*

It has been suggested that older and pregnant workers will have longer recovery periods from injuries and hence may be better represented in the proposed new criteria for reporting.

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]*

The suggestion that older and pregnant workers due to longer recovery periods may be over-represented in future data after the proposed change is implemented.

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?**

A formal evaluation will take place 12 months after the implementation of the proposed change to the regulation.

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. Areas identified where groups who may have a longer recovery period have been identified will be looked at at the 12 month evaluation based on the reports received.

Review

Signed

Date