

SUMMARY OF RESPONSES TO THE PROPOSALS TO REVISE THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURENCES REGULATIONS 1995 (AS AMENDED) (RIDDOR '95)

Background

1. The consultative document (CD) taking forward Professor Löfstedt's recommendation to clarify and simplify the reporting requirements was published on 2 August 2012, and closed on 28 October 2012.
2. 450 external responses have been received from a broad cross-section of industry sectors, but with a high proportion from business (38%) and local government (18%). 72% of all respondents were health and safety professionals.
3. Responses were received via a number of routes. Whilst the majority were entered directly online by respondents, or submitted on an equivalent word template, several respondents chose to provide free-text narrative responses in letters or other documents. Wherever it was clearly appropriate to do so, such narrative responses were attributed to the appropriate questions. However, not all respondents answered all questions, and some provided only very broad statements supporting or opposing the proposals generally, without commenting on the specific question areas in detail. As a consequence, the following analysis typically presents findings with reference to the number of respondents to particular questions, as opposed to the overall total of 450. This is to avoid providing misleading statistics, particularly in relation to questions where relatively few responses were received.

Summary of Response Analysis

The questionnaire responses indicate that:

- RIDDOR data is used for a variety of purposes, much of which could be equally well achieved irrespective of reporting requirements, but some of which is based on the existence of a consistent, national, reporting standard.
- Most respondents did not feel that the proposed changes would impact on health and safety management, but this majority was small and many businesses felt that there would be some impact.
- Confirming Professor Löfstedt's findings, most respondents reported some difficulty or uncertainty associated with the current requirements, particularly as they relate to accidents involving non-workers.
- Most respondents agreed that the concept of an "accident" should be retained in relation to reportable injuries, and that this should be defined in guidance. There was less clarity regarding the adequacy of the current definition.
- Whilst a small majority felt that it would improve clarity to restrict reporting requirements for non-workers to accidents at "work premises," the consensus was not strong. Significant problems were anticipated, even amongst those in favour, associated with establishing clarity over the definitions of "at work" and "work premises."

- There is a clear consensus in favour of aligning the definition of major injury with the HSE incident selection criteria, but also some significant opposition to this proposal. The proposed list of major injuries was generally felt to be clear and unambiguous, but constructive suggestions were made for further improvement. There was little consensus as to other types of injury which should be included in the revised list.
- The proposal to remove reporting requirements for non-fatal accidents to non-workers attracted strong negative comments, particularly from co-regulators in the local authority sector and trades unions. The majority of respondents were not in favour of this change. Whilst it was generally agreed that such a change would make compliance easier, a number of significant potential negative consequences were identified.
- The proposal to remove most occupational-disease reporting requirements also attracted strong negative comments, again including respondents from co-regulators and trades unions..
- Most respondents who expressed a view supported the proposed change to the reporting threshold for non-fatal gas incidents.
- Most respondents supported the proposed changes to the schedule of dangerous occurrences, and a number of constructive sector-specific suggestions were received. Trades unions, in particular, generally opposed this proposal. The rail sector and the fairground sector had particular concerns as to the impact of the proposed changes.
- Most respondents agreed that there should be no change to the recording requirements.
- More respondents agreed than disagreed with the proposal to exempt certain self-employed people from the reporting requirements, but there was no clear majority. Further analysis of these responses is being undertaken in relation to CD242 *Proposals to exempt from health and safety law those self employed whose work activities pose no potential risk of harm to others.*

Overview

Total number of Finalised Responses: 450

Breakdown by Industry Sector ¹

Academic	6% (25)
Charity	5% (21)
Consultancy	8% (34)
Business	38% (159)
Local government	18% (73)
Member of the public	2% (7)
National government	3% (14)
Non-departmental public body	3% (12)
Non-governmental organisation	4% (15)
Pressure group	1% (3)
Trade association	8% (35)
Trade union	4% (15)

Business Respondents by No. of Employees

1-9	5
10-49	14
50-249	38
250-1000	31
1000+	48
Not stated	23

Breakdown by Respondent Type

Employee	9% (38)
Employer	12% (49)
Health and safety professional	72% (289)
Trade union official	4% (17)
Training provider	1% (3)
Self-employed person	2% (7)

Business Respondents by Sector

Manufacturing	32
Construction	23
Wholesale & Retail	11
Utilities	9
Transport	9
Leisure & Hospitality	7
Refuse and Sanitation	4
Health and Social Work	2
Agriculture	2
Mining	1
Education	1
Other / Not Stated	58

¹ The breakdown is on the basis of information provided, but it should be noted that there is potential for overlap between organisation type, for example organisations have classed themselves as charities which could equally be described as pressure groups etc.

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

There was a wide variety of responses to this question. Several respondents commented that RIDDOR data in isolation was not really used, but formed part of a wider data set regarding incidents which was used to help manage health and safety within their organisation. Indeed, several of the most prominent themes reflect uses which could generally be applied to incidents irrespective of whether they are reportable under RIDDOR, such as:

- **Trend Analysis:** This was the most commonly cited use, mentioned in over one third of all responses to this question.
- **Investigation Trigger:** Approximately 15% of respondents commented that RIDDOR acted as a trigger for investigation, or ascribed additional priority to the investigation of a specific incident.
- **Managerial Review / Scrutiny:** Reflecting the priority & status associated with RIDDOR-reportable incidents, approximately 17% of respondents described how such incidents were subject to review by senior management, health and safety committees and similar arrangements.
- **Learn Lessons:** Aligned to the investigation of incidents, the concept of learning lessons and taking appropriate action featured in approximately 18% of responses.
- **Insurance / Civil Claims purposes:** A small number of respondents made reference to the use of RIDDOR data in the context of insurance requirements, and their ability to defend claims etc.

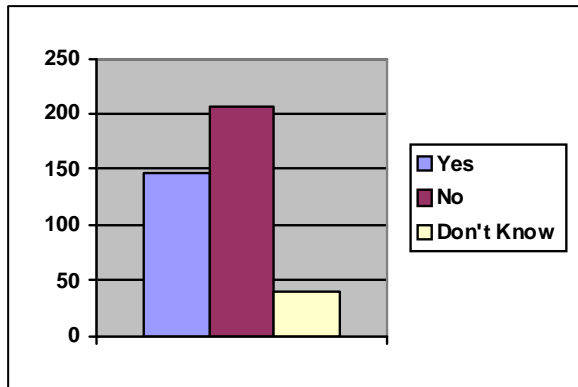
Three primary purposes were identified within the responses which were specific to RIDDOR data, as opposed to general accident and incident information:

- **Key Performance Indicators:** Approximately 12% of respondents, typically larger organisations, cited the used of RIDDOR data in setting organisational performance targets, or as indicators of safety performance.
- **Benchmarking:** A similar proportion of respondents referred to the use of RIDDOR data in benchmarking organisational performance against other organisations and / or national trends.
- **Tender Evidence:** A small number of respondents cited the use of RIDDOR data as evidence of safety performance utilised during tender evaluations when contracting for work or evaluating tender submissions and selecting contractors.

Q.1 Summary

RIDDOR information is used for a variety of purposes across industry, and by public sector organisations, trades unions and others. Many of these purposes could be achieved through the use of incident data more generally, irrespective of RIDDOR reportability status. However, RIDDOR requirements can impart a higher priority to the investigation of incidents, or provide a trigger for greater managerial scrutiny. Some purposes, such as benchmarking etc. are more reliant on the consistent national threshold criteria established through RIDDOR provisions.

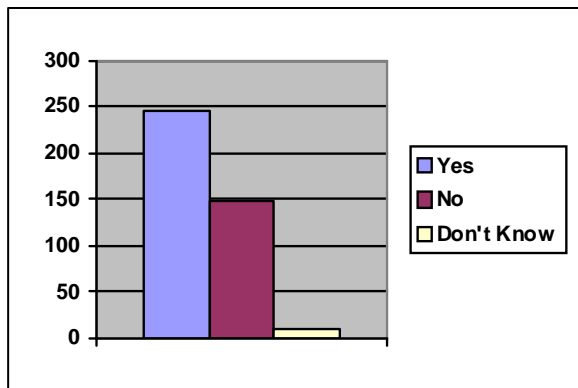
Q2. Will the changes under the proposed revised regulations have any impact on how your organisation manages health and safety?



Yes	37% (146)
No	53% (207)
Don't know	10% (40)

Slightly more than half of the 393 respondents to this question felt that the changes would have little or no impact. However, the majority is narrow, and there is some concern that useful information would be lost, and that the changes may impact upon the priority afforded to health and safety issues within organisations.

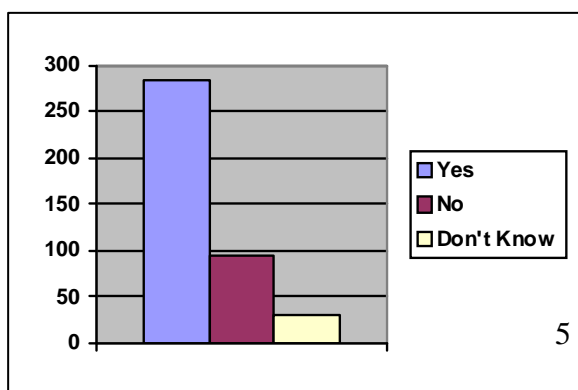
Q3. Has your organisation ever experienced difficulty or uncertainty in determining whether incidents must be reported under RIDDOR?



Yes	61% (244)
No	37% (147)
Don't know	2% (9)

61% of the 400 respondents to Q.3 reported some experience of difficulties with the existing RIDDOR regulations in terms of determining whether incidents require reporting. The most frequently cited issue related to accidents to non-workers. In addition to the specific definitions associated with reportable incidents, some difficulties were also highlighted in relation to general interpretative issues such as whether incidents “arise from or in connection with a work activity.”

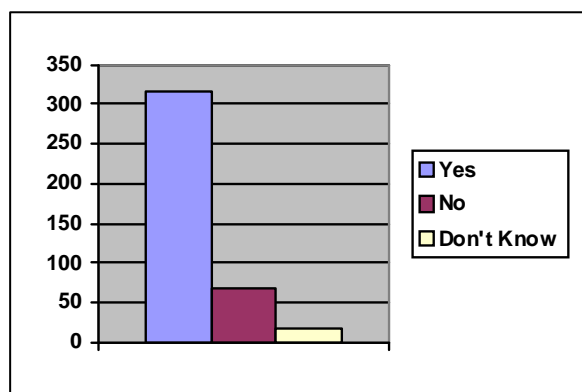
Q.4 Should the requirement that there must be an "accident" before a death or injury becomes reportable be retained?



Yes	69% (283)
No	23% (95)
Don't know	7% (30)

There is a strong overall consensus for retaining the requirement for an “accident” to have occurred among the 381 respondents to this question. This requirement clearly links injuries with those incidents which are “work related,” and avoids requiring reports for those which are not.

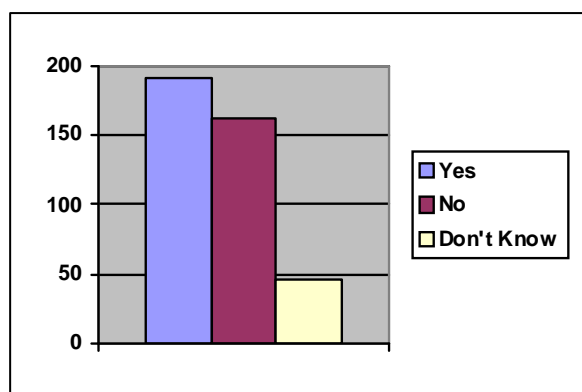
Q5. Does “accident” need to be defined in guidance?



Yes	79% (315)
No	17% (69)
Don't know	4% (16)

There was significant support for the term “accident” to be defined in guidance among the 400 respondents to this question. This support was consistent across all industry sectors. Narrative comments tended to emphasise the need for threshold clarity in relation to what is reportable, with a clear definition being emphasised as helpful in this regard.

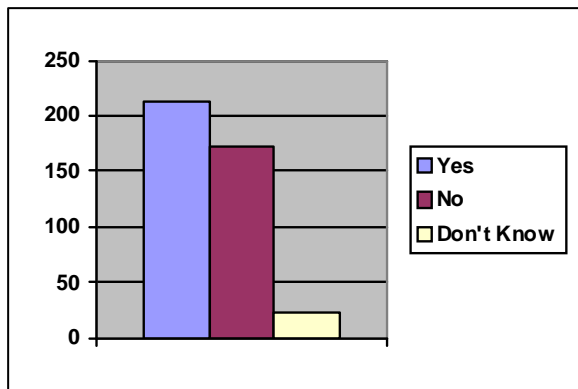
Q6. Is the current definition of "accident" sufficient?



Yes	48% (190)
No	41% (162)
Don't know	12% (46)

A small majority of the 398 respondents felt that the current definition of accident was sufficient. However, a significant minority felt that alternative wording would be preferable. A variety of suggestions were put forward, with the most prevalent theme being a preference for the word “incident” over “accident,” due to the fact that “accident” implies absence of fault.

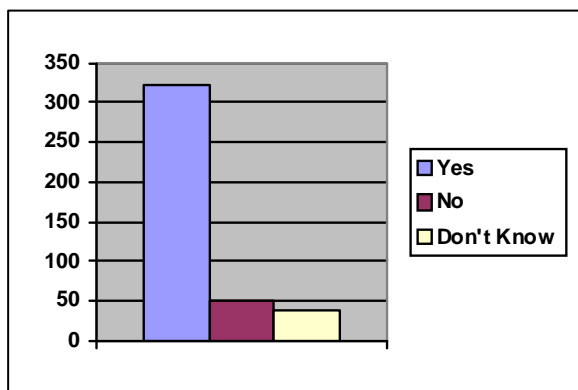
Q7. Would it improve clarity to restrict accident reporting to injuries to people engaged in work at any place, and to non-workers only when occurring at "work premises?"



Yes	52% (213)
No	42% (172)
Don't know	6% (24)

Whilst there is marginal support for the proposal to restrict accident reporting on the basis of *where* incidents occur among the 409 respondents to this question, significant difficulties are anticipated with regard to interpretation of the proposed requirements. Overall, there is no strong evidence that such a change would bring additional clarity to the reporting requirements, and indeed there is potential for further ambiguities to be thereby introduced.

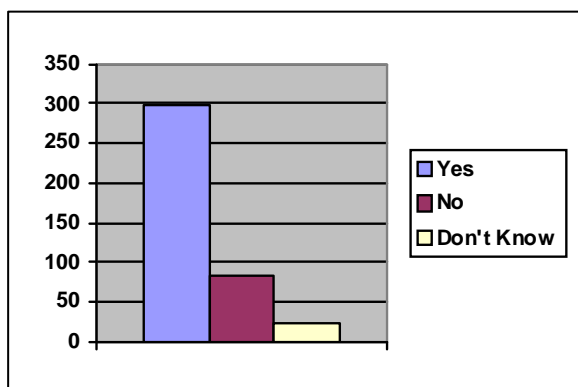
Q8. Do you agree with aligning the major injury categories with those in HSE's incident selection criteria?



Yes	78% (322)
No	12% (49)
Don't know	10% (39)

Overall, there is strong support from the majority of the 410 respondents to this question for aligning the major injury categories with the HSE Incident Selection Criteria. However, concerns were consistently expressed by trades unions and safety groups in relation to this proposal.

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



Yes	74% (298)
No	21% (83)
Don't know	5% (22)

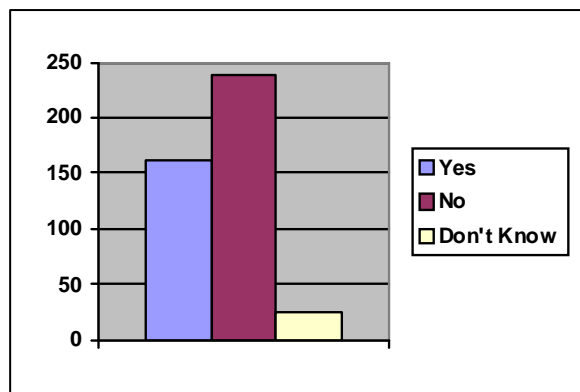
Most of the 403 respondents to this question agreed that the proposed list of major injuries was clear and unambiguous. Nonetheless, areas have been identified where additional clarity would be helpful.

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

There were numerous and varied responses to this question, but little consistency in terms of suggestions for additional categories. Overall, from 209 responses to this question, the following represent the most frequently suggested additional categories:

- Electric Shock
- Stress and psychological issues linked to work
- Serious flesh wounds causing severe bleeding / nerve damage
- Various types of sight loss including temporary & partial
- Road Traffic Accidents

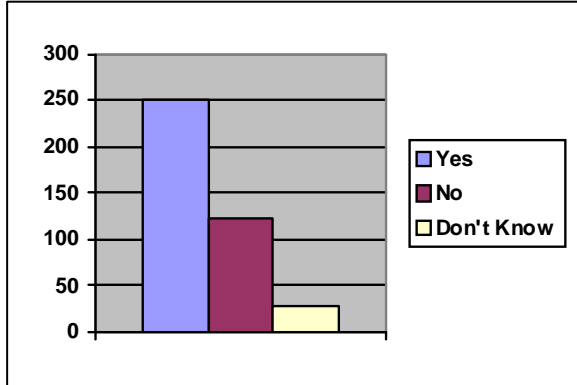
Q11. Do you agree with removing the requirement to report non-fatal injuries to persons not at work? (i.e. non-workers who sustain injuries as a consequence of a work activity, such as members of the public and customers in retail premises.)



Yes	38% (161)
No	56% (238)
Don't know	6% (26)

The proposal to remove non-fatal accident reporting for non-workers polarised opinion among the 425 respondents to Q.11. Overall, more respondents disagreed than agreed, but levels of support varied among different sectors, with a narrow majority of businesses supporting the proposal. Co-regulators and trades unions were generally opposed to the proposal.

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?



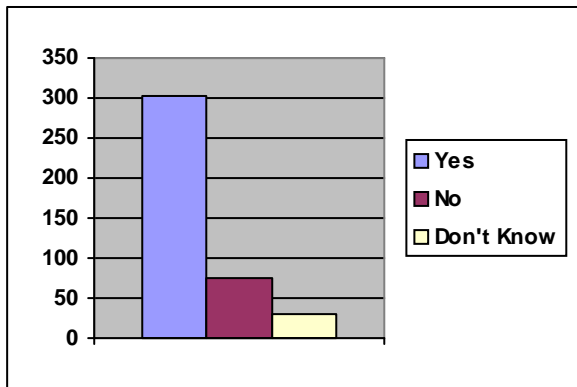
Yes	63% (250)
No	31% (123)
Don't know	7% (28)

There was a clear consensus that removing this reporting requirement would make compliance easier. This was reflected across most sectors, including business (68% of respondents) and local government (61% of respondents.) The majority of trades union respondents disagreed with the statement.

The most frequent comments made by those in disagreement was that the proposed change does not make compliance with legal requirements easier; it simply reduces the number of reports required.

A significant number of those agreeing that removing the reporting requirement would improve clarity nevertheless questioned whether it was appropriate to do so in the light of the negative consequences discussed at Q.13 below.

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



Yes	74% (303)
No	19% (76)
Don't know	7% (30)

There was a clear consensus across all sectors that there were some potential negative consequences associated with the proposed change, the following being the main concerns expressed:

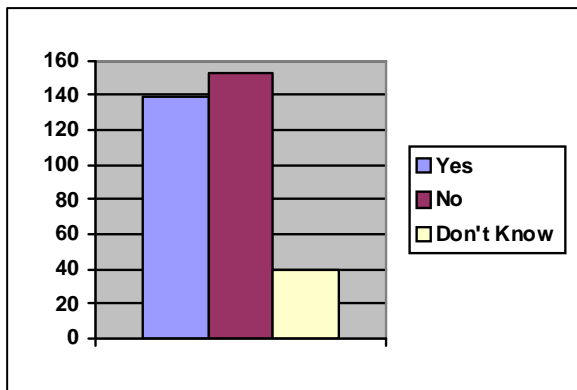
- The change would result in a loss of data or intelligence which is of some value at national, sector or company level.
- The change would compromise the information available to regulatory bodies, and consequently their ability to investigate.
- The changes would ultimately lead to lower standards and afford less protection to non-workers.
- Irrespective of who happens to suffer an injury, the health and safety failure which causes the accident is equally relevant.
- The change would lead to businesses and others creating risk to be less accountable for their failures.
- The change would send the wrong message regarding the importance of workplace safety.
- The change would impact on civil claims processes from either the perspective of the claimant or the business involved.

There were also several suggestions submitted for alternative reporting thresholds.

Q.13 Summary

Almost three quarters (74%) of the 409 respondents answering Q.13 felt that there would be some negative consequences associated with the removal of reporting requirements for non-fatal accidents to non-workers. The most frequently anticipated negative consequences were the loss of information, and a reduction in the ability of regulators to investigate incidents.

Q14. Do you agree with the proposal to remove the reporting requirement for cases of occupational disease, other than those resulting from a work-related exposure to a biological agent?



Yes	42% (139)
No	46% (152)
Don't know	12% (40)

There was no clear consensus in relation to this question, with neither “Yes” or “No” responses achieving an overall majority. Approximately 61% of business respondents agreed, and there is no clear pattern discernible in terms of responses from specific business sectors. Examination of the comments identifies the following main themes in responses to Q.14:

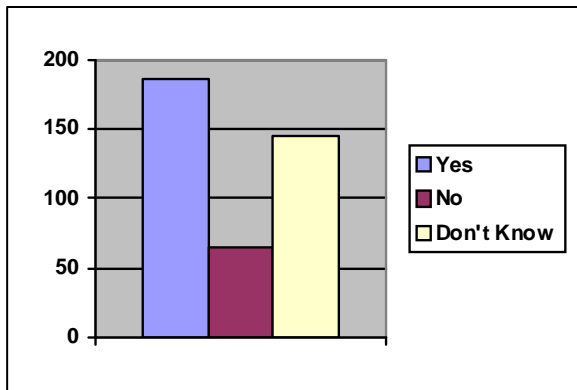
- The proposed change will have a detrimental impact on standards and hazard control, due to lesser priority being afforded to certain risks, a lower threat of regulatory investigation or other / non-specified reasons.
- The proposed change will result in a significant loss of information to regulatory bodies, compromising their ability to investigate and to identify trends, set priorities etc.

- The proposed change will result in the loss of an important source of statistical data.
- Alternative or supplementary mechanisms are required to ensure adequate information is available.
- Other sources exist from which relevant data could be extracted.
- Concern that current reporting requirements impose a reporting duty which may be linked to historical, rather than ongoing, exposures.
- Various comments highlighting the complexity or impracticality of current reporting arrangements.

Q.14 Summary

Q.14 polarised opinion among the 331 respondents, such that there is no clear consensus supporting or opposing the proposal to remove most ill-health reporting requirements. However, some negative consequences are clearly anticipated, including a perception that ultimately such a change could have a detrimental impact on ill-health hazard control. The potential loss of information to regulators is also highlighted as a particular issue.

Q15. Do you agree with the proposed change to the reporting threshold for non-fatal injuries for gas incidents?

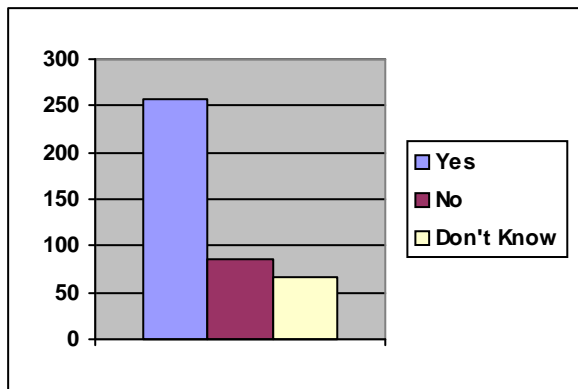


Yes	47% (186)
No	16% (64)
Don't know	37% (145)

Overall, there is a clear consensus in agreement with this proposal among the 395 respondents to this question, albeit with a notably large number of “Don't Know” responses, as many respondents have had little or no experience in the field of gas safety. This consensus is consistent across most industry sectors, with the exception of trades unions, where a majority disagreed with the proposal, citing that the proposal introduces inconsistency with other RIDDOR reporting thresholds. Of the 16 identifiable responses from the utilities supply industry: 6 agreed, 5 disagreed and 5 did not express a view.

It is evident from responses that many respondents who disagree do so because they are also opposed to the alignment of major injury classifications with the incident selection criteria, of which the proposed change at Q.15 is a direct consequence.

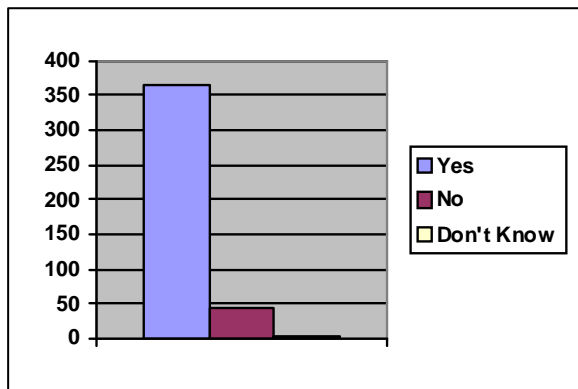
Q16. Do you agree with the proposals for the revision of the types of dangerous occurrences that must be reported given in Annex 1 to this consultative document?



Yes	63% (258)
No	20% (82)
Don't know	16% (66)

There is an overall consensus in favour of the proposed rationalisation and simplification of the dangerous occurrences reporting requirements. However, strong concerns were expressed associated with any general restriction of DO reporting to major-hazards sectors (although this was not the intention of the proposal.) Existing DO definitions would benefit from increased clarity.

Q17. 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?

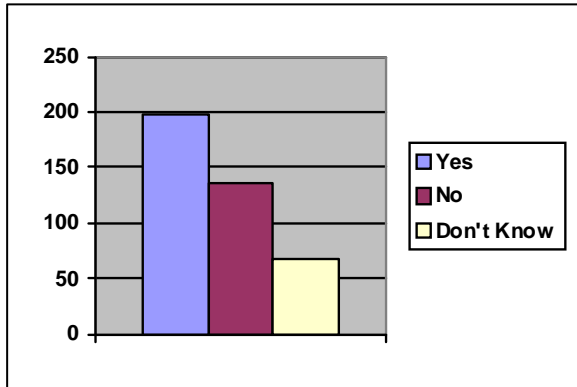


Yes	89% (363)
No	10% (43)
Don't know	0% (2)

There was a clear consensus agreeing with the proposal for recording requirements, which was reflected across all industry sectors. The most prevalent comment from those who disagreed was in relation to the requirement to continue to record over-three-day absences, which was criticised as being inconsistent with reporting requirements. The requirement to record such absences transposes an EU Directive requirement, and represents no change from the current position.

Q18. 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	49% (197)
No	34% (137)
Don't know	17% (68)

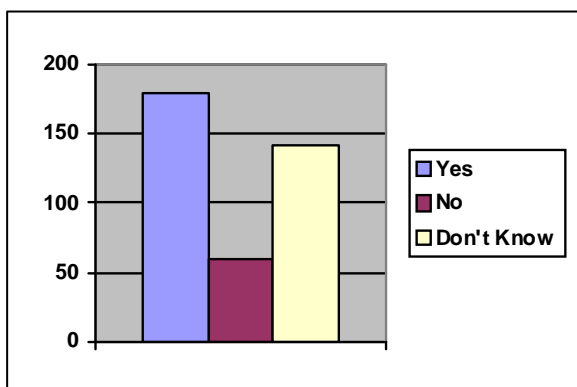
There was overall consensus in agreement with the proposal to exempt certain self-employed people from the reporting requirements, but this was less than a 50% majority. This reflects the distribution of responses from the business sector, where approximately 49% agreed, and 28% disagreed.

The detailed comments in relation to Q.18 have been considered in the analysis of the consultation on proposals to exempt from health and safety law those self-employed whose work activities pose no potential risk of harm to others.

Impact Assessment

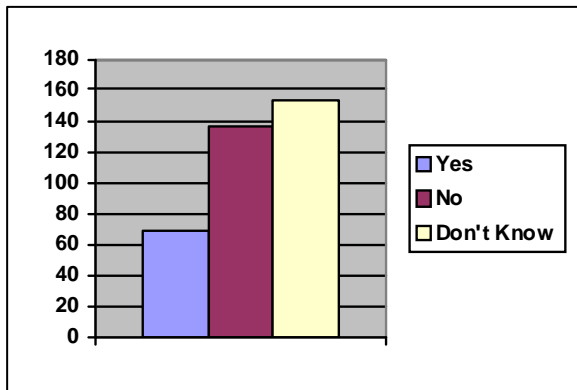
Questions 19-21 dealt with the regulatory impact assessment, and were independently analysed by HSE economists to inform development of a revised impact assessment. The following provides a brief overview of the responses received:

Q19. Do you agree with the conclusion of the impact assessment?



Yes	47% (178)
No	16% (60)
Don't know	37% (141)

Q20. Are there other factors that should be taken into account?



Yes	19% (69)
No	38% (137)
Don't know	42% (153)

Amongst those who feel that other factors should be taken into account, the most frequently cited factor is an anticipated deterioration of health and safety standards and a consequential increase in injuries as a result of the proposed changes.

Q21. Provide any additional details on:

- (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 (par. 35-38)
- (v) The impact of the proposed changes on overall health and safety risk management.

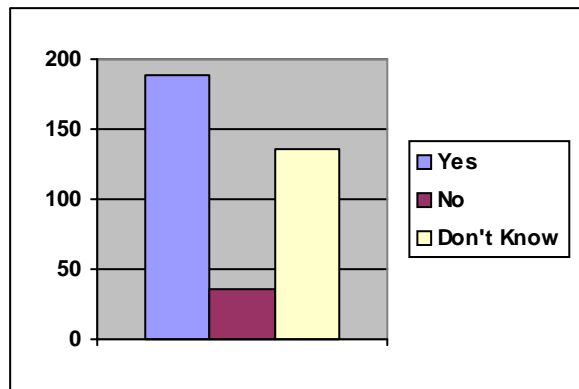
A detailed analysis of the numerical responses to Q.21(i) - (iv) is beyond the scope of this summary. Responses have informed the revision of the regulatory impact assessment.

Q. 21(v)

- Approximately 44% of respondents to this question anticipate little or no impact on overall risk management.
- Approximately 16% of respondents anticipate positive impacts, such as:
 - An improvement in clarity as to reporting requirements
 - Freeing of time for other priorities
 - A reduction in regulatory burdens
- Approximately 24% anticipate negative impacts, including:
 - A reduced focus on the importance of health and standards in the workplace
 - Less investigation in incidents
 - Reduced levels of protection

Equality Impact Assessment

Q22. Do you agree with the Equality Impact assessment?



Yes	52% (188)
No	10% (36)
Don't know	38% (136)

There is an overall consensus agreeing with the Equality Impact Assessment, and a significant proportion of respondents who did not feel able to offer a views.

Any Other Comments

Q. Do you have any other comments on the proposals that have not been covered by this questionnaire?

This question was answered by 164 respondents. In many cases, the comments were simply “No,” or expanded upon answers to previous questions. There were few discernible themes evident where substantive comments were made, other than general criticisms associated with:

- The wider political context and other recent or proposed changes in health and safety law;
- Disagreement with the concept that RIDDOR requirements “imposed a burden” on dutyholders;
- A perceived failure of regulatory bodies to enforce the existing provisions; and
- The extent of information which would no longer be available if the proposed changes were implemented.

There were also a number of more detailed proposals for alternative approaches to changing the reporting regime, e.g. from Trades Unions and safety organisations.

Q. Is there anything you particularly like or dislike about this consultation?

This question was answered by 134 respondents. Again, the most frequently occurring comment was simply “No.” There were, however, several criticisms regarding the length and complexity of the consultative document. There was also criticism that some of the information being sought through consultation responses could have been established through research, e.g. statistics relating to local authority regulatory use of RIDDOR data.

List of Respondents

Organisations that stated their response should be treated as confidential are not listed.

Organisations

Adcock Refrigeration
Aker Solutions
AL FARAA
Al Osais
AlphaGary Limited
Alpro
ASATS
Association of Personal Injury Lawyers (APIL)
Astley Chemical+Safety
Atkins
babcock
BAM Nuttall
Biocatalysts Ltd
Boots UK
Bovis Homes Limited
BP
BP European Acetyls
Bramall Construction North West
British Constructional Steelwork Association Ltd
British Gas
British Plastics Federation
British Red Cross
British Red Cross
British Retail Consortium
British Safety Council
Buckinghamshire Healthcare NHS Trust
Bupa Care Services UK
BVRLA
Capability Scotland
Caravan Club
Care Quality Commission
Carillion
Cast Metals Federation
CBI
CCI

RIDDOR Consultation – CD 243
List of Respondents

Central Power Electrical Services Ltd
Chartered Institute of Environmental Health
Chief Fire Officers' Association
Civil Engineering Contractors Association
COFELY Limited
CO-Gas Safety
Connells Group
Construction Safety Campaign
Construction Skills Certification Scheme
David Smith Associates
Derby Hospitals NHS Foundation Trust
Downstream Gas Ltd
Earlyworld Limited (childcare)
East Riding of Yorkshire
East Sussex Fire and Rescue Service
edrinton
EEF
Element Materials Technology Sheffield Ltd
Elmfield Training
Emprise Services Plc
Energy Networks Association
Energy UK
Engineering Construction Industry Association
English Heritage
Environmental Services Association
ERL
ETE Limited
Faculty of Occupational Medicine
Farmers' Union of Wales
FCO Services
Federation of Small Businesses
Fire Service College
Focus School Swaffham Campus
Frensham Heights School
Girlguiding UK
Girls' Day School Trust
Global Infrastructure (Scotland) Ltd
GMB – Britain's General Union
Green Estate Ltd.
Gressingham Foods
HB Projects Ltd

RIDDOR Consultation – CD 243
List of Respondents

Health and Safety Laboratory
Health Protection Agency
Heart of England NHS foundation trust
Helios Safety & Rescue
Her Majesty's Revenue and Customs
Hertfordshire Fire and Rescue Service
HS Mechanical Services
Hyperbaric and Tunnel Safety Ltd
IKEA
Independent Schools Council
Institution of Occupational Safety and Health (IOSH)
Integral UK Ltd
International SOS
IQA Operations Group Ltd
John Lewis plc
JTConsulting
Keele University
LGC
Lincolnshire Probation Trust
Local Government
London Ambulance Service NHS Trust
London Fire Brigade
LONDON HAZARDS CENTRE
London School of Hygiene & Tropical Medicine
Lutterworth College
Machin Consulting
MacIntyre
Maidstone and Tunbridge Wells NHS Trust
Matthew Clark
Maypine Construction Ltd
MDLrisk Ltd
Merseytravel
Metrobus Ltd
Mid Cheshire Hospitals NHS Foundation Trust
Ministry Of Defence
Mitchell Powersystems
NASUWT
National Association for Leisure Industry Certification
National Farmers Union
National Specialist Contractors Council
National Theatre

RIDDOR Consultation – CD 243
List of Respondents

National Trust
National Union of Teachers
Network Rail
New Look Retailers
NHS Protect
NHS Scotland
Norris Safety Limited
Northumbrian Water Ltd
Office of Rail Regulation
Oil & Gas UK
Owen Mumford Ltd
Peakdale Molecular Ltd
Police Federation of England & Wales
Polypipe
Port Skill & safety
Priory group
Prospect
Public & Commercial Services Union
R & S Tonks Ltd
REDCO construction Almanac
Responding to consultation in a personal capacity
Retread Manufacturers Association
Reynolds Catering Supplies Ltd
Roger Clarke
Roman Glass Limited
ROSPA
Royal College of Nursing
Royal Kingston
RPC Group
RPC Group (Blackburn)
RSSB
RTA Training
Rugby League Ground Safety Officers Association (RLGSOA)
S W Turner Ltd
Safety Management Ltd
Sainsbury's Supermarkets Limited
Sandvik
Scotia Gas Networks
Scottish Natural Heritage
Scottish Trades Union Congress
SELECT

RIDDOR Consultation – CD 243
List of Respondents

Sellafield Limited
Scotch Whisky Association
Serco Docklands
Severn Trent Services
Seymour Napier & Associates Ltd
SHARE
Shell UK Ltd
Shropshire Fire & Rescue Service
Showmen's Guild of Great Britain
Skanska Facilities Services
Society of Occupational Medicine
South Leicestershire College
Southall Associates Limited
Southport College
St John Ambulance
Star Technology Services Ltd
Strand Shopping Centre
Tai Calon
The Highland Council
The Park Club
The University of Edinburgh
The University of Manchester
Thompsons Solicitors
Thrive Homes
Total HandS
Total People Ltd
Transport for London
Transport Salaried Staff's Association
Trident HS&E Ltd
Trinity Mirror plc
TUC
UK Contractors Group
UNISON
Union of Construction, Allied Trades & Technicians
Unite the Union
Universities and Colleges Employers Association (UCEA)
University of Central Lancashire
University Hospitals of Leicester NHS Trust
University of Hull
Wales and West Housing
Walter Lilly & Co Ltd

RIDDOR Consultation – CD 243
List of Respondents

Warburtons Ltd
Wellcome Trust Sanger Institute
West Midlands Fire & Rescue
WMFS
Wyn Construction Ltd

Local Authorities (LA) and LA Health and Safety Professionals

Allerdale Borough Council
Argyll and Bute Council
Basingstoke and Deane Borough Council
Birmingham City Council
Blaenau Gwent CBC
Blaenau Gwent county borough council
Breckland Council
Brighton and Hove City Council
Bristol City Council
Broadland District Council
Crawley Borough Council
Crawley Borough Council
Eden District Council
Falkirk Council
Fife Council
Flintshire County Council
Hampshire County Council
Ipswich Borough Council
Kent Association of Local Councils
London Borough of Newham
North Devon Council
North Lanarkshire Council
Orkney Islands Council
Reading Borough Council
Somerset County Council/Southwest One
South Ayrshire Council
South Hams District Council
Southwater Parish Council
St Helens Council
Stafford County Council
Torfaen County Borough Council
Walsall Council Public Protection
Warwickshire County Council