

# Health and Safety Executive



## **Second Post Implementation Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (S.I. 2013/1471)**

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## 1. Executive Summary

1.1 This report, undertaken by the Health and Safety Executive (HSE), provides an overview of the Post Implementation Review of the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#) (RIDDOR 2013) which revoked and replaced the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995](#).

1.2 RIDDOR 2013 was made under the Health and Safety at Work etc. Act 1974; these regulations require employers and other people in control of work premises, to report and keep records of:

- work-related incidents which cause death;
- work-related incidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain occupational diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

1.3 These regulations implemented the recommendations in Professor Löfstedt's report '[Reclaiming Health and Safety for All: An independent review of health and safety legislation](#)', published in 2011 to simplify and clarify the requirements for informing enforcing authorities about serious work-related incidents.

1.4 In addition to simplifying and clarifying the reporting requirements for work-related incidents, dangerous occurrences and occupational diseases the objectives of RIDDOR 2013 were to: ensure the continued availability of information required for effective regulation; remove reporting requirements for data, which is rarely used, or could be otherwise obtained and to maintain compliance with commitments arising from the European Union (EU). Following the UK's departure from the EU the final objective is no longer relevant.

1.5 Regulation 20 requires the Secretary of State to review the operation and effect of RIDDOR to assess whether its intended objectives have been achieved. The Secretary of State must consider whether these objectives have been achieved and conclude whether RIDDOR should remain as it is, be revoked or be amended. These considerations and conclusions must be published in a report within five years of RIDDOR coming into effect and every five years thereafter.

1.6 HSE published its [first statutory PIR](#) of RIDDOR 2013 in October 2018. The objectives for RIDDOR 2013 were assessed as part of that PIR and were found to have been achieved. Similarly, the original assumptions from the RIDDOR 2013 impact assessment (IA) were assessed as part of the 2018 PIR and, while there were

some minor changes, the outcome was significantly below the £5 million *de minimis* threshold.

1.7 The PIR made three recommendations: To narrow the scope of Regulation 5 (non-fatal injuries to non-workers) by amending it to align with the reporting criteria under regulation 4(1) of RIDDOR 2013 (non-fatal injuries to workers); to expand the list of occupational diseases required to be reported under Regulation 8 to appropriately reflect the breadth of occupational diseases of interest to HSE and to review and amend the existing guidance to further clarify the RIDDOR reporting requirements.

1.8 As the findings of the 2018 PIR are still relevant, the original assumptions and objectives will not be re-assessed for this PIR. The objectives have, however, informed the focus of the research. This PIR considers whether the reporting requirements continue to provide HSE with the information required to regulate effectively ten years on and whether RIDDOR and its associated guidance can be further simplified and clarified to ensure all relevant incidents are reported, to improve the quality of RIDDOR data and to reduce the number of reports that do not meet the reporting criteria. This PIR also considers the recommendations from the 2018 review which had not been implemented due to other priorities.

1.9 In terms of scope the PIR was considered ‘narrow’ (so only concerned with the RIDDOR 2013 regulations rather than RIDDOR as a whole), while the scale of the PIR required a ‘medium level of evidence’. The justification for a ‘medium’ scale PIR included:

- The Equivalent Annual Net Costs to Business (EANCB) from the original RIDDOR 2013 impact assessment (IA) was £-0.03 million in 2009 prices<sup>1</sup>. This is well below the £5 million *de minimis* threshold required by the Regulatory Policy Committee (RPC)<sup>2</sup>, so the work would not need external RPC scrutiny.
- This is a ‘second-time around’ PIR, with the main policy objectives and economic impact having been previously assessed in 2018.
- The regulations have, however, been subject to a high degree of political, media and stakeholder scrutiny throughout the Covid-19 pandemic.

1.10 Evidence for the PIR consisted of: administrative and operational data from HSE, including analysis of a sample selection of RIDDOR reports; qualitative interviews with relevant internal HSE stakeholders and external stakeholders; and a survey of local authority (LAs).

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<sup>1</sup> Impact Assessment for Proposed Changes to the RIDDOR Reporting System (IA No. HSE0072) ([https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia\\_20130033\\_en.pdf](https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia_20130033_en.pdf))

<sup>2</sup> <https://www.gov.uk/government/organisations/regulatory-policy-committee>

1.11 From the evidence gathered ten themes emerged. These themes were: clarity of terms; injuries to members of the public; occupational diseases; specified injuries; biological agents; dangerous occurrences; guidance; RIDDOR online report form; what RIDDOR is used for; and duplication.

1.12 Stakeholders were supportive of making improvements to increase the clarity of the regulations, the associated guidance and the online RIDDOR submission form. Suggestions were provided around possible improvements including providing additional definitions and introducing targeted guidance for different sizes and types of business. Further suggestions were also made around reviewing certain regulations within RIDDOR to ensure Enforcing Authorities continue to receive sufficient information to regulate effectively.

1.13 Findings from the PIR indicate that while RIDDOR 2013 did 'simplify and clarify the reporting requirements for occupational incidents, dangerous occurrences and diseases', there is a need to revisit the regulations, guidance and online report form to provide further clarity.

1.14 Similarly, there is a need to review the lists of reportable occupational diseases and dangerous occurrences to 'ensure the continued availability of information required for effective regulation' ten years on.

1.15 The PIR makes five recommendations; three of which involve legislative change. The remaining two deal with improvements to guidance and the online reporting form.

#### Non-legislative Change

**Recommendation 1: To review and revise RIDDOR guidance to ensure that reporting requirements are clear and unambiguous and that responsible persons are provided with sufficient information to make decisions.**

1.16 A common view, raised in each stakeholder interview, was that guidance could be improved to increase clarity around the reporting requirements. It is worth noting that some of those spoken to, and many responses from the LA survey, indicated that the guidance was already suitable. However, a review of a sample of RIDDOR reports received showed a high level of misunderstanding of the requirements. Improved guidance should decrease both under and over reporting within RIDDOR and provide more accurate data for operational teams, sector leads and HSE statisticians.

1.17 Feedback from within HSE and from industry groups suggested that some of the terms used in RIDDOR are not easy to understand which subsequently makes it difficult to work out whether a particular incident meets the reporting requirements. Terms are often interpreted differently by dutyholders leading to inconsistency in

reporting. A sample of terms which would benefit from either inclusion in RIDDOR Regulation 2 or further clarity in guidance are provided in the full report.

**Recommendation 2: To review and revise the RIDDOR reporting form to ensure that it is clear, easy to complete and ensures reports are made in line with the reporting criteria and submitted under the correct category.**

1.18 Both internal and external stakeholders have raised concerns that the current online RIDDOR reporting forms are confusing and difficult to follow. There is no guidance to support responsible persons with completing the forms (e.g. which category to use, how much information to include). Reports are regularly completed incorrectly including using the incorrect form, incorrect categories being selected, (including frequent incorrect selection or fatality/ non fatality), and the information provided is inconsistent across the database. The reporting form should be reviewed and revised to make reporting simpler for dutyholders. Consideration should be given to publishing specific guidance on how to complete the reporting form; it would be particularly useful to embed the guidance within the form itself making the process easier for those completing forms on smart devices.

#### Legislative Change

**Recommendation 3: To review the terms used throughout RIDDOR to ensure that, where necessary, definitions are provided in Regulation 2 which are clear and unambiguous. Where definitions do not provide the required clarity more information or examples should be provided in the guidance to ensure responsible persons understand the reporting requirements.**

1.19 As noted in 15.1.2 There are a number of terms used in RIDDOR that would benefit from being defined within Regulation 2.

**Recommendation 4: To review the list occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value. Consideration should be given to recording the list in a Schedule to offer more flexibility for future changes.**

1.20 HSE uses ill-health data to:

- investigate individual cases in line with our incident selection criteria. This allows HSE to determine causes, share lessons, identify what actions an employer needs to take to prevent any recurrence and where appropriate take enforcement action.
- Inform future work planning and for research i.e. to identify areas of concern in relation to industries, processes and materials.

1.21 Although not all occupational diseases that are of interest to HSE are reportable, there are other sources of ill-health data (Labour Force Survey, The Health and Occupational Research Network) which HSE uses to inform work planning and research. Often these sources are more useful due to increased levels of accuracy and availability of data.

1.22 The focus should therefore be on expanding the list of occupational diseases in those areas where regulatory intervention can add value. The following occupational diseases have been identified for possible inclusion in the list:

- Pneumoconiosis (e.g., silicosis)
- Decompression illness and pulmonary barotrauma
- Hypersensitivity pneumonitis

This list is not exhaustive. Any disease added to the list should meet the following criteria:

- There is a known risk/ causal link arising between a diagnosed medical condition and a specific work activity or activities
- There are clear benchmarks standards to prevent, control or mitigate that risk outlined in HSE or industry guidance
- Regulatory intervention may be required to ensure risk is adequately controlled.

**Recommendation 5: Consideration should be given to reviewing the list of reportable dangerous occurrences in Schedule 2 of the regulations to ensure that all necessary dangerous occurrences are captured in order to minimise the risk of serious pre-cursor events not being brought to HSE's attention.**

1.23 Since the Regulations were drafted there have been significant changes in the way that some industries work. The existing terminology and definitions within RIDDOR therefore no longer cover some key areas of emerging risk. Examples are provided within the full report, and in the evidence review.

## 2. Introduction

2.1 This report undertaken by the Health and Safety Executive (HSE) provides an overview of the second Post Implementation Review (PIR) of the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#) (SI 2013/1471) (RIDDOR 2013).

2.2 RIDDOR 2013 was made under the Health and Safety at Work etc. Act 1974 and came into effect on 1 October 2013; it revoked and replaced the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995](#) (SI 1995/3163). The regulations require responsible persons (employers, certain self-employed persons and others in control of work premises), to report and keep records of:

- deaths as a result of work-related incidents;
- certain serious injuries as a result of work-related incidents;
- diagnosed cases of certain occupational diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

2.3 RIDDOR 2013 was intended to simplify and clarify the requirements for informing enforcing authorities about serious work-related incidents, implementing the recommendations in Professor Löfstedt's report '[Reclaiming Health and Safety for All: An independent review of health and safety legislation](#)'

2.4 RIDDOR Regulation 20(1) requires the Secretary of State to review the operation and effect of the regulations to assess whether its intended objectives have been achieved. The Secretary of State must consider whether these objectives remain appropriate and conclude whether RIDDOR should remain as it is, be revoked or be amended. These considerations and conclusions must be published in a report within five years of RIDDOR coming into effect and every five years thereafter.

2.5 HSE published its [first statutory PIR](#) of RIDDOR 2013 in October 2018. The 2018 PIR made the following three recommendations.

- **Recommendation 1: Regulation 5 - Non-fatal injuries to non-workers**  
To narrow the scope of Regulation 5 (non-fatal injuries to non-workers) by amending it to align with the reporting criteria under regulation 4(1) of RIDDOR 2013 (non-fatal injuries to workers). The aim was to reduce over-reporting under this regulation.
- **Recommendation 2: Regulation 8 - Occupational Diseases**  
To expand the list of occupational diseases required to be reported under Regulation 8 to appropriately reflect the breadth of occupational diseases of interest to HSE.



- **Recommendation 3: RIDDOR Guidance Review**

To review and amend the existing guidance to further clarify the RIDDOR reporting requirements.

2.6 The 2018 PIR of RIDDOR 2013 was an extensive review of the Regulations. This PIR builds on the work of the 2018 review and takes a proportionate approach to research. This avoids repetition, focussing on what has changed since the last PIR and what new developments may have occurred in industry. The PIR considers whether the reporting requirements continue to provide HSE with the information required to regulate effectively 10 years on and whether RIDDOR and its associated guidance can be further simplified and clarified to ensure all relevant incidents are reported, to improve the quality of RIDDOR data and to reduce the number of reports that do not meet the reporting criteria. This PIR also reviews the recommendations from the 2018 review which had not yet been implemented due to other priorities. More detail about the scope and scale of this review is described in part 4 of this report.

### 3. Legislative Background

3.1 The Löfstedt Review identified a number of issues associated with the 1995 Regulations, particularly, that the categories of reportable incidents were unnecessarily complicated, leading to ambiguity over what to report and inconsistency in reporting. It recommended that RIDDOR and its associated guidance be amended to provide clarity for businesses on what to report and how to comply. This recommendation was accepted by Government, who undertook to clarify, amend and implement the regulations by October 2013.

3.2 HSE conducted a public consultation on the proposals for substantially revised RIDDOR reporting requirements. In addition to achieving greater clarity and simplicity, the proposals sought to: focus on obtaining information required for effective regulation; cease collecting data that can otherwise be obtained or is rarely used; and as was required at the time to maintain compliance arising from EU commitments. Following the UK's departure from the EU, the final objective is no longer relevant.

3.3 The consultation responses supported significant modification of the requirements governing which incidents require reporting to the enforcing authorities resulting in the following changes in RIDDOR 2013:

- Classification of 'major injuries' to workers replaced with a simplified and shortened list of 'specified injuries' to workers sustained as a result of a work-related incident;
- A clarified and shortened list of reportable dangerous occurrences;
- A simplified and significantly shortened list of reportable occupational diseases (replacing 47 specified ill-health conditions with 8 categories of occupational diseases).
- A simplified list of dangerous occurrences within the rail-sector, and removal of the requirement to report suicides on railways.

3.4 In line with Professor Lofstedt's recommendation to amend the associated guidance HSE's 94 page 'Legal series' guidance book "*L73 - A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995*" was replaced with simplified [web-based guidance](#).

#### 4. Scope and scale of the RIDDOR 2013 Post Implementation Review (PIR)

4.1 In line with Government guidance in the 'Better Regulation Framework Manual' and 'Magenta Book - Guide for conducting PIRs', consideration was given to the scope and scale of the review. 'Scope' refers to whether the PIR needs to look at the impact of the specific legislative changes or, alternatively, whether it should consider the appropriateness of the overarching legislative framework in which the changes sit. Alongside this, 'scale' considers the wider importance of the PIR in terms of its political visibility, predicted economic impact, number of duty-holders it affects, etc. and therefore the level of resource which is required (high, medium, or low).

4.2 In the case of the RIDDOR 2013, the scope was considered to be narrow i.e. only concerned with the 2013 changes, as the overarching nature of the regulations had been assessed as part of the initial PIR in 2018. The involved consideration of each regulation that places a duty on a responsible person to report, with the exception of domestic gas and diseases offshore which were not changed in 2013. In addition, while the review considered the reporting of biological agents, it would not explicitly consider whether RIDDOR is an appropriate regulatory regime to apply to reporting in a pandemic.

4.3 In terms of scale, a medium level of evidence was considered proportionate and appropriate to support the making of robust recommendations. The justification for a 'medium' scale PIR included:

- The Equivalent Annual Net Costs to Business (EANCB) from the original RIDDOR 2013 impact assessment (IA) was £-0.03 million in 2009 prices<sup>3</sup>. This is well below the £5 million *de minimis* threshold required by the Regulatory Policy Committee (RPC)<sup>4</sup>, so the work would not need external RPC scrutiny.
- This is a second PIR, with the main policy objectives and economic impact having been previously assessed in 2018.
- The regulations have, however, been subject to a high degree of political, media and stakeholder scrutiny throughout the Covid-19 pandemic.

4.4 The original assumptions and the objectives of RIDDOR 2013 were previously assessed under the 2018 PIR; that PIR concluded that the objectives of RIDDOR had been met. Neither the original assumptions nor the objectives are therefore being re-assessed for this review. The objectives have however informed the focus of the

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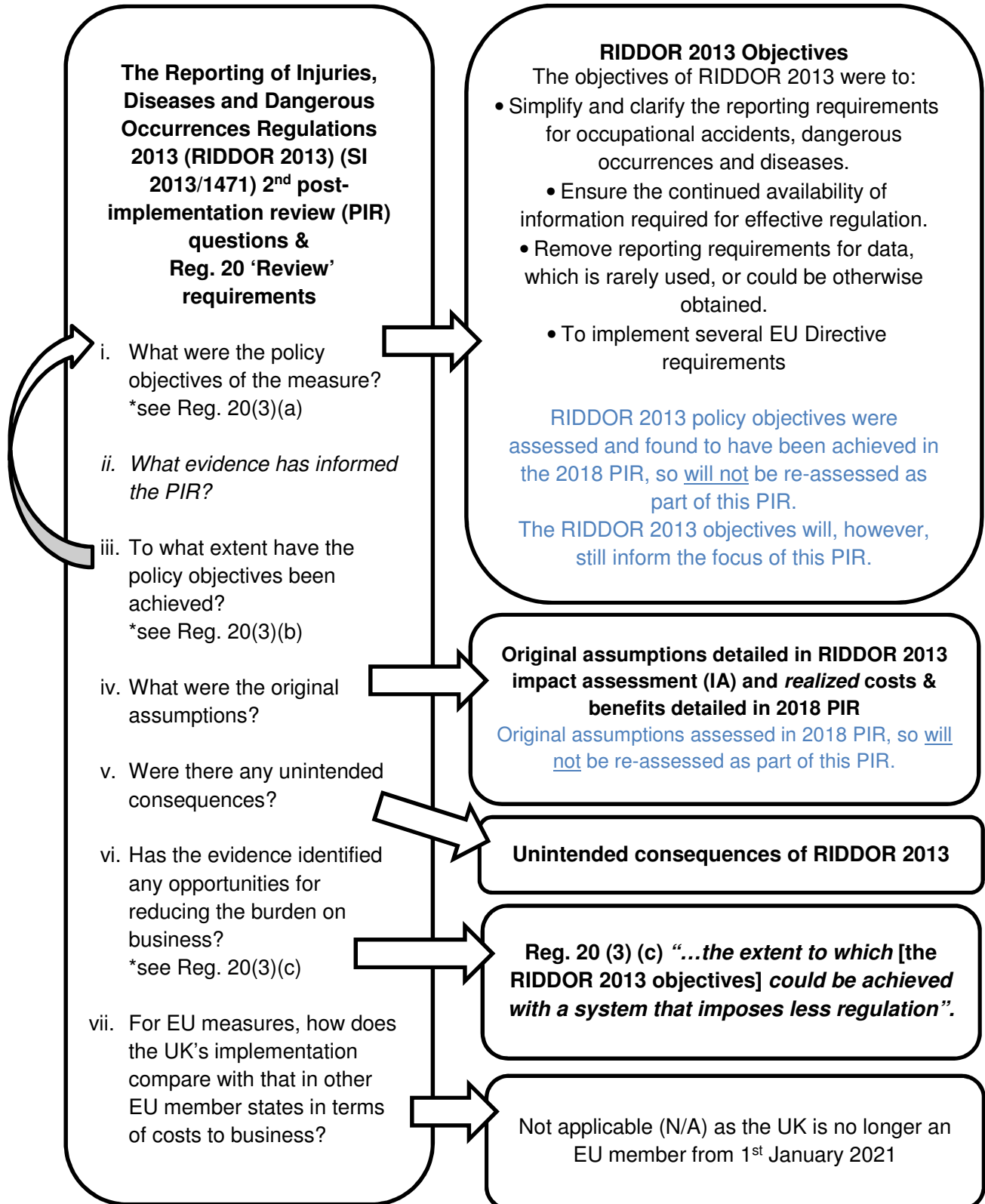
<sup>3</sup> Impact Assessment for Proposed Changes to the RIDDOR Reporting System (IA No. HSE0072) ([https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia\\_20130033\\_en.pdf](https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia_20130033_en.pdf))

<sup>4</sup> <https://www.gov.uk/government/organisations/regulatory-policy-committee>

review with consideration being given to whether the reporting requirements continue to provide HSE with the information required to regulate effectively 10 years on and to whether RIDDOR and its associated guidance can be further simplified and clarified to ensure all relevant incidents are reported, to improve the quality of RIDDOR data and to reduce the number of reports that do not meet the reporting criteria.

## 5. Structure of the Evidence Review

5.1 The structure of the evidence review, which supports this PIR, is detailed in Diagram 1 (below)



## **6. Summary of the Evidence Review**

6.1 This section summarises the evidence gathered to support the review findings, a full analysis of which can be found in Appendix 2 evidence review.

6.2 The review considered the changes brought about by RIDDOR 2013 in terms of the following questions:

- i. What were the policy objectives of the measure?*
- ii. What evidence has informed the PIR?*
- iii. To what extent have the policy objectives been achieved?*
- iv. Were there any unintended consequences?*
- v. What were the original assumptions?*
- vi. Has the evidence identified any opportunities for reducing the burden on business?*
- vii. For EU measures, how does the UK's implementation compare with that in other EU member states in terms of costs to business?*

### **6.3 What were the policy objectives of the measure?**

6.3.1 The policy objectives of RIDDOR 2013, as detailed in the impact assessment (IA) for the original RIDDOR 2013 legislation are to:

- Simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences, and diseases;
- Ensure the continued availability of information required for effective regulation;
- Remove reporting requirements for data which is rarely used or could be otherwise obtained; and
- To maintain compliance with commitments arising from EU.

### **6.4 What evidence has informed the PIR?**

6.4.1 The evidence is detailed more fully in Appendix 2, but in summary included:

- Administrative and operational data from HSE including analysis of a sample selection of RIDDOR reports;
- Qualitative interviews with relevant internal HSE stakeholders and external stakeholders; and
- A survey of local authorities (LAs).

## 6.5 To what extent have the policy objectives been achieved?

6.5.1 There have been no significant or notable changes to RIDDOR since October 2018 when the last PIR was completed. As such the findings from the 2018 PIR are still relevant and have not been re-assessed for the current PIR.

6.5.2 The PIR has however analysed the evidence in relation to the objectives detailed in the original RIDDOR 2013 impact assessment (IA). As such, while RIDDOR 2013 did *'simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases'*, findings indicate that there is a need to revisit the regulations, guidance, and online report form to provide further clarity. It should be remembered that the current iteration of RIDDOR has been in place for ten years and is due for a review in the interests of good governance and regulation.

6.5.3 Similarly, there is a need to review the lists of reportable occupational diseases and dangerous occurrences to *'ensure the continued availability of information required for effective regulation'* ten years on. This objective and the need to *'remove reporting requirements for data, which is rarely used, or could be otherwise obtained'* also fit within the current focus of improving the quality of RIDDOR reporting and reducing the numbers of reports that do not meet the reporting requirements in this PIR.

6.5.4 As the UK is no longer part of the EU, the objective to *'to maintain compliance with commitments arising from the EU'* is no longer relevant.

6.5.3 In summary, the RIDDOR 2013 policy objectives were assessed in the 2018 PIR and were found to have been achieved. This PIR recommends that RIDDOR regulations 7 and 8 along with the associated guidance and reporting form should be reviewed and revised to improve the quality of reporting, ensure all relevant incidents are reported and to reduce the number of reports which do not meet the requirements.

## 6.6 What were the original assumptions?

6.6.1 The original assumptions for RIDDOR 2013 are detailed in the related impact assessment (IA). This stated that the Equivalent Annual Net Costs to Business (EANCB) for the RIDDOR 2013 changes was £-0.03 million. For the 2018 PIR these estimates were revisited to get a sense of the realised costs and benefits. To this end it was found that ICT transitional costs were higher to the tune of £30k with annual benefits being about £80k lower due to the fall in the number of RIDDOR reports being less than first anticipated.

6.6.2 In addition, for the 2018 PIR, the overall cost of the RIDDOR system was considered. It was found that the cost of the entire RIDDOR system, in terms of its

estimated total costs to society, range from around £2.2 million to £3.0 million across several different scenarios.

6.6.3 The original assumptions of RIDDOR 2013 were not re-assessed for this PIR as they had already been comprehensively considered within the 2018 PIR. In terms of scale, both the realised costs of RIDDOR 2013 and overarching costs of the RIDDOR system were below the £5 million *de minimis* threshold required by the Regulatory Policy Committee (RPC). This made any re-assessment disproportionate and unnecessary.

## 6.7 Were there any unintended consequences?

6.7.1 Since the changes were introduced over ten years ago, RIDDOR has become well established and the reporting requirements are generally accepted by businesses. It is therefore difficult to isolate particular consequences, intended or unintended, which RIDDOR 2013 caused. Furthermore, issues from the original implementation of RIDDOR 2013 are now no longer necessarily pertinent, for example one of the concerns following the changes within RIDDOR 2013 was that it made it difficult to compare new data with historical data (e.g., reducing the number of occupational diseases from 47 to eight, changing from “major injuries” to “specified injuries”); with ten years of new data, this is no longer a concern.

## 6.8 Has the evidence identified any opportunities for reducing the burden on business?

6.8.1 The focus of this PIR is on improving the quality of RIDDOR reports, ensuring all relevant reports are submitted, and reducing the quantity of non-reportable incidents being submitted. The latter aim would help reduce the burden on businesses within sectors which tend to over-report. Sectors which deal with members of the public in particular tend to submit precautionary reports more readily. These sectors include, but aren't restricted to, education; leisure; and health. Any reduction in precautionary reporting is likely to have a direct benefit on these sectors.

6.8.2 The recommendations from this PIR are aimed at clarifying and simplifying RIDDOR reporting (from legislative definitions to improving the RIDDOR form); the implementation of these recommendations should lead to a reduced burden on all businesses which complete RIDDOR reports.

6.8.3 The 2018 PIR found that there was not a ‘natural’ alternative to RIDDOR and the information it captured. In addition, a large percentage of the people involved in the research would still record details of incidents and ill-health even if the requirement to report this information was no longer legally required. While such a result is difficult



to interpret due to its hypothetical nature, it suggests that duty-holders appreciate the benefits of recording such details in terms of improving their health and safety management systems. This would suggest that making RIDDOR non-compulsory may not reduce its burden on business as they would continue to collect and use this information.

6.8.4 In summary, there isn't a ready alternative to RIDDOR which would reduce the burden on duty-holders. As such the focus of the current PIR is on making the RIDDOR system as effective and efficient as possible. By improving the current system, it should provide opportunities for reducing the burden on business (e.g., making less precautionary reports) as well as generating better data for HSE and other regulators.

**6.9 For EU measures, how does the UK's implementation compare with that in other EU member states in terms of costs to business?**

6.9.1 Following the UK's departure from the European Union (EU), there is no longer a requirement to have regard for how other member states have implemented the relevant EU Directives. HSE considered that it would be unnecessary to approach EU member states in order to gather this information.

## 7.1 Conclusions and recommendations

7.1 The objectives and original assumptions for RIDDOR 2013 were assessed in the 2018 PIR. That review concluded that RIDDOR, as the only statutory reporting mechanism by which dutyholders are legally compelled to report certain work-related incidents, was still required. Without such reports it would be more difficult for Enforcing Authorities to discharge their regulatory functions. It also concluded that RIDDOR was broadly still fit for purpose and the objectives of RIDDOR 2013 had been met.

7.2 This PIR did not re-assess those original assumptions or objectives. The objectives have however informed the focus of the review, with consideration being given to whether the reporting requirements continue to provide HSE with the information required to regulate effectively 10 years on, and to whether RIDDOR and its associated guidance can be further simplified and clarified to ensure all relevant incidents are reported, to improve the quality of RIDDOR reporting and to reduce the number of reports that do not meet the reporting criteria.

7.3 These considerations were explored in interviews with internal HSE stakeholders and external stakeholders. Both groups were supportive of making improvements to increase the clarity of the regulations, the associated guidance and the online RIDDOR submission form. Suggestions were provided around possible improvements including providing additional definitions and introducing targeted guidance for different sizes and types of business. Suggestions were also made around reviewing certain regulations within RIDDOR to ensure Enforcing Authorities continue to receive sufficient information to regulate effectively.

7.4 The review makes the following five recommendations. These recommendations will be subject to extensive scoping work, a full impact assessment and public consultation before they are taken forward:

### **Recommendation 1- Clarity of terms throughout RIDDOR**

7.5 *To review the terms used throughout RIDDOR to ensure that, where necessary, definitions are provided in Regulation 2 which are clear and unambiguous. Where definitions do not provide the required clarity more information, or examples, should be provided in the guidance to ensure responsible persons understand the reporting requirements. (See also recommendation 5)*

7.6 Feedback from within HSE and from industry groups suggested that some of the terms used in RIDDOR are not easy to understand which subsequently makes it difficult to work out whether a particular incident meets the reporting requirements. Terms are often interpreted differently by dutyholders leading to inconsistency in

reporting. The following are not exhaustive but provide a sample of terms which would benefit from either inclusion in RIDDOR Regulation 2 or further clarity in guidance. (See also recommendation 5)

## **7.6 General terms.**

7.6.1 “Work-related”, despite being defined in RIDDOR, causes some confusion. Concerns over the interpretation of “work-related” were raised during every interview with stakeholders, with responses indicating that the lack of clarity in the guidance could lead to both over and under reporting. HSE also receives several hundred RIDDOR reports each week which do not meet the reporting criteria and are marked as non-reportable on the database; many of these are due to the incident not meeting the definition of “work-related”.

7.6.2. Prior to the 2013 change the former RIDDOR Legal series guidance book “*L73 - A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995*” provided significantly more detail on how to determine whether an incident was work-related, including some examples to support dutyholders. The replacement web-based guidance has not offered the same level of information and explanation. Guidance should therefore be reviewed and revised to add clarity.

7.6.3 The term “injury” is not defined in either the regulations, or the guidance. The inconsistent use of the terms “injury” and “personal injury” throughout the regulations add to the uncertainty. It would be beneficial if only one term was used throughout the regulation i.e. “injury”, with a clear definition provided.

## **7.7 Terms relating to occupational disease reporting requirements**

7.7.1 The change to the list of occupational diseases in 2013 also saw the introduction of qualifying words such as “significant” and “regular” when describing the work-activity that the affected person’s work must have involved. For example, cases of carpal tunnel are reportable where “the person’s work involves regular use of percussive or vibrating tools”. Prior to 2013 the requirement was simply “work involving the use of hand-held vibrating tools”.

7.7.2 Five of the six occupational diseases saw the introduction of qualifying wording around the work-activity which have not been defined. The lack of definition leads to uncertainty for the responsible person and inconsistency in reporting. It would be beneficial to define these terms within the regulations.

7.7.3 Although diagnosis is clearly defined within the regulations, stakeholders have raised concerns that it isn’t fully supported by guidance and they would benefit from more clarity such as that given by examples.

## **7.8 Terms relating to non-fatal injury reporting requirements**

7.8.1 The change from a list of “major injuries” to “specified injuries” in 2013 introduced some new categories of reportable injury including

“any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen”

“any degree of scalping requiring hospital treatment”

“any other injury arising from working in an enclosed space which.....”

7.8.2 The new terms of “crush injury” “enclosed space” and “scalping” are not defined in the regulations. Although some explanation is provided within the guidance stakeholders raised concerns that the reporting requirements remain unclear. A review of a sample of specified injury reports show a significant amount of over reporting due to misunderstanding these terms. It would be beneficial to define these terms within the regulations.

7.8.3 In relation to over 7-day incapacitation the term “routine work” was introduced in the 2013 regulations. Although a definition is provided, which mirrors the wording used in 1995, stakeholders have raised that reporting requirements under this category continue to lack clarity, leading to inconsistencies in reporting. The guidance should be reviewed and revised to address this.

## **7.9 Terms relating to dangerous occurrences reporting requirements**

7.9.1 The term diver is used without definition in Schedule 2. RIDDOR specifies that the terms “diving contractor” and “diving project” have the meanings they are given by regulation 2(1) of the Diving at Work Regulations 1997 but is silent on the term diver. The definition of diver within the Diving at Work Regulations 1997 relates only to workers and excludes members of the public. Uncertainty about whether RIDDOR intends to also exclude members of the public from the reporting requirements leads to inconsistency in reporting. This term should be defined within Regulation 2.

## **7.10 Terms relating to non-workers**

7.10.1 Incidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the incident to hospital for treatment to that injury. The terms “hospital” and “treatment” are not defined within RIDDOR, and there is very little information available in the web-based guidance to clarify the intended meaning. Consideration should be given to defining the terms in Regulation 2, or otherwise reviewing and revising the guidance to provide clarity.

## **Recommendation 2 - Regulation 8 - Occupational Diseases**

7.10 *To review the list of current reportable occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value. Consideration should be given to recording the list in a Schedule to offer more flexibility for future changes.*

7.11 The list of reportable occupational disease was reduced in 2013 creating a shortened list of only 6 occupational diseases (and additional categories for those diseases attributable to occupational exposure to carcinogens, mutagens and biological agents). The 6 selected were based on prevalence of reports. This change was successful in removing many categories where reporting numbers were low however both internal and external stakeholders have raised concerns that some cases of serious ill-health no longer come to the attention of the Enforcing Authority.

7.12 HSE uses ill-health data to:

- investigate individual cases in line with our incident selection criteria. This allows HSE to determine causes, share lessons, identify what actions an employer needs to take to prevent any recurrence and where appropriate take enforcement action.
- Inform future work planning and for research i.e. to identify areas of concern in relation to industries, processes and materials.

7.13 Although not all occupational diseases that are of interest to HSE are reportable, there are other sources of ill-health data (Labour Force Survey, The Health and Occupational Research Network) which HSE uses to inform work planning and research. Often these sources are more useful due to increased levels of accuracy and availability of data.

7.14 The focus should therefore be on expanding the list of occupational diseases in those areas where regulatory intervention can add value The following occupational diseases have been identified for possible inclusion in the list:

- Pneumoconiosis (e.g., silicosis)
- Decompression illness and pulmonary barotrauma
- Hypersensitivity pneumonitis

This list is not exhaustive. Any disease added to the list in the future should meet the following criteria:

- There is a known risk/ causal link arising between a diagnosed medical condition and a specific work activity or activities;
- There are clear benchmarks standards to prevent, control or mitigate that risk outlined in HSE or industry guidance and
- Regulatory intervention may be required to ensure risk is adequately controlled.

7.15 This recommendation is in line with the recommendation made in the 2018 PIR.

### **Recommendation 3 – Regulation 7 Dangerous Occurrences**

7.16 *Consideration should be given to reviewing the list of reportable dangerous occurrences in Schedule 2 of the regulations to ensure all that all necessary dangerous occurrences are captured in order to minimise the risk of serious precursor events not being brought to HSE's attention. Although this list is not exhaustive, particular consideration should be given to:*

- *Offshore workplaces which are not offshore installations – e.g., windfarms, hydrogen generation facilities, carbon capture*
- *Definitions involving wells, quarries, mines, explosives and railways.*
- *The side movement of objects, not just 'dropping objects' (clause 80, schedule 2)*
- *360 excavators*
- *Underground cables*

7.17 Since the Regulations were drafted there have been significant changes in the way that some industries work. The existing terminology and definitions within RIDDOR therefore no longer cover some key areas of emerging risk. These include the following examples: further examples are included within the evidence review.

- Part 6 of Schedule 2 (DOs) covers offshore workplaces however the specific listed DOs refer to an "offshore installation" The definition of offshore installation is restricted to an offshore workplace carrying out specific work activities and therefore excludes areas such as offshore marine and wind workplaces where similar DOs might occur.
- The "Wells" DOs (Schedule 2 (20)) only apply to wells drilled for the exploration or exploitation of oil or gas, including production of coal bed methane for commercial purposes or in connection with the exploitation of oil or gas, e.g. those used to support reservoir pressure through water or gas injection. They do not apply to carbon capture and storage wells and geothermal wells where risks can arise. These technologies are becoming more commonly used in the transition to the provision of net zero energy so need to be included.

### **Recommendation 4 – Guidance**

7.18 *To review and revise RIDDOR guidance to ensure that reporting requirements are clear and unambiguous and that responsible persons are provided with sufficient information to make decisions.*

7.19 A common view raised in each stakeholder interview was that guidance could be improved to increase clarity around the reporting requirements. It is worth noting that many of those spoken to, and many responses from the LA survey, indicated that the guidance was already suitable. However, a review of a sample of RIDDOR reports received showed a high level of misunderstanding of the requirements. In particular any new guidance should address :

- Ensuring any terms used are clear and unambiguous; where definitions do not provide the required clarity, further information including examples would be beneficial (See also recommendation 1)
- In relation to occupational diseases a number of reports are received where the worker was not engaged in the corresponding work activity outlined in Regulation 8. An example of this includes carpal tunnel which is only reportable where the person's work involves regular use of percussive or vibrating tools. In a review of a sample of reports 50% of affected persons did not carry out any work with percussive or vibrating tools. The guidance needs to be clearer on this requirement to reduce unnecessary reporting
- Stakeholders also confirmed a widespread misunderstanding that the responsible person needs to establish that an occupational disease was as a result of the corresponding work activity. RIDDOR only specifies that the person's work needs to involve the relevant work activity, attribution is not required. This misunderstanding may be leading to some under reporting, it is therefore important that the requirements are clarified within the guidance.
- Stakeholders expressed an interest in the provision of guidance specific to the type and size of different businesses. Many SMEs have a need for straight-forward, easy to follow guidance that outlines how they should comply. However, larger organisations feel that more detailed guidance, similar to the former Legal series guidance book "*L73 - A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995*" would support decision making in environments with more complex risks. Current sector specific guidance such as the Health Information Sheet HSIS 1 was also highlighted as being particularly useful and requests were made for this to be replicated across other industries. This should be considered as part of any guidance revision.

- There are elements of both over and under reporting in RIDDOR. Clarifying the requirements with improved definitions and guidance should go some way to addressing this imbalance. However, stakeholders identified that inconsistency in reporting is not solely driven by poor understanding. Over reporting can also be driven by a need to demonstrate a proactive response following an incident; this can lead to precautionary reporting. Further work needs to be done to reassure dutyholders when they have done enough to comply.

## **Recommendation 5 - RIDDOR reporting form**

7.19 *To review and revise the RIDDOR reporting form to ensure that it is clear, easy to complete and ensures reports are made under the correct category.*

7.20 Both internal and external stakeholders have raised concerns that the current online reporting forms are confusing and difficult to follow. There is no guidance to support responsible persons with completing the forms (e.g. which category to use, how much information to include). Reports are regularly completed incorrectly including using the incorrect form, incorrect categories being selected, (including frequent incorrect selection of fatality/ non fatality), and the information provided is inconsistent across the database.

7.21 The reporting form should be reviewed and revised to make reporting simpler for dutyholders. Consideration should be given to publishing specific guidance on how to complete the reporting form; it would be particularly useful to embed the guidance within the form itself making the process easier for those completing forms on smart devices.

7.22 Under RIDDOR the duty is on the responsible person to report, however reports are regularly received from others such as employees, family members or members of the public. As the reporter is not a responsible person, these reports do not meet the reporting criteria. HSE already has a process for employees, members of the public and others to raise a concern about work-related health and safety. Consideration should be given to signposting those wishing to raise a concern around an incident they think may not have been reported. It would be particularly useful to have a route directly from the RIDDOR reporting web pages.



## 8. 2018 PIR Recommendations

8.1 The 2018 PIR made three recommendations as outlined in part 2. Recommendations 2 and 3 have been addressed within the recommendations 2 and 4 of this PIR.

8.2 2018 PIR recommendation 1 was to narrow the scope of Regulation 5 (non-fatal injuries to non-workers) by amending it to align with the reporting criteria under regulation 4(1) of RIDDOR 2013 (non-fatal injuries to workers). The aim was to reduce over-reporting under this regulation.

8.3 Although non-fatal injuries to members of the public became a stand-alone regulation in 2013, the reporting requirement itself was not new. Over reporting in this area has long been and continues to be a problem, however the root of this issue is driven by

- Lack of clarity of terms in the guidance for example where it is unclear that an incident is not work-related
- Precautionary reporting.

8.4 Evidence from 2018 suggested that responsible persons do not always know whether an injured member of the public will have had treatment, they are therefore even less likely to know whether they have sustained one of the specified injuries. Furthermore, members of the public have no obligation to share with an employer what their injuries are. This therefore leads to a risk of putting a duty on responsible persons that they will be unable to fulfil.

8.5 While implementing this recommendation would reduce the overall number of reports submitted, it would not tackle the issues which drive over-reporting. It is therefore recommended that no change is made to regulation 5. The concerns should instead be addressed by improving the clarity of terms used in RIDDOR, the guidance and the RIDDOR reporting form. (recommendations 1, 4 and 5)

<p><b>Title:</b> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) 2<sup>nd</sup> PIR</p> <p><b>PIR No:</b> <a href="#">Click here to enter text.</a></p> <p><b>Original IA/RPC No:</b> HSE0072</p> <p><b>Lead department or agency:</b> Health &amp; Safety Executive</p> <p><b>Other departments or agencies:</b> <a href="#">Click here to enter text.</a></p> <p><b>Contact for enquiries:</b> Miles Burger – <a href="mailto:miles.burger@hse.gov.uk">miles.burger@hse.gov.uk</a></p>	<b>Post Implementation Review</b>
	<b>Date:</b> 04/07/2023
	<b>Type of regulation:</b> Domestic
	<b>Type of review:</b> Statutory
	<b>Date measure came into force:</b> 01/10/2013
	<b>Recommendation:</b> Keep
<b>RPC Opinion:</b> Choose an item.	

**1. What were the policy objectives of the measure? (Maximum 5 lines)**

While they were not being explicitly re-assessed, the objectives of RIDDOR 2013 were still used to guide the research; they were to *“simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases; ensure the continued availability of information required for effective regulation; remove reporting requirements for data, which is rarely used, or could be otherwise obtained; and to implement several EU Directive requirements”*.

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**2. What evidence has informed the PIR? (Maximum 5 lines)**

Evidence for the PIR consisted of: administrative and operational data from HSE, including analysis of a sample selection of RIDDOR reports; qualitative interviews with relevant HSE stakeholders (approximately 15 interviews with internal HSE stakeholders, with 8 interviews with external stakeholders); and a survey of local authorities (LAs) (on-line survey link sent to the 1,600 LA contacts with 58 full or partial responses to the survey).

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**3. To what extent have the policy objectives been achieved? (Maximum 5 lines)**

The policy objectives for RIDDOR 2013 were assessed as part of the 2018 PIR and were found to have been achieved. There was no evidence from this second PIR to contradict the findings from 2018 PIR.

Sign-off for Post Implementation Review: Chief economist/~~Head of Analysis and~~ Minister

***I have read the PIR and I am satisfied that it represents a fair and proportionate assessment of the impact of the measure.***

Signed:



Date: 04/07/2023

## Further information sheet

### 4. What were the original assumptions?(Maximum 5 lines)

Similarly, the original assumptions from the RIDDOR 2013 impact assessment (AI) were assessed as part of the 2018 PIR and, while there were some minor changes, to put it into context, it was well below the £5 million *de minimis* threshold.

### 5. Were there any unintended consequences? (Maximum 5 lines)

There were no notable unintended consequences relating to RIDDOR 2013 from either survey respondents or stakeholder interviewees.

### 6. Has the evidence identified any opportunities for reducing the burden on business? (Maximum 5 lines)

As for reducing burden on business, the focus on improving RIDDOR reporting should have the effect of reducing precautionary RIDDOR reports, which will ultimately help businesses. To help achieve this, the PIR has 5 recommendations: i. review and revise RIDDOR guidance to make them clear and unambiguous; ii. the RIDDOR reporting form should be reviewed; iii. review the terms used throughout RIDDOR; iv. review the list of current reportable occupational diseases; and v. review the list of reportable dangerous occurrences in Schedule 2 of the regulations.

### 7. How does the UK approach compare with the implementation of similar measures internationally, including how EU member states implemented EU requirements that are comparable or now form part of retained EU law, or how other countries have implemented international agreements? (Maximum 5 lines)

Following the UK's departure from the European Union, there is no longer a requirement to have regard for how other member states have implemented the relevant EU Directives. HSE assessed that it would be unnecessary to approach EU member states in order to gather this information.

# **Second Post Implementation Review (PIR) of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)**

## **Evidence Review**

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Date: 25/04/2023

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## SUMMARY

- Regulation 20 of The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) ('RIDDOR 2013') requires a review of the regulations to be "*published at intervals not exceeding five years*". With RIDDOR 2013 coming into force on 1st October 2013, the first review took place in 2018 with the second review needing to be published on or before the 1<sup>st</sup> October 2023.
- This review – known as a Post-Implementation Review (PIR) – requires the objectives of RIDDOR 2013 to be set out, assessed to see whether they have been achieved and whether they can be achieved with less regulation. Since the objectives and original assumptions of RIDDOR 2013 were assessed in 2018, however, it was deemed disproportionate to re-assess them for the current PIR.
- The focus of the 2<sup>nd</sup> RIDDOR 2013 was to see how the RIDDOR system can be improved to increase the quality of information which is reported to HSE (which should, in turn, lead to a drop in non-reportable RIDDORs being submitted to HSE) and to ensure that the lists of reportable injuries, occupational diseases and dangerous occurrences continue to allow for effective regulation 10 years on. In addition, the recommendation from the 2018 PIR were to be reviewed.
- While they were not being re-assessed, the objectives of RIDDOR 2013 were still used to guide the research; they were to "*simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases; ensure the continued availability of information required for effective regulation; remove reporting requirements for data, which is rarely used, or could be otherwise obtained; and to implement several EU Directive requirements*".
- In terms of scope the PIR was considered 'narrow' (so only concerned with the RIDDOR 2013 regulations rather than the RIDDOR as a whole), while the scale of the PIR required a 'medium-level of evidence'.
- Evidence for the PIR consisted of: administrative and operational data from HSE, including analysis of a sample selection of RIDDOR reports; qualitative interviews with relevant internal HSE stakeholders and external stakeholders; and a survey of local authority (LAs).
- The survey of local authorities consisted of an on-line survey link being sent to the 1,600 contacts on the HElEx e-mailing list. In total, there were 58 full or partial responses to the survey, which asked about: respondent's understanding of how the terms in RIDDOR 2013 are defined and applied; current HSE guidance around RIDDOR 2013; the operation of RIDDOR 2013 Regulation 5 'non-fatal injuries to non-workers'; and general thoughts and views on RIDDOR 2013.
- Most of LA respondents felt the definitions provided within the RIDDOR 2013 were easy to understand. In contrast, where the legislation does not provide a definition, only about half of respondents felt that it was easy to understand. About a quarter of LA respondents rated HSE's guidance as 5 (excellent), with a further half rating it as 4, and about four in ten feeling it was 'just about right' in terms of content. When asked about developing guidance for different sizes of business, a third thought this was an excellent idea. Moving onto RIDDOR 2013 regulation 5 – injuries to members of the public – about half thought it was easy to report against with a third thinking it was quite difficult. LAs were also asked about whether a

reportable injuries list in regulation 5 would help things, and a third thought this was an excellent idea.

- The qualitative interviews were undertaken via Microsoft Teams, with each lasting between 60 and 90 minutes. Approximately 15 interviews were held with internal HSE stakeholders, with another 8 interviews being held with external stakeholders (including with BOHS, BRC, BSC, FSB, IOSH, National Ambulance Risk and Safety Forum and NHS Staff Council – Health & Safety Working Group).
- Out of the internal HSE stakeholder and external stakeholder interviews, 10 themes emerged. These themes were: clarity of terms; injuries to members of the public; occupational diseases; specified injuries; biological agents; dangerous occurrences; guidance; RIDDOR report form; what RIDDOR is used for; and duplication. Under each of these themes, various issues, concerns and possible solutions were discussed.
- The policy objectives for RIDDOR 2013 were assessed as part of the 2018 PIR and were found to have been achieved.
- Similarly, the original assumptions from the RIDDOR 2013 impact assessment (AI) were assessed as part of the 2018 PIR and, while there were some minor changes, to put it into context, it was well below the £5 million *de minimis* threshold.
- There were no notable unintended consequences relating to RIDDOR 2013 from either survey respondents or stakeholder interviewees.
- As for reducing burden on business, the focus on improving RIDDOR reporting should have the effect of reducing precautionary RIDDOR reports, which will ultimately help businesses.
- Following the UK's departure from the European Union, there is no longer a requirement to have regard for how other member states have implemented the relevant EU Directives. HSE assessed that it would be unnecessary to approach EU member states in order to gather this information.
- Out of the 10 themes identified in the PIR, five recommendations have been generated, namely:
  - i. Review and revise RIDDOR guidance to ensure that reporting requirements are clear and unambiguous and that responsible persons are provided with sufficient information to make decisions.
  - ii. As part of the recommended review and revision of HSE RIDDOR guidance, the RIDDOR reporting form should also be reviewed to ensure that it is clear, easy to complete and ensures reports are made in line with the reporting criteria and submitted under correct category
  - iii. Review the terms used throughout RIDDOR to ensure that where necessary definitions are provided which are clear and unambiguous. Where definitions do not provide the required clarity more information or examples should be provided in the guidance to ensure responsible persons understand the reporting requirements.
  - iv. Echoing the recommendation from the 2018 PIR to review the list of current reportable occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value.
  - v. Review the list of reportable dangerous occurrences in Schedule 2 of the regulations to ensure that all necessary dangerous occurrences are captured in order to minimise the risk of serious pre-cursor events not being brought to HSE's attention.



## Introduction

1. This Evidence Review has been undertaken by the Health and Safety Executive (HSE) to accompany and support the second Post-Implementation Review (PIR) of The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) ('RIDDOR 2013').
2. RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
3. The PIR, and the corresponding report, must meet the legislative requirements set out in regulation 20(1) of RIDDOR 2013 to *“(a) carry out a review of these Regulations; (b) set out the conclusions of that review in a report; and (c) publish the report”*. These reports are *“to be published at intervals not exceeding five years”* (reg. 20(5)). The initial PIR was undertaken in August 2018<sup>5</sup>, with the current PIR being undertaken approximately 10 years after the regulations came into force on 1<sup>st</sup> October 2013. Regulation 20(3) specifies that the PIR report must:
  - (a) set out the objectives intended to be achieved by the regulatory system established by these Regulations;
  - (b) assess the extent to which those objectives are achieved (*e.g. has RIDDOR 2013 achieved what it originally set out to?*); and
  - (c) assess whether those objectives remain appropriate and, if so, the extent to which they could be achieved with a system that imposes less regulation (*e.g. can RIDDOR's objectives be achieved via some other, possibly non-legislative, means?*).
4. As background, Professor Löfstedt's independent review of health and safety legislation<sup>6</sup> recommended that the incident reporting requirements under RIDDOR should be clarified and simplified. This followed the 2010 report by Lord Young, *'Common Sense, Common Safety'*<sup>7</sup> which had suggested that HSE re-examine the operation of RIDDOR to determine whether it was the best approach to providing an accurate national picture of workplace accidents. (The interest in RIDDOR within both reviews reflects the fact that while it is a legal obligation for employers to report under the regulations, analysis by HSE has found that while *“[f]atal injury data is highly reliable, due to case-by-case scrutiny by operational and analytical staff ... non-fatal data is subject to significant under-reporting, with current levels of reporting for employees estimated at around a half. Furthermore, previous research into reporting levels suggests variation in reporting between different industries”* and *“[r]eporting levels across other dimensions like geographical region may also differ substantially”*<sup>8</sup>). The RIDDOR recommendations from both reviews were subsequently accepted by Government, and HSE

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<sup>5</sup> [https://www.legislation.gov.uk/uksi/2013/1471/pdfs/ukiod\\_20131471\\_en.pdf](https://www.legislation.gov.uk/uksi/2013/1471/pdfs/ukiod_20131471_en.pdf)

<sup>6</sup> <https://www.gov.uk/government/publications/reclaiming-health-and-safety-for-all-lofstedt-report>

<sup>7</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/60905/402906\\_CommonSense\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/60905/402906_CommonSense_acc.pdf)

<sup>8</sup> Page 10, <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf>.

conducted a public consultation on proposals for a revised RIDDOR reporting requirements and undertook to implement new regulations by October 2013.

5. The Reporting of Injuries, Diseases and Dangerous Occurrences (Amendment) Regulations 2013 (SI 2013/1471) ('RIDDOR 2013') subsequently modified the requirements governing which incidents require reporting to the Enforcing Authority and when RIDDOR 2013 came into effect on 1<sup>st</sup> October 2013. A summary of the changes is detailed below.

<b>Overview of changes in RIDDOR 2013</b>
<p>The main changes made by these Regulations were:</p> <ul style="list-style-type: none"><li>- A simplified and shortened list of specified reportable injuries ('major injuries') to workers sustained as a result of a work-related accident;</li><li>- A clarified and shortened list of reportable dangerous occurrences;</li><li>- A simplified and significantly shortened list of reportable occupational disease (replacing 47 specified ill-health conditions with 8 categories of occupational diseases);</li><li>- A simplified list of dangerous occurrences within the rail-sector, and removal of the requirement to report suicides on railways.</li></ul>
<b>What's DIDN'T change in RIDDOR 2013</b>
<p>No changes were made to:</p> <ul style="list-style-type: none"><li>- Recording requirements;</li><li>- Reports of fatal accidents;</li><li>- Reports of accidents involving non-workers including members of the public; and</li><li>- Requirements to preserve certain incident sites at mines, quarries and offshore workplaces pending investigation and subject to overriding safety needs.</li></ul>

### **Scope and scale of RIDDOR 2013 post-implementation review (PIR)**

6. As part of the PIR planning process, HSE's Evaluation Working Group (EWG) assessed the RIDDOR 2013 PIR in terms of its scope and scale. 'Scope' refers to whether the PIR needs to look at the impact of the specific legislative changes or, alternatively, whether it should consider the appropriateness of the overarching legislative framework in which the changes sit. Alongside this, 'scale' considers the wider importance of the PIR in terms of its political visibility, predicted economic impact, number of duty-holders it affects, etc. and therefore the level of resource which is required (high, medium or low).
7. In the case of the RIDDOR 2013, the scope was considered narrow as the overarching nature of the regulations had been assessed as part of the initial PIR in August 2018. As such the majority of the RIDDOR regulations were to be reviewed as part of the PIR apart from domestic gas and offshore reporting which were not changed in 2013. In addition, while the review considered the reporting of biological agents, it would not explicitly consider whether RIDDOR is an appropriate regulatory regime to apply to reporting in a pandemic.

8. In terms of scale, a medium level of evidence was considered proportionate and appropriate to support the making of robust recommendations. The justification for a ‘medium’ scale PIR included:
- The Equivalent Annual Net Costs to Business (EANCB) from the original RIDDOR 2013 impact assessment (IA) was £-0.03 million in 2009 prices<sup>9</sup>. This is well below the £5 million *de minimis* threshold required by the Regulatory Policy Committee (RPC)<sup>10</sup>, so the work would not need external RPC scrutiny.
  - This is a ‘second-time around’ PIR, with the main policy objectives and economic impact having been previously assessed in 2018.
  - The regulations have, however, been subject to a high degree of political, media and stakeholder scrutiny throughout the Covid-19 pandemic.
9. EWG agreed with the proposal for the PIR to be narrow in scope and medium in scale. Following engagement with the RPC around the most recent Control of Asbestos Regulations 2012 (CAR 2012) PIR<sup>11</sup>, it was suggested that second time PIRs should focus on areas where there has been change and where the evidence was less robust. The general gist was that HSE doesn’t need to collect the same data again but should consider where data collection would be most beneficial. The proposed research approach for the second RIDDOR 2013 PIR reflects this change in emphasis. Therefore, the objectives and economic model for RIDDOR 2013, which were previously assessed under the 2018 PIR, are not being re-assessed under this second PIR. The regulation’s objectives will, however, still inform the focus of the work, alongside the recommendations from the first PIR (both of which are discussed in greater detail in the ‘*i. What were the policy objectives of the measure?*’ section, below). (In brief, the objectives of RIDDOR 2013 include: simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases; ensure the continued availability of information required for effective regulation; and remove reporting requirements for data, which is rarely used, or could be otherwise obtained). The overarching aim of the PIR is to see how the RIDDOR system can be improved to increase the quality of information which is reported to HSE (which should, in turn, lead to a drop in non-reportable RIDDORs being submitted to HSE). This approach is summarised in the diagram 1 (see below).

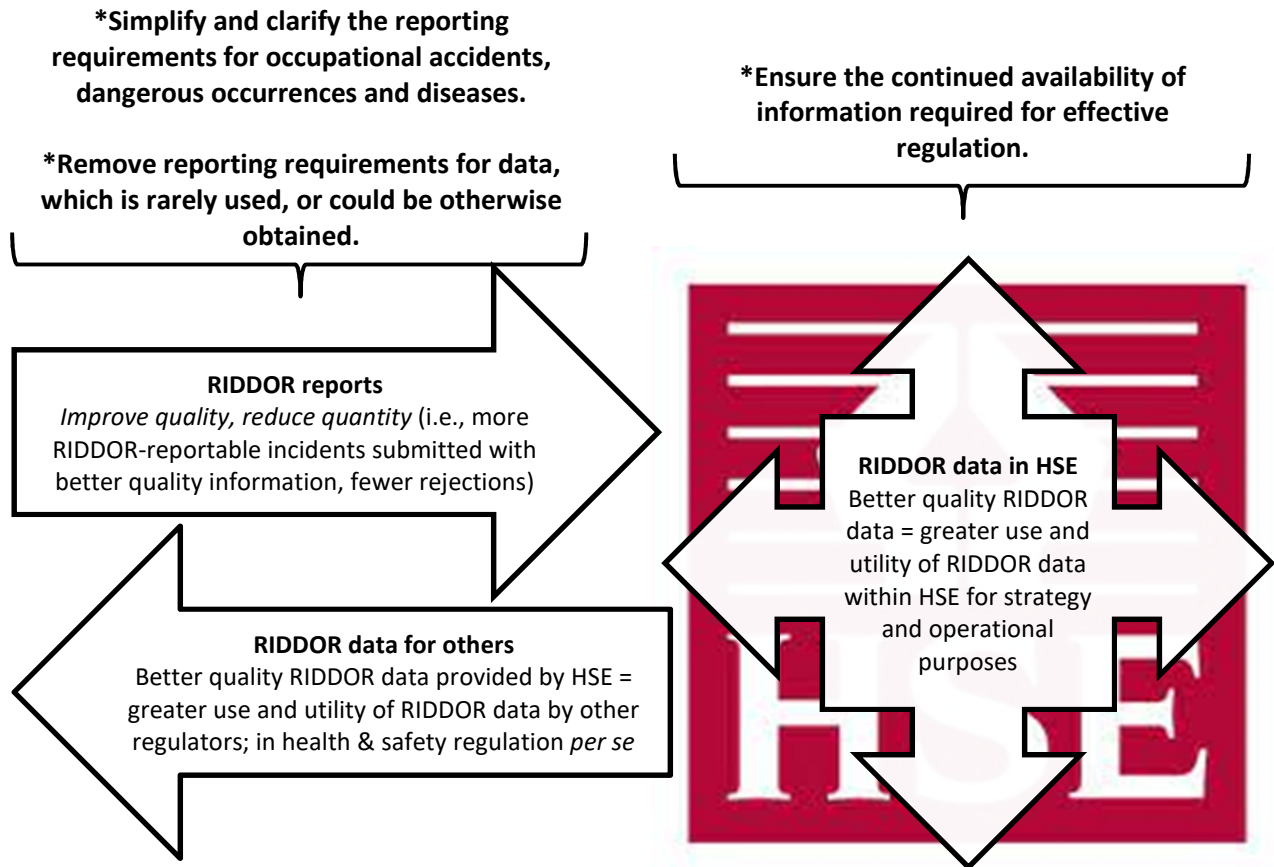
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<sup>9</sup> Impact Assessment for Proposed Changes to the RIDDOR Reporting System (IA No. HSE0072) ([https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia\\_20130033\\_en.pdf](https://www.legislation.gov.uk/ukia/2013/33/pdfs/ukia_20130033_en.pdf))

<sup>10</sup> <https://www.gov.uk/government/organisations/regulatory-policy-committee>

<sup>11</sup> [https://www.legislation.gov.uk/uksi/2012/632/pdfs/uksiod\\_20120632\\_en.pdf](https://www.legislation.gov.uk/uksi/2012/632/pdfs/uksiod_20120632_en.pdf)

**Diagram 1:** Focus of second RIDDOR 2013 PIR – improve *quality* of reportable RIDDORs, reduce *quantity* of non-reportable RIDDORs and to ensure that reporting requirements continue to allow for effective regulation 10 years on.



10. Broadly, the proposed research approach consists of:

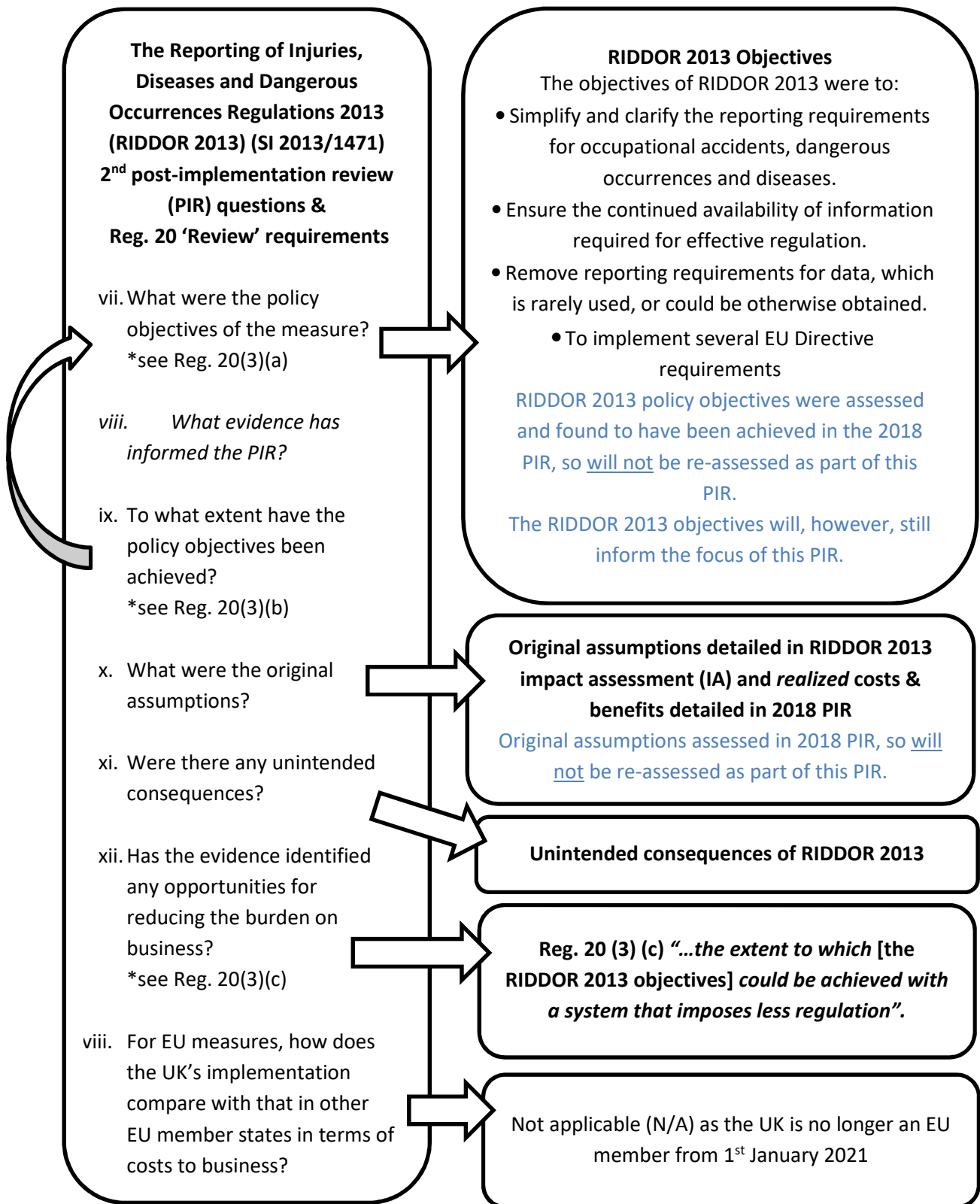
- Wide-ranging qualitative interviews with relevant internal HSE stakeholders;
- Selective qualitative interviews with external stakeholders in relevant and pertinent sectors; and
- Survey of local authority health and safety regulators.

(Further details about the research approach are provided in the ‘*ii. What evidence has informed the PIR?*’ section, below)

11. EWG subsequently agreed with the proposal for the PIR to be narrow in scope and medium in scale. In addition, they agreed the proposed research approach (summarised above) was proportionate and sensible, with the suggested data collection methods being appropriate to get the required evidence but not so onerous as to place an undue burden on duty-holders.

12. The structure of the Evidence Review is detailed in Diagram 2 (below), with the numbered sections directly mapping onto headings within the main document (e.g. ‘*i. What were the policy objectives ...*’ in the diagram equates to the ‘*i. What were the policy objectives ...*’ headed section in the main document).

Diagram 2: Structure of second RIDDOR 2013 PIR evidence review



## Post-Implementation Review (PIR) questions

13. As per HM Treasury’s Magenta Book supplementary guide<sup>12</sup> and the Government’s business regulation guidance<sup>13</sup>, the following PIR considers the legislative changes made by RIDDOR 2013 in terms of the following overarching questions:

- i. **What were the policy objectives of the measure?**
- ii. **What evidence has informed the PIR?**
- iii. **To what extent have the policy objectives been achieved?**
- iv. **What were the original assumptions?**
- v. **Were there any unintended consequences?**
- vi. **Has the evidence identified any opportunities for reducing the burden on business?**
- vii. **For EU measures, how does the UK’s implementation compare with that in other EU member states in terms of costs to business?**

### ***i. What were the policy objectives of the measure?***

14. There are multiple sources from which the objectives of RIDDOR 2013 could be determined (e.g., explanatory memorandum; impact assessment; research; evaluations; etc.). The previous 2018 PIR<sup>14</sup> used a series of objectives which were included within the 2005 review of RIDDOR undertaken by HSE and could be summed up as:

- a) to provide information to guide the enforcing authorities’ regulatory activities (*‘To guide regulatory activities’*);
- b) to ensure duty holders are aware of health and safety failures and the need to act upon them to improve their health and safety management systems (*‘To ensure duty holders are aware of H&S failures’*);
- c) to provide data for national health and safety targets and published statistics on injuries and ill health (*‘For H&S targets and statistics’*); and
- d) to meet relevant legal obligations under domestic, European and, where relevant, international law (*‘To meet EU Directives’*).

15. For the purposes of this PIR, however, a slightly abbreviated and more recent set of RIDDOR 2013 objectives are going to be used; these were detailed in the impact assessment (IA) for the original RIDDOR 2013 legislation<sup>15</sup>. The objectives of RIDDOR 2013 are to:

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<sup>12</sup> Magenta Book 2020 (March 2020) - Supplementary Guide: Guidance for Conducting Regulatory Post Implementation Reviews ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/879444/Magenta\\_Book\\_supplementary\\_guide\\_Guidance\\_for\\_Conducting\\_Regulatory\\_Post\\_Implementation\\_Reviews.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879444/Magenta_Book_supplementary_guide_Guidance_for_Conducting_Regulatory_Post_Implementation_Reviews.pdf))

<sup>13</sup> Business regulation: producing post-implementation reviews (<https://www.gov.uk/government/publications/business-regulation-producing-post-implementation-reviews>)

<sup>14</sup> *Ibid* 2

<sup>15</sup> *Ibid* 5

- **Simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases;**
- **Ensure the continued availability of information required for effective regulation;**
- **Remove reporting requirements for data which is rarely used or could be otherwise obtained; and**
- **To maintain compliance with commitments arising from the EU.**

16. Reflecting on the previous 2018 PIR<sup>16</sup> it found that the *“evidence robustly concludes and reflects the view that RIDDOR currently meets its objectives, remains ‘fit for purpose’ and could not easily or desirably be replaced with another system that meets the same requirements or achieves the same objectives”* (paragraph 23, page 10).
17. As for the costs and benefits of RIDDOR, the 2018 PIR considered this in terms of both an overall holistic cost (as a system) as well as the realised costs and benefits of RIDDOR 2013. Taking each in turn, the economic assessment in the PIR found the cost of the entire RIDDOR system, in terms of its estimated total costs to society, range from around £2.2 million to £3.0 million across several different scenarios. As for actual costs of RIDDOR 2012 and RIDDOR 2013, the PIR analysis considers the original assumptions made in the respective impact assessments and compares them on a like-for-like basis with what happened. The actual costs of RIDDOR 2012 were nearly identical to those predicted in the IA<sup>17</sup> and the benefits were £38k higher. As for RIDDOR 2013, higher ICT transitional costs meant the realised costs figure was about £30k higher with annual benefits being about £80k lower due to the fall in the number of RIDDOR reports being less than first anticipated.
18. The 2018 PIR concludes with several recommendations; these were:
- Recommendation 1: Regulation 5 - Non-fatal injuries to non-workers  
To address the issue of over-reporting under regulation 5 (which deals with injuries to members of the public), the recommendation is to narrow its scope by amending it to align with the reporting criteria under regulation 4(1) of RIDDOR 2013, which applies to those at work. Over-reporting is a particular issue in the health, education and leisure sectors as they often interact with non-workers – e.g., patients, students, families, etc. Regulation 4 specifies those injuries which should be reported, based on their severity. The alignment for non-workers with the reporting requirement for workers (under regulation 4) and those in hospital (regulation 5b), where reports are required for specified injuries, would provide duty-holders with a greater degree of clarity about when the legal reporting requirements are intended to apply.
  - Recommendation 2: Regulation 8 - Occupational Diseases  
The recommendation is to re-insert and/or expand the list of occupational diseases required to be reported under Regulation 8. RIDDOR 2013 replaced the previous list of 47 specified ill-health conditions with eight categories of work-related diseases

<sup>16</sup> *Ibid* 2

<sup>17</sup> Implementing the Common Sense, Common Safety Recommendation to Amend RIDDOR Regulation 3(2) ([https://www.legislation.gov.uk/ukia/2011/452/pdfs/ukia\\_20110452\\_en.pdf](https://www.legislation.gov.uk/ukia/2011/452/pdfs/ukia_20110452_en.pdf))

based primarily on prevalence. There are, however, several work-related diseases of specific interest to HSE (from both a regulatory and scientific perspective) which will no longer be captured. These include potentially life-threatening illnesses such as pneumoconiosis (e.g., silicosis), extrinsic allergic alveolitis, decompression illness, pulmonary barotrauma and poisoning due to certain chemical exposures. The proposal is, following consultation, to reintroduce some of them into RIDDOR, possibly via a Schedule attached to the regulations.

- Recommendation 3: RIDDOR Guidance Review

To tackle instances of reported lack of clarity regarding RIDDOR reportability and application of RIDDOR, particularly regulation 5, it is recommended to review and amend the existing guidance to simplify and clarify what is needed in order to comply with RIDDOR reporting requirements.

19. As there has been no significant or notable changes to RIDDOR 2013 since August 2018 it is anticipated that the findings from the initial PIR are still relevant, and it would therefore be disproportionate to re-assess whether the objectives have been achieved or re-assess the original IA assumptions. Considered alongside the *ad hoc* advice from the RPC about second-time PIRs, highlighting the need to collect data on areas where it would be most beneficial, the focus of the current PIR is around improving the quality of RIDDOR reporting, ensuring that the lists of reportable injuries, occupational diseases and dangerous occurrences continue to allow for effective regulation 10 years on, reducing non-reportable RIDDORs and reviewing the previous PIR recommendations.
20. (Please note that the term ‘duty-holder’ is used by HSE to refer to any business, organisation or individual upon whom there is a statutory requirement, or *duty*, to do - or not do - something. In terms of RIDDOR, the duty is to report accidents, ill-health and dangerous occurrences under particular circumstances. Therefore, anyone who has to report is a duty-holder.)

## ***ii. What evidence has informed the PIR?***

21. The evidence which has informed the second RIDDOR 2013 PIR is detailed in this document, the ‘Evidence Review’. It comes from a number of sources including administrative and operational data from HSE including analysis of a sample selection of RIDDOR reports; qualitative interviews with relevant internal HSE stakeholders and external stakeholders; and a survey of local authority (LAs).

### **Local authority (LA) survey**

22. While all RIDDOR reports (with the exceptions of those for which the Office of Rail and Road [ORR] is the relevant enforcing authority) come into HSE, those which are relevant to other enforcing authorities are identified and forwarded on. For example, there are over 380 local authorities which enforce health and safety legislation with their focus being on retail, wholesale distribution and warehousing, hotel and catering premises, offices, and the



consumer/leisure industries. To capture the views of these local authority stakeholders on RIDDOR 2013 a survey was developed using Microsoft Forms. The questions were hosted online, with a web-link sent to stakeholders.

23. With the focus of this PIR being on improvements to the current RIDDOR system, the survey design was less general and more specific, asking questions about: respondent’s understanding of how the terms in RIDDOR 2013 are defined and were applied; current HSE guidance around RIDDOR 2013; the operation of RIDDOR 2013 Regulation 5 ‘non-fatal injuries to non-workers’; and thoughts and views on RIDDOR 2013 (see Appendix A for a copy of the survey).
24. The survey web-link was sent out to all contacts on HSE’s HELA extranet<sup>18</sup> by HSE’s Local Authority Team on Monday 22<sup>nd</sup> August 2022 with a deadline for replies of Monday 12<sup>th</sup> September 2022; in total it went to over 1,600 local authority bulletin subscribers.
25. In total, there were 58 full or partial responses to the survey, which were subsequently used for the following analysis. Respondents were also asked which local authority they were responding from, with the below list detailing those who provided an answer.

<b>Which local authority are you responding from? (n = 50)</b>	
Barnsley MBC	Leicester City Council
Bath and North East Somerset	Mid Kent EH - Swale & Maidstone
Bedford Borough Council	Milton Keynes City Council
Boston BC	Newcastle under Lyme BC
Braintree District Council	North Northamptonshire Council
Breckland Council	Nuneaton and Bedworth Borough Council
Brent Council	Perth and Kinross
Brentwood Borough Council	Preston City Council
Cheltenham	Redcar and Cleveland Borough Council
City of London	Rhondda Cynon Taff County Borough Council
Coventry City Council	RSP- Wandsworth, Richmond, Merton
Dacorum Borough Council	Salford CC
Ealing	South Cambridgeshire District Council
East Dunbartonshire Council	South Gloucestershire Council
East Hampshire District Council	South Tyneside
Eastleigh Borough Council	Southend-on-Sea City Council
Epping Forest District Council & Harlow District Council	Stockport
Fife	Thanet
Hambleton District Council	Torfaen CBC
Herefordshire Council	Trafford
Hull City Council	Warwick DC
Ipswich Borough Council	West Lancashire Borough Council
Kirklees Council	West Lothian Council

<sup>18</sup> <https://www.hse.gov.uk/lau/working-together.htm>

LB Hounslow	Westminster city council
Leeds	Wirral Borough Council

26. While not comprehensive (only about 15 per cent of local authorities responded), the above list does illustrate that respondents to the survey came from a wide variety of different types of local authority in terms of location, size, urbanisation, composition, etc. This should help the representativeness of the data collected and presented.

RIDDOR 2013 definitions - understanding & applying

<b>Q1. Do you think the current definitions used in RIDDOR 2013 (e.g. ‘specified injury’) (see <a href="https://www.legislation.gov.uk/uksi/2013/1471/regulation/2/made">https://www.legislation.gov.uk/uksi/2013/1471/regulation/2/made</a>) are easy to understand?</b>	
Yes	48 (83%)
Unsure	5 (9%)
No	5 (9%)
No. of responses to this question	<i>n</i> = 58

<b>Q2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything) (<i>n</i> = 5)</b>	
clarity needed	4
use selection criteria language	1
<p><u>Comment:</u> Of the few responses to the question, most stated that the definitions lacked clarity (“[s]implify the explanations and give good examples”). Responders cited examples such as unclear definitions of ‘dangerous occurrences’ or what constitutes an injury, while others just requested more examples be given or that the definitions be couched in simpler language.</p> <p>(See Appendix B for full list of answers)</p>	

<b>Q3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?</b>	
Yes	31 (53%)
Unsure	13 (22%)
No	14 (24%)
No. of responses to this question	<i>n</i> = 58 (100%)

<b>Q4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything) (<i>n</i> = 13)</b>	
Primary term <sup>19</sup> : 'regular'	6
Primary term: 'significant'	2
Primary term: 'work-related accident'	1
Secondary term: 'significant'	3
Secondary term: 'physical'	1
Secondary term: 'frequent'	1
Tertiary term: 'accident'	1
Tertiary term: 'prolonger periods'	1
Tertiary term: 'unintended'	1
<p><u>Comment:</u> Whilst many of the 13 respondents to this question provided specific examples of non-defined terms used in RIDDOR 2013 which were not easy to apply, four respondents simply argued for the need for clear and unambiguous definitions in general.</p> <p>One of the biggest issues is that many of the terms are very subjective and open to interpretation, with a request that <i>"the wording ... be quantified to assist officers"</i>.</p> <p>(See Appendix B for full list of answers)</p>	

<sup>19</sup> Respondent's answers were classified according to the order in which identified terms were mentioned – e.g. primary, secondary, tertiary, etc.

Current RIDDOR guidance

<b>Q5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a>. Please rate how good you think this guidance is - 1 star means 'Poor' and 5 stars mean 'Excellent'.</b>	
5 - excellent	12 (23%)
4	31 (58%)
3	9 (17%)
2	0 (0%)
1 - poor	1 (2%)
No. of responses to this question	<i>n</i> = 53 (100%)

<b>Q6. Is the current HSE guidance on RIDDOR ...</b>	
Just right	42 (72%)
Too basic (e.g. not enough detail)	7 (12%)
Too complicated (e.g. too technical)	3 (5%)
Unsure	6 (10%)
No. of responses to this question	<i>n</i> = 58 (100%)

<b>Q7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved? (<i>n</i> = 9)</b>	
Clarify what does/does not need reporting under RIDDOR 2013	4
Simpler language	2
RIDDOR guidance webpage needs to be simplified and made easier to navigate	2
Clearer definitions	1
<u>Comment:</u> Of the nine responses to this question, the largest proportion came from those who felt clarification was needed as to what does and does not need to be reported under RIDDOR (“ <i>helpful to have clearer guidance/examples as to what is NOT reportable</i> ”). Further responses focused on the need to greater simplicity and	

**Q7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved? (n = 9)**

clarification, in terms of the RIDDOR guidance webpage (“[t]he webpage is far, far too complicated”), the language in which the guidance is expressed (“it's too complicated for people that don't have English as their first language”) and definitions (“provide clearer definition on 'work-related'”).

(See Appendix B for full list of answers)

**Q8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and light-touch, whereas larger businesses would have more detailed and technical guidance (similar to the RIDDOR 1995 approved code of practice [ACOP] [L73]). Please give your rating to this idea, with 1 meaning 'Terrible idea' and 5 meaning 'Great idea'.**

5 – great idea	20 (36%)
4	9 (16%)
3	14 (25%)
2	7 (12.5%)
1 – terrible idea	6 (11%)
No. of responses to this question	n = 56 (100%)

**Q9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies (n = 43)**

Primary theme <sup>20</sup> : easier for SMEs to understand	21
Primary theme: not necessary	17
Primary theme: lowering standards	2
Primary theme: SMEs can present risk	1
Primary theme: more sector specific	1

<sup>20</sup> The Primary theme reflects the main issue detailed in a respondents answer, whereas the secondary theme relates to a subsidiary point made in the same response.

<b>Q9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies (n = 43)</b>	
Secondary theme: simplify guidance	5
Secondary theme: harder to enforce	2
Secondary theme: 2 tier system confusing	1
Secondary theme: harder for regulator to advise on legislation	1
Secondary theme: more examples needed	1
Secondary theme: simple online form to determine reportable	1
Don't know	1
<p><u>Comment:</u> Most people who responded to this question highlighted the benefits to small and medium-sized enterprises (SMEs) of having RIDDOR guidance specifically developed and targeted at them. Many of these respondents thought that SMEs tend to have less access to health and safety expertise, and that simplified guidance could help increase reporting from SMEs (“[p]ositives for SME's: easier to understand; therefore more likely to report”).</p> <p>In contrast, there were also a sizeable number of responses which suggested that dedicated RIDDOR guidance based on business size was unnecessary (“[t]he reporting requirements are not onerous and are relatively straightforward so I do not think they need to be adjusted for the size of business”). Some comments suggested that separate guidance might even cause confusion (“[p]roviding different types of guidance may lead to confusion and incorrect application”) and that awareness raising about RIDDOR amongst SMEs would be more beneficial (“...the current system is fine but needs awareness raising”).</p> <p>Regardless of whether RIDDOR guidance is aimed at different business sizes or uses a ‘one size fits all’ approach, respondents once again highlighted the need for it to be simple and easy to understand (“the guidance should be simple to understand, regardless of the person/organisation reporting it”).</p> <p>(See Appendix B for full list of answers)</p>	

RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'

<b>Q10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries to members of the public on work premises) (<a href="https://www.legislation.gov.uk/uksi/2013/1471/regulation/5/made">https://www.legislation.gov.uk/uksi/2013/1471/regulation/5/made</a>)?</b>	
Yes	33 (57%)
Unsure	4 (7%)
No	21 (36%)
No. of responses to this question	<i>n</i> = 58 (100%)

<b>Q11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be reported and what doesn't? (<i>n</i> = 21)</b>	
What is meant by 'work-related' needs to be more clearly and explicitly defined	7
What constitutes 'hospitalisation' or 'hospital treatment' needs to be more clearly and explicitly defined	6
Be clearer on what is RIDDOR reportable, and what isn't	3
'Injury' needs to more explicitly defined (e.g. is oxygen treatment post carbon monoxide [CO] exposure an injury?)	2
How should 'sports injuries' be reported?	2
There needs to be some linkage to examples and definitions of certain terms	1

Comment: The wording of Regulation 5 – 'as a result of a work-related accident' – is challenging when trying to determine if an injury is due to something work-related; one respondent provided the following example "*... a fall down stairs could be as a result of obstruction or poor construction but is it work-related if it is a member of the public who falls?*". The next part of the regulation talks about an injury where the 'person is taken ... to a hospital for treatment'. A respondent reported that "[t]he word 'taken' causes some debate, can a person take themselves? i.e. can an IP [injured person] walk to hospital with a broken arm, is that 'taken'". Ultimately respondents feel that this lack of clear meaning leads to over-reporting in some instances and under-reporting in others, and clarity around what is actually meant would be hugely helpful ("*we still get a lot of reports sent that are non fatal that would not be riddor re-portable*" [sic]).

**Q11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be reported and what doesn't? (n = 21)**

(See Appendix B for full list of answers)

**Q12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to workers' (<https://www.legislation.gov.uk/uksi/2013/1471/regulation/4/made>) - is a good idea? Please give your rating to this idea, with 1 meaning 'Terrible idea' and 5 meaning 'Great idea'.**

5 – great idea	37 (36%)
4	15 (26%)
3	12 (21%)
2	6 (11%)
1 – terrible idea	3 (5%)
No. of responses to this question	n = 57 (100%)

#### General thoughts on RIDDOR

**Q13. Do you have any other suggestions or thoughts on how RIDDOR could be improved? (n = 41)**

simplify guidance	9
n/a	4
clarify LA/HSE responsibilities	3
define public/work related	3
raise RIDDOR awareness	3
spell out timescales	3
facilitate investigation	2
Miscellaneous	14



**Q13. Do you have any other suggestions or thoughts on how RIDDOR could be improved? (n = 41)**

Comment: Suggestions from local authority participants on how to improve RIDDOR were quite varied but there were some recurring themes including:

- simplifying RIDDOR guidance, and clarifying terms and definitions within RIDDOR (“[t]he clearer and less ambiguous the better!”);
- ensuring the division of health and safety responsibilities between HSE and local authorities is unambiguous (“I think the LA/HSE split should be reviewed and made clearer with less grey areas”);
- raising the awareness of RIDDOR amongst duty-holders (“SMEs are unaware of RIDDOR - this should not though be a reason to change the system, rather it should be about raising awareness”); and
- harmonising timings throughout RIDDOR 2013 (“[t]he reporting timescales are confusing: 10 days in Schedule 1 para 1(1)(b) but 15 days in Reg 4(2). I think this should be standardised.”).

(See Appendix B for full list of answers)

**Interviews with internal HSE stakeholders and external stakeholders**

27. The interviews which were undertaken as part of this PIR referenced the RIDDOR 2013 objectives by being focused on ‘simplification and clarification’, ‘removal of rarely used data’ and ‘effective regulation’ and were ultimately about improving RIDDOR. In terms of the next level down, interviews were concerned with clarity and simplicity in relation to: terms and definitions (or lack thereof) within RIDDOR 2013; specific clauses within RIDDOR 2013; and RIDDOR guidance. The recommendations from the 2018 PIR were also covered as well as things which could be added to and/or removed from RIDDOR 2013.
28. Interviews with stakeholders took place virtually via Microsoft Teams between June 2022 and March 2023; each interview was scheduled for approximately an hour. Where there were multiple stakeholders, meetings were slightly longer at 90 minutes. Interviews were not recorded or transcribed, but detailed notes were taken by the project team.
29. While interviews with internal HSE stakeholders covered distinct areas, engagement with external stakeholders tended to be more open and less prescriptive. The areas covered with the internal HSE stakeholders are detailed in Table 1 below, whilst the list of external stakeholder interviewees and other regulators are included at Table 2 and 3 respectively (also below).

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

Internal HSE stakeholders interviewed / Specific RIDDOR areas discussed	Clarity of terms in RIDDOR and supporting guidance	'Specified injuries' in Regulation 4 – Non-fatal injuries to workers	Regulation 5 - Non-fatal injuries to Non-workers	Regulation 7 – Dangerous occurrences	Regulation 8 – Occupational diseases	Regulation 9 – Exposure to carcinogens ... biological agents	Change from RIDDOR 1995 re: Registered Medical Practitioner (RMP)	Miscellaneous
Leisure Sector	✓		✓					
Health & Work Branch	✓	✓	✓	✓	✓	✓	✓	
Health & Social Care sector	✓	✓	✓	✓	✓	✓	✓	
Public Services sector	✓	✓	✓					
Local Authority Unit (LAU)	✓	✓	✓					
Education sector	✓	✓	✓					
Microbiology & Biotechnology team						✓		
Construction Division (CD)	✓	✓	✓	✓	✓			
Energy Division (ED)	✓			✓				
Occupational Health team	✓	✓			✓			
Building Safety Regulator (BSR)				✓				
Field Operations Division (FOD)	✓	✓	✓	✓	✓			
Diving team	✓			✓	✓			
Chemicals Regulation Division (CRD)				✓				
Offshore oil & gas sector								✓ Crossover with 'Report of an Oil and Gas Incident' (ROGI) form
Science Division (SD)								✓ Use of RIDDOR data in research

Table 2: List of external stakeholders interviewed

<b>External organisation</b>
British Occupational Hygiene Society (BOHS)
British Retail Consortium (BRC) – represented by: New Look; Marks & Spencer; ASDA
British Safety Council
Federation of Small Businesses (FSB)
IOSH (Institution of Occupational Safety and Health)
Local Authority (LAs) – The Highland Council
National Ambulance Risk and Safety Forum
NHS Staff Council – Health & Safety Working Group

Table 3: List of other regulators interviewed

<b>Other regulators</b>
Office of Rail and Road
Office of Nuclear Regulation

## Themes

30. Findings from the LA survey (detailed above) were combined with information gathered in the internal HSE and external stakeholder interviews to generate a list of ten common themes; these themes relate to different aspects of the RIDDOR system, from clauses within the RIDDOR 2013 legislation to how RIDDOR data is used. The list of these themes is set out in Diagram 3 (below). Each theme is considered in turn, looking at any sub-categories within the theme, breaking down the issues and context, indicating which research instrument (interviews; LA survey) mentioned the issue and which stakeholder(s) provided comment and feedback on it. The 'Themes' section will conclude with a series of recommendations for possible future work around RIDDOR.

**Diagram 3:** List of 10 themes generated by internal HSE and external stakeholder interviews and LA survey findings



**Theme 1: Clarity of Terms**

31. This theme is concerned with the terminology used within RIDDOR 2013 and focuses on terms including the following: work-related; regular; significant; treatment; enclosed space; accident; and diver.

Theme 1: Definitions		
Sub-category	Comments	Mentioned by:
Work-related	<p>HSE received regular queries about exactly what is ‘work-related’. This reflects a similar finding from the 2018 PIR. While ‘legal series’ guidance for RIDDOR had a detailed explanation of what ‘work-related’ meant alongside examples, these haven’t been carried across to current RIDDOR guidance.</p> <p>There is a mistaken belief that a RIDDOR report should only be completed where there is fault/a breach of legislation. RIDDOR guidance, particularly sector specific guidance, should be reviewed to clarify this.</p> <p>Other areas where there were questions about clarity of terms included:</p>	<p>*FOD CD                      *NHS Safety group                      *IOSH                      *British Safety Council                      *LA’s Scotland (as duty-holder)                      *FOD                      *HSE Leisure sector                      *HSE Education sector                      *HSE Public Services Sector</p>

Theme 1: Definitions		
	<ul style="list-style-type: none"> <li>- Are injuries incurred during sporting activities ‘work-related’?</li> <li>- What about accidents on playgrounds?</li> <li>- Are incidents within vehicles (e.g. a service user in a patient transport falling over) considered ‘work-related’? Or are they road traffic collision (RTC)?</li> <li>- What is meant by ‘routine work’ in RIDDOR 2013, regulation 4(2)?</li> <li>- If an injured person is in the building, does that ‘stop the clock’ on the reporting requirement of “<i>more than seven consecutive days (excluding the day of the accident)</i>”?</li> </ul>	<ul style="list-style-type: none"> <li>*National Ambulance Safety and Risk Forum</li> </ul>
Regular and Significant	<p>Regular and significant are used in Regulation 8 to describe the corresponding work activity for reportable occupational disease. These terms are not defined. There is no consistency between duty-holders on how the terms are being interpreted, with HSE receiving multiple queries about its definition.</p>	<ul style="list-style-type: none"> <li>*HSE Health &amp; Social Care Sector</li> <li>*HSE Occ. health specialists</li> <li>*HSE Noise and Vibration specialist</li> <li>*HSE Medical Adviser</li> <li>*FOD</li> <li>*CD</li> <li>*National Ambulance Safety and Risk Forum</li> </ul>
Treatment and Hospital	<p>Multiple stakeholders have queried what is meant by treatment, especially in relation to Regulation 5 and injuries to members of the public. For example, is cleaning an eye in order to allow diagnosis “treatment”? How about putting a plaster on a cut?</p> <p>Also, what constitutes a ‘hospital’? For example, would receiving treatment at a GPs or NHS walk-in centre lead to an incident becoming RIDDOR reportable?</p>	<ul style="list-style-type: none"> <li>*HSE Leisure sector</li> <li>*FOD</li> <li>*HSE Education Sector</li> <li>*LA’s Scotland (as DH)</li> <li>*IOSH</li> <li>*British Safety Council</li> </ul>
Diagnosis and attribution / Registered Medical Practitioner (RMP)	<p>In the 1995 RIDDOR regulations it specified that a Registered Medical Practitioner (RMP) diagnosed the ailment/injury, and the Responsible Person attributed the diagnosis to a work-related cause. Has the absence of these restrictions in RIDDOR 2013 made it easier to report? For example, especially with the resource issues facing the NHS, it is not always practical for a doctor to diagnose. So is a nurse an appropriate person to provide a diagnosis? If not, why not?</p> <p>Diagnosis also need to be more explicit in order to ensure that the ailments which are RIDDOR reportable are reported and those which aren’t are not reported. This will help with both over- and under-reporting.</p>	<ul style="list-style-type: none"> <li>*HSE Medical Adviser</li> <li>*HSE Occ. health specialists</li> <li>*HSE Occ. hygiene specialists</li> </ul>
Enclosed space	<p>There is no definition of ‘<i>enclosed space</i>’ in health and safety legislation leading to a lack of clarity in what should be reported under this category. The definition in HSE’s web-based guidance does not assist.</p> <p>A review of the RIDDOR reports under this category show submissions regularly include accidents which have occurred at desks in small offices in hospital or care home rooms or in small factories and shops. This demonstrates that the reporting requirement lacks clarity.</p>	<ul style="list-style-type: none"> <li>*HSE Medical Adviser</li> <li>*Health &amp; Work Branch</li> <li>*FOD</li> <li>*CD</li> </ul>

Theme 1: Definitions		
Railways	Some of the terminology in RIDDOR can be confusing and hard to interpret – e.g., damage requiring immediate or temporary or permanent repair and “likely” to cause a train accident or injury – the terminology used in that example means there is potentially a very broad scope of things that could be reported.	*ORR
Accident	There is a need to have clarity around how ‘accident’ is defined within the context of RIDDOR reporting. Due to the fundamental nature of ascertaining this prior to reporting, it is vital that any definition is both clear and simple.	*Health & Work Branch
Diver	While ‘diver’ is not defined in RIDDOR, there are a number of definitions within in the Diving at Work Regulations 1997 which could be used. The difficulty is that these definitions are connected to work rather members of the public. As such dangerous occurrences with non-work divers would not be captured by RIDDOR.	*HSE Diving team

## Theme 2: Injuries to members of the public (MOP)

32. This theme is primarily concerned with issues around RIDDOR 2013 regulation 5 ‘non-fatal injuries to non-workers’. The 2018 PIR recommended that regulation 5 should align with the reporting criteria under regulation 4(1) of RIDDOR 2013 (i.e., specific injuries). Further consideration has been given to this recommendation as part of this review.

Theme 2: Injuries to members of the public (MOP)		
Sub-category	Comments	Mentioned by:
Moving to a specified injury list	The difficulty with regulation 5 has always been the fact that it is difficult for the duty-holder to know the outcome of the incident. The intention behind the 2018 PIR recommendation was that a specified injury would have a level of severity which would make it easier to conclude that a RIDDOR report was needed. So rather than trying to determine if the person goes to a hospital for treatment (and the issues with exactly what constitutes ‘hospital’ and ‘treatment’), the presence of a specified injury would make it RIDDOR reportable. The issue is that if the injury or ailment is not instantly diagnosable at the scene, the duty-holder is once again unsure what the outcome of the incident is. As such linking regulation 5 with the specified injuries in regulation 4 could cause complications. For instance, in response to the 2018 PIR, CLEAPPS (supporting practical science and IT in schools & colleges) commented that the current regulation 5 requires duty-holders to “ <i>make a judgement on whether treatment is needed which they do not have the qualifications to do</i> ”, and the Amusement Devices Safety Council (ADSC) and Adventure Activities Licensing Service (AALS) commented that “ <i>it is difficult to know the outcome once the injured person has left site</i> ”.	*HSE Leisure sector *FOD *HSE Education Sector *HSE Public Services Sector *HSE Statistics team *National Ambulance Safety and Risk Forum

Theme 2: Injuries to members of the public (MOP)		
	<p>A further complication with the hospital treatment requirement is that it is unclear whether a person who goes from the site of the accident to their home and <i>then</i> hospital would fall within regulation 5 and be RIDDOR reportable.</p> <p>There is some suggestion from stakeholders that problems with the current regulation 5 is due to misinterpretation and lack of knowledge and understanding, and with appropriate education and guidance those duty-holders who submit precautionary RIDDORs under this regulation will lessen.</p> <p>Most accidents reported under Reg 5 do not meet HSE’s incident selection criteria (ISC) and are not investigated.</p>	
Category for volunteers	<p>A separate category for volunteers has been suggested and would help bridge the gap between ‘work-related’ and members of the public. With nearly a million volunteer workers in the UK, they represent a significant employment sub-group which HSE currently doesn’t track or monitor explicitly.</p>	<p>* FOD                      *Volunteers Sectors</p>

### Theme 3: Occupational diseases

33. One of the main changes in RIDDOR 2013 was that the number of reportable occupational diseases was reduced from 47 specified ill-health conditions to only eight categories of work-related diseases; the new eight categories of disease were chosen principally based on prevalence. In the 2018 PIR one of the recommendations was to review and potentially expand the diseases within regulation 8.

Theme 3: Occupational diseases		
Sub-category	Comments	Mentioned by:
Over reporting due to lack of clarity around attributing to a work activity.	<p>There is some over-reporting as duty-holders don’t always match the disease with the relevant work-activity e.g. carpal tunnel syndrome (CTS) from vibrating tools. As such there is approximately ten per cent over-reporting (i.e., the RIDDOR report did not map onto the relevant work-activity criteria) in terms of carpal tunnel syndrome (CTS), and nearly 50 per cent over-reporting for tendonitis. In contrast, reporting for asthma, cramp, dermatitis and hand-arm vibrations (HAVs) is largely correct in terms of work activity.</p> <p>This level of over-reporting suggests that the relevant work activity for each reportable occupational disease lacks clarity. Whilst the earlier legal series guidance did offer some explanation this has not been carried across to current RIDDOR guidance.</p>	<p>*HSE Medical Adviser                      *Health &amp;Work Branch (HWB)                      *HSE Occ health specialist                      *HSE Diving Team</p>
	<p>There is a mistaken belief that occupational diseases are only reportable via RIDDOR if they are attributable to the work activity. In fact, if a worker is diagnosed with an occupational disease listed in regulation 8 and carries out the corresponding work activity, then it is RIDDOR-reportable regardless of whether the condition can be proven to be attributable to that work activity.</p>	<p>*British Safety Council                      * NHS Safety Group                      *LA’s Scotland (as DH)</p>

<b>Theme 3: Occupational diseases</b>		
Diagnosis	Echoing theme 1, there is a need for a clear definition for what constitutes ‘diagnosis’. Also, is there a need to expand this definition for some or all conditions.	*HSE Occ. health specialist *HWB *HSE Medical Adviser
Right list of diseases?	<p>While the change in the number of reportable occupational diseases in RIDDOR 2013 was quite dramatic, it removed a lot of categories which had very low reporting numbers. If any occupational diseases are going to be added, or reinstated, HSE needs to make sure that the additions are appropriate and proportionate to mitigate the further burden on duty-holder it will create. The 2013 objectives included not gathering information that can be otherwise obtained. There are several sources of data relating to occupational diseases (e.g., Labour Force Survey [LFS], THOR) which provide more useful information for HSE than RIDDOR when planning interventions. To this end, diseases should only be added where there is an opportunity to add valuable regulatory intervention /meaningful investigation. Such changes could include:</p> <ul style="list-style-type: none"> <li>- Removal of cramp in the forearm due low number of investigations (and low numbers of reports); and</li> <li>- Addition of respiratory diseases such as silicosis and certain chemicals exposures (dichloromethane [DCM], lead).</li> <li>- Diving illnesses – see below</li> </ul>	*HWB *FOD *HSE HWB *HSE Medical Adviser *HSE Health and Social Care Sector *HSE CD *HSE Occ. hygiene specialists *HSE Noise and Vibration specialist *National Ambulance Safety and Risk Forum
Dermatitis	<p>Most dermatitis RIDDOR reports relate to handwashing, gloves and mask issues and does not lead to significant levels of enforcement. Collecting data on dermatitis via RIDDOR is still important as it is used for intelligence by principal HSE inspectors</p> <p>The definition of ‘skin sensitiser’ in regulation 8(c) which deals with dermatitis includes everything down to water, which means people inevitably create their own thresholds which leads to inconsistencies. Further work around guidance about dermatitis is therefore needed.</p>	* HSE Medical Adviser *HSE Occ. health specialist *FOD
Diving illnesses	<p>Removal of diving-related illnesses from the list of RIDDOR reportable occupational diseases has caused significant consequences for HSE’s diving team, as it was one of the main sources of intelligence the team used to monitor health and safety in the industry. This has made it difficult to effectively regulate in the industry.</p> <p>Possibility of including diving illnesses within the list of specified injuries (rather than classifying it an occupational disease) to bring it into scope of members of the public.</p>	*HSE diving team



Theme 3: Occupational diseases		
Stress	<p>While reducing the incidence of sickness absence due to work-related stress (WRS) and mental ill health is a strategic objective, and high priority for HSE, the complexities and uncertainties around effectively attributing stress to work, evidencing this and then reporting this via RIDDOR is likely to place a sizeable burden on duty-holders. HSE do not investigate single cases of stress and therefore single cases reported under RIDDOR would not generally be investigated. Consideration needs to be given over the medium to long term as to how RIDDOR reports would enhance HSE’s overall approach to regulating stress in the workplace.</p>	<p>*HSE Health and Social Care Sector                      *FOD, CEMHD                      *IOSH                      *HSE Occ. health specialists                      *FOD                      *HWB</p>

#### Theme 4: Specified injuries

34. The list of specified injuries sits within RIDDOR 2013 regulation 4 (1) - non-fatal injuries to workers. It includes explicit references to types of injuries alongside brief details about the injuries. If such injuries are work-related the expectation is that a RIDDOR report should be completed. Several points within this theme have already been touched on as there are issues around definitions and terminology, whilst the other main point is about injuries which could be removed due to low reporting numbers.

Theme 4: Specified injuries		
Sub-category	Comments	Mentioned by:
Clarity / usefulness of list	<p>The list of specified injuries includes some imprecise language. For example, the term “enclosed space” is used even though there is not an agreed definition; this could be changed to ‘confined space’ which does have a legal definition? Furthermore, ‘enclosed space’ is being incorrectly interpreted as requiring MSD incidents in small offices and incidents of violence and aggression in health and social care to be reported.</p> <p>There is also a lack of clarity amongst some duty-holders and inspectors over what certain injuries mean. The previous legal series guidance provided detailed information around several of the injuries included on the specified list, but this was not carried through to current RIDDOR guidance.</p> <p>Certain specified injuries should be reviewed, including:</p> <ul style="list-style-type: none"> <li>- Scalping. There are very few reports, and the majority of those submitted are not scalping injuries.</li> <li>- Loss of consciousness. This can be caused by multiple things, many of which are not necessarily work-related.</li> <li>- Burns. This category could be simplified to remove reference to percentages as most duty-holders haven’t got the expertise or qualifications to determine the percentage of a particular burn; a simpler severity scale should be used.</li> <li>- Hypothermia or heat-induced illness. These categories could be separate and presented in their</li> </ul>	<p>HSE Medical Adviser                      *FOD                      *CEMHD                      *CD                      *British Safety Council</p>

Theme 4: Specified injuries		
	<p>own right, rather than being linked to an ‘enclosed space’.</p> <ul style="list-style-type: none"> <li>- Asphyxia. This needs a clearer definition within the specified injuries list.</li> </ul> <p>While there are some questions over whether the list contains the “correct” specified injuries there are also concerns that changing too many requirements at once will cause a significant burden to duty-holders. It might therefore be better to clarify the requirements through improved guidance to assist duty-holders and improve accuracy of reporting.</p>	

### Theme 5: Biological agents

35. Biological agents are covered under RIDDOR 2013 regulation 9 (b) - exposure to carcinogens, *mutagens and biological agents*. In 2013 the requirement changed meaning that all diseases caused by occupational exposure to biological agents became reportable, rather than a list of 13 specific diseases. This was due to a requirement in the EU Biological Agents Directive. As this requirement no longer exists consideration has therefore been given to whether a specific list would be more useful to duty-holders and HSE.

Theme 5: Biological agents		
Sub-category	Comments	Mentioned by:
Catch all or list?	<p>Reporting of biological agents under RIDDOR is inconsistent; attribution can be difficult to determine. A possible solution would be to have a list of biological agents and corresponding work activity in a list against which duty-holders can report.</p> <p>Current biological agents reporting also drives some inconsistency in reporting as there needs to be attribution to a work activity for an incident to be reportable. This presents duty-holders with the difficulty of having to decide about attribution.</p> <p>In terms of Legionnaire’s reporting, RIDDOR doesn’t add a huge amount as these come to HSE via other means and routes.</p> <p>Generally biological agents do not cause a problem in determining reportability - attribution is very clear where infection is not prevalent in a community setting.</p> <p>There are concerns about restricting biological agents to a specific list as new diseases do emerge; these would then not be reportable and would not come to HSE’s attention</p> <p>Inconsistencies in reporting could easily be addressed by significantly improving guidance.</p>	<p>*HSE BA unit                      *HSE Occ. health specialists                      *HSE Occ. hygiene specialists                      *HWB                      *FOD                      *Stats                      *National Ambulance Safety and Risk Forum                      *NHS Safety Group</p>

**Theme 6: Dangerous occurrences**

36. Dangerous occurrences (DO's) 'sit' under RIDDOR 2013 regulation 7 and Schedule 2. It provides a list of incidents which need to be reported from high-risk workplaces such as offshore oil and gas facilities, mines, quarries and transport systems.

Theme 6: Dangerous occurrences		
Sub-category	Comments	Mentioned by:
Offshore - general	All of the RIDDOR dangerous occurrences for offshore are limited to an offshore <i>installations</i> . This category needs to be expanded so as to capture other offshore workplaces such as windfarms, hydrogen generation facilities, carbon capture, etc.	*HSE ED
Wells	The "Wells" DOs (Schedule 2 (20)) only apply to wells drilled for the exploration or exploitation of oil or gas, including production of coal bed methane for commercial purposes or in connection with the exploitation of oil or gas, e.g., those used to support reservoir pressure through water or gas injection. They do not apply to carbon capture and storage wells and geothermal wells where risks can arise. These technologies are becoming more commonly used in the transition to the provision of net zero energy so need to be included.	*HSE ED
Mines	"Mines" DO's (Schedule 2, Part 3) cover incidents involving shafts, ropes, man-riding conveyors, locomotives brought to rest, however a large proportion of mass transport of persons in the mines (and also in civil engineering tunnels) is now by rubber tyred vehicles. Incidents involving these types of vehicles need to be included due to a serious risks involving the failure of brakes or steering.	*HSE ED
Explosives	Schedule 2 (5-9) outlines DOs relating to explosives. Substances such as Royex/Nonex and any other similar pyrotechnics do not meet the definition of explosives but are now commonly used instead. Similar risks exist and therefore the definition or wording should be reviewed.	*HSE ED
Railways	There would be merit in reviewing both the requirements and terminology within RIDDOR to ensure that it is reflective of a modernising railway. For example, software faults and failures may not easily fit with current RIDDOR requirements – however, RIDDOR will need to be reflective of things like new signalling systems, power sources, etc.	*ORR
Missing DOs	Consider looking at extending 'dropping objects' (Schedule 2, clause 80) to include objects that move sideways – for example there was debate about whether a stacked drill pipe that fell out of the derrick on the Maersk installation was reportable or not, as the pipe fell sideways rather than down. Furthermore, a swinging load on an floating production storage and offloading (FPSO) unit previously did a fair bit of damage during a power blackout that affected a crane.  In terms of additions and amendments to dangerous occurrences with RIDDOR 2013: - 360 excavators should be included.	*HSE ED *CEMHD *CD *FOD

Theme 6: Dangerous occurrences		
	<ul style="list-style-type: none"> <li>- Underground cables. While overhead power lines are reportable, underground cables are not but arguably should be.</li> <li>- Fire. What if a fire-related dangerous occurrence does not stop an entire plant for 24 hours? Is it reportable? Or should either the timeframe and/or specification that it is the 'whole' plant be amended?</li> <li>-</li> </ul>	
Definitions re quarry	Error in the title that cause confusion needs amended – Quarry/ Danger zone	*Mike Tetley

### Theme 7: Guidance

37. Outside of changes to RIDDOR 2013 legislation, respondents and stakeholders all identified the need for greater clarity and simplicity in HSE's guidance around RIDDOR. A number of people – usually from larger, high-risk organisations – lamented the loss of the RIDDOR legal series guidance. The possibility of new RIDDOR guidance which is targeted at large organisations versus small and medium-sized enterprises (SMEs) was explored in the local authority survey. Over half of those who responded thought it was generally a good idea, with several people saying that less complex guidance aimed at SMEs would help ensure only RIDDOR reportable incidents were submitted and that the information within these would be of a better quality. Furthermore, discussion around RIDDOR guidance often reflected the expressed focus of this second RIDDOR 2013 PIR, namely the desire of duty-holders to only submit appropriate reports with just the right level of information within them (i.e. increase quality, decrease quantity).

Theme 7: Guidance		
Sub-category	Comments	Mentioned by:
Guidance	<p>Stakeholders' perception of RIDDOR guidance appears to represent either end of the spectrum with those from larger higher risk sectors wanting detailed guidance similar to an ACOP and feeling that current guidance is 'dumbed down' and basic. In contrast, in low-risk sectors with more SMEs, the feeling is that the current RIDDOR guidance is too complex and needs to be simpler. Regardless of this difference, all parties want RIDDOR guidance to be clearer, especially in terms of occupational diseases, dangerous occurrences and whether to submit a report or not (some sort of reportability tool would be hugely welcomed). The use of examples and decision flowcharts would also be helpful, as would increase accessibility for mobile devices. In addition, specialist guidance for individual sectors would be hugely helpful.</p> <p>Fear of reporting a RIDDOR appears to be driven by a lack of understanding about what the information is used for, and</p>	<ul style="list-style-type: none"> <li>*HSE Public Services Sector</li> <li>*National Ambulance Safety and Risk Forum</li> <li>*British Safety Council</li> <li>*FSB</li> <li>*IOSH</li> <li>*HSE ED</li> <li>*HSE CAT Team</li> <li>*NHS Safety Group</li> <li>*HWB</li> <li>*LA's Scotland (as DH)</li> <li>*PIR Local Authority (LA) survey</li> </ul>

Theme 7: Guidance		
	<p>what happens next. If this was detailed within RIDDOR guidance this may assuage some of their fears and encourage more accurate reporting</p> <p>There is still a misconception around RIDDOR reporting with a significant number of reports being submitted which don't meet the reporting criteria. This precautionary reporting can either be driven by misunderstanding, by fear of getting it wrong or following incorrect advice. Guidance needs to address this to reduce the unnecessary burden duty-holders are placing on themselves.</p>	

### Theme 8: RIDDOR report form

38. The RIDDOR report form is 'owned' by HSE and is therefore completely within our gift to change and amend. By making it as easy as possible for duty-holders to submit a RIDDOR form - by removing 'friction costs' and reducing the 'hassle factor' – behavioural literature suggests it will increase reporting and potentially improve content<sup>21</sup>. In this regard if the RIDDOR form was 'smarter' there would be less reliance on producing detailed guidance which is still open to interpretation.

Theme 8: RIDDOR report form		
Sub-category	Comments	Mentioned by:
Form Issues	<p>The RIDDOR submission form is not easy to complete if you are not using them regularly; they are not intuitive. There is a need to make the RIDDOR form smarter – e.g., different colours for the different forms; only being able to see the boxes you need to complete.</p> <p>Also, rather than having just one big box for all the information, having smaller free-text boxes asking for <i>specific</i> pieces of information could help. These smaller boxes could have word limits. This would assist users in understanding what information to provide.</p> <p>Better guidance about how to complete the form is required and embedding the guidance in the form itself via information buttons to avoid the need to have more than one document open when completing the form should be considered – this would also assist people using tablets and phones to report.</p> <p>You should be able to start a report, save it and then return to it once you have more information (e.g., the ability to update forms).</p> <p>A feedback mechanism indicating that HSE has received a submitted RIDDOR report would be beneficial. Once action has been taken (accepted; rejected) provide a notification back to the sender.</p> <p>A review of submitted RIDDOR forms shows a significant number of reports which do not meet the reporting criteria or which are reported under the wrong category. Feedback</p>	<p>*HSE Volunteers Sector</p> <p>*FOD</p> <p>*CEMHD</p> <p>*CD</p> <p>*HSE Public Services Sector</p> <p>*SD Marketing</p> <p>*Webinar Feedback</p> <p>*National Ambulance Safety and Risk Forum</p> <p>*British Safety Council</p> <p>*FSB</p> <p>*IOSH</p> <p>*NHS Safety group</p> <p>*CAT</p>

<sup>21</sup> See 'Make it Easy' in the Behavioural insights Team (BIT) ESAT model [https://www.bi.team/wp-content/uploads/2015/07/BIT-Publication-EAST\\_FA\\_WEB.pdf](https://www.bi.team/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf)

Theme 8: RIDDOR report form		
	is that duty-holders are not always sure what category they should be using so use the one that they feel best fits. This leads to errors such as head injuries resulting in over 7-day absences being reported as scalpings. By improving the reporting form to support duty-holders in providing the relevant information, it would significantly improve the quality of RIDDOR data and reduce the burden of reporting.	

### Theme 9: What RIDDOR is used for

39. Reflecting on the old computer science maxim ‘rubbish in, rubbish out’, RIDDOR needs good data to help HSE make well-informed and evidenced decisions. The usefulness of RIDDOR data, however, is all about getting the best information from duty-holders – this means having *only* RIDDOR relevant incidents submitted to HSE (so less reports, but more *correct* reports), with the information within the reports being *exactly* what HSE needs (so no more or no less, just the optimum level of data). Anything outside these parameters will reduce the efficiency and effectiveness of what can be done with submitted RIDDOR data. The previous themes have concentrated on ensuring that the data which HSE receives is as ‘clean’ and useful as possible. This theme is about how RIDDOR data can be better utilised, both within HSE and by external bodies (such as e.g., other health and safety regulators such as local authorities).

Theme 9: What RIDDOR is used for		
Sub-category	Comments	Mentioned by:
What RIDDOR is used for	<p>At the moment a large portion of a RIDDOR consists of a paragraph of free-text which details the narrative of what happened and the reason for the RIDDOR report being submitted to HSE. This narrative currently exists in a single box and can consist of a few lines to multiple, <i>multiple</i> paragraphs. This single-box free-text format makes it very difficult to analyse RIDDOR data in a structured and/or quantitative way; analysis of RIDDOR reports usually involves reading through these narratives individually and pulling out the pertinent information. In addition, RIDDOR reports and their associated data are not easily and readily accessible within HSE.</p> <p>There is, however, a desire within HSE to make better use of the data, but it’s unstructured nature and inconsistency makes it difficult.</p> <p>While at a national statistics level RIDDOR is unlikely to ever be robust enough to supplement data sources such as the Labour Force Survey (LFS). It does, however, have the unique quality that it is a legislative requirement and collects data on actual incidents at a local level. Improving the information and data within RIDDOR is therefore an attractive and necessary proposition.</p>	<p>*HSE Leisure sector                      *HSE Public Services Sector                      *HSE LAU                      *HSE Occ. health specialists                      *HSE Occ. hygiene specialists                      *HWB</p>

### Theme 10: Duplication

40. As part of the 2018 PIR<sup>22</sup> interviews there were some cases where the information which either the organisations have to report or which came to them to use is duplicated by RIDDOR. While the offshore energy sector has its own reporting mechanism (report of an oil and gas incident form or ROGI form) which covers a lot of what RIDDOR asks about, at the moment both forms still need to be completed<sup>23</sup>. In order to make the system more efficient these instances of duplication need to be eliminated.

Theme 10: Duplication		
Sub-category	Comments	Mentioned by:
ED	There is some duplication with the ROGI form used for Offshore Directive. Consider whether these requirements could be aligned with RIDDOR to remove ROGI and avoid duplicate reporting requirements.	* HSE ED
Radiation	As part of the Ionising Radiations Regulations 2017 (IRR17) there are radiation incidents which need to be reported to HSE <sup>24</sup> , with some details duplicated between this reporting procedure and RIDDOR.	* HWB

### iii. To what extent have the policy objectives been achieved?

41. As described in the opening section of this PIR report – *i. What were the policy objectives of the measure?* - there have been no significant or notable changes to RIDDOR since August 2018 when the last PIR was completed. As such the findings from previous PIR are still relevant and have not been re-assessed for the current PIR.

42. The current PIR has, however, attempted to analyse the operation of the RIDDOR system through the prism of the objectives detailed in the original RIDDOR 2013 impact assessment (IA). As such, while RIDDOR 2013 did *'simplify and clarify the reporting requirements for occupational accidents, dangerous occurrences and diseases'*, the current PIR suggests that there is a need to revisit the RIDDOR regime to further clarify and simplify it. It should be remembered that the current iteration of RIDDOR has been in place for ten years and is probably due for a review in the interests of good governance and regulation. Similarly, the need to *'ensure the continued availability of information required for effective regulation'* and the need to *'remove reporting requirements for data, which is rarely used, or could be otherwise obtained'* fit within the current focus of improving the quality of RIDDOR reporting and reducing non-reportable RIDDORs in this PIR. The only objective which is no longer relevant is the need to *'implement several EU Directive requirements'* as we are no longer part of the European Union (EU) following the UK's departure from the European Union.

<sup>22</sup> *Ibid* 1

<sup>23</sup> *Ibid* 1 – paragraph 73 & 74, page 64.

<sup>24</sup> These radiation incidents are detailed in 'Approved Code of Practice and guidance on IRR17' (<https://www.hse.gov.uk/pubns/books/l121.htm>).

43. In summary, the RIDDOR 2013 policy objectives were assessed in the 2018 PIR and were found to have been achieved. The current PIR recommends that various aspects of the present RIDDOR regime be reviewed for clarity and simplicity to improve the quality of reporting and to reduce non-relevant reporting.

***iv. What were the original assumptions?***

44. The original assumptions for RIDDOR 2013 are detailed in the related impact assessment (IA)<sup>25</sup>. This stated that the Equivalent Annual Net Costs to Business (EANCB) for the RIDDOR 2013 changes was £-0.03 million. For the 2018 PIR these estimates were revisited to get a sense of the realised costs and benefits. To this end it was found that ICT transitional costs were higher to the tune of £30k with annual benefits being about £80k lower due to the fall in the number of RIDDOR reports being less than first anticipated.
45. In addition, for the 2018 PIR, the overall cost of the RIDDOR system was considered. It was found that the cost of the entire RIDDOR system, in terms of its estimated total costs to society, range from around £2.2 million to £3.0 million across several different scenarios.
46. The original assumptions of RIDDOR 2013 were not re-assessed for this PIR as they had already been comprehensively considered within the 2018 PIR. In terms of scale, both the realised costs of RIDDOR 2013 and overarching costs of the RIDDOR system were below the £5 million *de minimis* threshold required by the Regulatory Policy Committee (RPC). This made any re-assessment disproportionate and unnecessary.

***v. Were there any unintended consequences?***

47. After being in operation for nearly ten years, RIDDOR 2013 is now very much the ‘norm’. It is therefore difficult to isolate particular consequences, intended or unintended, which the original RIDDOR 2013 caused. Furthermore, issues from the original implementation of RIDDOR 2013 are now no longer necessarily pertinent. For example, one of the concerns following the changes within RIDDOR 2013 was that it made it difficult to compare new data with historical data (e.g., reducing the number of occupational diseases from 47 to eight, changing from “major injuries” to “specified injuries”). We now have ten years’ worth of new data, and new techniques have been devised to ensure backwards compatibility with pre-RIDDOR 2013 data.
48. Another concern raised during the 2018 PIR – not necessarily an unintended consequence – was the loss of the RIDDOR legal series guidance. Stakeholders made mention of it in the current PIR. This suggests that there is still an appetite for more detailed and technical guidance from certain businesses and duty-holders. This is covered in the recommendations emanating from this PIR.
49. There doesn’t appear to be any notable unintended consequences identified by stakeholders in relation to RIDDOR 2013. This largely reflects the finding of the 2018 PIR where the

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<sup>25</sup> *Ibid* 4



‘unintended consequences’ which were identified tended to be more general issues with the RIDDOR regulations. Furthermore, with RIDDOR 2013 having been in place for nearly ten years, and now the ‘norm’, it is difficult to attribute consequences to it, intended or unintended. Finally, some issues have simply resolved themselves (e.g., historical data).

***vi. Has the evidence identified any opportunities for reducing the burden on business?***

50. The focus of this PIR is on improving the quality of RIDDOR reports and reducing the quantity of non-reportable incidents being submitted. The latter aim would help reduce the burden on businesses within sectors which tend to over-report. The classic example of this is in the application of RIDDOR 2013 regulation 5 – non-fatal injuries to non-workers – where sectors which deal with members of the public tend to send in precautionary reports more readily. These sectors include (but aren’t restricted to): education sector; leisure sector; and the health sector. Any reduction in precautionary reporting is likely to have a direct benefit on these sectors.
51. Furthermore, the recommendations from this PIR are aimed at clarifying and simplifying RIDDOR reporting (from legislative definitions to improving the RIDDOR form); the implantation of these recommendations should lead to a reduced burden on all businesses which complete RIDDOR reports.
52. The 2018 PIR found that there wasn’t a ‘natural’ alternative to RIDDOR and the information it captured. In addition, a large percentage of the people involved in the research would still record details of accidents and ill-health even if the requirement to report this information was no longer legally required. While such a result is difficult to interpret due to its hypothetical nature, it suggests that duty-holders appreciate the benefits of recording such details in terms of improving their health and safety management systems. This would suggest that making RIDDOR non-compulsory may not reduce its burden on business as they would continue to collect and use this information.
53. In summary, there isn’t a ready alternative to RIDDOR which would reduce the burden on duty-holders. As such the focus of the current PIR is on making the RIDDOR system as effective and efficient as possible. By improving the current system, it should provide opportunities for reducing the burden on business (e.g., making less speculative reports) as well as generating better data for HSE and other regulators.

***vii. How does the UK approach compare with the implementation of similar measures internationally, including how EU member states implemented EU requirements that are comparable or now form part of retained EU law, or how other countries have implemented international agreements?***

54. Following the UK's departure from the European Union (EU), there is no longer a requirement to have regard for how other member states have implemented the relevant EU Directives. HSE assessed that it would be unnecessary to approach EU member states in order to gather this information.

**CONCLUSION**

55. Based on the evidence which has been collected, collated and analysed for the second RIDDOR 2013 PIR, the following broad conclusions are supported:

- The objectives and original assumptions for RIDDOR 2013 were assessed in the 2018 PIR and are not being re-assessed in the current PIR.
- The focus of the current PIR is on improving the quality of RIDDOR reports, reducing the quantity of RIDDOR reports where incidents do not meet the reporting criteria, ensure that the lists of reportable injuries, occupational diseases and dangerous occurrences continue to allow for effective regulation 10 years on.
- This approach was used in interviews with internal HSE stakeholders and external stakeholders, with both groups broadly supporting this focus on improving the current RIDDOR system.
- Various suggestions were provided around possible improvements around RIDDOR legislation and guidance, with a focus on clarity of definitions and changes to guidance (including targeted guidance for different 'sizes' of business).
- The suggestions for RIDDOR improvements from interviewees were categorised into 10 themes.
- Out of these 10 themes, five recommendations were generated; these recommendations are detailed below.

## RECOMMENDATIONS

No.	Recommendation	Comments
1	<p><b>Review and revise RIDDOR guidance to ensure that reporting requirements are clear and unambiguous and that responsible persons are provided with sufficient information to make decisions.</b></p> <p>As part of this review consider the possibility of developing RIDDOR guidance aimed separately at large high-risk businesses and small and medium-sized (SMEs) low-risk businesses.</p>	<p>Consider whether the changes needed to drive increased quality in RIDDOR reporting (and decrease the number of unnecessary RIDDOR reports) are legislative in nature or can more readily be solved via changes to guidance (in terms of content, presentation and/or promotion).</p>
2	<p><b>As part of the recommended review and revision of HSE RIDDOR guidance, the RIDDOR reporting form should also be reviewed and revised to ensure that it is clear, easy to complete and ensures reports are made under the correct category.</b></p>	<p>As with all government guidance, accessibility needs to be considered in terms of any revision. This includes potentially different language versions of the RIDDOR guidance – e.g. Welsh.</p>
3	<p><b>Review the terms used throughout RIDDOR to ensure that where necessary definitions which are clear and unambiguous are provided in Regulation 2.</b> Where definitions do not provide the required clarity more information or examples should be provided in the guidance to ensure responsible persons understand the reporting requirements. Potential terms for clarification could include:</p> <ul style="list-style-type: none"> <li>- Work-related</li> <li>- Regular</li> <li>- Significant</li> <li>- Frequent</li> <li>- Treatment</li> <li>- Diagnosis</li> </ul>	
4	<p><b>Echoing the recommendation from the 2018 PIR, to review the list of current reportable occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value.</b></p> <p>The following occupational diseases have been identified for possible inclusion in the list:</p>	<p>A full review of the list should be considered.</p>

No.	Recommendation	Comments
	<ul style="list-style-type: none"> <li>- Pneumoconiosis (e.g., silicosis)</li> <li>- Decompression illness and pulmonary barotrauma</li> <li>- Hypersensitivity pneumonitis</li> </ul> <p>This list is not exhaustive. Any disease added to the list in the future should meet the following criteria:</p> <ol style="list-style-type: none"> <li>i. There is a known risk/ causal link arising between a diagnosed medical condition and a specific work activity or activities</li> <li>ii. There are clear benchmarks standards to prevent, control or mitigate that risk outlined in HSE or industry guidance</li> <li>iii. Regulatory intervention may be required to ensure risk is adequately controlled.</li> </ol>	
5	<p><b>Review the list of reportable dangerous occurrences in Schedule 2 of the regulations to ensure all that all necessary dangerous occurrences are captured in order to minimise the risk of serious precursor events not being brought to HSE's attention.</b> Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>- Offshore workplaces which are not offshore <i>installations</i> – e.g., windfarms, hydrogen generation facilities, carbon capture</li> <li>- Definitions involving wells, quarries, mines, explosives and railways.</li> <li>- The side movement of objects, not just ‘dropping objects’ (clause 80, schedule 2)</li> <li>- 360 excavators</li> <li>- Underground cables</li> </ul>	<p>A full review of the list should be considered.</p>

## **Appendix A**

### Copy of Local Authority (LA) survey



## HSE survey of Local Authorities (LAs) - RIDDOR 2013

### **Background**

The Health and Safety Executive (HSE) - the government agency responsible for workplace health, safety and welfare in Great Britain - is reviewing the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) and wants to hear from **YOU** about how they are working. In particular **we are particularly interested in hearing your views from a health and safety regulator perspective (rather than as a large public sector employer).**

**Can you please complete the following short survey - it will only take you about 10 to 15 minutes. This is a chance for you to have your say and we appreciate your support with this work.**

Thank you for all your help.

The survey will close at the end of the day on Monday 12th September 2022.

Any problems or questions, please contact Miles Burger on [miles.burger@hse.gov.uk](mailto:miles.burger@hse.gov.uk) or 07798 882046.

All of the individual responses to the survey will be aggregated together and treated anonymously. This means that once you submit your responses we will not be able to retrospectively change or delete them as we cannot directly link them to you. Information from the survey is being collected for internal use only and will not be provided to third parties. It is securely stored and will be deleted upon publication of the final RIDDOR 2013 second post-implementation review (PIR). Any and all data is processed in line with HSE's privacy policy (<https://www.hse.gov.uk/privacy.htm>). Please note that no information you provide will be used for regulatory inspection purposes.

**1. RIDDOR 2013 definitions - understanding & applying**

Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <https://www.legislation.gov.uk/uksi/2013/1471/regulation/2/made>) are easy to *understand*?

- Yes
- No
- Unsure

2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to *understand*, and what could be done to improve them (if anything):

3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to *apply*?

- Yes
- No
- Unsure

4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to *apply*, and what could be done to improve them (if anything):

**5. Current RIDDOR guidance**

HSE currently has guidance on its website about completing RIDDOR reports - see <https://www.hse.gov.uk/riddor/>. Please rate how good you think this guidance is - 1 star means 'Poor' and 5 stars mean 'Excellent'.

Poor ☆ ☆ ☆ ☆ ☆ Excellent

6. Is the current HSE guidance on RIDDOR ...

- Too complicated (e.g. too technical)
- Too basic (e.g. not enough detail)
- Just right
- Unsure

7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?

8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and light-touch, whereas larger businesses would have more detailed and technical guidance (similar to the RIDDOR 1995 approved code of practice [ACOP] [L73]).  
Please give your rating to this idea, with 1 meaning 'Terrible idea' and 5 meaning 'Great idea'.

1	2	3	4	5
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Terrible idea

Great idea

9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:

10. **RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'**

Is it *clear* when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – '*non-fatal injuries to non-workers*' (e.g. injuries to members of the public on work premises)

(<https://www.legislation.gov.uk/uksi/2013/1471/regulation/5/made>)?

- Yes
- No
- Unsure



11. What suggestions do you have (if any) about how the wording in regulation 5 ('*non-fatal injuries to non-workers*') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be reported and what doesn't?

12. Do you think including a list of '*reportable injuries*' in regulation 5 ('*non-fatal injuries to non-workers*') - similar to the list of injuries detailed in regulation 4 '*non-fatal injuries to workers*' (<https://www.legislation.gov.uk/uksi/2013/1471/regulation/4/made>) - is a good idea?  
Please give your rating to this idea, with 1 meaning 'Terrible idea' and 5 meaning 'Great idea'.

1	2	3	4	5
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Terrible idea

Great idea

13. **General thoughts on RIDDOR**

Do you have any other suggestions or thoughts on how RIDDOR could be improved?

14. **Which local authority are you responding from?**

**Appendix B**

Responses from Local Authority (LA) survey

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

Response No.	RIDDOR 2013 definitions - understanding & applying 1. Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <a href="https://www.legislation.gov.uk/uk-si/2013/1471/regulation...">https://www.legislation.gov.uk/uk-si/2013/1471/regulation...</a> )	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	Current RIDDOR guidance 5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	6. Is the current HSE guidance on RIDDOR ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers' 10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep...	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	General thoughts on RIDDOR 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?
1	Yes		Yes		4	Just right		4	Yes		3	I think the LA/HSE split should be reviewed and made clearer with less grey areas	Thanet	
2	Yes		Yes		4	Just right		2	Negative - a small company could still be high risk and have all hazards if not more than a large employer who for example office based. The dangerous occurrence reporting is the most confusing.	No	For examples, sports injuries etc.	4	Nuneaton and Bedworth Borough Council	
3	Yes		Unsure		4	Just right		5	Positives for SME's: easier to understand; therefore more likely to report. It would be good to include several worked examples for SME's, esp around 'in connection with the work activity'. Maybe even an on-line form that has yes/no questions to help determine if an accident should be reported?	Yes	4	Better guidance and examples for the enforcing authority regulations. It is not always clear if LA or HSE is the enforcing authority. Setting the bar at being taken to hospital for injuries to none workers seems quite high, some serious injuries occur and the person goes home and seeks medical treatment later, these aren't reportable. Equally some injuries may not need medical assistance on this occasion due to 'luck'. I think it would be prudent to lower the bar for accident reporting to non-workers. Even if they aren't investigated	RSP- Wandsworth, Richmond, Merton	
4	Yes		Yes		4	Just right		5	The word 'taken' causes some debate, can a person take themselves? i.e. can an IP walk to hospital with a broken arm, is that 'taken'. As a regulator we argue that a person can take themselves, but some businesses argue you cannot take themselves. Some people also believe that this only refers to being taken by Ambulance. (although it is not).	Unsure	5	Preston City Council		

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

Response No.	<u>RIDDOR 2013 definitions - understanding &amp; applying</u> 1. Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <a href="https://www.legislation.gov.uk/uk/si/2013/1471/regulation...">https://www.legislation.gov.uk/uk/si/2013/1471/regulation...</a> )	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	6. Is the current HSE guidance on RIDDOR ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	<u>RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'</u> 10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep...	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	<u>General thoughts on RIDDOR</u> 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?
5	Yes		Yes		5	Just right		3	The reporting requirements are not onerous and are relatively straightforward so I do not think they need to be adjusted for the size of business. Providing different types of guidance may lead to confusion and incorrect application. It would also potentially make it more difficult for regulators to enforce non-compliance.	Yes	4	The reporting timescales are confusing: 10 days in Schedule 1 para 1(1)(b) but 15 days in Reg 4(2). I think this should be standardised. The guidance could include more examples of "out of in connection with the work activity" and the converse, particularly regarding members of the public, or trespassers for example etc.	Kirklees Council	

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

Response No.	RIDDOR 2013 definitions - understanding & applying	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	Current RIDDOR guidance	6. Is the current HSE guidance on RIDDOR ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'	10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep...	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	General thoughts on RIDDOR	13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?
6	Yes	Accident and then more specifically 'as a result of a work-related accident'. HSE webpage have several definitions of accident including: - accident: an event that results in injury or ill health - <a href="https://www.hse.gov.uk/toolbox/managing/accident.htm#:~:text=accident%3A%20an%20event%20that%20results,miss%20will%20include%20dangerous%20Occurrences">https://www.hse.gov.uk/toolbox/managing/accident.htm#:~:text=accident%3A%20an%20event%20that%20results,miss%20will%20include%20dangerous%20Occurrences</a> - an accident is a separate, identifiable, unintended incident, which causes physical injury - <a href="https://www.hse.gov.uk/riddor/key-definitions.htm">https://www.hse.gov.uk/riddor/key-definitions.htm</a> Dictionary definitions are less helpful as they make reference to being unforeseen. The HSE RIDDOR page definition is not binding as not in law but is clearly more useful (and intended to be more useful). However	No	Just right	3	2	2	No	I am broadly against it although appreciate the intent. Simplification may make reporting more straightforward for some in most circumstances. However the requirements of RIDDOR do not change based on the size of the organisation. Experience shows me that even lower risk profile organisations can have (and sometimes more so) peculiar circumstances arise where application of RIDDOR is unclear. The case studies/examples are particularly useful as a guide though and may benefit from expansion into more so called edge cases where clarity over reporting is required.	3	Definitions concerning nature of injury is clear to me although it does seem inevitable to exclude certain outcomes associated with a risky situation on a rather trivial matter (whether known they went straight to hospital) and give dutyholder a means to avoid reporting when can claim they do not know the IP outcome. LAs more likely to deal with public facing retail, leisure sector with more incidents falling under this regulation and loss of intelligence from site reports is more keenly felt in absence of proactive inspection plans. Otherwise similar issues to comments on Regulation 4 regarding lack of definition concerning accident and when is work-related.	RIDDOR, by its nature, focuses on the injury and/or outcome of an incident when in reality we are increasingly focused as regulators on the nature of the risk and circumstances that led to the injury. RIDDOR approved reporting method could be improved to better capture information on the work being undertaken (description of task being undertaken at time of injury, whether routine or exceptional, whether newly employed or IP had significant experience etc.). Further to that, the reporting procedure appears legally to be out of touch with reality. In LAs, there is almost no dutyholder that meets both part a and b of the reporting procedure i.e. notify us by the quickest practicable means without delay AND send the report via the	13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?		

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

Response No.	<u>RIDDOR 2013 definitions - understanding &amp; applying</u> 1. Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <a href="https://www.legislation.gov.uk/uk/si/2013/1471/regulation...">https://www.legislation.gov.uk/uk/si/2013/1471/regulation...</a> )	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	6. Is the current HSE guidance on RIDDOR ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	<u>RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'</u> 10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer rep...	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	<u>General thoughts on RIDDOR</u> 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?	
				reference to 'physical' injury is potentially unclear and actually expands on the legal definitions. This has, for example, recently been agreed to include anaphylaxis following allergen exposure or consumption (as part of work-activity) which could arguably be a health matter. So additional terms such as 'physical injury' in this context would benefit from some additional explanation. The 'unintended' aspect can also be unclear as sometimes work takes place exactly as planned and can lead to an injury via an otherwise separate or identifiable event. The injury was unintended but the 'incident' was not. For example, when stepping down out of a truck and twisting ankle leading to an over 7 day injury. That example leads to the second point about defining work-related. I think the HSE definitions in the RIDDOR										HSE system. Near exclusively (except in the case of fatalities) the F2508 is used as the sole means of reporting. No regulator appears to enforce on point (a) and I would question it's ongoing inclusion if, as regulators, we have effectively agreed that this requirement is unnecessary. It is not even mentioned on the HSE webpages - merely the direction to complete the report form. I do not suggest we change this status quo. But could the legislation be aligned with the real world and the requirement more clearly only maintained for fatal or life changing incidents that are more likely to trigger our investigation protocols?  Section in question as below:  SCHEDULE 1 REPORTING PROCEDURE 1.1) .... (a) notify the relevant enforcing authority of the reportable	

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				webpages guidance are very helpful and sensible on this point but they are not in law. Regardless, in the above simple example, even applying that normally useful steer, I lack clarity over whether it would be a work-related accident or not.									incident by the quickest practicable means without delay; and (b) send a report of that incident in an approved manner to the relevant enforcing authority within 10 days of the incident [F10r, in the case of an incident falling within sub-paragraph (3), within 10 working days of the incident].	

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7	Yes		No	The term 'regular' is subjective to whoever is reading, that could be more specific. It also depends on the context however so appreciate this may not be something that can be definitive.	4	Just right		5	Yes		5		I think it would be helpful if there is some sort of mandatory element to the form which requires the person submitting to indicate that they should be carrying out their own investigation, what steps they have completed (and yet to complete) and a summary of their own findings.	Anonymous



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		Simplify the explanations and give good examples. Many businesses find it confusing IF they know about them! Don't assume higher academic comprehension skills. Even worse where English is not a first language. Don't say that its a requirement everyone can speak english. Yes they can but to what level. Try walking along your local high street and asking businesses if they know what RIDDOR means. The fact that you are asking this means there is a problem!	No	Again the terms need to be explained in simple layman terms. Why wouldn't you do this? Inspectors know what they mean because they have been trained in H&S, most small businesses haven't a clue. The same goes for employees.	1	Too complicated (e.g. too technical)	The webpage is far, far too complicated. Take the CUSTOMER JOURNEY. Get someone who has never seen or heard of RIDDOR to look to see what type of accident to report on the HSE website. Its a nightmare. Easy if you know where and how to do it but very daunting if you don't. The business needs to know very simply (and I have had to explain this to many thousands of small businesses over the years). The lack of a paper F2508 is another problem. You know by now the type of accident that will happen. Yes a few new odd ones occur but they are mostly similar. Plenty of examples and a look up chart/table. Imagine a tanning studio. Where is the guidance for them. In fact where is any guidance for them and the potential for injury is large.	5	Yay .. at last!!! I have been doing this for over 20 years and you (HSE) have only just realised this? LA's used to deal with more RIDDORS but since the need to inspect disappeared very few businesses have now heard of RIDDOR until the No-win No-fee lawyers come calling. The lack of awareness of RIDDOR maybe good for statistics but not good for the employee. There are no negatives for guidance docs for SME's. Its critical that you do it but please, please please make it easy and simple. I would suggest that the vast majority of SMEs up here in Scotland have less than 10 employees but it does need to be understood by anyone running a small business. Some may have degrees but I would suggest that the majority do not. Please don't assume a high academic level or that everyone understands the subtleties. Please make all guidance simple and tell	5	Yes. Please take the customer journey. From my past experience the vast majority of SME's know nothing about RIDDOR or if they do, they don't fully understand it. Forget the legalese. Ask a 16 year old to read the "List of injuries detailed in regulation 4 'non-fatal injuries to workers' and get them to explain it to you. Try doing this with the local sunbed owner, the local takeaway owner. In fact go into a takeaway and check their level of English comprehension let alone understanding legislation. Spoken English may be perfect but this is a complicated subject. Most smaller SME's don't have a H&S manager. Most consultants or are even aware that they should have competent advice. I have seen some pretty appalling consultants results. A golf club with 5 employees some part time who			
8	No		No								5			Fife

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													had 8 ring binders full of H&S stuff that no-one understood! Or a care home with a risk assessment for a dumper truck. There are many reasons for non reporting and I would suggest that "I didn't know" is top of the list followed by "I didn't understand it". The HSE website is a brilliant resource but even I get well and truly lost. Give a 15 year old the website and ask them to look up something. KEEP IT SIMPLE please.	

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR 2013)  
 – Second Post Implementation Review (PIR)  
 Evidence Review

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9	Yes		No	Clear definitions remove any ambiguity	5	Just right		2	Yes	1		SMEs are unaware of RIDDOR - this should not be a reason to change the system, rather it should be about raising awareness.	South Tyneside	
10	Yes		Yes		4	Just right		5	Yes	5				Dacorum Borough Council
11	Unsure		Yes		5	Just right		4	Yes	5			NO. Just keep it simple, jargon free with examples of reportable and non-reportable.	West Lancashire Borough Council

12	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to workers...'	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep...'	10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	6. Is the current HSE guidance on RIDDOR ...	Current RIDDOR guidance 5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	RIDDOR 2013 definitions - applying 1. Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <a href="https://www.legislation.gov.uk/uk-si/2013/1471/regulation...">https://www.legislation.gov.uk/uk-si/2013/1471/regulation...</a> )	14. Which local authority are you responding from?	General thoughts on RIDDOR 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?
		Problems are often seen where this wording is applied to the leisure sector and injuries are sustained that are really sporting injuries (i.e. leisure centres, trampolines parks, water parks etc) Business' with Primary authority Partnerships get advice on this, but we see large over-reporting due to the lack of clarity in the guidance.	No	The nature of the incident is key, not the size of the company where it occurs. the guidance should be simple to understand, regardless of the person/organisati on reporting it.	3		Just right		Unsure			Yes	Mandating IP details to be included in the report before it can be submitted. IP details are often not provided and can cause a real delay in investigation. Concerns (real or imagined) over GDPR are preventing some companies from supplying this vital information. Advice could be provided during completion of the online form to explain how RIDDOR works with GDPR?	Milton Keynes City Council
13				Larger businesses tend to have the greater knowledge regarding RIDDOR. SME's (and large businesses) need clear, understandable guidance, the 'light-touch' may dissuade them from reporting important incidents. What's clear for one business should be clear for all, just because a business is large doesn't mean the guidance should be more complicated.	1	It would be helpful to have clearer guidance/examples as to what is NOT reportable. We still get many reports relating to underlying health conditions, etc. Clearer guidance about the role of the CQC is needed, the boundaries of their role often seem to be blurred.	Too basic (e.g. not enough detail)	5	Yes	Yes		Yes	The RIDDOR system is very good if it is applied correctly. As pro-active inspections have reduced and other economic pressures have increased, so businesses appear to have begun to forget some of their reporting responsibilities. CQC are not a "responsible authority" on the RIDDOR system to accept reallocation of reports. Please can they be added as an option for reallocation.	South Cambridgeshire District Council

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<p>14</p>	<p>Yes</p>	<p></p>	<p>Yes</p>	<p></p>	<p>5</p>	<p>Just right</p>	<p></p>	<p>5</p>	<p>The main focus should be on ensuring that incidents are reported when necessary, so anything that helps SME's access the correct guidance is welcome. Large companies should know what they need to do so are less likely to rely on HSE guidance in the first place, but having more detailed guidance available may assist them when implementing or reviewing their own procedures. I can't think of any negatives.</p>	<p>No</p>	<p>I think there is some confusion as to what a 'person not at work' means and what 'work related' means. Possibly needs to be clarification about both in guidance, but also that the work related element would include something about the premises, something along the lines of "Where any person not at work, as a result of a work-related accident or an accident in a work premises related to the premises, suffers..."                  Not completely sure myself how best to word it. As an example, some small companies may not understand that a member of the public being injured after tripping on damaged flooring (and going to hospital for treatment) would be reportable, but them having a medical episode unrelated to the work place wouldn't be.</p>	<p>3</p>	<p>I think there needs to be more emphasis on reporting incidents straight away (as in 'without delay') as there seems to be a general view that submitting a report within 10 days is the only expectation rather than the limit. I've only ever known fatal or serious incidents be reported straight away.</p>	<p>Leeds</p>

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15	Yes		Yes		4	Just right		5	Yes	5		5	review not only accidents but dangerous occurrences and occupational diseases also and provide similar guidance aimed at size and scale of the business and how it applies to the self employed.	Salford CC
16	Yes		Yes		5	Just right		3	why complicate it? If the outcome is the same, so is the message	Yes		4	No, seems fit for purpose to me	Boston BC
17	Yes		Unsure		3	Too basic (e.g. not enough detail)	If you didn't know what RIDDOR was, then the pages are not very clear on what needs reporting - if I saw the "hat needs reporting" heading as a business owner with not much understanding I would assume I didn't need to report over 7 day injury etc.	3	Need to ensure that SMEs are fully aware of regulations and requirements - but they also need to ensure they have enough information to report correctly - there is no difference in the legislation depending on size of business. Could it just be a "simplified" and "in detail" versions rather than state who it is specifically for?	No		4	The clearer and less ambiguous the better!	Coventry City Council

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18	Unsure		Unsure		3	Unsure		5		Unsure		3			
19	Yes		Unsure		4	Just right		2	Positives would be that SME's may be more likely to report accidents if they understood the Regulations and what is required for an incident/accident to be reportable, and how to submit the reports. Negatives are likely to be more impact on resources for regulators in having to interpret and advise on multiple pieces of guidance for the same piece of Regulations.	Yes	1	Not at this time		Brent Council	
20	No	dangerous occurrences - could be clearer	No	all of the above	4	Just right		5		No	definition of what is injury is i.e. is oxygen treatment post CO exposure an injury?	4	clarify what the actual duty is in regards to the reporting: is it by quickest means practicable and then 10 days (in most cases, as appropriate) to submit a written report or is it just 10 days as certain businesses interpret it as such and forget about the requirement to notify LA/HSE by the quickest practicable means without delay (only ever RIDDORs submitted, even for major incidents)		Ealing



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<p>21</p>	<p>Yes</p>		<p>No</p>	<p>4</p>	<p>Just right</p>	<p>3</p>	<p>No</p>	<p>Please make it clear whether the IP needs to be taken to hospital in an ambulance and clarify that the accident is only reportable if treatment is received.</p>	<p>3</p>	<p>1. When an accident has to be re-allocated to HSE or another Authority, and we need to provide a reason for re-allocation in the text box, there are only limited characters you can view in the box which can be confusing, please show the entire message.                  3. When an accident has to be re-allocated to HSE, selecting the correct office is cumbersome and clunky. The office is always the same, so why not have a default allocated one, and pull this up as the first option each time?                  2. The 'exit' button does not seem to work and you finish up clicking on the X in the top right of page</p>	<p>LB Hounslow</p>			

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22	Yes		Yes		3	Too basic (e.g. not enough detail)	I would like to see better information regarding who the enforcing authority is likely to be	4	Yes	Clearer Guidance for business, such as accident flow chart. The system automatically recognises the local area where the incident occurred from a postcode to prevent the report going to the wrong authority. This is a particularly problem at east Hampshire as person just choose us as we have Hampshire in our title resulting in us having to reassign a lot of reports.	4	4	Clearer Guidance for business, such as accident flow chart. The system automatically recognises the local area where the incident occurred from a postcode to prevent the report going to the wrong authority. This is a particularly problem at east Hampshire as person just choose us as we have Hampshire in our title resulting in us having to reassign a lot of reports.	East Hampshire District Council
23	Yes		Unsure			Just right	I feel there would be inconsistency leading to lower standard's in investigating and preventing future accidents	2	Yes	I feel you could include some simple guidance on investigating accidents.	4	4	I feel you could include some simple guidance on investigating accidents.	Hull City Council
24	Yes		No	Better interpretation and defined	3	Too basic (e.g. not enough detail)	More information for SMEs, what not to report	3	No	Positives wording would be specific and better to understand for SMEs and examples appropriate for them.	3	3	Promotion during visits and media based . Specific for LA bodies to use	Torfaen CBC

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<p>25</p>	<p>Unsure</p>	<p>Yes</p>	<p>4</p>	<p>1</p>	<p>Too basic (e.g. not enough detail)</p>	<p>3</p>	<p>I feel more clarification is required on the Dangerous Occurrence advice. Recently was looking at a release of a chemical powder that resulted in an employee wearing eye protection getting some in the eyes washed on site then to hospital. Was this reportable at this stage, it didn't seem to be according to the information available?</p>	<p>3</p>	<p>Whilst it might help some smaller businesses it really needs to be more sector specific. SMEs can have varying factors that larger businesses can better control</p>	<p>Yes</p>	<p>4</p>	<p>See previous answers</p>	<p>Newcastle under Lyme BC</p>	

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<p>26</p>	<p>Yes</p>	<p>Unsure</p>	<p>Unsure</p>	<p>4</p>	<p>Too basic (e.g. not enough detail)</p>	<p>1</p>	<p>More information should be available on the initial page. This information should be clearer on how to use the site and/or the importance of reporting (not just the legal requirement). People are more likely to do something if they don't feel they are being told to do it, but understand the reason why it's important to do it. It's hard to get right and everyone's reading will be different.</p>	<p>1</p>	<p>negative - SME's still need to report the same things and may need more help in understanding the technical detail because they don't have a dedicated H&amp;S person. Anecdotally SME's I deal with often feel frustrated because they don't receive or can't find all the relevant information and often struggle to find out where to get it from. Big business is more likely to know what to report so would not need the technical data, they may employ a full time H&amp;S person who has studied RIDDOR (in fact you would expect them to). Positive - its good to cut out the information which might not be necessary (but each case is unique... how do you know it is the right information for the person /business at that time?). It may be better not to label as information for small or large business but just as 'extra information on...' and so reporters</p>	<p>Unsure</p>	<p>2</p>	<p>regarding q10 - not such a good idea because not all injuries would be captured? or would they? (Unsure). It is an O.K idea if we didn't want them to be. The key area for Reg 5 are the exemptions, making these clearer would be good, however this may reduce the number of reports and include reports where the small business didn't think it was their fault when it was (they just didn't know the legal requirement). Small business in many cases just do not know about the requirement to report accidents. With a high turn over of poorly trained staff in hospitality and other small retailers employees are focused on getting the business going and do not realise the need to report accidents, this even seems to occur in some medium to large business. A general HSE campaign to educate the working population of the</p>	<p>Cheltenham BC - Individual</p>	

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													<p>requirement to report accidents and the importance of doing so might be a good... (but I guess too much of a budget stretch?)</p>		
									<p>can drill down to the level they need regardless of the business size. All businesses would then be (and feel) supported.</p>						

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Response No.	<u>RIDDOR 2013 definitions - understanding &amp; applying</u> 1. Do you think the current definitions used in RIDDOR 2013 (e.g. 'specified injury') (see <a href="https://www.legislation.gov.uk/uk/si/2013/1471/regulation...">https://www.legislation.gov.uk/uk/si/2013/1471/regulation...</a> )	2. Could you please briefly indicate which RIDDOR 2013 definitions are not easy to understand, and what could be done to improve them (if anything):	3. There are a number of terms used in RIDDOR 2013 which are not defined in the regulations (e.g. 'regular'; 'significant'; 'accident'; 'injury'). Are these terms easy to apply?	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	<u>Current RIDDOR guidance</u> 5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	6. Is the current HSE guidance on RIDDOR ...	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ...	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies:	<u>RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers'</u> 10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ...	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep...	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	<u>General thoughts on RIDDOR</u> 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from?
27	Yes		Yes		4	Just right		2		Yes		3	We dont think there is a problem with the RIDDOR regulations or the guidance. This is not where the focus should be. The issue is that post Covid and de-regulatory drives, businesses are not aware of the reporting requirements. If businesses are not aware of the reporting requirements then any review of guidance will not result in better reporting of accidents. Awareness and publicity campaigns would be a better use of resource to increase awareness, not the review of guidance and regulations.	Breckland Council
28	Yes		Yes		4	Just right		3	Some business might not know whether they are an SME or a large company so would you also need guidance about that? Sometimes 'less is best' so let's give the businesses some credit and leave things as they are.	Yes		2	No	North Northamptonshire Council

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<p>29</p>	<p>Yes</p>	<p>Yes</p>	<p>Just right</p>	<p>4</p>	<p>3</p>	<p>No</p>	<p>2</p>	<p>3</p>	<p>I believe many incidents which are reportable are not being actively reported. If SME's are given "light-touch" guidance this may further discourage the importance of reporting.</p>	<p>It is the definition of "work-related accident" that requires further guidance. What employers consider to be work-related and what regulators actually find as being work-related is often at odds. For example, if a child falls from play equipment is the employer best placed to make an honest judgement on the design/condition of the equipment and therefore whether it is "work related" or not. I also find that most employers do not realise their duties to report at all under Reg 5.</p>	<p>1. Now that proactive inspections are not the norm, the reporting under RIDDOR provides vital intelligence for regulators on how an employer is managing the risks. It is my opinion that the definition of "work related" provides too much wriggle room for employers not to report certain accidents.                  2. It is also frustrating that many large employers do not provide contact details for the injured person - this means as regulators we have to contact the employer to obtain the employee contact details. This alerts the company to the fact we will be contacting the employee. I think RIDDOR reports should not be accepted without the relevant employee contact details being provided. Often the details provided by the employer are only 1 side of the story and it is important to confirm the details with the injured party as</p>	<p>Wirral Borough Council</p>		

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													<p>often their input provides a different version of events.</p> <p>3. Accidents which involve delivery drivers, and which occur on the vehicle, should be reported to the LA from where the distribution centre is located/employed works out of, rather than being reported to the LA where the accident occurred as such accidents relate to how the vehicle is maintained, has been loaded and/or training of the driver, non of which can be addressed as a local level.</p> <p>4. Further education of the need to report under Reg 5 for non workers.</p>	



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30	Yes		Unsure		4	Just right		3	The reportable incidents and injuries, including the process to report them, are the same regardless of the size of the organisation. Its the same questions, gathering the same information and the same list of what's reportable and what is not. The current 5 page PDF which the HSE have explains what has to be reported and how to do it in a fairly straight forward way. It does not need to be expanded to complicate it further. It seems appropriate for SME's and larger businesses are more likely to have a dedicated H&S/HR team who would have the further expertise and knowledge to deal with any thing more complicated.	Yes	2	With regard to Regulation 5, the sentence says if due to the injury sustained, "that person is taken from the site of the accident to a hospital for treatment in respect of that injury". This seems clear enough, having a list may complicate it. In addition, the legislation does not specify a specific injury - it just says an injury which causes the person to go to hospital for treatment.	Southend-on-Sea City Council	
31	Yes		Yes		5	Just right		5	Yes		5			Westminster city council
32	Yes		Yes		4	Too complicated (e.g. too technical)	Sometimes it's too complicated for people that don't have English as their first language	5		Yes	5			Leicester
33	Unsure		Yes		3	Too complicated (e.g. too technical)	Use simpler language	5		Yes		4		Leicester City Council

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35	Yes		Unsure	4. Could you please briefly indicate which non-defined term(s) used in RIDDOR 2013 are not easy to apply, and what could be done to improve them (if anything):	5. HSE currently has guidance on its website about completing RIDDOR reports - see <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a> . Please rate how good you think this guidance is - 1 star me...	6. Is the current HSE guidance on RIDDOR ... Unsure	7. What suggestions do you have (if any) about how HSE's RIDDOR guidance could be improved?	8. Would you support HSE developing different types of RIDDOR guidance based on an organisation's size? For example, for small and medium-sized businesses (SMEs) guidance would be less technical and ... 5	9. Can you please briefly indicate what you think are the positives and/or negatives if there were different HSE RIDDOR guidance documents for SMEs and large companies: Simplify guidance to help smaller businesses and hopefully increase reporting	RIDDOR 2013 - Regulation 5 'Non-fatal injuries to non-workers' 10. Is it clear when a RIDDOR report should be made under RIDDOR 2013 regulation 5 – 'non-fatal injuries to non-workers' (e.g. injuries ... No	11. What suggestions do you have (if any) about how the wording in regulation 5 ('non-fatal injuries to non-workers') of RIDDOR 2013 could be changed or amended to make it clearer what needs to be rep... Link to guidance with further examples and definitions	12. Do you think including a list of 'reportable injuries' in regulation 5 ('non-fatal injuries to non-workers') - similar to the list of injuries detailed in regulation 4 'non-fatal injuries to work...	General thoughts on RIDDOR 13. Do you have any other suggestions or thoughts on how RIDDOR could be improved?	14. Which local authority are you responding from? Trafford
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37	Yes		Yes		5	Just right		1	Because ultimately it doesn't matter how big your company is if you have a reportable accident it needs to be reported. It's not hard to follow the information, the main hurdle with smaller businesses is many are unaware that any accidents need to be reported.	Yes	4	i think a bit more info on when accidents to members of the public should and shouldn't be reported would be useful. We get many 'specified injuries' reported from local riding stables where a child has fallen off the horse. i would consider that non-reportable as its a dangerous sport and you accept you may fall off when you decide to ride. Its a very foreseeable injury that may occur if you fall off the horse.	Braintree District Council	
38	Yes		No	regular, significant	4	Just right		4	I feel that different sized organisations have differing approaches to accidents and the requirements for reporting, with some (smaller companies) finding the process more complicated. An approach suitable to the company size would be preferable to ensure compliance and timely reporting where necessary. It would also help in directing people to the appropriate information relevant to their	Yes	5		stockport	
39	Yes		Yes		4	Just right		4		Yes	3			Cheltenham

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								business size/type.						
40	Yes		Unsure		5	Just right		3	The SME would miss out on the more detailed technical guidance which they may actually need more as they may not have a H&S specialist, unlike large companies who most likely do.	Yes		5	Defining when something is work related and not related to work to members of the public, for instance slipping on a icy car park in cold weather.	Barnsley MBC
41	No	It needs to use clearer language	Yes		3	Just right				No				
42	Yes		Yes		4	Just right		1	The requirements for reporting are the same, this seems to be unnecessary	Yes		3		Brentwood Borough Council

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43	Yes		No	"significant" is difficult to apply	4	Unsure		Positives - more targeted Negative - might be small business but high risk activities	Yes		5	An application / tool in which you can enter accident details which then can determine the outcome if reportable / non reportable. More examples for reportable / non reportable. Update guidance for enforcement a-z allocation.	Perth and Kinross	
44	Yes		No	Regular' - a defined period would be useful	5	Just right		The short guides are useful '5 steps to risk assessment' for example. The ACOPs are very useful for us as enforcement officers and i have only met a handful of business owners who know they exist. less technical guides for SME's would be well received.	Yes		4		Hambleton District Council	
45	Yes		Unsure		4	Just right		Positive - You will be adjusting your message to better suit your target audience, which could improve communication and understanding.	No		3	Ideally, there should be more clarity about what is meant by 'treatment'. Employers often over-report (under current rules) by reporting any attendance at hospital. However, employers don't always stay in touch with the injured person - for a variety of reasons - and so they don't get feedback about	Epping Forest District Council & Harlow District Council	

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46	Yes		No	Regular, i.e. regular use of percussive tools Frequent i.e. frequent repetitive movements Link to risk assessment so there is a direct correlation.	1 star me...	Just right		Over complication, larger companies will have a H&S Advisor or access to resources, where smaller companies require straightforward guidance. Anyone can download L73 if they require more info.	No	More stress on 'work related' AND what directly to hospital means. Further clarification on 'treatment'.	4	As above, improvements in non specific terminology and regulation 4.	Eastleigh Borough Council	

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47	Yes		No	regular, significant, prolonged periods, frequent etc are all very subjective. If the wording can be quantified to assist officers, then that would improve this issue.	4	Just right		3	No	there is always a debate about how someone gets to hospital and whether it is reportable or not, depending on these circumstances. (i.e. does a family member take them, or do they have to go in an ambulance before it needs to be reported). The Regs could make this clearer.	5	We often receive RIDDOR reports that are not relevant to us (e.g. the incident happened in another area, or it was HSE enforced rather than LA enforced). We would like to see improvements to this stage of the process. The .gov.uk website has a good "postcode checker" which confirms which LA an area is in!		
48	No	Do Consecutive days include the day of the accident Work related accident does not say that there needs to be injury No definition of accident	No	regular, significant and accident all require definitions		Just right		4	No	double negative wording is confusing - requires plainer English - injuries to visitors who are not employed at the workplace	1	Clarifying who has to make the report e.g. when worker is injured away from their employers premises (at another workplace) and also when carrying out peripatetic work or travelling for work		Redcar and Cleveland Borough Council

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49	No	I would suggest they need to be inline and use the same language as the HSE mandatory selection criteria	No	as above in q3. Significant is particularly subjective.	5	Just right		5	No	what about contractors working on site, perhaps give more examples?	5	The HSE national selection criteria filters out around 95% of all the RIDDORS we receive annually - not sure what the point is of the businesses taking the time to fill in the form when such a high number will not be investigated. Do you tell the person reporting the accident it is unlikely they will hear from us if over 7 day etc etc?	Mid Kent EH - Swale & Maidstone	
50	Yes		Yes		4	Just right		3	Yes		3			Ipswich Borough Council



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51	Yes		Yes		3	Unsure		5	Expertise is less in SME's typically as are apparent risks in most cases	Yes		2	Re. Q 8 should the point be made about taken to hospital immediately or having been taken home are then take to hospital and does that qualify to report?	EAST DUNBARTONSHIRE COUNCIL
52	Yes		Yes		4	Just right		5		Yes		3		Rhondda Cynon Taff CBC
53	Yes		Yes		4	Just right		5	It will make it more clear for the SME.	Yes		5	N/A	Rhondda Cynon Taff County Borough Council

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54	Yes		Yes		4	4	Too basic (e.g. not enough detail)	Provide clearer definition on 'work-related'. Maybe provide examples of what falls under these areas 'the way the work was carried out', 'any machinery, plant, substances or equipment used for the work of' and 'the condition of the site or premises where the accident happened'.	4	Would save SMEs valuable time.	Yes		5				Leicester City Council	
55	Yes		Yes		4	4	Just right		5		Unsure			5				South Gloucestershire Council
56	Yes		Unsure				Unsure				No			5	There is confusion with who is the enforcing authority - often in relation to care settings and RIDDOR still does not recognise the COC as being a regulator in relation to incidents involving non-workers in care settings i.e care home residents. a high number of sport related injuries get reported - i.e football, gymnastics injuries which skew figures. I'm not sure that children's nurseries are always clear on reporting either as there can be confusion with the requirements			Bath and North East Somerset

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57	Unsure		Unsure		4	Unsure		3	Different guidance could be a good idea but I'm not sure about SME's having a 'light touch' guidance. I also think the line in the sand between an SME and large organisation could cause problems where organisations fall near that line. Some small businesses may be complex and high risk and large ones simple and low risk. Having lots of guidance for	No	Work-related' needs to be more clearly defined. I recently spent a long time discussing this with colleagues and a large multi-national. If the injury is quite serious, we presumably don't want a business deciding it wasn't work-related thus not allowing us the opportunity to investigate. E.g. a fall down stairs could be as a result of obstruction or poor construction but is it work-	4	of Ofsted and can be seen as being the same.	Herefordshire Council

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58	Yes		Yes		4	Just right		1	-ve: Setting double standards and introducing possible difficulties with assessing if a business is small medium or large. -ve: Will give rise to difficulties advising businesses who may have under reported accidents and determining if enforcement action is appropriate for non reporting. -ve: Will give rise to difficulties in providing a consistent approach to enforcement	No	Need a definition of treatment, or does it just mean they are taken from site to hospital for examination? Could this be simplified to 'taken to hospital from site'?	2	In relation to Q9, this is an additional responsibility to businesses as they will need to follow up to confirm medical diagnosis. There may also be delay to reporting whilst additional information is obtained, or delay in diagnosis. However there may be a small benefit to the business with respect to trend analysis.	Bedford Borough Council