

A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

This consultative document is issued by the Health and Safety Executive in compliance with its duty to consult stakeholders under section 50(3) of the Health and Safety at Work etc Act 1974.

Comments should be sent to:

Ron Griffiths
Health and Safety Executive
1.3 Redgrave Court
Merton Road
Bootle
Merseyside L20 7HS

Tel: 0151 951 5842 Fax: 0151 951 4191

E-mail: riddor2011@hse.gsi.gov.uk

to reach there no later than 9 May 2011

The Executive tries to make its consultation procedure as thorough and open as possible. Responses to this consultative document will be lodged with the Health and Safety Executive's Knowledge Centre after the close of the consultation period where they can be inspected by members of the public or be copied to them on payment of the appropriate fee to cover costs.

Responses to this consultative document are invited on the basis that anyone submitting them agrees to their response being dealt with in this way. Responses, or part of them, will be withheld from the Knowledge Centre only at the express request of the person making them. In such cases, a note will be put in the index to the responses identifying those who have commented and have asked that their views, or part of them, be treated as confidential.

Many business e-mail systems now automatically append a paragraph stating the message is confidential. If you are responding to this CD by e-mail and you are content for your responses to be made publicly available, please make clear in the body of your response that you do not wish any standard confidentiality statement to apply.

Consultative Document

Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Contents

Page

- 3. About this document
- 3. How to respond
- 4. What happens next?
- 4. Code of Practice on Consultation
- 5. How your responses will be handled
- 5. Queries and complaints
- 6. Summary
- 6. Background
- 7. Proposed amendment and points for consultation
- 7. The proposed change
- 7. What will businesses need to do differently under the proposed change?
- 8. What is the likely impact?
- 8. Consultation Questions
- Impact Assessment
- Equality Impact Assessment

Consultation by the Health and Safety Executive

How consultations are handled

The Health and Safety Executive has a statutory duty to consult stakeholders to seek their views on its proposals. It believes that public consultation provides an open and transparent approach to decision-making. Following consultation, the Health and Safety Executive will make a recommendation to the Secretary of State on the best way forward.

How to Respond

A summary of the proposal and the questionnaire can be found at www.hse.gov.uk/condocs. You do not have to use this questionnaire, and you are welcome to comment on any issue raised by this document.

You can:

Respond by email – you should send this to riddor2011@hse.gsi.gov.uk ;

Complete the online questionnaire; or

Respond on paper – you can do this either by:

- Printing the online questionnaire; or
- Photocopying the questionnaire on page 8 or
- Making a written response in whatever format you wish; and

Send your completed response to:

Ron Griffiths

Health and Safety Executive

1.3 Redgrave Court

Merton Road

Bootle

Merseyside L20 7HS

We would be grateful if you could send an email address when you provide your response, so that we inform you of when the HSE intends to publish information concerning consultation responses on the HSE website

Responses must be received by 9 May **2011**.

What happens next?

We will acknowledge all responses and give full consideration to the substance of arguments in the proposals; we may contact you again if, for example we have a query in respect of your response.

We will tell you when the HSE will publish information concerning the consultation responses. We will provide a summary of those who responded to this consultation and we will produce a summary of the views expressed to each question; this information will be placed on the HSE's website. At the same time, we will also place information on the website which will also explain whether the Government will proceed with the legislative amendments proposed in this consultation.

Code of Practice on Consultation

We are committed to best practice in consultation and to the Government's Code of Practice on consultation. The Code of Practice sets out seven criteria for consultation. These are:

- **When to consult** - Formal consultation should take place at a stage when there is scope to influence the policy outcome.
- **Duration** - Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.
- **Clarity of scope and impact** - Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.
- **Accessibility** - Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.
- **The burden of consultation** - Keeping the burden of the consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

- **Responsiveness of consultation exercises** - Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

- **Capacity to consult** - Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

How your responses will be handled

We will acknowledge all responses and give full consideration to the substance of arguments in the development of proposals. The Health and Safety Executive will then decide on how best to take the regulations forward based on an interpretation and analysis of the consultation responses.

Queries and complaints

If you do not believe that this document or the consultation on these proposals meet the criteria on consultations set out above, or if you are not satisfied with the way this consultation exercise has been conducted, please either write to:

Maureen Kirwan at:

HSE 5S.3
Redgrave Court
Merton
Bootle
Merseyside
LS20 7HS

Or send an email to Maureen.kirwan@hse.gsi.gov.uk

We aim to reply to all complaints within 10 working days. If you are not satisfied with the outcome, you can raise the matter with HSE's chief executive, Geoffrey Podger, at Health and Safety Executive, Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS. You can also write and ask your MP to take up your case with us or with Ministers. Your MP may also ask the independent Parliamentary Commissioner for Administration (the Ombudsman) to review your complaint.

Summary

The Health and Safety Executive is proposing amendments should be made to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (“RIDDOR”) 1995 to implement Lord Young’s proposals to extend the period for reporting injuries that lead to a worker being incapacitated for work from **three** days to **seven** days in his report: “Common Sense Common Safety”.

This consultation document seeks views on the specific questions set out on pages 8 and 9 below.

Background

In June 2010 the Prime Minister appointed Lord Young of Graffham to conduct a review of the operation of health and safety laws and the growth of the compensation culture. On 15th October, Lord Young published his report: “Common Sense Common Safety http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf.”

Lord Young recommended that RIDDOR be amended by “extending to seven days the period before an injury or accident needs to be reported.”

“Currently where an employee is absent from work for three days following an accident or injury at work, a RIDDOR report is required. However, I would increase that period to seven days which would coincide with the requirement for individuals to obtain a fit note from their GP if their absence is expected to last more than a week. This would ensure that a person who has suffered a reportable injury has had a professional medical assessment.

Injuries lasting longer than three days would continue to be recorded through the explicit requirement for employers to use accident books. Businesses would see a significant reduction in the number of reports they need to make; it would also improve the accuracy of national statistics.

RIDDOR can often be seen as a cumbersome system, and compliance is estimated at around 50%. There is evidence from the HSE of under-reporting of RIDDOR, which makes me question its successful operation. Additionally, the data that RIDDOR captures can be obtained from other sources.

I therefore recommend that the HSE re-examine the operation of RIDDOR to determine whether this is the best approach to providing an accurate national picture of workplace accidents.”

Proposed amendment and points for consultation

The current position

Regulation 3(2) of RIDDOR currently requires the 'responsible person' (usually the employer – but this could also be a manager, operator, owner, appointed person – see the definition in regulation 2(1) of RIDDOR 1995) to report injuries that lead to a worker being incapacitated for work and unable to carry out their normal range of duties. The duty applies-

- a. to injuries which are caused by an accident arising out of, or in connection with, work, and
- b. where the worker has been unable to work as a result of the injury for more than **three** consecutive days (excluding the day of the accident, but including any days that would not have been working days i.e. the weekend).

The report should be sent by the responsible person to-

- a. the relevant enforcing authority and
- b. should be sent as soon as practicable, and in any event within ten days of the accident.

The proposed change

This document aims to consult on the following proposed change to regulation 3(2) of RIDDOR-

- that the duty to report to the relevant enforcing authority should apply where the worker has been unable to work as a result of the injury for more than **seven** (rather than the current **three**) consecutive days (excluding the day of the accident, but including any days that would not have been working days i.e. the weekend).

If the proposed change is agreed; then regulation 7 would also need to be amended in order to ensure that the existing requirement on the responsible person to record injuries which lead to over three day absences from work is maintained.

What will businesses need to do differently under the proposed Regulations?

Send the report required under regulation 3(2) of RIDDOR to the relevant enforcing authority only if the worker has been incapacitated for work for more than **seven** consecutive days (as opposed to three) (excluding the day of the accident, but including any days that would not have been working days i.e. the weekend).

What is the likely impact of the proposed new Regulations?

Equality Impact Assessment

An impact screen has been carried out and there is no evidence to suggest that the proposed amendments and review will have a negative impact on employers, the self employed and employees.

In order to estimate the possible impact of the amendment, an initial impact assessment is set out in Annex 1 (below).

Consultation Questions

We would like you to tell us what you think about the proposals set out in this consultation document. The questions we are particularly keen to hear your views on appear below.

Q1. Do you support the proposal to extend the time before an occupational accident needs to be reported from over three days to over seven?

Yes

No

Don't know

Q2. What advantages will the proposed extension to over seven days make to your business?

Are there any disadvantages to making this change?

Q3. At annex 1 of the consultation document, the Impact Assessment paragraphs 13 – 38 focuses on the calculation of costs and benefits of the proposal to both businesses and Local Authorities. Do you agree with the assessments of costs and benefits? Are there other factors which should be taken into account?

Yes

No

Don't know

Suggestions for additions

Q 4. Do you agree with the Equality Impact Assessment at annex 2 of the consultation document? Are there any other factors which should be taken into account?

Yes

No

Don't know

Suggestions for additions

Q 5. Can you foresee any specific problems that might arise for employers, workers, enforcing authorities or any other groups if the proposed extension to over seven days is adopted?

Q 6. Do you believe the loss of national data for over 3 to over 7 day injuries would have adverse consequences and, if so, what would you identify those as being?

Q 7. Are there any further comments you would like to make on the issues raised in this consultation document?

Title: Implementing Lord Young's Recommendation to Amend RIDDOR Regulation 3(2) Lead department or agency: Health and Safety Executive Other departments or agencies: N/A	Impact Assessment (IA)
	IA No:
	Date: 01/10/2011
	Stage: Consultation
	Source of intervention: Domestic
	Type of measure: Secondary legislation
Contact for enquiries: Ron Griffiths	

Summary: Intervention and Options

What is the problem under consideration? Why is government intervention necessary?

To improve the operation of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in line with the recommendation made by Lord Young in his report "Common Sense, Common Safety".

What are the policy objectives and the intended effects?

To improve the effectiveness of the reporting of workplace accidents by reducing unnecessary burdens on business while still maintaining standards of compliance which should help to contribute towards the overall effectiveness of Great Britain's occupational health and safety system.

To meet the Government's commitment to begin the process of implementing Lord Young's recommendation by publishing a consultative document as part of the process to amend regulation 3(2) of RIDDOR, increasing the period after which the responsible person must report injuries that incapacitate their workers from over three, to over seven days.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

This proposal amends existing secondary legislation through amending regulations. These regulations reduce the overall legislative burden.

Other (including non-legislative) options for a formal reporting system have been considered by Lord Young before making his recommendation. However, the Framework Directive (89/391 EC) requires member states to implement laws requiring employers to record over-three day injuries and report injuries to the national authority. In addition, the Eurostat Framework Regulation (1338/2008) requires member states to provide the European Commission with data on lost time occupational accidents. RIDDOR requires duty holders to alert enforcing authorities of incidents that may have resulted from the duty holder breaching the law. Compulsion through legislation to do this is therefore judged necessary.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** 10/2012

What is the basis for this review? PIR. **If applicable, set sunset clause date:** Month/Year

Are there arrangements in place that will allow a systematic collection of monitoring information for future policy review?

Yes

SELECT SIGNATORY Sign-off For consultation stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible SELECT SIGNATORY : _____ Date: _____

Summary: Analysis and Evidence

Policy Option 1

Description:

Do Nothing

Price Base Year N/a	PV Base Year N/a	Time Period Years N/a	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate: Nil

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	Nil	Nil	Nil

Description and scale of key monetised costs by 'main affected groups'

This option continues with the status quo and therefore has no costs.

Other key non-monetised costs by 'main affected groups'

There is a risk that HSE may suffer reputational damage as a result of failing to implement one of the recommendations from the Young Report.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	Nil	Nil	Nil

Description and scale of key monetised benefits by 'main affected groups'

This option continues with the status quo and therefore has no benefits.

Other key non-monetised benefits by 'main affected groups'

N/a

Key assumptions/sensitivities/risks

N/a

Discount rate (%)

N/a

Direct impact on business (Equivalent Annual) £m):			In scope of OIOO?	Measure qualifies as
Costs: Nil	Benefits: Nil	Net: Nil	No	IN/OUT

Enforcement, Implementation and Wider Impacts

What is the geographic coverage of the policy/option?	Great Britain				
From what date will the policy be implemented?	N/a				
Which organisation(s) will enforce the policy?	N/a				
What is the annual change in enforcement cost (£m)?	N/a				
Does enforcement comply with Hampton principles?	Yes				
Does implementation go beyond minimum EU requirements?	No				
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)	Traded: Nil		Non-traded: Nil		
Does the proposal have an impact on competition?	No				
What proportion (%) of Total PV costs/benefits is directly attributable to primary legislation, if applicable?	Costs: N/a		Benefits: N/a		
Distribution of annual cost (%) by organisation size (excl. Transition) (Constant Price)	Micro N/a	< 20 N/a	Small N/a	Medium N/a	Large N/a
Are any of these organisations exempt?	No	No	No	No	No

Specific Impact Tests: Checklist

Set out in the table below where information on any SITs undertaken as part of the analysis of the policy options can be found in the evidence base. For guidance on how to complete each test, double-click on the link for the guidance provided by the relevant department.

Please note this checklist is not intended to list each and every statutory consideration that departments should take into account when deciding which policy option to follow. It is the responsibility of departments to make sure that their duties are complied with.

Does your policy option/proposal have an impact on...?	Impact	Page ref within IA
Statutory equality duties ¹ Statutory Equality Duties Impact Test guidance	No	N/a
Economic impacts		
Competition Competition Assessment Impact Test guidance	No	N/a
Small firms Small Firms Impact Test guidance	No	N/a
Environmental impacts		
Greenhouse gas assessment Greenhouse Gas Assessment Impact Test guidance	No	N/a
Wider environmental issues Wider Environmental Issues Impact Test guidance	No	N/a
Social impacts		
Health and well-being Health and Well-being Impact Test guidance	No	N/a
Human rights Human Rights Impact Test guidance	No	N/a
Justice system Justice Impact Test guidance	No	N/a
Rural proofing Rural Proofing Impact Test guidance	No	N/a
Sustainable development Sustainable Development Impact Test guidance	No	N/a

¹ Public bodies including Whitehall departments are required to consider the impact of their policies and measures on race, disability and gender. It is intended to extend this consideration requirement under the Equality Act 2010 to cover age, sexual orientation, religion or belief and gender reassignment from April 2011 (to Great Britain only). The Toolkit provides advice on statutory equality duties for public authorities with a remit in Northern Ireland.

Summary: Analysis and Evidence

Policy Option 2

Description:

Change to 7 days the point at which an injury is reportable under RIDDOR

Price Base Year 2010	PV Base Year 2010	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate: £5.6

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	£0.25	£0.006	£0.29

Description and scale of key monetised costs by 'main affected groups'

There would be a one-off familiarisation cost for business of £190 thousand. The main costs to HSE would arise from continuing to provide Eurostat with data in the format required (£27 thousand in the first year, with annual recurring costs of £7 thousand), and from adapting past data to enable comparison (£15 thousand in the first year).

Other key non-monetised costs by 'main affected groups'

There would be a cost from a reduced number of reports being submitted, both in terms of being able to target HSE and LA inspections and analyse data at the most detailed level. There may also be a cost for firms who have invested in IT systems to help with their reporting duties that will have to upgrade.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	Nil	£0.69	5.9

Description and scale of key monetised benefits by 'main affected groups'

There would be a cost saving to business resulting from less time spent reporting RIDDOR injuries of £220 thousand per year. There would be cost savings to both HSE and LAs from reduced resource processing RIDDOR reports of £350 thousand a year. Finally, there would be a cost saving to HSE from reduced charges of gathering reports of £120 thousand a year.

Other key non-monetised benefits by 'main affected groups'

There are no non-monetised benefits.

Key assumptions/sensitivities/risks

Discount rate (%)

3.5

There is a risk that HSE may be required to provide more robust information to Eurostat, which will incur greater costs. There is also a possibility that there will be a number of unnecessary reports made as firms adjust to the new regulations, and that compliance levels may increase. This would reduce the scope of the cost savings presented.

Direct impact on business (Equivalent Annual) £m):			In scope of OIOO?	Measure qualifies as
Costs: £0.02	Benefits: £0.22	Net: £0.2	Yes	OUT

Enforcement, Implementation and Wider Impacts

What is the geographic coverage of the policy/option?	Great Britain				
From what date will the policy be implemented?	01/10/2011				
Which organisation(s) will enforce the policy?	HSE				
What is the annual change in enforcement cost (£m)?	Nil				
Does enforcement comply with Hampton principles?	Yes				
Does implementation go beyond minimum EU requirements?	No				
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)	Traded: Nil		Non-traded: Nil		
Does the proposal have an impact on competition?	No				
What proportion (%) of Total PV costs/benefits is directly attributable to primary legislation, if applicable?	Costs: Nil		Benefits: Nil		
Distribution of annual cost (%) by organisation size (excl. Transition) (Constant Price)	Micro 0	< 20 0	Small 0	Medium 0	Large 0
Are any of these organisations exempt?	No	No	No	No	No

Specific Impact Tests: Checklist

Set out in the table below where information on any SITs undertaken as part of the analysis of the policy options can be found in the evidence base. For guidance on how to complete each test, double-click on the link for the guidance provided by the relevant department.

Please note this checklist is not intended to list each and every statutory consideration that departments should take into account when deciding which policy option to follow. It is the responsibility of departments to make sure that their duties are complied with.

Does your policy option/proposal have an impact on...?	Impact	Page ref within IA
Statutory equality duties¹ Statutory Equality Duties Impact Test guidance	No	13
Economic impacts		
Competition Competition Assessment Impact Test guidance	No	13
Small firms Small Firms Impact Test guidance	Yes	13
Environmental impacts		
Greenhouse gas assessment Greenhouse Gas Assessment Impact Test guidance	No	13
Wider environmental issues Wider Environmental Issues Impact Test guidance	No	13
Social impacts		
Health and well-being Health and Well-being Impact Test guidance	No	13
Human rights Human Rights Impact Test guidance	No	13
Justice system Justice Impact Test guidance	No	14
Rural proofing Rural Proofing Impact Test guidance	No	14
Sustainable development Sustainable Development Impact Test guidance	No	14

¹ Public bodies including Whitehall departments are required to consider the impact of their policies and measures on race, disability and gender. It is intended to extend this consideration requirement under the Equality Act 2010 to cover age, sexual orientation, religion or belief and gender reassignment from April 2011 (to Great Britain only). The Toolkit provides advice on statutory equality duties for public authorities with a remit in Northern Ireland.

Evidence Base (for summary sheets) – Notes

Use this space to set out the relevant references, evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Please fill in **References** section.

References

Include the links to relevant legislation and publications, such as public impact assessments of earlier stages (e.g. Consultation, Final, Enactment) and those of the matching IN or OUTs measures.

No.	Legislation or publication
1	
2	
3	
4	

+ Add another row

Evidence Base

Ensure that the information in this section provides clear evidence of the information provided in the summary pages of this form (recommended maximum of 30 pages). Complete the **Annual profile of monetised costs and benefits** (transition and recurring) below over the life of the preferred policy (use the spreadsheet attached if the period is longer than 10 years).

The spreadsheet also contains an emission changes table that you will need to fill in if your measure has an impact on greenhouse gas emissions.

Annual profile of monetised costs and benefits* - (£m) constant prices

	Y ₀	Y ₁	Y ₂	Y ₃	Y ₄	Y ₅	Y ₆	Y ₇	Y ₈	Y ₉
Transition costs	£0.25	Nil								
Annual recurring cost	Nil	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006
Total annual costs	£0.25	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006	£0.006
Transition benefits	Nil									
Annual recurring benefits	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67
Total annual benefits	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67	£0.67

* For non-monetised benefits please see summary pages and main evidence base section

Evidence Base (for summary sheets)

1. In 2010, Lord Young of Graffham was requested to review the health and safety system in the UK. In his list of recommendations, Lord Young stated that he wished to see HSE “amend the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, through which businesses record workplace accidents and send returns to a centralised body, by extending to seven days the period before an injury or accident needs to be reported.”¹
2. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place a legal duty on the ‘responsible person’ as defined in regulation 2(1) of RIDDOR 1995 (this is usually the employer, but could also be a manager, operator, owner or an appointed person). The most commonly reported incidents are fatal, major and over three day injuries (where an accident results in a person either requiring more than three days off work or being unable to perform their normal duties for that length of time). Also reportable are certain dangerous occurrences (such as lifting equipment overturning) and cases of work related diseases (for example work-related dermatitis or mesothelioma).
3. Reports are made to the Incident Contact Centre (ICC), which collects the reports and places all relevant ones onto a database which is accessible by HSE. HSE staff then access this database in order to use the data collected for either targeting inspections or formulating policy, as well as publishing statistics.
4. This impact assessment investigates the costs and benefits resulting from the change proposed in Lord Young’s report.

Assumptions

5. The calculation of when a RIDDOR report is required does not include the day of the accident itself. This means that if a person is injured on the first day of the month, they would report to RIDDOR after being off work on the fourth day of the month (under the current system). This means that an over 3 day (referred to as O3D) injury is reportable when someone returns to work on or after the 5th day after the accident occurred. The definition of an over 7 day (O7D) injury would work in the same manner.
6. All costs and benefits are calculated for Great Britain. Northern Ireland has its own accident-reporting system and would not be affected by the proposed changes to RIDDOR.
7. The calculations presented in this document are based on a ten-year appraisal period. Future costs are discounted at a rate of 3.5%² and both costs and benefits are presented as a net present value, as well as using equivalent annualised figures (i.e. the value that, if it were to be repeated every year of the appraisal period, would provide the same net present value).
8. Where a calculation of the cost of time is presented, it is the opportunity cost of that time we are accounting for. This means that when, for example, we calculate the cost of submitting a RIDDOR report, we assume that were the report not submitted, the person would be able to spend the time engaged in a productive business activity. We assume that the value of that employee’s work to the company is the employee’s salary, uprated to reflect non-wage costs, and thus use that to calculate the opportunity cost of their time.

¹ Source: Common Sense, Common Safety; page 16; http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf

² Following HM Treasury’s Green book guidance; http://www.hm-treasury.gov.uk/d/green_book_complete.pdf page 26

9. The table presented below shows the number of injuries reported under the Labour Force Survey (LFS) over the period 2007/08 – 2009/10. This figure is then broken down into total reportable injuries (defined in LFS as O3D injuries), as well as the number of injuries that would be reported were the changes analysed in this impact assessment implemented.

Workplace Injury Estimates	Estimated Incidence
All Workplace Injury	756,905
Currently Reportable Workplace Injury	259,317
Over 7 Day Workplace Injury	185,909

10. These are the injuries that should have been reported under RIDDOR. There is a degree of underreporting by businesses, so the actual number of RIDDOR O3D reports received is lower. For 2009-10 there were **96 thousand O3D RIDDOR reports**³.
11. It should also be noted that the numbers in the table above also include major injuries where the person returned to work in the period defined. We assume, however, that the proportion of these injuries does not vary for O3D and O7D injuries, and as the figures above will be used merely to calculate percentages (see next paragraph), the presence of major injuries in the data can be ignored.
12. We have used the LFS numbers reported above simply because we would not have been able to estimate the number of over-7-day injuries based on RIDDOR data. These statistics were used to calculate the percentage change in the number of reports that would be submitted to HSE if the changes analysed were implemented.
13. It is assumed that currently, submitting a report to RIDDOR takes half an hour of a manager's time. This is based on evidence from HSE experts, and includes ten-minutes filling in an e-form or conducting a telephone call to HSE's Incident Contact Centre (ICC); ten minutes to prepare this contact and ten minutes spent recording it afterwards. Reporting is likely to be conducted by a production manager, at a full economic cost of £23.73⁴ per hour, giving a total cost per report (under the current system) of £11.86. Were the requirements to report under RIDDOR for O3D injuries and accidents to be removed, it would still be necessary to *record* the accident. We assume that this would take ten minutes of a manager's time (equal to the length of time spent preparing for the telephone call to the ICC) at a full economic cost of £23.73 per hour, resulting in a cost of £3.95. **For each report not submitted there would be therefore a cost saving to business of £7.91.**
14. The cost incurred by HSE from every report submitted to the ICC is calculated as being approximately £4.40 (based on invoices to HSE). **Therefore, we assume there would be £4.40 saved for each RIDDOR report not submitted to the ICC.** It is expected that in future the running of the ICC will no longer be outsourced and shall be run in-house by HSE staff. At the current time, no detailed decisions have been taken about the future arrangements, and consequently no information about the expected costs is available. We use the figure of £4.40 as the current position and our best estimate.
15. If there were a reduced number of reports submitted, then HSE and local authorities would expend less resource processing them once they have been received from the ICC. The cost of dealing with O3D reports within HSE is calculated as £1.3 million a year. HSE staff deal with 68% of RIDDOR reports⁵, a total of 84 thousand per year. This

³ Source: HSE Annual Statistics Release: <http://www.hse.gov.uk/statistics/overall/hssh0910.pdf> (page 9)

⁴ Source: ASHE 2009 SOC 4 digit, average salary for a production manager (code 112), uprated by 30% to reflect non-wage costs

⁵ Source: Data provided by HSE statistics branch

gives a **processing cost to HSE of £15.61 per report submitted**. There would also be a cost saving to LA inspectors resulting from a reduced number of reports of £27 thousand (calculated by assuming the number of hours per report is equal between HSE and LAs and carried out by an Environmental Health Officer in LAs). Given that LAs process 32% of RIDDOR reports a year (39 thousand) there is a **processing cost to LAs of £6.85 per report**.

16. For cost savings resulting from HSE or LA staff spending less time processing O3D reports, we assume that the reduction in reports is spread evenly across the two (that is HSE see 68% of the total reduction and LAs 32%).

Calculation of Costs and Benefits

Costs and Benefits of Option 1: Do Nothing

17. This option continues with the status quo. There are therefore no quantifiable costs or benefits.
18. There is a risk that HSE may suffer reputational damage from a failure to implement a recommendation of the Young Report.

Options 2: Changing Requirement to Over 7 Days

Calculation of Costs

19. As noted in paragraph 13 above, it is assumed that even though there is no longer a requirement to report accidents, they will still be *recorded* by employers, allowing them to manage the risks involved. Therefore the removal of the requirement to report some injuries would not be expected to have adverse effects on health and safety in the workplace.
20. There would be a familiarisation cost for businesses following the changes to reporting rules. We assume that this takes half an hour for a manager to complete (15 minutes to read the new guidance, and 15 minutes to disseminate it) at a full economic cost of £23.73⁶ per hour. This gives a familiarisation cost per firm of £11.87.
21. We assume that all business sites (defined as a local unit in a VAT and/or PAYE based enterprise) with more than 250 employees will familiarise themselves with the new RIDDOR guidance within the first year of its publication. Not only are these companies more likely to have an accident in any given year (the more employees a company has the more likely an accident will occur) but they are also most likely to keep up-to-date with any changes in their legal requirements as a business. We also assume that any business site with fewer than 100 employees will not familiarise themselves with the updated guidance, as they are not likely to report regularly under RIDDOR. It is assumed that these business sites seek RIDDOR guidance only when they believe there may have been an accident on their premises that requires reporting (because such occurrences will not occur often). Therefore, the time these business will spend reading RIDDOR guidance will not be altered whether the proposed changes are implemented or not.
22. For those business sites with 100 or more employees, but fewer than 250, we assume that only those in sectors (at a 2 digit SIC level) that have a reporting rate of more than 500 per 100,000 employees will familiarise themselves with any new guidance. A business site with 100 employees in a sector with a reporting rate of 500 would expect on average to have one RIDDOR reportable

⁶ Source: ASHE 2009 SOC 4 digit, average salary for a production manager (code 112) is updated by 30% to reflect non-wage costs

injury every 2 years. Therefore, all business sites that we include would expect to have on average one or more reportable injury every 2 years. We assume that these business sites will therefore spend time familiarising themselves with the updated RIDDOR guidance.

23. Using these criteria we find a total of 16 thousand business sites who would spend time familiarising themselves with any new guidance. This comprises 12 thousand business sites that have more than 250 employees⁷ and 5 thousand business sites with 100-250 employees that are in sectors with a reporting rate in excess of 500 per 100,000 employees⁸. **This gives a total one-off familiarisation cost to business of £190 thousand.**
24. There would also be a one-off cost to HSE from altering RIDDOR guidance (both guidance explicitly about RIDDOR as well as any published documents that mention the O3D requirement). It is expected that this would take 3 weeks of a Band 3 administrator's time, at a full economic cost of £438 per day⁹. **This gives a one-off cost of updating the guidance of £7 thousand.**
25. There will shortly be a legal requirement to provide data on O3D injuries to Eurostat (the statistical office of the EU). If RIDDOR is amended in line with Lord Young's proposal, some means of generating data for injuries that require between 3 and 6 days off work will be needed to fill the gap. The cheapest option would be for HSE's Statistics Branch to generate a synthetic estimate using LFS data, requiring a certain level of in-house work. In the first year, it would require a quarter of a Band 3 statistician's time as well as a tenth of a Band 2 statistician's time to complete. These have full economic costs of £70,000 and £92,353¹⁰ per year respectively, giving a **transitional cost of £27 thousand**. There would then be a recurring annual cost to produce the statistics for Eurostat using the developed methodology. This would require one tenth of a Band 4 statistician's time each year, at a full economic cost of £61,575¹¹ per year. This gives a **recurring annual cost of £6 thousand**. In total, this requirement has a **cost to HSE with a ten year present value of £74 thousand**.
26. There would also be a cost of updating RIDDOR legislation, **estimated at £7 thousand**. This estimate is based on conversations with the Treasury Solicitors.
27. Finally, HSE would incur a cost resulting from inconsistent data between the years prior to the changes, and the years following. This would require a one-off alteration of past data, which would be completed within one year after the changes were implemented. It is estimated that this would require one quarter of a Band 4 statistician's time over a year, **with a full economic cost of £15 thousand**.
28. **Total quantifiable costs would be £246 thousand in the first year, with annual recurring costs of £6 thousand thereafter. The 10-year present value of these costs would be £293 thousand.**
29. **Of these total quantifiable costs, £190 thousand would be to business and would be incurred in the first year only.**
30. There would be negative impacts resulting from a reduction in the quality of the dataset held by HSE if the requirement to report non-major occurrences is changed from 3 to 7

⁷ Source: ONS report on UK Business Activity 2010:

http://www.statistics.gov.uk/downloads/theme_commerce/PA1003_2010/ukbusiness2010.pdf pages 27-56

⁸ Source: HSE statistics on RIDDOR reporting rates by sector (RIDNID table from <http://www.hse.gov.uk/statistics/tables/index.htm>) used to find sector reporting rates, then number of firms with 100-250 employees found from ONS report on Business Activity 2010 (http://www.statistics.gov.uk/downloads/theme_commerce/PA1003_2010/ukbusiness2010.pdf pages 27-56)

⁹ Source: HSE Global Ready Reckoner 2009-2010 (Band 3 Administrator outside of London)

¹⁰ Source: HSE Global Ready Reckoner 2009-2010 (Band 3 and Band 2 Statistician outside of London)

¹¹ Source: HSE Global Ready Reckoner 2009 – 2010 (Band 4 Statistician outside of London)

days. Whilst headline figures for reportable injuries under the current O3D system would still be obtainable from the LFS, the ability to “drill down” into the data and perform detailed and complex evaluations would be compromised.

31. There may be also an unquantifiable cost resulting from a reduction in the number of non-major reports submitted to HSE. This could reduce the ability of inspectors (both HSE and LA) to review cases that were near misses and to target their inspections. However, conversations with HSE experts suggest that this cost will be small, as most investigations result from reported fatal and major accidents.
32. There would be a cost to firms who have invested in IT systems to help them conduct RIDDOR reports who would be required to alter their system or purchase an upgrade. Given a lack of information, we are not able to quantify this cost.

Calculation of Benefits

33. Were the requirement to report accidents and injuries changed to O7D injuries, then there would be 69 thousand non-major RIDDOR reports submitted each year (using the LFS data presented earlier, we calculated that 71.7% of RIDDOR reports would remain following the change, and applied this figure to the actual number of O3D reports submitted). This would mean a **reduction of 27 thousand reports per year**.
34. Based on the assumptions described earlier, this option would have a **cost saving to business of £220 thousand a year, from reduced time spent reporting, with a 10-year present value of £1.9 million**.
35. There would also be cost savings to HSE and LAs. £120 thousand a year would be saved as a result of a reduction in the number of reports being processed by the ICC and consequently charged to HSE. HSE would also reduce the number of reports it dealt with by 19 thousand (68% of the 27 thousand submitted), generating a cost saving of £290 thousand a year. LAs would see a reduction in the number of reports they processed of 9 thousand (the remaining 32%) and thus see a cost saving of £60 thousand per year. This results in annual cost savings to HSE and LAs of £470 thousand, with a 10-year present value of £4 million.
36. Therefore, **total cost savings from this option would be of £690 thousand a year, with a 10-year present value of £5.9 million**.
37. This option has a **10-year present value net benefit of £5.6 million. Equivalent annualised net savings would be £650 thousand**).
38. Considering business alone, there would be a one-off familiarisation cost of £190 thousand (annual equivalent cost is £22 thousand) and benefits from a reduced level of reporting of £1.9 million (annual equivalent cost is £220 thousand). **This gives a net benefit to business of £1.7 million over 10 years, or £200 thousand in equivalent annualised terms**.

Summary of Costs and Benefits (in thousands of £)

	Cost to Business			Cost to Government		
	First Year	Recurring Annual	10 Year NPV	First Year	Recurring Annual	10 Year NPV
Costs						
Familiarisation	£ 190		£ 190			
Changing Legislation				£ 7		£ 7
Changing Guidance				£ 7		£ 7
Gathering Data for Eurostat				£ 27	£ 6	£ 74
Updating HSE statistics				£ 7		£ 7
Benefits						
Reduced Time Reporting		£ 220	£ 1,900			
Reduced Charge from ICC				£ 120		£ 1,000
Reduced HSE Resource Processing Reports				£ 290		£ 2,500
Reduced LA Resource Processing Reports				£ 60		£ 510
TOTAL COST	£ 190		£ 190	£ 48	£ 6	£ 95
TOTAL BENEFIT		£ 220	£ 1,900	£ 470		£ 4,010
NET BENEFIT			£ 1,710			£ 3,915

Risks

39. There is a risk that the data provided to Eurostat from the LFS may not be a good substitute for RIDDOR reports, and a more complex and expensive method for generating the data will be required. One possible option that has been discussed includes gathering information from accident books, through either telephone contact or even inspectors. This would involve major costs compared to the minimum option presented above. We are not able to quantify this potential cost as a decision as to what would be required from HSE following the changes has yet to be made. This decision would be made following discussions between HSE lawyers and statisticians prior to the implementation of the new EU legislation.
40. There may also be scope for an increase in compliance. If we assume that the longer a person is off work following an accident the more likely it is that the accident will be reported, then simply the act of not reporting until the 7th day of absence would increase the observed reporting level. There may be a further effect on compliance as when an employee is off work for more than 7 days a fit note is required (which may act as a reminder to employers that a RIDDOR report is also required). This could potentially be prompted, for example, by a reminder on the fit note. We would not expect to see any change in the compliance rates for the two remaining categories; deaths and major injuries.
41. If we did observe an increase in the RIDDOR reporting level, this would reduce the number of reports that were not submitted and likewise reduce the extent of the cost savings presented above. Given we cannot be certain as to the effects that will occur, if indeed there are any, it is not possible to quantify this cost, and the estimates presented above are the most reliable we can produce.

42. There is a risk that the cost savings may not be fully exploited due to erroneous reporting. Currently, a number of RIDDOR injury reports are received that are neither classed as major, fatal or O3D. These reports are submitted by business and recorded by HSE, both at a cost, but are not included in official statistics. Were the requirement to report injuries to change, we would expect some firms to continue reporting injuries that were reportable under the current system but not the proposed new one. Whilst the number of extra erroneous reports would decrease over time, we would not realistically expect it to reach zero. As a result, the cost savings provided in the analysis above are likely to be slight over estimates.

Specific Impact Tests

43. Below is a list of specific impact tests we have considered.

Statutory Equality Duties Impact Test

44. There is no impact on equality resulting from this policy change. Full details provided in the Equalities Impact Assessment later in the consultation document.

Competition Assessment

45. We do not believe that the proposal to change RIDDOR will have any impact on competition.

46. We have considered the four key questions identified by the Office of Fair Trading in its guidance¹², namely, whether in any affected market the proposals would:

- a. Directly limit the number or range of suppliers
- b. Indirectly limit the number or range of suppliers
- c. Limit the ability of suppliers to compete
- d. Reduce suppliers' incentives to compete vigorously

47. We found that none of these effects would occur as a result of the proposal.

Small Firms Impact Test

48. Based on our assumptions about which firms would engage in familiarisation with the updated guidance, smaller firms will not see any costs as a result of this policy change, whereas they would receive benefits from the reduced burden of RIDDOR reporting.

Greenhouse Gas Emissions

49. There would be no impact on greenhouse gas emissions.

Wider Environmental Impacts

50. There would be no wider environmental impacts as a result of the policy change.

Health and Well Being

51. There would be no impact on the health and well being of those affected by the policy change.

Sustainable Development Impact Test

52. There would be no impact on sustainable development resulting from this policy change.

Human Rights

53. There would be no impact on human rights as a result of this policy change.

¹² http://www.offt.gov.uk/shared_offt/reports/comp_policy/oft876con.pdf

Justice Impact Test

54. There would be no impact on the justice system as a result of this policy change.

Rural Proofing

55. There would be no adverse impact on rural areas as a result of this policy change.

Annexes

Annex 1 should be used to set out the Post Implementation Review Plan as detailed below. Further annexes may be added where the Specific Impact Tests yield information relevant to an overall understanding of policy options.

Annex 1: Post Implementation Review (PIR) Plan

A PIR should be undertaken, usually three to five years after implementation of the policy, but exceptionally a longer period may be more appropriate. If the policy is subject to a sunset clause, the review should be carried out sufficiently early that any renewal or amendment to legislation can be enacted before the expiry date. A PIR should examine the extent to which the implemented regulations have achieved their objectives, assess their costs and benefits and identify whether they are having any unintended consequences. Please set out the PIR Plan as detailed below. If there is no plan to do a PIR please provide reasons below.

Basis of the review: [The basis of the review could be statutory (forming part of the legislation), i.e. a sunset clause or a duty to review, or there could be a political commitment to review (PIR)];

Political commitment to review the working of these administrative regulations [Sun setting clause - LAO still to advise whether this is needed for amending regulations].

Review objective: [Is it intended as a proportionate check that regulation is operating as expected to tackle the problem of concern?; or as a wider exploration of the policy approach taken?; or as a link from policy objective to outcome?]

To ensure that HSE has achieved its objective that all statutory reports and notifications of occupational deaths, injuries, diseases and dangerous occurrences legally required of duty holders are relevant to the operational, intelligence and statistical purposes of enforcing authorities.

To ensure that the UK is able to meet international legal obligations to provide statistical data on occupational injuries and ill health to Europe.

To confirm whether the objective of reducing administrative burdens on employers and the self-employed through extending the period after which a "lost-time" RIDDOR report must be made has been met.

Review approach and rationale: [e.g. describe here the review approach (in-depth evaluation, scope review of monitoring data, scan of stakeholder views, etc.) and the rationale that made choosing such an approach]

The data collected by HSE itself during the first year of operation will be used to assess whether the agreed aims of the regulations have been fulfilled and whether the assumptions made in this IA have materialised, namely:-

- That the numbers of reports have decreased in-line with predicted estimates to reduce burdens.
- That the data collected is relevant in directing operational work, i.e. the reports received alert enforcing authorities to incidents that can be prioritised for investigation.
- That the reports collected fulfil the intelligence needs of enforcing authorities to plan interventions and decide future reactive capacity and resource based on enforcing authorities' future, published priorities.
- That the UK is still able to effectively analyse data for longer-term planning through the identification of trends in occupational deaths, injuries, ill-health and near misses to decide longer-term strategies and fulfil its international legal obligations to provide data to the European Commission.

Baseline: [The current (baseline) position against which the change introduced by the legislation can be measured]

Through its normal operations, HSE will collect the data required of duty holders for the 2010/2011 period, the last full period in which data under the existing Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) will be collected, as well as investigation and enforcement data from this period.

Success criteria: [Criteria showing achievement of the policy objectives as set out in the final impact assessment; criteria for modifying or replacing the policy if it does not achieve its objectives]

That:-

- The reduction in the number of reports received after the change is in-line with the forecast.

- The notifications and reports received correspond to HSE published RIDDOR investigation selection criteria and that reports that would have been received as O3D reports are not transferred into the complaint investigation system.
- that enforcing authorities are still capable of planning and forecasting future resource needs and priorities without excessive recourse to other means, e.g. surveys and commissioned research.
- That the quality of the data, supplemented from other available sources, required under European legislation is fit for purpose.

Monitoring information arrangements: [Provide further details of the planned/existing arrangements in place that will allow a systematic collection of monitoring information for future policy review]

RIDDOR requires the provision of data by duty holders, the notifications and reports received are used to direct enforcing authorities' operational activities, intelligence to inform the planning process and data to make statistical returns to the European Commission which the UK is legally obliged. Annual reviews of operational performance and analysis of statistical data are in place and will be used to indicate the effectiveness of the proposed amendment to the regulations.

Reasons for not planning a review: [If there is no plan to do a PIR please provide reasons here]

Not applicable.

Equality Impact assessment

Job title for lead assessor	Senior Policy Advisor E
Unit name for lead assessor	Enforcement Policy Unit
Contact details for lead assessor	1.3.58, Redgrave Court, Merton Road, BOOTLE, Merseyside L207HS ron.griffiths@hse.gsi.gov.uk 0151 951 3599
Date of assessment	30 November 2010
Name of proposal	Amendment to the Regulation 3(2) of the Reporting of Injuries, diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to Implement Lord Young's recommendation

Impact screen

Full impact assessment

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

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

Who will benefit from the proposal? *[Who is your audience – stakeholders/employees/specific groups?]*

Those who are defined as the "responsible person" within regulation 2(1) of RIDDOR; this is usually the employer but can include a manager, operator, owner or an appointed person that is required to report an injury to the enforcing authorities under RIDDOR 1995. Other groups that will benefit are the enforcing authorities. The enforcing authorities: HSE as reporting centre provider and HSE and local authorities for RIDDOR report form processing for investigation purposes. Employees and self-employed people who are absent from work due to the injury, as these will be confirmed by a doctor when they obtain a fit note (form Med 3).

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

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

Consultation details *[Who have you consulted, eg focus groups? What information did you gather? Did you address any gaps, if applicable?]*

The HSE is pursuing formal consultation under s.50 of the Health and Safety at Work etc Act (HSWA) 1974. A consultative document will be published with a 12 week consultation period in-line with BIS's code of practice for consultations on 31 JANUARY 2011. The Disability Reference Group will be directly approached.

What is the likely impact identified for any group and why? *[Is the projected impact positive, negative or neutral? What is the extent and severity of the impact, and on which group(s) will it impact? Impact assessments must be undertaken for race, disability and gender but it is recommended that all equality strands be assessed, including age, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity.]*

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

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

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

There is no evidence to support an assertion that any particular group will be disproportionately, adversely affected by the change.

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

Disability: The consultation will include the Disability Reference Group however, currently there is no evidence to suggest that disabled people suffer a disproportionate number of reportable injuries and hence the impact of the proposed change is thought not to be significant.

Gender: There is evidence that there are a higher proportion of part-time workers amongst women. The requirement is for incapacitations for consecutive calendar days, including rest days and other days when the worker would not normally be at work and hence this proposal will not adversely affect women or part-time workers in general.

Age: The limited evidence suggesting that new starters in their first six months are more likely to suffer an O3D injury may lead to a higher incidence amongst the young. However, the proposal should not adversely impact upon the overall numbers reported.

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

Religion, beliefs: There is no evidence that the proposed change will adversely impact on any particular religious group or be disproportionately associated with individuals with particular beliefs.

Sexual orientation and gender reassignment: There is no evidence to suggest that the proposed amendment will disproportionately affect these groups.

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

Maternity: There is no evidence to support a view that this group would be disproportionately adversely affected.

Other vulnerable groups: No evidence suggests that any other identifiable group will be adversely affected by the proposed change.

Summary of impact on equality:

Negative impact on:	Yes	No	Why? Please give details
Race	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence to suggest that specific racial groups will be adversely affected by the proposal.
Disability	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence to suggest that disabled people have a higher incidence of accidents leading to lost time injuries.
Gender	<input type="checkbox"/>	<input type="checkbox"/>	Effects on part-time workers were considered. The requirement is for "calendar days absence" including rest days, so adverse impact for an
Age	<input type="checkbox"/>	<input type="checkbox"/>	No evidence for adverse affects on the young or old.
Religion, beliefs	<input type="checkbox"/>	<input type="checkbox"/>	No evidence to support that religious groups or individuals holding diifferent beliefs will be adversely affected
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	No evidence to suggest this group will be adversely affected.
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	No evidence to suggest this group will be adversely affected
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	No evidence to suggest an adverse impact although some have suggested that longer recovery times associated with pregnancy.
Maternity	<input type="checkbox"/>	<input type="checkbox"/>	No evidence to suggest this group will be adversely affected

Could the impact be reduced or removed? *[Explain both how it could be minimised or removed, or why neither option is feasible]*

There is no evidence to support that there is a negative impact on any particular group.

Does the proposal have a positive impact on any group? *[Include the reason for the positive impact and outline how and why this will be positive. If there is no evidence that the proposal promotes equality and diversity or improved relations, could it be adapted to do so?] [If the policy, process or service does not have a positive impact, state any changes that could be made to incorporate this]*

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

Are there any noteworthy points or observations arising from the screening/assessment? *[If so, please record them. You are invited to make recommendations, in which case you should identify by whom they will be actioned]*

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

What additional information is required to assess that there might be a negative impact in relation to a particular group?

Any further research needed will be identified at the 12 month evaluation period to identify any negative impacts.

You should have a monitoring/evaluation review process to check the successful implementation of the proposal otherwise how will we know if HSE has been successful? **What will this consist of and how will this monitoring continue to evaluate the policy/strategy to ensure non-discrimination? What is the review date, who will do it and how will you know you have achieved your outcomes?**

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

Conclusion: *[Summarise the outcome of the screening/assessment process, including decisions made about whether more information is required fully to assess the equality impact. Note that if you have indicated there is a significant negative impact on any group, you may/will need to recommend or make a **full impact assessment**]*

There is no evidence to suggest that any group will be adversely affected by the proposed change. A full, statutory consultation will take place prior to the proposed amending regulations becoming law. Areas identified where groups who may have a longer recovery period have been identified will be looked at at the 12 month evaluation based on the reports received.

Review

Signed

Date

A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

The full text of this and other
Consultative Documents can be viewed
and downloaded from the
Health and Safety Executive web site on the
internet: www.hse.gov.uk/consult/index.htm

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