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

The Association of Personal Injury Lawyers (APIL) was formed by claimant lawyers with a view to representing the interests of personal injury victims. The association is dedicated to campaigning for improvements in the law to enable injured people to gain full access to justice, and promote their interests in all relevant political issues. Our members comprise principally practitioners who specialise in personal injury litigation and whose interests are predominantly on behalf of injured claimants. APIL currently has over 5,000 members in the UK and abroad who represent hundreds of thousands of injured people a year.

Health and safety legislation is designed to protect people from injury. Rules around health and safety should not be watered down simply to save costs. Health and safety laws clearly help to provide protection from injury, and the decline in the number of cases registered with the CRU reflects this.

HSE statistics for workplace ill health and injury in 2009/2010 (due to be updated in October this year) reported:

- 1.3 million people who worked during the year were suffering from an illness (long standing as well as new cases) they believed was caused or made worse by their current or past work. 555,000 of these were new cases.
- 121,430 other injuries to employees were reported under RIDDOR, a rate of 473 per 100,000 employees.
- 233,000 reportable injuries occurred, according to the Labour Force Survey, a rate of 840 per 100,000 workers.

Put into perspective, this meant that 28.5 million working days were lost overall (1.2 days per worker) 23.4 million due to work-related ill health and 5.1 million due to workplace injury.¹

There is also, of course, a significant cost to the National Health Service in relation to preventable injury in the workplace. Again referring to HSE statistics for 2009/2010, there were 26,061 major injuries sustained by workers. A major injury is defined as an injury which results in a hospital admission of 24 hours or more.

Reducing regulation and the scrutiny of incidents, risks these recurring and going unreported. A generalised assault on health and safety as a way of curtailing what is perceived to be too much regulation is aiming at the wrong target. We have seen with the decline in employer's liability cases registered with the CRU in the last ten years that good health and safety practices prevent needless injury.

When reading the consultation paper in conjunction with the impact assessment it is clear that this proposal has been made with the sole intention of cutting cost. The impact assessments indicate that the reforms proposed will not introduce huge savings to individual businesses. At page 8 paragraph 13² it is proposed that for each report not submitted there will be a cost saving to businesses of £7.91. The impact assessment then predicts there will be a further saving of £4.40 for each RIDDOR report not submitted to the Incident Contact Centre (ICC). We suggest this does not represent any real cost saving when considering the possible adverse effects this will have on those injured at work. It would be more beneficial and cost effective for companies to ensure that accidents in the work place are prevented in the first place thus protecting workers and saving the cost of potential claims. When you consider the number of RIDDOR reports that each company may submit in a year, £7.91 is an insignificant saving for any company. We would also suggest that if a company were to make huge savings through these proposals, which suggests they are currently submitting many RIDDOR reports, there are serious health and safety issues that need to be addressed within that company.

¹ <http://www.hse.gov.uk/statistics/index.htm>

² A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Health and Safety Executive, Impact Assessment Page 8 Paragraph 13.

The impact assessment suggests that the form currently takes 30 minutes to complete and submit, which includes ten minutes to fill in an electronic form or to telephone the ICC, ten minutes to prepare the contact and ten minutes to record the businesses own notes afterwards³. The form itself, therefore, only takes ten minutes to complete which suggest that it is not particularly difficult. We propose that should the form need to be completed less often (as there will be fewer requirements under these proposed regulations) then this time of ten minutes would surely increase as employers will become less familiar with the form as the need to complete the form is less frequent. When there is a need to complete the form, if the employer remembers the requirement upon him, he will need to familiarise himself with the forms prior to completion. There is also the concern that the longer the period of time that passes between the injury occurring and the reporting of the incident, the more difficult it becomes for the person to accurately recollect the chain of events leading to the accident. Completing the form under the present requirements is at a time when the incident is comparatively fresh in the memory of all concerned, including those investigating the accident on behalf of the employer. Increasing the time for reporting to seven days inevitably will affect memories and suggests less urgency insofar as investigation is concerned

The consultation paper states compliance is estimated at around 50%⁴. We therefore propose that the problem is not necessarily the time taken to complete the form but ensuring that businesses do in fact report these injuries in the first place. We can understand why the HSE is looking to make the reporting of injuries easier but extending the time for reporting injuries from three days to seven days as suggested is not the way to achieve this. We propose that by simply shifting the onus in this way risks an even lower level of compliance as companies forget the responsibilities upon them.

APIL suggests that there could be a greater level of education on the subject area of RIDDOR, such as when these reports need to be submitted and what is expected to be included. In providing these statistics in the impact assessment the HSE is assuming that the same percentage of those currently submitting reports will continue to do so, which cannot be assumed for the reasons we have laid out above.

³ A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Health and Safety Executive, Impact Assessment Page 8 Paragraph 13.

⁴ A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Health and Safety Executive, Page 6 Paragraph 7.

Paragraph 25 of the impact assessment⁵ states

There will shortly be a legal requirement to provide data on over 3 day injuries to Eurostat (the statistical office of the EU).

By amending the reporting period from over three days to over seven days the HSE runs the risk of removing a large amount of captive data, which can be used by organisations such as local authorities and Eurostat. Furthermore, any move towards a new system will remove a continual trend in terms of data.

We hope that our comments prove helpful to the committee and look forward to engaging with you further in the future.

Yours sincerely



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⁵ A Consultation Document on Proposed Amendment to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Health and Safety Executive, Impact Assessment Page 10 Paragraph 25.