Changing the world of work for good

Consultation on proposals for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Introduction

The Trade Unions Congress (TUC) response to the proposals posed by the consultation are as follows.

The TUC brings together almost 5.5 million working people who belong to our 47 member unions. We support trade unions to grow and thrive, and we stand up for everyone who works for a living. We campaign for more and better jobs, and a more equal, more prosperous country. Our affiliated trade unions represent workers across the public, private and voluntary sectors.

The most effective tool that we have in ensuring good health and safety at work is trade unions, because organised workplaces are safer workplaces. Evidence shows that workplaces with union safety reps and joint union-management safety committees have major injury rates less than half of those without. Unions make a difference[1]. Unions reduce injuries, improve ill-health and help change the safety culture within an organisation.

Sexual Harassment and Workplace Harm

The current reporting framework is heavily focused on physical injury and disease whilst failing to adequately capture many of the harms now recognised as serious workplace health and safety risks.

These include,

- Sexual harassment.
- Workplace violence.
- Bullying and intimidation.
- Threats and abusive behaviour.
- Psychological trauma.
- Work-related stress and anxiety.

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[1] The Union Effect | TUC

- Harassment from customers, patients, service users and members of the public.
- Gender-based violence.
- Other psychosocial hazards.

There is consistent evidence that sexual harassment remains common across many sectors and workplaces. A clear gap within the current proposals within the consultation is the absence of any mechanism to capture the workplace health impacts of sexual harassment. Whilst sexual harassment is recognised within equality and employment law, it is not reflected within RIDDOR reporting, despite its clear and well-established links to both physical and psychological harm.

In practice, sexual harassment can result in:

• Stress, anxiety and depression

• Trauma-related conditions

• Sickness absence and long-term ill health

• Withdrawal from the workplace or reduced hours

For many these impacts are directly connected to workplace environments, power structures and working practices. However, because RIDDOR focuses on narrowly defined occupational diseases and acute incidents, harms are not always captured in reporting mechanisms. This impacts HSE's ability to identify patterns of workplace harm linked to harassment therefore impacting their ability to target interventions in high-risk environments and understand the true scale of work-related health impacts affecting women

The TUC believes sexual harassment should be explicitly recognised as a workplace health and safety hazard and should become reportable where incidents result in,

- Sickness absence.
- Medical treatment.
- Psychological injury.
- Police involvement.
- Formal workplace investigations.
- Repeated or systemic incidents.

We recognise that sexual harassment may not fit within traditional occupational disease categories. However, we believe that there is a strong case for recognising the health impacts arising from workplace harassment within reporting mechanisms.

The failure to record these harms contributes directly to their continued invisibility. If RIDDOR is to reflect modern workplace risks, it must take account of the fact that harm at work is not limited to physical injury but also includes serious and sustained psychological harm arising from workplace behaviour, including sexual harassment.

Reporting

The TUC and affiliated unions are concerned by the implication that RIDDOR is subject to systematic overreporting. The current evidence available indicates the opposite.

Recent HSE data shows 680,000 non-fatal injuries recorded through the Labour Force Survey, yet less than 10% resulted in a RIDDOR report. Of the 124,000 injuries involving absences for seven days or over that met the reporting threshold, only around half were reported[2]. This suggests significant underreporting and should instead be HSE's primary focus.

Currently the system lacks transparency. Workers have no independent way to verify whether a RIDDOR report has been submitted. HSE needs to address this by enabling direct worker reporting, cross-checking when employer reports are absent, or by introducing an accessible system that allows workers to identify and flag missing reports. Without such mechanisms, employers are unlikely to be held accountable for any non-compliance.

The TUC believes that the existing RIDDOR framework is not sufficiently responsive to the specific challenges presented by public health emergencies as evidenced by the COVID-19 pandemic. During public health emergencies, workers can be exposed to risks that are widespread, fast-moving and, at times, difficult to demonstrate under existing reporting thresholds.

There was significant under-reporting of occupational exposure to Covid-19 under the RIDDOR and potentially thousands of deaths went unrecorded and under investigated. HSE acknowledged this as an issue early in the pandemic, telling the Work and Pensions Committee in May 2020 that there was significant under-reporting in NHS settings and that they were concerned that they were not getting the numbers they would expect[3].

A distinct and dedicated reporting scheme should be developed for use in public health emergencies. A pandemic-specific reporting mechanism would strengthen accountability, improve understanding of occupational risk, and ensure that workers are better protected during future public health crises.

Finally, the system assumes that workers feel able to report incidents, which evidence shows is often not the case. Workers frequently do not report due to fear of victimisation, retaliation, or negative consequences at work. In some case employers may prioritise their reputation over properly addressing risks therefore, creating a culture where incidents go unreported. Any reforms must address both the limitations of the current reporting system and the workplace cultures that suppress reporting.

Work Related Suicide

Employers have a legal duty to protect workers' health, safety and welfare, including mental health. This requires them to take action to manage risks such as excessive workload, stress and burnout, bullying and harassment.

There is clear evidence linking work-related stress to poor mental health, including suicidal ideation. However, the current UK legal framework does not adequately address work-related suicide. It is currently not reportable under RIDDOR which hides the true extent of the situation and prevents appropriate action.

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[2] Non-fatal injuries at work in Great Britain - HSE
[3] TUCModule3WitnessStatementofKevinRowan.pdf

We are concerned about the HSE's decision to specifically exclude work-related stress and suicide from this review. There is a case for explicit regulatory recognition of work-related suicide, including its inclusion within RIDDOR.

Data

The current system fails to capture data on protected characteristics. This is a serious gap, preventing HSE from assessing whether certain groups of workers face disproportionate risks. Without this data HSE cannot understand the variation in risks between different sectors or take appropriate action to minimise risk.

RIDDOR reporting should be updated to include equalities data, which must be routinely analysed and published to ensure certain groups of workers are not disproportionately impacted.