Northern Ireland Assembly

Committee for Enterprise, Trade and Investment

OFFICIAL REPORT (Hansard)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997: RoSPA Briefing

24 January 2013

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Members present for all or part of the proceedings:
Mr Patsy McGlone (Chairperson)
Mr Phil Flanagan (Deputy Chairperson)
Mr Steven Agnew
Mr Gordon Dunne
Mr Paul Frew
Mr Alban Maginness
Ms Maeve McLaughlin
Mr Robin Newton
Mrs Sandra Overend

Witnesses:
Dr Karen McDonnell Royal Society for the Prevention of Accidents

The Chairperson: Joining us is Dr Karen McDonnell, who is the head of the Royal Society for the Prevention of Accidents (RoSPA) in Scotland. You are very welcome indeed. Thank you for being with us today, Dr McDonnell. I know another Dr McDonnell; he is the leader of our party. *[Laughter.]* You always have to treat Dr McDonnells very deferentially.

Dr Karen McDonnell (Royal Society for the Prevention of Accidents): Somebody made a comment about my surname on the way in, and it went completely over my head.

Mr Flanagan: Whatever they said, do not take it personally. *[Laughter.]*

The Chairperson: Thank you very much indeed for being with us. We have just heard from trade union representatives about Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). You may have heard some of that. This session is being recorded by Hansard. Normally, we allow witnesses some time to give a presentation, and then there will be questions from members. The floor is yours, Dr McDonnell.

Dr K McDonnell: Thank you very much indeed for the opportunity to be here this morning. My name is Karen McDonnell. I am in charge of RoSPA in Scotland, and I have a wider role across the UK in our mission-led activities. We are a registered charity whose mission is to save lives and reduce injuries, irrespective of whether we are talking about in the workplace, the home, during leisure activities or on the road.

You have the paper that was presented as a consequence of the HSE's (Health and Safety Executive) consultative document. I will give you a short opening statement that reflects matters that RoSPA believes could be considered more thoroughly. The focus of the consultative document should not have been just on how to limit reporting to help HSE to decide where to investigate and where to place its limited enforcement resources; it should have been on how to help to establish the nature, extent and trend of current problems nationally and sectorally, and also to help employers and workers to do the same at enterprise level. A much broader approach is needed, which, while suitably comprehensive, should be sensitive to the needs of the small and medium-sized enterprises (SMEs), which now make up the majority of the economy.

Many of the proposals, including limiting ill-health reporting, cutting most notifiable dangerous occurrences and limiting reporting to members of the public to fatal injuries, are steps backwards. The lack of data collection to meet the needs of all key stakeholders is a significant flaw. We encourage the Committee for Enterprise, Trade and Investment to consider how key stakeholders could be brought together in Northern Ireland to create a strategy for data collection on work-related accidents, incidents and ill health. That could be used to help to underpin decision-making on future policy development across Northern Ireland or within and between organisations.

We are aware of the current initiative involving HSENI and district councils working together to consider the merits of establishing a central point of contact for reporting work-related incidents, but we believe that, going forward, data is the key to success in managing occupational health and safety in your context.

The Chairperson: Is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR) a devolved matter in Scotland, too?

Dr K McDonnell: No, it is not devolved in Scotland.

The Chairperson: Is it just a simple read-across for you.

Dr K McDonnell: Yes, that is correct.

The Chairperson: Thanks very much for clarifying that. I have read through your document, and one of the comments is:

> *"In our view 'cutting the reporting coat according to the enforcement cloth available' is not a good way forward."*

That is a very sharp, good, clear and succinct way of putting it. From reading this document, it is not hard to conclude that you feel that the proposals would be detrimental to a more conducive and safer environment for people at work. Will you expand on how you envisage the outworking of that, or what your view is given your experience in workplaces right across Britain and your work with various health and safety agencies? Can you see how three-day reporting has improved the situation up to now and what the potential benefits or pitfalls might be of extending that to seven days? Also, what might be the consequence of 10-day reporting being extended to 15 days? On the basis of your experience in the workplace and dealing with a multiplicity of private and public sector organisations, what is your opinion?

Dr K McDonnell: The RoSPA paper that we submitted essentially suggests that the issues are much broader than reporting times and durations. A key issue is that organisations must understand that they have a fundamental need to report particular types of incidents within a workplace context. We can glean from that what the trends and the way forward are for particular sectors and industries so that people can learn from safety failures, which is another of our key issues. We are very much an accident prevention charity seeking to learn from safety failures. Even if you consider that RIDDOR may currently be under-reported, we still glean information that helps to target resources. Whether those are limited or unlimited, it is certainly a focus for the way forward.

HSE Northern Ireland has been doing tremendous work with its small business advisory service, mentoring 400 organisations in the past year, so it recognises the importance of working at grass-roots level with organisations. Basically, we are talking about management, and what we find is that organisations that are established and grow with good health and safety principles underpinning their good management thrive and grow, which is essentially what is needed for sustained improvement in any organisation and for any nation's economic prosperity.

The Chairperson: We are dealing specifically with proposals to amend RIDDOR. We have heard several previous presentations, and, indeed, there have been a number of very public cases involving the very sad loss of life, especially in the agriculture sector. Will you give us some insight into how you see the health and safety ethic being improved generally in society and specifically in the private and public sector? That has been well established, but I am sure that it can be improved, particularly in the private sector. In the self-employed sector, some recent incidents would take a tear from a stone.

Dr K McDonnell: From a RoSPA standpoint, the basic principles that underpin effective accident prevention are recognising what has gone wrong and identifying what can be done strategically to prevent it happening again. There is some very simple guidance available through the HSENI website, providing support for small businesses so that they can embed simple policy-related information. We have an organisation in Scotland called the Scottish Centre for Healthy Working Lives, which provides a service to all SMEs in Scotland. Essentially, we find that SMEs learn best from other experiences and case studies on what went wrong and what can be done to prevent recurrence. So there is a learning experience across organisations, whether in the private or public sector.

The Chairperson: So do you work very closely with SMEs through the established structure? I am not sure of the name of the support agency for the SME sector in Scotland. Do you work closely with it? I am just trying to establish how you work in Scotland.

Dr K McDonnell: How RoSPA works in Scotland?

The Chairperson: Yes.

Dr K McDonnell: In Scotland, we have a well-mapped health and safety network. We have the Partnership on Health and Safety in Scotland, which is referred to in the submission. It is probably not dissimilar to the mix of this Committee, where you bring together people with an array of expertise, whether it is through trade unions, employer representation, the public or private sector, or the Scottish Government's health and well-being directorate. We discuss what the issues are on the most holistic basis possible, which is why the emphasis of our opening statement was on data collection and gaining a complete understanding of what the issues are in order to more effectively target resources.

The Chairperson: Is that a statutory committee set up by Government?

Dr K McDonnell: It is chaired by a board member of the HSE in Scotland. I can send you clear information on it, because I think that it is an excellent model for understanding what the issues are and how to target resources.

The Chairperson: That would be very helpful indeed.

Mr Frew: Having read through your briefing and listened to what you have to say, I am very interested in the work that you do. I do not necessarily agree with some of the comments, or your belief that the changes to RIDDOR may lead to companies not taking the same approach to near misses and securing the safety of their employees. However, I take the point that we have probably missed a trick with the legislation because it focuses only on recording. What we really need to do is assess where we are with health and safety and how we can do better. I am very interested in hearing about Westminster and the devolved regions that have responsibility for health and safety. Scotland does not have responsibility for RIDDOR, but it probably has some responsibility for health and safety.

Dr K McDonnell: No, it is a reserved matter.

Mr Frew: OK. What should Westminster be doing then, and, on the back of that, what can Stormont or the Department here do to enhance health and safety as opposed to tweaking the recording of incidents?

Dr K McDonnell: As you will see from our paper, we suggest that, rather than fine-tuning at a micro level, it is much more about thinking about what the accident prevention picture is on a much more holistic level in order to start targeting the issues. In my introduction, I mentioned the campaign on

home, road, workplace, and water and leisure activities. I can provide you with those comparative statistics to let you see why we target resources in a particular way. The most recent development that RoSPA has taken forward — it is being developed in England, but there will be versions for Northern Ireland, Scotland and Wales — is a book on accident prevention so that you understand exactly what the issues are for your nation. Your nation's sustainability and economic climate will be very much influenced by how well you manage your accident statistics.

Mr Dunne: Thank you for coming over to talk to us. In your written submission, you note that you circulated the HSE's consultative document to members of your national occupational safety and health committee, emphasising:

> *"that because HSE want in future to focus primarily on reporting of events which might attract an enforcement response, they propose that reporting should now be limited".*

Is it the case at present that there is a risk of over-reporting of minor incidents? Is there any evidence of that?

Dr K McDonnell: I think it unlikely that there is evidence of over-reporting of minor incidents. In general, the understanding is that RIDDOR-related events are under-reported.

Mr Dunne: They are generally under-reported?

Dr K McDonnell: Yes. We refer to dangerous occurrences in the paper. It is reckoned that less than 18% of those occurrences are reported.

Mr Dunne: So we have to try to encourage employers to report incidents, minor or major.

Dr K McDonnell: Yes. You would expect an organisation to recognise the value of any downgrading event. So if a small business is having minor accidents, whether on the road or in the workplace, you would want it to take cognisance of those and the impact that they have on the organisation, because they will have an impact.

When you get into the larger end of the SME-type organisations, there is a tendency for them to have systems in place that suggest that they routinely monitor, audit and review their statistics. In fact, point 9 of the policy statement on the noticeboard outside this room states that the Assembly will routinely monitor, audit and review what is happening in the organisation in order that you can learn from that. So the more sophisticated an organisation becomes, and if it has built in health and safety from day one, the better it will develop systems that will help it to become more competitive.

Mr Dunne: In the previous presentation, we heard about absence from work through stress. Is that reported through the RIDDOR system?

Dr K McDonnell: The list is on page 5 of our submission. We have said that work-related health damage is definitely the biggest problem that we all face. We identify the:

> *"appropriateness of the list of notifiable ill-health conditions and problems of low compliance".*

That list should probably be reviewed.

In essence, cutting the reporting requirement in this area would be catastrophic because people might lose the link between accidents and occupational ill-health as a consequence of being exposed to biological agents or other things in the workplace environment.

I am fairly confident in saying that the health effects listed in the submission, including deafness, vibration white finger (VWF), work-related stress and work-related musculoskeletal disorders (MSDs) may not be captured on the current list in that type of recognisable term. It may well be that the list needs to take account of the occupational ill-health statistics for a given area.

I know that HSENI's annual report last year recorded 33 reports of occupational disease. I do not have the specific numbers, but the most prevalent were carpal tunnel syndrome, which tends to be associated with the back of the hands and the arms, hand-arm vibration syndrome (HAVS), dermatitis and tendon inflammation. However, the fact that there were only 33 reports of occupational disease

last year in Northern Ireland suggests to me — I am grasping at fresh air — significant under-reporting.

Mr Dunne: Incidentally, do you have the figures for all reported incidents in Northern Ireland in that past year?

Dr K McDonnell: Another reason why I thought that you should be trying to hold on to the idea of data collection is that HSENI has produced its first statistical booklet. That covered the period from April 2011 to 31 March 2012 and provides all the data that you need to understand the local issues. When I went through it and identified that there were only 33 reports of occupational disease, something did not quite add up. So we obviously need to encourage reporting. That is why we suggest working with other stakeholders, such as GP referral. One option being considered by RoSPA in England is having a kiosk system, whereby people attending A&E fill in the reason why they are there, which would help you to begin to extract more data on where these accidents are happening. There is statistical information there.

Mr Dunne: Is that to encourage self-reporting?

Dr K McDonnell: It is to add to the accident picture so that you get a clearer understanding of why people are appearing at A&E. It can also reap a wider public health benefit.

Mr A Maginness: A question that an objective observer might ask is this: all incidents that involve injury are recorded by employers in any event, so what is the big deal about changing the criterion on recording absences from work? It really is not terribly significant. Does it make a significant difference? That is the fundamental question that I have for you.

Dr K McDonnell: On the basis that there is any change from three to seven days, the challenge is to get that information out into the general workplace to explain why there has been a change and why it is important. The fundamental issue is that organisations have to understand that there is a benefit to reporting. So a change in timescale could become an educational aspect. I understand that one of the reasons why you are having this consideration is so that there is not an issue with the statistics for a particular year. So you are going to change it to a particular point in time. At that point, trying to communicate all the information about that change to your community would require a significant effort to ensure that it got through to the people who need to understand it so that they recognise the benefits of recording.

Mr A Maginness: Why is there to be an exclusion for people not working on the premises, such as visitors, customers, delivery people and others?

Dr K McDonnell: I do not know whether I can answer that, but we now have a very customer-focused and service-based economy. Many work-related accidents happen to members of the public, as they do to employees, so you have to maintain a very clear picture of what is happening in any given area. We might even suggest that, when you consider the content of section 3 of the Health and Safety at Work etc. Act, which I work with, it might start to dilute the understanding of the importance of injuring people who are not your employees. That is a potential problem.

Mr A Maginness: The changes were introduced in Britain, including Scotland, in April last year. Have you noted any significant difference, or is it too early to comment?

Dr K McDonnell: It is too early to say. There was some discussion at the partnership committee two weeks ago, but there is no data as yet to suggest what the impact has been.

The Chairperson: Thank you for that. Will you clarify what the Löfstedt review covered that was not covered in Lord Young's report?

Dr K McDonnell: Goodness me.

The Chairperson: Sorry, I will put that in context for you. This is a quote from your submission:

> *"we have continued to suggest that, rather than just continuing to make minor adjustments to these regulations, there needs to be a much more thorough-going debate on how to arrive at a system*

for reporting and recording accidents, incidents and cases of ill-health which better meets the various purposes outlined .... Indeed, Professor Löfstedt called for such a review in his report but this is not what has been attempted".

What did he call for? I have not read his report.

Dr K McDonnell: Essentially, Professor Löfstedt suggested a root and branch review of RIDDOR, as opposed to looking only at the elements of it that we are looking at now. That is outlined on page 2 of our submission. Rather than making these minor adjustments, he looked at having an ongoing debate on what type of system we need, irrespective of where we operate and what types of data we need to collect. He suggested that we have a more thorough review of what the data is all about and what we might need the data for to ensure that it is a good fit for going forward.

The Chairperson: It might be helpful to establish from the Department whether it has considered those elements of Professor Löfstedt's report and his recommendations, and, if so, whether it has a response. Do members agree?

Members indicated assent.

The Chairperson: No member has anything further to add or ask, so thank you very much for being with us and for preparing your comprehensive submission. It was very valuable indeed. Thank you, and safe home.

Dr K McDonnell: Thank you.