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

About Logistics UK

Logistics UK is one of the country's largest business groups, and the only trade association which represents all of logistics. Our mission is to support, shape and stand up for a safe, sustainable and efficient logistics sector. Our membership of more than 22,000 includes global, national and regional businesses and SMEs spanning road, rail, waterways, sea and air freight, in ports, airports and warehousing, as well as the customers of freight services such as retailers and manufacturers. We deliver services, representation and thought leadership, helping members and policymakers to seize new opportunities for the sector and the economy as a whole, right across the country.

The logistics sector

Nothing moves without logistics. The sector employs 8% of the UK workforce in good jobs with strong career progression, contributes £170 billion in GVA each year, and underpins the resilience of the everyday economy.

Logistics plans and coordinates the movement and storage of the goods that businesses, public services and households rely on – using ports, airports, roads, railways, waterways, warehouses and smart digital systems to tie it all together.

With the right policies, logistics can drive up UK growth by £8 billion a year.[1] However, rising costs, red tape and poor infrastructure are holding the sector back, putting firms out of business, fuelling inflation, and undermining productivity and supply chain resilience. As a result, the UK has fallen from 4th to 19th in the World Bank Logistics Performance Index over the decade to 2023.

Consultation response

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) establish the statutory framework for reporting serious work-related incidents in Great Britain and play a central role in supporting the effective regulation of workplace health and safety. Under the regulations, employers and those in control of work premises are required to report specified injuries, diseases, dangerous occurrences and fatalities to the relevant enforcing authority, enabling targeted intervention and enforcement. RIDDOR data also contributes significantly to the Health and Safety Executive's (HSE) evidence base on workplace risks. However, ongoing challenges, including under-reporting of ill health, complexity in guidance, and administrative burdens on businesses, have highlighted the need for further review. Logistics UK members see the following issues as critical to ensuring HSE proposals to modernise RIDDOR improve the quality and unity of workplace health and safety data.

Fear of reputational damage, uncertainty around definitions, inconsistent interpretation between organisations, and concerns around blame or regulatory scrutiny (for example, believing that making a report under RIDDOR is an acceptance of fault) can all impact reporting.

Logistics UK members welcome the proposed clarification of definitions within Regulation 2 and associated guidance, particularly where terms such as "work-related", "injury" and "routine work" have been identified as

[1] Logistics Delivering a solution to the UK's productivity puzzle, Oxford Economics, 2023

unclear or open to interpretation. Greater clarity in these areas should support more consistent and accurate reporting.

On the proposed revision of the list of occupational diseases in Regulation 8, including the reintroduction of previously listed conditions and the addition of new diseases to better capture serious cases of work-related ill health there is some divergence in views. On one hand, some Logistics UK members support revising and expanding the list of reportable diseases in Regulation 8, including the reintroduction of previously recognised conditions and the addition of new diseases, to better capture serious cases of work-related ill health and ensure the framework remains relevant. On the other hand, there are significant reservations about broadening the list without clear and robust causation criteria. The concern is that many of the proposed additions are multifactorial and prevalent in the general population, making it difficult to confidently attribute them to work-related causes. This could lead to inconsistent application, misclassification, defensive reporting, and ultimately a reduction in the quality and usefulness of RIDDOR data. Taken together, these perspectives highlight the need to balance a more comprehensive and responsive reporting regime with the importance of maintaining clear thresholds and evidential standards to ensure accuracy and consistency. In short, our members call for robust causation criteria thresholds regarding the proposed reintroduction of the nine conditions from RIDDOR 1995 and the addition of four new diseases, specifically knee and elbow bursitis, noise-induced hearing loss, oil folliculitis, occupational allergic rhinitis, and occupational contact urticaria.

Members in the most part feel that determining whether a condition is occupational in origin is a complex clinical judgement that goes beyond assessing fitness for work and therefore should remain the responsibility of GMC-registered doctors, specifically occupational health physicians. Members raised that broadening diagnostic authority may impact reportable cases without improving data quality, generate conflicting clinical opinions, and drive precautionary reporting. However, if the HSE were to proceed with broadening the workforce who can diagnose occupational diseases for RIDDOR purposes, members would welcome assurance that competency expectations and governance arrangements are underpinned by clear criteria and guardrails for escalation, so that evidence-based diagnoses can be made.

We further support the revision of the list of dangerous occurrences in Schedule 2, including the addition of new categories and amendments to ensure the list reflects modern risks. Improvements to the RIDDOR reporting process, particularly through simplification of the online reporting form, are also welcomed, as these changes should help reduce under-reporting, while improving usability. Improved clarity and a more streamlined reporting process are likely to encourage more accurate reporting, leading to higher-quality data. This, in turn, will better support regulators in identifying trends, understanding how and where harm occurs, and targeting interventions effectively.