

HAZARDS CAMPAIGN

Hazards Campaign/Greater Manchester Hazards Submission to the HSE's RIDDOR Consultation 28 June 2026

Question: To what extent do you agree or disagree with the way HSE proposes to make amendments to certain terms, as set out in Table 1, to clarify definitions within RIDDOR.

Work-relatedness

Clarification through guidance may improve consistency in straightforward cases, but it does not resolve a wider inconsistency in the consultation's treatment of work-relatedness. Elsewhere in health and safety law, employers are expected to assess risks arising from organisational factors, cumulative exposure and systems of work, and HSE makes clear that investigations, risk assessments and safe systems of work must address the underlying root causes of harm to workers' health, safety and welfare.

Yet in this consultation, some serious psychosocial harms appear to be excluded from RIDDOR reporting largely because causation may be complex or multifactorial. Complexity has not generally been treated as a reason for exclusion elsewhere in RIDDOR. If HSE intends "work-related" to mean only harms with simple, direct or immediately observable causation, that should be stated explicitly. If not, then the exclusion of, for example, work-related stress, suicide, violence and harassment, including sexual harassment, on the basis of complexity should be reconsidered.

The current framework does not clearly capture harms arising from:

- work-related stress
- violence and sexual harassment
- environmental conditions
- suicide
- wider organisational factors

Injury / Personal injury

Clarifying these terms is welcome, but the proposal should not reinforce an overly narrow understanding of injury. A definition focused mainly on physical harm risks overlooking clinically recognised psychological injury arising from work-related violence, threats,

harassment or other serious psychosocial exposures, including trauma and neurotoxic chemical exposure.

Where employers are expected by law, supported by guidance and Codes of Practice, to assess and manage these risks, the RIDDOR reporting framework should address more clearly how resulting harm is treated. Otherwise, there is a serious risk of inconsistency between the scope of risk assessment duties and the scope of regulatory reporting. That would create confusion and uncertainty, reduce regulatory intelligence, weaken the implementation of preventive measures, and undermine HSE's stated aims to protect people and places and reduce work-related injury and ill health.

Question: HSE does not propose including work-related stress and suicide, for the reasons given in the HSE proposal section. Aside from those, are there any other occupational diseases which should be included in RIDDOR?

We welcome the inclusion of additional diseases to the list.

Though the disease list alone cannot deal with modern work-related harm. RIDDOR needs either a broader serious harm category, a serious exposure category, or clarified injury/death reporting for work-related psychological harm. A revised RIDDOR framework should therefore capture serious work-related violence, sexual harassment-related harm and heat-related harm where defined thresholds are met. This would support hazard identification, risk assessment, evaluation, enforcement targeting and continual improvement, consistent with HSE's prevention role and international occupational safety and health principles.

Violence

A clear route for reporting serious work-related violence where harm is psychological, traumatic or repeated, rather than limited to physical injury is missing.

HSE's own 2024/25 statistics estimate 689,000 incidents of work-related violence affecting approximately 329,000 workers, based on the Crime Survey for England and Wales.

<https://www.hse.gov.uk/statistics/causinj/violence/index.htm>

This scale suggests that violence is not exceptional or isolated; it is a recurring occupational hazard in sectors such as health and social care, transport, retail and protective services. HSE work-related violence report: <https://www.hse.gov.uk/statistics/assets/docs/work-related-violence-report.pdf>

Trade Unions across retail, healthcare, transport, prisons and education continue to report and evidence escalating violence, threats, harassment and abuse directed at workers. If a worker is assaulted and suffers PTSD instead of a broken arm it's not reflected and fails to capture harm from modern workplace risks. Examples include transport Unions [RMT warns of surge in violence against rail workers while BTP presence cut - rmt.](#) and those covering the

NHS <https://www.unionsas.com/blog/ending-violence-at-work-a-vital-campaign-for-safer-public-services>

RIDDOR should capture serious violence-related harm because reporting would help identify sectors, tasks, locations and control failures where workers are being placed at foreseeable risk. Serious workplace violence can arise directly out of work activity, can cause both physical and psychological harm, and can indicate failures in risk assessment, staffing, lone working arrangements, training, supervision, environmental design or incident response. If only physical injuries are captured, the reporting system misses threats, assaults and trauma that may cause long-term incapacity or indicate a serious failure of controls.

Reportability should therefore apply where work-related violence results in significant psychological injury, hospital treatment, more than a set number of days' incapacity, diagnosed trauma, repeated incidents showing a systemic failure or where work-related deaths linked to violence/trauma are visible.

Sexual Harassment

What is missing is explicit recognition that sexual harassment can be a work-related health and safety harm where it results from workplace conditions, power imbalance, poor controls, inadequate supervision or organisational failure.

The growing problem is being highlighted by organisations such as the *Workers Policy Project*, which calculates 43% women and 18% of men report having experienced sexual harassment at work. <https://workerspolicyproject.org/endnotdefend/>

This sits alongside the *Unite the Union Survey*, July 2025, which found that 25% of their 300,000 female union members had experienced sexual assault, <https://www.unitetheunion.org/news-events/news/2025/july/sexual-harassment-endemic-in-uk-workplaces-landmark-unite-survey-finds>.

Further evidence is seen from the British Safety Council, who advised in 2025 that 'reactive management of sexual harassment in 2025 is clearly not good enough'. <https://www.britsafe.org/safety-management/2025/now-is-the-right-time-to-address-workplace-sexual-harassment>

The new preventative duty on employers reflects growing recognition that employers must assess and prevent sexual harassment risks, not merely respond after harm has occurred. EHRC guidance makes clear that employers should be proactive in assessing risk, identifying action and reviewing controls. EHRC technical guidance: <https://www.equalityhumanrights.com/guidance/sexual-harassment-and-harassment-work-technical-guidance>

The justification for RIDDOR reportability is that serious sexual harassment can cause work-related psychological injury, sickness absence, loss of employment, trauma and continuing risk to others.

Any HSE preference for exclusion will need to show how this aligns with the UK's obligations under ILO Convention No. 190, which recognises violence and harassment, including sexual harassment, as workplace health and safety issues. Violence and harassment in the world of work | International Labour Organization <https://www.ilo.org/topics-and-sectors/violence-and-harassment-world-work>.

Reportability of sexual harassment should apply where it results in a diagnosed mental health condition, is repeated harassment, more than a limited number of days incapacity, or forms part of a pattern affecting multiple workers.

Heat and Climate-Related Risks

HSE already recognises heat stress as a workplace hazard and advises employers to assess and control the risk. Sources: HSE heat stress guidance: <https://www.hse.gov.uk/temperature/employer/heat-stress.htm>. UKHSA evidence shows climate change is increasing the frequency, intensity and duration of UK heatwaves. UKHSA Health Effects of Climate Change report: <https://www.gov.uk/guidance/health-effects-of-climate-change-hecc-report>. As a result, workers in construction, transport, warehousing, manufacturing, agriculture, healthcare and other exposed settings face growing risks from heat stress, dehydration, collapse, heat illness and exacerbation of existing health conditions.

In June this year, the *Chair of the Parliamentary Environmental Audit Committee* openly classified extreme heat in workplaces as a 'silent killer'. Referencing 'over 3,000 excess deaths in summer 2022' and a possible 'rise to 10,000 by mid-century without appropriate adaptation measures'. The Committee is currently requesting consideration for the establishment of 'maximum workplace temperatures to protect workers from extreme heat'. committees.parliament.uk/publications/53783/documents/299984/default/

The justification for RIDDOR reportability is that serious heat-related harm can arise directly from working conditions and failures of control, including inadequate ventilation, rest breaks, drinking water, acclimatisation, PPE suitability, workload planning or emergency response. HSE health and safety statistics portal: <https://www.hse.gov.uk/statistics/>. Without reporting, HSE will lack reliable intelligence about how climate change is translating into occupational harm and whether existing control duties are being met.

The challenge is not whether heat stress exists as a workplace hazards, but whether the reporting system is capable of closing the intelligence gap and identifying its growing impact on workers in the UK.

Reportability should apply where work-related heat exposure results in death, hospital treatment, a limited number of days incapacity, diagnosed heat illness, heat-related

exacerbation of medical conditions where work exposure is the material factor or a dangerous occurrence such as multiple workers being overcome by heat.

ILO Conventions

The purpose of RIDDOR extends beyond notification and compliance. Consistent with the principles underpinning the International Labour Organisation (ILO) Conventions 155 and 187 reporting arrangements form part of the wider occupational safety and health system through which intelligence is gathered, lessons are identified and prevention is improved. We therefore believe consideration should be given to whether the proposed revisions provide sufficient visibility of contemporary workplace harms as identified above

<https://www.ilo.org/publications/fundamental-conventions-occupational-safety-and-health>

If the above hazards are not proposed for inclusion within RIDDOR, the consultation should make clear how HSE intends to ensure these harms are identified, monitored and addressed through other regulatory mechanisms, so that a significant category of work-related harm does not remain invisible within the reporting framework.

Question: Do you see opportunities for HSE to use this additional data from the expanded list of occupational diseases to target and reduce risks in this area?

The proposed additions are broadly welcome and should improve HSE's ability to identify serious occupational ill health that is currently under-captured. In particular, adding diseases linked to well-understood occupational exposures should improve regulatory intelligence and allow earlier intervention in sectors where risk is already recognised.

However, the consultation also illustrates a wider problem: RIDDOR remains easier to update where harm is administratively neat and harder to adapt where harm is cumulative, complex, or psychosocial. Current reliance on external investigatory processes means information reaches HSE only after serious harm or death has occurred, limiting preventative regulatory intervention. Improving upstream visibility is consistent with HSE's stated strategic aim of reducing work-related ill health and preventing serious harm. Better data would support earlier intervention, more targeted inspection and clearer sector-specific learning.

Question: Do you foresee any unintended consequences as a result of the proposal to revise the list of occupational diseases?

Artificial separation between hazards and outcomes

A key unintended consequence is the reinforcement of an artificial separation between recognised occupational hazards and their most severe outcomes, when deciding to exclude work-related stress and suicide.

Work Related Stress

The position of exclusion appears inconsistent with HSE's strategic commitment to reduce work-related ill health, particularly work-related stress and mental health harms, which are recognised as among the primary risks in the modern workplace. [Protecting people and places: HSE strategy 2022 to 2032](#)

Additionally, employers are expected to assess and manage psychosocial risks and other foreseeable sources of work-related harm, yet the consultation appears to treat complexity of causation as a reason for excluding these outcomes altogether. That sits uneasily with the wider RIDDOR approach, which already relies on judgment about work-relatedness, contribution and exposure rather than simple single-cause events.

HSE should at minimum explain more clearly than they have done in this Consultation Document, why these harms are excluded, and whether there is a more proportionate route to capturing serious, clinically recognised cases that would improve regulatory intelligence without imposing unrealistic reporting burdens. HSE should also explain, based on the extensive national and international work related occupational health research the positive benefit to individuals, to employers and the whole economy and society from preventing work related harm via strong laws strictly enforced, with support for workers and their trade unions in arguing for this in their own workplaces versus the claimed costs of RIDDOR reporting. <https://www.hazards.org/mentalhealth/deadendjobs.htm#psychosocialriskfactfile>

More broadly, the exclusion of stress risks creating an inconsistency in the framework: employers are expected to assess and manage serious psychosocial risks, including excessive workload, traumatic exposure, bullying, violence and harassment, yet these harms are treated as outside the reporting system largely because causation may be complex or multifactorial. The issue is not whether every such case should automatically become reportable, but whether HSE is applying a consistent standard when deciding which serious work-related harm.

The consultation acknowledges work-related stress as a leading cause of ill health and HSE's own strategy identifies stress as a priority yet excludes its serious and fatal outcomes from reporting. This creates a regulatory gap in which risk is recognised but its most significant manifestations remain invisible to the reporting system. This risks distorting regulatory intelligence away from organisational causes of serious harm, undermining the stated objective of improving data on modern workplace risks.

We propose that RIDDOR should include –diagnosed work-related mental health conditions, including but not limited to:

- *Work-related stress* - anxiety and depression clearly related to accepted HSE work-related stress risk factors
- *Burnout* as included in WHO 11th Revision of the International Classification of Diseases (ICD-11)

- *Post traumatic stress disorder (PTSD)* – emotional distress from harrowing workplace exposure to single traumatic experience such as suicide on railways, emergency responders facing injuries and death, or exposure to disturbing images in course of their work, or cumulative effect of exposures *Where a registered health practitioner determines that work-related factors are a significant contributing cause.*

Guidance could include examples such as:

- *exposure to traumatic incidents (e.g. emergency response roles)*
- *sustained excessive workload or working hours*
- *workplace harassment/sexual harassment or bullying*

Suicide

We accept that employers should not be required to make definitive findings on suicide, and that formal determinations of cause of death properly sit with coronial and other established investigatory processes. However, it does not follow that work-related suicide must be treated as wholly outside the scope of regulatory guidance.

This approach removes the ability of the regulator to take preventative steps for known significant harm. Other international jurisdictions e.g. France, Japan Australia, New Zealand, Spain, have shown that it is possible to recognise and respond to work-related suicide in a structured way without requiring employers themselves to make final legal determinations. The International Association for Suicide Prevention (IASPP) calls for governments to act on work suicide which includes examples of action in other countries France, Japan, Spain, Australia and New Zealand. The Australia Code of Practice on Managing psychosocial hazards at work [Model Code of Practice: Managing psychosocial hazards at work | Safe Work Australia](#) explicitly includes suicide and harassment/sexual harassment in the latest revision. The existence of international approaches to recognising work-related suicide suggests that the real issue is not impossibility, but what level of regulatory response HSE considers proportionate, and the HSE has not explained what evidence it has considered to come to this decision.

In practice because HSE specifically excludes work suicide reporting under RIDDOR, this colours the whole process by implying that work cannot be considered as a contributory cause of death. In the widely publicised case of Head Teacher Ruth Perry's death by suicide, the coroner's conclusion determined that her death was 'contributed to by an Ofsted inspection', clearly making it a work-related issue but she did not issue a Regulation 28 Preventing Future Deaths Report to the HSE. As far as we are aware from our highest level discussions with HSE leadership, they did not regard Ruth Perry's death as work-related in any way, took no action and were not involved in the subsequent public and Parliamentary inquiries into how the enormous level of work stress caused by Ofsted is affecting the health

and lives of tens of thousands of teachers, causing suicidal ideation, and a previous 8-10 teacher suicide deaths experts had identified as Ofsted related. None of these suicides was reported, investigated or subject to prevention measures by the HSE. A clear example that the Coronial system is not fully capable or not working efficiently enough to help identify and tackle work-related causes of suicide.

While many campaigning groups such as FACK – Greater Manchester Hazards Centre <https://gmhazards.org.uk/index.php/fack/> have called for suicide to be RIDDOR reportable for many years, it's important to recognise calls from non-traditional workplaces such as the Police Federation for England and Wales. Especially noting their recent landmark agreement to introduce mandatory recording of suicides and attempted suicides. <https://polfed.org/durham/news/2026/fed-welcomes-news-chief-constables-announce-mandatory-recording-of-suicides/>

The HSE requires employers to prevent all significant harm, inclusive of suicide risks, www.hse.gov.uk/stress/suicide.htm so it would seem plausible for the HSE to accept that determining how to measure that risk should also come within its domain.

We propose the HSE removes the exclusion of suicide from the RIDDOR regulation and amends RIDDOR to require reporting of a Suicide and attempted suicide with a work-related element recognised where the following applies:

- *There is reasonable evidence that work-related factors materially contributed using French guidance of workers carrying out the act in a workplace, during work hours, wearing work clothes, where lethal means is accessed through work or where a material link exists in the form of a suicide note or a testimony etc*
- *This is supported by internal investigation, coroner or Fatal |Accident Inquiry findings including Preventing Future Death Reports, or documented evidence (e.g. workplace grievance, exposure to traumatic events, excessive workload)*

This could initially be implemented via non statutory guidance and voluntary reporting, with a view to future legislative inclusion subject to evidence. We also call for HSE to inspect for psychosocial risks, with suicide ideation/attempts/cases included in the Operational Circular/guidance for inspectors. <https://www.hazards.org/suicide/suicidecrisis.htm>

Covid-19, Long Covid and Future Pandemic Preparedness

The Covid-19 pandemic demonstrated the importance of effective systems for identifying, recording and learning from work-related illness and death. Thousands of workers, particularly in health, education,, transport, retail and other public-facing occupations, experienced workplace exposure to Covid-19, while many continue to experience the long-term effects of Long Covid.

The experience of the pandemic highlights the importance of ensuring that reporting systems are capable of recognising emerging occupational health risks and providing

intelligence to support prevention. It also raises wider questions regarding workplace ventilation, airborne transmission and preparedness for future pandemics.

The Burnley College fatality case illustrates a broader concern. Significant failures relating to workplace controls were identified, yet the limitations of existing reporting arrangements meant that important questions about work-related exposure and learning remained difficult to address. This highlights the risk that occupational health intelligence can be lost where reporting systems are not well equipped to deal with emerging biological hazards and complex patterns of workplace exposure.

One unintended consequence of the revised framework may be that it remains focused on traditional occupational disease models while providing limited visibility of emerging biological hazards and their long-term consequences. A modern reporting system should support learning from past events and help ensure that future occupational health threats are identified more quickly and addressed more effectively.

Incomplete reporting

The principal challenge facing RIDDOR is not excessive reporting but incomplete reporting. What is not counted is less likely to be investigated, understood or prevented. The revised framework should therefore be assessed not only on administrative simplicity but also on whether it provides sufficient intelligence to support effective occupational health and safety prevention in modern workplaces

We are particularly concerned that some of the fastest-growing and most significant workplace harms remain largely invisible within the reporting framework. Work-related stress now represents the largest category of work-related ill health, workplace violence affects hundreds of thousands of workers each year, employers are under a new duty to prevent sexual harassment, and climate change is increasing occupational heat risks. Yet the proposals provide little indication of how these harms will be identified, understood or learned from. The experience of Covid-19 has also demonstrated the importance of effective systems for recognising emerging occupational health threats and learning lessons for the future.

Ability to act

The effectiveness of RIDDOR depends not only on what is reported, but on the regulator's ability to analyse, interpret and act upon the information received. Collecting data has limited value if emerging trends, recurring hazards and patterns of harm cannot be identified and used to inform prevention activity, enforcement priorities and policy development.

We are concerned that discussion of reporting requirements should not be separated from consideration of how RIDDOR intelligence is subsequently used. The benefits of any changes to reporting arrangements will ultimately depend on the capacity of the system to convert reports into meaningful intervention, learning and prevention. Without this, there is a risk that important information is collected but opportunities to reduce harm are missed.

We would welcome greater transparency regarding how RIDDOR data is analysed, how emerging risks are identified, and how reporting information influences regulatory priorities and preventative action

Question: Dangerous occurrences are certain incidents with a high potential to cause death or serious injury. Are there any other dangerous occurrences which are not included, or not already proposed, that should be?

Like Question 18, the dangerous occurrence list alone cannot deal with modern work-related harm. RIDDOR needs either a broader serious harm category, a serious exposure category, or clarified injury/death reporting for work-related psychological harm. A revised RIDDOR framework should therefore capture serious work-related violence, sexual harassment-related harm and heat-related harm where defined thresholds are met. This would support hazard identification, risk assessment, evaluation, enforcement targeting and continual improvement, consistent with HSE's prevention role and international occupational safety and health principles.

Extreme workplace temperatures.

While guidance exists regarding heat exposure, dangerous occurrences involving significant harm or operational disruption linked to heat are not currently clearly reflected within the reporting framework.

Proposal - A proportionate approach could include clarification that incidents involving heat exhaustion or heat stroke requiring medical intervention, loss of control of work processes or equipment due to extreme heat and evacuation or operational disruption linked to extreme temperatures. May be reportable where defined thresholds are met. Guidance could include sector specific examples such as examples involving loss of control, evacuation or operational disruption linked to extreme temperatures and reference to heat related medical intervention

This would align with existing approaches to physical hazards, improve consistency and support identification of emerging modern risks. Keeping the focus on specific observable incidents.

Severe violence and sexual harassment

Certain serious precursor events arising primarily from organisational conditions rather than mechanical failure remain difficult to capture under the current framing. Incidents involving severe violence, coercion or threat arising from work design, power imbalance or working arrangements may present an equivalent risk of serious harm but fall outside the current conception of dangerous occurrences. This suggests a conceptual limitation in the model rather than an absence of risk.

Proposal - A proportionate approach would be to recognise cases where workplace violence or harassment results in diagnosed psychological harm. This would maintain clear reporting thresholds, avoid subjective reporting of behaviours and improve visibility of modern risks.

Question: Do you foresee any unintended consequences as a result of the proposal to revise the list of dangerous occurrences?

More broadly, the consultation shows the tension between simplification and meaningful capture of harm.

The proposals extend the dangerous occurrence framework acknowledging that risk profiles evolve. Yet exclude some significant modern risks at the same signalling that RIDDOR can adapt to technological change but not to systemic environmental conditions that materially affect how work harms people.

Question: Do you have any thoughts or comments on our cost-benefit analysis of these proposals? A more detailed analysis is included in Annex 1. If you are suggesting alternative assumptions or metrics, please provide as much detail as possible and justify with evidence where you can.

Clearer routing, simpler questions, and better prompts should improve both usability and data quality.

However, process improvement should not be treated as a substitute for substantive reform. A simpler form may make reporting easier, but it does not resolve the more fundamental issue that some serious forms of work-related harm remain outside the reporting framework altogether.

HSE should therefore present process reform as one part of a wider programme, not as a complete answer to current limitations in RIDDOR.

Question: Do you foresee any unintended consequences, which have not been covered in the previous sections, that may happen because of the proposals in this consultation?

Taken together, the current consultation proposals risk modernising RIDDOR's mechanics while leaving its underlying model of occupational harm largely unchanged.

Where HSE's wider strategy recognises psychosocial, organisational and environmental risks as central to work-related harm, their continued exclusion from reporting undermines confidence in RIDDOR as a comprehensive intelligence-gathering tool.

Furthermore, consistency in reporting should not be pursued only by narrowing what gets reported. It should also involve asking whether the framework is currently too limited in what it is prepared to recognise. If serious work-related harm is excluded because it is complex rather than because it is insignificant, the reporting system risks becoming administratively tidy but substantively incomplete.

Question: Do you have any further comments you would like to make about the regulation of RIDDOR?

Future proofing

The consultation demonstrates a willingness to future-proof aspects of RIDDOR. However, future-proofing should extend beyond physical and technological risk to include how organisational, psychosocial and environmental factors produce serious harm in modern work.

Addressing this does not require immediate expansion, but it does require acknowledging that the current exclusions reflect strategic choices rather than inevitabilities. Administrative simplicity is a legitimate objective, but it is not a sufficient reason to leave serious work-related harm outside the reporting framework where the consequence is predictable regulatory blind spots. First steps available can include recognition in guidance, voluntary intelligence reporting and links to mental health reporting.

Worker Engagement

The consultation currently places considerable emphasis on the perspectives of duty holders. While these views are relevant, they cannot provide a complete evidence base. Workers — and those who represent them — experience the operational reality of harm, reporting, and prevention in a way duty holders cannot. Their insight is indispensable to understanding how RIDDOR functions in practice.

At present, engagement with workers, trade unions and specialist organisations with expertise in workplace harm appears limited. This creates a material evidence gap. These groups hold detailed knowledge of under-reporting, barriers to reporting, and the practical constraints that shape compliance. Without their input, policy risks being informed

predominantly by those with organisational responsibility rather than those with lived experience of the system.

For any revised RIDDOR framework to be robust, proportionate and workable, HSE should ensure that worker-side stakeholders are systematically involved in the development process. Their contribution is essential to achieving an accurate understanding of current practice and to designing reporting requirements that operate effectively across all sectors