working for infrastructure

Consultation Response

30 June 2026

HSE RIDDOR Consultation

Health & Safety Executive - Consultation on proposals for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - May 2026

Introduction

The Civil Engineering Contractors Association (CECA) is the representative body for the businesses that build, maintain and upgrade the nation's infrastructure.

With more than 300 members based across six English regions and the devolved nations of Scotland and Wales, CECA represents firms who together carry out an estimated 70-80 per cent of all civil engineering activity in the UK, in the key sectors of transport, energy, communications, waste and water. Together CECA members deliver work worth more than £30bn to the economy every year and employ more than 250,000 people across the country.

This consultation response has been compiled following consultation with CECA members. We hope you find it of interest and if the HSE would like to follow up with CECA and our members on any of the recommendations below or issues raised, we would be delighted to facilitate this at a future date.

Proposal 1 – Clarification of definitions

CECA supports Proposal 1 in principle, provided it is underpinned by clear guidance, proportionate reporting thresholds, and practical implementation support. The proposal could improve the effectiveness of RIDDOR by increasing consistency, quality and usefulness of reports while helping duty holders determine when reporting is required.

A clearer framework should reduce both under-reporting and unnecessary over-reporting, improving regulatory intelligence and supporting targeted prevention activity. Benefits include improved clarity for decision-making, better national data quality, enhanced identification of trends, and reduced administrative burden where guidance and reporting processes are simplified.

To ensure effectiveness, further clarity is needed on the scope of reportable incidents, key terminology, and the evidence duty holders are expected to retain. This is particularly important for smaller organisations where uncertainty may lead to inconsistent reporting. CECA also considers that where appropriate direct controls are in place and demonstrably effective in preventing harm, such events should not automatically be reportable.

CECA Recommends:

1. **Publish plain-English guidance with practical construction-based examples under CDM, reflecting multiple duty holders and evolving incident circumstances.**
2. **Provide sector-specific examples (e.g. highways, utilities, rail).**
3. **Ensure online reporting is simple and avoids duplication.**
4. **Allow sufficient transition time.**
5. **Clearly communicate how data will improve prevention and enforcement outcomes.**

2

Proposal 2 – Revision of reportable occupational diseases

CECA supports improving occupational health intelligence but emphasises that proposals must remain proportionate, clear and practical. There is concern that HSE may underestimate the wider indirect costs of reporting, including investigation, insurance, legal and commercial impacts.

While CECA supports the intent to make reporting clearer and more useful, further clarification is required on practical application.

In particular, where a current employer identifies a reportable disease but exposure likely occurred with a previous employer, it is unclear who should report. Given that occupational diseases often arise from long-term, multi-employer exposure, attribution may be difficult.

Changes should promote consistent decision-making without increasing administrative burden, particularly for SMEs.

CECA Recommends:

1. **Provide practical examples of reportable and non-reportable scenarios.**
2. **Ensure alignment with existing RIDDOR duties to avoid conflicting interpretations.**
3. **Update guidance and forms to request only necessary information.**
4. **Allow a suitable transition period for training and procedural updates.**
5. **Monitor post-implementation impact to ensure improved data quality without increased under-reporting.**

In summary, CECA supports Proposal 2 subject to clear definitions, practical examples and proportionate implementation.

Proposal 3 – Broadening who can diagnose occupational diseases

CECA supports Proposal 3 in principle, recognising that other healthcare practitioners (i.e. not just doctors who are registered and hold a license to practice with the General Medical Council) can contribute to earlier identification and diagnosis, particularly where already involved in occupational health provision.

However, clarity around competence is essential. Without clearly defined criteria, there is a risk of inconsistent diagnosis and reporting decisions, which could undermine the reliability of RIDDOR data. Competence should not rely solely on professional registration but also on appropriate occupational health training and experience.

There may also be cost implications where organisations need to seek additional specialist advice due to uncertainty around diagnosis or reportability.

Recommendations:

1. **Clearly define competence requirements for diagnosing reportable occupational diseases.**
2. **Confirm whether additional occupational health training or experience is required.**

3. **Provide guidance on when specialist occupational health advice should be sought.**
4. **Ensure the proposal does not create disproportionate costs for businesses already engaging these professionals.**
5. **Clarify expectations around recording diagnosis, reporting responsibility and supporting evidence.**

In summary, CECA supports Proposal 3 provided competence is clearly defined and implementation avoids unnecessary uncertainty or additional burden.

Proposal 4 – Revision of Dangerous Occurrences

CECA supports expanding Dangerous Occurrences where they address events capable of causing serious injury or fatality. However, the proposal requires significantly clearer definition before it can be implemented effectively.

The current description is unclear, particularly regarding tunnels and scenarios such as dropped objects, overturning equipment, trench collapses and uncoiling or projection of material. Clear thresholds are needed to ensure consistent application.

A key concern is the phrase "could cause the death of a person," which is highly subjective. Without further clarification, organisations may reach different conclusions about reportability, particularly where effective direct controls prevented harm.

CECA emphasises that where suitable and sufficient direct controls are in place and have worked effectively, HSE should clearly state whether reporting is still required. Lack of clarity may lead to precautionary reporting and increased administrative burden.

There are also concerns that the proposal may underestimate wider cost impacts, including investigation, fee for intervention, project disruption, insurance implications, legal advice and client scrutiny. Such impacts can particularly affect SMEs.

Recommendations:

1. **Provide full proposed wording for each new category.**
2. **Clearly define "could cause the death of a person."**
3. **Include practical examples of reportable and non-reportable scenarios.**
4. **Clarify how direct controls should influence reporting decisions.**
5. **Ensure definitions do not unintentionally capture lower-risk events.**
6. **Recognise wider industry cost implications beyond reporting time.**
7. **Provide sector-specific guidance for complex CDM environments.**

In summary, CECA supports the principle of Proposal 4 but considers it should not proceed without clearer definitions, proportionate thresholds and detailed guidance.

4 Conclusion

CECA supports HSE's intention to improve the clarity and effectiveness of the RIDDOR framework. However, successful implementation depends on clear definitions, practical guidance, proportionate thresholds, recognition of operational realities within the civil engineering sector and an appreciation of the total cost of investigation, insurance, legal advice and commercial considerations. With these conditions in place, the proposals have the potential to improve reporting quality while supporting meaningful risk management and prevention.

Regarding costs, CECA recommends that HSE should revise its impact assessment so that it reflects the full range of costs triggered by RIDDOR reporting in the infrastructure sector, not just the administrative time required to complete the online form. HSE should distinguish between the narrow cost of submitting a report and the wider operational, legal, commercial and regulatory costs that may arise once an incident is deemed reportable.

If HSE would like to discuss any of the above recommendations further with either CECA representatives or CECA members, we would be very happy to facilitate this as appropriate.

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