

**PARTNERSHIP ON HEALTH AND SAFETY IN SCOTLAND
NOTE OF THE 1ST MEETING OF THE STEERING COMMITTEE
ON 29th AUGUST 2005**

In attendance:

Margaret Burns, HSC (Chair)
Steve Bell, Strategic Director, Scottish Centre for Healthy Working Lives
Stewart Campbell, HSE Director, Scotland
James Fowlie, COSLA
Douglas Greig, Scottish Executive, Department of Enterprise, Transport and Lifelong Learning, Enterprise and Industry Division
Prof Russel Griggs, CBI
Rory Mackail, Federation of Small Businesses
Dr Karen Niven, representing Occupational Health and Safety professionals
Linda Shanahan, STUC & FBU
Ian Tasker, STUC
Sarah Jones, HSE, Director's Office, Scotland (Secretary)
Danny Carrigan, HSC (observer)
Val Morgan, GNN Scotland (observer)
Billie Wilson, HSE (Committee secretariat)
Ali Ford, HSE (Committee secretariat)

Apologies:

Harry Frew, STUC & UCATT

Welcome and introductions

1. Margaret Burns welcomed everyone to the meeting. She emphasised HSC's commitment to working with and through other people and organisations in the health and safety system to achieve targets on reducing work-related injury, ill health and days lost. Successful partnerships needed understanding and co-operation from participants with different but complementary agendas. The real prize would be practical co-ordination of effort on workplace health and safety across Scotland which would make a difference to working people's lives. This initiative in Scotland, the first of its kind, has the commitment of Scottish and UK Ministers.

The context for the work of the Partnership

2. Stewart Campbell provided an overview of the HSC Strategy and HSE's "FiT3" (fit for work, fit for life, fit for tomorrow) programmes of work designed specifically to contribute to achieving published health and safety targets. Calls for a partnership on health and safety in Scotland from several stakeholders over the years had been based on the desire to look more closely at Scotland's health and safety performance and action to help improve it. The HSC Strategy and supporting programmes would provide the framework.

The evidence base in Scotland

3. Stewart presented a range of data and qualitative information which showed minor differences in general evidence from Scotland compared to England and Wales. The committee felt that, apart from fatal injuries, rates of reporting in both statutory (RIDDOR) and voluntary self-reporting (Labour Force Survey) schemes, and the relatively small sample size of surveys, did not provide a reliable picture of workplace health and safety record in Scotland. The lower rates of self-reported work-related ill-health for Scotland were counterintuitive when compared to public health information; this might be related to attitudes to work-related ill-health in Scotland or rates of reporting in Scotland.

4. The committee discussed the difficulties, both practical and cultural, of achieving accurate reporting. These issues were being considered by HSE in its review of RIDDOR. The committee agreed that if HSE's new Workplace Health and Safety Survey (WHASS) is to go ahead, it would be helpful to consider the practicability and value of boosting the sample size for Scotland to provide more detailed data, for example by Scottish region.

5. The wealth of more detailed data on public health and its link with deprivation indices did however pose questions about what further information and correlation between health, workplace and other data might be useful to steer more specific priorities for action at work in Scotland.

6. The committee **agreed** to establish a sub-group to look at these questions and others about the evidence base for Scotland and that this should be a joint group with Healthy Working Lives. The aim would be to gain as comprehensive a picture as would be useful, and to integrate the analysis, for both programmes of work by pulling together existing information, identifying gaps and recommending further research that would be worthwhile.

Action: Secretary to draft terms of reference and suggestions for membership for comment. Members to suggest suitable people to Chair the sub-group - who could be from outside the committee.

The relationship with the Scottish Centre for Healthy Working Lives

7. Steve Bell brought the committee up to date on developments with Healthy Working Lives. The Healthy Working Lives National Advisory Group had considered a business plan at its first meeting on 19 August; this would be finalised and recommended for approval to the Board of NHS Health Scotland. The priority was to re-engineer the roles and responsibilities of about 85 staff, some in the centre, most located in Health Boards, to provide an integrated service. An operational partnership group including managers of each of the current services, and representatives from LAs and HSE would meet again in early September. The employability part of Scotland Against Drugs would become part of Healthy Working Lives from April 2006. Cross membership of the National Advisory Group and this steering committee should ensure close working and avoid duplication of effort.

8. A diagram was tabled describing potential areas for joint working between the Partnership and Healthy Working Lives (attached). The diagram also represented a first attempt to show all the key players in Scotland's health and safety system.

Action: Steve Bell to send final version of the business plan to the Secretary for circulation to committee members for information. Committee members to let the Secretary have amendments and additions to the diagram.

The remit and terms of reference of the steering committee (PHASS/01/02)

9. The committee **noted** the remit and objectives of the Partnership and **agreed** amendments to the draft description of the role of the committee and its members. A revised paper is attached.

Priorities for the first year (PHASS/01/03)

10. The committee discussed the list of ideas for action that had emerged from the stakeholder conference in February and **agreed** that priorities should be selected against the proposed criteria of: the feasibility of making some progress within a reasonable timescale; the link with the Scottish evidence base (or lack of it); the fit with HSC Strategy, strategic themes and existing programmes.

11. There was a consensus that it would be feasible to produce for Scotland, and that Scotland would benefit from having, an up to date map or **directory of sources of occupational health and safety resources and expertise** ranging from TUC-trained trade union health and safety representatives to professional advisers and their individual expertise and specialisms, both in the public and private sectors. A starting point might be the mapping work already done a few years ago to inform the introduction of Safe and Healthy Working.

12. Such a directory would provide a basis for reviewing health and safety training and competences in Scotland, with a view to improving the accessibility of competent advice, and informing further work to fill gaps in provision and specialism that were identified. The work would need to take into account the perspectives of different stakeholders about what information about available support and advice they required and in what form they would find it useful.

13. The committee **accepted** Karen Niven's offer to ask Scotland's Professional Organisation of Occupational Safety and Health (POOSH) to work up a detailed proposal for the production of a directory.

Action: Dr Niven to ask Scotland POOSH to work up a proposal.

14. Increasing worker involvement in health and safety was one of HSC/E's key commitments supported publicly by business representatives and trade unions. The committee **agreed** that it would be valuable to review the statement of activities within the Collection Declaration on Worker Involvement <http://www.hse.gov.uk/workers/involvement/involvement.pdf> with the aim of producing a more detailed **plan to increase worker involvement within the Scottish context**. The committee accepted Ian Tasker's offer to present experience from the current STUC project to improve worker involvement in the voluntary sector to see if lessons could be translated for other sectors.

15. The committee **agreed** that businesses should be encouraged to define and communicate what they were looking for in an effective working relationship which enhanced good management of health and safety.

Action: Ian Tasker to liaise with the Secretary on the format and presenter(s) for an agenda item at the next meeting. The Secretary to draft a short paper to promote discussion and consultation on the factors for consideration in a Scottish Worker Involvement plan.

16. The committee recognised the evidence that the needs of small businesses' across Great Britain were quite different from larger companies. The relevance of advice, its ease of accessibility and interpretation was paramount. In Scotland the mechanisms for getting basic advice to small businesses and the enterprise support infrastructure is different to that in England and Wales. In Scotland, it would also be possible to collate and feedback small businesses' concerns in more detail to Local Authority and HSE enforcement officers as well as to other sources of support within the health and safety system. This led to the view that it would be feasible to develop **a strategy to respond, and give greater support, to small businesses on their health and safety concerns and responsibilities tailored to the Scottish environment.**

17. Initial ideas included:

- engaging Scottish Enterprise and Highland and Islands Enterprise and seeking their advice on the best way to promote the business benefits of good health and safety management via the business advisory infrastructure
- seeking more and better avenues in Scotland to publicise basic 'first steps' health and safety advice for new businesses
- seeking a wider range of case studies from Scottish small firms to publicise specific examples of good practice for others to copy and to build a pool of advocates from within the small business community
- asking small business representatives to collate a 'top ten' of enforcement advice and guidance that caused them confusion or difficulty – with the aim of achieving clarity and consistency across Scotland
- exploring involvement of members of the Scottish Higher Performers Challenge in mentoring new businesses on health and safety (the Higher Performers Challenge is attached).

Action: Rory Mackail to seek support and input from the small firms community. The Secretary to consult widely on a draft programme of work involving Scottish Enterprise.

18. The committee then considered how health and safety 'assets' attached to businesses could be deployed for the benefit of their local communities. One route could be to establish **good neighbour schemes between businesses and their local colleges and universities.** The committee was made aware of current work funded by the Scottish Executive to improve health and safety performance in the Further and Higher Education sector. CBI members might be prepared to contribute to this effort by making their health and safety expertise available. More valuable still could be to explore with colleges and CBI members, the contribution that local business expertise and practical experience could make to the curriculum. The aim would be to integrate the study of health and safety as a business risk and an important element of design that requires good management, to achieve equal status alongside other aspects of relevant studies. The committee **agreed** that this was well worth pursuing.

Action: Prof Griggs to consult CBI members. Secretary to review current projects within the Further and Higher Education sector in Scotland and any relevant developments in England and Wales and arrange discussion between relevant stakeholders at a meeting to explore ideas for a pilot project.

19. The committee **noted** that the Scottish Executive's work to develop new rules on public procurement was nearing completion (guidelines would also apply to Local Authorities). The potential for **improving health and safety performance through procurement practice and management of the supply/contractual chain** was considerable. The committee welcomed the work between HSE and the Scottish Executive to secure comprehensive integration of health and safety management into procurement planning and practice.

Action: Stewart Campbell to continue to support joint working between Scottish Executive and HSE to secure maximum value for health and safety.

Review of meeting and ideas for future contributions

20. Danny Carrigan was asked for feedback on the meeting. He reflected that establishing a working partnership was an ambitious step but that it was right to try it in a country the size of Scotland. The debate about the Scottish evidence base and how to improve it would always continue. Meanwhile the evidence to support a few well-chosen projects could be supplemented from feedback on what has been successful from HSE inspectors' and LA environmental health officers' own experiences. This might be a useful periodic feature at steering committee meetings. Ultimately the partnership would need to demonstrate that it had made a difference to health and safety outcomes in Scotland.

21. The Chair thanked committee members for their contributions to the debate and their agreement on the territory for initial action. She welcomed ideas to feed into the agenda at the next meeting. In particular, she asked for comments to be sent to the Secretary on the draft media strategy which would be debated more fully in November.

22. The date for the next meeting was agreed as 8th December 2005. It would be held in the morning in Edinburgh (venue to be confirmed).