

Partnership on Health And Safety in Scotland

PRIORITIES FOR THE FIRST YEAR

Issue

1. Discussion and agreement of top priorities for action this year

Recommendation

2. The committee is invited to develop its own ideas as well as those listed at Annex 1 (which emerged from the February conference). Comments are also invited on some proposed criteria to aid selection of priorities.

Background

3. The February conference came up with many good suggestions for the work of PHASS. They are listed again at Annex 1 for ease of reference. But caution was expressed that PHASS should be realistic about what it could take on by selecting a few priorities in the first year, which could deliver tangible benefit.
4. One way to select issues for action is to assess them against a few relevant criteria such as:
 - i. feasibility of making some progress within a reasonable timescale
 - ii. link with the Scottish evidence base (or lack of it)
 - iii. fit with HSC Strategy, strategic themes and existing programmes

Are these the right ones? Are there other considerations?

5. Annex 1 provides some initial comments against each suggestion from the conference, and attempts – in some cases – a quick assessment to prompt debate.
6. The aim at the first meeting is to select a few top priorities for further development. Other suggestions of merit can be flagged up for the future.
7. Ideas are certainly not limited to this list but it will be important in responding to the wider health and safety community to demonstrate that the discussion at February's conference has shaped some of the thinking.

Action

8. The committee is invited to discuss and amend the criteria at para 4 and come up with ideas for development into priority projects for the first year.

Annex 1

- i feasibility of making some progress within a reasonable timescale
- ii link with the Scottish evidence base (or lack of it)
- iii fit with HSC Strategy, strategic themes and existing programmes

| Idea / suggestion / proposal and comments | i | ii | iii | Is it a runner this year? Something for the future? (Committee to agree or amend) |
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| ENABLING | | | | |
| 1. Establish a research and evaluation sub-group jointly with Healthy Working Lives Already met once prior to the February conference Essential to maintain and improve understanding of evidence base to decide priority areas of work and what works to demonstrate impact | √ | √ | √ | √ |
| 2. Establish a web-based functional directory of occupational health and safety expertise in Scotland Would be for joint action with the Scottish Executive and Healthy Working Lives who have already started some mapping work Potentially a major contribution to HSC's aim to improve access to OHS services A candidate for contracting out? | | √ | √ | √ |
| 3. Establish a sub-group jointly with Healthy Working Lives (HWL) to examine the range and mix of competencies needed to deliver strategies in Scotland Area for HSE - as HWL operational model evolves (and experience begins to emerge from Workplace Health Direct pilots in England and Wales) Probably not for PHASS at this stage before (2) above | | | | |
| 4. Develop an approved model for building health and safety into contract management Many large companies and good h&s performers already have such models HSE is in discussion with SE about public procurement best practice Would the business community be prepared to distil a standard model? But is this necessarily a Scottish project? | | | | |
| 5. Strengthen the health risks dimension of training for workers' health and safety representatives Meets the HSC strategic aim to improve the impact of workers' involvement and to focus more on health issues Evidence that reps involvement leads to higher performance How could this be delivered and with what/whose resource? | | √ | √ | |

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| <p>6. Set targets for, and take action to, increase coverage of workers' health and safety representatives across Scotland Probably an STUC objective already? There is a Workers' Safety Adviser Fund project in Scottish voluntary sector</p> | | | √ | |
| <p>7. Research the impact of Scottish culture and attitudes to personal health on workplace behaviour Might reveal evidence for disparity in self-reported ill-health between Scotland and other parts of GB Of major interest to HWL and Scottish Executive Probably sufficient existing evidence to justify Difficult to specify scope and methodology?</p> | | √ | √ | √ |
| <p>8. Research characteristics of workplaces where employees feel their well-being is treated as important and they are respected (ie what makes a healthy 'psychological contract' at work) Chimes with work on sickness absence management and return to work Addresses growing view that 'ill-health' can be the result of a mix of bio psychosocial causes not always a recognised clinical condition Of major interest to HSE GB-wide and HWL Difficult to specify scope and methodology? Not significantly Scottish?</p> | | √ | √ | |
| <p>9. Research the relationship between workplace health and safety and social exclusion and deprivation First investigate whether any work has already been done Already existing detailed evidence of link with public health – by post code Could be a major contribution to evidence base in Scotland</p> | | √ | | |
| <p>10. Research impact of occupation on less-well understood MSD problems Sector-specific? Floor surface coverings Evidence of hip joint damage</p> | | √ | | |
| <p>11. Review the provision of health and safety training in Scotland May be best to wait until HWL has settled in and consider doing this jointly Fits with improving access to competent OHS advice</p> | | | √ | |
| <p>COMMUNICATING</p> | | | | |
| <p>12. Produce a map of Scotland's health and safety system A first and very superficial attempt is at Annex C of the conference report -It would be useful to develop this in more detail Would promote greater understanding of different contributions and sources of OHS expertise</p> | √ | | √ | √ |
| <p>13. Establish a clear communications infrastructure for the health and safety system in Scotland Need to explore what is meant by this in the context of a communications strategy for PHASS (see 17 below)</p> | | | | |
| <p>14. Support health and safety events for business run by business led by a 'higher performers' forum' There is a strong willingness to engage and help which PHASS should tap into asap Evidence that business listens to business more than 'Government' Supports business involvement Would need to decide the focus and target audience eg small firms</p> | √ | √ | √ | √ |

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| <p>15. Develop and market a Scottish business case with Scottish Enterprise and high performers - building on the HSE campaign. Promote case studies in financial terms Need to increase the number and variety of Scottish case studies</p> | | | | |
| <p>16. Explore communications routes to learn from and share best practice with permissioning regime industries As proposed in paper on terms of reference (PHASS 01.02)</p> | | | | √ |
| <p>17. Develop a communications strategy for PHASS As proposed in below the line paper (PHASS.01.04). For discussion at a future meeting</p> | | | | √ |
| <p>18. Develop the proposed Scotland pages of the HSE website to support and promote PHASS work HSE website will contain Scottish webpages. Would welcome PHASS comments in due course on its further development.</p> | | | | √ |
| DELIVERING | | | | |
| <p>19. Explore with Healthy Working Lives, the application of the Working Backs Scotland model to mental ill-health Evidence that mental ill-health is a major reason for days off work – especially long term sick leave (Health Protection Scotland) Discuss with Scottish Centre for HWL</p> | | √ | √ | √ |
| <p>20. Establish a taskforce to reduce musculo-skeletal problems and improve health and employment within the floor-laying industry A small highly organised industry Obvious musculo-skeletal problems eg carpet laying; heavy lifting Possible ready solutions and quick wins</p> | √ | √ | √ | √ |
| <p>21. Establish a Scottish strategy for small firms - possibly involving mentoring schemes There is an identified need to improve integration of key health and safety messages and simple advice into Scotland's support and advice systems for small firms PHASS members between us have the know-how and the contacts</p> | √ | √ | √ | √ |
| <p>22. Support health and safety events for business run by business led by a 'higher performers' forum' There is a strong willingness to engage and help which PHASS should tap into asap Evidence that business listens to business more than 'Government' Supports business involvement Would need to decide the focus and target audience eg small firms</p> | √ | √ | √ | √ |
| <p>23. Develop best practice for protecting the health and safety of outside workers exposed to cold and wet weather conditions A case for guidance on the provision of suitable equipment and clothing?</p> | | | | |
| <p>24. Sponsor development of 'safety by design' guidance Chimes with HSC strategy to influence supply chain A lot of potential Some work already done</p> | | | √ | |

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| 25. Set up pilot projects to involve workers in health and safety management Need to explore what this could mean | | | | |
| 26. Contribute to work with the Scottish Executive's preventing violence and abuse towards workers initiative A tentative proposal has been drafted for an action/learning project in the Scottish retail sector What could PHASS offer? | | | | |
| FURTHER SUGGESTIONS FROM THE COMMITTEE | | | | |
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