



Department  
for Work &  
Pensions

**A review of the existing evidence on the health and safety  
system in Scotland**

**18 August 2015**

The Smith Commission recommended a review of the operational delivery of health and safety in Scotland, within the existing reserved framework. The Department for Work and Pensions is publishing this report on the existing evidence on health and safety in Scotland. It concludes that there are no significant health and safety reasons to change the reserved status of health and safety or HSE. The publication reflects the good progress made by UK Government, Scottish Government and HSE officials working together to produce this report.

This report was completed during the summer of 2015 and figures cover the reporting periods up to the end of the 2014/15 year (31 March 2015).

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# 1 Executive summary of findings

1.1 Following the Smith Commission, the parties raised a number of additional policy matters which did not involve the devolution of a power to the Scottish Parliament. One of these was that “*the Scottish and UK Governments should work together to review the functions and operations of the Health and Safety Executive in Scotland and consider how the future requirements to best serve the people of Scotland could be delivered operationally whilst remaining within a reserved health and safety legislative framework*”<sup>1</sup>.

1.2 This report presents findings from an inter-governmental review which considered and analysed the existing evidence on the relevant issues, in particular health and safety outcomes in Scotland and how the various parts of the health and safety system support delivery of these outcomes.

1.3 The review focussed on the following:

- The occupational health and safety record;
- Scotland’s economy;
- Health and safety in priority sectors of the economy;
- Health and safety regulation;
- The wider landscape for delivering health and safety improvement in Scotland.

1.4 The key findings are set out below:

## *The occupational health and safety record*

1.5 Overall, the review found Scotland’s health and safety record is not significantly different to that of GB as a whole and hence amongst the best in Europe (based on comparisons by Eurostat for GB as a whole). There is no evidence that employers are less compliant or that there are unidentified workplace risks in Scotland.

1.6 The estimated overall annual cost to the Scottish economy of work-related ill-health and injury is over £1 billion<sup>2</sup>. This takes account of work related ill-health and injury having a much wider impact than the often devastating effect on the individuals affected and their families. Alongside impact on businesses (e.g.

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<sup>1</sup> [http://www.smith-commission.scot/wp-content/uploads/2014/11/The\\_Smith\\_Commission\\_Report-1.pdf](http://www.smith-commission.scot/wp-content/uploads/2014/11/The_Smith_Commission_Report-1.pdf)

<sup>2</sup> Estimated annual cost to Britain of workplace injuries and illness to current workers, by country and region of work 2012/13 (expressed in 2012 prices), HSE

continuity, profitability and even the viability of a small business), this figure also reflects the resulting demands on the NHS and other public services.

1.7 Measuring the occupational health and safety record across regions and countries is not straightforward. Small numbers of incidents and small sample sizes in the main source of GB data (the Labour Force Survey) make it difficult to drill down to examine the record of individual industrial sectors within regions or countries. Nonetheless, valid comparisons can be made using standardised rates of work-related injury to take account of different occupational mixes across the UK. The review found that:

- Scotland has the same overall rate of injury as the rest of GB;
- The reduction in injury rates over several years shows a rate of improvement in Scotland broadly in line with the corresponding figures for Wales and the English regions (except for London).

1.8 A few differences, which are not explained by different occupational mix in Scotland, are found within individual sectors and sub-sectors of industry e.g. a higher rate of fatal injury in agriculture. The impact of Scotland's historic heavy engineering industries shows specific locations in West Dunbartonshire and Inverclyde as having higher rates of mortality associated with past exposure to asbestos in shipbuilding activity. Looking at all work-related ill health, in recent years Scotland has had lower rates than other parts of GB.

#### *Scotland's economy*

1.9 The proportion of employment in each sector does not differ greatly from England and Wales. The largest difference is in health and social work which accounts for 2.5% more of Scotland's total workforce than is the case for England and Wales' combined. The public sector overall accounts for 21% of the workforce compared to 17.5% in England and Wales.

1.10 There is however an obvious difference in Scotland's geography. 70% of Scotland's land area is classified as being remote, with 10% of the population living in such areas. The review noted that specific industries including some earmarked for investment and growth in Scotland are located in remote and rural areas. Limitations in the data make it difficult to assess the implications for the delivery of health and safety interventions in rural areas but food manufacturing – some of which is located remotely - may have a higher rate of injury in Scotland (in addition to the finding for fatal injury in agriculture).

1.11 The share of Scottish employment in companies owned in the rest of the UK or abroad is significant at 37.4%. Sole proprietors or partnerships however account for 21.5% of employment. This huge diversity in size, structure and ownership of Scottish businesses confirms the need for an intervention strategy

of tailoring health and safety support by business characteristics as well as industrial sector and occupation.

#### *Health and safety in priority sectors*

1.12 The Health and Safety Executive's (HSE) use of Scotland-specific analysis of statistics and industry characteristics is more developed for some sectors than others. Although it is clear across the board that occupation is a key driver of risk, limited evidence in some sectors makes it difficult to determine whether, or how, the health and safety system could deliver better support and improvement.

1.13 The review did find however that targeting of limited regulatory resources of HSE and local authorities (LAs) is based on available evidence (with proactive inspection reserved for where it can make the most difference). Scottish LAs are responsible for regulating 61% of businesses and 44% of the workforce – a slightly lower proportion than in England but more than Wales.

#### *Health and safety regulation*

1.14 HSE and LAs in Scotland share responsibility for the regulation of health and safety on the same basis as the rest of GB. The review used Scotland's proportion of the working population as a basis for comparison of the level of activity (a very approximate rule of thumb). While the results need to be treated with some caution, in Scotland (over a 3-year average) compared to the rest of GB:

- HSE did more inspection (changes in recording systems make this difficult to compare for LAs);
- LAs issued more enforcement notices and, relatively speaking, HSE serves fewer.

1.15 Data on health and safety prosecution is also included in the full report. The review concluded that comparisons of the level of prosecution activity in Scotland with England and Wales are not appropriate, given the very different legal systems and prosecuting authorities.

#### *The wider landscape for delivering health and safety improvement in Scotland*

1.16 HSE, the independent GB body for health and safety established 40 years ago under the Health and Safety at Work etc. Act 1974 (HSWA). HSE's primary function is to secure the health, safety and welfare of people at work and to protect others from risks to health and safety arising from work activity.

1.17 The HSE activity in Scotland is delivered by operational teams based in Scotland, supported by specialist expertise from elsewhere in HSE (such as the Health and Safety Laboratory at Buxton) and additional science, policy and

operational strategy functions based in other HSE offices in England and Wales. Similarly, HSE staff based in Scotland support HSE activities elsewhere in GB.

- 1.18 HSE works in partnership with Scottish LAs, its co-regulators under HSWA, who also secure compliance with the law in workplaces such as shops, offices, warehouses. Representatives from Scotland's 32 unitary authorities meet regularly with HSE and each other under the auspices of Royal Environmental Health Institute for Scotland (REHIS).
- 1.19 The co-regulators have an important role in holding people to account within the Scottish legal system as investigation bodies reporting to the Crown Office and Procurator Fiscal Service (COPFS) – Scotland's independent prosecution service. This differs from England and Wales where HSE and LAs are also a prosecuting authority.
- 1.20 HSE and Scottish Government officials liaise extensively on matters that overlap devolved and reserved areas of policy. HSE appears before committees of the Scottish Parliament when invited and regularly attends the Cross Party Group on Accident Prevention and Safety Awareness.
- 1.21 The review includes information on co-operation between regulators in Scotland. A range of formal and informal agreements with specific reserved and devolved regulators or scrutiny bodies exist with the aim of facilitating effective working relationships. Coverage appears to be comprehensive.
- 1.22 HSE and LAs work with Scotland's business and trade union representatives who have a role in understanding and promoting health and safety in the Scottish context. This includes working with the two general health and safety stakeholder groups - the Partnership on Health and Safety in Scotland (PHASS) and the Healthy Working Lives' National Advocacy and Advisory Group (HWL NAAG). The review found some overlap in the remit and membership between these groups. Both groups have themselves expressed a need to achieve a better balance of participation across business, trade unions and other organisations in a position to influence health and safety.
- 1.23 The report also presents information about sector-specific partnerships involving government, regulatory, business and trade union representatives. Although the review did not collect evidence to analyse in any detail the effectiveness of all the groups, it is clear that participation of stakeholders at sector level is healthy in many, but not all, of the key areas of the economy.
- 1.24 Overall the review took the view that Scotland, compared to England, has the opportunity to achieve greater impact on health and safety behaviours, due to the relatively smaller, more coherent community of players in Scotland. However, there remain some gaps in industry coverage.

## 2 Background

2.1 This report aims to support the future development of advice to Ministers in the UK and Scottish Governments to allow them to deliver the agreement made by the parties to the Smith Commission published in November 2014, as follows:

*"The parties have raised a number of additional policy matters which do not involve the devolution of a power to the Scottish Parliament. They have agreed that the Scottish and UK Governments should work together to review the functions and operations of the Health and Safety Executive in Scotland and consider how the future requirements to best serve the people of Scotland could be delivered operationally whilst remaining within a reserved health and safety legislative framework."*<sup>3</sup>

2.2 The UK Government's Command Paper, *Scotland in the United Kingdom: an Enduring Settlement*<sup>4</sup>, published in January 2015 referred to discussions focused on improving working practices within the existing devolution settlement including work to *"review the health and safety outcomes that are being sought within Scotland within a reserved legislative framework"*.

2.3 The UK Government and the Scottish Government commissioned an initial review to consider and analyse the existing evidence on the relevant issues. The work has been undertaken by officials from the Department for Work and Pensions, Scottish Government Public Health Division, Scotland Office, Health and Safety Executive and a nominee from the Society of Chief Officers of Environmental Health in Scotland.

2.4 This review considered the existing evidence on the operation and performance of the health and safety system in Scotland and how the various parts of the system currently support delivery. It does not make recommendations or draw conclusions, but where appropriate draws attention to findings of importance to Scotland and current work relevant to future requirements. The regulation of major hazards is out of scope of this review. This includes high-risk work activities at chemical processing sites (e.g. Grangemouth), oil and gas extraction (including offshore), nuclear sites (e.g. Hunterston) and passenger safety (on rail, in the air and at sea). Such activities are subject to specific regulatory regimes, in addition to core health and safety legislation and a regulated by other bodies than HSE (or in partnership with HSE). The objectives, scope of the work, methodology and the sources of information considered for this report are set out at [Annex 1](#).

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<sup>3</sup> [http://www.smith-commission.scot/wp-content/uploads/2014/11/The\\_Smith\\_Commission\\_Report-1.pdf](http://www.smith-commission.scot/wp-content/uploads/2014/11/The_Smith_Commission_Report-1.pdf)

<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/397079/Scotland\\_EnduringSettlement\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/397079/Scotland_EnduringSettlement_acc.pdf)

- 2.5 The review concluded that the objectives, as in Annex 1, have been achieved – with the exception of “developing a common understanding and clear definition of health and safety goals”. In hindsight, this objective could not be fully realised without engagement and discussion with relevant stakeholders, which is outside the scope of a review of existing evidence. However, some existing goals have been identified (see paragraphs 3.2 and 3.8 to 3.10).
- 2.6 The UK and Scottish Government officials agreed that this report reflects the findings of this phase of the review on the health and safety system in Scotland (a review of the existing evidence).
- 2.7 The review team would like to thank all those who assisted in providing data and materials for this report.

## 3 Introduction

3.1 Work related ill-health and injury has a much wider impact than the often devastating effect on the individuals affected and their families. It damages business continuity and profitability and can even destroy the viability of a small business. It makes huge demands of the NHS and other public services. The estimated overall cost to the Scottish economy of work-related ill-health and injury is over £1 billion<sup>5</sup>.

3.2 The health and safety system in Scotland is led by HSE, the independent GB body for health and safety established 40 years ago under the Health and Safety at Work etc. Act 1974 (HSWA). HSE's primary function is to secure the health, safety and welfare of people at work and to protect others from risks to health and safety arising from work activity. HSE's main aims are to:

- lead others to improve health and safety in the workplace;
- provide an effective regulatory framework;
- secure compliance with the law;
- reduce the likelihood of low frequency, high-impact catastrophic incidents.

3.3 The HSE activity reflected in this paper is delivered by staff within its Field Operations Directorate (FOD) based in Scotland, supported by specialist expertise from elsewhere in HSE such as the Health and Safety Laboratory at Buxton and additional science, policy and operational strategy functions based in offices in England and Wales. HSE's HQ is in Bootle, Merseyside, from where its support functions are run (HR, IT, finance and communications). Many of HSE's policy staff are based at its HQ, although staff working with particular industry sectors and the relevant trade unions are based around GB. The negotiation and interpretation of EU health and safety legislation is managed for GB and Northern Ireland by HSE's Policy and Operational Strategy Directorate based in London. On balance staff based in Scotland receive more support from HSE staff working elsewhere in GB, but support also flows the other way (eg HSE's adventure activity expertise is based in Scotland).

3.4 HSE works in partnership with Scottish LAs, co-regulators under HSWA, who also secure compliance with the law in workplaces such as shops, offices, warehouses. LAs may also include conditions relevant to public health and safety in licensing conditions under legislation other than HSWA e.g. public entertainments, under the Criminal Justice and Licensing (Scotland) Act 2010.

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<sup>5</sup> Estimated annual cost to Britain of workplace injuries and illness to current workers, by country and region of work 2012/13 (expressed in 2012 prices), HSE

3.5 The HSE/LA partnership in Scotland is often more straightforward than in England, as a result of the relatively smaller number of single unitary authorities (32 rather than over 300). Their representatives meet regularly with HSE and each other in four Scottish regions and nationally under the auspices of Royal Environmental Health Institute for Scotland (REHIS).

3.6 The co-regulators have an important role in securing justice within the Scottish legal system as investigation bodies reporting to the Crown Office and Procurator Fiscal Service (COPFS) – Scotland’s independent prosecution service. This differs from England and Wales where HSE and LAs are also the prosecuting authority for the relevant health and safety cases. HSE and LAs in Scotland operate to their published Enforcement codes and standards. These are based on common principles of proportionality, targeting, consistency, transparency and accountability. Together with the police, prosecutors are also signatories to the relevant Work Related Deaths Protocol in their respective jurisdictions.

3.7 In March 2011, DWP published *Good Health and Safety, Good for Everyone*<sup>6</sup> which set out how HSE would categorise and target their interventions at non-major hazard workplaces on the basis of risk. In September 2013, HSE published a LA national Enforcement Code<sup>7</sup> which sets out the risk based approach to targeting health and safety interventions to be followed by LA regulators. A key aim of the new emphasis was that compliant, low risk businesses should not receive unnecessary inspections and that the enforcing authorities should target their resources on higher risk and poor performing workplaces.

3.8 Good workplace health and safety contributes to the Scottish Government’s strategic objectives to create:

- a wealthier and fairer country in which there are opportunities for good work, business risk is effectively managed and there is sustainable economic growth;
- a healthier country, in which people’s life expectancy is improved and health inequality is reduced.

3.9 The Scottish Government’s responsibility in devolved policy areas, in particular for improving public health in all settings including the workplace, influences health and safety through procurement and delivery of public services, as a publisher of guidance and in complying with the law where it is the employer.

3.10 The Scottish Government also has responsibilities around the promotion of economic development in Scotland and supporting industrial development and infrastructure. Its goals in these areas, while not explicitly “workplace health and

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<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/66745/good-health-and-safety.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66745/good-health-and-safety.pdf)

<sup>7</sup> <http://www.hse.gov.uk/lau/la-enforcement-code.htm>

safety” goals, will influence how industries grow in Scotland and for example the speed with which new technologies are adopted, which may involve novel workplace hazards.

3.11 HSE and Scottish Government officials liaise extensively on matters that overlap devolved and reserved areas of policy. A concordat between the then Scottish Executive and HSE was agreed in 1999 and remains in place unchanged. It was drawn up in accordance with the principles outlined in the overarching Memorandum of Understanding (MOU) which set out the understanding of the UK Government and the administrations of Scotland and Wales of the principles and practices that should underlie relations between them. The Concordat aims to promote the establishment of harmonious working relationships and good communications at all levels between HSE and the Scottish Government.

3.12 HSE appears before committees of the Scottish Parliament when invited and regularly attends the Cross Party Group on Accident Prevention and Safety Awareness. HSE and LAs work with devolved regulators and scrutiny bodies in Scotland e.g. many LA inspectors also enforce food safety regulations; and HSE works with the Scottish Environment Protection Agency (to achieve effective health, safety and environmental compliance) as well as with Health Improvement Scotland (to inform respective and different roles in achieving safe healthcare services).

3.13 HSE and LAs also work with Scotland’s business and trade union representatives who have a role in understanding and promoting health and safety in the Scottish context. The Partnership on Health and Safety in Scotland (PHASS), established in 2005, brings together employer and employee representatives, professional health and safety bodies, the third sector, Scottish Government and HSE to:

*“co-ordinate effort across devolved and reserved government interests and promote the benefits to people, businesses, and Scotland’s economy, of working in a safe and healthy environment.”<sup>8</sup>*

PHASS is currently chaired by a member of the HSE Board who is based in Scotland.

3.14 In addition, a range of industries and sectors have their own Scottish business and trade union health and safety groups (or GB-groups with Scottish representation) whose aims are to encourage employer leadership and worker involvement in improving performance in their particular sectors.

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<sup>8</sup> <http://www.hse.gov.uk/scotland/partnership.htm>

3.15 Professor Löfstedt's review<sup>9</sup> of all GB's health and safety legislation (November 2011) concluded that the regulatory framework, including HSE's role within it, is broadly sound. However, its recommendations identified opportunities to update, consolidate or simplify and as a result HSE had by March 2015 removed or improved 84% of health and safety legislation – reducing the overall stock by 50%. There were no Scotland-specific recommendations.

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<sup>9</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/66790/lofstedt-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66790/lofstedt-report.pdf)

## 4 The occupational health and safety record in Scotland

4.1 Measuring occupational health and safety and reaching conclusions about the comparative performance of countries or regions is not straightforward. The approach taken by the review has been to identify evidence from authoritative sources and present it here. However, data is not available to answer detailed questions particularly about work-related injury and ill-health in sub-sectors of industry or regions of Scotland. Work produced for PHASS (see para 3.13) has aimed to improve transparency and understanding of Scottish statistics, particularly as a result of concern about the rate of fatal injury in Scotland<sup>10</sup>.

4.2 The overall conclusion of this review is that Scotland has a statistically significantly lower rate of work-related ill-health and does not have a statistically significant different overall work-related injury rate to the rest of GB.

### Injury rates

4.3 The review identified that the only authoritative sources of evidence on injury and work-related ill-health statistics are reporting under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013<sup>11</sup> (and previous versions) (RIDDOR) and estimates using the Labour Force Survey (LFS). While recognising that both have limitations, they are statistics that are audited by the UK Statistics Authority and have been designated with the National Statistics quality standard.

4.4 Analysis shows that the rate of fatal injury in Scotland is lower than the corresponding rate in Wales but higher than that in England overall (rates vary across regions of England) (fig 1, below). However, the sample sizes for fatality data are very small and comparisons need to be interpreted cautiously.

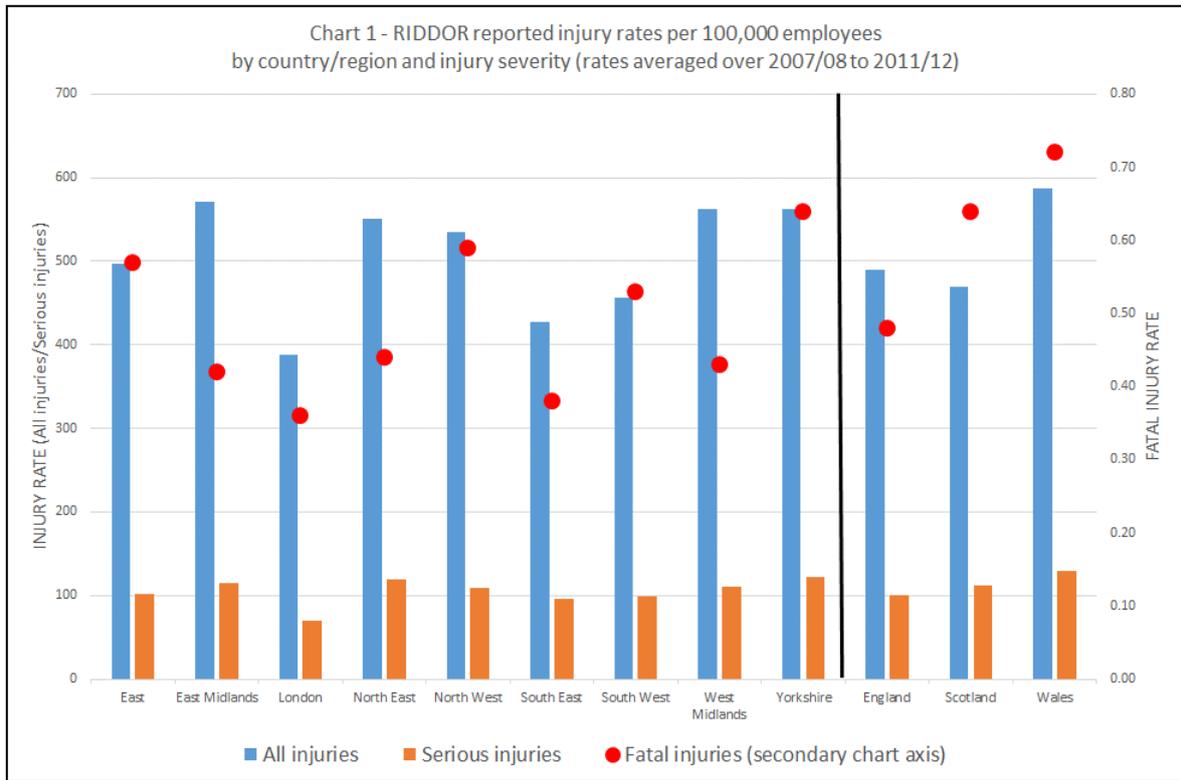
4.5 Figure 1 below provides the RIDDOR data for serious and all reportable injuries for each of the English regions and for Scotland and Wales as a whole. There is no evidence to suggest that rates of reporting under RIDDOR are worse in Scotland. However, there is significant under-reporting across the whole of GB for non-fatal injuries, therefore LFS rates are the preferred measure for non-fatal injuries (see Figure 2 below).

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<sup>10</sup> [Briefing paper for PHASS: Injury and ill health statistics for Scotland \(September 2014\)](#)

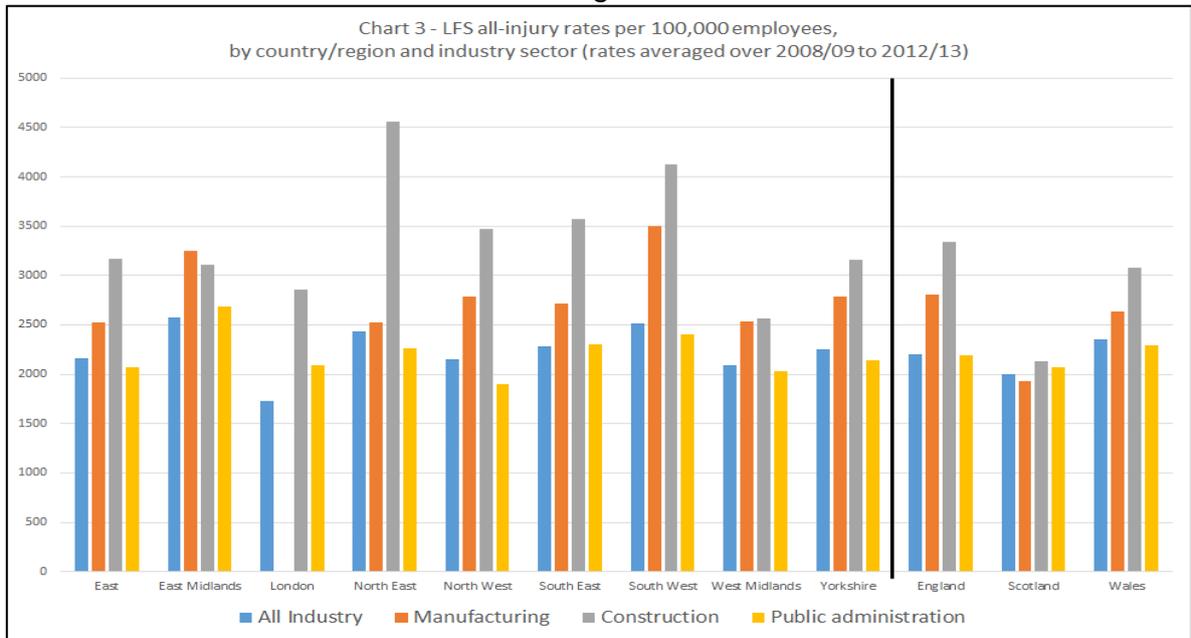
<sup>11</sup> [http://www.legislation.gov.uk/uksi/2013/1471/pdfs/ukxi\\_20131471\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/1471/pdfs/ukxi_20131471_en.pdf)

**Fig 1: RIDDOR reported injury rates**



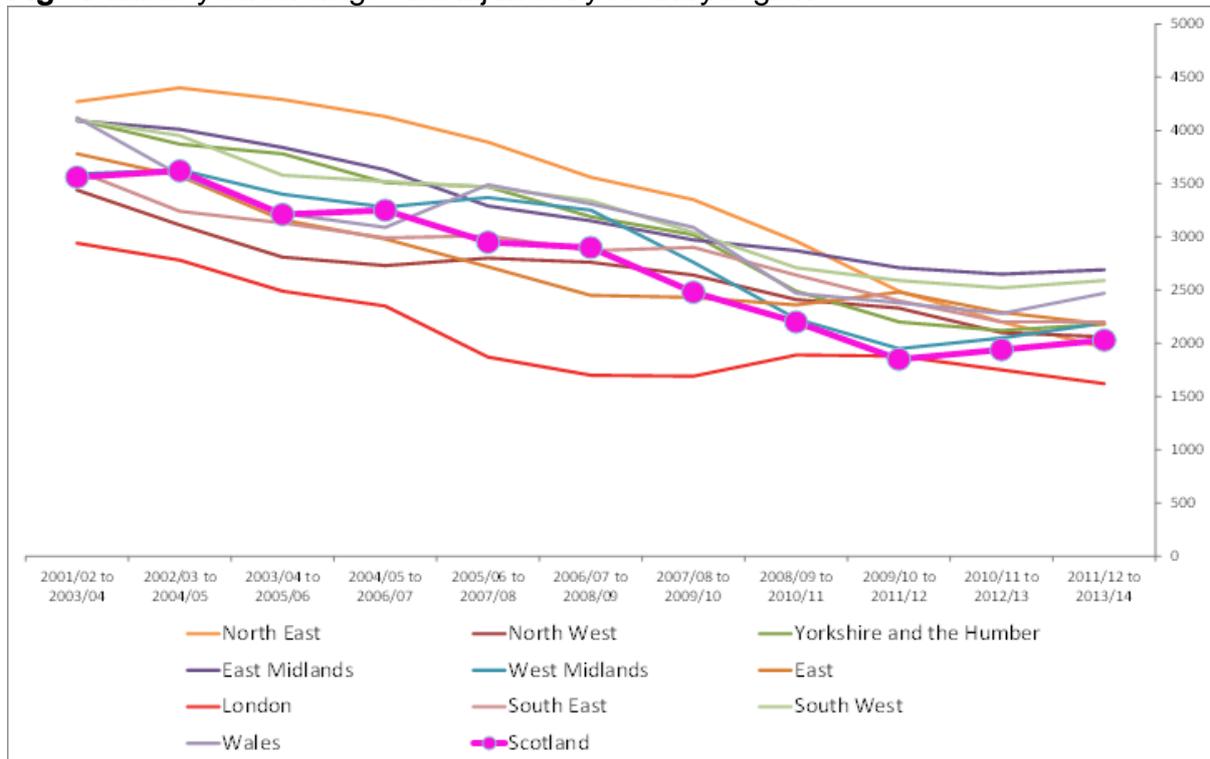
4.6 The all injury rate estimated by the preferred LFS measure is lower in Scotland than corresponding rates in England and in Wales. This is consistent with the findings from RIDDOR. Only one of the nine English regions (London) has a lower overall injury rate than Scotland (fig 2, below). Within higher risk industries such as manufacturing and construction, the overall injury rates are again lower in Scotland than in England or Wales. No English region has a lower injury rate than Scotland within these two sectors (fig 2).

**Fig 2: LFS all-injury rates per 100,000 employees, by country/region and industry sector averaged over time**



4.7 The percentage reduction in injury rates over last five years and last ten years, by country/region shows a rate of improvement in Scotland broadly in line with the corresponding figures for Wales and the English regions (except for London) (fig 3, below). Since the Health and Safety at Work etc. Act 1974 and the creation of HSE, fatal injuries in GB have fallen by 85%. Scotland has benefitted in line with that reduction.

**Fig 3: Three-year averages for injuries by country/region**



## Work-related ill-health

4.8 Scotland has had a statistically significantly lower rate of self-reported work-related ill-health for both new cases and existing conditions compared to England and Wales (table 1, below).

**Table 1:** Ill-health incidence (new cases) and prevalence (all cases) averaged over time by country and region

Table 5 - LFS ill health incidence and prevalence rates per 100,000 people employed in the preceding 12 months, by country/region (rates averaged over 2007/08 to 2011/12)	Incidence	Prevalence
East	1840	3890
East Midlands	1750	4120
London	1600	3450
North East	2070	4670
North West	1540	3750
South East	2010	4330
South West	1900	4370
West Midlands	1460	3610
Yorkshire	1840	4130
England	1760	3980
Scotland	1500	3460
Wales	1590	3890
GB	1730	3930

## Deaths from mesothelioma

4.9 The review considered the impact of Scotland's historic concentrations of heavy engineering industries and concern about high rates of asbestos-related diseases in specific locations. An HSE study of deaths from mesothelioma by geographical area<sup>12</sup> shows that areas associated with shipbuilding activity have higher than average mesothelioma mortality. However, whereas annual numbers of mesotheliomas for Britain as a whole continue to increase, numbers in shipbuilding areas have tended to level off or even decrease. For example, although West Dunbartonshire still has the second highest mesothelioma death rate overall within Britain, annual deaths have been gradually falling since the 1990s. This would be consistent with an earlier peak in mesothelioma deaths due to asbestos exposures associated with shipbuilding since such exposures are likely to have been eliminated or reduced earlier than those in other settings such as construction work. The HSE study showed that Inverclyde and Renfrewshire also have high mesothelioma rates. Barrow-In-Furness in England had the highest rate within GB whereas Perth and Kinross had one of the lowest.

<sup>12</sup> Mesothelioma Mortality in Great Britain by Geographical Area, 1981 – 2011 (HSE)

## Industry Sectors

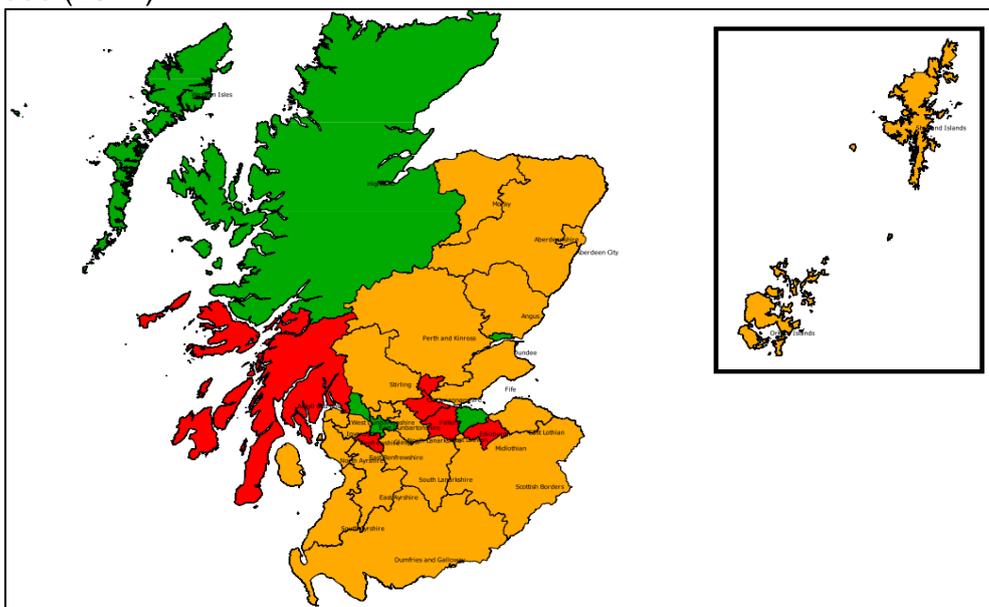
4.10 The PHASS work on health and safety statistics in Scotland updated previous findings and confirmed that variation in injury rates across GB is explained by regional and country variation in occupational composition. It is clear therefore that meaningful comparison to support understanding of the picture presented needs to be made on the basis of injury rates standardised for occupation. This removes the distorting effect of very different mix of occupations across regions, in particular, lower risk occupations in London and South East England.

4.11 There is little published comparison of occupational diseases by country or region because of limitations of the data but, again, mainly because occupation (and exposure to specific agents) and not location is the key driver of risk: there is no difference in the causes of injury or occupational disease in Scotland compared to other parts of GB.

4.12 There are some differences in Scotland within individual sectors and sub-sectors of industry (and historical industry) e.g. Scotland has a higher rate of fatal injury in farming<sup>13</sup> that is not explained by different occupational mix. However, small sample sizes and small numbers of incidents make it difficult to drill down into work-related health and safety statistics. The preferred LFS measure for injury (other than fatal injury) is based on a sample of approximately 4,000 responding households and 10,000 individuals per quarter in Scotland.

4.13 Within Scotland, the rate of injury - not standardised for occupation - can also be compared by local authority (fig 4, below).

**Fig 4:** Simple high (red = top 25%), medium (amber = middle 50%) and low (green = bottom 25%) comparison of injury RIDDOR reports of all injuries per 100,000 employees (2014)



<sup>13</sup> For more on the agricultural sector, see page 22

## Work-related road deaths

4.14 In response to its call for any additional evidence, the review was asked to consider work-related road deaths. While health and safety law applies to work activities on the road, there are some differences to other work activities as road safety legislation takes precedence. Statistics are not collected under health and safety reporting legislation (RIDDOR). Police Scotland take the lead on all road traffic accidents and, under the Work Related Deaths Protocol Scotland<sup>14</sup>, COPFS expects HSE to become involved only where there is evidence of a work-related cause and where the Road Traffic Act 1991 is not appropriate.

4.15 The review noted that the Scottish Occupational Road Safety Alliance (ScORSA), a partnership of Scottish organisations including the Scottish Government and HSE, has been established to help employers manage occupational road risk. The Scottish Government Road Safety Framework to 2020 is the basis for ScORSA's work. It covers people who drive for work and quotes Department of Transport and HSE research. This estimates that up to one third of all road traffic accidents involve someone who is driving for work purposes (including commuting) and that more employees are killed in 'at work road accidents' than in all other occupational accidents.

## European comparisons

4.16 On recognised Eurostat measures of both injury and ill-health, GB as a whole has the third best injury rate of all (table 2, below) and a work-related ill-health rate lower than Germany and Spain and lower than the overall EU rate<sup>15</sup>. Scotland's overall health and safety record is not significantly different to that of GB as a whole, so Scotland also benefits from one of the best health and safety records in Europe. Eurostat data is collected across Europe and the sample size allows statistically valid comparisons between the Member States. However, it does not allow for regional analysis within the Member States.

**Table 2:** Rate of fatal accidents standardised for sectorial differences between countries – Eurostat

Country	2006	2007	2008	2009	2010
European Union (27 countries)	:	:	2.36	1.94	1.87
European Union (15 countries)	2.4	1.9	:	1.59	1.57
Belgium	2.6	2.5	3.24	1.63	:
Bulgaria	:	:	3.59	2.23	2.06
Czech Republic	:	1	2.79	1.3	1.96
Denmark	2.7	2	1.5	0.64	0.81
Germany (until 1990 former territory of the FRG)	2.1	1.8	1.88	0.66	0.81
Estonia	:	2	2.31	2.54	2.1
Ireland	2.1	1.7	2.69	1.28	1.05
Spain	3.8	2.8	2.62	2.04	1.76

<sup>14</sup> <http://www.hse.gov.uk/scotland/workreldeaths.pdf>

<sup>15</sup> Eurostat publications on 'accidents and ill health' are based on GB Labour Force Survey data

France	3.5	2.3	1.67	2.07	2.49
Croatia	3.4	2.2	:	:	1.98
Italy	2.9	2.5	2.4	1.73	1.57
Cyprus	:	3.3	6.07	1.83	5.53
Latvia	:	:	4.88	3.62	1.84
Lithuania	:	:	4.95	3.86	3.67
Luxembourg	1.7	:	3.17	1.96	4.22
Hungary	:	:	3.18	1.83	2.1
Malta	:	:	1.93	:	:
Netherlands	1.7	1.8	2.84	0.63	0.49
Austria	4.2	3.8	4.32	2.29	1.77
Poland	:	:	3.27	5.3	:
Portugal	5.2	6.3	:	3.31	3.15
Romania	:	:	8.81	4.34	4.61
Slovenia	:	:	3.36	2.53	2.25
Slovakia	:	:	4.55	0.55	0.37
Finland	1.5	1.3	1.27	1.13	1.23
Sweden	1.5	1.4	1.85	1.19	1.39
<b>Great Britain</b>	<b>1.3</b>	<b>1.3</b>	<b>0.83</b>	<b>0.59</b>	<b>0.71</b>
Norway	2.8	1	3.03	:	:

4.17 Alternative international comparators or indices of health and safety performance were considered, such as the Maplecroft index. The review concluded that it was not appropriate to include it in this review as the methodology is not published or peer reviewed, unlike the Eurostat figures.

## 5 Scotland's economy - what is being regulated?

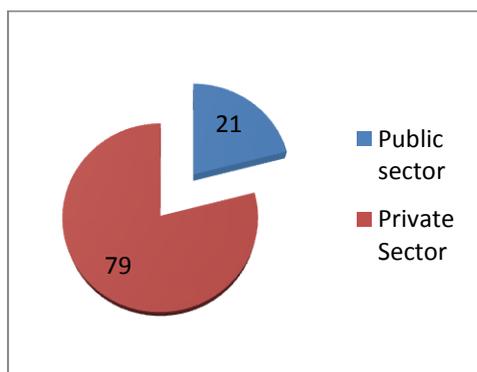
### Employment by sector

5.1 Approximately 2.7 million people are in employment in Scotland compared to approximately 31 million in the UK. The Office for National Statistics published regional workforce indicators (March 2015) showing Scottish jobs by standard industry classification (SIC) and differences in comparison with England and Wales. The greatest proportion of employment is in human health and social work (14.8%); wholesale and retail trade, motor vehicle repair (13.9%); education (8.0%); and accommodation and food service activities (7.6%).

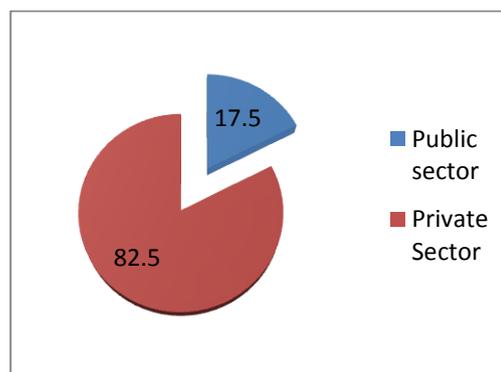
5.2 The sectors showing the most significant differences in proportion of employment to that for England and Wales are: human health and social work (+2.5%); public administration and defence (+1.3%); mining and quarrying (+1.2%); accommodation and food service activities (+1.0%); information and communication (-1.5%); and administrative and support activities (-1.2%). Further detail is at [Annex 2](#).

5.3 The public sector in Scotland has reduced in proportion in the last few years. It now accounts for 21% of total employment in Scotland compared to 79% in the private sector. Across the UK, the public sector is 17.5% of total employment compared to 82.5% in the private sector.

**Fig. 5:** Sector split for Scotland



**Fig. 6:** Sector split for UK



5.4 In Scotland two areas of devolved public sector services in particular make up a large proportion of employment: Local Government (9.5% of total Scottish employment) and the NHS (6.2% of total Scottish employment).

### Sectors of the Scottish economy earmarked for support and growth

5.5 Scottish Enterprise and Highlands & Islands Enterprise identify their growth sectors for 2014-17 as:

- Energy - both oil and gas (out with the scope of this report) and renewable and low carbon technologies;
- Food and drink;
- Life sciences;
- Tourism;
- Creative industries;
- Financial and business services;
- Technology and engineering (including aerospace, defence and marine);
- Universities.

5.6 Scottish Enterprise additionally note forest and timber technologies, textiles and chemical sciences and construction as sectors currently making a significant contribution to Scotland's economy, with specific opportunities for further growth.

5.7 The future provision of health and safety in Scotland will need to consider the implications of the future expansion in these sectors in terms of the risks associated with the relevant industries, the geographical location of them and the provision of the necessary infrastructure (construction, utilities, transport, etc.) to support them.

### **Business structure and ownership**

5.8 The latest data published on business structure and ownership in Scotland<sup>16</sup> shows an estimated 335,015 private sector enterprises were operating in 2014 (a decrease of 2.4% from 2013); 332,720 of these were SMEs, providing an estimated 1.1 million jobs. Sole proprietors/partnerships accounted for 69.1% of enterprises and 21.5% of jobs; companies/public corporations accounted for 28.7% of enterprises and 70.5% of jobs; and non-profit making bodies, 2.2% of enterprises and 8.0% of jobs.

5.9 Enterprises with no employees - that is sole proprietors/partnerships comprising only the owner-managers or companies comprising only the employee director - accounted for 68.5% of all private sector enterprises in Scotland, 12.5% of private sector employment and 4.1% of private sector turnover.

5.10 Many large firms are owned outside of Scotland. Registered private sector enterprises with ultimate ownership outside Scotland (rest of UK or abroad-owned) represented 3.0% of enterprises, accounting for 34.4% of employment and 57.1% of turnover. Breaking this down, 18.2% of Scottish private sector employment was in enterprises with ultimate ownership in the rest of the UK with the remaining 16.2% of employment in enterprises with ultimate ownership abroad (outside the UK). Within large firms (250+ employees) they represented

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<sup>16</sup> Businesses in Scotland 2014, Business and Enterprise Statistics, Office of the Chief Economic Adviser, Scottish Government

81.5% of enterprises, accounting for 62.5% of employment and 77.0% of turnover.

5.11 The share of employment by abroad-owned enterprises varies by industry sector. For example, as at March 2014, 32.5% of Scottish manufacturing employment was in abroad-owned enterprises, compared to 4.5% of Scottish construction employment.

### Rural and remote enterprises

5.12 Scotland's geography is such that a significant proportion of the land mass is classified as remote or very remote. Certain industries predominate in these areas – forestry, agriculture, aquamarine and tourism. Accessibility of health and safety advice is a challenge for those located in remote and very remote areas. The growth of priority sectors may present further challenges in delivery of an effective health and safety regime.

5.13 In 2014, 18.2% of private sector enterprises in Scotland were classified as operating in 'accessible rural' areas, with 12.6% classified as 'remote rural'. In terms of the number of private sector jobs in Scotland according to these classifications, 190,590 people work in 'accessible rural' areas, with 103,600 people employed in 'remote rural' areas.

5.14 Classification of remote areas is approached differently in Scotland to that in England and Wales. However, the definition of 'sparse' population for England and Wales is broadly similar to that of 'remote' and 'very remote' in Scotland.

**Table 3:** Classification of remote areas

	<b>% Population</b>	<b>% Land Area</b>
<b>England - Sparse</b>	1.4	15.5
<b>Wales - Sparse</b>	14.3	60.7
<b>Scotland – Remote</b>	5.9	22.5
<b>Scotland – Very Remote</b>	4.3	47.5
<b>Scotland – Total</b>	10.2	70.0

5.15 In 2014 the four high-employing industries in remote rural Scotland were agriculture, forestry and fishing (19,400); accommodation and food service activities (17,410); wholesale, retail and repair (13,830); and manufacturing (10,400). These four account for almost 60% of employment in remote rural Scotland.

## 6 Health and safety in priority sectors of the economy

6.1 HSE has a well-developed evidence-base to target sectors of the GB economy which are priorities because of higher work-related injury and ill-health. It publishes sector strategies and implementation plans, which are based on statistical analysis and research to provide a definition of the problems, understanding of opportunities and barriers, and clarity about objectives - including the use of the right technique at the right time to maximise impact. The strategies therefore reserve regulatory "boots on the ground" for the right situations and avoid the use of inspection where experience shows it would not have a significant impact.

6.2 The strategies and implementation plans have been produced by HSE with LAs' input (where relevant) for: agriculture, beauty, construction, low pressure domestic and commercial gas, electricity, leisure, logistics, manufacturing, public services, quarries, and waste and recycling. Each one looks at priorities under the strategic themes of:

- Leadership - ownership of the industry's health and safety performance and coherent leadership including which key industry associations, representative bodies, intermediary stakeholders etc. are best placed to promote cultural change;
- Building competence - health and safety skills gaps and training needs in core competences and how they can be met by industry;
- Customising support for SMEs - providing simple tools they need to improve performance and the confidence to know when they have done enough;
- Inspection, investigation and securing justice - whether current industry performance and responsiveness justify a sustainable programme of inspection to promote compliance; and
- Avoiding catastrophe - preventing high consequence events that could affect a large number of workers and member of the public.

6.3 The review has looked at sector strategies most relevant in Scotland because of their relative importance to the Scottish economy and/or their poor health and safety record across GB. In particular, whether there was evidence that any Scottish operational intelligence or other relevant information was being taken into account in the HSE analysis. The review concluded the use of Scottish health and safety statistics and opportunities offered by Scotland's landscape for the delivery of strategies is more developed for some sectors than others.

## Agriculture

- 6.4 Agriculture, forestry and fishing accounts for 1.9% of employment in Scotland compared to 1.2% in England and Wales. Rural Scotland covers 70% of the land area and 10.2% of the population and is an integral part of the country's economy, environment and culture. Employment in remote rural areas is heavily reliant on agriculture.
- 6.5 In this sector fatal injury rates are higher in Scotland than other parts of GB. In 2013/14 there were seven fatal injuries in Scotland compared to 31 in the whole of GB. This is a significant difference that holds true over a longer period and HSE has examined it in some detail<sup>17</sup>. It cannot be explained by any single factor, e.g. suspected greater self-employment, larger number of smaller businesses or a more significant ageing workforce in Scottish farming - there may be other Scottish industry characteristics at play. The highest cause of fatality is being hit by an agricultural vehicle.
- 6.6 Agriculture sector workers are more than twice as likely to suffer a major work-related injury compared with the average across all Scottish employment. The most significant causes of non-fatal injury are: slips, trips, falls (20%); lifting and handling (17%); injured by animal (15%); struck by object (11%); falls from height (10%); and contact with machinery (8%). For all reported injuries in this sector, the Scottish rate is similar to that in England but higher than in Wales.
- 6.7 Occupational causes of ill-health in agriculture include zoonotic infections, musculoskeletal disorders, hand arm vibration, vibration white finger, whole body vibration and respiratory diseases especially from exposure to organic dusts. Stress is also a factor - thought to be more associated with economic rather than working conditions.
- 6.8 The industry also has the potential to be the source of a public health outbreak through the risk of *E. coli* and *Cryptosporidium* infections at visitor attractions with animals - a leisure activity regulated by LAs.
- 6.9 HSE's 2008 GB-wide analysis 'Agriculture Revisited' identified that proactive inspection did not represent a cost-effective means of intervention to improve and sustain standards of health and safety in a large part of the industry, particularly for self-employed family farms, where many HSE farm visits provided limited opportunity for formal enforcement. Instead HSE uses an innovative communications-led approach to engage farmers and improve working behaviours in the sector. Campaigns such as "*Make the Promise - Come Home Safe*" and Safety and Health Awareness Days (SHADs) have been found to have had some success.

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<sup>17</sup> E.g. in 'Fatal injuries in farming, horticulture and fish farming in Scotland 2003/4 – 2013/14'

6.10 Intelligence-led HSE inspection in the sector, focused on larger farms and specific sub-sectors has continued, where reliance on casual and migrant workers and evidence of poorer standards indicates inspection is most likely to protect vulnerable workers. From 2014/15, a data sharing agreement with the Scottish Government allows HSE to use agricultural census data (on farm holdings and the nature of production) for better targeting inspection of a few sub-sectors (e.g. dairy, potato growing) where workforce levels indicate use of seasonal workers.

6.11 Engagement with Scottish agricultural industry includes a promising new Scottish Farm Safety Partnership with the National Farmers Union (NFU) Scotland, NFU Mutual, the Scottish Government and HSE to encourage leadership in Scottish farming. There are also well-established partnerships with industry in the forestry and aquaculture industries where the industry is now leading on producing guidance and the organisation of SHADs.

## Construction

6.12 Construction accounts for 6.5% of Scottish employment (compared to 6.3% in England and Wales). The sector strategy and this review's analysis indicates that:

- Over the last five years the fatal incidence rate in Scotland has been similar to that in England or Wales once the figures are standardised for occupation. The numbers are statistically small and vary from year to year. It is also possible that the reduction in fatal injuries may be an effect of the recession;
- The rate of RIDDOR reported non-fatal injury is consistently higher in Scotland and figures are subject to under-reporting. However, LFS data suggests that the rates are similar across GB;
- There are differences in types of common building construction methods between England, Scotland and Wales (e.g. more timber-frame construction in Scotland) but this is minor and there is no evidence to suggest that it has significant influence on the relative risks nor do they indicate any need to alter the regulatory priorities for intervention.

6.13 Although HSE has not identified any Scotland-specific health issues for the construction sector, occupational ill-health across GB remains a significant problem. It is estimated that almost 50% of new occupational cancers are construction-related. Major causes are exposure to asbestos-containing materials in older buildings and historical industries, musculoskeletal disorders and respiratory diseases attributable to silica and other dusts.

6.14 Construction is a HSE priority sector for inspection and intervention. Work is both reactive, in response to fatal and major accidents and significant concerns, and pro-active e.g. as part of local or national initiatives such as targeted

inspection of refurbishment work. There continues to be a significant level of enforcement activity in the construction sector.

6.15 Sector stakeholder representation is somewhat fragmented in GB but in Scotland HSE's engagement is better as many of the key stakeholders are members of Site Safe Scotland (SSS) and its sub-group, Working Well Together.

## Manufacturing

6.16 Manufacturing in Scotland has changed from historic domination by heavy industry, although pockets remain, resulting in an increasingly diverse and mixed manufacturing sector that ranges from high precision prototype engineering to optronics and biotechnology. It accounts for 7% (190,000) of Scottish employment (compared to 9.9% across the UK).

6.17 The manufacturing sector includes the following industries which HSE has identified as higher risk:

- Basic and molten metals, minerals (ceramics, glass, clay, concrete, stone working etc.);
- Fabricated metal products, machinery, and vehicles;
- Food and drink;
- Motor vehicle repair;
- Paper and board, plastics, printing;
- Rubber, textiles, clothing, leather, laundries;
- Woodworking and furniture.

6.18 Semiconductor manufacture and associated industries are of particular importance to Scotland; where 5 (of the UK's 20) chip manufacturing companies employ around 1,600 people directly. These processes use a range of chemicals and gases, many of which are hazardous including carcinogens. A 2009 study and subsequent visits to these companies found that exposure to the chemicals is generally very well controlled.

6.19 In the manufacturing sector, the main causes of fatalities and injury are machinery, falls, handling and transport. Five year average rates of injury per 100,000 employees from the Labour Force Survey show that within manufacturing, overall injury rates are lower in Scotland than in England or Wales. No English region has a lower injury rate than Scotland within this sector.

6.20 The main occupational diseases are cancers, asthma, hand-arm vibration and chronic obstructive pulmonary disorder caused by exposure to fumes, carcinogens, asbestos, vibration and dusts. There are also pockets of noise induced hearing loss risks in some sectors of manufacturing.

6.21 There is no current engagement on health and safety with manufacturing stakeholders in Scotland or with specifically Scottish bodies e.g. the Scottish Manufacturing Advisory Service or Scottish Engineering.

### Public services

6.22 The public services<sup>18</sup> sector employs 0.5m workers in Scotland (21% total employment<sup>19</sup> compared to 17.5% in the UK). In Scotland there is less fragmentation in public service provision than in other parts of GB.

6.23 HSE has not identified the sector as being appropriate for proactive inspection as many of the organisations are typically large scale in nature and there is a history of intra-sectoral co-operation, which HSE supports (e.g. organisations sharing good health and safety practice and developing their own sector guidance). Investigation of injury in public services, followed by enforcement action if appropriate, does however remain a significant HSE activity.

6.24 GB public-services can be divided into three subsectors: defence and public protection; health and social care; and public administration and education, each with its own distinctive issues. Across the sector as a whole, GB-wide worker fatalities are low, but the number of fatalities to non-workers (e.g. patients, service users) is significant. There are pockets of high incidence rates within a generally lower risk sector. A breakdown of injury rates by country/region was not available. The review commissioned HSE statisticians to produce this for the health and social care sector (see below).

6.25 Within this sector:

a. **Defence and public protection:** emergency services record higher than average rates of injury, the most common causes being slips, trips and falls, violence/manual handling of offenders for the police and exposure to fire, harmful substances and explosion for the fire service. Fire fighters also record significant cases of mesothelioma, reflecting historical exposures from when asbestos was widely used in personal protective and fire fighting equipment. Ministry of Defence is part of the sub-sector. Its functions in GB include some potentially high-risk military training and preparation activities as well as its civilian / 'desk' work activities.

b. **Health and social care:** Scotland's serious injury rate<sup>20</sup> in this sub-sector in 2013/14 was 70 (per 100,000 workers) the second highest behind South West England (77). This figure appears to be mostly driven by the high serious injury rate for residential care activities at 116 (per 100,000), the

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<sup>18</sup> HSE is responsible for health and safety regulation across the public services sector, apart from independent residential care, which is regulated by LAs.

<sup>19</sup> The largest employers are devolved public services in Local Government (~ 250k) and the NHS (~160k) workers.

<sup>20</sup> Injury rates for these sub-sectors are indicative only given uncertainty in the employment data. "Serious" injury includes fatal, major and specified injuries under RIDDOR.

second highest behind North East England (136). The rate for health care activities sub-sector in Scotland (65) ranks sixth highest i.e. right in the middle. Working days lost due to work-related injury and ill-health is also high in this sub-sector, the most common causes being musculoskeletal disorders, dermatitis, stress, violence and aggression and needle-stick injuries. Depending on whether HSWA is the appropriate legislation, injury to residents and service users in health and social care is investigated by HSE/LAs or addressed under responsibilities of Scotland's scrutiny bodies, HIS/HEI<sup>21</sup> and the Care Inspectorate or by professional bodies.

- c. **Public administration and education:** activities in this sub-sector have a significantly higher rate of ill-health than the average across all industries GB-wide. HSE statistics indicate that in education the prevalence of ill-health is significantly higher than the rates for all industries, with higher rates of stress, anxiety or depression in teaching than other occupations. The risk profile across LAs is very wide, ranging from high risk activities e.g. waste/recycling to administrative activities. In addition, LAs in delivering services and activities to the community can create risks to members of the public.

6.26 HSE/LAs relationships with public sector regulators and scrutiny bodies in Scotland are covered on the section on inter-regulatory co-operation (page 40). HSE's engagement with Scottish public sector employers' representatives is well-established in some areas but low- key or missing in others, such as the NHS as identified in [Annex 3](#).

### Waste and recycling

6.27 The waste and recycling industry has experienced rapid growth in the last decade. Most analysis is for GB as a whole. Current estimates suggest there are around 150,000 workers across GB. The industry is increasingly complex in particular in terms of the sorting and recycling of waste. The workforce is split roughly 50:50 between public and private sector employees but this will vary from country to region depending on local authority procurement and contracting policy. All domestic waste collection in Scotland remains with LAs, which is not the case elsewhere. There is no reliable data on industry make up in terms of business size.

6.28 Across the whole of GB, fatal injury rates are 8 to 16 times higher, and major injury rates around 4 times higher, than the average for all industries. Significant risk of fatal injuries arises from movement of vehicles, while major injuries arise predominately from handling materials and from slips and trips. Waste collection and sorting activities are a significant source of worker injuries and present risks

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<sup>21</sup> Healthcare Improvement Scotland/Healthcare Environment Inspectorate

to members of the public. The limited ill-health data available indicates higher sickness absence rates for waste and recycling workers.

6.29 Poor health and safety performance is amplified by the diversity of the organisations in the sector, from LAs to SMEs, and a complex workforce that includes unskilled, vulnerable, migrant, and agency workers, often with literacy/numeracy issues. The industry also faces challenges in securing effective supervision of peripatetic activities and the management of the direct and unavoidable public interface.

6.30 Some, now dated, information<sup>22</sup> shows Scotland's injury rates were lower per 100,000 workers, and per tonne of material handled, than other regions of England and Wales. An update of the same information using 2005 data, published in 2009, showed Scotland's injury rates in this sector were still at the lower end of the spectrum compared with other parts of GB - but these findings should be treated with some caution.

6.31 Environmental policy and legislative powers are fully devolved to the Scottish Parliament. The Scottish Environment Protection Agency (SEPA) is responsible for licensing and issuing permits for waste operators. Industry engagement is strong. HSE supports the GB-wide industry forum (WISH) on which Scotland is represented and also participates in SWITCH (Scotland Waste Industry Training, Competence, Health and Safety forum) set up by Zero Waste Scotland – the organisation that delivers the waste and recycling agenda on behalf of the Scottish Government.

6.32 HSE's operational intervention mix in the sector reflects the diverse, multifaceted and fragmented industry. It includes a blend of inspection initiatives aimed at LAs' procurement and management of waste services to address worker injury and the public safety issues associated with collection and recycling; targeted hot spot activities in specific sub-sectors or across health and safety topics to improve management of risk and address injury rates, especially in SMEs, and National Lead Inspector inspection initiative with the larger, national waste and recycling companies to promote improved management of risks.

### Scotland's growth sectors<sup>23</sup>

6.33 The review was able to do some limited analysis<sup>24</sup> of the data in those sectors identified by the Scottish Government as key growth industries. This found that the Scottish growth sectors have relatively low overall injury rates. However:

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<sup>22</sup> Circa 2001/02 - published by Bomel in 2004

<sup>23</sup> For Scotland's growth sectors - see page 20

<sup>24</sup> Injury rates for these sectors are only indicative given uncertainty in the employment data. Comparison made using injuries reported in 2013/14 per 100,000 workers calculated using approximated employment data, across all countries and regions.

- a. In the **food manufacturing sector** in Scotland, the all injury rate is comparatively high compared to England but lower than Wales;
- b. In the **tourism sector**, the all injury rate is also comparatively high compared to both England and Wales (but to a lesser extent than food manufacturing in England);
- c. In the whole of the **energy sector** (not all covered by this review), Scotland has a large number of workers compared with Wales and the English regions. The rate of serious injuries in this sector as a whole is high in Scotland, with only Wales and Yorkshire having a higher rate;
- d. Scotland is also towards the higher end when countries and regions are ranked for serious injury rates in the **textiles sector**;
- e. It is towards the lower end for **the life sciences, chemical sciences and sustainable tourism sectors**.

6.34 More detail on engagement within the sectors mentioned here is at [Annex 3](#).

## 7 Health and Safety regulation

### HSE governance and accountability

7.1 HSE is a non-departmental public body established under the Health and Safety at Work etc. Act (1974). HSE is led by a non-executive Board with one Board member having informal lead for Scotland (and is Chair of PHASS) (see page 10). The Board sets the organisation's long-term direction, strategy and objectives. The delivery of these, along with the day-to-day management of HSE, is the responsibility of the Chief Executive and the Management Board.

7.2 The Secretary of State for Work and Pensions is answerable to the UK Parliament for the policies and performance of HSE. He appoints the HSE Chair and its Board members<sup>25</sup>. HSE receives grant-in-aid from the Department of Work and Pensions (DWP) and raises income through charges and fees to the businesses it regulates and by the sale of publications and services. A DWP Stewardship team supports the Minister by agreeing HSE's targets and budgets, monitoring its performance and that it complies with relevant standards and requirements, such as the rules governing the use of public money. HSE is unusual for a public body within the policy framework set by Government as it provides both policy advice to UK Ministers, including proposing changes to relevant legislation, as well as delivering operational functions.

7.3 HSE officials meet Scottish Ministers on overlapping areas of policy and respond to Scottish Government consultations on legislative or guidance proposals that affect its remit. HSE has explained its work to the Scottish Parliament when invited to attend Committee hearings on relevant topics. HSE officials have also contributed to presentations to relevant cross-party groups and respond to correspondence from MSPs, e.g. on health and safety matters in their constituencies.

### Co-regulation with Scottish local authorities

7.4 HSE provides strategic direction and leads the health and safety regulatory system as a whole. In addition to inspection, investigation and enforcement, key activities include research, introducing new or revised regulation, codes of practice and guidance and alerting duty holders to new and emerging risks. HSE provides access to specialist support and forensic services – a significant amount delivered by staff outside Scotland – to LA inspectors as well as its own.

7.5 The Health and Safety at Work etc. Act 1974 and the regulations made under it are enforced by either HSE or Scottish LAs (the "co-regulators") depending on the type of activity at the premises. Broadly, HSE enforces in industrial premises

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<sup>25</sup> In accordance with Schedule 2 of the Health and Safety at Work etc. Act 1974 and in compliance with the Office of the Commissioner for Public Appointments Code of Practice.

and LAs enforce in relatively lower risk premises, primarily offices and shops, entertainment and leisure facilities.

**Table 4:** LA enforcing authority responsibility by country

	<b>Scotland</b>	England	Wales
All workers	<b>2,659,456</b>	25,823,104	1,340,978
Workers in LA sectors*	<b>1,177,419</b>	11,992,642	539,978
% workers in LA enforced sectors	<b>44%</b>	46%	40%
Number of business premises in all sectors**	<b>198,280</b>	2,234,345	110,500
Number of business premises in LA enforced* sectors	<b>120,853</b>	1,433,991	62,474
% businesses in LA enforced sectors	<b>61%</b>	64%	57%

\*Estimates only - the HSE/LA enforcement breakdown is based on an approximate split of SIC industry codes.

\*\*Business premises figures are taken from the Inter-Departmental Business Register (IDBR).

7.6 This division of enforcement responsibility (table 4, above) - governed by its own set of reserved regulations<sup>26</sup> – is not generally well understood. Its origins are based on old Acts of Parliament<sup>27</sup> and the role of LAs in visiting local premises to enforce other environmental and food safety legislation making it sensible for them to look at health and safety in those premises at the same time.

7.7 Both HSE and LA regulators are subject to Codes<sup>28</sup> requiring them to adopt similar principles e.g. to support economic progress/pursue outcomes that contribute to sustainable economic growth; and to embed a risk-based, proportionate, targeted and flexible approach to regulatory inspection and enforcement.

7.8 Incidence of injury and ill-health is investigated by HSE or the LA - whichever has enforcing authority responsibility for the main activity within the relevant premises. Resources are deployed on reactive investigation depending on the number of incidents that meet published criteria. HSE targets the remainder of its available resources for preventative work ("proactive inspection") at sectors where there is evidence of higher risk and where inspection is the right technique (see the section on health and safety in priority sectors of the economy, page 22). This year HSE is focussing on key health risks, including respirable crystalline silica, asbestos and asthmagens and carcinogens during proactive inspections in high risk sectors.

<sup>26</sup> The Health and Safety (Enforcing Authority) Regulations 1998

<sup>27</sup> The Offices, Shops and Railway Premises Act; The Factories Act

<sup>28</sup> UK Regulators' Compliance Code (for reserved regulatory responsibilities); Scottish Regulators' Strategic Code of Practice (for devolved regulatory responsibilities);

7.9 The National Local Authority Enforcement Code for Health and Safety at Work provides direction to LAs on delivering proportionate and targeted enforcement. The Code is given legal effect as HSE guidance to LAs under section 18(4) (b) of Health and Safety at Work etc. Act 1974 (HSWA) and applies to England, Wales and Scotland. The Code outlines the risk-based regulatory approach that LAs should adopt with reference to the Regulator's Compliance Code, HSE's Enforcement Policy Statement and the need to target relevant and effective interventions that focus on influencing behaviours and improving the management of risk. Alongside the Code, HSE has published a list of activities/sectors for proactive inspection by LAs – only the activities falling within these sectors or types of organisation should be subject to proactive inspection. The Code also sets out the need for training and competence of LA health and safety regulators linked to the authorisation to use HSWA powers. It explains the arrangements for submission to HSE and publication of LA data and peer review to give an assurance on meeting the requirements of this Code.

**Table 5:** List of activities suitable for proactive inspection by LAs

<b>Hazards</b>	<b>High Risk Sectors</b>	<b>High Risk Activities</b>
Legionella infection	Premises with cooling towers/evaporative condensers	Lack of suitable legionella control measures
Explosion caused by leaking LPG	Premises (including caravan parks) with buried metal LPG pipework	Buried metal LPG pipe work (For caravan parks to communal/amenity blocks only)
E. coli/cryptosporidium infection esp. in children	Open Farms/Animal Visitor Attractions	Lack of suitable micro-organism control measures
Fatalities/injuries resulting from being struck by vehicles in the workplace (i.e. not road traffic accidents on public highways)	Tyre fitters*/ motor vehicle repair* (as part of Car Sales) High volume Warehousing/Distribution *SMEs - not National Chains	Use of two-post vehicle lifts Workplace transport
Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises steel stockholders, builders/timber merchants	Workplace transport/work at height/cutting machinery /lifting equipment
Industrial diseases (occupational asthma/deafness)	Motor vehicle repair*(as part of Car Sales) Industrial retail/wholesale premises steel stockholders, builders/timber merchants *SMEs - not National Chains	Use of Isocyanate paints Noise and dust
Falls from height	High volume Warehousing/Distribution	Work at height
Crowd control & injuries/fatalities to the public	Large scale public events/sports/leisure facilities motorised leisure pursuits including off road vehicles and track days	Inadequate consideration of public safety poor organisation and/or supervision of high speed or off-road vehicle movements
Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
Violence at work	Premises with vulnerable working conditions (lone/night working/cash	Lack of suitable security measures/procedures

	handling betting shops/off-licences/care settings) and where intelligence indicates that risks are not being effectively managed	
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7.10 HSE and LAs work in partnership in Scotland - meeting regularly via four regional liaison groups and nationally at Scotland’s Health and Safety Co-ordinating Group sponsored by REHIS – the professional body for Environmental Health Officers (EHOs) in Scotland. LAs are able to access HSE specialist support and advice via a single point of contact in HSE’s Glasgow office. Although it is LAs’ responsibility to ensure the competence of their officers, HSE organises events to support EHOs’ continuous professional development. HSE and COPFS have recently delivered training to a new Incident Investigation Support Network of senior EHOs to support their peers in the regions in conducting investigations.

### Regulatory resources

7.11 For the focus of this report - regulating non-major hazard sectors - approximately 60 HSE frontline inspectors or specialists are based in Scotland. However, HSE shares services across GB countries and regions and operates an integrated model of organisation. HSE and LA regulatory functions in Scotland are therefore supported by policy development, technical expertise, statistical, research and forensic services from other parts of GB including the Health and Safety Laboratory (HSL) which provides expertise in investigation and in support of prosecution. HSE in the rest of GB is supported by technical expertise and resources located in Scotland, albeit to a lesser extent.

7.12 In LAs across Scotland in 2013/14 there were 80 full time equivalent staff involved in health and safety regulation down from 100 in 2010/11. Staff resources vary considerably between LAs. LAs also have access to support from HSE specialists and HSL, based elsewhere in GB.

### Regulatory activity in Scotland

7.13 This section sets out information on regulatory intervention by HSE and LAs. Regulatory intervention (inspections and use of formal enforcement Notices or prosecution) while crucial, is only one part of a combined effort in Scotland to improve health and safety at work.

7.14 Numbers of inspections and enforcement activity are difficult to standardise on a meaningful basis and, therefore, compare across countries and regions of GB. The review has however adopted a rule of thumb that Scotland’s working population is approximately 8.7%<sup>29</sup> of GB’s working population and that this should be reflected in the proportion of enforcement activity in Scotland.

<sup>29</sup> People in employment in GB - 30,215,000 (seasonally adjusted, Dec 2014-Feb 2015, ONS). <https://www.nomisweb.co.uk/reports/lmp/gor/2092957698/report.aspx#tabempocc>

## Inspection

7.15 Across GB, HSE conducts proactive inspections (table 6, below) targeting priority sectors and visiting premises where there is evidence of poor performance. The volume of HSE's proactive inspection in Scotland over a 3-year average exceeds the rule of thumb proportion, while that of LAs in 2013/14 was slightly below.

**Table 6: HSE inspections**

	2011/12	2012/13	2013/14	Average	10.5% Scottish 3-year average
<b>Scotland</b>	2,214	2,768	2,095	2,359	
<b>England</b>	18,021	18,439	19,601	18,687	
<b>Wales</b>	1,289	1,120	1,444	1,284	
<b>Not Known</b>	184	139	139	154	

7.16 The significant reduction in pro-active inspections recorded by English, Welsh and Scottish LAs between the years 2011/12 and 2013/14 (table 7, below) is due primarily to the introduction of the National Local Authority Enforcement Code. Since the Code was issued LAs have limited their pro-active inspections to the highest risk premises and activities (for which inspection has remained fairly constant) and have continued to rely on a range of appropriate interventions to regulate and support the business sectors for which they are responsible.

**Table 7: LA inspections**

	2011/12	2012/13	2013/14	Average*	7.9% Scottish 3- year average
<b>Scotland</b>	6,908	1,953	471	N/A	
<b>England</b>	56,100	10,590	5,128	N/A	
<b>Wales</b>	3,176	643	349	N/A	

\* Average figures not provided, due to the variation in inspection numbers achieved in each year of the 3-year period. Figures supplied from LAE1 annual return data. Note that some LAs did not submit returns.

## Notices of Contravention

7.17 Notices of contravention (NoCs) (table 8, below) are issued in writing by HSE inspectors to duty holders where the inspector believes that a material breach of the law has occurred<sup>30</sup>, but taking all factors into account an Enforcement Notice is not warranted. The terminology was introduced in April 2013, as part of the charging framework for HSE's Fee for Intervention (FFI). Businesses within scope of the FFI scheme are charged if the inspector issues a NoC or an Enforcement Notice.

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People in employment in Scotland 2,615,000 (April 2015, Scottish Government)  
<http://www.gov.scot/Resource/0047/00475503.pdf>

<sup>30</sup> A material breach is when, in the opinion of the HSE inspector, there has been a contravention of health and safety law that requires them to notify the person of that opinion in writing. That written notification may be an email, instant visit report (a report that is completed at the time of the visit) a letter, enforcement notice or prosecution.

7.18 The numbers of NoCs issued in each main industry sector broken down by country is included for interest. The proportion across all industries issued in Scotland exceeds the rule of thumb. LAs do not use the NoC terminology and do not keep count of written communications on health and safety other than Enforcement Notices (see below).

**Table 8:** NoCs issued since 2013 (HSE only)

	Agriculture	Construction	Extractive Industries & Utilities	Manufacturing	Not Specified	Services	Water Waste	Total	
<b>Scotland</b>	107	1,267	129	1,143	12	755	87	3,500	9% - Total NoC issued in Scotland
<b>England</b>	582	11,920	398	11,629	134	6,808	1,175	32,646	
<b>Wales</b>	21	749	78	863	15	499	137	2,362	
<b>Not Known</b>	0	105	0	10	31	23	2	171	

### Enforcement Notices

7.19 Notices are legal instruments served on a duty holder by a HSE inspector or LA EHO (tables 9 and 10, below). A Prohibition Notice requires something to be stopped as the inspector is of the opinion that there is an immediate risk of severe personal injury (e.g. people working on a roof with no fall protection). An Improvement Notice requires a duty holder to do something to rectify a contravention of the law within a certain time (e.g. to provide clean washing facilities). The number of HSE Notices issued in Scotland is a little lower than the rule of thumb but for LAs it is higher.

**Table 9:** Notices served by HSE

	2011/12	2012/13	2013/14	Average	7.3% Scottish 3-year average
<b>Scotland</b>	1,899	1,723	1,866	1,829	
<b>England</b>	22,289	19,059	22,241	21,196	
<b>Wales</b>	1,656	1,791	1,833	1,760	
<b>Not Known</b>	243	47	94	128	

Figures include Crown Notices<sup>31</sup>

**Table 10:** Notices served by LAs

	2011/12	2012/13	2013/14p	Average	16% Scottish 3-year
<b>Scotland</b>	855	810	799	821	
<b>England</b>	5195	3861	3104	4,053	

<sup>31</sup> A Crown Notice is a non-statutory notice issued under the same circumstances that would justify a statutory notice but is served only on the Crown.

<b>Wales</b>	310	249	128	229	average
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p - provisional

### **Prosecution – including differences in the legal systems**

7.20 Prosecution figures are included in tables 11 – 14 (on the following page). The review has concluded however that comparing prosecution numbers even on the rough rule of thumb described above is not meaningful as, while health and safety legislation is identical across Great Britain, the approach to prosecution taken by Crown Office and Procurator Fiscal Service (COPFS) under the Scottish legal system is different to that in England and Wales:

- a. In Scotland, HSE and LAs submit reports to COPFS who make the decision on whether it is in the public interest to prosecute and thereafter undertake the prosecution. HSE and individual LAs are prosecuting authorities in England and Wales and make decisions on which cases to bring and on what charges.
- b. There are differences in the rules of evidence. In Scotland, cases where there is a lack of corroboration of the essential facts will not be prosecuted. An example would be a gas safety case where there is no corroboration of the work having been done by a particular gas fitter. This would rule out a report to COPFS in Scotland that could be successfully prosecuted in England and Wales. The need for corroboration for each component of a potential charge can also result in more investigation resources being required in Scotland.
- c. In England and Wales, HSE’s prosecution decisions assess both the evidential sufficiency and the public interest test against the Prosecutor’s Code of Practice<sup>32</sup>. It is possible that a case that HSE would take to prosecution in England or Wales would not be prosecuted by COPFS in Scotland. This does not happen often, but it relates to the different emphasises in the public interest tests. Where this arises, COPFS and HSE have arrangements to discuss appropriate handling of the case and try to reach agreement.
- d. In addition, HSE and LAs in England and Wales can choose to pursue a number of offences in a single prosecution and see these through to completion. In Scotland, COPFS may combine a number of separate statutory offences into a smaller number of charges. This is done in order to enhance the prosecution and sentencing of the case in the Scottish judicial system while preserving the essence of the case. Similarly, COPFS prosecutors may negotiate with the defence and agree a plea of guilty in an overall case, which results in some individual charges being

<sup>32</sup> [https://www.cps.gov.uk/publications/code\\_for\\_crown\\_prosecutors/](https://www.cps.gov.uk/publications/code_for_crown_prosecutors/)

removed. This is done in order to provide certainty in obtaining a conviction on the essential elements of the case. The impact of both of these approaches is to reduce the number of individual offences per case (i.e. the number of regulatory charges brought against each duty holder) in Scotland compared to England and Wales but does not impact on the total number of duty holders convicted of health and safety offences or the nature of the convictions.

**7.21 It is therefore not possible and is incorrect to compare numbers of individual offences prosecuted in each country given the differences in justice systems and the strategies adopted by each prosecuting authority.**

7.22 In 2009 COPFS introduced a Health and Safety Division that handles all reports on health and safety cases from HSE and LAs. The small team of Procurator Fiscals has built up expertise and experience and can provide advice and support to HSE and LAs from early stages of an investigation or where prosecution may seem appropriate. HSE and COPFS have recently delivered training to a small group of LA Environmental Health Officers (EHOs) to improve their level of knowledge in investigation techniques and reporting requirements for potential prosecutions to COPFS. This was at the LAs' request, given the relatively small number of investigations that they carry out that lead to prosecution. The group will act as a source of advice to other EHOs in their respective liaison group areas.

7.23 Data for HSE reports has been reconciled with COPFS records; data for LAs is from COPFS.

**Table 11: Reports to the Procurator Fiscal by HSE and Cases Not Taken (Scotland)**

	2011/12	2012/13	2013/14	Average
Reports Submitted*	57	48	68	58
Cases Not Taken**	17	6	2	

\* The number of reports submitted each year is not related to the number of prosecutions taken that year as COPFS requires time to carry out its role on receipt of a report

\*\* Decisions on whether a case is taken are not necessarily made in the same year that reports are submitted. There are a number of reasons why a case may not be taken including the duty holder going out of business; the duty holder is convicted of another offence; or the death of a duty holder. Such cases would not be included in the prosecution figures for E&W

**Table 12: Reports to the Procurator Fiscal by Local Authorities (Scotland)**

	2013/14*
Reports submitted	10
Cases taken	3
Cases not taken (no proceedings by COPFS)	3
Still under consideration	4

Figures from Head of Health and Safety Division, COPFS

\*Prior to the year 2013/14 the system cannot identify Health and Safety charges. The reporting agency can be identified so the number of cases received from HSE is clear; however, Local Authorities report cases in relation to a significant variety of offences, not just in relation to Health and Safety

**Table 13: HSE Prosecutions (England and Wales)**

	2011/12	2012/13	2013/14	Average
England	510	566	551	542
Wales	49	35	32	38
Not Known	6	3	3	25

Figures are expressed in numbers of cases, not numbers of charges alleged, offences taken (or informations laid in E&W)

**Table 14: Local Authority Prosecutions (England and Wales)**

	2011/12	2012/13	2013/14p	Average
England	95	99	86	93
Wales	2	6	2	3

p – provisional

Figures are expressed in numbers of cases, not numbers of charges alleged, or offences taken (or informations laid in E&W)

### Sentences for offences under the Health and Safety at Work etc. Act 1974 and other regulations

7.24 In Scotland, sentencing and fines are solely a matter for the Scottish Courts. The figures below (tables 15 & 16) are therefore supplied by the Scottish Government's Justice Directorate. Experience suggests that COPFS achieves substantial fines which are higher on average than before the specialist Health and Safety Division was formed; one factor in this success has been their policy to amalgamate individual charges.

**Table 15: Persons\* proceeded against under HSWA and other health and safety regulations\*\* - Scotland**

	2011/12	2012/13	2013/14	Average per year (2011/12 to 2013/14)
Proved	19	31	29	26
Not proved	1	3	1	2

\* In Scotland, an accused person can be an individual, a company, a partnership or an organisation (e.g. a public body) held to be duty holder under the Health & Safety at Work Act 1974 or other health and safety regulations

\*\* Where main offence

Source: Scottish Government Criminal Proceedings Database

**Table 16: Average fines for persons\* convicted under HSWA and other health and safety regulations\*\* - Scotland**

	2011/12	2012/13	2013/14	Average per year (2011/12 to 2013/14)
No. of persons	17	31	26	25
Minimum fine	£240	£630	£2,000	£957
Maximum fine	£600,000	£75,000	£1,700,000	£791,667

Mean fine	£75,955	£19,961	£88,900	£61,605
Median fine	£24,000	£10,000	£20,000	£18,000

\* In Scotland, an accused person can be an individual, a company, a partnership or an organisation (e.g. a public body) held to be duty holder under the Health & Safety at Work Act 1974 or other health and safety regulations

\*\* Where main offence

Source: Scottish Government Criminal Proceedings Database

**Table 17: Sentences for Offences under HSWA – England and Wales**

<b>HSE Prosecutions – Average Fine (£)</b>			
	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
England	29,190	21,339	30,773
Wales	28,935	36,945	28,943
<b>Local Authority Prosecutions – Average Fine</b>			
England	13,908	19,578	17,772
Wales	12,833	44,667	1,000

## 8 The wider landscape for delivering health and safety improvement in Scotland

- 8.1 A general stakeholder group for health and safety, the Partnership on Health and Safety in Scotland (PHASS), was established in 2005 at HSE's instigation in response to requests in particular from the STUC and the Royal Society for the Prevention of Accidents (RoSPA) to consider the specific Scottish context for workplace health and safety across reserved and devolved boundaries. It has always been chaired by an HSE Board member although the original intention was to rotate the Chair and secretariat. Its core members are part of Scotland's close-knit health and safety community who know each other well. Further detail is at [Annex 3](#).
- 8.2 PHASS has a proven track record as an excellent network for creating partnership initiatives to deliver educational and promotional activity - probably at its most influential when working to deliver a number of projects under the Scottish Action Plan for Health and Safety in 2007/8<sup>33</sup>. PHASS has declined in influence in the workplace since its member constituencies - the business sector in particular - have not seen the incentive to engage specifically with the health and safety agenda or have experienced a reduction in their resources. It was instrumental however in designing and delivering Estates Excellence<sup>34</sup> projects in North Lanarkshire, Aberdeen and most recently Dundee.
- 8.3 The PHASS remit and membership overlaps to some extent with the National Advisory and Advocacy Group (NAAG) for the Scottish Centre for Healthy Working Lives (SCHWL) which has a specific devolved remit to improve the health of the working age population. The NAAG is also experiencing some challenges in maintaining balanced tripartite engagement between public / government policy, business and worker representation.
- 8.4 Although the remit of both groups is about improvement of safety and health at and through work, they are currently positioned almost exclusively with the devolved health agenda rather than the employment agenda. In previous years, PHASS had greater synergy with the Scottish Government's business and enterprise policy – and therefore employers – partly as a result of work under the Scottish Action Plan on Health and Safety in 2007/8.

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<sup>33</sup> [The Scottish Action Plan on Health and Safety – Scottish Executive](#) (2007/08)

<sup>34</sup> Estates Excellence is working with range of public and private sector partners to help business owners and landlords to improve health and safety on their sites. It is not inspection. Following minimum criteria allows the use of the brand; and projects can be led by LAs, HSE or other partners.

- 8.5 The Scottish Government's recent announcement of a Fair Work Convention in Scotland confirms its commitment to tripartism. Early discussions have been held about whether the Convention could provide an opportunity to re-engage health and safety with the employment agenda and therefore with employers and the stronger trades union voice in Scotland.
- 8.6 Following a meeting earlier this year between SCHWL's Director, and the chair of PHASS and the Federation of Small Businesses (FSB) Scotland, the FSB elicited the view from the 'Group of Six' business organisations in Scotland that they could potentially have more interest in engaging with a forum that had a broader remit.
- 8.7 There are many other groups seeking to improve health and safety, by engaging with industry representatives, operating at sector or sub-sector level. The review has identified a huge range of stakeholder groups but was not able to identify groups for all sectors. An initial examination of groups' memberships and remits is included at [Annex 3](#). Given subtle regional variations in working practices in some areas of the private sector in Scotland and divergence of public service delivery and practice across GB, non-regulatory influence from specifically Scottish organisations offers reach and insight in the Scottish operating context. Some are clearly influential but this is not universal across all sectors and there are some notable gaps in engagement in key sectors or with stakeholders unique to Scotland.
- 8.8 The Scottish Government itself is a key channel of influence on health and safety. Reserved / devolved policy overlaps of relevance to health and safety include e.g. public procurement; planning; building control; fire safety; waste and recycling; school trips etc. Further information is set out in [Annex 4](#). In common with all large organisations, finding the right officials within the Scottish Government for HSE liaison and consultation on particular topics can be difficult, and falls to very few people. This runs some risk of inadequate policy oversight and communication in areas of mutual interest e.g. EU developments, especially if incumbents leave post.
- 8.9 HSE meets Scottish Ministers or attends Scottish Parliamentary committees regularly on specific matters, e.g. on the occupational contribution to the overall burden of cancer; the regulatory landscape for demolition of asbestos-containing buildings; and the investigation into *legionella* outbreaks. Joint working has taken place e.g. on a system for responding to whistle-blowing in NHS Scotland; the licensing regime for safety in adventure activities; and requirements on Scottish farm attractions to manage the risk of *E. coli* outbreaks.
- 8.10 The Scottish Parliament Cross-Party Group on Accident Prevention and Safety Awareness brings together some of the same organisations and people

involved in PHASS but also has an interest in health and safety at home and leisure.

8.11 Overall, engagement with industry, trade unions and other 'intermediary' organisations in Scotland – who can help influence health and safety improvement – is strong due to continuity of participation amongst a smaller number of players. However, there are gaps in engagement with potentially influential groups in some sectors of relatively high employment that also make significant calls on regulators to investigate accidents in Scotland. In addition, the connection with business organisations to maximise their voice in promoting the economic case for health and safety needs reinvigorating.

## 9 Inter-regulatory co-operation and co-ordination in Scotland

9.1 Across GB, agreements are in place with health and safety co-regulators and with a number of public bodies who lead on the regulation of non-health and safety issues, with which HSE and LAs closely interact. Agreements aim to facilitate effective working relationships (including co-operation during investigations), share intelligence where data protection rules allow and avoid duplication.

9.2 Specific agreements with Scottish organisations include:

- **HSE and the Scottish Government**, developed soon after implementation of the Scotland Act 1998 – how the organisations will co-operate and establish effective working relations on areas of common interest;
- **Scottish LAs and the Care Inspectorate** - how the Scottish social care regulator and health and safety regulators work together on areas of mutual interest to improve health, safety and care standards in social care in Scotland;
- **HSE and Healthcare Improvement Scotland** - how the Scottish healthcare scrutiny and inspection bodies (including the **Healthcare Environment Inspectorate**) and HSE work together to improve standards of health and safety for workers and patients in NHS Scotland and the Scottish independent healthcare sector;
- **HSE and Mental Welfare Commission for Scotland** - how the Scottish mental health scrutiny body and HSE work together to provide mutual support and information to improve health, safety and quality of care outcomes for patients/service users with mental health conditions;
- **HSE and Police Investigations and Review Commissioner** - how the independent Scottish police investigator and HSE work together when investigating deaths or serious injuries of police officers at work or members of the public following contact with the police;
- **HSE and Scottish Environment Protection Agency (SEPA)** – how the Scottish environmental regulator and HSE co-operate and co-ordinate regulatory activities on areas of mutual interest;
- **Work-related Deaths Protocol for Scotland** – a protocol between the **Police, HSE, COPFS and LAs**<sup>35</sup> to allow various parts of the Scottish justice

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<sup>35</sup> Not signatories, but work in accordance with it.

system to work together to ensure appropriate evidence is secured and investigators work together with COPFS.

9.3 In addition, **LAs have individual agreements with community planning partners**. These are aimed at sharing information, resources, etc., often in relation to the management of community events where public safety (rather than workplace health and safety) is a major issue.

9.4 Examples of GB-wide agreements include those between HSE and the:

- **Office of Rail Regulation** for railways related health and safety enforcement activities;
- **Maritime and Coastguard Agency** and the **Marine Accident Investigation Branch** for health and safety enforcement activities at the water margin and offshore;
- **General Medical Council**, the statutory body responsible for regulating the medical profession in the United Kingdom;
- **Medical Devices Division of the Medicines and Healthcare Products Regulatory Agency** aimed at HSE and MHRA working together to investigate patient/service user accidents concerning medical devices;
- **Gangmasters Licensing Authority** setting out arrangements to share information relating to licensing decisions and the investigation of health and safety offences.

9.5 In light of HSE's Triennial Review<sup>36</sup> recommendations, HSE is reviewing its interfaces with other regulators. This includes, where necessary, publishing revised or updated Memoranda of Understanding that have been tested for clarity of understanding with stakeholders. HSE continues to review its interfaces with other regulators and is on track to have specific agreements updated by the end of 2015.

9.6 HSE and LAs also participate in Scottish liaison arrangements with the Police Scotland, the Gangmasters Licensing Authority, the UK Border Agency, DWP and HMRC, and other agencies involved in thwarting serious organised crime, illegal immigration, and human trafficking.

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<sup>36</sup> Triennial Review Report: Health and Safety Executive, An independent review of the function, form and governance of the Health and Safety Executive (HSE); Martin Temple, 9 January 2014

## Annex 1: The review's objectives, scope, methodology and evidence considered

### Objectives and Scope

A1.1 The review's objectives are to:

- Analyse current health and safety performance in Scotland in terms of the incidence of occupational ill-health, and fatal, major and other injury rates;
- Explain any differences in performance with other regions and countries;
- Identify any specific priorities for Scotland that need to be addressed;
- Develop mutual understanding and a clear definition of the workplace health and safety goals that civic institutions, groups and organisations in Scotland and both governments wish to achieve;
- Map stakeholders, institutions and relevant reserved and devolved policy and industry programmes, and the relationships between them to articulate their purpose and contribution to health and safety;
- Report the findings to the Steering Group. The Steering Group will be asked to indicate if further work is required in Phase 1 or if they are content to endorse the findings.

A1.2 In scope: the project will consider:

- The health and safety system as a whole (not just the regulators);
- HSE and LA-enforced sectors of employment;
- Health and safety in areas of employment regulated principally through conventional goal-setting health and safety regulation;
- Interfaces with other regulators with overlapping interests.

A1.3 Not in scope: the project will not consider:

- Rail, nuclear, offshore and onshore major hazards regulatory regimes but will identify any issues emerging from the evidence that may be relevant to them;
- The reserved legislative framework or primary and secondary legislation;
- The UK policy and inter-governmental framework for EU negotiations (considered in *Scotland in the UK: An enduring settlement* (section 9.2)) but will review liaison between HSE and Scottish Government officials on EU health and safety matters.

### Methodology

A1.4 A Working Group comprising representatives from HSE, the Scottish Government, DWP, Scotland Office and the Society of Chief Officers of

Environmental Health in Scotland, was established in February 2015 to deliver the work (analysis of existing evidence).

A1.5 The Working Group identified and agreed a list of sources of existing evidence, divided into two broad categories: empirical health and safety evidence (e.g. statistics, surveys, academic studies etc.); and information on organisations or initiatives delivering health and safety improvements (e.g. stakeholders, resources, other regulators). A set of questions to help analyse and interpret the evidence was also agreed and an initial analysis was completed by individual group members.

A1.6 Working Group meetings were held to monitor progress; to discuss more complex emerging analyses (e.g. work related injury and ill-health statistics); to explore emerging themes; and to agree conclusions and contributions for this report.

A1.7 All the main health and safety stakeholders in Scotland were informed of the review by letter and invited to identify any existing evidence that might have been overlooked. Of five responses received, two referred to existing evidence sources that had already been identified, one put forward material on work-related road deaths and one requested a discussion, the other made no specific suggestion. The respondent who requested a discussion was advised that, this was out with the remit of this phase of the work, but was invited to submit in writing any further evidence, to which they provided a collective view from its members. The review is therefore satisfied that no major areas of evidence in scope have been overlooked.

<b>Sources of evidence and information identified</b>	
<b>Statistical data, published reviews, previous submissions from stakeholders</b>	<b>Information on the landscape for delivering health and safety</b>
<b>Source</b>	<b>Organisation/operational partnerships/government initiatives</b>
Labour Force Survey and RIDDOR-reported injury stats	Partnership on Health and Safety in Scotland (PHASS)
Work-related ill health stats	Healthy Working Lives National Advisory and Advocacy Group (NAAG)
Specific GP reporting schemes	Site Safe Scotland
Occupational cancer estimates (including asbestos analysis)	Scottish Aquaculture Industry Forum
Leisure Accidents Survey System; Water Incidents Database (WAID)	HSE/ Rural Payments Inspectorate partnership
Academic studies of Scotland's stats; relevant published University research e.g. FISCA (fatal injuries in Scottish construction) – Glasgow Caledonian	Farm Safety Partnership
NHS A&E work-related injury data – if available	Role of Scottish Schools Education Research Centre (SSERC)
Sick Note/Fit Note data – if available	Role of Health Facilities Scotland (HFS)
Information on material breaches from Fee for Intervention (FFI)	Scottish Action Plan on health and Safety 2007/8
Enforcement Notice data	Scottish Government/HSE Concordat
Investigation/prosecution data	
Prosecution and sentencing data (COPFS)	Scottish Environment Protection Agency/HSE MoU
Fatal Accident Inquiry (FAI) evidence	Healthcare Improvement Scotland /HSE Letter of Understanding/Liaison Agreement
Civil claims for injury/ work-related ill health – if available	HSE/Care Inspectorate/Scottish LAs Working Arrangements Protocol
Employment & occupation data	Mental Welfare Commission/HSE protocol
Priority industries (for economic growth)	Police Investigations and Review Commissioner /HSE protocol
Smith Commission responses 2014	Work Related Deaths Protocol Scotland (COPFS/HSE/LAs/Police)
HSE Triennial review 2013	HSE/LAs/Scottish Centre for Healthy Working Lives agreement
Löfsted Review 2011	ScORSA – Scottish Occupational Road Safety Alliance
NAO study for Scottish Affairs Committee 2010	HSE resources
Evidence to Scottish Affairs Committee	LA resources
Good Health and Safety Good for Everyone – rationale for priority inspection targeting; and LA National Code	NHS/HWL resources (including occupational health/ health & safety resource available to the workforce and wider community)
Red Tape Challenge submissions	Professional Organisations in Occupational Safety and Health in Scotland (POOSH)resources
Calman Commission Report 2009: health & safety-related submissions and conclusions	Scottish Chamber of Safety (SCOS) resources
One Death is too Many – Inquiry into the Underlying Causes of Construction Fatal Accidents	HWL Award winners (as exemplars)
Analysis behind HSE's new asbestos campaign	Occupational Safety and Health Consultants Register (OSHCR) - consultants available in Scotland and their disciplines
Scottish Centre for Healthy Working Lives (SCHWL) Advice Line data e.g. volume of health & safety related calls and the topics	Health & safety training for EHOs - providers/courses
	Scottish Government initiatives and programmes (with a health and safety element e.g. SG public sector procurement guidance)
	Sources of proxy intelligence for poor health & safety compliance e.g. Gangmasters Licensing Authority
	Health and safety education/training & qualifications approved by Scottish Qualifications Authority (SQA)

## Annex 2: Distribution of Scottish Workforce and Differences to England and Wales

A2.1 This table provides further detail on the statistics contained within the sections; ‘*Scotland’s economy – what is being regulated?*’ (page 19) and ‘*Health and Safety in priority sectors of the economy*’ (page 22).

Sector (SIC 2007)	Scottish workforce		English & Welsh workforce		Difference in proportion of workforce*
	In thousands	% of total Scottish workforce	In thousands	% of total English and Welsh workforce	
Human health & social work	401	14.8%	3696	12.3%	2.5% more in Scotland
Wholesale & retail trade, motor vehicle repair	377	13.9%	4383	14.6%	0.7% less in Scotland
Education	217	8.0%	2604	8.7%	0.7% less in Scotland
Accommodation & food service activities	205	7.6%	1971	6.6%	1.0% more in Scotland
Administrative & support service activities	197	7.3%	2537	8.5%	1.2% less in Scotland
Professional scientific & technical activities	191	7.0%	2654	8.9%	0.7% less in Scotland
Manufacturing	190	7.0%	2342	7.8%	0.8% less in Scotland
Construction	177	6.5%	1891	6.3%	0.2% more in Scotland
Public admin & defence; compulsory social security	151	5.6%	1297	4.3%	1.3% more in Scotland
Transport & storage	116	4.3%	1442	4.8%	0.5% less in Scotland
Financial & insurance activities	90	3.3%	1012	3.4%	0.1% less in Scotland
Arts, entertainment & recreation	83	3.1%	861	2.9%	0.2% more in Scotland

Sector (SIC 2007)	Scottish workforce		English & Welsh workforce		Difference in proportion of workforce*
	In thousands	% of total Scottish workforce	In thousands	% of total English and Welsh workforce	
Other service activities	80	2.9%	761	2.5%	0.4% more in Scotland
Information & communication	73	2.7%	1249	4.2%	1.5% less in Scotland
Agriculture, forestry & fishing	51	1.9%	357	1.2%	0.7% more in Scotland
Real estate activities	42	1.5%	520	1.7%	0.2% less in Scotland
Mining & quarrying	36	1.3%	30	0.1%	1.2% more in Scotland
Water supply, sewerage, waste & remediation activities	17	0.6%	171	0.6%	Same proportion of workforce
Electricity, gas, steam & air conditioning supply	18	0.7%	106	0.4%	0.3% more in Scotland
People employed by households	3	0.1%	80	0.3%	0.2% less in Scotland
All	2713	100%	29962	100%	N/A

\* The percentage of the total workforce in Scotland employed in each respective industry, compared to the percentage of the total workforce in England & Wales employed in that industry. Source: Office for National Statistics – Statistical Bulletin: Regional Labour Market, March 2015

### Annex 3: General and Sector-specific Stakeholders/Groups for Scotland or GB-wide with Scottish representation (identified to date)

Industry Sector	Sub Sector	Nature of grouping	Summary
All sectors	All industries	Main health and safety (health & safety) stakeholder forum in Scotland	<p><b>Partnership on Health and Safety in Scotland:</b> membership from representative bodies<sup>37</sup>, including some directly from duty-holders in the public and voluntary sectors.</p> <p>Terms of reference are to bring together key players in workplace health &amp; safety in Scotland who are ‘part of the solution’ to target Scotland’s resources to deliver higher standards of health &amp; safety more effectively, co-ordinate effort across devolved and reserved government interests and promote the benefits to people, businesses, and Scotland’s economy, of working in a safe and healthy environment.</p> <p>PHASS has provided the networking platform for a range of partnership projects including the development of the 2007 Scottish Action Plan on H&amp;S<sup>38</sup>, contributing to the establishment of SCORSA and Health Risks at Work’ DVD/work package to help SMEs control work related risks to health. A Scottish initiative later rolled out across GB.</p>
All sectors	All industries - SMEs in particular	Healthy Working Lives (HWL) stakeholder forum	<p><b>National Advisory &amp; Advocacy Group:</b> Mission is to be the staunchest of advocates for HWL, ensuring collective action and commitment to support and promote health, safety and wellbeing in workplaces among key stakeholders. Membership includes representatives from industry, NHS, DWP, Scottish Enterprise, STUC, Scottish Government; HSE; SoCOEH, and SCDI.</p> <p>Some of the key objectives are :</p> <ul style="list-style-type: none"> <li>ensuring the delivery plans and activities of the SCHWL reflect the Strategic Business Plan for HWL and the needs of key external stakeholders and customers;</li> <li>overseeing and upward reporting the collective performance of the partners against ambitions and collective actions articulated in the Strategic Business Plan;</li> <li>contributing to the achievement of reserved targets by partner organisations;</li> <li>acting as advocates and ambassadors for HWL and securing the active involvement of their respective agencies and stakeholders in the delivery of the HWL strategy.</li> </ul>
Public Services	Local Government	Employers (health and safety practitioners group and HSE)	<p><b>Society of Personnel Directors Scotland Health and Safety Forum, Scottish Chairs Group: Representatives</b> - Chairs from each of the 4 regional LA health and safety groups (see below) plus a representative from HSE and senior Council SPDS representative. Aims to promote good practice, exchange</p>

<sup>37</sup> STUC, UCATT, Scottish Hazards, FSB, SCHWL, POOSH, SCOS, HASiVSS (voluntary sector), LAs (as dutyholders), SoCOEHS (for LA health and safety regulation), Scottish Government (as dutyholders) and for Public Health responsibility. CBI position is currently vacant.

<sup>38</sup> [The Scottish Action Plan on Health and Safety – Scottish Executive](#) (2007/08)

Industry Sector	Sub Sector	Nature of grouping	Summary
			ideas, facilitate 2-way communications, etc. It is a good means of cascading health & safety messages to whole LA/education network in Scotland and supported the work to extend Manual Handling Passport to LAs in Scotland.
		Employers (health and safety practitioners group)	<b>SPDS: 4 x regional health and safety groups</b> (North, South, East and West) comprising health and safety practitioners from each LA.
	<b>Further Education</b>	Tripartite stakeholder group (employers, TUs/HSE)	<b>Further Education Safety and Health Forum:</b> GB stakeholder forum to deal at a strategic level with health & safety issues within the FE sector. Membership is drawn from the Association of Colleges, TUs, HSE and education representatives from Scotland and Wales. A representative from Colleges Scotland Health and Safety Development Network Steering Group (see below) attends FESH. Also a representative from Scotland's largest teaching trade union EIS.  FESH Forum developed a tool to assist FE organisations in evaluating progress on delivery of the GB Strategy for health and safety.
		Employers (health and safety practitioners), SCHWL/HSE	<b>Colleges Scotland Health and Safety Development Network Steering Group:</b> Members from colleges, SCHWL, HSE, FESH and Colleges Scotland. Aims are to improve the standard of health & safety management by supporting health & safety practitioners in Scottish FE sector. Shares good practice, encourages two way communications, delivers themed events.  Holds biannual events delivered to FE health & safety community in Scotland (and estates personnel as appropriate) and uses an effective system (Sharenet) for 2- way communication with colleges.
	<b>Higher Education</b>	Tripartite stakeholder group (employers, TUs/HSE) and industry health and safety representatives	<b>Higher Education Safety and Health Forum:</b> GB-wide forum involving Universities and Colleges Employers Association, TUs and HSE. Aim is to develop partnership working between the employer and employee representatives and to provide strategic oversight on matters of occupational health and safety in Higher Education. The Chair of the Universities Safety and Health Association also attends.  Has facilitated the production of a number of publications/guidance e.g. a guide to preventing and tackling stress in HE, which complements HSE's Management Standards approach.
	<b>Statutory Education</b>	Service Providers	<b>Scottish Advisory Panel for Outdoor Education:</b> forum of outdoor education advisors from the 32 local authorities in Scotland plus the independent sector, HSE and AALA.  Produced 'Going Out There' which is all Scotland guidance for school trips and outdoor learning (with Education Scotland, ADES and SG support) aiming to reduce paperwork around outdoor learning as a key part of Curriculum for Excellence. A good number of LAs have now withdrawn their own guidance in favour of GoT.
		Service provider	<b>Scottish Schools Education and Research Centre:</b> publicly funded, LA shared service, which provides support to schools and further education establishments in Scotland, principally in support of science and technology areas of the Curriculum for Excellence. Produces health and safety guidance on technical and non-technical

Industry Sector	Sub Sector	Nature of grouping	Summary
			<p>issues. Co-produced with HSE 'whole school' guidance to promote proportionate health and safety risk management and better understanding of health and safety roles and responsibilities in schools.</p>
	<b>Police Scotland</b>	Employers (health and safety practitioners)	<p><b>Association of Police Health and Safety Advisers:</b> is UK-wide. Objectives are to:</p> <ul style="list-style-type: none"> <li>• promote policies which lead to a reduction in accidents, disease, ill health and dangerous occurrences within the police service;</li> <li>• raise the profile of health and safety, promote knowledge and understanding of effective health and safety management;</li> <li>• promote the appointment of professional safety advisers;</li> <li>• promote health and safety training.</li> </ul> <p>Until the reorganisation of the Police Service in Scotland, HSE participated in the ACPOS led Health, Safety and Wellbeing Committee (tripartite group), which APHSA also attended. ACPOS/APHSA led the way in introducing a programme of health and safety audits, with individual police forces in Scotland being audited by colleagues from other Scottish forces.</p>
	<b>Social Care</b>	Tripartite stakeholder group (employers, TUs/ Government/ regulators)	<p><b>Social Care Partners Forum:</b> GB wide forum initiated (and currently chaired) by HSE and formed to promote an integrated approach to health and safety with quality of care, which is consistent and proportionate. Remit extends to both service users and workers and has representatives from central and local government, regulators (including HSE), stakeholder bodies and Trades Unions covering England, Scotland and Wales. Its aims are to:</p> <ul style="list-style-type: none"> <li>• facilitate greater understanding about the integration of good health, safety and care practice;</li> <li>• jointly identify, develop, share and promote good practice information on health and safety issues specific to this sector;</li> <li>• identify potential areas where standardised approaches would be beneficial, agree wherever possible what those approaches should be and promote their implementation.</li> </ul> <p>The Care Inspectorate and Scottish Local Authorities (as employers) are represented on the forum. Other Scottish stakeholders were approached e.g. Scottish Care, Scottish Government, CoSLA, etc. but have not engaged so far.</p>
	<b>Scottish Manual Handling Forum</b>	Employers – specifically moving and handling practitioners in NHSS, LAs and the independent care sector	<p><b>Scottish Manual Handling Forum:</b> aims to promote and improve musculoskeletal health across Scotland by;</p> <ul style="list-style-type: none"> <li>• promoting the exchange of information and ideas on musculoskeletal health and the management of musculoskeletal risk;</li> <li>• developing and promoting common standards of training in moving and handling;</li> <li>• promoting initiatives and acting as a forum for providing evaluation and audit of current practice in all matters associated with musculoskeletal health;</li> <li>• lobbying employers to provide musculoskeletal health advisory services to reduce work related musculoskeletal problems;</li> <li>• providing support and advice for members.</li> </ul>

Industry Sector	Sub Sector	Nature of grouping	Summary
			<p>Members are moving and handling practitioners in the NHS, LA and independent care sectors in Scotland. They organise study days and an annual conference.</p> <p>Representatives from the Forum worked with HSE to publish the first Manual Handling Passport Scheme for NHSS and then to produce a revised version extending it to Scottish LAs, launched in August 2014.</p>
	Health service	Service provider	<p><b>Health Facilities Scotland:</b> a division of National Services Scotland (a special Health Board) which provides operational guidance to the whole of NHSS on a range of healthcare facilities topics.</p> <p>A channel for providing health and safety information in the healthcare sector. Much of the technical guidance it produces contains information on health and safety standards (e.g. control of risks from legionella). Also publishes safety alerts/hazard notices.</p>
	Health service	Employers	Scottish Government Directorate for Performance and Delivery - no strategic engagement for some time.
	Fire Scotland		New single body for Scotland – no engagement yet
	Scottish Prison Service		Directorate of Prisons, Health and Safety Branch - no strategic engagement
Construction	Building and refurbishment	Site Safe Scotland	<p><b>Site Safe Scotland:</b> a free-standing group representative of most of the construction industry in Scotland. It is Chaired by HSE and has been in existence for over 10 years. It has no formal link to the HSE Construction Industry Advisory Committee but there is some crossover in information flows. The Working Well Together strategy group is a sub-group of CONIAC whereas Working Well Together in Scotland is a sub-group of SSS. The future direction of SSS is to become fully representative and comprehensive so that it is recognised as the focal co-ordinating group in Scotland. SSS has representation from:</p> <ul style="list-style-type: none"> <li>Contractors - Major contractors, Scottish Construction Safety Group, Scottish Building Federation, Scottish Housebuilders Health and Safety Forum, Specialist Contractors, Civil Engineers, Scottish Contractors, Local Authorities;</li> <li>Professional bodies – IOSH, Association for Project Safety, RIAS, RICS;;</li> <li>Unions - UCATT, Unite;</li> <li>Others – SCCF, National Construction College Scotland, CITB, Scottish Construction Centre.</li> </ul>
	Asbestos removal and management	Stakeholder group (employers, TUs, clients, training providers, HSE)	<b>Asbestos Liaison Group:</b> GB-wide forum, chaired by HSE. Members work together to promote best standards and practice in relation to control and work with asbestos. It has separate sub-groups which deal with technical, competency, training and leadership/worker involvement issues.
Agriculture	Farming	Scotland Farm Safety Partnership	<b>Scotland Farm Safety Partnership:</b> launched in August 2014, made up of four members: National Farmers Union for Scotland, NFU Mutual (the UK wide farmers insurer), Scottish Government and HSE.

Industry Sector	Sub Sector	Nature of grouping	Summary
			<p>HSE is a member of this partnership (for the England and Wales groups HSE acts in a supporting and advisory role). Looking to the future the Scotland FSP would, once they have established a sense of direction, could broaden membership to draw in educational establishments and other intermediaries.</p> <p>Farm Safety Partnership – early days but it has published a leaflet promoting simple case studies: <a href="http://www.hse.gov.uk/scotland/pdf/farm-safety-partnership.pdf">http://www.hse.gov.uk/scotland/pdf/farm-safety-partnership.pdf</a></p>
	<b>Forestry</b>	Large employers and duty holders	<p><b>Forestry Industry Safety Accord:</b> set up in response to HSE’s challenge to the industry to take ownership of, and address, their poor safety record. Although FISA is a national organisation, representing the forestry industry across GB, they have a strong presence in Scotland where a large proportion of forestry activity takes place. Key stakeholders in this group are the large employers, landowners (like the Forestry Commission) and those that work directly in the industry. FISA has set itself up as a legal entity, with a clear funding and management structure. HSE is an advisor to and not a member of the organisation.</p> <p>FISA has taken ownership (from HSE) of industry guidance, managing its content and revision.</p>
	<b>Aquaculture</b>	Regulators and employers	<p><b>Scottish Aquaculture Industry Forum:</b> Regulatory membership covers responsibility for activities at fish cages and associated moored structures as well as cages on land falls to HSE, whilst the MCA deals with activities on board vessels at sea which come under maritime law. Members are HSE, MCA, the Northern Lighthouse Board, the Crown Estate, RNLI, Scottish Sea Farms, the Scottish Salmon Company and others. SAIF meetings are held at HSE Offices in Inverness every six months. An HSE diving inspector attends. Although predominantly targeting the fish farm industry, there is an opportunity to contact diving contractors who are employed on fish farms to carry out net inspections and remove morts. There is overlap with diving activities as diving contractors and divers when not employed on fish farms take part in diving for shellfish.</p> <p>SAIF has taken over the running of the aquaculture Safety and Health Awareness Days (SHADs) from HSE and its other members provide 100% of the funding.</p> <p>The next SHAD is taking place on 3 September 2015 in Oban. SHADs comprise of a number of regulatory organisations conducting workshops on all aspects of safety relating to the aquaculture industry. HSE will be presenting a diving workshop. All inland/inshore diving contractors involved in fish farms and shellfish diving in the surrounding area will be invited to attend.</p>
<b>Waste &amp; Re-cycling</b>		Major employers, trade associations and TUs	<p><b>Waste Industry Safety and Health Forum:</b> GB-wide organisation originally set up by HSE involving representation of major players in the industry, from LA, waste and recycling companies, Trade Unions, and trade associations including those representing SMEs. WISH has a GB wide remit, but in practice has wider representation of E&amp;W businesses and LAs than it does Scotland-specific organisations. But many of the organisations represented operate in both jurisdictions.</p> <p>WISH - <a href="http://www.hse.gov.uk/waste/wish.htm">http://www.hse.gov.uk/waste/wish.htm</a></p> <p>WISH is a mature organisation, and, although currently the webpages etc. are hosted by HSE, they will soon be</p>

Industry Sector	Sub Sector	Nature of grouping	Summary
			launching their own webpages and taking over ownership of H&S guidance.
		As above but Scotland only	<p><b>Scotland Waste Industry Training, Competence, Health and Safety forum:</b> set up by Zero Waste Scotland. (ZWS delivers the waste and recycling agenda on behalf of SG). HSE attends meetings of SWITCH in an advisory capacity, and SWITCH is a member of WISH, with SWITCH representatives attending WISH meetings and working groups as appropriate.</p> <p>The SWITCH Forum is made up of a similar range of stakeholder representatives to WISH, i.e. major employers, LAs, TUs and trade associations. SWITCH Forum is in its infancy having been formed in the last 2 years, with little direct exposure to HSE's sector strategy for waste and recycling so far.</p> <p>Zero Waste Scotland - <a href="http://www.zerowastescotland.org.uk/">http://www.zerowastescotland.org.uk/</a></p>
Tourism & Leisure		Cross sector group	<p><b>Scottish Adventure Activities Forum:</b> Representative grouping of service providers (e.g. tourism businesses, activity centres, national parks), voluntary sector (e.g. youth groups), sports associations, training providers. Also includes SkillsActive (sector skills council), HSE, Adventure Activity Industry Advisory Committee (AAIAC) and Scottish Government. Representative body for the wide adventure activities industry in Scotland. Similar remit as the AAIAC does UK wide though AAIAC and SAAF agree that SAAF will lead for Scottish matters in Scotland. AAIAC and SAAF have cross representation and communications. SAPOE now have an observer at SAAF (and there is a degree of cross membership).</p> <p>SAAF is recognised by the Scottish Government as the representative body for the Sector in Scotland. HSE also recognises SAAF this way. SAAF has recently completed a report on the future shape of activities licensing in Scotland for Scottish Ministers.</p>
		Industry-led forum	<p><b>Visitor Safety in the Countryside Group:</b> UK-wide forum comprising a diverse range of members including Historic Scotland, National Trust/Scotland, Scottish Canals, RoSPA, RSPB, Forestry Commission, Waterways Ireland, etc. VSCG is aimed at creating safe access to the countryside without spoiling the landscape, heritage or lessening visitors' experiences.</p> <p>HSE worked with the VSCG in developing their guidance 'Managing Visitor Safety in the Countryside' – principles and practice'. This provides guidance to owners and managers on assessing risks and implementing bespoke risk control measures, which are sensitive to the environment and the duty to conserve the natural and built environment, and which do not unduly restrict access to important historic, cultural and recreational sites.</p>
		HSE chaired tripartite forum	<p><b>Joint Committee on Entertainments:</b> GB-wide tripartite stakeholder forum which covers a wide variety of topics across the entertainments industry. Members include GB/UK wide industry trade bodies (e.g. Association of British Orchestras, Association of British Theatre Technicians) trades unions (e.g. UNITE, Musicians Union), national broadcasting organisations, Scottish representatives (e.g. Scottish Theatre) and HSE.</p>

Industry Sector	Sub Sector	Nature of grouping	Summary
			HSE is working with JACE members and others to develop guidance on CDM in the entertainment sector. The Events Industry Forum is also a member of JACE. In conjunction with others, including HSE, EIF recently produced the 'Purple guide to health, safety and welfare at music and other events'.
		HSE chaired forum	<b>Fairgrounds Joint Advisory Committee:</b> GB wide HSE led body for regulation of fixed and travelling fairgrounds and attractions. Membership the same as ADSC (see below).
		Industry-led forum	<p><b>Amusement Devices Safety Council:</b> UK-wide body consisting of all the major trade organisations involved in the UK fairground industry, including the Showmen's Guild of Great Britain (which includes the Scottish Showmen's Guild). Aim is to monitor and improve safety for those working on and visiting fairgrounds.</p> <p>Linked to it, is ADSC Ltd, which was set up to administer the Amusement Devices Inspection Procedures Scheme (ADIPS) including the registration of approved inspection bodies, handling complaints, etc. Any surplus income generated is channelled back into the industry to promote and enhance safety standards. ADIPS Ltd also manages the system for issuing Declarations of Operational Compliance (DOC) to ride controllers.</p> <p>The HSE supported industry-run ADIPS regime has significantly contributed to a reduction in fairground machinery accidents over the last 15 years. HSE continues to work with ADSC and ADIPS Ltd to improve this system of voluntary self-regulation.</p>
		Industry-led forum	<p><b>Play Scotland:</b> Scottish play industry body which aims to influence policy, increase investment and promote awareness in play. PS works to implement the Scottish Government's 'Play Strategy for Scotland: Our Vision'. Play Scotland is represented on the UK Play Safety Forum.</p> <p>HSE has worked with PS and the Play Safety Forum (PSF) in developing a HSE High Level Statement on health and safety in children's play, and supports the PSF guidance 'Managing Safety in Play Provision'. HSE has also presented at PS conferences in recent years.</p>
		Scottish Government Taskforce	<b>Scottish Government Motorsports Taskforce:</b> Set up to learn lessons from Jim Clark rally fatalities HSE contribution to guidance.
Hospitality		HSE chaired tripartite forum	<b>Hospitality Industry Liaison Forum (HILF):</b> GB-wide tripartite stakeholder forum comprising GB/UK wide trade associations, trades unions, employers and HSE, aimed at improving health and safety performance in identified key areas within the hospitality sector.
		HSE chaired tripartite forum	<p><b>Cleaning Industry Liaison Forum (CILF):</b> GB-wide tripartite stakeholder forum comprising GB/UK wide trade associations, trades unions, employers, LA representatives and HSE, aimed at improving health and safety performance in the cleaning industry.</p> <p>HSE currently working with the forum to highlight issues raised by the Equalities &amp; Human Rights Commission report on the cleaning industry 'The Invisible Workforce'.</p>
Road Safety	Occupational Road Safety	RoSPA-led forum	<b>Scottish Occupational Road Safety Alliance (ScORSA):</b> brings together employers, trade unions, local authorities, emergency services, safety organisations, professional and trade associations to provide free information and support to assist Small and Medium Sized businesses to raise awareness of managing

Industry Sector	Sub Sector	Nature of grouping	Summary
			<p>occupational road risk. ScORSA's aims are to:</p> <ul style="list-style-type: none"> <li>• Facilitate networking between businesses;</li> <li>• Encourage joint working to raise awareness in organisations of the need for action on work related road safety;</li> <li>• Promote the exchange of information on new initiatives and best practice;</li> <li>• Establish a statement of common goals;</li> <li>• Promote ScORSA and best practice at partner events;</li> <li>• Contribute to the delivery of Scotland's Road Safety Framework to 2020 and the GB Strategic Framework for Road Safety;</li> <li>• Contribute to the European Road Safety Charter and the UN Decade of Action.</li> </ul> <p>Partners and stakeholders include:</p> <ul style="list-style-type: none"> <li>• Local Authorities - Argyll and Bute, Glasgow City, Scottish Borders; South Lanarkshire;</li> <li>• Emergency Services - Chief Fire Officers Association Scotland, Scottish Ambulance Service, Police Scotland;</li> <li>• Association of British Insurers;</li> <li>• Institute of Road Safety Officers, RoSPA, Scottish Community Safety Network, Scottish Chamber of Safety;</li> <li>• Scottish Centre for Healthy Working Lives;</li> <li>• Decade of Action for Road Safety, The European Road Safety Charter, Road Safety Scotland;</li> <li>• Freight Transport Association;</li> <li>• HSE;</li> <li>• STUC</li> </ul>

## Annex 4: Liaison between the Scottish Government, its agencies and HSE

Scottish Government Directorates/ Divisions	Health and safety interest/topic	HSE team	Other SG agencies etc.
<b>Learning and Justice</b>			
Learning/ Life Long Learning	<ul style="list-style-type: none"> <li>health and safety of employees and students in schools, further and higher education</li> <li>asbestos in schools</li> <li>proportionate health and safety in education (egg science, outdoor activities, school trips)</li> </ul>	HSE Scotland HSE Sector HSE HQ	SSERC <sup>39</sup> Education Scotland
Safer Communities	<ul style="list-style-type: none"> <li>health and safety of employees and members of the public in:                             <ul style="list-style-type: none"> <li>Fire and Rescue Service</li> <li>Scottish Police Service</li> <li>Scottish Prison Service</li> <li>Scottish Ambulance Service</li> </ul> </li> <li>Go Safe Road Safety Strategy to 2020 – police and HSE roles in road safety</li> </ul>	HSE Scotland HSE Sector HSE HQ	PIRC <sup>40</sup>
Justice	<ul style="list-style-type: none"> <li>sentencing and penalties</li> <li>prosecution procedure</li> </ul>	HSE Scotland	COPFS
<b>Enterprise, Environment and Innovation</b>			
Agriculture, Food and Rural Communities	<ul style="list-style-type: none"> <li>health and safety of employees/self- employed, others in agriculture, fish farming</li> <li>human and animal pathogens</li> <li>farm attractions/visits</li> <li>vocational qualifications in health and safety in agriculture</li> </ul>	HSE Scotland HSE Sector HSE HQ	
Business	<ul style="list-style-type: none"> <li>Better Regulation</li> <li>health and safety benefits to business – closer ties with industry</li> <li>better jobs agenda - Fair Work Convention</li> </ul>	HSE Scotland HSE HQ	

<sup>39</sup> Scottish Schools Education Research Centre

<sup>40</sup> Police Investigations and Review Commissioner

Scottish Government Directorates/ Divisions	Health and safety interest/topic	HSE team	Other SG agencies etc.
Energy and climate change	<ul style="list-style-type: none"> <li>• health and safety of employees in:               <ul style="list-style-type: none"> <li>○ offshore industry including renewables</li> <li>○ onshore utilities including renewables</li> <li>○ emerging new technologies – e.g. geo thermal, fracking</li> </ul> </li> <li>• onshore extractive industries (including revision of regulations and guidance)</li> <li>• electricity – continuity of supply</li> </ul>	HSE Scotland (HID for major hazards) HSE Sectors HSE HQ	
Environment and Forestry	<ul style="list-style-type: none"> <li>• Control of Major Accident Hazards (MH)</li> <li>• REACH<sup>41</sup> regulation</li> <li>• waste and recycling</li> <li>• demolition involving asbestos</li> <li>• health and safety of employees in forestry/ arboriculture</li> </ul>	HSE Scotland (HID for MH) HSE Sectors HSE HQ	SEPA
<b>Health and Social Care</b>			
General	<ul style="list-style-type: none"> <li>• sunbeds regulation</li> <li>• public health outbreaks – health and safety implications for workers e.g. swine flu, ebola, etc.</li> <li>• collaboration with Scottish Centre for Healthy Working Lives</li> <li>• occupational cancers</li> <li>• Infectious diseases offshore</li> <li>• Public health effects of demolition of derelict buildings</li> </ul>	HSE Scotland HSE Sector HSE HQ	
Performance and delivery	<ul style="list-style-type: none"> <li>• health and safety of employees and patients in NHSS</li> <li>• new ‘Sharps in healthcare’ regulations</li> <li>• development of Manual Handling Passport</li> </ul>	HSE Scotland HSE Sector HSE HQ	
H&SC integration	<ul style="list-style-type: none"> <li>• health and safety of employees and service users in social care</li> </ul>	HSE Scotland HSE Sector	Care Inspectorate
Healthcare Quality Strategy	<ul style="list-style-type: none"> <li>• application of HSWA in health and social care</li> <li>• roles, responsibilities, powers of Scottish health and social care scrutiny bodies/regulators</li> <li>• Vale of Leven Public Inquiry</li> <li>• healthcare associated infection</li> </ul>	HSE Scotland HSE Sector	Healthcare Improvement Scotland/ Healthcare Environment Inspectorate
Population Health improvement	<ul style="list-style-type: none"> <li>• Adventure Activities Licensing Authority – next steps</li> <li>• Review Group on motorsport event safety</li> <li>• Commonwealth Games 2014</li> </ul>	HSE Scotland HSE HQ HSE Sector	

<sup>41</sup> Registration, Evaluation, Authorisation and Restriction of Chemicals

Scottish Government Directorates/ Divisions	Health and safety interest/topic	HSE team	Other SG agencies etc.
<b>Communities</b>			
Local Government and Communities	<ul style="list-style-type: none"> <li>• Building sector public works</li> <li>• Application of Construction Design Management Regulations</li> <li>• Building standards (general and electrical)</li> <li>• Procurement</li> <li>• Control of silica risks (in sandstone/historic buildings)</li> <li>• Workplace health and safety aspects of road works</li> <li>• Demolition of derelict buildings – application of public health, health and safety and waste legislation</li> <li>• Land use planning and Scotland's planning system</li> </ul>	HSE Scotland (HID for Planning) HSE Sectors HSE HQ	Historic Scotland Transport Scotland  SEPA
<b>Strategy and External Affairs</b>			
General	<ul style="list-style-type: none"> <li>• Emergency planning/ Civil contingencies for COMAH<sup>42</sup> sites</li> </ul>	HSE Scotland HSE HQ	
Culture and heritage	<ul style="list-style-type: none"> <li>• Cultural events</li> <li>• health and safety management – event guide</li> <li>• planning applications</li> </ul>	HSE Sector HSE Scotland (HID)	
External affairs	<ul style="list-style-type: none"> <li>• EU health and safety developments affecting Scotland</li> </ul>	HSE HQ	

<sup>42</sup> Control of Major Accident Hazards