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HEALTH AND SAFETY COMMISSION

Update on Health and Work

A Paper by Sarah Balmer

Advisor(s): Howard Saunders

Cleared by Jonathan Rees on 17 August 2007

Issue

1. Activity, progress and outcomes achieved by HSE and LAs in taking forward the Health and Work Agenda.

Timing

2. For meeting on 4 September.

Recommendation

3. That Commissioners note the paper in preparation for The National Director for Health and Work, Dame Carol Black's presentation at the Commission meeting on 4th September 2007.

Background

4. This paper details progress made on the Health and Work Agenda since 'The Health Agenda, Gaining Momentum' paper, received by the Commission on 5th September 2006.

5. Out of 30 million working days lost overall, 24 million are due to work related ill-health and 6 million due to workplace injury. The 2005/6 Health and Safety Statistics demonstrate a continuing reduction in the incidence of ill health. Stress and Musculo – Skeletal Disorders (MSDs) are still largely responsible for the majority of cases of ill health.

6. The annexes to this paper set out progress and successes in the following areas:
 - Health, Work and Well-being
 - Workplace Health Connect
 - Public Services Programme
 - Managing Sickness Absence and Return to Work

- MSDs
- Stress
- Disease Reduction
- Scotland/Wales

7. HSE has had some notable successes last year in taking forward the Commission's strategy on health and work.

- A new approach agreed in the Civil Service for reducing sickness absence and promoting workforce health. HSE, working with Cabinet Office, DWP, and DH, produced an agreed checklist for action, and is now following up with a wide ranging package of support and monitoring in the autumn.
- Continued rollout of the stress management standards reaching over 1000 public sector bodies and nearly 100 finance organisations; 66% of employees in the targeted areas of the public sector work for an organisation who had representatives at the workshops; and, when surveyed approximately a third of the way through the workshop period, 12.1% of public sector employers said that they were using the management standards already.
- A very successful joined-up campaign in Wales on backs ("Welsh Backs") representing a successful partnership on occupational and public health issues.
- Continued strengthening of partnership working with local authorities. For example, the Disease Reduction Programme delivered a successful 'Bad Hand Day?' campaign in partnership with Local Authorities to the hairdressing industry in November 06

8. Looking ahead, there are some important opportunities and challenges to face against the background of a tightening resource position. These include:

- Mental Health: there continues to be significant ministerial interest in improving health and employment outcomes for people with mental health conditions. We are currently considering whether to use World Mental Health Day (10 October 2007) to present proposals bringing together work of HSE (eg on stress), DWP, DH and the devolved administrations.
- Workplace Health Connect: the two year pilot phase ends in February 2008. We need to consider how to use what we have learnt to-date as we plan next steps.
- Review on Health of Working Age Population: the Secretaries of State for Work and Pensions and Health have commissioned Dame Carol Black to undertake this review. It is planned to be published in January 2008, and provides an excellent opportunity to note progress to date, and establish a baseline from which to measure future progress.

Consultation

9. Within HSE.

Presentation

10. Dame Carol Black's review of the health of working age people will be published early in 2008. In the meantime we continue to promote the considerable work HSE is undertaking on the health and work agenda.

Financial/Resource Implications for HSE

11. Annexes detail resources of individual projects.

Action

12. To note paper as background for discussion with Dame Carol Black on 4 September.

HEALTH, WORK AND WELL-BEING

What we did

HWWB Strategy launched October 2005;
 Joint Ministerial Group established (membership DWP, DH, HSC, HMT, DCLG, DTI, Welsh Assembly, Scottish Executive);
 National Stakeholder Council established including representatives from TUC, CBI, Work Foundation and IIP,
 First National Director for Work and Health, Professor Dame Carol Black appointed.
 Development of a range of initiatives to engage and educate healthcare professionals – and in particular GPs.
 Publication in September 2006 of a key evidence review showing that work is generally good for health and well-being.
 Launch of demonstration sites looking at how access to simple psychological therapies might be improved.

How we did it

Responded to SoS (D.Blunkett) request for new OH strategy in the way that promotes our work, especially on disease and accident prevention as key component of broader strategy;
 Delivery and Development Manager recruited August 07 to move forward the HWWB Strategy;
 HSE has provided some key examples of initiatives under the HWWB umbrella including Better Backs, Stress Management Standards, Workplace Health Connect and the Ministerial Task Force on Health, Safety and Productivity.

Use of resources

Original planned HWWB cross government budget for 2007/8 is £1.5 million.
 HSE is contributing approximately £156,534 in staff for 2007/8.

Outcome

Government as exemplar. Sir Gus O'Donnell asked Leigh Lewis and Peter Housden to recommend further measures to reduce absence rates across the civil service. An HWWB toolkit and wide ranging package of support has been developed for Permanent Secretaries.

Good Occupational Health (OH) contracts. Good OH is an important part in prevention, managing ill health absence when it happens and helping people get back to work. The HWWB team are developing an online toolkit to help people get the most from OH contracts.

Good Jobs Project to stimulate a debate on the question of 'good work' and how work, health and performance interact. Since January speakers at the Work Foundation organised events has included Lord McKenzie, Jim Fitzpatrick (DTI), Lord Richard Layard and Professor Sir Michael Marmott. Robert Taylor (former FT Labour editor) will produce a report in the autumn drawing together the themes discussed at the events and setting out an agenda for government, employers and other stakeholders.

Website relaunch in September 07.

HWWB sponsored awards. National Business Awards and Business in the Community.

WORKPLACE HEALTH CONNECT

A confidential service designed to give free, practical advice on workplace health, safety and return to work issues, to smaller businesses (with 5 to 250 workers) in England and Wales.

What we did

- By 9th August 2007 the service had delivered just over 3,600 workplace visits, on track to meet the target set by the project team
- By 9th August 2007 the service had received over 6,800 enquiries and just over 4,800 requests for a workplace visit
- Through carrying out the workplace visits, the service had directly impacted on approximately 78,000 workers by the end of June 2007

How we did it

- The HSE project team continued to make use of the strong partnerships forged with a wide range of external experts (management and marketing consultants, public and private organisations who deliver health and safety advice, evaluators, contact centre operators) at the beginning of the project, and so ensured the ongoing success of the service
- The project is effectively using a balance of central and local marketing activities to reach small and medium sized firms and maintain demand for the service

Use of resources

- Through 06/07 the Workplace Health Delivery Team continued to ensure delivery of the service, albeit with a reduced core project team of 13 staff (core project team consisted of 16 staff in 05/06). The team continues to make use of experts from divisions across HSE
- The budget profile for delivering the service in 07/08 is £7,289,285, excluding the costs of the team
- About £8304k in staff costs

Outcome

- Feedback from small and medium sized businesses has shown that the service is very professional and authoritative – 97% of callers to the Adviceline are satisfied or very satisfied, and some employers have sent Pathfinders letters of thanks for the workplace visit they received
- SMEs like the impartiality of the visit service and their expectations have been exceeded
- Evaluation has already uncovered evidence that employers are changing their behaviour as a result of the intervention
- The service is closely aligned with, and contributes to the delivery of, the Health, Work and Well-being Strategy
- As a model for reaching employers and workers in small and medium sized businesses, there is potential for it to be used to deliver other government priorities – e.g. Public Health
- The project team will monitor the service to ensure that, as the follow-up visits are conducted, there is evidence of small businesses acting on the advice supplied by the adviser

PUBLIC SERVICES PROGRAMME – Ministerial Task Force

What we did

- We have continued to raise awareness of the impact of good health and safety management on public sector productivity by emphasising its impact on sickness absence.
- As a joint HWWB/ministerial Task Force project with the Cabinet Office, DH and DWP we have led the development of integrated management approaches that will reduce sickness absence, improve the health of the workforce and promote staff engagement.

How we did it

- We set up the ministerial Task Force on Health Safety and Productivity in 2004.
- It includes ministers from the largest employers on Whitehall and those responsible for local government and the health service, as well as Scotland and Wales.
- It reported to the Chancellor in December 2004 and produced a One Year On report in November 2005.
- The Task Force has focused on a broad agenda – effectively how the public sector responds to HWWB.

Despite this, sickness absence rates in the civil service have remained on a plateau at around 9.8 days per person. In response to the Cabinet Secretary's concerns, we developed a model approach that Leigh Lewis (Permanent Secretary at DWP) and Peter Housden (Perm Sec at Communities and Local Government and HWWB "champion") presented to their colleagues. The approach recognises the need for organisation-wide approaches backed by genuine top-level commitment. It makes the links between sickness absence rates (and costs), the health of the workforce and effective staff engagement to produce more a more committed and productive work force.

Use of Resources

Project team of 2 staff: £148,899

Outcome

For the first time we have genuine top-level management interest. The Permanent Secretaries have agreed that all departments and agencies will:

- Implement a checklist of good practice that HSE developed based on our work on the "Well Managed Organisation";
- Report on actions and progress both in bilaterals with Sir Gus O'Donnell and in new performance reports being developed by the Cabinet Office;
- Ensure senior level attendance at a series of master classes that we are organising with the National School of Government;
- Consider best practice examples of effective health interventions in the workplace.

We are now working with stakeholders to promote the use of the model in the wider public sector.

MANAGING SICKNESS ABSENCE AND RETURN TO WORK

What we did

- Worked with Acas and the Chartered Institute of Personnel and Development (CIPD) to develop an online toolkit for line managers on absence management. This was launched by Bill Callaghan at the CIPD Absence Management Conference on the 21st November 2006.
- Worked with the EEF, the Manufacturers Organisation, to promote the aims of the Government's Health, Work and Wellbeing Strategy at the EEF's nationwide membership seminars on managing sickness absence.
- Worked with the Musculoskeletal Disorders (MSD) Team to deliver managing sickness absence and return to work messages as part of the 2006 Better Backs Campaign.
- Worked with the Stress Team to deliver training to Public Services Inspectors on managing sickness absence and return to work as part of the work following on from the Healthy Workplace Solutions Workshops.
- Worked with HSE Sector Teams (e.g. Food and Transportation Sectors) to promote managing sickness absence and return to work as a key message for sector stakeholders.
- Worked with the Diversity and Equality Team to develop joint HSE/Disability Rights Commission guidance on risk assessment (to be published in autumn 2007) and a revised operational circular for Inspectors on the Disability Discrimination Act 1995.

How we did it

- Using the principles of evidenced based policy making
- Developing good working relationships with stakeholders to deliver outputs
- Working with and across HSE programmes.

Use of resources

- Project team of 3 staff: £215,478.

What is the outcome of all this work

- HSE continues to be seen as an authoritative voice on managing sickness absence and return to work
- Influential stakeholders continue to see value in working with HSE on this topic.
- Working days lost due work-related ill-health or workplace injuries have continued to fall.

MSD (MUSCULO-SKELETAL DISORDERS) PROGRAMME

What we did

- Re-focussed the MSD Programme, by combining its traditional 'policy' dimension (e.g. managing the relevant regulations, providing advice and guidance) with a wider range of PSA target-driven activity.
- Developed a broad-based MSD campaign strategy, comprising inspection, publicity and stakeholder elements.
- This strategy was initiated by the Backs! 2005 campaign in June-July 2005 and continued with Better Backs in October-November 2006 and two further phases planned for Jan-Feb 2008 and, 2008/09.
- In 2007, campaign activity includes 4/5 joint TUC/HSE training days for safety representatives on risk assessment tools in support of Euroweek.

How we did it

- Emphasis on simultaneous activity – spanning publicity, inspection, and stakeholder engagement.
- Large scale media campaign (in 2005 – 6)) involving radio and press adverts and outdoor posters
- HSE and Local Authority concurrent inspection campaign.
- Widespread stakeholder engagement with stakeholder budgets, in both 2005 and 2006, for materials and events.

Use of resources

Better Backs 2006 deployed the following resources:

- £4.2M of HSE resource (incl. £2.2M publicity spend; 200k on stakeholder events
- 15 HSE inspector years (total estimated staff cost – including HSAOs and specialists of about £1.43M)
- About £500k in staff resource

Outcome

To date, successes/achievements – from Better Backs 2006 - include:

- Publicity: Following Better Backs 36% of employers recalled the publicity – of these 38% stated they would take action. Awareness of backpain as a work issue rose from 45% to 55% amongst employers and rose to 75% in the public sector.
- Stakeholders: 150+ organisations, public and private signed in support of the campaign. 50,000 campaign packs distributed. 54 events funded.
- Inspection: at least half of the Local Authorities in the country contributed to the inspection campaign. 800+ inspections by HSE in support of the campaign.
- We are set to meet our PSA reduction target for MSDs.

HSE's messages in the 2006 campaign included information about return to work and staying active with backpain, as well as traditional prevention ones. This mixture was found slightly confusing by the audience, particularly employees. For 2007/08, we are concentrating on a prevention/protecting backs message and targeting the campaign at employers in high risk sectors, such as health care (including 4 x stakeholder events in the Health Services sector, promoting the benefits of electric profiling beds). We also hope to pilot, with a core group of HSE and LA operational staff, a new risk assessment tool for upper limb disorders (which account for 40% of all MSDs). The messages on return to work and staying active will be available on a revised website and in the stakeholder packs.

STRESS

What we did

- The Management Standards for Work-Related Stress were launched in November 2004.
- Phase one of implementation started in April 2005.
- HSE has supported 68 organisations, employing over 350,000 people, across health services; education; central Government; Local Authorities; and financial services to run the Standards approach.
- Phase two began in April 2006 and is targeted at a population of 9 million employees, in over 1300 organisations in these sectors.
- 67 regional workshops were run in 2006/7 to persuade and equip employers in these sectors to run the Standards approach. Over 1500 delegates attended, representing over 1000 public sector bodies and nearly 100 finance organisations.
- Organisations who attend the workshops have access to follow-up and support provided by HSE and HSL, including a series of regional masterclasses in 2007 to provide advice on specific aspects of using the Standards. The first masterclass was held in July 2007.

How we did it

- Around 80 employers' organisations, trades unions, existing practitioners, and other key players in the sectors were identified and attended a series of meetings with HSE in Spring 2005 to help development of our plans.
- We work closely with the Ministerial Task Force to generate high-level commitment across the public sector to adopting our approach.
- Phase one relies on the support provided by 50 specially trained FOD inspectors acting as "stress partners" to participating organisations.
- HSE also contracted Acas to help organisations with key aspects of the process. The Acas contract emphasises the importance of creating sustainability by training up key personnel in participating organisations.
- HSE has targeted the marketing of both the workshops and the masterclasses at public sector and finance organisations, using 'cold calling' as well as written publicity materials.

Use of resources

- Programme has involved joint working between HSE's Stress Programme (total estimated staff costs of about £700,000) and Public Services Programme teams (total estimated staff costs of about £290,000).
- Close working with FOD and HSL also essential to co-ordinate support.
- Phased approach has been designed so that evidence from phase one will enable us to deploy resources more effectively in phase two - essentially using the same resources to deliver support to nearly 20 times as many organisations.

Outcome

- Management Standards widely recognised as the leading approach to managing work-related stress, both in the UK and internationally.
- HSE approach welcomed by employers, employers' organisations and trades unions, and key stakeholders such as CIPD, Acas and liP.
- HSE's operational expertise on stress is much more widely developed, which will aid forthcoming targeted inspection activity on stress in the public sector in 2007/8.
- Examples of the benefits organisations have achieved from using the Management Standards include:

Hinchingbrooke NHS Trust: Lowest sickness absence levels for 2 years; vacancies at lowest recorded levels. Somerset County Council: Sickness absence levels reduced by 25%; a net saving of £1.5million over two years. Norfolk County Council (Education Authority): 40% reduction in numbers of teaching staff taking time off for stress. West Yorkshire Probation Board: Stress-related absence reduced by 600 days per year.

DISEASE REDUCTION PROGRAMME

What we did:

Skin Disease

- Delivered successful 'Bad Hand Day?' campaign in partnership with Local Authorities to the hairdressing industry (launched Nov 06).
- Delivered hairdressing awareness days, in conjunction with the Local Authorities, to raise awareness of dermatitis within the industry.
- Produced new guidance for SMEs on dermatitis in catering and supporting guidance for LAs delivering 42,000 inspection visits in 2007/08
- Held two events for key stakeholders in the catering industry to promote the work of the project and ensure stakeholder support.
- Completed 14 seminar training events, funded jointly by Amicus and the UK Lubricants Association, on the risks of working with Metalworking fluids.
- Launched the 'It's in Your Hands' campaign, a joint campaign with BSIF and Safety Groups UK (SGUK), in May 2006 at the Health and Safety Expo.
- Hosted a workshop for key stakeholders in Wales, as the first stage in a pilot to work through primary care dental practice advisors (DPA) and dental registration officers (DRO) to deliver health and safety advice, including dermatitis, into dental practices.

Cancer – Asbestos

- Initiated a HSE/LA proactive enforcement inspection programme to improve compliance with the asbestos 'duty to manage' (DTM) regulation.
- Delivered training to HSE FOD and HID Inspectors (similar training was delivered to LAs in previous year) across a series of regional GB events.
- HSE together with Standard Life Insurance (SLI), their consultants ARK Workplace Risk Ltd hosted two back-to-back seminars in London's Guildhall for large scale asbestos Duty to Manage (DTM) dutyholders in the retail, financial and property sectors.
- Successfully launched the 'asbestos - don't take the gamble' awareness campaign at the Chartered Institute of Environmental Health's Annual Conference in Bournemouth. Plans are in hand to build on this campaign with further activities planned for early 2008.
- Asbestos Licensing Unit delivered 6 CEO leadership summits to ~300 asbestos removal companies

Cancer - Chemical carcinogens

- We began work in 2003/4 which aims to provide HSE with an improved evidence base from which HSE and its stakeholders can develop priorities for intervention activity aimed at reducing the future risk of occupational cancer.
- On completion of this work HSE held a key stakeholder workshop in June 2007 to discuss and debate the evidence base with the aim of identifying priorities for future workplace interventions on chemical carcinogens using the best available evidence. HSE invited 50 delegates including technical experts, academics, union representatives, industry experts, trade associations and other government departments.

Respiratory Disease

- We arranged 4 wood dust SHADs designed to raise awareness of wood dust to a targeted audience of approx 800 people throughout Industry.
- Asthma - We set out to influence 6000 MVR body shops by influencing various stakeholders within industry to improve the training of employers/employees, design

of equipment, instructions and the advice provided to the MVR sector concerning controlling exposure to Isocyanates

How we did it:

- Communicating the use of the right control practices to users of chemicals and other substances that may cause dermatitis, asthma, COPD and cancers from working with asbestos or chemical carcinogens in order to bring about behavioural change. This is achieved through a broad variety of interventions including inspections, SHADs, training events, stakeholder engagement, media campaigns, leaflets, guidance and supporting web-based material.
- A key element has been our partnership with Local Authorities on many of our initiatives, such as the Dermatitis campaign, the Asbestos Campaign, the duty to manage step change events, the current work on catering, the wood working SHADs and the MVR SHADs.
- We've also had significant success across all 3 projects by engaging with influential stakeholders and developed successful partnerships with the Hair and Beauty Industry Authority (HABIA), the Food Standards Agency, TUC, British Occupational Hygiene Society, the Institute of Occupational Medicine, suppliers of personal protective equipment and most recently, City and Guilds.
- We recently held a Stakeholder workshop to lead a renewed effort to reduce the risk of exposure to chemical carcinogens in the workplace. The workshop was chaired by Prof David Coggon with 50 participants drawn from the industry, academia, unions, and representatives from other government departments attending the workshop.

Outcome

Skin Disease

- 20,000 contacts between Local Authority Inspectors and hairdressers through the 'Bad Hand Day?' campaign resulting in increased level of awareness, demonstrated by the campaign evaluation. Overall it was found to be a highly successful campaign with high cut-through - 90% of hairdressers felt they were a bit better informed about dermatitis and over 50% claim they now have new ideas on how to protect themselves from developing dermatitis.
- Through the metalworking fluids training events, 604 employers and employees now know how to protect themselves from the risks of working with Metalworking Fluids.
- Through partnership working with the BSIF and the 'it's in your hands' campaign, good skin control messages continue to be promulgated to companies nationwide. BSIF members and other stakeholders continue to sign up as certified participants to the 'Its in Your Hands' campaign, to enable them to cascade messages and control advice to their stakeholders. BSIF members have visited more than 1700 workplaces so far, delivering direct advice on dermatitis and its prevention.
- Cascade of catering messages through various interventions reached an audience in excess of 800,000

Respiratory Disease

- An ACTS working group has developed a plan to reduce cases of occupational asthma caused by flour dust. A key success has been securing the agreement of supermarkets to work with HSE and LA partners to develop a benchmark enforcement standard for in-store bakeries.
- Joint exhibition with UK Lubricants Assoc on Metal Working Fluids (MWFs) and control of exposure aimed at large and SME firms. Seminars also being run in partnership with UKLA and Amicus.

Asbestos:

- 78 FOD and HID inspectors trained to undertake asbestos DTM inspection/enforcement visits - anticipate improved compliance with asbestos DTM (regulation 4 of Control of Asbestos Regulations 2006) across HSE and LA enforced sectors, increase in Number of Notices (and as appropriate prosecutions) where there is failure to comply.
- HSE media analysis of asbestos campaign showed it to be successful in trade and regional press. The campaign was welcomed by Plumbing and Heating Ventilation Engineering bodies, the area co-ordinator for Institute of Plumbing and Heating Engineers called it 'essential'
- An important outcome from the HSE/SLI DTM event is the opportunity for HSE to work with SLI and to use their existing networks for dissemination of HSE key messages and materials for asbestos communication and campaign activities

Chemical carcinogens

- The successful delivery of this workshop is seen as the first key step on the road to launching a renewed effort to reduce the risk of exposure to chemical carcinogens in the workplace

Use of resources

- HSE resources include 18 inspector years, 24 specialist inspector years, and Health and Safety Awareness Officers, with considerable support from LA partners in regulatory work as well as stakeholder engagement.
- Communications budget of £690k,
- Asbestos DTM inspections - work underway- anticipating 3,500 HSE DTM inspections; LAs planning on delivering ~20,000 DTM visits ; HSE resource consumption ~13 Inspector years, > 1 staff-year of Specialist resource to support HSE/LA visits
- Asbestos campaign - £170K consumed from DRP Comms Budget for delivery of campaign , £30K consumed for delivery of the 6 CEO leadership events in Asbestos licensing industry
- Chemical carcinogens - Planning and delivery of the stakeholder workshop consumed £14 K from DRP Communications budget
- Payroll budget of £1.95m for 2007/8

SCOTLAND

What we did

- In 2001 HSE supported the establishment of a free and confidential, Scottish Executive-funded occupational health and safety service for Scottish SMEs - 'Safe and Healthy Working' (SaHW), initially contributing £125,000 to fund the advice line, with a further £50,000 towards initial evaluation of the service
- In 2003/04 HSE also helped develop the Scottish Executive's Action Plan for Healthy Working Lives. The Plan is the *workplace* implementation strand of Scotland's Health Improvement Challenge 2003. It recommended the creation of a Scottish Centre for Healthy Working Lives (SCHWL) which is now established within NHS Health Scotland (a special NHS Board). Its aim is to integrate a range of advice on workplace and public health, safety, and well-being, return to work and employability services for employers and individuals. HSE has worked to make sure that the approach of WHC and the SCHWL come into alignment and ensure that the work of the Centre is developed in the context of the HWWB strategy.
- In 2006 the Scottish Executive proposed the development of an "Action Plan" for health and safety in Scotland, which recognised devolved/reserved sensibilities and sought non-legislative means by which the Scottish Executive could support improved health and safety. The Plan has a strong focus on occupational health and provides additional support for the SCHWL to pursue initiatives such as piloting a fast-track referral service for work-related conditions and extending the worker involvement model developed by the STUC. HSC/E facilitated stakeholder consultation on the Plan through the Partnership on Health and safety in Scotland (PHASS).
- On 24 August 2007 PHASS will launch a guide to sources of health and safety advice in Scotland which has been developed by the Professional Organisations in Occupational Safety and Health (POOSH) to provide advice and guidance, in particular, for small and medium-sized businesses on where they can go for competent advice and how to select what advice they need. Amongst other aims, it is intended to provoke and generate a debate about Scotland's occupational safety and health community: where capacity might need building and in what direction it should develop to support the agenda on what makes "good work".

How we did it

- Developing PHASS as a coordinated Stakeholder voice and influence in Scotland – membership includes employers, TUs, the Scottish Executive, HSE, LAs as both employers and regulators, and professional organisations. We have recently agreed additional worker and employer requests for representation.
- Working closely with the Scottish Executive Health Department and other parts of the health system, and with the Justice Department, recognising the broad political will in Scotland to improve the health of the nation.
- Using the Scottish Director's membership of the main stakeholder steering group which developed the strategy for Healthy Working Lives; HSE help and support to design and fund research into stakeholder perceptions of the merits of an integrated service; and on-going representation on the national high level Advisory Group and Operational Partnership Group for the SCHWL.
- Looking for partnership opportunities to enhance HSE's agenda and support Scottish priorities.

Use of resources

- Scotland Director's office and Policy Group staff (the latter specifically to provide evaluation advice) over a period of time, inspector and specialist time to prepare and deliver training. On-going liaison.
- Scotland Director's office and other staff time to comment and influence the content of the HWL Strategy, supporting the launch, and developing the operational model for an integrated service. Similar input into the development of the Action Plan for Health and Safety.
- More recently, B3 inspector resource to advise on revising the award scheme criteria to incorporate much more on occupational health and safety best practice - in addition to its existing focus on health promotion and lifestyle change. Plus on-going representation on the national high level HWL advisory group (Scotland Director) and also the Operational Partnership Group (FOD Scotland and PG staff).
- Scotland Director's office and inspectors to manage the joint exhibition with SCHWL at the Royal Highland and Agricultural Show.
- Secondment of an HSE B2 member of staff into the Scottish Executive to manage the implementation of the Action Plan (begins 3 September 2007).

Outcomes

A range of local collaborative work amplifying HSE's messages in Scotland within the context of improving the health of the nation.

Enhancement of HSE's reputation and influence within the important health, enterprise and justice departments of the Scottish Executive.

Commitment by the Scottish Executive through the Action Plan of around £1.2m to support non-legislative improvements to health and safety in Scotland (not all new money).

Agreement to revise Scotland's high profile award scheme (under which a significant proportion of Scottish businesses are registered) to integrate health and safety best practice with health promotion activity. The new scheme will first require evidence of basic HSWA compliance measures before a company may be accepted on to the scheme.

Case study work to assess the drivers for employers to introduce health and well-being initiatives in the workplace

A growing partnership on media and communications work to raise the profile of sensible health and safety in Scotland including references to HSE's advice and guidance.

Promulgation of a guide to health and safety advice in Scotland directed towards the needs of SMEs.

WALES

What we did and how

MSD/Profiling beds – Researched, with Bro Morgnwygg NHS Trust, the benefits of electric profiling beds (EPBs). Ran a workshop with Cardiff and Vale Trust to advise Wales' trusts on benefits and practicalities involved in providing EPBs. Discussed the issue at an all Wales Trust Chief Executives meeting. Agreed an all Wales approach with the Welsh Assembly Government (WAG).

HR Directors Network/Stress –HR Directors for the Civil Service in Wales meet on a regular basis under the Chairmanship of the HR Director for WAG. We arranged to present to them on stress and sickness absence and 'sold' HSE's approach to them. With the Stress team we held a 'Workplace Solutions' pilot workshop for them.

DRP and dentists – We met WAG's senior dental adviser, Dental Practice Advisers (DPAs) and the Dental Reference Service (DRS) with a view to securing their co-operation in raising health issues (especially relating to skin disease) at their visits to dental surgeries. We ran a workshop for them at which all relevant health issues (infection risks, IR etc.) were covered. We attended a follow up conference to discuss amendments to surgery inspection guidance, to better link this with relevant HSE guidance.

Use of resources

MSD/Profiling beds - Specialist and FOD inspector time in conducting the research and producing the research paper / published report. Significant Trust time in completing proformas etc. Trust / inspector time in running workshop.

HR Directors Network/Stress - FOD and PSP /Stress team time; ongoing inspector time in providing assistance with implementing SMS in those that are 'signed up'

DRP and dentists - Limited inspector time (especially when compared with HSE visits to dentists); approx. £1.5k for workshop. DPA / DRS / VTA / inspector time in attending workshops. Follow up FOD time advising on amendments to guidance.

Outcomes

MSD/profiling beds - MSD risk is hugely reduced and substantial nursing time saved where profiling beds were used.

Other advantages include reduced infection risk, and improved patient satisfaction.

Patient hydration and nutrition is probably improved. Pressure sore incidence is reduced.

We agreed with WAG that all Trusts in Wales would be instructed to provide EPBs, where patients need to be handled in bed, within the next 3 years. Most are actioning this already.

Concept of one-day workshops is being rolled out in England.

HR Directors Network/Stress – Very substantial collective interest from members of HR network

Sign up of a significant number of Wales based Civil Service organisations to use Stress Management Standards. Others, including WAG, have been signed up independently. Follow up 'masterclasses' planned for October 2nd and 9th 2007. Further impact evaluation also planned.

DRP and dentists – All parties keen on this approach and responses to workshop were very positive.

Surgery inspection documents have been revised; and we have been asked to further comment on them. We have also been invited to a follow up conference in Eastbourne. Effectiveness (of DPAs etc. raising these issues at visits) to be further assessed.