

Health and Safety Commission Paper		HSC/08/10	
Meeting Date:	12 February 2008	Open Gov. Status:	Fully Open
Type of Paper:	Above the Line	Paper File Ref:	
Exemptions:	None		

## HEALTH AND SAFETY COMMISSION

### HSE's WORK IN WALES

A paper by Terry Rose

Cleared by Justin McCracken and Geoffrey Podger on  
22 January 2008

#### Issue

1 An update on work in Wales and consideration of further action by HSC/E in Wales.

#### Timing

2 In the course of business.

#### Recommendations

3 That the Commission notes developments in Wales, and in particular the active interest of Ministers in the Coalition Government and senior officials in Occupational Health Service provision.

4 That the Commission notes the wide range of current partnership working with stakeholders in Wales, and the further strengthening of this by secondment of a senior HSE Wales staff member on a part time basis to the Welsh Assembly Government (WAG) to work on the wider workplace health agenda.

5 That the Commission endorses the approach of working in partnership with others on specific topics to common agendas, and agrees that limited resource is better used in this way than in setting up a standing Partnership Committee.

6 That the Commission considers how it might engage better with key stakeholders in Wales using the planned meeting in Wales in 2008 as a potential platform.

## Background

7 HSC paper 07/30 considered HSC/E work in Scotland and Wales at its open meeting in Aberdeen in March 2007. The HSC paper asked for consideration of a Partnership Committee for Wales, similar to that in Scotland, in “due course”.

8 This paper updates HSC on developments in Wales since last March, about forthcoming developments and how best to further engage with partners in Wales.

9 Annex 1 sets out the current position, and in particular describes our “partnership” activity with many organisations in Wales and the context in which we operate.

## Argument

10 HSE Wales believes that it has very good working relationships with Ministers, key officials in WAG, Local Authorities and all other stakeholders in Wales. We certainly have no difficulty gaining access on issues but more importantly and increasingly input is sought from HSE by those same stakeholders from a respected contributor on issues of importance to them (eg recent discussions re violence and aggression in NHS, and E-coli in schools).

11 We have sought or responded positively to requests for HSE secondees into WAG to work on relevant matters. The latest being a Band 1, on a part-time basis, to develop an agreed action plan, built around the “*Health, Work and Well-being Strategy*”, for improving the health and well being of people of working age in Wales, to provide operational management of Workboost Wales, and to lead a working group reporting to the Minister on Occupational Health Service provision. And we continue to look for opportunities to further develop common agendas. The launch of Workboost Wales (as a development of Workplace Health Connect) being a particular example of joining together.

12 Task and Finish Groups to work on specific issues are the preferred ways of working within the public sector in Wales rather than more permanent committees. Annex 1 demonstrates the diversity of groups where HSE is already actively involved.

13 Against this background, the formation of a formal Partnership Committee or other significant, publicly visible, engagement must be considered.

14 A partnership committee, as in Scotland, has HSE resource costs to set up and service. It is estimated (Annex 2) that this cost is £50,000 for setting up the committee, and on-going cost of £5000 per meeting minimum.

15 This resource cost has to be balanced against the added value for formal and potentially public meetings of a Committee of stakeholders. The most significant added value probably lies in HSC/E profile in Wales rather than further identifying common agendas among participants and securing commitment to those agendas. And even keeping the press interested after the initial meeting could be a challenge.

If HSC/E profile in Wales with the most important stakeholders in Wales is the key issue, then there are possibly even better alternatives.

16 The most recent event involving the HSC at the Assembly was in November 2004, when Terry Rose secured from the Presiding Officer an invitation to engage with Assembly Members (AMs) about their health and safety responsibilities as members. The event was arranged with Margaret Burns (HSC Commissioner) also there to talk about HSC/E's work. The attendance of AMs was small, but those who came were genuinely interested. There has been no other significant engagement of HSC in Wales with Assembly Members or other stakeholders in Wales other than individual HSC members attending different events (eg seminars, conferences).

17 Other "Whitehall" based agencies, (eg Health Protection Agency) have held open public meetings in Wales and held events for their Board to meet with AM's and senior stakeholders in Cardiff. These have been in the Assembly building with "sponsorship" by an AM or Minister. Profile in Wales, above and beyond any press interest, may be better secured by such events at a sensible frequency rather than a standing Wales Committee. The planned HSC meeting in Wales later in 2008 might form the platform for higher profile engagement.

### **Consultation**

18 Within HSE.

### **Presentation**

19 No immediate issues.

### **Financial/Resource Implications for HSE**

20 The cost of a Partnership Committee would primarily fall on HSE Wales and this would be a new cost which could only be met by additional resources in Wales or at some cost to the partnership work which it is trying to execute. HSE Wales has no additional resources (compared to an English Region) to carry out its work with the devolved administration other than extra training budget for those staff wishing to learn Welsh.

### **Environmental Implications**

21 N/A

### **Other Implications**

22 This paper has implications for HSC/E work with devolved administrations, and its profile across Great Britain.

### **Action**

23 The Commission is asked to note the work in Wales and:

- (1) Decide if a Partnership Committee is appropriate to Wales now
- (2) Consider how it develops its own profile with the devolved administrations in Wales and Scotland. This can influence the format and arrangements for a meeting in Wales in the Autumn of 2008.

## HSC/Es WORK IN WALES

### The Context

1 The elections for the Third Assembly were held in May 2007. Wales now has a Labour/Plaid Cymru Coalition. The status of the parties in the National Assembly is Labour 26 seats; Plaid Cymru 15; Conservatives 12; Liberal Democrats 6; Independent 1. The agreement between the Welsh Labour Party and Plaid Cymru, an agenda for Government, is set out in a document “One Wales”.

2 The Government of Wales Act 2006 gives the Assembly more powers than it had on first formation. Importantly it has responsibilities in major policy areas (eg Health, Education) and for separate service delivery (NHS Wales, Fire Service, local government functions).

3 The “One Wales” document makes the commitment by the Coalition Government that “We will explore the opportunity to place occupational health services on a statutory basis”. This is the only direct reference to a significant HSE interest, but much of the Assembly’s Health and Wellbeing strategy, economic, sustainability and other agendas have potential impact and provide opportunity for HSE’s work in Wales.

4 Since mid 2007 there has been legal separation between the National Assembly of Wales (which makes laws (“measures”) and scrutinises the government’s policies and budgets) and the Welsh Assembly Government which governs Wales. They were previously one legal body but now better reflect the separation between Parliament and the UK Government.

5 The current Permanent Secretary of WAG (Sir Jon Shortridge), who has been engaged with HSE, retires in April 2008. HSE will need to renew that relationship with his successor.

6 HSC/E has a Welsh Language Policy (last updated in 2006) and agreed with the Welsh Language Board, which relates to our delivery of services in Welsh to the Welsh people. This must be taken into account on any change in national service delivery arrangements made by HSE, and in its publication arrangements.

### The Statistics

#### Fatal and Major Injury

7 The rate of fatal and major injuries to employees in Wales is not statistically different from England or Scotland but higher than most of the English Regions. The rate had fallen from 1996/97 to 2000/01 and has fluctuated since. For 2006/07 the rate was 138.8/100000 workers; the over 3 day rate was 506.3/100000 workers. The average number of workers killed over each of the last four years is 15 (range 13-19). In 2006/2007 there were 14 deaths of workers.

## Work Related Ill Health

8 The 2005/2006 (Labour Force Survey) rate of self-reported ill health prevalence per 100,000 workers was 5960. For 2006/7 the prevalence rate was 6000 per 100 000 people (6.0%) ever employed. This was statistically significantly higher to than those for England (5000 per 100 000 people - 5.0%) and Great Britain (5100 per 100 000 people - 5.1%), but was of a similar order (not statistically significantly different) to that for Scotland (5200 per 100 000 people – 5.2%).

9 Some parts of Wales (particularly the Southern Valleys) have some of the highest Incapacity Benefit claimant rates in the UK. Health and Economic activity are major issues for WAG.

### **HSE Wales working with stakeholders**

10 Partnership working has always been HSE Wales approach, and HSE Wales will continue to protect as far as it is able the dedicated Wales partnership team. In 2007/08 it was 'strengthened' despite the work pressures because of the 'gearing' effect brought in by other parties. Initial contacts following the Assembly elections have created new links to the business support sections, namely the Department of Economy and Transport. Additionally the Assembly has created a new Manufacturing Forum aimed at focussing support to the manufacturing sector in Wales; significantly this mirrors the Wales Manufacturing Health and Safety Forum (formed by HSE). Links are being developed with the aim of working towards a sustainable partnership.

11 The following are highlights of this work:

#### 11.1 With the Assembly Government

11.1.1 WAG as part of their activity on improving Occupational Health Services in Wales are keen to develop Workplace Health Connect, and are prepared to contribute to funding. The service will be rebranded as Workboost Wales and will include free access to OH Services sourced through WAG. HSE funding will continue until March 2009; the project and its evaluation will be overseen by a joint WAG/HSE project board.

11.1.2 A continuing highlight has been the joint, co-operative working on "Backs". Welsh Backs was launched about the same time as the HSE campaign which stepped back in Wales so as not to confuse. Welsh Backs is a major media campaign aimed at the public with strapline "Don't take back pain lying down" and an updating of GPs on the "stay active" message to patients. HSE's advice and inspection activities in Wales have complemented the WAG campaign. This is continuing through 2008 and HSE is aligned with WAG's campaign to follow through. Evaluation has shown a significant shift in changing the public's attitude to back pain. The WAG campaign notably has taken the Scottish model several steps further.

11.1.3 HSE has also supported WAG'S business improvement award, the Corporate Health Standard. We have been represented on the development boards and the Standard is achieving success in the large and SME sectors. A small business award is being developed.

11.1.4 Latterly WAG have begun an Occupational Physiotherapy Pilot supported by HSE on the management board. This will provide a level 1 telephone advisory service, a level 2 treatment service and a level 3 consultancy service for partner companies to treat employees presenting with back pain. The aim is for an all Wales service in 2009.

11.1.5 From November 2007, for 18 months, HSE's Head of Operations in Wales (Dr S Coppell) has been seconded to WAG to work on the Health, Work and Well Being agenda in Wales. The purpose of the secondment is to develop an agreed action plan involving a partnership between the Welsh Assembly Government, the Welsh Local Government Association, and the Health and Safety Executive. The action plan will capture and coordinate existing work streams that contribute to the UK *Health, Work and Well being Strategy*, and also identify opportunities to further develop, share and promote good practice. It will consolidate, strengthen, and formalise existing arrangements for partnership and joint working. It will identify and provide opportunities for aligning current and future work streams, and identify any gaps in policy areas. All with the aim of improving the health and well being of people of working age in Wales.

11.1.6 Specific Outcomes of this work will be:

The development and promulgation of tools and techniques to assist employers in promoting and protecting health at work; the engagement of the wider working age population in managing health problems at work; promoting early return to work after absence because of illness; helping them avoid work-related ill health; greater engagement of health professionals in raising awareness of, and dealing with, issues around work and health.

11.1.7 HSE Wales is a member of the Wales Resilience Forum, chaired by the First Minister, which leads on Civil Contingency planning and management of national events. At the last meeting Director HSE Wales and the Director of Environment Agency Wales presented a joint paper to update the Forum on actions arising from the Buncefield enquiry. Through the Forum HSE has developed strong network links to the Emergency Services, Police and MoD in Wales.

11.1.8 The Chief Inspector of NSD and representatives of the Environment Agency recently met with the Welsh Minister for Sustainability about nuclear waste management issues.

## 11.2 With the Wider Public Sector

The HR Directors for the Civil Service in Wales meet on a regular basis. There has been very substantial collective interest from members of the HR network in running a pilot scheme on Stress Management Standard for Civil Service Departments in Wales. There has been sign up of a number of Wales based organisations to Standard (eg Probation Service (all 4 areas) and Companies House). We are in productive discussion with others such as Office of National Statistics, ESTYN, DVLA and Patent Office and anticipate that they will shortly be signed up. Others, including WAG have been signed up independently, and, following discussions with them, it is likely that they will be able to finance and support four follow up workshops for those (including all LAs and Trusts) who attended our initial Stress workshops.

## 11.3 With the NHS Wales

11.3.1 HSE Wales has worked with NHS Wales to produce “passport” schemes for Manual Handling training and for Violence and Aggression: These have been introduced throughout NHS Wales. We are currently auditing compliance with the Manual Handling Scheme. These schemes are being adopted in other countries.

11.3.2 The Health Minister (Edwina Hart) has just established a working group to receive further improvements on protecting NHS employees from violence and aggression and formally invited HSE to join it.

11.3.3 NHS Wales are now moving towards wide adoption of profiling beds for patients in hospitals and where appropriate other care settings. Trials have shown major benefits in patient care as well as reducing patient handling movements undertaken by staff, and many cost little to introduce with good negotiation of bed supply contracts. We expect NHS Wales to confirm a three year timetable for introduction across all Trusts in Wales.

11.3.4 We have also worked with NHS Wales on a range of other topics including a web based ‘Framework for Occupational Health and Safety’ and embedding the Stress Management Standards.

## 11.4 DRP and Dentists

In order to influence dentists to reduce skin related issues, we have explored Wales based partnerships and met with WAG's senior dental adviser, Dental Practice Advisers (DPAs) and the Dental Reference Service. We have also contacted Vocational Training Advisers. The outcome has been a successful workshop enabling these other bodies to deal effectively with this issue at their visits and consequently less inspection by HSE.

## 11.5 With Local Authorities in Wales (as Dutyholders)

11.5.1 As with Trusts, Local Authorities are committed to achieving compliance in the care homes they run, contract or inspect with the MH

Passport Scheme. We are particularly interested in service user handling – there are clear benefits to patients/service users if they are handled in the same way whether they are in hospital or Nursing care.

11.5.2 We are auditing LA's control of school transport risks. While we are concentrating on segregation of schoolchildren and transport we will also look into control of contractor (bus operators) issues. This is a priority in Wales following many fatal accidents involving school transport. HSE produced and disseminated a corporate report outlining key lessons.

11.5.3 We are working closely with the LA Education Forum on producing All-Wales guidance on school transport safety.

11.5.4 We are working closely with the Department of Education and Lifelong Learning on the subject of assessing school transport risk.

## 11.6 The Construction Industry

11.6.1 Construction Division has significant engagement with Construction Excellence Wales (CEW) which is supported by WAG. CEW acts as a forum to bring key construction industry stakeholders in Wales and work on common agendas of sharing best practice and benchmarking as well as put on events such as designer awareness days.

11.6.2 In particular CEW are organising a seminar due to take place in Spring 2008 on behalf of HSE, Office of Government Commerce, Department of Business, Enterprise and Regulatory Reform and the Olympic Delivery Authority, one of a series of seminars promoting awareness of the 2012 Commitments (the Construction Industry's response to the challenge posed to the industry by the Olympic construction activity), the Common Minimum Standards for government clients and the CDM Regulations 2007, as well as providing a platform for the ODA to promote Olympics-related job opportunities for firms from all over the UK

## 11.7 With the Agricultural Industry

11.7.1 FOD Wales has close ties with Farmers Union of Wales and attends quarterly meetings to inform members of current H&S initiatives and obtain feedback on matters concerning the industry. Our stand this year at the Royal Welsh Show attracted over 1400 visitors nearly all from agriculture and related industries, LANTRA colleagues were on hand to provide information and guidance to visitors.

11.7.2 We have also developed closer links with NFU Wales. With their active support, we are working with the Welsh Assembly's "Farming Connect" on a proposal to use their farm development centres and demonstration farms to host health and safety events, and help deliver our messages to the farming community. We are also, with their support, exploring the possibility that farmers who demonstrate improved technical and health and safety competence might benefit from discounted insurance premiums.

11.7.3 We have met with WAG Plant Health and Biotechnology Section and Rural Inspectorate for Wales to pool our knowledge on the safe use of plant protection products (PPPs) following an ADAS Pesticide Policy Report on behalf of WAG which attempts to provide baseline statistics on the use of PPPs in Wales.

11.7.4 We also meet quarterly with other enforcing authorities in Wales in the Operational Delivery Partners Forum. This is made up from LACoRS, Meat Hygiene Service, Animal Health, Food Standards Agency, British Cattle Movements Service, Rural Inspectorate Wales and Chief Veterinary Officer WAG where H&S issues in farming are shared along with issues relating to livestock rearing, movement and slaughter.

## 11.8 With the Wider Private Sector

11.8.1 A Wales Manufacturing Health and Safety Forum was established and launched by HSE in 2005, supported by Welsh Development Agency money and the commitment of the larger manufacturers in Wales (including Corus, Chevron -Texaco, Airbus, and Kellogg) at Director level and TUC Cymru. Terry Rose chairs the Board. There are over 200 member companies. To date the Forum has put on 24 events to share best practice, in partnership with members or WAG, attended in total by over 1000 delegates. The core themes have been in support of FIT3. The future plans include a major conference on occupational health and leadership with WAG and EEF, supported by Sayeed Kahn, HSC Commissioner, which is scheduled for 4 March 2008

A worker involvement section of the Forum in partnership with TUC has been launched and a network will be developed with all the Trade Unions relevant to manufacturing.

11.8.2 Through HSE's Corporate Stakeholder Strategy relationships have mostly reached optimum with the Wales represented corporate stakeholders, notably EEF, CBI, TUC, Federation of Small Businesses and WAG. More would be favoured with ACAS, IOD and Wales Audit Office, but resources restrict further development.

## 11.9 With other local groups

HID engages with a range of local stakeholder groups in relation to specific sites or issues. In West Wales they have set up local groups relating to refinery activity and to engage with interest groups such as the Safe Haven group in Milford Haven.

## **Partnership working with Local Authorities as Regulators**

12 There is a long history of support over many years from HSE's Enforcement Liaison Officers (ELO's) in Wales for the Directors of Public Protection Wales

(DPPW) led structure of all-Wales and regional Health and Safety Technical Panels. There is also a long history of joint working in Wales.

13 Since 2003/4, we have operated with a joint HSE/LA Planning and Steering Group to better co-ordinate campaign, project and other joint working. There have been a number of examples of successful joint working, although the most significant outcome of this work has been the development of a joint HSE/LA strategy and delivery plan for improving workplace health and safety in Wales for 2006/7 and beyond. Considerable LA regulatory resource (an estimated 25-30 staff years in 2006/7, with perhaps a little more predicted for 2007/8) has been delivered to FIT3 through the vehicle of the joint plan. Significant joint projects have included HOOF (Hygiene On Open Farms); the SE Wales drinks project; the N Wales satellite dish and aerial installers project, which involves joint warranting; a trial across N Wales LA boundaries of the HSE approach to complaints investigation.

14 Under the auspices of an all-Wales Inter Authority Audit project, all 22 Welsh LAs have now been audited by their neighbouring Authority, with HSE staff providing support and moderation for the process. The final report on the audits was launched in April 2006. Following their audits a number of the Welsh LAs have developed and implemented action or improvement plans aimed at delivering better regulation.

#### Delivery of Public Services

15 A major Wales initiative is "Making the Connections" which is about joining up public services for better and more efficient delivery to customers. "Local Service Boards" led by a Local Authority are now meeting but bringing together all public service providers within the authority area including non-devolved providers. Health and safety issues underpin safe public service provision by a healthy workforce but how HSE interacts with all 22 LSBs in Wales is a challenge. Within the same agenda 3 local authorities in North Wales have recently trialled joint telephone receipt of health and safety enquiries and complaints with HSE support. Next action has still to be agreed but this has now been formally raised with DPPW.

#### **Working with Other Inspectorates**

16 We are working with other Regulators, Inspection Bodies or Auditors to improve compliance, whilst reducing burdens on those regulated.

##### 16.1 Healthcare Inspectorate Wales (HIW)

We are signatories to the Concordat on Regulating in the Health and Social Care Sector. HIW lead on this issue and we contribute to relevant working groups. We are currently organising a workshop with them to discuss joint working in a number of areas, including Hospital Associated Infections.

##### 16.2 Welsh Risk Pool (WRP)

We have had productive discussions with WRP and via the Welsh Health Trusts Safety Advisers Forum have commented on Standard 13 dealing with health and safety. This work is currently being taken forward by NHS Wales

Dept and is being linked to the Framework for Occupational Health and Safety in NHS Wales.

#### 16.3 Care and Social Services Inspectorate Wales (CSSIW)

We have signed a Memorandum of Understanding with CSSIW and work together on a range of issues, and in particular on investigations. We are hoping to develop a “Hampton/LBRO” pilot jointly with CSSIW and the other regulators of care settings. We are currently organising a training conference for them on Electric Profiling Beds, Bedrail safety and other issues.

#### 16.4 Estyn (the Schools Inspectorate in Wales)

We have prepared guidance for their inspectors on Health and Safety issues relevant to schools and pupil safety. And we are working with them and others in a WAG taskforce relating to E Coli spread in schools.

#### 16.5 Public Services Management Wales (PSMW)

We believe that there are strong links between what we are trying to achieve – for example in the areas of improving stress and general management – and the aims of PSMW. We will therefore continue our very proactive liaison with them.

#### 16.6 Wales Audit Office (WAO)

We liaised closely with WAO on the production of their report into Violence and Aggression in the NHS. We have also liaised on other topics including sickness absence and stress (they spoke at the 3 workshops we organised in Wales) and Hospital Associated Infections.

## SCOTLAND COMMITTEE COST ESTIMATES

### Set Up Costs

Agreeing ToR and identifying and appointing members  
Planning and delivering inaugural meeting

15 days x HSC member

15 days x SCS member

35 days x Band 2

12 days x Band 5

21 days x Band 6

Ready Reckoner Staff Cost £39,670 (excluding HSC member)

Initial meeting venue and event £10,000 approx

### Each Meeting

1 day x HSC member

1.5 days x SCS member

6 days x B2

0.5 days x B5

1 day x B6

Ready Reckoner Staff Cost £4543 (excluding HSC member)

Assumes meeting venue/costs provided by non HSE member

Resource estimates from HSE Scotland