Advisory Committee on Toxic Substances Minutes			ACTS/MINS/02/2014
Meeting date:	2 December 2014	Open Gov. Status:	Open
Type of paper:	Above the line	File ref:	2015/38171
Exemptions:	None		

Advisory Committee on Toxic Substances (ACTS)

Minutes of the 104th meeting of the Advisory Committee on Toxic Substances held on 2nd December 2014 at Petrol Retail Association, London

Present:	**Officials Present:**
Jane Willis - Chair (HSE) Ian Brown - Independent Len Levy - Independent Bud Hudspith - TUC Robin Chapman - CBI Alister Scott - CBI Susan Murray - TUC Doug Russell - TUC Alistair Hay - TUC **Apologies:** John Hopley - CBI Steve Francis - CBI	Dave Bench - HSE Director of CSEAD and CRD and Director of Science Kären Clayton - HSE Director LLHRD Gill Smith - HSE Lee Kenny - HSE Marie Warburton - HSE Secretariat

Item	
1	**Introductions and apologies**
1.1(i)	The Chair welcomed members to the 104th meeting of the Advisory Committee on Toxic Substances.
1.1(ii)	Apologies were received from John Hopley and Steve Francis.
2	**Agreement of minutes/matters arising**
2.1(i)	The minutes of the 103rd meeting of ACTS - Amendment required to 6.1(v) this should read 0.075mg/m^3. Amendment agreed - minutes were then formally accepted.
3	**Matters arising**
3.1(i)	**Measuring Respirable Crystalline Silica (RCS)**
3.1(ii)	A TUC member raised concerns that the UK's advice on the measurement of RCS at concentrations below the current UK Workplace Exposure Limit (WEL) differs from the advice available in other countries. There is a hygienist in the United States who claims that RCS can be measured below 0.05mg/m^3. A CBI member explained that in principle Respirable Crystalline Silica (RCS) can be measured to below 0.05mg/m^3 but that in practice it is very difficult to reproduce accurate measurements in work environments and people were being over optimistic with

Item	
	their numbers. Existing standards offer a level of protection and focus should be on promoting the working practices that bring down the level of exposures; the debate on the WEL only distracts from this. A TUC member supported the CBI member's opinion on the difficulties of measuring RCS accurately, and suggested HSE should seek to make it a mandatory requirement for business to use equipment to reduce exposure e.g. use of water suppression. HSE confirmed there was no specific requirement to have or use water suppression but that HSE provided and promoted advice on such control measures, e.g. through awareness raising initiatives with industry. One example was an agreed standard between HSE and the construction industry to reduce exposure during valley roof tile installation.
3.1(iii)	HSE explained that in relation to measuring below the current WEL, the paper by HSL, circulated to ACTS in November 2013 was still relevant and directly addressed the issues raised. The paper confirmed the difficulties with accurately and reliably measuring RCS below the current WEL; a number of ISO (International Organisation for Standardisation) Technical Committees had been working on the measurement of low airborne concentrations of silica and it was still not clear from the work of these committees that any significant advances had been made. HSE explained that its interventions aimed to reduce ill-health from exposures to RCS by improving compliance with the current WEL and by working with key sectors including quarries, construction, stonework and manufacturing. HSE confirmed they would continue to keep the position on measurement of RCS under review.
3.1(iv)	An independent member of ACTS pointed out that the issues of compliance with the current WEL for RCS, and of measuring below the WEL should be separated, and suggested the two issues could be considered by WATCH. ACTS members agreed with the proposal and also suggested that representatives from HSL should offer to make contact with the American hygienist to discuss RCS measurement techniques.
3.1(v)	HSE agreed to consider holding internal discussions about the feasibility of developing a draft position paper on measuring RCS, to bring together the opinions of HSE, ISO committees, the USA National Institute for Occupational Safety and Health (NIOSH) and HSL. HSE confirmed the focus on RCS will continue, with many partnership groups active in driving a reduction in overall exposures.
3.2	**LEAD**
3.2(i)	HSE explained occupational exposure to lead is regulated by the Control of Lead at Work Regulations 2002 (CLAW) and the exposure limits established by EU legislation are set out in Annex I and Annex II of the Chemical Agents Directive (CAD) and implemented in the UK through CLAW. HSE confirmed the EU Working Party on Chemicals had acknowledged that EU limits on lead were in need of review and the Scientific Committee on Occupational Exposure Limits (SCOEL) had been asked to consider the current exposure limits. HSE confirmed research was underway to establish a picture of occupational exposure to lead in the UK. HSE will develop work to tackle occupational exposure to lead in industries where exposure has been found, based on the research findings.
3.2(ii)	A TUC member asked if HSE intended to publish the draft lead statement discussed by ACTS previously. HSE confirmed the draft lead statement would not be published in its current format. However, content from the lead statement may

Item	
	be used to form of part the new lead guidance and/or included on a new lead website. The Chair pointed out that lead was on the agenda in Europe and it therefore made sense for Europe to set a new level.
3.3	**Diesel Engine Exhaust Emissions (DEEEs)**
3.3(i)	A TUC member questioned progress with HSE's current work on exposures to DEEEs and referred to a recent TUC policy conference where many of the issues raised were in relation to personal exposure to bus drivers, bus engineers, warehouse workers and delivery drivers. An independent member suggested DEEEs is another area suitable for WATCH consideration.
3.3(ii)	HSE explained that research was underway to look at the likely impact of developments in fuel and engine technology, and to identify the chemistry of the disease-causing components in DEEEs as currently there was little reliable UK data available. The research team at HSL was currently in the process of identifying candidate sites for workplace studies and these would include quantitative and qualitative analytical techniques and real time measurements of DEEEs in the workplace.
3.3(iii)	ACTS members suggested the research should include site visits to supermarket delivery depots and bus garages, as there were known issues with engines being kept running whilst indoors. TUC members asked to be involved in the DEEEs research to make use of TU contacts who could recommend possible sites to visit where exposure to DEEEs occurs. HSE thanked TUC members and agreed to convey this offer to the HSL project team. **Action point 1**: HSE to inform DEEEs research project team at HSL of offer of help from TUC.
3.4	**Dust**
3.4(i)	HSE informed members that the ACTS dust statement 'The Control of Substances Hazardous to Health Regulations and the control of exposure to dust in the workplace' is now accessible via the HSE website as an annex to the May 2014 meeting minutes. HSE also explained that work had started to develop a 'dust hub', - a 'dust' focused page on the HSE website. A TUC member asked how the statement could be accessed. HSE confirmed the statement is accessible via the ACTS page of HSE website: http://www.hse.gov.uk/aboutus/meetings/iacs/acts/290514/acts-mins290514.pdf
3.5	**Reproductive issues**
3.5(i)	A TUC member asked how HSE was taking forward the recommendations from the 2014 European conference on reproductive issues. HSE noted that the conference had been an information sharing event, and no specific recommendations for action had flowed from it. An independent member who had attended the conference agreed that was the case. HSE explained the conference had however confirmed the European regulatory framework for dealing with reprotoxic substances is sufficiently robust and no change in the law was required.

Item	
3.5(ii)	A TUC member asked what work HSE was undertaking in relation to endocrine disruption. HSE explained that endocrine disruption was a very complex area and information could be found on HSE's website. HSE confirmed the European Commission was holding a consultation exercise to gather information on the current state of play across the regulatory landscape and HSE was active in contributing towards the science, as well as to discussions on the regulation of endocrine disruptors.
3.6	**Update on changes to HSE's Senior Management**
3.6(i)	The Chair updated ACTS members on recent changes to HSE Senior Management. Dr Richard Judge took up post as HSE's new Chief Executive (CE) on 10 November. Richard was previously CE of the Insolvency Service, and previously held senior leadership roles in science and technology businesses. Kevin Myers has returned to his role as Deputy Chief Executive and Eddie Morland has taken on the role of HSE Commercial Director in addition to his role as HSL Chief Executive.
3.6(ii)	The Chair explained that a key recommendation in the Triennial Review was that HSE should explore commercial opportunities that build on HSE's reputation as a world class regulator. The Chair stressed that commercialisation was not a move to privatisation but that HSE needed to focus on the future in a way that maximised its commercial potential while maintaining its reputation, skills and experience as a world class regulator. The Chair explained HSE was developing a new 5-year strategic business plan to allow HSE to protect, sustain, invest and expand the organisation to ensure it is fit for the 21st century. HSE/HSL was already engaged in a range of commercial initiatives, for example, HSE was already advising on Land Use Planning issues in GB and delivering inspector training in Abu Dhabi.
3.7	**Update on EU activities on occupational disease**
3.7(i)	HSE reported that the European Commission's (DG Employment) proposal to amend the Carcinogens and Mutagens Directive (CMD) had been considered by their internal Impact Assessment (IA) Board. The Board had requested more information and the Commission was currently gathering the extra data required. HSE do not expect a formal proposal to emerge before late 2015 and it was not clear if the Commission would include a binding limit for RCS in their proposal.
3.7(ii)	HSE confirmed the content of the draft 4th Indicative Occupational Exposure Limit Value (IOELV) Directive had been developed quickly and efficiently by the Working Party on Chemicals, generally with a high level of consensus. HSE explained if a supplemental opinion was agreed in Spring 2015, HSE would expect the Commission to bring forward a proposal for a vote by Member States in Summer 2015. Publication of the revised WELs in the UK would likely to be at the end of 2016.
3.7(iii)	HSE explained the UK had been asked by Senior Labour Inspector Committee (SLIC) to take forward the proposal to identify the priority topics on occupational disease: the chosen topic was RCS. The newly formed SLIC CHEMEX RCS Sub WG met for the first time in September 2014, in Luxembourg. The RCS sub WG members included representatives from Belgium; Bulgaria; Italy; UK(Chair); Ireland;

Item	
	Netherlands; Germany.
3.7(iv)	HSE confirmed the SLIC CHEMEX WG has developed a draft 'OELs v DNELs REACH fact sheet' aimed at providing clear advice to national labour inspectors on what can be a complicated issue.
3.7(v)	HSE confirmed an event took place in Abu Dhabi in October 2014. The BOHS 'Worker Health Protection Conference' focused on worker health protection and at that event HSE gave an overview on 'effective regulatory frameworks' and also chaired a discussion panel on the challenges and approaches to developing worker health protection regulations in the Middle East region.
3.8	**COSHH Essentials Working Group**
3.8(i)	HSE confirmed the COSHH Essentials WG met on the 17th November 2014. Members of the working group included representatives from TUC, CIA and an independent member. HSE was seeking nominees from the Confederation of British Industry, a Local Authority representative and one more independent member. The Working Group had discussed 70 revised COSHH essentials sheets including General 100, 200 and 300 series', Metalworking and Motor Vehicle Repair. The HSE COSHH e.Tool was under review.
4	**The review of HSE expert advice following HSE Board discussions**
4.1(i)	Dave Bench, HSE's Director of Science, provided an update on the review of expert advice following the HSE Board's discussions. His full presentation would be circulated to ACTS members. The presentation covered the following: • Review recommendations • What expertise does HSE need? • Who do we engage with? • Where would the new Advisory Group fit? • How will HSE make it happen? • Operating model • Examples of other working groups
4.1(ii)	HSE indicated that the new committee would provide advice at the start of the policy cycle, where HSE is assessing changes in the working environment and changes in the evidence base. For this reason a committee of science and medical experts was required. HSE would continue to engage widely with stakeholders, particularly employee representatives and industry sectors, later in the cycle when policy options were being formulated and decisions on interventions taken.
4.1(iii)	A TUC member stated that ACTS members had on previous occasions raised concerns about the need to review and evaluate the effectiveness of decisions and standards set by ACTS over the years
4.1(iv)	ACTS members asked what HSE expected the new expert scientific and medical advisory group to do and how the group would interface with the HSE Board. HSE confirmed work was at an early stage and the Terms of Reference (ToR) had not been finalised but that they would clearly set out the remit of the group. A TUC member commented that in the past ACTS had set up separate ad-hoc task

Item	
	and finish working groups to tackle specific issues which were very effective.
4.1(v)	ACTS members agreed that task and finish working groups were useful but expressed concerns over the proposed membership of both the new expert advisory group and the new working groups. A TUC member remarked on the different input/expertise of stakeholders and social partners, and that it was vital to ensure the right people are involved, including TUC representatives. HSE explained it was still considering possible size and membership of the new group, other expert advisory committees usually had around twelve members, providing a wide range of expertise in the relevant fields. HSE confirmed that current ACTS members would be able to apply if they met the criteria for membership of the new expert advisory group. HSE confirmed no decisions had been made on the constitution of the new expert advisory group, but agreed that as there was a shrinking pool of external expertise on occupational health issues it was important to get the correct strategic advice at the initial stages of policy development.
4.1(vi)	A TUC member stated they were not opposed to the review but disagreed with its conclusions, and did not believe the approach put forward will work. The same member felt the review had failed to recognise the value and contribution made by ACTS and WATCH members and suggested the failure to address issues previously raised by ACTS would continue with the new expert group, and noted that in his view some established partnership groups were not delivering as intended.
4.1(vii)	HSE explained the intention was to provide HSE with an effective mechanism for obtaining independent expert scientific and medical advice on occupational ill health issues. The discussion at this meeting was intended to seek the views of ACTS and WATCH on how best to make the transition to the new model. HSE confirmed the new expert advisory group would provide advice to HSE based on both the individual expertise of the members and on clear evidence and that the HSE Board's decision was to move forward with this model.
5	**<u>Group discussions – Taking forward the new scientific and medical expert committee on occupational disease</u>**
5.1(i)	Lee Kenny introduced the group discussion, inviting ACTS members to give their views on how HSE could ensure the effective working of the new expert advisory group. The following questions were asked: • What interfaces should there be between the new expert committee and our other working groups or partnership groups? • Should our wider stakeholders be able to propose scientific and medical questions for the new expert committee to consider? How might this work? • From your experience of other committees inside and outside of HSE, what practical working arrangements would be most productive for the new expert committee?
5.1(ii)	Lee Kenny confirmed the summary information (Annex 1) gathered during the group discussions would be considered as part of the next steps to move forward with the review. Once the details had been collated, HSE would provide feedback to ACTS members and let them have further updates as the work to develop the new committee progressed.

Item 6	**<u>Summary and Close</u>** The Chair thanked ACTS members for participating in the group discussions and for the useful information, ideas and suggestions provided. The Chair confirmed the HSE Board had asked HSE to move quickly to set up the new group. As the timetable for the necessary approvals and appointments process was not finalized. HSE agreed ACTS should not be stood down for the present. HSE will provide regular updates to ACTS by correspondence and if necessary a further meeting will be arranged.

Annex 1

Group discussions – Taking forward the new scientific and medical expert committee on occupational disease

What interfaces should there be between the new expert committee and our other working groups or partnership groups?

The group thought that:

- this would depend on whether the experts were also involved in some of the HSE working / partnership groups, and on their connections outside HSE.
- secretariat resource should be provided to act as interface between groups.
- the appetite of working groups to engage with the expert committee would critically depend on who was on it and whether they inspired confidence in the committee's deliberations.
- ACTS and WATCH provide a good example to follow and it must be ensured that their success is replicated in the new arrangements.
- it is important the new expert committee has the opportunity to interact with the HSE Board.
- working groups and partnership groups should be involved in and consulted on policy development, whilst the new expert committee provides expert opinion on specific scientific issues based on evidence. The working groups could provide regular progress reports to the expert committee.

Should our wider stakeholders be able to propose scientific and medical questions for the new expert committee to consider? How might this work?

The group thought that:

- all of the expert committees meetings and proceedings, both physical and virtual, should be fully open to the public with an open opportunity to pose questions.
- there could be some concerns about whether the expert committee would be truly independent, and also whether it would be able to reach consensus on issues given the breadth of issues and expertise needed to consider these.
- the expert committee should prioritise issues as high, medium and low.
- while it is important to engage with wider stakeholders, an open forum brought risks.
- the Chair of the expert committee should be independent but it was suggested the Chair should have links to the Government Chief Scientific Advisor.

From your experience of other committees inside and outside of HSE, what practical working arrangements would be most productive for the new expert committee?

The group thought that:

- video conferencing, virtual communities etc. were all useful tools, particularly for interim meetings, but the expert committee members would initially need to get together in the same space in order to 'gel' and build a sense of common purpose.
- once set up it could be possible to reduce the number of face to face meetings, though that could potentially involve trade-offs between time, cost and quality of their work.
- locations of meetings is very important and need to consider members' travelling times.
- define early on the level of commitment required by members of the new committee.
- learn from other scientific committees and also share experts with other committees.

- much would depend on the calibre of the Chair.
- it is vital the new expert committee have clear terms of reference and the roles of the chair and committee members are defined.