



LIAISON AGREEMENT

between

**THE HEALTH AND SAFETY EXECUTIVE,
SCOTTISH LOCAL AUTHORITIES**

and

**SOCIAL CARE AND SOCIAL WORK
IMPROVEMENT SCOTLAND ('CARE
INSPECTORATE')**

Version 2 following minor amendments/administrative review conducted in June 2017.

1 INTRODUCTION

1.1 This agreement is not legally binding but is intended to facilitate effective working relationships between the Health and Safety Executive (HSE), Local Authorities¹ (LAs) in Scotland, and Social Care and Social Work Improvement Scotland — “Care Inspectorate” (CI) on areas of mutual interest.

1.2 The overall aim of the agreement is to improve standards of health and safety and quality of care within the social care sector in Scotland, by using respective resources and expertise effectively. The agreement has been developed to assist staff by:

- promoting co-ordination of investigations, where appropriate, into incidents that have resulted in service user deaths or serious injuries, which could have been prevented
- encouraging appropriate information to be shared in a timely manner
- establishing and maintaining liaison arrangements.

1.3 Health and safety is a reserved matter under the terms of the Scotland Act 1998. This agreement does not and is not intended to transfer regulatory responsibilities to CI to act in a reserved area.

1.4 The key areas covered by this agreement are:

- Roles of HSE/LAs/CI [paras 2.1-2.5]
- Notification; investigations of injuries; work-related deaths; complaints and concerns [paras 3.1-5.3]
- Information sharing/disclosure of information [paras 6.1-6.7]
- Adult support and protection and child protection [paras 7.1-7.5]
- Liaison arrangements/review [paras 8.1-9.2]
- Annexes containing further information on HSE/LAs/CI; health and safety enforcing authority allocation; and nominated contacts.

2 ROLES

2.1 **HSE and LAs** are responsible for enforcing the Health and Safety at Work etc. Act 1974 (HSWA) and associated legislation throughout Great Britain. As GB-wide regulators, they aim to reduce death, injury and ill-health by securing the health, safety and welfare of workers and by protecting others, such as patients or service users, who may be affected by work activities.

2.2 HSE/LAs lead on the health and safety of employees. However, they may also consider investigation of patient or service user deaths or serious injuries, where there is an indication that a breach of health and safety law was a probable cause or a significant contributory factor. **See Annex 1A** for more information.

2.3 Where appropriate, HSE/LAs report the outcomes of investigations to the Crown Office and Procurator Fiscal Service (COPFS), who investigate all deaths in Scotland and who decide whether or not to initiate criminal proceedings and who to prosecute. When HSE/LAs investigate work-related deaths, they work closely with the police, in accordance with the [Scottish Work-related Deaths Protocol](#), as agreed by COPFS. See paragraphs 4.1-4.3 for more details.

2.4 **CI** was set up under s44(1) of the Public Services Reform (Scotland) Act 2010 (PSR Act) as an independent body responsible for the scrutiny and improvement of care, social work

¹ In their role as health and safety regulators under HSWA.

and child protection services in Scotland.

2.5 CI has a number of duties and powers, which are specified within the PSR Act and regulations made thereunder, including [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011](#) (SCSWIS(RCS)R). More detailed information about CI is contained in **Annex 1B**.

3 NOTIFICATION AND INVESTIGATION OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES

Notification arrangements

3.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations ([RIDDOR](#)) 2013 requires specific incidents² to be reported. The legal duty to report is on the 'responsible person', who is normally the employer. In some instances the police, CI, relatives or others may inform HSE/LA of an incident. Guidance about what needs to be reported in health and social care can be found in HSE's [RIDDOR in health and social care guidance](#) HSIS1(rev3).

3.2 All registered service providers are required to notify CI of certain matters, including the death of a person using a care service, as required by regulation 21 of [The Regulation of Care \(Requirements as to Care Services\) \(Scotland\) Regulations 2002](#) (ROC(RCSR)) and also in terms of CI's guidance on [notification reporting](#) for registered care services.

Investigation

(i) Role of HSE/LAs

3.3 HSE/LAs investigate a proportion of reported incidents in accordance with their published [selection criteria](#)³, conduct investigations and take any resulting enforcement action in compliance with HSE's [Enforcement Policy Statement](#). All fatal accidents to workers are normally investigated.

(ii) Role of CI

3.4 CI does not have a specific remit to investigate accidents, but may investigate the quality of care provided to people who use a care service if an accident/incident or a series of accidents/incidents appears to warrant it.

(iii) Working together

3.5 Where HSE/LA investigate an incident they should consider at the outset if there are any issues in which CI would have an interest. If this is the case then HSE/LA will inform CI that an investigation has commenced as soon as reasonably practicable.

3.6 For more serious and complex investigations, consideration should be given to holding a meeting between the interested parties to consider the following issues:

- reasons for calling the meeting, including an explanation from the organisation responsible for the meeting
- nature of the incident

² These include: work-related deaths to workers and other people, specified injuries to workers, non-fatal injuries to non-workers, certain occupational diseases, and specified near-miss events. All incidents can be reported online and there is a telephone service for reporting fatal and specified injuries only.

³ LAs have their own policies for selection and enforcement, which allow for local variations, whilst reflecting the principles of HSE's criteria.

- role/responsibilities of the police (where applicable) and/ or HSE/LA and CI
- securing and preserving evidence
- arrangements for coordinating enforcement action that might need to be taken in the short term (to avoid any overlap or duplication)
- passing information to other interested parties, for example in relation to adult support and protection and child protection (paragraphs 7.1-7.5)
- sharing information, provided that disclosure does not jeopardise any ongoing investigation or future proceedings and is in accordance with the provisions in paragraphs 6.1-6.7
- contacting relatives of the injured person where appropriate
- the need to inform and involve other investigating bodies, for example the Medicines and Healthcare Products Regulatory Agency (MHRA) and other agencies and professional regulatory bodies etc. e.g. the Mental Welfare Commission, the Nursing and Midwifery Council, Scottish Social Services Council, etc.
- handling communications/media
- future handling and co-ordination, including the appointment of a liaison officer from each organisation
- making and keeping a record of key decisions/discussions

3.7 Each regulator will need to fulfil their statutory obligations during an investigation. For instance:

- HSE/LA may need to serve enforcement notices in response to an on-going risk and collate evidence to support possible future legal proceedings
- At the same time, CI may need to take action if people using the care service are at risk (e.g. imposition of conditions of registration and/or cancellation of the registration of the service being provided).

3.8 The steps outlined above provide a framework for co-operation and liaison, which should allow any conflicts to be resolved and should reduce the likelihood of any one regulator compromising any investigation.

4 INVESTIGATION OF WORK-RELATED DEATHS

(i) Role of HSE/LAs/Police/Procurator Fiscal

4.1 HSE/LAs and/or the police are involved in investigating work-related deaths, including deaths of people who use care services. For example, where serious systemic failures in the arrangements for delivery of care indicate significant failures to manage health and safety, and where service users were exposed to a high level of risk.

4.2 When this occurs, HSE, LAs and the police will follow the principles contained in the [Scottish Work-related Deaths Protocol](#) (WRDPS)⁴, which sets out the framework for effective liaison between these parties (and others) when investigating work-related deaths. Under the WRDPS, the police take the lead, supported by HSE/LAs, in investigating work-related deaths where there is an indication that an offence of corporate homicide or a serious criminal offence (other than a health and safety offence) may have been committed. Once the Crown Office and Procurator Fiscal Service (COPFS)⁵ have concluded that corporate

⁴ Although LAs are not signatories to the WRDPS, they support it and work in accordance with its principles.

⁵ Procurators Fiscals are independent prosecutors working within COPFS who decide, on consideration of reports received from the police, HSE/LAs etc. whether or not to raise criminal proceedings. COPFS has a specialist health and safety division which regularly refers patient/service user deaths to HSE for investigation, many of which are not RIDDOR reportable. PFs have a responsibility to investigate all sudden, suspicious and unexplained deaths in Scotland. For work-related deaths this results in a Fatal Accident Inquiry unless the death

homicide is unlikely, and a breach of health and safety law may have been committed, primacy for the investigation transfers to HSE/LA.

4.3 Where appropriate, HSE and LAs report breaches of health and safety law to COPFS. HSE/LAs cannot investigate or report offences to COPFS for unlawful killing, or any other criminal offences outside their health and safety remit.

(ii) Role of the Care Inspectorate

4.4 CI does not have a specific remit to investigate deaths, but may, through the use of its statutory inspection powers, investigate the quality of care provided to people who use a care service if a particular death (or a series of deaths) appears to warrant it. However, any such inspection would not include an opinion on the extent to which the quality of care may have been implicated in the said death. Formal enforcement action may follow such an inspection.

4.5 If appropriate, having regard to any circumstances which may come to light during such an inspection, CI may make a referral or referrals to other agencies, including HSE, LAs, the police or other professional regulatory bodies, and may suspend its own inspection, pending the conclusion of inquiries by any other agency.

(iii) Working together

4.6 Where the police have primacy, they will also have responsibility for the management of the overall investigation but HSE/LA and other relevant enforcing authorities such as CI should remain actively involved in key decisions, similar to those contained in paragraph 3.6.

4.7 Once the police are satisfied that a health and safety offence may have been committed, primacy is transferred to HSE/LA to conduct an investigation.

4.8 Although CI is not a signatory to the WRDPS, it acknowledges the principles contained in it and is supportive of it. CI will promote the terms of the WRDPS and will aim to work in accordance with its recommendations in so far as they are not inconsistent with CI's own internal policies and procedures and statutory framework.

5 INVESTIGATION OF WORKPLACE COMPLAINTS AND CONCERNS

(i) Role of HSE/LAs

5.1 Complaints to HSE about health and safety management issues affecting employees or service users in the social care sector will be dealt with in accordance with HSE's risk based [complaints handling procedure](#). LAs have their own complaints procedures, which will allow them to prioritise, according to risk and local circumstances.

(ii) Role of the Care Inspectorate

5.2 Complaints to CI about quality of care issues will be dealt with in accordance with the [Care Inspectorate complaints procedure](#).

(iii) Working together

5.3 There may be occasions when a complaint has been referred to the wrong organisation. In some cases, HSE/LAs/CI may need to liaise to discuss the most appropriate authority to

occurs from natural causes.

deal with the matter before the complainant can be re-directed.

6 INFORMATION SHARING AND DISCLOSURE

(i) General

6.1 HSE, LAs and CI recognise the mutual benefits from working together, acknowledging respective strengths and duties. The presumption is in favour of sharing information, subject to any legal restrictions to support their respective roles.

6.2 When on site, issues may be drawn to the attention of inspectors that fall outside their regulatory jurisdiction. In order to maximise the effectiveness of the intervention, the following action should be taken, as appropriate:

- whilst registration is a matter for CI, HSE and LA inspectors will inform CI if they become aware of any provider of care who is not registered, where that care may fall within the scope of registrable activities.
- whilst health and safety risks to workers are for HSE/LAs, CI officers will contact HSE/the relevant LA if they encounter risks that are not being adequately managed. For example, where adequate precautions are not being taken to manage the risks arising from dermatitis, asbestos, legionella, electrical equipment/installations, challenging behaviour, or where staff are using people handling equipment but have not been trained to do so.
- where the visiting inspector has reason to contact another regulator to inform them of any concerns, they will inform the service provider that they have done so.

(ii) Additional information

6.3 HSE/LA and CI will benefit from routine information sharing about risks in areas of common interest. These will include HSE/LAs informing CI:

- of any formal enforcement action⁶ taken under health and safety legislation against care providers, as soon as is practicably possible (by telephone, by email or in writing);
- where, following initial enquiries, they establish that the death of a service user was not caused by a work-related activity but care related issues have been identified; and
- HSE providing, on a quarterly basis, to CI details of care related incidents and complaints that have been investigated by HSE in the preceding period. Personal information will be anonymised by HSE prior to dispatch.

6.4 CI has a statutory duty to inform the appropriate LA (in its service procurement capacity) of certain enforcement action. Additionally CI will inform HSE/LA health and safety enforcing personnel as soon as reasonably practicable where the latter has a relevant interest.

(iii) Disclosure of information

6.5 The principle behind disclosing information is to support the respective roles of HSE, LAs and CI e.g. where it will serve a positive health and safety purpose, subject to any legal restrictions.

⁶ NB any appeals against HSE/LA Improvement Notices have the effect of suspending a notice. Accordingly, the details of the notice must not be disclosed outside CI until the time for appeal has expired (21 days from the notice being served) or when the appeal has ended.

6.6 Disclosure of information by HSE/LAs to CI⁷ or vice versa must always follow the established laws⁸ and internal procedures or guidance. Particular care needs to be taken to ensure disclosure of material into the public domain does not prejudice any future legal proceedings.

6.7 Personal data and other confidential information must be transferred securely. Each of the parties must ensure that appropriate measures are taken to protect personal data and other confidential information during and after the disclosure process.

7 ADULT SUPPORT AND PROTECTION AND CHILD PROTECTION

7.1 Care inspectors and HSE/LA inspectors may come across situations where they believe that persons using care services are being abused or neglected. For the avoidance of doubt CI, HSE or LA health and safety enforcing authority personnel have no remit to investigate matters of child or adult support and protection. CI works in accordance with the Scottish Government [National Guidance for Child Protection](#) in Scotland 2014 and the [Scottish Government Adult Support and Protection \(Scotland\) Act 2007 Code of Practice April 2014](#) as updated from time to time.

7.2 In terms of the Adult Support and Protection (Scotland) Act 2007 (ASPA), the statutory requirement to undertake adult protection investigations lies with the appropriate LA*/Integration Joint Board (IJB) and the police. Direct referral should be made to the LA*/IJB where the adult at risk resides.

7.3 There is a requirement under ASPA for certain public bodies to co-operate with the LA*/IJB making enquiries. CI is specifically prescribed but HSE is not. Nevertheless, there is an additional requirement that a public body or office holder, who knows or believes that a person is an adult at risk and that action needs to be taken to protect them from harm, must report the matter to the LA*/IJB.

7.4 In specific circumstances, an HSE/LA inspector or a care inspector will wish to liaise with their local counterparts, to establish whether any wider action under the auspices of the HSE/LA/IJB or CI requires to be taken, for example, regulatory activity with the service, within which the adult at risk of harm had been placed. Further guidance on safeguarding is contained in [SIM 07/2011/01](#) – Adult Safeguarding in Social Care – HSE Role.

7.5 The statutory requirement to undertake investigations of child protection matters lies with the appropriate LA*/IJB and the police. Where CI knows and believes that a child is at risk, the matter will be reported to the relevant LA* or to the police in accordance with established CI policy. For child services, HSE/LA inspectors apply the same principles to protection issues as for adult safeguarding matters.

*** Reference to LAs in this context concerns their other (non HSWA Enforcing Authority) functions e.g. as commissioners, procurers of services, etc.**

8 LIAISON ARRANGEMENTS

(i) General

8.1 There are four Regional Groups in Scotland (West of Scotland; North Scotland; Central Scotland and Lothian and Scottish Borders), who meet regularly and provide a forum for LA

⁷ Although CI is not an enforcing authority under HSWA s28, it is a Specialist Reporting Agency and is entitled to information, proportionate to its needs.

⁸ Including DPA, FOIA, FOI(S)A, HRA.

health and safety enforcement officers and HSE to promote consistent enforcement practice and uniformity within Scotland. They enable the exchange of information and promotion of joint initiatives regarding health and safety.

8.2 The Regional Groups provide an existing forum where HSE, LAs and CI can meet together to discuss liaison arrangements. In addition, representatives from the Regional Groups and HSE meet once a quarter as the Health and Safety Coordinating Group (HASCOG). Arrangements will be made to ensure that CI is invited to attend one of the quarterly HASCOG meetings.

(ii) Corporate providers of social care services

8.3 HSE no longer operates a lead inspector scheme for large national corporate care providers. To ensure consistent advice is provided when interventions reveal deficiencies of potential national significance:

- HSE and LA inspectors should contact HSE's Public Services Sector by email for advice Publicservicesector@hse.gov.uk
- CI operates a Relationship Manager system with all LAs, Health Boards and larger national private and independent providers. Specific information can be found on the [Care Inspectorate website](#)

(iii) Wider collaboration

8.4 CI, HSE and LAs will explore opportunities to collaborate on wider issues where appropriate. Such collaboration may include:

- Joined up working and investigations
- Speaking at conferences and other public discussions
- Disseminating good practice in relation to each other's work, including through participation in the Scottish Social Care Partners Forum.
- Advance notice of public relations work, which may have an impact on the work of the other organisations
- Consideration of joint training and development opportunities.

9 REVIEW OF THE AGREEMENT

9.1 HSE/LAs and CI will endeavor to ensure their staff are aware of the content of the agreement, the responsibilities it places on staff and the liaison arrangements that should apply.

9.2 Every three years or sooner the Chief Executive of CI, the HSE Director Scotland or their representatives, and a nominated LA representative will arrange to:

- review the effectiveness of the agreement
- consider improvements in the light of experience
- recommend action.

Signatories⁹:

Iain Brodie
HSE Director for Scotland / Deputy Director, Field Operations Division

Iain Brodie **Date:** 3rd April 2018

Karen Reid
Chief Executive, Care Inspectorate

Karen Reid **Date:** 22nd May 2018

Version 2 following minor amendments/administrative review conducted in June 2017.

⁹ Although Scottish LAs are not signatories to this protocol, it has been endorsed by the Society of Chief Officers of Environmental Health in Scotland. Its members support it and will aim to work in accordance with its principles.

ANNEX 1

ADDITIONAL INFORMATION ABOUT HSE, LAs and the CARE INSPECTORATE

A HSE and LAs WORKING TOGETHER

1 Organisational structure

1.1 HSE is subdivided into directorates and divisions, the largest being **Field Operations Directorate (FOD)**, of which Scotland is a part. Responsibility for national policy relating to health and social care rests with HSE's Transport and Public Services Unit.

1.2 There are teams of health and safety inspectors for every LA in Scotland. Each LA is an autonomous, democratically elected body, accountable to its local community and therefore organisational structures and health and safety priorities vary.

1.3 **HSE's Local Authority Unit** has national policy responsibility to promote consistency between HSE and LAs in the enforcement of health and safety legislation.

2 Relevant health and safety enforcing authority for services registered with the CI

2.1 The allocation of enforcement responsibility between HSE and LAs is set out in the Health and Safety (Enforcing Authority) Regulations 1998. Regulation of health and safety in care homes is divided between HSE and LAs depending on whether the facility provides residential accommodation or nursing care. This distinction does not apply in terms of the Public Services Reform (Scotland) Act 2010 and the regulations made thereunder.

2.2 For those services registered with CI, the health and safety enforcement allocation between HSE and LAs is summarised in Annex 2.

3 Role of HSE and LAs in patient and service user investigation

3.1 Under Section 3 of the Health and Safety at Work etc. Act 1974 (HSWA), HSE/LAs may consider investigation (in accordance with the organisation's own incident selection criteria) of patient or service user deaths or serious injuries where there is an indication that a breach of health and safety law was a probable cause or a significant contributory factor.

3.2 When HSE/LAs investigate work-related deaths, they work closely with the police, in accordance with the [Scottish Work-related Deaths Protocol](#) (see paragraphs 4.1-4.3 of main document). This can result in enforcement action (which includes reporting offences to COPFS) of an employer under HSWA Section 3 or, more rarely, an individual employee under HSWA Section 7.

3.3 HSE/LAs will not, in general, investigate matters related to clinical judgement or quality of care as others regulate in these areas e.g. the General Medical Council, the Care Inspectorate. For further information on this policy see <http://www.hse.gov.uk/healthservices/arrangements.htm#a1>

4 HSE/LA Inspector's powers/ work activities

4.1 HSE/LA Inspectors are involved in front line activities, which includes giving advice and guidance, investigating incidents and complaints, contacting and inspecting workplaces (NB see paragraph 4.2) and taking enforcement action. They hold written

warrants and have the legal right to enter premises and talk to relevant staff during visits. They carry out investigations and take enforcement action in line with [HSE's Enforcement Policy](#) and [Enforcement Management Model](#)

4.2 HSE and LAs prioritise inspections and regulatory interventions on higher risk sectors (e.g. construction, major hazards industries, high volume warehousing, etc.) and concentrate on serious breaches of health and safety law. In general, HSE/LAs do not conduct routine, proactive inspections in the health and social care sector, but will do so where they have intelligence of poor health and safety management standards, and in the case of LAs, as local circumstances dictate.

5 Enforcement

5.1 HSE/LA inspectors use a variety of enforcement tools in order to secure immediate and sustained compliance with the law. These enforcement tools range from the provision of advice, to the service of enforcement notices and the reporting of offences to COPFS as necessary.

B CARE INSPECTORATE

6 Roles and Responsibilities

6.1 The aim of CI is to secure further improvement in the quality of social services in Scotland.

6.2 CI will carry out the regulation of care services.

6.3 Section 45(1) of PSR Act also specifies a set of principles which must inform the manner in which CI carries out its duties and functions viz:

- the safety and wellbeing of all persons who use, or are eligible to use social services are to be protected and enhanced
- the independence of those persons is to be promoted
- diversity in the provision of social services is to be encouraged to promote choice
- good practice in the provision of social services is to be identified, promulgated and promoted

6.4 PSR Act provides for the publication, by Scottish Ministers, of National Care Standards for a range of care services. The system of regulation adopted by CI takes account of these standards.

6.5 CI ensures that prior to being granted registration to provide a care service, applicants can demonstrate that they are able to comply with the relevant regulations. CI may:

- grant registration, subject to conditions or unconditionally, and refuse registration
- impose, remove or vary conditions of registration, grant or refuse requests for variation of conditions, or cancel registration
- report care service providers, who have committed specific offences under the PSR Act or regulations to COPFS for prosecution, such as operating a care service without being registered

7 Inspection

7.1 CI inspects registered care services and also social work services provided by local authorities, according to plans approved by Scottish Ministers. It publishes reports of these inspections. It also carries out joint inspections with other regulators to check how well different organisations in local areas are working to support adults and children.

8 Enforcement

8.1 CI has power under the PSR Act to take enforcement action against regulated care services to help them improve or where service users are at serious risk. It has no power to take enforcement action against social work services. In particular CI may:

- issue Improvement Notices where care services are in breach of the Regulations made under the PSR Act
- cancel the registration of a regulated care service where an Improvement Notice has not been met within the required timescales
- add, vary or remove any of the conditions of registration of a regulated care service, including the addition of a condition on an emergency basis where the absence of that condition poses a serious risk to the life, health or wellbeing of persons
- make an application to the sheriff for an order cancelling the registration of a regulated care service where there is a serious risk to the life, health or wellbeing of persons

ANNEX 2 Relevant health and safety enforcing authority for services registered with the Care Inspectorate

CI registered services	Health and safety enforcing authority	
	HSE	LA
Support services – care at home	For activities undertaken in domestic premises	
Support services – adult day-care	For LA controlled day-care centres	For independent (non-LA) controlled day-care centres
Care home services	Where main activity is provision of nursing care; where the residential accommodation with personal care is under control of the LA	Where main activity is residential accommodation with personal care in independent (non-LA controlled) premises
	Where both residential and nursing care provision are provided at the same location, enforcement allocation should be decided locally	
School care accommodation services	HSE	
Nurse agencies	For nursing activities in domestic settings	For office based activities
Child care agencies	For nursing activities in domestic settings	For office based activities
Secure services	HSE	
Offender accommodation services	HSE	
Adoption services	For peripatetic work; work in domestic premises e.g. home visits; LA office based activity	For office based activities of (non-LA) organisations providing fostering/ adoption services
Child minders	For activities in domestic premises	
Day care of children	Where the service is provided in premises under the control of the LA or where the service is provided in separate premises within a school, under control of an independent operator	Where the service is in non-domestic premises that are not part of a school and is independently run
Housing support services	HSE for activities in domestic premises	

Annex 4 – Glossary of Abbreviations

ASPA the Adult Support and Protection (Scotland) Act 2007

CI Care Inspectorate

COPFS the Crown Office and Procurator Fiscal Service

DPA the Data Protection Act 1998

EMM Enforcement Management Model

EPS Enforcement Policy Statement

FOD HSE's Field Operations Directorate

FOIA the Freedom of Information Act 2000

FOI(S) A the Freedom of Information (Scotland) Act 2002

HASCOG Health and Safety Coordinating Group

H&SEAR Health and Safety (Enforcing Authority) Regulations 1998

HRA Human Rights Act 1998

HSE the Health and Safety Executive

HSWA the Health and Safety at Work etc. Act 1974

LAs Local Authorities

MHRA the Medicines and Healthcare Products Regulatory Agency

PSR Act the Public Services Reform (Scotland) Act 2010

RIDDOR the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

ROC(RCS)R the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002

SCPF Social Care Partners Forum

SCSWIS Social Care and Social Work Improvement Scotland ('Care Inspectorate')

SCSWIS(RCS)R the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

WRDPS the Scottish Work Related Deaths Protocol