



**“Occupational Health and Safety in Scotland:
an opportunity to improve work environments for all.”**

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Window cleaner dies
after Edinburgh flats
fall Nov 2103



Ewan Williamson death: Fire service
in 2013 faces three charges after
death 4 years ago



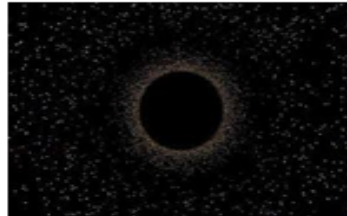
Contractor crushed to death at
salmon farm. Sunday 6 October
2013 Herald. A Man has died after
being crushed when his truck toppled
over in the Western Isles



Man, 39, killed in accident with
farm machinery. Wednesday 14
August 2013



Work-related ill health



Scottish workplace death figures
increase BBC Dec 22 2012



Summary

This paper explores what is wrong with occupational health and safety in Scotland now, a subject reserved solely to Westminster, and the laws, policies and practices that could provide a better work environment in an independent Scotland in the future. Employers and workers, including those most vulnerable workers not in trade unions, would benefit producing higher public health standards and increasing the prosperity of the country as a whole. If there is a NO vote in the coming referendum, little or no evidence exists to indicate there will be any substantial halt to Great Britain’s decline of occupational health and safety (OHS) standards and enforcement run down by successive Westminster administrations over two decades.

The legal system in an independent Scotland would facilitate the opportunity to fully research, consider and legislate to create a safer, fairer and cleaner country along Nordic lines discussed in this paper. Recent history has demonstrated that under a devolved Scottish parliament, even with its current limited powers, there is a progressive culture that has delivered significant positive change for vulnerable citizens (although Holyrood does not control the health and safety system) . This includes the considerable changes in access to compensation for asbestos victims and bereaved relatives; the recent Scottish legislation regarding compensation for asbestos-related pleural plaques places Scottish claimants in a far stronger legal position than their equivalents in England. Added to this the appointment of a senior judge who deals more expeditiously with Mesothelioma cases in Scotland is perhaps the most important of the advances made for this vulnerable constituency – all delivered by Holyrood – all far in advance of the efforts of Westminster.

Much is made of the UK's health and safety record but the facts belie the rhetoric. In a recent respected publication, the Maplecroft index on health and safety and working conditions, the UK came 20th out of 30 OECD countries listed. The Scottish occupational health and safety position is not only no better than England and Wales but in several respects it is worse. Work-related injuries especially in construction and farming are substantial. In Scotland we have also seen major disasters in the very recent past with offshore oil helicopter crashes, and earlier with Piper Alpha in 1988 which killed 168 people and ICL/Stockline in 2004 which killed 9 workers and injured dozens more. Serious failings in HSE governance emerged after the 2004 ICL/Stockline explosion linked to failures to protect non-union and poorly organised employees by ineffectual enforcement of regulations (www.theclinquiry.org).

In Scotland, historically and now, we have both epidemic and endemic occupational diseases due to asbestos and other substances including legionella in some of the most vulnerable, deprived and de-industrialised parts of the country. HSE figures not only under-estimate injuries and diseases, they also take no proper account of a hostile economic environment. Employees are fearful for their jobs, bad employers have greater and greater freedom from government agencies to not report injuries and diseases, changes in reporting systems have led to a further 'paper' reduction in reported injuries and diseases, and increasingly many employees have to adopt presenteeism (going to work when ill) because of fears for job security.

If there is a YES vote, there will be significant opportunities to change, shape and improve occupational health and safety policy and practice and, given the political will, Scotland will have the ability to adopt better laws and create more effective agencies along the best European and global lines. Even where the Scottish Government has had more control over policies, such as in the devolved NHS, and where damage to public health have been less severe than in England, the scale of public expenditure cuts brought in by Westminster have had very adverse impacts on the Scottish population.

RECOMMENDATIONS

1. The introduction of a Work Environment Act that will establish a properly funded and staffed Scottish Occupational Health and Safety Agency (SOHSA). SOHSA would be geared to prevention policies and practice, located within the Scottish Government health department, with oversight from the Minister of Public Health, and accountable to a representative board of employers, employees, trade unions and citizens groups. The latter are needed because workplace hazards such as open cast mining, mining, fracking and coal-bed methane extraction may become community hazards. It was notable that the ICL/Stockline explosion occurred due to a highly hazardous industrial process being conducted within a residential working class community.
2. SOHSA should operate with a well-resourced labour inspectorate, along the Nordic model, that would advise, inform, inspect and regulate workplaces with regard to occupational health and safety, and also employment conditions that impact on worker health, safety and welfare. The inspectorate would have legal rights of entry to all workplaces
3. SOHSA would apply the precautionary principle in policies, develop strategies and best practice: for example using the most internationally up to date prescribed occupational disease lists, toxics use reduction approaches, control of job-related stress and establishing whistleblower hotlines, support and protection.
4. Bodies such as SOHSA, SEPA and the Health Protection Agency (Scotland) or their successors should be transparent and accountable to the communities they cover as there are currently major democratic deficits. Improved governance at national and regional level of all work environments and wider environments is needed with appropriate employer, worker and community input. All should be answerable to the Scottish Parliament.
5. Effective robust regulation and enforcement is required as the Scottish mechanism for enforcing the relevant laws relating to work and wider environments and not diluted 'better', 'smart', 'soft' or 'responsive' regimes that fail to make public health the first priority. Adoption of the Inquiries into Deaths (Scotland) Bill now before the Scottish Parliament would also be welcome.
6. Inter-agency working enhanced to ensure effective policy and practice and the most effective use of resources. This would connect health, work and environment with social policies and ensure effective advice and information especially for SMEs and employers.
7. Innovative methods of workplace and community participation could be developed to harness local skills and knowledge. These should include trade union safety reps with rights to enter workplaces to investigate health and safety claims and issue provisional improvement notices, trade union 'roving safety reps' and 'employment rights' representatives with a regional role, community environmental monitors linked with citizen science projects, initiated and run by communities and not simply acting as data collectors for government.
8. The establishment of worker and community health and safety centres across Scotland to advise employees, unionised or not, about prevention and detection of disease and injury and support for victims. This could be created by re-aligning funds from health promotion initiatives that should be spent on preventing workplace safety and health hazards.

Introduction

“Once upon a time in an earlier age of austerity, the ideas of two Liberals – John Maynard Keynes and Sir William Beveridge - inspired national recovery. Governments led markets, politicians dictated to bankers and public welfare was given primacy over private corporate interests. Another Great Depression was avoided. In the current age of austerity, markets lead governments, bankers dictate to politicians and private corporate interests are given primacy over public welfare. A ‘Great Contraction’ appears imminent”.

[Simon Lee 2012].

The goal is simple enough. Create a sustainable economy, where workplaces do not damage health. Hard lessons learned from the industrial smogs that choked whole communities and curtailed the lives of those downwind, and the brutal sweatshops, mines and mills that pared decades off life expectancy in the early years of the industrial revolution, led from the early 19th century to the creation of regulations and regulators to protect us all. Such measures not only included controls over working hours and for vulnerable groups but also measures to compensate employees affected by occupational injury and disease from the 1843 Workmen’s Compensation Act onwards .

Ill-health with its origins in poor working and living conditions is a burden on the population that is not shared equally. The lower you go down the socioeconomic scale, the larger the exposures to occupational and environmental risks and the greater the related harm. For some problems, like occupational cancer, the risk is almost entirely reserved to those in the lower half of the socioeconomic league table. It is not self-inflicted harm; it is a health inequality imposed on the disadvantaged by the advantaged, those both creating and benefiting from the risks. According to Marmot: “While fair employment and decent work can bring economic, social and psychosocial benefits to individuals, a body of evidence shows that adverse employment and working conditions damage health and contribute to the social gradient in health. Precarious employment conditions and job insecurity are associated with poor health outcomes, including adverse effects on mental and physical health” [Marmot 2010].

‘Health Inequalities in Scotland: Looking beyond the blame game’, an Oxfam policy paper published in June 2011, noted “.....male life expectancy in certain more disadvantaged areas in Scotland can be as low as 61 years old. Health inequalities arise because of political decisions and processes and because of this it is essential to campaign for a narrowing in the power, income and wealth gaps that cause them.” The report noted “the stark health inequalities can be illustrated by observing the drop in life expectancy of 2.0 years for males and 1.2 years for females for each station as you travel east on the railway across Glasgow, between Jordanhill and Bridgeton” [McCartney and Collins, 2011].

Work environments and wider environments form part of the mix in which health inequalities continue to flourish. It is difficult to determine accurately the toll taken by deaths and disease in the work environment and even harder to assess the morbidity and mortality due to wider environmental exposures – through air, water, soil and food pollution and contamination. There is a general acknowledgement, though, that such figures are significant, impact on public health and often reflect both the major health inequalities and environmental injustices that exist across Scotland.

The problem has been acknowledged by the Scottish government in the 2008 'Equally well' implementation plan, but this did not develop a functional strategy to address occupational health and safety inequalities [Scottish Government, 2008]. The UK HSE does not address health inequalities directly anywhere and never has. These are seriously damaging omissions. Recessionary pressures twinned with an erosion of employment rights mean work is becoming more precarious, and this is making a bad situation worse. "The majority of the world's workforce is informal and is in an extremely precarious position," the 2008 report of a World Health Organisation (WHO) commission on social determinants of health observed. It noted: "The global dominance of precarious work, with its associated insecurities, has contributed significantly to poor health and health inequities" [WHO 2008]. It is a problem encountered across the UK, as the pressures of unemployment are compounded by soaring under-employment and temporary employment. In a recession-ravaged economy, even if you've got a permanent job, you feel insecure. If you've got a temporary job, you are permanently insecure [Hazards 2012].

Health problems related to the jobs we do, the circumstances we live in and the living environment surrounding us present a major public health problem and a serious future threat that damages people, communities and businesses, both in human and economic terms. An independent Scotland has a unique opportunity to put in place new or better structures to address occupational health and safety deficiencies. In the process it can support good employers and ensure they are not adversely affected by bad employers who inflict injuries and illnesses on employees and damage communities and public health. The Nordic circle has already developed some of the structures and approaches needed and these must be compared with a negative UK health and safety experience.

Effective agencies, advice and information, regulation and enforcement that both protect and engage with citizens and workers and improve public health across Scotland are essential, underpinned by social and environmental justice and recognition, to remedy health and environmental inequalities that hit the most vulnerable groups in Scotland. Scotland contains numerous examples of these major inequalities in places such as Clydebank, a deindustrialised community, which is still one of the UK hotspots for mesothelioma and other asbestos-related diseases (Gorman et al 2000). Multiple deprivation can be addressed through improving: -

- (1) work environments and working conditions for employees and
- (2) wider environments for the community at large by reducing pollution and promoting sustainability.

This necessitates improving governance, transparency and accountability and ensuring more effective co-ordination across a range of agencies in the health, work, economic and environmental sectors in Scotland. Such actions will automatically help, support, inform and advise employers and businesses, especially SMEs, and contribute to innovation and competitiveness by the creation of healthier and safer jobs (especially green jobs) and environments and add to even higher international reputations and market credibility

Yet there is currently a crisis in UK workplace health and safety, an activity reserved to Westminster and dealt with by the Health and Safety Executive (HSE). In small Scandinavian countries like Norway and Finland, similar in population size to Scotland, better workplace health and safety standards and practices apply and their commitment to effective public regulation on hazards has wide societal approval and operates relatively harmoniously with efforts to support national economic activity.

Environmental and public health matters, devolved to Scotland, are dealt with more effectively than in the rest of the UK. The Scottish Environmental Agency (SEPA) is a body that has not experienced the same level of staff and resource cuts as the Environment Agency in England and is better funded and staffed per head of population than for example the HSE in the UK. Public health bodies in Scotland are less beleaguered too than those in the England NHS.

Scotland is well placed to turn the tide on the substantial negative consequences of occupational health and safety deregulation by protecting its necessary regulatory regimes that support responsible employers and profitable businesses. This can be done by pioneering and supporting the key principles of precaution and environmental justice linked to empowered employees and strategies such as toxics use reduction. These proposed alternatives are not a luxury, but can deliver the health and economic benefits necessary if Scotland's economy and its people are to thrive.

The current state of play

Enforcement of occupational health and safety in Scotland is a matter reserved to Westminster and HSE policy and resources are determined by London. HSE Scotland lacks sufficient staff, resources and effective practices to support OHS especially in small and medium sized enterprises (SMEs), and for employees in union and non-unionised workplaces, to ensure healthy and safe working conditions. However, environmental health officers employed by local authorities in Scotland also enforce the relevant health and safety legislation in a variety of workplaces, as well as legislation dealing with some aspects of environmental pollution. It is estimated that local authorities health and safety inspectors cover around 45 per cent of Scotland's workforce in 'lower risk' activities and HSE cover the rest [HSE 2011:83]. An instruction to cut inspections by UK regulatory agencies by a third was forced on local authorities, including those in Scotland, despite explicit concerns raised by the Scottish government that local government activity is devolved and consultation should have first taken place with the Convention of Scottish Local Authorities (COSLA). It is unlikely that the UK government's approach would have been endorsed by COSLA.

Commenting on the UK government's March 2011 health and safety strategy in its evidence to the House of Commons Scottish Affairs Committee hearings on health and safety in Scotland, COSLA said: "Scottish local authorities have serious concerns about the planned reforms announced by the Department of Work and Pensions in March 2011 and their potential impact on Health and Safety in Scotland. These include the proposed reduction in pro-active inspections and introduction of cost recovery. In summary, the planned changes risk lower health and safety outcomes in local communities, the loss of the positive relationships that have been developed between local authorities and local businesses and are likely to increase the risk of noncompliance"[House of Commons SAC, 2011].

The Society of Chief Officers of Environmental Health in Scotland (SOCOEH) also told the committee there was "concern that a reduction of direct health and safety interventions may result in lower health and safety outcomes in local communities and some loss of the positive relationships that have been developed between local authorities and their local businesses. Occupational health and safety enforcement whether by HSE or local authorities is an important contributor to local community safety, well-being and public health outcomes" [House of Commons SAC, 2011].

The Scottish Government has funded the Scottish Centre for Healthy Working Lives (SCHWL). However, this has a primarily health promotion rather than occupational health and safety role [Watterson 2008].

Ideology not evidence now dominates the UK government's health and safety policy and it appears to take on trust what those closest to its ideological position advocate. For example the British Chambers of Commerce in 2011 headlined: 'Half of businesses tied up in health and safety "yellow tape".' It put the costs of workplace safety regulations at £355m a year. But BCC's survey in fact found the majority of the 5,928 employers questioned – 53 per cent - did not find workplace safety regulations significantly burdensome and one in five didn't find them burdensome at all [Hazards 115, 2011]. Neither did the BCC report, 'Health and safety: a risky business?' make clear its cost calculation discounted entirely the far more substantial cash benefits of safety regulation [Hazards 113, 2011]. Compared to the multi-billion annual cost of occupational injuries and diseases, many deadly, protective health and safety laws are really no burden. Only a minute proportion of cases of occupational injury or disease result either in compensation for the victim or the prosecution of an employer. In monetary terms, employers get off lightly. In human terms, employers just do not suffer at all [Hazards 106, 2009].

Van den Abeele cites European data that assessed the costs of regulation on the UK economy as 2.4 per cent of the GDP in 2003/4. No figure was calculated for the benefits of regulation in protecting public health although, significantly, HSE has undertaken these calculations. Figures published by HSE in 2011 put the cost of work-related ill-health and injuries alone at over 1 per cent of GDP [HSE 2011], and an earlier estimate put the figure at up to 3.1 per cent [HSE 2007]. These figures are known to underestimate the real cost. They are certainly fair weather calculations. 'Black swans', those low probability but high consequence industrial catastrophes that stubbornly continue to occur, can add percentage points to the safety and environmental bill virtually overnight.

Evaluations of alternatives to regulation including voluntary protection programmes (VPPs) and self-regulatory and earned autonomy schemes, often advocated by business and lobby groups, show they have failed [GAO 2009]. Claims have been made that self-regulation, beyond supposedly lowering regulatory 'burdens', is more flexible and adaptable and lead to more commitment and pride in the business and shows markets work better [Bartle and Vass 2005:2]. These claims do not stand up to scrutiny when injuries, illnesses and pollution are considered. Regulations that rely on incentives rather than command and control strategies have also been widely advocated but within the public health field have proved remarkably ineffective.

Voluntary schemes tried in the UK have failed spectacularly including ones with the Institute of Directors and an asbestos building inspectors certification scheme [HSE 2010; [BOHS 2010]. The application in high risk industries such as the offshore sector of 'safety case' systems, a cosmetic and particularly paper-heavy version of self-regulation, has also been challenged. University of Maryland law professor Rena Steinzor, commenting on suggestions after the Deepwater Horizon disaster the US should adopt a UK-style safety case system warned against the use of the "wrong-headed" approach. She noted: "Secret plans, as the safety cases are, have no place in the American regulatory system; compliance documents should be transparent and available to the public and to overseers who can hold them accountable." [CPR 2011].

The process of deregulation costs money too, a missing dimension of the debate. According to a recent figure provided by the UK Government under a Freedom of Information request, “the government is spending more than £10 million annually on efforts to ‘ease the regulatory burden on business’ [Environmental Health News 2012]. In examining financial crises and corporate crime, two explanations among many have been offered that should be considered to explain failures. These are ‘wilful ignorance’ and ‘normalization of deviance’. As we track through our analysis of environmental and occupational health and safety regulation with reference to the Scottish position, these explanations will be tested. They may apply to regulators as much as to dysfunctional businesses.

Fewer than 1-in-170 of the fatal and major injuries recorded by HSE resulted in prosecution activity in 2010/11. Only 1-in-65 resulted in any enforcement action at all, down by 30 per cent [Hazards 119, 2012]. In Scotland, HSE action led to just 33 convictions, in a country which over the last five years has seen around 2,500 fatal and major injuries each year [HSE 2012]. The Royal Environmental Health Institute of Scotland (REHIS) reports there is no central source of occupational health and safety statistics for Scottish local authority environmental health department inspections and enforcement. This is in part because of cuts so each local authority no longer produces a separate annual report [personal communication with REHIS, 21 August 2012]. Concerns about reductions in local authority enforcement activity and cover raised by the Scottish government, Scottish local authorities and environmental health professions in Scotland were ignored by the UK government, with Scotland now largely operating to a London-fashioned, imposed and creeping hands-off enforcement model.

Around 20 per cent of the UK’s biggest killers, including heart disease, cancer and chronic respiratory disease, are caused or related to work, suggesting annual work-related disease deaths exceed 50,000, with the working wounded totalling several million [Hazards 92, 2005]. The HSE put the figure at 12,000 deaths a year, but in doing so dismisses almost all work-related causes of death except occupational cancers and chronic obstructive pulmonary disease [HSE 2012]. Even these two causes are given at patently suppressed levels that have been discredited [Hazards 117, 2012]. One global estimate of diseases related to global pollution in work and wider environments suggests it contributes about 8-9 per cent of the total disease burden, with the percentage much higher in developing countries [Briggs 2003:1]. But this is not a problem restricted to developing countries; global evaluations often under-estimate air pollution-related mortality and morbidity in the mature, ostensibly better regulated, wealthier economies. The International Agency for Research on Cancer estimate 7 to 19 per cent of all cancers worldwide are due to toxic environmental exposures. These again include both work environments and wider environments [WHO 2009; Straif 2008]. Whatever the exact figure, the toll from these environmental diseases in Scotland will add up to a significant public health problem [Watterson 2012].

An estimated 1.2 million people in Great Britain who worked in 2010/11 reported suffering from a work-related illness, of which 495,000 were new cases which started in the year (LFS). The figures note 26.4 million working days were lost due to work-related illness and workplace injury. According to HSE, the comparable figure for Scotland is 2.1 million working days lost due to workplace injury and ill health, an average of 1.1 days per worker [HSE 2012]. This amounts to approaching a quarter of all sickness absence, a sizeable and particularly preventable slice of the total sick leave toll.

Office of National Statistics figures released in April 2012 revealed the percentage of hours lost to sickness absence in Scotland in 2010/11 was 2.1 per cent, higher than the UK average of 1.8 per cent and trailing only the north-east of England and Wales [ONS 2012]. The economic costs of occupational disease mortality and morbidity in Scotland run into tens of millions of pounds as do the costs of injuries and far outweigh equivalent costs from road traffic fatalities, murders and suicides combined [Watterson 2006; Watterson 2008].

Neoliberal policies that manifest themselves in attacks on health and safety regulation and enforcement benefit neither employees nor employers and may damage communities and the wider environment. The foundations upon which they rest are not evidence-based but ideological. International research has shown how the costs of regulation are exaggerated and their benefits constantly under-played [Shapiro 2011]. Regulatory impact assessments from Europe to North America have demonstrated the benefits of regulation of both the environment and work in health terms and economic terms. For example the EU, using a regulatory impact assessment on REACH in 2003 assessed the benefits for health as well as the costs for industry and the future Chemicals Agency of the proposed Regulation. Total costs were estimated between €2.8 and 5.2 billion over 11 and 15 years respectively. Health benefits were estimated in the order of magnitude of €50 billion over the next 30 years. This figure was based on an illustrative scenario which had been developed with the support of recognised international organisations such as the World Bank and World Health Organisation. The additional benefits to the environment were expected to be significant but were not quantified [European Commission 2003].

US government authorities admitted in March 2012 that calculations in 2011 by the academic Paul Leigh [Leigh, 2011] that put the cost of occupational injury and illness in the country at \$250 billion a year “still do not capture the full economic burden.” The team from the National Institute of Occupational Safety and Health (NIOSH) added “the national investment in addressing occupational illness and injuries is far less than for many other diseases with lower economic burden even though occupational illnesses and injuries are eminently preventable” [NIOSH 2012]. Such assessments have equal validity in Scotland.

Recent research, including Leigh’s evidence from the US and other studies from the UK [Hazards 113, 2011] and Australia, has found poor health and safety is an enormous burden on business as well as workers, the community and the public purse. The 2012 Australian government study suggested employers could get a £2bn annual boost to productivity, which would equate to about £6bn in the UK, by just keeping their workers safe and healthy [Safework 2012]. And a 2010 paper in the journal Safety Science Monitor concluded good quality safety management “was a corollary to company share value.” The latest US research acknowledges that safe, healthy and well-compensated jobs are ‘a social good worth pursuing’ and improved not weakened regulation including occupational health and safety is needed to control ‘fissured workplaces’ where large companies with recognised brands devolve responsibility for workforces to a complicated and complex network of suppliers and franchised operations (Weil 2014).

By contrast, stopping HSE inspectors visiting firms uninvited and then taking action is seriously bad for business [Hazards 113, 2011]. A May 2012 study led by Professor Michael Toffel of the Harvard Business School, generally regarded to be a business-friendly institution, discovered a surprise visit from an official safety inspector is good for both jobs and the prosperity of enterprises, and the benefits are ongoing. The news release announcing the study stated: "New study shows that workplace inspections save lives, don't destroy jobs." The study, published on 18 May 2012 in the journal *Science*, used a "clinical trial" of California's randomised safety inspections to discern their effect on both worker safety and companies' bottom lines. The results were unequivocal: Workplace inspections do reduce on-the-job injuries and their associated costs and do not cause any harm to companies' performance or profits [Levine, 2012]. The paper looked at company survival, employment, sales and total payroll to see if inspections were detrimental to the inspected firms. "Across the numerous outcomes we looked at, we never saw any evidence of inspections causing harm," Toffel explained. And the effect was long lasting, with the report noting the reduced injuries and cost savings lasted for at least four years after the inspection.

There is justice deficit in occupational health and safety in Scotland. Historically, only 1 per cent of the 2,500 fatal and major workplace injuries each year resulted in an HSE-initiated prosecution and conviction. Criminals are not being deterred, and Scottish citizens are paying the price. Responsible businesses are being undercut by the rogues. Bad business can afford to be bad because they realise someone else will pick up most of the economic and human costs, something known to enforcement agencies. A 2008 analysis by the UK Health and Safety Executive (HSE) concluded: "Although the costs of workplace injuries and work-related ill health are attributable to the activities of the business... the bulk of these costs fell 'externally' on individuals and society" [HSE 2008]. A 2011 HSE paper reinforced the message, with over 60 per cent of the bill falling on individuals and less than 20 per cent falling on employers [Hazards 113, HSE 2011].

The Department for Work and Pensions Web page on Business and Enterprise and Regulation Reform in 2013 was clear that the "burden of excessive health and safety rules and regulations on business has become too great". They also considered there was a "damaging compensation culture (that) is stifling innovation and growth". In the UK, government references to a 'compensation culture' have been a constant refrain in its attacks on Britain's 'health and safety culture' overall. In September 2012 the UK government announced what it intended to do about it, declaring it will "change the law next month so companies will only be liable for civil damages in health and safety cases if they can be shown to have acted negligently. This will end the current situation where businesses can automatically be liable for damages even if they were not actually negligent" [BIS news release, 12 September 2012]. (Many aspects of compensation and social welfare support in Scotland remain under Westminster control and this could be addressed in an independent Scotland but has little chance of change with a Coalition Government).

The Coalition views workplace health and safety compensation claims as unfounded or unfair, increasing and are part of a burden on business that must be lifted. The opposite is the case. Few people suffering occupational injuries or diseases receive any compensation and the number compensated has fallen dramatically. A TUC report concluded the number of occupational injury and disease claims for employer negligence, "has fallen by a staggering 63 per cent over the past ten years" [TUC 2012].

Government statistics from the Compensation Recovery Unit (CRU) of the DWP show that employer liability claims fell from 219,183 in 2000/01 to under 82,000 in 2010/11. To put that in context, HSE's self-acknowledged workplace injury and disease underestimates note in 2010/11 over 36,000 workers suffered a fatal or major injury at work, over 13,000 developed a work-related cancer, over 4,000 died of work-related obstructive lung diseases, and tens of thousands more had their lives damaged or curtailed by work-related road traffic accidents, other occupational diseases or injuries. Cancer is one of the better compensated occupational diseases, but still results in fewer than 3,000 of the 13,000 plus people developing a work-related cancer every year receiving any payment, CRU figures indicate [personal communication, CRU 2012]. Fewer than 250 of those developing a non-asbestos occupational cancer each year – these cancers by HSE's conservative estimate kill about 4,000 every year and affect many more - are compensated. No-one can fake mesothelioma, lung cancer or indeed chronic obstructive pulmonary disease.

A Welfare Reform Committee was established by the Scottish Parliament on 25 January 2012 to keep under review the passage of the UK Welfare Reform Act 2012 and monitor its implementation as it affects welfare provision in Scotland and to consider relevant Scottish legislation and other consequential arrangements. This is a good example of how the Holyrood parliament can respond to matters that have a serious social impact on the lives of people in Scotland. It is also an indication of the ability and political will (cross party) to act promptly and firmly in matters concerning welfare benefits. A similarly constituted panel could address the need for a compensation scheme to replace the Industrial Injuries Scheme put in place under Part V of the Social Security Contributions and Benefits Act 1992. One example would be an opportunity to develop a fair and appropriate compensation scheme under a new social security system for Scotland and reflect the gender balance within the Scottish workforce. This would for example take into account the hazardous conditions that unorganised, part-time women workers experience and the toxic chemicals including carcinogens that many are exposed to on a daily basis. This is a serious weakness in the current UK legislation.

Senior managers and board within the UK HSE have been cowed by the ideological attacks to “demonstrate the benefits of proportionate health and safety” and “provide an effective regulatory framework”. (HSE Business Plan 2012–15). The framework that now exists includes the establishment of the Independent Regulatory Challenge Panel enabling businesses to challenge specific health and safety regulatory advice they believe to be unreasonable. There is also a commitment at board level to discourage unnecessary risk-averse behaviour.

HSE in 2012 announced it had changed its dedicated focus on health and safety at work and aimed to “enable innovation that brings economic growth.” This statement, in the HSE Delivery Plan for the period 1 April 2011 to 31 March 2012 is entirely at odds with HSE's legal duties, as spelled out in HASAWA and in the DWP Framework Document with HSE, but entirely in tune with the current government's policies. In a preamble to the new work plan, HSE chair Judith Hackitt said changes have been driven by government decisions cutting HSE's budget, down from £227.7m in 2009/10 to £198.7m by 2011/12, and demanded a dramatic cutback in inspection activity. This move was in line with the UK government's explicit direction to HSE and other enforcers to dramatically curtail their inspection function.

These cuts marked the start of a more savage attack on HSE's budget. This politically imposed approach, leaving HSE a regulatory agency hampered by macroeconomic and company-level cost considerations it is neither skilled nor legally tasked to determine, relegates in HSE's priorities the enormous human and economic damage done to workers north and south of the border through poor occupational safety and health.

The cuts have decimated HSE. In 1994, HSE had 4,545 staff. By April 2005, this had fallen to 3,903 [Hazards 93]. Five years later, in April 2010, the combined HSE and Health and Safety Laboratory (HSL) staffing figure was 3,702. By December 2010, total staffing had fallen to 3,611 [Hazards 113, 2011]. By June 2012, this had fallen to 2,889, and the full impact of the budget cuts had not yet been felt [Prospect news release, 9 September 2012]. The number of frontline HSE field inspectors in Scotland fell from 105 in 2010 to 98 in 2012, a drop of almost 7 per cent. The total number of HSE staff in Scotland fell from 264 in 2008 to 253 in 2012, a drop of over 5 per cent. According to HSE inspectors' and specialists' union Prospect, HSE was by September 2012 already bearing the brunt of a 25 per cent spending cut, and had been required to reduce proactive inspections for high-hazard sectors by a third. It confirmed most workplaces have already been exempted entirely from unannounced, preventive inspections.

In 2012 Prospect noted occupational health had already been side lined by HSE when there were only three occupational physicians and 18 occupational health inspectors, down from 60 of each in the early 1990s. A 15 May 2012 report from the Joseph Rowntree Foundation (JRF) warned migrant workers in Scotland and elsewhere in the UK continue to live and work in inhuman conditions and indebted to gangmasters. JRF said the study was one of the largest yet conducted into conditions experienced by workers in the food sector, from farm and factory workers through to those toiling in restaurants. They interviewed 62 workers, mostly from Poland, China, Lithuania and Latvia, working in east-central Scotland, south Lincolnshire, south west England, London and Liverpool [JRF 2012]. More than two-thirds complained of living in fear, experiencing psychological harm, working more than 50 hours a week, being paid below the minimum wage and having illegal deductions made from their wages. The report noted: "The bottom of the UK labour market, despite protections, can be deeply unattractive and all too often exploitative. Work is tough, low-paid and insecure... Fear and powerlessness were almost ubiquitous."

A failure of the UK government to address health inequalities in occupational health means related risks are concentrated in certain sections of the population. Deaths related to hazards in the workplace and the wider environment are not a feature of the boardroom, they are just the consequence of decisions made there. A dramatic rise in job insecurity, marked by increases in unemployment, underemployment, enforced part-time time and temporary working, is making a bad situation worse and is a problem exacerbated by the progressive erosion of employment and welfare rights.

In terms of the big picture, HSE looks like it has given up in Scotland even on the safety front and its activity on occupational disease prevention is far worse. There has been acknowledgement that Scotland had major hazards and its health and safety record was poor compared with elsewhere in the UK, but this was accepted by the HSE as inevitable because of the highly hazardous nature of many of Scotland's industries.

This is in stark contrast to countries such as Australia where the expansion of hazardous industries such as mining has been rapid yet the health and safety record in mining states such as Queensland had improved. One major item for discussion at a HSE Board meeting in Scotland in 2011 was on public services and the need for 'work to encourage sensible risk management and reduce risk averse behaviour'. This included an HSE action plan with the Scottish Schools Equipment Research Centre to produce a suite of material to promote proportionate risk management in schools. Another item appeared to indicate that faith not enforcement was a new HSE business friendly and low cost strategy for dealing with risks. A January 2010 HSE Agriculture e-Bulletin reported the following. "Plough Sunday Worshippers Make the Promise. Parishioners of St. Andrew's Church in Kirkby Malzeard, North Yorkshire, made the promise to come home safely from the fields." " Faith and promises seem poor strategies for HSE to follow in this industry.

Consultative processes and opportunities for 'stakeholder involvement' are being devalued and eroded, as policy priorities and pre-ordained and consultations are framed within a 'better regulation' context, with a presumption inspection, enforcement and public engagement are at best secondary and non-inclusive activities. It is noteworthy that Scandinavian researchers examining risk governance for example in the oil industry advocate 'robust' regulation, not 'better regulation'. Robust regulations is regulation that works, protects employees and in the process benefits employers (Lindoe et al 2014).

Good data on the harm to health caused by occupational and related environmental exposures are limited and often lacking. Linkages between NHS Scotland and a Scottish OHSA could be improved to aid recognition and remedial action.

There have also been problems with industry and government research to inform effective policy and practice. Research on occupational health and safety hazards can have a number of positive purposes. It may provide important information. This may help to identify new diseases or accident patterns in workplaces or the causes of particular risks. It may explore solutions to old technical or organisational problems. It may examine how effective education programmes are or how big an impact information and advice leaflets have in improving health and safety. It may even examine how effective inspectors and technical services are. Past HSE work on the costs of accidents and ill-health, national surveys of workforce ill-health and programmes investigating technical solutions to noise problems show the value of such research. But the wrong research wrongly motivated can cause a lot of damage by influencing health and safety policy for the worse and by diverting resources from useful research.

Access to transparent and independent research on work environments and how they impact on public health is critical. The need for this in the occupational health and safety field has been flagged for many years (Hazards 1999). Scotland should be well placed to move this agenda forward and its regulatory agencies should ensure there are conflict of interest statements attached to any research they use. Journals now require this and effective mechanisms should be put in place for all commissioned governmental research so that users can identify potential conflicts of interests in the research and consultancy reports they read.

Transparency is the best defence against the purchase of undue influence by those with the most financial clout. In areas where tough standards are needed to protect public health, and powerful and wealthy interests have a financial incentive to water down these standards, such transparency is more than desirable — it is essential, and history demonstrates that.

[Nature 2014]

International developments

The Nordic Approach

“The Nordic and Scandinavian countries have long been beacons for people around the world who were eager to see workplaces transformed into spaces where working people could express their humanity and aspirations. These countries have been famous for their sociotechnical forms of work organisation, dialogue based forms of management, collaborative union-management relations, and advanced training and welfare systems.....These practices resulted in sustained and widely-shared prosperity” [Sandberg 2013: 6]

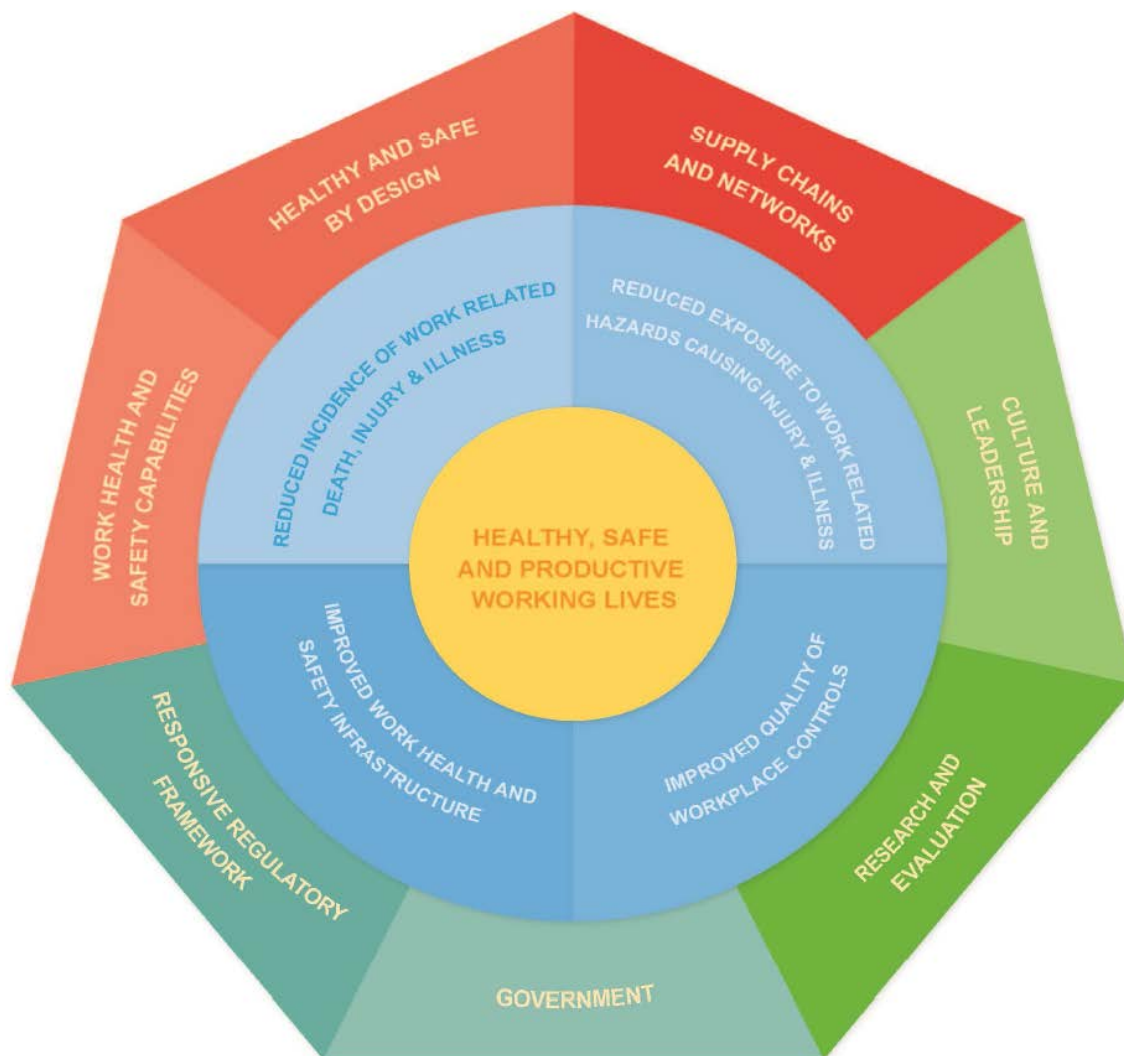
Denmark with a population of 5.5 million came first in the Maplecroft world health and safety ranking, with Finland, population of around 5 million, also scoring highly and sharing some geographical characteristics with Scotland. Finland, despite some cuts in its own OHS agencies, still remains a world leader on occupational health, provides greater information and support to employers and employees, and records and monitors occupational diseases far better than in the UK. As Finland and Denmark are independent countries of similar population size to Scotland, they demonstrate what Scotland could achieve if the Scottish government committed itself to the task of improving worker health and safety.

A number of European countries have labour inspectors who combine occupational health and safety work with other roles related to working conditions that may impact on occupational health and safety. They cover topics that also have a bearing on health, safety and welfare such as minimum pay, holidays, holiday pay, working hours and overtime like the Norwegian Arbeidstilsynet. The European Trade Union Institute (ETUI) consider that “Labour Inspection Services are a key actor at national level in ensuring the protection and enforcement of social rights of workers in general and at the workplace in particular” (Clauwaert 2013:28). Hence comparisons between HSE and countries such as Norway and elsewhere in Scandinavia on health and safety at work staffing and inspection are difficult because roles differ although the countries are of similar size (see Table below) . However, cuts in government health and safety staffing and resources in Scandinavia have generally been less severe than in the UK. In the UK no comparable and effective labour inspectorate function exists.

This paper proposes that Scotland adopt the labour inspectorate model in operation in Scandinavia to improve oversight and co-ordination of all the key factors that affect worker well-being.

	Norway	Sweden 2013/14	Denmark 2013/14	Finland 2013/14	HSEUK Scotland
Population	5 million	9.5 million	5.6 million	5.4 million	5.3 million
OHS budget GBP		49,644,911 (521M SEK)	58,596,156 (403M DKK)		?
OHS staff		530 FTEs c260 inspectors in field	665	550 (460 mainly in field in regional offices)	? (2013 – approx 270 staff and approx 170 front line inspectors. 4 offices)
OHS services	50% of workers covered in 2011				

Australia’s health and safety work strategy for 2012-2022 links prevention, health and safety infrastructure, health and safety by design, better workplace hazards controls and reduced exposures . The diagram below illustrates this approach.



The “Work Environment Management” concept merits consideration in a Scottish context. It appeared in the 1970s in Scandinavia drawing on industrial relations ideas with democracy and participation of employees at its centre. Health and safety at work was placed on equal footing with quality and environmental protection. This is something that never occurred in the UK where market thinking dominates regulatory approaches and has even led to changes in mission statements of bodies such as HSE charged with protecting worker health and safety to include economic growth as a key objective. Trade union safety reps and safety committees were viewed as part of the ‘management of health and safety’ but in a far less hostile work environment to that prevailing in the UK. Tripartism was also less tokenistic and stultifying in the Nordic circle than it proved to be in the UK. Significantly, the Scandinavian application of work environment management was not influenced in any major way by such things as lean production, business process re-engineering and balanced score cards. In the UK, some would consider the lack of these influences as a very positive feature.

“It is a striking fact that many of the forms of management (Lean Production etc.) that have passed through Scandinavian enterprises in the last 30 years have not had a stronger impact in the field of working environment. This is probably because management of the working environment is implemented in close interaction with public regulation, and the enterprise therefore has to consider the question of legitimacy in relation to the surrounding society” (Annette Kamp and Klaus Nielsen in Sandberg 2013: 319).

There will be little need to re-invent wheels in a SOHSA because it could draw on effective policies and practices already tried and tested elsewhere. For example the Danes have a strategy on job stress prevention. Job stress is a known contributor to physical and psychosocial health problems as well as an increasing economic burden for enterprises and society as a whole. Furthermore, many enterprises experience job stress as challenging to address. To strengthen and qualify work on job stress prevention, the Danish Government launched a national strategy partly consisting of increased inspections by the Danish Working Environment Authority (DWEA) aimed at assessing health and safety risks concerning job stress and job-related violence. Twenty five sector-specific guidance tools were developed to help DWEA inspectors assess job stress risks in all Danish enterprises.

Based on recent Danish research the guidance tools identified the three most important risk factors in each sector - quantitative demands, emotional demands and work related violence, as well as important preventive factors such as quality of management, Influence/Control and Training. In addition, enterprises with identified stress related health or safety risks were offered extra guidance by DWEA on how to make qualified action plans. During the first year of the strategy there was a 150% increase in the amount of improvement notices issued regarding job stress and job related violence. The tools increased the comprehensibility of the improvement notices as well as reduced DWEAs time consumption per enterprise. Furthermore, many enterprises with job stress problems asked for and received DWEA guidance regarding action plans. The guidance tools seem to be a suitable and efficient way of assessing the health and safety risks concerning job stress and job related violence thereby allowing the DWEA to detect more of the existing problems.

There are other international initiatives that could be adopted relatively easily in Scotland. Massachusetts in the USA is introducing legislation to “prevent unethical temporary employment agencies from exploiting temporary workers and undermining law-abiding businesses”. And Toxics Use Reduction legislation has brought benefits to employers, employees and the public through reduced work and wider environmental exposure to a host of toxic substances. The European Union-wide chemicals regulations, REACH, too - with its health impact as well as regulatory impact assessments - has produced considerable human and economic benefits

Conclusions

To address the problems we have identified in this paper, Scotland needs to control its own laws and agencies, policies and budgets on the work environment. It should not be constrained by a financial and political straitjacket imposed by Westminster. Nor should the country ape the smart/soft/‘better’ and de facto de-regulation agenda of the UK that has done so much damage to work environments and latterly wider environments across the four nations. In 2011, a swathe of official enquiries looked at the possibilities. These have included Parliament’s Scottish Affairs Committee, the Scottish Parliament’s Scotland Bill committee and a Department of Work and Pensions enquiry. Evidence from elsewhere in Europe – Norway, Sweden, Denmark and Finland – indicates that Scotland is quite capable of introducing and running its own agencies in these areas and prospering. They would be able to link in with European and international health and safety bodies just as Sweden now does within the EU and Norway now does outwith the EU. The STUC also considered that a devolved HSE should be controlled by Scotland (STUC 2014: 42). The Scottish Minister for Public Health has accepted that healthy working lives can boost the economy [Matheson 2012]. However, unless there is a strong commitment from the Scottish government to regulating and inspecting workplaces to ensure workers are safe and healthy – a strategy that goes well beyond health promotion – this will not be achieved.

Legislation in Scotland to provide compensation on pleural plaques left the rest of the UK in its wake. The country could achieve similar gains if it was in a position to take the initiative on occupational and environmental health issues. The economy and the public health would benefit.

The Future

1. Acts

Scotland will need robust regulation on work environments that will benefit employees, employers and the wide community. A broad Work Environment Act to establish a SOHSA with the requisite powers would provide the necessary umbrella for a legislative approach, in line with developments elsewhere in Europe that addressed the big picture on workplace health and safety. This would effectively cover physical, chemical, biological, psycho-social and work organisation hazards.

Little information on occupational health and safety policy has been provided so far by the political parties in Scotland. However, the Scottish Government's White Paper dealing with independence issues is the exception (Scotland's Future. Scottish Government, Edinburgh 2014). The white paper states that the "legal system in place immediately before independence will continue on independence. Thereafter, decisions on health and safety law, including corporate homicide, will be made by the parliament and government of an independent Scotland". We would therefore argue that, as a matter of urgency, a work environment act along the lines we suggest should be adopted.

We would also support the Scottish Government's commitment to "work with all interested parties to ensure safety (in the oil and gas industries) is further enhanced, building on the existing health and safety regime to develop a modern, rigorous and well-funded Scottish regime." Such enhancement requires stronger occupational health, safety and environmental controls particularly over the offshore oil industry including improved offshore oil helicopter transport. Such steps could be overseen by the new health and safety body that the Scottish Government already proposes be set up to replace the HSE in regulating the oil and gas industry.

As the EU now drives minimum standards in its member states, the adoption of existing directives and regulations that already apply in Scotland should be relatively simple. However, the EU does not currently prioritize occupational health and safety and there are significant European threats to workplace standards and enforcement through the soft regulation, smart regulation and better regulation agendas (Watterson and O'Neill 2012).

The European Commission's programme to streamline EU legislation - REFIT (from Regulatory Fitness and Performance Programme) – aims 'to simplify or scrap directives and regulations supposed to be an "administrative burden" on business.' (ETUI March 2014). Such measures have led to new bureaucracies and burdens cloaked in secrecy and lacking accountability and good governance and they should be resisted in Scotland (Van Den Abeele 2010). Many of the laws in the Commission's sights concern health and safety at work, social dialogue, information and consultation of workers and environmental issues.

Scotland if independent, unlike the UK, should also adopt, and comply with, all health and safety conventions from the International Labour Organization (ILO).

Scotland should build on its recent legal measures to improve investigation of and action on cases of workers killed in the workplace and to claw back monies from those responsible for the deaths of workers through exposure to asbestos. This could be done by extending such measures to all occupational diseases where causation is shown and by the adoption of the best and most comprehensive list of prescribed occupational diseases guided by a SOHSA occupational health service and drawing on German, French and Canadian listings of these diseases and their exposure and latency times that are much fairer than the UK position.

As workers who are injured or made ill at work may lose employment or experience a drop in income, there needs to be improved welfare and support along the lines pioneered by bodies such as Macmillan Cancer Support and by employment advice services such as Inverclyde Advice and Employment Rights Centre (IAERC). Instead of penalising and demonising vulnerable, sick and injured workers as is currently the case, such a policy would be based on social justice. If the prevention activities of SOHSA work as they should, the costs of providing such a policy would not be high and should diminish over time.

In the UK currently, because of Coalition government actions, workers often have little or no protection in the areas that are fundamental to the worker/employer relationship and their rights have been seriously eroded. In an independent Scotland, a Commission is urgently needed to examine those employment rights that impact on worker health and safety especially with regard to the health of workers in the peripatetic sector. Existing UK laws and enforcement fail such groups, problems compounded by the reduction in access to legal redress. Many such workers feel helpless. SOHSA labour inspectors would be well placed, if properly resourced and with appropriate laws, to address these problems. For example, the immediate abolition of reduced and zero hours contracts could be achieved quickly, and action taken with regard to temporary and fixed term contracts and the 'mock' self-employed. Immediate benefits would follow for the workers involved and the wider economy through increased economic security.

Agencies and inter-agency working

These should be geared to offering employers and employees the best available information and advice on workplace hazards and how to manage them. Support especially for SMEs in the form of advice and information has in the UK, prior to the cuts, been seen to be a valuable and valued function. Agencies such as SEPA have shown that collaboration and co-ordination with other UK countries and within the EU, although demanding and sometimes time-consuming, are feasible as indeed they are in Finland, Denmark and Sweden within the EU and Norway outwith the EU.

A SOHSA inspectorate should operate along the lines of European 'labour inspectors' which would enable them to address the work organisation and related employment issues more easily as well the specific hazard threats they identify in the workplace. These would include a broader and more active remit with regard to hours of work, shift systems, welfare and other labour regulations that play into healthy and safe workplaces. SOHSA inspectors would take over the health and safety work of local authority EHOs whose relevant staff would move into SOHSA. Workplace and environmental health and safety regulators should be required to maintain a dedicated focus on workplace health, safety and welfare protection, rather than the current trend towards a purpose limited by economic considerations

SOHSA inspectors should have a clear enforcement and prosecution role, linked to SOHSA's information, advice and support work. Enforcement in the first instance would be used to ensure effective prevention on workplace and injuries and prosecution would be used to take action when serious breaches of health and safety law occurred. There will also be opportunities to assess sector-specific structures. In the offshore oil industry for example Norway, with its dedicated Petroleum Safety Agency linked in to other Norwegian and European health and safety regulatory bodies, has a better record than many countries and may be a model to follow.

Scotland should establish, within SOHSA, a comprehensive occupational health service offering advice and support on the diagnosis, recognition and prevention of occupationally-caused and occupationally-related diseases. Such a service would not be geared to carrying out employment medicals and return to work medicals. At present the misuse of UK health professionals in this setting, particularly in capability dismissals is a growing area of concern. The NHS and related services should deal with support and rehabilitation of sick and injured workers.

The new service we propose would contain medical and nursing staff, physiotherapists, occupational hygienists and psychologists who would advise SOHSA inspectors and employers and employees on all aspects of occupational disease recognition and prevention. Such a service should save employers, employees and the NHS considerable sums through reducing and removing threats to occupational health and safety. Bodies such as the SCHWL could be revamped and carry out a dedicated research and information function specifically on work-related and work-caused injury and illness with their health promotion work relocated within the NHS and local authorities. This would mirror the sort of work done by NIOSH in the USA.

The UK-wide Health and Work Service that is due to start in late 2014 will in Scotland, unlike England and Wales, be delivered through the NHS and not for profit through the private sector. This service, however, if successful will be geared to rehabilitation and would not carry out the preventive functions of the SOHSA occupational health service that we propose.

Mechanism for making stronger connections between a SOHSA and the NHS, with Health Protection (Scotland), SEPA and ISD playing an enhanced role as well as local authorities need to be strengthened. Work-caused and work-related diseases have been grossly under-reported and stronger links between a SOHSA and these other agencies in terms of problems identified, data collected and pooled and actions taken would help to address such failings.

If such actions were also connected to the work of civil society bodies such as Macmillan Cancer Support, properly resourced local authority employment advice and information centres, the intelligence-gathering and hence support and where necessary enforcement impact of the SOHSA inspectors could be greatly increased especially for vulnerable employees and the precariat (those who do precarious work).

Across Scotland, the possible establishment of more geographically widespread offices should be examined as well the similar creation of a number of dedicated worker health and safety centres accountable to local communities.

Funding

Agencies involved in enforcing existing environmental and occupational health and safety law need adequate staffing and resources. Recent cuts should be reversed, and budgets and staffing reappraised and set at a level that allows far more frequent and probing inspections with an expectation that , where criminal breaches occur, they will result in enforcement action.

Scotland already funds agencies that compare more than favourably with the resource-starved HSE. Scotland has a population of just over 5 million and the UK has a population of 60 million people.

The state of play in 2013 in UK and Scottish agencies

HSE UK

SEPA Scotland - devolved

2012/2013
Total Income – £116,992,000
Permanent staff - 3236

2012/13
Total Income - £74,430,000. Half comes from a grant in aid and half from other income streams
Permanent - 1,300

Policies and procedures

Best practice approaches should be investigated and employed; this could include, for example, the development of approaches based on toxics use reduction, job stress prevention, the precautionary principle and better whistle blower and employment protection. Bodies such as the World Health Organization (WHO) advocate application of the precautionary principle . “The principle states that in the case of serious or irreversible threats to the health of humans or the ecosystem, acknowledged scientific uncertainty should not be used as a reason to postpone preventive measures “ (WHO Europe 2004:1) .

Policy in Scotland to address occupational risks must have a component dealing with health inequalities, with the active and public support of the Scottish Government. This should include measures to protect vulnerable groups, including temporary workers, those in rural and remote locations, communities facing multiple insults from many work-based pollution sources and workers facing greater risks of occupationally and environmentally-related diseases. Regulatory practices, including their development, execution and monitoring, should be informed by the active participation of all stakeholders, particularly those placed at risk by potential abuses of workplace and environmental standards and targeted in the environmental context at communities worst affected by pollution.

Novel methods of workplace and community participation should be developed, as well as new methods for assessing how communities and workers are disproportionately affected by their work and environment, to harness local skills and knowledge. These should include a consideration of options for introducing legally-empowered trade union ‘roving safety reps’ with a regional role, encouraging more workplace green reps with an expanded role and establishing environmental justice advocates located in communities to liaise with SEPA and EHOs.

There are also many examples of good practice in Europe a Scottish OSHA could adopt quickly and easily without great expense and these would benefit employees, communities and employers. For example, the Danish strategy on job stress prevention described in an earlier section of this paper.

Deregulatory policies and practices should be abandoned and reversed. The drift towards more voluntary measures or self-regulation should be stopped and ‘robust regulation’, along the best Scandinavian lines should be adopted. Scotland should establish itself as a vocal defender of workplace health and safety standards and of the rights and health of its population, not an apologist for Westminster’s deregulatory obsession or an evidence-blind advocate of the skewed ‘business burdens’ argument that transfers risks and costs to the public and the public purse.

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