



# Tackling Scotland's Workplace Ill-Health Crisis

A Report by the British Occupational Hygiene Society, the Chartered  
Society for Worker Health Protection

# Overview

Scotland's workplaces are making a significant contribution to the growing ill-health of the nation. Scotland's national performance indicator on Work Related Ill-Health states that Scotland is "Maintaining Performance," however this is not reflected in the stark figures. Scotland does have the constitutional powers to make a significant impact on this and to bring itself in line with the minimum international standards it aspires to and lead the way in workplace health protection.

Most of the causes of workplace ill-health are preventable and the solutions are economically sustainable or beneficial. This report highlights the challenges Scotland faces and the affordable, achievable and immediate steps the Scottish Government can take to make a long-lasting and positive impact on the health of the nation, reduce the burden on the public purse and improve economic performance. It also highlights the data gaps in measuring Scotland's performance in this area, which undermines its ability to meet its National Performance Indicators, to effectively work with UK partners and to make informed policy decisions about the nation's health and sustainability.



# **Why Can't This Report Be Ignored?**

- The prevalence of workplace ill-health has increased by 50% in the last decade from 1 in 30 to 1 in 20 workers being affected.
- Scotland's rate of workplace ill-health is growing at a greater rate than any other part of the United Kingdom and increasing health inequalities.
- The Chartered Institute of Personnel and Development (CIPD) annual survey shows that one in four Scottish workers considers their physical ill-health to be caused or made worse by work.
- The figure is closer to one third in relation to mental health impacts of work. Scotland's prevalence of mental ill-health caused or worsened by work is the worst in the UK.
- Almost as many people die from preventable workplace respiratory illnesses alone as from alcohol, an estimated 1,000 per year.
- Lung cancer is Scotland's biggest cancer killer. A quarter of Scotland's lung cancer deaths are likely to be associated with workplace exposures.
- If it halved the readily preventable incidence of occupational lung cancer, Scotland could double expenditure on the treatment of all childhood cancers.
- The number of Scottish women dying from asbestos-induced mesothelioma is increasing.
- Every year at least £1bn and 2.7million working days are lost as a result of preventable illness arising from the workplace.

This report has been prepared by one of the world's oldest and most respected independent scientific charities on workplace health protection. BOHS encompasses the professional bodies for Occupational Hygiene (the science of the protection from all forms of workplace exposure, including chemical, biological, radiological and physical exposures) and the professional body for Asbestos science. **It is expert evidence that cannot be ignored.**



**Why a workplace  
health protection  
policy underpins the  
future of health and  
economic  
sustainability in  
Scotland**

Scotland, like the rest of the UK, faces an unsustainable burden on health and social care, growing challenges in the labour market and the challenge of addressing social inequality. It is only by reducing illnesses that create high demand on health and social care, shorten working lives and that most affect those who are least able to manage them that we can have a sustainable solution to this.

Scotland's health and social care system is being severely undermined by the demands created by preventable workplace health issues. However, the causal connections and associations are not being made. **One in three Scottish workers has their mental health worsened by work.** Scotland has the worst workplace mental ill-health prevalence in the UK. The impact of the workplace on substance abuse as a causal factor, especially amongst women workers, is well established, but is not acknowledged in Scotland's alcohol strategy.

The workplace is invariably a human-created environment. The things we expose people to at work are a matter of human choice. **This means the illnesses caused by the workplace are the ones we can most easily prevent.** By stopping someone getting exposed to the causes of disease in the workplace, we can save on direct health costs, occupational health provision, extend working lives, increase contributions through taxation, reduce benefit costs, save on paid social care and reduce the need for informal social care. For example, a quarter of cases of Scotland's biggest cancer killer - cancers of the lung - have associations with workplace exposures.

Even if we ignore the benefit of avoiding pointless deaths, enduring pain, mental torment, blighted families and burdened communities, the economic case is overwhelming. As only one example, in the UK, if we halved the number of cases of workplace respiratory cancers, we could double the expenditure on all paediatric cancers.

Occupational illnesses are themselves triggers for other public health issues, with clear links between occupational illness-induced inactivity and obesity and substance abuse. There is a direct correlation between occupational noise-induced health and dementia. The pain caused by musculoskeletal disorders (MSDs) impacts sleep and mental health, an area of crisis in both occupational and general public health. **Scotland has the worst incidence rate of MSDs in the UK in the general population.** The Scotland-focused CIPD annual survey makes a close connection between this and the workplace in contrast with the Labour Force Survey which indicates the contrary. Is lack of reporting of occupationally-induced MSDs increasing the burden of illness across Scotland?



While the emphasis is often on how workplaces can reinforce general public health messages, reducing health exposures in the workplace can have a more direct and long-lasting impact on general health. Most adults spend most of their lives working. It is there that the die can be cast for their long-term health or sickness. **A focus on stopping people becoming ill as a result of workplace exposures should be at the heart of health policies for Scotland.** At the moment this is missing from policy documents, fuelling demand for scarce resources and creating a legacy of ill-health for the future.

There is insufficient evidence being collected, analysed or included to justify the National Performance indicator claim that Scotland is “managing its performance” in relation to workplace ill-health. In compiling this report, we have to fundamentally challenge that assumption and indeed whether Scotland’s public health strategy can be credible at all if it ignores Scotland’s workplace ill-health crisis.

This report tries to cast light on the problems that are being overlooked and focuses on practical, cost-effective and immediate steps that the Scottish Government can take to save lives.



# **Preventing Workplace Ill- Health Is Not a Reserved Issue**

As the Westminster Government seeks to roll back regulation of health within the workplace and funding for the Health and Safety Executive (HSE) ceases to match the demands on its resources, the effectiveness of Health and Safety law in Great Britain is likely to diminish. We have already lagged behind Europe in developing a systematic strategy to address reprotoxins (agents which affect reproductive health and the unborn child).

Changes to the UK's standards on ports and maritime workers, which fall short of safe and healthy practices and minimum International Labour Standards for the protection of health of workers, have been effected in recent months, almost unnoticed. Scotland is likely to bear the brunt of the impact of these changes on its workers. Yet, it lies within the hands of the Scottish Government to address this.

If the impact of the UK government's "Smarter" deregulation and lessened regulatory enforcement is not mitigated by other strategies, workplace health will suffer in Scotland even more than it is. This report provides examples of where the targeted use of devolved powers can positively impact health.

The Scottish government is committed through legislation to deliver positive health outcomes and to aspire to meet international standards through the pursuit of sustainable development goals. At present, for every 19 people in work in Scotland, there is one person who is ill as a result of work. It is reasonable to infer from ONS statistics that up to half of those who are economically inactive through ill-health have become so through the contribution of exposures at work resulting in mental or physical health problems. Scotland's rate of workplace health decline is greater than the rest of the UK. This trajectory is not sustainable.


While the regulatory enforcement of Health and Safety lies with HSE, the means to prevent work-induced illness from the point of view of industrial strategy, education, public health and the management of the built environment, lies in the hands of the Scottish Government.

Scotland cannot rely on regulatory intervention by the HSE and leave workplace health protection to reserved powers of the Westminster Government. The Scottish Government has the power and potential to address these issues. This report outlines areas of action within the exclusive responsibility of the Scottish Government. It sets specific goals which can be directly achieved by Scotland. If the Scottish government does not act in these areas, there is nobody else to blame.

Current Westminster Government policy aims to return sick people to work but is not underpinned with a strategy to prevent workers from getting occupational illnesses in the first place. This will inevitably result in people getting more broken by work, but also the diversion of resources from preventing ill-health to monitoring treatment. This can only result in poorer long-term health outcomes. Such an approach is not the way to create sustainable decent work or good health and wellbeing within the meaning of the United Nations Sustainable Development Goals. It is fundamentally incompatible with the standards set by the International Labour Organisation (ILO) in Convention 161 and fails against one of the ILO's five fundamental principles, the right to a safe and healthy working environment.

The Scottish Government is committed to human rights and the achievement of United Nations Sustainable Development Goals. This requires it to act. We do not know if the Commission aims to assume responsibility for trying to monitor ILO standards and we hope the Scottish Human Rights Commission will direct its attention to the growing crisis of suffering and death arising from this. This report aims to provide practical and affordable means by which the Scottish Government can quickly and directly start acting to protect these rights and move in the right direction to achieve sustainable development goals relating to decent work, health and equality.

We know through the experience of the pandemic how a devolved Scottish Government can use its powers to deliver innovative and effective ways of securing better health for the working people of Scotland. By thinking beyond the boundaries of how things have always been done in the past, Scotland can deliver solutions to save lives. This report asks the First Minister and the Scottish Government to accept the challenge of turning the tide of preventable ill-health caused by work and to transform health outcomes and inequalities through work.



# **The Scottish Government Needs to Count the Cost of Workplace Ill-Health**

Protecting people from preventable workplace illness is inherent in Scotland's National Performance framework, which is aligned to international standards and the United Nations Sustainable Development Goals. The right to a Safe and Healthy Working Environment was recently adopted by ILO and a new measure of occupational illness is in place through the World Health Organisation. These global developments require at least a systematic monitoring of Scotland's performance in this area.

However, the failures in relation to workplace health protection are hidden in public statistics and excised from mention in public and health policies. Based on UK government figures, as many Scots workers died from occupational lung disease last year as alcohol abuse, but you would hardly know this from Government publications. Lung cancer is the biggest single cause of deaths by cancer in Scotland. Despite occupational causes accounting for up to one in four of lung cancer deaths in Scotland, occupational causes are not even mentioned in the prevention strategy of the Respiratory Care Action Plan. In fact, when surveying Scotland's comprehensive range of health strategies, the recognition of occupational causes of major causes of ill-health and death in Scotland is almost completely absent.

Indeed, we could find no systematic analysis by a Scottish public body of occupational ill-health published in the last decade. The last we found, based on data from 2007 to 2012. A review of the existing evidence on the health and safety system in Scotland, would indicate that the prevalence of work-related ill-health in Scotland has risen by at least 30%. The rate of prevalence of work-related ill-health in the rest of the UK has risen by 22% for the same period, based on that report. Data from the Scottish Government on this is absent and it is not published consistently or clearly by Westminster.

It appears that Scotland has stopped counting those made ill by preventable workplace exposures, despite being under a self-imposed and international duty to do so. The contribution of workplace ill-health to Scotland having the lowest and most rapidly declining life expectancy in the UK is likely to be significant but is not considered in the public literature or public policy. Scotland does not include questions on occupational ill-health in its annual health survey and is entirely dependent on UK central government and statistical inferences from national surveys for its performance data from the Labour Force Survey.

UK government published data does not achieve the granularity on matters such as gender and regional health patterns for Scottish public bodies to inform Scotland on its performance in relation to International Labour Standards, equality policy or the protection of the ILO-recognised right to a safe and healthy working environment. **This should be a concern of the Scottish Human Rights Commission.**

Scotland's national performance indicator data suggests it is "maintaining performance" in work-related health; yet comparing the three-year average from a decade ago with the current three-year average of prevalence of work-related ill-health, it has increased by 50%. **The Office for National Statistics estimates that 1 in 20 Scottish workers feels that work causes ill-health or makes their overall health worse.** A decade ago, the three-year average was 1 in 30. The CIPD's 2023 Working Lives Scotland Survey, the only systematic and contextualised survey focused on Scottish workers, including workplace health, puts this figure as high as 1 in 4 workers.



In researching this report, it was concluded that no other country in the UK is as silent on the public health dimension of workplace health risks in public documents and strategies, data and information. The latest UK statistics indicate that Scotland has the highest rate of musculoskeletal disorders (MSDs). However, the Labour Force Survey lists Scotland as having the lowest instance of self-identified MSDs, in contrast to the CIPD's findings that MSDs were reported to be the biggest cause of work-induced ill-health affecting 48% of women and 29% of men.

It is not unlikely that ignorance of the relationship between work and musculoskeletal health impacts under-reporting of the relationship. There is no easily available publication by a Scottish governmental body on preventing or even recognising the link between the workplace and MSDs. The contrast between the CIPD's findings and the national burden of MSDs would seem to suggest that either the issues are being grossly under-reported by workers or workers are leaving the workplace because MSDs are rendering them unable to work.

**Scotland's credibility in tackling health inequalities, understanding the causes of death and illness and reporting its compliance with international human rights/labour standards must be called into question.** Yet it is a matter easily and cheaply addressed. By including appropriate questions on the impact of the workplace on health in the Scotland Health Survey, a rich, independent and contextualised data source would be immediately available. It could inform national health policy and also provide the context to determine the effectiveness of the delivery of areas of reserved Health and Safety policy.

Scotland has a world-leading centralised musculoskeletal referral system. We believe that the unusually low levels of Labour Force Survey reports for Scotland on musculoskeletal illness, compared to Scotland's higher than UK population average, may be because individuals are not recognising MSD hazards in the workplace. Systematically asking simple occupational questions during the referral process may assist in determining whether there is an issue in recognising and managing workplace causes contributing to the overall burden of MSDs.

Scotland's health and equality bodies need to start systematically including consideration of occupational causes of ill-health in their analyses. Health strategies need to reflect the importance of workplace causes demonstrated by the statistical data. Its absence fundamentally distorts the evidence base for Scotland's health policies, ranging from respiratory health through to substance abuse. BOHS, in association with bodies such as the Council for Work and Health and professional bodies in Occupational Health, will assist with this process if asked.

Although independent from government, we hope that Scotland's Human Rights Commission will want to focus attention on how Scotland can help to realise ILO's recognition of a fundamental human right to a safe and healthy working environment. There is an absence of any real assumption of responsibility by the Scottish Government of duties under the ILO Conventions, which the UK has ratified, and the raft of international standards that are relevant to Scotland. BOHS stands ready to share its analysis on this.

Aside from the cost in human terms – of wasted lives and skills - there are additional indirect costs in health and social care, and fiscal impacts, and costs to business effectiveness amounting to 2.7 million days of work lost. HSE's figure of £1bn lost to preventable workplace ill-health is likely to be an under-estimate.

Unlike for England and, separately, Wales, we are unable to determine the exact relationship between increases in economic inactivity and workplace health issues. **However, ill-health is cited as the cause of one in five Scots workers between 50 and 64 leaving work.**

BOHS's recent report, *Uncovering the UK's Hidden Crisis in Women's Workplace Health*, highlighted that the increasing burden of workplace health issues lies on women. There does not seem to be an adequate dataset to even determine whether this is the case in Scotland, although it is highly likely.

The most recent analysis including consideration of the relationship between gender and workplace health, "Health outcomes and determinants by occupation and industry in Scotland, 2008–2011", was itself based on outdated data. It is a matter of serious concern that there is no discernible way in which the Scottish Government can determine the impact of its policies for the last decade on the health of women in the workplace. Alongside the rest of the UK, the data is almost entirely absent when considering other strands of diversity.

It is hard to determine how workplace equality can be monitored, benchmarked or achieved in Scotland if the contribution of the workplace to health inequalities is not monitored in any meaningful way.

The biggest enabler of worker health protection in Scotland is education. The Scottish Government is committed to decent work, gender equality and health improvement. However, strategies, such as that of Skills Development Scotland, are silent on the opportunities and duties to promote workplace health protection. This trickles down to a compliance, rather than prevention-focused, approach to protecting apprenticeship health for example.

Most standards for many occupations do not contain meaningful requirements for ensuring education about the major health risks that are likely to shorten working lives and have life-changing health effects. Without this education, workers cannot choose to avoid the risks of irreversible workplace cancers, for example. Occupational health risks need to be embedded in the messaging about public health, rather than excluded as they currently are. BOHS and other occupational health bodies stand ready to advise on how health education can be relevantly and effectively integrated into vocational curricula and apprenticeship standards.



# **Keeping Scotland Safe From Asbestos**

Asbestos exposure results in more occupational cancer deaths than any other cause. According to HSE, after years of slow decline, the rate of mesothelioma in Scotland is now beginning to climb. There is no clear data on the number of buildings in Scotland, including many schools and hospitals, that contain asbestos.

However, in relation to the near 700 hospital buildings alone, Trusts have reported this year that only 26% of them have reviewed their management plans since 2019. Of those who have recently reviewed their management plans, it is clear that the plans are not working. The recent report by the National Organisation of Asbestos Consultants (NORAC) and the Asbestos Testing and Consultancy Association (ATaC), which includes significant data from Scottish analytical samples from hospitals, shows that **70% of tests indicate deterioration in asbestos, arising from issues with management in situ.** Based on these two datasets, it is reasonable to infer that the most of Scotland's asbestos in hospitals is not being managed effectively.

**One in three schools in Scotland have asbestos in their buildings.** It is likely that since independence this has cost the lives of almost 500 Scottish teachers. Again, in schools, research by NORAC and ATaC indicates that 70% of asbestos in situ is deteriorating or not being managed. However, based on HSE's recent schools inspection, it is likely that over 100 Scottish schools are not managing asbestos in line with their minimum legal requirements. Supporting Scotland's schools, hospitals and public building stock in ensuring comprehensive surveying, effective management plans and clear communication to those at risk should be a priority. Part of this would be achieved by working with HSE to create a more user-friendly means by which asbestos management can be documented in Scotland. Continuing Scotland's work with the national Geospatial Commission could help identify and locate asbestos in public buildings.

The biggest problem that Scotland's public sector faces in relation to asbestos risk for workers and the public comes from the potential for poor quality, outdated and incomplete management plans. We believe Scotland can and should undertake a systematic, supported and focused effort to support hard-pressed schools and healthcare organisations to improve the quality of the asbestos management information. Done well, this could be achieved cheaply and quickly in conjunction with stakeholders and provide support and governance at a national level which could integrate with the developing national buildings assets project being progressed by the National Geospatial Commission.

This approach could provide leadership in the UK public reassurance, and most importantly, an effective means to manage asbestos risk. The Faculty of Asbestos Assessment and Management and other professional organisations stand ready to assist with such a programme, including the launch of a clearer public-facing means of communicating asbestos risk, the Asbestos Information Certificate. This approach, which lessens the burdens on public bodies and provides reassurance, is similar to the Energy Performance Certificate and is in development with input from the HSE and UK government.

All Scottish Councils should be able to direct people and businesses in the locality to safe and legal means of disposal and removal of asbestos. In the Scottish Borders, for example, the Council points out that there are no facilities for handling asbestos waste in the area and a licence is required to transport out of the area, observing elsewhere that fly-tipping is a criminal offence. It has been observed that the fine for fly-tipping is significantly less than the basic cost of asbestos disposal, where such facilities exist.

However, in the absence of the availability of anywhere for the safe disposal of asbestos, the absence of a joined-up policy is increasingly likely to result in uncontrolled exposure to discarded or removed asbestos. Local Government and the Scottish Government need to work together to ensure that there is comprehensive, accessible, accurate and up to date information enabling the safe removal of asbestos and that there is asbestos expertise available to deliver at the point of need.



Of the buildings which require upgrading to meet our climate change targets, the European Commission estimates 85% contain asbestos. This means that a generation of workers involved in the upgrading of Scottish homes and business premises are likely to be disturbing a legacy of asbestos. The Scottish Government is in a crucial position to lead the UK by using its powers to ensure that these workers are safe from exposure to asbestos. This is through a three-pronged approach: Information, Education and Building Regulation.

The majority of building owners, including commercial and private landlords, may well be unaware of hidden asbestos or its state. Indeed, in Scotland, it is possible to be a commercial landlord and not have a duty to manage the asbestos in the building they lease out. In fact, most commercial landlords can avoid managing or maintaining records of asbestos in their buildings because of the widespread use of full repairing covenants in leases. Tenants have no duty to provide future tenants with information about asbestos and are less likely to tell landlords about deteriorating or discovered asbestos. This is a recipe for disaster, but could easily be addressed by working with the Scottish legal community and the HSE.

By law, unless a building owner knows that they do not have asbestos, then significant changes to a building should have a refurbishment survey. Building owners should be made aware that the installation of heat pumps, solar power and replacement of old heating systems could give rise to the disturbance of asbestos. These are activities which are unlikely to be subject to any regulatory scrutiny and can pose a significant risk to building occupants and installers. **The Scottish Government needs to act to raise awareness of the problem of dangerous asbestos.**

Coupled with this, there needs to be concerted education, especially for the green energy workforce, to ensure that they are aware of the hazard and can recognise and manage risks. In the context of its influence over education, the Scottish Government is uniquely placed to ensure that those in the construction, electrical and heating industries are made effectively and specifically aware of asbestos risks in training and apprenticeships. By educating Scottish workers, they have more opportunity to avoid life-threatening exposures.

Asbestos is a toxic substance most likely to be disturbed during demolition or refurbishment. While there is a legal duty to undertake a survey when this happens, there is no mechanism to ensure that this happens routinely. Although it is the most widespread threat to human health in building, there is no mention of asbestos in the building regulations.

Scotland is responsible for its own building standards. The Scottish Building Standards Technical Guide specifies the details of new buildings, as well as changes to buildings and conversions. It includes details of indoor drying facilities and the accessibility of wardrobes. However, there is not a single mention of asbestos. Asbestos is most likely to be disturbed during the process of conversion, renovation and extension of buildings. By including reference to asbestos duties and precautionary measures in the technical guide, lives can be saved at almost no cost to Government. Given the 150% tax incentive for removal, it also has a positive benefit to business and the long-term health of the nation.

Scotland has the power to require that building warrant applications identify the location of asbestos for demolition or renovation or specify where there is evidence of the absence of asbestos. This will protect building owners, construction professionals and building inspectors, as well as the environment. In this way, Scotland could lead the UK in a pragmatic way of ensuring existing duties turn into practical action.

**Scotland can and should have a national asbestos plan.** Ideally, a Scottish national asbestos plan could deliver a future free of incurable cancer and the burden of hundreds of deaths each year.



# **Saving Lives in Construction**

6% of Scotland's GDP comes from construction, employing a quarter of a million workers, over 9% of the working population. Engineered stone, quarrying and stonemasonry are sectors of expertise in Scotland. However, these industries are prone to exposure to respirable crystalline silica (RCS). This is a fine dust produced by working with rock, engineered stone (such as kitchen worktops) and construction materials such as bricks, blocks and mortar. Based on UK government statistics, we estimate 355 construction workers will die in Scotland as a result of preventable workplace exposures to respiratory hazards. By contrast, the number of fatal workplace accidents across all industries in Scotland amounted to 22.

RCS exposure can be prevented very cheaply and easily – for example by using water to suppress dust, vacuum cleaners instead of brooms for clean-up, and dust capture equipment rather than relying on masks. However, these preventative measures rely on construction workers being aware of the significant risk to themselves and behaving accordingly.

Inhaled silica has blighted the lives of Scottish miners and stonemasons for centuries, causing irreversible and untreatable cancers, as well as being a major cause of chronic obstructive pulmonary disorder (COPD). Artists, warehouse workers, grounds people and those working in manufacturing are taking their place in the statistics as those most likely to be affected by COPD. It is estimated that Scotland has close to 20,000 occupational COPD cases, costing the overall Scottish economy close to £170m per year. It is Scotland's fourthmost common cause of death, while Scotland has the lowest survival rates, yet prevention of COPD is relatively straightforward through education about risk and management of substances released into the workplace environment.

The Scottish Government has at its disposal powerful tools to educate and influence the behaviour of the construction workforce for better health. The Scottish Apprenticeship Framework in Construction will directly influence a whole generation of workers. Explicit inclusion of risk recognition for silica and asbestos, as well as good control practice, would match the approach taken by Skills for Scotland in their Construction and Building Services Engineering qualifications. Moving further, given the risk to workers and the social cost, explicitly assessing the ability of workers to recognise and use good controls would have a significant impact on understanding, attitude and behaviour.

The Scottish Government can also take innovative steps to impact climate change, waste, energy and the generation of RCS on building sites. Much of small building work in Scotland involves the construction of house extensions. The current planning rules use rounded measures of distance to limit permitted development extensions, such as 1m step back, 3m extensions and 6m extensions. There is an understandable tendency by homeowners and architects to build to the maximum allowable distances.

However, using typical masonry units such as common bricks, following good building practice it is impossible to achieve these lengths without cutting at least one brick per course, for each side of an extension. A common extension will involve 100 courses of bricks, resulting in the cutting of 200-300 bricks per project and up to ½ ton of waste, a huge amount of wasted energy in unused brick material and machine cutting, but also increasing the risk of cancer or COPD for workers.

By amending Scottish planning to use lengths that accord with layout dimensions for good practice in brickwork (e.g. by moving from 3m to 3,185cm in planning guidance), the Scottish Government could save lives, money and environment with a stroke of a pen.



# **Safeguarding Scotland's Headline Industries: Case Studies Where Scotland Can Lead the Way**

## **Fishing and Maritime Workplace Health**



Scotland's fishing and maritime heritage is crucial to communities and distinct. In the last 12 months, the implementation of Brexit has removed the crucial support for health standards for fishing and small vessel crews that was provided through Europe. HSE has no active legal role in preventing ill-health aboard small vessels and much of Scotland's maritime workforce.

Post-Brexit explicit deregulation, exemplified by the terms of the Franco-British Seafarer's Charter, fall short of even ILO's minimum standards for health protection at sea. With fishers and those working on small vessels in the highest group at risk from COPD, musculoskeletal disorders, the impact of thermal stress and mental health issues, the Scottish Government can and should step in to provide active support in education, awareness and access to health surveillance. The health of our seafaring population impacts small coastal communities and has a long-lasting impact on service demand.

Alongside this, the Westminster Government announced that it would revoke Regulation (EU) 2017/352 of the European Parliament and of the Council of 15 February 2017 establishing a framework for the provision of port services and common rules on the financial transparency of ports. While Westminster put out a consultation on the revocation of the 2019 Port regulations, it did not mention that the 2017 Regulations would also be revoked. This is therefore a regulatory step in addition to the consultation. The 2017 regulations, in Article 14, contain a specific legal duty in relation to the training of ports staff, which provides important and much-needed port-specific duties above and beyond the general UK statutory health and safety training duty. This focuses particularly on the duty of port services providers to “ensure that employees receive the necessary training to acquire the knowledge which is essential for their work, with particular emphasis on health and safety aspects, and that training requirements are regularly updated to meet the challenges of technological innovation.”

The Article 14 duty is critical, especially in the context of the development of new offshore energy provision, but also as we transform the energy mix of the country through the importation of new bio-fuels etc. While these are positive for the environment, there is a strong association with safety and, more specifically, health risks for workers. Article 15 of the same Regulations also ensures that managing bodies consult port users and other relevant stakeholders on essential matters within the port competence regarding “measures to ensure safety in the port area, including, where appropriate, health and safety of port workers.” In the absence of any analogous specific duty and in the context of ever more complex and hazardous working environments, we believe the risks to health and to safety arising from this omission pose a particular risk to the health of Scottish workers.

Both of these matters could be addressed through devolved powers in relation to training and education policy and by Transport Scotland respectively. A proactive and forward-looking approach could avoid immediate and chronic issues and keep Scotland in line with the minimum protections accepted as necessary across Europe.



# **Safeguarding Scotland's Headline Industries: Case Studies Where Scotland Can Lead the Way**

## **Green industries**

Without effective workplace health protection, Scotland's workers are particularly at risk of dying in the pursuit of climate change objectives. Improving our building stock is likely to cause the biggest potential programme for the disturbance of asbestos for decades. Asbestos exposure is still the major cause of occupational cancer, and asbestos-related mesothelioma is seeing a gradual increase among women in Scotland, against a backdrop of decline across the UK. Energy conservation challenges will also directly impact workplace ventilation (essential for the control of health hazards) and legionella control.

However, the biggest opportunities and the biggest potential health risks for Scottish workplace health may come in the context of the move to Green Energy production. New industries, engaged in the production of green energy and in advanced manufacture of green technologies, involve established and new risks to worker's health. Solar and battery technologies require the handling of many highly toxic and novel materials in employer contexts where there is limited workplace representation and in the UK where there is limited regulator expertise in recommending the controls needed to keep workers safe.

Different fuel sources, ranging from Green Ammonia through to Wood Pellets, are likely to be imported, stored or produced in Scotland. Scotland has barely recovered from the health nightmares of its previous industrial past, but is in danger of sleepwalking into a new one. Green energy sources are not necessarily healthy ones for those who produce, handle or use them in energy production. While windfarms do not emit greenhouse gases, the health risk of poorly controlled welding fumes alone, associated with their manufacture and installation, is an area of deep concern to us.

Nonetheless, Scotland has arguably the UK's greatest concentration of expertise to proactively meet the workplace health challenges posed by the shift to a green economy. The hard-won lessons of the Scottish hydrocarbons industry in recognising, identifying and managing health risks in novel and challenging environments are found among the professionals employed in the oil and gas industries, and the independent professionals who support them in research institutions such as the Scottish-based Institute for Occupational Medicine, which is a world leader in the field of workplace health protection. It is vital that the scientific expertise, experience and innovation which Scotland leads on is channelled into the development and delivery of green technologies at the design, development and planning stages to turn a future Scottish health crisis into a story where Scotland leads the world. We want to zero worker lives lost in the transition to net zero.



# **What Is BOHS and How Can It Help?**

The British Occupational Hygiene Society and its two Faculties (the Faculty of Occupational Hygiene and the Faculty of Asbestos Assessment and Management) is a scientific charity, which is volunteer-led and funded through its own work as an awarding body, publisher and through membership subscription.

For 70 years, it has brought together scientists, academics, experts from HSE, professionals and clinicians to provide free technical guidance, training materials, free seminars/webinars and support to prevent disease in the workplace. Prior to HSE, BOHS set occupational exposure limits for substances such as asbestos. Its Breathe Freely free resources for construction health are now delivered in all major English-speaking countries of the world.

BOHS is committed to a vision where the workplace is not a significant cause of ill-health. It stands ready to support with the provision, development and delivery of materials and expertise to support Scotland in its battle against workplace ill-health. Working in partnership with the institutions and people of Scotland, we want to make a difference and believe that through greater understanding and awareness, we can help save Scottish lives.