



OFFICIAL REPORT
AITHISG OIFIGEIL

Social Justice and Social Security Committee

Thursday 23 November 2023

Session 6



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SOCIAL JUSTICE AND SOCIAL SECURITY COMMITTEE
30th Meeting 2023, Session 6

CONVENER

Collette Stevenson (East Kilbride) (SNP)

DEPUTY CONVENER

*Bob Doris (Glasgow Maryhill and Springburn) (SNP)

COMMITTEE MEMBERS

*Jeremy Balfour (Lothian) (Con)
*Katy Clark (West Scotland) (Lab)
*John Mason (Glasgow Shettleston) (SNP)
Roz McCall (Mid Scotland and Fife) (Con)
*Marie McNair (Clydebank and Milngavie) (SNP)
*Paul O’Kane (West Scotland) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Mike Corbett (NASUWT)
Lorna Glen (Unite the Union)
Tony Higgins (PFA Scotland)
John McKenzie (Fire Brigades Union Scotland)
Norman Provan (Royal College of Nursing)
Anna Ritchie Allan (Close the Gap)
Linda Somerville (Scottish Trades Union Congress)
Ian Tasker (Scottish Hazards)
Professor Andrew Watterson (University of Stirling)

CLERK TO THE COMMITTEE

Claire Menzies

LOCATION

The Mary Fairfax Somerville Room (CR2)

Scottish Parliament
**Social Justice and Social
 Security Committee**

Thursday 23 November 2023

*[The Deputy Convener opened the meeting at
 09:00]*

**Decision on Taking Business in
 Private**

The Deputy Convener (Bob Doris): Good morning and welcome to the 30th meeting of the Social Justice and Social Security Committee in 2023. We have received apologies from our convener, Collette Stevenson, and from Roz McCall.

Agenda item 1 is a decision on whether to take business in private. Do members agree to take item 3 in private?

Members indicated agreement.

**Scottish Employment Injuries
 Advisory Council Bill: Stage 1**

09:00

The Deputy Convener: The next item is stage 1 evidence on the Scottish Employment Injuries Advisory Council Bill. In previous meetings, we heard from two panels of witnesses, and we will hear from a further two panels today.

This member's bill was introduced by Mark Griffin on 8 June 2023 and is currently going through stage 1 with our committee. The bill would create a Scottish employment injuries advisory council to advise the Scottish ministers on employment injuries assistance. The proposed council would have three functions: to report and draft regulations for employment injuries assistance, replacing the Scottish Commission on Social Security in that area; to report to the Parliament and ministers on any matter relevant to employment injuries assistance; and to carry out, commission, or support research into any matter relevant to employment injuries assistance.

I welcome our first panel. Norman Provan, Scotland's associate director, employment relations, Royal College of Nursing, and Linda Somerville, deputy general secretary, Scottish Trades Union Congress, are joining us in person this morning. Good morning to you both. I also wish a very good morning to our three witnesses who are joining us online: Mike Corbett, national official, NASUWT; Lorna Glen, regional officer, Unite the Union, Scotland; and John McKenzie, regional secretary, Scotland, Fire Brigades Union.

There are a few points to mention about this morning's proceedings. Please wait for me or the member asking the question to say your name before you come in to speak. Do not feel that you have to answer every single question—if you have nothing to add to what has been said by others, there is no requirement to say anything. I am not trying to dissuade you from speaking but, given that we have five witnesses, it is just a matter of time constraints. Please allow our broadcasting colleagues a few seconds to turn on your microphone before you start speaking.

For witnesses who are online, if you want to answer a question, please indicate that with an R in the chat box in Zoom and the clerking staff will make sure that I am aware of that and can give you the opportunity to come in. I ask everyone to keep questions and answers as concise as possible—I note that I include myself in that.

Our first theme is the membership of the proposed SEIAC. I will open the questions. Does the bill give SEIAC the right balance of scientific

expertise and other interests among its members? I will go to our online witnesses in the first instance because the default is usually to go to the people in the room. I will go to Mike Corbett first.

Mike Corbett (NASUWT): From our point of view, it is essential that workers are at the heart of the council. Our feeling is that, for too long, their voices have been ignored in this sphere. In particular, under the current system, there has been a lack of research into women's health and safety, which means that many female-dominated jobs and sectors get ignored by the current benefits. Having workers and their representatives at the heart of the proposed council is essential.

Alongside that, we need health professionals and others to be a part of any council. The current balance looks right, and the most important thing is for workers to be at the heart of the new employment injuries advisory council.

The Deputy Convener: Do any of the online witnesses want to add to that?

Norman Provan or Linda Somerville, do you want to come in? Is the balance about right? We heard last week that there is a gap in the occupational health provision across all workplaces in Scotland and a weakness in the collection of good-quality data to be used for analysis. There was certainly a bid last week for occupational health to have a role.

Norman Provan (Royal College of Nursing): I do not have any comment to make about the occupational health element, but it would be helpful for the council to have an equal number of trade union reps and employers. Trade unions are in a unique position with their experience of supporting workers who have been injured at work. That would be crucial to the council.

Linda Somerville (Scottish Trades Union Congress): It is important that we have employers on the council, but the main point about having trade unions on it is that they can speak to workers' experiences. We dealt with the Scottish Government and lots of politicians particularly closely during the pandemic, and I know from that experience that that ability was important in helping to shape the Government's thinking. In a lot of the engagement that we had, we heard directly from our affiliates and trade unions about what was happening on the ground in a way that Government or others could not do and that advice was taken into guidance. That is a good example of why it is important that trade unions, which have first-hand knowledge of what is happening on the ground, help to shape the policy and make the decisions.

Katy Clark (West Scotland) (Lab): My question is for Linda Somerville and is about the composition of the council. The STUC submission

suggests that 50 per cent of the body should be trade union representatives. I appreciate that different unions operate in different sectors and will have knowledge of different occupations, but I ask Linda to explain why 50 per cent is the right level and say a bit more about what the overall composition of the body should be. We understand that the United Kingdom body is dominated by people from scientific and academic backgrounds.

Linda Somerville: Expert advice is needed, but we argue that that expert advice comes from the workplace. People have decades of experience and understanding of what the occupational risks are, what the factors are and what happens in the workplace. That is why we would argue for the 50 per cent representation. How that is made up among unions is for another discussion, obviously. Because we represent all sectors and all unions across Scotland, we would try to ensure that that representation was as equitable as it is for everything else that we do.

The Deputy Convener: Do you have any follow-up questions from that, Katy?

Katy Clark: No. The composition of the council is a wide issue, but I fully understand the points that Linda is making.

Marie McNair (Clydebank and Milngavie) (SNP): Good morning, panel. UK industrial injuries policy has generally moved quite slowly. We have been told recently that we are inheriting a warehouse full of paper files and legislation that has been left unreformed for a number of years. To guide us on how we can bring quicker change to Scotland, will any of the witnesses comment on the reasons why there has been such little progress? Is that down to a lack of expertise or will to reform the system?

Linda Somerville: There has certainly been no lack of will from our campaign for it to be reformed. It is something to do with those who have responsibility.

Devolving industrial injuries disablement benefit to Scotland when it is so intrinsically linked to other things is a complex issue. In a previous role, when I was trying to improve student support through the Scottish Parliament and Scottish Government, we hit all kinds of problems while trying to deal with the Department for Work and Pensions because, although it was a priority for Scotland for that to happen, it was not a priority for the DWP. Some of the complexities in devolving the industrial injuries system will relate to resourcing, particularly in relation to what the DWP wants to do.

The current system is predominantly paper based for a variety of historical reasons and is overly complex. Although there is a decline in new

claimants, work is no safer at the moment. That shows that the system has been frozen in time while workplaces and work have evolved around it. We definitely need an electronic, digitalised system that is fit for purpose.

Marie McNair: It is absolutely antiquated, isn't it? I think that the system dates back to the late 1920s.

Norman, do you want to come in on that?

Norman Provan: Yes. You are certainly inheriting a slow system—there is no question about that. The people who handle the individual cases in our organisation tell us that it is not responsive. In many cases, there is a lack of medical examiners, for example, to provide expert information about individual cases.

Aside from that, the process itself appears to be quite slow. For example, a year ago, the UK body, the Industrial Injuries Advisory Council, made a recommendation about four particular illnesses that are related to Covid. To date, the UK Government has not acted on that information. We wrote to the DWP about that last week.

Our view is that setting up the Scottish council in advance of the Scottish Government taking responsibility for the benefit will give you the opportunity not only to do this but to do it well, by reforming the way that it is done in order not to have such a clunky, slow and unresponsive system.

The Deputy Convener: Mike Corbett has indicated that he would like to come in on that.

Mike Corbett: The point about speed is one of the reasons why it is vital that workers are central to the system. I do not know how many thousands of women over the years have spent hundreds of hours trying to convince their general practitioner that endometriosis was a real thing, for example. Therefore, we believe that using workers own knowledge about their conditions would help to speed things up.

On the involvement of trade unions, we are typically pretty good at holding the feet of those in power to the fire, so I think that would probably also help to speed up what absolutely seems to be a very slow and archaic system.

John McKenzie (Fire Brigades Union Scotland): I will briefly follow up the comments that have been made on that question, which accurately sum up some of the concerns that our union has raised in its submission, which are not just about the bill itself but about what needs to be done to replace the benefit when it is devolved and to have a body overseeing that appropriately. That relates not only to the make-up of the body—we have touched on adequate trade union representation—but to ensuring that it is fit for

purpose in relation to current work injuries and diseases and that it is reflective of that. I am sure that we will come to that later in the evidence session.

Currently, we have a benefit that is significantly outdated, so it is not just a case of making sure that the benefit is devolved to the Scottish Government. It is about ensuring that, when it is devolved, we have something more appropriate in place for workers in the modern workplace—something that reflects the gender balance of recipients of that benefit and that covers a range of new injuries and illnesses that recent research shows are now transpiring in the workplace.

Marie McNair: Given what I have described and the complexity of the system, it is certainly a sorry state of affairs on which to move forward, but what we are looking for is safe and secure transfer—that is the argument that we have had. Would that approach alter the timescale that is required for the introduction of the Scottish council?

John McKenzie: That is one of the really important points, from our union's point of view, which is why implementing SEIAC now is so important. It is not a case of putting the cart before the horse; it is quite the opposite. Having SEIAC in place is essential to reform the benefit so that it is properly devolved and fit for purpose in the modern day. SEIAC could play an important role in that. I know that that will be a key part of the evidence session—it has been a key part of previous evidence sessions—but our members and our union see a real role for SEIAC in the devolving of the benefit. There is an important role for trade unionists and the wider council to play in that.

09:15

Marie McNair: In their joint written submission, the asbestos support groups say that, ideally, the consultation on employment injuries assistance should take place alongside the consultation on SEIAC. Do witnesses see merit in that suggestion?

I put that question to witnesses in the room. Norman Provan, do you want to come in on that?

Norman Provan: I have nothing to say on that issue.

Marie McNair: Anyone online? No. Back to you, convener.

The Deputy Convener: On that point, the argument could be made—Mr Mason will pick up on this later in the evidence session—that this, rightly, creates expectations from workers and trade unions across Scotland that the list of conditions that will lead to receiving the relevant benefit and the number of claimants could

significantly increase. The reality is—I make no judgment on it—that affordability might be part of that mix. Does anyone have comments to make on affordability?

Norman Provan: Long Covid, particularly after the pandemic, is an example of that; a number of nurses who occupationally contracted Covid now have long Covid. People are losing their jobs because of that, because they are not fit to work. The Royal College of Nursing has lodged a number of personal injury cases on behalf of those individuals.

On the issue of cost, if it is done through a benefit scheme that is administered properly, the risk of individual employers having a number of personal injury cases is reduced. We have somewhere in the region of 20 cases that are currently sisted, waiting for the information on long Covid to emerge. It would be better for people to be recompensed for the harm that has been done to them through a benefit that lasts for a lifetime than for employers and trade unions to waste time in court spending money on a litigation process that would be entirely unnecessary if people who have been harmed at their work could get a benefit to compensate them for that.

The affordability issue does not lie just with what it will cost for people to access the benefit; it lies with the cost that might be incurred if you do not apply the benefit fairly.

The Deputy Convener: I am glad that we pushed on that, because it is important to put that on the record.

John McKenzie: Norman Provan largely made the point that I was going to make, so I will not repeat it. Although the point about affordability is absolutely relevant—Norman has covered well some of the current risk that relates to that; it is not just about affordability of payments made through the benefit—an important point to ask ourselves is whether the benefit as it is currently administered adequately addresses why it was originally set up. Is it a realistic reflection when only around 7 per cent of claimants are female? Does it adequately reflect current injuries, illness and disease in the workplace? If it does not, the matter of affordability has to come secondary to whether the benefit is suitable and addresses the purpose of why it was set up.

I will not repeat Norman's important point, but that is a key area to focus on.

The Deputy Convener: I am pleased that I nudged you, because I have inspired Mike Corbett to come in.

Mike Corbett: I will build on what John McKenzie said. The current benefit is unequal and discriminatory. The figures that I have here

suggest that, in the 10 years up to December 2019, only 13.5 per cent of all new claims were made by women. If you want to embed inequality in the future, let us talk about how much it will cost.

The Scottish Government's programme for government suggested that

"Strong and inclusive communities, defined by equality and good opportunities, are where the people of Scotland thrive. Communities work best when they work together to improve social justice, reduce inequality and tackle poverty."

That focus on equality is vital, and perhaps that costs money—sorry, I have a cat in the way here—but it is a good investment.

Taking the example of carpal tunnel syndrome, if workers themselves had been involved in an employment injuries advisory council long before now, what happened to them could have been identified earlier and preventive action could have been taken earlier. That saves money in the long term. It is a bit simplistic to say that more things might be put on the list, which will cost more, so we cannot proceed. That is a bit too narrow a view to take.

The Deputy Convener: Thanks for making that comment. I hope that you will appreciate that it is our job to scrutinise all aspects of the bill, so we make no judgment on any of this; we need to ask the questions to come to an informed decision, as a committee. Your comments are helpful to the committee.

Lorna Glen (Unite the Union): I would echo what my trade union colleagues have already said. John McKenzie mentioned a figure of only 7 per cent of claimants being female, and Mike Corbett had a figure of 13.5 per cent. Our figure is also 7 per cent. There is a lot in this about reducing inequality and tackling poverty. Those figures might mean that women are not coming forward, they are getting long Covid at their work and they might get taken down a capability route, which could lead to poverty and inequality. Although I am an officer with Unite Scotland, I am also the regional women and equalities officer, so this is certainly a matter that is close to my heart. The submissions so far have been excellent, and I have not had a lot to say, but I wanted to echo what has been said and to say it again strongly. Thank you for letting me contribute.

The Deputy Convener: While we are trying to avoid duplication, it is important that, if you need to put something into the *Official Report*, you should absolutely come in and do that—which is what you have done there. Thank you for that.

We will now move on to a question from Katy Clark.

Katy Clark: My question picks up on some of the evidence that we have already heard. We know that the United Kingdom body is already considering many of the issues discussed. Covid has been mentioned by Norman Provan more than once, and long Covid has been discussed, too. There are obviously significant issues around cancer and other conditions that relate to firefighters, and the issue of women's occupational health has been strongly emphasised in this evidence session.

It is a concern that, if the proposed council is a scientific body—a committee or body made up of academics—it would simply be duplicating work that is currently carried out by IAC, without producing different outcomes. We are trying to understand what the added value of the new body might be if it is considering the same issues. Noting what you have said already, do you believe that there would be different outcomes if the composition of the body was different? Are you suggesting that the evidence that would be considered would not be purely scientific, and that there would be other evidence?

I invite Linda Somerville to respond first, as she is representing the STUC.

Linda Somerville: It would be really helpful to back up the scientific evidence. During the pandemic, we were in meetings with the Scottish Government from the very start of March 2020, about twice a week. That eventually went down to once a week, but the meetings continued for at least 20 months. Some of the evidence that we helped to bring may have been anecdotal, but it allowed the Government to make better decisions.

Although the science might be brought in front of people—we would absolutely defer to the experts on many occasions—one of the strengths of the proposed council is that it would be allowed to commission research. That is where a lot of the academic and scientific work will come from. It would be a matter of seeing what that looks like in real life for those with lived experience, who can share or tell their stories, and we can feed those in. It provides a much more rounded decision-making experience for people if they can hear from workers and their representatives rather than just consider the science or policy. As we all know, things might sometimes look a certain way on paper, but they can turn out slightly differently later.

There are numerous examples from when we were working with Government during Covid when that was the case. The Government was thinking about doing a certain thing and we described the impact that it would have on the ground or in workplaces. The Government took that into account, as well as what it was being told by

public health officials and the scientific information that was around at the time.

Katy Clark: Perhaps Norman Provan would like to contribute. He has spoken about Covid a couple of times. Norman, do you think that a different composition of the council and a different way of doing things could lead to quicker outcomes or different outcomes?

Norman Provan: I certainly hope that there would be quicker and better outcomes. Trade unions are in a unique position to reflect the lived experience of people who deal with occupational harms in their workplace. That ability is missing from a council of people who look only at the scientific evidence around particular conditions. Committee members have commented today that, at the moment, the process is fairly clunky; it does not work particularly well, and its recording system and maintenance are antiquated. As trade unions, we can bring to the table a working knowledge of when the system does not work particularly well.

We know that many people submit complex medical information about their individual cases and get rejected. When we appeal against those decisions, we have very high levels of success, despite the fact that the information that is submitted the second time round is often exactly the same as it was the first time. That suggests that there are some structural issues that trade unions could bring to the proposed council to help iron out those problems. I would guess that, in Scotland, we would want to do that work well.

The Deputy Convener: John McKenzie and Mike Corbett have asked to make a contribution. I will go to John first.

John McKenzie: I will tie together a couple of the points that have already been made. Ms Clark's question is really important. In no way, shape or form is the proposal looking to marginalise the scientific role. That is an absolutely crucial and pivotal part of setting up the council and, for a couple of reasons, I think that it will strengthen that role.

Earlier, Mike Corbett made the really good point that, if we do not recognise or address new and emerging risks of injury and disease within the workplace, that has the potential to lead to real financial burden for Government and more widely in the workplace.

Trade unions have a key role in flagging up early trends of workplace injury and disease. We see those trends all the time, and I make no apologies for that. The Fire Brigades Union has been heavily involved in our DECON campaign, which has been flagging up injury and illnesses in firefighters, and the likelihood of cancers, strokes and blood-related illnesses as a result of firefighters' work.

For decades, we have seen first-hand experience of that among our members, but it has taken a long time to produce the data and scientific evidence that we needed to progress the campaign to the level that it has been at over the past 18 months. It is only through the Fire Brigades Union partnership with the University of Central Lancashire that we have been able to produce the data that we need for there to be a scientific contribution.

Trade unions have an absolutely unique role in engaging with working people in their workplace. We have a unique role in identifying trends of people maybe becoming ill through their work, and then in providing scientific access to large numbers of those people in the workplace, so that suitable research can be done. That partnership role is probably lacking a wee bit in the current benefit, prior to its being devolved. There is absolutely an opportunity for the issue to be addressed when the benefit is devolved to the Scottish Government.

Again, the Fire Brigades Union thinks that it is important that SEIAC is set up in advance of the benefit being devolved, because there is a key role for the future members of SEIAC in making sure that the benefit is devolved most effectively to deliver its original intent, which is to address workers who have suffered injury and disease through their work.

Mike Corbett: I will make a couple of points. First, in response to the question of whether decisions could be different, yes, they could be different but, for us, that is no bad thing, given some of the decisions—or lack of decisions—that have been made by the Industrial Injuries Advisory Council. It is not just us thinking that. Many years ago, in 2015, there was a University of Stirling report on the subject and, at that stage, the report's co-author, Professor Rory O'Neill, said that

"The IIAC approach hovers between incompetent and wrong",

and that

"The government prescribed disease scheme might just be capable of spotting a catastrophe but does nothing to recognise, compensate or avert tens of thousands of personal, preventable and frequently fatal human tragedies."

09:30

There are things that that existing body does that we think it does not do very well and some decisions could be different. However, that does not mean that we are dismissing all the scientific evidence.

Look at what is happening now with the Covid inquiries—we have a UK Covid inquiry and a

Scottish one. Everyone around this table, along with employers and workers across Scotland, has an interest in and input into both those inquiries, which have developed a memorandum of understanding so that they can work together and avoid duplication. If that can work for the Covid inquiries, as it seems to be doing at the moment, that could be applied to the idea of two advisory councils trying to work together.

The Deputy Convener: Paul O'Kane has a supplementary question.

Paul O'Kane (West Scotland) (Lab): What is current interaction with IIAC like when trade unions make requests for research or want to look into certain conditions? The word "pushback" might be too strong, but is there a lack of interaction in looking at issues and trying to move forward on them? Norman, you are nodding.

Norman Provan: I am happy to come in on that and I will go back to the example that I gave previously. A year ago, IIAC made a decision about four conditions that are related to Covid, but that has not been acted on. Last week, along with the British Medical Association, we wrote to the DWP about that. I gave the example of personal injury claims now being pursued through the courts. That would not have been necessary if people had confidence that the benefit would be properly applied to their circumstances.

People stood on doorsteps, clapping their hands and banging pots to support front-line workers who worked throughout the Covid pandemic, but those people got injured at work and were not compensated for that, which feels completely unacceptable. Our experience is that the response has been clunky and slow, and we would certainly hope that Scotland can do better.

Paul O'Kane: I will continue in the vein of looking at what value might be added by having a Scottish compensation body. I know that NASUWT commented on how long IIAC can take to make recommendations and we heard more about that in response to my first question. How could SEIAC work faster to make decisions that will make an impact? Mike Corbett may want to come in, because it was NASUWT that commented on the time taken at the moment.

Mike Corbett: To repeat what I said earlier, we think that involving workers is key in pushing to get quicker and more accurate decisions, and we also believe that involving trade unions often helps in that.

Things are often responded to better and more quickly at a local level, so looking at things on a smaller, Scottish scale might also help to speed things up.

Norman Provan: One issue is that scientific evidence is often used to look retrospectively at what has happened rather than to scan the horizon for what might happen. It would be useful to involve trade unions, because they see the cases that are coming through in real time. It would be up to the Scottish Government to commission the council's work, but it could preempt issues instead of just responding to things that have created harm.

Paul O'Kane: That is an interesting point, because concerns have been flagged about how duplication might occur. Do members of the panel have any views on how they might foresee the two organisations interacting and collaborating? Pre-emption is possibly a good example, but I guess that that would need some form of engagement between IIAC and SEIAC. Does anyone also foresee a way of avoiding duplication when it comes to how we set those things up?

The Deputy Convener: I am deliberately leaving a pause for a volunteer.

Paul O'Kane: I appreciate that the question is quite broad, but the principle follows on from what Norman Provan said.

Norman Provan: I cannot give advice directly to the Scottish Government. If you are going to be responsible for the benefit in Scotland, it would make sense to have a body that can advise you directly.

The Deputy Convener: May I clarify, Norman? That is because IIAC is not allowed to give advice to the Scottish Government. It is not that it could not do so.

Norman Provan: Yes—I believe that to be the case.

The Deputy Convener: In last week's evidence session, we heard that some of the experts who might be keen to sit on SEIAC might already sit on IIAC, and the committee has asked for information as to whether there would be a bar to their being able to sit on both. Is that your understanding as well?

Norman Provan: Under the Scotland Act 1998, IIAC provides advice to the UK process, not the Scottish process. I do not know what the rules would be about people sitting on both. I genuinely do not know the answer to that question. My point is that I would expect the Scottish Government to have a process in place for being advised.

Linda Somerville: It is our understanding, too, that, at the moment, IIAC has absolutely no role of providing advice to the Scottish Government or ministers, so we would definitely need a new body. It is about how and when that new body is formed in order to give that advice. Looking at the issue now gives us the opportunity to do something well.

Everyone, both in industry and across occupational health and safety, can point to the failings and some of the concerns in the current system—in particular, when it comes to the time that things take. The bill gives us the opportunity to improve the system and make sure that it is fit for purpose.

We also recognise the complexities around devolution, because some of the areas to which the bill is inextricably linked are still reserved matters—for example, employment law and occupational health and safety. The STUC and its affiliates have continually supported calls for employment law to be devolved to the Scottish Parliament. In the longer term, that might also support the easier moving along of some of those processes. In the meantime, we recognise that, although the area is complex, we need a body that would have the powers to advise ministers.

The Deputy Convener: I will mop up a couple of aspects. Clearly, a proactive approach to health and safety at work is desirable for everyone. Workers and trade unions on the ground see in real time exactly what is happening. They absolutely have that lived experience. Should SEIAC identify gaps in employment law and health and safety legislation while employment law and health and safety legislation are not devolved to Scotland? Should it have the power to make recommendations to the UK Government, with which the powers currently sit?

Linda, you have put on record that you would like some of that to be devolved to the Scottish Parliament. However, in lieu of that, in the meantime, should any new body make direct recommendations to the UK Government?

Linda Somerville: We imagine that that would be helpful. If the body that we envisage will be more efficient and come to better decision making, surely we will want any recommendations that it makes to be shared back to the UK, in the way that is done by other organisations in Scotland. The Scottish Government and the Scottish Parliament sometimes feed into UK things. Whether the UK takes that advice and acts on it is a different matter, but we would certainly support that.

The issue also falls into the Scottish Government's thinking about one of its priorities, which is fair work and what that looks like in Scotland. The system is inherently unequal and inaccessible and has a hugely disproportionate impact on women. Everything is gendered—the lens that it is seen through, the industrial injuries that it covers and the accessibility to women of its processes. We need to think about how we can modernise and change that. If the Government wants something that matches its ambition to be a

fair work nation, that should be as expansive as possible.

The Deputy Convener: I have one more question before I hand over to my colleague John Mason to take up our final line of questioning. The Health and Safety Executive has been mentioned a few times during our evidence sessions. Last week, the HSE was compared to a policeman for workplaces and there was some debate about how visible it is in workplaces and how effective in ensuring that health and safety are upheld. Should the Health and Safety Executive work with SEIAC, if that body is created, and should the HSE be doing more anyway?

Linda Somerville: I hope that my colleagues will follow up on that important point. Our evidence to the Covid inquiry mentions our occasional lack of faith in the Health and Safety Executive at a time when its advice was much needed in Scottish workplaces. That happened because of a number of factors, including underfunding. The HSE should have had an enforcement role and should have been able to protect workers at a time when they needed that most, but that did not happen.

We do not have any thoughts at the moment about how the HSE might interact with a future SEIAC.

The Deputy Convener: There is no need for additional comment, but does anyone else want to say something?

John McKenzie: Although it may not be the main subject of this evidence session, I have a brief follow-up to Linda Somerville's point. My union has significant concerns about the de-funding of the Health and Safety Executive in recent years, particularly during the last decade, and about the impact that that has had on its role. Without going into specific details, in the past 18 months, my union has seen complaints that we have raised with the HSE taking more than 18 months to be investigated and reported on. Even then, we have not been satisfied with the way that that has been done. That is very much caused by funding and by the HSE not having the resources that it might have had 15 or 20 years ago.

There absolutely is a role for the HSE and it could work alongside any SEIAC that is established. We are seeing failings in some of the organisations whose work SEIAC would pick up, which underlines the need for a SEIAC or similar body to be set up.

The Deputy Convener: I had said that I would go to John Mason for our final line of questioning, but Katy Clark wants to come in on a point that it would make sense to deal with now.

Katy Clark: The bill suggests a council of 12 members. Is that the right size? Has anyone given

that any thought? That might be something that the STUC has considered, given that it made a submission about the number of trade union representatives who should be involved.

Linda Somerville: We looked at the proportion of trade union representatives, rather than the number. We would certainly be open to discussing that in the future. There is often great debate about the optimum number of people who should be involved in making decisions, but we do not really have a view on the size of SEIAC.

John McKenzie: I will speak very briefly on that point. I do not for a second pretend to be an expert on the appropriate number, but I echo Linda's point about the need for fair representation of trade unions.

That further supports the importance of introducing SEIAC prior to the benefit being devolved. Lived experience will be important, and it would be far better to set up SEIAC before the benefit is devolved, so that it can find its feet and can take an active role in how the benefit is devolved. That would be better than setting up SEIAC afterwards, when it would still have a lot of early learning to do.

Norman Provan: I have no comment to make about the size of the council. The issue is about the composition of the council rather than its size—what matters is not the number of people in the room but having the right balance of people with the right experience and the ability to have the workers' voice heard. That is what is important.

09:45

Mike Corbett: The issue is less about the numbers—I do not disagree with what my colleagues have said.

I want to touch briefly on the role of the Health and Safety Executive. Often, its approach to checking whether mitigations were in place in schools was to phone up some headteachers and ask, "Are mitigations in place?" and be told, "Yes." That example demonstrates that, often, the HSE cannot be trusted to do its job properly. If the HSE and the current IIAC have flaws—as we think they do—that reinforces the need for SEIAC.

The Deputy Convener: Katy Clark, do you want to follow up on any of that?

Katy Clark: No.

John Mason (Glasgow Shettleston) (SNP): My role is to ask about finance. I will start with Norman Provan. You were enthusiastic about the system being run much less on paper and more through information technology. The set-up costs for the IT and the website are only £50,000. That

seems quite low, given that IT can be very expensive. Do you have any thoughts on that figure?

Norman Provan: I do not know where the figure for the assessment of how much it would cost to set up the system digitally came from. However, the logic suggests that any paper-based system would seem odd in this day and age. You would be inheriting a system over the look of which you had no impact. Although I do not know what the costs would be for setting up a digital system, I certainly think that that would be the correct way forward.

John Mason: We can ask future witnesses about that, unless anyone particularly wants to come in on that point.

In your written submissions, some of you have talked about the importance of research, yet only £30,000 has been put down for that annually. Linda Somerville, is that enough?

Linda Somerville: Probably not, especially when it comes to having expert opinion involved in research, because often—rightly—academic research does not come cheap. We would need a lot of investment.

On the point about IT, when it comes to complex systems, setting up a website is one thing, but moving from a paper-based system to an electronic one can also be complicated. However, there is a huge amount of experience out there, which can be bought in, and we can get advice about that.

I am a former IT worker, and I have digitised lots of systems in the finance sector. There is experience to do that in Government and elsewhere, and it does not have to be the most costly approach. The cost that is baked into a new system is not about digitising the data; it is to do with functionality. For an incredibly complex system that has lots of functionality, the cost goes into the build and the testing. However, that is not the kind of system that we are talking about. The rules for it can be applied fairly easily—there is not a lot of functionality in it—and the data warehouse that would need to be built is a one-off cost, which, although not insignificant, is not the big cost of the IT system.

John Mason: Another financial issue is the cost of the benefits. Lorna Glen, you and other witnesses have suggested that more people would be entitled to benefits. Have you done any work on what that might cost?

Lorna Glen: No. Finance is not my area of expertise. However, given that only 7 per cent of the claims that come forward are from women, and that members of our black, Asian and minority ethnic communities are not well represented,

either—that has not been mentioned much during the session—it is only reasonable to conclude that the bill will open the way for more people to come forward, and that is rightly the case as far as we are concerned.

John Mason: John McKenzie, you have also said that, especially when it comes to firefighters, more people might be entitled to benefits. Do you have any thoughts about what that might cost?

John McKenzie: No, not in the sense of having done an exact calculation, but the principal point, as I see it—this is absolutely important—is that the costs in question are not going away. In our workplace, we have seen a range of responses from fire and rescue services to the scientific evidence that the FBU has helped to produce over the past couple of years. Some have engaged really well; in some cases—thankfully not in Scotland—completely the opposite has been the case.

However, firefighters are not becoming less ill because we are not paying them a benefit. If they are becoming ill as a result of their work—our evidence absolutely suggests that that is the case—that will have a significant cost at some point in the future. We have to ask ourselves whether we want to address that now.

We have seen that having a role or a body such the one that is proposed, which drives forward legislation and the way that benefits are allocated, also has an impact on employers. Sadly, all too often, employers are driven by potential future costs. Ultimately, we want to stop people becoming ill or getting hurt in their workplaces. That is where there are real savings to be made in the longer term, and that will also benefit the individuals.

However, we need to create a number of pressures in order to achieve that. As we have seen for many, many decades, all too often, the workplace is reactive rather than visionary in terms of employers addressing those issues. That is why it is really important that the benefit accurately reflects how people are currently becoming injured or ill in their workplaces. Even looking at it from a cost saving point of view, that is by far the most effective approach in the longer term, rather than not addressing the issue now.

Therefore, it is inevitable that if more workers become eligible for benefits, there will be an initial additional cost. None of us could dispute that. However, that approach will absolutely save money in the long term.

John Mason: I take your point about preventative action—this could save money for employers, the state and so on. If the scenario was that the Scottish council could only do preventative work, give advice and do research

and the total amount of benefits stayed static—I believe that the figure is about £78 million—would it still be worth going ahead?

John McKenzie: Yes, absolutely. One of the problems that we see under the current structures is that a lot of research is not being discussed, or it takes an incredibly long time for it to be discussed. Ultimately, that is producing a greater cost pressure for the future.

With regard to answering questions on the finances and the specifics of how the benefit is devolved, there are obviously better witnesses. However, speaking primarily from our members' point of view—certainly from our union's point of view—getting that evidence in front of politicians and decision makers is a key role for driving change. As a result of driving that change, we will make better use of public finances in the long term because we will address the issues rather than just being reactive to them.

John Mason: In that case, may I move to Mr Corbett? I think that you are arguing that more women and more teachers would be due benefits. Assuming that the total benefit figure of £78 million stays the same, could it be allocated better?

Mike Corbett: First of all, we do not know what the numbers would be in terms of increased access to benefit. However, I will touch on a couple of points that I made earlier. First, we should not embed inequality. That is not part of the Scottish Government's programme for work and the fair work agenda. As John McKenzie has said, the way that we are suggesting that the new council should be set up would undoubtedly mean that preventative work was done, which would have a cost benefit in the future.

It is difficult to say what that means in the interim. However, I would be very disappointed if we simply put a cap on the money and said that only a certain amount could be spent, because that would automatically embed the failures of the UK council and its approach. I hope that the Scottish Government wants to be much more progressive than that.

John Mason: Where would you suggest that the extra money should come from? Should the Scottish Government take it off teachers' salaries?

Mike Corbett: I would not want it to do that, but there are various ways. Although that amount of money in itself sounds significant, it is not a huge percentage—you would perhaps be able to tell me what percentage it is—of the overall Scottish budget.

In the past, when we have talked about salaries, we have been told that there is no money available, but suddenly there is, and it has not been taken from someone else's budget.

I do not have a simple answer for you but, equally, I would not want us to put an artificial cap on things, because that would simply embed some of the problems that we already have.

John Mason: I ask Ms Somerville the same question—I was going to come to you anyway on that point.

Linda Somerville: We are talking about finances, and it is quite right that the committee wants to examine that area in detail. Between us, we probably do not have those calculations. Nevertheless, we should bear in mind that although it is right that the committee examines the legislation and the processes that we are considering, the benefit that we are discussing is about compensating workers for non-fatal injuries, disease, occupational injuries and, indeed, fatal injuries at work.

In Scotland last year, we lost 21 people who went to work one day and did not come home. Families should not have to suffer that experience. In addition, we reckon that there were more than 43,000 non-fatal injuries at work in Scotland last year. When we think about the compensation that is paid, therefore, we have to look at it in the round and think about how we want a fair work nation to compensate those who, through no fault of their own, while at work, have suffered disease, occupational injury or a fatal accident.

With regard to the funding for that, the committee will see next week that the STUC has refreshed the tax paper that it brought out last year. The STUC said in its paper that the Scottish Government can, in the short term, with its current powers—not through any new devolved powers—have an income through increasing some of its taxes and introducing some new taxes. It has legislative powers to do that, which could increase its funding by £1.2 billion.

John Mason: I was impressed, I have to say, by the STUC—

The Deputy Convener: I apologise, but before you move on further with your line of questioning, I note that John McKenzie wants to come in.

John Mason: Right. I will just pursue that point with Ms Somerville for a minute, and then I will come back to Mr McKenzie.

The STUC paper was very good on tax options and so on, but we still have a relatively fixed pot of money. Would you say that we could put more into the benefits system only if we raised more tax, or do you think that we should reallocate money? The national health service has a huge budget—we could take a bit out of there and put it into compensation.

Linda Somerville: I would not suggest that we take money out of the NHS. Nevertheless, I think

that the Government has, within its powers, a way to raise more revenue. It could then look at how to distribute that fairly.

How that discussion happens will be up to organisations such as the STUC, and we can lobby for where we think that that money should go. I would obviously not be advocating that it be cut from elsewhere.

John Mason: Okay. I ask Mr McKenzie to respond.

John McKenzie: I have a couple of quick points. First, I put on record that the Fire Brigades Union Scotland absolutely supports the STUC's tax strategy. As the STUC has outlined—and as you yourself have commented—if we are talking about a fair work nation with progressive government, I am sure that none of us would suggest that the best way of paying for a benefit is by cutting salaries. Although I recognise that the comment was tongue-in-cheek to a certain extent, none of us would support the notion of cutting workers' salaries in order that they could then pay for their comrades' injuries and illnesses that they had developed in the very same workplaces.

On a more serious note, we would not shy away from the fact that the Scottish Government is inheriting—or, in this case, is being sold—a benefit that is well overdue for structural change. We touched on this point earlier, but it is important to focus on the fact that only 7 per cent of claimants are female despite women being 50 per cent of the population. Do we think that we are inheriting something that is really fit for purpose? If we do not think that we are, and if we are genuine about being a progressive, fair work nation, we have to take the opportunity to address those concerns.

The system absolutely has to be financially sustainable—of course it does—and some of the STUC's campaigning around taxation is a strong part of that. However, we have to start primarily by asking whether the benefit is adequate in its current form.

As a final point, I think—without wanting to expand the discussion too widely—that there are real Christie commission learning points in this area. If we address some of the issues around workplace injuries, and if we have key drivers—unfortunately, the drivers are often compensatory—for employers to properly address why people are becoming ill or injured in their workplaces, that absolutely has a contributory role to play in making future savings across other Government portfolios.

I appreciate that that is outwith the current financial year, John—

John Mason: Yes—we are also just about outwith time, I am afraid. Thank you very much for that.

10:00

The Deputy Convener: We are drifting slightly, Mr Mason.

I think that Norman Provan wanted to come in.

Norman Provan: Yes—I will try to be brief.

We spoke earlier in the meeting about the possibility of SEIAC having a proactive, as well as a reactive, response. That is an important point, because—as the committee has heard throughout all the evidence—this benefit has not been modernised over time. There are new occupational illnesses that are not being recognised or being treated properly.

Even if the £73 million—or £78 million; I cannot remember the figure that John Mason used—has remained static, it will not necessarily remain so. If the cost does not go up as a result of this process, it will go up through other things, either through the health costs of maintaining people who have long-term chronic conditions, or through other benefits that people will get if they are not fit to work.

At the end of the day, the problem of financing the benefit will not go away if we simply say that the costs would be capped at £73 million or £78 million, and that they will not rise if more people do not join the scheme. It is about recognising that workers, if they are injured at their work, should be compensated for that. The opportunity to look and horizon scan possibilities in that respect, and to prevent injuries at work from happening, will enable us to do better at capping the costs, rather than simply suggesting that people will not join the scheme.

The Deputy Convener: We are almost there. I hope that Mike Corbett, who made the comment about teachers' pay, will not mind me saying that the money for that was found and it did not come from anywhere else. I moved to this committee from the Education, Children and Young People Committee, and I know that the £26 million to pay for the teachers' pay award in the current financial year came specifically from the colleges budget—the colleges lost £26 million in the current financial year.

I merely leave that sitting there—I do not want to open up a wider debate, but I think that that is relevant to Mr Mason's line of questioning and to Linda Somerville's points in relation to how we use wider taxation powers not just in this place but at a UK level, because there are Barnett consequentials coming here.

I absolutely get that the witnesses today have tried to articulate passionately and clearly what the right thing to do is in relation to the safety of workers across Scotland. It is for the politicians to look in a bit more detail at how that could be financed.

I thank you all for your important evidence this morning. That is the end of the evidence session, and I suspend the meeting briefly while we prepare for the next panel of witnesses.

10:02

Meeting suspended.

10:04

On resuming—

The Deputy Convener: I welcome Anna Ritchie Allan, executive director of Close the Gap; Tony Higgins, president of the Professional Footballers Association Scotland; Ian Tasker, chief executive of Scottish Hazards; and Professor Andrew Watterson, occupational and environmental health researcher at the University of Stirling. Thank you for helping us with our scrutiny of the bill.

As I said to the first panel, we are not trying to deter anyone from speaking, but if all four of you want to make the same point, you might want to indicate that. We do not always have to hear that, but we appreciate that sometimes you will want to get things on the record, so please do so when you need to.

I will start with a general question, as I did with the first panel. Would the bill give SEIAC, if it is established, the right balance between scientific expertise and other interests that are important when reaching decisions in relation to the benefit? If not, what changes are desirable, and why?

Professor Andrew Watterson (University of Stirling): There is an opportunity for SEIAC, if it is established, to move on from where IIAC is. You need scientific and clinical input, but you also need input from people who deal with and are actively involved with the problems. That element does not necessarily relate to research at all.

We can see that in the part of John Brown's submission on behalf of the Confederation of Shipbuilding and Engineering Unions that talks about welding. There is knowledge there that might not be available to the scientific and medical community, and problems might be identified. I heard the reference to new hazards and new industries. It is often the workers, in conjunction with employers and researchers, who identify the problems. It is a good idea to have a broad range of inputs, as is suggested for SEIAC.

Ian Tasker (Scottish Hazards): I support what Professor Watterson said. Our original position was that the number of council members was potentially too small and that we might not get enough academic expertise. However, following discussions with Mark Griffin and an explanation of how the figure was arrived at, it would be reasonable to move forward on that basis, should SEIAC be established.

The Deputy Convener: Do you want to say any more about that, Mr Tasker? I am not remotely trying to be awkward, but the member in charge of the bill, Mr Griffin, will give evidence to the committee and say why he has opted for that number. You have had a discussion with Mr Griffin, and you think that the number is about right. What persuaded you of that? We will need to ask Mr Griffin the same question.

Ian Tasker: It was down to the way that things seem to operate in Scotland; these bodies are substantially smaller. I have looked at IIAC meetings and have seen the breadth of expertise that it has. I wonder whether there is some duplication in the membership of IIAC in relation to what is brought to the table.

In the evidence that IIAC provided to the committee, it said that it does not have a toxicologist. No matter what number we arrive at, we will have to go outside the membership at some point to get the kind of evidence that we need, if that specialism is not on the committee.

The Deputy Convener: Are you suggesting that the figure in the bill is a starting point but that, depending on what SEIAC looks at, it might have to flex up its membership to get particular expertise?

Ian Tasker: That could be done on a formal basis, which would mean increasing the membership of SEIAC, or it could be done on an informal, needs-must basis. I assume that IIAC has done that when it has dealt with matters relating to toxicity.

The Deputy Convener: Tony Higgins and Anna Ritchie Allan, would you like there to be any additions to the membership?

Tony Higgins (PFA Scotland): I will comment very briefly. Can you hear me?

The Deputy Convener: Yes.

Tony Higgins: I am used to the European microphone models in Brussels, so I am never sure what I am pressing.

There could be additional members, or people could be brought in for a particular situation. I have had a lot of discussions with Amanda Kopel, whom many people here will know because of her role in creating Frank's law. When certain issues

are being discussed, we would advocate bringing in someone who has lived experience of dealing with such circumstances. That would be useful.

The Deputy Convener: That is very helpful. Anna Ritchie Allan, do you want to come in?

Anna Ritchie Allan (Close the Gap): No—not on additions.

The Deputy Convener: Okay. We will move to questions from Katy Clark.

Katy Clark: I will pick up on what has been said. In the previous evidence session, which the witnesses might have heard, the view was that 50 per cent of the council seats should be held by trade union representatives. The bill suggests a composition of 12 members. Could you say more about whether you think the proportions of the new council's membership are important? What should those proportions be? We have already heard about trade union representation, but what should the employer and academic representation be?

Given that I am not in the room, it might be better if the deputy convener could bring in a witness who looks like they would like to respond.

The Deputy Convener: I think that Anna Ritchie Allan was trying to come in; I might have cut her off inadvertently.

Anna Ritchie Allan: I can give a brief answer to that, but I will make an additional point on the composition of the membership. We are broadly supportive of the proposed breakdown of the membership, but it is particularly important that there be a gender balance on the council, specifically among those with lived experience. In every answer that I give, I will no doubt be able to return to the point around the invisibility of women's work-related injuries and illnesses in the system. A benefit of the potential establishment of the advisory council is that it provides an opportunity to address that. We know that, when women's voices are not around the table, their experiences are often ignored. The opportunity has arisen to make sure that the advisory council centres its approach on women's experiences.

Professor Watterson: I support that. It also reflects some of the problems that have existed in IIAC in the past. The term "one-eyed science" basically means, "I see the men and I don't see the women." It was interesting that, when the committee took evidence from the IIAC chair, she said that one of the issues was women's health. In the IIAC reports from 2004-05, researchers identified, for instance, the link between shift work and breast cancer. That was in 2004-05, but here we are, in 2023, and people are still saying that the issue of women's health is perhaps something to be addressed. Therefore, it is essential that the appropriate groups are represented. If it is

established, SEIAC could be a very useful catalyst in pressing other parts of the UK to do things.

Katy Clark: I will follow up on why a different composition might lead to different outcomes. Presumably, the science would be the same; the council would draw from the same scientific community. From what the witnesses have said, I get the impression that the questions that are put to the scientific community might be different and might be asked decades earlier, but that that might drive research. Is that a fair reflection, or are there additional factors that might mean that there would be a different outcome from the current position?

The Deputy Convener: Is that question for a specific witness?

Katy Clark: I cannot see who would like to come in. Would Ian Tasker like to come in?

10:15

Ian Tasker: It goes back to the question of whether we are setting the number too low. We have to ensure that some of the inherent inequalities in the current system are addressed, so it is right that people who have been subject to those inequalities in the past are part of the body.

The STUC's evidence said that 50 per cent of the membership should be trade unionists, which means that, out of a total of 12 members, six would be trade unionists and six would represent employers, with there being no more room at the table. I did not hear the evidence given by the previous witnesses. In my view, 50 per cent of the membership should represent trade unions and employers, but we must be realistic. That might mean six or four seats, with another two seats perhaps being kept for people with lived experience, such as people from asbestos groups. There should also be an accommodation to allow the voice of the academic community to play an important part on the committee.

Professor Watterson: A lot of the science that is out there has not been acted on. IIAC has seen a lot of the science, but that has not led to a recognition of prescribed diseases or to compensation being provided for people with diseases that are prescribed. You would not necessarily need more scientists to do the work, but you would want some of the other groups that are being suggested for the committee to identify where things have gone wrong.

I return to the example of welding. In 2017, the World Health Organization's international agency for research on cancer identified welding fumes of any sort as being a cause of lung cancer and, possibly, of kidney cancer and ocular melanoma. In 2019, the Health and Safety Executive asked its workplace health expert committee to look at the

issue again, and it came to the same conclusion. In the past week, the Health and Safety Executive and WHEC have said that they will hold a seminar so that people can find out whether welding fumes cause cancer, but they have already decided that they do. We do not need more science; we need to find the 175 people the Health and Safety Executive and IAC estimate are suffering from cancer caused by welding fumes and work out why they are not being compensated and whether we can bring in measures to prevent future exposure and future diseases.

Katy Clark: I have a slightly different question about some evidence that we heard earlier. There was a suggestion that there might be fewer personal injury cases if the new body was recommending awards. That might not matter so much in the public sector, where all the money comes out of the same pot, but have you given any thought to how that might affect the private sector? I do not need detailed responses now, but can you point to anything that would help us to ensure that employers take responsibility?

Ian Tasker: It is questionable whether that would result in a dramatic reduction in the number of personal injury cases, but there might be a lower level of such cases because people who were being compensated with an industrial benefit might decide not to pursue a personal injury claim through the courts, which can be very stressful. There might well be an advantage in that, if people were given adequate benefits to live with an injury, they might decide not to seek compensation.

The Deputy Convener: Katy Clark, do you have any more questions?

Katy Clark: No. We can think about that issue later. That is helpful.

The Deputy Convener: Before we move on, I have a question that I asked the previous panel because it came up during last week's evidence. There was a suggestion that it would be important to have a strong link with occupational health in order to be able to collect data, identify trends at an early stage and do proactive work. No one on the previous panel particularly jumped at that suggestion. We heard last week that there would be a greater role for occupational health. Would anyone here commend that?

Ian Tasker: Our submission suggested that we very much need to look at occupational health. We need to make the body proactive and preventative. Since the inception of the national health service, occupational health has always been funded by employers. We need to work to develop good occupational health provision for everybody. It is a way of preventing injuries from happening in the first place and of driving down the number of people who have to access national health service

treatment, and that could free up some funding from the NHS to make the benefits payments.

The Deputy Convener: I will not push that any further. We heard it last week, so we just wanted to float it this week to see whether there was any buy-in from witnesses.

Marie McNair: Good morning to the panel. I really appreciate your time. I will continue with the issue of timing. In relation to industrial injuries policy in general, things have moved extremely slowly. In the earlier session, I mentioned that we are inheriting a warehouse full of papers and legislation that has been left unreformed since its inception, all the way back in the late 1920s. To guide us on how we can bring about a quicker change in Scotland, will witnesses comment on the reasons for there having been so little progress at a UK level? Is it due to a lack of expertise, a lack of will to reform, or a mix of both? I will put that question to Ian Tasker first.

Ian Tasker: I was struck by the evidence from the IAC chair that—I am paraphrasing—industrial injuries benefit is a political decision. That has been part of the problem over the years, as successive Governments have just ignored industrial injuries benefit. That has resulted in a committee that does not get the scrutiny of triennial reviews that other non-departmental public bodies get. It has been allowed to go on doing the same thing.

As far back as 2007, David Walters from Cardiff University carried out a review of various systems across European countries. It might not be surprising that, in his view, the UK system was the worst:

"It allows for considerably lower benefits that are not earnings related and represents lower proportional expenditure on this form of support for workers harmed at work than found elsewhere in Europe. Furthermore it makes no provision for either prevention or rehabilitation."

Sixteen years down the line, nothing has changed with the IAC. It is absolutely right that the transfer is done safely and securely, but we should not transfer an underfunded benefit. An underfunded benefit is being forced on the Scottish Parliament.

Marie McNair: Will the complexity involved in the safe and secure transfer of the existing cases alter the timescale that is required for the introduction of the Scottish council?

Ian Tasker: I first got involved in the potential transfer of industrial injuries disablement benefit when I was at the STUC, in 2016, when the first expert group was set up. Seven years down the line, we are still having discussions. We must move with speed, if that is possible, to address some of the inequalities in the system. Obviously, we would not like any people who are currently on benefit to be impacted as part of that.

The advantage of setting up an advisory committee before the Scottish Government consultation takes place is that it can start to work on that and make recommendations to the Scottish Government on how it should be shaped. We cannot have what is happening down in Westminster. That is not sustainable.

Tony Higgins: On that point, we have been working in close consultation with the Professional Footballers Association in England. It has greater resources and has been working on the head injury problem for a few years now. It made some informal inquiries of the IIAC through Westminster. It was told that it is normal for it to take between one and two decades for a decision to be reached.

While we are working with Westminster—I have been working closely, on a cross-party basis, with Ian Blackford and Douglas Ross—we are trying to stimulate the politicians to push IIAC to make a decision. We have considerable evidence from three or four countries that substantiates our view, but what is the reality in terms of how long it takes for a decision to be made?

In Scotland, through having our own new system, we have the opportunity to have a quicker process. Regardless of whether that will be rejected, we understand—certainly in our case, with regard to the players with dementia—that it is the families who are suffering on a daily basis. The quicker that we can get it through properly, the better. I was dismayed when I was told that that was how long it could take to get a decision. We have to rely on the IIAC system at the moment.

We had a debate in Westminster for three hours and we have it on the minister's agenda, so I hope that we can get a decision more quickly than that. However, for many other industries, that is not always possible.

Professor Watterson: I endorse what Ian Tasker said about IIAC. In 2015, we looked at the occupational diseases that were listed by the International Labour Organization in Europe and we looked at the IIAC list. A very significant number of diseases were recognised elsewhere that IIAC had not acted upon. As, I think, you heard from the chair of IIAC, that is partly because it takes the approach that you must demonstrate double the risk. There is no reference whatsoever to double the risk in the Social Security Contributions and Benefits Act 1992. There is a reference to “reasonable certainty”.

I recently spoke to an IIAC member who had gone through the minutes. They said that the statement that they had seen in the minutes was that you would compensate for a disease if it said it was more likely than not an occupational disease. In effect, we are talking about a decision that is more at the balance of probabilities end of

the spectrum than the beyond reasonable doubt end of the spectrum. That does not mean that you automatically compensate people, but, if you do not list a disease and you do not identify a disease, nobody will be compensated and, to reiterate the points that John McKenzie made, no action will be taken in the future to address that problem.

There have been three outputs this week that demonstrate the failures of IIAC. HSE picks up the disease problems, and then nothing happens. In the past three days, a report has come out that reviewed Covid as an occupational disease. Of the 35 countries in Europe, only two do not recognise Covid as an occupational disease: Moldova and the United Kingdom. That tells us a great deal about how the scientific evidence is being used. There might be different compensation systems, and it does not necessarily follow that people will be automatically compensated, but there are huge holes in the system. Clearly, SEIAC could do something to address that.

Anna Ritchie Allan: I agree with what others have said but I also want to take us back slightly to think about how the system has been a disbenefit to women and how the delays that others have spoken about further entrench the inequalities that women face through barriers to accessing benefits. It is especially relevant that the social security system does not meet the needs of women, even though they are more reliant on it generally. As, I think, Ian Tasker intimated, there is a lack of political will at the UK level to address that. Instead, we see further layers in which women's work-related ill health is invisible.

It is important to think about the fact that the historical focus on health and safety at work has predominantly been on what is perceived to be visibly dangerous work in industries that tend to be male dominated, such as construction and mining. The work that women are more likely to do is deemed to be safer but, in fact, the harms and risks that women experience are more invisible and cumulative. They can result in musculoskeletal conditions and stress and so on, and those things are not recognised in the system. Until there is a proactive approach to addressing that, those inequalities will continue to be baked into the system.

10:30

Marie McNair: Thank you for that.

I go back to Professor Watterson. In response to question 10, your written submission states:

“A SEIAC is urgently needed to help to advise employers and employees in Scotland to recognise the full range of industrial diseases.”

What is your comment on the urgency of what is needed and on how you see SEIAC fulfilling that role? You have touched on that already, but if you could expand further, that would be great.

Professor Watterson: It is becoming more and more urgent. We need good, scientific medical research, and Scotland has a lot of that. For example, respiratory physicians in Edinburgh have done significant work on picking up problems in asymptomatic young people who are exposed to silica and have silicosis. That raises a question—in fact, the researchers themselves pointed this out—about why we are not bringing in more measures that will reduce exposure and prevent such diseases.

It is a very big problem. This week, the 2023 Health and Safety Executive statistics came out. On that list, in worker ill health, we are actually worse than 13 other European countries. There is a lot of pressure there. We are often falling behind with what goes on, and we are not picking up the problems that are identified.

To pick up on the point about women again, those HSE statistics identify the key self-reported groups—the sectors that suffer most from occupational diseases—as including health and social work, public administration and education. Those sectors have large numbers of women workers, who are often low paid, and they are slipping through the net in what is currently going on.

Scotland could do work to identify the old problems, and also to pick up the new ones. To reflect on what John McKenzie said, the latest HSE report for 2023 has the annual costs of new work-related ill-health as £13 billion. That is for new cases, but there are also old cases.

If we look at Scotland in that context, we are probably talking about spending £1 billion each year on new occupational diseases, which is damaging the economy. That is why a better system will be good for employers, for employees and for society.

Marie McNair: Thank you, convener—that is me done.

The Deputy Convener: We move on to questions from Katy Clark.

Katy Clark: As the witnesses will appreciate, the committee has been looking at whether setting up a new council in Scotland would add value or whether there would be duplication with IIAC's current role.

We have heard evidence in relation to long Covid, firefighter cancers and so on. How would the new council relate to the existing UK body? How can we ensure that there is added value and avoid duplication?

I will perhaps ask the professor first—although you are in the room, deputy convener, so you will know who wants to come in.

The Deputy Convener: That is fine. My silence was because no one was willing to catch my eye.

Professor Watterson: Sorry—could you repeat the question?

Katy Clark: I am asking how we can avoid duplication with the work that is going on at a UK level and how we ensure that there is added value. You have covered a lot of that already, but the committee is concerned, in particular, about how we avoid duplication.

Professor Watterson: At the moment, we have some duplication. We have already touched on that. We have international agencies producing reports, the Health and Safety Executive producing reports and IIAC reviewing reports. We then have WHEC reviewing what IIAC and the International Agency for Research on Cancer—IARC—have done.

The system in the UK is not efficient, so we are looking for something that complements other work and acts as a catalyst. It could do that certainly by picking up various sectors but also by finding out why we have failures on, for example, silica, welding and women's health and by examining the workplaces that operate.

Scotland has a very good body of researchers and others working on health and safety who will be ideally placed to do that, because it is a smaller country. It is a case not of ignoring the toxicology and epidemiology work that goes on, which might be funded by research councils and others, but of considering how we use that information and why groups are falling through the net.

SEIAC would be ideally placed to complement what IIAC does and what is going on in the UK.

Katy Clark: I will ask about how we apply knowledge and the test that SEIAC would apply. There has been mention of reasonable certainty and the double-risk test. How should the test that the council would apply be developed? Would the council itself do that? Does the Parliament need to set it in legislation? Considering other European models, how do you suggest that Scotland approaches developing that test? You might recommend a test or the process by which one might be developed.

Ian Tasker: I come back to the research that IIAC commissioned and ignored in 2007, which did exactly that: it examined European and Australian models. Clearly, there are a lot of models other than the relative risk model that IIAC uses, including dealing with issues case by case. Therefore, it would be important for a similar study

to be done or the 2007 study to be examined to see whether it is still reasonably relevant.

The committee should provide advice to the Scottish Government on what model it wishes to adopt. If we are going to be serious about making improvements to the system, everything should be under discussion. That is one of the areas of work that a SEIAC could concentrate on if it was constituted before the benefit is transferred.

Katy Clark: Okay, so that would inform decisions that were taken thereafter.

Anna Ritchie Allan: The question is who benefits from the test that is chosen and from the model. That would need to be considered. The current model clearly disbenefits women and certain types of women at that—older women and racially minoritised women, for instance. That is a starting point to have.

On the point that you raised about added value, the way in which we see SEIAC closing the gap is in having a dedicated research function, which is necessary to put more of a focus on women's occupational health. The colleague from IAC mentioned that some scoping work about women's occupational health was going on. Women have been working in the labour market for ever, so, if we are only at the scoping stage, I am not filled with reassurance that there will be any substantial changes in women's occupational health anytime soon.

As others have said, we need a much more proactive approach to ensuring that all workers in Scotland are able to benefit from the system. However, I see SEIAC's role particularly as one of remedying the injustices that have happened to workers—women workers in particular—who have not been able to access the system but still live with the cost of workplace injuries and diseases. Many of those are our key workers, who were so essential to the pandemic response but are undervalued in the economy and unable to benefit from the current system.

Professor Watterson: I will comment on the test. What was in the IAC minutes was the phrase "more likely than not". That test has been used in other countries. Why reinvent the wheel? If we have lists from the ILO, which is an authoritative body on occupational diseases, lists from the European Union and data from the US and Canada about firefighters' occupational diseases, why replicate that? As I said, that does not mean that people are automatically compensated, but it is a starting point for action.

A SEIAC could look at those other approaches and then start to debate with IAC and possibly the Health and Safety Executive as to why things are not happening. To be fair, the Health and Safety Executive identifies the diseases, but it is not

responsible for compensating people for them. We do not need to reinvent the wheel on everything, but we need to review it, as Ian Tasker said.

Ian Tasker: When Hugh Robertson—who was ex-TUC but a member of IAC at the time—gave evidence to the Social Security Committee, he said something about the importance of establishing a SEIAC before the transfer took place. He said that, if the Scottish Government were to rely on evidence-based academic reports coming from the IAC and come to a different conclusion, problems might arise. We agree with that. However, he went on to say that, if the SEIAC reached a different conclusion on any proposed prescription of a condition, having considered those reports from IAC, commissioned its own research and looked at other available evidence, the decision to prescribe a disease would be taken by the Scottish Government based on advice that was provided by its own experts. That is why it is important that we get a SEIAC, because we can look at evidence from other parties—and consider it along with any evidence from IAC—and come potentially to a better decision on the prescription of disease than has been taken in the past.

Paul O'Kane: Good morning to the panel. We have touched on this in previous answers. In previous evidence, some of the trade unions spoke about the length of time that it often takes for IAC to make decisions or advise. I wonder whether there is a sense of what SEIAC could do in order to make those processes quicker and perhaps more streamlined, if possible. Folk may want to give a general view of what would speed things up.

The Deputy Convener: Tony Higgins, you were cautious when you came in earlier. You talked about a period of 10 to 20 years. This is an appropriate time to bring yourself in.

Tony Higgins: In the injury time campaign that Michael Marra orchestrated—unfortunately, he cannot be here today—we talked about establishing a working group. One of the issues is that, if you are successful, you have to work out a process and establish a criterion. For instance, would a professional footballer have to have been employed for a minimum of six, eight or 10 years? A variety of problems have to be dealt with bureaucratically. That is why we are keen on there being a working party to look at that and to establish what the criteria would be to supplement the medical evidence that we present.

Ian Tasker mentioned an issue about preparation of information for the advisory council. Certainly, in our industry, in which careers are relatively short, we would have to work out with the medical people for what length of time a professional player, be they male or female, had to

be employed in the game before they would qualify for any potential benefit.

10:45

Ian Tasker: IIAC does not do anything quickly, and that is probably connected to the way in which it has been allowed to develop. That goes back to the fact that it seems to have been reasonably untouched by those triennial reviews, which would investigate whether moving things faster was an issue. It is an organisation that works at its own pace. Twenty years is unacceptable—if the HSE took 20 years to investigate a work-related death, questions would be asked.

The Scottish Parliament is probably better placed to move faster. Changes have been made in the Scottish Parliament that have impacted on the UK Parliament, particularly in relation to asbestos compensation. When the Scottish Parliament took decisions, the process moved extremely quickly, which meant that, in one case, mesothelioma victims got compensation in their lifetimes, which had never happened before, and that is now being brought in elsewhere in the UK.

A SEIAC could influence the benefits that are awarded to people elsewhere in the UK by being able to act more quickly than IIAC does.

The Deputy Convener: Anna Ritchie Allan, you have come back to the theme of the glacial pace of progress for female workers time and time again. Is there anything that SEIAC could do to speed up the pace of that?

Anna Ritchie Allan: I was struck when I read the evidence from the IIAC colleague and others that pointed out that, although it does not have a discrete research function, the research work that is done there tends to be done in the evening, so they are significantly underresourced.

There is something to be said about having that evidence base in place and being more proactive about gathering evidence and information on women's injuries and diseases at work. The proposal for SEIAC includes that discrete function, which would centre it more in the work and complement what others have said about speeding up and Scotland leading the way on ensuring that people have access to the benefits that they need in a timely manner.

The Deputy Convener: Paul O'Kane, this is your line of questioning. Do you want to follow up on that?

Paul O'Kane: Yes. The witnesses are giving me a sense of the criteria that should be put in place for SEIAC. People will want timescales to be attached to an expectation of reporting back or to work being done in order to keep the thing on track. Is the 20-year period about IIAC going at its

own pace, as Ian Tasker said, or is it about there being a lack of accountability in the process?

Ian Tasker: The situation is that IIAC has been totally underresourced. That has to be the main reason that it has taken so long. Look at the UK Government's reaction when it was suggested that Covid should be a prescribed disease. Let us face it—IIAC is an NDPB that is under control of a Government that is not particularly trade union or worker friendly. The political circumstances certainly affect the pace at which those decisions are made.

Professor Watterson: I would not downplay at all the importance of research and evaluation, but I go back to the point that, if we have good research, we do not want to reinvent the wheel. If the World Health Organization and the International Agency for Research on Cancer can do very detailed international work, pulling in researchers from around the world, and come to a conclusion, it seems crazy that there is second guessing.

As a researcher, I would say that—I could also say this about lawyers generally—if you ask a researcher what they want, they will say, "More research, please," but, where there is good research and good evidence, we want action.

I mentioned that in 2015 we looked at what IIAC was doing, what diseases it recognised and what diseases are recognised elsewhere. The link between exposure to asbestos and cancer of the larynx was recognised in Norway in 1956. It is not recognised here. It was recognised in Denmark in 1986, and has been recognised in Austria, Germany, France and Italy.

In 2015, the only listing for breast cancer was radiation. As I have said, the Health and Safety Executive had identified shift work and the position of women there as factors. That has still not changed. We have also talked about Covid as a factor, and we could talk about diesel exhaust, welding and lung cancer: the position would be exactly the same.

Therefore, I do not think that we want to reinvent the wheel. Instead, where there is good evidence, we should ask why action has not taken place and why research and evaluation are not happening in areas that have been neglected. There is a great deal of evidence about women's health in the workplace, and the Health and Safety Executive has identified it as a priority. Why are we not doing something about it?

Anna Ritchie Allan: To follow up on the research point, context is very important here. We say, and the Scottish Government's women's health plan recognises, that evidence shows that women's health is generally an underresearched area. Ill health in women is underdiagnosed,

undertreated and often dismissed as something else. We see that in the workplace context, in the old “wear and tear” description of women’s ill health from doing manual work. Increasingly, that is being seen in skilled manual work such as social care. Because women also do the bulk of unpaid work in the home, there is a lot of overlap with such manual work so that, when it is done in the labour market, it can be increasingly complex to unpick. Its consequences are often dismissed as just general wear and tear, and women are told that they should just get on with things.

The point about the UK Government’s political decisions is well made. For a number of years it has not had a reputation for doing good things for women’s equality; rather, its actions have exacerbated the inequalities that women face.

We also need to recognise the gender dimensions of the Covid pandemic. Because women formed the vast majority of our key workers they were more exposed to the virus, which meant that they were also more likely to have long Covid.

The further systemic barriers that disadvantage women—such as having reduced access to sick pay or eligibility to claim certain benefits, not having sufficient time to recover, having a caring role, and being more at risk of poverty—compound the difficulty, resulting in an increase in the inequality that women face both in the workplace and outside it.

The Deputy Convener: Thank you. Tony Higgins, do you want to come in?

Tony Higgins: No—I am fine.

The Deputy Convener: Paul O’Kane, do you have any more questions?

Paul O’Kane: I appreciate that we have just had an exchange on resourcing and research, and I think that John Mason will come on to talk about finance more broadly. Ian Tasker also mentioned the challenges in broader resourcing. My question is about the funding of research. Does Professor Watterson have a view on the level of investment that will be required for research to be carried out under the proposals for SEIAC?

Professor Watterson: The Health and Safety Executive has its own research programme and research facilities that could feed in to that process.

As we have mentioned, a lot of research is already happening that is not funded through the IIAC structure. There are therefore opportunities to identify problem areas and try to fill them. “Research” does not necessarily mean doing detailed clinical, toxicological or epidemiological work; it could be considering organisation and delivery and the problems of exclusion. That would

be a legitimate area for study, and research councils and others could do that.

I see that, following Brexit, there has been a little bit of movement about Britain being able to participate in European research. Clearly, a lot of work in that area is going on elsewhere that Scottish researchers could get involved in—and, indeed, are. For example, it was noticeable that Sir Patrick Vallance praised the work of an Edinburgh researcher on gathering health data in the Covid pandemic. Complementary strands of work are operating.

The Deputy Convener: I will bring in John Mason, who is going to look at finances. However, I am conscious that that is the last line of questioning, so, before I do so, I will put a broader question to the panel.

As is self-evident, the bill will either pass or it will not. Nevertheless, are there certain things that the bill would achieve that must happen, irrespective of whether it is passed? For example, whether or not the bill is passed, the research must still happen, and the criteria for getting on the list must be reviewed appropriately with regard to gender.

Perhaps each of you could comment from your own perspective. It is an opportunity for you to say something about what must happen in relation to industrial injuries and making sure that people are properly compensated. This is a good time to do it, because I am conscious that, once we get on to talking about the finances—we have to scrutinise robustly the finances underpinning the legislation—that takes us down a different avenue.

Tony Higgins: Up to now, the research that has been conducted in professional football has been funded largely by the game itself. Many would argue that that is the thing to do, particularly at the top of the game, but I have concerns about other industries that do not have the ability to galvanise public support or the support of other people for research. SEIAC could certainly look at that, although I do not know whether that would be possible under the bill.

All research, even the research that we have had from other countries, has been funded by the game itself, sometimes in conjunction with Government. There are currently three or four pieces of research going on that the professional football associations—the governing bodies—have helped to fund. In the case of Scotland, the Scottish Government has put in some funding as well. It is important that that research is conducted, but the finance might not be available for small industries, so I would be interested to know whether such funding could be provided.

The Deputy Convener: That is helpful. Are there any other comments?

Ian Tasker: I go back to the speech that the original Minister for Social Security made in 2016. She said that the Government wanted to ensure that every single person would be treated

“with compassion, dignity, fairness and respect”

and that

“nothing less will be tolerated.”—[*Official Report*, 9 June 2016; c 41.]

With a massive amount of people not getting access to compensation for their workplace injuries, that aim will not be met unless SEIAC—or whatever organisation if the bill is not passed—addresses the inequalities in the system.

The Deputy Convener: That gives me the opportunity to put on the record the important point that the current timescale for the last agency agreement between the Department for Work and Pensions and the Scottish Government in relation to the payments is the financial year 2025-26. That gives us, in this place, a timescale, whether we proceed through this bill or through Scottish Government legislation. Your point is well made.

We will move on to the financial aspects, unless anyone else wants to come in.

I see that Anna Ritchie Allan wants to come in.

Anna Ritchie Allan: I just want to highlight a tension. The Scottish Government has committed to doing things differently with the devolution of the social security powers—in particular, by ensuring that equality and non-discrimination are embedded in the social security charter. However, there is a tension with the approach of ensuring a “safe and secure transition”. In this case, that will, to some degree, mean business as usual, but that will simply involve replicating a system that disadvantages women and increases the inequality that they face, both in the social security system and in the workplace.

Another thing that needs to change is the way in which violence and harassment in the workplace are framed, particularly from a gendered perspective. Although men in the workplace are more likely to be affected by a one-off physical assault, women are far more likely to experience bullying, harassment and violence, particularly because so many women work in public-facing customer service roles.

The point about sexual harassment is important to note as well. Women make up the overwhelming majority of sexual harassment victim survivors, and men are overwhelmingly the perpetrators. Sexual harassment is endemic in the workplace and yet it is not seen as a health and safety issue. In the wider discourse around health and safety at work, therefore, there needs to be much more focus on the impacts and harms, and

the risks, of sexual harassment at work and how that can be prevented and mitigated against.

The Deputy Convener: Did you want to come in, Mr Tasker?

Ian Tasker: We have been doing some work with the Scottish Trades Union Congress women’s committee on sexual harassment at work. It is quite clear that the HSE does not investigate sexual harassment at work, as it has admitted. That is the role of the Equality and Human Rights Commission, but it does not do it either, so there is a big issue in relation to who takes responsibility. Police Scotland does not even know when an act of sexual harassment has been related to work or has taken place in the workplace.

11:00

The Deputy Convener: Thank you for your patience, Mr Mason.

John Mason: I will move on to finances. I do not know whether the witnesses heard some of the questions at the end of the previous evidence session. First, the financial memorandum gives the set-up costs as £149,000. I do not know whether any of you are IT experts, but that figure includes £50,000 for IT and website set-up. Do you think that that will be enough?

Similarly, the running costs are expected to be £372,000 per year. Paul O’Kane has already mentioned that research is less than 10 per cent of that, at £30,000, which seems quite a small amount. Do you have any thoughts about those figures? Are they reasonable or unreasonable? Somebody said that IAC is underresourced. Was that you, Ms Ritchie Allan?

Anna Ritchie Allan: Yes, it does seem to be underresourced.

I do not have many comments to make on the specifics of what has been allocated for each of the set-up costs. However, thinking about the initial investment and the longer-term benefits of that for women in the workplace and all workers, the proposed research budget of £30,000 is not that much, considering the costs of discrete research projects that are commissioned. However, as Andrew Watterson said, a number of other channels can be used to do further work on research, including on existing research and bringing together other stakeholders. I do not have any specific comments on set-up costs.

John Mason: Does anyone else have any comments? The salary costs are £175,000.

Ian Tasker: I assume that the figures in the financial memorandum are based on similar past experience, which I think is right; that is probably the only model that you can use. Like Anna Ritchie

Allan, I think that the research budget is low, but there are potentially better ways, as Andrew Watterson said, of using the expertise that we have. For instance, when the Fire Brigades Union gave evidence, it spoke about the research that it had commissioned in relation to its DECON campaign, which is excellent research, and Andrew mentioned the HSE research. The HSE website has hundreds of pieces of research that should be connected to industrial injury compensation investigations, but they just sit there on a website.

On the figure of £30,000, obviously, if more was available, everybody would take it, but there are ways of ensuring that an employment injuries advisory council will have good-quality research placed in front of it when it is considering its work.

John Mason: Assuming that SEIAC is set up and there is all that unmet demand out there, including in relation to women, football injuries and all the rest of it, will the amount of benefit that we pay out therefore inevitably increase?

Professor Watterson: There is a general issue here. In some respects, the sums seem modest. Obviously, those will be evaluated but, if the body works, it will help to ensure social justice for those who have been affected by occupational diseases and their communities. It will also have significant benefits for the national health service and others because it will identify where there are problems, so there will be cost savings. At the moment, we know that bad employers, be they in the public or private sectors, externalise the costs of occupational disease and injury. I indicated some of the figures earlier, and they are absolutely huge. If the system is working, you would expect that, gradually, the benefits paid out will go down, because the system will feed into what the regulators are doing and into the knowledge of the employers, which will enable them to control the problems. Therefore, in the medium term, you would expect it to greatly reduce the costs. But, yes, in the short term it may be that the costs will go up.

As we heard in the previous evidence session, this is a big social justice issue. At the moment, the people who suffer the problems are not properly compensated, and we all pay for poor health in the workplace.

John Mason: I get your point that there might be savings to the health service in the long run, say, but, at the moment, we are considering a budget of something like £78 million in benefits. The Scottish Government does not have any spare money that I am aware of to pay for that. We could say, "Let's take it off the NHS, as the health service will save in the long run." Is it worth having the new council, however, if we are still stuck with paying that £78 million?

Professor Watterson: I think that you want to address the problem. In the middle and long terms, the answer to your question is yes, absolutely. The council will give a focus, and there should be spin-offs that will allow more effective actions to be taken elsewhere. Others will have other views on that.

Ian Tasker: On the subject of who actually pays the cost of occupational ill health, Andrew Watterson mentioned the latest figure of £1.3 billion. The Government pays very little of that. The cost does not fall on the Government or on the employers; £750 billion of it falls on individuals and their families. Considering those sums, it is staggering that employers do not really have to pay in relation to the harm that they cause.

We tend to support a polluter-pays principle. The people who are causing the harm should have to pay, and not only for the compensation through the civil courts. If there was a mechanism, they should pay to ensure that they are contributing towards the benefit payments.

John Mason: Would the proposed council help with that, or is that entirely a matter of employment law, which is reserved to Westminster?

Ian Tasker: We need to consider the bill in relation to recovery of costs for personal injury. A more recent case did not seem to go anywhere in relation to recovery of costs for occupational disease—referring to a recovery of costs going into the NHS. Depending on how much the sum involved in that recovery of costs is, could it not be used to provide some funding to improve the benefits system?

John Mason: Ms Ritchie Allan, do you think that having a council would inevitably mean an increase in the benefits that are paid out?

Anna Ritchie Allan: Potentially, but I do not know. I agree that the fact that there is going to be a higher cost under the proposals does not mean that they should not be pursued. The consequences of not doing so are vast. Indeed, not doing so would undermine the Scottish Government's ambitions on tackling child poverty, which is interlinked with women's poverty. There are women now who cannot work and cannot access benefits who are inactive in the labour market because of a work-related injury or illness, but they cannot access the benefits. Those things are at odds with each other. I agree with what other witnesses have said in that the longer-term benefits need to be thought about according to a preventive approach in order to realise a Scotland founded on social justice, where poverty is eradicated and equality is realised.

John Mason: Would you agree with the STUC, whose argument is that we should raise taxes to pay for that?

Anna Ritchie Allan: We are supportive of progressive taxation, yes.

Tony Higgins: I will follow on from Andrew Watterson's point. I am not a politician, but politicians are elected to make decisions on finance—that is why we elect you. You are throwing this back at us to answer.

Referring to the change in the industry, through our research we have recognised that there has been a change in the rules of the game and the regulations regarding concussion, the treatment of children and the treatment of women. Those changes, both at a local level and at FIFA level, represent a by-product that has arrived in the past three or four years. I hope that less dementia will be encountered by the next two or three generations of players—male or female—during their career. That would be a saving for the health service.

John Mason: Would having the proposed council not push that process forward?

Tony Higgins: Yes. It is a matter of how to provide better security for workers. That has certainly happened in professional football, which, as you know, is a very capitalist situation—there is a recognition of the responsibilities. American sport has no-fault liability. Because there is so much revenue there, a pool of money is set aside and, if a player develops dementia, they automatically qualify for it without having to go through any process. If we can throw the moral responsibility back on the employers, we can get more funds derived to look after professional athletes.

Professor Watterson: The system should benefit good employers fairly quickly. At the moment, good employers are penalised by bad employers having poor working conditions. The Health and Safety Executive has produced various reports on the costs of ill health, and it has estimated, at various times, that it represents one year's economic growth. Organisations such as Make UK, which is the successor to the Engineering Employers Federation, or the Federation of Small Businesses will all say that they want to see better occupational health. The proposals before us are part of the picture. Various cost savings and benefits, covering insurance and other things, would come into play.

The Deputy Convener: Time is almost upon us. I forgot to say this to the first panel, but if there is anything burning within you that you feel you have to get into the *Official Report* before I close this evidence session, you now have the opportunity to raise it now—as long as it is brief, of course.

Ian Tasker: I have just one point to make in relation to the very last act of the disability and

carers benefits expert advisory group—DACBEAG—which was to send a letter to the minister at the time. One strong recommendation among DACBEAG's long list of recommendations was for a Scottish employment injuries advisory council to be set up.

The Deputy Convener: You have put that into the *Official Report*—thank you.

Tony Higgins: This is a cross-party committee, so I ask you to support our injury time campaign across the Parliament, please.

The Deputy Convener: I think that there was a recent event that we were hoping to attend to learn more. I had more questions that I wanted to ask, in fact, but I did not want to take the session in that direction. Thank you, Mr Higgins, for drawing that to our attention.

As there are no further comments before I close this evidence session, it just remains for me to thank all four of you for your evidence this morning, and, indeed, our first panel, who gave evidence earlier.

That concludes our public business for today.

11:12

Meeting continued in private until 11:24.

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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