Minutes of the second meeting of the

Cross Party Group on Accident Prevention and Safety Awareness

Committee Room 6, Scottish Parliament

Wednesday 02 October 2013

1. Present

See attached list

2. Welcome

Clare Adamson, MSP and convenor of the Group, opened the second meeting and welcomed those present. An extended welcome was given to Richard Lyle, MSP, Graeme Dey, MSP and Mark McDonald, MSP.

A note of thanks was given to Lesley Nish, NHS Greater Glasgow and Clyde, for the financial support given to enable a buffet and drinks to be provided.

All present were reminded to sign the circulating Sederunt.

3. Apologies

Apologies were read out by the Secretary and can be found on the attached list.

4. Minutes of the Previous Meeting

Ms Adamson mentioned that at the last meeting statistics were a concern and it was good to see this taken forward tonight, with a number of speakers addressing this issue.

The minutes of the last meeting were proposed by Brian Topping and seconded by Bill Smith.

5. Matters Arising

As per Minutes of previous meeting, correspondence from Mr Phillip Malpass of the UK Cleaning Products Industry Association was brought to the Groups attention. The paper *A.I.S.E Product Stewardship Programme for Liquid Laundry Detergent Capsules* was circulated to all in attendance.

6. Secretary's Report

Ms Adamson passed over to Jennifer Henderson for the Secretary's report. Ms Henderson indicated that reports had been distributed and everyone should have a copy in front of them. Ms Henderson also added an update on the Big Book of Accident Prevention. Following the last meeting where the Big Book was introduced, Ms Henderson was pleased to share that there has since been a Big Book of Accident Prevention produced for Northern Ireland and it is anticipated that one will be produced for Scotland in the future.

Thanks were given to Ms Henderson for the update and questions were invited. No questions were forthcoming and the meeting moved on to hear some presentations.

7. Presentations – Data

Ms Adamson welcomed the speakers; Alistair McNab, Health and Safety Executive; Carlene McAvoy, RoSPA; Jill Mulholland, Transport Scotland; Dr Tom Beattie, Royal Hospital for Sick Children, Edinburgh; and Susan Fame, Information Services Division, NHS in Scotland. Thanks were extended to Dr Beattie in getting the matter of data discussed during this meeting.

Alistair McNab, Health and Safety Executive

Mr McNab thanked Ms Adamson and opened his presentation by looking at some statistics from the Health and Safety Executive (HSE). An insight was given into historical trends in death from work related injury from the years 1900 to 2011. In the early 1900s there were thousands of workplace deaths, and these figures dropped considerably since the inception of the Health and Safety at Work Act 1974. It was also mentioned that the HSE is criticised for not including road deaths in their statistics and if anybody wants to discuss this further please approach Mr McNab directly.

Mr McNab continued to say that since 1979 to the present day workplace accidents are at their lowest. Great Britain is performing well in health and safety terms in comparison to the rest of Europe with managers being supportive and employees also adhering to the legislation. However, there were 22 fatalities in 2012/13 in Scotland, with the most deaths coming from the agricultural industry (eight deaths).

This is being addressed through health and safety days for farmers and this has involved trainers from LANTRA running sessions that incorporate scenarios found within this sector. However, behavioural change is hard and this sector is reluctant to change but it is being encouraged.

Carbon monoxide statistics were addressed and the statistics available mask the sheer volume of unsafe appliances in Scotland. Landlord compliance is a big part of the work that the HSE

undertakes. Mr McNab will circulate information on non fatal injuries to workers to anybody who is interested.

Information was given on non fatal injuries to workers. When research on the employment profile and risk profile of Scotland is undertaken it appears that workers in Scotland are more at risk. Research has suggested that the reason injury rates in Scotland can look high compared to Great Britain rates is because of the different occupational mix. When compared with Great Britain as a whole, and in particular due to the inclusion of London in the overall Great Britain figure, Scotland has a higher proportion of employees working in high-risk occupations. The higher rates therefore do not indicate that all workers in Scotland are inherently at greater risk.

Work related ill health was also addressed by Mr McNab and there is an issue with whether people accurately comply with law and report issues. A good proportion of work related ill health comes from asbestos related incidents. This is an issue that has not gone away as asbestos is still prevalent in a lot of housing stock.

The Labour Force Survey 2011/12 has a lot of information available on ill health. Some conditions (stress and back injuries) affect people at work and at home and as they inter-tangle we can't always heavily rely on these statistics.

Closing the presentation Mr McNab commented that in 2011/12 HSE/COPFS prosecuted 33 cases (a total of 40 offences) across Scotland.

Ms Adamson thanked Mr McNab for his presentation and invited questions from the floor.

Bill Smith, DBDA, asked (regarding The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - RIDDOR) if reporting is changing from three to seven days.

Mr McNab responded that it was and this will change the trends in the graphs.

Mr Smith followed this by stating that down south, the NFU and HSE work together for road safety and wants to know what is happening in Scotland?

Mr McNab responded by saying that particular relationship is not replicated in Scotland, however, workplace safety issues pertaining to agriculture are discussed within the practitioners group ScORSA (The Scottish Occupational Road Safety Alliance).

Ms Adamson thanked the floor for the questions and introduced the next speaker, Carlene McAvoy.

Carlene McAvoy, RoSPA

Ms Adamson welcomed Carlene McAvoy and Ms McAvoy gave her thanks.

Miss McAvoy stated that Scotland has a vast amount of water – thousands of lochs, countless rivers, canals and of course is surrounded by the sea. Water safety is therefore an important issue. Ms McAvoy's recent report - Local Authority Approaches to Managing Water Safety – shows that there is much disparity on the issue of water safety with a lack of policies and general information for the public.

Focusing on available data, Ms McAvoy mentioned that historically there has been poor quality data but this has improved as a result of the creation of the National Water Safety Forum. Scotland links into this but the data could be better. The main task is about creating better networks of services to feed data into the national forum.

The National Water Safety Forum created WAID (Water Incident Database) and this is where all statistics on drowning are obtained. WAID provides a reliable incident database as it brings together data from a wide range of sources across the UK e.g. emergency services, sports governing bodies, coastguard, rescue services and coroners reports to name but a few.

Ms McAvoy then went on to mention four key reports in relation to water safety in 2013. The annual Water Related Injury report comes out every year and informs readers of what the drowning rates are. The second report, Assessing Inland Accidental Drowning Risk, focuses on a wider analysis of inland drowning incidents and risks across the whole of the UK. A new risk report is due in October which will focus more in detail on certain areas and will attempt to understand the risk more in depth. The fourth report – Local Authority Approaches to Managing Water Safety - is a leading document that looks at current policies and practices. Scotland is leading the way in this respect as no other country in Europe is doing this, although Northern Ireland and England will follow suit.

Ms McAvoy then addressed accidental drowning fatalities and these have remained relatively constant, and are much higher than suicide and crime. The year 2011 saw 701 overall drowning with 407 of these being due to an accident. Specifically in Scotland there were 108 deaths due to drowning (that RoSPA knows of) and 53 (49%) of these were the result of an accident.

Rates of death by gender and country were addressed and men in Scotland constitute the largest rates of death (usually concerning men aged 15 – 30 years of age). Wales and Scotland have a higher rate of death overall in comparison to England.

Attention was then focused upon the location of water related deaths and collectively about 30% of deaths occur as the result of water sports – with highest rates for motor-boating, scuba diving and angling. Suggestion was made that priority should be awarded to drowning prevention in these activities.

Ms McAvoy then addressed the findings from the Local Authority Approach to Managing Water Safety report. A point of interest to note is that managing water safety has been ranked as being 'very' or 'quite important' in relation to other services among 70% of the local

authorities, however less than half actually have a policy commitment on the issue. Groups involved in water safety noted that it was part of a wider function for them and this included road departments, education, environment and community safety. Overall, a mixed picture was found with several authorities addressing the issue but with little uniformity.

Concluding her presentation Miss McAvoy summed up that there is good data but Scotland could be better and this needs taking forward. With all the data, and improvement on data, this could be fed into a national drowning prevention strategy for Scotland.

Ms Adamson thanked Ms McAvoy for her presentation and asked the floor for comments or questions.

Brian Topping, Safety Advocate, asked about school swimming and what can be done here to ensure a proper policy or a mandatory requirement to provide lessons to school children.

Miss McAvoy responded by saying that first a local water safety programme needs to be developed and at the moment only half of the local authorities have one in place. Policies and a commitment to water safety need to be addressed first and foremost before other issues are looked at.

Dr Tom Beattie added that this year in Northern Ireland there were daily occurrences of young adult males involved in water related incidents and alcohol was a contributory factor.

Ms McAvoy stated that by sharing practice and with risk data priorities, strategies should be put in place for specific areas and this would target additional areas of concern such as alcohol.

Ms Adamson thanked the floor for their comments and introduced the next speaker, Jill Mulholland.

Jill Mulholland, Transport Scotland

Ms Adamson welcomed Jill Mulholland as a speaker.

Ms Mulholland expressed her thanks at being invited to talk. She opened her presentation by stating that there is a framework for road safety in Scotland and this was produced in 2009. The statistics that were available in Scotland helped to inform the document and that road safety in Scotland has targets to meet modelled on these statistics.

The number of casualties injured on the road are going down but this does not mean becoming complacent about road safety. A 0% casualty rate is the target for the year 2020. The framework talks about what has been done and what needs to be done.

Ms Mulholland then reflected on what is road casualty data? This includes injury road accidents reported to the police (either with officer attending or over counter at police

station). The Police then record details of an accident and send this information monthly to Transport Scotland.

The Department for Transport collect the same data for England and collate figures for Great Britain. Transport Scotland doesn't collect data on damage only accidents, or accidents not reported to the police. There is no legal requirement for people to report an injury accident to the police. This said, data sets still provide a great detail on individual injury accidents enabling the identification of patterns and trends.

Focus was then given to what information is collected and that there is an agreed data format across Great Britain (referred to as Stats19). A copy of Stats 19 Accident Record Attendant Circumstances was then distributed to all present members.

Ms Mulholland then went on to describe what is published. In June 2013, provisional headline figures for Scotland are published in Key Reported Road Casualties Scotland. The figures are provisional as Transport Scotland continue to process amendments to the data e.g. where new information comes to light. More detailed final figures for the year are published in Reported Road Casualties Scotland in October each year. This publication includes more detailed tables identifying patterns behind the headline trends and estimates of accident costs.

Headline numbers were then looked at. Key Reported Road Casualties Scotland shows that there were 9,673 accidents in Scotland in 2012, resulting in 12,575 casualties. This figure appears high but this is because many accidents have more than one casualty.

Since 2004-2008 (the baseline period for 'Scotland's Road Safety Framework to 2020') there has been a 42% fall in the number of people killed and a 26% fall in the number of casualties. In addition to this:

- Car drivers and passengers account for 60% of all casualties (42% of fatalities)
- Pedestrians account for 16% of all casualties (32% of people killed)
- Pedal cycles account for 7% of all casualties (5% of people killed)
- Motorcycles account for 7% of all casualties (12% of people killed).

Pedestrian fatality numbers have increased this year and there are concerns from the Police that alcohol is a contributory factor, so this is being addressed. These are provisional figures and there will be small changes to some of these numbers when the final figures for 2012 are published in Reported Road Casualties Scotland on 23rd October.

Other sources of data for road casualties also comes from NHS hospital admissions data records, the Fire Service, National Records of Scotland, Survey data (e.g. Scottish Household Survey) and the private sector e.g. insurance companies. There have been discussions with insurers about sharing data, but at present they have not been too forth coming. There is the possibility of a pilot project in England and if this goes ahead it could be replicated in Scotland.

Casualty trends in numbers were then addressed and the trend is going downwards. However, there are variations for example pedal cycle casualties have increased in recent years (partly due to increase in cycling). There is a high rate of fatalities of young people on rural roads and this is an area that is being looked at.

Rural roads account for a large proportion of our road network and these roads account for 69% of fatalities. A current TV campaign featuring David Coulthard has proved to be very popular and the message on how to drive safely on country roads is getting across. Other factors to accidents include speed and drink driving. Pedal cycles account for 4% of fatalities, as do children.

The presentation finished with hearing that casualty rates peak amongst young people especially for passengers and drivers aged 16-22. Pedestrian casualty rates are highest for the 12-15 years age group and this could be to do with the transition to more independence from leaving primary school and starting secondary school.

Ms Adamson thanked Mrs Mulholland for an informative presentation and invited the floor to make comment or ask questions.

Mark McDonald, MSP, asked what work is getting done around diesel spills, especially surrounding motorbikes.

Ms Mulholland replied that this is not something that they deal with as it is not a policy perspective as it is not a prevalent casualty statistic. It is the same with mobile phones, queries also come in and again this is not addressed because again they are not a factor.

Mr McDonald stated that mobile phone use could be a contributory factor to accidents though?

Gill Wylie, Scottish Government, responded that there are a lot of offences for the use of mobiles and the Police are concerned with this and it will be looked at. Distraction wise, research shows that texting is just as dangerous as drink driving.

Colin Baird, Society of Chief Officers of Transportation in Scotland, asked are Transport Scotland confident that the loss of civilian staff (road safety officers and traffic wardens), due to Police Scotland changes, are not going to have a significant negative effect on the national road casualty statistics in the medium and longer term? Mr Baird then asked if Transport Scotland could investigate the detail of the likely impacts, and secondly, the provision of additional funding to those local authorities worst affected by the loss of their road safety officers and traffic wardens?

Ms Mulholland responded that this is something that needs spoken about with other Partners. The Police do enforcement and education is undertaken but this does need addressed. It is not about the Scottish Government dictating how to undertake road safety it is about

Partnerships taking decisions on priorities and what to do about enforcement, education, engineering and encouragement.

Ms Adamson thanked the floor for the questions and for the answers given and then went on to introduce the next speaker Dr Tom Beattie.

Dr Tom Beattie, Royal Hospital for Sick Children, Edinburgh

A welcome was given to Dr Beattie by Ms Adamson.

Dr Beattie thanked Ms Adamson and went on to explain that several issues were going to get addressed within his presentation. Home injury happens to everyone, it is a priority for younger people but also older members of society. The epidemiology of home injury needs to be looked at. The pattern of injury is also important but there are some demographic issues needing identified. It is difficult to pick statistics at the moment as they are not always there. There are statistics available but they are not always used. These statistics could be utilised with a few minor tweaks for more useable data.

There are issues with going into detail with statistics as it will be labour intensive. For example a child has a fall, but it could be that the child fell into a fire so how does this get categorised? Unfortunately the same detail as Stats 19 is not available. Also with statistics the 'other' category is not helpful and it could be down to laziness that this box gets ticked.

Dr Beattie then went on to give details of a joint study undertaken in Edinburgh with the Sick Children's hospital and health visitors in East and Midlothian. For every child that was injured, there were two controls that hadn't been injured. Data showed that parental education played a part and where parents had continued with education beyond the age of 16 the chance of an accident in the home was reduced.

Dr Beattie also stated that there was no difference of injury rate when in possession of safety devices in the home (up to 20 pieces). Regardless of the equipment that households had there was no statistical differences of children who had and hadn't had an injury. This can be taken forward and it is important to put in safety equipment and ensure it is used but it is not going to address the issue. Education perhaps needs to be given more focus however changing behaviour is hard to achieve.

It has been identified that parents who are socially isolated are the ones whose children are having more accidents.

Surveillance should be routine at any hospital, however this will be easier for larger organisations that already have computer systems in place. Not all injuries have a benign cause and a surveillance system will also help to pick up non accidental injuries. There should be minimum data set and this should be gathered by a matter of routine. This will also be beneficial for targeted campaigns. Data gathering can be done on a national, local or

regional basis and this is something that we can learn from each other. Once we have the data and have identified the problem we need to act on it.

Dr Beattie finished up by saying injuries can be eliminated if we put our minds to it.

Ms Adamson thanked Dr Beattie for his presentation and invited the floor to make comments.

Paul Richardson, Home Safety Scotland, agreed with everything that Dr Beattie said and how important data is. The NHS is a multi million pound organisation and without statistics or useable data, we can't reduce the burden of unintentional injury to the NHS. Mr Richardson finished by thanking Dr Beattie for his presentation.

Bill Smith, DBDA, suggested that everything comes down to money. In the past he has worked with David Stone and the PEACH unit but when it came down to it money was an issue.

Dr Beattie responded that this is something that cannot be ignored as money is an issue. His concern is that there is data available to collect for potentially nothing. At present a name, age, address etc is collected and to Dr Beattie's knowledge there is one further box available to tick to indicate if the case presented was a home accident. With a small investment in training to make staff aware of this and the importance of consistent data gathering there is the potential to have a big database of information. Going one step further this could be nationally agreed and targeted. However, again behavioural change has a lot to do with this.

Ms Adamson made reference to the Young Persons Bill and the named person. If a child presents several times to Accident and Emergency do health visitors find out about this?

Dr Beattie responded by saying that if the child is under five years of age health visitors and GP's will be informed by an automatically generated letter. However, how well trained are people to pick this up as a potentially serious issue? It all comes down to education and it can't be stressed how important this is.

Ms Adamson thanked Mr Beattie and the floor for their input and welcomed the final speaker, Susan Frame.

Susan Frame, Information Services Division, NHS Scotland
Ms Adamson welcomed Susan Frame.

Ms Frame thanked Ms Adamson for her introduction and gave some background information. The Information Services Division (ISD) is a division of NHS National Services Scotland (NSS), one of the special Health Boards. The ISD provide a range of information /statistical services and advice that support the NHS and partners. It was also mentioned that Scotland has some of the best health service data in the world. Few other countries have information

which combines high quality data, consistency, coverage (national and local) and the ability to link data to allow patient based analysis and follow up.

Ms Frame then went on to add that there are no specific data collections purely for accidents and that available information comes from administrative sources. The main source of accidents information analysed within ISD is inpatient and day-case hospital discharge information. This is known as SMR01. A potential second source of injuries data that is more developmental is the injuries information collected as part of the A&E data set.

Hospital inpatient and day case discharge data (SMR01) comes from patient administration systems from hospitals in Scotland. After discharge this is coded and validated prior to being submitted to ISD at least on a monthly basis. People can be admitted to hospital as planned and unplanned admission. For accidents information only the unplanned emergency admissions data is used.

Ms Frame continued on to say that while the SMR01 information is good quality information there are some points to note when it comes to reporting on accidents. Limited information is available on where the accident occurred. For example you may want to know if the accident occurred in the home. There is the ability for this to be coded however Coders are limited by the information that is available so if it is not mentioned on the records where the accident occurred then this will be coded as unspecified. In addition to this the data is only for people admitted to hospital and a large number of people with accidents will not be admitted.

Ms Frame then went on to detail some figures from the unintentional injuries publication. Unintentional injuries accounted for 1 in 7 emergency hospital admissions for children and 1 in 10 for adults in 2011/12. Falls accounted for approximately 60% of the total number of emergency admissions to hospital due to unintentional injuries. People in the most deprived areas are more likely than those in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

There has been a general downward trend when looking at discharge rates for children. Across all age bands, the discharge rates for males is higher which backs up what has been indicated by previous speakers on males being more likely to be involved in an accident. Children and adults are most likely to be admitted to hospital from a deprived area and more information on this is available on the ISD website.

Ms Frame finished up by sharing some developmental information on Accident and Emergency data. There is a data warehouse that collates information that has been extracted from local systems. All sites that provide emergency care are required to submit data. This A&E data collection was introduced in June 2007 to monitor compliance of boards against the four hour wait standard. This has developed since then and in 2010 the A&E data mart was extended to collect additional items. This included several injury fields such as place of incident, nature of injury, location of injury, and activity when injured.

This has resulted in some information being collected on injuries however this information is not mandatory so only a limited number of places are supplying information. Even in hospitals that collect information the amount of information collected and supplied varies from one up to eight variables. As a result there is not complete coverage of this information and this information is still viewed as developmental and as a result has not been included in the annual unintentional injuries publication.

Going forward, it has been proposed to the unscheduled care expert group that ISD carry out exploratory work to ensure that the national A&E data set is fit for purpose for all stakeholders. This would involve assessing the data items collected to determine if they should still be collected nationally in one format or another. This will include the injuries information. This has been approved in principal and work is likely to start later this year.

Ms Adamson thanked Ms Frame for her presentation and also mentioned that action points are needed to take further meetings forward. Ms Adamson opened the floor to questions.

8 Questions, comments and discussion

Mr Topping made comment on statistics and how they should be gathered in a similar way across the board and that Government, regardless of their political persuasion, can help to do something. Mr Topping indicated some spending needs to take place to make savings in the long run.

Ally O'Neale, Cloudline PR, asked Dr Beattie if there was an example of another country that collects and uses data in a meaningful way.

Dr Beattie responded that there is a system in Canada called CHIRPP (Canadian Hospitals Injury Reporting and Prevention Programme), however this is something that is not going to be sustainable. Mention was also made to some States in Australia that have undertaken data gathering. Paediatric emergency departments have been funded to look at gathering information and to work collaboratively, but again, time and money is running out.

Ms O'Neale responded by saying that Scotland could become a leader in terms of data gathering.

Dr Beattie replied by saying that Scotland has some excellent data and it is said to be the best in the world. A little tweak from above and some commitment from the people below will ensure that this happens.

Patricia Spacey, Fife Community Safety Partnership, added that everything is there, it is just not getting joined up properly. In Fife, there is a lack of ownership regarding who should take this forward. More work needs to be done with working with those in Early Years.

Ms Adamson added that RoSPA is working with people at the moment as part of Scotland's Home Safety Equipment Scheme. In addition to this, it is about leverage in a partnership and taking ownership.

Ms Spacey added that there is a lot of good partnership working taking place, and that evidence is needed to prove this.

Ms Adamson stated that there is a road safety framework so is this a barrier to home safety not having one?

Mr Richardson commented that with the financial situation in local areas, home safety officers are disappearing and that the individuals have gone that drive home safety within a local area. If no one is driving it locally it will fail. Community safety is all about a range of different things and without local officers it will not go forward.

Lesley Nish, NHS Greater Glasgow and Clyde, added that the talks today demonstrate how challenging it is to target and develop prevention strategies. Uniformity is still required across the board.

Ross Haggart, Fire Scotland, echoed that budgets are shrinking across the public sector and resources need to be better targeted. This can be achieved by working in partnership but there is also sensitivity between partners sharing data. There are commonalities in data sources and there needs to be true partnership working where data is shared to properly target resources.

Ms Adamson then asked Ms McAvoy if contact can be made with the new Directors of the Police and Fire Service in order that they can link in with the National Water Safety Forum.

Ms McAvoy stated that it is good to get everyone involved and that is what we would like to achieve.

Mr Baird asked if there could be more leadership from central Government. Everyone is willing to target resources but if there is no framework there may be no action.

Ms Adamson stated that the Cabinet Secretary will receive the minutes from this meeting.

Mr Baird added that a national statistical direction is needed from central Government.

Mr Smith mentioned that he has heard things here tonight that he thought would happen anyway. Thing are not joined up they are disjointed and need direction.

Mr Topping added that as it is not mandatory, it is a function that gets ignored. But how do we make home safety mandatory? His concern is that home accidents will increase.

Ms Adamson responded by saying it would be down to Single Outcome Agreements and community safety is one of these areas. Home safety is usually one of the last areas that is looked at and in the preventative spend era we should be ensuring that it stays on top of the agenda.

Mr Topping asked if any working groups should be formed from this.

Ms Adamson replied by saying this is something that will be looked at going forward but we will further establish the Cross Party Group first and will consider it in the future.

Ms O'Neale added that on a more optimistic note Bitrex is going into Halfords anti-freeze. Tesco have also signed a contract that Bitrex will go into their own brand liquitabs and this includes in the film around the capsule as well as in the liquid itself. This will be happening in Tesco stores throughout the UK. Discussions are also taking place with Unilever.

Mr Beattie added that a group looking at a minimum data set is a good idea and it will take small steps to get there. A position of influence needs to be obtained within a group and hopefully a mandatory reporting process will come from this. It may take gentle pressure but more emphasis needs to be put on simple things.

Ms Adamson added that she will make contact with the Cabinet Secretary regarding the issue of gathering data.

Ms Spacey added that she wants to echo what Dr Beattie has said, it would be great if statistical gathering was mandatory but this needs to come from the top down. In addition to this there is a HEAT target for reducing waiting times in hospitals.

Ms Frame added that some areas are on board and some are not and it needs to be sold that by gathering the data it may help to reduce the number of people coming into hospital!

Christopher Bell, Society of Chief Officers of Trading Standards in Scotland, mentioned that there is a duty to ensure safe products and if the data is not available on how accidents have happened then products cannot be investigated. It is important that Trading Standards have this data available to them.

Mr Richardson made reference to the fact that in 2011 an independent review of Scotland's Open Water and Flood Rescue Capabilities by Paddy Tomkins made 16 recommendations. However this has been put on hold since the reform of the Fire Service. Mr Richardson has asked where this is going?

Ms Adamson responded by saying she will table a Parliamentary question on this matter and went on to close the meeting.

9. Meeting closes

Ms Adamson thanked all the speakers for their presentations and reminded attendees to sign the Sederunt. The Group was informed that at the last meeting themes for future meetings were suggested and that road safety will be addressed at the next meeting.

The next meeting dates were confirmed as Wednesday 27 November 2013 (from 1-3pm in Committee Room 1) and Wednesday 29 January 2014 (from 1-3pm in Committee Room 2).

Wayne McKay, Electrical Safety Council, asked if electrical safety could be addressed and that it could tie in with gas safety.

Ms Adamson gave thanks to RoSPA for providing the secretariat support and thanks were also extended to Lis Bardell, Kate Barclay and Jamie Super for their hospitality.

Meeting closes.

Cross Party Group on Accident Prevention and Safety Awareness

Attendees 02 October 2013

Name	Representing
Adamson, Clare MSP	Convenor
Atkinson, Robert	Health Working Lives
Avril, Michael	RNLI
Baird, Colin	Society of Chief Officers of Transportation in Scotland (SCOTS)
Beattie, Dr Tom	Sick Kids, Edinburgh
Bell, Christopher	Trading Standards
Brownlie, Russell	Partnership on Health and Safety in Scotland
Frame, Susan	Information Services Division, NHS Scotland
Haggart, Ross	Scottish Fire and Rescue Service
Johnston, John	FMC Technologies Limited
Keys, Bert	Scottish Gas Networks
Mackay, Wayne	Electrical Safety Council
McAvoy, Carlene	Royal Society for the Prevention of Accidents (RoSPA)
McDonnell, Karen	Royal Society for the Prevention of Accidents (RoSPA)
McNab, Alistair	Health and Safety Executive
Miller, Irene	NHS Health Scotland
Nish, Lesley	NHS Greater Glasgow and Clyde
O'Neale, Ali	Cloudline PR
Palmer, Graham	Morgan Sindall
Richardson, Paul	Home Safety Scotland
Rehman, Uzma	NHS Greater Glasgow and Clyde

Smith, Bill	DBDA
Spacey, Patricia	Fife Council Community Planning
Topping, Brian	Safety Advocate
Wilson, Caroline	The Risk Factory

In attendance:

Mulholland, Jill	Transport Scotland
Wylie, Gill	Community Safety Unit, Scottish Government
Stuart, Annette	Health Directorate, Scottish Government
Bardell, Lis	Office Manager to Clare Adamson, MSP
Young, Lynn	Scottish Government
Barclay, Kate	Constituency Caseworker to Clare Adamson, MSP
Thompson, Owen	Parliamentary Assistant to Clare Adamson, MSP
Super, Jamie	Intern with Clare Adamson, MSP
Henderson, Jennifer	Secretary (Representing Elizabeth Lumsden)

Present:

Lyle, Richard, MSP

Dey, Graeme, MSP

McDonald, Mark, MSP

Apologies:

Crawford, Alan	Scottish Government
Telfer, Bob	Adventure Activities Licensing Service
Simpson, Richard, MSP	
Kubba, Haytham	Yorkhill Hospital

Toon, Lisa	Neighbourhood Watch Scotland
McGuinness, Newell	SELECT
Dekker, Margaret	Scotland's Campaign Against Irresponsible Drivers
Creighton, Frank	Comhairle nan Eilean Siar
Merchant, Stephen	Scottish Association for Mental Health
Rankine, Dr Andrew	Health and Safety advocate
Baillie, Jackie, MSP	
McKay, Sylvia	Hopscotch Childcare Centre
Jenkins, Cathy	Scottish Hazards Campaign
Smith, Stuart	Canoe Scotland
Castro, Janet	Scottish Accident Prevention Council