RoSPA: Making the case for safety

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Which areas of preventative spending/the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

- Accidental drowning rates in Scotland are almost double that of the UK, adult males being particularly at risk. The Water Safety Scotland (WSS) alliance for which RoSPA Scotland provides the Secretariat is seeking to address this. Through proactive partnership working, WSS has proposed a response to the national water safety strategy, which focuses on a broad array of issues including water safety policies and recreational activity.

- Participation in sports is increasing, and recent WAID data for Scotland has shown that a substantial number of accidental drownings are as a result of participating in recreational activities.

- To further develop a relationship between Water Safety Scotland and the Health and Sport Committee would be beneficial in mainstreaming understanding about the risks around water in Scotland, providing access to a receptive audience of key stakeholders whose core purpose is to develop a consistent approach to the prevention of water-related fatalities.

- Unlike England and Wales, Scotland has no idea how many children can and cannot swim. This is, we believe, a major flaw as without such data it is a challenge to articulate the potential for accidental drowning and for Scotland to benchmark globally. A decision to undertake research into this topic would be a positive outcome from this consultation exercise.

How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

Where data is collected on accidents in the home, it would be beneficial to ask what activity the injured person was involved in so that we can target our limited resources to prevent future occurrences. A pilot study at a few hospitals would give us good information with which to extrapolate for the whole of Scotland. Our suggestion would be to involve both a children’s hospital and a general hospital in the pilot.

RoSPA has recently participated in The Safety Grand Challenge which seeks to identify the most significant challenge to the safety of the world’s population. It is suggested that there would be merit in undertaking a similar exercise within a Scottish context to enable health boards and local authorities to make reasoned arguments for initiating and maintaining preventative spend beyond their statutory duties.

Establishing a challenge fund for the most promising intervention against the top 10 issues identified during this exercise would be beneficial.
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Whilst we have no examples of the benefits of preventative spend in Sport we believe that as outlined in Scotland’s Big Book of Accident Prevention, preventative spend works. Interventions are easy and inexpensive to deliver, audiences are receptive, results are produced relatively quickly and ‘we’ return more life years to Society than any other major public health issue.

**Not for Play:** A partnership project between RoSPA and NHS Greater Glasgow and Clyde Health Board provides an insight into how clearly identifying a hazard and implementing simple risk control measures provides clear proof of the benefit of preventative spend. A reduction in number of attendances at one Accident and Emergency department from nine to one during the period of the study showed an estimated cost saving to the Ear Nose and Throat department at Yorkhill hospital of around £144,000.

The TRL report Revaluation of Home Accidents articulates the value of avoiding injury, estimating the cost to the NHS of a person seriously injured in an accident at home as £45,600 and the cost of a slight injury as £8,300. Perhaps the Health and Sport Committee could consider attributing costs to injuries sustained during sport.

Scotland could take a lead by adopting/developing different/innovative approaches to the level of evidence and models currently promoted for public health interventions. Currently many of the evidential burdens come from a clinical trial standpoint, and as such are very difficult for injury/public health type interventions to be proven tested against, i.e. different from that required by the National Institute for Health Research.

There is also the opportunity to consider data collated by the Scottish Fatalities Investigation Unit of the Crown Office and Procurator Fiscals Service.

Building a picture of the risks around water, collating data and intelligence allowing water safety interventions to be effectively targeted, would be to the benefit of Society in Scotland.

Accidents don’t need to happen - prioritising prevention, reducing inequalities and promoting equality, create a Society in which everyone has a chance to fulfil their potential.

We look forward to the next steps with interest

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