



THE HEALTH AND SAFETY OF GREAT BRITAIN \ BE PART OF THE SOLUTION

Written submission from:

INSTITUTION OF OCCUPATIONAL SAFETY AND HEALTH (IOSH)

Consultation
response

2 March 2009

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with over 35,000 members in almost 80 countries, including over 13,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

“A world of work which is safe, healthy and sustainable”

The Institution sets professional standards and supports and develops its members, providing impartial, authoritative, free guidance and a continuing professional development programme. Regularly consulted by government and other bodies on draft legislation, codes of practice, guidance and international standards, IOSH is a founding member of UK, European and International professional body networks and secretariat to the latter two, recently helping introduce a pan-European standard for health and safety practice (EurOSHM).

IOSH has an active research and development fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 29 Branches in the UK and worldwide including in the Caribbean, Hong Kong, the Middle East and the Republic of Ireland. We also have 17 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; healthcare; international; major hazards; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. These networks organise low-cost health and safety events across the UK that are open to the general public.

IOSH members work both in-house within organisations and also as external advisers, at strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a licensed trainer network of more than 1,350 trainers. We issue around 120,000 certificates per year.

For more information about IOSH, our members and our work, please visit www.iosh.co.uk

Enquiries about this response should be directed to:

Richard Jones, Policy and Technical Director, or Murray Clark, Research and Technical Officer,
IOSH, The Grange, Highfield Drive, Wigston, Leicestershire, LE18 1NN. Tel: 0116 257 3100,
email: richard.jones@iosh.co.uk or murray.clark@iosh.co.uk

Executive summary

IOSH welcomes the consultation on the new HSE Strategy, its aim of engaging more stakeholders, and its focus on strong leadership; health and safety competence; worker involvement; and appropriate enforcement.

IOSH and our 31,000 UK-based members have a key role to play in being 'part of the solution' through all our health and safety activities and services, including:

- advice, guidance and training
- research and development projects; free website tools and publications; and consultation responses
- partnership work HSE, DWP, HSL, Men's health Forum, Hazards Forum, Inter-Institutional Group (IIG) and others
- extensive networks of Branches and Groups, providing free or low-cost health and safety events that are open to the public

IOSH also has a crucial role in determining professional competence standards, which need to be underpinned by a clear government-endorsed definition of competence and recognition of the profession in terms of accreditation.

In our response, we've recommended more challenging national strategic goals and identified important roles for directors and trustees; insurers; educators; business networks; researchers; standards and certification bodies; sector / industry groups; the media; and government.

We've also highlighted the need for:

- better recognition and an enhanced role for health and safety practitioners, helping ensure early interventions and safe and sustainable return to work
- an evidence-based and multidisciplinary approach to health and safety
- embedding of relevant health and safety throughout the education and training system
- more resources for HSE, for both enforcement and advisory services
- strengthening of the legislative framework in key areas

In producing our response, we made the consultation document available to IOSH members via our website and also balloted the initial draft response for comment to our Board of Trustees, Council of Management and Technical Committee.

Introduction

1. Health and safety in Great Britain faces many challenges and it is vital that all stakeholders understand and respond effectively to the changing landscape. We note this HSE strategy review has been prompted by the need to improve Great Britain's health and safety performance, the growth in small businesses, and the risks posed by new sectors. Added to this is the need to reverse the perception that health and safety is unnecessary, fuelled by persistent media stories, typically originated by the misguided, who misuse 'health and safety' as a convenient excuse to simply ban things.
2. It has been estimated that workplace accidents and ill health cost British society up to £31 billion per year ¹. Last year 229 people were killed and 299,000 injured in our workplaces (LFS), together with 2.1 million suffering an illness they put down to work. Additionally, work-related road traffic accidents are estimated to take up to another 1,000 lives, with thousands more lives being lost to occupational cancers ². Such failures cause enormous human suffering - they can ruin lives, disrupt families and blight communities. To make lasting improvements and prevent all this suffering, IOSH believes Britain needs to act at the national level (government and education), as well as at the local level (individual employers and workplaces).
3. IOSH and its members work proactively to help employers, workers and others to prevent harm and losses and we are keen to be 'part of the solution'. We welcome this strategy debate and the broad areas of focus, including recognition of everyone's role and stake in getting this right for the future and the emphasis on strong leadership, health and safety competence, worker involvement and appropriate enforcement. We think the new strategy will also need to engage with a wider-range of stakeholder groups than currently listed; be clear about the need for the country to take an evidence-based approach to finding new solutions; and have additional support from government.
4. We know from a recently published research study looking at disproportionate risk decisions (RR536) ³ that respondents' top two solutions were the provision of definitive guidance and access to professional health and safety advice, factors also highlighted in the recent *The Anderson Review* ⁴. We would therefore like to see more emphasis on both these elements in the strategy, including the need to define health and safety competence and the need to improve managers' awareness so they can readily distinguish between real and trivial risks. To help with these areas, IOSH has recently produced free guidance on how to obtain competent health and safety assistance ⁵ and also on assessing the health and safety training needs of your workforce ⁶. In addition, we provide free tools for SMEs, including a *Risk assessment routefinder* ⁷ and a bespoke website for new businesses called *Safestartup* ⁸.
5. In recent years, IOSH has been pleased to comment on various aspects of national strategy, including: the HSE's strategic plan(s) ^{9,10}; select committee inquiries on the work of HSC/E ¹¹; and

the *Review of the health of Britain's working age population*¹². In these, and again now, we have called for more resources for the HSE; more support for SMEs; a clear definition of health and safety competence; better recognition of the health and safety practitioner's role; the need for an evidence-based approach; and legislative change. We have also signalled our ongoing and strong commitment to being 'part of the solution'. We therefore welcome this latest opportunity to contribute and in the response that follows, outline additional elements we believe should be part of the overall strategy, covering: answers to the consultation questions; the role of government in supporting the strategy; and detailed comments about the text of the consultation document.

IOSH responses to consultation questions

Q1 Do you support the goals as set out in the strategy and are there any omissions?

IOSH believes the proposed goals should be added to and strengthened. We have concerns about the wording of some, which seem more about maintaining the status-quo, rather than moving forward. While fully supporting the overall thrust of the 10 stated goals, we suggest an additional one is needed and also strengthening of those we feel are 'insufficiently challenging':

- 1st strategic goal – instead of aiming simply to maintain the current situation i.e. 'continue to' investigate and enforce; the goal should be to 'increase and improve' both of these areas. We also think there should be more emphasis on learning and sharing lessons following incidents.
- 2nd strategic goal – instead of aiming only 'to encourage' strong leadership; the goal should be 'to require' this through the introduction of enforceable directors' duties, based on *Leading health and safety at work* (INDG417)¹³.
- 6th strategic goal – instead of only aiming to reduce the number of work-related ill health cases; the goal should be to reduce the incidence rate and also to reduce the level of exposure to work-related health hazards.

We suggest there should be an 11th strategic goal of providing clear, government-funded health and safety advice, guidance and awareness-raising to SMEs.

Q2 How can your organisation help us deliver the goals?

- IOSH is a Chartered body with a 35,000-strong membership, including over 13,000 Chartered professionals. We already support, and will continue to support, health and safety professionals, employers, workers and others to improve Britain's health and safety performance. We do this through a wide variety of channels, including the provision of advice, guidance and training; our publications, consultation responses and R&D projects; IOSH website tools, networking and events; and our media, lobbying and campaigning work¹⁴.

- IOSH will continue seeking practical, evidence-based solutions and to share them as widely as possible. In addition to gathering input from our members, we will also continue to develop our research and development programme, helping build the evidence-base for health and safety policy and practice.
- IOSH is extending its partnership working with others, including government, to help improve health and safety outcomes. Recent examples of this include our work with HSE to produce the free *Workplace Hazard Awareness Course* for year-10 pupils; with DWP on piloting a course *Proactive Intervention – Occupational Health Support* for health and safety practitioners; with IoD / HSE to produce guidance for directors; and with HSE / HSL to promote the latest training on Local Exhaust Ventilation, helping to reduce exposure to inhalation hazards. Other projects include our work with HSE on ‘slips and trips’¹⁵ and our support for the Men’s Health Forum and the national ‘men and work’ week.
- IOSH’s extensive network of Branches and Groups hold regular, free / low-cost health and safety events across the UK, all of which are open to the public, providing opportunities for sharing good practice and lessons learned from incidents.

Q3 Can you help us to identify others who have a role to play in delivering the goals as set out in the strategy?

Yes, please see details in answer to Q4 below and also IOSH’s section on the role of government in supporting the strategy.

Q4 Who else should HSE and the Local Authorities be engaging with to help deliver the goals in the strategy?

IOSH, as the largest professional body in the world for health and safety practitioners, welcomes the inclusion of ‘professional bodies’ in the stakeholder list and in addition to those others listed, suggest including the following groups:

- directors and trustees – to encourage them to show visible leadership, involve the workforce and access competent health and safety advice¹³
- insurers – particularly as some insurance is mandatory (ELCI) and IOSH would like to see the introduction of performance-related insurance premia as an additional motivator to improved standards
- educators – an important group to help ensure the embedding of health and safety within national, vocational and professional curricula
- business networks – organisations such as Chambers of Commerce could provide important links to local small business communities
- researchers – to support efforts to identify and fill knowledge gaps in the health and safety system and ensure policy and practice is evidence-based

- standards and certification bodies – these can have health and safety impacts and may be part of pre-qualification schemes
- sector / industry groups – to help share and develop good practice and standards within particular sectors, such as via the network of IOSH Groups, established fora for health and safety professionals within different industries / services ¹⁶
- the media – to encourage a balanced and informed approach to reporting stories that may affect public perception of health and safety.

Q5 What should HSE and Local Authorities do differently to help deliver the goals in the strategy?

We suggest the following changes:

- work more closely with IOSH, through its large membership and extensive network of Branches and Groups, to help deliver improvements
- be clearer about defining health and safety competence
- reconsider a unified system of enforcement, to help improve quality, consistency and economy of delivery; or as a minimum, ring-fencing of government funding for LA health and safety enforcement and monitoring ‘S18 Standard’ ¹⁷ and guidance implementation for efficacy
- ensure HSE develops a close relationship with the Local Better Regulation Office to avoid guidance and priorities produced by this body being at variance with those of the HSE
- engage in joint training so that there is consistency in enforcement
- provide persuasive business cases for more resources for health and safety enforcement
- promote integrating health and safety into the broader risk management of organisations
- engage with and support the work of a wider range of stakeholders (see answer Q4 above).

Q6 What parts of which goals in the strategy are best delivered by others?

This depends on where the duty and interest lies, and also, on the availability of competence, resources and motivation within particular stakeholder groups. HSE clearly has the enforcement role and also a responsibility to provide appropriate advice, information, regulations, approved codes of practice (guidance) and research on health and safety matters. However, all the stakeholder groups listed have their own areas of specialism and potential contribution to make, as indicated above. For example, employer bodies and trade associations are able to promote leadership and guidance to their members; while in addition to decision-makers themselves, the media are obviously well-placed to improve public perception of health and safety, as are educators. Professional bodies, such as IOSH, have a crucial role in determining competence requirements and standards for health and safety advisers and consultants ¹⁸, but this role needs to be underpinned by a clear government-endorsed definition of competence and recognition of the profession in terms of accreditation.

Q7 What can your own and other organisations do differently to help in the delivery of this strategy?

The Institution of Occupational Safety and Health

IOSH is always striving to improve its performance and regularly seeks the views of its members, external stakeholders and staff in doing this. It has its own well-developed strategy¹⁹ to support its vision of “A world of work which is safe, healthy and sustainable” and this is monitored and reviewed. Examples of areas of changed working that we are currently progressing include:

- new IOSH website – we received almost 4 million visits to our website in the last financial year and are redesigning the IOSH website to be more navigable and user-friendly and to have improved functionality, encouraging even greater stakeholder use
- professional development – we are supporting an enhanced role for health and safety practitioners in helping ensure early interventions and safe return to work programmes
- networks – we are currently reviewing the support we give to our Groups and Branches to better facilitate the provision of health and safety events and debate across the country
- accreditation – we are working with government and others to explore the issue of accrediting the health and safety profession
- evidence-based practice – we are continuing to extend our programme of research into how best to secure safe and healthy working for a diverse working population.

Other organisations

As already indicated, it is for each stakeholder group to decide if and how it might contribute and whether it will do things any differently. In addition to the proposals for the HSE and Local Authorities (see answer Q5 above), we suggest other organisations might wish to consider:

- educators – could help embed and deliver relevant health and safety concepts throughout the curricula
- non-health and safety professional bodies – could work with IOSH and HSE to determine the level of health and safety knowledge that should be embedded in the core training of their members, as underpinning principles (e.g. IET and IIG)
- health professions – could review / improve the occupational safety and health content of their core training as appropriate to support the Dame Carol Black recommendations
- multidisciplinary – all those professions who can contribute to work-related health, safety and wellbeing can work more closely together to enhance effectiveness
- larger organisations – could help raise health and safety standards in their supply chains through procurement standards and helping their suppliers to meet them
- treasury – could re-examine the case for tax exemptions for employers providing certain therapies for non-work injuries / illnesses for their employees

- insurers – could review the issue of performance-related insurance premia
- media – could be far more positive about health and safety and seek confirmation or advice from the profession before breaking stories that may create or perpetuate myths.

Role of government in supporting the strategy

In order to support the contribution of key stakeholders, such as IOSH, the government has a vital role in providing the leadership, resources, recognition and cross-departmental working needed to deliver the stated goals of the proposed strategy.

Resources and professional recognition

1. HSE should be adequately resourced to fulfil both its inspection and enforcement function and its advisory / awareness-raising role and to engage in a number of random inspections of the 'unknowns' and sector 'blitzes' (such as in construction) to act as a deterrent to rogue employers.
2. IOSH believes increased resourcing is necessary to address current and future challenges, including: the growth in the workforce, number of businesses and potentially at-risk groups including the ageing workforce, migrant workers and people with disabilities; preventing accidents and ill health, including work-related stress, MSDs and work-related road traffic accidents; the increase in construction work as the government aims to build 3 million more homes by 2020, undertake the building required for the London Olympics 2012, and complete the 'cross-rail' project by 2017; and ageing infrastructure such as in the offshore industry and emerging new risks such as nanotechnology, climate change and terrorism. In addition, adequate resourcing is needed to cover HSE's new areas of responsibility, including: gangmaster licensing; adventure activity licensing; generic design assessment for new nuclear power plants; human and animal pathogens; and as the 'competent authority' for REACH.
3. IOSH recommends a phased and eventual doubling of front-line inspectors. Also, the formation of a unified enforcement authority; or as a minimum, that government funding for LA health and safety enforcement activity is ring-fenced, to protect it from competing demands. We also suggest monitoring of 'S18 Standard' and guidance implementation for efficacy. HSE should have a close relationship with the Local Better Regulation Office to avoid guidance and priorities produced by this body being at variance with those of the HSE. Another vital area is that of improving the training, support and mentoring of new HSE and LA inspectors and the strategic deployment of their combined resources. We believe this is crucial in ensuring quality and consistency in the enforcement services.
4. In support of their developing role, IOSH would like to see more government recognition of health and safety practitioners as essential members of multidisciplinary teams, helping to prevent accidents and ill health and promote wellbeing and where problems do develop, facilitating appropriate and sustainable return to work.

5. IOSH believes the government should provide clear guidance for employers about the required competences for their appointed health and safety advisers, particularly for duty holders operating in permissioning regimes.

Education, guidance and advice

6. IOSH advocates educating school-children and future business leaders and professionals ('tomorrow's workforce') in health and safety concepts, via national, vocational and professional curricula, as essential for embedding key messages in all employment sectors. We believe this will help create a 'risk literate' society, the necessary foundation for a goal-setting health and safety regime and a balanced and intelligent approach to risk management – benefitting individuals and their families, employers and society. We think that the provision of suitable training and training materials in this area is overdue and should be a priority, especially in view of the government's current drive to increase vocational qualifications.
7. In addition to government-funded high quality advice services for SMEs, IOSH would also like to see all HSE guidance made free to download from the HSE website.

Legal framework

8. IOSH supports HSE's continued work in simplifying and consolidating legislation and promoting the 'sensible risk management' approach and the 'business case' for health and safety. We also believe there should be strengthening and better use of the legal framework so that:
 - a. there are explicit, enforceable health and safety duties for directors (and their equivalents) and more frequent use of directors disqualification
 - b. wide-ranging remedial orders are used, aimed at achieving long-term compliance e.g. requirement for compulsory training of senior managers in health and safety; access to competent health and safety advice; appropriate use of behavioural safety programmes; and mandatory third-party audit
 - c. there is compulsory public health and safety performance reporting for large and medium organisations
 - d. there are stated minimum qualification levels and accreditation of H&S advisers
 - e. HSE advises planning authorities on societal risk from major hazard sites
 - f. work-related road traffic accidents are reportable under RIDDOR
 - g. work-related accident and ill health data for migrant workers is collected, in order to determine their relative risk and requirements
 - h. representatives of employee safety have the same rights as union appointed safety representatives.

IOSH detailed comments on the consultation document

This brief HSE document presents a useful range of key themes, with supporting descriptive text and some proposed strategic goals. However, we do not think it actually constitutes a 'strategy' yet, as stated on page 16, but rather a discussion document and starting point for the development of such a strategy.

We also recognise that, once the strategic goals are agreed, a series of KPIs, action plans and pilots will be needed to help drive the required changes and that these will bring some challenges and possibly require additional resources (see 'role of government' above). IOSH believes that our very passionate and extensive membership base, committed staff and strong external relationships, will allow us to play a full part in this national implementation and monitoring process.

Page	Section	Comment
04	Resetting the direction	We agree with the 'tone' of this section, particularly the final paragraph and that to be truly effective, health and safety should be 'an integral part of workplace culture'. We are also very pleased that professional bodies are included in the list of stakeholders and have suggested others (please see above).
06	Everyone has a role	Again, we fully support the wording, particularly the need identified in para 1 for each of the stakeholders 'to become better at executing their responsibilities'. Para 3 summarises the duties of workers, but para 2 is much more vague. Given the known deficiencies in the way that some duty holders execute their responsibilities, we strongly suggest the end of para 2 should read "...to manage the risk, <i>including the appointment of competent persons to advise them about health and safety.</i> "
07	The HSE and Local Authorities	We agree with the stated role for HSE, but think this should also specify the provision of guidance. Indeed, recent IOSH-commissioned research (unpublished) of external stakeholders demonstrates that HSE holds a unique position as a source of authoritative data and advice. In these circumstances, efforts by others such as IOSH to 'be part of the solution' by setting standards, publishing guidance, etc. will have only limited impact unless they are also strongly and visibly supported, possibly even endorsed, by HSE. We recognise this is a challenge for us all and suggest it as an area for further discussion in due course as planning and implementation of the strategy proceeds.
08	Investigations and securing justice	We fully support what is stated, but there are clearly some stakeholders, including some IOSH members, who do not see this happening in practice. What they comment on is an apparent lack of sufficient HSE (and LA) front line inspection resources to investigate, learn lessons from and secure justice for affected workers and their families. Please see our comments above on p.8 regarding resources and professional recognition. We suggest the closing sentence should end as follows: "...who fail in their responsibilities, should be held to account for their <i>decisions or actions.</i> "

10	Building competence	<p>We very much welcome the inclusion of this section, as we believe health and safety competence is essential to improving health and safety performance. As already repeatedly said, and recently called for by the BERR report <i>Improving outcomes from health and safety</i>²⁰, we think a clearer definition of competence should be provided by the government.</p> <p>In para 1, we suggest for clarity in the opening sentence that the word 'nominate' is replaced by the word <i>appoint</i>. The closing sentence of the paragraph incorrectly refers to professional bodies being called upon to provide advice to employers. We suggest this might actually be referring to trade associations / bodies, whose members may have access to a centralised source of advice. Some professional bodies may provide information and guidance documents to members of the public and some, including IOSH, will provide contact details of consultants from whom the duty holder may obtain advisory services. We suggest this is deleted or reworded as "...consultants to help (<i>verifying their stated professional qualifications and competences via the appropriate professional body</i>) or may seek competent advice from their trade association / body, if available."</p> <p>In para 2, we suggest this should read "Competence is the ability to profile the <i>hazards of</i> operational activities and then...manage <i>the associated risks to employees and others</i>."</p> <p>In para 3, we are concerned about the wording here, as the role of the competent person(s) is not generally to actually manage risks (unless they have management responsibilities as well), but rather to advise and assist those who do manage them. We suggest this is reworded as "...competent people to <i>help</i> define and manage..."</p>
11	Involving the workforce	<p>While fully supporting worker involvement and the benefits of this, in para 1, we suggest that describing the evidence on unionised workplaces and those with health and safety representatives, as 'overwhelming', may be somewhat overstating the independent cause / effect relationship. For example, most unionised workplaces are larger and would typically employ both well-qualified health and safety advisers and a range of OH support services, together with having a well-developed health and safety management system. We do, of course, fully recognise the benefits of trained and supported health and safety representatives, which may include persuading management to employ and use competent health and safety advisers where these are needed.</p>
12	Creating healthier, safer workplaces	<p>We understand and support the emphasis on needing to do new things, not just repeat those which have brought GB to its current position. However we stress the desirability for all workplace interventions to be evidence-based, so novelty also implies underpinning research and/or pilots. We are keen to promote the benefits of evaluating interventions and an evidence-based culture to health and safety professionals and others.</p>
14	Avoid catastrophes	<p>We are not convinced the closing sentence of the first paragraph is evidence-based. Typically these high hazard industries, often covered by 'safety case regimes', have a multiple barrier approach. Global evidence from accident inquiries (e.g. Texas City explosion, 2005²¹) shows that catastrophic consequences do not arise from 'a small failure', but from multiple causes – though there may be a common thread involving senior management failure to create a suitable culture which strives to eliminate 'small failures'.</p>
16	Driving change for the better	<p>We suggest that the first of the four summary goals listed should read: "To reduce the <i>incidence rate</i> of work-related injuries and cases of ill health."</p>

References

1. HSE, *Interim update of the Costs to Britain of Workplace Accidents and Work-Related Ill Health*, Economic Advisers Unit, 2004. www.hse.gov.uk/statistics/pdf/costs.pdf
2. HSE website, *Health and safety statistics, key annual figures 2007-8*, www.hse.gov.uk/statistics/index.htm; *diseases (cancer)*, www.hse.gov.uk/statistics/causdis/cancer/index.htm; *HSE and work-related road safety*, www.hse.gov.uk/roadsafety/roadsafety.htm
3. Wright M, Beardwell C, Pennie D, Smith R, Norton-Doyle J and Dimopoulos E, *Evidence based evaluation of the scale of disproportionate decisions on risk assessment and management* (RR536), p.33, table 12, Sudbury: HSE Books, 2008
4. Anderson S, *The Good Guidance Guide: taking the uncertainty out of regulation* (The Anderson Review), London, Department for Business, Enterprise and Regulatory Reform, 2008, www.berr.gov.uk/files/file49881.pdf
5. IOSH, *Getting help with health and safety: practical guidance on working with a consultant*, Wigston: IOSH, 2008. www.iosh.co.uk/techguide
6. IOSH, *Setting standards in health and safety - raising performance through training and competence development*, Wigston: IOSH, 2008. www.iosh.co.uk/techguide
7. IOSH, *Risk assessment routefinder*, Wigston: IOSH, 2008. www.ioshroutefinder.co.uk
8. IOSH, 'safestartup', website for business startups and SMEs, Wigston: IOSH. www.safestartup.org
9. IOSH response to the HSE consultation: *Strategic thinking - Work in progress, a draft strategic plan for 2004 – 2010*, Wigston: IOSH, August 2003, consultation page, archived documents. www.iosh.co.uk/condocs
10. IOSH response to the HSE consultation: *A strategy for workplace health and safety in Great Britain to 2010 and beyond*, Wigston: IOSH, November 2003, consultation page, archived documents. www.iosh.co.uk/condocs
11. IOSH evidence to: *Select Committee inquiry into the Health and Safety Commission and Executive*, Wigston: IOSH, December 2007, consultation page, archived documents. www.iosh.co.uk/condocs
12. IOSH evidence to: *Dame Carol Black's review of the health of Britain's working age population: Call for evidence*, Wigston: IOSH, December 2007, consultation page, archived documents. www.iosh.co.uk/condocs
13. IoD / HSC, *Leading health and safety at work: leadership actions for directors and board members*, (INDG417), Health and Safety Executive, 2007. www.hse.gov.uk/leadership or www.iod.com/hsguide
14. IOSH website home page – for more information about our work, including: branches, groups, guidance, training, research & development, consultations and campaigns. www.iosh.co.uk
15. IOSH / HSE, *Slips and Trips survey reports*, IOSH reports and papers, Wigston: IOSH, 2005, 2007 and 2008. www.iosh.co.uk/technical
16. IOSH website groups' pages – for more information about our 17 groups www.iosh.co.uk/groups
17. HSE website, *S18 Standard – making a difference*, www.hse.gov.uk/section18/make-it-happen.htm (web page updated May 2008)
18. IOSH, *Consultancy – good practice: practical guidance on working as a competent health and safety consultant*, Wigston: IOSH, 2008. www.iosh.co.uk/techguide
19. IOSH website, *Same direction – new focus: Strategy 2008-2012: headlines*, Wigston: IOSH, 2008. www.iosh.co.uk/corporatestrategy
20. Department for Business, Enterprise and Regulatory Reform, *Improving outcomes from health and safety: a report to government by the Better Regulation Executive*, London: BERR, 2008. www.berr.gov.uk/files/file47324.pdf
21. US Chemical Safety and Hazard Investigation Board (CSB), BP America Refinery Explosion, Texas City, TX, March 23, 2005, Final Investigation Report, *Investigation report – refinery explosion and fire, Report No. 2005-04-I-TX*, March 2007, Washington DC: CSB www.chemsafety.gov/index.cfm?folder=current_investigations&page=info&INV_ID=52#