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15 June 2011

Scottish Affairs Select Committee
Health and Safety in Scotland
Email Submission

Dear

Scottish Affairs Committee Inquiry into Health & Safety in Scotland 2011

As COSLA Spokesperson for Community Well-Being and Safety I am writing in support of the submission to the Scottish Affairs Committee into Health and Safety in Scotland 2011 made by the Society of Chief Officers of Environmental Health Officers in Scotland (SOCOEH) attached to this letter.

Occupational Health & Safety enforcement whether by the Health and Safety Executive (HSE) or local authorities is an important contributor to local community safety, well-being and public health outcomes across Scotland.

Local Authorities are key partners in the enforcement of health and safety legislation with local authorities responsibilities covering nearly half of the Scottish working population and in delivering the HSE Strategy in Scotland.

Scottish local authorities have serious concerns about the planned reforms announced by the Department of Work & Pensions in March 2011 and their potential impact on Health and Safety in Scotland. These include the proposed reduction in pro-active inspections and introduction of cost recovery. Introducing a cost recovery scheme for local authorities would have significant implications. It is anticipated that introducing such a scheme would have costs and bureaucracy for administering it, and it would lead to a change in culture and relationship between inspecting officers and duty holders. While there is the possibility of some cost recovery to offset budgets, it is uncertain whether the potential income from charging would be worthwhile for local authorities.

In summary, the planned changes risk lower health & safety outcomes in local communities, the loss of the positive relationships that have been developed between local authorities and local businesses and are likely to increase the risk of non compliance.

I appreciate the current budget reductions and the challenges this presents however the implications of the changes to the role of the HSE will have a significant impact on Scottish local authorities and more fundamentally will potentially have a detrimental effect on the Scottish workforce. This will in turn have wider societal impacts and risks simply moving or increasing the financial burden in another areas e.g. health, social care, benefit system etc.

Having discussed this issue with the COSLA Community Well-Being and Safety Executive Group I would like to take this opportunity to support the concerns raised by SOCOEH and encourage the Committee to recommend a review and more detailed examination of , the division of HSE and local authority enforcement boundaries and the availability of both HSE and Local Authority resources to better target risk.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Harry McGuigan', written in a cursive style.

Cllr Harry McGuigan
COSLA Spokesperson for Community Wellbeing and Safety

Scottish Affairs Committee Inquiry into Health & Safety in Scotland 2011

Submission from Society Chief Officers of Environmental Health Officers in Scotland (SOCOEH)

The Society represents the chief officers and senior managers of environmental health in the 32 Unitary Scottish Local Authorities. The role of the Society is to promote good management practice and effective and efficient delivery of environmental health services; act as a voice for the local authority environmental health service in Scotland; and, provide professional advice to COSLA, Scottish Government and other Government Departments and Agencies.

Executive Summary

- Local Authorities are key partners with HSE in the enforcement of health and safety legislation and delivering the HSE strategy⁹ in Scotland. Local authority (LA) responsibilities cover premises employing nearly half of the Scottish working population. Occupational Health & Safety enforcement whether by HSE or local authorities is an important contributor to local community safety, well-being and public health outcomes.
- The UK Government has announced reforms to the health and safety system⁵. Local authorities have serious concerns about the impact of the proposed reduction in proactive inspections and introduction of cost recovery. The planned changes risk lower health & safety outcomes in local communities and loss of the positive relationships that have been developed between local authorities and local businesses.
- The H&S reform paper raises more fundamental questions about the deployment of public resources to improve occupational health and safety outcomes. The latest announcements mean that targeting of premises and interventions by LAs and HSE is likely to move further apart (so called “twin peaks”). This requires more detailed examination in terms of the available premises data, the division of HSE & LA enforcement boundaries, and the availability of both HSE and Local Authority resources to better target risk.

Role of Local Authorities as Co- regulators in Health & Safety Enforcement

1. Local Authorities (LAs) are responsible for enforcement of health and safety in some 100,000 workplaces¹, employing 45%² of the working population in Scotland. The HSE is responsible for the remainder. Every local authority has a statutory duty under Section 18 of the Health and Safety at Work etc Act 1974 to ensure it makes adequate provision for health and safety enforcement in its area. The split of enforcement responsibility between LAs and HSE is defined in the enforcing authority regulations (1998) as illustrated in appendix A.
2. The delivery of this LA responsibility is achieved by trained and authorised Environmental Health professionals carrying out:
 - Programmed Health and Safety inspections in accordance with a predetermined risk based inspection programme.

- Compliance visits to premises at the request of other Local Authority departments and statutory bodies.
 - Investigation of complaints received relating to workplace health, safety and welfare issues.
 - Investigation of serious workplace accidents, dangerous occurrences and cases of occupational disease.
 - Observations relating to H&S when carrying out other regulatory activities such as food hygiene or licensing inspections
3. There are around 300 authorised LA officers working on health and safety enforcement in Scotland but because many are working in a number of other work areas (eg food safety) this equates to about 100 full time equivalent posts or 1 officer per 1000 premises¹.
 4. In carrying out these duties, Environmental Health services aim to provide a consistent and proportionate approach working to agreed enforcement policies and HSE guidance.
 5. This work is facilitated by well established partnership liaison arrangements between local authorities and HSE at both a Scottish and wider Great Britain level – as detailed in appendix A.

Impact on Business

6. Local authorities actively support their business communities through their wider responsibilities e.g. Food Safety, Licensing, Environmental Protection, Public Health etc. Health and safety work is often carried out at the same time as engagement with business in these other areas. This multifunctional support is an effective and efficient way for Environmental Health Services to help deliver wider community safety, well-being and public health outcomes in local authority areas. It is also in keeping with local outcomes of promoting and encouraging local business.
7. Many services are providing innovative approaches tailored to local circumstances and available resources. There is much evidence^{3,4} supporting this approach and the assisting and advisory role is particularly valued by business, yet it is this which could be the most under threat⁵ from spending pressures on LAs and the proposed health and safety reforms.

Reforms to the health and safety system in the UK

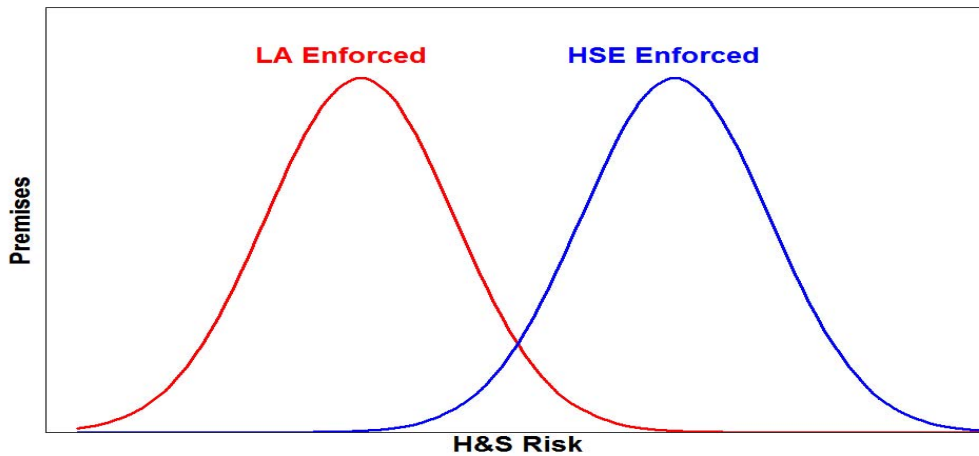
8. In March 2011, the Minister for Employment published "Good Health and Safety, Good for Everyone" (DWP 2011)⁶ this is a development of aspects of the Lord Young report (2010)⁶ and outlines further major reform, particularly in the approach to implementing health & safety legislation. These reforms have implications for Scotland's local authorities and their Environmental Health Services as well as HSE.
9. In particular, the DWP report outlines a "new" health and safety framework setting out a new pattern of enforcement to the way local authorities and the HSE approach business compliance. The framework acknowledges that the HSE and local authorities, as joint co-regulators for health and safety legislation, have a vital role to play in ensuring that the regulatory system:

- is focused on better health and safety outcomes and not purely technical breaches of the law;
 - makes it as straightforward as possible for business, and in particular, small businesses, to deliver a healthy and safe working environment;
 - is enforced in a manner which is proportionate to risk;
 - avoids placing unnecessary burdens on businesses which manage health and safety effectively; and
 - maintains a strong deterrent against those who fail to meet their health and safety obligations and put their employees at material risk thereby also deriving an unfair competitive advantage.
10. The framework states that HSE will largely continue its current regulatory approach with major hazard industries but for non-major hazard industries HSE will significantly change its approach to the totality of businesses it regulates by:
- using alternative interventions such as increasing joint initiatives with industry to promote safe and healthy workplaces;
 - targeting inspections more effectively...and substantially reducing the overall number of proactive inspections by one third (a reduction of 11000 inspections UK wide); and
 - introducing the recovery of HSE costs from businesses (“fee for intervention”) e.g. recovery of the costs of an inspection/investigation at which a serious, material breach in standards is diagnosed and a requirement to rectify is formally made, together with the cost of any follow-up work.
11. The UK Government is also looking to apply the framework principles to local authorities including reducing the number of pro-active inspections carried out by Environmental Health Services by a third (approx 60,000 across the UK, 5000 in Scotland). It is not clear how this UK government objective will be achieved in Scotland. It is understood that the Scottish Government Minister for Public Health has written to the DWP expressing concern about the proposals and also advising that local government activity is devolved and that consultation should take place with COSLA.

Targeting HSE and Local Authorities resources – “Twin Peaks”

12. The Better Regulation Executive report⁸ on the health and safety regime published in 2008 identified the need to address the skew in regulatory targeting. This is known as, the so-called ‘twin peaks’ effect (see diagram 1), where higher risk sectors are inspected periodically by HSE inspectors, and lower risk premises by local authority inspectors. In between these “peaks”, there is a misalignment of regulatory resource for medium risk premises (e.g. motor vehicle repair, High Street printers, small-scale construction) that are receiving little or no interventions from any enforcement body to improve the health and safety – most of these businesses are the responsibility of HSE.

Diagram 1 “Twin Peaks”



13. The split of premises between HSE and local authorities is determined by statutory regulations. Although these allow some scope for limited transfer of premises between the two organizations by local agreement, the regulations could be considered to constrain more flexible working between HSE and LAs and the most effective deployment of limited resources. Further research is required to evaluate the full extent of the “twin peaks” in Scotland, including workplace activities should be risk rated in a standard manner across both the HSE and local authorities to provide risk data which can be used in best targeting limited resources.
14. With the proposed reduction in the number of pro-active inspections by HSE by a third and encouragement to local authorities to similarly reduce their pro-active inspection of premises for health and safety, there is concern that the “twin peaks” will drift further apart. There is strong evidence that appropriate interventions, including inspections are a positive driver to improving health and safety outcomes. (see appendix B).
15. Although it is the preference of many local authorities for a formal transfer of premises, it appears that there is no appetite in the UK government for a review of the current enforcing authority regulations, so any changes to working with HSE across enforcement boundaries would probably need to be achieved by local agreement in Scotland however this risks a less co-ordinated approach.
16. It is recognised that at a time of public sector spending constraint, best use of available resources across both HSE and Local Authorities to improve occupational health and safety in Scotland’s communities will involve a range of interventions based on risk evaluation including inspections, formal enforcement, provision of information and guidance etc. There may also be scope for developing flexible warranting arrangements between local authorities and HSE so that staff from either enforcement group can undertake appropriate interventions in local premises across the current enforcement boundaries.
17. In taking forward this approach it is also recognised that Scotland’s local authorities differ in size and character and what is appropriate in an Island Council may not be

18. SOCOEH has expressed a commitment to try to address the “Twin Peaks”, with a desired outcome to use both HSE and local authority resources to better target risk, unconstrained by current enforcement boundaries and traditional ways of working. A draft position statement has been developed to seek political support for improved targeting of resources and as a framework for further developing partnership working with HSE. This statement is detailed in appendix B.

Conclusions

19. There are two key drivers for the proposed health and safety system changes: reducing regulatory burdens on business and public sector spending cuts.
20. The broad enforcement principles set out in the health & safety system framework (paragraph 9 above) are supported but are not particularly “new”. Indeed, Environmental Health services already carry out their work in line with these principles e.g. target their resources according to risk evaluation. But, the implications of the spending cuts, particularly on HSE, mean that there will be a significant reduction in pro-active inspections in Scotland and reduced support for local businesses, replaced in part by alternative interventions. There is also concern that a reduction of direct health & safety interventions may result in lower health & safety outcomes in local communities and some loss of the positive relationships that have been developed between local authorities and their local businesses. Occupational Health & Safety enforcement whether by HSE or local authorities is an important contributor to local community safety, well-being and public health outcomes.
21. Details of the proposed “fee for intervention” charging scheme are awaited, but local authorities are being encouraged to introduce a similar charging scheme. However there are clear concerns about its implications and applicability to local authorities. It is anticipated that introducing such a scheme would have costs and bureaucracy for administering it, and it would lead to a change in culture/ relationship between inspecting officers and duty holders. While there is the possibility of some cost recovery to offset budgets, it is uncertain whether the potential income from charging would be worthwhile for local authorities. HSE look to be going ahead with this scheme in relation to their enforcement responsibilities. Whether local authorities will be required to implement this is uncertain and opens the prospect of a two tier enforcement system if there is limited or no take up by local authorities.
22. The H&S reform paper raises more fundamental questions about the deployment of public resources to improve occupational health and safety outcomes. The latest announcements mean that targeting of premises and interventions by LAs and HSE is likely to move further apart (so called “twin peaks”). This requires more detailed examination in terms of the available premises data, the division of HSE & LA enforcement boundaries, and the availability of both HSE and Local Authority resources to better target risk. There are potential opportunities to develop partnership working between HSE and local authorities to improve health and safety outcomes for Scotland as outlined in appendix B. This is not straightforward and in particular it is recognised that this will require detailed evaluation of resource implications for local authorities.

References

- 1 HSE Enforcement Statistics 2009/10 LAE 1 returns www.HSE.gov.uk
- 2 National Audit Office, (2011) *The Health and Safety Executive's work in Scotland*
<http://www.publications.parliament.uk/pa/cm201011/cmselect/cm Scotaf/writev/health/health.pdf>
- 3 Reducing Business Burdens: Effective Enforcement – Hampton Review (2005) <http://www.berr.gov.uk/files/file22988.pdf>
- 4 Business perceptions of local authority regulatory services (2008)
<http://www.lbro.org.uk/docs/survey-of-business-perceptions.pdf>
- 5 Regulatory Review Group Annual Report 2010 in Scotland
<http://www.scotland.gov.uk/Resource/Doc/917/0105205.pdf>
- 6 Good Health & Safety, Good for Everyone. Department Work & Pensions(2011)
<http://www.dwp.gov.uk/docs/good-health-and-safety.pdf>
- 7 Common Sense, Common safety. Lord Young , Cabinet Office (2010)
http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf
- 8 Better Regulation Executive (BRE) (2008) *Improving Outcomes for Health and Safety* <http://www.bis.gov.uk/files/file47324.pdf>
- 9 HSE Strategy : The Health & Safety of Great Britain : Be part of the solution (2009)
<http://www.hse.gov.uk/strategy/index.htm>

APPENDIX A

Role of Local Authorities and Partnership and Liaison Arrangements with HSE

HSE and Local Authorities

HSE provides strategic direction and leads the health and safety system as a whole. In addition to inspection, investigation and enforcement, key activities include research, introducing new or revised regulations and codes of practice, alerting dutyholders to new and emerging risks as they are identified, providing information and advice, and promoting training.

Local authorities operate in partnership with HSE to ensure that dutyholders manage their workplaces with due regard to the health and safety of their workforce and those affected by their work activities. To achieve this, local authorities, as with HSE, provide advice and guidance on what the law requires, conduct inspections and investigations on a risk rated basis, and take enforcement action where appropriate.

The categories of premises they are responsible for are laid down in the Health and Safety (Enforcing Authority) Regulations 1998. In broad terms the division of responsibilities is set out below.

Local Authorities (mainly retail sector)	HSE (mainly industrial sector)
Shops	Factories
Offices (except government offices)	Farms
Hotels	Building sites
Restaurants	Nuclear installations
Leisure activities, Golf courses etc	Mines
Nurseries	Schools/colleges
Club buildings	Fairgrounds
Museums	Gas/electricity/water systems
Places of worship	Hospitals
Sheltered accommodation/care homes	Nursing homes
Pubs and clubs	Government premises
Warehouses	
Tyre & Exhaust fitters	
Builders Merchants	
Banks/building societies	
Beauty industry (eg tattoo parlours etc)	

Both LA s and HSE have a responsibility to protect the health, safety and welfare of those at work and also members of the public who may be adversely affected by any work activity within their field of enforcement, (although it must be emphasised that the final and overall responsibility lies with the employer/business).

LA Service Delivery Approach

The delivery of this LA responsibility is achieved by duly authorised Environmental Health professionals carrying out one or a combination of the following:

Programmed Health and Safety inspections in accordance with a predetermined inspection programme which is predominantly based on risk.
Compliance visits to premises at the request of other Local Authority departments and statutory bodies.
Investigation of complaints received relating to workplace health, safety and welfare issues.
Investigation of serious workplace accidents, dangerous occurrences and cases of occupational disease.
Joint Health and Safety visits undertaken with Health and Safety Executive specialist inspectors from the Field Operations Directorate. (FOD).

Environmental Health Services throughout Scotland actively promote and encourage the involvement of the business community by providing advice, guidance and adopting an educational approach throughout their Health and Safety role.
Many have created dedicated websites where businesses can access information to aid them to comply with Health and Safety requirements.
In carrying out these duties, Environmental Health services aim to provide a consistent and proportionate approach working to agreed enforcement policies and HSE guidance.
The joint inspection, eg food safety and occupational health & safety etc by fully qualified EH staff is recognised to be an important element in reducing single inspection activities.

Local Authority/ HSE Liaison Arrangements

This work is facilitated by well established liaison arrangements between local authorities and with HSE at both a Scottish and wider Great Britain level.
In Scotland, liaison arrangements between local authority Environmental Health services have been achieved by the formation of four regional health and safety working groups: West of Scotland, North of Scotland, Lothian and Scottish Borders and Central Fife and Tayside.
Each of the local authorities is represented on one of the four groups by Environmental Health professionals specialising in occupational health and safety.
These regional groups are supported and directed by the Royal Environmental Health Institute for Scotland (REHIS) Health and Safety Co-ordinating Group (HASCOG) whose main remit is to act as a co-ordinating committee to strategically manage the future direction and policy of Local Authority enforcement of occupational health and safety in Scotland.
Both the Society of Chief Officers of Environmental Health in Scotland (SOCOEH) and REHIS have representation on GB wide LA/HSE liaison arrangements.
These arrangements have been in place for several years and continue to foster excellent working relations not just within the environmental health profession but with others actively involved in occupational health and safety, including regular attendance by HSE staff.

APPENDIX B

Proposed Development of Local Authority / Health & Safety Executive Partnership working in Scotland

1. Desired outcome: use both HSE and Local Authority resources to better protect the workforce and others by targeting risk, unconstrained by current enforcement boundaries and traditional ways of working, to help improve occupational health and safety outcomes in Scotland.
2. At the Society of Chief Officers of Environmental Health in Scotland Congress in March 2011, the Society expressed a commitment to try to address the “Twin Peaks”. It was tabled as indefensible to be aware of the gap and not take steps to address the issue in the objective to protect those at most risk.
3. The Better Regulation Executive report on the health and safety regime published in 2008 identified the need to address the skew in regulatory targeting by HSE and Local Authorities. This is the so-called ‘twin peaks’ effect, where higher risk sectors are inspected periodically by HSE inspectors, and lower risk premises by LA inspectors. (BRE, 2008) In between these “peaks”, there is a misalignment of regulatory resource for medium risk premises (e.g. motor vehicle repair, High Street printers, small-scale construction) that are receiving little or no interventions from any enforcement body to improve health and safety – most of these businesses are the responsibility of HSE. The split of premises between HSE and LA s is determined by statutory regulations (Enforcing Authority Regulations), although there is scope for some transfer of premises between the two organizations by local agreement.
4. The HSE are also proposing reducing the number of pro- active inspections they carry out by a third as detailed in the Department of Work and Pensions statement Good Health & Safety (2011) and are seeking that local authorities similarly reduce their number of proactive inspection of premises for health and safety.
5. The HSE’s research (RR386) into the impact of recession and economic recovery on Health and Safety recognises that injury rates initially fall in a recession and will then start to rise in response to recovery, although a prolonged recession may result in increased pressure for corner cutting by management resulting in a rise in accidents. Reducing proactive inspections when evidence suggests that businesses are under pressure to cut corners and reduce overheads is not an adequate response to protect health and safety. (HSE, 2005)
6. Health and Safety research evidences that there is a positive and direct correlation between the level of inspections and occupational accidents and inspection activity influences behaviour of employers. The All-Party Parliamentary Group on Occupational Safety and Health published a report on the impact of the proposed cuts to the HSE including an analysis of 44 research papers on the impact of inspections which concluded that: “There is strong evidence that when companies are

7. The All Party group also concluded “changing behaviour and reducing injury and illness rates is best achieved by a mixture of enforcement, support, guidance, advice and information”. If any one of these is reduced it is likely to reduce the effectiveness of the others. (All-Party Parliamentary Group on Occupational Safety and Health, 2011)
8. This impact was also confirmed by a study by the Occupational Safety and Health Administration in the US, which showed that inspections imposing penalties produced a 22 per cent decline in injuries during the following weeks. (Gray, W.B and Scholz, J. T, 1993) The TUC recently published a report that shows that 61 per cent of employers are believed to have made improvements because of the possibility of a visit by an inspector. (TUC, 2010) The European Agency for Health and Safety at Work shows that inspections of high-risk business by regional inspectorates can reduce accidents by more than 25%. (European Agency for Health and Safety at Work, 2001)
9. The Society of Chief Officers of Environmental Health recognises that Scotland already has a higher workplace injury rate than other parts of the UK. The cost of reportable workplace accidents in Scotland in 2009-10 was estimated to be £187 Million and 2.5 Million working days were lost. (National Audit Office, 2011) Clearly the costs for the unreportable accidents would increase these substantially. The Scottish Government has confirmed that their overall purpose is to increase sustainable economic growth in Scotland, failing to adequately address health and safety in workplaces will continue to ignore the contribution that health and safety plays in ensuring that Scotland has a workforce that is capable of delivering this sustainable economic growth.
10. Local authorities have a responsibility to protect and improve health in their communities, continuing to accept workplaces which are uninspected and unregulated in our communities is not ensuring the health safety and welfare of employees and others affected by work activity.
11. Local authorities have worked hard to educate and support businesses in the local authority enforced Sector to achieve compliance with Health and Safety law. The businesses visited broadly welcome the inspections and seek advice when necessary between visits, attend training and drop in sessions.
12. Some Environmental Health services have been approached at business drop-ins to give support to businesses in the HSE enforced sector who have very rare contact with the HSE. This indicates that there is not the same level of support available across the business sector. Many small local businesses appreciate the support available from local Environmental Health services in meeting their health & safety obligations.

13. The Society of Chief Officers of Environmental Health in Scotland calls for action now to address the “Twin Peaks”, as the gap grows greater as a consequence of spending reductions. Local authorities are well placed to provide a flexible, business friendly health and safety services based on a range of interventions including inspection, education and enforcement to all communities in Scotland while the UK resources for the HSE are being cut.
14. Although it is the preference of many LAs for a formal transfer of premises, it appears that there is no appetite in the UK government for a review of the current enforcing authority regulations, so any changes to working with HSE across enforcement boundaries will need to be achieved by local agreement in Scotland.
15. The Society recognises that at a time of public sector spending constraint best use of available resources across both HSE and Local Authorities to improve occupational health and safety in Scotland’s communities will involve a range of interventions based on risk evaluation including inspections, formal enforcement, provision of information and guidance etc. There is also scope for developing flexible warranting arrangements between LA s and HSE so that staff from either enforcement group can undertake appropriate interventions in local premises across the current enforcement boundaries.
16. In taking forward this approach it is also recognized that Scotland’s local authorities differ in size and character and what is appropriate in an Island’s Council may not be feasible in for example a large city or vice versa.
17. In addition the resource implications for LAs of any changes will require careful consideration.
18. The desired outcome is to use both HSE and Local Authority resources to better target risk, unconstrained by current enforcement boundaries and traditional ways of working.
19. It is therefore proposed that the following steps be taken in further developing partnership working between HSE and Local Authorities in Scotland:
 - The HSE identify the risk levels where their resources will be targeted in Scottish local authority areas (based on what they will proactively inspect and other interventions);
 - areas of higher risk work activity that clearly fall between the twin peaks in Scotland are identified through existing local and national HSE/LA liaison arrangements;
 - determine whether flexible warranting would increase the capacity for intervention including the likelihood of pro-active inspection across existing enforcement boundaries;

- look at what if any additional steps would be necessary for that to happen (eg having sufficient workforce available, building competence and expertise; commitment to allocating resources);
- consider any risks to overall regulatory reputation;
- recognize the value in joint inspection carried out by multi skilled staff; and
- All workplace activities should be risk rated in a standard manner across both the HSE and local authorities to provide risk data which can be used in best targeting limited resources (this may be a longer term objective).

Society Chief Officers of Environmental Health in Scotland - June 2011

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