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**What Works in HSE?  
Exploring the Contextual Knowledge of  
Operational Staff**

**HSL/2004/11**

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# CONTENTS

1. Introduction.....	1
1.1 Aims.....	1
1.2 Objectives.....	1
2. Method.....	3
2.1 Protocol.....	3
2.2 Sample.....	3
2.3 Analysis.....	4
3. Results.....	5
3.1 Discussion of Focus Group Findings.....	5
3.1.1 Partnerships.....	5
3.1.2 (Strategic) Working with Stakeholders.....	7
3.1.2.1 Corporate Governance.....	7
3.1.2.2 Trade Unions / Safety Representatives.....	7
3.1.3 Sector Wide Initiatives.....	8
3.1.3.1 Blitzes.....	8
3.1.3.2 Safety Awareness Days.....	8
3.1.3.3 Passport Schemes.....	9
3.1.4 Use of Intermediaries.....	10
3.1.4.1 General Experiences.....	10
3.1.4.2 Supply Chain Intermediaries.....	11
3.1.4.3 Insurance Companies.....	11
3.1.5 Statutory Activity.....	12
3.1.6 Other Intervention Strategies Discussed.....	13
3.1.6.1 Production of Publications / Guidance.....	13
3.1.6.2 Risk Education.....	13
4. Discussion.....	15
4.1. Other Issues Raised.....	15
4.1.1 Evaluation of Effectiveness.....	15
4.1.2 HSE's Public Profile.....	15
4.1.3 Combinations of Interventions.....	16
4.1.4 Necessity of Management Commitment.....	16
4.2 Main Findings.....	16
4.3 Recommendations.....	18
5. Appendix 1 – Topic List.....	19
6. References.....	20

# EXECUTIVE SUMMARY

## AIM

- To mine the tacit knowledge of a sample of FOD operational staff regarding the relative merits of a range of interventions which comprise HSE's '*operational toolkit*', through a series of focussed discussion groups. This exercise aims to establish an insight into perceptions of '*what works, under what circumstances, and with whom*', with a view to informing decision making within HSE over future operational strategy

## OBJECTIVES

- Conduct an initial series of three focussed discussion groups with experienced operational and sector staff (Job Band 2 and 3) within HSE to explore tacit knowledge regarding the relative merits of a range of intervention strategies in a range of contexts, with a view to informing 'what works, when, where, and under what circumstances'.
- Conduct a thematic analysis of the qualitative data arising from the focus groups to examine commonalities and contextual differences regarding the effectiveness of available intervention strategies.
- Produce a written report summarising findings, with recommendations for future work in this area.

## MAIN FINDINGS

- All of the interventions discussed were perceived as having the potential to produce improvements in workplace compliance. None of the interventions was rejected out of hand, with some positive comments made with regard to all of them.
- Partnerships present a potentially useful tool to allow effective dissemination of good practice across large numbers of stakeholders. Their effectiveness appears to be contingent upon the presence of common, well-defined objectives, the development of a trusting relationship between partners, and significant resource input from HSE. Some participants felt future resource would be put to good use for promoting further partnership working and maintaining current relationships, although the requirement for HSE to adopt a leading role in this process, through sustained effort and continuity in staffing, was underscored.
- There appears to be scope for more effective interaction with Trades Unions and Safety Representatives to improve health and safety standards. Many respondents felt that HSE has yet to fully exploit this resource. The perceived ineffectiveness of safety representatives, in the absence of a trades union brings into question the utility of safety representatives in non-unionised sectors and premises.
- In terms of sector wide initiatives, both blitzes and Safety Awareness Days (SADs) are believed to constitute effective means of spreading HSE's message to a large number of stakeholders, particularly where publicity is well managed and the most is made of the potential for a 'ripple effect'. However, it should be born in mind that many questioned the longevity of such approaches. Factors key in the success of SADs were considered

to be the breakdown of misconceptions regarding HSE, and the potent threat of inspection for non-attendance.

- The principle of ensuring worker competence through passport schemes is generally commended, although the means by which these schemes have been implemented is the source of some controversy and concern, notably within the construction sector, with criticisms made over the proliferation of schemes for commercial reasons. HSE's role within passport allocation is felt to require clarification.
- Debate exists regarding the ability of intermediaries to promulgate HSE's message. Some participants consider them an excellent outlet, particularly where strong contact networks exist, whereas others were sceptical of their ability to circulate HSE's intentions uncorrupted. As with partnerships, the effectiveness of intermediary working appears to be dependent upon the presence of joint agendas and available resource. Supply chain intermediaries were recognised as an area in which HSE could potentially make a significant impact in raising health and safety standards, yet which little effort had been concentrated. While intuitively appealing, the general consensus was that intermediaries are only likely to be useful in a relatively finite range of contexts,
- Perhaps unsurprisingly, inspection and enforcement were deemed to constitute a highly effective means of ensuring workplace compliance within stakeholders, particularly as a method of directly accessing 'hard-to-reach' companies. Furthermore, this intervention strategy was felt to often present the means by which other strategies are brought to bear. Insufficient staff to ensure coverage, high turnover, and changes to the training programme were all viewed as factors undermining the efficiency of traditional inspection based interventions.
- Production of HSE publications / guidance was judged to be a useful means of indicating the standards expected of industry, as they constitute one of HSE's few public presences in the industrial community. This has been impaired by the recent moratorium. Discontinuation of publications has made it increasingly difficult to effectively pass HSE's message on and significantly undermined the agency's position. The sale of publications at a cost was criticised as limiting the stakeholders the material was likely to reach. The generation of guidance was considered to have benefits above and beyond the production of the material itself. Specifically, it was held that the process of developing guidance material maintained and enhanced the discourse between HSE and other stakeholders.
- All participants alluded to the difficulties inherent in the evaluation of the effectiveness of any particular intervention, specifically those in which the product is neither concrete nor tangible. As such, the ability to make comparisons of the respective impact of a range of interventions is limited. Some participants suggested that a more coherent approach to evaluating interventions was needed.
- It was emphasised that limited evidence of impact should not be taken to signify that an intervention was ineffective and should be abandoned. Participants felt that HSE must show perseverance in its use of intervention strategies, as the greatest gains are often achieved when the same strategies are maintained for a prolonged period of time.

## RECOMMENDATIONS

- Due to the law of diminishing returns, it may logically be assumed that a relatively small number of focus groups will provide a reasonably definitive list of ‘what works’ in a range of operational contexts. However, the breadth of issues covered during the focus groups in the short time available perhaps does not allow as deep a mining of why certain interventions are more effective in some contexts than others. Therefore, there may be added value in conducting further focus groups and / or one-on-one interviews with HSE (FOD) and Local Authority staff to mine the issues more extensively. In view of the level of detail desired, it is suggested that the project board reflect upon the insights from the current study and prioritise those interventions that would benefit most from further exploration.
- Once a detailed insight into what works has been established it may be considered beneficial to supplement the qualitative findings through the development of a survey questionnaire, to allow collection of quantitative data. Once armed with an appropriate level of insight, it would be a relatively straightforward task to generate data on the strength of feeling / relative merits of alternative approaches. An appropriate stratification of the sample (referenced to respondents’ remit) would permit the mining of the data set to see which approaches flow across operational contexts and which vary between them.

# 1 INTRODUCTION

As part of the Health and Safety Executive's (HSE) emerging strategy, there is a need to gather intelligence to inform decision making over the most effective use of operational resources in order to maximise their impact in reducing accidents and ill-health arising from work. To assist in this undertaking, the Health and Safety Laboratory (HSL) was commissioned by HSE to run a series of focussed discussion groups with a sample of experienced Field Operations Directorate (FOD) staff. The purpose of these discussions was to tap into their corporate memory and tacit knowledge of 'what interventions work', under 'what circumstances' and in 'what contexts'.

HSE is a publicly accountable organisation and as such, needs to make the best use of its finite resources, and to be able to demonstrate this to stakeholders. In addition to enforcement activity, HSE has developed a range of approaches for engaging with businesses to try and improve standards and levels of compliance. However, it is currently felt that there is scope to improve levels of understanding regarding the relative merits of the available approaches, and how these may vary between one context and the next (e.g. by sector; by region; by size of business).

To a certain degree, evidence of the value of the alternative approaches within HSE's toolkit may be drawn from sources such as benchmarking studies and impact evaluations. However, another, some might suggest, under-utilised source of evidence intuitively resides within the workplace experience and expertise of operational staff, within both HSE and Local Authorities.

This project aims to explore this knowledge base, by providing a qualitative overview of operational staff's insight and experience over what works, where, with whom and under what circumstances. This project, therefore, constitutes an initial step in addressing the knowledge gap identified in 'The impact of HSE' (IES, 2001) and a recent an HSE internal report to the Evaluation Committee (June, 2003).

It is intended that the outcomes of this study should inform strategic thinking within HSE over how to further explore and make use of tacit knowledge in maximising the impact of the operational contribution to improving health and safety.

## 1.1 AIM

- To mine the contextual knowledge of a sample of FOD operational staff regarding the relative merits of a range of interventions which comprise HSE's '*operational toolkit*', through a series of focussed discussion groups. This exercise aims to establish an insight into perceptions of '*what works, under what circumstances, and with whom*', with a view to informing decision making within HSE over future operational strategy

## 1.2 OBJECTIVES

- Conduct an initial series of three focussed discussion groups with experienced operational and sector staff (Job Band 2 and 3) within HSE to explore tacit knowledge regarding the relative merits of a range of intervention strategies in a range of contexts, with a view to informing 'what works when, where and under what circumstances'.

- Conduct a thematic analysis of the qualitative data arising from the focus groups to examine commonalities and contextual differences regarding the effectiveness of available intervention strategies.
- Produce a written report summarising findings, with recommendations for future work in this area.

## 2 METHOD

### 2.1 CONTENT OF THE FOCUS GROUP DISCUSSION PROTOCOL

Following consultation with Strategy and Intelligence Division (SID), it was agreed that an initial series of three focussed discussion groups should be conducted to mine the contextual expertise of a sample of experienced FOD staff.

A primary strength of focussed discussion groups is that they represent an informative and cost effective means of gaining a detailed insight into salient issues relevant to the topic(s) of interest. They are particularly useful in identifying noteworthy issues and potentially play a valuable role in the generation of hypotheses that can be tested at a later stage, i.e. they can help to rationalise thinking on how to go about exploring complex issues, by reducing the number of variables which need to be considered.

An initial obstacle to conducting this work related to the wide range of topics under consideration and the need to assimilate them into a manageable framework. To this end, a framework protocol (topic list) for the focus groups was devised, following consultation and detailed discussions with key SID staff. This process permitted the generation of a rationalised set of intervention strategies from HSE's toolkit. Examples of the types of strategy were also included, with a view to enhancing clarity over nomenclature during the group discussions. This exercise resulted in the set of key intervention strategy groupings outlined below (*a copy of the focus group protocol and more detailed definitions of the characterised intervention categories are provided in Appendix 1*):

- **Partnerships** – strategic relationships between organisations / groups at both national and local levels
- **(Strategic) Working with stakeholders** – covering issues such as corporate governance, working with trade unions, safety representatives and other interest groups
- **Sector wide initiatives** – “gearing” an entire sector through initiatives such as blitzes, passport schemes, sector days, workshops, and Safety Awareness days (SADs)
- **Use of intermediaries** – for example, Regional Safety Groups, Learning & Skills Councils, chambers of commerce, small business services, and supply chain intermediaries
- **Statutory activity** – inspection, enforcement and incident investigations, following up complaints

*Note: It should be observed that while the above list formed the basis of the protocol for the focus groups, the order in which topics were discussed varied in order to supplement the natural flow of each discussion.*

### 2.2 THE SAMPLE

Each focus group comprised between eight and ten participants, and was of 90-120 minutes duration. The selection criteria for participants were as follows:

- FOD Job Band 2 / 3 inspectors (sector specific and other operational staff with greater than 5 years experience);
- Workplace Contact Officers (WCO's) with at least 3 years experience;
- Preferably experience of more than one sector / directorate;
- Participants selected from a range of regional locations.

Focussed discussion sessions were held at three FOD locations:

- Sheffield area office
- Nottingham area office
- Glasgow area office

These group discussions were supplemented by an individual interview with a Regional Director.

Two experienced HSL researchers attended each session: One acted as facilitator, to introduce the topics under discussion and probe issues raised, the other as a note taker to maintain a written record of each discussion. Discussions were also audiotaped with the permission of those present. Participants were provided with the assurance that the findings would be reported in a non-attributable form.

Care was taken to ensure that the focus group participants were drawn from a diverse range of areas of expertise and backgrounds.

### **2.3 ANALYSIS OF TRANSCRIPTS**

Verbatim transcripts from each group discussion were produced. The audiotape recordings were supplemented by with the written account of discussions to provide useful contextual information on non-verbal elements of the discussions.

The transcripts were appraised using the thematic analysis technique. Specifically, text was considered with reference to a coding frame that reflected the constituent facets of the topics discussed

## 3 RESULTS

### 3.1 DISCUSSION OF FOCUS GROUP FINDINGS

The main findings from the focus groups are listed according to each topic covered.

*Note: although there is a considerable degree of overlap between a number of the topics under consideration, in order to increase the transparency, findings are discussed as if they were discrete entities. Similarly, the order in which topics are discussed reflects the format of the focus group protocol, and in no sense reflect either the author's or respondent's views on their primacy.*

#### 3.1.1 Partnerships

Experiences of the effectiveness of partnerships at both local and national levels tended to be varied, with an array of useful and less effective examples cited. In the main, however, it was felt that partnerships have great potential for positive impact, it seemingly being widely felt that they can allow effective dissemination of good practice across large numbers of relevant stakeholders, particularly where strong pre-existing communication networks are present, (e.g. professional associations). Where such established networks are absent the view was expressed that the scope for successful partnerships remains limited.

Participants identified a number of specific examples which were considered to represent successful partnerships. The criteria for success, however, appeared to reflect the presence of a range of salient drivers, such as a spate of fatal accidents providing a focus for action (e.g. PABIAC), or the presence of a strong personality within either party.

A number of respondents highlighted the need for HSE staff to play a pivotal role in the success of partnerships and the importance of building and maintaining effective personal relationships with relevant individuals. There was widespread acceptance of the need for HSE staff to play the active role of 'change agent', to work to maintain relationships, and effectively drive the agenda and lead the partnership. There was also a notable degree of consensus amongst respondents regarding the range of factors underlying the development of an effective partnership:

**1. The presence of common objectives / priorities:** In particular, it was felt important that HSE did not simply impose its own priorities upon others. Sharing and agreeing priorities through joint discourse was felt to promote a sense of ownership and legitimacy (see point 2, below), primarily in the non-HSE party(s). This was widely viewed as a key to success. Some participants felt that many of HSE's partnerships had been formed for rather nebulous, possibly not particularly strategic, reasons. It was felt that the lack of strategic thinking here could undermine enthusiasm and motivation amongst operational staff involved in such partnerships. This sentiment is perhaps exemplified within the following quotation: '*often we find in HSE that "why are we doing this?" is not one of our priorities [when forming a partnership]*'.

It was felt to be important that the objectives of a partnership are well defined, transparent to all parties, and focused upon tangible outputs. This relates to the need for consensus over a common, or at least complementary set of objectives. For example, in situations where the end result of a partnership is the production of guidance, some participants expressed doubt as to whether the guidance produced through collaborative

working was actually utilised. However, it was equally felt that the developing of guidance through partnerships helped to cement relationships and had a positive influence over and above the production of guidance itself.

**2. The development of a trusting relationship between partners:** In most cases, this theme was discussed with reference to engendering trust in HSE within the non-HSE partner. Many felt that (mis) trust, or perhaps more accurately suspicion and fear of enforcement action constituted a potentially significant barrier in certain types of workplace / sectors. It was widely felt that the principal means of addressing this issue should be through direct (face to face) interaction, in order to break down misconceptions over HSE's role. Perhaps predictably, tensions here were considered to centre around the provision of advice and guidance, in contrast to its enforcement role. As one participant noted,

*'The negative perception of health and safety is often the stumbling block for many people'.*

A number of participants highlighted the need to build personal relationships between HSE and duty holders / stakeholders, and emphasised the need to maintain continuity in this. The current rate of turnover, and redeployment of HSE staff was considered to mitigate against the development and maintenance of effective relationships. Much was made of the problems of discontinuity and diminished credibility amongst duty holders, particularly where this is accompanied by the perception that HSE staff lack a consistent line on an issue.

A number of participants felt that HSE should do more to publicise the positive effects of building solid partnerships. Senior management did not seem to fully appreciate, nor acknowledge the historical effects of building up solid partnerships. For example, a particularly successful example of continued partnership within the food sector was cited, which it was felt HSE should have publicly acknowledged and taken credit for. It was felt that this partnership should be used as a template for other industries.

**3. Levels of HSE input:** It was widely felt that a prerequisite for the success of partnerships was a significant level of input from HSE, often to initiate the development of effective partnerships. It was apparent that many of the partnerships discussed tended to be heavily reliant upon HSE's input to initiate and maintain them. Such persistence on the part of HSE was widely seen as a key factor in sustaining momentum. The danger of neglecting partnerships was highlighted, in that it was felt that this could seriously damage HSE's reputation, particularly with respect to establishing further partnerships.

**4. Availability of HSE resources** to make partnerships work, both in terms of personnel and capital: Some participants expressed the view that where HSE is able to put greater resource into a scheme, it tends to function more effectively (the ongoing progress of 'Site Safe Scotland' was cited as an example of the impact of the initiative having been moderated by fluctuations in levels of resource allocation).

Potential barriers to the establishment of effective partnerships were said to be likely in instances where non-HSE partners were unwilling to put resource into a partnership (this allocation of resource is linked to determining agreed objectives; see point 1).

It appeared that opportunities for partnership working are identified through a variety of means. Often these were said to emerge on a rather ad-hoc basis, sometimes resulting from an approach

made to HSE, and in some instances they are a consequence of intervention by the inspectorate. It was felt that HSE lacked a strategic overview to allow identification of partnerships, a situation that should be addressed in order to relate to the overall HSC strategy.

It should be noted that much of the experience shared in the groups was with reference to partnerships at a national level. Therefore, in recognition of this, it may prove beneficial to examine views on the impact of local level partnerships through future discussions – aimed at exploring the criteria for success in establishing effective local partnerships.

### **3.1.2 (Strategic) Working with Stakeholders**

#### **3.1.2.1 Corporate Governance**

The participants' experience of and consequent ability to comment on the effectiveness of corporate governance was generally limited, although some were appreciative of its potential to influence health and safety standards throughout an organisation, provided there is senior management commitment to health and safety (the pharmaceutical company AstraZeneca was cited as an example of exemplary corporate commitment to health and safety). However, a number of respondents were sceptical of its utility, suggesting changes in corporate policy were more often prompted by investor concerns, or the spotlight of public interest (in high profile organisations), rather than a belief in the intrinsic benefits of expressing their commitment to health and safety, *per se*.

#### **3.1.2.2 Trade Unions / Safety Representatives**

A significant number of participants considered Trade Unions (TU's) and safety representatives to represent a potentially useful means of improving workplace safety standards. However, some believed that HSE had not fully exploited this potential (*'HSE needs to be directing reps onto the relevant issues so they can put co-ordinated pressure at the sharp end of an industry'*). However, the dissemination of HSE's message was perceived to be hindered by a general reticence within TU's to log onto HSE's agenda.

With regard to strategy, some participants felt that HSE could have greater impact by applying more effort at branch and regional, rather than national, levels within TU's, although the high resource requirements of this proposal were acknowledged.

With the exception of some Scottish participants, who reported stronger TU links, no examples of successful schemes involving unions or reps were cited. In contrast, some evidence was provided of occasions in which unionised safety reps appeared to have been a disruptive influence, for example, during Safety Awareness Days.

There was a generally accepted view that the effectiveness of safety representatives in the absence of trade union linkages tends to be significantly reduced. It was apparent that safety representatives are rarely encountered amongst non-unionised labour forces. Similarly, there was an acknowledgement that the utility of safety representatives as a conduit for getting HSE's message across is rather limited in non-unionised sectors.

### **3.1.3 Sector Wide Initiatives**

#### **3.1.3.1 Blitzes**

The general consensus with regard to sector-specific blitzes is that they are an effective means of raising awareness and standards in the very short-term, although some doubt was cast over their long-term impact. They are considered to constitute an efficient method of getting HSE's message across on a particular topic to a large number of stakeholders within a short time period in a given sector / geographical area.

A strength of blitzes was considered to be the ripple effect that they cause. At a sector level, e.g. construction, this ripple effect was said to manifest itself by raising awareness amongst a given 'community', by making them feel that the spotlight was on them. Where there is coverage in the media, this was said to enhance the ripple effect. Publicity and media effects were felt to play a more significant role at a local / regional level, i.e. principally coverage in local newspapers and radio stations. In order to maximise the impact of such effects it is clearly necessary for HSE to inform newspapers / radio stations of its activity:

*'Let them know what you are going to do, and what you did do'*

Other respondents pointed to the power of word of mouth, and the utility of informal communication systems to disseminate an imminent blitz. To maximise these effects, some participants suggested that blitzes should be specifically focused upon a relatively small geographical area, or a particular sub-section of an industry (e.g. roofers in the construction trade). A potential weakness was considered to be the dilution of effect resulting from attempting to target a large, non-focussed set of duty holders.

A number of examples of successful HSE / Local Authority blitz campaigns were cited, primarily within the construction sector. One of the recurrent components of these campaigns was the fact that businesses were forewarned to expect a visit from the inspectorate, spreading the message that *'doing nothing is not an option'*. This was said to have ensured a *'level-playing field'*, in that HSE could not be accused of being unfair in its action, as all businesses received the same treatment

*'Companies cannot turn around and say "well you are not dealing with x, y, z, why are you picking on me?"'*

However, some participants voiced concern over the short-lived effectiveness of blitzes, suggesting follow-up visits / repeat exercises are required to maintain any initial gains. The significant resource implications of undertaking such follow-up programmes were highlighted. Furthermore, a number of participants made reference to the difficulty in accurately assessing the longevity of impact a particular blitz may have.

While not directly related to their impact / effectiveness, there was a general view that blitz's can have a positive effect on the morale of participating HSE staff.

#### **3.1.3.2 Safety Awareness Days**

Feedback regarding Safety Awareness Days (SADs) was generally positive, in that they were widely believed to be an effective means of raising awareness of HSE's message across a large number of stakeholders. As with blitzes, the publicity generated by SADs can have a supplementary positive effect, allowing the dissemination of information to a wider population than those present at the actual days themselves. They were also felt to be an effective means of

getting HSE's message across to 'hard to reach populations', e.g. agriculture, small and micro businesses.

SADs were also felt to play a positive role in establishing relationships and building up trust in HSE, because of their non-threatening atmosphere, which encourages stakeholders to ask questions and become involved:

*'You get in contact with people when you aren't waving a notice at them or threatening them'*

As a result, it was felt that stakeholders may be more inclined to approach and contact HSE in the future, as the barriers of mistrust have been broken down in some degree – similarly they offer an opportunity to raise awareness of health and safety law, guidance and other risk management information. It was generally agreed that the formation of such relationships would have a positive effect on standards of workplace health and safety, albeit one that is difficult to measure.

However, some participants appeared unconvinced that awareness raising exercises translated into decisive action and behavioural / organisational change, in terms of raising health and safety standards, particularly in the long term

*'The attendees net result may be only vague recollections of some of the information they have been given'*

The key factor in the apparent success of the SADs held in Agriculture was considered to be the threat of inspection / enforcement for non-attendance. However, fear of inspection was suggested to be a less tangible threat in other industries where workers were employed at transient sites, such as construction. The necessity of careful selection of SAD attendees was also highlighted; otherwise they may have a tendency to only attract interested parties, who already operate at high safety standards. The use of mail-shots, combined with the 'threat' of a visit to non-attendees was almost universally considered effective.

### **3.1.3.3 Passport Schemes**

Taken as a whole, there was some disparity amongst the views of the three groups with regard to the utility of passport schemes. Some participants considered them to be valuable, whereas others regarding them as being a source of chaos throughout industry. It should, however, be understood that the general *principle* of ensuring worker competence through a passport is viewed approvingly. Primary misgivings related to the lack of coherence in certain sectors, due to the plethora of passports, and significant variability in the quality of instruction received under such schemes. It was felt that in the absence of effective quality standards, e.g. of the NVQ type, there was a risk that a potentially useful concept may be undermined.

Those in favour of passport schemes provided examples, principally from the Food sector, whereby passports had helped to raise standards and, it was claimed had helped to identify under-performing individuals or companies. Similarly, the 'Scaffolder's Certificate' was felt to have resulted in a positive improvement in standards of personnel on site. In some of these situations, it was reported that passports, if referenced to appropriate standards of behaviour, can operate as an incentive for employees to act safely where this monitored by the employer, i.e. where performing an unsafe act may result in loss of a passport and subsequent loss of job, because the passport is needed to access a worksite.

Those respondents that did not endorse passport schemes tended to hold this position on the grounds that they believed that the concept has been hijacked and taken to excess, often, they believe, due to commercial drivers (in particular the activities of training providers in what is, some areas, becoming quite a competitive market). The rapid proliferation of large number of different schemes was also said to have led to confusion and inter-industry conflict over which contractors are certified as 'competent' to perform a specific assignment. Examples were cited in the construction industry where refusal to recognise certain passports was said to have caused spurious 'turf wars' between contractors.

Another criticism levelled at passport schemes was that the level of performance necessary to gain accreditation is both variable and in many instances rather lower than is desirable. In addition, there is concern that contractors may use out-of-date passports, gained many years ago, which no longer reflect current training practice.

Finally, the view was expressed that passports may only signal competence in a highly specific set of circumstances, e.g. ability to drive a certain type of forklift truck, yet they may be used as a conduit to access a whole range of similar work situations.

The groups also displayed a range of views over HSE's current and potential role in passport schemes. Some held the view that HSE should take a more involved role, to ensure more stringent assessment criterion are applied to guarantee competence (a move said to be made easier in situations where an identifiable legal requirement underpinned the scheme), whereas others held the view that HSE should not adopt the role of a central qualification body.

In summary, it was felt that '*HSE cannot have a benign presence outside this issue*'; it must make its position clear.

### **3.1.4 Use of Intermediaries**

#### **3.1.4.1 General Experiences**

The experiences of the use of intermediaries amongst the groups were varied in terms of their utility. Many participants were sceptical of intermediaries, doubting their ability, and in some instances willingness, to promulgate HSE's message uncorrupted

*'They often send out messages that do not reflect the line HSE wants to take'*

Moreover, some examples were referred to where intermediaries were said to have exerted a disruptive influence on HSE activity, often as a result of conflicting ambitions. The point was also made that many intermediaries have limited resources to tackle their own agendas, hence their preparedness / scope for acting as a conduit for HSE is likely to be limited.

Others suggested that intermediaries can represent an excellent outlet for HSE to employ in terms of awareness raising, particularly if a knowledgeable, driven individual / group is identified, who have an interest in health and safety. A range of examples were quoted here, however, these appear to be contingent on a distinctive set contextually unique of circumstances that may not be easily translatable into other scenarios.

Intermediaries were said to be particularly effective where they possessed an established network of contacts. An example cited related to risk education in schools, where the police force and fire service maintain strong links with education establishments through initiatives

such as the 'Crucial Crew'. Here, there was felt to be clear potential for HSE to latch onto these schemes.

Again, the success of intermediary working appears to be dependent to an extent on whether the intermediary has shared goals with HSE or not (the successful example of setting National Care Standards for care homes was cited, this reportedly having been founded upon a joint agenda). Many other groups have limited resources and different agendas that take precedence. Unless the objectives of the two parties are synonymous, or at least complementary, at a certain time point, it was felt in the majority of cases, the intermediary would not be prepared to assist HSE. To support this premise, examples were stated in which attempts by HSE to engage intermediaries had failed, due to a lack of interest from the non-HSE party.

A further difficulty mentioned was that it can be challenging to maintain impetus with intermediaries. Although often initially enthusiastic, the relationship may easily wane unless there is some benefit for the intermediary. Also, HSE needs to be very clear about what is expected from the intermediary, by virtue of clear and consistent planning, otherwise the risk of distorting / misinterpreting HSE's position may be increased.

#### **3.1.4.2 Supply Chain Intermediaries**

Supply chain intermediaries were recognised as an area in which HSE could potentially make a lasting, significant and wide-reaching impact in raising health and safety standards.

The stumbling block here was felt to be the logistics of actually engaging with the supply chain intermediaries. A notable example cited related to the food retail sector (supermarkets), which was perceived as working to its own, commercial, agenda.

As discussed in section 3.1.1, a degree of commonality in the objectives of both parties' was said to be a prerequisite for success. However this rarely existed in the experience of the participants. It was felt that the link between product quality and health and safety could be exploited if a rapport was gained between relevant parties.

In instances where changes have been made within the supply chain, the necessity for coherent communication with stakeholders up and down the chain was highlighted (e.g. the adoption of 25kg bags for materials as an industry standard in Construction required awareness and co-operation from all relevant parties).

#### **3.1.4.3 Insurance Companies**

This issue was only briefly debated during some of the groups, although the general sentiment was that in some respects, insurance companies could assist HSE, despite conflicting interests (the insurance industry is driven by financial motivators). Firstly, insurance companies hold information that might be useful to HSE, e.g. claims-based information to assist in understanding accident patterns, although it can be difficult to obtain and publicly disclose this information.

Secondly, insurance companies have a high level of contact with a range of industries that HSE cannot match. Hence, there may exist potential for partnerships, to reinforce the message that 'good health is good business', as reduced insurance premiums can present a useful driver towards improved health and safety performance.

### 3.1.5 Statutory Activity

Participants in all three focus groups were in agreement that inspection and enforcement activity remains vital to HSE's success, and as such should continue to form one foundation of HSE's activity. This strategy was felt to often present the means by which other intervention strategies can be brought to bear.

It was felt that most companies, throughout all industry sectors, respond to site inspections and alter their practices as a result of a visit from an inspector. This 'sharp-end' specific company-based activity was seen as possessing a more direct impact than that of overarching national level interventions, such as 'Securing Health Together', and 'Good Health is Good Business', which some participants felt did not penetrate down to those stakeholders that HSE most needed to engage with. Such '*modest impact*' was suggested to possibly result from a mechanism of diffusion of responsibility.

A further benefit of inspection was believed to be its latent influence in forming new partnerships, although this was considered primarily a by-product of chance opportunities, rather than strategic planning. In addition, it was felt that a constructive 'ripple effect' in publicity may be observed within an industry / sector following a high-profile enforcement action, simply as the result of serving a single notice, which may perhaps stimulate action from other companies.

One of the key weaknesses of current statutory activity was highlighted as insufficient staffing to provide the necessary level of coverage. This has meant that workplace inspection / contact time is now predominantly focused on dealing with 'deviant' or 'problem' companies, rather than on a wider range of stakeholders. Moreover, it was felt that since businesses in some sectors know that they are likely to be visited only once every 5-10 years, the impetus resulting from the fear of enforcement (this being viewed by many of those present as a significant driver toward improvement) is absent.

Another issue raised was that current staffing levels limit the number of follow-up visits that can be carried out. It was felt that this tended to foster a rather short-term view when dealing with companies, and a lack of continuity.

A number of key qualities an inspector should possess in order to be successful / effective were discussed. Perhaps of greatest importance, was considered to be a sense of credibility, based on sound knowledge of the industry sector under consideration. It should be noted that it was felt that WCOs were unable to offer the same level of technical expertise as inspectors. A good communication network was also deemed necessary, as well as the ability to build effective relationships with those who can influence the wider context, along with a strong, authoritative personality (one participant used the phrase '*larger than life*' to describe this persona).

It was underscored that high staff turnover means that it is difficult to maintain a high level of expertise within the inspectorate. In turn, this also serves to reduce continuity in relationships formed with stakeholders, hence, it was said inspectors are, all too commonly on an introductory footing. This was said to be one of the reasons why HSE remains marginalized.

In addition, criticisms were levelled at the content of the inspector training scheme from some quarters, in particular the reduction in field visits, which it was felt undermined the professionalism, confidence and proficiency of new inspectors.

### **3.1.6 Other Intervention Strategies Discussed**

#### **3.1.6.1 Production of Publications / Guidance**

*Note on context:* This research was conducted during a short-term moratorium on publications. Consequently the responses also reflect respondent's perceptions of the influence of this moratorium, in addition to more general observations on the value of publications and guidance.

In main, participants were of the opinion that HSE publications (most specifically guidance) constituted an effective means of spreading HSE's message and indicating the standards expected of industry. Importantly, it was suggested, HSE publications constitute one of HSE's few 'public presences', in the industrial community. There was almost universal disapproval amongst participants of the moratorium on guidance production.

It was felt that the introduction of the moratorium publications had made it increasingly difficult to effectively pass HSE's message on, and had significantly undermined its position. For example, the end-result of discourse within many partnerships is the joint production of industry-specific guidance. If this guidance is then shelved, the negative results are threefold:

- Firstly, the relationship formed with industry will become diminished / destabilized, possibly irreparably, at the expense of future projects;
- Secondly, industry will be less informed regarding what HSE expects of them, and what steps they can take to improve their health and safety standards.
- Thirdly, another consequence of the moratorium is that existing publications will rapidly become dated, thus damaging HSE's credibility as a professional outfit.

In terms of the content of guidance material, it was recognised that to be effective this must be readable, accessible, and targeted at specific stakeholders, in order to maximise its uptake. Some doubt was cast over the efficacy of higher-level generalised publications / regulatory material, which were considered to go 'over the heads' of the companies where improvement was most required (commonly SMEs); i.e. those who, it was said HSE has most need to engage with.

Respondents considered that HSE's policy of charging for publications could undermine their underlying effectiveness by limiting the scope of stakeholders reached, as only those with an interest in the topic are likely to pay for material on it. Other government agencies distribute their publications for free, thus ensuring a much wider coverage.

Although some guidance may be freely accessed on the HSE website, many participants did not consider this to currently be a practical information source for many stakeholders, particularly SMEs, whom, it was said, typically have limited web access and / or time and resources to navigate themselves to the appropriate part of the HSE website. Although some participants felt that the web should not be viewed as a panacea for all HSE's information needs, there was notable consensus that the HSE's web-based profile should be maintained and strengthened, as it constituted a potentially influential method of accessing stakeholders for future years.

#### **3.1.6.2 Risk Education**

The efficacy of risk education programmes was discussed briefly in some of the groups. This was viewed as a long-term strategy that might not reap benefits for many years, although it was broadly consented that it was better to have such programmes in place than not. The main obstacles to achieving greater health and safety coverage within education were thought to be an already overcrowded curriculum, a general perception of disinterest in many educational

establishments, and an amateurish approach to risk education by HSE in comparison to other government departments.

## 4 DISCUSSION

### 4.1 OTHER ISSUES RAISED

In addition to the intervention strategies described in the protocol, the focussed discussions covered a range of interrelated topics, as outlined below:

#### 4.1.1 Evaluation of Effectiveness

All participants alluded to the difficulties inherent in the evaluation of the effectiveness of any particular intervention, specifically those in which the product is neither concrete nor tangible. As such, the ability to make comparisons of the respective impact of a range of interventions is limited. In addition, there are often too many potentially influential variables to establish causality, especially in terms of headline statistics. For example, it is hard to state with any certainty whether simply raising awareness translates into positive action on the part of the stakeholders.

Some participants considered that HSE should have a more coherent approach to evaluation. This was recognised to represent a significant shortcoming in HSE's intervention strategy that should be addressed, although little indication was provided as to how this might best be achieved.

In relation to evaluation, it was emphasised that limited evidence of impact should not be taken to signify that an intervention was ineffective and should be abandoned. Participants felt that HSE must show perseverance, as the greatest gains are often made when the same strategies are maintained for a prolonged period of time

*'HSE needs to keep hammering away with the same messages ... over and over again'*

For example, the cases cited in which partnerships have had greatest impact have been those that were / are ongoing over a number of years, with a well-established discourse and consensus that had a clear, agreed and specific agenda combined with comprehensible, targeted guidance on standards that industry and inspectors alike could apply. Over time, it was claimed that the necessary persistence has fostered solid relationships with industry, and led to significant improvements.

This prerequisite for HSE to adopt a determined approach to interventions may be linked to another point raised during the groups: specifically, the view that there is a need for HSE to consolidate existing relationships, and not allow these to wither. In a similar vein, some contributors felt that HSE risks creating problems for the future, by continually starting new initiatives at the expense of existing ones and associated relationships. This may potentially limit the resource available to maintain existing relationships, serving to disrupt any continuity that may have been gained.

#### 4.1.2 HSE's Public Profile

The point was raised that HSE's effectiveness as an organisation may be undermined by its muted public profile. There was felt to exist two main reasons to advertise / market HSE's profile more favourably:

- Firstly, a significant proportion of companies have no idea of what HSE is, or what action they perform.
- Secondly, HSE is viewed and feared by many stakeholders as an ‘*enforcement-only*’ organisation, which significantly underplays the complexity of HSE’s actions. One suggestion to improve this situation and propagate the appropriate message was to utilise television advertising, as has been exploited effectively by other government agencies, e.g. Food Standards Agency, although it was recognised that such a campaign must be handled with care.

### **4.1.3 Combinations of Interventions**

Although it was collectively implied that, in many instances, interventions are more effective when utilised in combination, few examples were provided. Instead, participants suggested that decisions regarding which interventions to combine and in what circumstances often rested chiefly upon the knowledge and expertise of individual inspectors. Many participants highlighted that intervention systems that work locally are contingent on a number of factors, such as the individual personalities involved, the region, and the relationships established between the various groups and companies dealt with. Attempts to impose the same system as, for example, a national strategy was felt to be likely to fail, as these circumstances are not as easily transposed to a wider level.

Therefore, it is transparently difficult to adopt a corporate level strategy to map successful interventions, and combinations of interventions. In many instances, particularly with respect to partnerships and intermediary working, the development of positive relationships was highlighted as opportunistic, and in no small part dependent upon the personalities involved, and their motivations and skills.

### **4.1.4 Necessity of Management Commitment**

One issue that was referenced by many of the participants was the key importance of gaining company managers’ commitment to interventions. It was generally agreed that it is far easier to gain compliance if the management has a positive safety culture, an interest in health and safety, and a willingness to make improvements. Furthermore, it was felt that visible senior level commitment to health and safety has the potential to percolate throughout a sector, particularly where this has the effect of creating industry norms.

## **4.2 MAIN FINDINGS**

- All of the interventions discussed were perceived as having the potential to produce improvements in workplace compliance. None of the interventions was rejected out of hand, with some positive comments made with regard to all of them.
- Partnerships present a potentially useful tool to allow effective dissemination of good practice across large numbers of stakeholders. Their effectiveness appears to be contingent upon the presence of common, well-defined objectives, the development of a trusting relationship between partners, and significant resource input from HSE. Some participants felt future resource would be put to good use for promoting further partnership working and maintaining current relationships, although the requirement for HSE to adopt a leading role in this process, through sustained effort and continuity in staffing, was underscored.

- There appears to be scope for more effective interaction with Trades Unions and Safety Representatives to improve health and safety standards. Many respondents felt that HSE has yet to fully exploit this resource. The perceived ineffectiveness of safety representatives, in the absence of a trades union brings into question the utility of safety representatives in non-unionised sectors and premises.
- In terms of sector wide initiatives, both blitzes and Safety Awareness Days (SADs) are believed to constitute effective means of spreading HSE's message to a large number of stakeholders, particularly where publicity is well managed and the most is made of the potential for a 'ripple effect'. However, it should be born in mind that many questioned the longevity of such approaches. Factors key in the success of SADs were considered to be the breakdown of misconceptions regarding HSE, and the potent threat of inspection for non-attendance.
- The principle of ensuring worker competence through passport schemes is generally commended, although the means by which these schemes have been implemented is the source of some controversy and concern, notably within the construction sector, with criticisms made over the proliferation of schemes for commercial reasons. HSE's role within passport allocation is felt to require clarification.
- Debate exists regarding the ability of intermediaries to promulgate HSE's message. Some participants consider them an excellent outlet, particularly where strong contact networks exist, whereas others were sceptical of their ability to circulate HSE's intentions uncorrupted. As with partnerships, the effectiveness of intermediary working appears to be dependent upon the presence of joint agendas and available resource. Supply chain intermediaries were recognised as an area in which HSE could potentially make a significant impact in raising health and safety standards, yet which little effort had been concentrated. While intuitively appealing, the general consensus was that intermediaries are only likely to be useful in a relatively finite range of contexts,
- Perhaps unsurprisingly, inspection and enforcement were deemed to constitute a highly effective means of ensuring workplace compliance within stakeholders, particularly as a method of directly accessing 'hard-to-reach' companies. Furthermore, this intervention strategy was felt to often present the means by which other strategies are brought to bear. Insufficient staff to ensure coverage, high turnover, and changes to the training programme were all viewed as factors undermining the efficiency of traditional inspection based interventions.
- Production of HSE publications / guidance was judged to be a useful means of indicating the standards expected of industry, as they constitute one of HSE's few public presences in the industrial community. This has been impaired by the recent moratorium. Discontinuation of publications has made it increasingly difficult to effectively pass HSE's message on and significantly undermined the agency's position. The sale of publications at a cost was criticised as limiting the stakeholders the material was likely to reach. The generation of guidance was considered to have benefits above and beyond the production of the material itself. Specifically, it was held that the process of developing guidance material maintained and enhanced the discourse between HSE and other stakeholders.
- All participants alluded to the difficulties inherent in the evaluation of the effectiveness of any particular intervention, specifically those in which the product is neither concrete

nor tangible. As such, the ability to make comparisons of the respective impact of a range of interventions is limited. Some participants suggested that a more coherent approach to evaluating interventions was needed.

- It was emphasised that limited evidence of impact should not be taken to signify that an intervention was ineffective and should be abandoned. Participants felt that HSE must show perseverance in its use of intervention strategies, as the greatest gains are often achieved when the same strategies are maintained for a prolonged period of time.

### **4.3 RECOMMENDATIONS**

- Due to the law of diminishing returns, it may logically be assumed that a relatively small number of focus groups will provide a reasonably definitive list of ‘what works’ in a range of operational contexts. However, the breadth of issues covered during the focus groups in the short time available perhaps does not allow as deep a mining of why certain interventions are more effective in some contexts than others. Therefore, there may be added value in conducting further focus groups and / or one-on-one interviews with HSE (FOD) and Local Authority staff to mine the issues more extensively. In view of the level of detail desired, it is suggested that the project board reflect upon the insights from the current study and prioritise those interventions that would benefit most from further exploration.
- Once a detailed insight into what works has been established it may be considered beneficial to supplement the qualitative findings through the development of a survey questionnaire, to allow collection of quantitative data. Once armed with an appropriate level of insight, it would be a relatively straightforward task to generate data on the strength of feeling / relative merits of alternative approaches. An appropriate stratification of the sample (referenced to respondents’ remit) would permit the mining of the data set to see which approaches flow across operational contexts and which vary between them.

## 5 APPENDIX 1 – TOPIC LIST

### 'What Works in HSE: Increasing workplace compliance and take-up of good practice'

#### 1 Partnerships

- National** - e.g. Chemical Industries forum  
IACs / JICs - e.g. Coniac, Pabiac
- Local** - e.g. Good neighbour scheme  
Lead Authority Partnership Scheme  
Working well together (construction)

#### 2 (Strategic) Working with stakeholders

- Corporate governance  
Trades Unions  
Safety reps' and other interest groups

#### 3 Sector wide initiatives

- E.g. Blitzes (e.g. construction)  
Passport schemes (e.g. Food & Drink Contractor Activities)  
Sector days  
Workshops  
Safety & health awareness days

#### 4 Use of intermediaries

- E.g. Regional Safety Groups (RSGs)  
Learning & Skills Councils  
Chamber of commerce  
Professional / Sector Associations  
Small Business Service  
Supply chain intermediaries, e.g. suppliers of materials / chemicals

#### 5 Statutory activity

- Inspection - including prearranged vs. cold calling  
Enforcement and incident / ill-health investigations  
Following-up complaints

## **6 REFERENCES**

The Institute for Employment Studies: The impact of the HSC/E: A review (2001) HSE Books