An evaluation of the five steps to risk assessment

Prepared by the Institute for Employment Studies for the Health and Safety Executive 2006

RESEARCH REPORT 476
An evaluation of the five steps to risk assessment

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This report and the work it describes were funded by the Health and Safety Executive (HSE). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect HSE policy.
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This report, which presents an evaluation of the impact of HSE’s *Five Steps to Risk Assessment* leaflet as well the Five Steps approach more generally, is based on survey and case study research on risk assessment behaviour in establishments across Great Britain. The main aims of the research were to assess the:

(a) take-up of the document by health and safety duty-holders
(b) extent to which industry awareness of risk assessment has been raised
(c) extent to which industry now uses risk assessment
(d) impact of risk assessment on workplace standards.

**Objectives, publication and distribution of Five Steps**

Analysis of the publication and distribution of the Five Steps leaflets revealed that large numbers were disseminated by HSE at relatively low cost. There was also increasing use of the internet to download the guidance directly from the HSE website. However, penetration varied between employment sectors.

Around 3.3 million copies of Five Steps have been printed and distributed in the ten years since the first edition was published in January 1994. Nearly 1.9 million copies of the second edition were distributed in the six years to May 2004. Most copies were distributed at trade shows and other events where HSE had a presence, with just six per cent disseminated in response to direct requests. There were 374,000 internet downloads recorded between April 2002 and May 2004.

Each copy of the Five Steps leaflet only costs between £0.07 and £0.09 to publish and disseminate, Distribution was higher in some sectors, such as health services, social work and education, with penetration relatively poor in the retail and hotels and restaurants sectors.

**Main findings from the survey research**

- Large establishments were more likely than small or medium-sized businesses to cite HSE publications or the HSE website as a source of health and safety information and advice.
- Ninety-four per cent of establishments claimed to conduct some form of risk assessment.
- All aspects of ‘good’ risk assessment behaviour were more common amongst large and medium-sized establishments compared with small ones.
- The majority of organisations, regardless of size, seemed to operate a regular programme of risk assessments.
- Risk assessments are not always comprehensive and a number of establishments did not include all areas of work or all groups of employees in their assessments.
- Very few respondents cited psychosocial hazards such as stress as presenting health and safety risks in their establishment.
Four in ten establishments conducting risk assessment said specifically that they used the Five Steps approach.

Looking at the elements of the risk assessment strategy followed by the organisations in the study, 37 per cent of all establishments appeared to be following a Five Steps type of approach to risk assessment. This included one-third of those who had stated that they did not use the Five Steps system.

Around half of establishments claiming to use Five Steps did not incorporate all of the steps into their risk assessment procedure.

A quarter of all establishments in the survey said that they used the Five Steps leaflet all or some of the time to help them to plan or implement their risk assessments.

Most of those not using the leaflet said that this was because they had their own established risk assessment procedure in place.

Use of the Five Steps approach and of the HSE Five Steps leaflet appeared to be most common amongst large and medium-sized establishments and those in the public sector and manufacturing. It was least common in the smallest businesses and in certain parts of the service sector, particularly retail and hotels and catering.

Amongst users of the leaflet respondents from small establishments were more likely than those from large employers to say that the leaflet had helped to improve their knowledge of risk assessment.

Most respondents thought that the Five Steps approach was appropriate for all kinds of hazard, with the exception of stress.

More detailed case-study research amongst 30 of the 1,002 establishments involved in the survey, showed the complexity of variations in risk assessment practice and enabled the development of a typology. On the basis of their overall approach to risk assessment, establishments were categorised into one of four groups:

- **Five Steps Plus organisations**: risk assessment which incorporates the steps in the Five Steps approach, but goes beyond this to include e.g. special procedures for particular ‘at risk’ groups or hazardous processes, and/or adds further detail to the process such as a methodology for assessing the level of risk, or ongoing processes for spotting hazards
- **Five Steps organisations**: those which follow the Five Steps approach
- **Five Steps Minus organisations**: those where risk assessment practice falls short of the Five Steps benchmark
- **no risk assessment**.

Even where organisations were undertaking detailed risk assessments, the study revealed considerable evidence of inconsistency in practice at establishment level. Some establishments in the Five Steps Plus group, for example, which provided exemplars of risk assessment in many areas, were not applying that good practice consistently across all groups of employees or all kinds of hazard.
Examples of study findings

Organisational rationale for and definitions of risk assessment

There was considerable variation in understanding of the concept of risk assessment and reasons for doing it. Those with the most sophisticated understanding tended to be organisations whose general risk assessment practice exceeded Five Steps: (the ‘Five Steps Plus’ group). However, there was no clear link between reasons for conducting a risk assessment and the quality of assessment undertaken.

Roles, responsibilities and data

Most organisations – whether large or small, part of a larger company or independent – felt that they had the competence in house to conduct risk assessments. In most cases, those conducting risk assessments had received some training in the activity, however there were examples of cases where no training was provided and/or it was felt that information on conducting risk assessments was limited. In these cases, risk assessment behaviour often fell short of the Five Steps guidance.

A range of sources of external advice was employed, including the head offices of multi-establishment businesses. HSE’s role appeared to be particularly important for independent businesses.

The five steps in practice

Although those in the Five Steps Plus group were found to have many exemplary aspects to their risk assessment practice, there were still areas, when practice was explored in detail, where they fell short of comprehensive risk assessment. In addition, some organisations whose general approach to risk assessment was incomplete, nonetheless were able to show some examples of good practice in relation to one or more of the Five Steps.

- **Step one**: all of the establishments that conducted risk assessments were looking for hazards in some way or another. There was evidence of some very good practice amongst the case studies, with a number using accident and ill-health data and consulting employees to help identify the major risks. However, some establishments limited their approach by focusing their risk assessments either on specific areas of the establishment, where the dangers were more obvious, or on well-known risks such as display-screen equipment (DSE) and fire hazards. Less attention was paid to health risks than to safety risks and none of the establishments included stress in their assessments.

- **Step two**: some establishments were very thorough in their consideration of ‘who’ is at risk, and took into account a number of individual differences, such as age, fitness, experience and pregnancy. Nonetheless, in other establishments, risk assessments were occupationally driven so ‘who’ is at risk was determined by the areas of the workplace and the jobs under consideration, which tended to be those that were more obviously dangerous.

- **Step three**: a number of the case studies had devised their own sophisticated tools to provide a quantitative evaluation of the level of each risk. However, some establishments felt that more guidance was required from HSE on what organisations need to do once a risk is identified: how they might control it and how far they are obliged to go towards controlling it.
• **Step four**: most of the case studies recorded their risk assessments, often because they were required to do so by their parent company/authority, their insurers or for contractual arrangements. A number of establishments used organised systems for filing the documentation and often the record sheets went beyond the Five Steps example sheet by including prompts and checklists. However, a few establishments were not aware of their legal obligation to record their risk assessments or the need to inform employees of any outcomes.

• **Step five**: most of the case studies did review their risk assessments, usually on an annual or biannual basis. Some establishments backed up their reviews with more regular informal checks, whilst others conducted constant monitoring of their work environment.

**Challenges in implementing Five Steps**

As with many other organisational policies and practices, ensuring successful risk assessment depends upon active senior management support and endorsement. If all employees understand that risk assessment is seen as important and they clearly understand their responsibilities with regard to conducting risk assessments they are far more likely to comply with company policy. Other challenges identified included the following.

• With regard to different types of hazard, stress in particular was found difficult to tackle through a risk assessment.

• Resource demands in terms of both time and paperwork were commented on by several case study organisations.

• Staff confidence was identified as a particular concern in several case study organisations. This concern took the shape of either a lack of clarity about what was required, or reasonable, or anxiety about personal liability if anything went wrong.

Two main areas of concern in relation to the removal of risk were identified: understanding, affording or accepting what constituted appropriate or reasonable risk-control measures; and maintaining new rules and practices.

**The impact of the Five Steps guidance**

In the group of establishments whose practice was in line with the Five Steps leaflet, the document was generally seen as having had some impact on practice. For the *Five Steps Plus* group, however, the leaflet was often seen as too limited in its approach. The experiences of this group indicate that in certain workplaces, particularly the more hazardous ones, successful risk assessment often requires some further guidance as to what constitutes scale of risk and proportionate response.

**Feedback on the Five Steps leaflet**

Interviewees were asked a range of questions about their reactions to the Five Steps leaflet. On the whole, comments were positive. Interviewees felt that the leaflet was clearly presented and written, that it was easy to read and understand and, therefore, accessible to a wide range of employees. In terms of content the leaflet was generally seen as effective at covering ‘the basics’, providing an introduction, pointing people in the right direction, and as a practical tool on which they could base or develop their own risk assessments.
However, amongst a significant proportion of the interviewees, there was a feeling that the leaflet was good as far as it went, but that it could go further, or that HSE could provide more detailed guidance for specific situations or hazards.

One important theme to emerge was also the way in which HSE contacts organisations, with several people commenting that electronic updates and promotions would be useful.

Conclusions

The research aimed to determine how effective the HSE leaflet *Five Steps to Risk Assessment* had been in drawing employers’ attention (particularly small and medium-sized enterprises) to their statutory duty to undertake risk assessments, and in helping them to conduct these assessments successfully. It also aimed to examine the extent to which industry uses risk assessment and the impact of risk assessment on health and safety standards at work. It comprised a telephone survey of 1,002 employers, in-depth interview-based case studies of 30 employers and an analysis of HSE’s publishing and dissemination strategy for the Five Steps leaflet.

Around 3.3 million hard copies of *Five Steps to Risk Assessment* were disseminated over a ten-year period, supplemented by hundreds of thousands of internet downloads. The layout and readability of the Five Steps leaflet is generally commended, though some view the guidance as too simplistic for their purpose.

The majority of employers carried out some form of risk assessment. However, large and medium-sized employers were more likely than smaller establishments to have a thorough risk assessment strategy. Within organisations, risk assessments tend to be skewed towards the more obvious hazard types and apparently higher-risk occupations, with some jobs and work areas overlooked completely.

- Although some employers took account of specific individual factors – such as age, fitness, experience and pregnancy – risk assessments often focused on the perceived higher-risk jobs and some occupations were overlooked.

- Those working off site, such as travelling salespeople and home workers, were typically excluded from the risk assessments.

- Psychosocial hazards (*ie* stress) were rarely included in the risk assessment strategies of the studied organisations.

Around two-fifths of organisations that carried out risk assessments claimed to use the Five Steps approach; but only around half of these followed all five of the steps. Employers saying that they did not use Five Steps generally said that this was because they had developed their own procedures. Use of the Five Steps approach was more common in some sectors, such as the public sector and manufacturing, than in others. It was least used in parts of the service sector, particularly retail and hotels and catering. Although penetration to smaller organisations was lower than for larger and medium-sized firms, users from smaller firms were more likely to say that the leaflet had been helpful in improving their knowledge of risk assessment.

Some case-study organisations were confident about their evaluation of the risks identified in the assessment process, and several had drawn up their own risk-rating systems. Most case-study organisations recorded their risk assessment findings and the majority claimed to review their assessments regularly.

Employers recognise the benefit of involving staff in assessing risks but getting staff to understand the risk assessment process, and its importance, was seen as a particular challenge.
Other difficult issues included how to determine what is required and what is adequate in terms of assessment and control. Some organisations identified problems in trying to balance potentially conflicting issues, such as how to ensure high quality care of vulnerable clients (in a day care centre for elderly people, for example) while protecting the health and safety of staff.

**Discussion**

Although penetration of the Five Steps leaflet was by no means universal, awareness of the Five Steps approach was relatively high. It was also clear that while some organisations fell short of completing the five individual steps, most employers were carrying out some form of risk assessment. Equally, some employers were exemplary in their approach to risk assessment in many areas of their business. However, few appeared to be assessing all the risks across all their worksites and all their employees.

It is impossible from this research to provide quantitative evidence of the precise influence that either the Five Steps leaflet or the wider campaign by HSE has had on risk assessment behaviour, particularly as there was no pre-existing baseline data. Nevertheless, the Five Steps approach is well known among employers, with a substantial minority (40 per cent) claiming to use it in their risk assessment practice. Importantly, the majority of employers do appear to be carrying out risk assessments in some form or other and recognise the benefits of it in improving health and safety at work. In addition, the views expressed by the case study establishments would suggest that the Five Steps campaign has contributed to an improvement in employers’ risk assessment behaviour.

The quality of risk assessments remains variable and many employers would like HSE to produce more detailed and specific guidance to help in deciding what to do once a risk has been identified and in determining what is adequate and reasonable in terms of risk control. Guidance on the scale of risk and proportionate responses would be helpful, particularly in more hazardous work environments and where there appear to be conflicting issues. The Five Steps approach was not generally perceived as helpful in addressing psychosocial hazards or ‘stress’.

**Recommendations**

**Changing the terminology**

Our research has shown that risk assessment is a term which has differing meanings to employers. Those who are confident in the area and demonstrate good risk assessment practice understand the term as incorporating the range of Five Steps elements and as going beyond assessment of risk to include taking appropriate control measures and to instigating reviews. However, those that have lower levels of awareness and whose practice falls short of good practice have a more limited perspective, which focuses on the assessment element. There is also a tendency amongst this group to see risk assessment as an occasional or one-off rather than an ongoing activity. For these reasons we consider that there could be considerable advantages in changing the title of the leaflet from *Five Steps to Risk Assessment* to *Five Steps to Risk Management*. The term risk management better encompasses the full range of activities embodied in the Five Steps and better reflects the ongoing nature of the risk management exercise. In addition, describing the Five Steps process as risk management also helps to suggest a solution rather than an additional requirement. The change in terminology to risk management could help to ‘rebrand’ the leaflet and Five Steps approach as a tool to support management in its day-to-day activities, which should make it easier to promote to small and medium-sized organisations.
Providing more specific guidance

Organisations with the more sophisticated approaches to risk assessment frequently provide those conducting risk assessment with more specific guidance and examples than is available in the Five Steps leaflet. Those managers who were less confident about their assessment approach when asked what additional support would help them frequently cited greater guidance on issues such as how to determine the level of risk and the kinds of control measures that are appropriate. We understand that HSE has developed an interactive tool designed to take managers through the process of conducting risk assessment in an office environment. Similar guidance, on other work environments, made available online and in simple hard copy format (e.g., in the form of checklists that could cover the majority of common risks in any specific working environment) would seem likely to meet the needs of many of the employers wanting additional support.

More active targeting of SMEs

The research shows that take-up and awareness of the Five Steps leaflet and approach is lowest amongst small establishments that were part of single-establishment businesses. This is a common finding in research on awareness of regulation and associated issues. Recent years have seen a shift in the strategy used by HSE to distribute the Five Steps leaflet with greater reliance on internet downloads and less focus on distribution at events and via intermediaries. It is possible that this has impacted upon the number of small businesses that are aware of the Five Steps tool, since to access that tool they are more likely to need to take the active move of downloading the leaflet. This means that they will have needed to be aware of its existence in the first place, or, at the very least, aware of their need for guidance in the area of risk assessment and so have undertaken an internet search to find that help. We believe that there is a continuing need for dissemination of the Five Steps message, via channels which are less reliant on SME willingness to find information for themselves. Appropriate approaches could involve the continuing use of intermediaries (such as those involved in offering business start-up advice) or email alerts to businesses advising them of their responsibilities in the area of risk management and showing them where to seek additional help.
1. INTRODUCTION

The Management of Health and Safety at Work Regulations 1999 (MHSWR) require all employers to assess the general risks to health arising from work. Contained within this act is the specific requirement for all employers to conduct risk assessments.

**Regulation 3 Risk assessment**

Every employer shall make a suitable and sufficient assessment of:

- the risks to the health and safety of his employees to which they are exposed whilst they are at work; and
- the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking;

for the purpose of identifying the measures he needs to take to comply with the requirements and prohibitions imposed upon him by or under the relevant statutory provisions.

In addition to the requirement to conduct general risk assessments, there are more detailed requirements regarding specific forms of risk or hazard exposure in other legislation, including:

- the Manual Handling Operations Regulations 1992
- the Health and Safety (Display Screen Equipment) Regulations 1992
- the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

HSE first produced a guidance leaflet on risk assessment in 1994. The purpose of the original document was twofold:

(e) to encourage businesses in general and SMEs in particular to conduct risk assessments

(f) to demonstrate that risk assessment was a straightforward process that employers could undertake themselves without needing to purchase outside assistance.

The current leaflet was designed in 1997 with the aim of making the format of the publication an ‘internet friendly’ one so that it could be made available on HSE’s website. To this end the format was changed from A4 (single A3 folded leaflet) to A5 (booklet) and it was given a more contemporary design. There were some changes in wording following consultation with trade unions the small business community and others but no major changes in content. A risk assessment form, which had been produced as a loose insert in the original document, was incorporated as part of the booklet in the revised version.

The *Five Steps to Risk Assessment* is one of three general risk assessment publications produced by HSE. The others are the *Five Steps to Risk Assessment: Case Studies*; and a more technical *Guide to Risk Assessment Requirements*. These are seen as a package of documents that complement each other.
In 2004, HSE commissioned the Institute for Employment Studies and Dr John Ballard of the At Work Partnership to conduct an impact evaluation of the Five Steps booklet. The main aims of that evaluation were to assess:

(a) the take-up of the document by duty-holders
(b) the extent to which industry awareness of risk assessment has been raised
(c) the extent to which industry now uses risk assessment
(d) the impact of risk assessment on workplace standards.

1.1 BACKGROUND: DISTRIBUTION AND PUBLICATION OF THE FIVE STEPS LEAFLET

A preliminary stage of this research was to assess arrangements for the distribution and publication of *The Five Steps to Risk Assessment*. The findings of this assessment, which was based on interviews with HSE staff and an analysis of HSE data, are provided below and give context to the main elements of the study: a telephone survey and case study research.

1.1.1 Distribution

An estimated 3,307,000 copies of the two editions have been issued in the ten years since Five Steps was first published. This estimate includes a print-run of 1,430,000 copies of the first edition (HSE cannot confirm that all of these were distributed, but assumes that most were disseminated before the second edition was published) and 1,877,000 copies of the second edition issued up until May 2004.

The hard copy publication is distributed by HSE’s publishers, HSE Books. Single requested copies are provided free; however, there is a charge for bulk orders. This follows standard HSE policy for its general guidance leaflets (there is usually a charge for more substantial, detailed guidance, even for single copies). HSE reports that, occasionally, demand has exceeded supply.

HSE confirms that 112,657 copies of Five Steps were requested and sent out by HSE Books between August 1998 (shortly after the publication of the second edition) and May 2004 (earlier figures are not available). Given that 1,877,000 copies of the second edition were distributed in total (from May 1998 to May 2004), the requested copies represent little more than six per cent of the distribution of the second edition.

Five Steps is also distributed free by so-called third parties, such as HSE and local authority inspectors, workplace contact officers, trade associations and trade unions. Copies are also made available at trade exhibitions, safety awareness days and other public events. HSE confirms that the vast majority of copies of the guidance have been handed out at trade shows and other events.

The only medium for the distribution of the Five Steps leaflet on which detailed information is available is via HSE Books. Given that only a small proportion of the guidance leaflets have been distributed this way, analysis of the number of copies sent out by HSE Books over the past two years should be treated as no more than indicative of general distribution patterns. Nonetheless, this analysis suggests that requests for copies were received across all industrial sectors. However, 40.3 per cent of all copies were sent out to private addresses with no indication of which sector these orders came from. It is reasonable to assume that many of them came from small businesses. A further 7.4 per cent of requests came from unspecified industry sectors.
Table A1 in Appendix 1 shows the distribution according to industrial sector, with comparisons for the overall workforce size and numbers of employers and enterprises. The sector analysis of requested copies of Five Steps indicates an under-representation in some sectors and over-representation in others.

The largest proportion of orders was received from the following sectors: legal accountants and other business activities, health services and social work, education, construction, the wholesale trade and distributors and from the motor and vehicle repair trades. The number of requests from the education and health services and social work sectors were much higher than would be expected given the numbers of employers, enterprises and employees in those sectors. The employment sector that covers trade unions and the metal manufactured products industry was also over-represented in requests for copies to be sent out. However, sectors where there has been a lower-than-expected dissemination, when compared with the share of employment, include retail, hotels and restaurants, land transport, banking and finance and the computer services industry.

1.1.2 Cost of production and distribution

HSE has never produced figures on the distribution costs of individual publications. However, it was able to provide a breakdown of in-house staff time and costs (as invoiced) for publishing the two editions of Five Steps:

- first edition – £4,546 HSE staff time + £95,494 invoiced costs = £100,040 (about £0.07 per copy)
- second edition – £1,962 HSE staff time + £173,815 invoiced costs = £175,777 (about £0.09 per copy)
- total cost for both editions = £275,817 (about £0.08 per copy).

HSE is unable to draw cost comparisons with the distribution of other free leaflets, such as Working with VDUs (INDG36) as it does not keep comparable data.

1.1.3 Internet downloads

Five Steps has also been available for free downloading on HSE’s website, though not throughout the entire publication period.

HSE estimates that from April 2002 to May 2004 there were 374,426 downloads of Five Steps (Table 1), with around 16,000 to 17,000 downloads per month since 2003. There are no data on which sectors the organisations making these downloads came from.

<table>
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<td>January to 14 May 2004</td>
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<tr>
<td>April 2002 to May 2004</td>
<td>374,426</td>
<td>14,683</td>
</tr>
</tbody>
</table>

1.1.4 Conclusions on the publication and distribution of Five Steps

Around 3.3 million copies of the Five Steps leaflets have been printed and distributed in the ten years since the first edition was published in January 1994. Nearly 1.9 million
copies of the second edition were distributed in the six years to May 2004. However, only a minority of copies of the second edition (around six per cent) have been disseminated in response to direct requests. Most are distributed at trade shows and other events where HSE has a presence, with some handed out by HSE inspectors.

The relatively high number of internet downloads supports HSE’s change in strategy, which is relying increasingly on electronic publishing. Over a two-year period, HSE received 23,000 requests for hard copies of Five Steps; between April 2002 and May 2004, there were 374,000 internet downloads. This is a much cheaper option compared with printing and disseminating hard copies. The question remains, however, whether or not downloaded electronic guidance has the same impact as hard copy documents.

The unit cost of publishing and distributing the Five Steps document is low (between £0.07 and £0.09 per copy) however, there is no guarantee that the eventual distribution was of high quality in terms of achieving the aim of disseminating guidance on risk assessment to a wider audience. Firms or individuals who request copies of the document from HSE Books are probably more likely to be actively interested in the content of the guidance, compared with those who pick up free copies at trade shows and other events.

The distribution of copies requested from HSE Books is interesting. Although it has been requested across all industry sectors, it is notable that penetration into some sectors, notably health services, social work and education, is better than it is for other large employment sectors, including retail and hotels and restaurants, where the numbers of requested copies are much lower than would have been expected. The number of copies ordered by the construction sector was roughly in proportion to the number of employers and employees in this sector. The number ordered from the industrial sector that includes trade unions was also higher than would have been expected from labour force figures; although this is readily explained by the interest in the guidance from individual union representatives and trade union employers.

1.2 REPORT STRUCTURE

This report presents the findings of research based on a series of expert and stakeholder interviews, a telephone survey of 1,002 establishments and 30 detailed case studies. The remaining chapters of the report are as follows:

- methodology and typology of risk assessment practice
- risk assessment – organisational definitions and rationale
- conducting risk assessment – roles responsibilities and data
- practice in relation to each of the Five Steps
- problems with implementing Five Steps / removing risks
- the impact of the Five Steps guidance
- risk assessment and wider organisational health and safety culture
- feedback on the five steps leaflet
- conclusion.
2. METHODOLOGY AND A TYPOLOGY OF RISK ASSESSMENT

The study comprised the following elements:

- background interviews with key HSE informants to provide context for the study and to determine what data might usefully be employed
- a telephone survey of a national sample of establishments and duty holders
- in-depth qualitative work in 30 case study organisations.

2.1 SURVEY METHODOLOGY

A total of 1,002 establishment-level telephone interviews were conducted in September and October 2004, by the research organisation MORI. Interviews were with the person with responsibility for health and safety in the establishment. The sample was drawn from the Experian/Yellow Pages Business Database. In order to maximise the response rate, numbers were called back up to ten times before being abandoned. The final adjusted response rate (taking out incorrect/out of service telephone numbers and those it was not possible to contact during the fieldwork period) was 64 per cent. Average interview length was 15 minutes.

2.1.1 Description of sample

Most establishments in the survey were SMEs (see Table 2) therefore, as would be expected, respondents tended in general to be managerial rather than specialist health and safety or HR roles. In 39 per cent of cases the individual concerned described themselves as a ‘manager’. Other frequently occurring job titles included ‘owner partner’ (eight per cent); ‘managing director’ (eight per cent); and ‘office manager’ (five per cent). In five per cent of cases the respondent was a health and safety manager and in three per cent a health and safety officer or advisor. Specialist health and safety respondents were most often from medium-sized and large establishments.

The survey was comprised of a variety of establishments across Britain. This was sampled to ensure a spread of small, medium-sized and large establishments.

A proportionate sampling approach, which aimed to make the sample representative on the basis of company size, would not have generated sufficient interviews with larger companies for reliable sub-group analysis. In order to achieve a sufficient number of responses for sub-group analysis, a disproportionate stratification strategy was applied which involved the over-representation large employers and under-representation of small employers. As Table 2 shows, the final achieved sample included a larger number of large and medium-sized establishments than had originally been planned. In all the analysis included in this report, data has been weighted in order to take account of over-representation of large and medium-sized employers in our sample.
Table 2 Distribution of respondents, by establishment size

<table>
<thead>
<tr>
<th></th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>750</td>
<td>130</td>
<td>120</td>
</tr>
<tr>
<td>Unweighted achieved</td>
<td>724</td>
<td>154</td>
<td>78</td>
</tr>
<tr>
<td>Weighted achieved</td>
<td>834</td>
<td>124</td>
<td>24</td>
</tr>
<tr>
<td>Per cent</td>
<td>83</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

Respondents were asked to place their establishment in a sector. They were able to cite up to two sectors to describe the nature of business of their establishment.

Table 3 shows that around half of the sample came from retail (21 per cent) or from other services such as estate agents, hairdressers etc. (26 per cent).

**Issues covered by the survey**

- Background on establishment workforce size, business and ownership
- Sources of information on health and safety
- Existence of a health and safety policy
- Whether risk assessment was conducted
- Reasons for conducting most recent and planned risk assessment
- Coverage of risk assessment
- Training in risk assessment
- Risk assessment process
- Use of Five Steps approach
- Main hazards in the establishment
- Action taken in response to hazards
- Determining who might be harmed
- Data on health and safety
- Recording risk assessment
- Informing employees
- Awareness of, access to and use of the Five Steps leaflet.
**Table 3** Distribution of respondents, by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number (weighted)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry, horticulture, farming and fishing</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Civil service</td>
<td>4</td>
<td>–</td>
</tr>
<tr>
<td>Construction</td>
<td>72</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>69</td>
<td>7</td>
</tr>
<tr>
<td>Finance</td>
<td>47</td>
<td>5</td>
</tr>
<tr>
<td>Healthcare</td>
<td>69</td>
<td>7</td>
</tr>
<tr>
<td>Hotels and catering</td>
<td>87</td>
<td>9</td>
</tr>
<tr>
<td>Local authority</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Non-governmental organisations, voluntary bodies, charities etc</td>
<td>54</td>
<td>5</td>
</tr>
<tr>
<td>Post and telecommunications</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Retail</td>
<td>211</td>
<td>21</td>
</tr>
<tr>
<td>Other services (eg estate agents, hairdressers, cleaning, solicitors)</td>
<td>259</td>
<td>26</td>
</tr>
<tr>
<td>Transport</td>
<td>32</td>
<td>3</td>
</tr>
</tbody>
</table>

Just over half of the establishments in the survey (52 per cent) were described as a single-establishment business and the remainder (48 per cent) said that they were part of a larger group.

Notes

(a) In the tables in this report percentages do not always sum to 100 due to rounding or because the respondents were able to give multiple answers.

(b) An asterisk (*) in table cells indicates that respondents giving this response were less than 0.5 per cent of the total.

### 2.2 CASE STUDY METHODOLOGY

The survey respondents provided a pool from which to draw establishment-level case studies. The objectives of the case studies were:

- to expand on some of the issues explored in the survey, in particular actions taken by establishments to address identified risks
- to look in more detail at the motivations for using a particular approach to risk assessment
- to explore evidence for whether or not the use of the Five Steps approach and leaflet can be seen to have an impact on workplace risk assessment
- to discuss with informants the current Five Steps publication; its usefulness in informing risk assessment practice; and any changes in content or format that would make it more helpful.
2.2.1 Development of case study methodology

The original methodology for the qualitative stage of the project proposed dividing establishments into users and non-users of the Five Steps approach; and conducting research in 15 matched pairs in order to try to determine the impact of the Five Steps approach on the health and safety performance and culture of the organisation concerned. This was based on the assumption that most establishments would fall into one or other group. However, analysis of the survey data revealed a much more complex picture of risk assessment behaviour. In addition, discussion amongst the research team and with experts in HSE led to an assessment that any legally compliant and effective risk assessment process should, as a minimum, incorporate the Five Steps; even if the organisation using the process had no knowledge of the Five Steps procedure under that name. It would, therefore, be inappropriate to rely solely on an establishment’s description of their risk assessment approach in determining the influence of the Five Steps guidance.

It was also important, in meeting the project objectives, to identify the impact of the Five Steps leaflet on risk assessment behaviour. For this reason, it was decided that a distinction would be made between those that said that they used the leaflet to guide their risk assessment some or all of the time, and those that did not.

In view of the above, a revised approach to the qualitative stage of the study was developed. This is set out below, following a summary of the survey data that informed the new methodology.

Survey findings on variation in risk assessment practice

The questions in the survey provided some evidence of the extent to which stated activities were in line with the Five Steps approach. To enable such an evaluation a simple indicator of compliance with the Five Steps strategy was compiled. This was based on positive responses to the four question areas relating to specific behaviours within the Five Steps approach:

- step two – decide who might be harmed and how
- step three – evaluate the risks and decide whether existing precautions are adequate or more should be done
- step four – record your findings
- step five – review your assessment and revise it if necessary.

Survey responses were analysed to determine the number of the above elements that were included in each establishment’s approach to risk assessment.

The results of this analysis are set out in the accompanying tables. All are limited to an analysis of those claiming to conduct a risk assessment. Taking all establishments in the survey, the proportion claiming to use the Five Steps approach was 41 per cent, the proportion appearing to comply with all the main elements of the Five Steps was 37 per cent. The proportion who both claimed to follow the Five Steps approach and appeared from their survey response to do so was 19 per cent.

A series of cross-tabulations were conducted to determine the degree to which compliance with the Five Steps appeared to vary by: workforce size; sector; type of business; stated use of the Five Steps approach and use of the Five Steps leaflet.
These findings suggest that:

- larger establishments are more likely than smaller ones to follow the main elements of the Five Steps approach ($\chi^2 = 41.801^1$, df= 8, p< .0005)

- although small numbers mean that apparent differences should be treated with caution, certain sectors (finance, agriculture, local government and manufacturing) were more likely than others (particularly retail and other services) to be following the Five Steps

- those who claimed to follow the Five Steps approach were more likely than those that did not to appear to actually use the main Five Steps elements ($\chi^2 = 65.328^2$, df= 8, p< .0005). However, a sizeable minority (one-third) of those saying specifically that they did not use the Five Steps approach to risk assessment nonetheless appeared to follow the main aspects of that approach.

- amongst respondents who were aware of the Five Steps leaflet those that used the leaflet to plan or implement their risk assessment were only very slightly more likely to than those that did not use it to include all of the main elements in their approach ($\chi^2 = 45.547^3$, df= 16, p< .0005).

**Table 4** Number of Five Steps elements included, by workforce size

<table>
<thead>
<tr>
<th>Unweighted N= 950</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (5-49)</td>
<td>1</td>
<td>6</td>
<td>17</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Medium-size (50-299)</td>
<td>–</td>
<td>3</td>
<td>5</td>
<td>48</td>
<td>44</td>
</tr>
<tr>
<td>Large (300 +)</td>
<td>5</td>
<td>–</td>
<td>2</td>
<td>25</td>
<td>68</td>
</tr>
</tbody>
</table>

**Table 5** Number of Five Steps elements included, type of business

<table>
<thead>
<tr>
<th>Unweighted N= 950</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-establishment business</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td>Single-establishment business</td>
<td>2</td>
<td>6</td>
<td>17</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>All</td>
<td>1</td>
<td>5</td>
<td>15</td>
<td>41</td>
<td>39</td>
</tr>
</tbody>
</table>

---

1. Three cells had an expected cell frequency of less than five, minimum expected cell frequency was 0.47.
2. Three cells had an expected cell frequency of less than five.
3. Nine cells had an expected cell frequency of less than five, minimum expected cell frequency was 0.47.
**Table 6** Number of Five Steps elements included: sector

<table>
<thead>
<tr>
<th></th>
<th>0 %</th>
<th>1 %</th>
<th>2 %</th>
<th>3 %</th>
<th>4 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry, horticulture, farming and fishing</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Civil service</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>6</td>
<td>10</td>
<td>44</td>
<td>40</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
<td>4</td>
<td>13</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td>Finance</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>23</td>
<td>65</td>
</tr>
<tr>
<td>Healthcare</td>
<td>2</td>
<td>2</td>
<td>12</td>
<td>38</td>
<td>47</td>
</tr>
<tr>
<td>Hotels and catering</td>
<td>0</td>
<td>1</td>
<td>21</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Local authority</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>33</td>
<td>57</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3</td>
<td>7</td>
<td>7</td>
<td>33</td>
<td>50</td>
</tr>
<tr>
<td>Non-governmental organisations, voluntary bodies, charities etc.</td>
<td>1</td>
<td>5</td>
<td>15</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Post and telecommunications</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Retail</td>
<td>1</td>
<td>6</td>
<td>17</td>
<td>43</td>
<td>33</td>
</tr>
<tr>
<td>Other services (eg estate agents, hairdressers, cleaning, solicitors)</td>
<td>1</td>
<td>8</td>
<td>19</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
<td>5</td>
<td>15</td>
<td>40</td>
<td>39</td>
</tr>
<tr>
<td>All</td>
<td>1</td>
<td>5</td>
<td>15</td>
<td>41</td>
<td>39</td>
</tr>
</tbody>
</table>

**Table 7** Number of Five Steps elements included: whether claimed to use Five Steps approach

<table>
<thead>
<tr>
<th></th>
<th>0 %</th>
<th>1 %</th>
<th>2 %</th>
<th>3 %</th>
<th>4 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>8</td>
<td>19</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>9</td>
<td>21</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>
Table 8 Number of Five Steps elements included: Five Steps leaflet used in risk assessments

<table>
<thead>
<tr>
<th></th>
<th>0 %</th>
<th>1 %</th>
<th>2 %</th>
<th>3 %</th>
<th>4 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=509 (those that were aware of the Five Steps leaflet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used all the time</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>Used sometimes</td>
<td>–</td>
<td>3</td>
<td>10</td>
<td>48</td>
<td>38</td>
</tr>
<tr>
<td>Used infrequently</td>
<td>–</td>
<td>–</td>
<td>9</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Not used</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13</td>
<td>22</td>
<td>39</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

Impact of survey findings on case study methodology

Analysis of the survey findings suggested that rather than there being two potential groups of establishments (Five Steps users and non-users) respondents to the survey fell into the following six broad categories as regards their risk assessment practice:

- a very small group (one per cent of all establishments in the survey) that did not use any risk assessment approach
- those not sure if risk assessment was conducted (four per cent)
- those saying that they used another approach to risk assessment, which did not seem to be based on the Five Steps (14 per cent). This group could include those who were aware of Five Steps but did not use it and those who were unaware of the guidance
- those using another approach (again with or without knowledge of the Five Steps) but whose risk assessment strategy mirrored the approach advocated in the Five Steps guidance, either wholly (17 per cent) or in part (19 per cent)
- a small number saying that they used Five Steps but who did not seem to be following the approach completely (three per cent)
- those who said that they used the Five Steps approach and appeared either to be mostly doing so (19 per cent) or entirely be doing so (23 per cent).

On the basis of survey responses establishments were categorised as:

- Group 1 – those who said that they followed the Five Steps and who, based on their survey responses, appeared to do so
- Group 2 – self reported non-users who nonetheless seemed to follow an approach broadly similar to Five Steps
- Group 3 – the relatively small number claiming to use the Five Steps leaflet, whose behaviour as set out in their survey response indicated that they did not actually do so
Group 4 – those saying that they did not use the Five Steps leaflet to inform their risk assessment and whose behaviour did not seem to comply with the Five Steps approach.

The assessment of whether or not organisations were following the Five Steps approach was based on whether their risk assessment behaviour, as indicated by the survey, included: assessment of risks to employees; assessment of the level of risk; recording of risk assessment; and a programme of risk review. All organisations complying with all four of these were taken to be following the key elements of the Five Steps approach. Those complying with two or fewer of the criteria were taken as not using Five Steps.

The case study organisations were selected from each of these groups to represent a mixture of approaches to risk assessment. The intention was that the majority of case studies were of establishments with fewer than 50 employees. Selection beyond these criteria was on a random basis.

Targets for case studies were linked to the proportion of respondents falling into each category. Table 9 indicates the number of achieved case studies falling into each category compared with the targets.

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claimed Five Steps and followed (group 1)</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Didn’t claim Five Steps but did follow (group 2)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Claimed Five Steps but didn’t follow (group 3)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Didn’t claim to use Five Steps and didn’t seem to follow (group 4)</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

### 2.2.2 Research in case study establishments

Within each case study establishment interviews were conducted with the individual responsible for health and safety in the establishment. In addition, in the majority of cases at least one employee was interviewed, the aim being to assess the extent to which stated policy on health and safety in general and risk assessments in particular had been transmitted to employees. Researchers also reviewed documentation relating to the conduct and recording of risk assessments.

Interviews with the individual responsible for health and safety covered:

- background on the organisation (kind of business; size of workforce; workforce composition)
- responsibility for health and safety
- sources of information on health and safety
- nature of hazards in the establishment
- history of risk assessment in the establishment
• risk assessment behaviour (including gaining understanding of the processes used in the most recent RA; coverage of the RA; internal policies; data used to support the process)
• results of risk assessment
• knowledge, understanding and views of the Five Steps approach
• knowledge and views of the Five Steps leaflet
• any further assistance/information that would be helpful.

Employee interviews addressed:
• nature of their job and hazards associated with it
• understanding of health and safety processes, responsibilities and issues
• experiences of accidents
• experience and awareness of risk assessments
• information provided by management
• management action in respect of hazards
• organisational health and safety culture.

2.3 DEVELOPING A TYPΟΛΟΓΙΑ OF RΙΚ ASSESSMENT PRACTICE

Following the fieldwork, the original categorisation of each of the case studies, based on survey responses, was compared with an analysis of practice using the qualitative research. In most cases, our original categorisation was broadly confirmed. However, this stage of the research also showed further complexity in risk assessment practice and important differences were identified within the categories, particularly for those with examples of excellent practice. So, whilst it is possible and helpful to identify a typology based on risk assessment content, there were recurrent issues around consistency that needed to be considered separately. This variation is explored in more detail later in the report. In this section, key aspects of the findings in relation to each of the groups are summarised to enable the further development of a typology of risk assessment.

**Group 1**

Those in the survey saying that they followed the Five Step and who, based on their survey responses, appeared to do so.

Case study examination showed that this group actually seemed to consist of three sub-categories of establishment:

• those applying the Five Steps well, and which also provided more detailed guidance for local risk assessors and/or conducted additional checks or risk assessments in respect of certain groups of employees or customers/clients
• those conforming with the Five Steps
• those thinking that they applied the Five Steps but which, on closer examination did not actually appear to do so either in terms of covering certain types of work, or certain job roles.

**Group 2**

*Self-reported non-users from the survey that nonetheless seemed to follow an approach broadly similar to Five Steps.*

The qualitative research showed that there were considerable similarities between this group and group 1, with the main difference being lower awareness of the Five Steps terminology and the leaflet. There were also fewer examples of what might be seen as exemplary practice amongst this group. These differences aside, the variations in practice were very similar: the majority were using an approach to risk assessment that incorporated the Five Steps. However, the minority, contrary to our preliminary assessment, had significant weaknesses in their risk assessment approach.

**Group 3**

*Those claiming to use the Five Steps leaflet, whose behaviour as set out in the survey indicated that they did not actually do so*

Survey findings revealed only a small minority of establishments who thought they were applying the Five Steps, but whose other survey responses implied that they were not doing so. Three case study establishments were selected from amongst this group. One of these, contrary to our initial analysis appeared to follow the Five Steps process; in another case the full process was applied in some, but not all, areas of the establishment; and in the third case a risk assessment process, which was now accepted as inadequate, was being replaced with one which followed the Five Steps approach.

**Group 4**

*Those saying that they did not use the Five Steps leaflet to inform their risk assessments, and whose behaviour did not seem to comply with the Five Steps approach*

There was also variation amongst this group. Most of the cases were of establishments with limited or no awareness of the Five Steps approach and where either no risk assessment was taking place (one case) or where there were serious limitations in the approach being conducted. However, two organisations that had been categorised in this way were actually aware of the Five Steps leaflet and using the Five Steps approach.

Finally, in addition to this variation in practice between establishments originally categorised as similar, considerable inconsistencies were found within the approaches taken by individual organisations. There were a number of examples of case studies showing exemplary practice in respect of some aspects of risk assessment, but falling short in others.

**Implications of findings for a typology of risk assessment**

The case study research shows that an expressed knowledge of the Five Steps approach and/or the Five Steps leaflet does not in itself seem to be a reliable indicator of good risk assessment practice. This may be, in part at least, because those not explicitly following HSE guidance were using other sources of assistance, which might either have been derived from the Five Steps approach, or which may have followed a similar approach because these are the logical steps in a risk assessment process.
The research has also highlighted inconsistency within the practices of many of the organisations involved in the study. Risk assessment behaviour, therefore, can be more effectively categorised in the following ways:

- **Five Steps Plus** organisations – risk assessment that incorporates the Five Steps approach, but which goes beyond this to include, for example: special procedures for particular at-risk groups or hazardous processes, and/or adds further detail to the process such as a methodology for assessing the level of risk, or ongoing processes for spotting hazards

- Five Steps organisations – those that follow the Five Steps approach

- Five Steps **Minus** organisations – those where risk assessment practice falls short of the Five Steps

- no risk assessment.

In Table 10 below, risk assessment practice in each of the case study establishments is broadly categorised using this typology (case studies are summarised in Appendix 2).

It is important to note that there was evidence of inconsistency in the practice of organisations within each of the groups. For example, some establishments in the Five Steps **Plus** group, which were exemplars of risk assessment in many areas, were not applying good practice consistently across all groups of employees or all kinds of hazard.
Table 10 Categorisation of case study establishments

<table>
<thead>
<tr>
<th>Five Steps Plus</th>
<th>Five Steps</th>
<th>Five Steps Minus</th>
<th>No risk assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day centre (2)</td>
<td>Wine bar restaurant (3)</td>
<td>Commercial insurance brokerage (4)</td>
<td>Community fitness centre (28)</td>
</tr>
<tr>
<td>Pet food factory (5)</td>
<td>Registered Day Nursery (6)</td>
<td>Screen printing firm (1)</td>
<td>Members’ recreational club (20)</td>
</tr>
<tr>
<td>Water supply and waste treatment company (8)</td>
<td>Retail outlet (9)</td>
<td>Admin centre (7)</td>
<td></td>
</tr>
<tr>
<td>Care home (14)</td>
<td>Independent school (12)</td>
<td>Management consultancy (26)</td>
<td></td>
</tr>
<tr>
<td>Plumbing/heating merchant (15)</td>
<td>Fund management co (17)</td>
<td>Hotel (25)</td>
<td></td>
</tr>
<tr>
<td>National transport org (16)</td>
<td>Secondary school (18)</td>
<td>Construction manufacturing company (27)</td>
<td></td>
</tr>
<tr>
<td>Construction machinery dealer (19)</td>
<td>Software developer (13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probation area office (21)</td>
<td>University (23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public aquarium (22)</td>
<td>Public records office (30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation machinery (10)</td>
<td>Supermarket (29)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural recreational centre (11)</td>
<td>Residential care home (24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fund management co (17)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. RISK ASSESSMENT: ORGANISATIONAL DEFINITIONS AND RATIONALE

A risk assessment is nothing more than a careful examination of what in your work could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm (Five Steps to Risk Assessment, HSE 1997)

The survey explored the incidence of risk assessment amongst participant organisations, and set this in the context of the requirement to have a health and safety policy. The case studies explored what the term risk assessment means to those responsible for health and safety in establishments and also looked at their reasons for conducting risk assessment.

3.1 POLICIES AND PROCEDURES ON HEALTH AND SAFETY AND RISK ASSESSMENT: SURVEY FINDINGS

Employers with five or more employees are required by law to have a written health and safety policy. The survey explored whether businesses actually have such a policy, before going on to examine whether this policy included a procedure for conducting risk assessments.

Table 11 shows that over nine in ten establishments in this survey said that they had a written health and safety policy. Although there was only limited variation by size and type of establishment those least likely to have such a policy were small and single-establishment businesses.

Table 11 Written health and safety policy?

<table>
<thead>
<tr>
<th>N=1,002</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment business</th>
<th>Single-establishment business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>93</td>
<td>92</td>
<td>99</td>
<td>95</td>
<td>96</td>
<td>90</td>
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<tr>
<td>No</td>
<td>6</td>
<td>7</td>
<td>–</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

All those with a written health and safety policy were asked whether that policy included a procedure for conducting risk assessments. As Table 12 shows, in most cases such a procedure is incorporated into the main policy. On this point, there was a more notable difference by organisation type, with single-establishment businesses being less likely to include a risk assessment procedure in their written health and safety policy than other establishments ($\chi^2= 30.817$, df= 2, p< .0005). Small establishments were also less likely to include a risk assessment procedure in their written health and safety policy, although this difference was not found to be significant ($\chi^2= 8.371^4$, df= 4, p= .079).

---

4 Three cells had an expected frequency of less than five cases.
Table 12 Whether health and safety policy includes risk assessment (RA) procedure

<table>
<thead>
<tr>
<th></th>
<th>Unweighted N=939</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment business</th>
<th>Single-establishment business</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA procedure included</td>
<td></td>
<td>89</td>
<td>88</td>
<td>94</td>
<td>98</td>
<td>95</td>
<td>83</td>
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<tr>
<td>RA procedure not included</td>
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<td>8</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>–</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

All respondents who said that they either had no written health and safety policy, or that such a policy did not include a procedure for conducting risk assessment, were asked if “anyone in your organisation has spent some time examining the workplace to see whether anything there poses any risk to health and safety?”

The majority of respondents falling into either of these two groups (65 per cent) said that such an arrangement was in place, indicating that they did operate some form of risk assessment.

In total, 94 per cent of all respondents to the survey claimed to be operating some form of risk assessment, either as part of a health and safety policy or as a stand-alone procedure. Of the remainder, one per cent (12 respondents) said that they did not conduct risk assessments; and four per cent were unsure.

3.2 HOW IS RISK ASSESSMENT DEFINED?

The case study research explored establishments understanding of the term risk assessment and their reasons for undertaking them.

The term ‘risk assessment’ was used by the managers responsible for health and safety in most of the case study establishments. However, in a small number of cases (typically with a less formal approach) it was not a familiar term. Where the term ‘risk assessment’ was used, establishments differed in their interpretation of it, with some seeing it as a more complex concept than others. Some simply said that the approach was about “identifying the risks” (as described, for example, by the Health and Safety Officer of a computer software developer). Another organisation described risk assessment as follows:

“It’s just identifying certain things about the way that the classrooms are set up, classroom management, with the lifting of materials, of pupils standing outside the classroom and any risk to the teachers’ personal health” (Head of Department responsible for Health and Safety, Secondary school)

However, most organisations gave more complex definitions that encompassed a number of steps in line with the Five Steps leaflet definition. Some of these were organisations whose practice has been described as Five Steps Plus. For example:

“Identify hazards, look at a risk, as a potential to do harm, to a person, and you will minimise the chance of that harm happening... and basically review the assessment that you’ve done at a later date. Obviously once you’ve done the assessment, you’re going to put in actions, put in times to the actions, check that the actions have been performed and...”
then carry on the risk assessment until you get the risk down to a controllable standard.” (Health and Safety Manager, pet food factory)

“Prior to doing it (a job), does it need to be done? Why are we doing it? That’s the first thing you’d look at. What equipment do you need to do it? Who are at special risk of doing it? It depends on what type of job it is and what things you could take into consideration. How could you make the job easier? Could you do it in a different way? That sort of thing”. (Manager, care home)

“A formal way of identifying all the hazards that you’ve got in the workplace and to ensure that you’ve got some kind of control measure to minimise them”. (Senior Engineer, public aquarium)

“A process for identifying hazards and then putting them into a rank order of priority and then putting in control measures relating to that rank order so that you minimise your risks down to whatever level the organisation or society deems reasonable”. (Director of Health and Safety, university)

“A thorough and systematic look at the hazards around potential to do harm and... what the control measures are.” (Health and Safety Advisor, probation service)

3.3 REASONS FOR CONDUCTING RISK ASSESSMENT

Some case study establishments had been conducting risk assessments for a number of years, whilst others had only started conducting them in the past couple of years. However, the majority thought that their approach had developed in recent times, with many believing their approaches had become more systematic in the past three to five years. This was in line with improved attention paid to health and safety in general. A range of reasons was given for using risk assessment and/or adopting a more systematic approach to its use. Most common of these were a general desire to provide a safe working environment for employees and others and to comply with health and safety legislation. However, in other cases the prime impetus came from another organisation, such as an insurance company, local education authority (LEA) or national body. In a few cases, a review of risk assessment practice had been prompted by an accident at work.

A desire to protect the health and safety of staff and others and compliance with legislation were the two main reasons given by establishments for conducting risk assessments. For example, the rationale given by a screen-printing firm was: “to make sure that it is safe for everyone working here”. However, experience of unannounced HSE inspections was also a factor.

- For a construction machinery dealership the motivation was generated by a combination of things:

  “To protect employees (and other people’s) health; to prevent related absences; to cover ourselves and to cover them (employees) as well”.

- In a wine bar, the manager’s reason for doing risk assessments was “protecting customers and employees or me and keeping the place safe”. Legal considerations were less of a concern.

- The Director of an administration centre offering rehabilitation services for those involved in road traffic accidents saw risk assessments as part of a policy of creating a working environment “that staff wanted to work in and that was seen as taking their health and safety seriously”.
• An insurance brokerage had first started doing risk assessments as the result of legislative changes, but saw the main reason as “to hopefully avoid people getting hurt”.

• Similarly, in the pet food factory risk assessment was seen as a necessary part of the employer fulfilling its duty to protect employees:

> “People have a right to come to work and do a job and go home with the same limbs that they came to work with”.

Some establishments were prompted by outside organisations to undertake risk assessments. A software developer conducted formal risk assessments largely to satisfy the demands of its insurance company, although less formal safety checks were also conducted. Similarly, in a school it was instruction from the LEA, together with encouragement from the teaching unions that prompted the conduct of local risk assessments.

In a probation service, the current policy for conducting risk assessments had been in place for around 18 months. The interviewee, a Health and Safety Officer, felt that a new more rigorous approach had been prompted by guidance from the national probation service together with fear of civil litigation from employees if things were to go wrong.

Specific incidents had prompted changes to risk assessment in some cases.

• At a day nursery the assessment had been introduced in response to legal requirements but had been changed and made more extensive when a member of staff severed the back of her Achilles tendon on the bottom of a door that was blown shut by the wind.

• According to its Health and Safety Officer, a near accident in an independent secondary school was seen as the factor that meant that risk assessments, which had been happening for around seven years, were “at last taken seriously”.

• In a care home one of the main reasons for a more systematic approach to risk assessments was that the home was taking in residents who were more dependent than in the past. However, in general, the assessments were seen as having the role to “reduce risks and encourage safe practice”.

• Finally, a university employee reported that a serious incident where a contractor was harmed while carrying out some work on the premises had caused the contracting company to review the way that it conducted risk assessments.

### 3.4 SUMMARY

Most organisations involved in the survey were conducting some form of risk assessment. However, the case study findings show that there was considerable variation in understanding of the concept, and that those with the most sophisticated understanding tended to be organisations whose general risk assessment practice exceeded Five Steps (those that have been categorised as the Five Steps Plus group). In addition, reasons for conducting risk assessment also varied; ranging from response to particular incidents, to legal compliance, to a desire to provide a safe working environment. However, there was no clear link between reasons for conducting a risk assessment and the quality of assessment undertaken.
If you are a small firm and you are confident that you understand what is involved, you can do the assessment yourself (you don’t have to be a health and safety expert!). If you are a larger firm, you could ask a responsible employee, safety representative or safety officer to help you. If you are not confident, get help from a competent source (see under ‘Getting Help’ on page 8). But remember – you are responsible for seeing that it is adequately done (*Five Steps to Risk Assessment*, HSE 1997)

Both survey and case study research provided evidence on who, within an establishment, conducted risk assessments. They also explored the types of information that were used to inform health and safety policy in general and risk assessment in particular. Finally, information that was used to direct a particular risk assessment was also explored.

### 4.1 WHO CONDUCTS RISK ASSESSMENTS

In the majority of cases (57 per cent) the survey interview was conducted with the individual who had conducted the most recent risk assessment in the establishment. As Section 2 above indicates, these were generally people in line management roles. In just under half (48 per cent) of establishments someone else in the company had taken the lead, and in 17 per cent of cases an outside advisor had been involved.

All respondents from establishments that had conducted a risk assessment were asked whether the people who had conducted that assessment had received any training or other support in doing so. As Table 13 shows, almost all risk assessors in large establishments and two-thirds of those in medium-sized firms had received specific training. However, this applied to only four in ten of those conducting risk assessments in small establishments, who were more likely than those in bigger enterprises to rely on general health and safety training or on background literature ($\chi^2 = 79.069$, df= 6, p< .0005). Those in single-establishment businesses were also more likely to rely on background literature than those in establishments that were part of a larger business ($\chi^2 = 34.401$, df= 3, p< .0005). This supports the notion that it is small businesses that rely most strongly on publications such as the Five Steps leaflet.

In six per cent of establishments risk assessors had not received support of either kind.

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5 One cell had an expected frequency of less than five.
Table 13 Training and other support provided to risk assessors

<table>
<thead>
<tr>
<th>Provided with specific training on risk assessment</th>
<th>All (% 5-49)</th>
<th>Small (50-299)</th>
<th>Medium (300+)</th>
<th>Large Multi-establishment/</th>
<th>Single-establishment/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with general training on health and safety</td>
<td>46</td>
<td>40</td>
<td>66</td>
<td>96</td>
<td>49</td>
</tr>
<tr>
<td>Provided with background literature/information but no training</td>
<td>34</td>
<td>37</td>
<td>26</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>No training or background material provided</td>
<td>15</td>
<td>17</td>
<td>5</td>
<td>–</td>
<td>20</td>
</tr>
</tbody>
</table>

In line with the survey findings, evidence from the case studies suggests that in small establishments the individual responsible for risk assessment usually had a general management role. In addition, it was found that where a health and safety specialist was available their role varied from taking responsibility for risk assessments to advising others in conducting this activity. A range of different models of responsibility for risk assessment were identified, including: risk assessment being conducted by specialist health and safety officers; risk assessment being undertaken by general managers; the devolution of risk assessment to local managers; and the involvement of individual employees in some or all aspects of risk assessment. In a small number of cases an external consultant was involved in to conducting risk assessments.

In some establishments, there was an individual with nominated health and safety responsibilities. For example, in a transportation equipment company, a health and safety advisor guided managers and staff in relation to their health and safety responsibilities and conducted risk assessments. In another example (the care home), general risk assessments were also done by the health and safety officer. Similarly, in the pet food factory a Health and Safety Manager conducted risk assessments across the factory. In a supermarket, a compliance manager undertook formal risk assessments; however line managers were expected to do their own less formal checks.

In other cases, such as at the aquarium, a senior Health and Safety Manager provided advice to others in conducting risk assessments. At this establishment, heads of department were responsible for conducting risk assessments in their area, or for nominating a more junior member of staff to do so. Similarly, the Director of Health Safety and Environment at the university oversaw the development of health and safety policy across the institution. Individual schools and departments conducted their own risk assessments, with a variety of staff taking responsibility. In the manufacturing company the health and safety advisor undertook regular informal health and safety checks. In addition, he assisted the company directors, who conducted annual risk assessments across the establishment, and cell leaders who were responsible for monthly assessments for the employees in their areas of responsibility.
Establishments with specialist health and safety advisors were often those whose general risk assessment approach exceeded the Five Steps guidelines. However, as the next chapter will show, these organisations did not always demonstrate exemplary behaviour in all aspects of risk assessment.

In a large number of establishments, especially those with relatively small workforces, risk assessment was the responsibility of an individual in a general management role, who might, or might not have received any formal training. Examples of establishments where managers without any formal training were conducting risk assessments included the screen printing firm and the insurance brokerage. Both of these are establishments that have been categorised as having a *Five Steps Minus* approach to risk assessment. However, in most cases some training in risk assessment had been provided. For example, the manager of a wine bar had been provided with instructions on risk assessment as part of a health and safety course, and the manager of a retail store, which was part of a larger chain, had been trained in risk assessment at a course organised by the company Head Office.

In a minority of organisations (typically those with a vulnerable client base, such as children or frail older people) individual employees had a risk assessment role. At the social services day centre, staff received general health and safety training that included an element on risk assessment. They were expected to conduct risk assessment in respect of their clients and colleagues. Staff also had a risk assessment role at the day nursery and the residential care home. At the independent secondary school staff were supposed to risk-assess any new activity that they undertook, and at the comprehensive school a range of activities, including school trips, had a risk assessment requirement. In some establishments, employees were expected to undertake some aspect of the risk assessment in relation to their own role. For example in the insurance brokerage, staff did their own assessments of the DSE element to their jobs.

In one organisation, a large office that was part of a public sector body, external consultants were brought in to conduct risk assessments.

### 4.2 SOURCES OF INFORMATION ON HEALTH AND SAFETY

Survey respondents were asked to specify their main sources of information on health and safety issues. Table 14 shows differences in responses to this question by establishment size and for single and multi-establishment businesses.

From the table it can be seen that:

- across the sample in-house advice from health and safety personnel and HSE publications were the main sources of advice used by respondents
- establishments that were part of larger businesses were most likely to use in-house sources of information and advice, while for single-establishment businesses the most common source of health and safety advice was HSE publications
- HSE publications were more widely used by large employers compared with small or medium-sized establishments ($\chi^2 = 12.294$, df= 2, $p= .002$)
- large establishments were more likely than small employers to use almost all sources available to them. The HSE website which was the most common source of information for large businesses in the survey
the source of advice that was used considerably more frequently by small and medium-sized establishments than large organisations were local authority inspectors or environmental health officers ($\chi^2 = 7.499$, df = 2, p = .024).

Table 14 Sources of health and safety information

<table>
<thead>
<tr>
<th>N=1,002</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment business</th>
<th>Single-establishment business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>In-house advice from health and safety personnel</td>
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<td>23</td>
<td>22</td>
<td>21</td>
<td>40</td>
<td>7</td>
</tr>
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<td>27</td>
<td>43</td>
<td>17</td>
<td>29</td>
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<tr>
<td>Health and safety magazines/manuals</td>
<td>21</td>
<td>21</td>
<td>27</td>
<td>25</td>
<td>22</td>
<td>21</td>
</tr>
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<td>30</td>
<td>57</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Local authority/environmental health inspectors</td>
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<td>1</td>
<td>13</td>
<td>15</td>
</tr>
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<td>Parent organisation</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>12</td>
<td>17</td>
<td>–</td>
</tr>
<tr>
<td>Trade associations</td>
<td>6</td>
<td>5</td>
<td>11</td>
<td>10</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Internet/websites</td>
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<td>3</td>
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<td>7</td>
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</tr>
<tr>
<td>Other HSE representatives</td>
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<td>5</td>
<td>1</td>
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<td>3</td>
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<td>3</td>
<td>–</td>
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<td>3</td>
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<td>Local or national business group</td>
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<td>HSE inspectors</td>
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<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
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<td>Manufacturer/supplier information</td>
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<td>2</td>
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<td>Factory or health and safety inspectors</td>
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<td>–</td>
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<td>1</td>
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<td>Head office</td>
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<td>Leaflets</td>
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<td>Trade union</td>
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<td>–</td>
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<td>Other</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>18</td>
<td>7</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 15 takes the most widely used sources of information and looks at differences by sector. The small numbers in some sectors, particularly the civil service, post and telecommunications and the local authorities, mean that apparent differences should be treated with caution. However, the findings indicate that that:
in-house health and safety experts were the most common sources of information and advice in the agriculture sector, the finance sector, hotels and catering and retail

HSE publications were more frequently used in education, manufacturing, and non-governmental organisations than in other sectors

other specialist health and safety publications were most often used in transport, local authorities, the civil service, post and telecommunications, manufacturing and healthcare

the support of health and safety consultants was the most commonly cited source of advice/information in the construction sector; and was also more likely to be used in finance, manufacturing and transport than elsewhere

the HSE website was the most frequently reported source of advice for manufacturing employers. Manufacturing employers were also more likely than those in most other sectors to cite HSE publications, suggesting that HSE output is particularly important for this sector

other sectors that were more likely than average to use the HSE website include the civil service, post and telecommunications and finance

local authority / environmental health inspectors were the most common source of information and advice for respondents in local authorities, in education and in post and telecommunications; but these sources were cited by few or no organisations in central government, construction, manufacturing and finance.
<table>
<thead>
<tr>
<th>Sector (Ns= unweighted)</th>
<th>N</th>
<th>In house health and safety advice %</th>
<th>HSE publications %</th>
<th>Health and safety magazines/manuals %</th>
<th>Health and safety consultant %</th>
<th>HSE website %</th>
<th>Local Authority %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry, horticulture, farming and fishing</td>
<td>27</td>
<td>41</td>
<td>19</td>
<td>27</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Civil service</td>
<td>7</td>
<td>50</td>
<td>29</td>
<td>28</td>
<td>0</td>
<td>74</td>
<td>0</td>
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<td>26</td>
<td>7</td>
<td>28</td>
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<td>Education</td>
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<td>30</td>
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<td>12</td>
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<td>Finance</td>
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<td>21</td>
<td>17</td>
<td>24</td>
<td>28</td>
<td>6</td>
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<tr>
<td>Healthcare</td>
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<td>24</td>
<td>25</td>
<td>27</td>
<td>11</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Hotels and catering</td>
<td>86</td>
<td>33</td>
<td>13</td>
<td>18</td>
<td>17</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Local authority</td>
<td>21</td>
<td>17</td>
<td>6</td>
<td>28</td>
<td>14</td>
<td>5</td>
<td>54</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>93</td>
<td>8</td>
<td>31</td>
<td>27</td>
<td>22</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>Non-governmental organisations, voluntary bodies, charities etc.</td>
<td>55</td>
<td>23</td>
<td>30</td>
<td>22</td>
<td>8</td>
<td>19</td>
<td>21</td>
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<td>Post and telecommunications</td>
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<td>23</td>
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<td>18</td>
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<td>38</td>
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<tr>
<td>Retail</td>
<td>193</td>
<td>36</td>
<td>18</td>
<td>23</td>
<td>11</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Other services (eg estate agents, hairdressers, cleaning, solicitors)</td>
<td>241</td>
<td>19</td>
<td>24</td>
<td>22</td>
<td>16</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Transport</td>
<td>37</td>
<td>8</td>
<td>29</td>
<td>30</td>
<td>22</td>
<td>23</td>
<td>9</td>
</tr>
</tbody>
</table>
In the case study establishments, individuals with responsibility for conducting risk assessments had access to a range of sources of general health and safety advice. For those that were part of a larger organisation, in line with survey findings, this was most commonly in the form of hard copy or intranet guidance from the parent company or, in the case of public sector organisations, the national office. For smaller independent establishments suppliers, insurance companies and HSE were the main sources of guidance.

The water supply company relied primarily on its occupational health department for health and safety information. Similarly, the construction machinery dealership used the services of the parent company’s health and safety advisor. In another example, the safety advisor in the establishment that was part of a company responsible for the installation and maintenance of transportation machinery, was part of a network of company advisors all of whom reported to a company health and safety manager.

A retail outlet received guidance from its parent organisation. However, being based at an airport, it also received specific health and safety guidance from the airport administration.

Other organisations did not have access to these resources and instead relied more heavily on HSE (in particular the HSE website) and information provided by, for example, machinery or chemical suppliers or insurance companies. These tended to be the independent businesses. In addition, some used the services of other organisations in the health and safety sector such as the Institution of Occupational Safety and Health (IOSH) and the British Safety Council (BSC). Finally, a number of respondents mentioned publications provided by commercial publishers such as Croners and Gee. Many of the larger establishments also used these sources of information in addition to their primary sources.

- The director of an insurance brokerage, which had recently been taken over by a larger company, had, until recently, relied heavily on health and safety information supplied by a friend who worked for another company. However, he also referred to the HSE website and had downloaded a range of documents, including the Five Steps leaflet.

- The screen-printing firm received health and safety information from chemical suppliers, its fire alarm company and machinery suppliers. The company had also been provided with guidance by an HSE inspector.

- At one establishment, the pet food factory, the general manager usually contacted either HSE or the British Safety Council by telephone in order to get general health and safety advice.

- The health and safety officer in the independent secondary school referred to the HSE website and websites of the British Standards Institution (BSI), the BSC and the Fire Safety Association, as well as using Croners’ publications.

### 4.2.1 Approach to risk assessments and information used

In this section, both sources of information on conducting risk assessment and data used to inform and direct that assessment are explored.

In many respects, sources of information employed by the case study organisations to understand what was required in respect of risk assessment were similar to those that they used for general health and safety information. Hence, guidance from HSE (including the Five Steps leaflet) and direction from organisation head offices were widely cited. In addition, those case studies that had some accountability to the local authority frequently referred to guidance available from that source.

Some of the establishments that had devolved risk assessment to local health and safety advisors, local managers or individual members of staff had developed their own in-house manuals for use by those conducting the risk assessment. These included the care home, the university and the water supply company. Three establishments were guided in their risk assessments by external consultants, including the public sector organisation that used an external consultancy to conduct its RAs. In addition, the construction machinery dealership followed an approach recommended by a health and safety consultancy, and in the independent school, external consultants worked with the health and safety office to conduct an annual review of risk assessment practice.
The manager responsible for health and safety in the screen-printing firm had been unable to find any information on how to conduct risk assessments. No other organisation reported this.

4.2.2 Data used

A minority of the case study organisations, used health and/or safety data to inform their risk assessments. For example, the pet food factory and the university both referred to accident and injury records when determining areas of highest risk. The water company and the construction dealership collected information not only on accidents, but also ‘near misses’ and this was used in conducting their assessments.

4.2.3 Summary

Most organisations, whether large or small, part of a larger company or independent, felt that they had the competence in-house to conduct risk assessments. In most cases, those conducting risk assessment had received some training in the activity; however, there were examples of cases where no training was provided and/or it was felt that information on conducting risk assessments was limited. In these cases, risk assessment behaviour often fell short of Five Steps guidance. A range of sources of external advice was employed, including guidance received from the head offices of multi-establishment businesses. HSE’s role appeared to be particularly important for independent businesses.

When conducting risk assessment, a minority of organisations used data on accidents or near misses to inform the direction of their risk assessment.
5. PRACTICE IN RELATION TO EACH OF THE FIVE STEPS

The survey allowed an initial analysis of the extent to which risk assessment practice as described by respondents complied with the Five Steps approach. In the case studies this practice was explored in detail, using evidence from a range of sources. This section of the report considers how establishments undertake each of the Five Steps included in the guidance. Whilst the majority of the case studies were undertaking each of the steps in their risk assessments to some extent, there was substantial variation in how the steps were being completed and the extent to which they were completed successfully.

5.1 USE OF FIVE STEPS

The survey asked respondent establishments whether they used the Five Steps approach in conducting their risk assessment. Table 16 gives the responses and shows that the likelihood of a respondent saying that the Five Steps were included in the establishment’s approach to risk assessment increased considerably with the size of the organisation ($\chi^2 = 81.825$, df= 4, p< .0005). The high proportion of respondents from small establishments who were unable to respond to this question indicates that level of awareness of the Five Steps approach may be lowest amongst this group.

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment business</th>
<th>Single-establishment business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>35</td>
<td>65</td>
<td>88</td>
<td>47</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>38</td>
<td>19</td>
<td>7</td>
<td>29</td>
<td>39</td>
</tr>
<tr>
<td>Don’t know</td>
<td>25</td>
<td>27</td>
<td>16</td>
<td>5</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 17 provides the same analysis by sector. The small number of responses from some sectors means that apparent differences need to be treated with caution. However, the findings indicate that stated use of the Five Steps was highest in transport and in various parts of the public sector including healthcare and education and lowest in private sector services such as hotels and catering, retail and finance.

<table>
<thead>
<tr>
<th>Sector (Ns= unweighted)</th>
<th>N</th>
<th>Yes %</th>
<th>No %</th>
<th>Don’t know %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry, horticulture, farming and fishing</td>
<td>27</td>
<td>41</td>
<td>49</td>
<td>10</td>
</tr>
<tr>
<td>Civil Service</td>
<td>7</td>
<td>50</td>
<td>2</td>
<td>48</td>
</tr>
<tr>
<td>Construction</td>
<td>58</td>
<td>40</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Education</td>
<td>75</td>
<td>52</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>Finance</td>
<td>45</td>
<td>37</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Healthcare</td>
<td>74</td>
<td>56</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Hotels and catering</td>
<td>86</td>
<td>30</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Local authority/environmental health inspectors</td>
<td>21</td>
<td>51</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>93</td>
<td>47</td>
<td>31</td>
<td>22</td>
</tr>
</tbody>
</table>
### Sector (Ns= unweighted)

<table>
<thead>
<tr>
<th>Sector (eg estate agents, hairdressers, cleaning, solicitors)</th>
<th>N=</th>
<th>Yes %</th>
<th>No %</th>
<th>Don’t know %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-governmental organisations, voluntary bodies, charities etc.</td>
<td>55</td>
<td>36</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>Post and telecommunications</td>
<td>15</td>
<td>35</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Retail</td>
<td>193</td>
<td>36</td>
<td>38</td>
<td>26</td>
</tr>
<tr>
<td>Other services (eg estate agents, hairdressers, cleaning, solicitors)</td>
<td>241</td>
<td>39</td>
<td>37</td>
<td>24</td>
</tr>
<tr>
<td>Transport</td>
<td>37</td>
<td>56</td>
<td>34</td>
<td>10</td>
</tr>
</tbody>
</table>

#### 5.2 THE FIVE STEPS IN RISK ASSESSMENT

As set out in chapter three, respondents that said that risk assessment was conducted in their establishment were asked a series of questions designed to determine whether their approach to risk assessment included the key elements set out in the HSE Five Steps leaflet. The survey established whether an exploration of risks in the workplace had been conducted; whether an assessment of the individual or groups affected had been carried out, whether an assessment had been made of the level of risk, whether records were kept of risk assessments and what would prompt further risk assessments, including a regular process of review.

#### 5.3 STEP ONE: LOOK FOR HAZARDS

If you are doing the risk assessment yourself, walk around the workplace and look afresh at what could reasonably be expected to cause harm. Ignore the trivial and concentrate on significant hazards which could result in serious harm or affect several people. Ask your employees or their representatives what they think. They may have noticed things which are not immediately obvious. Manufacturers’ instructions or data sheets can also help you spot hazards and put risks in their true perspective. So can accident and ill-health records. *(Five Steps to Risk Assessment, HSE 1997)*

#### 5.3.1 Main risks in surveyed establishments

Table 18 lists what survey respondents saw as the main risks in their establishments. All respondents, including those that did not conduct risk assessments, were asked to give a response to this question (respondents could cite more than one risk). The most commonly identified hazard was trailing wires, poor surfaces etc. providing the risk of slips, trips and falls. This was followed by lifting and moving of heavy objects and use of hazardous machinery as part of the job. Respondents were far less likely to cite psychosocial hazards such as stress and harassment or bullying, than to mention physical hazards and the data produced few discernible differences by sector in response to this question.
Table 18 Most significant health and safety risks (cited by at least 0.5 per cent)

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>All %</th>
<th>Small (5-49) %</th>
<th>Medium (50-299) %</th>
<th>Large (300+) %</th>
<th>Multi-establishment/ business %</th>
<th>Single-establishment/ business %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trailing wires, uneven surfaces, slippery surfaces <em>etc.</em> providing risk of slips, trips or falls</td>
<td>28</td>
<td>27</td>
<td>36</td>
<td>36</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>Lifting/moving of heavy or awkward objects</td>
<td>16</td>
<td>14</td>
<td>26</td>
<td>9</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Hazardous machinery used by employees as part of their job</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td>17</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Hazardous chemicals used by employees as part of their job</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>22</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Electricity</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Use of computers/DSE</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>High or low temperatures</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Working/operating at heights</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Movement of forklift trucks</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other features of workplace such as steep stairs, blind corners</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>*</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other hazardous machinery</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other hazardous chemicals</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>*</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Biological agents</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Movement of other vehicles on-site</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Driving vehicles off-site</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Potentially dangerous objects accessible to the public</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>*</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Stressful work situations</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Harassment or bullying</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>*</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Allergy causing products used by employee as part of job</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>*</td>
<td>*</td>
<td>1</td>
</tr>
<tr>
<td>Noise</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Open drawers in filing cabinets</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Unweighted N=1,002
<table>
<thead>
<tr>
<th>Unweighted N=1,002</th>
<th>All %</th>
<th>Small (5-49) %</th>
<th>Medium (50-299) %</th>
<th>Large (300+) %</th>
<th>Multi-establishment/ business</th>
<th>Single-establishment/ business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>24</td>
<td>23</td>
<td>25</td>
<td>22</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>None</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Coverage of risk assessments

Establishments that claimed to conduct risk assessments were asked to indicate the coverage of those assessments. They were asked to say whether the establishment included particular working areas, and if so which of these areas had been covered by a risk assessment. In three-quarters of cases (77 per cent) respondents indicated that all parts of the establishment were covered.

Table 19 shows the proportion and number of establishments including each work area and then the proportion of these where the respondent stated that an assessment had been undertaken in these areas. This indicates that, although differences were not great, manufacturing and production areas were the most likely to be covered and care treatment areas the least.

<table>
<thead>
<tr>
<th>Work area</th>
<th>Unweighted N= 950</th>
<th>% of establishments including this area</th>
<th>Weighted N= 941</th>
<th>Number of establishments including this area</th>
<th>% of cases where this area was covered by RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office area</td>
<td>95</td>
<td>897</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturing/production/processing area (eg factory, plant)</td>
<td>20</td>
<td>192</td>
<td>83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warehouse/stores/distribution/loading area</td>
<td>50</td>
<td>466</td>
<td>76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen/catering area</td>
<td>79</td>
<td>741</td>
<td>73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care/treatment area (eg Hospital, medical room)</td>
<td>20</td>
<td>187</td>
<td>71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other mixed public/employee space (eg shop, restaurant, job centre)</td>
<td>49</td>
<td>461</td>
<td>78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside work area (eg farm, park, garden, glasshouse)</td>
<td>33</td>
<td>312</td>
<td>71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>218</td>
<td>74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respondents who indicated that only part of their establishment had been covered by the risk assessment were asked to explain why particular areas had been covered rather than others. A fifth of respondents (20 per cent) said that it was time for these areas to be examined as part of a cycle of risk assessments. This indicates that in these establishments risk assessment programmes, rather than individual exercises, probably covered the whole establishment. However, the common reason (given by 54 per cent of these respondents) was that the areas where risk assessment had been conducted were those considered most likely to present hazards. At least ten per cent of establishments, therefore, are limiting their risk assessments to the more obvious risk areas, meaning that hazards in other areas may be being missed.

The only other common reason (given by more than two per cent of the relevant respondents) was that the areas assessed were those that had previously been shown to be risk areas (17 per cent of respondents).

Looking next at the different groups of people covered by risk assessments, respondents were asked to consider whether they employed any people who did not work on the establishment site, and if so, whether these had been included in the assessment (Table 20). Fifty-eight per cent of respondents said that none of their employees fell into these groups. Although in the majority of cases all these groups were covered by risk assessment, there were exceptions. Even relatively high-risk occupations, such as construction, were not covered by a risk assessment. One-third of those that employed travelling sales people said that this group was not covered by the risk assessment.
Table 20 Coverage of risk assessment: off-site employees

<table>
<thead>
<tr>
<th>Offsite employee group</th>
<th>Unweighted N= 950</th>
<th>Number of establishments with these employees</th>
<th>Weighted N= 941</th>
<th>% of cases where this group was covered by Risk assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building workers</td>
<td>16</td>
<td>148</td>
<td>20</td>
<td>83</td>
</tr>
<tr>
<td>Regional/on-road salespeople</td>
<td>20</td>
<td>187</td>
<td>187</td>
<td>66</td>
</tr>
<tr>
<td>Home workers</td>
<td>6</td>
<td>54</td>
<td>54</td>
<td>71</td>
</tr>
<tr>
<td>Other off-site personnel</td>
<td>19</td>
<td>175</td>
<td>175</td>
<td>81</td>
</tr>
<tr>
<td>None of the above</td>
<td>58</td>
<td>548</td>
<td></td>
<td>–</td>
</tr>
</tbody>
</table>

5.3.2 Case study practice

All of the establishments that conducted risk assessments (just two organisations did not conduct risk assessments) were looking for hazards in some form or another. There were some good examples of hazard identification amongst the case-study establishments. For example, a pet food factory conducted risk assessments in all the different areas of the establishment, including the office and production areas. They believed that “everything is a hazard, especially on a site like this” and were clearly concerned that they did not miss any risks. The firm also used its accident and injury records to help identify problem areas.

“We tend not to have any major problems, you know, if we saw a pattern developing, then obviously we’d monitor the first aid log, or, if we saw a pattern developing, where a number of employees kept slipping, in the same area, then obviously that would encourage a new risk assessment, in that area, or that particular machine, or whatever is giving the problem.” (Health and Safety Manager, petfood factory)

Other establishments appeared to be less thorough in their hazard identification. In some cases, as was found from the survey analysis, there was a tendency to focus on specific areas of the establishment or on specific risks.

5.3.3 Limitations in practice: focus on specific areas

In line with the survey findings, a few establishments seemed to focus on areas of the establishment most obviously associated with risk when conducting their assessments. This was particularly the case in establishments where there was dangerous equipment, substances or processes on site – particularly, those in the manufacturing sector. Assessors in these establishments would consider the production areas, but often overlook the ‘safer’ office-based areas. This skewed approach to hazard identification was even seen in the organisations with generally high standards of risk assessment (in other words, those that have been categorised in the Five Steps Plus group).

In a Transportation Machinery company, for example, formal risk assessments had been carried out regularly on sites where the transportation machinery and equipment was installed, and these assessments had been carried out for the past 12 years. However, only one risk assessment had been conducted in the establishment building, and this had been restricted to a storage area. No risk assessments had yet been conducted in the office area, beyond the safety advisor “taking a look around”.

Similarly, a rural recreation activities organisation had a long and well established history of doing risk assessments, which included regular formal inspections on a weekly basis and risk assessments for every activity undertaken. However, these were confined to the work carried out in the forest. One of the employees interviewed felt that the rigorous approach to risk assessments did not always carry over to the office environment:

“As far as like the office, I don’t think anything’s been done about the things on the floor, things like cabinets. It’s just a place to put things. And now and again I get a pile of things and remove them but it ends
up as bad as it was... There’s been information about Display Screen Equipment, but nobody’s actually come and done an assessment.” (Employee, rural recreational establishment)

In some establishments, it was common for workers to spend a significant amount of time working from home, or travelling to meetings with clients. Off-site areas were frequently overlooked when it came to risk assessments. The director of an insurance brokerage had only recently learned through dealings with the local authority that the firm needed to include remote workers in its risk assessment programme:

“That was the only slight criticism that we got from the City Council, that we haven’t done risk assessments on people working on the road, ie driving, and that sort of thing. Which I still haven’t finalised, but we are aware that that needs to be done. I simply hadn’t thought of that as a health and safety issue, until they pointed it out.” (Director of Operations, insurance brokerage)

The health and safety officer of a computer software developer described how, historically, the company had found it difficult to ensure that health and safety standards were maintained for home workers. Because the company owned the equipment that home workers used, it was liable if the home workers or anyone else in their houses injured themselves on kit that was not safely assembled. However, risk assessments were not conducted systematically in people’s homes and, instead, the company relied on employees monitoring their own hazards. Similarly, in the investment management consultancy, the risk assessments were confined to the main office area, despite the fact the majority of the workforce was usually out of the office meeting clients etc.

Some establishments were so focused on dealing with common risks that staff seemed unable to stand back and see the bigger picture. For example, whilst the registered day nursery was diligent in conducting risk assessments in staff quarters, it failed to consider the risks that existed within the residents’ lodgings. This omission was highlighted by a recent incident when a fire was caused by a dirty extractor fan in a resident’s kitchen, which endangered both the resident and the staff.

5.3.4 Limitations in practice: focus on specific risks

There was also a tendency amongst some establishments to focus on certain types of risks. The case studies identified some hazards that were commonly monitored across a number of the establishments. One of these was Display Screen Equipment (DSE). Many of the establishments with office-based areas conducted DSE assessments, using specific guidance and self-report questionnaires. Another hazard commonly considered in risk assessments was fire. The screen printing company, whilst lacking in some areas of its risk assessment procedures, had done a very structured risk assessment for fire, using computer-based guidance provided by its fire alarm supplier. Both an administration centre and a wine bar described how a typical risk assessment for them would involve walking around the site and checking that the fire exits were free and that fire extinguishers were available. It would appear from this that risks which had either been specifically focused on in terms of HSE guidance or employment legislation were those more likely to be included in risk assessments.

One employer was unsure about which risks they were required to assess. The personnel manager of the screen-printing company admitted that she was not clear which risks she needed to consider in her assessments:

“Whether that (manual handling) is covered by risk assessments, or has to be, I don’t know... Maybe if I looked at the HSE website it might highlight some of the areas that we’re perhaps not addressing.” (Personnel Manager, screen-printing company)

The case studies also revealed that, on the whole, risk assessments were more likely to address safety than health. Only two establishments considered psychosocial hazards such as stress. A national organisation in the transport industry monitored levels of stress amongst staff, and had found that 25 per cent of sickness taken amongst its heavy goods vehicles drivers was stress-related. This information was fed back into the dedicated risk assessment for that role. The wine bar also included stress in a risk assessment, but this was a one-off assessment for a pregnant member of staff. The outcome of the assessment was that the company made sure the woman did not work during the busy periods of the day.

Stress was mentioned by many establishments as a hazard in the workplace. It was monitored by some establishments, but was not included as part of a wider risk assessment. One establishment had taken
proactive steps to help employees avoid becoming stressed. The water supply and wastewater treatment company had set up a stress policy campaign and provided training on how to prevent stress.

The vast majority of establishments did not include stress in their risk assessments. Instead they took a reactive approach to the hazard; if an employee was suffering from stress they would be encouraged to approach management and only then would action be taken. Many establishments thought it would be difficult, if not impossible, to risk assess risks for stress. The following comments from employers demonstrate the difficulties that some companies have in including stress within their general risk assessment programmes:

“I think it’s difficult to measure because different people’s stress levels are different and what could be stressful to me might not be stressful to you.” (Manager, day centre)

“That’s not something that I’ve addressed and I wouldn’t know where to start with something like that…I think we’re sympathetic to people and we listen to people…But how deeply do you go? And as soon as you suggest to someone that they might be stressed, does that then become a problem when previously it might not have been a problem?” (Personnel Manager, screen printing firm)

“There’s certainly no formal stress assessment in any way. I wouldn’t know how to do it to be honest with you… Other than try and be approachable and try and ask people to talk if they’ve got problems, [it’s] very difficult to know what to do.” (Operations Manager, insurance brokerage)

5.3.5 Consulting employees

Some establishments consulted with staff during their risk assessments to get their views on what the risks are and how they might be addressed. This appeared to be more common in the manufacturing companies, where assessors would speak to employees using the machinery. For example, in the screen printing company, the personnel manager would make sure she spoke to the machine operatives whilst conducting risk assessments:

“If it’s working and the operatives are happy with it – because I’ll talk to them and find out if they are happy with it. And generally speaking they are. If they feel that something needs to be raised they will let me know… But we do try to listen to the operatives because they’re the ones using the machines on a day-to-day basis.” (Personnel Manager, screen printing company)

Similarly, in a construction machinery dealership, the managers described how one or two employees are usually engaged in the risk assessment process to give feedback on potential hazards related to their work and the processes involved. In a transportation machinery company, the safety advisor described how the firm gets its engineers involved in the risk assessment process:

“We make it clear that we are not just looking at what they are doing to score points. We want to know what they think. It’s very much a two-way thing. You’ll spend a couple of hours with the engineer, see what he’s doing, have a look at his tools and make sure that he’s wearing the right gear, but at the same time you’ll probably take him for a cup of tea, buy him a sandwich or whatever. You get a lot of feedback that way.” (Safety Advisor, transportation machinery dealership)

In the construction manufacturer, the health and safety representative would try to get a department manager and other staff involved in the risk assessment. This, he stated, was for two reasons: first to help him to understand the workings of the machinery, and second because it helps increase awareness.

A number of organisations had gone a step further towards employee involvement by passing the ‘ownership’ of risk assessments onto staff responsible for specific areas. This was particularly the case in larger organisations that included a range of devolved departments The objective in devolving responsibility for risk assessments to employees was partly to reduce the burden of work on health and safety staff, but also, in many cases, because they were felt to be those best placed to do them. For example, in a university, the director of health and safety described how, owing to the varied nature of work that takes place on the campus, a “one-size-fits-all” approach was inappropriate. Instead, individual departments were responsible for their own risk assessments, although a regular centrally based audit was conducted to check that they were being done properly. In a public aquarium, risk assessments were staggered across the main areas of retail, husbandry and engineering. The risk assessments in each area were usually carried out by the member of staff responsible for that part of the establishment, but were overseen by the manager. All staff involved in risk assessments are trained in how to conduct them by the
in-house health and safety manager. However, a number of health and safety managers described how it was not always easy to motivate staff to do the risk assessments.

### 5.4 STEP TWO: DECide WHO MIGHT BE HARMED AND HOW

The guidance asks that, when conducting risk assessments, establishments don’t forget:

- young workers, trainees, new and expectant mothers *etc.* who may be at particular risk;
- cleaners, visitors, contractors, maintenance workers, *etc.* who may not be in the workplace all the time;
- members of the public, or people you share your workplace with, if there is a chance they could be hurt by your activities. (*Five Steps to Risk Assessment*, HSE 1997)

Survey respondents were asked whether or not they had considered if employees, customers, visitors, suppliers and contractors faced particular risks to their health and safety (Table 21). One-fifth of establishments that claimed to have conducted a risk assessment review had not considered the particular health and safety risks faced by employees; three in ten had not considered particular risks faced by customers. Similar proportions had not given consideration to visitors or contractors, and 44 per cent had omitted suppliers from the risk assessment.

**Table 21 Have you considered whether any of the following were at particular health or safety risk?**

<table>
<thead>
<tr>
<th>Unweighted N=950</th>
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<th>Small (5-49)</th>
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### Groups at particular risk

Those respondents who had said that risks faced by different groups of people had been considered were asked whether the assessment had shown some groups to be more at risk than others. The majority (60 per cent) said that this was the case. Groups reported to be at particular risk in the surveyed organisations included:

- individual workers in particular roles (cited by 19 per cent of respondents to the question)
- customers and suppliers (each also mentioned by 19 per cent)
- individual workers operating certain types of equipment (ten per cent)
- young workers (five per cent)
- visitors (three per cent)
- trainees (two per cent)
- employees with disabilities two per cent)
- expectant mother (two per cent).

#### 5.4.1 Case study practice in deciding who might be harmed and how

There was evidence of some very good practice amongst the case studies in how organisations dealt with the second step of the risk assessment process, ‘deciding who might be harmed and how’.

In one example, the operations manager of the pet food factory made it very clear how the organisation considers a range of individual differences that employees present in their risk assessments:

> “In this area, we look at how many people are at risk... are they employees, or is it a young person, contracted [worker], public, pregnant person, or visitors, etc? ... and what the worst outcome could be.”

(Operations Manager, pet food factory)

The manager went on to describe how the organisation provides extended training for young workers because it is felt that their lack of life experience puts them at greater risk. The construction machinery dealership used a detailed procedure, whereby it considered individual differences were taken into account when risk assessing for various tasks. The depot manager of the firm described how, on the basis of a recent risk assessment, the company had reorganised its storage of heavy items in the warehouse to allow for differences in strength and height of staff. During manual handling assessments a member of staff is scored according to age, physical status, whether they are pregnant or a nursing mother, whether they have manual handling knowledge, and whether they have been on any kinetics training course. Anyone with a low score is prevented from carrying out some aspects of the work.

Other examples included the wine bar, which had a separate risk assessment for pregnant employees, disabled employees and employees who are young.
However, there were also several examples of practice falling short of the Five Steps approach as set out in the HSE leaflet.

5.4.2 Limitations in practice: individual differences

Some establishments were not explicit about whether or not they had considered who is at risk during their risk assessments. It appeared that there was often the assumption that the risks are the same for everyone. This was highlighted by the fact that in some establishments, risk assessments were more likely to be prompted by new equipment being brought in rather than a new member of staff joining, or individual circumstances changing. For example, in the screen-printing company, the personnel manager described how they tended to conduct risk assessments once every two years, unless the layout of the factory was changed or new machines were brought in. Many establishments did not mention having specific risk assessments for pregnant women.

5.4.3 Limitations in practice: occupationally driven assessments

It is inevitable that decisions on who will be assessed will depend on which risks are identified. In other words, to complete step two of the Five Steps system successfully, establishments need to have completed step one at least adequately. Since, as Section 5.4 above highlights, many establishments did not successfully consider the full range of risks in the workplace, or outside, it is not surprising that some establishments failed to cover all their sections of their workforce. Groups most likely to be missed out included home workers and those on the road (for example in travelling sales jobs). Office-based workers were more likely to be excluded from the risk assessment programme in establishments with known hazardous areas. In a number of establishments, evaluating those at risk was determined by the occupations and roles under examination.

5.4.4 Limitations in practice: establishments with vulnerable service users

A number of the case studies in the research had vulnerable service users (e.g., pupils, elderly clients) whose own health and safety needs to be considered in risk assessments. It is worth considering this group of establishments in its own right to see whether the focus on clients in any way jeopardises the attention given to employees. In fact, there were only two such establishments amongst the case studies where the needs of staff did not appear to be fully considered in the risk assessments. In a secondary school, the staff were included in a generic risk assessment for pupils because there was an assumption that the risks were the same for both groups. However, because the pupils were both the more vulnerable group and made up a higher proportion of the school population, on the whole the risk assessments focused on pupil safety rather than staff safety. No risk assessments were conducted around staff stress and pregnant staff were not considered as a group that might be at any particular risk, even though there were a large number of women in the workforce. Similarly, in the fitness and community centre, the interviewees seemed to have a good awareness of the physical hazards that can affect clients, but a lesser awareness of the risks to staff, such as the use of DSE.

In the remaining case studies with vulnerable service users, staff tended to be considered separately in the risk assessments. For example, in the day centre for the elderly, individual risk assessments were conducted for staff and clients using separate documentation. In fact, in some of the establishments, staff felt that their experience of conducting risk assessments for clients had a positive impact on their overall approach to the process. For example, the manager of the day centre described how the organisation was keen to review risk assessments on a regular basis. This came from an understanding of how easily situations can change, particularly when dealing with elderly clients whose state of health could change rapidly.

5.5 STEP THREE: EVALUATE THE RISKS AND DECIDE WHETHER EXISTING PRECAUTIONS ARE ADEQUATE OR MORE SHOULD BE DONE

Consider how likely it is that each hazard could cause harm. This will determine whether or not you need to do more to reduce the risk. Even after all precautions have been taken some risk usually
remains. What you need to decide for each significant hazard is whether this remaining risk is high,
medium or low. *(Five Steps to Risk Assessment, HSE 1997)*

The Five Steps leaflet advises that a risk assessment should include an assessment of the level of any risk. Respondents were asked whether the level of risk had been evaluated and in the large majority of cases this had happened, although as with most other aspects of risk assessment behaviour, this was most common amongst the largest establishments ($\chi^2= 12.262, df= 4, p= .016$).

### Table 22 Have you assessed whether the level of risks posed by hazards is high medium or low?

<table>
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<tr>
<th></th>
<th>Unweighted N=940</th>
<th>All</th>
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</table>

5.5.1 Case study practice: evaluating the risk

A number of case study organisations were effective in taking the this part of third step in the Five Steps approach. In a university, the health and safety officer adequately described this step within his definition of a risk assessment:

“A process for identifying hazards and then putting them into a rank order of priority and then putting in control measures relating to that rank order so that you minimise your risks down to whatever level the organisation or society deems reasonable.” (Health and Safety Officer, university)

Four establishments had devised sophisticated matrix scoring systems to provide a quantitative assessment of the level of priority required for each hazard. In three of these, the transportation machinery company, the construction machinery dealership and the probation service area office, the matrix looked at ‘likelihood of risk occurring’ (eg 1 to 4 for ‘very likely’ to ‘very unlikely’) multiplied by the ‘severity of risk’ (eg 1 to 4 for ‘likely to cause minor injury’ to ‘could be lethal’). The scores were then used to determine which risks should be dealt with first.

“Each box has got a score, so the more serious issues get a higher score... the top copy comes back to Head Office, that’s analysed, and initial responses to give it a rating, and they might say, okay, you don’t go in that motor room on your own, or, you don’t go in there at all, if it’s really bad, or whatever precaution, and that’s used as a basis for risk assessment. And the idea was that the ones that get the worst scores get the first attention, with the full risk assessment.” (Health and Safety Advisor, transportation machinery company)

The fourth organisation, a public aquarium, went a step further with its model by adding a third level into the matrix: the ‘number of people likely to be affected’.

In the remaining organisations, it was not clear whether a formal process for considering the level of the risk had been adopted.

5.5.2 Case study practice: checking that existing precautions are adequate

Once the level of the risk is known, establishments are advised to make a decision about whether or not existing precautions are adequate and if more can be done. In the interviews, case-study establishments were asked to describe the results of some of the risk assessments that they had undertaken. In this context, risk assessment practice that met or exceeded that in the Five Steps leaflet was less common. A range of approaches had been used to control risks, including those suggested by the Five Steps guidance,

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6 Three cells had an expected frequency of less than five.
such as preventing access to the hazard, organising work to reduce exposure to the hazard, issuing personal protective equipment and providing welfare facilities. However, there were very few examples where establishments had taken the first suggestion of ‘trying a less risky option’. It appears that in attempting to control risks, only a few establishments go so far as to ask the question: “Does the job need to be done at all?”. This more considered approach was used by the public aquarium and the day centre for the elderly. As the manager of the day centre stated, it is the first question they ask themselves when starting a risk assessment:

“Prior to doing [a job], does it need to be done? Why are we doing it? That’s the first thing you’d look at.”

(Manager, day centre)

Few other establishments had gone as far as to assess whether or not the job needed to be done at all. It may be that the danger posed by the risks was low enough for them to be controlled in other ways. Nonetheless, the public aquarium felt that more information is required from HSE on how to control risks. The respondent felt that whilst it is clear how you spot the risks, it is less obvious how you deal with those that are identified.

5.6 STEP FOUR: RECORD YOUR FINDINGS

If you have fewer than five employees you do not need to write anything down, though it is useful to keep a written record of what you have done. But if you employ five or more people you must record the significant findings of your assessment. This means writing down the significant hazards and conclusions… You must also tell your employees about your findings. (Five Steps to Risk Assessment, HSE 1997)

5.6.1 Record results of risk assessment

All employers of five or more employees should keep a written record of their risk assessment. This survey was limited to employers who met this criterion. The majority of respondents (90 per cent) said that records were kept. However, nine per cent of small employers ($\chi^2= 15.273$, df= 4, $p= .016$) and 12 per cent of single-establishment businesses ($\chi^2= 29.465$, df= 2, $p< .0005$) were not keeping risk assessment records (Table 23).

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5.6.2 Case study practice: recording findings

The case study establishments were asked to show evidence of written records, which were compared against the example record sheet in the Five Steps leaflet.

The establishments appeared to be documenting their risk assessments for a variety of reasons, and these seemed to encourage behaviour in line with the Five Steps guidance. In addition to the statutory requirements to record risk assessments, some establishments were required by their parent organisation to provide records of their risk assessments. For example, the day centre was required to keep records for the local council, which conducts annual assessments of the centre’s health and safety procedures.

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7 Three cells had an expected frequency of less than five, minimum expected cell frequency was 0.76.
including risk assessments. The probation service area office was required to send records to the central office so that the health and safety advisor could keep an eye on trends occurring throughout the county. Sometimes, records were needed for contracts with external agencies. The rural recreation establishment included records of risk assessments in any contracts with consultants they were using when putting on large events in the forest. The computer software developer described how it had been required to record its risk assessment for its insurance company.

A range of Five Steps Plus behaviour was found in this area in particular:

**Recording systems**

There was some evidence of good practice amongst the case studies, with a number of establishments using organised recording systems. The Five Steps guidance advises employers to list ‘hazards’, ‘who is at risk’ and ‘controls or action needed’. Some case-study establishments went further than this.

Several establishments used different forms for different types of risk assessment. For example, the day centre for the elderly showed three different types of risk assessment forms for client risk assessments, risk assessments for activities and job risk assessments. Each form went beyond the Five Steps form by including an additional section on whether or not any individual was at a special risk due to individual circumstances. Similarly, the water supply and wastewater treatment company used specific forms for the different types of risk assessments. In the independent secondary school, risk assessments forms varied for the different activities, and were sometimes incorporated into a more general form, such as that for leading school trips.

**Format of records**

Many of the case studies used recording forms that were different to the example form in the Five Steps leaflet. The different features will now be discussed in turn.

Some companies used checklists in their risk assessments, which doubled up as both guidance and a record sheet. For example, in the plumbing and heating merchant the staff carried out daily branch hazard monitoring where they would check against a list of ten critical hazards, and quarterly branch hazard monitoring where they would use a list of 24 hazards. In the construction machinery dealership, they used detailed auditing forms for each of the different work areas, which incorporated a checklist of the environmental aspects, equipment and procedural aspects particular to each department.

Some establishments were even more prescriptive in their approach by asking staff to answer specific questions on the form about risks. For example, in the plumbing and heating merchant, the form included the questions: ‘Are the loads unstable or the contents likely to move or fall?’; and ‘Are there uneven, unstable or slippery floors/surfaces?’

As stated earlier, many companies had compiled scoring systems to assess the level of the risk identified. In some cases, the matrix had been incorporated into the record. For example, the form used by the public aquarium was largely based on the Five Steps form but had the additional scoring matrix. However, the transportation machinery dealership used its matrix to assess whether or not the risk needed to be recorded in the first place. Only risks identified as being ‘significant’ were subsequently recorded and acted upon.

Most of the records seen in the case studies included a review date. However, there was awareness amongst establishments of the need to set additional deadlines for any of the required actions to come out of a risk assessment. Some establishments also added an ‘action date’ to their forms.

**Limitations in practice: recording**

Not all of the case study organisations appeared to be aware of their legal obligation to record their risk assessment findings. The personnel manager of the screen-printing company did not document risk assessments because she felt that the maintenance sheets they completed for the machines were sufficient. The health and safety officer in the computer software developer firm was selective about what he
recorded. Whilst he had recorded the formal and comprehensive risk assessment completed for the insurance firm, he did not record the more informal ‘walkthrough’ assessments, which were conducted on a regular basis. Instead, the health and safety officer would talk directly to the staff concerned. Due to the small size of the company, he felt that this was a sufficient way of passing on the information to others.

5.6.3 Informing employees of results of risk assessments

In addition to keeping records, employers should also inform their employees about the risk assessment findings. More than nine in ten (92 per cent) survey respondents said that they were doing this. There was little variation by workforce size. However, single-establishment business (nine per cent) were considerably more likely than those that were part of a larger organisations (two per cent) to say that this information was not supplied to employees ($\chi^2= 23.424$, df= 2, $p< .0005$).

The case-study establishments were also asked if and how they inform employees of the results of their risk assessments. Some establishments showed good systems for communicating health and safety issues, such as staff notice boards, health and safety committee meetings, and including health and safety as an agenda item in all staff meetings. A number of establishments had used these avenues to communicate the results of their risk assessments. For example, in the registered day nursery, the results of the risk assessments were communicated to all staff in the morning team meetings. In the day centre for the elderly risk assessments featured in one-to-one supervision meetings. In the administration centre, in addition to informing team leaders in the weekly meetings, memos were used to put any action points in writing for all the staff.

The results of risk assessments were frequently communicated to staff through more informal means. In the pet food factory, information was spread through word of mouth. Managers would tell supervisors who were then expected to pass the information on to their teams. Some establishments said that they were selective in what they chose to tell employees. The manager of the wine bar felt he had to use his own judgement about what to tell people, otherwise, he said, they would suffer from information overload:

“There are a lot of risks to people working behind the bar because there’s a lot of sharp edges. There’s a lot of glass obviously, that generates a lot of trouble, everything goes horribly wrong, but you know yourself how to cascade that information down – the most important points. So if I do a risk assessment, let’s say for broken glass, it might be very, very particular because it needs to cover everything but it might not be relevant to every person. So that sort of information, when I give it out to a person, from an employee point of view it might be too much information. I think sometimes they think, what are they trying to tell us? Not to touch anything ever again?” (Manager, wine bar)

Some establishments were not very effective at informing their employees of the results of risk assessments. For example, the director of the Commercial Insurance Brokerage said he did not think there was much point in informing employees about any outcomes since he should have ‘sorted it’ already.

5.7 REVIEW YOUR ASSESSMENT AND REVISE IT IF NECESSARY

Sooner or later you will bring in new machines, substances and procedures which could lead to new hazards. If there is sufficient change, add to the system to take account of the new hazard. Don’t amend your assessment for every trivial change, or still more, for each new job, but if a new job introduces significant new hazards of its own, you will want to consider them in their own right and do whatever you need to keep the risks down. In any case, it is good practice to review your assessment from time to time to make sure that the precautions are still working effectively. (Five Steps to Risk Assessment, HSE 1997)

Step five of the steps to risk assessment is to review the risk assessment ‘from time to time’. In this section the factors prompting a new risk assessment are set out. This shows that in just 58 per cent of establishments the reason for the most recent risk assessment was that it was part of a regular programme of review. The findings in this section indicate that a substantial minority of organisations do not see risk
assessment as something requiring regular review and instead were more likely to be prompted to conduct a review by a particular occurrence, such as an accident in the workplace.

Respondents that conducted risk assessments were asked to specify when the last assessment was carried out. As Table 24 shows, the large majority of organisations claiming that they conducted risk assessments had done so in the past year. Small establishments were less likely than others to have conducted a risk assessment recently ($\chi^2= 12.996^8$, df= 6, p=.043).

**Table 24 When last risk assessment was conducted**

<table>
<thead>
<tr>
<th></th>
<th>Unweighted N=950</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment business</th>
<th>Single-establishment business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Less than one year ago</td>
<td>87</td>
<td>85</td>
<td>94</td>
<td>100</td>
<td>89</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>One to five years ago</td>
<td>8</td>
<td>9</td>
<td>4</td>
<td>–</td>
<td>6</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>More than five years ago</td>
<td>*</td>
<td>*</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>*</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>–</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Survey participants were also asked whether the most recent risk assessment that they had conducted was their first and when they planned to conduct their next risk assessment (Table 25). In over three-quarters of cases this was not the first time a risk assessment had been conducted, although small establishments were more likely to say that this was their first experience of conducting a risk assessment ($\chi^2= 28.347^9$, df= 4, p<.0005).

**Table 25 Whether this was the first risk assessment in the establishment**

<table>
<thead>
<tr>
<th></th>
<th>Unweighted N=950</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment/ business</th>
<th>Single-establishment/ business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>18</td>
<td>3</td>
<td>9</td>
<td>10</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>74</td>
<td>93</td>
<td>91</td>
<td>83</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>–</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Most establishments that had conducted a risk assessment planned to do another one within the next 12 months, however a quarter had no plans to repeat the exercise. As Table 26 shows, the smallest establishments were those least likely to have plans for a future risk assessment. Around half (51 per cent) of the large employers had plans to conduct a risk assessment in the next three months, compared with 32 per cent of the small employers.

**Table 26 Whether it has been decided when the next risk assessment will be conducted**

<table>
<thead>
<tr>
<th></th>
<th>Unweighted N=950</th>
<th>All</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment/ business</th>
<th>Single-establishment/ business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Yes within 3 months</td>
<td>34</td>
<td>32</td>
<td>40</td>
<td>51</td>
<td>37</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>Yes within next year</td>
<td>31</td>
<td>31</td>
<td>30</td>
<td>37</td>
<td>29</td>
<td>29</td>
<td>34</td>
</tr>
</tbody>
</table>

---

8. Five cells had an expected frequency of less than five cases, minimum cell frequency was 0.09.
9. One cell had an expected frequency of less than five cases.
Yes in over a year’s time 1 1 2 0 * 2
Yes but not sure when 6 6 7 2 6 5
No 27 28 21 9 25 28
Don’t know 2 2 1 0 2 2

All respondents, including those who had not conducted a risk assessment so far, were asked what might prompt them to do so in the future. As Table 27 shows, undertaking the next risk assessment as part of the programme of regular assessment was the most common response. However, a far larger number said that an accident in the workplace, a new process or the introduction of new equipment would prompt them to do a new assessment.

Table 27 Reasons for new risk assessment (those cited by at least one per cent of respondents)

<table>
<thead>
<tr>
<th>Reason for new risk assessment</th>
<th>All %</th>
<th>Small (5-49) %</th>
<th>Medium (50-299) %</th>
<th>Large (300+)</th>
<th>Multi-establishment/ business %</th>
<th>Single-establishment/ business %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of a regular programme of assessments</td>
<td>55</td>
<td>54</td>
<td>57</td>
<td>77</td>
<td>58</td>
<td>53</td>
</tr>
<tr>
<td>Accident in the workplace</td>
<td>32</td>
<td>30</td>
<td>43</td>
<td>47</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Introduction of a new process</td>
<td>18</td>
<td>15</td>
<td>29</td>
<td>43</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Introduction of new equipment</td>
<td>13</td>
<td>11</td>
<td>24</td>
<td>29</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Introduction of new staff</td>
<td>8</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Legislation</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>General review of safety</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Introduction of a new job</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Visit from health and safety inspector/environmental health officer</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Employee pressure</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Advice from an external body</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Required by parent organisation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>Required by customers</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Health problem at work</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>–</td>
</tr>
<tr>
<td>Management change</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

5.7.1 Case study practice: reviewing risk assessment

A few establishments were very aware of the need to review their risk assessments, as the following quotation from the manager at the day centre for the elderly clearly demonstrates:

“Risk assessments should be conducted all the time and should be reviewed all the time… People change. One of my members of staff is pregnant so we had to do a specific risk assessment for her with regard to her pregnancy and how things have changed.” (Manager, day centre)

In general, however, practice varied considerably in terms of both the nature of reviews and the frequency with which they were conducted.
**When reviews were conducted**

As recommended by the Five Steps leaflet, a some of the case study establishments reviewed their risk assessments if new equipment or procedures were introduced or if a job was done in a different way. For example, the rural recreation organisation conducted risk assessments for every new job or task in the recreation area. In the day centre for the elderly, risk assessments were done for every activity involving the clients. Whilst the different sections of the building were risk-assessed every three months. The Five Steps guidance does not highlight the need for a risk assessment to be reviewed when a new worker joins an organisation. Nonetheless, as stated in section 6.4, some establishments did conduct risk assessments for new members of staff or for staff who became pregnant.

In establishments, or parts of establishments, where change was less frequent, risk assessment reviews tended to take place on an annual or biannual basis. Both the commercial insurance brokerage and the registered day nursery divided their establishment premises into four areas and ensured that each area was assessed annually. In both the pet food factory and the water supply and wastewater treatment company, risk assessments were conducted annually across the different parts of the establishments, including the office area, unless new equipment was introduced or they had found a persistent problem, in which case they were done more often.

It is important to note that there were often delays in doing the reviews. In the commercial insurance brokerage, whilst officially a risk assessment was done every quarter, the director admitted that none had been done for nine months. Similarly, whilst the day centre was supposed to review its building risk assessments every three months, a kitchen employee admitted that she had not done an assessment for over a year.

**Informal monitoring**

Whilst formal risk assessments were not always conducted regularly, a number of establishments monitored their environment informally on a more frequent basis. For example, in the wine bar, a thorough risk assessment was conducted annually, but the building was also inspected weekly and monthly. It would check safety issues such as whether the fire doors were locked on a weekly basis; while monthly reviews focused on the bigger picture and whether any maintenance or training was required. The monitoring was so frequent that the assistant manager said it was rare for them to need to take any actions:

> “I find if I am filling in the due-diligence forms, which is our way of checking health and safety. I always keep an eye on things so I know what I am looking for already. So when it comes around, I barely even need to go and check the things. I do, but I know from when I walk in the morning that the fire extinguishers are in the right place and everything is where it should be.” (Assistant Manager, wine bar)

In the supermarket, the compliance manager conducted risk assessments every 12 weeks but less formal assessments were conducted on a daily basis in the form of end-of-day checks.

One organisation felt that ‘reviewing’ was an insufficient way of checking that things were working and opted instead for constant monitoring. In addition to conducting annual risk assessments, staff in the pet food factory were required to check their machines before every shift and report any problems to supervisors.

> “If there’s a problem, we want to know then. We don’t want to know if they’ve had a problem on Friday, we want to know the very minute of the problem and stop it, or stop it before it becomes a problem.” (Health and Safety Manager, pet food factory)

Another establishment, however, was clearly unaware of the importance of reviewing risk assessments. When the personnel manager of the screen-printing company was asked how she determined whether or not any actions taken had been effective, she described the following:

> “Having no more accidents on [a machine] is one indication that what we have in place is working.” (Personnel Manager, screen-printing firm)
After being shown the leaflet, she accepted that reviews could be done more frequently in the company, but stated that she lacks sufficient time and resources.

“The reviews aren’t perhaps done regularly enough and that might be something that we need to put in place, but I would like to think that if we had a specific person who has the time to do it, it would be an easier operation.” (Personnel Manager, screen-printing firm)

Nature of reviews

Despite the prevalence of some form of reviewing amongst the case studies, it was not clear how often establishments would use the opportunity to check whether any previous actions had been effective. The very fact that the interval between risk assessments was often a year or more suggests that it was assumed that the risk had been dealt with effectively the first time around. As the director of the commercial insurance brokerage stated:

“Well basically if I do a risk assessment, find a problem, I will deal with it, do it myself if you know what I mean. Not necessarily physically, but actually sort it out myself, so I’m following the project through to the end, so there’s no real need to do more than that.” (Director, commercial insurance brokerage)

5.8 SUMMARY

The qualitative element of this research showed substantial variation in how the Five Steps were being completed and the extent to which they were being concluded successfully.

- **Step one** – all of the establishments that conducted risk assessments were looking for hazards in some way or another. There was evidence of some very good practice amongst the case study organisations, with a number using accident and ill-health data and consulting employees to help identify the major risks. However, some establishments were relatively narrow-minded in their approach, focusing their risk assessments on either specific areas of the establishment, where the dangers were more obvious, or on well-known risks such as DSE equipment and fire hazards. Less attention was paid to health risks than to safety risks and none of the establishments included stress in their assessments.

- **Step two** – some establishments were very thorough in their consideration of who is at risk, and took into account a number of individual differences, such as age, fitness, experience and pregnancy. Nonetheless, in some establishments, risk assessments were occupationally driven so the issue of who was at risk was determined by the areas of the workplace and the jobs under consideration, which tended to be those that were more obviously dangerous.

- **Step three** – a number of the case study organisations had devised their own sophisticated tools to provide a quantitative evaluation of the level of each risk. However, some establishments felt that more guidance was required from HSE on what organisations need to do once a risk is identified, how they might control it, and how far they are obliged to go towards controlling it.

- **Step four** – most of the case studies recorded their risk assessments, often because they were required to do so by their parent company/authority, their insurers or for contractual arrangements. Some establishments used systems for filing the documentation and their record sheets often went beyond the Five Steps example sheet by including prompts and checklists. However, a few establishments were not aware of their legal obligation to record their risk assessments or the need to inform employees of any outcomes.

- **Step five** – most of the case studies did review their risk assessments, usually on an annual or biannual basis. Some establishments backed up their reviews with more regular informal checks, whilst others conducted constant monitoring of their work environment. This suggests that the risk assessment process itself is considered too time-consuming to be done on a more regular basis.
6. CHALLENGES IN IMPLEMENTING FIVE STEPS/ REMOVING RISKS

All case-study organisations that were identified as broadly using the Five Steps approach were also asked about any difficulties they had experienced with conducting risk assessments, or any problems they had encountered when trying to use the Five Steps approach.

Several themes emerged in the course of these conversations. In terms of conducting risk assessments, the main issues to emerge were:

- gaining senior management and staff support for the approach
- the skills needed
- assessing certain types of hazard
- assessing certain types of work
- ensuring consistent assessment across different sites
- the time needed
- staff confidence.

With regard to implementing and monitoring the outcomes from risk assessments, the issues were:

- making appropriate adjustments
- maintaining compliance.

Each of these is discussed below.

6.1 CONDUCTING RISK ASSESSMENTS

6.1.1 Gaining senior management and staff support for risk assessment

Senior management support for the risk assessment process is important if all employees are to fulfil their responsibilities with regard to health and safety. This was evident in many case studies, however one in particular highlighted the potential problems. In this case study, an independent secondary school, a new health and safety manager was brought in to improve health and safety within the organisation. He identified a distinct divide in the culture between academic and non academic staff, with the former tending to see risk assessment as something that was done by the health and safety manager, but that they didn’t have to worry about. Only after the legal implications of failing to meet statutory obligations were spelt out to the head teacher was the necessary support given to ensure that risk assessment was moved up the agenda.

The transportation machinery company also reported that, in the past, there had been some problems with getting staff to complete risk assessments. However, this had largely been resolved as staff all now had to undergo risk assessment training.

The public aquarium also identified that it could be difficult to motivate staff to conduct risk assessments as they were sometimes seen as over and above the individual’s normal job.

At the university, it was felt that although technicians and clerical staff took health and safety seriously academics were less likely to do so. As a result, it could be difficult to ensure consistency in the risk assessment process.
6.1.2 Assessing certain types of hazard

Stress was specifically identified in two case studies as the class of hazard most difficult to risk assess for. As discussed in chapter five, many organisations did not include stress in their risk assessment.

At the day centre, the interviewee reported that the organisation tried to consider the risks and assess for stress as part of the process, but found it difficult. As a result it tended to tackle any stress problems that arose through supervision.

Likewise, in the transportation machinery case study, psychosocial hazards were not seen as something that would be identified via the existing risk assessment process. This was reinforced by an interview with one of the employees who explained that the job could often be stressful because of the pressure from customers; however this wasn’t something that he would expect to be covered in a risk assessment.

Although generally positive about the Five Steps leaflet, the screen-printing firm felt that the guidance was more useful for the physical, ‘hands-on’ operations than it was for stress.

Stress was not the only type of hazard that it was felt difficult to apply a risk assessment process to. The day centre, for example, identified health and safety issues connected with client needs as another potentially difficult area. Clients were often assessed at home prior to admission to the centre. Sometimes, the true extent of an individual’s ill health (particularly in relation to mental health) might not be revealed until after they came into the centre. This meant that some risks could not be anticipated.

6.1.3 Assessing certain types of work/sites

It also became apparent in the course of the case studies that even in organisations that, on the whole, had exemplary risk assessment procedures, certain types of work could be overlooked or missed out of their risk assessments. This point is a common theme across case studies and is discussed in more depth in chapter five.

Specific examples include a recreation activities establishment where thorough risk assessment procedures existed for outdoor work, but were only partially implemented in the office area. Likewise, an insurance brokerage where comprehensive procedures were in place in the main office did not extend these to employees travelling to see clients at other locations.

The university reported that one of the difficulties it encountered was ensuring that risk assessments were conducted consistently across all the sites, particularly where staff in some areas did not perceive the risk assessment process as being relevant to them.

6.1.4 The time required to conduct risk assessments

Several case-study organisations commented on the resource demands of conducting risk assessment. These appeared to take two forms: time taken to carry out the assessment; and the ensuing paperwork. An employee at the day centre admitted, for example, that her formal risk assessment for her work area had not taken place for over a year because she struggled to find the time to do it. Having to write risks assessments from the perspective of both clients and staff was also seen to double the load.

One approach to overcoming this was demonstrated in the rural recreation centre, where the manager had produced small books with a set of structured questions. These were used to encourage staff to conduct risks assessments and not to feel overwhelmed by what was involved.

6.1.5 Staff confidence in conducting risk assessment

An issue to emerge from the case studies was that of staff confidence in conducting risk assessments. Confidence was an issue both in ability to do risk assessments and in liability if anything went wrong:

“Staff sometimes struggle when it’s something new; foreseeing every type of risk, and knowing quite what they should be getting down on paper, that’s the idea of the duplicate book [for noting risk assessments].”

One manager explained how staff felt anxious about doing risk assessments so sought constant reassurance from the manager.
“I say: you’re doing it all the time. Before you cross the road...it’s a mental thing that we always carry out. 
We just need to put that down on paper to prove to others that we’ve done it and as guidance for somebody else if they pick up the job.”

Some case study establishments reported that they had been able to allay staff concerns through providing risk assessment training. However, in other instances, even where risk assessment training had been carried out, some staff interviewed said that they felt that the training was too general and not geared to their specific area of work.

A second issue that caused concern for some staff was that of liability. Some interviewees felt that putting information down on paper in a formal risk assessment procedure could leave them open to criticism about how they had conducted a job if anything went wrong.

“Our teachers are concerned that it is their necks that are on the blocks.” (Independent secondary school)

“There’s a perception that people are nervous almost of putting anything on paper.” (Country park / recreation centre)

6.2 IMPLEMENTING RISK CONTROL MEASURES

Case-study organisations were asked a series of questions about any difficulties they had encountered when trying to put control measures in place. Two broad areas of difficulty were identified by the case studies with regard to implementing risk control measures. These mainly concerned identifying appropriate risk control measures and ensuring that staff conformed to new rules or procedures.

6.2.1 Appropriate risk control measures

Sometimes staff found it difficult to put into practice the results of a risk assessment, where there were other, potentially adverse, consequences. One example of this was at the day centre, where risk control measures could mean depriving clients of the opportunity to come into the day centre. In this example, options for controlling risk were sometimes perceived as unpalatable.

It was also felt that getting the appropriate level of risk control was sometimes a question of achieving the right balance between acceptable risk and being able to do the job efficiently.

Some organisations were also concerned about the financial implications of implementing risk control measures. One job at the pet food factory involved the use of cleavers to smash up frozen meat. The factory had started to bring in new machinery to help reduce the risk, but it would be some time before they could afford as many as they needed:

“At the end of the day, we’ve still got to produce something to pay everybody’s wages, but we still want to do it safely”.

6.2.2 Monitoring and maintaining control measures

A second aspect of implementing risk control measures commented on by several of the case-study organisations was in maintaining compliance. Verbal instructions or information were not always sufficient to keep controls in place.

The pet food factory found that it was sometimes difficult to see what the risks were because people took short cuts:

We had an accident here a couple of years ago involving a forklift truck. That would not have happened if either of the people involved had been following the rules. The only way we can deal with it is by monitoring the way people work and disciplining those who do not take the right steps. We also cut down on number of trucks and number of people who can drive them, put up physical barriers in pedestrian areas and made sure a manager is supervising whenever they are used. It’s taught us that it is not enough to say to people “don’t go into this area”, we’ve had to physically stop them. I mean, take the forklift where you can go over the training as many times as you want, but if there’s a physical barrier there which they can’t defeat, that’s the best.”
6.3 SUMMARY

6.3.1 Conducting risk assessments

As with many other organisational policies and practices, ensuring successful risk assessment depends upon active senior management support and endorsement. If all employees understand that the employer sees risk assessment as important, and they clearly understand their responsibilities with regard to conducting risk assessments, then they are far more likely to comply with company policy.

In getting this message across it needs to be made clear that complying with risk assessment is actually about protecting the individual and the colleagues they work with and is an aid and support to doing the job safely.

With regard to different types of hazard, stress in particular was found difficult to tackle through a risk assessment approach. HSE has issued guidance and published a set of management standards on identifying and managing stress at work but in place the management standards approach, which may well help organisations to overcome the difficulties they have experienced in this area, although awareness of the standards was not evident in the case study organisations. Aside from stress, some organisations may benefit from more detailed guidance on conducting risk assessment approaches for specific types of hazard.

Case study organisations frequently tended to concentrate their efforts on the more obvious work hazards, often to the detriment of ‘safer’ work roles or areas. This pattern was even replicated in otherwise exemplary organisations. Renewed emphasis on the fact that risk assessment should be conducted with regard to all aspects of work may help to improve consistency.

Resource demands, in terms of both time to undertake the assessment and in the ensuing paperwork, were commented on by several case-study organisations. The impact of this was to mean either that risk assessments were delayed or less frequent, or to leave staff feeling overwhelmed or daunted by the task. One case study had sought to address this by introducing simplified risk assessment forms.

Staff confidence to undertake risk assessments was identified as a particular concern in several case-study organisations. This concern took the shape of either a lack of clarity about what was required or reasonable, or anxiety about personal liability if anything went wrong. Some case-study organisations had resolved this through training; others noted, however, that managers had to be particularly supportive or reassuring to allay staff concerns.

6.3.2 Implementing risk control measures

Two main areas of concern were identified: understanding, affording or accepting what constituted appropriate or reasonable risk control measures; and maintaining new rules and practices.

Difficulties were encountered in situations where risk control measures were perceived as having other, potentially negative, consequences for staff or clients, were commercially unviable or were difficult to identify. In such circumstances, it was felt that implementing appropriate control measures required a balance between controlling risk and working efficiently.

Several case-study organisations also commented on the difficulties they encountered in maintaining control measures that had been implemented following a risk assessment. Several gave useful examples of the need to follow up any risk control measures with stringent monitoring or physical enforcement.
7. THE IMPACT OF THE FIVE STEPS GUIDANCE

The survey explored the general impact of risk assessment in respondent’s establishments. The case studies looked in more detail at the effect of using the Five Steps approach, looking in particular at differences between organisations that were categorised Five Steps and Five Steps Plus establishments.

7.1 SURVEY FINDINGS: IMPACT OF RISK ASSESSMENT

The last section of the questionnaire asked respondents to summarise what they saw as the most useful effect of risk assessment in their establishment. Respondents were able to give more than one answer to this question.

As Table 28 shows, the most widely reported benefits concerned the reduction of risks to staff and others. Just one per cent of survey respondents felt that risk assessment had no useful effect.

<table>
<thead>
<tr>
<th><strong>Table 28</strong> What are the most useful effects of risk assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unweighted N=950</strong></td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Reduced risks to staff</td>
</tr>
<tr>
<td>Reduced risks to others</td>
</tr>
<tr>
<td>Made us feel confident that we do not have unnecessary health and safety risks</td>
</tr>
<tr>
<td>Shows employees/others that we do not have unnecessary health and safety risks</td>
</tr>
<tr>
<td>Made us feel confident that we are complying with the law</td>
</tr>
<tr>
<td>Improved employee relations</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>No useful effect</td>
</tr>
</tbody>
</table>

7.2 CASE STUDY FINDINGS

Case studies were selected to represent a range of both knowledge and use of the Five Steps approach. Eleven of the 30 case studies were originally defined as ‘Five Steps users’ (ie those who had read the leaflet and used an approach broadly based on that of Five Steps). This section of the report considers how the Five Steps guidance has impacted on their risk assessment behaviour.

Six of the organisations visited reported that they used Five Steps as the basic approach to risk assessment, but had also developed more detailed guidance for staff. Another four either based their approach on the Five Steps guidance, or felt that it corresponded to what was already in place and that no further action was necessary. A further case study used the Five Steps approach supported by other, more detailed, information.
7.3 FIVE STEPS ESTABLISHMENTS

As evidenced by the range of case studies reported here, it is clear that Five Steps has been implemented and found to be an effective risk assessment process in a number of different-sized organisations, operating in a diverse range of industrial sectors. To this extent, the Five Steps leaflet was found to have had considerable impact in shaping risk assessment behaviour in a variety of work settings, although in some cases it was difficult to differentiate between the impact of the leaflet itself and that of a more general awareness of the Five Steps approach.

- At the registered day nursery, the health and safety representative said that the impact of Five Steps had been to make them look at health and safety in a different light than they would have done. This was due to the fact that Five Steps gets individuals to think through risks generically rather than giving specific examples that may or may not be relevant. Overall it was felt that the Five Steps guidance backed up the existing approach rather than giving them new practices to implement. It was felt that Five Steps had helped to make things clearer and was useful in showing what the law required.

- The transportation machinery company had in place a risk assessment process that incorporated each of the Five Steps. The company’s broad approach to site level risk assessment was something that had been in place for a number of years, so the health and safety advisor was uncertain about the extent to which it had been influenced by the Five Steps guidance. The approach used, which broadly mirrored Five Steps, was felt to be an effective way of identifying and controlling both health and safety risks.

- At national organisation in the transport industry, the Five Steps leaflet formed the basis of the advice they had issued in 1994 on conducting risk assessments. As the health and safety advisor put it:

> “The principles are at the back of my mind all the time. It’s the basis of everything I do health and safety wise”.

7.4 FIVE STEPS PLUS ESTABLISHMENTS

For many of the case study organisations it was clear that whilst Five Steps provided an adequate basis or starting point for the risk assessment process, it did not – nor was it intended to – provide the required level of information to help organisations manage all the risks they encountered. As a result, there are many examples of organisations starting with the Five Steps approach, but developing more bespoke guidance, often in relation to specific tasks or settings.

At the commercial insurance brokerage, a rolling programme of risk assessments had been in place for over five years. The approach had been developed through reading HSE guidance, specifically the Five Steps leaflet. The firm had used the general Five Steps approach, but had supplemented this with guidance from insurance companies and other HSE material. For example, staff conducted their own DSE assessments using a questionnaire based on information from the HSE website.

The pet food factory is an example of an organisation that started out using the Five Steps approach and, from this starting point, went on to develop its own, more detailed, guidance. This had, in part, resulted in a shift in culture, with workers now responsible for monitoring and checking machines (using in-house checklists) before every shift and reporting any problems immediately. This was felt to be a more effective risk assessment procedure.

In the water supply company, it was felt that Five Steps was easy to understand and simple to implement in the workplace. However, interviewees argued that the approach was more suitable for smaller organisations and that industry-specific information would be more useful. The HSE guide for construction was shown as a good example of what was required. The head of health, safety, emergency planning and security explained that a more detailed structure was needed that went beyond the Five Steps approach.
At the probation service area office, the health and safety advisor had learnt about the Five Steps approach whilst attending an HSE training course. It was also recognised that another main source of information about health and safety *ie* the policies and procedures advocated by the national probation service, were based on the Five Steps approach. There was concern, however, that the Five Steps approach could be too vague, or could lead to workers taking a ‘cavalier’ approach to risk. For this reason, they preferred staff to rate risks in a more prescriptive way, which was felt to give more guidance to managers and reassure them that their response was proportionate to what they had seen and recorded.

The public aquarium used a risk assessment form based on the example given in the Five Steps leaflet, with sections for recording the hazard, who might be harmed, existing control measures and any additional control measures that might be needed. This form, however, required more detail and prompted respondents to consider whether or not the hazard could be eliminated, reduced or isolated; and whether the individual could be protected with personal protective equipment (PPE).

A calculation was then made about the scale of the risk posed. ‘Who might be harmed?’ was rated on a scale of 1 (‘an employee’) to 3 (‘several visitors/employees’). ‘Severity’ was rated on a scale from 1 (minor injury) to 5 (‘death/multiple deaths’). ‘Likelihood of occurrence’ was rated on a scale of 1 (‘highly unlikely’) to 5 (‘certain’). The three ratings were then multiplied together to produce a priority level (low = less than 10; medium = 11 to 20; and high = more than 20). Finally, the person responsible for any action as a result of the risk assessment was recorded along with a proposed completion date.

On the whole, the public aquarium felt that Five Steps provided a clear-cut, systematic and stepwise approach, which had formed a good basis for them to develop from.

The university advocated the Five Steps approach to risk assessment and, since 2000, had incorporated it into all its risk assessment training. However, Five Steps was felt to be too simplistic for some of the hazards encountered. Whilst it worked for about 80 per cent of the hazards they dealt with, certain, more complex, hazards required a more bespoke risk assessment.

### 7.4.1 Summary

The consensus from the case study organisations was that successful risk assessment often requires further, more specific, guidance as to what constitutes the scale of risk and proportionate response.

Difficulty in understanding the scale of risk could explain some of the uncertainties and anxieties expressed by staff about conducting risk assessment (as reported in several case studies). Although other factors will be influential, further information or examples from HSE of what it is reasonable to do to control risks in a range of situations or occupational settings could be extremely helpful in assisting staff to conduct effective risk assessments.
8. FEEDBACK ON THE FIVE STEPS LEAFLET

A final objective of the project was to gauge the views of users and potential users of the Five Steps leaflet. The survey explored specific use of the leaflet as well as broad views about its content and presentation. The case studies sought to explore these views in greater detail.

8.1 SURVEY FINDINGS: USE OF FIVE STEPS LEAFLET

Where respondents knew of the Five Steps leaflet they were asked whether or not the establishment had used it to plan or implement their risk assessments.

Just over half said that it was used all or some of the time. Use tended to be highest in large establishments \((\chi^2 = 24.753\), df= 8, \(p= .002\)) (Table 29). Of those establishments that said that they adopted the Five Steps approach, 69 per cent said that the leaflet was used all or some of the time.

One-quarter (25 per cent) of all establishments in the survey said that the leaflet was used some or all of the time.

Table 29 Whether Five Steps leaflet used in risk assessment

<table>
<thead>
<tr>
<th></th>
<th>Unweighted N=509</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment/business</th>
<th>Single-establishment/business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used all the time</td>
<td>35</td>
<td>32</td>
<td>41</td>
<td>54</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Used sometimes</td>
<td>19</td>
<td>20</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Used infrequently</td>
<td>12</td>
<td>10</td>
<td>17</td>
<td>20</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Not used</td>
<td>22</td>
<td>24</td>
<td>19</td>
<td>6</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12</td>
<td>15</td>
<td>6</td>
<td>–</td>
<td>16</td>
<td>8</td>
</tr>
</tbody>
</table>

Respondents who said that they did not use the leaflet all the time were asked why this was the case. By far the largest group (67 per cent of respondents to the question) said that this was because they already had an established risk assessment procedure in place. This was more likely amongst large employers (93 per cent of whom gave this response), than medium-sized (91 per cent) and small (59 per cent) establishments \((\chi^2= 21.709^{11}, \text{df}= 2, \text{p}< .0005, \text{unweighted N= 263})\). Other reasons cited by at least one per cent of respondents to the question were: do not have a copy of the leaflet (seven percent, and nine per cent of small establishments); not applicable to our hazards (five per cent); not useful in this type of establishment (four per cent); lack of time/too busy (three per cent); too long-winded (three per cent); not detailed enough (one per cent); I have lost/mislaid the leaflet (one per cent); it is done by one-third party (one per cent) and not interested in risk assessment (one per cent).

8.1.1 Views of the Five Steps leaflet

Respondents who had read the Five Steps leaflet were asked to indicate to what extent it had improved their knowledge of a range of issues relating specifically to risk assessment and, more generally, to health and safety. Ratings were given on a scale of one to five (‘not at all’ to ‘a lot’).

\(^{10}\) Two cells had an expected cell frequency of less than five cases.

\(^{11}\) One cell had an expected frequency of less than five cases.
In order to give an overall picture of the usefulness of the publication in respect of each issue, we have opted to produce an average (mean) of the scores given by respondents and then to rank each potential advantage to show the areas in which the leaflet was seen as most helpful and those where it was less effective in providing information. A ranking of one was given for the highest scoring kind of information and five for the lowest. Table 30 gives the results of this analysis and shows that:

- on average the leaflet was seen as most helpful in improving knowledge of how to conduct a risk assessment; however, small establishments ranked its usefulness in imparting the need to record risk assessment more highly
- the lowest average scores for the leaflet related to its contribution to understanding of the legislation relating to risk assessments.

### Table 30 The extent to which Five Steps leaflet improved knowledge of a range of issues, rank order based on respondents scores

<table>
<thead>
<tr>
<th>Issue</th>
<th>All (All)</th>
<th>Small (5-49)</th>
<th>Medium (50-299)</th>
<th>Large (300+)</th>
<th>Multi-establishment/ business</th>
<th>Single-establishment/ business</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to conduct a risk assessment</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The need to record risk assessment information</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The need to review risk assessments</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>25</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>What sort of hazards risk assessments are useful for</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Legislation regarding conducting risk assessments</td>
<td>5</td>
<td>35</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

In addition, all respondents who had heard of the Five Steps leaflet were asked whether there were any types of risk for which it was difficult to use the Five Steps approach. Almost two-thirds (63 per cent) responded “No” to this question. Of those that indicated that the approach did have its limitations, most did not specify what these were. Just two per cent of respondents said that the Five Steps approach was not useful for tackling stressful work situations; one per cent specified working/operating at heights and a similar proportion the driving of vehicles off-site.

### 8.2 CASE STUDY FINDINGS

Fifteen of the case-study establishments were familiar with the Five Steps leaflet. A further four had some less clear awareness and 11 case study establishments had no previous knowledge of the leaflet.

In all case studies where interviewees had previous knowledge of the Five Steps leaflet, they were asked for their impression of the leaflet in terms of:

- how they found the document to read (including structure, ease of reading, accessibility, content, quality of examples etc.)
- the extent to which they found it was well written for the SME audience
- how they thought the Five Steps leaflet compared to other HSE documents
- how they would summarise the purpose of the Five Steps leaflet

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any ways in which they thought the leaflet could be improved
• whether or not they thought this kind of information was available from anywhere else
• how they would say that the leaflet had been useful for their establishment
• whether or not they could give examples of how the Five Steps leaflet had been used within their establishment
• where applicable, why they had chosen not to use the leaflet

In all establishments where there was no prior awareness of the Five Steps leaflet, interviewees were shown the document and asked for their opinion on the following:
• appearance – would it attract your attention?
• accessibility – is it easy to understand; too long / too short? etc.
• relevance – how relevant does it feel to your establishment and the work that is carried out here?
• usefulness: how useful do you think you would find it?

Responses to the leaflet are discussed below in terms of presentation, ease of reading and usefulness of content. Finally, suggestions are given on how the leaflet could be improved.

8.3 PRESENTATION OF THE FIVE STEPS LEAFLET

8.3.1 Establishments with prior knowledge of the leaflet

On the whole, case study establishments that were familiar with the Five Steps leaflets were positive about the overall presentation. Many interviewees felt that it was a straightforward document – several commented that it did not seem too onerous.

“It is user friendly, reassuring and not too heavy compared to other publications.”

“That’s what you need if you are doing something for the first time, you want something that you can read in ten minutes or half an hour, not something that it would take you weeks to go through.”

There were no negative comments about the presentation of the leaflet amongst this group.

8.3.2 Establishments where prior knowledge of the leaflet was vague or non-existent

Amongst the eight establishments who had little or no prior exposure to the leaflet (but were shown the leaflet during the interview) comments on the presentation or appeal were again generally positive:

“It’s nice and clear, something I could give to the under 18 age group.”

“It looks very interesting and informative, most documents from HSE are very straightforward.”

Other comments included two case study interviewees who felt that the leaflet would grab their attention because it was brief and not a thick manual that might be put to one side.

Comments about the presentation of the leaflet were generally positive. It was seen as a concise and clearly laid-out document. Only one negative comment was made, and this concerned the legibility of the downloadable version of the document.

8.4 EASE OF READING

Virtually all interviewees were positive about how accessible, easy to read and clear the Five Steps leaflet was. This was true regardless of whether or not they had seen the leaflet before.
8.4.1 Interviewees who have previously read the leaflet

Comments amongst this group were in general extremely positive:

“It’s very easy to follow, very simple.”

“It’s easy to use and a good general checklist to make sure you are following the Five Steps.”

“The wording is easy, it’s user friendly... [and it’s] practical.”

“It’s a good straightforward document and adequate for the averagely safe establishment.”

“It’s a good starting point, we’ve never received any negative comments back from the hundreds of people who’ve been through the training.”

There was some evidence of tension between the leaflet being, on the one hand, easy to read and, on the other, being too general to be of practical value. One interviewee commented, for example, that although it was easy to read it could be a bit too general for most people.

8.4.2 Interviewees who had not previously read the Five Steps leaflet

Reaction to the leaflet in the interviews was generally positive with regard to its readability, with one manager suggesting it would be useful to have a copy in the folders as an aide memoir. Other comments included:

“It would be useful, it’s quite simple, it’s quite self-explanatory, it’s good.”

“It looks very useful and informative, straightforward ...”

“It’s clear, easy to understand, not over complicated.”

In general, the Five Steps leaflet received positive comments due to its brevity, clarity and the fact that it was practical and informative.

8.5 UTILITY OF CONTENT

It was in discussions about the usefulness of the leaflet's content that more diverse views were expressed. Differences in response tended to correlate with the sophistication of existing risk assessment practices in case-study establishments. There was also some evidence that industrial sector was an important factor in determining responses to the leaflet, although neither pattern of response was consistent across all the data.

Responses ranged from comments that the leaflet was a waste of time as people would already be doing more, through opinions that it was a good starting point but didn’t go far enough, to others who felt that it was a very useful and practical document.

The breadth of views is discussed below in relation to the way interviewees rate the utility of the leaflet.

8.5.1 Interviewees who consider the content useful

A large number of interviewees who had seen the leaflet prior to the research had positive comments to make about the usefulness of the content.

The director of an insurance brokerage who used the leaflet and has based advise to clients on it said:

“It’s very easy to follow, very simple, not over elaborate and complicated. And it is very adequate guidance...it’s a good basic guide to tell you what you should be doing.”

Additionally, the interviewee from the health sector administration centre thought that:

“It’s a good simple checklist to make sure you are following the Five Steps.”

This view that the leaflet covered the basics, or was a good introduction was echoed in many of the comments:

“It’s what you need if you are doing something for the first time ...”
8.5.2 Interviewees who consider the content insufficient

A number of interviewees, although generally positive in their comments on the Five Steps approach, didn’t feel that the leaflet went far enough in describing what people should do, or felt that the leaflet was of limited use to them as they already did far more.

“It’s a waste of time [for us] because we are already doing it anyway.”

“It’s adequate for the average ‘relatively safe’ establishment, its fine for identifying general [hazards] but more complex problems might need more specific guidance.”

One education sector interviewee felt that the Five Steps principles were sound, but that the leaflet was inappropriate for their school:

“It’s written more for a semi-industrial kind of undertaking than for an educational establishment.”

This same view was shared by a state secondary school, although the interviewee felt that despite being geared up more to a commercial or industrial setting, the content of the leaflet was easily transferable to an educational setting.

The sense that the leaflet was limited in its relevance was shared by another educational establishment this time a university, although for different reasons:

“It’s fine] as long as the work being carried out in the area under assessment is not overly complex.”

Other interviewees suggested that although they liked the leaflet and thought it was pretty comprehensive they did not think it went far enough and whilst easy to read, was too general to be really useful:

“We would welcome some guidance which is a bit more targeted.”

Several interviewees commented that it was a more useful approach for the physical, hands-on work, and for specific operations rather than for psychosocial hazards.

A final set of comments concerned more specific aspects of the leaflet, for example:

“Step three is too ambiguous it could be misinterpreted... should ask ‘can risks be reduced by any additional measures’ (not are they adequately controlled).”

8.6 SUGGESTIONS FOR IMPROVING LAYOUT

On the whole, comments on the leaflet’s presentation and layout were positive and there were very few comments on how to improve layout, with the exception of the downloadable version already noted above. The main comments concerned mode of communication and content of the leaflet.

8.6.1 Mode of communication

Several interviewees commented on the method of communication. Some interviewees felt HSE could be more proactive in communicating information to organisations. In particular, several interviewees commented that they would prefer to be contacted electronically and would like to be emailed with details of promotions and updates.

8.6.2 Content of the leaflet

Many interviewees felt that there was a need for more detailed or tailored guidance in certain situations. These tended to be either in more complex or specific working environments, for example where there are relatively more hazardous tasks, or in specific settings such as the education sector.

Finally, some interviewees felt that the Five Steps approach was less suited to certain types of hazard, such as stress.
8.7 SUMMARY

Interviewees were asked a range of questions about their reactions to the Five Steps leaflet. On the whole, their comments were positive. They felt that the leaflet was clearly written and presented, that it was easy to read and understand and, therefore, accessible to a wide range of employees, including younger workers.

In terms of content, the leaflet was generally seen as good at covering the basics, providing an introduction, pointing people in the right direction, and as a practical tool on which they could base or develop their own risk assessment procedures.

A significant proportion of the interviewees, however, felt that although the leaflet provided good basic guidance, it could go further. Some interviewees felt, for example, that HSE could provide more detailed guidance for specific situations or hazards.

One important theme to emerge concerned the way in which HSE contacts organisations. Several interviewees commented, for example, that electronic updates and promotions would be useful.
9. CONCLUSIONS

The aim of this research project was to determine how effective the HSE leaflet *Five Steps to Risk Assessment* had been in drawing employers’ attention (particularly small and medium-sized enterprises) to their statutory duty to undertake risk assessments, and in helping them to conduct these assessments successfully. It also aimed to examine the extent to which industry uses risk assessment and the impact it has had on health and safety standards at work. The research comprised a telephone survey of 1,002 employers, in-depth interview-based case studies of 30 employers and an analysis of HSE’s publishing and dissemination strategy for the Five Steps leaflet.

*Five Steps to Risk Assessment* is one of the most widely distributed guidance leaflets ever issued by HSE, with around 3.3 million hard copies disseminated over a ten-year period, supplemented by hundreds of thousands of internet downloads. The vast majority of leaflets were distributed by HSE at events such as trade fairs; however, around six per cent were sent out in response to direct requests. The cost to HSE of printing and disseminating the leaflet was low: between £0.07 and £0.09 per leaflet. The leaflet is also available online from the HSE website, and 374,000 copies were downloaded in a two-year period to May 2004. Penetration of the leaflet in numerical terms was high – determining its impact is less easy to calculate.

The Five Steps approach to risk assessment is relatively straightforward: step one – look for the hazards; step two – decide who might be harmed and how; step three – evaluate the risks and decide whether the existing precautions are adequate or whether more should be done; step four – record your findings; step five – review your assessment and revise it if necessary. Arguably, however, any logical approach to risk assessment that complies with employers’ general duties under the Management of Health and Safety at Work Regulations 1999 might follow this broad strategy and the extent to which the Five Steps guidance led directly to an employer following a Five Steps-style approach to its risk assessment is difficult to quantify.

The survey findings demonstrated that the majority of employers carried out some form of risk assessment. However, large and medium-sized employers were more likely than smaller establishments to have a thorough risk assessment strategy. The research also showed that even within organisations, risk assessments tended to be skewed towards the more obvious hazard types and apparently higher-risk occupations, with some jobs and work areas overlooked completely. Psychosocial hazards such as stress were rarely included in the risk assessment strategies of the studied organisations. The Five Steps leaflet does not specifically address mental health issues and several organisations pointed to the need for more specific guidance on individual hazards, including stress.

Around two-fifths of organisations that carried out risk assessments claimed to use the Five Steps approach. However, it was clear that only around half of these incorporated all five steps into their risk assessments, suggesting that despite an apparent awareness of their legal duties (spelt out in the leaflet) many employers were not meeting statutory requirements. Of those employers not claiming to use the Five Steps guidance, most said that this was because they had developed their own procedures.

Some employers felt that the guidance was too basic to be of use in their organisation and many employers have access to more detailed advice, either from their in-house specialists, consultants, parent organisation or trade body, and indeed from HSE itself.

Use of the Five Steps approach and of the HSE Five Steps leaflet appeared to be higher in large and medium-sized establishments than in smaller firms. Nevertheless, users of the leaflet from small establishments were more likely than those from large employers to say that the guidance had helped to improve their knowledge of risk assessment.

Use of the Five Steps approach was also more common in the public sector and manufacturing than in other sectors. Five Steps was least used in certain parts of the service sector, particularly retail and hotels and catering. The sectors were identified as having disproportionately low levels of dissemination of the Five Steps leaflet in terms of requests for hard copies from HSE.
The case studies undertaken as part of the research were more revealing in terms of risk assessment behaviour within different organisations. Most organisations felt that they had sufficient in-house expertise to conduct their own risk assessments, though it was common for those undertaking the assessments to receive training.

Breaking down the organisational responses to risk assessment into the five individual steps, it was clear that employers varied in the degree to which they fulfilled their duties to assess risks to health and safety. For example, while virtually all organisations were looking to identify hazards, some focused on specific, well-known hazard areas and some hazards were overlooked entirely. This scenario was mirrored in employers’ analysis of which people were at risk. Although some took account of specific individual factors (such as age, fitness, experience and pregnancy) risk assessments often focused on the perceived higher-risk jobs and some occupations were overlooked. Those working off site, such as travelling salespeople and home workers, were typically excluded from the risk assessments.

Some case-study organisations were confident about their evaluation of the risks identified in the assessment process, and several had drawn up their own risk-rating systems. Others, however, would like to see more guidance available from HSE on what to do once a risk was identified. Most case-study organisations recorded their risk assessment findings, often with well-organised recording systems. Some interviewees, however, stated that filling out paperwork added to the workload and admitted that the time taken to do the assessment and record the findings meant that they had not been carried out as frequently as had been intended. Most of the organisations claimed to review their assessments on a regular basis, usually every one year or two years.

Employers recognised the benefit of involving staff in assessing risks but some case-study interviewees said that not all employees took health and safety seriously and that some individuals had expressed concern about their role in the risk assessment process, particularly over their own liability if things went wrong. Getting staff to understand the risk assessment process, and its importance, was seen as a particular challenge.

Other difficult issues included how to determine what is required and what is adequate in terms of assessment and control. Some organisations identified problems in trying to balance potentially conflicting issues eg how to ensure high quality care of vulnerable clients (in a day care centre for elderly people, for example) while protecting the health and safety of staff.

The layout and readability of the Five Steps leaflet was generally commended, both by those familiar with it and by those who had seen it for the first time during the case-study interviews. The legibility of the downloaded version was criticised by one interviewee. Some interviewees felt that the guidance, while easy to understand and a good starting point to the risk assessment approach, was too general to be of lasting use in their organisation.

9.1 DISCUSSION

Although penetration of the Five Steps leaflet was by no means universal, awareness of the Five Steps approach was relatively high. It was also clear that while some organisations fell short of completing the five individual steps, most employers were carrying out some form of risk assessment. Equally, some employers were exemplary in their approach to risk assessment in many areas of their business. However, even among the organisations demonstrating high standards of risk assessment – labelled as ‘Five Steps Plus’ employers in this research – few appeared to be assessing all the risks across all their worksites and all their employees.

The Five Steps leaflet was never intended as the primary source of guidance for larger, more sophisticated organisations so the fact that many employers chose to use other sources of information on risk assessment should not reflect negatively on the Five Steps campaign. The degree to which Five Steps has succeeded, however, can only be judged by the extent to which it has modified and improved the risk assessment behaviour of firms historically identified by HSE as being hard to reach – namely the small and micro firms.
As is clear from the research, it is impossible to provide quantitative evidence of the precise influence that either the Five Steps leaflet or the wider campaign by HSE has had on risk assessment behaviour, especially given the lack of any baseline data. Nevertheless, the Five Steps approach is well known among employers, with a substantial minority (40 per cent) claiming to use it in their risk assessment practice. Importantly, the majority of employers do appear to be carrying out risk assessments in some form or other and recognise the benefits of it in improving health and safety at work. Also, case study interviews with employers suggest that the Five Steps campaign has had an influence in improving their risk assessment behaviour.

The quality of risk assessments remains variable and many employers would like HSE to produce more detailed and specific guidance to help in deciding what to do once a risk has been identified and in determining what is adequate and reasonable in terms of risk control. Guidance on the scale of risk and proportionate responses would be helpful, particularly in more hazardous work environments and where there appear to be conflicting issues, such as the welfare of elderly patients and the health and safety of staff. The Five Steps approach was not generally perceived to be helpful in addressing psychosocial hazards or ‘stress’.

9.2 RECOMMENDATIONS

9.2.1 Changing the terminology

The research has shown that risk assessment is a term which has differing meanings to employers. Those who are confident in the area and demonstrate good risk assessment practice understand the term as incorporating the range of Five Steps elements so going beyond assessment of risk to include taking appropriate control measures and to instigating reviews. However, those that have lower levels of awareness and whose practice falls short of good practice have a more limited perspective, which focuses on the assessment element. There is also a tendency amongst this group to see risk assessment as an occasional or one-off rather than an ongoing activity. For these reasons we consider that there could be considerable advantages in changing the title of the leaflet from Five Steps to Risk Assessment to Five Steps to Risk Management. The term risk management better encompasses the full range of activities embodied in the Five Steps and better reflects the ongoing nature of the risk management exercise.

We have found that those employers who are aware of the leaflet find it highly accessible. Smaller employers aware of, or presented with, the leaflet are particularly likely to feel that it is a useful tool. However, as our survey findings show, there remain large number of small employers not familiar with the Five Steps. Evidence from the interviews suggested a stark difference in views between those staff who had seen the leaflet / understood risk assessment and those who were less confident about risk assessment and anxious about the extra burden that this might place on them. Describing the five steps process as risk management also helps to suggest a solution rather than an additional requirement. The change in terminology to risk management could help to ‘rebrand’ the leaflet and Five Steps approach as a tool to support management in its day-to-day activities, which should make it easier to promote to small and medium-sized organisations.

9.2.2 Providing more specific guidance

Organisations with the more sophisticated approaches to risk assessment, frequently provide those conducting risk assessment with more specific guidance and examples than is available in the Five Steps leaflet. Those managers who were less confident about their assessment approach, when asked what additional support would help them, frequently cited the need for greater guidance on issues such as how to determine the level of risk and the kinds of control measures that are appropriate. We understand that HSE has developed an interactive tool designed to take managers through the process of conducting risk assessment in an office environment. Similar guidance on other work environments, made available both online and in simple hard copy format (eg in the form of checklists that could cover the majority of common risks in any specific working environment) would seem likely to meet the needs of many of the employers wanting additional support.
9.2.3 More active targeting of SMEs

The research shows that take-up and awareness of the Five Steps leaflet and approach is lowest amongst small establishments that were part of single-establishment businesses. This is a common finding in research on awareness of regulation and associated issues. Recent years have seen a shift in the strategy used by HSE to distribute the Five Steps leaflet with greater reliance on internet downloads and less focus on distribution at events and via intermediaries. It is possible that this has impacted upon the number of small businesses that are aware of the Five Steps tool, since to access that tool they are more likely to need to take the active move of downloading the leaflet. This means that they will have needed to be aware of its existence in the first place, or, at the very least, aware of their need for guidance in the area of risk assessment and so to have undertaken an internet search to find that help. We consider that there is a continuing need for dissemination of the Five Steps message, via channels which are less reliant on SME willingness to find information for themselves. Appropriate approaches could involve the continuing use of intermediaries (such as those involved in offering business start-up advice) or email alerts to businesses advising them of their responsibilities in the area of risk management and showing them where to seek additional help.
**APPENDIX 1: DISTRIBUTION OF THE FIVE STEPS LEAFLET**

Table A1: Distribution of Five Steps by industrial sector over the two-year period to May 2004

<table>
<thead>
<tr>
<th>SIC</th>
<th>Industry</th>
<th>Sector as % of all enterprises*</th>
<th>Sector as % of all employers*</th>
<th>Sector as % of all employees*†</th>
<th>No. orders</th>
<th>% of total orders**</th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>Legal; accountants; advertising; other business activities</td>
<td>14.3</td>
<td>13.9</td>
<td>10.1</td>
<td>1,416</td>
<td>11.8</td>
</tr>
<tr>
<td>85</td>
<td>Health services and social work</td>
<td>5.6</td>
<td>4.5</td>
<td>9.7</td>
<td>1,337</td>
<td>11.1</td>
</tr>
<tr>
<td>80</td>
<td>Education</td>
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<td>1.0</td>
<td>1.2</td>
<td>1,103</td>
<td>9.2</td>
</tr>
<tr>
<td>45</td>
<td>Construction</td>
<td>18.2</td>
<td>10.9</td>
<td>7.1</td>
<td>1,040</td>
<td>8.6</td>
</tr>
<tr>
<td>51</td>
<td>Wholesale trade and distributors</td>
<td>3.6</td>
<td>6.1</td>
<td>5.0</td>
<td>805</td>
<td>6.7</td>
</tr>
<tr>
<td>52</td>
<td>Retail trade except motor vehicles</td>
<td>8.3</td>
<td>12.9</td>
<td>12.7</td>
<td>806</td>
<td>6.7</td>
</tr>
<tr>
<td>55</td>
<td>Hotels and restaurants camping caravan sites</td>
<td>4.2</td>
<td>9.1</td>
<td>7.3</td>
<td>580</td>
<td>4.8</td>
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<td>75</td>
<td>Public administration and defence; fire; police; courts</td>
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<td>n/a</td>
<td>n/a</td>
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<tr>
<td>50</td>
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<td>4.2</td>
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<td>3.3</td>
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<tr>
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<td>3.0</td>
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<td>2.9</td>
</tr>
<tr>
<td>91</td>
<td>Unions; membership organisations</td>
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<td>0.6</td>
<td>0.4</td>
<td>313</td>
<td>2.6</td>
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<td>28</td>
<td>Metal manufactured products</td>
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<td>1.9</td>
<td>1.8</td>
<td>287</td>
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</tr>
<tr>
<td>70</td>
<td>Estate agencies</td>
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<td>3.1</td>
<td>1.5</td>
<td>290</td>
<td>2.4</td>
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<tr>
<td>93</td>
<td>Laundries; cleaning; hairdressing; other service activities</td>
<td>3.5</td>
<td>4.1</td>
<td>1.6</td>
<td>276</td>
<td>2.3</td>
</tr>
<tr>
<td>60</td>
<td>Land transport; pipelines</td>
<td>4.4</td>
<td>2.2</td>
<td>2.9</td>
<td>197</td>
<td>1.6</td>
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<td>72</td>
<td>Computer services</td>
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<td>2.3</td>
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<tr>
<td>29</td>
<td>Machinery and equipment</td>
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<td>1.0</td>
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<td>22</td>
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<td>1.6</td>
<td>1.8</td>
<td>136</td>
<td>1.1</td>
</tr>
<tr>
<td>65</td>
<td>Banking; financial services except insurance</td>
<td>0.6</td>
<td>0.5</td>
<td>2.7</td>
<td>137</td>
<td>1.1</td>
</tr>
<tr>
<td>63</td>
<td>Freight agents; brokers</td>
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<td>1.1</td>
<td>1.4</td>
<td>123</td>
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</tr>
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<td>Food and drink manufacture</td>
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<td>0.6</td>
<td>2.3</td>
<td>113</td>
<td>0.9</td>
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<tr>
<td>20</td>
<td>Wood and wood products</td>
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<td>0.6</td>
<td>0.4</td>
<td>87</td>
<td>0.7</td>
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67
<table>
<thead>
<tr>
<th>SIC</th>
<th>Industry</th>
<th>Sector as % of all enterprises*</th>
<th>Sector as % of all employers*</th>
<th>Sector as % of all employees†</th>
<th>No. orders</th>
<th>% of total orders**</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Rental; hire companies</td>
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<td>0.8</td>
<td>0.7</td>
<td>80</td>
<td>0.7</td>
</tr>
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<td>24</td>
<td>Chemicals and pharmaceuticals</td>
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<td>1.2</td>
<td>72</td>
<td>0.6</td>
</tr>
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<td>33</td>
<td>Instrument manufacturers</td>
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<td>36</td>
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<td>1.1</td>
<td>1.0</td>
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<td>Post and telecommunications</td>
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<td>0.5</td>
<td>2.4</td>
<td>71</td>
<td>0.6</td>
</tr>
<tr>
<td>67</td>
<td>Financial auxiliaries; brokers dealers</td>
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<td>1.0</td>
<td>1.1</td>
<td>78</td>
<td>0.6</td>
</tr>
<tr>
<td>25</td>
<td>Rubber and plastic products</td>
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<td>0.5</td>
<td>1.1</td>
<td>58</td>
<td>0.5</td>
</tr>
<tr>
<td>26</td>
<td>Glass ceramics other non-metallic minerals</td>
<td>0.2</td>
<td>0.4</td>
<td>0.6</td>
<td>56</td>
<td>0.5</td>
</tr>
<tr>
<td>31</td>
<td>Electrical manufacturers</td>
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<td>0.4</td>
<td>0.8</td>
<td>62</td>
<td>0.5</td>
</tr>
<tr>
<td>34</td>
<td>Motor vehicle manufacturers</td>
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<td>0.2</td>
<td>1.0</td>
<td>57</td>
<td>0.5</td>
</tr>
<tr>
<td>73</td>
<td>Research and development</td>
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<td>0.1</td>
<td>0.2</td>
<td>55</td>
<td>0.5</td>
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<tr>
<td>21</td>
<td>Pulp; paper and paper products</td>
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<td>0.2</td>
<td>0.4</td>
<td>49</td>
<td>0.4</td>
</tr>
<tr>
<td>66</td>
<td>Insurance and pension funds</td>
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<td>0.1</td>
<td>1.1</td>
<td>45</td>
<td>0.4</td>
</tr>
<tr>
<td>90</td>
<td>Sewage and refuse disposal; sanitation</td>
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<td>0.1</td>
<td>0.2</td>
<td>45</td>
<td>0.4</td>
</tr>
<tr>
<td>12</td>
<td>Mining uranium and thorium ores</td>
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<td>n/a</td>
<td>n/a</td>
<td>37</td>
<td>0.3</td>
</tr>
<tr>
<td>14</td>
<td>Other mining, clay, stone quarrying</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>38</td>
<td>0.3</td>
</tr>
<tr>
<td>17</td>
<td>Textiles</td>
<td>0.4</td>
<td>0.4</td>
<td>0.7</td>
<td>35</td>
<td>0.3</td>
</tr>
<tr>
<td>27</td>
<td>Steel, metals, alloys</td>
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<td>0.2</td>
<td>0.6</td>
<td>32</td>
<td>0.3</td>
</tr>
<tr>
<td>02</td>
<td>Forestry</td>
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<td>0.1</td>
<td>27</td>
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</tr>
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</tr>
<tr>
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<td>Clothing manufacture</td>
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<td>0.5</td>
<td>30</td>
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<td>&lt;0.1</td>
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<td>0.2</td>
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<td>0.6</td>
<td>30</td>
<td>0.2</td>
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<tr>
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<td>0.8</td>
<td>30</td>
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<td>40</td>
<td>Electricity gas suppliers</td>
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<td>&lt;0.1</td>
<td>0.5</td>
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<td>41</td>
<td>Water suppliers</td>
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<td>13</td>
<td>Mining of metal ores</td>
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<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>14</td>
<td>0.1</td>
</tr>
<tr>
<td>37</td>
<td>Recycling; reclamation</td>
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<td>0.1</td>
<td>0.1</td>
<td>17</td>
<td>0.1</td>
</tr>
<tr>
<td>99</td>
<td>Miscellaneous organisations and bodies</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>14</td>
<td>0.1</td>
</tr>
<tr>
<td>SIC</td>
<td>Industry</td>
<td>Sector as % of all enterprises*</td>
<td>Sector as % of all employers*</td>
<td>Sector as % of all employees*</td>
<td>No. orders</td>
<td>% of total orders**</td>
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<td>---------------------</td>
</tr>
<tr>
<td>30</td>
<td>Office machinery and computers</td>
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<td>0.1</td>
<td>0.3</td>
<td>10</td>
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</tr>
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<td>62</td>
<td>Air transport</td>
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<td>&lt;0.1</td>
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<td>8</td>
<td>0.07</td>
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<td>19</td>
<td>Footwear</td>
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<td>0.1</td>
<td>6</td>
<td>0.05</td>
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<tr>
<td>16</td>
<td>Tobacco products</td>
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<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>4</td>
<td>0.03</td>
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<td>61</td>
<td>Water transport</td>
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<td>0.1</td>
<td>0.1</td>
<td>4</td>
<td>0.03</td>
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<tr>
<td>05</td>
<td>Fishing</td>
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<td>0.1</td>
<td>0.1</td>
<td>3</td>
<td>0.02</td>
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<td>10</td>
<td>Coal mining</td>
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<td>&lt;0.1</td>
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<td>1</td>
<td>0.01</td>
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<td>Private address customers</td>
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<td>–</td>
<td>–</td>
<td>9,292</td>
<td>–</td>
</tr>
<tr>
<td></td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>1,696</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>Total orders</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>23,033</td>
<td>–</td>
</tr>
</tbody>
</table>

† Total number of employees does not include fire, police and defence
** Where industry sector known
n/a = not available from this LFS dataset
APPENDIX 2: CASE STUDY REPORTS
SCREEN-PRINTING FIRM

BACKGROUND TO THE ORGANISATION

The establishment is a small screen-printing firm, which has recently been acquired and now forms part of a much larger group with factories in Europe. The establishment has 15 employees, six women and nine men, with ages ranging from 19 to the mid-fifties. Five of these work in management and ten in various roles on the production floor. There are no disabled employees in this establishment. Customers occasionally come on site to discuss designs and tour the factory.

The manager interviewed is responsible for production and quality in the factory. She also has a personnel remit, which includes health and safety. An employee who works in the screen-making process was also interviewed.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The company has a written health and safety policy stating that it is responsible for ensuring a safe working environment. Employees are also considered to be responsible for their own safety or disciplinary action may ensue. Safety manuals are gone through with staff although there seems to be a feeling that health and safety is ‘common sense’ and that most understand.

The employee interviewed was fully aware of who was responsible for health and safety, the safety features involved in his work, and the procedure to be followed after an accident. He believes that management treat health and safety as a priority, consulting staff regularly on any issues, and that this positively affects staff attitudes to hazards and risks.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

At present the manager interviewed is the only one responsible for health and safety in the establishment. However, the company has recently appointed someone else to take on this role, alongside other duties, and she anticipates helping him out. There are also two first aid officers.

HAZARDS IN THE ESTABLISHMENT

The employer identified a range of hazards in the workplace including manual handling (moving screens around the production floor), potentially dangerous machines (guillotine work and trapping of fingers), chemicals, noise, potential exposure to UV light (from one machine), and the risk of slipping on wet floors. There was a notable focus on the machines and chemicals of the production floor rather than the office-based areas of the establishment. However, when pressed, some office risks were identified. Potential hazards to customers were also noted.

RISK ASSESSMENT

Risk assessments have been done for a number of years and are currently carried out by one person, the interviewee. They are not carried out for every job that comes in and some uncertainty was expressed about this. Change in machinery or layout seem instead to be the major prompts. The recent merger and reorganisation has led to a number of new structured risk assessments (although notably not in the office area).

The main rationale for conducting risk assessments is “to make sure that it is safe for everybody who is working here”. The interviewee has looked at the HSE website herself, but tends to follow the
recommendations of their machinery, chemical and fire alarm suppliers instead. Overall she felt that she lacked guidance.

Their approach is also fed by some concern about being inspected as they have already been inspected twice in the past without notice. One inspection was prompted by an incident on the production floor where an employee cut their finger. An external consultant was engaged to advise on the dangers linked to the guillotine and surrounding work area. Some other minor accidents have also occurred, for example chemicals in the eyes, but these were reported as resolved.

Process

The interviewee described how they carry out risk assessments. Typically it will involve looking at a machine and the recommendations that come with it and asking for some input from the person operating it. Related risks such as manual handling of items loaded on and off the machine and the storage and disposal of any chemicals used are also considered. Procedures are then developed, written and implemented. The employee confirmed that risk assessments take place and said that his machine had been checked in the past three months.

The sense gained by the interviewer was that risk assessments focus more on the physical nature of the job, and not on how individuals’ risks may differ. The establishment does not use much information about its staff to help with risk assessments. Whilst they considered how many people would be doing a job, there was no real mention of looking at who would be doing the job. The emphasis was also more on safety then health. For example, the officer had not previously thought about including stress in her risk assessments fearing that naming stress might create a problem that was not there in the first place.

They also do not review their risk assessments properly. Their main way of testing how effective the risk assessment has been is whether any accidents occur. The manager recognised the need to review more often and more widely.

Results of risk assessments

Risk assessments have led to direct change, for example to safety guards and rubber mats. However, the employer believes that there is a physical and financial limit when it comes to identifying and remediing risks. They do not document their risk assessments but employees are informed of the results through word of mouth. They also have a lot of documentation on machine maintenance where they record any faults, breakdowns or changes to the machines. Integration of the results of risk assessments into overall policy seems insufficient.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The establishment was introduced to Five Steps by the HSE Inspector during the recent inspection. The employer finds them a helpful but general guideline. She believes they already use the approach ‘in principle’ and took the Five Steps as confirmation of their established ‘common-sense’ procedures. In truth however she could not remember the actual steps and evidence from the interview confirms that they fall short on some ‘steps’.

The officer had read the leaflet but did not believe anyone else in the establishment had. She was however only able to answer questions about it after being shown a copy. She liked the leaflet and said she should use it more often.

OTHER REMARKS

The establishment falls under the category of ‘leaflet reader who does not follow Five Steps’. Although they received a leaflet they did not read it fully and assumed they were already following the approach. While risk assessments regularly take place, the establishment rarely reviews them and does not record them or use them to update written health and safety policy. They also do not consider individual
differences very often or include all types of hazards in their assessments. That said, the general health and safety climate of the establishment is very positive.
DAY CENTRE

BACKGROUND TO THE ORGANISATION

The establishment is a social services run day-centre for the elderly. The centre runs a range of activities including exercise classes and bingo, most of which are done on-site, although they occasionally have trips out of the centre. The service includes transporting people to and from the centre, providing meals and if necessary baths. Some of the old people have substantial critical needs.

They have 55 clients per day and 27 employees (many centre-workers are part-time). There is a day-centre manager, a unit co-ordinator and three team leaders managing different teams (driving team, worker activity organiser team, special needs team). There are only two male staff members, and ages range from 22 to 60. The centre also has 15 volunteers who are mainly elderly people themselves.

On some evenings the centre is used by other voluntary groups and they have a drop-in service for elderly members of the public.

The manager of the day-centre and the Chef Instructor, who has responsibility for work in the kitchen, were interviewed.

The tasks performed are varied. The drivers are involved in a lot of manual handling work; the centre workers are more involved in personal care and there are also staff responsible for catering and cleaning, and office-based administrators.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

All staff undergo regular training on health and safety, including risk assessment training, and manual handling training. Volunteers are also encouraged to go on health and safety courses. The employee could confirm that this happens but was disappointed that the training is not more specific to her role. It tends to be a generic course for all council staff.

The employee was aware who has responsibility for health and safety. However, she hopes they will appoint a dedicated health and safety officer soon because the manager does not have the time to do it effectively and is often not available.

She was also clear on the procedure for reporting accidents, although she admitted that she tends not to follow it for minor cuts and burns because it involves too much paperwork.

Generally the management responds well to employee suggestions regarding health and safety. The employee interviewed assumes that other staff are safety conscious.

On the whole however, health and safety is taken very seriously, partly because of the nature of the job and the vulnerability of the clients.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The centre manager has overall responsibility for health and safety, which involves tasks ranging from training to providing equipment to ensuring things like fire checks, drills and electric equipment are checked. Risk assessments are done for job descriptions and for individual activities.

All other staff also have a responsibility for health and safety and are expected to be trained and have a good awareness of the risks.

There is a health and safety advisor in the council who is available for advice and who organises staff training. They are required to report any incidents to the council and the council provides annual assessments of their health and safety procedures, which includes risks assessments. The establishment
also uses external consultants, including occupational therapists and district nurses, for advice and training on manual handling. Environmental health officers provide advice in relation to the kitchen and catering.

Employees are regularly consulted on health and safety issues. It is an item on every agenda for every staff meeting, and health and safety is raised in supervision sessions between staff and their line managers. The employee confirmed that health and safety is frequently raised.

They use a number of other sources of advice and literature, including HSE.

HAZARDS IN THE ESTABLISHMENT

The manager was very aware of the range of different risks and how they relate to the different areas and roles within the establishment. She identified computer work, trips and slips, and even road-rage from other drivers. Although there are specifics related to every job she also stated that in their establishment there were universals such as manual handling. An additional risk is abuse from clients and they have also suffered from vandalism and bad behaviour from local kids in the past. Risks related to stress are included in their assessments.

The employee was able to identify a range of risks in the kitchen, including gas, electricity, spillages and sharp implements. She was very aware of the health and safety risks involved in her role, and had made a number of changes such as replacing large saucepans with smaller ones.

RISK ASSESSMENT

The manager says she uses the ‘common sense’ approach to risk assessments but seems to follow a number of the Five Steps stages. Some of her knowledge comes from her background in nursing. She has received training on risk assessments and they also have a set of guidelines and examples of risk assessments provided by the council.

Risk assessments have been conducted in the establishment for a number of years but have been done so more formally recently, which the manager believes is due to the fact that they now take more dependent clients. All staff are involved in carrying out risk assessments. This was confirmed by the kitchen employee who is responsible for carrying out her own risk assessments, checking cleaning products and updating the COSHH sheets.

All activities, both inside and outside the establishment will be risk assessed both for staff and for clients. The staff have a comprehensive guide on doing risk assessments from the council. However, it tends to focus on risk assessing employees, so the manager could do with more guidance in relation to risk assessing clients.

There are three main types:

- client risk assessments
- risk assessments for activities
- job risk assessments.

In addition to generic risk assessments for each post, they will conduct risk assessments when a new employee begins. A specific risk assessment is performed for any staff under the age of 18. They also consider the health and safety of their volunteers.

Risk assessments are carried out for clients prior to joining the centre and details are gathered about medication and mental health. They also consider whether the equipment used to transport them to the centre is right and how safe they will be walking around the centre. This risk assessment is then reviewed every six months.
Risk assessments should be carried out in all the different areas of the establishment at least once every three months. However, the employee confirmed that her own risk assessment in the kitchen had not been done for over a year because she could not find the time. They are also carried out for staff tasks conducted away from the centre and have led to changes in policy. For example, they recently introduced a buddy system whereby colleagues let each other know that they are home safely when out assessing clients.

The primary motivation for conducting risk assessments is to ‘reduce risks and encourage safe practice’. It also saves the council a lot of money if people do not have accidents.

The employee had not suffered any accidents at work apart from minor cuts and burns, which she considered part of being a cook. However, she knew of some other staff who had hurt their backs through manual handling and been off work as a result. Clients occasionally have accidents, for example one recently fell out of a chair after having an epileptic fit. Usually the issues are resolved by management so that the accident does not happen again.

Process

It is clear that the Five Steps are followed during risk assessments. They are particularly good at considering individual differences between members of staff and clients. For example, in the manual handling risk assessments they consider the different heights and capabilities of the people involved in the task. They also review risk assessments regularly.

They often refer to the accident book to help with their risk assessments, particularly in relation to clients. All accident data gets analysed by the council and they may receive feedback on any additional areas of concern that they have identified.

Results of risk assessments

The manager was able to give some good examples of things that had happened as a result of risk assessments. In response to concerns about vandalism they now make sure there are at least two people in the building at any one time. They have changed the way they carry out some of the tasks, in particular how many people should be involved and the equipment they should use. They have introduced the use of mobile phones for staff who go off-site during the working day. Training has always been quite good, but they did introduce a personal safety training course as a result of a risk assessment.

Risk assessments are written up according to council specifications and the results fed back to staff through various staff meetings. There are three different types of forms, one for each type of risk assessment. The form appeared to be more comprehensive than the Five Steps form.

Staff add directly to the records each time a risk assessment is reviewed. Staff struggle with the paperwork involved in recording risk assessments and the task is sometimes avoided. For example, the employee admitted that she had not assessed the kitchen area for over a year because she has been busy lately. Risk assessments have to be written with both staff member and client in mind.

Some risks are also hard to identify, particularly in the case of client risk assessments. Often these are conducted in the home and the true state of the individual such as their mental health is not revealed until they come into the centre. Similarly staff may, for example, not inform management during the early stages of pregnancy.

The employee said she would appreciate a bit more training on how to do risk assessments. She finds it difficult to know exactly how much depth to go into, especially since what is safe for her may not necessarily be safe for other people.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The manager had heard of the Five Steps approach during her training and said she has an overall understanding of what is involved but could not remember the individual steps.
The manager believes they do more reviewing than the Five Steps approach recommends because of the nature of their job; the health of clients changes often so they need to be constantly reassessing whether things are safe.

The manager was not sure whether they had received the leaflet and could not remember reading it. However, she thought it would be useful to have a copy as an aide memoir for staff when conducting risk assessments. The guides they use at the moment can be a bit technical and are not that easy to follow.

OTHER REMARKS

The organisation is a non-leaflet reader who follows Five Steps. The approach is thorough and supported by training and guidance from the council. They are particularly aware of the need to consider individual differences, and reviewing and recording.

Some problems were identified. Staff do not always feel confident about doing risk assessments, so the manager often has to reassure them and explain that they are implicitly doing risk assessments all the time. Some staff are also not interested in doing risk assessments; it is not the reason why they chose to do that job.
WINE BAR RESTAURANT

BACKGROUND TO THE ORGANISATION

The establishment is a wine bar restaurant, which is part of a large chain. During lunch hours the business is primarily a restaurant whilst during the evening it is primarily a wine bar.

There are 15-16 employees, varying in age from 21 to 40, with five females. There are no disabled employees. Some employees are foreign nationals and communication of health and safety risks can sometimes be more problematic.

Two members of staff, the manager and the assistant manager, were interviewed

The type of work carried out in the establishment includes a range of tasks including serving tables, serving behind the bar, waiting on tables, taking orders for food and drink, cooking and cleaning.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Training takes place but tends to be directed at managers only. It is then up to the manager to pass on the information. Information about health and safety tends to get passed to employees in a one-to-one session when they first join. In this they focus on the general hazards in the industry then the hazards specific to the establishment.

The establishment has an incident reporting system which involves recording the incident and passing the information up to Head Office.

The assistant manager believes that generally it is a low-pressure environment so people are able to take their time and that employees do not take risks. However, there have been some concerns with staff trying to carry too much down from the ladder behind the bar. He also described an incident the previous day when an employee put a pint glass of detergent on the bar, which could have been mistaken for water.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The manager has overall responsibility for the running of the business and the building. He also has overall responsibility for health and safety and conducting risk assessments, although duty managers take charge when he is off. His assistant manager also gets involved. There are two first aiders, the Manager and the Head Chef. The Assistant Manager stressed how all employees also have responsibility for health and safety.

The health and safety policy is supplied by Head Office. It covers many aspects ranging from chemical use and manual handling and allows for differential impacts according to type of employee (including disability). Head Office also provides health and safety training to all managers and staff are available for support and advice when needed. Head Office will also instruct establishments to make changes if something is deemed unsafe. For example, there was an incident in another bar with their cellar door which led to new cellar doors being installed in all the bars.

They do not employ external consultants for help with health and safety but they are monitored by an external evaluator annually and these assessments include a health and safety element. This is arranged by Head Office.

The manager has not used HSE literature in the past.
HAZARDS IN THE ESTABLISHMENT

The manager described a number of hazards in the workplace that come from day-to-day operations including spillages, slips and burns. Smoking was also mentioned as a risk, but employees have the choice over whether they want to work in a non-smoking area. He was also aware of the risk posed by manual handling, but stated that this is risk assessed, that they have a lift for taking things upstairs and that only the people who know how to carry and what to carry are allowed to.

Some risks are considered more serious than others for example wet floors or broken glass. In general however the risks are thought to be low because people are well trained to deal with them.

The manager was able to describe how the risks vary depending on the area of the establishment, such as between the kitchen and bar area, and the job being performed. They also have to be aware of the risks facing the public and regularly check the state of the furniture and the fire doors.

The manager did not believe that violence from the public was an issue in this particular bar but just in case all managers undergo a conflict management training programme which looks at how to resolve high tension situations.

The assistant manager described the same risks as the manager.

RISK ASSESSMENT

Detailed guidelines for conducting risk assessments are provided by Head Office. The manager received a one day health and safety course which included risk assessments. Generally he thinks the approach is common-sense.

Their main reason for doing risk assessments is to protect employees and customers. There was no concern about being inspected; they expect and are ready for inspections.

Risk assessments have been done in the establishment since it opened in 1998. The manager is responsible for carrying out risk assessments, and receives instructions on what to look at from his boss.

The frequency of assessments depends on the area being looked at. The company has a due diligence folder that is looked at on a weekly, monthly and annual basis. On a weekly basis he will personally monitor specific sites for specific risks eg look to see whether fire doors are being locked. On a monthly basis they will look at the bigger picture and consider whether any maintenance is required or any training. Risk assessments are conducted so regularly that it is rare for any major actions to be needed.

Process

The establishment appeared to be conducting all five steps in their risk assessments, including recording and reviewing. Risk assessments (including ones for individuals) are reviewed on a yearly basis.

The assessments focus both on the physical environment and on the individual. For example they have specific risk assessments for employees who are young, pregnant or disabled. They look at the downstairs area (kitchen, toilets and office) separately to the bar area upstairs because of the different risks involved, and have separate guidelines for the two areas.

Stress is included in their health and safety policy but they do not risk assess for it. Generally stress is dealt with reactively ie employees are encouraged to talk to management if they feel stressed.

They have not experienced any problems with conducting risk assessments because the guidelines they use are quite specific. The only downside reported is that they tend to be too detailed leading to ‘overload’. The manager selectively informs employees about risks relevant to them to reduce this.

Results of risk assessments

They have not been required to change any equipment as a result of risk assessments, but it has made them more ‘vigilant’ with regards to health and safety. Employees are informed of the results of risk assessments verbally because it is such a small team.
They do record risk assessments. The record the interviewer saw was not quite as comprehensive as the Five Steps one. It included hazard (eg glass on candle vase cracks due to heat), risk (eg could cause a fire) and action (eg do not leave burning at night). It did not include a section on who is affected by the hazard.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The manager thought he had heard of Five Steps but was not sure. He could confirm that the establishment had not received the leaflet. When shown the leaflet he said it would be useful as it is simple and quite self-explanatory.

The interviewee thought it would be a useful tool to guide people through the various stages, particularly the last two stages of recording and reviewing, and when training others how to do risk assessments.

OTHER REMARKS

The establishment is a non-reader which follows Five Steps. The main concern of the interviewer is that the responsibility appears to lie very much with management and that health and safety knowledge is concentrated. Employees possibly have less of an understanding of the risks and processes involved in risk assessments, partly because they are not trained in this area.
COMMERCIAL INSURANCE BROKERAGE

BACKGROUND TO THE ORGANISATION

The establishment is a commercial insurance brokerage, part of a larger group, working with both commercial outfits and some members of the public. Some consultants are frequently out of the office dealing with clients. Private insurance members are also able to come in and speak to staff about their affairs. The majority of tasks in the office involve clerical office-based tasks.

There are 25 office-based employees and one remote worker. There are 16 females and staff vary in age from 20 to 68. They do not have any registered disabled employees but one member of staff is deaf in one ear and two have back problems.

One of the directors and two employees were interviewed. The director was responsible for operations, which includes tasks ranging from HR to FSA compliance. Health and safety makes up just one part of his role.

One employee was secretary for an Account Executive, the other was responsible for dealing with client claims. Both employees were based in the office full time. The employees had differing opinions on the performance of management in relation to health and safety.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The establishment has a health and safety policy which includes a section on employee responsibility for risk identification. The employees interviewed could identify the person responsible for health and safety. Both felt that management is approachable when it comes to health and safety but there were some concerns about responsiveness.

Neither really knew about the procedure for accidents, although accidents seem rare. One employee believed that staff do not ever need to compromise their health and safety to get the job done and that all employees take health and safety seriously.

Some of the employees are going through online health and safety training at the moment. This is not to help in the establishment, but to enable them to advise on health and safety matters with clients, particularly the legislation.

They were recently inspected by the Local Authority.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The director interviewed has overall responsibility for health and safety in the establishment. His role includes conducting risk assessments, portable appliance testing, writing health and safety policies etc. However, they are hoping to recruit a new Operations Manager who will take control of health and safety because the director does not have sufficient time to dedicate. The new recruit will report to the director and they will have regular meetings together.

The parent company has a Health and Safety Group Executive which is due to meet with them soon. They joined the parent company fairly recently so this will be the first support they have received from them.

Employees get involved in health and safety to a certain extent. For example they carry out their own DSE assessments.

The establishment has not used external consultants for support, but the director often informally calls on the help of a friend who is a health and safety officer in a large firm. He provides them with lots of documentation, all free, such as the DSE assessment forms they use.
The director frequently uses the HSE website for advice, both for the firm and for use when advising clients. He finds it to be ‘excellent’.

**HAZARDS IN THE ESTABLISHMENT**

The director mentioned a range of hazards eg slips, trips, low headroom, blocked off gangways, trailing leads, electrical hazards. He was also very aware of the risks from DSE, such as poor eyesight and bad backs. Given that they have visitors there are also potential issues with aggressive clients, but this has not been a problem in the past. They deal with this by ensuring that employees are never left alone. Stress is considered the major risk in the establishment.

The employees were able to identify a number of risks such as problems with the carpet and the staircases. They were both aware of the risks posed by DSE and the need to take breaks from their computers every 20 minutes. They also thought that it can be a stressful job, and one described how she will often worry about work at home. Another mentioned how relationships at work can be quite stressful.

The director did not consider that hazards varied across the establishment. He did not appear to perceive that the kitchen may present a different set of risks. However, he did consider some individual differences. For example, he is concerned that two female employees regularly travel to see clients by themselves, although the company has not dealt with this.

They have had pregnant employees in the past but the director does not believe that the workplace presents any more risks to this group. Similarly there are no risks specific to customers.

They are slightly concerned about security in the establishment. For example, it is fairly easy for strangers to gain access to the building. However, it is something they find difficult to deal with.

**RISK ASSESSMENT**

The establishment has been doing risk assessments for over five years. The building is divided up into quarters and, in theory, one part is done every three months. However, there has not been a risk assessment for nine months.

One employee confirmed that risk assessments are done regularly but suspected it was just to get them done.

The approach was developed through reading HSE guidance, specifically the Five Steps leaflet, which was obtained from the HSE website (they did not receive a copy through the post). They have also used some guidance from insurance companies.

They conduct DSE risk assessments which the staff do themselves using a questionnaire. They have used the HSE pamphlet to help with this. However, these are not done very regularly. One employee who had been in post for three years had only just completed her first DSE last summer.

They have not done a risk assessment for their remote worker or meeting clients away from the office and were recently criticised by the local authority for this failure.

The main reasons for doing risk assessments are “to hopefully avoid people getting hurt”. They are not worried about inspections because they know that they are, and look like, they are trying to do the right thing.

The first assessment was prompted by the new legislation. They advise their clients on these issues and realised that they need to be doing something themselves. The DSE assessments were prompted by a few employees complaining of slight strains in wrists.

One employee was not aware of any accidents or ill health amongst colleagues that had been caused by the job. The other had banged his head on low ceilings a number of times. He was aware of staff being off for stress, but was not sure whether this was entirely work-related. They do not use absence or injury data but do conduct return-to-work interviews with those on long-term absence to assess whether there is anything in the environment which has contributed to their illness.
Process

The director’s description of risk assessments fits in with some of the five steps: identifying the nature and extent of the problem and who it might affect. This is followed by eliminating the risk as far as possible.

They also keep notes of their risk assessments. However, they do not appear to review very effectively. They will return to the same area each year but may not review the same risks.

They have not had any problems doing risk assessments and have found it quite straightforward. Most risks are easy to deal with, although ensuring long-term adherence to the solutions is sometimes tricky, for example sitting at desks.

Results of risk assessments

Examples of the kind of things that have been done include putting signs up about low ceilings and condemning some electrical equipment. The DSEs have led to improved lighting, some staff getting new chairs and provision of information regarding how they should sit. One employee agreed that the management are good with dealing with risks; the other employee thought more changes could be made, particularly regarding DSE. He has wanted a new chair for ages and complained about the way DSE is self-assessed.

Although the director keeps notes of any assessments that he does, they do not seem to be very good at informing employees of the results. The director stated that there is not much point since it will have been sorted. This was confirmed by one of the employees, who was not aware that risk assessments are taking place. He thinks most should already have a good awareness of DSE risks, although he admitted that there have been some new employees since the last lot were done.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The director believes the approach is sufficient for them because the establishment is a low-risk environment. The leaflet has been read by the director and other executives who have used it to help advise clients. The director was pleased with it.

OTHER REMARKS

The establishment falls under the category of Five Steps leaflet reader who follows Five Steps. However, they do not necessarily follow the steps very well, particularly the reviewing. Reviewing tends not to focus on the risks that have previously been removed, and whilst areas do get revisited this has slipped a bit recently.
PET FOOD FACTORY

BACKGROUND TO THE ORGANISATION

The establishment is a pet food factory. The site also includes a warehousing facility and an office. There are 140 employees covering night and day shifts. Six staff work in the warehouse and there are eight in the office area; the remainder work in the factory. There is an even distribution of male and female, with a wide age range. There are no employees with disabilities.

The tasks vary from mincing raw meat, to cooking meat, adding gels and flavourings and packing. They use a lot of sophisticated production equipment and transportation machines.

The Health and Safety Manager and three supervisors working in different areas of the factory were interviewed. The manager is also responsible for maintenance.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The employees could all identify who is responsible for health and safety and what to do in the case of an accident. They believe management are approachable if they have any concerns about health and safety. The attitude of staff towards health and safety tends to be mixed.

Although they have a strict procedure for accident reporting, they tend to have a lot of cuts which staff cannot be bothered to report. Management however are very strict on this.

The employees felt that they are well informed by management. For example, one referred to the legal guidelines for lifting weights. Management also tends to be good at getting staff to fill in their safety checks properly.

Because of time pressures, staff will occasionally take risks to get the job done. For example, people sometimes climb on bins to get boxes because it takes too long to get a truck in to do it. This is not something that management condone. One employee said she would like management to discipline people more to dissuade them from taking these risks.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

There are two people responsible for health and safety in the establishment including the manager interviewed. The other individual has been brought in recently to help lighten the load. Their tasks include doing reviews, monitoring systems in place and informing people of their responsibilities and any changes to the health and safety policies. They are responsible for all areas, including the office areas. There are also a number of first aiders.

The have set up a Health and Safety Committee which meets monthly. These are mostly attended by managers from the different areas of the establishment, including the office area. The minutes of the meetings are communicated to staff through the staff notice boards. They are trying to get those on the shop floor more involved in the committee, but no-one seems to be willing.

At the moment all staff are inducted and receive training on health and safety. They are trying to promote a new DVD training tool which will be used to enhance staff training. Staff also get pocket information about manual handling and there are lots of manual handling posters around.

The manager has rung HSE for advice a couple of times and uses the British Safety Council website for information. They also refer to health and safety books and magazines.
HAZARDS IN THE ESTABLISHMENT

Hazards identified in the establishment include: forklift trucks; manual handling; chemicals; and dangerous machinery.

The manager was aware how the risks vary across the establishment. For example, in the mincing areas they use sharp implements, whereas in the packing area there are extensive manual handling risks. In the office-based area the hazards relate to DSE and trailing leads.

He was also aware of how they differ for certain groups of people. For example, young workers are given more training on using machinery than other workers, because they have less life experience. Some Asian workers with imperfect English are given more attention during training. Pregnant women are also given special attention.

The employees were able to identify risks, some of which were different from those mentioned by the manager. For example, one described how overcrowding is a problem because of new big machinery.

RISK ASSESSMENT

The manager learned his approach on a training course. He also has a book on conducting risk assessments, which they use for guidance and they look on the internet whenever they feel they need more. He is happy with the information he has.

The establishment has been conducting risk assessments for two and a half years, ever since the health and safety manager has been in post. The manager showed a very good understanding of the risk assessment process.

The risk assessments are conducted by the other health and safety manager, with some input from the interviewee, although all supervisors are trained in doing risk assessments too. This was considered important in developing ownership for risk minimisation.

Risk assessments are done every 12 months per area, and every time new equipment is introduced, unless they find they have a persistent problem in which case they will do more. In addition, safety checks are carried out daily. The employees were able to confirm that checks take place.

They have recently done a round of risk assessments for the office area, which have included DSE assessments. New staff in this area are fully inducted on what the risks might be.

The motivation behind doing risk assessments is to fulfil their duty to protect employees. They had a major incident two years ago which involved a member of staff being run over by a forklift truck. It would not have happened if either of the people involved had been obeying the rules which said that they should not have been in those areas. The accident has made the establishment a lot more proactive and they have tightened up their approach a lot. Now not only do they give people verbal instructions, they also follow this up with a written statement that the worker is required to sign.

The employees were able to describe a few other accidents, such as people falling down slippery stairs, and cuts and bangs are common. Some also thought it can be a stressful job because they are often short staffed and have to meet tight deadlines.

Process

There are a number of different steps to each risk assessment, which fall in line with the Five Steps approach. For example, when assessing new machinery they will firstly examine the environment then check if the machine is fit for its purpose. Then they will check who (and how many) are going to be using the machine and analyse training needs. They then record the assessment and put in dates for completion and review.

Sometimes employees will have some input in the assessment, if it involves carrying out a task they are used to. They also monitor the effectiveness of new systems by getting staff to complete check sheets every day on the equipment they are using.
They use the accident and injury records to help with risk assessments.

**Results of risk assessments**

A number of changes have resulted from their risk assessments. For example, they have put fixed barriers up in pedestrian areas so that forklift trucks cannot drive in them, and make sure a manager supervises any use.

They have recently replaced older equipment with new, better guarded, machinery and have increased training. They have also cut down on the use of hazardous chemicals and will soon be posting information on remedial actions in the first aid room.

Sometimes people take short cuts and it is difficult to anticipate these risks. They try to monitor how people work and discipline those who do not take the right steps.

Some risks may be inherent to certain tasks or machinery and difficult to eliminate completely. An example given was the use of cleavers to smash frozen meat (nothing else will work) and they are not happy about this. This raised the issue of financial constraints.

They do not include stress in their assessments, although they will look to help staff if they are seen to be experiencing stress, eg by giving them lighter duties.

They tend to inform staff through word of mouth rather than through the records. The supervisors are informed and then expected to hand the information on to their staff.

The employees confirmed that problems do get dealt with but that it can take some time and sometimes some pressure from staff. One thought that management was better at dealing with safety issues rather than health.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The manager has heard of the Five Steps approach. He saw it on the website and the establishment received a leaflet. They use the approach *in part*. They used it more to begin with but have now developed their own system which they feel goes further.

The manager liked the leaflet and thought it was pretty comprehensive, although they do not think it goes quite far enough. They would welcome some guidance which was a bit more targeted. They would also appreciate emails from HSE with updates or promotions. It would be nice if HSE was a bit more proactive about providing information to businesses, rather than just reacting when things go wrong.

**OTHER REMARKS**

The establishment is a five steps reader which conducts all five steps (and more) during its risk assessments. The establishment appears to be very proficient at conducting these assessments.

They are very good at considering who is at risk, and good and recording and reviewing, although they do not make records available to staff.

In general the health and safety climate in the establishment is very good. However, one of the major problems they identified is compliance amongst staff.
REGISTERED DAY NURSERY

BACKGROUND TO THE ORGANISATION

The organisation comprises four separate units. The first is a registered day nursery for children from three months to school age. This nursery has a total of 15 employees, including full time, part time and session staff.

The second unit is a kids club that provides registered childcare for out-of-school hours for children from 4 to 11 years of age. The children are mostly those of working parents and some have special needs. This unit is staffed by a co-ordinator and an assistant co-ordinator with up to five part-time staff at any one time. This unit also offers a drop-in service for families with young children to socialise.

The third and fourth units are a mother and baby home for first-time teenage mothers and a supportive housing for individuals aged between 16 to 18 years of age. A co-ordinator and two part-time support workers staff both of these units.

There is a diverse mix of service users in terms of culture and ethnicity across all units

The interviewees were the Chief Executive of this charity who has overall responsibility for health and safety practices and the Health and Safety Representative who has responsibility for issues arising from the nursery, the kids club and office staff.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The organisation seems to have a good awareness about and implementation of health and safety practices. Given the number and variety of groups involved – service users and staff – health and safety is clearly a major concern.

EXISTING HEALTH AND SAFETY STRUCTURES

The responsibility for health and safety is shared by the trustees, the Chief Executive and the unit managers. All new staff undertake an induction program that includes a health and safety element. This is also reinforced through supervision and specific training programmes throughout their time at the organisation. There is also a Health and Safety committee made up of staff throughout the organisation and they have regular monthly meetings. This committee puts forward recommendations which then go to the trustees for approval and implementation.

HAZARDS IN THE ESTABLISHMENT

The interviewees noted a number of potential hazards. A distinction was drawn between hazards relevant to staff and those which may affect service users, although some overlap in certain areas was recognised. Hazards derived from manual handling and physical activities with the children (nursery staff), from lone working (bed-sit and cleaning staff), from workloads and pressures, and from the high degree of contact with service users. The job of a maintenance employee was also singled out as hazardous due to the machinery he operates.

Some systems in place aim to reduce these risks, for example paired on-call work or the provision of personal alarms for lone workers.

A particular concern in this establishment is the risks faced by the children and bed-sit service users. The age group of the children, it was noted, makes them particularly vulnerable. An added factor is the special needs which some of the children have.
There are also specific safety issues related to the bed-sit clients and the hazards posed by faulty equipment and fire risks were raised.

**RISK ASSESSMENT**

Risk assessments have been carried out at the establishment for at least ten years but they have been made more systematic in the past two years. At least four risk assessments are carried out every year, one for each unit. These risk assessments are conducted by the Unit manager along with a senior member of staff from that unit.

Although a key consideration is legal compliance, the importance attached to risk assessments comes from past incidents. An accident where a member of staff severed the back of her Achilles tendon on the bottom of a door that was blown shut by the wind brought about changes in the way risk assessments are carried out.

The inter-relationship between the units and the diverse range of service users, with varying degrees of responsibility for risk identification, adds further complications. A fire in one of the bed-sits, caused by an extractor fan in the kitchen that had not been cleaned for months by the residents, highlighted the difficulty of accountability in identifying hazards. Bed-sit clients are responsible for their own cleaning and the risk posed by the extractor fan was not identified by staff.

**Process**

Risk assessments are conducted unit by unit. They include an assessment of the physical environment in that particular unit and a staff training audit to ascertain training received and identify training gaps on first aid, fire safety and manual handling.

A detailed risk assessment form asks individuals conducting the risk assessment to make a judgement about the risk and assess if there is anything that could be done to reduce it.

Additionally, throughout the year, accidents experienced by both staff and service users are recorded in an incident book. If the accident involves one of the children a parent needs to read the record of the injury and sign it and both the nursery and parent keep a copy.

**Results of risk assessments**

Results of any risk assessment carried out are communicated to all staff in morning team meetings and are sometimes also provided in writing, for example in memo form, so that staff are fully aware of the issue.

Some direct changes have occurred in the establishment as a result of risk assessments. These include making the lighting in the kitchen shatter proof and adjusting the lighting in the offices for the visual display units. Fire alarm systems and drills have also been changed as a result of risk assessments and discussions in health and safety meetings.

Restructuring of some jobs has also taken place. An example provided was the job of running the mother and baby home which was deemed unsafe in terms of duties and the way these were carried out. A new job description was written and the job changed.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

Overall, the Chief Executive felt that the Five Steps approach offered good, although limited in relevance, guidance.

The Health and Safety Representative stated that the Five Steps approach made them look at health and safety in a different light as it prompts individuals to think about risks in general terms rather than providing specific examples that may or may not be relevant.

The Health and Safety Representative felt that the Five Steps approach backed up and supported the approach they already had in place rather than giving them new things to implement. They felt that they
already had a reasonable risk assessment operating. Also it was felt to be helpful in showing what the law broadly requires as this may vary according to the different units of the site.

Both the Chief Executive and the Health and Safety Representative were aware of the leaflet. The Health and Safety Representative had been on a Five Steps course and knew each of the five steps. Both felt that the leaflet was a useful tool overall but that their main concern was of compliance with general health and safety legislation.

OTHER REMARKS

The interviewer felt that the approach to health and safety was positive. This organisation is a Five Steps leaflet reader who follows the Five Steps approach. They believe that their own detailed site-specific policies and practices which derive from this are more useful.
ADMIN CENTRE

BACKGROUND TO THE ORGANISATION

This organisation is an administration centre that arranges rehabilitation treatment for people who have had road traffic accidents. The organisation works in association with insurance companies and solicitors who refer clients for various forms of treatment. The organisation has a partnership with a larger medico-legal reporting agency and runs a clinic for them. The organisation has 23 staff with a mix of full and part time.

The Director (who was previously a qualified risk assessor) and the Office Manager who is the Health and Safety Representative were interviewed.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The overall impression of the interviewer was that the company does treat health and safety as a serious issue.

The main concern of the interviewees was deciding which aspects of health and safety are the responsibility of the company and which aspects are the responsibility of their employees.

EXISTING HEALTH AND SAFETY STRUCTURES

A recent rapid growth in the company has led to the formal allocation of health and safety responsibilities to particular staff backed up by further training for these specific roles. At present, the Office Manager is in charge of general health and safety and the Director oversees any changes that are put forward.

The general approach to health and safety is a mixture of consulting with staff about issues that concern them and of implementing management initiatives. Staff are encouraged to come forward if they have any concerns and then changes are agreed and budgets are amended accordingly.

Their main source of information on health and safety is the Internet, mostly HSE’s own website. They also make use of advice from the medico-legal reporting agency that is a sister company and which they believe is more advanced on legislation. The company engages external consultants on ergonomic training and also use local legal firms to provide seminars on health and safety issues and legislation.

Core health and safety information is provided as part of the induction process for all staff. There is also an assessment of the workstations and visual display units of all inductees.

HAZARDS IN THE ESTABLISHMENT

The main hazard that was highlighted in the establishment was the equipment used by staff eg visual display units. The issue of being at a desk all day was seen as another hazard. However staff have been made aware that they do need to take regular breaks from the computer throughout the day.

Lone working was seen as a hazard in the working environment. To overcome this the company has a policy about working late at night and makes sure there is never just one member of staff working in the office alone.

A further hazard mentioned was employee stress at the workplace.
RISK ASSESSMENT

Risk assessments have been conducted since the company moved into the current building about three years ago. The last risk assessment was conducted about 12 months ago.

The main rationale cited for conducting risk assessments is to improve compliance with existing legislation. Risk assessments were also seen to be important for the well-being of staff and for demonstrating that the organisation takes health and safety and the quality of the work environment seriously.

Process

The general procedure for risk assessments was very informal. Generally the Director and Office Manager go round and have a look at what could cause any possible risks within the office. The main focus was on things like wires, computer screens and electrical equipment. They also check that the entrances and fire points are clear and hazard free.

A record is kept of the risk assessment as part of a progress report which details the action to be taken as a result and a time scale for when this should be completed.

Results of risk assessments

Any outcomes of risk assessments are generally discussed at a ‘Monday meeting’ with team leaders and then passed on to all staff. Memos are also used to bring any action points to the attention of all staff.

These interviewees attributed no major outcomes to risk assessments stating that most action seems to result from a particular issue being picked up by staff from time to time. However one change did result directly from a risk assessment of the clinic: sharp equipment on the premises was identified and was removed as a result.

A risk assessment also brought about a change relevant to the health and safety of clients. Now all clients have to sign in (and out) when they attend an appointment so that staff know who is on site. This policy was developed to improve staff safety and also as a record in case of fire drills.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The overall opinion of the Five Steps leaflet was that it was a good checklist to use to make sure that the company was up to date and following the correct procedures. It was seen as very easy to use.

It was suggested that the literature could be written in terms that could be understood by everyone and could include a summary of the key legislation.

OTHER REMARKS

The working environment at this organisation seems to be low-risk. This is partly a result of the type of work that is carried out there but is also due to the efforts of the Health and Safety Representative to increase the importance of health and safety internally.
BACKGROUND TO THE ORGANISATION

This site is the head office of a water supply and wastewater treatment company. The organisation as a whole has many offices and water treatment sites across the UK, including a call centre with approximately 600 staff. There are 300 staff employed at the head office.

The interviewees were the Head of Health, Safety, Emergency Planning and Security, a Health and Safety Representative responsible for office-based work and a Health and Safety Representative responsible for external site-based work.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The organisation seems to have an excellent knowledge of health and safety issues and considers health and safety to be a key priority. The Health and Safety Representatives felt, both in their specific roles and also as employees, that information on health and safety was readily available and that the correct channels were in place to make their jobs safe. However it was made clear that it is down to the individual to follow procedures and that some employees rate health and safety as less important than others.

Overall it was felt that often a judgement had to be made in balancing the safety of an employee or job with the resources of the company and so the need for employee ‘common sense’ was important.

EXISTING HEALTH AND SAFETY STRUCTURES

The organisation consults with an external environmental body which has an impact upon the internal health and safety structure and agenda. The environmental regulator monitors the company’s performance to ensure that environmental standards driven by UK and European legislation are adhered to.

The Head of Health, Safety, Emergency Planning and Security meets with a group of five other safety advisors on a regular basis to discuss current health and safety producers.

There are a number of different committees at various levels, with various remits, within the organisation. Each Health and Safety Representative supports a small number of employees who work in their department or area. Their role involves being available for members of staff in the case of accidents or near misses at work. In the event of an accident, they must be informed and be present to record it. Also representatives take part in risk assessments that are conducted in their departments or areas along with another senior member of staff. They meet annually with all the Health and Safety Representatives from different sites who are in the same role.

The company also has its own occupational health department that provides information and advice to employees on a wide range of workplace medical issues. They work with management to ensure that the company complies with Health and Safety requirements. They also help to monitor the health of employees and promote good health practices within the workplace.

HAZARDS IN THE ESTABLISHMENT

In all areas of work the issue of pressure and stress in the work place was considered a hazard. One example given was that of call centre staff who might deal with irate customers over the phone. The company sees this as a serious health issue and has set up a specific stress policy campaign linked to training as a preventative course of action. There are also the general office hazards such as not taking enough breaks from workstations or use of faulty equipment.
There are also a number of specific hazards in this type of environment such as working with toxins and toxic gases that are used and produced through water treatment; working in very confined spaces; and noise shock from maintenance work at water sites. Action has recently been taken to reduce risk from noise.

There are also hazards relevant to on-call staff. One hazard mentioned was lone working. This is a particular risk if an employee is the first person to reach a site or is entering a person’s home. A further hazard cited was that of driving for those employees who cover a large number of sites and drive considerable distances, sometimes in very difficult weather conditions and at various times of the day and night. To reduce this risk training and information about taking regular breaks on the road is given.

A final theme was the hazards that might be created for the public through maintenance work and open manhole covers. This work in turn carries a risk of employees being confronted by the public annoyed by noise and general disturbance.

**RISK ASSESSMENT**

Risk assessments are seen as a crucial element in the running of this organisation, particularly given the nature of the business. UK and European legislation rather than previous accidents are cited as the main prompt.

Safety instructions have been written for all job roles and are reviewed annually. Also, risk assessments on particular sites and within the offices are conducted on an annual basis or sooner if a particular issue arises.

Two manuals are kept at Head Office. One provides guidance on how risk assessments for particular job roles and areas should be conducted. The other is the incident and accident book. This provides guidance to employees in certain situations and is also for recording accidents that have occurred at work. There is also a ‘near-miss’ form to be completed by the employee and Health and Safety Representative in the event of an accident almost happening.

**Process**

Risk assessments are conducted by the Health and Safety Representative for the particular department or area along with another senior member of staff. There are specific forms for each type of risk assessment. Anything that is noted as a hazard is recorded and then action is taken to either remove or reduce the potential risk it could cause.

**Results of risk assessments**

Job roles are often adjusted or updated as a result of a risk assessment. New ‘safety instructions’ are also written. Memos are often used to target employees working in the area where the risk has been identified.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

It was felt that the Five Steps approach was simple and easy both to understand and to implement in the workplace. However a more industry-specific approach would have been more welcome. The example of the HSE guide for construction was shown as a good practice example. The Head of Health and Safety expressed the view that the Five Steps approach was more applicable and suitable for small businesses and that within this organisation a more detailed structure was required.

The Head of Health and Safety had seen the Five Steps leaflet and seemed to have a good understanding of its concepts. It was not something that was used as a source of information for staff within the organisation but instead incorporated in the organisation’s own in-house health and safety policies and procedures.
OTHER REMARKS

The organisation would be classed as a Five Steps leaflet reader who follows the Five Steps approach. Both interviewees knew about the Five Steps approach and it had formed the basis of a much more detailed and tailored health and safety policy.
RETAIL OUTLET

BACKGROUND TO THE ORGANISATION

This establishment is part of a multinational retail company and is based in the departure lounge of a large international airport where it has been for two years. This outlet employs 20, most of whom work full time.

Although the airport is open 24 hours a day, the store is open to customers 16 and a half hours a day. While the store is closed to customers, staff are still onsite working in the store, mostly on merchandising and administrative work.

The interviewee was the store manager who has been with the company for five and a half years. His role involves responsibility for all staff, including personnel and health and safety issues. In particular his role includes inducting new members of staff and making sure that all staff at all levels within the company receive the correct training.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The store was viewed as a low risk working environment by the manager but he seemed to take health and safety issues seriously. He reported that he had support from the overall company and that they were good at communicating and feeding back information to and between stores.

Compliance with legal regulations is the main rationale for conducting risk assessments in this establishment. This also seems to be the main impetus behind company health and safety policy.

EXISTING HEALTH AND SAFETY STRUCTURE

Within the company there are health and safety advisors based at Head Office and most policies come through to the store from there. There are also meetings every six months where all the health and safety representatives from across the country meet. This provides an opportunity to raise current health and safety issues and discuss any new legislation that needs to be complied with in individual stores.

Within the store there is a health and safety element in all staff induction programmes although this mostly consists of checking visual hazards in the working environment. There is also a fortnightly health and safety information sheet displayed on the office notice board, which must be read and signed off by every member of staff.

The store manager had an intensive training session at Head Office on how to conduct risk assessments, which he then explained to staff at his store. All store managers in charge of conducting risk assessments have a refresher day before the annual September assessments.

The store has an accident book for staff and employees and an electronic first aid book that the company is currently piloting. If an accident occurs then it is dealt with and recorded and this information is sent straight to Head Office and also printed out and filed in the personnel cabinet.

In addition to store policy, the airport has its own fire drill regulations that the company must adhere to. The airport carries out evacuations every four months. The airport health and safety department provides this outlet with fire logbooks and training packages that are specific to the airport such as how to deal with potential bomb threats.
HAZARDS IN THE ESTABLISHMENT

The main hazards that were highlighted in this environment were trips, slips and falls caused by customers placing books on the floor rather than back on to the correct shelf. This was identified as a potential hazard both for staff and customers on the shop floor. The store manager sees it as his responsibility to keep the office space as hazard free as possible.

A further hazard relates to the heavy loads which staff have to work with when merchandising the store and moving stock. Manual handling training is provided to reduce the risk of injury. As the store is open to customers while stock is being unloaded onto the shop floor there are also potential hazards associated with unloading cages.

Psychosocial hazards were not covered by the risk assessment and nor were they considered to be a hazard in this working environment. However it was made clear that staff could raise this issue with the store manager if they were concerned.

RISK ASSESSMENT

The store manager has been with the company for five and a half years and risk assessments have been in place as far back as he can recall. Risk assessments used to be conducted every three months but they are now done on an annual basis. The store manager conducts the risk assessments. Everything is recorded and anything that is of concern is acted on, fed back to staff at the store and reported to Head Office.

The store manager seemed to have a good understanding of the concept of risk assessment. It was made clear that not only is a risk assessment conducted on the shop floor of the store but also on specific job roles within the company. In particular, the under 18 age group has a specific risk assessment which is carried out as part of their induction training.

Process

If any risks or hazards are highlighted by staff or customers then they are dealt with at the time and this action is recorded. The annual risk assessment is conducted using the generic company risk assessment form that contains sections covering issues such as fire access and electrical equipment.

Results of Risk assessments

The manager could not recall any risk assessments leading to direct changes in company policy but did say that the recorded results of previous risk assessments are used as the benchmark for current and future assessments.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The store manager felt that the Five Steps approach was useable and very close to the basis of the company’s own risk assessment.

The store manager had not seen the Five Steps leaflet before. He stated that their own approach was more focused and specific. He said that the leaflet was nice and clear and that it was something he could give to the under 18 work group.

OTHER REMARKS

This organisation would be classed as a non-reader which broadly follows the Five Steps. It was suggested that the company might have used this as the basis for their overall risk assessment procedure. It would not have been company policy to send out this leaflet in raw form to stores, instead it is likely to have influenced material that was written in house.
Although the manager had a good understanding of health and safety risks and hazards in the work environment, it was felt by the interviewer that many hazards were left unidentified, for example money handling and till operation and the risks associated with these such as personal safety and eyesight/posture.

Also it must be noted that it was not possible to interview an employee to gain an insight into his or her understanding of risk assessments or views on the health and safety practices at this outlet.
BACKGROUND TO THE ORGANISATION

This is a regional division of a large national company manufacturing, installing and maintaining transportation machinery. The establishment employs around 300 staff. The majority work away from the establishment for a large part of the time. However the establishment includes office and stores areas which are the normal workplace for around 50 employees.

A safety advisor for the division and two employees were interviewed.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The health and safety advisor felt that health and safety was given high priority in the company and that engineers, at least, were usually highly safety conscious. The engineering supervisor also felt that employee attitudes to health and safety had changed and that employees were now more risk-conscious.

However it was clear that the focus was on a limited range of hazards relating to operational staff and employee interviews would suggest that other employees are less attuned to health and safety issues. An employee in the stores area felt that health and safety was a personal thing rather than something that the company should take responsibility for.

In addition, the engineering supervisor spoke of the pressures that could be put on local supervisors to “cut corners” in terms of health and safety.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

There is a central company health and safety department which has two members of staff and there are six advisors in different parts of the company. This division has a full-time health and safety advisor who was interviewed for this research. In addition each division has its own health and safety committee. Finally, there are union-appointed health and safety representatives.

Safety advisors make regular visits to sites when they conduct risk assessments and they consult with staff at the time. In addition the health and safety committee has a role in keeping staff informed of health and safety issues.

Employees interviewed were only vaguely aware of the health and safety structures in the organisation. However, both employees recognised the advisor as the individual responsible for health and safety.

HAZARDS IN THE ESTABLISHMENT

The operational workforce is largely male. These are service engineers who work on sites where the equipment is in place. The proportion of female support staff in the offices is around 50 per cent. There are few young workers and none are involved in the service area. There is one member of staff who is visually impaired. The building has occasional visits from customers. However, service engineers work on customer premises in areas where there are normally a large numbers of members of the public.

The main hazards are seen as those associated with working with heavy and dangerous equipment often in awkward or enclosed situations. The main injuries suffered by service engineers are related to manual handling, and this is the focus of risk assessment activity in the establishment, together with ensuring the safety of members of the public who are in the areas where engineers are working. Engineers sometimes have to deal with customers who are unwilling to abide by safety precautions, and there have been
occasional violent incidents. However, the potential of abuse from the public is not included in risk assessments, nor is any stress associated with that risk.

The safety advisor had recently reviewed risks in the stores area and found a number of unsafe practices. These included a forklift truck moving heavy objects and operating in an area where there was uncontrolled pedestrian access and poor stacking and storage of heavy crates. The only other main hazard is associated with the use of VDUs.

The organisation does not consider that there are any risks associated with particular groups of employees, apart from engineers.

**RISK ASSESSMENT**

Most risk assessment on site is done by local supervisors at the start of a job (which will last from two to three days to several months). All supervisors should have received training. In most cases customers require a risk assessment to be undertaken before engineers can go on site. Even where this is not the case the company will not allow its engineers to commence work until an assessment has been undertaken.

The company has been doing site-level risk assessment for at least 12 years. However, as far as the safety advisor and employees were aware, the first risk assessment to be undertaken in the main establishment building was in the stores area. His intention is to regularly review this area, using a process which incorporates the five steps.

No formal risk assessment has yet taken place in the offices, although since the safety advisor is based in the offices he does “take a look around”. One such informal check revealed that a member of staff who was visually impaired had set his computer up to help to address this issue but was risking musculo-skeletal injury as a result. This has since been resolved and the advisor intends to conduct a full DSE review in the near future.

An interview with an engineering supervisor revealed that his job had not been risk assessed, either for the time that he was out on site or in his office role which includes the use of DSE.

The systematic process of risk assessment on site (set out below), was revived around a year or so ago as a result of “one or two incidents”. All accidents are recorded centrally and safety advisors investigate and make any adjustments to risk assessments and other safety procedures that might be required.

The safety advisor regularly accesses the HSE website, however most guidance on health and safety that is used within the division comes from the company health and safety manager. The company supplies a range of material on risk assessment including a flow chart setting out a risk assessment process that incorporates each of the Five Steps.

Accident data is used to inform the audits and reviews of site-level risk assessments undertaken by the safety advisor: this then feeds into the tailored risk assessments that local supervisors are required to conduct.

The engineering supervisor said that there had been no accidents leading to injury in his area for a number of years, although there had been some near misses. These are now recorded, although they were not in the past.

**Process**

On-site risk assessment is tailored to the particular kind of work being undertaken, although in most cases there is a generic assessment on file. These assessments set out the kinds of hazard that may be present, who may be affected by this hazard, whether or not the risk is significant (judged in terms of the likelihood of an accident occurring and the severity of the impact of that accident), what controls are necessary to control the risk and the need for regular review of the adequacy of any controls.

Individual engineers are also receiving training in risk assessment (this is a relatively recent innovation) and are expected to regularly review hazard controls.
In addition, health and safety advisors conduct site audits to ensure that risk assessments are up to date and that engineers are working safely.

**Results of risk assessments**

There is a detailed and systematic process for recording risk assessment on site as set out above and the process is in line with the five steps except that guidance is provided via a matrix on the assessment of “significant” risks which are seen as those which should be recorded and acted upon. Employees receive the results of the relevant risk assessment before they commence any new job.

The risk assessment of the stores area had resulted in a number of changes including marked pedestrian walk areas in the stores area, the purchase of a new forklift truck and new stacking arrangements to enable safer storage and access of heavy equipment.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The risk assessment approach used in this company (which incorporates each of the five steps), is seen by the health and safety advisor as an effective way of identifying and controlling both health risks and safety ones. However, when prompted, psychosocial hazards were not seen as something that would be identified by the process. Also, it was apparent that issues such as the risk of abuse by customers or the public were not being picked up. One of the employees interviewed was a local site supervisor and he said that his job was often stressful as a result of pressure from customers, however this was not something that he would expect to cover in a risk assessment.

The advisor was sent a copy of the Five Steps leaflet when he subscribed to HSE Direct. He confirmed that it ‘mirrors pretty much what we were already doing here’. However, since the company’s broad approach to site-level risk assessment was something that had been in place for a number of years he was unsure of the extent to which it had been influenced by HSE guidance.

He hadn’t read the leaflet thoroughly as he already had company guidance to refer to, but generally thought that the approach was correct.

**OTHER REMARKS**

This organisation is one which adopts a risk assessment approach which mirrors the Five Steps for particular hazards relating to particular groups of employees. However, attention has only recently been given to hazards associated with other kinds of work and some hazards appear to be ignored in the process. This seems to be because risk assessments in the establishment tend to focus on hazards relating to particular sites or kinds of activity rather than specific job roles.
BACKGROUND TO THE ORGANISATION

The establishment provides outdoor recreational facilities over a number of urban and rural sites. The main site also has a visitor centre, café and shop. The establishment is part of a larger group.

Work roles are either based around the outdoor facilities, concerned with maintenance of woodland and open areas, or they are indoor roles in the café, shop offices and visitor centre. All roles contain a large element of face to face public contact. In addition to the day to day roles, there are a number of events over the year, ranging from outdoor festivals to Christmas tree sales.

There are 15 permanent employees based at the site and large numbers of casual staff (up to forty at any one time) employed to support specific events.

Three interviews were conducted for the case study, the establishment manager, an outdoor employee, and an administrative employee.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

There is a strong commitment to fulfilling the spirit of a healthy and safe working environment, not just complying with the letter of the law. Health and safety is seen as first and foremost in virtually all aspects of the establishments activities. Although there is some evidence that this has not spread to all areas (eg offices) with the same degree of rigour, it is clear that there is a strong emphasis on implementing and monitoring risk assessments for the non-traditional aspects of the work (eg car parks, visitor centre, cash handling, young employees, people with disabilities, community parks etc.) and that this is an ongoing process.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The manager has overall responsibility for health and safety in the establishment and across the various sites. His role includes conducting risk assessments; ensuring outdoor staff undertake risk assessments before each specific job is started; ensuring training is undertaken prior to the use of any outdoor machinery; working with events managers to undertake event-specific risk assessments; and generating other health and safety policies, for example for lone working and cash handling.

Health and safety support is available from the parent company if there are any uncertainties about how best to tackle an issue.

The manager has received extensive health and safety training and liaises with specialist organisations as appropriate. Every member of staff goes on a risk assessment course. All outdoor employees are required to conduct a risk assessment every time a new job is undertaken (eg tree felling, wildlife control etc.). There is a formal procedure of facilities inspection conducted on a weekly basis, however, the manager also goes out with staff on a day to day basis.

They also work with Fieldfare Trust to assess access for people with disabilities and to ensure that they are following the spirit of the DDA.

HAZARDS IN THE ESTABLISHMENT

All three interviewees identified a number of hazards, including: the very physical and outdoor nature of the work; manual handling; lone working; dangerous machinery; cash handling; dealing with the public.
They also identified a number of particularly hazardous areas such as the car parks, kitchens and offices. They noted that hazards vary greatly dependent on job role and in relation to specific events.

**RISK ASSESSMENT**

The establishment has a long and well established history of doing risk assessments. Formal processes exist for inspecting facilities on a weekly basis as well as more informal day to day discussions of any problems staff have identified. In addition, each event at the site has an in depth risk assessment.

Every employee is expected to conduct a risk assessment for each new job using a tailored ‘duplicate book’. This was confirmed by the outdoors employee but not by the administrative employee who felt that the rigorous approach to risk assessments did not always carry over into the office environment. Information about display screen equipment had not, for example, translated into an actual risk assessment.

Accident statistics are monitored regionally for use in the development and operation of risk assessments. There have been no absences due to work related injuries or illnesses in the last year (tenure of present manager).

The establishment is also very much committed to ensuring safe recreational facilities for visitors.

**Process**

The manager’s description of the various risk assessments undertaken went, for most parts, well beyond Five Steps. They also keep notes of their risk assessments, either in the ‘duplicate book’ for day to day jobs, or in contracts for larger work and with outside consultants for the biggest events. Review also takes place on a regular basis, however it appears that for the administrative/office area much less frequent monitoring of the area takes place.

They do not risk assess for psychosocial hazards.

**Results of risk assessments**

Examples of the outcomes of risk assessments and actions taken were given for a number of the areas. These include:

- the implementation of a calling in system for lone workers along with a central board to be filled in on a daily basis by employees detailing which part of the park they will be working in and when they expect to get back
- a requirement for certified training courses in handling dangerous machinery
- fencing off areas where dangerous work is undertaken
- a cash-handling policy.

Also, the recreation manager has introduced new ideas (for example, duplicate books) to encourage staff to undertake risk assessments. These are then reviewed informally on a day to day basis. It is planned to review this system shortly to ensure they are an effective approach.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The manager here had a fairly vague recollection of the Five Steps approach. He suggested that it deals with looking at hazards and controls and alternative way of doing things. He presumed it was reflected in the approach of his own establishment.
OTHER REMARKS

Although the nature of most of the outdoor work here remains unchanged (ie land management) the nature of the health and safety risks have completely and fundamentally altered due to the presence of the public. All interviewees talked extensively about the need to take public behaviour into account in risk assessments for any work undertaken in the park.
AN INDEPENDENT SECONDARY SCHOOL

BACKGROUND TO THE ORGANISATION

The organisation is an independent school with charitable status. It has been at its present site, which comprises over 200 acres of land, for over a century.

There are over 700 pupils, most of whom are male (girls are admitted to the sixth form only) and the vast majority of whom are boarders.

The school employs nearly 380 staff, of which just under a hundred are academic. The remainder are support staff, including pastoral care and maintenance. In addition to this, there are about 50 contracted catering staff. The division of labour reflects the traditional nature of this institution and there is little ethnic diversity. The age range is employees is quite large.

No staff are registered disabled, although there are a few who are restricted in what they are able to do. For example, one employee in grounds maintenance has learning disabilities.

Besides pupils and staff, members of the public frequently enter the site for regular cultural and sports events.

We interviewed the health and safety officer, the maintenance manager and the grounds manager. It was not possible to interview any academic staff.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The present health and safety officer joined the school in 2000, in part due to the school’s drive to improve the way they dealt with health and safety. He considers that prior to this the structures and measures taken for health and safety were highly insufficient.

The health and safety officer felt that the support staff have been ‘fine right from the start’ with the changes in health and safety policy. In general, they have proven to be familiar with the main hazards of their profession and to have a ‘good health and safety mentality’. This is especially so for those, such as maintenance staff, who come from a trade background.

The health and safety officer stated that it has been ‘an uphill struggle’ with academic staff due to ingrained attitudes which have only started to change in the past six months. He attributed this to a change in priority placed upon health and safety by a senior manager increasingly aware of the liabilities attached to not doing so.

There was good evidence that the health and safety officer was very well informed about health and safety and that he was being proactive and effective in bringing about change at the school.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The school has a central Health and Safety Policy Committee, chaired by a member of the governing body. The school’s health and safety policies are drafted by the health and safety officer and an external consultant and approved by the Committee.

There is also a Support Services Health and Safety Policy Committee. This meets once or twice a term, is chaired by the health and safety officer and includes all support staff line managers. It acts as a consultative as well as an informative body.

Beneath this there are, in name, health and safety committees for the matrons and housemasters, although in practice they are ‘subsumed into the normal meetings of these bodies’.
Consultation on health and safety does not yet occur with academic staff and there is no established health and safety committee for academic staff, but this is expected shortly.

At present, there are ‘some formalised agreements’ on the health and safety responsibilities of the Deputy Head Master, the Assistant Head Master (Pastoral) and the Assistant Head Master (Academic). However, this is ‘still settling down’. The health and safety officer acts as staff representative on health and safety matters.

HAZARDS IN THE ESTABLISHMENT

A number of hazards were identified. Although a worry in the past, asbestos is now under control, the appropriate surveys having been carried out. The school also has much better controls in place for legionella than previously. Working at heights is also a problematic area given the nature of the school’s 19th century buildings.

Of the two employees we interviewed, one said that he sometimes felt under pressure to get a job done that compromised health and safety. This was generally due to time constraints which he felt was in the nature of a trade job. He said that there is far less ‘making do’ nowadays and health and safety is taken much more seriously.

By contrast, the other employee we interviewed felt no such pressure to work in ways which compromised health and safety. He suggested that health and safety takes too much time and can be counter-productive.

Fire was identified as the most major potential hazard, but the health and safety officer thought that in general there were sufficient controls in place. The health and safety officer’s biggest concern was on-site traffic, which becomes especially hazardous at break time.

In the classroom, the major risks are in the science laboratories. The health and safety officer felt that the technicians had a very good understanding of the hazards and closely adhered to the standards of a science association to which they belong. The school has had no serious accidents.

The school also has many off-site activities, one of the most potentially hazardous being a motor club, which gives pupils the opportunity to repair Land Rovers and drive them off road. The hazards in such activities were considered to be well contained.

Finally, a hazard that was of serious concern to one employee was stress. He felt that the school did nothing to address this and only added to it. The health and safety officer recognised that stress was a general concern that had not yet been fully addressed.

RISK ASSESSMENT

Risk assessments are supposed to be carried out by any member of staff who is leading a new activity or carrying out a new job. Included in this understanding of ‘new’ is the repetition of a previous activity or job in a different environment or with different people.

Risk assessments have been conducted at the school for about seven years, but the health and safety officer felt that it was only within the past six months that they were being taken seriously across the board. The health and safety officer reported that the Headmaster was prompted to give him the necessary support when the serious legal implications were pressed upon him.

Process

The health and safety officer draws on a range of sources of information, including the externally contracted consultants, the HSE website and the publications of various organisations.

He has a basic qualification in safety management and was about to commence a certified course of the National Examination Board in Occupational Safety and Health (NEBOSH).
The grounds and maintenance staff that we interviewed felt they were had sufficient information on health and safety. However, much of this knowledge came from their previous jobs, for one as a tradesman and for the other with county councils that had thorough health and safety procedures.

A small firm of health and safety consultants is contracted to ensure that the latest legislation has been incorporated and to audit the school, which includes conducting an annual review in partnership with the school of their risk assessments and health and safety measures.

The school has its own pro-formas for risk assessment, which comply closely with the structure of the HSE Five Steps. Risk assessment forms vary between activities and are often included in a larger more general form, for example as part of a form for leading school trips.

**Results**

The health and safety officer said that academic staff, who often do not understand or accept the purpose of carrying out a risk assessment, often argue that it should be done by the health and safety officer. As a result, risk assessments are not always carried out when they should be. However, the health and safety officer noted that the cultural acceptance of risk assessments was changing.

Although we could not interview academic staff, our interviews with support staff confirmed that they were completely familiar with the school’s procedures for conducting, recording and reviewing risk assessments and for dealing with accidents.

**VIEWS OF THE FIVE STEPS APPROACH AND LEAFLET**

The health and safety officer thought that the principles of HSE’s Five Steps were sound, but did not feel that the leaflet was designed appropriately for their school. Firstly, he felt that in its style, the leaflet was written more for industry but stated that DfES produces sufficient relevant guidance. He also felt that it had limited use as academic staff would not take notice of any information unless it is headed with the school’s name. Finally he said that the tone of the leaflet was very strong.

**OTHER REMARKS**

The school clearly follows the Five Steps approach, although the health and safety officer would be the only, or one of the very few people who was at all familiar with the HSE Five Steps literature. The other employees to whom we spoke were familiar with a Five Steps approach but did not know it by that name. This is because, along with the external consultants, the health and safety officer translates the Five Steps approach into the school’s house style so that it can be included in their forms as appropriate.

The biggest challenges for the health and safety officer were those of obtaining internal support for the importance of risk assessments.
COMPUTER SOFTWARE DEVELOPER

BACKGROUND TO THE ORGANISATION

This is part of a US-owned company whose main research and development operations are based in Oxfordshire. Worldwide, the company has 150 employees. They employ about a dozen people in the UK, most of whom are software developers. Two employees work in sales and support.

About half of the UK employees typically work from home and come into the office just one day a week. Most employees are male and aged between 25 and 40; the oldest employee is in his late fifties.

We interviewed the health and safety officer and two other software engineers.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The computer software developer generally operated in a low risk (office) environment and did not carry out proper risk assessments as a matter of course. There was a very low incidence of accidents, but employees sometimes took risks they knew were unnecessary (e.g. linking cables across a gangway). They conducted unrecorded visual checks in the office, and had clear risk avoidance policies for delivery work (i.e. avoid heavy lifting) but were less thorough when it came to assessing risks for home-workers.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The health and safety officer acts as staff representative on health and safety matters and ensures that correct standards are adhered to on a day-to-day basis.

Decisions on replacing equipment or furniture for health and safety reasons are referred to the personnel and admin officer. The health and safety officer is dyslexic and so this colleague also helps him apply health and safety legislation to the working environment.

The health and safety officer considered the UK branch too small to have a health and safety committee, consultation with staff instead occurring at an informal level.

HAZARDS IN THE ESTABLISHMENT

The vast majority of work carried out in this establishment is desk based. At times there are also manual handling risks as hardware kit has to be moved to be tested. It is also sometimes necessary to connect equipment by cables, which can lead to trips and falls if the cables used are short and cross a gangway. Although longer cables can be obtained and placed safely this is sometimes considered too much of a hassle and ignored by staff for quick jobs. The health and safety officer said he has to remind people of procedures when necessary.

A hazard that is proving difficult to resolve is the temperature of the room that houses most of the hardware kit. Even with the windows open, it is too hot to work there for prolonged periods, so staff are told to avoid doing so whenever possible. The two solutions are either to install air conditioning, which would not be economically viable for these rented offices in a shared building, or to move to another site. The latter is the more practical, but will take some time to achieve.

Most other hazards are considered relatively minor and are dealt with efficiently. Examples include ergonomically satisfactory chairs and keeping clutter to a minimum.

The other two employees to whom we spoke showed good awareness of all these risks, although they were relaxed about maintaining some of the standards.
Historically, a bigger problem has been ensuring health and safety standards are maintained for home workers. Because the company owns the kit they are working on, the company is liable if they, or anyone else in their house, injure themselves. The health and safety officer thought that the situation had improved through raising awareness. Nonetheless, for home workers, the company still relies upon employees effectively monitoring their own hazards.

**RISK ASSESSMENT**

The company has conducted only one comprehensive and formal risk assessment, which it carried out about a year ago to satisfy insurance company requirements.

Besides this, risk assessments are conducted *informally* on a regular basis, although the term ‘risk assessment’ is not commonly used. The assessments and their review are not recorded, a fact which is reflected in the health and safety officer’s simple definition of risk assessment as ‘identifying the risk’. Due to the small size of the workplace, the small number of employees on site and the fact that the health and safety officer regularly walks through the office he felt that in general this was a sufficient way of conducting risk assessments.

No serious accidents have occurred at the organisation, but there have been near misses, in particular due to people tripping over cables. This has prompted more attention to be given to promoting awareness of health and safety procedures.

**Process**

For the regular unrecorded risk assessments, the health and safety officer walks through the office, checking for things such as dangerous cables, and talks to the individuals concerned. If a problem is general, he will email all staff to remind them of health and safety procedure. The health and safety officer said he also makes a mental note to go back and monitor risks that have been identified, to ensure that they have been contained and do not recur.

In the case of an accident, there is an accident book, of which all employees we interviewed were aware.

The formal risk assessment carried out last year formed a comprehensive analysis of the hazards the organisation faced in the UK. As well as looking at the work environment, they drew upon information from HSE and other websites. From this, a questionnaire was drawn up and completed by employees. The results were collated and fed into an in-house report, which also included the general opinions on health and safety of the health and safety officer and the personnel and admin. officer.

**Results**

The report put forward recommendations for dealing with outstanding risks. The health and safety officer felt that all the major risks had been dealt with sufficiently.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The Five Steps approach was followed in this establishment’s recent risk assessment and it is one that the health and safety officer felt was appropriate. It was not however an approach that they felt they could follow regularly as the health and safety officer did not feel that it was necessary to record the findings from all risk assessments.

The health and safety officer felt that the leaflet was written in an appropriate way for the SME audience. He reported having problems with reading watermarked images on the downloadable version of the leaflet. For the formal risk assessment, the company found HSE’s Five Steps leaflet very helpful in identifying potential risks. According to the health and safety officer it was very much in line with what the company’s insurance company required.
OTHER REMARKS

All employees we interviewed felt that they received adequate information on health and safety however it would seem that the approach to risks in the workplace was quite informal. Indeed, much of the health and safety officer’s understanding of health and safety came from his previous employment rather than from this job.
BACKGROUND TO THE ORGANISATION

The organisation is a private company providing social care for people with various disabilities. It currently has two residential care homes registered with the local authority, and a third that is due to be completed later this year.

There are 23 full-time staff and two part-time staff, about 25 per cent of whom are support staff, 25 per cent senior support staff, 25 per cent team staff and 25 per cent management, maintenance and administration staff. At the moment the workforce is 65 per cent female and 35 per cent male. This is fairly typical, although the proportions do vary.

Each home has six or seven resident service users with appropriate staff to support them. Each service user has a ‘key worker’ who works particularly closely with that individual.

Employees perform a variety of functions in a very flexible way. Duties range from helping an individual to maintain personal hygiene to helping with food preparation and laundry. Individuals are supported in both community-based and in-house activities. Off-site activities generally require one staff member per service user, but depend on individual needs.

The level of care depends on the abilities of the individual service user, all of whom have their own care plan. All the service users have a fairly good level of independent mobility and do not require lifting or carrying.

Besides the service users and the staff, friends and family frequently visit the premises. Visits are always arranged in advance.

We interviewed a trainee manager, who was also a trainee health and safety officer, and two other employees, a team leader and a senior support worker.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The general level of attention given to health and safety was thought to have improved over the past few years. This is in large part due to improvements in training structures, led by the ‘locality manager’ of the homes and designed to ensure that all staff have the knowledge and skills to do their job completely.

It was thought that the organisation had training that was ‘probably second to none’. The employees we interviewed felt confident that their knowledge and understanding of health and safety risks were very adequate and that they could deal with potential problems. They also felt that they were well informed of any changes in policies.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

At the moment there is no staff representative for health and safety, but a new employee is being trained to take on this role. As registered homes manager, he will represent the health and safety needs of this site.

The existing health and safety co-ordinator (currently manager of three sites) consults with employees on all aspects of their and the service users’ health and safety. Staff meetings and supervision by line managers are the normal channels of communication, although issues can also discussed directly with the co-ordinator on a one-to-one basis.

The home has several staff accredited by the British Institute of Learning Disabilities to run internal health and safety courses. All new staff attend an internally provided one-day training course on health
and safety. This is co-ordinated and led by the training liaison manager, who also acts as a staff representative on health and safety, reporting to the registered homes manager.

There is no health and safety committee, but informally the training manager consults with employees and maintenance staff.

**HAZARDS IN THE ESTABLISHMENT**

The main daily risks regard food hygiene, laundry and dealing with continence needs. All staff are appropriately trained in food hygiene and the appropriate bins and protective clothing are used according to procedure. The risks are very similar in the different care homes.

Some service users are at risk from hurting themselves whilst having an epileptic fit. The risk of this is minimised by raising awareness of early warning signs and monitoring potentially dangerous surroundings (e.g. furniture with sharp corners, cookers).

There is also the risk of violence from service users, for which staff are trained in distraction techniques and positive-response conflict diffusion.

It was thought that newer members of staff would be potentially more vulnerable than longer standing members of staff because they would not be as familiar with the environment and the service users. However, during the comprehensive three-month induction period, new staff are not be left on their own in the building and are given close support. Overall, the employees we interviewed felt that although the risk of violence is high the risk for injury is not because of training received and the way the house is run.

The employees we interviewed thought that the job was very stressful, but said that they would not normally think of that as a health and safety risk.

**RISK ASSESSMENT**

The company conducts risk assessments for both the homes and the service users. Risk assessments are conducted for any new activity that the service user wishes to carry out. Typically this was thought to be on a monthly basis. All risk assessments are authorised by the manager but can be carried out by ‘any competent person’, including service users.

**Process**

The company has three risk assessment forms for simple choice risk assessment; for health and safety risk assessment; and for complex risk assessment.

The ‘complex’ risk assessment is conducted when, or shortly before, service users move into a home. It aims to cover ‘absolutely everything’, including historical risks and risks that the service user may pose to other people as well as him/herself.

‘Simple choice’ risk assessments describe risks associated with specific activities that the service user undertakes or wishes to undertake. These are usually off-site or community-based activities.

‘Health and safety’ risk assessments relate to general internal health and safety and may or may not be client specific. They cover such things as dealing with COSH labelled substances, slips, trips and falls, and working with electrical appliances. This risk assessment follows the five steps closely.

Additionally staff have a ‘little red book’, in which they note anything that needs attention in the house, including potential hazards. All accidents, from a cut or bruise, are recorded in an accident report book.

**Results**

All client-specific risk assessments are kept in the client’s individual file and reviewed as necessary, depending on the level of hazard and risk. Some risk assessments are reviewed on a weekly basis and many are reviewed on a monthly basis.
VIEWS OF FIVE STEPS LEAFLET AND APPROACH

The trainee health and safety officer was only vaguely familiar with the HSE Five Steps leaflet, but recognised the format as that which the organisation tailored to a house style. She felt that employees would be more receptive to in-house documents than to HSE literature.

The care homes use HSE literature, the HSE website and their own training packs that are produced in house. They have drawn upon the Five Steps Approach to risk assessment in developing their policies.

OTHER REMARKS

Although compliance with the law was recognised to be an important factor in being a registered care provider, the primary driver for having effective risk assessment is the safety of the individuals.
PLUMBING AND HEATING MERCHANT

BACKGROUND TO THE ORGANISATION

The establishment is one of over 200 UK branches of a large organisation which supplies and delivers plumbing and heating equipment. They employ eight (two of them women), including two drivers. Employees range from 20 to mid-50 in age. There are currently no trainees on site, although this is a future possibility. Job descriptions are flexible so, for example, employees whose primary role is administrative may also work at the trade counter and in the warehouse.

The establishment is visited mainly by tradesmen, who are sold a wide range of equipment, including radiators, shower units, pipes, glue and drain cleaners. Occasionally members of the public visit the trade counter in the warehouse to approve products recommended by their tradesmen. All goods are loaded into lorries at the warehouse and delivered by the organisation.

One employee interviewed had a desk-based job dealing with orders by telephone and computer, but was also a trained forklift truck driver and helped load deliveries. The branch manager who has day-to-day responsibility for the premises, stock, sales, profit, human resources and safety was also interviewed.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The plumbing merchant had a very good health and safety culture. This seemed to stem from the trade background of the work and the employees, which necessitates that health and safety is learnt as an integral part of the work during apprenticeship, and in which dealing with fairly significant risks on a daily basis means that the experienced employees have a very good understanding of health and safety.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

As health and safety officer, the branch manager has full responsibility for all health and safety paperwork, conducting and reviewing risk assessments, conducting daily and quarterly hazard checks, and ensuring equipment (eg fire extinguishers) and vehicles are serviced properly.

He believed there was no need for anyone else to take on specific health and safety duties at the branch; that all health and safety procedures are in place and that he is ‘up to speed’ on them. He felt that the structure of health and safety procedures was helpful, although much of the policy was no more than common sense.

He estimated that it took him four years to get the current health and safety procedures up and running. These replaced much less rigorous ones. Although the prompt for tighter health and safety procedures came at the time of a buy-out by the present parent company the manager believed that increased government legislation (and an increasingly litigious society) was the main reason.

The parent organisation has a Health and Safety Director, who develops and amends policy. He also provides communications on health and safety issues, including alerts and reminders (especially following accidents or near misses) and policy updates.

HAZARDS IN THE ESTABLISHMENT

Major hazards in the establishment relate to lifting and moving equipment. The risk is kept to a minimum through the provision of a range of lifting equipment, including sack trucks (for boilers and large cylinders), ‘bigfoot’ trucks (adapted sack trucks for up to half a dozen radiators), pallet trucks and forklift trucks. Forklift trucks are used by fully trained operatives only. Gloves, hard hats, steel toe-capped shoes and high visibility jackets are to be used when appropriate.
Other hazards included trips and falls, contact with chemicals, and office-based hazards. A range of measures have been taken to reduce these risks including ensuring there are no looped bands lying around and training in the handling of chemicals. In the office area there are free eye tests for computer users and good quality computer screens and chairs.

A final hazard mentioned by the branch manager was stress. He felt this was due to the drive for leaner working within the company.

**RISK ASSESSMENT**

The branch manager defined risk assessment as assessing what you do on a daily basis, in your mind or on paper, to see what risks there are and take action to avoid those risks.

There had been no incidents of which they were aware that had impacted on health and safety policy.

**Process**

In general, the branch manager personally conducts all risk assessments and all safety checks except when on holiday or otherwise absent, when he delegates the task. However, the employee we interviewed stated that he had conducted a risk assessment of his work station himself and had got the branch manager to ‘sign it off’. The risk assessments and safety checks were designed by the parent company and are standard across the company.

There are different processes for safety checks and risk assessments. Standardised safety checks are carried out on a daily and quarterly basis. The ‘action checklists’ include critical checks and require the person (normally the branch manager) who conducts them to tick boxes and sign for each day/quarter. If necessary remedial action must be take and records are kept for a minimum of 3 years.

There are also specific risk assessments for different job types which follow the procedure of the parent company. Each part of the site is also covered by a specific risk assessment. Risk assessments are carried out and reviewed every six months and form part of the new staff induction programme. When a risk is identified action must be taken to reduce those risks to the lowest level “reasonably practicable” and an ‘Action Plan’ form is completed to document what corrective action is required to reduce the risk sufficiently.

**Results of risk assessments**

Some examples of changes following risk assessments were given. One was of a leak in the roof which was made the floor slippery was remedied within four weeks. Another risk assessment resulted in the replacement of office chairs.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The branch manager said that he did not use the HSE website or HSE literature, including the Five Steps, stating that it is ‘a waste of time’ because they are ‘doing it anyway’. He believed that much government legislation and many company policies on health and safety relate to simple ‘good housekeeping’ and that ‘if you don’t do stupid things, stupid things won’t happen’. He also felt that most of the alerts from the Health and Safety Director were stating the obvious.

Nonetheless, he pointed to the fact that the company had a heterogeneous workforce as one reason why the extensive health and safety policy was broadly useful. He also recognised that although some branch managers had over 20 years of experience (as he did) and followed good health and safety procedures without having to think about it, others might only have two.

The establishment is a non-reader of the Five Steps, which follows the Five Steps approach in its ‘specific risk assessments’. It uses a tick-box approach to prompt checking for different types of hazard. In addition to this, it has standardised tick-box style safety checks (daily and quarterly) that do not follow the Five
Steps, because they only check against existing standards and do not assess whether the safety measures are sufficient.

OTHER COMMENTS

The employee we interviewed felt very safe and well informed about health and safety issues and procedures. He put this down to the personal effectiveness of the branch manager and good company policies. Employees were encouraged to follow procedures.

He thought that staff induction covered health and safety very well and that an effective continuous process of assessing for risks was used.

Due to the small number of employees at the establishment, informal communications work very effectively, hazards being discussed as and when is appropriate. Also, if an employee sees a hazard that can be easily removed he/she will tend to do it.
BACKGROUND TO THE ORGANISATION

The Driving Standards Agency is responsible for all road vehicle tests in England, Scotland and Wales. The DSA has 250 permanent test centres and 150 occasional test centres. The DSA has 2,000 employees across Britain, 1,200 of which are Driving Examiners and 800 support staff. The Head Quarters of the DSA is based in Nottingham with 250 staff based at this site. The two call centres are based in Newcastle with 150 staff and Cardiff with 50 staff. The five Area Head Quarters are located in Edinburgh, Newcastle, Birmingham, London and Cardiff and the DSA staff training establishment is based on the outskirts of Bedford.

The employer interview was with the Health and Safety Advisor who is responsible for framing the Health and Safety policy across the whole of the organisation. The employee interviews were with an Assistant Chief Driving Examiner and the Facilities Manager. The Assistant Chief Driving Examiners are responsible for the quality control of driving tests for all vehicle types. The Facilities Managers’ role includes responsibility for any accommodation and Health and Safety issues at the Head Quarter offices.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

It was expressed that employees take Health and Safety issues very seriously in this organisation. As a whole the organisation is fully aware of their duty of care, not only to the staff but also to the public. Information comes from various sources including the Health and Safety Advisor, the manual and in-house literature, Health and Safety documentation that is sent to the organisation, and the HSE website is used for reference about particular queries.

EXISTING HEALTH AND SAFETY STRUCTURES

It is company policy that all staff understand that they have a legal duty to be responsible for Health and Safety and to bring any concerns to the attention of their line manager. The organisation has a central Health and Safety manual that is written by the Health and Safety Advisor and used throughout the organisation. It consists of the company’s and the Department of Transport’s policies on Health and Safety.

Property Managers make sure that every driving test centre has got the right workplace standards through conducting an inspection of the driving test centres. They report Health and Safety issues through a quarterly report.

Each local regional area has its own Health and Safety committee called a Whitley committee, which is the local Trade Union status and service committee and staff can bring unresolved health and safety issues or concerns here.

There is also a National Health and Safety committee, which is held quarterly and made up of the national representatives. The Health and Safety Advisor is responsible for producing the risk assessments documentation and advice notes or policy. This is then discussed with the appropriate branches in Head Quarters and the Unions. Feedback from examiners is also noted and used to improve and adjust organisational policies.

The organisation is part of the Department of Transport and they have a quarterly Health and Safety advisor meeting in London. The organisation does annual general audits of test centres, with each test centre being audited once a year.
HAZARDS IN THE ESTABLISHMENT

The main hazards in this work environment are road accidents during the driving test. The main injury from the test is whiplash caused by other (impatient) road users. To reduce this the organisation make other road users as aware as they can that there is a learner in the car.

Another area that is seen as a hazard is that of verbal abuse to examiners, which can be very distressing and result in possible psychosocial hazards such as stress. As this abuse comes from the candidates who have failed their test they will more than likely return for a retest. Therefore the organisation does their best to try and ensure that these candidates will not be placed with the same examiner next time. Staff are trained in how to diffuse this type of situation and given written advice on conflict management in their initial training. They are told how to tactfully handle candidates and how to break bad news.

The main hazard for admin staff in the office environment is slips, trips and falls. Other hazards that were highlighted included lose cables that had not been taped to the floor in the process of moving buildings. Also the potential hazard of Repetitive Strain Injury from workstations not set up correctly. These Health and Safety issues are all covered in the staff induction programme which also includes where safety equipment is kept, how to use the fire extinguishers, where the fire escapes are and how they work.

RISK ASSESSMENT

The Health and Safety Advisor joined the organisation in 1994 and before this time the organisation had a very basic risk assessment for the car driving test, which had been in existence for about a year. The first thing that was set up was a system of local risk assessments which was audited by HSE in 1995.

Process

Line managers conduct risk assessments often with a trade union representative. The risk assessment form is based on that of HSE. Any points that require action are sent to the Property Manager who on occasion will include the Health and Safety Advisor.

There are a number of different risk assessments for different tests, such as cars, motorbikes, taxi and bus testing. There are also specific risk assessments for particular employee groups, such as female examiners driving alone. There are also generic risk assessments that are used for office work no matter where the location.

Test centres that report no risks are checked by the Property Managers through annual or quarterly visits. The Property Managers keep a register of the risk assessment forms and they are reviewed every 12 months when they are rewritten. A report is then sent to the Health and Safety Advisor if something is found to be incorrect.

Results of risk assessments

The main outcome of conducting risk assessments is raising awareness of issues within the organisation. The Technical standards branch in Health and Safety monitor and examine the stress levels. It has been shown that the Heavy Goods Vehicle drivers are particularly stressed, with 25 per cent of sickness taken being recorded as stress related. This kind of information is then fed back directly into the specific risk assessment for the job that is under assessment.

VIEW OF FIVE STEPS APPROACH AND LEAFLET

The organisation’s generic risk assessment that is used for all work sites is based on the Five Steps approach. The organisation feels that the Five Steps approach is sufficient in terms of providing an adequate approach to risk assessments. This is because they feel as an organisation that they are very clear-cut in the work that they carry out. More detailed recommendations are required for conducting risk assessments on vehicles for the driving test.
OTHER COMMENTS

HSE requires the organisation to report any accidents resulting in staff being off sick for more than three days. However the majority of accidents are those that take place during tests which at the moment are considered to be road traffic accidents.

It was also expressed that it would be useful if HSE could make the point that risk assessments are not anything to be frightened of.

The organisation is clearly a Five Steps leaflet reader who follows the Five Steps.
FUND MANAGEMENT COMPANY

BACKGROUND TO THE ORGANISATION

This organisation is a fund management company working for a large affiliated group of insurance companies. They employ 750 staff who are based at their central office in London and another 100 employees who are based internationally. The organisation is customer facing and clients are on-site on a daily basis.

The employer interview was with the Head of Professional Services, who is also the Health and Safety Officer and has been with the organisation for three years. This role covers responsibility for the overall building maintenance, including procurement, IT services and services levels.

The employee interview was with the PA of the Managing Director of Human Resources. This employee is also on the Health and Safety Committee, which involves being responsible for the 30 staff in HR. The role also includes the Health and Safety element of all staff induction programmes, being a point of call for staff regarding Health and Safety issues, controlling risks within the department and taking issues forward to the Health and Safety committee.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

As a whole the company seemed very aware of Health and Safety issues faced in this working environment. It was expressed that there was however a limit as to how much the company could make staff take on board this behaviour. The company provides as much information and advice to staff but there is a certain sense of personal responsibility.

EXISTING HEALTH AND SAFETY STRUCTURES

The Health and Safety Officer was in charge of setting up the Health and Safety committee, the Health and Safety section of the induction programme and all ongoing staff Health and Safety training. Responsibility for first aiders and fire marshals lies with this officer.

The Health and Safety committee covers all relevant issues including staff training. It meets every two months. There are ten representatives on this committee with one representative for each of the business departments.

There is also the Health and Safety Sub-committee of the Executive which makes decisions about such issues as spending on new safety equipment and meets quarterly. The HR Director is the nominated executive with responsibility for Health and Safety, and sits on this committee together with a member of staff from HR and the Facilities Manager.

There is also external support for Health and Safety from the larger organisation that the company is affiliated with. Professionally trained expert staff are available to assist with any health and safety problem.

HAZARDS IN THE ESTABLISHMENT

The working environment was generally considered to be low-risk. Most employees are based at workstations and most of their time is spent working with computers, so the most likely potential hazard is Repetitive Strain Injury (RSI). It is company policy to stress that all employees must take regular breaks from their workstations throughout the day. If required the company will provide supportive chairs, ergonomic keyboards and cordless mice.
In terms of psychosocial hazards, the company provides stress awareness training for all staff. They run a series of workshops for managers in identifying stress in their staff and creating a less stressful working environment. A general series of workshops for all staff (including inductees) in how to identify stress and how to avoid it has also recently been set up. Within the company they also provide training on workstation assessment processes, which has now also been added to the induction programme.

**RISK ASSESSMENT**

Risk assessments are understood as a procedure of identifying and preventing risks. The impetus for producing more systematic risk assessments came from both Health and Safety legislation and a reported case of Repetitive Strain Injury that occurred about three years ago.

The office risk assessments are conducted by a member of the Health and Safety Committee who is designated to that particular area. The whole committee assesses the general access routes and any refurbishment or layout changes. The Facilities Manager conducts a fire risk assessment of the whole building on a regular basis.

The larger establishment that this company is affiliated with conducts an annual audit of all the business units with risk assessments being one aspects they look at. The organisation did not feel they were getting enough support from this establishment and used an external consultant to help the company with the initial set-up for risk assessments.

**Process**

There is a weekly brief visual check to ensure, for example, that the fire exits are clear.

The company has risk assessments for each department that are conducted on a formal basis every six months. This involves a member of staff assessing his or her allocated area and making sure that everything is as it should be and if there are any potential hazards, that these are reduced and that any action is recorded and reviewed. The risk assessment form is based on that designed by the Health and safety team from the affiliated organisation.

Risk assessments are also conducted for particular groups and job roles. They are conducted on induction and also if a member of staff moves or identifies any current problems. There is a specific risk assessment carried out for any pregnant staff.

**Results of risk assessments**

Previous risk assessments are reviewed as the basis for informing the current risk assessment being undertaken. Any action needed is recorded and sent to the Facilities Manager who ensures it is done and reviewed in six months time. This action is then reported back to the Health and Safety Committee. The results of risk assessments are available on the company’s website and on the Health and Safety notice board for all employees to view.

The most recent risk assessment highlighted that some boxes were unsafe for staff to access and so a footstool was provided and boxes that were used most regularly were moved to a more accessible place.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The Health and Safety Officer had heard of the Five Steps approach to risk assessment through training sessions provided by the organisation. It was felt that the Five Steps approach was at the base of their risk assessments, particularly in terms of recording and reviewing.

It was felt that the Five Steps leaflet was a useful aid and would be a sufficient source of information for the kind of business carried out within this organisation. However the Health and Safety Office did not see any particular need to provide the leaflet to members of staff as those involved in carrying out risk assessments receive full training from within the organisation.
OTHER COMMENTS

This organisation is a non-reader who follows Five Steps. Their own style of risk assessment seems to have very similar principles to the Five Steps approach.
SECONDARY SCHOOL

BACKGROUND OF THE ESTABLISHMENT

The establishment is a comprehensive school teaching around 850 pupils aged between 11 and 16 years. They employ 65 teaching staff and 40 administration and support staff. Around 75 per cent of the staff are female and there are no disabled workers at the school.

The person interviewed is a teacher at the school and a head of department. He is the person responsible for health and safety at the school and also the health and safety representative for the union.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Much of the health and safety focus of the school is towards pupils who are considered to be the most vulnerable on the site. It is assumed that similar hazards affect staff and other users. It was generally felt that health and safety is treated seriously although considered to be common sense and to some extent the responsibility of staff. Attention seems to be placed on physical hazards within the school and less on psychosocial factors. Stress was considered to be a stigma and sign of weakness and was not looked for in any formal risk assessment.

EXISTING HEALTH AND SAFETY STRUCTURES

As health and safety representative for the union the interviewee conducts an annual health and safety inspection, sending a yearly report to the area office and constantly carrying out information checks. He is on the union committee.

As school representative the interviewee keeps health and safety information up to date, deals with issues that arise and liaises with the LEA. He is a member of the LEA’s H&S committee.

There is a health and safety committee that comprises of the H&S representative, two governors, the assistant head and one representative from each of the departments within the school. The committee meets each term.

HAZARDS IN THE ESTABLISHMENT

Main hazards cited included the risk of crushing due to the volume of students in the corridors between lessons; risks related to the students and cars moving around the site; slips, trips and falls; the threat of verbal and physical abuse; and issues related to evening classes and lone working on the premises after hours.

In addition to this certain areas and lessons (eg science) were given special mention.

Although staff and the general public were included, the focus was largely on students. There was no differentiation of vulnerability within these groups (eg pregnant employees or trainees).

As part of the case study we also spoke to a classroom assistant. This assistant verified all the above hazards and prioritised them (for example, physical or verbal abuse could not be recalled in the eight years this assistant had been at this establishment).

RISK ASSESSMENT

As the H&S representative for this particular school is also the H&S representative for the union, the rationale for carrying out risk assessments is guided by both LEA and union guidelines.
The union requires the reports of an annual inspection and regular health and safety checks; the LEA requires formal periodic risk assessments, from each department, on LEA forms. It was reported that the last risk assessment of this nature was carried out around three or four years ago.

H&S policies are based on these departmental assessments. They are reviewed and updated annually.

Many of the actions taken to avoid risks posed by a particular hazard are taken on an ad hoc basis. Hazards that can be dealt with quickly tend to be addressed by either a member of staff or the H&S representative himself. More complex hazards or those that might be expensive to resolve are generally discussed at H&S committee meetings held every term. There is direct access to the Head or the Governors if a hazard poses a serious and immediate threat or there has been an accident or near-miss.

**Process**

There are separate departmental risk assessments. A representative examines previous assessments and notes any changes in the department in terms of equipment, environment, changes to lessons, etc. that might present a new hazard. Findings are recorded on school forms (based on LEA forms) and these are collated and then recorded on LEA forms.

Any actions to be carried out are usually then dealt with by the H&S representative if possible or taken to the H&S committee. If the committee is not meeting for some time the issue is brought up with the Head or the Governors.

Although, when asked, the H&S representative had not heard of the five steps approach the procedure used does seem to correspond in many ways. This was confirmed from talking to the employee at the school who is made aware of risks associated with the work and the workplace. It was also felt that ‘someone’ had looked at their job to assess any possible risks.

**Results of risk assessments**

The school has implemented a number of changes as a consequence of risk assessment findings. One such change is a new one-way system around the school to manage over-crowding. In addition, some students are released slightly early. Both solutions were monitored and judged to be successful.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The H&S officer at the school had not heard of the Five Steps approach, or the leaflet. A copy was shown to him. After looking at the leaflet briefly the interviewee commented that leaflet looked very useful and informative albeit slightly more relevant to an industrial setting. It was also suggested that most publications or information that he had looked at from HSE were very straightforward.

**OTHER COMMENTS**

This establishment is a non-reader that seems to follow the Five Steps approach. They were aware of other HSE publications and regularly access information on the HSE website. Most of their guidelines come from the LEA and the union which seem to be influenced by the Five Steps approach.
CONSTRUCTION MACHINERY DEALERSHIP

BACKGROUND OF THE ESTABLISHMENT

This establishment is a machinery and construction vehicle dealership. It is a local depot and forms part of a larger nation-wide and international organisation.

The depot takes care of hire, sales and servicing of construction vehicles and equipment within their area. 15-20 people are employed at this site. There are four managers. Almost all employees are men and none have disabilities. There is one supervised trainee.

The interviewee was the depot manager and the person responsible for H&S within the establishment.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Although it was not possible to talk to an employee the interviewer was provided with copies of completed risk assessment and near miss/accident forms as verification that detailed assessments do take place regularly.

EXISTING HEALTH AND SAFETY STRUCTURES

This establishment has a well established H&S policy, which has been in place for a number of years. Policy is passed down from the regional head office to the depot manager who implements H&S procedure. Quarterly risk assessments are carried out on the premises and any issues are documented and filed. In addition to this risk assessments may be carried out for jobs that take place off the premises.

The regional head office employs a H&S advisor who updates H&S policy and liaises with the local depots. Any new H&S information or documentation goes to the H&S advisor who then relays any relevant information to the depot manager. Within the depot, the depot manager has a monthly “chat” with staff so that any H&S issues can be discussed.

HAZARDS IN THE ESTABLISHMENT

Care is taken to look at the potential hazards in each of the working areas of the establishment and at the occupational groups or people who might be affected. There was an awareness that risks could come from a broad range of activities and when asked to list the main hazards in the establishment it was commented “everything involves a risk somewhere down the line”.

The main hazards cited included manual handling, environmental and office-based hazards including slips, trips and VDU work and off-site hazards for those staff on the road. Hazards were also mentioned for customers who very occasionally are on-site and protective equipment is available for their use.

This employer was also aware of psychosocial hazards such as stress and it was recognised that there were risks associated with certain “service department pressurised occupations” such as service department managers.

RISK ASSESSMENT

Formal risk assessments are carried out quarterly on the premises. Risk assessments may also be carried out on site when requested by a client or when new machinery or practices are introduced. It was reported that the establishment had been conducting risk assessments in one form or another for about ten or twelve years.
Risk assessments carried out on the premises are usually carried out by the interviewee along with other managers from the establishment. It was also reported that “one or two” employees might be engaged to give feedback on potential hazards related to their work and the processes carried out.

The primary motivation in carrying out risk assessments is to protect employees (and other people’s) health, to prevent related absences, but also “to cover ourselves (the company) and to cover them (employees) as well” in case of an accident. However, since risk assessments have been carried out on a regular basis it was reported that there have been no major incidents or accidents that have impacted on how risk assessments are carried out on the premises.

**Process**

Inspections are carried out of the premises and detailed audit forms are completed for each work area and for each job. There is a checklist detailing the environment, equipment and procedures particular to each department and the risks associated with particular tasks. A general risk assessment form is used to collate all possible risks in the establishment. This form looks at the potential hazard, the persons affected and risks are scored on the basis of the severity and the likelihood of the potential risk. Suggested or actioned measures are recorded and the result of these measures is assessed.

The approach used seems to follow the Five Steps although the interviewee could not confirm if this was intentional. They go further in some ways through quantifying levels of risk by taking into account severity and likelihood.

**Results of risk assessments**

Due to the fact that risk assessments are carried out on such a regular basis it was reported that most recent risk assessments had only uncovered hazards that had been easy to resolve on the spot. Most recently some cables had been found that could have presented a trip hazard and so were re-routed in order to remove the hazard.

In terms of checking that a hazard avoidance measure has been successful the action must be signed for by the manager responsible for health and safety or by the health and safety advisor from the regional head office. All of this is documented on site, copies are sent to the regional head office and, “if necessary”, findings are communicated to staff in monthly ‘chats’. Memos are used for more urgent communications. Further training is sometimes an outcome of risk assessments.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

When the interviewee was asked whether they had heard of the Five Steps approach to risk assessment it was suggested that the term was familiar and that it may have been discussed at a health and safety meeting at some point. However, it was not an approach that the interviewee was explicitly aware of following.

The leaflet was considered to be a good attention-grabber as it was brief and not an “overly complicated” or “thick manual”. It was also considered relevant to the work of the establishment.

The interviewee reported that he did not ordinarily receive information such as the leaflet directly but that it is up to the regional offices to disseminate these things.

**OTHER COMMENTS**

The interviewee was of the opinion that it was important to take a systematic approach to health and safety in the workplace and not cut corners and it does seem that they follow the principle of the Five Steps approach.

He felt that their approach was thorough and engaged staff but not too cumbersome and so could be kept up to date.
MEMBERS RECREATIONAL CLUB

BACKGROUND TO THE ORGANISATION

This is a private members recreational club. It consists of a bar and seating areas with recreational games such as pool, snooker and darts. The establishment is only open to members (of which there are approximately 650) and their guests. There are seven employees who work part time of which one is male. There are no trainees or young people working on the premises and there are no employees with any physical disabilities. Cleaning is contracted out to a contract cleaning company.

The interviewee, the only full-time member of the staff, takes care of day-to-day running and reports to the secretary of the members committee who make operational decisions on behalf of the members.

GENERAL HEALTH AND SAFETY CULTURE OF THE ESTABLISHMENT

Although it was not possible to verify this with any members of staff at the club, it was clear from the interview that the establishment was not a five steps user. The interviewee, who might be considered to be the person responsible for health and safety within the establishment reported that she had not read or seen the leaflet and did not carry out risk assessments in any form.

There was some understanding of health and safety issues in relation to the establishment but the idea of risk assessments was not seen as being relevant to them. However, the interviewee did say that if the five steps leaflet was to come through “in the post” it might grab her attention. It was suggested, though, that it would be up to the secretary of the club to decide whether or not to implement risk assessments.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

From the interviewees report it seems that there is no explicit structure for dealing with health and safety issues within the club. In the main if there is a problem that presents a health and safety issue it will be dealt with by the interviewee if possible. If there is a problem that cannot be dealt with easily or would cost money to resolve the Secretary would bring up the issue with the clubs committee. The interviewee assumed that health and safety responsibility would lie with herself and the Secretary of the committee.

HAZARDS IN THE ESTABLISHMENT

The club primarily consists of a bar and recreational area for the members. Hot food is not served and there is no working kitchen. There is also a cellar where drinks are stored and the barrels for drinks on tap are located. When asked about the types of jobs and tasks carried out on the premises the interviewee said that the main tasks were to serve drinks to people and to clear up at the end of the shift. The main hazards to health and safety cited by the interviewee were moving and changing barrels in the cellar and cleaning the beer lines with cleaning chemicals. The interviewee is the only person on the premises who would carry out these tasks.

When prompted on possible hazards related to cleaning in the establishment the interviewee reported that as there were contract cleaners that “that’s all down to them”.

When asked if there were any potential hazards to customers it was suggested that there might be a slip or trip hazard somewhere but that it would soon be reported and dealt with.

In terms of potential risks presented to employees from customers it was suggested that the only risk was if “someone gets upset and punches you but apart from that, no”.

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No specific risks were thought to be associated with any particular group of employees within the establishment.

Overall although the interviewee was aware of some risks these were not considered or assessed in a systematic way. The interviewee however reported that the frequency of health and safety issues arising was low.

RISK ASSESSMENT

When asked what was understood by the term risk assessment the interviewee could give quite a concise definition of what one was and clearly understood what one might involve. However, it was reported that risk assessments were not carried out at the establishment at all.

The only example of a potential hazard that has needed to be dealt with that the interviewee could recall from the year that she has been employed at the club was a broken toilet seat that needed fixing. The solution was simply for her to go out, buy a replacement and then fit it herself.

There was no formal way of recording such incidents; she would know that it had been “sorted”. The motivation to address problems came from a desire to keep the members happy and to look after their safety.

The interviewee could not recall a time when she had to inform employees of any issue or hazard. The interviewee also felt that the employees were generally aware of health and safety issues through work in their full time jobs outside of their work at the establishment or prior to their work at the establishment.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The interviewee had not previously heard of the five steps approach to risk assessment or seen the leaflet prior to the interview. She suggested that it seemed fairly easy to understand and was the right length. She did not however think it was relevant to her establishment.

OTHER COMMENTS

The approach that is taken towards health and safety issues, as well as towards issues in general, is that if something is broken or needs fixing then it gets dealt with on an *ad hoc* basis.
BACKGROUND OF THE ESTABLISHMENT

This establishment is an area headquarters for the national probation service. The office itself accommodates around 16 staff including senior management, finance and HR staff. There are in excess of 40 probation officers in the area who work out of a number of local offices. There are slightly more female than male employees. There are currently no employees with physical disabilities and no trainees or young people.

The headquarters itself was described as “a traditional normal office” environment with administrative and managerial tasks. The work carried out is rarely ‘customer’ or public facing. The local offices also carry out administrative tasks but in addition to: individual interviews with offenders on-site; group programmes with offenders; education workshops. Local office employees may also work off-site, for example doing home or hostel visits with offenders and overseeing community service.

The interviewee was a senior manager in the establishment and health and safety advisor for the probation service area.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The employer takes a serious approach and there are formal channels for health and safety and formal procedures for risk assessments in place. The employer also seems to be responsive providing special equipment when needed. It seems however that the health and safety of probation officers is treated more seriously than that of office-based staff.

EXISTING HEALTH AND SAFETY STRUCTURE/REPRESENTATION

Health and safety policy is determined by the national probation service. Policy is passed down to each of the 42 probation areas and co-ordinated in each area by the person in the equivalent role of the interviewee. The health and safety advisor then passes health and safety policy further down to line managers and those with particular health and safety roles within the establishment. The interviewees role includes: providing support and advice on current policy/procedures and answering queries; updating and writing policy and procedures; examining and collating risk assessments from the various office and work areas; conducting ‘specialist assessments’; inspecting premises; quality assurance; and generally keeping an eye on what is going on.

Within the probation service, health and safety responsibility is generally allocated to line managers. There are also staff representatives scattered around the county who will have certain offices on their ‘brief’ and can take up staff issues and liaise with the management of the establishment. Safety representatives sit on the health and safety committee, which meets on a quarterly basis. In addition to this, health and safety representatives accompany managers on all ‘walk-throughs’, and sit in on any investigations that might take place.

Until recently, the local council was the main source of H&S information. However, due to recent changes in the national probation service approach to health and safety the main source of advice on health and safety is now the probation’s national directorate, which has close links to HSE. The establishment also has access to the GEE information service, which is a commercial information service that offers best practice and legal advice about health and safety issues.
HAZARDS IN THE ESTABLISHMENT

The main hazards cited for the headquarters were hazards related to office working such as the use of Display Screen Equipment (DSE); hazards associated with working at a desk (such as posture and RSI); and various other hazards including manual handling and slips and trips.

Similar hazards were mentioned for work carried out in the local offices but a number of risks related to various types of work carried out with offenders were also cited. These hazards included the threat of violence; working with clients who might have drink and drug problems; lone working; and sometimes working in smoking environments.

Stress was also referred to both from workload pressures but also potentially from one-off incidents such as individual threats.

Overall, there is a good understanding of the risks and hazards faced within the establishment and of the tasks and jobs that can present particular hazards. There was also an awareness of the occupational risks and the need to minimise risks in allocating offenders to probation officers.

RISK ASSESSMENT

Although risk assessments have been carried out in the establishment for up to 15 years, the current more rigorous procedure has been in place for around 18 months. This recent change in policy, set out by the national directorate of the probation service, was felt by the interviewee to be primarily driven by recent action taken by HSE and by the fear of civil litigation from employees.

Risk assessments are carried out annually by line managers supplemented by some ‘specialist’ assessments carried out by other suitable members of staff. Most assessments focus on specific tasks carried out by particular groups of employees. Risk assessments may also be carried out if there is a change of circumstance eg a change in premises, environment or process. Quarterly inspections (‘walkthroughs’) are also carried out to look at fire extinguishers, workstations and slip and trip hazards, etc. It was suggested that these physical inspections could lead to further risk assessments when issues are discovered.

Copies of risk assessments are collated by the area health and safety advisor so an area-wide overview can be obtained and good practice or gaps can be identified. This advisor makes recommendations about any measures to be put in place and the timing of any necessary reviews. The interviewee described this role as a kind of “safety net”.

Process

There is a standard risk assessment form used within the establishment which closely resembles the Step’s approach. In addition hazards are rated according to the severity of risk and the degree of probability which gives an overall risk rating. The health and safety advisor plays some role in deciding when reviews should take place.

We also spoke to an employee at the establishment, who was also a union representative, who confirmed the account given by the interviewee.

Results of risk assessments

Results of risk assessments are collated centrally in the probation area, allowing the health and safety advisor to keep an eye on trends throughout the county. Copies are given to staff safety representatives and passed on through them to all other staff. At times the risk might not be disclosed but staff might be told about the outcome or recommendation.

One example of a safety measure that was introduced as a result of a risk assessment was the systematic and regular checking of panic alarms. Another example was of a particular group of offenders reporting at the back entrance to reduce their risk of attack from other offenders waiting in the waiting room. Other
measures implemented as a result of risk assessment included safety videos for manual handling training and extra probation officers on home visits or even police accompaniment if required.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The interviewee was aware of, and trained in, the five steps approach to risk assessment. The Five Steps approach has been reflected in their policies and procedures for some time and it was recognised that the new risk assessments advocated by the national probation service were based on the five steps approach. It was felt that the five steps approach was user friendly and simple to use. It was suggested, however, that the assessment of risk when using the five steps form could in some cases be left “a little bit open” and could perhaps lead to people being “a little bit cavalier”. The preferred method was that used in their form where risks are rated to makes responses proportionate.

The interviewee was familiar with the leaflet and found it easy to read, user-friendly, reassuring and not too heavy. The fact that the leaflet was small was also seen as an advantage. One criticism of the leaflet was about step three of the form where it refers to risks being adequately controlled which was felt to be ambiguous. It was suggested that a more appropriate question might be “can risks be reduced by any additional measures?”. The interviewee also felt that Step 4 was an obvious and therefore unnecessary step.

**OTHER COMMENTS**

Although this establishment is very risk-aware, it was still felt to be difficult to get employees to engage positively with the process and to see the value of putting time and effort into risk assessments. This was considered to be an important constraint limiting the number of times assessments can be carried out.

The problem of who actually carries out risk assessments was also mentioned. A full-time specialist could improve the regularity of assessments and free up managerial time however it was felt that line managers knew the job better and are ultimately responsible for health and safety.

It was also recognised that there were hazards that are inherently hard to address and that at times it is difficult to reduce the risk sufficiently. The example given was home visits.
PUBLIC AQUARIUM

BACKGROUND OF THE ESTABLISHMENT

This is a public aquarium run by a registered charity. There are three main elements to their work: education; research and exhibitions. The establishment also manages external work for private clients, such as an aquarium in a hotel, in order to raise additional revenue. In addition to this some work is also carried out off-site for example diving.

There is a core workforce of about 50 to 70 people supplemented by seasonal employees as necessary. There is an even gender divide. There are no staff with disabilities and are no trainees or young people currently working in the establishment.

The organisation is divided into the following departments each with a manager:

- engineering – people who run the life support systems for the fish, building maintenance and services
- husbandry – people who look after the fish and livestock; this department includes divers
- guides – front of house staff who look after the public and give talks, etc.
- education – teaching staff who work with school children and carry out educational activities
- retail – the aquarium has an on-site gift shop
- administration – general administration and finance.

The interviewees were the senior engineer who is responsible for all of the buildings services, life support systems, exhibit tanks and maintenance contracts and is also the health and safety manager of the establishment and two employees.

HEALTH AND SAFETY CULTURE OF THE ORGANISATION

It seems that health and safety is taken seriously within the establishment. The employees interviewed felt that they could communicate concerns about health and safety issues to their managers. Both could cite instances where they had raised concerns about something that resulted in action being taken. These employees did not agree on the seriousness of the attitudes of employees towards health and safety, the divers for examples knew that their lives were at risk if they cut corners whereas the retail staff were more casual.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The health and safety managers role is to advise managers on health and safety issues and compliance with the legislation. It is the job of individual managers to make sure that health and safety policy is implemented.

There is a health and safety committee made up of a general manager from each department. This committee meets once a month to discuss and resolve health and safety issues. The committee representative feeds back to their staff.

The aquarium does not ordinarily use external consultants for guidance but they do receive monthly publications from the Institution of Occupational Safety and Health (IOSH).
HAZARDS IN THE ESTABLISHMENT

Although some hazards are shared, most vary quite considerably across the departments. The main ones reported were as follows:

In the retail department there are risks associated with manual handling and the lifting/moving of stock. There are also potential hazards associated with customer contact.

Hazards in the engineering department included dealing with various types of machinery and working with electricity.

The main hazards faced by the husbandry department were reported to be diving (which was recognised as being inherently risky to a certain extent), dealing with and feeding potentially dangerous or poisonous animals, dealing with dangerous chemicals, and manual handling.

For the guides and educational departments dealing with the public was seen as the main hazard but was considered very low-risk.

No hazards were seen to be a particular risk to any particular demographic of the workforce.

In terms of potential risks to members of the public it was reported that all areas had been made “as safe as you can make it”. Also all public areas had been made accessible to wheelchair users.

Psychosocial hazards, such as stress, were recognised by the interviewee to be a potential hazards in the establishment, although it was reported that there had been no experience of such problems in the establishment. It was also recognised that some hazards faced in the establishment inherent in the job and difficult to deal with eg diving and dealing with dangerous animals. Risk is reduced through training and appropriate equipment.

RISK ASSESSMENT

Risk assessments have been carried out in the establishment since opening in 1998, although the current policy was introduced when the current health and safety manager took over the position in 2002.

Risk assessments are carried out separately in each of the different departments and in some cases, split further within departments. They are carried out annually and staggered by department or section throughout the year. Changes in circumstances may warrant new risk assessments or at least a review of existing assessments.

Each departmental manager is ultimately responsible for ensuring risk assessments are done. They typically oversee risk assessments which are being carried out by the member of staff who does that job. The rationale is that the person conducting each risk assessment should be the person who knows the section best and therefore what the hazards may or may not be. All staff expected to carry out risk assessments are trained by the health and safety manager before conducting their first one.

Risk assessments are carried out to ensure that all hazards are dealt with, to fulfil legal obligations and for the benefit of staff and for the establishment.

No major incidents were reported to have occurred or to have had an impact on the way in which risk assessments are carried out.

Process

The interviewee reported that the process for conducting risk assessments was based on HSE's five steps approach. Hazards and employees at risk are identified, the risk is rated and ways are considered to improve safety. The establishment uses a risk assessment form that takes the assessor through the five steps. This form goes further in requiring an estimate of how many might be harmed, the possible severity of injury, and the likelihood. This score translates into a level of priority.
We were able to talk to two employees, one from the husbandry department and one from the retail department. Both had been involved in risk assessments and they confirmed the report given by the manager.

**Results**

As risk assessments have been carried out for some time now and most hazards have control measures in place so more recent risk assessments mostly fine-tune. Absence or injury data is not used to support risk assessments.

Some examples of hazards that have been highlighted by risk assessments and the measures implemented in order to reduce the risks posed include changing the water temperature in the tanks to prevent disease; the placing of emergency oxygen cylinder on the surface of all of the fish tanks; and the replacement of stepladders used by the divers to get in and out of the tank,

The results of risk assessments are selectively communicated to staff usually by the committee member.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The approach adopted by the establishment was based on the five steps approach (through a course attended rather than just reading the leaflet). It was felt, by the health and safety manager, that the five steps approach offers a “clear cut and systematic way” of carrying out risk assessments as “the steps take you through it”. It was also felt that the approach makes you think of things as you go along, look at each hazard individually and deal with them step by step.

On the whole the approach was found to be useful for safe environments but the interviewee suggested that for more complex individual problems more specific guidelines might be useful. It was felt that the form could be improved.

It was also considered that the leaflet was geared towards “the average man in the street” and that it was simple and jargon-free.

**OTHER COMMENTS**

This establishment had difficulty in getting risk assessments done promptly. It was suggested that some employees might see the task as being “over and above what they consider to be their normal job”.

The health and safety manager felt that health and safety information from HSE could be made more easily available. It was suggested that finding the exact publication you wanted from the HSE website was not particularly easy. Also, although the first Five Steps leaflet is free, copies to distribute are not and this was felt to be discouraging.
A UNIVERSITY

BACKGROUND OF THE ESTABLISHMENT

This establishment is a university whose primary business is education and research.

There are around 11,000 students at the university, of which around 7,000 are undergraduates and around 4,000 are post-graduates. There is an estimated 2,000 to 2,500 members of staff working at the university, split roughly evenly in terms of gender. It was reported that around three and a half percent of staff have disabilities.

The workforce is split between academic staff and support staff. Of the academic staff around 800 are full-time academic staff and around 600 to 700 are part-time tutoring staff. Of the support staff around 150 to 200 people are non-academic faculty (mainly senior administrative workers), around 200 to 300 are technical support (workshop/laboratory technicians), and the last group of support staff are administrative staff (mainly centred within the different schools). There are around 17 major buildings and around 100 residential buildings covering around 230 acres of land. Most, but not all, are on one campus.

There are several schools within the university including: science and technology; a medical school; life sciences; humanities; social sciences; and education. There are also several ‘associate’ areas on campus including the library and IT support. In addition there are student services on campus including residential, catering and the student union. Finally there is a states and facilities side which covers activities such as portering, building projects and central administration (including finance, personnel and environmental control).

The interviewee was the director of health, safety and the environment is the person responsible for developing health and safety policy within the establishment.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

According to the interviewee, one of the main difficulties with risk assessments is getting them done consistently across the establishment. It was felt that some areas may not perceive risk assessments as being as relevant to them and that a lot of people consider them to be controlling and bureaucratic. The employees also felt that health and safety was not always taken seriously by all members of staff, particularly academic staff. In addition to this, both of the employees that we spoke to suggested that at times they felt under pressure to get work done in a way that might compromise health and safety.

EXISTING HEALTH AND SAFETY STRUCTURES / REPRESENTATION

The Health, Safety and Environment Director’s role in the establishment is to oversee health, safety and environment policy and to ensure that the university meets compliance with regulations in those areas. The HS&E director reports directly to the vice chancellor of the university and sits on the HS&E committee, which meets three times a year. There are also four representatives from trade unions including Unison, AUT, and MSF and a representative from the students union on this committee.

The HS&E director also meets with the senior trades union health and safety official once a month and there are trade union health and safety representatives in each of the seven schools in the university creating a network for communication. Each of the schools have their own health and safety committee and carry their own inspections and monitoring. Generally academic and research staff assess the risks attacked to their own work.
In the non-academic areas such as the library, catering or sports, health and safety responsibility is with line management. In these areas the departments develop their own package of assessments which are then carried out by supervisors and verified by the senior manager in the department.

In addition to this there is an annual audit team of around five people plus an external occupational health consultant.

On rare occasions external consultants are used for specialist activities or specialist training. The university also subscribes to an online information service however much of the published information that the establishment uses to inform health and safety policy is from HSE or the higher education sector itself.

HAZARDS IN THE ESTABLISHMENT

A wide range of activities take place in the university. On the academic side there are lectures, tutorials, practicals, field studies and research activities. There is also a range of support activities including catering, cleaning, maintenance, refurbishing and building. As a result the corresponding hazards faced vary.

The HS&E director isolated a small group of hazards called ‘technical’ hazards, which are associated with working with micro-organisms or chemicals. This group of hazards was seen to be a relatively small group and was felt generally to be very well controlled.

Other hazards that were felt to be more common are fairly generic hazards such as ‘slip, trips and falls’, manual handling, Display Screen Equipment (DSE), human interaction, and muscular skeletal issues related to posture.

There was an understanding of the varying risks that might be faced by different occupational sections of the workforce. Examples ranged from the potential risk of violence faced by security or bar staff to risks faced by researchers working with potentially hazardous machines. There was also some thought given to demography and it was recognised for example that some of the students on campus are only just over 18. It was not clear whether special consideration was given to disabled people or pregnant women.

RISK ASSESSMENT

Risk assessments within the organisation are carried out differently within the different schools and departments and the interviewee referred to a “highly devolved process”. The rationale for this is that a ‘one size fits all’ approach would not be appropriate.

The approach broadly follows the Five Steps and all staff who are expected to carry out assessments are trained. All risk assessments should take place at least once a year and “all significant tasks which entail risk must be assessed and recorded”. Risk assessments are not collated centrally by the HS&E director, and often not in the school or department either, but kept in a ‘safety folder’ along with ‘hazard cards’ or forms and updated by the person overseeing the assessment.

Inspections are carried out annually by the annual audit team and more frequently (perhaps two or three times a year) by the health and safety committee within the school. The HS&E group also formally require all schools and business units to give an annual return as part of “an annual statement of good governance”.

The primary reason for conducting risk assessments is to reduce risk and to make sure work is done “in the most appropriate manner”. The HS&E director said that, to his knowledge, no major incidents have impacted on how risk assessments are done. The director did refer however to a serious incident on-site with contractors which caused the contractors to review their policies and procedures.

The university has incorporated guidance from a number of sources into their health and safety policies and procedures, including COSHH guidance for chemical related issues; British Psychological Society guidelines for lone working/field work policy; and guidance from authorities such as HSE, local government, and the fire authorities.
The university does use illness statistics to help inform risk assessments and health and safety policy. Examples include the monitoring of asthma to monitor the effectiveness of face mask usage and monitoring the numbers of calls to the HS&E group. It was also reported that absence and injury data were assessed on an annual basis to help with targeting more long term health and safety campaigns.

**Process**

The HS&E director does not tend to get involved in the day-to-day running of risk assessments unless it was on a specialist topic such as radiation, or biological issues such as GM. The expertise was felt to be with each particular department. The unit does however carry out the training.

Risk assessments may vary between the different departments although they follow the same basic format. The process recommended seems to be based on the five steps approach to risk assessment. There are also special codes of practice for hazards or practices that were considered ‘high risk’. Examples of these included: placements for students, field trips for staff and/or students, and working with radioactivity or GM experiments.

Although the establishment has a clear policy on conducting risk assessments, it is hard to say how well this policy is implemented throughout the university. One of the two employees that we spoke to could remember having a work station assessment carried out in her work area. The employee also reported that where necessary they conducted COSHH assessments and also produced ‘hazard cards’ for the ‘safety folder’. However, an employee from another department was not convinced that they had been carried out in his work area.

**Results**

There have been some direct improvements to health and safety as a result of risk assessments. One issue that arose led to changes in training for those working with animal allergens in one of the units. Another risk assessment of cash handling also led to training in manual handing and personal safety awareness discussions.

One employee that we spoke to reported that they had recently been provided with a new chair with better back support and a footrest. The other employee reported that he had been on a number of courses (such as manual handling, hoisting and fork lift truck driving) and had been provided with PPE.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The Five Steps approach is the approach broadly advocated by the establishment and is incorporated into their procedures and training. This has been the case since 2000. It was adopted because it is “tried and tested, with easy to get hold of promotional material and people respond to it “.

One criticism of the approach was that it is too simplistic for some hazards. However, it was felt that for around 80 per cent of tasks carried out in the establishment the five steps approach was sufficient.

The HS&E director of the establishment was familiar with the leaflet and reported that all employees at the establishment who attended their training on risk assessments would have read the leaflet. It was felt that the leaflet was a good starting point and that he had never received any negative comments back from the “hundreds” of people who had attended the training over the years.

**OTHER COMMENTS**

It would seem that the establishment are five steps leaflet readers who do in fact follow the five steps approach. However, it is not clear to what extent the approach is in fact implemented throughout the university.

The HS&E director suggested that there were a number of risks that were difficult to remove or reduce because of the nature of the work involved.
One suggestion that the HS&E director made was that in companies where there may be some resistance to implementing a systematic risk assessment procedure it might be more effective for advice on risk assessments to come from perceived peers rather than a government authority.
BACKGROUND TO THE ORGANISATION

This organisation is a Residential Care Home with twenty full time residents. Twelve of these are over 93 years of age.

There are twenty-two staff and the majority work part-time. About 25 per cent of employees are under 25 years of age and 50 per cent over 50 years of age. The staff are all woman apart from the Deputy Manager. The Care Home has three daily shifts: an early shift of 7-3, a late shift of 3-10, and a night shift where there is usually only one member of staff on site and the Manager on call.

The organisation has been on this site for 15 years and the current Manager, who we interviewed, has been at the organisation for six years. This Care Home Manager lives on site and is on call 24 hours a day.

An interview was also carried out with a care assistant who has been with the organisation for thirteen years and works 18 hours a week part-time. Her role involves dealing with the social, physical and emotional well-being of the Residents.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Health and Safety is seen to be a very important aspect of the work that is done at this organisation. There is a positive approach to training. The environment did not seem to be high-risk with good control measures in place and a focus on the comfort of the clients.

EXISTING HEALTH AND SAFETY STRUCTURES

There are three groups of service users: the residents, staff and visitors. All visitors are required to sign in for fire safety reasons. There is a Supervisor on duty on every shift and the Manager or Deputy Manager is always on call for advice if they are not on site.

Induction training is proved for all staff with elements on handling, first aid, food hygiene and fire safety. Accident forms have to be filled in by all users and filed with personnel records.

Most training is done in house and the manager arranges for specialist speakers on a regular basis. These speakers cover issues such as dementia, incontinence, fire, first aid, care of the dying and death. All Care Assistants are training for either their Level 2 or Level 3 NVQ, which also covers related issues in Health and Safety.

HAZARDS IN THE ESTABLISHMENT

The main hazards in this environment are perceived to come from changes in the well-being or mental states of residents.

In the sense of physical risks, the interviewee included: falls by residents, burns on radiators, and moving residents. Various measures have been taken to reduce these risks including thicker carpets, radiator covers and specialist equipment such as slide sheets and slings.

It was also felt that this job role could be stressful at times but that all staff were trained in how best to deal with it and advised to ask for help or leave a difficult situation and return later.
RISK ASSESSMENT

The rationale for conducting risk assessments has been the Care Standards legislation. The basis of the current risk assessment is something that the Manager has adapted from her previous employment. Each resident has their own risk assessment for moving and handling, and that is reviewed at least once a month or if there is a change in a resident’s situation. The Manager conducts a risk assessment for the physical hazards in the environment every six months. Also specific risk assessments are conducted every two months, such as checking water temperatures, and are generally also under daily review by all members of staff.

Process

All care staff are responsible for conducting risk assessments on residents once a month or if their condition changes.

The risk assessment for the physical environment is conducted by the Care Home Manager and involves a full site inspection for high and low risks and recording any necessary action. Each area of the site has the same standard risk assessment form and all information is recorded in the Health and Safety folder and regularly reviewed.

Results of RAs

There have not been any direct outcomes from conducting risk assessments and usually changes come more about from the comments of visitors or residents. A recent example of this was a complaint by a visitor about the unevenness of the front path which the Care Home Manager remedied within six weeks.

The organisation has regular staff meetings where any outcomes of recent risk assessment are discussed. If it is felt that external help is required then one of the agencies would be contacted.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The Care Home Manager felt that the Five Steps approach was similar to the risk assessment procedure she had introduced. She said that it was a systematic and simple approach to use and suitable for this type of organisation. The only comment she made was about the timing of reviews but suggested that in her case this would depend on the nature and severity of the risk.

The Care Home Manager found the Five Steps leaflet to be familiar and thought that it may have been provided as a source of information during some external training she had been on. It was not a tool that they used at this organisation or something that she had referred to recently in term of her own risk assessments. It was also not something she felt would be of use for staff as they are already trained on conducting risk assessments for residents.

OTHER COMMENTS

In terms of risk assessment the key focus for this Organisation is on the Residents individual risk assessment and then that of the physical building. The Care Home Manager did not seem completely confident in their risk assessment for the site, as she felt she did not have a benchmark to compare it to and so based it mostly on ‘common sense’ and experience. However the Care Home Manager did feel adequately informed in terms of overall Health and Safety and that the support was available if she needed to find out more information.

The Care Home Manager felt that the most important aspect of good working Health and Safety was good communication and for all staff to be aware of what their responsibilities are. The key in this work environment is balancing the risk assessment against infringing the residents rights, which was felt to be a challenging task at times. This organisation could be classed as a non-reader who broadly follows the Five Steps although it seems that the health and safety of the staff is, at times, much less of a priority than that of the residents.
BACKGROUND TO THE ORGANISATION

This establishment is a hotel, which is part of a national company. The parent company has recently taken over another eleven similar hotels. The hotel has 113 rooms, one restaurant, a bar and some leisure facilities. They employ around 100 members of staff split evenly in terms of gender. The age range of employees is large as they have students who work during holidays and permanent staff close to retirement age. They employ a mix of part-time and full-time staff to cover the 24 operation of the hotel and some restaurant and bar staff work shifts.

One interview was with the Maintenance Manager. He has been based in his current role for three years with this company but has been involved in Health and Safety practices for over twenty years. He is also a port of call for Health and Safety matters for the other two Hotels in this region. The other interview was with the head of an external health and safety consultancy who was recently contracted by this region of the hotel group to overhaul their policies and procedures. No employees could be interviewed, partly due to a fear that comments would be based on the current poor system and not reflect the changes that they have planned.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

This organisation is currently going through a major restructuring of health and safety policies and procedures. This drive seems to have mainly come from the Hotel Maintenance Manager and his involvement in the creation of a new partnership with an external health and safety consultancy. Both interviewees were very positive about the future of the new health and safety structures and processes.

EXISTING HEALTH AND SAFETY STRUCTURES

Although part of a large national chain, health and safety design and execution is carried out independently in this establishment.

At present the organisation is restructuring health and safety (which has been on-going for the past six months) and they hope the new structure will be in operation in the next few months.

A Health and Safety Committee is being set up which will include the Hotel Maintenance Manager, Departmental Managers and Staff Health and Safety representatives and is scheduled to meet every 3 months.

HAZARDS IN THE ESTABLISHMENT

The main hazards highlighted are in the kitchen and the housekeeping departments. Heat and hot liquids and food in the kitchen meant that staff had to be vigilant at all times. Other risks came from sharp utensils, slips and trips and manual handling.

In the housekeeping area many of the hazards came from the very physical nature of the job including turning heavy mattresses and wheeling trolleys and vacuuming.

The Hotel Maintenance Manager also referred to unpredictable risks and mentioned a recent flood on the ground floor.

In the interview there was a focus on physical hazards and not psychosocial ones. He felt that the staff worked as a team on the whole and supported one another. He also felt more supported now that he was working with the external consultancy to improve health and safety within the hotel.
RISK ASSESSMENT

Until quite recently an external company had been in charge of implementing the hotels health and safety practices and policies and this included responsibility for risk assessments. The rationale for conducting Risk Assessments at this time was legal compliance and only the basic requirements were met. The Maintenance Manager did not feel that this was sufficient. They are now making a conscious effort to improve the overall safety of the working environment for clients and staff.

The old system of conducting risk assessments on each individual task was seen as overwhelming and not very practical. The new procedure aims to differentiate between the various departments in the hotel, for example kitchen, bar, and front desk. The focus will not be solely focused on who is working in a particular area but will also take into consideration anyone who may come into contact with hazards in these areas. It is expected to be more useful and manageable.

Process

The Hotel Maintenance Manager is currently involved in conducting the risk assessments although with the new system this will be done along with relevant managers from each department.

It is intended that a standard risk assessment form will be online (on the company intranet) and that a copy can be printed off and completed for each Department. It will then be emailed to the Company’s head office and all other site managers. It is anticipated that this will be more efficient and a lot less time-consuming and that there will be greater control over the procedures and any actions needed. It is also hoped that there will be greater co-operation, awareness and communication of risks and control measures between departments.

They plan to conduct risk assessments every six months in each individual department.

Results

As the new Risk Assessment process has not yet been piloted there have not been any outcomes to report from this process.

An example was given of an outcome under the old system. Cleaners used to hang out the window to clean the outside and now they must use secure external towers. A further example of improvements brought about as a result of risk assessments is disabled access. The hotel has introduced disabled toilets, voice activated lifts, special ground-floor rooms, improved disabled access points to the building at the main entrance and the fire exits.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The Hotel Maintenance Manager felt that the Five Steps approach was a practical way to look at risk assessments. The newly devised risk assessment procedure seems to follow this approach quite closely.

The Hotel Maintenance Manager had not seen the Five Steps leaflet before but thought that it looked very useful and explained the basics well.

The Hotel Maintenance Manager was extremely keen to improve general health and safety awareness within the hotel and felt that this could be a useful tool to introduce staff to the principles of risk assessment.

OVERALL REMARKS

At present this organisation would be classed as a non-reader not following Five Steps. However it is in the process of introducing a new structure which, in theory, would make this hotel a Five Steps leaflet reader following the Five Steps.
MANAGEMENT CONSULTANCY

BACKGROUND TO THE ORGANISATION

This company is a Management Consultancy Agency. Consultants advise on a range of management and organisational issues, including outsourcing, IT systems and corporate strategy.

The Agency has been part of a larger parent company for the past 18 months. This parent company employs 1,800 staff world-wide and has offices in London, Edinburgh, Luxembourg, Jersey, Australia and South Africa.

The Agency employs 65 staff. There are 25 consultants and 10 support staff based at this site. The average age of consultancy staff is 38 and 60 per cent are male. Support staff are evenly split in terms of gender, the IT department is predominately male, HR largely female, and the finance department is about 60 per cent female.

The Internal Operations Team including the functions of HR, finance, knowledge management, IT and office management are all based at this site. The consultants often work at the Client’s site or more recently from home.

A Consultant, who is also the Health and Safety Representative and has overall responsibility for health and safety at the Agency was interviewed. The Systems Knowledge Manager who has been with the Company for three years was also interviewed.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The Health and Safety Representative felt that the company as a whole is conscious of the safety of staff. He said that they had recently relocated in order to improve the working environment as the original building was dark and had poor air circulation. It was felt that staff are more comfortable and happy in the new offices.

Although the company seems to be active in safeguarding health and safety there was no committee and responsibility is not shared across departments. Instead the Health and Safety representative seems to take full responsibility without much input from other staff members and without any channels for communication.

EXISTING HEALTH AND SAFETY STRUCTURES

The Health and Safety Representative works closely with the other offices regarding matters of health and safety and she is the first port of call if they have any queries. She also liaises closely with the parent company and it was their health and safety audit that led to the recent site relocation. The Agency also has a number of first aiders and fire wardens onsite.

Health and Safety sessions are run as part of the induction programme and a record is kept of health and safety training which staff members have received. If for any reason a member of staff has not been involved in a session then they would be included in the next staff induction.

The main source of information is the company intranet where all health and safety information can be found. Any current health and safety issues are brought up during regular general staff meetings.

HAZARDS IN THE ESTABLISHMENT

Psychosocial hazards such as stress were highlighted as the most likely risk in this working environment due to working very long hours and being based in the centre of London. Also included was the
environmental impact of being in the city, the smog, smoke, diesel fumes and possible terrorist threats which were felt to be out of the Agency’s control.

The Company has conducted its own work-life balance survey and as an outcome is now looking into ways in which stress in the workplace can be reduced. This includes promoting working from home and increasing the flexibility in working hours.

When clients are on-site for meetings and presentations they are presented with an ID card for security purposes. This also contains the basic Health and Safety information for their own safety in the event of an accident or emergency. Also the fire procedures are made visible to all visitors at reception.

In terms of physical hazards there are potential risks in the offices such as fire and damage to electrical equipment and loose cables. All of these hazards are covered in their risk assessment. Risks resulting from working at workstations for long periods of time were also mentioned including headaches from staring at screens and possible radiation from the electrical equipment. To reduce these risks the Company has supplied headsets for staff who use the telephone for long periods of time. They also make staff aware that they must position themselves at the workstations correctly and also conduct regular inspections of the screen and chair position, distance and height and make sure staff take regular breaks from their workstation throughout the day.

For the office staff, manual handling can be a potential hazard as they move heavy boxes and papers. To overcome this, the Company has invested in new trolleys.

Consultants often carry equipment and materials around with them so the Agency provides them with lightweight laptops with carry bags. They also recommended less paper and more electronic storage or work.

**RISK ASSESSMENT**

The rationale for conducting Risk Assessments has mostly been that of ensuring compliance with health and safety legislation. The Agency aims to protect both its staff and visitors and reduce the likelihood of accidents. Risk assessments were contracted out in the past but are currently conducted by the Health and Safety Representative and have been part of company policy for the past six years.

A recent risk assessment of the physical environment was conducted on the recent relocation to the new site. Risk assessments for staff are conducted for all new members when they first join the Company as part of their induction.

**Process**

The Agency’s risk assessment form has been adapted from the online version that is available on the HSE website. The Company uses their Quality report and work through each area of the building to see if there are any risks that could be reduced. The Health and Safety Representative fills out the risk assessment form noting any hazards, actions that needs to be taken and dates for completion. The parent company then records these assessments and send them back to the Health and Safety Representative to action and review.

**Results**

A number of points came out of the recent risk assessment that was conducted on the new building. The disabled fire escape was found to have steps leading up to it and all other escape routes also had steps. In the staff kitchen area it was found that the bleach and cleaning products were not locked away, so this was addressed and the keys are put in a main access area for staff who need to use them.

Equipment testing was highlighted from the Risk Assessment on the new building. This process has now been started and labels are being placed on all the equipment that has been tested which is dated and signed. As a result all equipment is replaced every three years.

Overall the Agency is currently reviewing whether the conventional risk assessments can actually monitor all the risks that their employees face.
The results of the Risk Assessments are on the Intranet for all members of staff to access.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

The Health and Safety Representative felt that the Five Steps approach was very helpful, straightforward and jargon-free. She considered it to be a good way of ensuring that action points were followed up and reviewed.

The Health and Safety Representative had not seen the Five Steps Leaflet before but felt that it was a useful tool for the basics in risk assessment training.

**OTHER COMMENTS**

This organisation would be classed as a non-reader following Five Steps. The Health and Safety Representative seemed very keen and interested in all aspects of Health and Safety and has support from the Parent Company. She did seem to carry the full weight of responsibility through and it was not possible to ascertain general levels of risk awareness within the Agency.
BACKGROUND TO THE ORGANISATION

This Company is a manufacturing site producing equipment such as ladders, stepladders and aluminium towers. It is one of twelve divisions of a multi-national corporation that works predominantly in the service industry dealing with construction. The Company primarily sells to large service organisations such as hospitals and schools but also supplies to hire companies and large DIY outlets. The Company also has their own hiring, distribution and sales network.

The site was built in 1963 and the Company has been manufacturing here since this time. This site houses the factory, distribution and storage area and the administrative offices. The factory runs three daily shifts and a night shift although office staff work a 9 to 5 day. The Company employs 300 staff, with two thirds in manufacturing and one-third in administrative work including the Directorate, Sales, Finance and Call Centre.

The Health and Safety Manager who has been with the Company for two and a half years was interviewed. He is responsible for the overall health and safety policies of the Company.

The Health and Safety Representative for the shop floor was also interviewed. Her role involves supervising the shop floor and working on a variety of machines. A further employee interview was with a forklift driver who is the general Health and Safety representative and shop steward Representative for the Eastern Region Union. He has been a Health and Safety Representative for five years and also a Safety investigator for the past two and a half years.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The Company as a whole seems to be very keen about all aspects of Health and Safety. They are due to restructure their Health and Safety practices and are quite positive about this. The Health and Safety Representatives felt that all the employees are safety-conscious but that there is still a need for the Health and Safety Committee to reinforce practices from time to time.

EXISTING HEALTH AND SAFETY STRUCTURES

There is a Health and Safety Committee which comprises the Health and Safety Manager, Seven Health and Safety Representatives and one Directors. They meet formally four times a year.

The Directors risk-assess the whole site on an annual basis and the ‘cell leaders’ conduct monthly assessments for their teams. The H&S Manager takes a weekly tour of each of the major areas on the site with a H&S representative. The H&S Manager maintains close contact with the Group Chief Safety Advisor and often visits their site for meetings.

The company has a Health and Safety Manual which has been produced internally in line with the overall group policy. This was devised to create a single reference point for all health and safety queries and includes safety information on vehicle management, welfare facilities, toilets, fire safety, electrical safety, first aid, safe handling, manhandling, ergonomics, display screens and accident reporting.

The Company is currently restructuring their Health and Safety practices and the Health and Safety Manager and Representatives are working much more closely as a result. All new members of staff have induction as part of their training programme and shadow an experienced member of staff until they are deemed safe and competent in their job.
HAZARDS IN THE ESTABLISHMENT

In this working environment most hazards are seen to come from machinery. There are a number of automatic and semi-automatic machines in the factory and these have caused accidents in the past, including puncture wounds through the hand, broken bones and big heavy cuts. Employees regularly suffer nicks, cuts and bruises and these are recorded on the standard incident form and looked at periodically to examine any trends.

Psychosocial hazards such as stress were noted but it was felt that the company stress policy addressed this.

RISK ASSESSMENT

The main rationale for conducting risk assessments is compliance with legislation. There have also been a number of accidents which have forced the company to revisit particular risk assessments. Although risk assessments have always been part of health and safety practice in the company, the current Health and Safety Manager included much more detail when he joined. He also tries to increase awareness. He has produced a generic risk assessment for similar equipment to increase the efficiency of the process.

Process

The Health and Safety Manager is responsible for designing the Risk Assessments and is usually involved in conducting them. The usual procedure is for the Manager and one of the Representatives to conduct these together but wherever possible he will try to involve a Departmental Manager and other Health and Safety Representatives to be involved. This is because he is not familiar with every piece of machinery and because he likes to get the support and involvement of the Representatives.

Risk assessments are carried out on a regular basis in all areas but are also prompted when new machinery or procedures are introduced.

Results

The Health and Safety Manager did not highlight any major outcomes from conducting the annual site risk assessments. Most changes seemed to come about as a result of incidents involving staff. Risk Assessments normally highlight smaller hazards which are recorded and lead to action.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The Health and Safety Manager along with the Health and Safety Representatives felt that the Five Steps approach was the most simple and transferable approach to conducting risk assessments in their type of work environment. The Five Steps approach is the basis of their own procedures and all staff involved seem to have a clear understanding of this approach.

The Health and Safety Manager has used the Five Steps leaflet as the basis for their risk assessment training. The Health and Safety Manager has used this format in the past and is continuing to use it because he still believes it works.

OTHER COMMENTS

This organisation can be described as a Five Steps leaflet reader who broadly follows and uses the Five Steps. The Health and Safety Committee is currently working on the Company’s Stress Policy and are using the HSE literature as the basis for their practice. The Health and Safety Manager did comment that he did not always agree with the level of legislation that he has to deal with.

It seems that the focus of risk assessments has mostly been on the manufacturing areas and so far has not involved the administrative departments. This is an area that the Health and Safety Manager is currently focusing on, in particular on manual handling and display screen equipment.
COMMUNITY FITNESS CENTRE

BACKGROUND TO THE ORGANISATION

This establishment is a Fitness and Community centre. The centre has two studios for fitness classes and a gym. The organisation is part of a larger umbrella organisation but has its own policies in terms of how the centre is run. The fitness centre has almost 3000 members and employs 18 members of Staff, with twelve female and six male employees who mostly work part-time. The main work force are all over 18 years of age but the organisation does have two members of staff who work in the crèche who are under 18 years of age and one member of staff with disabilities.

The employer interview was with the Fitness Centre Manager who has been with this organisation for two years. His role is to manage the building and all the staff. Health and safety responsibility is shared by the Fitness Centre Manager, the Programme Director and the Assistant Director.

A senior receptionist was also interviewed. Her role involves dealing with clients, cash handling and organising staff cover.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

The staff at this organisation seems to have a good awareness of the physical hazards that may affect clients of the gym. However they seem to have a lesser understanding of the potential hazards that may affect them, such as the correct set up of workstations and the need for administration staff to take regular breaks.

EXISTING HEALTH AND SAFETY STRUCTURES

The organisation runs a health and safety course as part of the initial staff induction, which is then followed up by further training, provided by an external body.

The organisation has an internal health and safety handbook which sets out what should happen in terms of risk assessments which recognised that hazards differ by equipment and area.

Any incidents that happen on site for both staff and members are recorded in a medical book, dated and signed by the individual. If equipment becomes damaged it is also recorded in another folder and whilst the equipment is waiting to be fixed an out of order sign is used and the Fitness Centre Manager notified.

HAZARDS IN THE ESTABLISHMENT

The main physical hazard in this environment is that of heavy lifting of weights in the gym and moving equipment between the studios. To help reduce this hazard the organisation has a heavy lifting policy for all staff that covers the correct lifting procedures and all members must have an induction before they are allowed to work any of the equipment.

Trips, slips and fall are also potential hazard in this environment. There is a morning crèche session held in the studios so the staff must make sure all the equipment is stored away correctly. Also there are often spills on the floor and stairs from the water fountain in the gym.

In terms of psychosocial hazards, stress or violence were not seen as priority hazards although the Fitness Centre Manager did mention an aggressive non-member who uses the community centre. The manager was sympathetic to these hazards.
RISK ASSESSMENT

The Fitness Centre Manager had not formally conducted any risk assessments since he joined the organisation. The Organisation had a Health and Safety inspection in 2002 and has been provided with the guidelines and training on how to conduct Risk Assessments.

The organisation does have a daily safety checklist for the gym and this has been updated due to a recent incident with a member of the gym. Whilst he was using a dumbbell one of the weights fell off and hit him on the head. So now the equipment is monitored more tightly through the daily safety checklist.

Even though it was clear that a systemic Risk Assessment was not in operation, the Fitness Centre Manager seemed to have a clear working understanding of how to conduct a Risk Assessment.

Process

All the Fitness Instructors conduct daily safety checklists for both of the studios and the gym. This involves checking the electrical equipment, cables and weights. They also carry out an end of day check to make sure all of the equipment has been put away correctly.

Results

From the daily checks there have been some minor changes to the way the establishment runs their Health and Safety practices. An example of this was in the gym where a lot of the handles were kept on the floor next to the machines. This was seen as a potential trip hazard and so brackets have been put on the walls next to the machines.

Further changes include replacing the flooring in the toilets to prevent trips, replacing tiles in the showers, and installing a new air conditioning system.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

The Fitness Centre Manager had heard of the Five Steps approach to risk assessment through training from his previous workplace. He felt that this was a useful measure and good guidance to follow. He also felt that the approach was a systematic one and relevant to the place of work.

The Fitness Centre Manager had not seen the Five Steps leaflet before the interview. He felt that it made the principles of the risk assessment very clear and was a tool that he would like to use.

OTHER COMMENTS

This organisation seems to have a good focus on specific health and safety issues in particular those that relate to the Fitness Centre members and visitors. Daily checks are conducted in respect of particular hazards but the organisation does not have a systematic approach to assessing risks. This organisation would be classified as a non-reader who does not follow Five Steps.
BACKGROUND TO THE ORGANISATION

This establishment is a supermarket and part of a multi-national company. The store opened in 2000. It has 24-hour opening all year with the exception of Christmas and Easter Sunday. The store employs 570 staff, with two-thirds (mostly students) working part time.

The employer interview was with the personnel manager at the store. Her role is focused on training and development and in particular on coaching the management team. The employee interview was with a member of the sales team.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Health and safety seems to be taken seriously in terms of both staff and customers and there is a dedicated head office department which provides guidance and ensure every store is kept up-to-date with developments in health and safety legislation.

The general ethos within this store is that everyone also has an individual responsibility for health and safety. It was noted that the store does not have internet access for staff and so all health and safety information is filtered through from Head Office to the shop-floor through local management.

EXISTING HEALTH AND SAFETY STRUCTURES

Every store has its own staff forum to discuss health and safety issues and it is through this channel that staff can raise relevant concerns. The forum is made up of the health and safety representatives, heads of department and the union representatives. They meet three times a year to cover issues specific to this store but it was reported that there is also good communication across stores with various meetings for representatives throughout the year.

The personnel manager interviewed has sole responsibility for staff induction and all refresher training for staff. During the initial staff induction programme, staff watch a health and safety video. They also shadow an experienced member of staff in their department during their first week. Due to high staff turnover at this store there is induction training every two weeks and therefore a regular opportunity for current employees to attend the health and safety session to up-date their knowledge. Training for all staff is refreshed on a six months basis to cover the most current aspects of their job role.

Managers receive additional health and safety training specific to their role. The company also runs in-store health and safety campaigns that concentrate on a specific topic, eg trips and falls, every month.

There are a number of security measures in place to improve health and safety: all visitors must sign in; there is always a current list of all the first aiders and staff members on-site; records are kept of all accidents or incidents involving customers or staff.

HAZARDS IN THE ESTABLISHMENT

This supermarket is divided into different departments on the shop-floor and there are also offices and warehouses. The interviewees stated that this is a low-risk environment overall and they reported a low accident rate.

The main hazards that were highlighted for staff in this working environment were related to manual handling such as stocking shelves and moving heavy cages. As the store is 24-hours this is done whilst
the store is open to customers. Training and equipment has been provided to reduce the risk of physical strain.

For customers the main hazards are slips, trips and falls. To help minimise risks, it is Company policy to act on all spillages as soon as they come to the attention of staff and to make sure the aisles are as free of stock and equipment as possible.

**RISK ASSESSMENT**

Risk assessments have always been part of this company’s health and safety policy. They aim to adhere to current legislation and also to ensure that both staff and customers are in a safe and happy environment.

**Process**

The Compliance Manager for the store conducts all risk assessments covering every area every twelve weeks. Other Compliance Managers within the company also visit the store as part of a wider checking system. Heads of department are also involved in making sure their department meets health and safety standards carry out end of day checks.

**Results**

No changes to the way the store’s health and safety is conducted were reported to have arisen from specific risk assessments.

All outcomes from risk assessments are collated and ranked by Head Office in order to compare the health and safety performance of individual stores. These results are posted on the company intranet.

**VIEWS OF FIVE STEPS APPROACH AND LEAFLET**

Neither interviewee had heard of the Five Steps approach but when it was explained both recognised that this approach formed the basis of the risk assessment practices at their store. The personnel manager explained that something like the Five Steps approach would not reach store level.

They were not familiar with the Five Steps leaflet either. Once they had the leaflet, both said that is was a clear an useful way of explaining risk assessments but that it might be a bit basic for the size of this organisation.

**OTHER COMMENTS**

It was felt that the company as a whole provided enough support and information regarding all aspects of health and safety. It was also felt that there were channels in place to raise concerns and gather more information where necessary.

This store could be categorised as a non-reader which follows the Five Steps through being part of a larger company which seems to be a Five Steps reader and follower.
BACKGROUND TO THE ORGANISATION

This organisation is a records office used by the general public for researching genealogy and local history (post 1700). The organisation currently operates across three sites, two of which are in the city centre with the third site seven miles outside. This particular site is the head office and most professional, administrative and financial staff are based here. The head office building is listed and records have been held at this site since 1785.

The organisation employs 160 staff and 70 of these are based at Head Office. Most staff work full-time on a flexible rota system. Most staff in the organisation tend to be between 40 and 50 years of age.

The employer interview was with the Head of Private Records who also chairs the Health and Safety Committee. Her job role includes responsibility for cataloguing and managing collections. The employee interviews were with the Health and Safety Liaison Officer and the Head of the Record Search Department, which includes responsibility for 21 members of staff across the two buildings based in the city.

GENERAL HEALTH AND SAFETY CULTURE OF THE ORGANISATION

Health and Safety has been of increasing importance in recent years in this organisation. The fact that the Head Office is based in a listed building means that there are limits to the physical changes they can make and due to the size of the building they only feel able to risk assess a section at a time. The building has therefore been divided and these sections further prioritised in order to be assessed on the basis of how often the general public and staff enter the area.

EXISTING HEALTH AND SAFETY STRUCTURES

The organisation uses external specialists to risk-assess their buildings. They recently changed consultants (two years ago) and have their buildings inspected every six months. They are more pleased with this new consultant who also facilitates regular health and safety meetings between this organisation and other similar agencies.

The organisation has a Health and Safety Committee that meets four times a year. The Committee is made up of representatives from the trade union, the Health and Safety Officers, Private Properties Officers, Accommodation Services and Conservation. The minutes from these meetings are posted on the Intranet and made available to all staff. There is a health and safety element to their staff induction programme (a video is shown) and regular features from specialist health and safety magazines are put on the intranet. Quarterly drop-in sessions have recently been set up to allow staff raise issues directly with the Health and Safety Liaison Officers.

There are further safety measures: all visitors must sign in and wear a pass on-site; cameras are used for the security of archives in the search rooms; lists of first aiders and fire marshals are posted in the staff areas; and the organisation has an online accident and emergency recording system for both staff and the general Public. Accident records are referred to when members of staff are on sick leave for more than three days.
HAZARDS IN THE ESTABLISHMENT

The main service users are the elderly and school children on education visits. There is an Education Officer whose sole responsibility is for arranging and managing school visits. The elderly are seen to be more vulnerable and a particular concern is the quality of disabled access.

Areas of the building seen as the most hazardous are the staff kitchen area and the reprographics department. A specialist is brought in to deal with the chemicals and flammable products used for photography in the reprographics department.

The physical hazards that were highlighted in this working environment were the shelving and manual handling of archived records. All staff are given relevant induction training and equipment such as step ladders and trolleys are provided to reduce risks. General information for all desk-based staff about positioning and regular exercising is also given at induction.

RISK ASSESSMENT

In this organisation risk assessments (workplace inspections) have been formally conducted in the current manner for the past two years. A change to the structure and formality of assessments was made to ensure greater compliance with health and safety legislation and to meet the requirements of the recently appointed external H&S consultant.

Process

The Health and Safety Liaison Officer and the Deputy Health and Safety Officer or the Accommodation Officer conduct Workplace Inspections on a quarterly basis. Attention is focused on areas of the building where there is greatest public access. One section of the building is assessed at any one time.

In addition to Workplace Inspections, all work areas have an inspection checklist, which is used every quarter to make sure all equipment is in good working order and being used correctly. A Display Team List is also used to specifically assess chairs and computer equipment. This assessment is typically carried out during the induction of a new member of staff, when any equipment is moved or if a member of staff raises an issue.

There is regular monitoring of Workplace Inspections and formal reviews of any necessary actions take place within weeks of an assessment.

Results

A number of improvements have been made to workstations as a result of risk assessments. These include moving phones, providing wrist rests, adjusting chairs, adjusting lighting and using blinds to deal with VDU glare.

In terms of outcomes for service users, the main focus has been on disabled access. A lift and disabled toilets have been installed at the Head Office site.

VIEWS OF FIVE STEPS APPROACH AND LEAFLET

It was felt that the Five Steps approach did form the basis of their own Workplace Inspections even though the design did not come directly from HSE information but from their external consultant. Both interviewees felt that the Five Steps approach was straight-forward and in a suitable format for use in their organisation.

The Head of the Health and Safety Committee felt that although for some risk assessments might be common-sense, for others it is an entirely new exercise. She therefore felt that the leaflet provided a useful guide to the basic standards of risk assessments for all staff – especially those not trained or directly involved in conducting assessments.
OTHER COMMENTS

This organisation seemed to find the issue of health and safety quite overwhelming. They faced certain challenges, for example being housed in a listed building, and had employed external consultants of varying quality in the past.

They could be classed as a non-reader following the Five Steps even though those interviewed were not familiar with either the approach or the Five Steps in name.