

Director Leadership Behaviour Research

Prepared by **Databuild Ltd**
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Director Leadership Behaviour Research

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In October 2007, the Health and Safety Executive (HSE) and Institute of Directors (IoD) jointly published guidance for directors encouraging them to lead on health and safety in their organisations; the publication was entitled '*Leading Health and Safety at Work: leadership actions for directors and board members*' (INDG417) .

Following the completion of a baseline study to assess awareness and impact of the guidance among directors/board members , the HSE commissioned Databuild to conduct qualitative research to explore:

1. What directors/board members understand about the current legislative framework for health and safety.
2. What directors/board members mean when they say they have taken action in the areas covered in the baseline study.
3. Whether and how board level actions translate into action on the 'shop floor' and genuine improvements in health and safety.
4. The impact of board level behaviour change from the perspective of health and safety managers.
5. Whether there are opportunities to influence behaviour.

The research was conducted through qualitative face to face interviews with directors, health and safety managers and shop floor respondents from 30 organisations interviewed in the baseline study.

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.

¹We refer to INDG417 throughout this report as 'the guidance'; it can be accessed via the HSE website: <http://www.hse.gov.uk/leadership/>

²The report for the baseline study is available from the HSE website: <http://www.hse.gov.uk/research/rrhtm/rr695.htm>

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1 EXECUTIVE SUMMARY

1.1 BACKGROUND AND OBJECTIVES

In October 2007, the Health and Safety Executive (HSE) and Institute of Directors (IoD) jointly published guidance for directors encouraging them to lead on health and safety in their organisations; the publication was entitled '*Leading Health and Safety at Work: leadership actions for directors and board members*' (INDG417)³.

Databuild was commissioned via the Central Office of Information (COI) to conduct a baseline study in summer 2008 to determine⁴:

- Awareness of the guidance among directors and board members of organisations with five or more employees in Great Britain
- How directors/board members heard about and accessed the guidance
- Whether they had seen the guidance and, if so, whether they had read it
- Whether the guidance was considered relevant/influential
- Whether action had been taken (or planned) as a result of the guidance.

The research also measured the current behaviour of directors and board members across eight behaviour questions which were based on actions recommended in the guidance.

Following the completion of the baseline study, the HSE commissioned Databuild to conduct a qualitative follow-up study to explore:

1. What directors/board members understand about the current legislative framework for health and safety
2. What directors/board members mean when they say they have taken action in each of the areas covered in the baseline study
3. Whether and how board level actions translate into action on the 'shop floor' and, ultimately, genuine improvements in health and safety compliance and performance
4. The impact of board level behaviour change from the perspective of the health and safety manager – what difference has it made to their health and safety compliance and performance
5. Whether there are opportunities for the HSE to influence behaviour.

1.2 METHODOLOGY

The research was conducted through 75 face to face interviews with directors, health and safety managers and shop floor respondents from 30 organisations interviewed in the baseline study.

The number of personnel involved in health and safety varies according to the size of the organisation; therefore:

³ We refer to INDG417 throughout this report as '*the guidance*'; it can be accessed via the HSE website: <http://www.hse.gov.uk/leadership/>

⁴ The study was a quantitative survey entitled 'Evaluation of guidance for directors and board members' and is published as HSE Research Report RR695; the report is available from the HSE website: <http://www.hse.gov.uk/research/rrhtm/rr695.htm>. Throughout the report we refer to this study in shorthand as '*the baseline study*'.

1. In small organisations with fewer than 50 employees we conducted interviews with:
 - a. The director/board member interviewed in the baseline study
 - b. One or more employees from the shop floor.
2. In each organisation with 50 or more employees we conducted interviews with:
 - a. The director/board member interviewed in the baseline study
 - b. The health and safety manager (where they had one)
 - c. One or more employees from the shop floor.

We split the sample into the following two groups for the purpose of sampling using data published by the HSE on the prevalence rates of work-related illness and reportable non-fatal injury to workers⁵:

1. **Higher risk;** industries with a higher prevalence rate per 100,000 workers of ill health and injury than that across all industries
2. **Lower risk;** industries with a lower prevalence rate per 100,000 workers of ill health and injury than that across all industries.

Organisations were selected at random from interviewees from within the higher/lower risk categories that had agreed in the baseline study to participate in further research. The interviews covered organisations performing a range of different business activities and included respondents from the private, public and voluntary sectors.

As the research questions were qualitative in nature, it was appropriate that a qualitative approach be adopted to explore the issues in depth; however, within the scope of any qualitative research project:

1. It is not cost effective or practically feasible to obtain a statistically significant sample of respondents from particular groups
2. Those who agree to a face to face visit / in-depth conversation tend to be unrepresentative of the market as a whole:
 - a. Respondents to the quantitative study who agreed to participate in follow-up research include had, on average, implemented more of the behaviours than those who did not agree to take part.
 - b. Among that group those that agree to in depth interviews may be more positive about health and safety than those that do not.

We did not aim to interview large sample to obtain statistically significant results, but covered a range of sectors, organisation sizes and considered sector injury rates.

We consider those who agree to participate in face-to-face visits and in-depth conversations to be representative of better performers in the market, so care should be taken in interpreting the results presented in this report. Directors included in this study indicated they had implemented five behaviours on average in the baseline survey; the findings from the baseline survey suggested that directors in the market as a whole had implemented four behaviours.

This report outlines the key findings and conclusions of the qualitative study. Throughout the report, where we refer to organisations in activity sectors with comparatively higher/lower risk

⁵ Full details of the rationale for the sampling structure can be found in section 10.1.3.

we refer to those in activity sectors with a higher/lower prevalence rate per 100,000 workers of ill health and injury compared the average across all industries.

We have reported results in general terms throughout this report (some, most, all) rather than using percentages as it is not appropriate to infer conclusions about the number of directors/organisations in the market who would share the same behaviour/opinion/attitude.

The intention is to use the findings to:

- o Inform HSE's leadership strategy
- o Help interpret findings from the baseline survey
- o Inform questions in the forthcoming quantitative study

1.3 OVERVIEW OF FINDINGS

1.3.1 Directors' understanding of the current legislative framework for health and safety

- o The majority of directors interviewed were confident that they were aware of the components of the legislative framework for health and safety and recent changes; however, many did not have an in-depth understanding of the legislation, relying on health and safety officers and/or consultants to ensure they were compliant.
- o Directors were broadly aware of their responsibilities and the implications of not complying with legislation; although many directors did not have an in-depth understanding of the legislative framework for health and safety, they generally believed they knew enough, or at least knew their own responsibilities.
- o All directors interviewed felt they were compliant with health and safety legislation, but some were less confident than others.
- o Directors generally felt that recent changes in the legislative framework did not have an impact on their responsibilities and therefore did not change what they needed to do to ensure compliance.
- o A few directors commented that they would have a better understanding of the new legislation once some directors had been prosecuted.

1.3.2 What health and safety means to directors, and how they approach it

- o A few directors viewed health and safety as an intrinsic part of what they do as an organisation and recognised the strategic impact on their organisation in terms of staff satisfaction, retention and productivity. However, the majority of directors interviewed viewed health and safety as a compliance issue for their organisation.
- o Most directors provided definitions of health and safety that were sufficiently generic to cover all types of risks; however directors tended on focus on safety risks rather than risks to health in the long term (e.g. stress).

- For some smaller organisations, and particularly those in the activity sectors with comparatively low prevalence rates of injury and ill health, health and safety was often described by directors as ‘*common sense*’.
- Smaller organisations often felt that cost prevented them from improving their health and safety practice to go beyond basic compliance with regulations.

1.3.3 What directors mean where they say they have implemented leadership behaviour

- The way in which directors said they demonstrated a visible commitment to health and safety varied considerably; some directors cited specific examples of direct hands-on involvements, for example, performing health and safety inspections and risk assessments personally. Others talked about ensuring that procedures were visible and implemented, for example, by displaying the health and safety policy on their company notice board.
- Directors from a few of the larger organisations set goals and targets for health and safety; however this was uncommon among smaller organisations. Directors of organisations in activity sectors of comparatively low risk in particular felt that it was difficult for them to set goals and targets for health and safety.
- The majority of directors felt they obtained health and safety advice from a competent person; the three sources of external support most commonly cited were insurance companies, lawyers and health and safety specialists. Directors of larger organisations often appoint an in-house health and safety manager and take advice from that manager.
- Some directors from organisations of all sizes and activity sectors worked with external health and safety consultants. However, the intensity of external support tended to vary between organisations in comparatively high and low risk activity sectors, with organisations in higher risk activity sectors often using more intensive forms of support such as face to face consultancy.
- Whilst many directors felt they consulted their workers and took their views on board, many are passive in obtaining feedback, as illustrated by the response ‘my door is always open’.
- In larger organisations in activity sectors with comparatively high risk, directors’ consultation with the workforce on health and safety was often enabled by an internal health and safety committee which included representatives from the shop floor.
- Performance updates to directors were more common and formal in large organisations, where performance information is often collated by the health and safety manager.
- Smaller companies and organisations in activity sectors with comparatively low risk of injury and ill health tended to have a less formal structure for performance updates to directors. Many of these respondents attributed this to the relative infrequency of incidents, indicating one of the key barriers to putting formal structures in place for performance updates is that directors in smaller organisations in activity sectors with comparatively low risk find it difficult to set goals and targets.

- All directors indicated that risk assessments had been carried out and effective control measures put in place. Many directors and health and safety managers at the larger organisations indicated that risk assessments are becoming more rigorous and that they were reviewed with increasing frequency.
- The approach to training varied depending on the size of organisation, the nature of the work and the risks involved. In large organisations directors assigned the health and safety manager the responsibility for ensuring that all employees, including directors and board members were fully trained in their health and safety responsibilities.
- A few of the larger organisations operated benchmarking schemes or were in the process of introducing benchmarking, against similar organisations or against their own past performance. However, there was limited evidence of benchmarking among organisations in general.
- None of the directors interviewed celebrated health and safety success with the workforce in its own right with the exception of congratulating some employees for health and safety related qualifications (e.g. first aid); however a few directors felt that it was inherent in celebrations for other successes.
- Some directors found the concept of celebrating health and safety success odd which reflected their view of health and safety as a compliance issue rather than something that could be used strategically to add value to the organisation.

1.3.4 Leadership and leading on health and safety

- Directors tended to define leadership (in general) in terms of setting an example, setting goals and targets, motivating staff and earning respect.
- Leading on health and safety was perceived to be most pertinent to the directors of large organisations in activity sectors with comparatively high risk; however most directors felt they were leading on health and safety.
- Leading on health and safety was often defined in terms of providing a clear message from the top that health and safety is a priority and that everyone has a responsibility for themselves.
- A few directors were motivated to lead on health and safety to demonstrate that they are good employers who care about their staff, and generating staff loyalty. Some directors felt they had a moral responsibility to protect their employees and that this motivated them to lead on health and safety. Very few directors referred to legislation as a motivator for leading on health and safety.
- Previous health and safety performance was a key motivator to improve practices in organisations who had experienced a serious accident, 'near miss' or a poor audit. In a few instances it also motivated directors to adopt leadership behaviours recommended by the HSE.
- Many respondents mentioned changes in the organisational structure as being significant factors in influencing organisational behaviour; such as the appointment of a new director or a dedicated health and safety manager.

- Very few of the directors we spoke to had made any recent changes to the way in which they approach health and safety, and this was largely reflected in the responses from the shop floor employees.
- Some health and safety managers felt recent changes in legislation had raised awareness / concern among directors, as they were now receiving more questions from directors and board members about health and safety.

1.3.5 Impact of director behaviour on performance

- Many directors felt the impact of leadership behaviour was intangible, with many finding it difficult to measure health and safety performance in general
- Health and safety managers felt that leadership behaviour was effective in improving health and safety performance, particularly where they felt sufficiently empowered to take things forward themselves. However, like directors, they found it difficult to measure the impact of improvements.
- Health and safety managers felt that introducing mechanisms to encourage leadership at the first management tier was a significant step towards ensuring health and safety
- Leadership behaviour from directors, particularly where they were visible and communicating with them about health and safety leads shop floor workers to feel cared about. It also encouraged many shop floor employees to pay more attention to risks to health and safety.

1.3.6 Perceptions of the HSE

- Many directors regard HSE as an enforcer of rules rather than an advisor; however they would like to have more frequent interaction with HSE in an advisory capacity.
- Many directors felt that the perception of health and safety needs to change in order for it to be taken seriously and seen as beneficial. Some were aware of steps taken by the HSE to respond to the 'health and safety has gone mad brigade' as one respondent referred to those writing about instances where health and safety had been cited as the reason that something could not be done (e.g. an event). However, directors wanted to see more steps being taken to ensure health and safety is taken seriously.
- Many commented on the way in which HSE communicates information, and would like to see improvements.

1.3.7 Opportunities for HSE to encourage leading on health and safety

- Respondents were divided - some directors thought HSE ought to be communicating case studies of accidents and 'near misses' to organisations to convey a serious message, but others thought this sort of communication added to the negative perception of health and safety.

- Some directors felt they were not getting sufficient information about directors' responsibilities for health and safety in direct communication from HSE, instead being informed of changes by their health and safety managers.
- Many felt that the relationship between their organisation and the HSE could be a lot more constructive, in terms of providing advisory visits to their sites rather than inspections.

1.3.8 Opportunities for HSE to get organisations to improve their health and safety

- Some directors thought HSE could improve the quality of their communication with businesses – so that when they make changes on the shop floor they are able to explain the reasons behind them to those affected.
- A few respondents thought that the advice provided by HSE ought to be more relevant and tailored to their particular organisation.
- Many respondents feel the HSE needs to change the perception of health and safety in the UK in order to make health and safety a positive topic rather than a negative.

1.4 CONCLUSIONS AND RECOMMENDATIONS

The key conclusions of this study are:

- The study showed that directors have a broad understanding that they are liable for health and safety failures and consequently they treat it as a serious issue, particularly in large high risk organisations where health and safety is an integral part of their activities.
- Recent changes in legislation have led directors to check compliance but have not had a major impact on their day to day activities as most feel they are already compliant.
- Adherence to regulations was not the main motivator for having good health and safety practice.
- Most directors were inclined to focus on safety risks rather than health risks.
- What directors mean where they say they have implemented a behaviour varies considerably.
- The impact of directors' behaviour is difficult to measure but it does make a difference to staff to feel that directors care about their wellbeing.

We recommend that additional questions are included in the forthcoming quantitative study to explore:

- What directors mean where they say they implement each leadership behaviour.

- Directors' awareness and understanding of duties/responsibilities – under what circumstances are they at risk of imprisonment.
- Directors' perceived compliance with legislation and level of confidence that they are compliant.
- What directors say would have most effect on them personally in improving their organisations' health and safety performance.

2 BACKGROUND AND OBJECTIVES

In October 2007, the Health and Safety Executive (HSE) and Institute of Directors (IoD) jointly published guidance for directors encouraging them to lead on health and safety in their organisations; the publication was entitled '*Leading Health and Safety at Work: leadership actions for directors and board members*' (INDG417)⁶.

Databuild was commissioned via the Central Office of Information (COI) to conduct a baseline study in summer 2008 to determine⁷:

- Awareness of the guidance among directors and board members of organisations with five or more employees in Great Britain
- How directors/board members heard about and accessed the guidance
- Whether they had seen the guidance and, if so, whether they had read it
- Whether the guidance was considered relevant/influential
- Whether action had been taken (or planned) as a result of the guidance.

The research also measured the current behaviour of directors and board members in eight areas which were based on actions recommended in the guidance:

1. Does health and safety appear on the agenda for board meetings?
2. Has your board nominated a member to 'champion' health and safety at board level?
3. Does your board set targets for health and safety?
4. Does your board ensure your organisation has health and safety standards for the procurement of goods, equipment and services?
5. Does your board ensure your organisation assesses the health and safety arrangements of partners, key suppliers and contractors?
6. Does your board monitor the sickness absence and workplace health of your workers?
7. Does your organisation publicly report its performance on health and safety in annual reports?
8. Do you benchmark your organisation's health and safety performance against that of other organisations?

Following the completion of the baseline study, the HSE commissioned Databuild to conduct a follow-up study to explore:

1. What directors/board members understand about the current legislative framework for health and safety
2. What directors/board members mean when they say they have taken action in each of the areas covered in the baseline study
3. Whether and how board level actions translate into action on the 'shop floor' and, ultimately, genuine improvements in health and safety compliance and performance
4. The impact of board level behaviour change from the perspective of the health and safety manager – what difference has it made to their health and safety compliance and performance
5. Whether there are opportunities for the HSE to influence behaviour.

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⁷ The study was a quantitative survey entitled 'Evaluation of guidance for directors and board members' and is published as HSE Research Report RR695; the report is available from the HSE website: <http://www.hse.gov.uk/research/rrhtm/rr695.htm>. Throughout the report we refer to this study in shorthand as 'the baseline study'.

3 METHODOLOGY

3.1 INTRODUCTION

The research was conducted in two phases:

1. A qualitative pilot study to explore and refine the research questions to ensure the study generates actionable insights for the HSE
2. A full qualitative study to explore the issues in depth across different types of organisations in Great Britain (size, age, activity sector).

We worked closely with the HSE and its steering group to develop and refine the approach both at the briefing meeting and as the project progressed. This was particularly valuable in between the pilot study and full qualitative study where the findings from the pilot study were reviewed with the HSE and revisions were made to the methodology proposed for the full study as appropriate.

3.2 PILOT STUDY

The first phase of the research comprised a qualitative pilot study to explore and refine the research questions to ensure the study generates actionable insights for the HSE.

The purpose of the pilot study was to:

1. Provide us with insight and understanding that could be used to develop and refine the research questions
2. Assist us to identify the factors that influence behaviour (e.g. organisation size, sector, awareness of the legislative framework) to inform the development of an appropriate sample structure for the full study
3. Enable us to test the feasibility of engaging with two or more respondents within the same organisation – i.e. engaging a health and safety manager and representative from the shop floor as well as the director responsible for health and safety
4. Help us to develop hypotheses to be tested in the full study.

The pilot study confirmed the feasibility of the approach and enabled initial exploration of the research questions.

We conducted 20 face-to-face interviews in total, speaking to two or three representatives in each of eight organisations; a director, a shop floor representative and, where possible, a health and safety manager.

Respondent organisations were selected at random from interviewees in the baseline study that had:

1. Implemented two or more of the behaviours covered in the study; and
2. Agreed to participate in further research.

The interviews covered organisations performing a range of different business activities and included respondents from both the private and public sector.

3.3 APPROACH AND SAMPLE FOR THE MAIN STUDY

3.3.1 Overview

We conducted 75 qualitative face-to-face interviews across 30 organisations that agreed in the baseline study to take part in follow-up research.

The number of personnel involved in health and safety varied according to the size of the organisation; therefore:

1. In small organisations with fewer than 50 employees we conducted interviews with:
 - a. The director/board member interviewed in the baseline study
 - b. One or more employees from the shop floor.
2. In each organisation with 50 or more employees we conducted interviews with:
 - a. The director/board member interviewed in the baseline study
 - b. The health and safety manager (where they had one)
 - c. One or more employees from the shop floor.

Where possible we interviewed⁸ more than one respondent from the shop floor at the same time as we anticipated this would:

1. Make people feel more at ease to respond to the questions knowing that they were only one of a group of people providing feedback
2. Minimise the risk of drawing the wrong conclusions as a result of who was selected to participate by the director.

3.3.2 Sample structure

We split the sample into the following two groups for the purpose of sampling using data published by the HSE on the prevalence rates of work-related illness and reportable non-fatal injury to workers⁹:

1. **Higher risk**; industries with a higher prevalence rate per 100,000 workers of ill health and injury than that across all industries
2. **Lower risk**; industries with a lower prevalence rate per 100,000 workers of ill health and injury than that across all industries.

Organisations were selected at random from interviewees within the higher/lower risk categories that had agreed in the baseline study to participate in further research.

Table 1 summarises the profile of the organisations explored in the study.

⁸ Using a variety of mechanisms such as individual depth interviews, paired depth interviews as appropriate

⁹ Full details of the rationale for the sampling structure can be found in section 10.1.3.

Table 1: Number of organisations explored

<i>Size category</i>	<i>Risk category based on activity sector</i>	<i>Number of organisations to be interviewed</i>
Less than 50 employees	Higher risk	8
	Lower risk	7
50 or more employees	Higher risk	9
	Lower risk	6
Total		30

Between two and three interviews were conducted per organisation; 75 interviews were conducted in total.

The interviews covered organisations performing a range of different business activities and included respondents from the private, public and voluntary sectors.

3.3.3 Recruitment

The table below summarises the call outcomes for the 153 organisations contacted during the recruitment phase of the research:

Table 2: Outcome of recruitment

<i>Call outcome</i>	<i>Number of organisations</i>
Agreed and participated	30
Agreed, but later cancelled	6
Refusals from directors – typically felt they could not spare the time	22
Refusals from gatekeepers (e.g. Personal Assistants) – typically felt the director would not be interested / be able to spare the time	11
Contacted director who was interested, but not possible to arrange a convenient time within the fieldwork period	21
Attempted to call but not able to speak to director – no answers, busy signals, voicemail, left messages	63
Total	153

3.4 ASSUMPTIONS AND LIMITATIONS

As the research questions are qualitative in nature, it is appropriate that a qualitative approach be adopted to explore the issues in depth; however, within the scope of any qualitative research project:

1. It is not cost effective or practically feasible to obtain a statistically significant sample of respondents from particular groups
2. Those who agree to a face to face visit / in-depth conversation tend to be unrepresentative of the market as a whole:
 - a. Respondents to the quantitative study who agreed to participate in follow-up research include had, on average, implemented more of the behaviours than those who did not agree to take part.
 - b. Among that group those that agree to in depth interviews may be more positive about health and safety than those that do not.

We did not aim to interview large sample to obtain statistically significant results, but covered a range of sectors, organisation sizes and considered sector injury rates.

We consider those who agree to participate in face-to-face visits and in-depth conversations to be representative of better performers in the market, so care should be taken in interpreting the results presented in this report. Directors included in this study indicated they had implemented five behaviours on average in the baseline survey; the findings from the baseline survey suggested that directors in the market as a whole had implemented four behaviours.

We have reported results in general terms throughout this report (some, most, all) rather than using percentages as it is not appropriate to infer conclusions about the number of directors/organisations in the market who would share the same behaviour/opinion/attitude.

The intention is to use the findings to:

- o Inform HSE's leadership strategy
- o Help interpret findings from the baseline survey
- o Inform questions in the next quantitative study

It is beyond the scope of this research to estimate the number of organisations exhibiting particular behaviours, attitudes or styles of leadership. The forthcoming quantitative study could be used to obtain statistically robust findings.

4 DIRECTORS' UNDERSTANDING OF THE CURRENT LEGISLATIVE FRAMEWORK FOR HEALTH AND SAFETY

4.1 INTRODUCTION

This section explores directors' understanding of the current legislative framework for health and safety, including recent changes. The following topics were explored:

- Whether directors think that they are familiar with the current legislative framework for health and safety, and to what extent
- As directors, what they understand their responsibilities to be
- What they perceive to be the implications for them.

4.2 UNDERSTANDING OF THE CURRENT LEGISLATIVE FRAMEWORK

The majority of directors interviewed were confident that they were aware of the components of the legislative framework for health and safety and recent changes; however, many did not have an in-depth understanding of the legislation, relying on health and safety officers and/or consultants to ensure they were compliant.

A few directors were not aware of the Corporate Manslaughter and Corporate Homicide Act 2007 and the Health and Safety (Offences) Act 2008. All of these directors were from small organisations in activity sectors with comparatively low risk of injury or ill-health.

Directors in general had a broad understanding that they are liable for health and safety failures. Although many directors did not have an in-depth understanding of the legislative framework for health and safety, they were generally aware of the kinds of implications for them if an incident were to occur. Directors were also generally aware that they might be at risk of imprisonment if they were found to be liable for a health and safety failure. As one director explained:

'I'm aware that directors are ultimately responsible for health and safety; if I'm at fault, there's the cost and jail and the risk to reputation, so we can't be negligent'

- Managing Director, small (<50 employees) company dealing in installations and maintenance.

Those who lacked an in-depth understanding believed they knew enough, or at least knew their own responsibilities as far as health and safety is concerned.

Some directors felt the legislation was essential in ensuring that directors focus on health and safety; as one respondent commented:

'The fact that it [the Corporate Manslaughter and Corporate Homicide Act 2007] is there just makes you more focussed. You can't turn a blind eye to it.'

- Director, large contract cleaning business

Generally the directors felt that recent changes in the legislative framework did not have an impact on their responsibilities and therefore did not change what they needed to do or how they needed to behave to ensure compliance. In larger organisations, directors often rely on the internal health and safety manager/advisor to keep them up to date with regulations. A few were using insurance companies to gain advice and keep up-to-date with changes in legislation. Trade bodies and external consultants are also used in order to stay informed about policy and legislation, particularly by the large/high risk organisations.

A few directors commented that they would have more understanding of recent changes to legislation after some directors had been prosecuted in line with that legislation.

We came across some tension in local authorities and housing associations about who is ultimately responsible for health and safety¹⁰. In general, the respondent directors felt that they had some responsibility for ensuring health and safety compliance, and were potentially at risk of fines/imprisonment under health and safety legislation. However, responses also suggested they felt that someone further up the chain was ultimately responsible for health and safety. For example, the chief executive of a housing association acknowledged responsibility for health and safety in their organisation, but also felt that this responsibility was shared with the director responsible for health and safety in the District council.

¹⁰ We have included this point for interest; however, the reader should treat this observation as anecdotal only due to the small number of respondents interviewed.

5 WHAT DOES HEALTH AND SAFETY MEAN TO DIRECTORS OF ORGANISATIONS, AND HOW DO THEY APPROACH IT?

5.1 INTRODUCTION

This section explores how the directors we interviewed, and where applicable, health and safety managers, view health and safety. The aim was to find out whether / to what extent directors were implementing leadership behaviours recommended by the HSE. We also explored whether health and safety was viewed as a compliance issue or if it played a more strategic role in some organisations.

5.2 WHAT HEALTH AND SAFETY MEANS TO DIRECTORS

5.2.1 Directors

The majority of the directors view health and safety as a fundamental part of their organisation in terms of keeping employees safe and complying with regulations in order to protect themselves. Most of the respondents provided definitions of health and safety that were sufficiently generic to cover all types of risks, essentially they want their employees to be safe from harm and avoid any accidents – *‘to go home in the same condition that they arrived with some money in their back pocket.’*

Most directors talked about risks to physical safety when elaborating on what health and safety meant to them and their organisation. The risks cited were often specific to the type of organisation – e.g. working at heights, operating forklift trucks, slippery surfaces and incorrect manual handling. The importance of protecting employees was reflected by many of the directors, some of whom stated that their employees were their most valuable asset.

A few mentioned a more *‘organisationally selfish’* motivation, citing that they did not want people to be off work through illness and injury. Complying with health and safety guidelines in order to avoid incidents, ensure employees’ wellbeing and avoid prosecution seemed to be the fundamental motivator for most organisations. It was clear that a few of them were influenced by incidents and ‘near misses’ that had occurred; for example, one health and safety manager felt his employers were ‘running scared’ following a serious accident.

However there were a few directors from high risk organisations who viewed health and safety as an intrinsic part of what they do and recognised that, with proper consideration, it could have a strategic impact on their organisation. The benefits of good health and safety practice included positive effects on staff retention, productivity, loyalty, and profitability. In a few instances they also felt good health and safety helped them to be more successful in bidding for new business. One director said being able to demonstrate a rigorous approach to health and safety was an influential factor when bidding for work. The comments below reflect the views of those for whom health and safety was a strategic concern rather than a matter of complying with a set of guidelines.

‘It [health and safety]’s everything, because it leads to public safety’

- Town clerk - local council

'It's one of the key principles of the business.'

'Customers need to feel they are safe.'

- General manager, large holiday park management company

'I've always believed that health and safety should be a good management tool and we spend a lot of money on it. I think we need to do more as a country to support it - to understand that what we're trying to do with health and safety is to help people - they need to understand that it's their responsibility as well. A number of people think it's something that we [directors] need to worry about and not them.'

- Managing director, large transport business

One of the directors whose company had brought in an external consultancy to advise them on health and safety made the following comments:

'They [the consultancy] act as a policeman for us and ensure that we're doing things correctly'

'Health and safety is there to protect our employees, be that by assessment of noise, dust, whatever, if you look after the employees, the organisation gets looked after.'

- Joint MD, small manufacturing company

For some of the smaller organisations, and particularly those in activity sectors with comparatively low risk of injury and ill health, health and safety plays a more basic role, described as '*common sense*' (producer and distributor of clothing) and '*the basics*' (pub owner). Protecting their employees was clearly a concern to directors of such organisations, but the additional financial cost of devoting more resources was seen as a restriction to going beyond basic compliance with regulations as well as finding the time.

5.2.2 Health and safety managers

The majority of health and safety managers to whom we spoke felt that their directors were making a real effort to ensure good health and safety practice. One, who was an external consultant who worked on the site in an advisory capacity, compared his current assignment to previous clients and commented that his current client had a much more proactive approach to health and safety, asking what they could do to improve conditions for the staff rather than waiting until something went wrong.

Another health and safety manager believed that conditions had improved since his appointment as a result of the approach that he was taking; he had noticed a shift from health and safety being viewed as '*there to beat people up with, to trying to embed health and safety in all the working teams.*' He tries to make the health and safety team readily available to everyone, no longer saying '*here are the rules, now get on with it*' but instead, '*do you need a hand?*' This shift has '*paid huge dividends*', with people now being very willing to ask for help, though it is very demanding on him and his two members of staff.

In general, the health and safety managers were positive about the role of health and safety in their organisations. A few of them indicated that this was largely due to the fact that they were given sufficient autonomy.

Only one health and safety manager felt that his directors had a negative approach to health and safety. Rather than embracing health and safety as something that is there to protect them and

something that could add strategic value, directors were concerned about what they could do to avoid bad press and enforcement action. The health and safety manager concerned also believed that there was not enough support from the CEO in particular.

5.2.3 Shop floor employees

Initially employees were asked whether they felt that directors/board members cared about their wellbeing. The majority responded positively that they felt that they were well looked after. Many of them referred to specific examples, such as managers making themselves available to talk to employees about various issues, and showing interest in what they were working on. Several respondents identified a positive health and safety culture at work and some of them had been given the chance to go on specific health and safety courses.

We went on to ask the employees for their views what health and safety means to them. Most of them referred to health and safety in terms of risks specific to the organisation they worked for, such as being provided with high visibility workwear, working at heights and ensuring the correct use of machinery. Some saw it as a company priority that everyone took responsibility for themselves. Generally, the employees felt that health and safety at work was adequately dealt with and that their needs were being met by the organisation. As one shop floor employee commented:

'It's fantastic that we have a health and safety manager, someone to talk to and who can look at each contract before taking it on to identify the risks - it's a big bonus having someone else to talk to'

- Operations administrator, large contract cleaning business

A few employees cited obstacles to them taking further action to improve the health and safety in their organisation:

'It's hard to do anything more without pumping massive amounts of money into it or shutting the place down – it's having the time, because you want to get your work done too'

- Bench joiner, small joinery and restoration firm

The importance of health and safety to employees was further demonstrated by their responses when we enquired what they feel they do personally in order to ensure the health and safety of their colleagues. Many of them referred to taking action if they saw something that was a potential hazard. Some had specific duties to perform, such as ensuring doors were locked, cleaning the fridge and ensuring colleagues were in the places they were supposed to be. Many of them, particularly those who had responsibility for the health and safety of other employees, mentioned risk assessment as an important part of their roles:

'I'm risk assessing all the time and so is everyone else really - when you cross the road you're risk assessing - you're doing it throughout the day no matter what you do. I make sure the place is clean, and make sure that nothing is left lying around the place that could pose a risk.'

- Employee responsible for running plant and lorries, small manufacturing company

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5.3 HOW DIRECTORS APPROACH HEALTH AND SAFETY

5.3.1 Introduction

The HSE recommends that directors and board members lead on health and safety, for example, by:

- Demonstrating a visible commitment to health and safety
- Setting goals and targets
- Gaining advice from a competent professional
- Consulting with the workforce and taking their ideas on board
- Ensuring they receive regular updates on health and safety performance management, and developments with significant health and safety implications
- Ensuring risk assessments are conducted and appropriate control measures put into place
- Ensuring that all staff including directors and board members are adequately trained
- Reviewing their health and safety performance and benchmarking
- Celebrating success with the workforce

We explored with each director interviewed whether and how they felt they were implementing each of the behaviours above, which were tested using quantitative methods in the baseline study.

There was a diverse range of responses, particularly in response to how they demonstrate a visible commitment. The following sections outline the responses provided by directors.

5.3.2 Visibly demonstrating commitment to health and safety

Directors' responses to questions regarding how they demonstrated their commitment were extremely diverse. The key findings were as follows:

- Directors' understanding of what a visible demonstration of commitment to health and safety means varies greatly
- For some, it was a matter of physically displaying up-to-date information that employees could refer to
- Some directors actually conduct health and safety inspections personally on the shop floor
- A few were demonstrating their commitment by having a dedicated health and safety manager or taking advice from an external consultant – and involving them in employee inductions
- Some were operating a committee or forum for keeping up to date with health and safety issues
- In explaining how they visibly demonstrated commitment to health and safety, some directors referenced procedures specific to the particular organisation – such as provision of safety equipment and providing training on how to use it properly.

A few of the directors were taking a personal interest in demonstrating good health and safety practice, being present on site to perform checks. This was particularly apparent within smaller organisations in activity sectors with comparatively higher risk of injury or ill health.

'If I see any dubious things, I'll point them out'

- MD, small joinery and restoration business

Similarly, one health and safety manager felt it was important to be physically present; *'being seen there, keeping them on their toes'*. This particular individual thought his approach made him unpopular but also felt that his predecessor had placed too much value on popularity and consequently did not do the job properly. He also believed that his continued rigorous enforcement of good practice, supported by the directors, would eventually get through to all employees:

'It's a constant drip feed, but eventually it gets through.'

- health and safety manager, large holiday park management company

Some of those from smaller organisations in activity sectors with comparatively low risk adopted a less formal approach, explaining that they did not get their team together to discuss health and safety, but would rather talk with them informally as individuals:

'Guidance is the word, there hasn't been a sit down training session, it is more of an individual one to one level.'

Owner, small pub business (14 employees)

Several of the organisations in activity sectors with comparatively high risk were using external consultants or internal advisors to keep them up to date with health and safety and to offer advice and training within the organisation, thereby demonstrating a visible commitment.

'I don't dedicate a time slot to it, it's one of the utmost things and it's why I've got an assistant [a health and safety officer] to make sure that things don't get shelved and put off.'

Managing director, timber merchant

A few of the larger, comparatively high risk organisations operate health and safety committees, with members of the board often being involved in order to 'champion' health and safety and make it clear that the issue was being taken seriously at senior levels.

5.3.3 Setting goals and targets

Directors of small organisations and those in activity sectors with comparatively low risk often felt it was difficult or impractical for them to set goals and targets for health and safety. In companies where accidents were very rare, or where employees were desk-based, setting goals and targets related to accident and incident rates was sometimes considered unnecessary. Among the larger organisations and those in activity sectors with comparatively high risk, there was some evidence of goals and targets as part of their approach to health and safety. Some directors based goals for their organisation on external audits from insurance companies or health and safety consultants.

Where goals and targets are set, they often contribute to other business goals that do not relate to health and safety – for example, lowering the accident rate with the aim of achieving zero accidents in one organisation was part of a wider target to improve overall productivity. Goals and targets tended to be reviewed annually with involvement from directors.

Companies with few accidents did not tend to set goals and targets. A director of a large contract cleaning business (c.1000 employees) commented that if they had only one accident in a year, but then the following year they had three, that would equate to a 300% increase which would not be a relevant statistic for them. Therefore they preferred to prioritise and promote health and safety from the beginning as soon as a new employee started, make them aware of the risks, and continue to keep them informed with regular health and safety reports.

5.3.4 Gaining health and safety advice from a competent person

Many organisations, both large and small, were using external health and safety advisors. Others had a dedicated health and safety manager or advisor on their staff. In terms of external guidance, three main methods of support were identified to provide general help:

- Insurance companies
- Lawyers
- Health and safety professionals

Some of the information that insurance companies provide is sector-specific. Insurance companies provide seminars and updates for organisations in particular sectors. Lawyers tend to provide more general advice such as briefing on the implications of the Corporate Manslaughter and Corporate Homicide Act 2007.

Organisations that work with health and safety consultants vary in size and in terms of their perceived risk. The intensity of support tends to vary between organisations in high-risk sectors having a health and safety officer permanently on site and engaging with employees, to organisations in low-risk sectors who have a professional visiting the site once a month. A few are using external consultants for occasional specific help (e.g. with risk assessments, CDM regulations). Some mentioned RoSPA and their Gold Award. One organisation in particular had sought external help following a poor RoSPA audit that criticised their ownership of health and safety. Amongst the smaller organisations that did not engage any external support, cost was perceived as the main barrier.

5.3.5 Workforce consultation

Perceptions of what it means to consult with the workforce can vary from having a dedicated health and safety committee involving shop floor employees, to directors walking the shop floor in order to personally point out any risks to employees. However, some directors who said they consulted the workforce and took their views on board were passive rather than active in obtaining feedback, as indicated by the response 'my door is always open'. These directors relied on employees to approach them regarding health and safety issues rather than actively seeking feedback.

There were a few instances of schemes to encourage workers to suggest improvements to health and safety.

A few directors, particularly from the smaller organisations, took a very hands-on approach to consulting with the workforce by spending time on the shop floor and talking to the staff. Whilst these approaches were not generally exclusively about health and safety, it enabled the directors to get their employees' perspectives on health and safety. Where directors said they took a hands-on approach, this was confirmed in the conversations with shop floor employees; for example, as one respondent commented:

‘He [the director] will come round and he is very visible – you only have to approach him as he’s always around’

HGV driver, small timber merchant

In some cases it was the responsibility of either the health and safety manager or line managers to consult with the workforce, and where committees were not in place, the approach taken was less formal. Where formal procedures were not in place for consulting the workforce, many directors were passive in their approach, with some commenting that employees were fully aware that they could address any issues that arose with their managers.

Among those who operate committees, the frequency of their meetings varied greatly from weekly to quarterly. Some had become less frequent over time because there was very little to report and the meetings were deemed unnecessary.

5.3.6 Performance updates and notification of significant developments

Performance updates are more common in large organisations, where performance information is often collated by the health and safety manager. Smaller companies or those for whom risks are lower have a less formal structure. Many respondents attributed this approach to the relative infrequency of incidents, indicating one of the key barriers to putting formal structures in place for performance updates is that directors in smaller and comparatively low risk organisations find it difficult to set goals and targets. In small organisations in activity sectors with comparatively low risk, performance reporting was covered in ad hoc meetings held as deemed necessary by the director to discuss health and safety.

Some directors gain information via audit reports and recommendations from insurers and consultants, which often take into consideration accident statistics and absence levels.

Generally, directors expect to hear about any developments with significant health and safety implications through the same channels as updates on performance. In large organisations for example, it was typically the responsibility of the health and safety manager to highlight developments with significant health and safety implications. Significant developments, such as changes in legislation, are dealt with at committee meetings in organisations that have them.

Many of the respondents mentioned swine flu as a particular development that has been addressed recently. Directors and health and safety managers tended to try to convey a clear message to their employees, e.g. *‘don’t worry, wash your hands’*. Some had measures in place to prepare for a pandemic, involving reviewing existing policies and procedures in preparation for such an event.

5.3.7 Risk assessments

Risk assessments as part of health and safety practice were mentioned frequently at all levels of interview. The main findings were as follows:

- In larger organisations, responsibility for risk assessments is often given to the health and safety manager, with some involvement from the directors.
- Some larger companies have annual reviews of their risks and the suitability of their risk assessments.
- In smaller organisations, directors tend to get more involved.
- A few companies engage consultants to ensure that risk assessments are conducted properly.

Many directors and health and safety managers from larger organisations indicated that risk assessments are becoming more rigorous and that they were reviewed with increasing frequency. This occasionally followed an incident or near miss, in order to ensure that it did not happen again.

However some of the smaller companies operated a less formal approach to risk assessment:

‘Finding the time in a small organisation to make sure complying with everything the law requires – you need more than just a healthy attitude towards health and safety; you need to demonstrate it too...

...writing them down [risk assessments] is time consuming’

- Town clerk, local council

Some respondents from smaller organisations commented on the practicalities of performing thorough risk assessments, with lack of time being the main factor in not committing more time to risk assessing. Some of them highlighted that they would like to devote more time to assessing risk, but for some it was a matter of *‘keeping an eye out’*.

5.3.8 Training

The approach to training varied depending on the size of organisation, the nature of the work and the risks involved.

The key findings were as follows:

- Health and safety managers are often responsible for the delivery of training in larger organisations
- Most organisations dealt with health and safety as part of their induction process for new employees
- Some, particularly from larger organisations, talked about ways of following up to ensure that the training they provided was proving to be effective
- A budget is sometimes specifically allocated to health and safety training in larger organisations.

5.3.9 Performance reviews and benchmarking

Most directors indicated that they reviewed their health and safety performance; however, consistent with the quantitative baseline study, there was limited evidence of benchmarking.

The key findings were:

- Performance reviews are often conducted through health and safety committee meetings in larger organisations
- Performance reviews are more formalised in larger organisations and those in high-risk activity sectors
- Among lower risk and smaller organisations, performance reviews were less structured and there was limited evidence of interest in benchmarking
- Benchmarking takes place against similar organisations, and also against previous performances within the company.

Some of the larger organisations were involved or were in the process of getting involved in benchmarking schemes. For example, a large building refurbishment company interviewed had

recently started to benchmark its health and safety performance against 10 other similar companies. Another large company in the aerospace field used information from its insurers to compare performance with other similar companies using the same insurer. A large transport business used its previous years' statistics to benchmark its current performance against previous performances. There was also evidence of interest in benchmarking in a college, who were beginning to consider benchmarking against their past performance.

5.3.10 Celebrating success with the workforce

The common reaction from respondents was that success in health and safety was not celebrated, and some found the concept odd. However there was some evidence of celebrations taking place.

The key findings were that:

- Celebration was associated with a risk of becoming complacent about health and safety
- A few mentioned celebrating the success of employees passing training courses
- Some said that they would be more likely to celebrate a completed project without referring specifically to health and safety.
- Some directors were very proud of their health and safety practice and performance statistics compared them to the industry average, but did not celebrate this success with the workforce.

One of the directors explained that during a Christmas meal, he complimented the whole team on their performance, and rather than referring to health and safety, he felt it was an aspect that was implicit in the way that they approached their jobs without incident.

There were some examples of making staff aware of good health and safety practice without explicitly celebrating it. Some directors felt that their health and safety manager or equivalent might congratulate workers on good performance.

'If something good happened we might mention it on the newsletter - where it has happened it's been more about security rather than health and safety'

- Health and safety officer, sixth form college

Some organisations mentioned internal newsletters/publications where good news could be passed on, but again, where this covered health and safety, it tended to be congratulations to particular staff for completing relevant training courses.

6 LEADERSHIP AND LEADING ON HEALTH AND SAFETY

6.1 WHAT IS LEADERSHIP?

This section explores the responses of directors and health and safety managers when we asked them about leadership. Both directors and health and safety managers were asked about to define leadership in general terms and in health and safety. Directors were also asked if they felt they were leading on health and safety.

We also asked employees, where possible, whether they consider their directors to be leaders, and if they think they are leading on health and safety.

6.1.1 Directors

Responses were diverse; some directors defined leadership in terms of governance and hierarchy:

‘Where there is an overall governance document it’s a good sign that there is leadership’.

- Managing director, small, not for profit organisation

When probed about what he felt constituted a leader, this respondent said a leader was someone who *‘is reasonably approachable, good at delegating tasks, works to motivate a team...’*

Many of the directors we spoke to view leading by example as an important part of leadership, and expressed that they would not expect their staff to undertake any activity they would be unwilling to do themselves:

‘...leading by example; if I see litter, a file or box that’s not in the right place I will make a point of moving it. We also put health and safety on the agenda of all team meetings and make a point of discussing it’.

- Chief executive, large council house refurbishment and management company

Some common themes on leadership, mentioned by several directors, included establishing a clear path, setting goals, helping people to achieve their goals, and earning respect. Another made a distinction between ‘management’ and ‘leadership’ to emphasise how their organisation was leading on health and safety. Other responses included motivating staff, and setting achievable targets and objectives. Some directors referred to providing direction to staff, and demonstrating to staff that they are valued.

Some of the directors felt that leadership was about taking responsibility for the individuals that work there, whereas a few placed more emphasis on empowering them to take responsibility for themselves.

Leading by example was seen as important by health and safety managers as well as directors. Some of them viewed gaining the respect of the workers as good leadership, as well as showing

respect for those who work for them. Demonstrating commitment from the top was also a priority, by putting things into practice rather than just saying the right things.

'It's about having someone directing the ship. Everyone can be fantastic on procedures, but if there are no leaders at the top or even at the bottom - if it's weak - people say, well I got away with it last week so I'll do it again this week.'

- Health and safety officer, large sixth form college

Some of the health and safety managers mentioned good people skills, and providing goals and SMART objectives as important, as well as the ability to communicate and motivate all staff:

- o *'Leadership is leading by example. It's about putting a team together, building that team, training them, trusting them, giving them clear working instructions - the leader is the person that puts that in place'*
 - Health and safety manager, large contract cleaning business
- o *'Leadership is about commitment from the top of the organisation which is seen as more than just saying the right thing - it's about actually putting it into practice'*
 - Health and safety officer, large management and refurbishment business

6.1.2 Attitudes towards leading on health and safety

When asked specifically about health and safety, the majority of directors felt they were leading. A few thought it was important for leadership to go right down to the shop floor:

'I think we are leading on health and safety because it's driven from the top and goes down through the business. It's not just a case of that [a report of an audit conducted by their insurer following a health and safety inspection] sitting in the bottom drawer there.'

- Managing director, large transport business

Some felt that their health and safety committee were the leaders on health and safety, with involvement from board members in the committee. One of the directors from the public sector suggested the following:

'It's giving that strategic direction of an operation based on the standards you would expect in terms of an appropriate best fit for purpose health and safety policy; It's one of those corporate initiatives, such as equality and diversity, that we will consider in everything that we do.'

This particular respondent felt that the public sector pays more attention to health and safety than the private sector. He believed his organisation was leading on health and safety from the perspective of providing good induction programmes for their staff. Another respondent from the public sector echoed this thought, he felt leadership was about "giving people a sense of where you want the organisation to be and helping the staff move it there in a supportive role" whereas good leadership on health and safety means encouraging people to think responsibly, not abdicating your own responsibility, and demonstrating that everyone has a responsibility for their own health and safety.

Within smaller organisations, leadership on health and safety is less of a priority, often due to lack of time and budgetary constraints. But despite this, most were making an effort to ensure some sort of leadership was in place. One of the directors of a small organisation explained:

'The point is that we do genuinely care for our employees. We are concerned for them and for their families. Never mind who is liable, we genuinely care for the people we employ. As an organisation as well though, we simply can't afford to lose someone through injury as it would have a devastating effect on production.'

- Joint director, small manufacturing company.

Respondents at all levels expressed the view that communication and setting an example were seen as important aspects of leading on health and safety.

6.1.3 What difference does 'leading on health and safety' make?

Many directors felt the impact of leadership behaviour was intangible, with many finding it difficult to measure health and safety performance in general.

Health and safety managers felt that leadership behaviour was effective in improving health and safety performance, particularly where they felt sufficiently empowered to take things forward themselves. However, like directors, they found it difficult to measure the impact of improvements.

One of the directors suggested that one of the key benefits of leadership was raising awareness among staff – staff see managers responding to health and safety issues, and thus see them being dealt with. The director believes this encourages more reporting and improvements, and helps to build a culture where everyone takes responsibility. Some of the health and safety managers commented that health and safety can be perceived by younger employees as rather a boring issue and it is important to persuade them to take it seriously and understand the risks.

6.1.4 Responses from the shop floor

We also asked employees for their views on leadership; whether they thought their directors were leaders and whether they thought they were leading on health and safety.

Respondents from the shop floor viewed taking control as an important aspect of leadership. Some felt that leadership came from those lower down the organisation and that the directors were '*leaders of leaders*'. Many regarded communication as important, through meetings and committees and having open door policies so employees could address their concerns directly. Directors' being willing to listen and provide guidance and leading by example was also important to shop floor respondents:

'They wouldn't ask you to do something that they wouldn't do themselves – If he sees anything not being done properly, he'll always tell you to stop; he [the director]'s always walking round'

- HGV truck driver, small timber merchant and sawmill

Responses on leadership on health and safety varied, a few from smaller organisations did not think the directors were leaders particularly but the majority felt that their directors were leading on health and safety. The reasons given by shop floor respondents were diverse; some indicated

that their directors were leading because they were approachable about health and safety matters, they were willing to listen and give advice, or they provided good training for employees. A couple of respondents thought that leadership on health and safety was in place because there were a lot of high-level meetings, but also commented that the outcomes were not really communicated to the shop floor. Others identified rigorous procedures for health and safety visits or the presence of a health and safety manager as demonstrations of good leadership on health and safety.

6.2 MOTIVATIONS FOR LEADING ON HEALTH AND SAFETY AND FACTORS INFLUENCING BEHAVIOUR

This section looks at the directors' key motivators for leading on health and safety and the factors reasons behind their motivation. It also explores the impact of their behaviour on the shop floor including whether and how employees feel it has impacted.

6.2.1 Motivations for leading on health and safety

A few directors were motivated to lead on health and safety to demonstrate that they are good employers who care about their staff, and generating staff loyalty. Some directors felt they had a moral responsibility to protect their employees and that this motivated them to lead on health and safety. Very few directors referred to legislation as a motivator for leading on health and safety.

One of the directors' motivation for leading on health and safety is to employ people that can work safely and deliver a good service. People are more motivated to work in an organisation where they feel safe and supported. Keeping the sickness and absence rate as low as possible was also a factor for many. Some said they could not afford for employees to take time off work.

One employer described their motivation as '*organisationally selfish, to drive down the sickness and absence rate*'. However he also went on to comment that they had another motivator:

'We have also used health and safety to improve staff morale. We had poor results from a survey a couple of years ago and that prompted us to do more'.

- Chief executive, large council house refurbishment and management company

Previous health and safety performance was a key motivator to improve practices in organisations who had experienced a serious accident, 'near miss' or a poor audit. In some instances it also motivated some directors to adopt leadership behaviours recommended by the HSE.

6.2.2 Other factors influencing behaviour

Many respondents cited changes in the organisational structure/personnel that had led to organisational behaviour change; such as the appointment of a new director or a dedicated health and safety manager.

A few respondents said that they had a moral responsibility to protect their employees. Many were aware of regulations and check compliance, but did not feel it was a dominant influence on behaviour. Adhering to policies and making staff aware of them was viewed as a means to achieving the other motivators, protecting staff, generating loyalty and keeping absence levels down.

6.2.3 The impact of board level behaviour on the shop floor

Very few of the directors we spoke to had made any recent changes to the way in which they approach health and safety, and this was largely reflected in the employees' responses. A few mentioned organisational changes, which meant that the issue of health and safety was now in the hands of a designated health and safety manager, or responsibilities were shared by members of a small committee. The employees that we spoke to generally believed that the directors cared about their wellbeing and thought that there was a positive health and safety culture in place. A few made comments about the health and safety training they had received; some mentioned that there had been specific or additional training in recent years (asbestos, heavy lifting, etc). A few others identified procedural changes, e.g. a new alert procedure for students with emotional risk (sixth form college) and also re-organising the shop floor to improve safety.

Most of the health and safety managers interviewed did not think that recent changes in legislation had made a difference on the shop floor but it did seem to have an impact on raising awareness of health and safety at board level, with more directors taking an interest and asking questions. A couple of the health and safety managers felt that recent changes had caused a negative impact. They felt it raised fear and made people more defensive; and consequently the business was 'running scared'.

7 PERCEPTIONS OF THE HSE AND OPPORTUNITIES

7.1 INTRODUCTION

The purpose of this section is to explore how directors and health and safety managers perceive the HSE, the service provided by the HSE and whether and how they perceive this service could be improved. We wanted to find out:

- What are the current perceptions of HSE among the directors of organisations?
- What do directors think the HSE can do to encourage leading on health and safety?
- What do they think the HSE can do to get organisations to improve their health and safety?

7.2 OVERVIEW OF PERCEPTIONS

The main findings were as follows:

- Most directors regard HSE as an enforcer and are reluctant to seek advice for fear of ending up with an inspection
- Many would like to have more frequent and positive interaction with HSE
- The majority of respondents think that the perception of health and safety needs to change in order for it to be taken seriously and seen as beneficial
- Many commented on the way in which HSE communicates information, and would like to see improvements.

Many of the respondents viewed HSE as a ‘policeman’ or enforcement agency. One director remarked that they tend to offer ‘*warnings rather than help*’. However many of them would like to have more interaction with HSE, through email and written communications and also through HSE visiting their sites to discuss improvements rather than to perform an inspection. Some perceived the fear of inspection as a barrier to making contact with the HSE. Directors and health and safety managers showed a general awareness and acceptance that HSE has limited resources. Two of the directors felt that HSE needed to try to change the perception of health and safety – one of them said HSE ought to promote the concept that ‘*health and safety is good for you*’.

‘Health and safety gets a bad press because people think it’s gone too far.’

‘People see the HSE as the enforcing authority, but a lot of them don’t see the help you can get from the HSE on the internet’

- Managing director, large maintenance, painting and decorating business

Some of the directors perceived that there was a lack of direct communication with them from HSE. One was obtaining advice from Croners, having implemented their system a few years before, but wondered whether it might be available from HSE directly, remarking ‘*HSE is not known for its communication*’. The same director wondered whether HSE could provide advisory audits, and thought that better communication from HSE, with the general public as well as organisations, would tackle negative attitudes and help to convince people that HSE is not ‘*on a mission to destroy British fun*’. Another director from a small agricultural business felt that HSE ought to communicate more directly instead of relying on bodies such as the NFU and the trade press to disseminate the information.

In general, many of the comments received related to changing the perception of health and safety in the UK, in terms of the HSE providing a more positive approach to their communication with organisations and taking a more proactive approach to acknowledging and rewarding good practice. Many of the respondents interviewed had only encountered HSE under negative circumstances, such as an accident in the workplace. Many of their perceptions are largely based on such encounters, as well as materials provided by HSE that they felt were not ‘user friendly’ or well-communicated.

Two of the directors we interviewed mentioned that they frequently used the HSE website to obtain information about legislation. Both of them commented that the site is easy to use. One of them explained that he was ‘self-taught’ in legislation from using the site. When necessary, he used external support, (e.g., on noise assessment), but had since taken this on board himself. This director also uses the HSE e-learning packages as part of training for staff.

7.3 OPPORTUNITIES: WHAT PEOPLE THINK THE HSE CAN DO

7.3.1 To encourage leading on health and safety

The range of responses was extremely diverse, but there were some common themes. Some of the directors thought that the HSE should be providing more information about the ‘near misses’ that can happen in business as they act as a significant motivator for leading improvements. But others took the view that communications on such events contributed to the negative perception of the HSE as an enforcer whose role was to criticise and correct rather than to assist. One director asked whether the HSE could do more to promote business drivers for taking action to improve health and safety. One felt that they should be encouraging best practice through award ceremonies for companies with good health and safety practice. Another felt that there is not enough publication on good news – companies who continually perform well. This respondent felt that one of the obstacles they might face is that health and safety is a lower priority than other opportunities/agendas:

‘I know some very successful CEOs for whom health and safety is a sub-activity, but I think they’re missing out on something. It brings you closer to your staff and your customers and gives you a cross-cutting view of your organisation that helps to improve overall performance’

- Chief executive, large council house refurbishment and management company

Some directors felt that they would benefit from a closer personal relationship between the people at their level of the business and HSE; for example, one director mentioned that he had not been told directly about important issues such as the Corporate Manslaughter and Corporate Homicide Act 2007 and had to find out from the health and safety officer. Another director had received no information regarding the Corporate Manslaughter and Corporate Homicide Act 2007 and felt that there should be more information available directly from the HSE outlining the implications ‘for you and your business if a major incident took place’.

‘[Directors] are the people that can make sure that the health and safety function is given enough resource and prominence in the business.’

- HR director, large contract cleaning business

Many felt that the relationship between their organisation and the HSE could be a lot more constructive, in terms of providing advisory visits to their sites rather than inspections.

One compared them to the CAA, explaining that CAA visits to their site are regular and "you build up a relationship, they get to know the business, and it's a matter of continuous improvement." Since the HSE visits are very widely spaced, and the inspector does not know the visit, there can be a problem with lack of understanding of the way the company works:

'It sounds weird, but more visits would help - it would become less scary.'

- Director of operations, large manufacturing business

Similarly, some of the health and safety managers expressed an interest in having a productive, informative visit from HSE. One in particular felt the HSE was short on inspectors and so needed to specialise in specific activity sectors or sizes of organisation. Another health and safety manager commented that visits would be highly beneficial to small organisations during their early stages of growth:

'You can set up and run your own company and never have any training in management. You might be a one man band when you started and at that stage you're protected - you wouldn't sue yourself. It's different when you have employees. Perhaps the HSE should break it down by size - if you're a one man band you should do this, if you've got five employees you should do that and so on'

- Health and safety officer, sixth form college

The same respondent, among others, suggested that there could be more productive communication with directors on the website, and also that it was important that HSE tries to communicate that it is everyone's responsibility to ensure health and safety.

'The director might be fantastic, but it's not going to work if you've got Johnny Rotten down at the bottom of the organisation.'

One director wanted HSE to explore what more they could do to get individuals to take more responsibility for their own health and safety to reduce the burden on organisations– he felt that HSE could do more grassroots training, perhaps in universities so that employees coming to their organisation for the first time come in armed with prior knowledge of health and safety. He also felt that benchmarking performance through HSE would be a good idea, perhaps by using a league table – something that is freely available and shows the companies in the top 15% or so and also indicates companies who need to improve their standards. Another director suggested that HSE could do more to encourage those at board level to champion health and safety, so that others in the organisation would take it more seriously.

7.3.2 To get organisations to improve their health and safety

Quality of communication was one of the key issues that emerged. One of the directors thought that HSE provided insufficient explanation as to why they had to implement changes on the shop floor, which made it difficult to explain them to the staff. He felt the legislation was sometimes unclear, and stressed the importance of *'ensuring that we're informed in a practical way how to implement the changes in legislation. This means simple guidelines and by coming round to the site and doing checks –usually they only come if there has been an injury'*

- Managing director, small joinery and restoration firm

The same respondent also wanted to be kept up to date more:

'I don't want to find out that we're failing because I'm not informed'

'To be a good company, you have to be up to date with health and safety all the time – if we didn't we'd spend more time undoing what's already been done'

A few of the respondents thought that the advice provided by HSE ought to be more relevant to their particular organisation. For example, the director of a construction organisation suggested that the HSE should visit construction sites and do roadshows to talk about particular health and safety topics, e.g. manual handling / skin cancer. He also thought the HSE could target designers and clients more to allow sufficient time for construction projects to be completed safely. The same respondent felt the HSE should do more work with architects to show them 'bad' design which leads to significant health and safety risks.

Some directors who have accessed HSE information on the website commented that the information is good, but difficult to find due to the size of the website. Others mentioned free publications as a possible way to distribute information effectively, and also email alerts to indicate changes to/new regulations. One health and safety manager wanted to know why some of the information on the HSE website is free, but other information has to be paid for. He also said some of the information was '*too long on detail*' and needed to be simplified in order to be engaging.

Many respondents commented on the perception of health and safety in the UK – one director said there was a need for the HSE to work on the culture in UK to make health and safety a positive thing and not a negative – to make it '*more solution focused*' and '*focus more on the benefits*'. Another identified that HSE needs to continue in the future to do more to challenge the '*health and safety gone mad*' brigade.

'Judith Hackitt is doing a good job - she's got the right ideas. The HSE just need to be stronger to fight against the current attitudes and health and safety culture. Health and safety is about not killing people at work - that should be the enemy, not the HSE'

- Health and safety advisor, large property management and refurbishment company

A couple of respondents suggested that information provided by the HSE which has to be displayed in the workplace ought to be available in other languages – some of them had a large proportion of workers for whom English was not their first language, who were unlikely to read and digest the information. Some respondents thought that the HSE should have a local contact for providing organisations with advice and support. A couple also commented that a link to other organisations, such as RoSPA, might be beneficial.

8 CONCLUSIONS AND RECOMMENDATIONS

The key conclusions of this study are:

- The study showed that directors have a broad understanding that they are liable for health and safety failures and consequently they treat it as a serious issue, particularly in large high risk organisations where health and safety is an integral part of their activities.
- Recent changes in legislation have led directors to check compliance but have not had a major impact on their day to day activities as most feel they are already compliant.
- Adherence to regulations was not the main motivator for having good health and safety practice.
- Most directors were inclined to focus on safety risks rather than health risks.
- What directors mean where they say they have implemented a behaviour varies considerably.
- The impact of directors' behaviour is difficult to measure but it does make a difference to staff to feel that directors care about their wellbeing.

We recommend that additional questions are included in the forthcoming quantitative study to explore:

- What directors mean where they say they implement each leadership behaviour.
- Directors' awareness and understanding of duties/responsibilities – under what circumstances are they at risk of imprisonment.
- Directors' perceived compliance and level of confidence that they are compliant.
- What directors say would have most effect on them personally in improving their organisations' health and safety performance.

9 APPENDIX: TOPIC GUIDES

9.1 TOPIC GUIDE

9.1.1 Topic guide information

Project name:	HSE Organisational Behaviour Research
Written by:	Karl King, Charles Michaelis and Stephanie Lunn
Topic guide status:	Final
Approved by:	Alan Morley
Date of approval:	11 th May 2009

9.1.2 Note to interviewer

Where the terms ‘director’ and ‘board members’ are used, this includes executive and non executive directors, CEOs, chairs, heads, governors, trustees, officers and their equivalents in the private, public and third sectors.

Interviews should last approximately 45-60 minutes.

9.1.3 Introduction – all respondents

Good morning/afternoon. Thank you for agreeing to meet with me today. As my colleague will have explained on the phone we are currently conducting some work for the Health and Safety Executive (HSE) exploring how organisations approach health and safety and what the HSE can do in future to provide further support or guidance to organisations in Great Britain.

I’d like to record the interview for quality purposes. Are you happy with that? The interview will be recorded for quality purposes.

The HSE would like us to provide them with a selection of recordings so they can hear what people say first hand. Are you happy for the recording to be used in this way?
None of the information that you provide would be published or shared with any other party in a form that could be used to identify you or your organisation.

I will check again at the end of the interview whether you consent for the anonymous recording to be shared with the HSE.

9.2 TOPIC GUIDE – DIRECTOR LEVEL RESPONDENTS

1. Profile information and context – basic information to be captured during initial recruitment and confirmed at the time of interview

- a. Respondent profile; capture:
 - Job title
 - Role in the organisation and responsibilities
 - Length of time in role
 - Length of time that they have worked for the organisation
 - Background – how did they get involved in health and safety?
- b. Organisation profile; capture:
 - Details of their business activities
 - Number of employees – ask about full time, part time, temporary staff and sub-contractors to get an understanding of the scale of the organisation
 - Public/private/voluntary sector
 - Legal status (e.g. Ltd, plc, limited liability partnership etc)
 - If public sector – what type? E.g. NHS Trust, Local Authority
 - If third sector e.g. charity, mutual
 - Multi-site / single site organisation; if multi – how many sites?
 - UK only / UK and overseas?
- c. What are the key challenges that the organisation faces over the next 3-5 years? [*to provide context for interpreting attitudes/behaviour towards health and safety expressed later in the interview*]

2. What does health and safety mean to your organisation?

For example:

- What does health and safety mean to their organisation?
- What constitutes good health and safety in their view? Do they talk about compliance/best practice/both?
- What are the main risks to the health or safety of the organisation's workers?

3. What do you know about the current legislative framework for health and safety?

For example:

- What do they understand their responsibilities to be?
- What do they perceive to be the implications for them?

4. To what extent are you leading on health and safety and what are your motivations for doing so / not doing so?

For example:

- What do directors/board members believe constitutes leadership (in general)?
- What do directors/board members believe constitutes leadership for health and safety? What do directors understand by the phrase 'leading on health and safety' do they consider themselves to be doing this?
- What are the drivers and what are the barriers to leading on 'health and safety'?
- What are the drivers and barriers to taking action on health and safety?

5. How do you approach health and safety and why?

For example:

- How do they approach health and safety in their organisation?
- What do they currently do, how frequently, and what impact do they think it has on their health and safety performance? How do they know?

- Consider and discuss whether and how they/the board:
 - Demonstrate commitment to health and safety (visibly)?
 - Set goals and targets for improving health and safety performance?
 - Ensure health and safety advice is taken from a competent person?
 - Consult their workforce – and take their views on board?
 - Get regular information about their health and safety performance?
 - Get told about developments with significant health and safety implications?
 - Ensure their organisation's health and safety risks are assessed, and that sensible control measures are established and maintained
 - Ensure all staff, including the board, are sufficiently trained and competent in their health and safety responsibilities
 - Review your health and safety performance – and benchmark with you peers?
 - Celebrate success with your workforce?
- Who is responsible for health and safety at board level, how do they manage their health and safety performance as an organisation, how do they evaluate their performance?
- Why do you take that approach; any advantages or disadvantages?

6. Have you made any recent changes to the way they approach health and safety?

For example:

- Have they made changes to the way they approach health and safety at board level in the last two years? What did they change, when and why? What were they doing before?
- Has anything changed at the shop floor level in the last two years? What and why? When did it change? What were they doing before?
- If they have used the IoD/HSE director leadership guidance, did they take action as a result of reading the guidance?, Did it help them to take action; how?
- What impact have these changes had on health and safety performance? How do they know?

7. What can the HSE do to encourage you to take further action to improve your organisation's health and safety performance?

For example:

- a. How can the HSE further encourage directors/board members like them to take action to improve their health and safety performance?
- b. Should future effort be focused on health and safety managers or on directors/board members? Why?
- c. Are there any obstacles to them taking further action with respect to health and safety personally / as an organisation? What and why is it an obstacle?
- d. What one thing could the HSE do to make a significant impact on how organisations approach health and safety? What difference would it make?

9.3 TOPIC GUIDE – HEALTH AND SAFETY MANAGER

1. Profile information and context – basic information to be captured during initial recruitment and confirmed at the time of interview

- Respondent profile; capture:
 - Job title
 - Role in the organisation and responsibilities
 - Length of time in role
 - Length of time that they have worked for the organisation
 - Background – how did they get involved in health and safety?

To provide context for interpreting attitudes/behaviour later in the interview

- What are the key challenges that their organisation faces over the next 3-5 years?
- What are the key challenges that they personally face over the next 3-5 years in their role?
- What's it like to work in the organisation? What do they like/dislike about working for the organisation?

2. What does health and safety mean to your organisation?

For example:

- What does health and safety mean to their organisation?
- What constitutes good health and safety in their view? Do they talk about compliance/best practice/both?
- What are the main risks to the health or safety of the organisation's workers?

3. To what extent are directors/board members leading on health and safety and what do you think their motivations for doing so / not doing so are?

For example:

- What do they believe constitutes leadership (in general)?
- What do they believe constitutes leadership for health and safety? What do they understand by the phrase 'leading on health and safety' do they consider their directors/board members to be doing this?
- What do they think are the drivers and what are the barriers to their directors leading on 'health and safety'?
- What are the drivers and barriers to their directors taking action on health and safety?

4. How do you approach health and safety and why?

For example:

- What do they currently do, how frequently, and what impact do they think it has on their health and safety performance? How do they know? Why do they take that approach?

Interviewer to bear in mind the responses received from the director/board member.

- How do they personally engage with directors / board members in regard to health and safety; who drives the health and safety agenda forward in their organisation? Have they referred board members to the IoD/HSE director leadership guidance – was it useful?
- Discuss whether and how the directors/board members:
 - i. Demonstrate commitment to health and safety (visibly)?
 - ii. Set goals and targets for improving health and safety performance?
 - iii. Ensure health and safety advice is taken from a competent person?
 - iv. Consult their workforce – and take their views on board?

- v. Get regular information about their health and safety performance?
- vi. Get told about developments with significant health and safety implications?
- vii. Ensure their organisation's health and safety risks are assessed, and that sensible control measures are established and maintained
- viii. Ensure all staff, including the board, are sufficiently trained and competent in their health and safety responsibilities
- ix. Review your health and safety performance – and benchmark with you peers?
- x. Celebrate success with your workforce?

5. Have you made any recent changes (i.e. in the last two years) to the way you approach health and safety as an organisation?

For example:

- Have they made any recent changes themselves in the last two years? If so, what and why? Were directors/board members involved in these changes? If not, why not? What impact have these changes had on their health and safety compliance/performance? How do they know?
- Has anything changed at the shop floor level recently (in the last two years)? What and why? What were they doing before? Was a director/board member involved in the change – how and why?
- If they have read the IoD/HSE director leadership guidance, did they take action as a result of reading the guidance / did it help them to take action – what action did they take and how did the guidance help? How relevant did they feel it was for them?
- What impact have these changes had on health and safety performance? How do they know?

6. Has there been board level behaviour change from the perspective of the health and safety manager – what difference has it made to your health and safety compliance and performance

For example:

- Are they aware of any recent changes (in the last two years) in how the board approaches health and safety?
- If so, were there any implications for them / their role – what and why?
- What impact have these changes had on health and safety performance? How do they know?

7. What can the HSE do to encourage directors/board members to take further action to improve your organisation's health and safety performance?

For example:

- How can the HSE further encourage directors/board members to take action to improve their health and safety performance?
- Is there anything the HSE could do to help them to encourage their directors/board members to take further action? What and how would it help them?
- Are there any obstacles to them taking further action with respect to health and safety personally / as an organisation? What and why is it an obstacle?
- What one thing could the HSE do to make a significant impact on how organisations approach health and safety? What difference would it make?

9.4 TOPIC GUIDE – SHOP FLOOR RESPONDENT(S)

1. Profile information and context – basic information to be captured during initial recruitment and confirmed at the time of interview

- Respondent profile; capture:
 - Job title
 - Role in the organisation and responsibilities
 - Length of time in role
 - Length of time that they have worked for the organisation
- What's it like to work for the organisation? What do they like / dislike about working for the organisation?
[The purpose of these questions is to consider whether and how they talk about health and safety. Some directors/board members in the pilot indicated that the steps they had taken to address health and safety risks were also intended to help to improve staff morale and retention. Responses will also provide context for interpreting attitudes/behaviour expressed in later questions.]

2. Do you feel that the directors/board members care about your wellbeing?

For example:

- Why do they say that / how do they know?
- What do the directors/board members do / not do that make them feel like that?

3. What does health and safety mean to you?

For example:

- What are the main risks to their health or safety at work?
- How does the organisation deal with these risks?
- Do they think the organisation takes appropriate steps to tackle these and other health and safety risks? If not, what else should they be doing?

4. Do you consider your directors to be leaders, and do you think they lead on health and safety?

For example:

- Would they describe their directors as leaders in general? Why? What makes a good leader?
- Would they describe their directors as leaders when it comes to health and safety? If so, why? If not, why not? How do they lead on health and safety?

5. What do you do personally to ensure your health and safety and that of your colleagues?

For example:

- What do you do and why?
- What guidance/leadership do you get?

6. Do directors/board members get involved in health and safety and if so, how do they get involved? What difference does it make?

Interviewer to discuss the specific steps indicated by the director/board member and/or health and safety manager **in each behaviour area** to explore whether shop floor respondents:

- Are aware of the steps taken by directors / others in the organisation
- Think the steps make a difference to their health and safety

For example – Demonstrate commitment to health and safety (visibly) – if the director says that they personally walk round conducting inspections:

- i. Do they notice? How often does this happen?
- ii. What do they think about it – what difference does it make to what they do and how they feel?

7. Have there been any changes in the way health and safety is handled where you work over (i.e. workplace practice) in the last two years/since you joined the organisation?

If so, what? What were they doing before? Why did things change? What difference did it make?

9.5 CLOSE OF INTERVIEW – ALL RESPONDENTS

Thank you – I think that’s all my questions.

Do you have any further comments that you would like me to pass on to the Health and Safety Executive?

Would it be OK to give you a ring call if there is anything I need to clarify after I’ve had chance to reflect on our conversation?

Now that we have reached the end of our conversation; are you happy for me to share the recording anonymously with the Health and Safety Executive?

Thank you for your time.

10 APPENDIX: APPROACH AND SAMPLE STRUCTURE FOR THE FULL STUDY

10.1 OVERVIEW

We conducted 75 qualitative face-to-face interviews across 30 organisations interviewed in the quantitative study entitled ‘Evaluation of guidance for directors and board members’, undertaken in 2008 and published as HSE Research Report RR695.

10.2 RESPONDENTS

The number of personnel involved in health and safety varied according to the size of the organisation; therefore:

1. In small organisations with fewer than 50 employees we conducted interviews, where possible, with:
 - a. The director/board member interviewed in the quantitative study entitled ‘Evaluation of guidance for directors and board members’, undertaken in 2008 and published as HSE Research Report RR695.
 - b. One or more employees from the shop floor.
2. In each organisation with 50 or more employees we conducted interviews, where possible, with:
 - a. The director/board member interviewed in the quantitative study entitled ‘Evaluation of guidance for directors and board members’, undertaken in 2008 and published as HSE Research Report RR695.
 - b. The health and safety manager (where they had one)
 - c. One or more employees from the shop floor.

The pilot confirmed that it was possible to recruit a single respondent from the shop floor for the purpose of the interview. However, we attempted where possible to interview¹¹ more than one respondent from the shop floor at the same time as we anticipated this would:

1. Make people feel more at ease to respond to the questions knowing that they were only one of a group of people providing feedback
2. Minimise the risk of drawing the wrong conclusions as a result of who was selected to participate by the director.

¹¹ Using a variety of mechanisms such as individual depth interviews, paired depth interviews as appropriate

10.3 SAMPLE STRUCTURE RATIONALE

The quantitative interviews for the baseline study and the qualitative interviews conducted in the pilot study indicated that behaviour varies considerably according to the size of the organisation and the perceived level of risk, which is often directly associated with the nature of the business activity undertaken.

Personal attitudes and understanding of health and safety also appeared to play a role in determining how an organisation approaches health and safety; however, as it was impractical to sample effectively using attitudinal/behavioural characteristics¹² we structured the sample by activity sector and size (number of employees).

Data published by the HSE indicated that the prevalence rates of work-related illness (self-reported) and reportable non-fatal injuries to workers vary significantly by activity sector.

Figures 1 and 2 illustrate the:

1. Estimated prevalence rates of self-reported work-related illness for 2007/08 by activity sector; and
2. Average estimated prevalence rates of reportable non-fatal injury to workers across 2005/06 – 2007/08.

¹² *The data collected in the quantitative survey entitled 'Evaluation of guidance for directors and board members', undertaken in 2008 and published as HSE Research Report RR695 provides an indication of attitudes and behaviour, but is not sufficiently detailed to provide a robust foundation for sampling. For example, one respondent indicating that health and safety was discussed at board level could mean something different from another indicating that behaviour.*

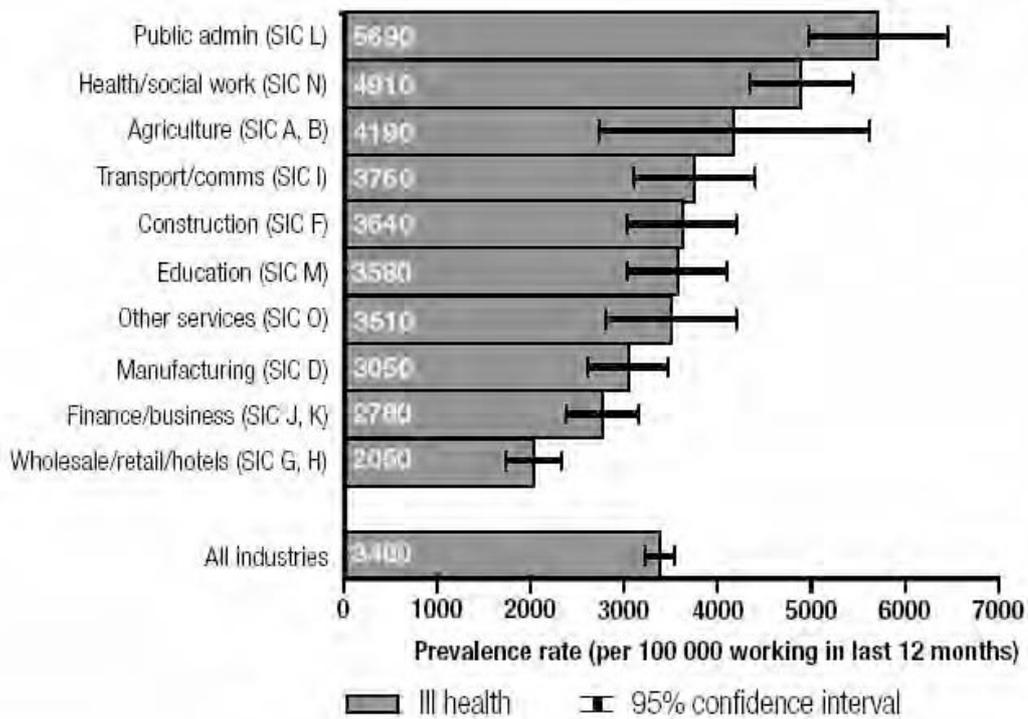


Figure 1 Estimated prevalence rates of self-reported work-related illness, 2007/08 (Figure 8 in 'Health and safety statistics 2007/08')

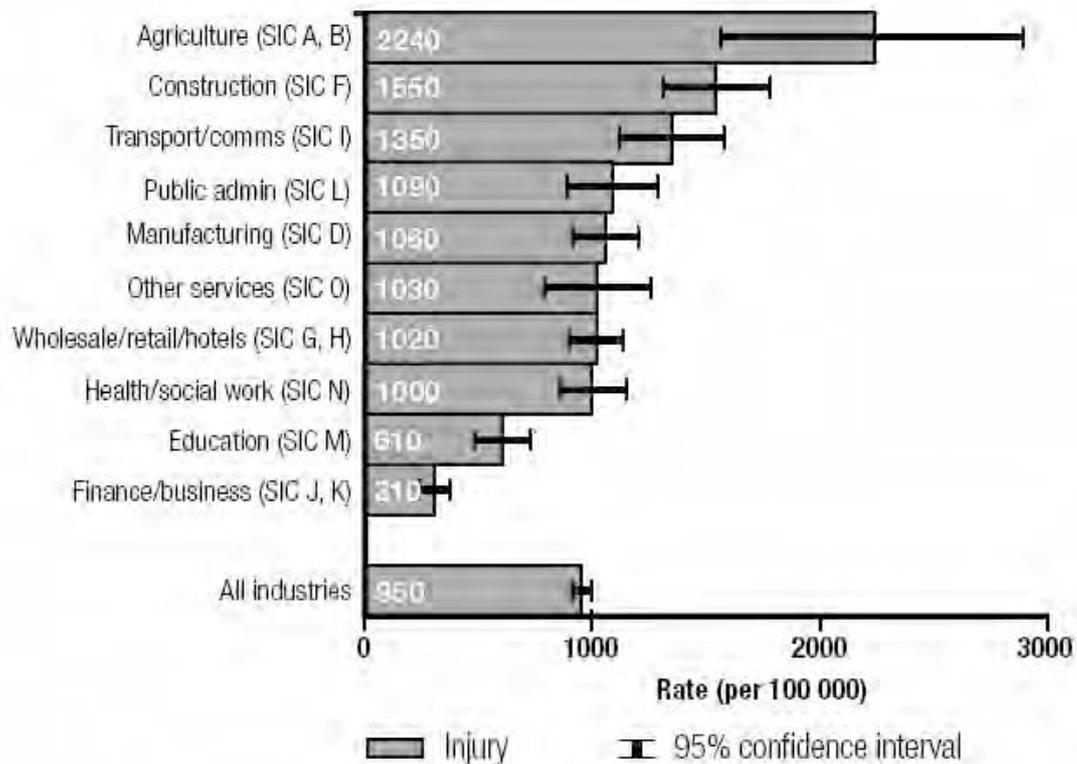


Figure 2 Estimated rates of reportable non-fatal injury to workers, average 2005/06 – 2007/09 (Figure 9 in 'Health and safety statistics 2007/08')

To obtain an indication of the activity sectors with the greatest level of risk to health and safety, we combined the data presented in Figures 1 and 2 to produce Figure 3 overleaf.

We split the sample into the following two groups for the purpose of sampling:

1. **Higher risk;** industries with a higher prevalence rate per 100,000 workers of ill health and injury than that across all industries
2. **Lower risk;** industries with a lower prevalence rate per 100,000 workers of ill health and injury than that across all industries.

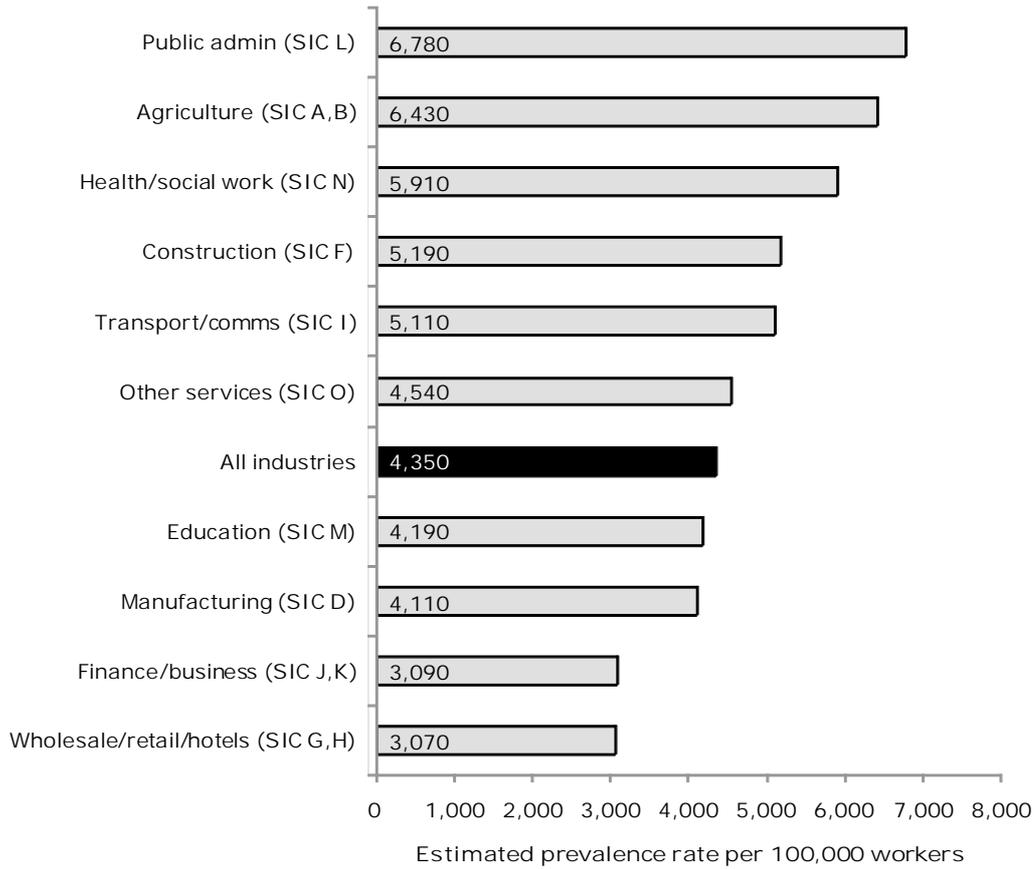


Figure 3 Estimated prevalence rates of work-related illness and reportable non-fatal injury to workers combined from Figures 1 and 2

Table 3 below indicates the activity sectors that were included in each category:

Table 3: Categorisation of industry sector based on comparative level of risk

<i>Category based on comparative level of risk</i>	<i>Activity sectors falling into this category</i>
Higher risk	<ul style="list-style-type: none"> • Public admin (SIC L) • Agriculture (SIC A,B) • Health/social work (SIC N) • Construction (SIC F) • Transport/comms (SIC I) • Other services (SIC O)
Lower risk	<ul style="list-style-type: none"> • Education (SIC M) • Manufacturing (SIC D) • Finance/business (SIC J,K) • Wholesale/retail/hotels (SIC G,H)

10.4 SAMPLE STRUCTURE

Table 4 below illustrates the sample structure and number of organisations we proposed to interview for the full study; the purpose of this was to enable us to include interviews with respondents from the shop floor within the agreed budget:

Table 4: Proposed sample structure and number of organisations interviewed in the full study

<i>Size category</i>	<i>Risk category based on activity sector</i>	<i>Number of organisations to be interviewed</i>	<i>Respondents</i>	<i>Total number of interviews (approx)</i>
Less than 50 employees	Higher risk	8	Director	16
	Lower risk	7	Shop floor	14
50 or more employees	Higher risk	8	Director	24
	Lower risk	7	health and safety manager Shop floor	21
Total		30	Total	75

Organisations were selected at random within each category; however, we were careful to minimise the risk of bias by ensuring that we included organisations from a mixture of sectors (private, public and voluntary), activity sectors, and users and non-users of the IoD/HSE director leadership guidance.

Director Leadership Behaviour Research

In October 2007, the Health and Safety Executive (HSE) and Institute of Directors (IoD) jointly published guidance for directors encouraging them to lead on health and safety in their organisations; the publication was entitled '*Leading Health and Safety at Work: leadership actions for directors and board members*' (INDG417) .

Following the completion of a baseline study to assess awareness and impact of the guidance among directors/board members , the HSE commissioned Databuild to conduct qualitative research to explore:

1. What directors/board members understand about the current legislative framework for health and safety.
2. What directors/board members mean when they say they have taken action in the areas covered in the baseline study.
3. Whether and how board level actions translate into action on the 'shop floor' and genuine improvements in health and safety.
4. The impact of board level behaviour change from the perspective of health and safety managers.
5. Whether there are opportunities to influence behaviour.

The research was conducted through qualitative face to face interviews with directors, health and safety managers and shop floor respondents from 30 organisations interviewed in the baseline study.

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.

¹We refer to INDG417 throughout this report as 'the guidance'; it can be accessed via the HSE website: <http://www.hse.gov.uk/leadership/>
²The report for the baseline study is available from the HSE website: <http://www.hse.gov.uk/research/rrhtm/rr695.htm>