

# HSE/loD guidance

a report on the awareness and use of the  
*Leading Health and Safety at Work* publication  
within local authorities

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## summary

This summary presents the findings of research into the awareness and use of the Health and Safety Commission (HSC)/Institute of Directors (IoD) publication *Leading Health and Safety at Work* within local authorities.

The data was obtained from a telephone survey of local authorities between 1 June 2008 and 19 August 2009. Sixty authorities participated in the survey. Respondents were those people in the authority who were identified as having corporate or strategic responsibility for health and safety within their authority.

### Health and safety activity within local authorities

Respondents were asked about the health and safety activities that their authority carries out.

- Currently, the activity that was carried out most frequently by local authorities senior management team (SMT) level was the monitoring of sickness absence (98 per cent). Eighty-seven per cent of authorities had been carrying this out prior to October 2007.
- The activity that was carried out least often was benchmarking health and safety practice against that of other authorities (40 per cent). Prior to October 2007, consideration of health and safety issues on SMT agendas was the activity that was least likely to be happening (27 per cent).

### Awareness of legislation affecting the responsibilities of directors

All respondents were asked which legislation they were aware of that affected the responsibilities of directors in relation to health and safety issues. They were not given any prompts to help them answer.

- Eighty-two per cent of respondents mentioned, unprompted, the Corporate Manslaughter and Homicide Act 2007<sup>1</sup>.
- No respondents mentioned the Companies Act 2006 unprompted;
- A further fifth (18 per cent) said they were aware that there had been changes in responsibilities but were unable to name any legislation.

### Awareness of the HSC/IoD guidance

When asked about the jointly published HSC/IoD guidance for directors on health and safety at work, *Leading Health and Safety*:

- Forty-three per cent of respondents were aware of the publication and were able to recall its name unprompted. A further 13 per cent of respondents were aware that a publication had been produced, and could describe it, but could not recall its name unprompted.
- A quarter of respondents (25 per cent) were completely unaware of the publication.
- Of the 16 respondents who were unaware of the guidance, 14 typically went for information regarding their responsibilities as a director/manager with responsibility for health and safety to an expert within their authority.

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<sup>1</sup>Please note that respondents did not have to name the exact name of the act: e.g. for example "new law on corporate manslaughter" was considered sufficient.

## How found out about the guidance

- Of those who were aware of the guidance, the most frequently stated way of finding out was receiving a copy from a colleague (32 per cent of respondents).
- Sixteen per cent of respondents found out through browsing the HSE website.
- Another 16 per cent of respondents found out through word of mouth of a colleague.

## Reading the guidance

Respondents who were aware of the guidance were asked whether they had read the document.

- Ninety-three per cent of respondents had read the guidance, whilst seven per cent (three respondents) had not.
- Most frequently respondents stated that they had read the guidance as a hard copy (59 per cent).
- The three respondents who stated they had not read the guidance were asked if they had read a commentary of the guidance. Two of the respondents had read a commentary which had been produced internally at their authority.

## Views of the respondents who had read the guidance

The 41 respondents who had read the guidance were asked what they thought about it.

- Thirty one respondents (76 per cent) were largely positive about it.
- The most common view was that the guidance was pitched at the correct level for non-health and safety professionals who were in management positions.
- Of the eight respondents who were negative about the guidance, the most common criticism was that they felt it was not targeted greatly enough towards a local government organisation.

## Relevance of the guidance to those who read it

Respondents who had read the guidance were also asked how relevant the guidance was to them personally, their organisation and their senior management team (SMT).

- Nearly half (46 per cent) thought the guidance was completely relevant to them personally.
- Nearly half (49 per cent) thought the guidance was completely relevant their organisation.
- Just over a third (34 per cent) thought the guidance was completely relevant for their SMT.

## The effect of having read the guidance on understanding of responsibilities

Respondents were asked whether the guidance had improved their understanding of health and safety, changed their approach to health and safety and/or reassured them that they were compliant with health and safety regulations.

- Just over half (51 per cent) agreed that they had an improved understanding of health and safety, as a result of reading the guidance.
- Also, the majority (56 per cent) agreed that they had changed their approach to health and safety as a result of the guidance.
- Fifty-four per cent of respondents agreed that they had been reassured that they were compliant with health and safety regulations as a result of the guidance.

### **Action taken as a result of having read the guidance**

Respondents were asked if they (or their authority) had taken any action as a result of reading the guidance. Seventy six per cent (thirty-one respondents) suggested that they had.

- The most common action taken as a result of having read the guidance was to introduce briefing or training for senior managers about their health and safety responsibilities.
- Some authorities also took the action of updating or reviewing their health and safety policy.
- Where authorities suggested they had taken no action, some felt this was because they did not need to take action as were already carrying out most of the actions contained within the guidance.
- Others who had not taken action stated this was because they had already started to make the suggested changes for other reasons. The guidance had not been the impetus.

### **Legally binding health and safety duties**

All 60 respondents were asked whether they thought that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation.

- Fifty-seven per cent of all the respondents believed that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation.
- Fifty-five percent of respondents stated that they would support a proposal to place legally binding health and safety duties upon directors and board members.

## 1. introduction

- 1.1 This report presents the findings about awareness and use of the Health and Safety Commission (HSC)/Institute of Directors (IoD) publication *Leading Health and Safety at Work* within local authorities. The data was obtained from a telephone survey of local authorities between 1 June 2008 and 19 August 2009. Sixty authorities participated in the survey. Respondents were those people in the authority who were identified as having corporate or strategic responsibility for health and safety.
- 1.2 HSC<sup>2</sup> had been actively considering the correct approach to adopt to effectively engage with directors and board members in the strategic management of health and safety. Voluntary guidance had been in place for some time but there was significant body of opinion which supported explicit legally binding health and safety duties being placed upon directors and board members. The Commission after considerable discussion and consultation came down in favor of authoritative guidance. A working party was convened to draft the guidance, which drew representation from public (including Local Government Association) and private sector organisations, and included legal experts. Their guidance for directors was published in October 2007, and was jointly badged by the then Health and Safety Commission (HSC) and IoD. The publication was entitled '*Leading Health and Safety at Work: Leadership Actions for Directors and Board Members*'.  
*Leadership Actions for Directors and Board Members*'.
- 1.3 The guidance sets out an agenda for the effective leadership of health and safety, and is designed for use by all directors, governors, trustees, officers and their equivalents in the private, public and third sectors.
- 1.4 This research project was undertaken on behalf of Local Government Employers (LGE), to ascertain the level to which this guidance has penetrated the senior management boards of local government, and to determine what actions have been taken as a result.
- 1.5 This research will form part of the evidence reflected upon by the Health and Safety Executive (HSE), who are evaluating the effectiveness of the guidance and again considering whether explicit legal health and safety duties should be placed upon directors and board members.

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<sup>2</sup> Please note that the HSC was subsumed into the HSE in April 2008. The publication *Leading Health and Safety at work* was published under the then HSC.

## 2. methodology

- 2.1 A telephone survey was conducted with local authorities between 1 June 2008 and 19 August 2009. A copy of the survey can be found in Annex A.
- 2.2 All 375 local authorities in England and Wales were contacted twice by phone, and received an email explaining the research.
- 2.3 A target of between 50 and 100 telephone interviews was set. By 19 August 2009, 60 phone interviews had been completed.
- 2.4 Interviews were conducted with the member of the senior management team within each local authority who had strategic or corporate responsibility for health and safety. Interviewees were responsible for self-defining whether that was their role within the local authority.
- 2.5 Tables 1 and 2, below, show the achieved interviews by authority type and by region. The aim was to complete interviews with a range of authority types across the country, and this was achieved.

**Table 1 - Interviews achieved by authority type**

<b>Authority type</b>	<b>Total number</b>	<b>Number of interviews achieved</b>	<b>Proportion interviewed (%)</b>
County	27	7	26
District	201	35	17
London borough	33	2	6
Metropolitan	36	4	11
Unitary	79	12	15
<b>Base</b>	<b>375</b>	<b>60</b>	<b>16</b>

**Table 2 - Interviews achieved by region**

<b>Region</b>	<b>Total number</b>	<b>Number of interviews achieved</b>	<b>Proportion interviewed (%)</b>
East Midlands	52	12	23
East of England	45	6	13
London	33	2	6
North East	12	2	17
North West	41	4	10
South East	74	15	20
South West	41	8	20
Wales	22	1	5
West Midlands	33	6	18
Yorkshire and the Humber	22	4	18
<b>Base</b>	<b>375</b>	<b>60</b>	<b>16</b>

- 2.6 Table 3, below, shows the number of interviews achieved by the job title of the respondent. Respondents were offered the options of: Chief Executive Officer (CEO), Deputy Chief Officer (DCO), health and safety director and 'other' director.
- 2.7 Due to the large number of respondents being classified as 'other' directors initially (83 per cent), those responses were then coded after the survey had been completed. The majority of respondents were Directors (53 per cent), followed by nearly a quarter (22 per cent) who were heads of their teams.

**Table 3 - What is your job title?**

<b>Job title</b>	<b>Percentage</b>
Chief executive officer	10
Deputy chief executive officer	7
Director	53
Head	22
Manager	3
Other	5
<b>Base</b>	<b>60</b>

## 3. health and safety actions

### 3.1 *Actions within local authorities*

- 3.1.1 Respondents were asked a series of eight questions about health and safety activities that their authority may have carried or be carrying out. For those activities they were undertaking, they were asked whether this had started before October 2007 or since this date. Table 4 shows the results.
- 3.1.2 The activity that was currently being carried out by most local authorities was the monitoring of sickness absence at senior management team (SMT) level (98 per cent). The activity that was least likely to be undertaken by authorities was benchmarking health and safety practice against that of other authorities (40 per cent).
- 3.1.3 When the start date of these activities was considered, the activity carried out by most authorities prior to October 2007 was monitoring of sickness and absence by the SMT (87 per cent). The activity carried out by fewest local authorities in this period was reporting health and safety in annual reports (23 per cent).
- 3.1.4 The activity that was most likely to have been started after October 2007 was putting health and safety on the SMT agenda (27 per cent). The activity that was least likely to have been started since October 2007 was monitoring of sickness absence by SMT (because most authorities had already been doing this).
- 3.1.5 The activity with the biggest percentage increase since October 2007 was the reporting of health and safety statistics in annual reports, with an 86 per cent increase in authorities carrying out this activity.

3.1.6 However, on the whole, very few authorities started activities after October 2007; generally authorities were already undertaking these activities before this date.

**Table 4 - Which of the following actions does your authority carry out?**

<b>Job title</b>	<b>Percentage before October 2007</b>	<b>Percentage after October 2007</b>
Do you benchmark your organisation's health and safety performance against that of other organisations?	27	13
Does health and safety appear on the agenda for senior management team meetings?	48	27
Does your executive/senior management team set targets for health and safety?	32	22
Does your organisation publicly report its performance on health and safety in annual reports?	23	20
Does your senior management team ensure your organisation assesses the health and safety arrangements of partners, key suppliers and contractors?	60	20
Does your senior management team ensure your organisation has health and safety standards for the procurement of goods, equipment and services?	77	13
Does your senior management team monitor the sickness absence and workplace health of your workers?	87	12
Has your senior management team nominated a director to "champion" health and safety at senior management team level?	55	22
<b>Base</b>	<b>60</b>	

## 4. details of health and safety actions

4.1 Respondents were asked at random a question about one of the activities that they stated their authority had carried out; the following section provides details of this.

### 4.2 *Health and safety on the senior management team's agenda*

4.2.1 Fourteen respondents were asked how often health and safety appeared on the agenda and what prompted it to appear. Half of the respondents suggested that it was an item that appeared on a quarterly basis, with two of these respondents also reporting that it appears on an ad hoc basis as well. Other answers included, weekly, monthly and six monthly.

4.2.2 The most common reason for health and safety appearing on the SMT agenda was because it was a standing item, or that it was prompted to appear when there were issues linked to health and safety.

### 4.3 *A 'champion' for health and safety at senior management team level*

4.3.1 Eleven respondents were asked to detail who was the champion for health and safety and why this person had been appointed. The most common answers were the director of resources and director of corporate services.

4.3.2 Common reasons given for appointing a director as champion were that an emphasis was needed on corporate health and safety within the authority; and someone senior was required to head this up.

4.3.3 Two respondents stated that the HSE/loD *Leading Health and Safety at Work* guidance had directly affected their authority's decision to appoint a champion.

*We have a health and safety committee of members and they received the report and as a result of the report they wanted a champion.*

**London borough, London**

### 4.4 *Setting targets for health and safety*

4.4.1 Four respondents were asked for details about what prompted their authority to set targets for health and safety.

4.4.2 Of the four respondents, one was influenced partially by the HSE/loD guidance. However, the change was also due to the introduction of the Corporate Manslaughter legislation in 2008:

*It was partially due to the loD document. I have been in post for two years and recognised the need to strengthen health and safety. The most significant reason was the loD document and the change in legislation.*

**Unitary authority, North East**

4.4.3 One respondent reported that their authority had been prompted to set targets for health and safety due to the publication of HSG65 – *Successful Health and Safety Management*.

4.4.4 The two other authorities had introduced targets for health and safety as a result of corporate health and safety reporting.

#### 4.5 *Health and safety standards for procurement*

4.5.1 Fourteen respondents were asked for details about what prompted health and safety standards to be set for procurement.

4.5.2 A common reason for the health and safety standards to be set for procurement was because they had been written into procurement practices separately:

*It was part of a review of our procurement procedure. We are part of a consortium and it was considered good practice. It was more driven by procurement than health and safety.*

**District authority, North West**

4.5.3 In other authorities health and safety had historically been a long-standing part of the procurement process:

*As far as I know it has been done for 10 years, since I have been at the council, so it's historic. It's a long-standing practice. We are an authority who cares about its workers.*

**Metropolitan district authority, North West**

4.5.4 Some respondents, when asked about procurement, discussed the health and safety arrangements of their authorities' contractors.

#### 4.6 *Health and safety arrangements of partners*

4.6.1 Five respondents were asked what prompted their authorities to ensure that the health and safety arrangements of partners were assessed.

4.6.2 Some authorities suggested that this area had been introduced due to a review or overhaul of health and safety procedures. None of these authorities suggested that these were a direct result of the HSE/loD guidance. This was either because the review had not happened recently or because other guidance had a bigger affect:

*Generally we have tightened up our health and safety processes. I wouldn't say it was just directly from using that document. It is part of managing safety responsibly and HSG65 as well.*

**District authority, West Midlands**

4.6.3 One authority suggested it was as a result of the procurement and commissioning framework already in existence.

#### 4.7 *Monitoring sickness absence and work place safety of workers*

4.7.3 Nine respondents were asked about how they monitored the sickness absence and work place safety of their authority's workers.

4.7.4 The commonest way that sickness absence and work place safety was monitored was through reporting, on a monthly or quarterly basis, to the senior management team or champion for health and safety.

4.7.5 Reporting was either a procedure within HR, or e-systems were in place to monitor sickness absence:

*It's done through internal system/database. Data is compiled on sickness and absence from this. The statistics go to the strategic directors every quarter.*

**Unitary authority, South East**

4.8 *Reporting health and safety in annual reports*

4.8.1 Four respondents were asked what they reported in terms of health and safety for annual reporting.

4.8.2 All four respondents stated that performance indicators were reported in relation to sickness absence and accidents at the workplace:

*It includes general performance indicators, such as accident figures, absence figures, quantity of health and safety training for individuals, risk assessments.*

**Unitary authority, South West**

4.9 *Benchmarking health and safety*

4.9.1 All respondents who stated that their authority benchmarked health and safety against other organisations (40 per cent) were asked who they benchmarked against, how they shared information, and whether a benchmarking tool was utilised to do so.

4.9.2 Authorities tended to benchmark with other authorities within their region or county area. This was either within formal networks, an example of which is the Eastern Regions Safety Forum, or more informal networks:

*Our health and safety advisor has joint meetings with other authorities in the county area. It is not a formalised process.*

**District authority, West Midlands**

4.9.3 Some authorities conducted benchmarking with authorities that were of a similar type to themselves, for example county councils or unitary authorities.

4.9.4 One authority suggested that they found it difficult to find authorities to benchmark against:

*We need [to find] some comparative organisations with a comparative workforce.*

**District authority, South East**

4.9.5 One authority benchmarked with fire authorities.

4.9.6 Some authorities shared information in a highly formalised way through specially developed benchmarking tools, such as questionnaires.

- 4.9.7 But, for most of those stating they carried out benchmarking, it was much more informal, with available statistics and case studies being exchanged at face to face meetings, or when visiting other authorities.
- 4.9.8 Twenty nine per cent of respondents stated that their authorities had used a tool to conduct their benchmarking. For six authorities this was a tool that they had developed on their own, or in collaboration with other authorities. Only one respondent stated that their authority used CHaPSI.
- 4.9.9 Two respondents were aware that benchmarking occurred within their authority, but were unaware of the specific details as their health and safety officer dealt with this area.

## 5. awareness of legislation affecting the responsibilities of directors

- 5.1 All respondents were asked which legislation they were aware of that affected the responsibilities of directors. They were not given any prompts to help them answer<sup>3</sup>. Table 5 shows the results.
- 5.2 Eighty-two per cent of respondents mentioned, unprompted, the Corporate Manslaughter and Homicide Act 2007.
- 5.3 No respondents mentioned the Companies Act 2006 unprompted, in relation to legislation affecting the responsibilities of directors.
- 5.4 However, 18 per cent of respondents were aware that there had been changes but were unable to name the legislation.
- 5.5 Three per cent of respondents were unaware of any changes.

**Table 5 - Are you aware of recent legislation that affects the responsibilities of directors? If so, what legislation are you aware of?**

<b>Legislation</b>	<b>Percentage</b>
Corporate Manslaughter and Homicide Act 2007	82
Companies Act 2006	0
Aware of changes, but cannot recall the name of the legislation	18
Not aware of any recent legislation changes	3
<b>Base</b>	<b>60</b>

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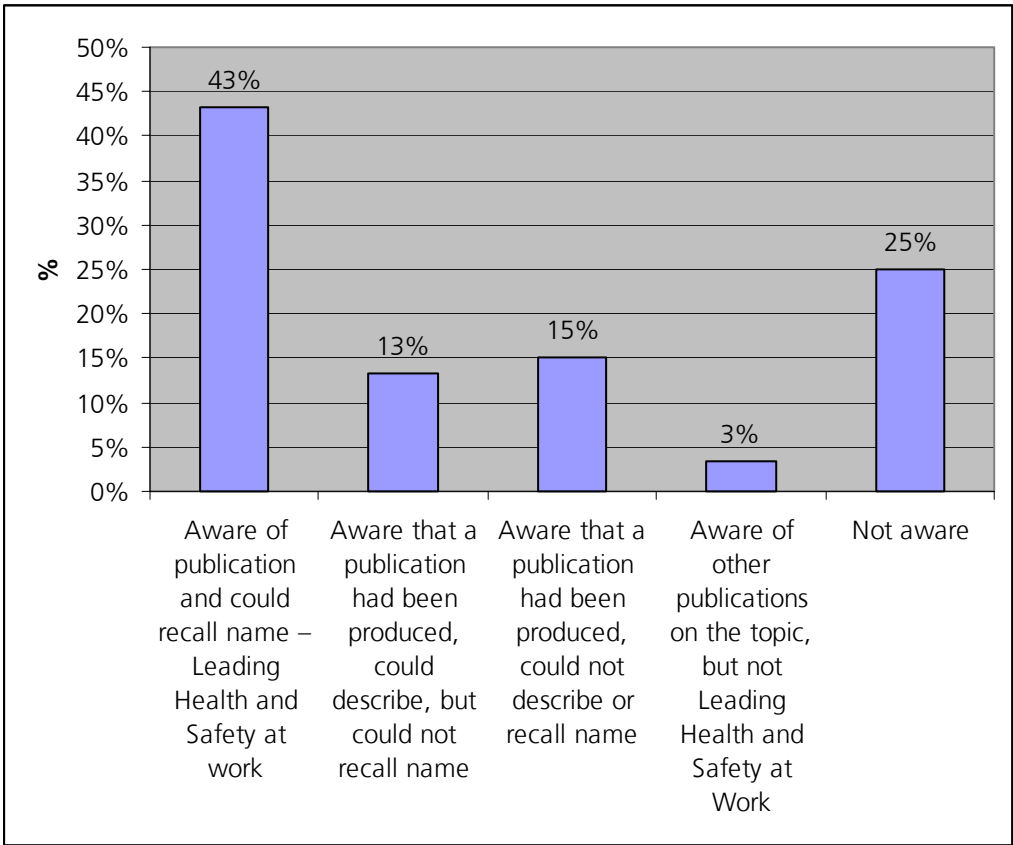
<sup>3</sup> Please note that respondents did not have to name the exact name of the act: e.g. for example "new law on corporate manslaughter" was considered sufficient.

## 6. HSE/loD guidance – Leading health and safety at work

### 6. Awareness of the guidance

- 6.1.1 Respondents were asked whether prior to the interview they were aware that the HSE/loD had jointly published guidance for directors on health and safety at work (Figure 1).
- 6.1.2 Forty three per cent of respondents were aware of the publication and could recall its name. Thirteen per cent of respondents were aware that a publication had been produced, and could describe it, but could not recall its name; whilst 15 per cent were aware a publication had been produced, but could neither describe it nor recall its name.
- 6.1.3 A quarter of respondents (25 cent) were unaware of the publication, whilst three per cent of respondents were aware of other publications, but unaware of *Leading Health and Safety at Work*.

**Figure 1 - Prior to our conversation, were you aware that at the end of 2007 the Health and Safety Executive and Institute of Directors had jointly published guidance for directors on Health and Safety?**



**Base:** All respondents (60)

## 6.2 *Authorities unaware of the guidance*

- 6.2.1 Where authorities were unaware of the *Leading Health and Safety at Work* guidance, they were provided with the name and a short description of the appearance and contents of the report. From this description, one respondent stated that they had heard of it, with the remaining 16 respondents remaining unaware.
- 6.2.2 The sixteen respondents who were unaware were asked where they typically went for information regarding their responsibilities as a Director/Manager with responsibility for health and safety; respondents could select more than one option.
- 6.2.3 Most frequently stated was that respondents went to an internal expert within their authority (14 respondents). Six respondents' stated that they went to their health and safety officer, with four stating they went to the health and safety manager, and four to 'other' members of the health and safety team.
- 6.2.4 Two respondents reported that they went to external trade associations for their health and safety advice.
- 6.2.5 One respondent suggested they obtained advice from the ALARM (the public risk management association) website. This respondent also stated that they did not think health and safety was their responsibility, so may have incorrectly nominated themselves for the interview at the start.

## 6.3 *How respondents found out about the guidance*

- 6.3.1 The 44 authorities aware of the guidance were asked how they had found out about the guidance (Table 6). The most frequently stated way of finding out was receiving a copy from a colleague (32 per cent of respondents).
- 6.3.2 The next most frequently stated ways of finding out were through browsing the HSE website and through word of mouth of a colleague (16 per cent for both respectively).
- 6.3.3 Twenty-one per cent of respondents stated they had found out through 'other' means. This included briefing notes from the HSE, receiving external emails from the LGA Group, being aware of previous publications, working at the HSE at the time the publication was launched and in-house presentations and inductions.
- 6.3.4 Nine per cent of respondents could not recall how they found out about the publication.

**Table 6 - How did you hear about the guidance?**

<b>How found out</b>	<b>Percentage</b>
Attended LGE roadshow	2
Browsing the HSE website	16
Copy was sent out through the IoD	2
IoD website	2
Other conference/event	2
Press/publication	2
Received copy from a colleague	32
Word of mouth – colleagues	16
Word of mouth – other external party	2
Other	21
Could not remember	9
<b>Base: all respondents aware of the guidance</b>	<b>44</b>

#### 6.4 *Reading the guidance*

6.4.1 Respondents who were aware of the guidance were asked whether they had read the document. Ninety-three per cent of respondents had read the guidance, whilst seven per cent had not.

6.4.2 Respondents who had read the guidance were asked in which format they had read it (Table 7). Respondents could select more than one option. Of those who had read the guidance, 59 per cent had read a hard copy, 49 per cent had downloaded a copy and 10 per cent had read a copy on the website.

**Table 7 - In what format did you read the guidance?**

	<b>Percentage</b>
Downloaded a copy	49
Read a hard copy	59
Read on the website	10
<b>Base: all respondents who had read the guidance</b>	<b>41</b>

#### 6.5 *Respondents who had read the guidance*

6.5.1 Of the 41 respondents who had read the guidance, nearly two fifths (39 per cent) had kept the guidance for future reference after reading it.

6.5.2 Thirty seven per cent passed the guidance onto a colleague. This was normally a director or member of the senior management team, as well as health and safety team members. Respondents most often stated that they passed the guidance on so it would be seen by the people it was relevant to, and also to raise the profile of health and safety in the organisation:

*They needed to know about it [the guidance] and what was in it, and it fitted with where I wanted to take the organisation in relation to health and safety.*

**County council, East of England**

6.5.3 Twenty-four per cent of respondents categorised what they did with the guidance as 'other'. Most often this was writing a briefing paper for the senior management team, or communicating the guidance to the organisation.

*6.6 Respondents who had not read the guidance*

6.6.1 Three respondents who stated they had not read the guidance were asked if they had read a commentary of the guidance. Two of the respondents had read a commentary which had been produced internally at their authority. One respondent had not read a commentary.

6.6.2 Respondents who had not read the guidance were asked if they had received a copy of the guidance. Two of the respondents had not, and one respondent had.

6.6.3 The respondent who had received a copy of the guidance was asked what they did with the guidance once they had received it. They stated that they had kept it for future reference.

## 7. respondents' views on the guidance

### 7.1 Respondents' thoughts on the content of the guidance

7.1.1 Respondents were asked what they thought about the guidance. Thirty-one of the 41 respondents who had read it were largely positive about it.

7.1.2 A common view was that the guidance was pitched at the right level for a director or a manager who was not a health and safety director. The language was clear and the report was not onerous.

*It was very good, helpful, unlike a lot of health and safety stuff which is out there, it read like it was trying to help busy managers to understand what they needed to do. It was spot on for me as I could take it immediately and use it.*

**County council, Yorkshire and Humberside**

7.1.3 Equally, respondents liked both the checklist and case studies which helped to demonstrate what authorities should be doing, and how they could use best practice to achieve that:

*The case studies were useful. If you see what is going on elsewhere you think, that could happen here.*

**Unitary authority, South West**

7.1.4 Eight authorities were negative about the guidance. Some did not feel the guidance was aimed at local government, and that made it difficult to implement within a local government setting:

*From a council point of view it talks about 'the board'. It's difficult to know who this might be (in terms that there is a political and officers board), it's not obvious as it has been developed more for the private sector.*

**County council, East of England**

7.1.5 Some authorities considered the guidance to be too simplistic or contain nothing new.

7.1.6 Seven authorities appeared indifferent towards the guidance. This was mainly because the guidance was published a while ago, so they struggled to remember its content and their thoughts at the time.

### 7.2 Relevance of the guidance

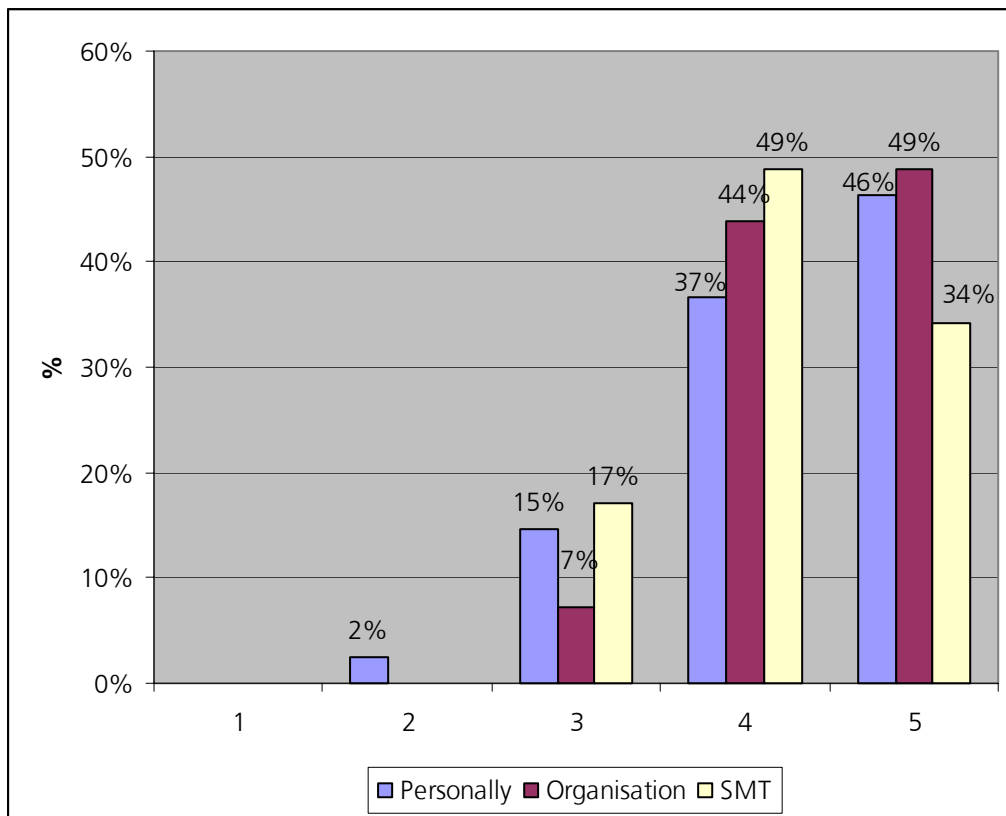
7.2.1 Respondents who had read the guidance were asked how relevant it was, on a scale where 'one' was 'not at all relevant' and 'five' was 'completely relevant'. They were asked in relation to themselves personally, their organisation and their senior management team (Figure 2).

7.2.2 Nearly half (46 per cent) of the respondents thought the guidance was completely relevant to them personally, and a further two fifths (37 per cent) scored the guidance as being a 'four' out of five. One respondent rated the guidance as being not very relevant for themselves (a score of 'two' out of five).

7.2.3 Nearly half of the respondents thought the guidance was completely relevant to their organisation (49 per cent), and a further 44 per cent of respondents rated it as a 'four' out of five.

7.2.4 Nearly half of respondents (49 per cent) rated the guidance as a 'four' out of five for their SMT, whilst just over a third of respondents (34 per cent) thought that the guidance was completely relevant (a score of 'five' out of five) for this group.

**Figure 2 - Relevance of the guidance to a) you personally, b) your organisation, c) other members of the SMT**



**Base:** All respondents who had read the guidance (41)

### 7.3 The effect of the guidance on understanding responsibilities

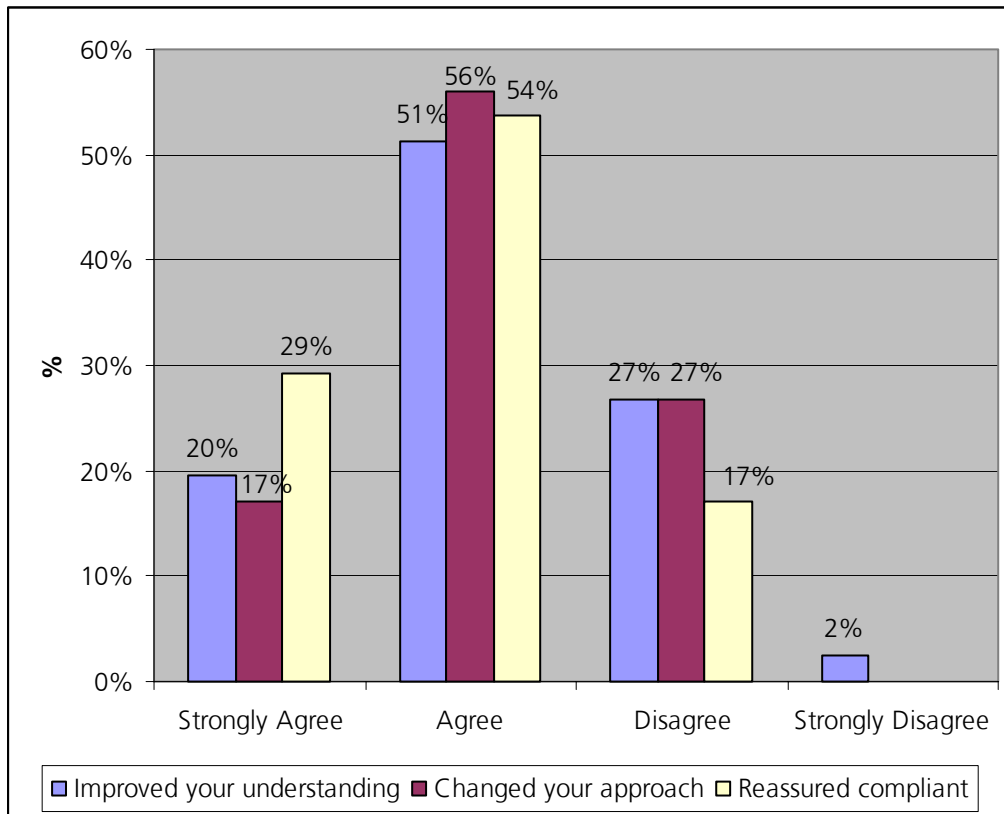
7.3.1 Respondents were asked whether they agreed or disagreed that the guidance had improved their understanding of health and safety, changed their approach to health and safety and reassured them that they were compliant with health and safety regulations (Figure 3).

7.3.2 Just over half (51 per cent) agreed that they had an improved understanding of health and safety, with a fifth (20 per cent) strongly agreeing. However, just under 30 per cent either disagreed or strongly disagreed. This may be where respondents felt they had already had a good understanding of the issues.

7.3.3 The majority (56 per cent) also agreed that they had changed their approach to health and safety as a result of the guidance, with 17 per cent strongly agreeing. Again, twenty-seven per cent stated that they disagreed that they had changed their approach as a result of the guidance, possibly as a result of already having an approach that did not require modifying.

7.3.4 Fifty-four per cent of respondents agreed that they had been reassured that they were compliant with health and safety regulations as a result of the guidance. Twenty-nine per cent of respondents strongly agreed with this statement (the largest percentage for all three statements) and just 17 per cent disagreed with the statement.

**Figure 3 - Has reading the guidance had any of the following effects?**



**Base:** All respondents who had read the guidance (41)

#### 7.4 Action taken as a result of the guidance

7.4.1 Respondents were asked if they (or their authority) had taken any action as a result of reading the guidance. Seventy six per cent of authorities (thirty-one respondents) suggested that they had.

7.4.2 The most common action taken as a result of having read the guidance was the introduction of briefing or training for senior managers (and sometimes managers at a lower level) about their health and safety responsibilities.

*We have introduced health and safety responsibility training for all senior managers, and that is now a compulsory course. Even our chief executive has been on it.*

**County council, East of England**

- 7.4.3 Another common action was to update or review health and safety policies. At least six authorities had done so:

*I embedded the principles of the document within our new health and safety policy - strengthening the importance of wellbeing.*

**Unitary authority, North East**

- 7.4.4 Other actions included using the guidance to raise the profile of health and safety in the organisation among all staff, producing reports for the senior management team members and including health and safety in annual reports.
- 7.4.5 Six authorities suggested that they were planning to take action as a result of the guidance. Planned action varied, but included appointing a champion at directorate level for health and safety, carrying out a health and safety audit, updating health and safety policies, and looking at ways to get members more greatly involved.
- 7.4.6 Nine authorities reported that they had not taken action as a result. For four authorities this was because they stated that they were already carrying out all the actions within the guidance:

*We were already doing everything the guidance asked - already achieving best practice. We obviously read to check we were complying, but we didn't feel we needed to make changes to our practice.*

**Metropolitan district, North East**

- 7.4.7 Three authorities suggested that, although the guidance provided background information for the alterations they were making, it was not the key reason for changes being made within their authority:

*We have developed our health and safety policy, but the guidance was part of a package of information we have used to do this...we have generally been tightening the process, [it's] not just as a result of that document.*

**District council, West Midlands**

- 7.4.8 One respondent noted that the guidance had not resulted in any action because the document in itself could not induce a cultural change.
- 7.4.9 One authority had yet to report to the senior management team, so could not say if action would be taken.

# 8. Legally binding health and safety duties

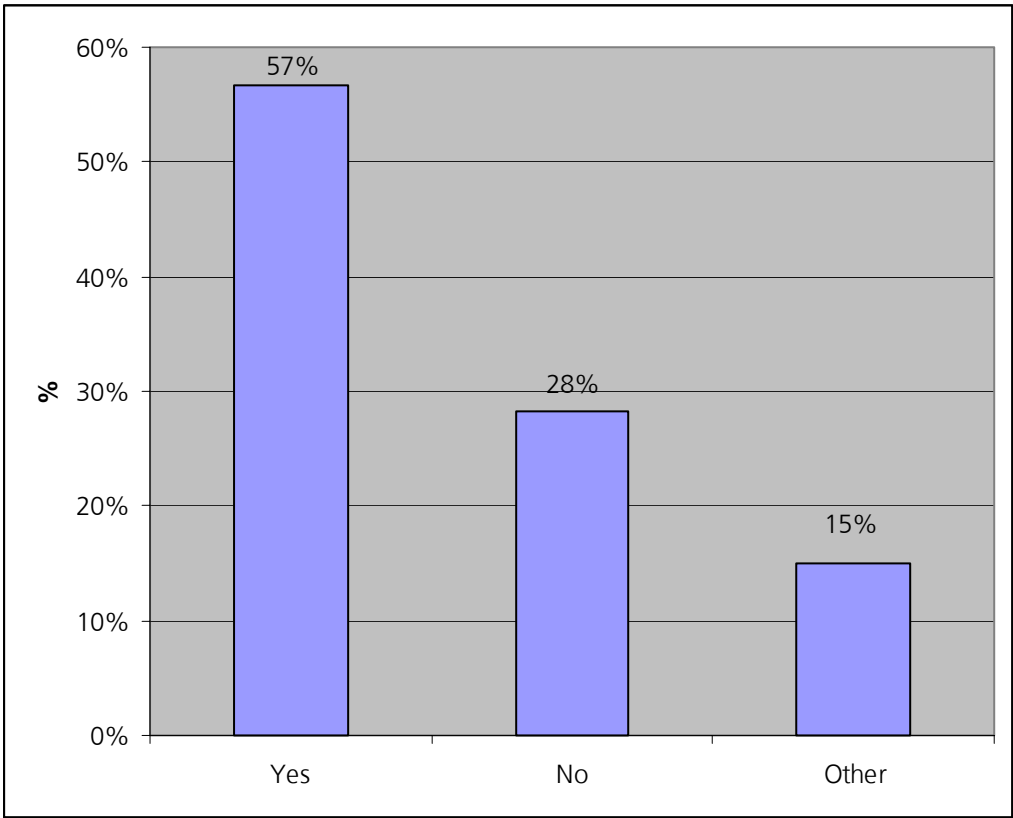
## 8.1 Placing legally binding health and safety duties upon directors and board members

8.1.1 All 60 respondents were asked whether they thought that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation. Figure 4 shows the results.

8.1.2 The majority (57 per cent) agreed that placing legally binding health and safety duties would improve the health and safety performance of the organisation.

8.1.3 Of those who stated 'other', three respondents suggested that it would work theoretically, but it was not the way to improve health and safety within an organisation. Two authorities stated that legally binding health and safety duties were already in place. One authority stated that this would only act as a deterrent if prosecutions occurred.

**Figure 4 - Do you think that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation?**

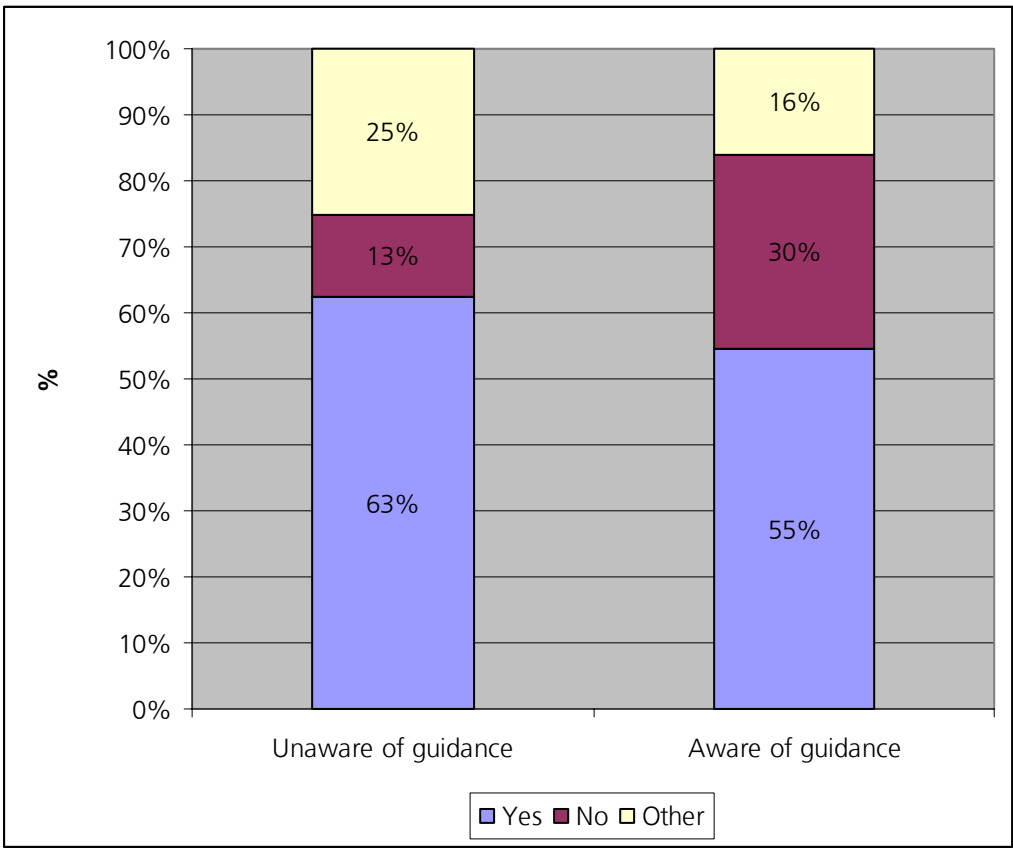


**Base:** All respondents (60)

8.1.4 Figure 5 compares the views of those who were unaware of the guidance and those who were aware of it, showing there were some differences as to whether they felt legally binding health and safety duties upon directors and board members would improve the organisation’s health and safety performance.

8.1.5 A greater number of respondents who were aware of the guidance felt that placing legally binding health and safety duties upon directors and board members would not improve the health and safety performance of the organisation (30 per cent) compared to those who were not aware (13 per cent).

**Figure 5 - Whether respondents thought that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation, by those unaware and aware of the guidance.**



**Base:** Respondents who were unaware of the guidance (16), and respondents who were aware of the guidance (44)

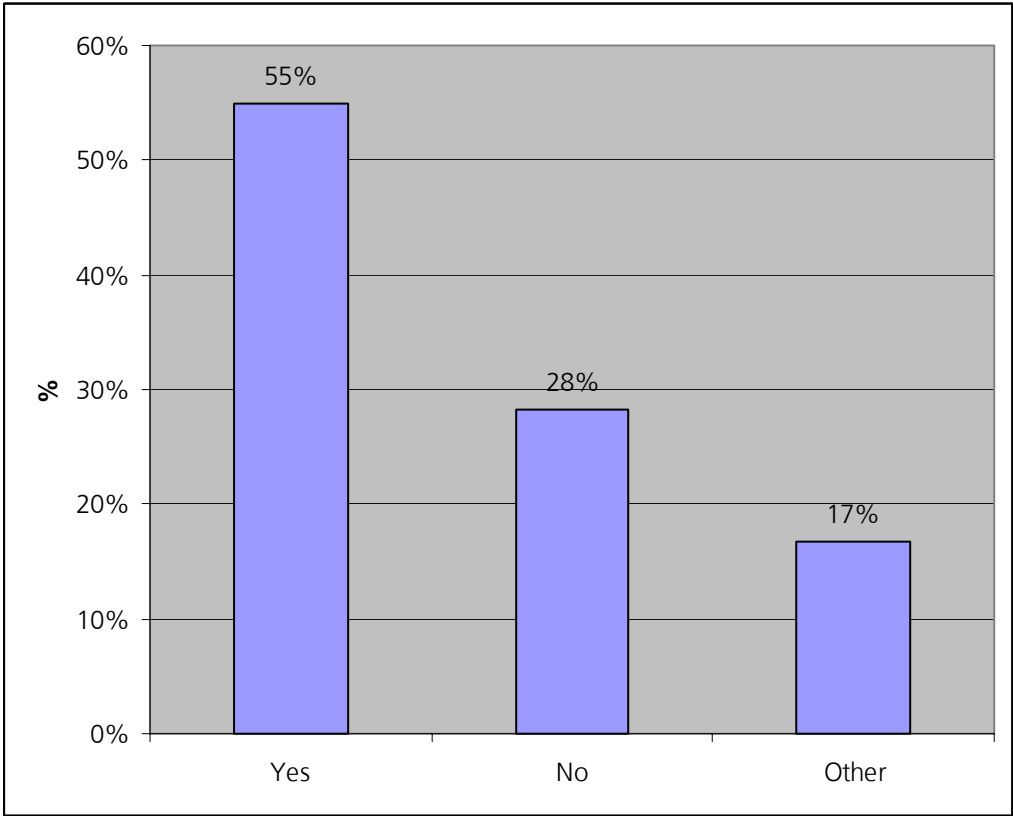
8.2 Supporting a proposal to place legally binding health and safety duties upon directors and board members

8.2.1 All 60 respondents were asked in the survey their views on whether they would support a proposal to place legally binding health and safety duties upon directors and board members (Figure 6).

8.2.2 Just over half of respondent (55 per cent) stated that they would support a proposal to place legally binding health and safety duties upon directors and board members.

8.2.3 Of those who stated 'other', common themes included four respondents stating that the legislation was already in place and two who supported legally binding health and safety duties being placed upon the corporate body, but not the individual.

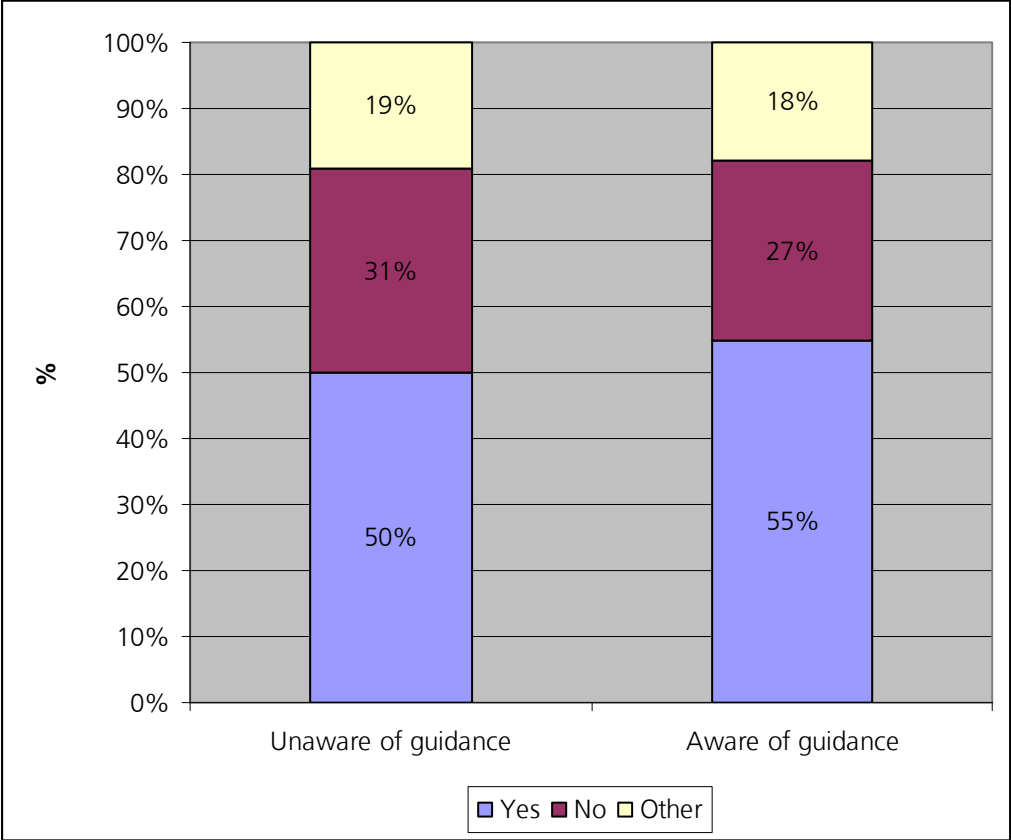
**Figure 6 - Would you support a proposal to place legally binding health and safety duties upon directors and board members?**



**Base:** All respondents (60)

8.2.4 Comparing the views of those who were unaware of the guidance and those who were aware of it, showed there was little difference as to whether they would support legally binding health and safety duties being placed upon directors and board members. Fifty per cent of respondents who were unaware of the guidance thought that such legislation should be in place, compared to 55 per cent of respondents who were aware of the guidance (Figure 7).

**Figure 7 - Whether respondents would support a proposal to place legally binding health and safety duties upon directors and board members, by those unaware and aware of the guidance.**



**Base:** Respondents who were unaware of the guidance (16), and respondents who were aware of the guidance (44)

## 9. conclusion

The majority of respondents who stated they were responsible for health and safety at a corporate or strategic level were Directors (53 per cent). It should be noted, however, that identifying those responsible within authorities was a time-consuming task: not all authorities were easily able to identify the appropriate officer and, even when they were identified, the interviews were difficult to arrange.

There is an indication that activities carried out by authorities were rarely influenced by the HSE/loD guidance. Most authorities were carrying out many of the activities suggested in advance of the guidance being published. However, where they were not, the guidance did appear to provide a stimulus to introducing them.

More than half of respondents (56 per cent) were aware of the HSE/loD publication (and could either name it, or were able to describe it). This indicates that the guidance has penetrated the strategic management of the authorities involved in the research.

Respondents appeared to fall into two groups. First, there were some respondents who felt that the guidance was too simplistic; and around a third of respondents felt it made no difference to their understanding of, or approach to, health and safety issues. This may be where respondents felt they had already had a good understanding of the issues.

Secondly, there was a group who found the guidance useful. They felt the guidance was pitched at the correct level for non health and safety professionals who were in a position of management, which enabled it to be used within the authority, in particular with members of the senior management team. Around half of respondents agreed that the guidance had improved their understanding of health and safety, changed the way they would approach health and safety and reassured them that they were compliant with health and safety.

# annex A

## HSE/loD Survey

### 1) What is your job title?

- Chief Executive
  - Deputy Chief Executive
  - Health and safety Director
  - Other Director (please specify)
- .....

### 2) Below are 8 actions that your authority may carry out in relation to health and safety.

Please state if your authority carries out these actions, and if so when they were started.

	Yes; started in or since October 2007	Yes; started before October 2007	No	Don't know	Not applicable
Does health and safety appear on the agenda for executive/senior management team meetings?					
Has your executive/senior management team nominated a director to "champion" health and safety at executive/senior management team level?					
Does your executive/senior management team set targets for health and safety?					
Does your executive/senior management team ensure your organisation has health and safety standards for the procurement of goods, equipment and services?					
Does your executive/senior management team ensure your organisation assesses the health and safety arrangements of partners, key suppliers and contractors?					

Does your executive/senior management team monitor the sickness absence and workplace health of your workers?					
Does your organisation publicly report its performance on health and safety in annual reports?					
Do you benchmark your organisation's health and safety performance against that of other organisations?					

*If respondent only carries out benchmarking please go to question 4*

*If respondent does not carry out any of the above behaviours, please go to question 5.*

**3) If yes to one or more, select one at random to ask more detail.**

*Please capture verbatim.*

- a. You mentioned that Health and Safety appears on the board's agenda. How often does health and safety appear on the board's agenda? What prompts it to appear?
- b. You mentioned that you have appointed someone to champion health and safety. Who did you nominate to champion health and safety [POSITION, NOT NAME]? Why did you nominate someone to act as a champion?
- c. You mentioned that you set targets for health and safety. What prompted you to set health and safety targets?
- d. You mentioned that you ensure your organisation sets health and safety standards for procurement. What prompted you to ensure health and safety standards are set for procurement?
- e. You mentioned that you ensure your organisation assesses the health and safety arrangements of partners. What prompted you to ensure the health and safety arrangements of partners are assessed?
- f. You mentioned that you monitor the sickness absence and workplace health of your workers. How do you do that?
- g. You mentioned that your organisation reports on health and safety in your annual report? What do you report (with respect to health and safety)?

*If respondent did not say that they benchmark their organisations performance against that of other organisations, please go to Question 5.*

## Benchmarking

You mentioned that you benchmark your health and safety performance against other organisations.

### 4a) Who do you benchmark against and how do you share information?

### 4b) Do you use a tool to do this (e.g. CHaSPI – HSE’s Corporate Health and Safety Performance Index or Business Link’s ‘health and safety performance indicator’)?

- Yes
- No
- Don’t know

### 4c) If yes, what is the name of this tool?

### 5) Are you aware of recent legislation that affects the responsibilities of directors? If so, what legislation are you aware of?

*(Note: we do not need exact name e.g. for option (a), "new law on corporate manslaughter" will be sufficient.)*

- Corporate Manslaughter and Homicide Act 2007
- Companies Act 2006
- Aware of changes, but cannot recall the name of the legislation
- Not aware of any recent legislation changes

### 6) Prior to our conversation, were you aware that at the end of 2007 the Health and Safety Executive and Institute of Directors had jointly published guidance for directors on Health and Safety?

- Aware of publication and could recall name – Leading Health and Safety at work
- Aware that a publication had been produced, could describe, but could not recall name
- Aware that a publication had been produced, could **not** describe or recall name
- Aware of other publications on the topic, but not Leading Health and Safety at Work
- Not aware

If aware of the leading health and safety at work publication, please go to question 9.

**7) The publication is called *Leading Health and Safety at Work*. Have you heard of it?**

**DESCRIBE IN MORE DETAIL IF NECESSARY. USE THE FOLLOWING DESCRIPTION:** The hard copy of the guidance has the Institute of Directors (IoD's) and Health and Safety Commission's (HSC's) logos on the front cover. It has a blue/green cover, is 12 pages long and A4 size. The guidance is set out as an agenda for action - plan, deliver, monitor and review; includes a checklist, case studies and advice on legal liability including reference to the new law on corporate manslaughter (in Scotland called corporate homicide).

- Yes
- No

If not aware of the document after prompting, go to Q8, otherwise go to question 9.

**8) Where do you typically go for information regarding your responsibilities as an Owner/Director/Board Member for Health and Safety?**

Select all that apply

- Internal expert, please specify   
.....
- External support – consultant
- External support – trade associations
- LGE
- External support – government online resources, please specify:   
.....
- External support – local Business Link office
- Other, please specify:   
.....
- Don't think they have responsibilities for health and safety
- Do not seek information regarding responsibilities for health and safety

Respondents go to question 21

If aware of the document at question 7:

**9) How did you hear about it?**

*Select all that apply*

- Browsing the HSE website
- Browsing LGE website
- A copy was sent out through the IoD
- Attended LGE roadshow
- Attended CBI conference
- Attended EEF seminar on corporate manslaughter
- Attended RoSPA roadshow
- Other conference/event, please specify below
- .....
- Via trade bodies, please specify below
- .....
- Word of mouth – colleagues
- Received copy from a colleague
- Word of mouth – other external party
- Television
- Radio
- Press / publication
- IoD website
- Web search
- Other, please specify below
- .....

**10) Have you read the guidance?**

*Select all that apply*

- Yes – on the website
- Yes – downloaded a copy
- Yes – hard copy
- No

*If guidance read, go to question 13*

**11a) Have you read any commentaries or editorials concerning the guidance?**

- Yes
- No

**11b) If yes, where did you read it?**

**11c) If yes, do you recall what this said about the guidance?**

**12) Have you received a copy (hard/electronic)?**

- Yes   
No

*If they have received a copy, but not read*

**13) What did you do with the guidance?**

- Kept it for future reference/added to favourites/similar   
Threw it away   
Passed it on to a colleague (hard copy/electronically), please specify who:  
.....   
Other, please specify:   
.....   
Don't know

*If passed on to a colleague, but did not read themselves go to Q14.*

*If read the guidance ,please go to Q17*

**14) Why did you pass the guidance on to someone else rather than reading it yourself?**

*If they did not read the guidance themselves, go to question 21*

**Q15) What did you do with the guidance once you had read it?**

- Kept it for future reference/added to favourites/similar   
Threw it away   
Passed it on to a colleague (hard copy/electronically), please specify who:  
.....   
Other, please specify:   
.....   
Don't know

*If passed on to a colleague*

**16) Why did you pass the guidance to your colleague(s)?**

**17) What did you think about the guidance?**

*(unprompted, capture verbatim and code. Verbatim positive and negative responses to be coded in analysis stage):*

Positive about the guidance

Negative about the guidance

Indifferent about the guidance

**18) How relevant was the guidance to (1-5 scale 'not at all relevant' to 'completely relevant'):**

	1	2	3	4	5
You personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other members of your board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19) Would you agree/disagree that reading the guidance has:**

	Strongly disagree	Disagree	Agree	Strongly agree
Improved your understanding of your responsibilities for Health and Safety in your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed the way you will approach Health and Safety in your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reassured you that you are compliant with Health and Safety regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20) Have you taken any action having read the guidance?**

*(capture verbatim)*

Yes – action taken – what did you do?

Planning to take action – what are you planning to do?

No – why not?

**21) Do you think that placing legally binding health and safety duties upon directors and board members would improve the health and safety performance of the organisation?**

- Yes
- No
- Other, please specify below

**22) Would you support a proposal to place legally binding health and safety duties upon directors and board members?**

- Yes
- No
- Other, please specify below

Close – thank you for your time



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