



Health and safety responsibilities of company directors and management board members

Prepared by **Greenstreet Berman Ltd** for the
Health and Safety Executive 2003

RESEARCH REPORT 135



Health and safety responsibilities of company directors and management board members

Michael Wright and Sara Marsden
Greenstreet Berman Ltd
Fulcrum House
5 Southern Ct, South St
Reading, Berkshire
RG1 4QS

Jacki Holmes
Woodholmes Marketing
15 Lansdowne Terrace
Newcastle Upon Tyne
NE3 1HN

The Health and Safety Commission have issued guidance (INDG 343 "Directors' responsibilities for health and safety") advising that organisations assign directorial responsibility to a Board Director and outlining the range of board level tasks. This report summarises the results of a 2001/02 baseline survey and a 2003 follow up survey of the extent to which there is board level direction of health and safety in large private and public sector organisations.

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.

© *Crown copyright 2003*

First published 2003

ISBN 0 7176 2713 6

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the copyright owner.

Applications for reproduction should be made in writing to:
Licensing Division, Her Majesty's Stationery Office,
St Clements House, 2-16 Colegate, Norwich NR3 1BQ
or by e-mail to hmsolicensing@cabinet-office.x.gsi.gov.uk

CONTENTS

EXECUTIVE SUMMARY

1	INTRODUCTION	1
1.1	AIMS AND SCOPE OF THIS WORK.....	1
1.2	BACKGROUND.....	2
2	PRELIMINARY DISCUSSIONS AND PILOT EXERCISE.....	5
2.1	INTRODUCTION.....	5
2.2	SEMI-STRUCTURED DISCUSSIONS	5
2.2.1	<i>Findings regarding Director's health and safety responsibilities</i>	<i>5</i>
2.2.2	<i>Findings regarding questionnaire design.....</i>	<i>6</i>
2.3	TELEPHONE PILOTING	7
3	MAIN SURVEY	8
3.1	INTRODUCTION.....	8
3.1.1	<i>Sample size and structure</i>	<i>8</i>
3.1.2	<i>Survey method</i>	<i>9</i>
3.2	OVERVIEW OF RESPONDENTS.....	10
3.3	CHECK OF HALO EFFECT.....	17
3.4	BOARD LEVEL HEALTH AND SAFETY ARRANGEMENTS	19
3.5	APPOINTMENT OF HEALTH AND SAFETY DIRECTORS	29
3.6	FACTORS INFLUENCING DESIGN OF ARRANGEMENTS.....	49
3.7	BOARD LEVEL HEALTH AND SAFETY ACTIVITIES.....	62
3.7.1	<i>Introduction</i>	<i>62</i>
3.7.2	<i>Policy review & publicity</i>	<i>62</i>
3.7.3	<i>Audit and performance reports.....</i>	<i>68</i>
3.7.4	<i>Workforce consultation.....</i>	<i>75</i>
3.7.5	<i>Health and safety tasks.....</i>	<i>81</i>
3.7.6	<i>Checking of board's health and safety work.....</i>	<i>90</i>
3.8	PLANS FOR FURTHER REVIEW	94
4	DISCUSSION.....	104

APPENDIX A: FINAL TELEPHONE QUESTIONNAIRE

Executive Summary

Introduction

The Health and Safety Commission have issued guidance (INDG 343, “*Directors’ responsibilities for health and safety*”) on the role of board level directors and their equivalent in the public sector in the direction of occupational health and safety. The guidance advises that organisations should assign directorial responsibility to a Board Director and outlines a range of board level tasks, such as policy formation and performance review.

This report summarises the results of a 2001/02 baseline survey and a 2003 follow-up of the extent to which there is board level direction of health and safety in large private and public sector organisations. The survey is restricted to organisations with over 250 employees. The survey has been designed to:

- Establish the proportion of large firms that have appointed a board level director for health and safety;
- Develop a profile of board level health and safety management arrangements;
- Develop an understanding of the factors influencing the design of board level health and safety arrangements, and;
- Measure the extent to which organisations are aware of the HSC guidance for directors, INDG 343.

The survey results can be used for a number of purposes. Firstly, the survey results help answer the question of whether organisations are already directing health and safety at board level. Thus, the survey findings can inform the debate on the extent to which the HSC need to further promote board level direction of health and safety.

Secondly, the baseline survey was completed in the period November 2001 to January 2002. The follow-up second survey was completed in January – March 2003. Therefore, it is possible to gauge the extent to which organisations have increased board level direction of health and safety.

Thirdly, the survey findings can be used to guide the HSC’s strategy in a number of ways, including:

- Identifying the reasons cited by organisations for providing board level direction of health and safety and the perceived benefits of board level direction – such reasons can be used to further promote the uptake of board level direction, and;
- Identifying those aspects of board level direction wherein there is scope for improvement.

Approach to the surveys

The baseline survey comprised two main stages of work. First a series of semi-structured discussions were held with seven organisations. These discussions served the purpose of ensuring the main survey covered all important issues and used appropriate terminology. The second stage of the baseline survey comprised a telephone survey of 403 organisations using a questionnaire.

The follow-up survey applied the same questionnaire, with minor alterations, to the same 403 respondents (securing 200 repeat interviews from the original 403) and a sample of 200 new interviewees. The sample of new interviewees was acquired to allow a check to be completed of whether the original respondents were prompted by the baseline survey to enact changes. A comparison of responses from original and new respondents to the follow-up survey did not find any consistent pattern of “better” responses from the original respondents. On the whole, there are few marked differences in the findings of the two surveys.

Who responded?

The telephone survey of covered four groups of organisation, namely:

	Baseline survey	Follow-up survey
Top 350 of the FTSE	39	29
Large firms (>250 employees)	228	243
Large Public sector	108	133
Large Voluntary sector	28	31

The respondents were predominantly Managing Directors, Operations Directors, HR/Personnel directors, CEOs and Other – of whom about 30% were board members.

Number of boards

Previous debates and research highlighted the point that an organisation may have more than one board, especially where a group of companies are owned by a holding company. It has been suggested that this can affect the design of board level arrangements. This survey found that:

- The majority of Top 350 firms have two or more boards;
- About half of large firms have two or more boards;
- The majority of public sector and voluntary organisations have only one board.

It is also pertinent to note in the baseline survey that Top 350 respondents usually comprise the highest level board, whilst about 60% of large firms and public sector organisations respondents report to another board or their public sector equivalent. In the follow-up survey a larger % of public sector and voluntary sector respondents sat on the highest board.

Where is health and safety directed?

The surveys found, as summarised for all respondents in Figure E.1, that:

- The % who report that health and safety is directed at board level has risen from 58% to 66% between the baseline and follow-up survey;
- The % of respondents who report that health and safety is directed at “their” board increased from 48% to 58%;
- The % of public sector and Top 350 who direct health and safety at board level is largely unchanged at ~55% and ~73% respectively;
- The % of large firms who direct health and safety at board level has increased from 59% to 71%;
- The % who delegate health and safety has fallen from 38% to 26%.

Thus, Top 350 firms are most likely to have board level direction of health and safety, with public sector organisations the least likely.

The baseline survey found that local government reported the highest level of delegation. The degree of delegation amongst local government is much less in the follow-up survey. However, the degree of delegation has increased amongst NHS respondents.

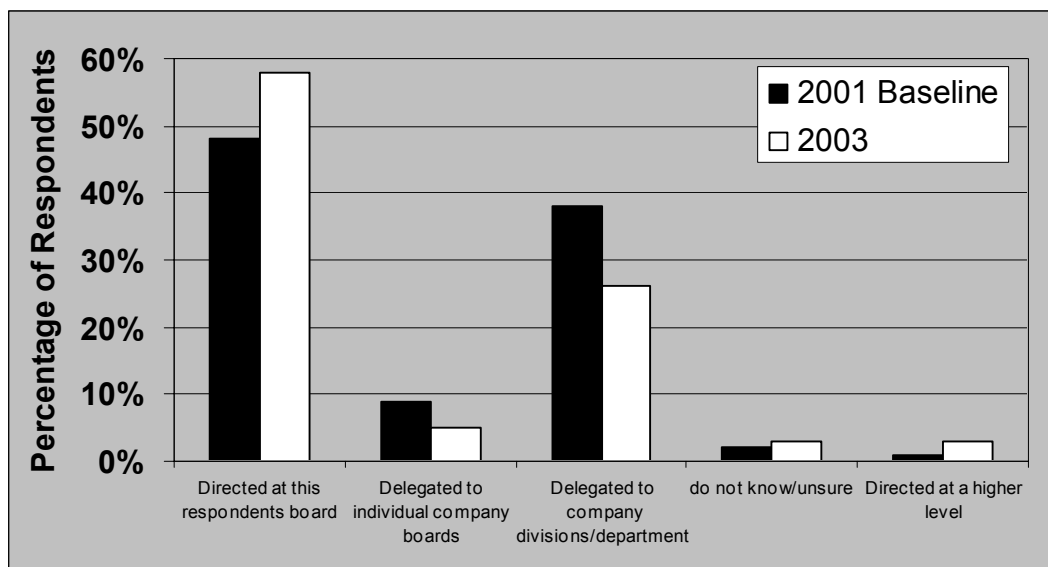


Figure E.1: Where is Health and Safety Directed?

When asked whether an individual member of the board has responsibility for health and safety the survey found, as summarised in Figure E.2, that:

- There has been a small increase from 75% to 82% of respondents who report they have a board level person responsible for health and safety, of whom over a half have been appointed as “Director” of health and safety (meaning that health and safety direction is likely to be their primary role);
- The % of Top 350 with a board level person responsible for health and safety remains high at 90%, vs 85% in the baseline;
- There has been an increase of 14% in the number of large firms with a board level director responsible for health and safety, rising from 73% to 87%,;
- The % of public sector organisations with a board level person responsible for health and safety is largely unchanged, increasing slightly by 3% from 74% to 77%; and;
- 90% and 94% of directors in the two surveys (respectively) who are assigned responsibility for health and safety are full board members.

Therefore, about one third of respondents have a board level person with directorial responsibility for health and safety amongst their primary responsibilities, with another third having a board level director allocated responsibility for health and safety alongside their main role. Some 38% delegate it to a manager below the board. This has not changed greatly. It appears that some organisations report that they delegate health and safety direction despite giving responsibility for health and safety to a person on the board.

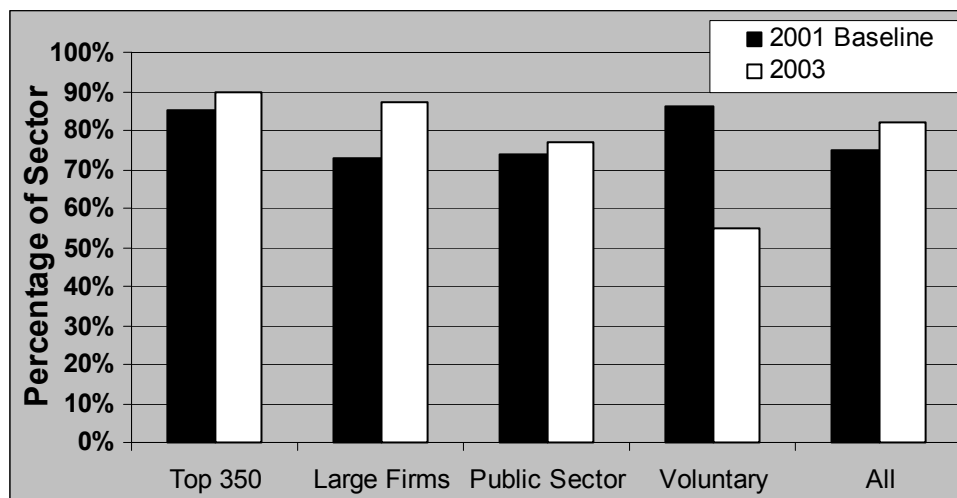


Figure E.2: Percentage of organisations that have allocated health and safety responsibility to a board level director

It is pertinent to note that, despite the majority of Top 350 firms having two or more boards, half of these organisations have a board level person responsible for health and safety.

The vast majority of those organisations that lack board level direction have a health and safety manager who reports to the board, namely 87% in 2001. Only a few % lack any form of health and safety direction or reporting to the board.

The majority of organisations reported in 2001 that they have announced these arrangements publicly either internally or externally. This has fallen from 63% to 49% between the two surveys.

The surveys also explored who was the person who led the last review of health and safety policy. This question aimed to “test” the extent of directorial involvement in safety leadership. Both surveys found that:

- There is a very diverse range of people leading the review of policy– no one job title stands out, and;
- Chief Executive Officers, Managing Directors, Health and Safety Directors, Operations Directors, and Human Resource Directors account for 60% of responses.

Why are these arrangements in place?

The main reasons cited for these arrangements are summarised below in two parts. First we present the results for organisations who do have board level direction. Then we present the results for organisations that delegate health and safety to departments and divisions.

Board level direction (where it is directed at the respondent’s board)

The main reasons cited for board level direction are, in rank order:

	Baseline survey	Follow-up survey
1	Corporate direction is needed	Board level direction is best practice
2	Board level direction is best practice	Power and control is at board level
3	Power and control is at board level	Corporate direction is needed
4	Health and safety is an operational matter (in which the board takes an interest).	New legislation / health and safety law

There has been little change in the reasons for board level direction.

Delegated management (delegated to company divisions/departments)

The main reasons for delegating management are:

	Baseline survey	Follow-up survey
1	Health and safety is an operational matter	Health and safety is an operational matter
2	A general policy of delegation	A general policy of delegation
3	Operations are too diverse	Best practice policies
4	Best practice policies	Health and safety is not an issue for directors

Whilst diversity of operations has fallen as a reason for delegation, the perception that health and safety is not a matter for directors remains a significant finding.

It is pertinent to note that whilst only 50% of all respondents report that they have a specific reason for appointing a board level health and safety director, 88% of the Top 350 respondents have a specific reason. In the majority of cases the board /CEO/MD decided on these arrangements.

What influenced these arrangements?

It is apparent that there are a wide range of factors that influenced respondents' decisions on how to direct health and safety. In addition, with the exception of voluntary organisations, respondents do believe there are very strong pressures on organisations in their sector to manage health and safety.

The survey found that Top 350 respondents gave more weight to factors in general. This can be interpreted to imply that the Top 350 organisations are more aware of or more sensitive to the demands for board level direction of health and safety.

Both surveys found that the most highly rated factors are:

- Top 350 – A general increase in the importance of health and safety, concern about corporate responsibility, general concern about their occupational health performance and fear about the company being prosecuted;
- Large Firms – More influenced by the HSC guidance, and less by corporate responsibility; otherwise the same factors as the Top 350;
- Public Sector – General increase in importance of health and safety, general concern about occupational health, HSC guidance, corporate responsibility, and;
- Voluntary organisations – HSC guidance, general importance of health and safety, general concern about occupational health performance.

It is pertinent to note that neither shareholder pressure, media pressure nor the Turnbull Report were cited as big influences. Overall, the general increase in the importance of health and safety is the top factor, followed closely by HSC guidance and concern about occupational health performance.

The perception that their organisation has high risk operations has a lower rank in 2003, having been equal first in 2001.

As illustrated in figures E.3 and E.4 the vast majority of respondents (75% and 80%) have heard of the HSC guide INDG 343 in the two surveys respectively, a slight increase. Respondents who have heard of INDG 343 (*“Directors’ responsibilities for health and safety”*) are slightly more likely to have board level direction of health and safety, this difference increasing in the later survey.

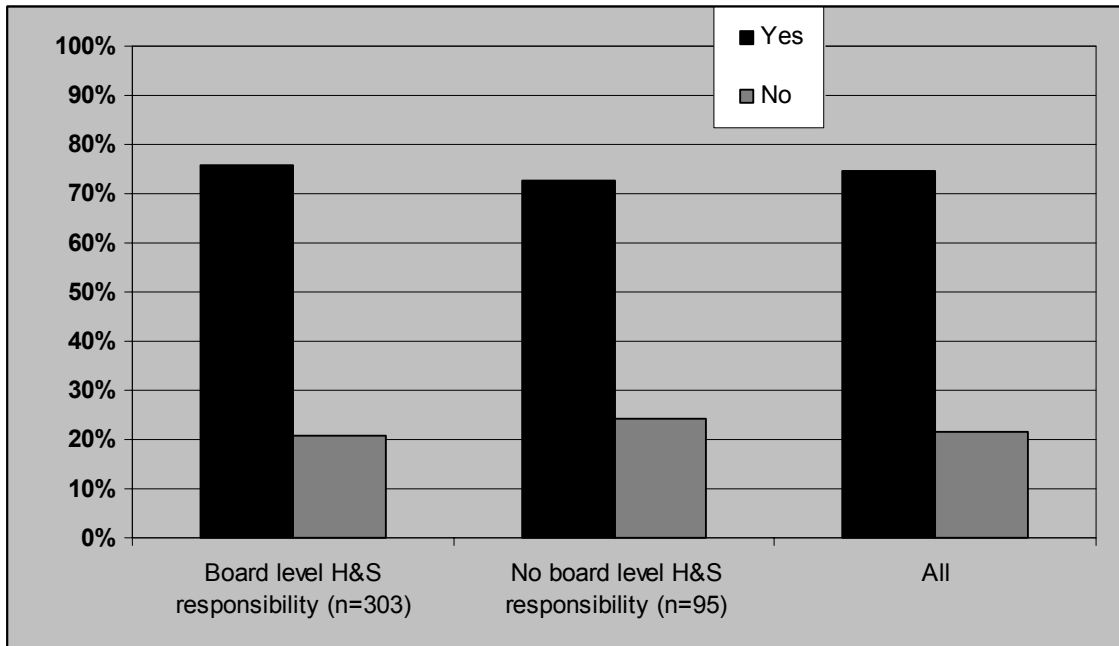


Figure E.3: Have you heard of HSC's guide "Directors responsibilities for health & safety?" (INDG 343) (2001)

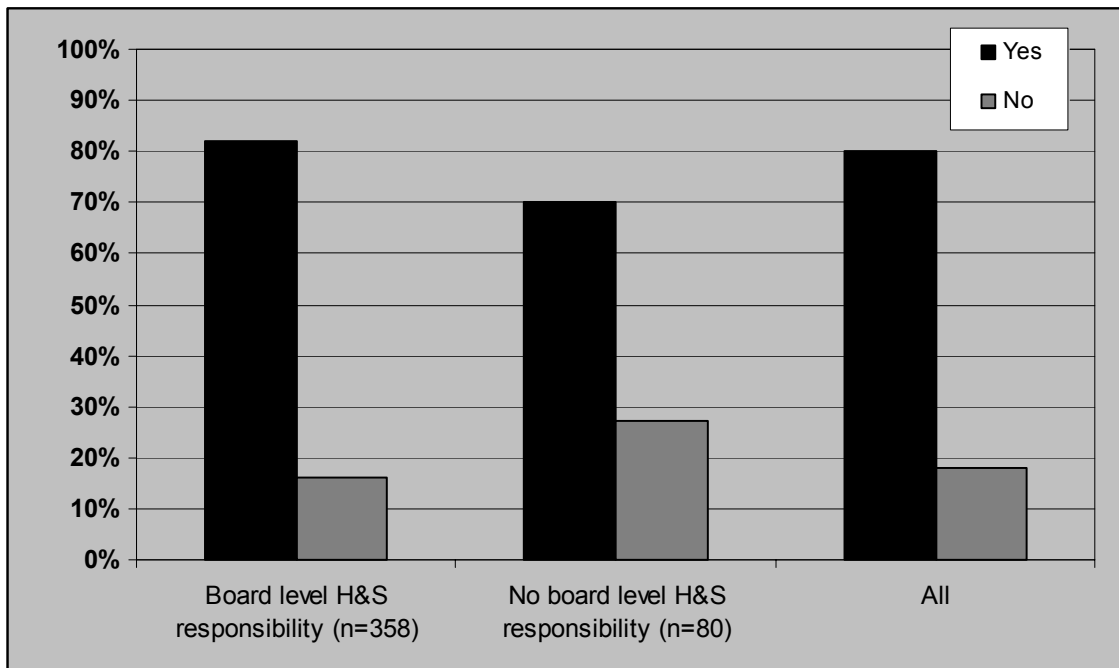


Figure E.4: Have you heard of HSC's guide "Directors responsibilities for health & safety?"(INDG 343) (2003)

What are the benefits of board level direction?

The study asked respondents (with board level direction) what they thought the main benefits of board level direction are. There is a high level of agreement in both surveys that board level direction offers:

- Strong leadership;
- Shows commitment, and;
- Helps to improve health, safety and risk management.

However, it is important to note that public sector organisations are less likely to rate the benefits of board level direction highly. Top 350 firms also note benefits of consistency and focus.

What do boards do?

A series of questions explored how boards are involved in health and safety. The questions covered the range of tasks and objectives noted in the HSC guide INDG 343 (*“Directors’ responsibilities for health and safety”*). The main findings are:

- 83% and 78% of boards have reviewed health and safety policy in the past year in the two surveys;
- About 60% discuss health and safety at least quarterly in both surveys – but in 2001 18% only discuss health and safety when an issue arises, falling slightly to 15% in 2003.
- Most boards review all or “most” serious incidents;
- 74% receive audit reports &/or health and safety performance measures – with 90% of the Top 350 receiving reports / measures;
- The % with written safety objectives has fallen slightly due to a decline in the public and voluntary sector– most objectives focus on improving health and safety, comply with law and having fewer injuries;
- The majority receive a wide spectrum of performance measures in both surveys – particularly Top 350;
- Top 350 & large firms are mostly likely to cite actions in response to reports / performance measures – but almost 20% of all sectors do nothing in response to performance reports, with the public and voluntary sectors being the least reactive in both surveys
- There is a variable level of workforce consultation – with the least amongst the Top 350 & large firms in 2001 – the most common form of consultation was via TU safety/employee representatives & committees. This has changed with more consultation amongst the Top 350 and less amongst the public and voluntary sectors
- Top 350 & public sector organisations are the more likely to have a wide spectrum of board tasks, such as setting health and safety targets and formulating policy;

- In both surveys, board level health and safety directors are more likely to perform tasks than the board as a whole, and;
- The health and safety work of 80 to 90% of boards was audited – internally or externally in 2001 and 2003.

It is pertinent to note that, on the whole, the Top 350 boards report a higher level of “good practices” than other respondents, with public sector organisations relatively less likely to report “good practices”.

Are you going to review arrangements?

The surveys found that:

- 51% of respondents report that their organisation plans to review the level of board direction of health and safety in 2001, falling to 47% in 2003;
- About 40% plan to increase the role of Directors in safety leadership in 2001, falling to 35% in 2003.

The fall in the review plans may reflect the point that some respondents report they have increased board level direction in the interim.

It is also important to note that those organisations that do not have a director responsible for health and safety are less likely to plan to review arrangements. Respondents that are aware of the HSC guide INDG343 are twice as likely to report that they plan to review board level arrangements and twice as likely to have plans to increase the role of directors in health and safety.

Conclusions

Most organisations have board level representation already and display many examples of good practice. The surveys indicate that there is “room” for a significant increase in the number of boards where a person is appointed as director for health and safety with that as their primary responsibility. The public sector has the greatest scope for change, whilst Top 350 firms are the “best”.

As regards areas of management, boards could look at:

- Regularity of board discussions of health and safety;
- The scope of performance measures and reports received;
- Their response to the reports and performance measures, and;
- The level of consultation with the workforce.

As regards promotional strategy, there is a wide range of reasons that can be cited for boards to take these issues forward, including:

- Concern for corporate responsibility;
- General concern for health and safety (i.e. it’s moving up the agenda);

- Avoiding prosecution, and;
- Better risk / health and safety management.

HSC promotion could highlight the following benefits of board level direction;

- Strong leadership;
- Demonstrable commitment;
- Better health and safety management.

Top 350 firms, on the whole, could be cited as examples of “good practice”.

It is concluded that the HSC guidance is a significant factor in prompting boards to review their arrangements. Given that it is CEOs/MDs and other board members who decide upon board responsibilities, any further promotional work should target these people.

1 INTRODUCTION

1.1 AIMS AND SCOPE OF THIS WORK

Government ministers and the Health and Safety Commission attach great importance to the Revitalising Health and Safety (RHS) strategy, as launched by Ministers and the Health and Safety Commission (HSC) in June 2000. The Government and the HSC place particular emphasis on the recommendation that organisations appoint an individual director for health and safety and that the board play a greater role in health and safety. It is thought that the promotion of greater corporate responsibility will make a significant contribution to meeting the RHS targets.

The aim of this research is to identify the extent to which companies and other organisations currently operate in accordance with the HSC guidance for directors, INDG 343. The issues explored by the study are summarised in **Table 1**.

The study involved a baseline assessment in 2001/02 and a follow up survey in 2003.

Table 1: Issues explored by the study

- I. What proportion of surveyed organisations has appointed a director or board member equivalent to be responsible for health and safety?
- II. What proportion of the same companies and other organisations consider health and safety matters at a board level and what is the frequency with which health and safety matters come before the board?
- III. Further, where companies and organisations have appointed a health and safety director or equivalent board member, ascertain how that person's responsibilities have been determined and by whom and the arrangements in place regulating how they operate.
- IV. Identify perceived benefits to the business and to health and safety performance derived from having a health and safety director.

As part of this the study considers:

- The extent to which organisations promote collective responsibility for health and safety performance and policy;
- What prompted these changes;
- To what extent the HSE guidance INDG 343 promoted these changes.

This report provides a summary of the results of the two surveys regarding the uptake of health and safety responsibilities by Directors, Boards and their equivalent in the public sector. The comparison of findings between the 2001/02 and 2003 surveys is intended to provide an indication of trends in the uptake of health and safety responsibilities by Directors, Boards and their equivalent in the public sector. The 2003 study involved re-contacting the same sample of companies from the baseline survey and a number of broadly comparable organisations that had not previously been contacted. The contact with a new sample of other organisations in the 2003 follow-up survey provided a check that changes in behaviour amongst the initial sample were not a result of the “Hawthorne effect”, whereby respondents change their behaviour due to being contacted in this baseline survey.

1.2 BACKGROUND

Safety professionals have long argued that effective safety leadership from the top of organisations is essential. Safety leadership is an element of many safety culture and safety management guides and best practice models. Indeed, directors in organisations that excel in safety demonstrate personal “ownership” for safety. Without support from the top it is thought that efforts made by other people in the organisation will either be hampered by lack of resources or undermined by perceived conflicts with other organisational priorities. On the other hand, effective leadership has been found to lead to greater concern for safety throughout the organisation and a belief that the corporate commitment to safety is “real”.

At the same time, the Turnbull Report has made it clear that managing risks is a key issue for all organisations. One key risk is health and safety. Effective management of health and safety risks will help to avoid reputational damage, business interruption / losses and prosecution. Indeed, the ethical behaviour of firms is now the subject of active monitoring and media reporting by Non-Governmental Organisations.

At the same time, there have been moves to introduce a Corporate Killing bill and to facilitate corporate manslaughter cases. As stated in the Home Office report “The Law Commission considered that it would benefit both companies and the enforcement authorities, if companies were to take health and safety issues more seriously. There should be a special offence of corporate killing, broadly corresponding to the proposed offence of killing by gross carelessness.” The Government responded by indicating that it believes the creation of a new offence of corporate killing would give useful emphasis to the seriousness of health and safety offences and would give force to the need to consider health and safety as a management issue. The prospect of individual directors and corporate bodies being prosecuted for manslaughter is thought to be a significant motivator for greater corporate responsibility for health and safety.

The apparent recognition of such liability is reflected by the uptake of “Directors and Officers liability insurance” by 60% of UK companies that provides protection against the legal costs and exemplary damages arising from being sued personally for failing to prevent an incident. One source indicates that 30% of companies have made a “D and O” claim and that such claims have risen by nearly 200% since 1989.

On a positive note, good health and safety performance is considered to deliver business benefits, including productivity, better relationships with staff and contractors, better public

image and relations with key stakeholders such as regulators and the government. Previous work for the HSE¹ has shown that larger firms are prompted to give greater attention to safety by fear of poor PR, fear of major losses and prosecution as well as a wish to demonstrate a caring image.

In the context of these benefits and potential costs it is apparent that health and safety should, and needs to be, a board level issue. Accordingly, the HSE has published the guidance for directors (INDG343), the contents of which are as summarised in **Table 2**. Also In accordance with Action Point 2 of the Revitalising Health and Safety strategy the Health and Safety Commission has asked top companies to report on health and safety in annual reports. This follows previous initiatives, such as the Good Health is Good Business Campaign, to promote concern for health and safety amongst employers.

In the context of this study, it is clear that there are a number of prompts for firms to give greater attention to health and safety at board and director level, with more than one HSE initiative aimed at employers/ directors. Indeed, ROSPA has been running the DASH initiative (Director Action on Safety and Health) and has been promoting the inclusion of safety in MBA's, both of which may have also influenced directors' behaviours. One aim of this study is to explore the impact of the (INDG 343) guidance in promoting and encouraging greater corporate responsibility. Accordingly it has been important for the study to discern the reasons for changes in behaviour as well as to identify such changes. For example, are changes in directors' behaviour due to Turnbull, prospects of a corporate killing bill, the HSC's new guidance or other reasons? Other research has shown that many firms give greater attention to health and safety after a major incident, after exposure to best practice and other "internal" reasons. Indeed, executive safety leadership is a key element of the DuPont model that many firms aim to replicate. Accordingly, it is also possible that organisations will have changed their behaviour due to internal events and /or exposure to best practice in other organisations rather than in response to the HSC's guidance.

It is pertinent to note that the CBI has rejected the need for appointing an individual named director as "this detracts from the team requirements for good health and safety standards to be owned by all...". Also, our previous work indicates that health and safety responsibilities may be discharged under the guise of risk management, corporate governance, external affairs, human resources and other directorships. Thus, it is possible that organisations may have taken a different approach to directors' health and safety responsibilities and / or use different terminology. The study has been designed to be sensitive to these points.

Indeed, we believe that it is useful to explore the reasons for the approaches adopted by organisations and whether they have plans for further change in this area. An understanding of what is motivating organisations to either increase or hold back on increasing the board's responsibilities would inform the HSC's decision on whether there is a need to take further action – or whether organisations already have sufficient reasons to change their behaviour.

¹ Factors motivating proactive health and safety management. M. Wright. HSE Books. Contract Research Report 179/1998. Evaluation of Good Health is Good Business. Wright, M. Lancaster, R. and Jacobson-Maher,C. 2000. Contract Research Report 272. HSE Books. ISBN 0717618056.

Thus, this study has been designed both to identify changes in behaviour and ascertain the reasons for these changes, specifically assessing the extent to which changes in behaviour relate to the HSC's work and whether organisations are already motivated to change their approach to corporate health and safety responsibility.

Table 2: Summary of INDG 343 *“Directors’ responsibilities for health and safety”*

Action point 1: The board needs to accept formally and publicly its collective role in providing health and safety leadership in its organisation.

Action point 2: Each member of the board needs to accept their individual role in providing health and safety leadership in their organisation.

Action point 3: The board needs to ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement.

Action point 4: The board needs to recognise its role in engaging the active participation of workers in improving health and safety.

Action point 5: The board needs to ensure that it is kept informed of, and alert to, relevant health and safety risk management issues. The Health and Safety Commission recommends that boards appoint one of their number to be the “health and safety director”.

The guide also provides a summary of legal responsibilities.

2 PRELIMINARY DISCUSSIONS AND PILOT EXERCISE

2.1 INTRODUCTION

This section of the report provides a summary of the preliminary discussions, development and piloting of the survey proformas and the findings from the pilot process all of which were completed as part of the 01/02 baseline assessment. The pilot was split into two phases, namely:

- A phase of semi-structured sessions, and;
- A phase of structured pilot telephone interviews.

This approach was adopted to facilitate the elicitation of “rich” information from the semi-structured sessions through a process of probing questions. The information from the semi-structured sessions was used for:

- Developing more sensitive questions for the telephone questionnaire;
- Testing and identifying terms that interviewees can understand;
- Providing a forum to capture issues and ideas that may not have been foreseen by the researchers;
- Testing the interview method, and;
- Providing some initial findings.

The semi-structured sessions were guided by a topic guide. The guide was subsequently turned into the telephone questionnaire shown in Appendix A.

Semi-structured discussions were held with 7 individuals from a range of large firms. This included representatives from a range of Top 350 firms operating in high and low risk sectors.

A telephone questionnaire was subsequently developed and piloted in two stages.

2.2 SEMI-STRUCTURED DISCUSSIONS

2.2.1 Findings regarding Director’s health and safety responsibilities

The key findings from the semi-structured sessions are summarised below. These findings were used to review and refine the questionnaire.

- A number of respondents indicated that their Boards have taken on health and safety directorial duties for many years, pre-dating the HSC guidance (INDG 343) – this was particularly the case in higher risk companies;
- Few respondents could explicitly identify any specific factors that prompted their design of board level arrangements, beyond the general increase in the importance of health and safety;

- Boards typically focus on tasks such as target setting, policy and strategy and performance review –with most boards receiving health and safety performance data;
- Most respondents indicated that the whole board was responsible for health and safety leadership, in addition to having a dedicated health and safety director;
- The health and safety director role is often included within the responsibilities of another post such as Human Resource Director;
- Most boards are assisted by health and safety managers, regardless of their board level arrangements;
- In some cases, boards address health and safety on an exceptional basis, when an issue arises, with a lower level meeting considering health and safety on a more routine basis – reporting up when an issue arises;
- All respondents noted that their organisations had arrangements for employee participation but that these typically operated at a lower (non-board) level in the organisation, typically health and safety committees, and;
- The respondents considered board level direction to offer benefits such as focus, ensuring health and safety gets attention and resources; in the case of corporations board level direction also offers the benefit of cross company learning and consistency.

2.2.2 Findings regarding questionnaire design

The output from these discussions indicated that it is possible to acquire a meaningful profile of board level arrangements and the factors underlying their design from telephone interviews. Accordingly, the technique of telephone interviews was retained. The semi-structured discussions indicated that the questionnaire needed to be modified to:

- Allow for the possibility of the company having more than one board, and hence the need to allow for the possibility that health and safety was directed at another board than the one attended by the respondent;
- Capture the point that there is a difference between asking a Director to take an interest in health and safety and appointing a person as a Director of Health and Safety;
- Capture the point that some firms are holding companies with no substantive operational role, wherein health and safety is directed at the level of lower company boards along with other company specific business;
- Ensure the questions about board level tasks cover their work in setting health and safety targets, policy and reviewing performance – which are typical roles;
- Recognise that a health and safety manager often assists the board in their duties, and;
- Include questions that “test” the level of board activity.

It was also noted that a number of questions required clarification and more specific examples.

Finally, it was apparent from these sessions that it is important to interview either a board level director or a manager who reports to the board in order to acquire a full explanation of their arrangements and the reasoning behind them.

2.3 TELEPHONE PILOTING

The telephone questionnaire was designed using:

- Directors' feedback from the initial stage of semi-structured discussions;
- Review of INDG 343;
- Review of research into the factors influencing corporate health and safety behaviour;
- Review of the current initiatives that may be influencing corporate health and safety behaviour, and;
- Review of the range of ways in which organisations may choose to manage health and safety at a corporate level.

The telephone questionnaire was designed so as to support a shorter (approximately 15 minutes) interview and to enable "coding" of responses for subsequent quantitative analysis. Key pilot issues include:

- Acceptability of the interview duration;
- Interviewees' comprehension of the questions;
- Whether the questions generate the information needed by this study, and;
- Practicality.

The questionnaire was first piloted by phone with 10 individuals. The outcome of these interviews was reviewed and edits made to the questionnaire. The final version of the questionnaire was tested by a further set of 6 interviews. The questionnaire remained largely unaltered after these sessions.

The final version of the telephone questionnaire is shown in Appendix A.

The questionnaire has been designed to cover the following issues:

- The arrangements for the direction of health and safety;
- Examples of health and safety tasks carried out by the board and the director responsible for health and safety;
- The reasons for developing these arrangements, and;
- Awareness of INDG343 and plans for further review of board level arrangements.

3 MAIN SURVEY

3.1 INTRODUCTION

3.1.1 Sample size and structure

Overall sample

A sample size of 403 respondents from large organisations was sought in the baseline survey to achieve adequate statistical confidence in the results. A comparable sample size and similar industry profile was sought in the follow up survey, with 436 interviews achieved. As with all sample-based surveys there is a degree of statistical “error” in the results. That is, it is expected that there would be a difference between the responses from a complete census of all employers and the responses from this sample. The range of error associated with any one sample is linked to the sample size and the extent to which respondents provide a common response. **Table 3** provides the ranges of error for each part of the sample and the total sample for a number of responses.

The sample size was also designed to enable detection of changes in responses between the baseline and follow-up survey. Thus, a (say) 10% change in results between the baseline and follow on survey would exceed the 3% to 5% range of error in the baseline survey. Clearly, only changes of over 5% can confidently be declared to be real changes.

Table 3 Ranges of error (95% confidence)

Percentage of respondents giving a response	Total sample (n = 400)
50%	5%
30% or 70%	4.6%
10% or 90%	3.0%

Sample sub-sectors

The sample in both surveys was split into four main sectors, namely:

- Top 350 firms (as listed in the FTSE);
- Large Firms (from manufacturing, retail and repair, hotels and catering, construction, finance, transport, utilities, telecommunications and other services (e.g. business, recreation, legal services etc.)) (see **Figure 2**) ;
- Large public sector organisations (education, NHS trusts, local authority, emergency services) (see **Figure 3**), and;

- Large voluntary organisations (such as charities and social clubs).

All organisations had to have at least 250 employees to qualify for the study. We intentionally restricted the sample to large organisations on the presumption that they are most likely to have assigned responsibility for health and safety to a director and hence would provide a robust “test” of current practices.

The sample was split into sub-sectors to ensure it represented all types of organisations. The study did not aim to secure statistically significant samples for each of the four types of organisations. Indeed, there are an insufficient number of large voluntary organisations in the UK from which to secure a statistically robust sample.

Thus, the results were used for all respondents to assess changes in behaviour between the baseline and follow-up survey. The results for each of the four types of organisations are presented individually, for some questions, and compared. However, it should be noted that small differences in responses between the four types of organisations are unlikely to be statistically significant.

3.1.2 Survey method

Interviewee recruitment

Contact details were acquired from:

- Greenstreet Berman Ltd’s own databases;
- Public sources such as Dun and Bradstreet;
- A contacts database developed by the HSE for Top 350 organisations.

In each case data was acquired on the name of the company director, usually the Managing Director, or the Director of Health and Safety, telephone, facsimile number, company address and (for large firms and government sector) their industry categorisation. The follow up survey returned to the same contacts, and over 200 new contacts.

In each case for new contacts the contact process involved:

- Sending a facsimile to the named person with a “To whom it may concern” letter from the HSE requesting their participation;
- Telephoning the individual and asked for contact details of someone who can speak on behalf of the board in connection with a Health and Safety Executive commissioned study. The general purpose of the survey was explained along with our need to speak with a senior member of management, such as a director for health and safety or operations director;
- Phoning the named contact and ask for their participation and / or an alternative contact point – thereafter making an appointment for a telephone interview;

- Contact was made with the firms on at least three separate occasions in order to seek and agree an interview.

A very similar process was followed for re-interviews in the follow-up survey, with the additional reference to and thanks for their previous contribution.

Self-selection amongst interviewees was minimised by (1) re-assuring them as to the intent of the survey (i.e. that their individual firm is not under scrutiny) and (2) by keeping questions about INDG343 to the end of the interview.

Survey management

Both surveys were managed in accordance with the British Market Research Association standards. A cascade system was adopted whereby a supervisor had responsibility for the interviewing quality of a number of staff with central quality control exercised over the supervisors. Also, all interviews are completed in compliance with the Interviewer Quality Control Scheme and the BMRA and Market Research Society's Codes of Conduct. This includes a random check on 10% of interviews and double entry of a sample of data.

3.2 OVERVIEW OF RESPONDENTS

Table 4 to **Table 8**, and **Figure 1** to **Figure 5** provide an overview of respondents in both surveys.

Large Firms and public sector organisations dominate the samples. This reflects the predominance of these organisations in the population of large organisations, i.e. there are thousands of large private and public sector organisations compared to 350 firms in the Top 350 group and a few hundred large voluntary organisations. The sample of large firms reflects the make up of private industry, covering retail, manufacturing, financial services, construction and other sectors. The public sector sample covered the main services of education, health and local authorities.

The job titles of the respondents is shown in **Figure 4** (2001) and **Figure 5** (2003). The respondents were predominantly Health and Safety Manager / Officers and this is more marked in 2003. Various directors, head teachers /principals and various senior managerial titles are also quoted.

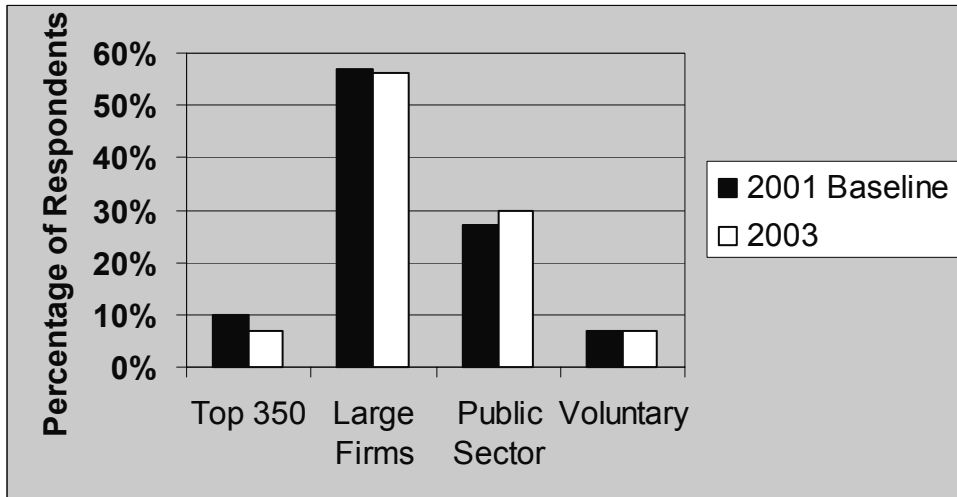


Figure 1: Sub-division of respondents by type of organisation

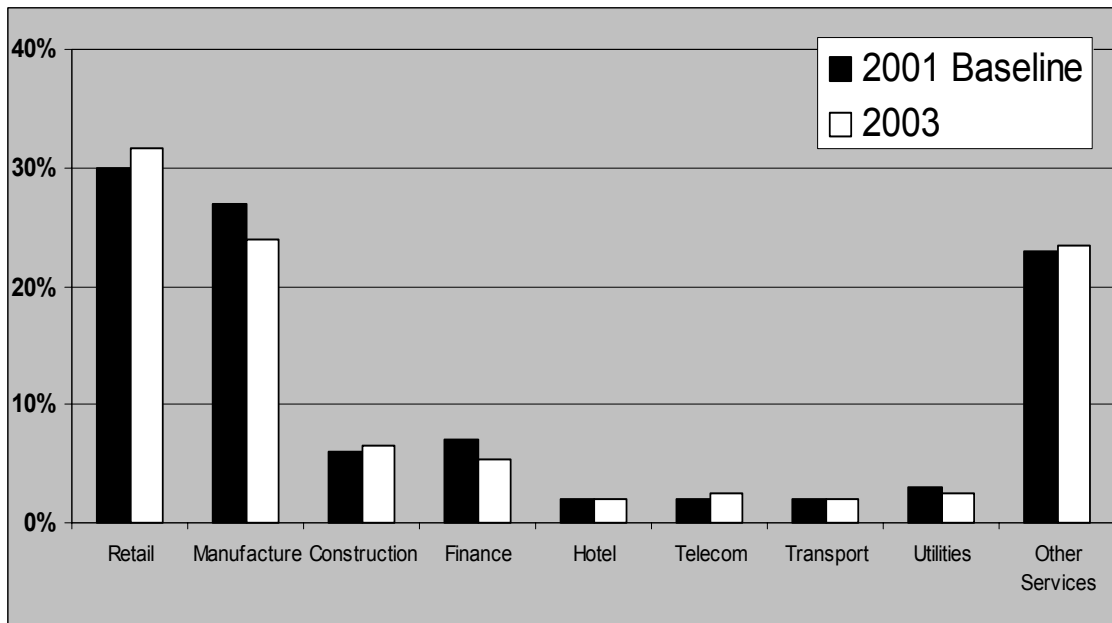


Figure 2: Sub-division of large firms

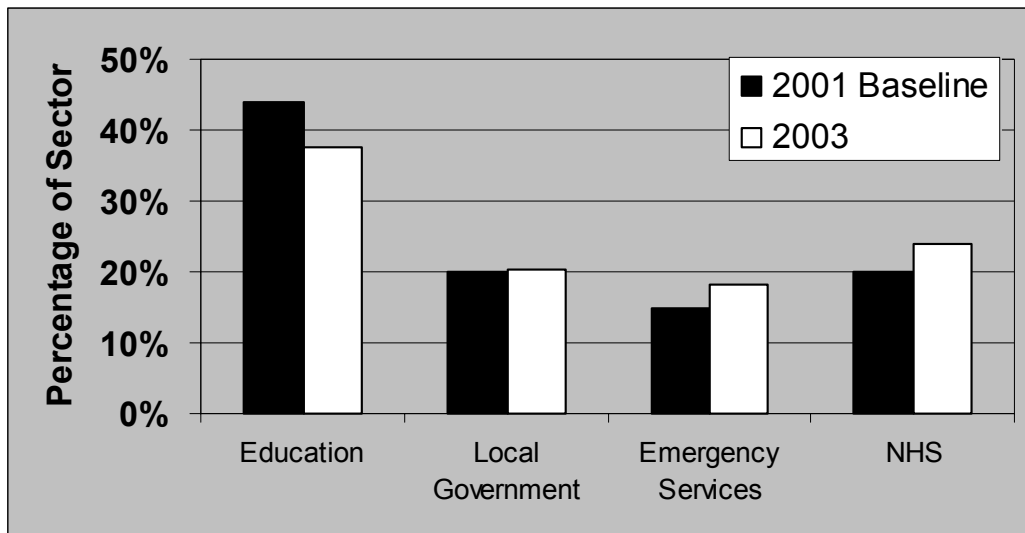


Figure 3: Sub-division of public sector organisations

Table 4: Percentage of respondents from each type of organisation

Category	Percentage 2001	Number 2001	Percentage 2003	Number 2003
Top 350	10%	39	7%	29
Large Firms	57%	228	56%	243
Public Sector	27%	108	30%	133
Voluntary	7%	28	7%	31
All	100%	403	100%	436

Table 5: Sub-division of large firms by industrial sector

Sector	Percentage of large firms 2001	Number 2001	Percentage of large firms 2003	Number 2003
Retail	30%	68	32%	77
Manufacture	27%	61	24%	58
Construction	6%	13	7%	16
Finance	7%	16	5%	13
Hotel	2%	4	2%	5
Telecom	2%	4	2%	6
Transport	2%	4	2%	5
Utilities	3%	6	2%	6
Other services	23%	52	23%	57
Total	100%	228	100%	243

Table 6: Sub-division of public sector respondents

Sector	Percentage of public sector respondents 2001	Number 2001	Percentage of public sector respondents 2003	Number 2003
Education	44%	48	38%	50
NHS	20%	22	24%	27
Emergency services	15%	16	18%	24
Local authority	20%	22	20%	32
Total	100%	108	100%	133

Table 7: Percentage of respondents that were Board Members

Category	Percentage 2001	Number 2001	Percentage 2003	Number 2003
Top 350	31%	12	24%	12
Large Firms	24%	54	16%	38
Public Sector	38%	41	18%	24
Voluntary	29%	8	19%	6
All	28.5%	115	18%	80

Table 8: Percentage of respondents in the baseline survey agreeing to re-interview for follow-up survey

Category	Percentage	Number
Top 350	87%	34
Large Firms	78%	178
Public Sector	79%	85
Voluntary	100%	28
All	81%	325

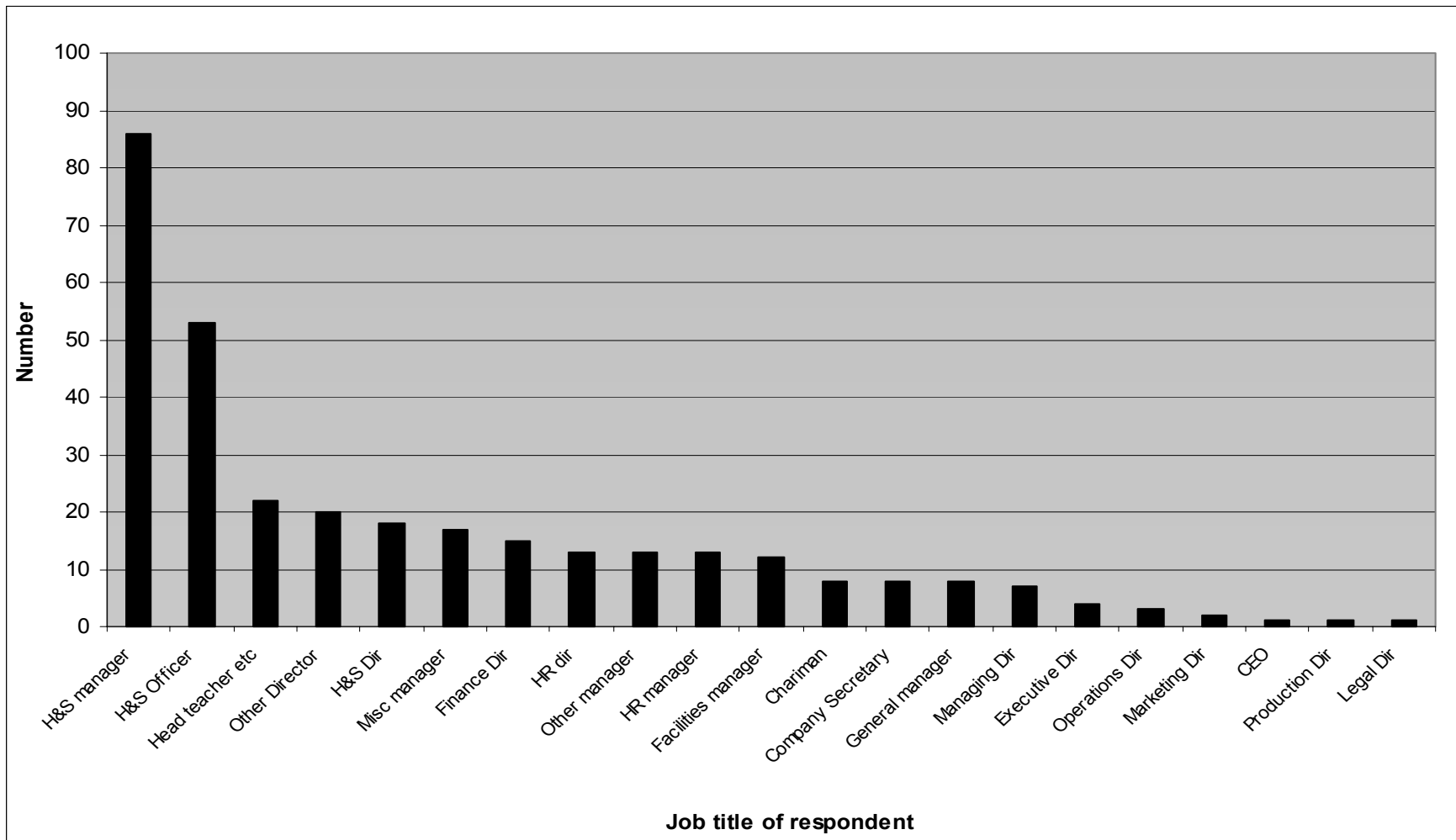


Figure 4: Who responded (2001)?

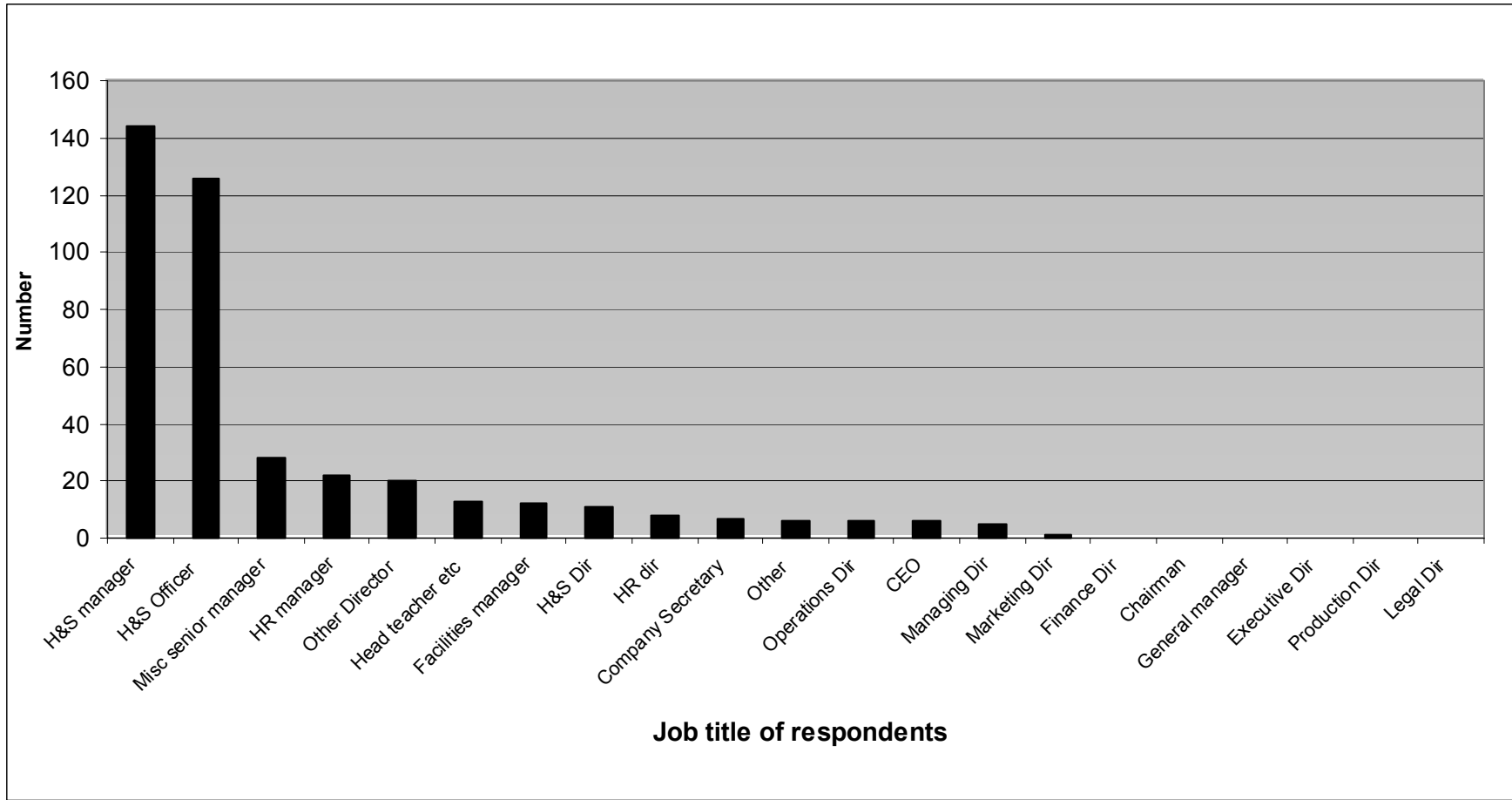


Figure 5: Who responded (2003)?

3.3 CHECK OF HALO EFFECT

The follow-up survey included a sample of ~200 “new” respondents as well as ~200 of the original respondents. These “new” respondents were surveyed in order to allow a check to be completed on whether “improvements” in the responses (between the first and second survey) from the original respondents were due to a “halo” effect. That is, were improvements in the responses of the original respondents due to their being contacted as part of the baseline survey, i.e. did the baseline survey prompt a change in their responses. Comparing the responses of the “new and old” respondents in the follow-up survey can check this.

Table 9 presents a comparison of the responses to a selection of questions from the follow-up survey. New and original respondents’ results are shown along with the margin of error. The margin of error (+/-) indicates the range of results that a complete census is assumed would give with 95% confidence. Thus, a margin of error of 5.7% for a result of 81% indicates that a complete census is assumed to give a result in the range of 75.3% to 86.7% with 95% confidence. The margin of error (+/-) varies according to the proportion of respondents who give a certain answer. The table also notes if the new and original respondent’s results come within the margin of error of the original respondents.

It can be noted that:

- The responses from the new respondents are more favourable in some cases;
- Although the new responses do fall outside the original respondents’ margin of error in some cases, there are no major differences in the two sets of responses;
- The direction of differences is not consistent, with the new responses being more favourable in different cases and less favourable in other cases.

It is judged that there is not a consistent pattern of responses from the original respondents being more favourable than the responses from the new respondents. The differences in responses between the new and original respondents are probably simply sample variation.

It should also be noted that the overall results for the baseline and follow-up surveys are very similar. The follow-up survey does not report a major improvement or change in directors’ / board level health and safety arrangements. Hence, there is no significant “halo” effect to be assessed.

Table 9: Comparison of selected results from new and original respondents in the follow-up survey.

Question	Original respondents		New respondents		Comments
	Result	Margin of error (+/-)	Result	Margin of error (+/-)	
Does the board receive health and safety performance and audit reports?	72% - Yes	5.7%	81% - Yes	6.5%	Original respondents give “poorer” response. “New” responses are beyond original respondents margin of error.
To what extent has your board sought the opinions of the workforce in developing and implementing your H&S policy?	47% - A lot	7%	49% - A lot	7%	Responses are statistically the same
Has a board level director been given responsibility for health and safety?	81% - Yes	5%	83% - Yes	6%	Responses are statistically the same
Has that board member been specifically appointed as a director (or equivalent) of H&S?	57% - Yes	7%	62% - Yes	7%	New responses are within margin of error of original respondents
Do you have plans to increase the role of directors’ and board members in safety leadership?	32% - Yes	6.5%	39% - Yes	7%	New responses are outside of the margin of error of original responses - but new responses more “favourable”.
Have you heard of the HSC’s guide “Directors’ responsibilities for health and safety”	78% - Yes	5%	82% - Yes	5%	New responses are within original responses margin of error. New responses more favourable.
Do you have plans to further review, within the next year, your board / director level health and safety arrangements against the HSC guide?	49% - Yes	7%	44% - Yes	7%	New responses are within original responses margin of error.

3.4 BOARD LEVEL HEALTH AND SAFETY ARRANGEMENTS

Number of boards

Figure 6 shows the number of boards that respondents' organisations had, and Figure 7 shows where the respondent's board sat in the structure. It is pertinent to note that:

- In the case of the Top 350 firms, the majority have two or more boards within their organisation. In 2001, in 60% of the sample the respondent's board is the highest board, and in 2003 the equivalent figure is 57%. And in only 40% of cases in 2001 did the respondent's board report to a higher-level board, this figure rising only slightly in 2003. In contrast a slight majority of Large Firms had only one board in 2001 but only 38% constituted the highest board, with 62% reporting to a higher board. In 2003 there is a larger majority with just one board but a very similar proportion constituting the highest board. This presumably reflects the point that Top 350 firms are more often "corporations" or holding companies with a number of subsidiary companies.
- A small minority of public sector and voluntary organisations have more than one board, 27% and 29% respectively in 2001, and falling to 16% for both in 2003. In 2001 about half of these organisations report to another board (or their equivalent) but this falls to a third for public sector organisations in 2003.
- Table 11 shows that there was an increase over the two surveys in respondents representing boards that act at the highest level, and this is particularly the case for public sector and voluntary organisations.

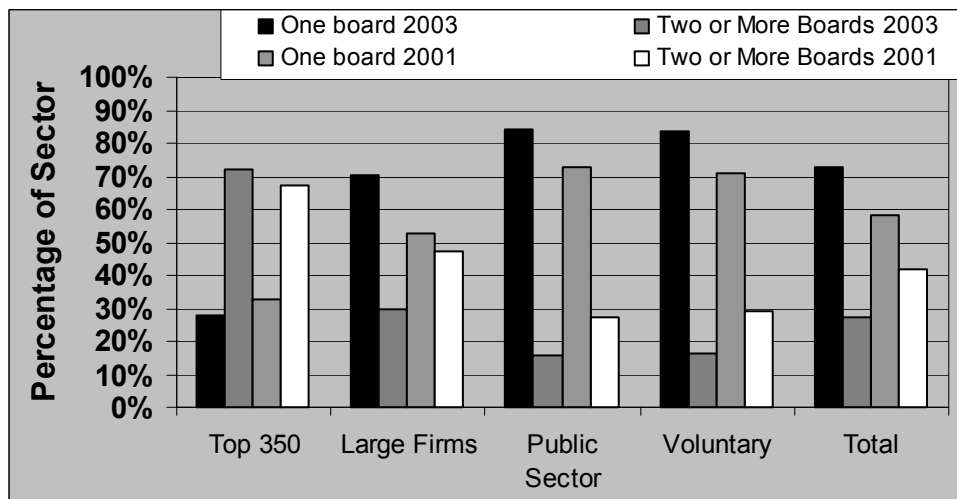


Figure 6: Number of boards

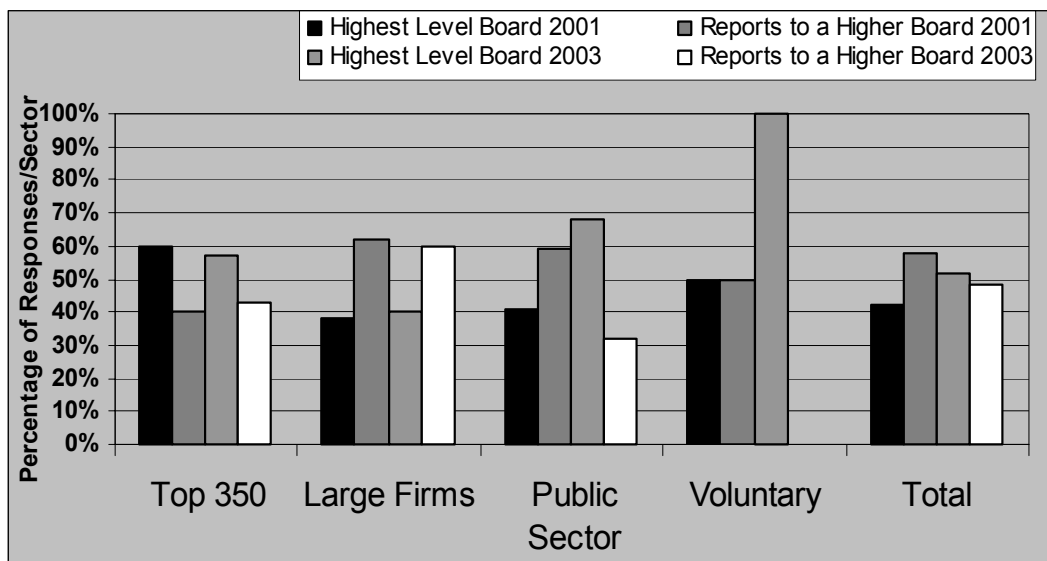


Figure 7: Does your board act at the highest level or does it report to a higher board?

Table 10: Number of boards

Category	2001 Baseline					2003 Survey				
	No. of responses	One board	%	Two or more boards	%	No. of responses	One board	%	Two or more boards	%
Top 350	39	13	33%	26	67%	29	8	28%	21	72%
Large Firms	228	120	53%	108	47%	243	171	70%	72	30%
Public Sector	108	79	73%	29	27%	131	110	84%	21	16%
Voluntary	28	20	71%	8	29%	31	26	84%	5	16%
Total	403	232	58%	171	42%	434	315	73%	119	27%

Table 11: Does your board act at the highest level?

Category	2001 Baseline					2003 Survey				
	No. of responses 2001	Highest level	%	Reports to another board	%	No. of responses 2003	Highest level	%	Reports to another board	%
Top 350	25	15	60%	10	40%	21	12	57%	9	43%
Large Firms	108	41	38%	67	62%	72	29	40%	43	60%
Public Sector	29	12	41%	17	59%	28	19	68%	9	32%
Voluntary	8	4	50%	4	50%	5	5	100%	0	0
Total	170	72	42%	98	58%	126	65	52%	61	48%

Where is health and safety directed?

58% of respondents' organisations directed health and safety at board level in 2001. This figure rose to 66% in 2003 though this was entirely due to rises in the proportions directing "at this level" or "above" for Top 350 and Large Firms. The 2003 survey also shows a marked drop compared to the baseline survey (38% to 26%) in delegation of health and safety to company divisions / departments. In both surveys there appear to be differences between the four types of organisations, though generally less marked in the later survey, as can be seen from Table 12 to Table 14 and Figure 8.

In 2001, the direction of health and safety was more likely to be delegated to an individual company board level in Top 350 firms than the other types of organisations. Indeed, whilst 21% of the Top 350 and 12% of large firms delegated health and safety to individual company boards, virtually none of the public sector and voluntary organisations delegated health and safety to individual company boards (or equivalent). In all likelihood this reflected the differences in organisational structure of the types of organisations, wherein large private organisations have more boards than the public or voluntary sector.

However, in 2003 only 7% of Top 350 firms delegated to individual company boards and the Large Firm equivalent had dropped to 5%. The differences across the types of organisations in this respect are minimal in 2003 all being around 5% of organisations. It is also pertinent to note that the proportion of large firms delegating to company divisions and departments dropped from 38% in 2001 to 23% in 2003.

Similarly the public sector proportion who delegate to divisions and departments dropped from 45% to 32%. These changes may well indicate an increased awareness of health and safety as a board room and strategic issue even where there are other boards reporting.

Despite these changes, both surveys still show that health and safety is more likely to be delegated to “company” divisions within the public sector, and least likely to be so delegated amongst the Top 350. The difference between these organisations again is much less marked in the more recent survey. Indeed in 2001 nearly half of the public sector respondents delegate health and safety direction to departments with only a quarter of Top350 firms so doing. This drops to a third for the public sector and a fifth for the Top350 firms in the 2003 survey.

Notwithstanding the small sample sizes for each sub-sample in the public sector, it does appear that the level of delegation in the baseline survey was due to a high degree of delegation in local government. However, there is a marked drop from 2001 to 2003 (77% to 41%) in the proportions of local government delegating and a large increase in the proportion of local government taking responsibility for health and safety “at this board” (**Table 14** and **Table 14**).

Local authorities appear to have markedly increased the direction of health and safety at higher levels over the period between the two surveys. The education, health and emergency service respondents report a high frequency of board level direction of health and safety in both surveys, with an increase in the NHS of “delegation to company boards” in 2003. Overall in the NHS however there is a drop between the two surveys (73% to 44%) of direction of health and safety at a board level.

Table 12: Is health and safety directed at your board’s level or is it entirely delegated? (2001)

2001 Results	Top 350	Large Firms	Public Sector	Voluntary	All
Directed at this respondent's board	51%	46%	49%	61%	48%
Delegated to individual company boards	21%	12%	3%	0%	9%
Delegated to company divisions/depts.	26%	38%	45%	36%	38%
Don't know/unsure	0%	3%	1%	0%	2%
Directed at a higher level board	3%	1%	1%	4%	1%
Other	0%	0%	1%	0%	0%
Total	100%	100%	100%	100%	100%
Total directed at a board level	75%	59%	53%	65%	58%

Table 13: Is health and safety directed at your board's level or is it entirely delegated? (2003)

2003 Results	Top 350	Large Firms	Public Sector	Voluntary	All
Directed at this respondent's board	62%	63%	50%	61%	58%
Delegated to individual company boards	7%	5%	4%	3%	5%
Delegated to company divisions/depts.	21%	23%	32%	32%	26%
Don't know/unsure	3%	3%	2%	0%	3%
Directed at a higher level board	3%	3%	4%	3%	3%
Other	3%	3%	10%	0%	5%
Total	100%	100%	100%	100%	100%
Total directed at a board level	72%	71%	58%	67%	66%

Table 14: Where health and safety is directed within the public sector (2001)

	Sample no.	Directed at this board	Delegated company boards	Delegated depts	Higher board	Other	Unsure	Totals	Total directed at board
Education	48	52%	2%	42%	0%	2%	2%	100%	54%
Local government	22	9%	9%	77%	5%	0%	0%	100%	23%
Emergency services	16	63%	0%	38%	0%	0%	0%	100%	63%
NHS	22	73%	0%	27%	0%	0%	0%	100%	73%

Table 15: Where health and safety is directed within the public sector (2003)

	Sample no.	Directed at this board	Delegated company boards	Delegated depts	Higher board	Other	Unsure	Totals	Total directed at board
Education	50	52%	4%	30%	2%	8%	4%	100%	58%
Local government	32	56%	0%	41%	3%	0%	0%	100%	59%
Emergency services	24	63%	0%	25%	4%	8%	0%	100%	67%
NHS	22	26%	11%	30%	7%	26%	0%	100%	44%

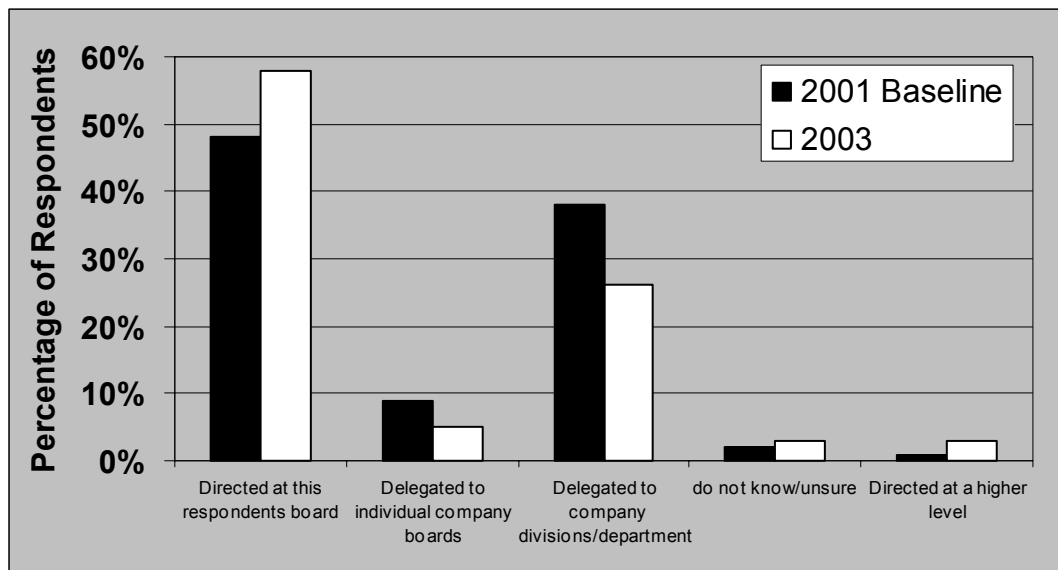


Figure 8: Where is health and safety directed?

The reasons for these arrangements, specifically the level at which health and safety is directed are shown in **Figure 9** and **Figure 10**. **Table 15** and **Table 17** show the results for each type of organisation in rank order for all respondents. **Figure 9** cross-references the reasons with the level at which health and safety is directed. These results are summarised below. First we present the results for organisations that do have board level direction. Then we present the results for organisations that delegate health and safety to departments and divisions.

Board level direction (where it is directed at the respondent’s board)

The top 4 reasons given in both surveys, in rank order are as follows:

2001	2003
1. Corporation direction is needed	Board level direction is best practice
2. Board level direction is best practice	Power and control is at board level
3. Power and control is at board level	Corporation direction is needed
4. Health and safety is an operational matter	New legislation / health and safety law

The main reasons remain very similar though in 2003 new legislation replaces health and safety as an operational matter in fourth place.

Delegated management (delegated to company divisions/departments)

The top 4 reasons given in both surveys, in rank order are as follows:

2001	2003
1. Health and safety is an operational matter	Health and safety is an operational matter
2. A general policy of delegation	A general policy of delegation
3. Operations are too diverse	Best practice policies
4. Best practice policies	Health and safety is not an issue for directors

Again the main reasons for delegating management remain similar. In 2003 the top two reasons remained the same, but “health and safety is not an issue for directors” replaced “operations are too diverse” as a reason.

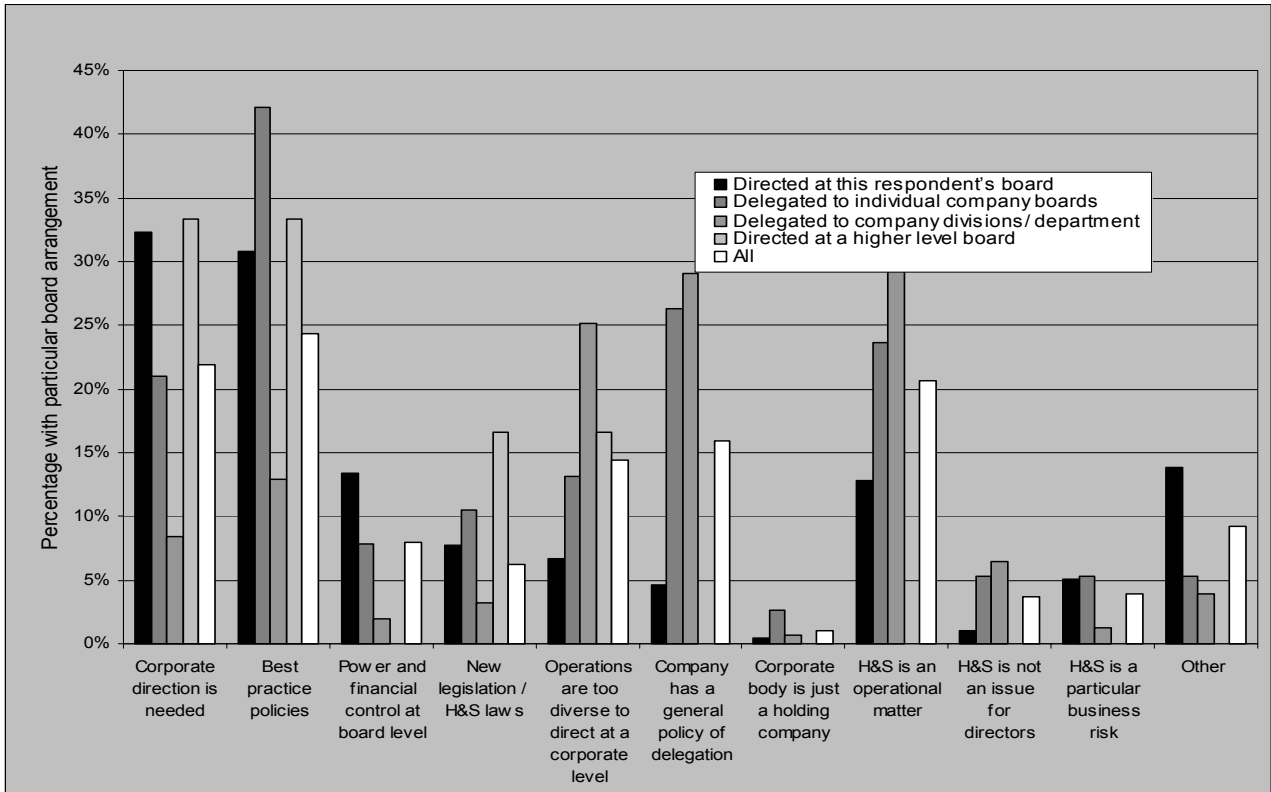


Figure 9: Reasons for level at which health and safety is directed (by board arrangement) 2001

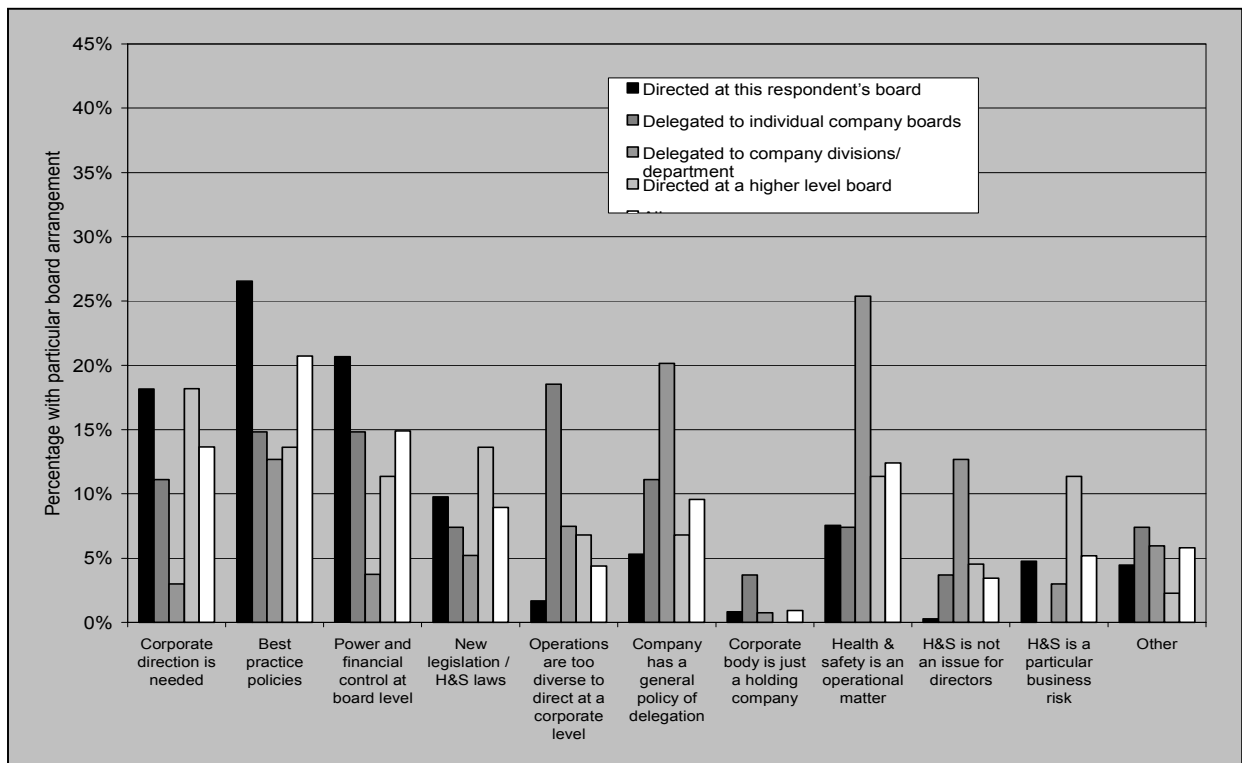


Figure 10: Reasons for level at which health and safety is directed (by board arrangement) 2003

Turning now to the results for all organisations / types of organisations (**Table 16** and **Table 17**) we can see that the reasons for board level arrangements remained similar in 2001 and 2003. Best practice policies, corporate direction and health and safety being an operational matter remained in the top 4 in both surveys.

It is pertinent to note that:

- Power and financial control resting with the board is cited more than twice as frequently in 2003 than in 2001;
- There is a marked decrease over the two surveys of those citing diversity of operations being too great as a reason for board arrangements. In 2001 11% cited this as a reason whilst in 2003 only 4% did. Most markedly was the change in frequency of the Top 350 firms, 15% of whom cited this as a reason for delegation in 2001 and only 2% in 2003.
- There was a slight decrease over the two surveys in the frequency of companies saying that they had a policy of delegation, 12% in 2001 and 9% in 2003 with the greatest drop being again amongst the Top 350 respondents.
- Public Sector organisations, which are most likely to delegate health and safety direction, in 2001 more frequently cite health and safety being an operational matter as a reason for arrangements, but in 2003 the public sector cites this no more frequently than the private sector.
- Top 350 firms are most likely to cite the need for corporate direction. In both surveys they were more likely than Large Firms to do this. And in 2003 the public sector was less likely than in 2001 to cite this reason (17% compared to 8%).

Table 16: Reasons for level at which health and safety is directed (by sector, percentage by total number of responses given, ranked by "All").(2001)

	Top 350	Large Firms	Public Sector	Voluntary	All
Best practice policies	13%	23%	14%	23%	19%
Corporate direction is needed	21%	15%	17%	19%	17%
H&S is an operational matter	9%	14%	21%	23%	16%
Co. has a general policy of delegation	10%	14%	11%	6%	12%
Ops too diverse to direct corporately	15%	12%	9%	6%	11%
Other	15%	4%	11%	3%	7%
Power & financial control at board	4%	6%	7%	10%	6%
New legislation / H&S Laws	6%	5%	4%	6%	5%
H&S is not an issue for directors	0%	4%	4%	0%	3%
H&S is a particular business risk	6%	3%	2%	3%	3%
Corporate body is just a holding co.	0%	1%	1%	0%	1%
	100%	100%	100%	100%	100%

Table 17: Reasons for level at which health and safety is directed (by sector, percentage by total number of responses given, ranked by “All”).(2003)

	Top 350	Large Firms	Public Sector	Voluntary	All
Best practice policies	24%	19%	20%	26%	20%
Power & Financial control at board	7%	16%	13%	9%	14%
Corporate direction is needed	26%	14%	8%	14%	13%
H&S is an operational matter	12%	11%	11%	23%	12%
Other	12%	8%	14%	3%	10%
Co. has a general policy of delegation	2%	10%	9%	9%	9%
New legislation/H&S Laws	10%	9%	8%	6%	9%
H&S is a particular business risk	5%	4%	6%	6%	5%
Ops too diverse to direct corporately	2%	5%	4%	0%	4%
H&S is not an issue for directors	0%	3%	4%	3%	3%
Corporate body is just a holding co.	0%	1%	1%	3%	1%
	100%	100%	100%	100%	100%

3.5 APPOINTMENT OF HEALTH AND SAFETY DIRECTORS

These results are presented in a mixture of tables and figures over the following pages, from **Table 18** to **Table 28**, and **Figure 11** to **Figure 27**.

Has a director been assigned responsibility for health and safety?

When asked whether an individual member of the board has responsibility for health and safety the surveys found that:

- There was a slight rise in board level responsibility for health and safety between the two surveys. In 2001, 75% of respondents have a board level person responsible for health and safety rising to 82% in 2003 (see **Figure 11** and **Table 18**). In 2001 just over half (54%) of these were appointed as “Director” of health and safety rising to around 4/5s in 2003 (see **Table 20** and **Table 21**);

- Top 350 firms are more likely to have a board level person responsible for health and safety with 85% having board level direction in 2001 rising to 90% in 2003 (see **Figure 11**),
- In both surveys around 90% of directors assigned responsibility for health and safety were full board members (**Figure 14**), and;
- Both surveys show that over 85% of health and safety directors have a manager reporting to them (See **Figure 15**).

So, in 2001 about 37.5% (half of the 75% above) had a board level person with “Directorial” responsibility for health and safety, another 37.5% had a board level director of health and safety whilst about 38% delegated it to a manager below the board (see **Table 12**). In 2003 closer to 50% of respondents had a board level director of health and safety, 32% simply having directorial responsibility and a further 26% delegating health and safety to a manager below the board (see **Table 13**). It appears that some organisations report that they delegate health and safety direction despite giving responsibility for health and safety to a person on the board. However, this “overlap” has reduced in 2003 compared to the 2001 survey.

Turning now to sector specific issues:

- **Table 19** below shows that in 2003 there was an increase in the percentage of NHS and Emergency services where board level director has been given responsibility compared to the baseline survey despite the NHS increase in delegation over the period.
- Education increased the proportion of directorial appointments in health and safety (31% to 66%). There were also increases in the proportions of local authority and education where those with responsibility for health and safety have been appointed as full members of the board.

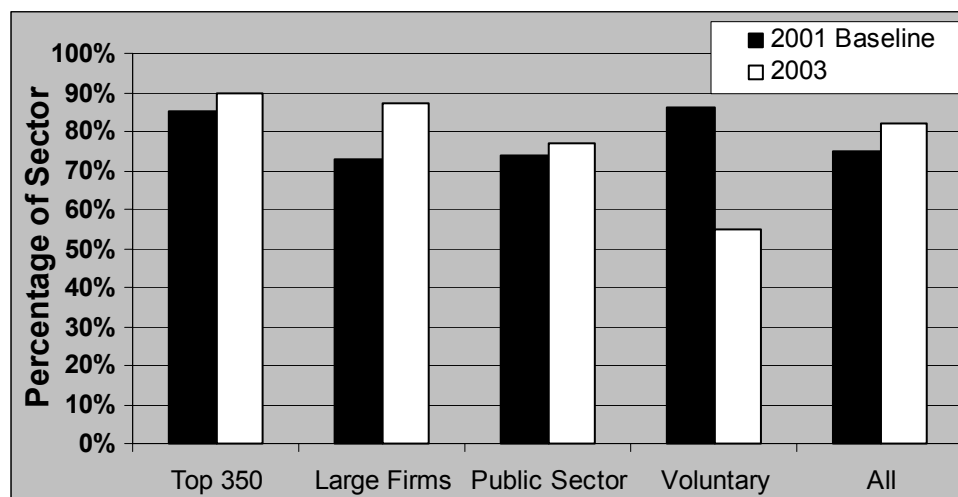


Figure 11: Percentage of organisations that have allocated health and safety responsibility to a board level director

Table 18: Percentage where a board level director has been given responsibility for health and safety (all sectors).

Category	2001 Baseline		2003 Survey	
	Number	Percentage of type	Number	Percentage of type
Top 350	33	85%	26	90%
Large Firms	166	73%	212	87%
Public Sector	80	74%	103	77%
Voluntary	24	86%	17	55%
All	303	75%	358	82%

Table 19: In the public sector percentage where a board level director has been given responsibility for health and safety

Category	2001 Baseline		2003 Survey	
	Number	Percentage of category	Number	Percentage of category
Education	33	69%	32	64%
Emergency services	13	81%	24	100%
Local authority	17	77%	22	69%
NHS	17	77%	25	93%

Figure 12 and **Figure 13** summarise the job titles of those board level persons given responsibility for health and safety. The most common titles include Chief Executive Officer, Managing Director and Human Resource Directors. The “Other” category includes many public sector job titles, such as Head Teacher, Vice Principal, Chief Constable and so on.

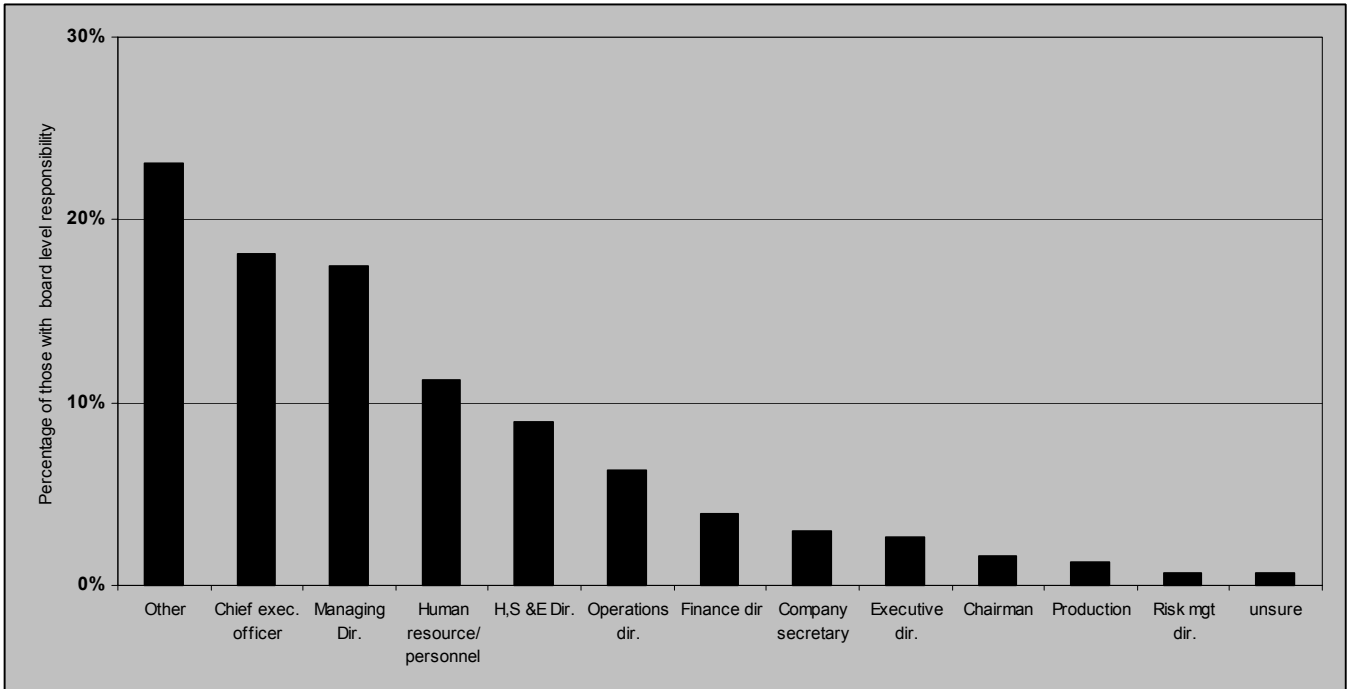


Figure 12 Job titles of directors with responsibility for health and safety (2001)

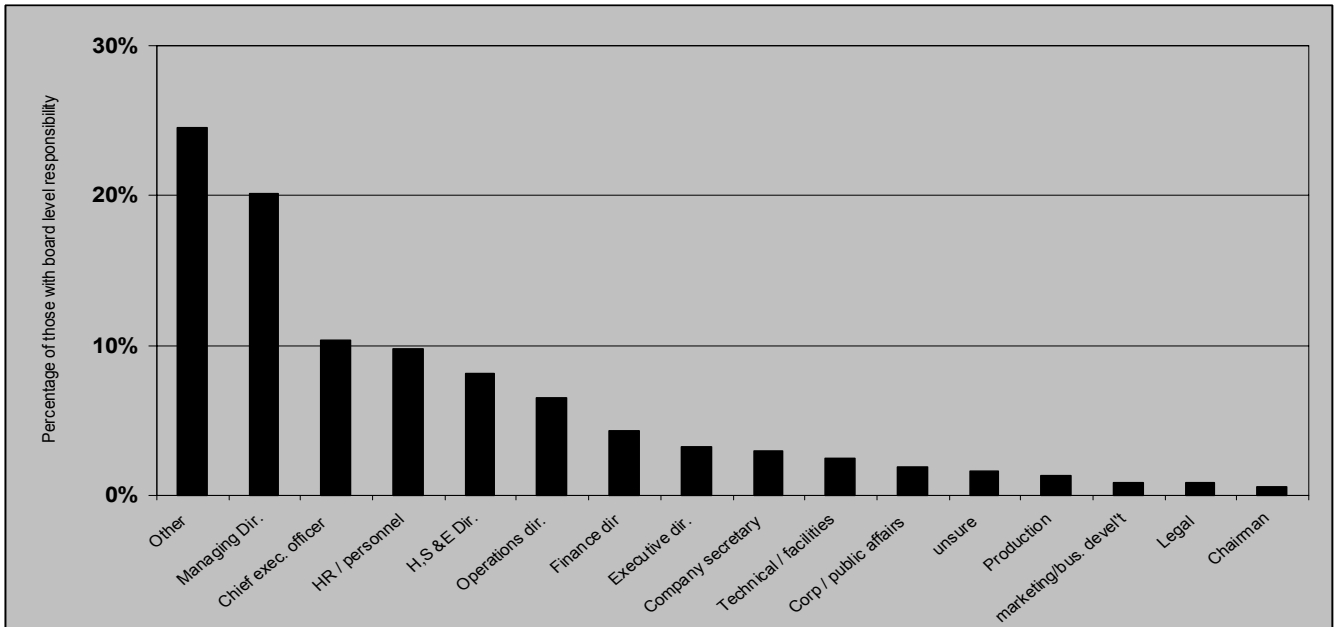


Figure 13 Job titles of directors with responsibility for health and safety (2003)

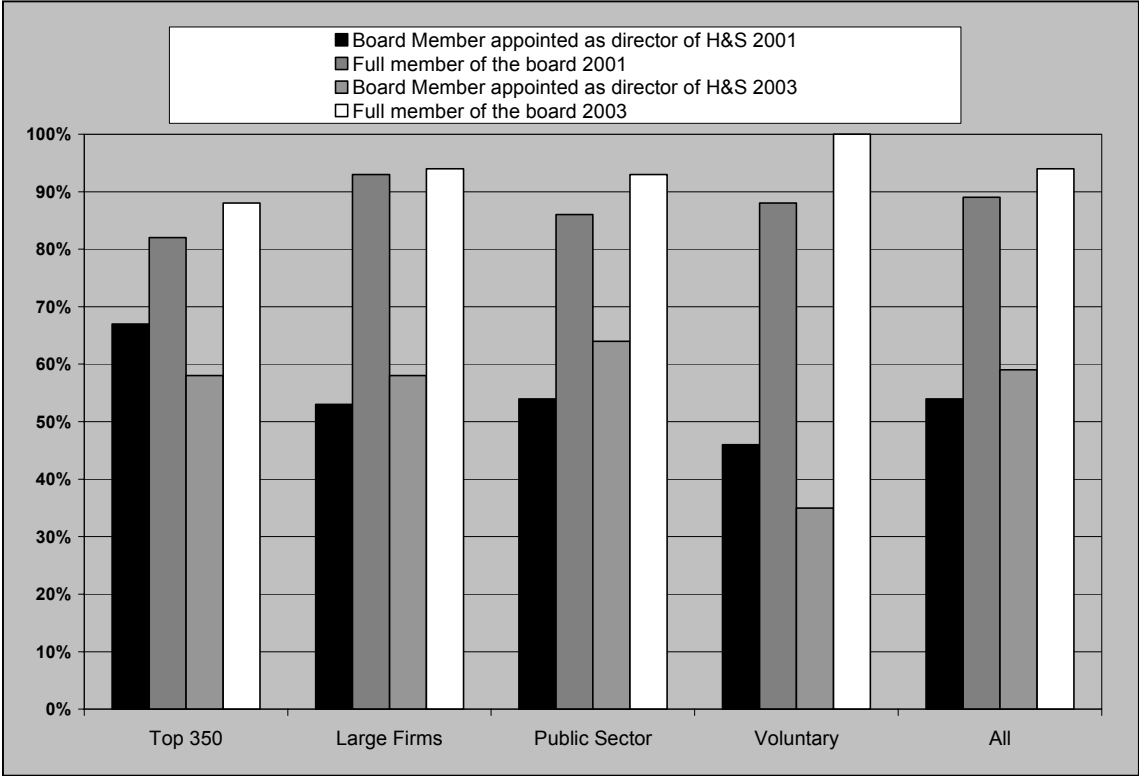


Figure 14: Percentage of directors with health and safety responsibility that are full board members and have been appointed as a “director” of health and safety

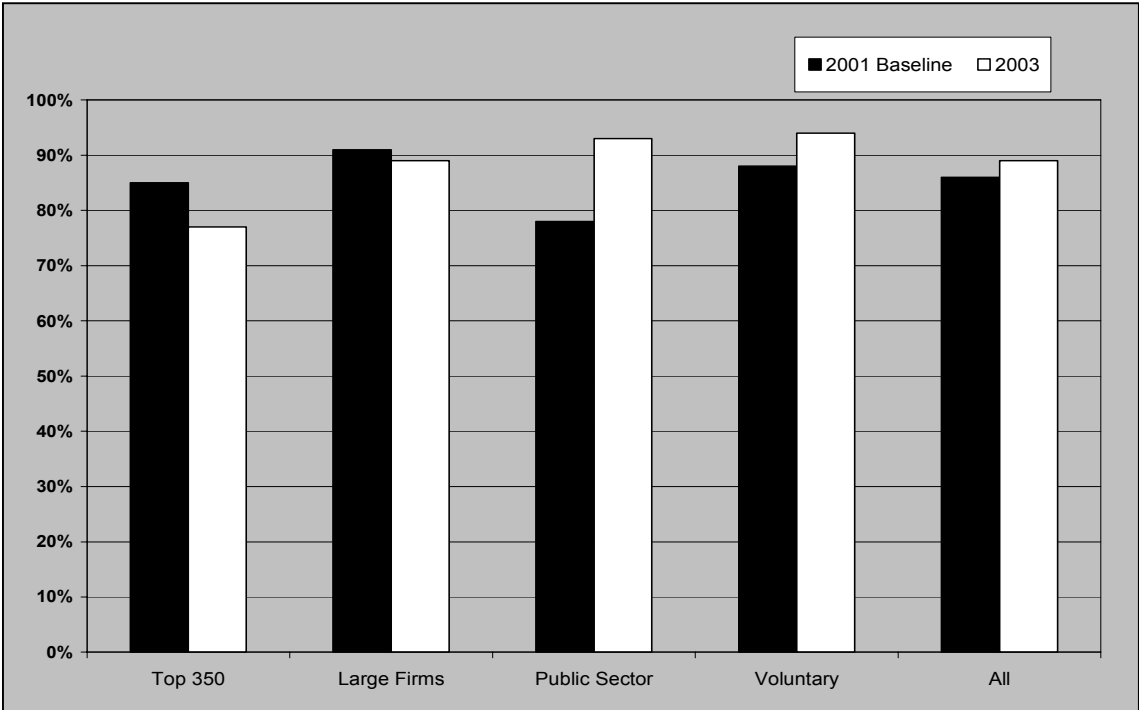


Figure 15 : Percentage of health and safety directors who have a health and safety manager reporting to them.

Table 20: Percentage of directors with health and safety responsibility who have been appointed as a “director” of health and safety, and who are full board members (2001)

Category 2001	The person with health and safety responsibility is appointed as director of H&S		The person with health and safety responsibility is a full member of the board	
	Number	%	Number	%
Top 350	22	67%	27	82%
Large Firms	88	53%	154	93%
Public Sector	43	54%	69	86%
Voluntary	11	46%	21	88%
All	164	54%	271	89%

Table 21: Percentage of directors with health and safety responsibility who have been appointed as a “director” of health and safety, and who are full board members (2003)

Category 2003	The person with health and safety responsibility is appointed as director of H&S		The person with health and safety responsibility is a full member of the board	
	Number	%	Number	%
Top 350	15	57.5%	23	88%
Large Firms	124	58%	199	94%
Public Sector	66	64%	96	93%
Voluntary	6	35%	17	100%
All	211	59%	335	94%

Table 22: In the public sector percentage of directors with health and safety responsibility who have been appointed as a “director” of health and safety, and who are full board members (2001)

Category	The person with health and safety responsibility is appointed as director of H&S		The person with health and safety responsibility is a full member of the board	
	Number	%	Number	%
Education	15	31%	30	63%
Emergency services	9	56%	12	75%
Local authority	11	50%	12	55%
NHS	9	41%	15	68%

Table 23: In the public sector percentage of directors with health and safety responsibility who have been appointed as a “director” of health and safety, and who are full board members (2003)

Category	The person with health and safety responsibility is appointed as director of H&S		The person with health and safety responsibility is a full member of the board	
	Number	%	Number	%
Education	32	66%	31	97%
Emergency services	24	67%	21	88%
Local authority	22	59%	21	95%
NHS	25	64%	23	92%

Table 24: Percentage of health and safety directors with a manager reporting to them

Category	Number 2001	% 2001	Number 2003	% 2003
Top 350	28	85%	20	77%
Large Firms	151	91%	188	89%
Public Sector	62	78%	96	93%
Voluntary	21	88%	16	94%
All	262	86%	320	89%

Check questions on directors' role in health and safety

Two additional questions were included in the follow-up survey to check the status of health and safety directors. In those cases where a respondent stated that a board level director been given responsibility for health and safety, the respondent was then asked:

12a1 Has this been stated in writing in, for example, in the director's job description or the company's health and safety manual?

12a2 Does this person actively direct health and safety, e.g. set company health and safety policy and strategy, recommend targets etc?

Table 25 summarises the proportion of respondents who stated Yes to the two additional questions. It is apparent that the vast majority of health and safety directors do have a substantive role.

Table 25: Check on status of health and safety directors

	Top 350	Large Firms	Public sector	Vol	All
Yes to Q12a: Has a board level director been given responsibility for health and safety, the respondent was then asked:	90%	87%	77%	55%	82%
Yes to Q12a1: Has this been stated in writing in, for example, in the director's job description or the company's health and safety manual?	92%	75%	87%	53%	77%
Yes to Q12a2: Does this person actively direct health and safety, e.g. set company health and safety policy and strategy, recommend targets etc?	77%	73%	74%	53%	72%

Reasons for appointing a board member to be a director of health and safety

Respondents were asked if they had specific reasons for appointing a member of the board to be the Director of Health and Safety. **Figure 16** and **Figure 17** show the results for both surveys. In 2001 respondents gave specific reasons in 50% of cases, rising to 60% in 2003. In 2001, nearly 90% of the Top 350 respondents gave reasons, but this fell slightly in 2003. The most marked increase is seen amongst public sector organisations with a rise from 50% to almost 80% having specific reasons for their board level appointment.

In those cases where they did have specific reasons, a note was made in free text. Review of these reasons suggests they fall into the following categories, in approximate rank order of citation:

- Better support, commitment, leadership and direction;
- Reflects the importance of health and safety;
- Best practice / recent guidance;
- Health and safety is a key part of the business;
- Need to improve poor safety record and/or make high profile improvements.

These reasons are similar to those for giving responsibility for health and safety to a board member but they do show that these considerations do, on a large proportion of occasions, lead organisations to appoint a member of the board to be a director of health and safety.

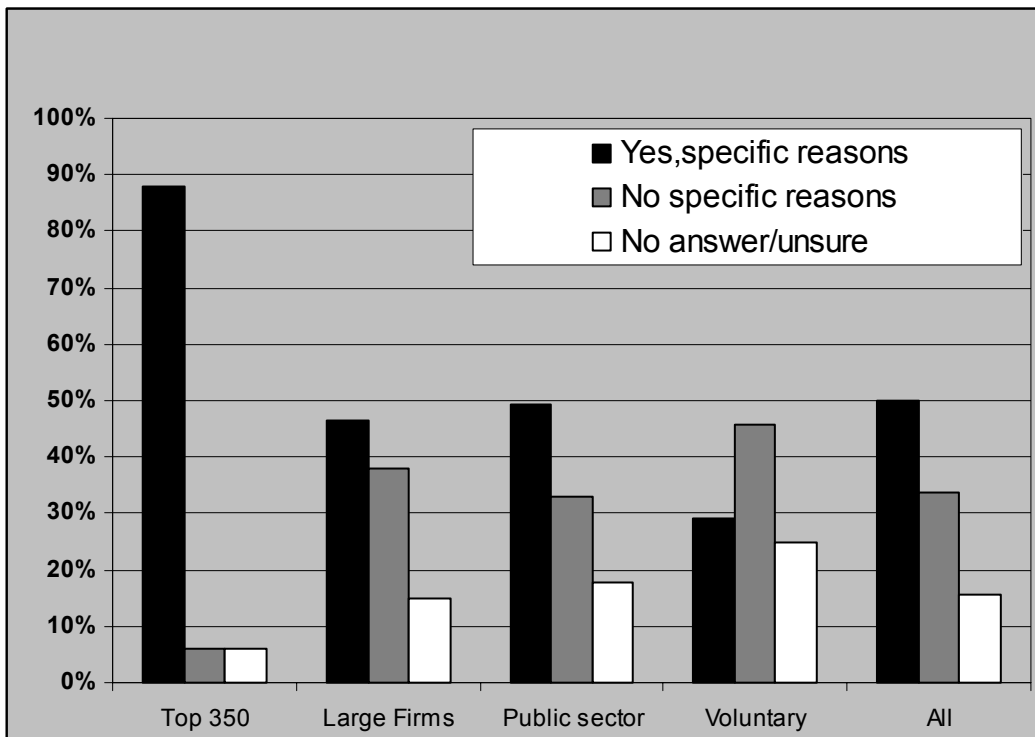


Figure 16: Percentage of organisations with health and safety directors who had specific reasons for this appointment (2001)

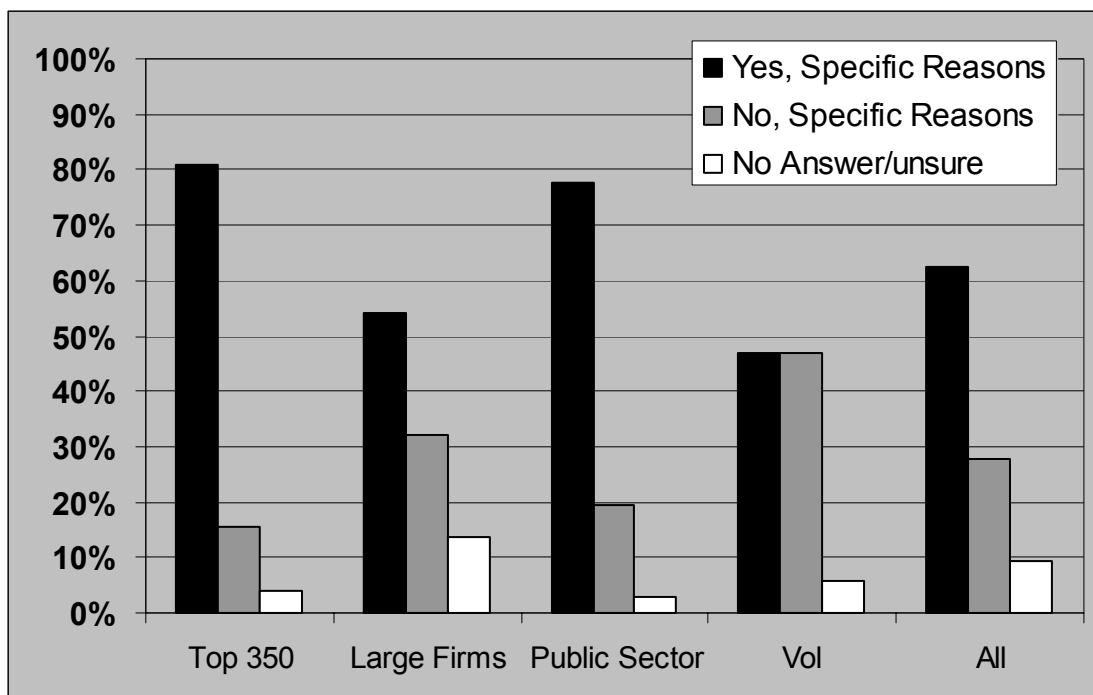


Figure 17: Percentage of organisations with health and safety directors who had specific reasons for this appointment (2003)

Organisations without board level health and safety directors

As shown in **Figure 18**, **Figure 19**, **Table 26**, and **Table 27** in the vast majority of those cases where organisations lack board level health and safety directors both surveys find that there is a person with a reporting line into the board.

Table 26: Of those respondents who do not have someone on the board, does the most senior health and safety person have a reporting line to the board? (2001)

2001	Yes		No		Unsure	
	Number	%	Number	%	Number	%
Top 350	5	83%	1	17%	0	0%
Large Firms	54	87%	3	5%	4	6%
Public Sector	25	89%	2	7%	1	4%
Voluntary	3	75%	1	25%	0	0%
All	87	87%	7	7%	5	5%

Table 27: Of those respondents who do not have someone on the board, does the most senior health and safety person have a reporting line to the board? (2003)

2003	Yes		No		Unsure	
	Number	%	Number	%	Number	%
Top 350	2	67%	0	0%	1	33%
Large Firms	26	84%	1	3%	4	13%
Public Sector	22	73%	4	13%	4	13%
Voluntary	14	100%	0	0%	0	0%
All	64	82%	5	6%	9	12%

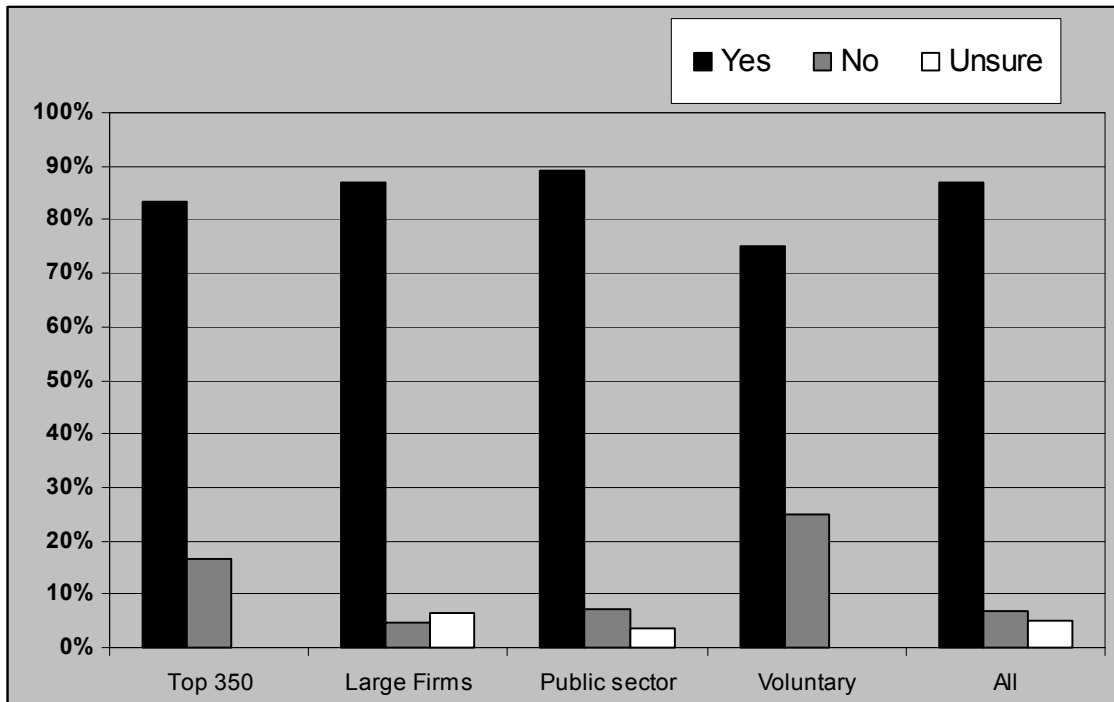


Figure 18: Of those respondents who do not have someone on the board, does the most senior health and safety person have a reporting line to the board? (2001)

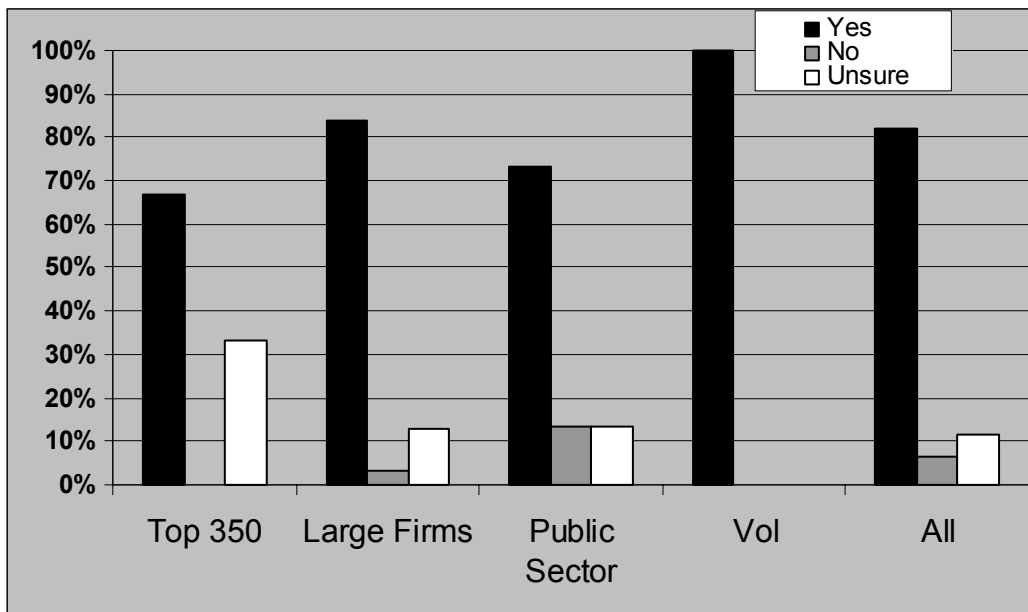


Figure 19: Of those respondents who do not have someone on the board, does the most senior health and safety person have a reporting line to the board? (2003)

Who led the last review of health and safety policy

As a “test” of which director is responsible for health and safety direction, respondents were asked who led the last review of the company’s health and safety policy. The results are shown in **Figure 20** and **Figure 21**(for each of the four types of organisations) and **Figure 23** (for all respondents). The job titles of the person who led the last review of policy have similar job titles to those of the director responsible for health and safety, namely Managing Directors, CEOs, Other, Health and Safety Directors and Operations Directors.

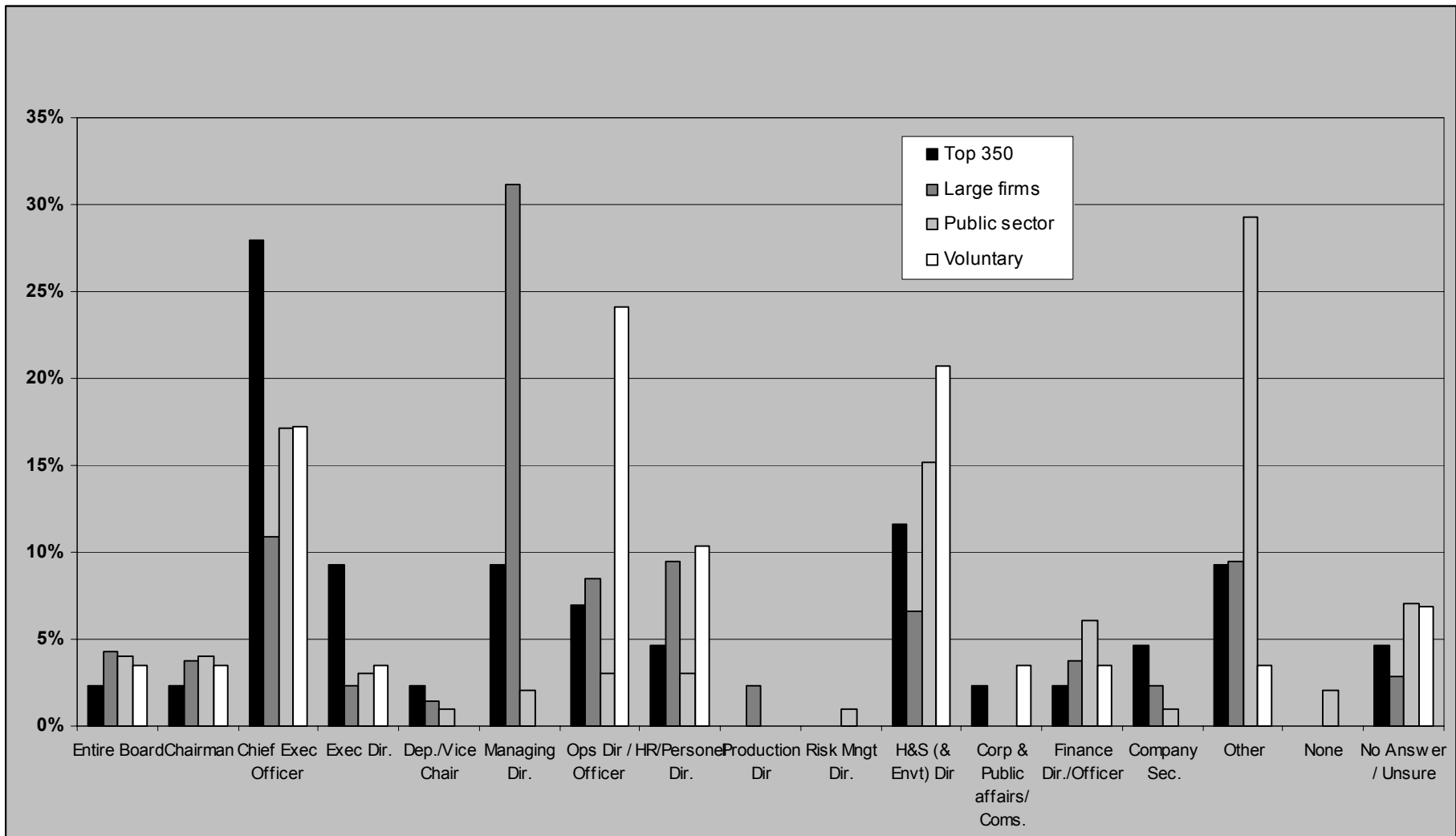


Figure 20: Who led the last review of health and safety policy (by type of organisation) (2001)

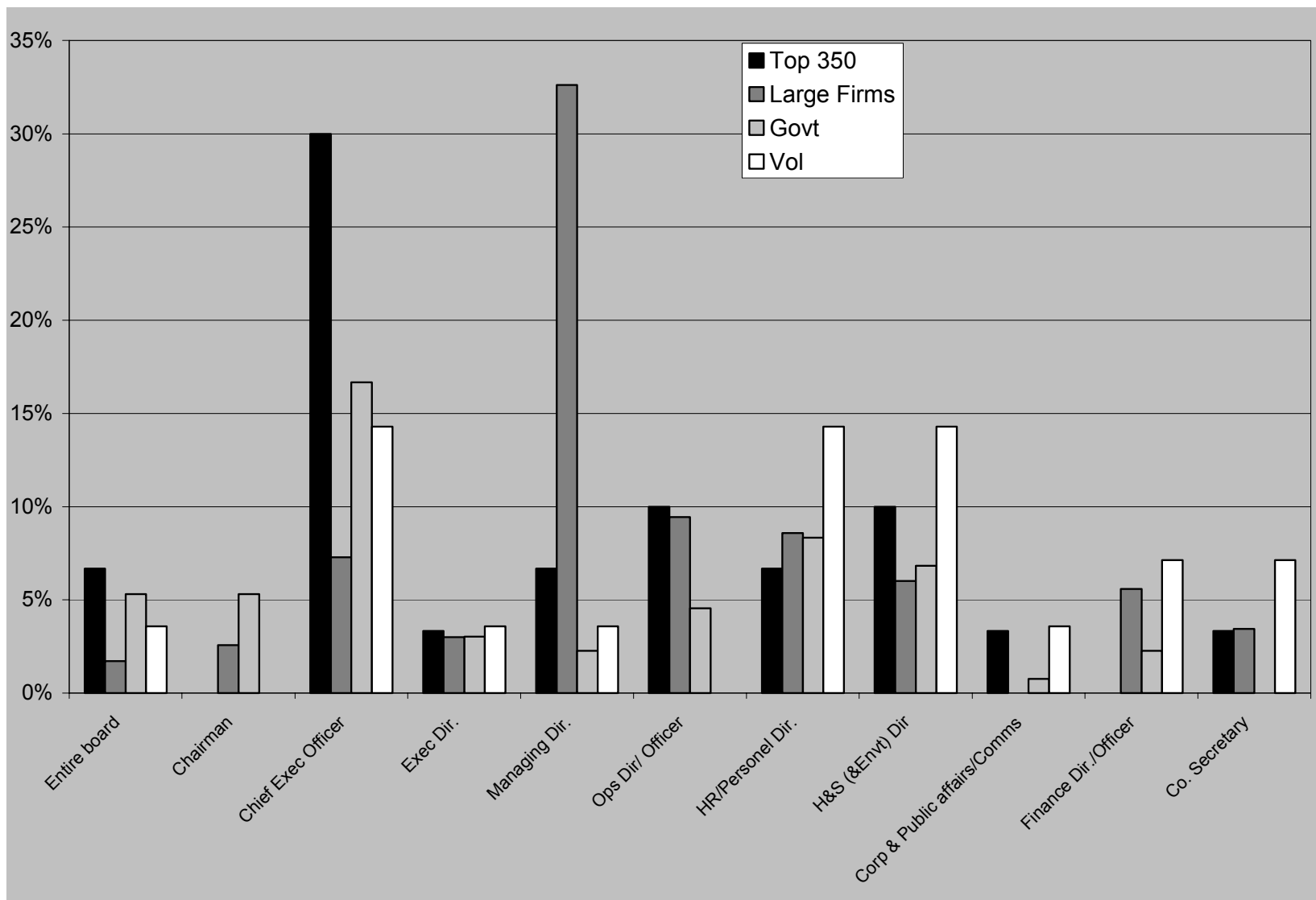


Figure 21: Who led the last review of health and safety policy (by type of organisation, where over 4%) (2003)

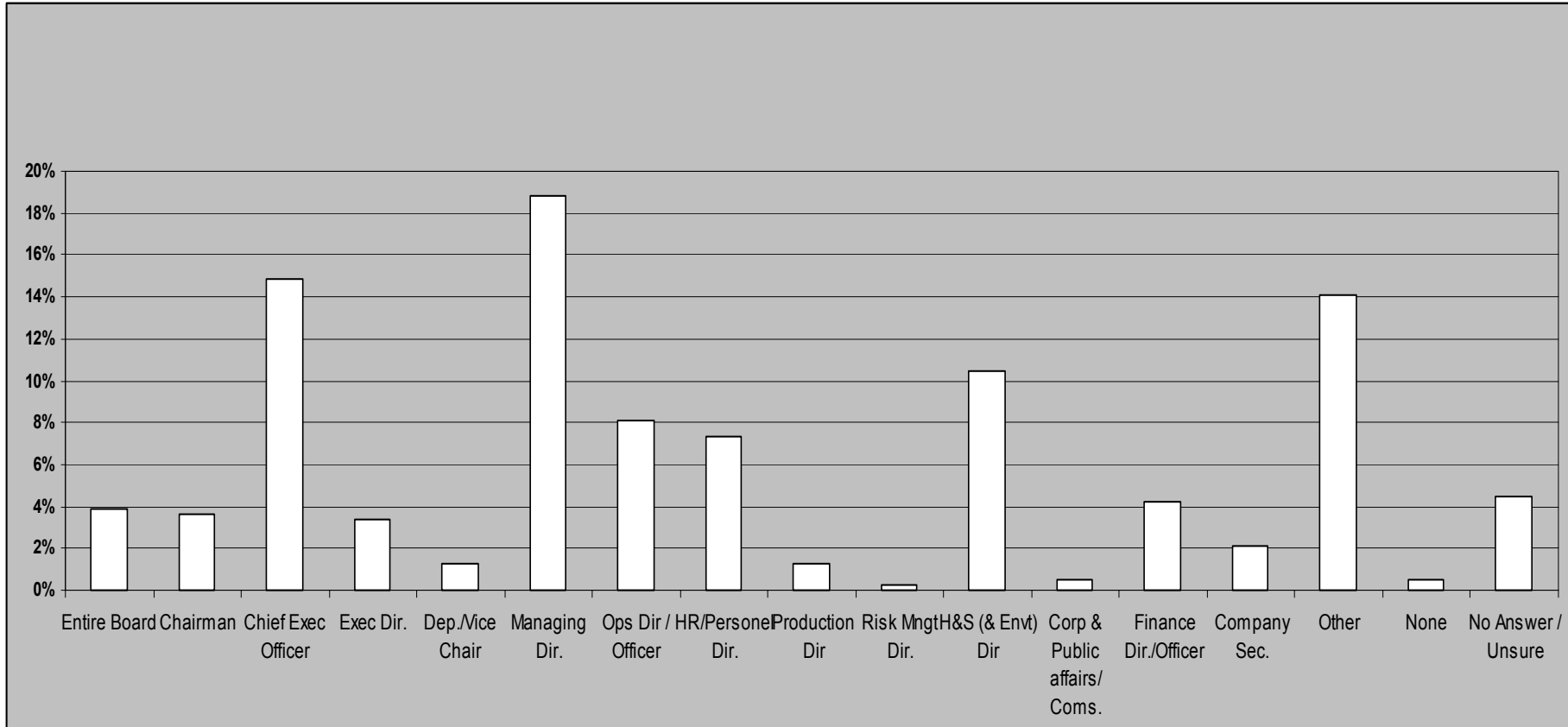


Figure 22: Who led the last review of health and safety policy (for all respondents)? (2001)

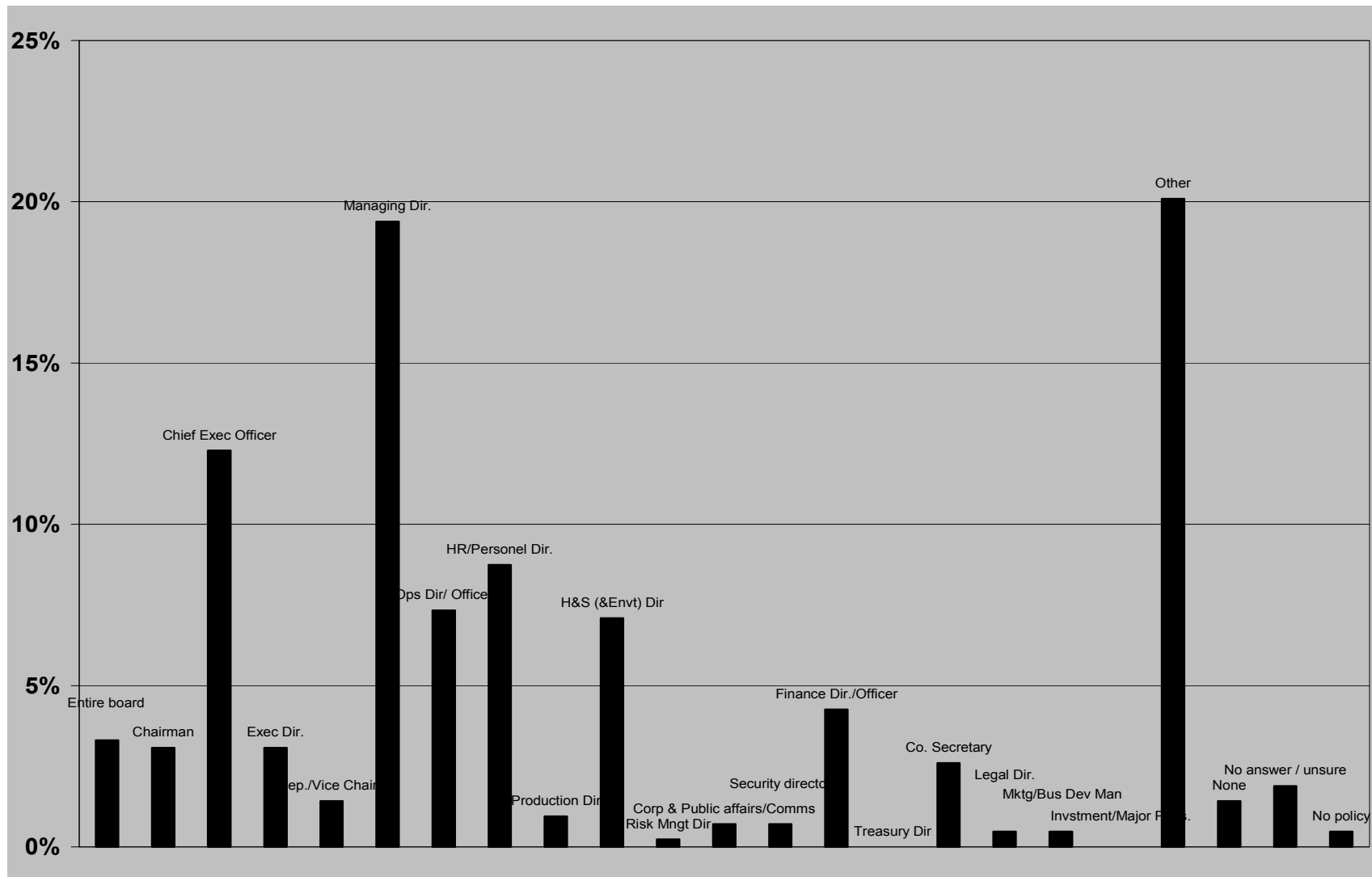


Figure 23: Who led the last review of health and safety policy (for all respondents)? (2003)

Who decided upon the health and safety responsibilities of the board?

In the vast majority of cases shown by both surveys the board as a whole or the CEO decided upon the board's health and safety responsibilities. This is illustrated in **Figure 24** and **Figure 25**.

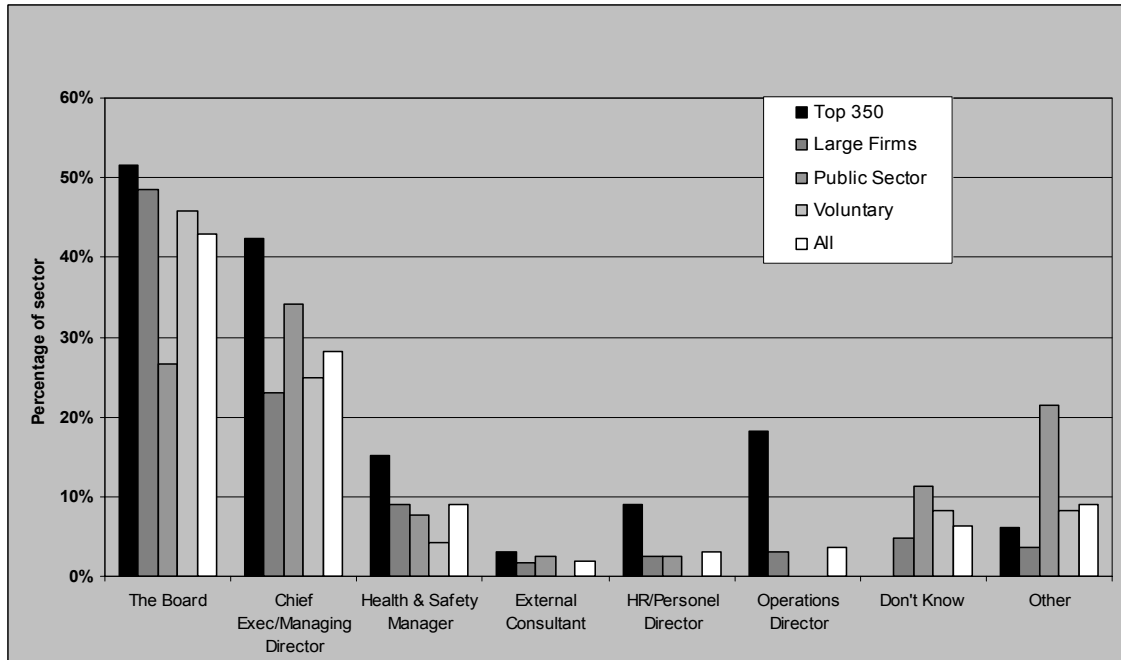


Figure 24: Who decided upon board's health and safety responsibilities (2001)

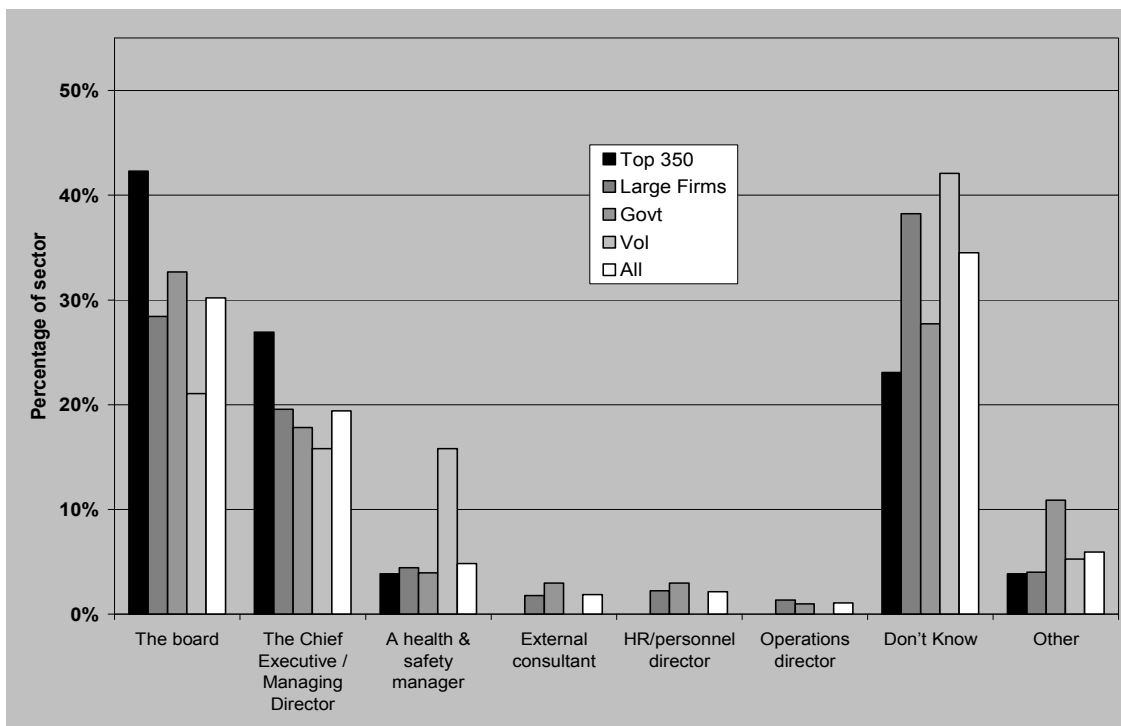


Figure 25: Who decided upon board's health and safety responsibilities (2003)

Public description of health and safety role of the board.

Table 28 indicates that in 2001 almost two thirds of respondents published a description of their roles but this fell to around a half in 2003. **Figure 26** and **Figure 27** show that far fewer of those organisations without board level health and safety direction have published their arrangements in both surveys. This is more marked in 2003 with just over 70% in 2001 and almost 90% of those with board level health and safety direction publishing a description of their roles.

Table 28: Percentage of organisations who have assigned health and safety responsibility to a director, that have formally/publicly described the role of this person

Category	2001 Baseline		2003 Survey	
	Number	Percentage	Number	Percentage
Top 350	24	73%	19	73%
Large Firms	100	60%	92	43%
Public Sector	51	64%	57	55%
Voluntary	16	67%	6	35%
All	191	63%	174	49%

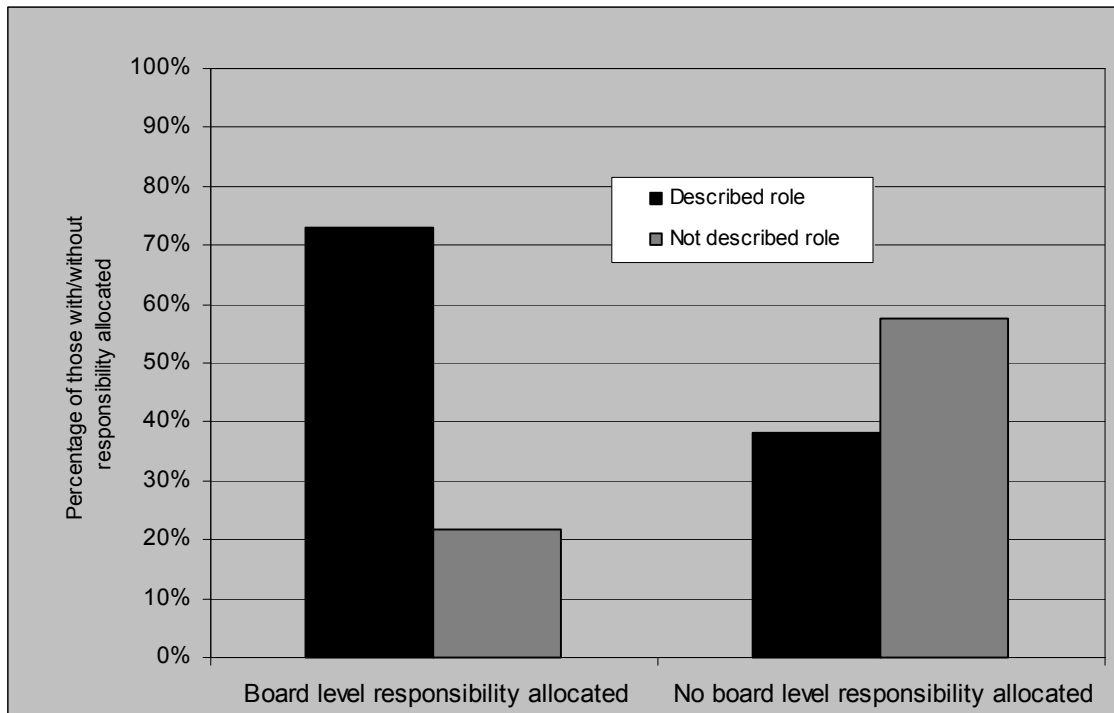


Figure 26: Relationship between board level health and safety responsibility allocation and the public description of the board's health and safety role (2001)

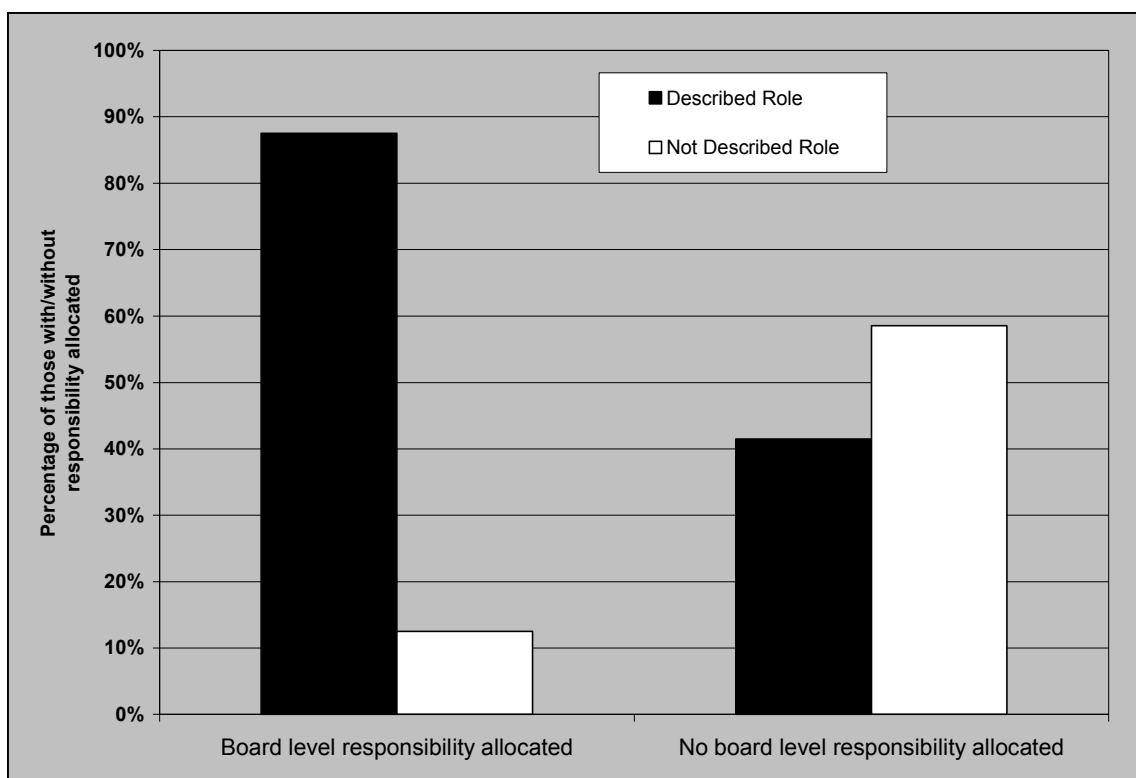


Figure 27: Relationship between board level health and safety responsibility allocation and the public description of the board's health and safety role (2003)

3.6 FACTORS INFLUENCING DESIGN OF ARRANGEMENTS

Factors influencing board level arrangements.

Respondents were asked to rate on a scale of 1 to 3 how much each of a list of factors influenced the design of board level health and safety arrangements, where:

- 1 = Not at all
- 2 = Somewhat
- 3 = A lot

The responses are presented as an average score on a scale of 1 to 3 in **Table 29**, **Table 30** **Figure 28**, and **Figure 29**.

It can be noted that, in both surveys:

- Many factors have very similar scores;
- No one factor stands out as being very highly rated;
- Common to the top 5 ranked factors in both surveys are:
 - The general increase in the importance of health and safety,
 - HSC/HSE guidance,
 - Concern about occupational health performance; and,
 - Corporate responsibility.
- The Turnbull report, media and shareholder pressure are the lowest ranked factors in both surveys.

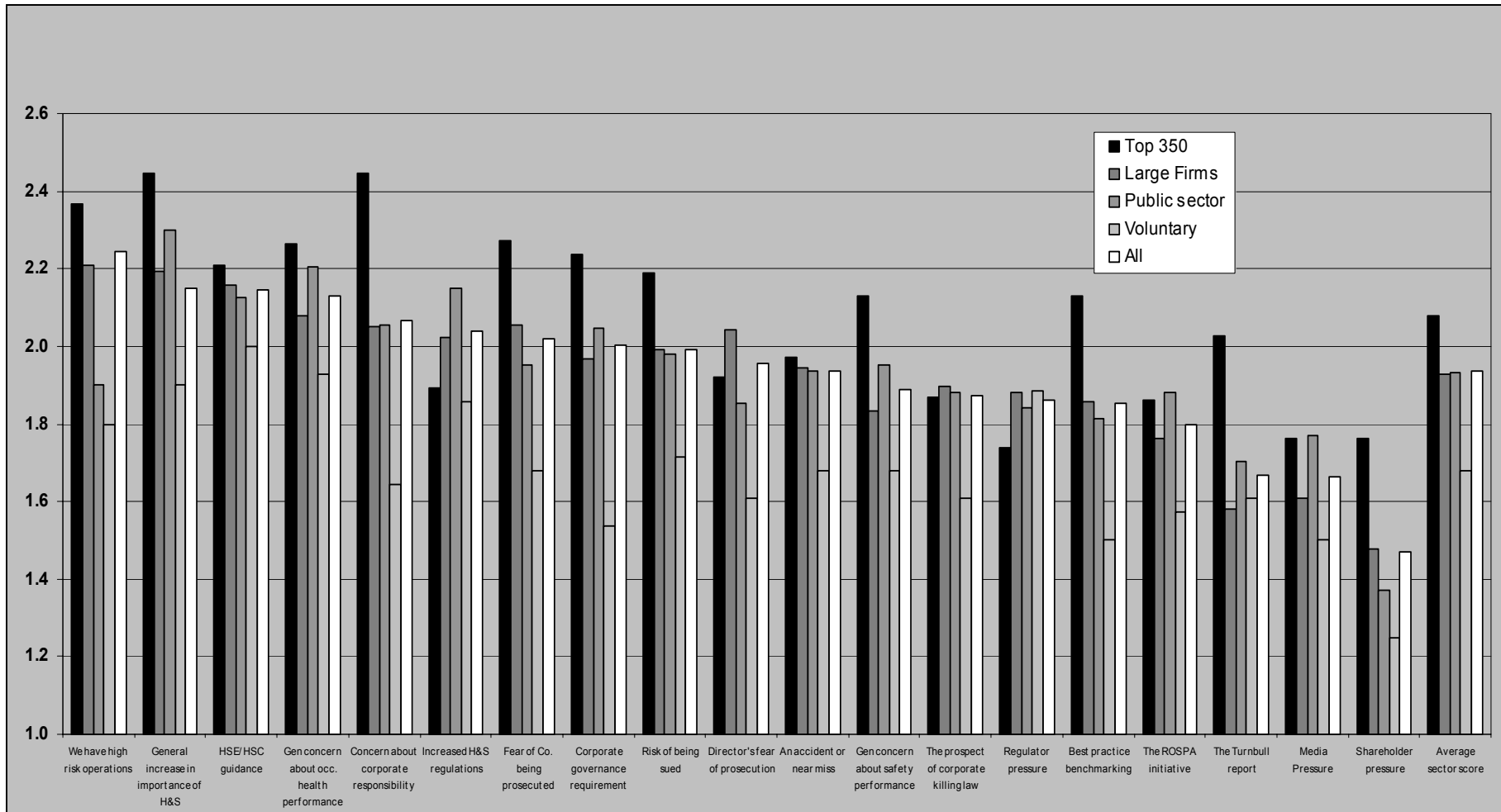


Figure 28: Ranked (by "All") factors influencing design of board level arrangements (1 - no influence, 3 - a lot of influence) (2001)

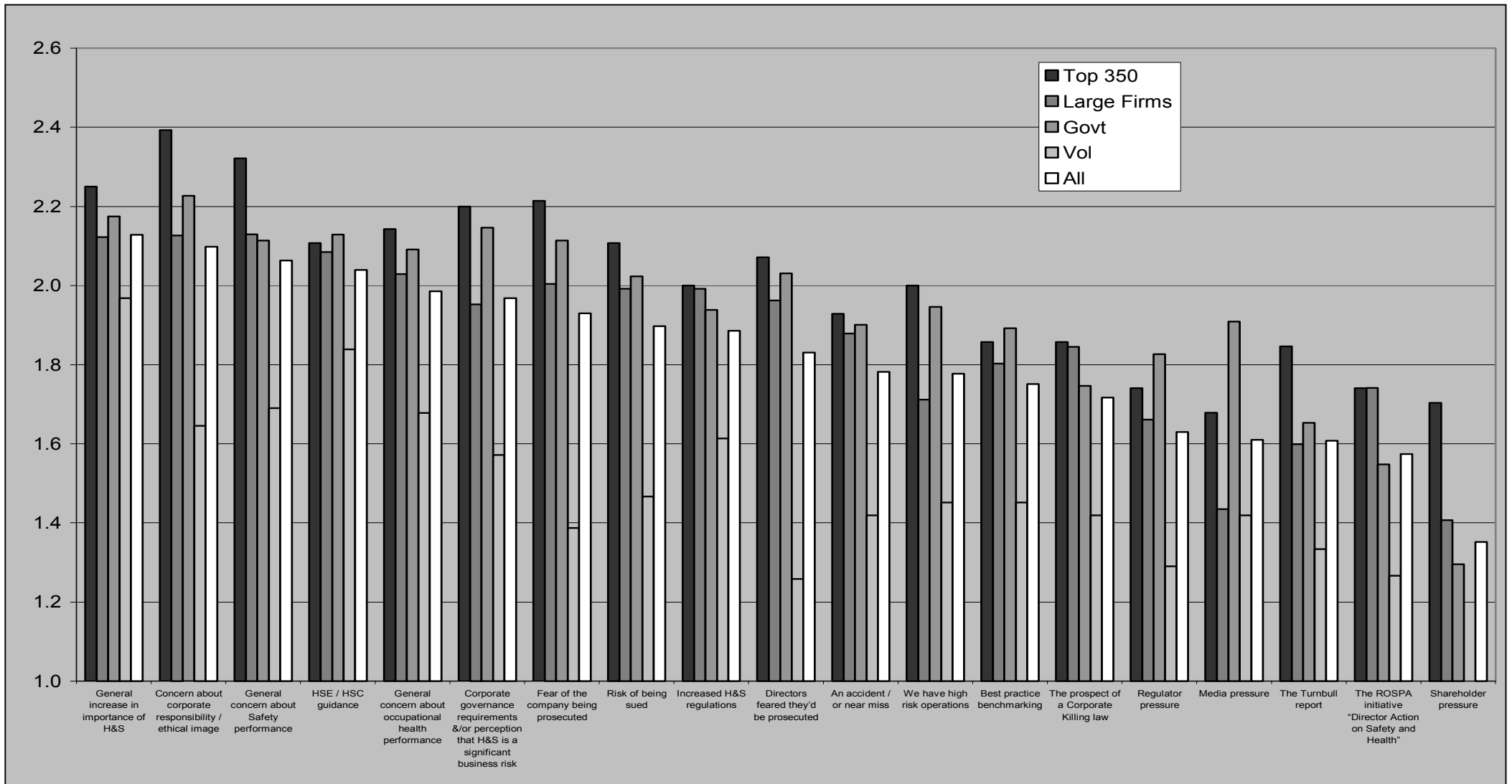


Figure 29: Ranked (by "All") factors influencing design of board level arrangements (1 - no influence, 3 - a lot of influence) (2003)

Table 29: Ranked factors influencing design of board level arrangements (2001)

	Top 350	Large Firms	Public Sector	Voluntary	All
General increase in importance of H&S	2.4	2.2	1.9	1.9	2.2
We have high risk operations	2.4	2.2	2.3	1.9	2.2
HSE/HSC guidance	2.2	2.2	2.1	2.0	2.1
Gen concern about occ. health performance	2.3	2.1	2.2	1.9	2.1
Corporate governance requirement &/ or perception that H&S is a significant business risk	2.4	2.0	2.1	1.6	2.1
Corporate governance requirement	2.2	2.0	2.0	1.5	2.0
Fear of Co. being prosecuted	2.3	2.1	2.0	1.7	2.0
Risk of being sued	2.2	2.0	2.0	1.7	2.0
Increased H&S regulations	1.9	2	2.1	1.9	2.0
Director's fear of prosecution	1.9	2.0	1.9	1.6	2.0
Gen concern about safety performance	2.1	1.8	2.0	1.7	1.9
An accident or near miss	2.0	1.9	1.9	1.7	1.9
Regulator pressure	1.7	1.9	1.8	1.9	1.9
Best practice benchmarking	2.1	1.9	1.8	1.5	1.9
The prospect of corporate killing law	1.9	1.9	1.9	1.6	1.9
The ROSPA initiative "Director Action on Safety and Health"	1.9	1.8	1.9	1.6	1.8
The Turnbull report	2.0	1.6	1.7	1.6	1.7
Media Pressure	1.8	1.6	1.8	1.5	1.7
Shareholder pressure	1.8	1.5	1.4	1.3	1.5
Average score for all factors	2.1	1.9	1.9	1.7	1.9

Table 30: Ranked factors influencing design of board level arrangements (2003)

	Top 350	Large Firms	Public Sector	Voluntary	All
General increase in importance of H&S	2.3	2.1	2.2	2.0	2.1
Concern about corporate responsibility/ ethical image	2.4	2.1	2.2	1.6	2.1
General concern about safety performance	2.3	2.1	2.1	1.7	2.1
HSE/HSC guidance	2.1	2.1	2.1	1.8	2.0
General concern about occupational health performance	2.1	2.0	2.1	1.7	2.0
Corporate governance requirement &/ or perception that H&S is a significant business risk	2.2	2.0	2.1	1.6	2.0
Fear of Co. being prosecuted	2.2	2.0	2.1	1.4	1.9
Risk of being sued	2.1	2.0	2.0	1.5	1.9
Increased H&S regulations	2.0	2.0	1.9	1.6	1.9
Director's fear of prosecution	2.1	2.0	2.0	1.3	1.8
An accident / or near miss	1.9	1.9	1.9	1.4	1.8
We have high risk operations	2.0	1.7	1.9	1.5	1.8
Best practice benchmarking	1.9	1.8	1.9	1.5	1.8
The prospect of corporate killing law	1.9	1.8	1.7	1.4	1.7
Regulator Pressure	1.7	1.7	1.8	1.3	1.6
Media pressure	1.7	1.4	1.9	1.4	1.6
The Turnbull report	1.8	1.6	1.7	1.3	1.6
The ROSPA initiative "Director Action on Safety and Health"	1.7	1.7	1.5	1.3	1.6
Shareholder pressure	1.7	1.4	1.3	1.0	1.4
Average score for all factors	2.0	1.9	1.9	1.5	1.8

Extent of pressures on directors to manage health and safety

Respondents were asked to rate (on a scale of 1 to 5) the extent to which they agreed that there are VERY strong pressures in their area of business for directors to manage health and safety. **Figure 30**, **Table 31** and **Table 32** show, for both surveys the percent of participants giving each response. **Figure 30** presents both sets of results as average scores for each type of organisation. It can be noted from these tables and figures that:

- On average, organisations agree that there are very strong pressures in their business sectors on Directors and boards to proactively manage health and safety. However, average scores are below 4 (Agree) (though above 3 (Unsure)) in both surveys so this agreement is not strong.
- The perceived pressure on organisations to proactively manage health and safety seems to have fallen slightly – in 2001 almost 70% agreed or strongly agreed that there were very strong pressures compared with 62% in 2003;
- Around 20% disagree that there are very strong pressures, and;
- There are no obvious differences in responses between the four types of organisations, except that more voluntary organisations may disagree.

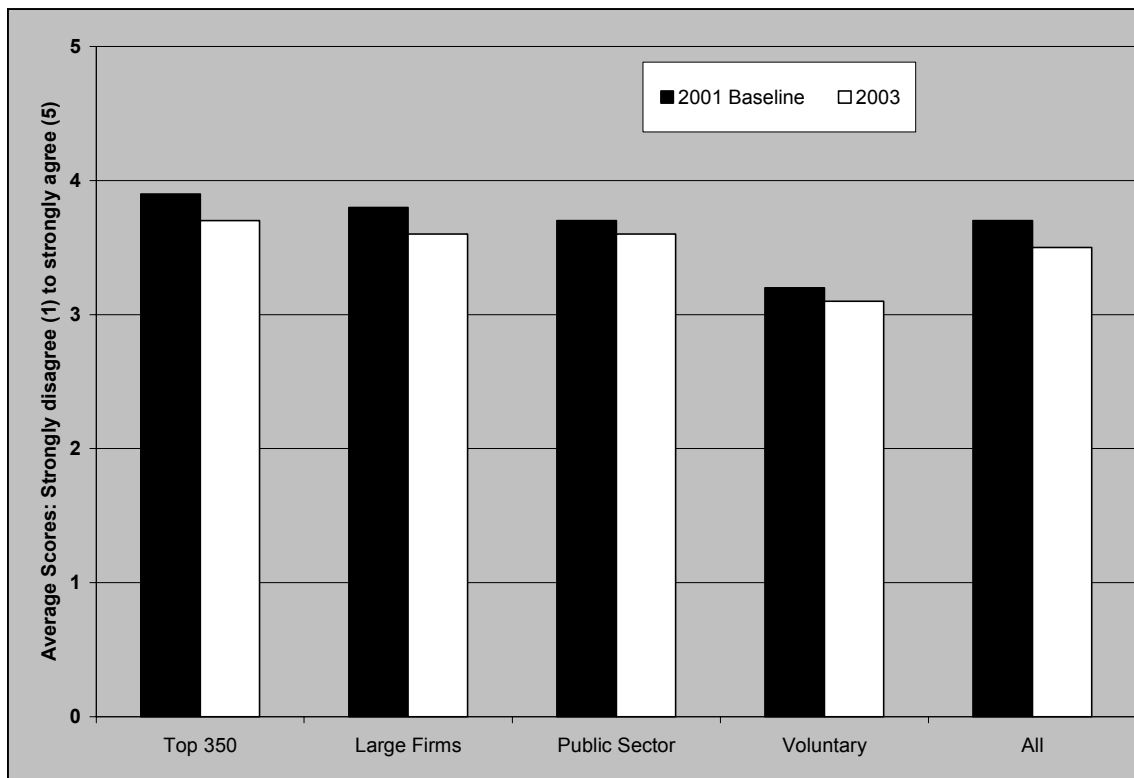


Figure 30: Extent of agreement that there are very strong pressures to manage health and safety

Table 31: Extent of pressure on boards to proactively manage health and safety (2001)

	1 Strongly disagree	2 Disagree	3 Unsure	4 Agree	5 Strongly Agree	Average response score
Top 350	0%	15.4%	15.4%	35.9%	33.3%	3.9
Large Firms	2.2%	11.4%	13.6%	50.9%	21.9%	3.8
Public Sector	1.0%	15.7%	18.5%	38.9%	25.9%	3.7
Voluntary	3.6%	35.7%	10.7%	39.3%	10.7%	3.2
All	1.7% (7)	14.6 % (59)	14.9% (60)	45.4% (183)	23.3% (94)	3.7

Table 32: Extent of pressure on boards to proactively manage health and safety (2003)

	1 Strongly disagree	2 Disagree	3 Unsure	4 Agree	5 Strongly Agree	Average response score
Top 350	0%	21%	14%	38%	28%	3.7
Large Firms	2%	19%	16%	47%	15%	3.6
Public Sector	4%	20%	13%	41%	23%	3.6
Voluntary	6%	29%	23%	29%	13%	3.1
All	3%(11)	20%(88)	16%(68)	44%(190)	18%(79)	3.5

Awareness of the HSE's guidance INDG 343 ("Directors' responsibilities for health and safety")

Table 33, Figure 31 and Figure 32 show the level of awareness of INDG343 for those respondents with and without board level health and safety direction. They show that:

- The vast majority (at least $\frac{3}{4}$) of all respondents are aware of the guidance and, for organisations with board level health and safety direction, this figure rises by 6% percentage points, with an overall increase of about 5% for all organisations;

- In both surveys, respondents with board level health and safety direction are slightly more likely to have heard of the guidance, this being more marked (over 10% in the 2003 survey).

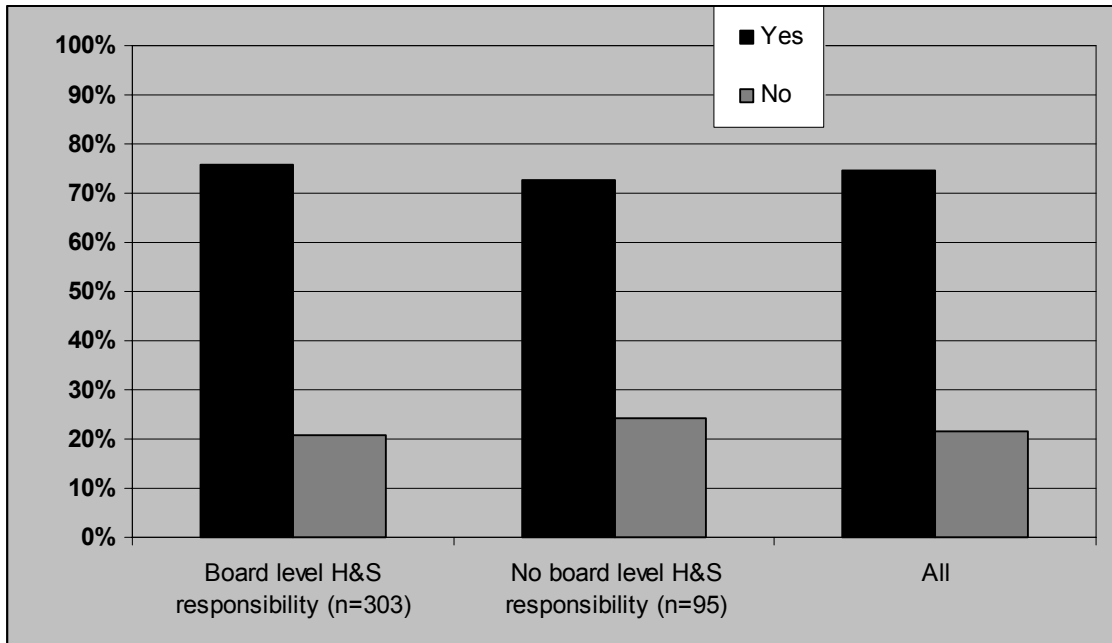


Figure 31: Are you aware of INDG 343? (2001)

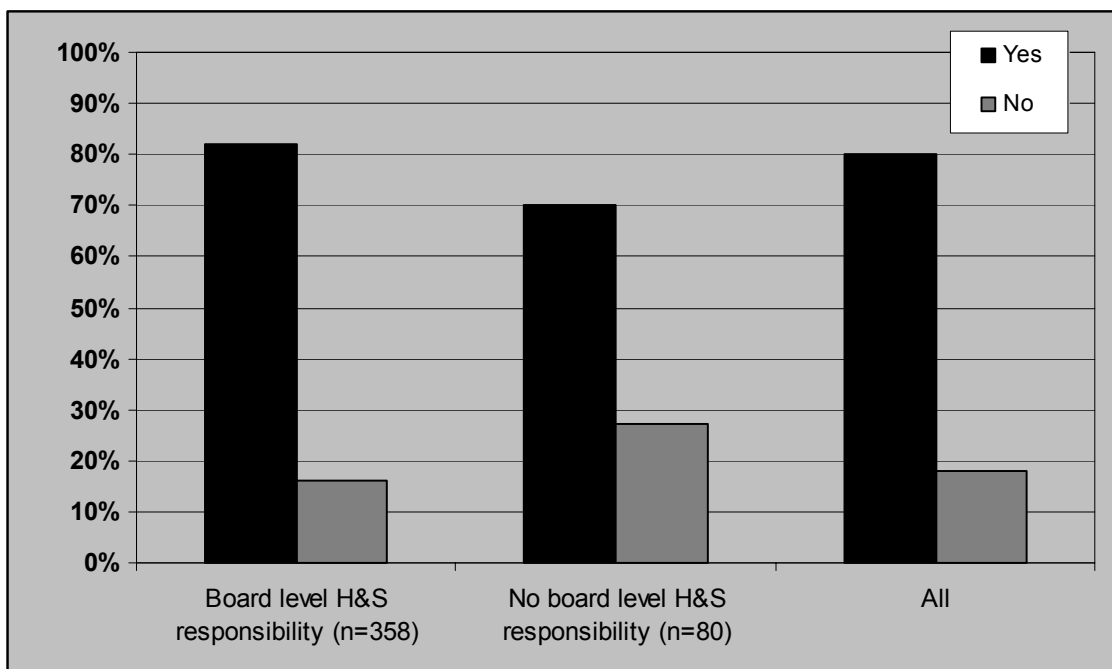


Figure 32: Are you aware of INDG 343? (2003)

Table 33: Awareness of INDG 343

	2001 baseline		2003 Survey	
	Board level H&S responsibility	No board level H&S responsibility	Board level H&S responsibility	No board level H&S responsibility
Yes, have heard of HSC guidance for Directors	76%	73%	82%	70%
No, have not heard of HSC guidance for Directors	21%	24%	16%	27%
Unsure	4%	3%	2%	3%
Total	100%	100%	100%	100%

Benefits of appointing board level health and safety directors

Figure 33, Figure 34, Table 34 and Table 35 show in rank order the reported benefits of assigning responsibility for health and safety to a board level director in both surveys. The question allowed respondents to cite more than one benefit. There is a high level of agreement, in both surveys, that board level direction offers:

- Strong leadership;
- Shows commitment, and;
- Improved health, safety and risk management.

Notable also is that in 2003 a higher proportion of organisations felt that board level direction “ensures directors carry out their health and safety roles” (16% compared to 8% in 2001) and this rose up the rankings slightly. There was possibly a slight reduction in those saying that it gave strong leadership, but this is still ranked first.

In both surveys public sector organisations cite fewer benefits (per organisation) than do Top 350 companies or Large Firms.

Top 350 firms also note benefits of consistency and focus.

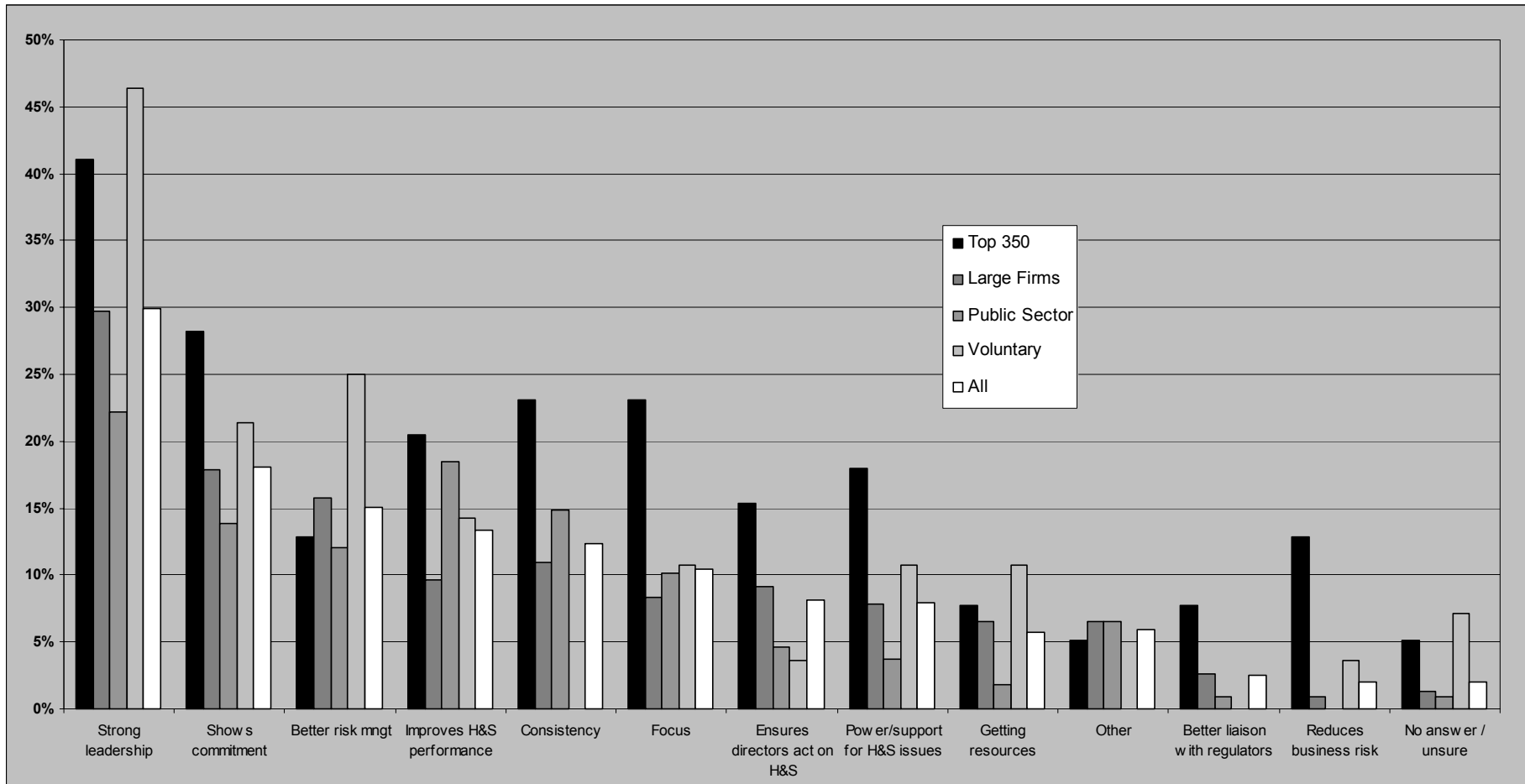


Figure 33: Benefits of board level health and safety direction (by percentage of respondents, 2001)

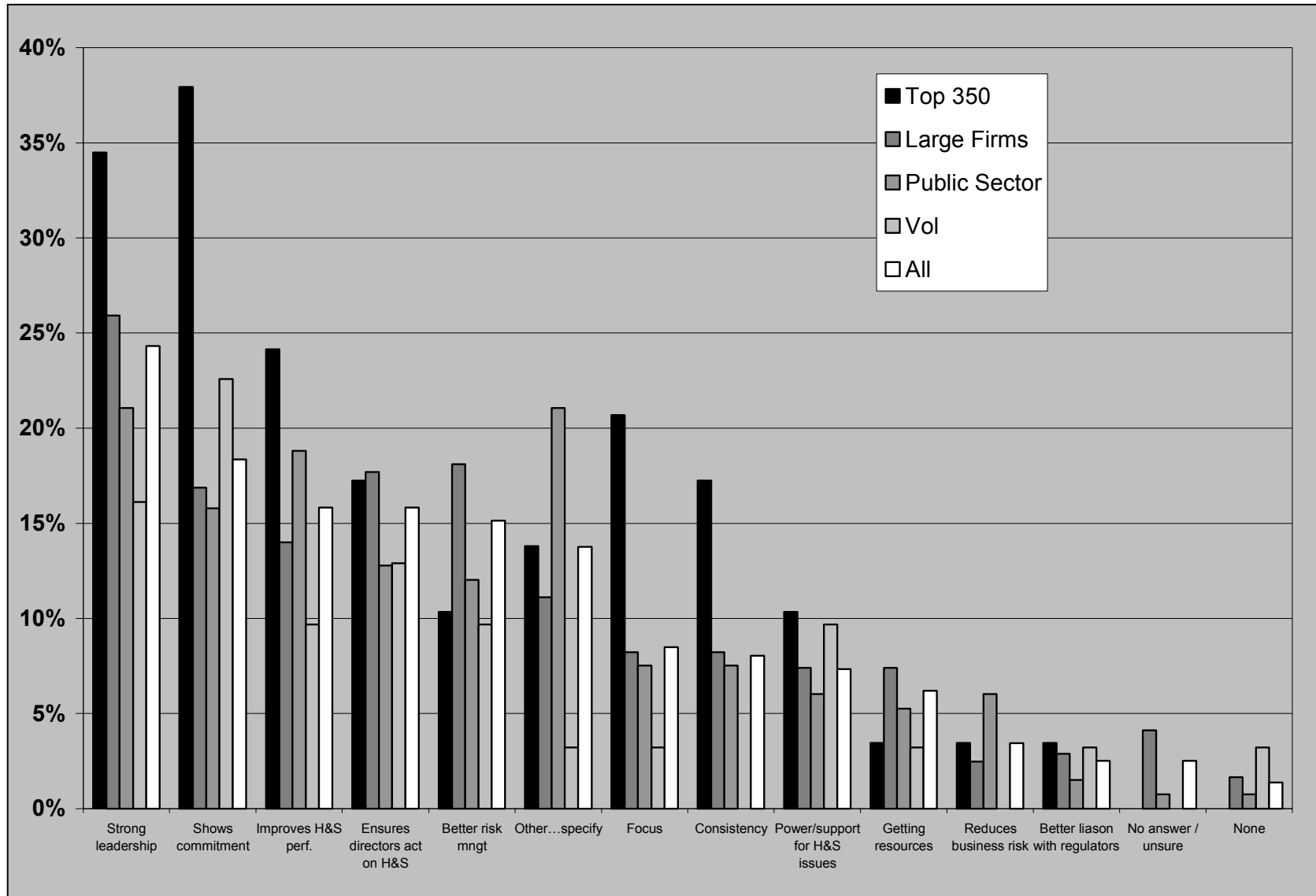


Figure 34: Benefits of board level health and safety direction (by percentage of respondents, 2003)

Table 34: Benefits of having a person responsible for health and safety direction at board level – (percentages of total number of respondents in sector) (2001)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	N=39		N=229		N=108		N=28		N=404	
	Number	%	Number	%	Number	%	Number	%	Number	%
Strong leadership	16	41%	68	30%	24	22%	13	46%	121	30%
Shows commitment	11	28%	41	18%	15	14%	6	21%	73	18%
Better risk management	5	13%	36	16%	13	12%	7	25%	61	15%
Helps improve H&S performance	8	21%	22	10%	20	19%	4	14%	54	13%
Consistency	9	23%	25	11%	16	15%	0	0%	50	12%
Focus	9	23%	19	8%	11	10%	3	11%	42	10%
Ensures directors carry out their H&S roles	6	15%	21	9%	5	5%	1	4%	33	8%
Power and support for H&S issues	7	18%	18	8%	4	4%	3	11%	32	8%
Getting resources	3	8%	15	7%	2	2%	3	11%	23	6%
Other	1	3%	5	2%	5	5%	0	0%	11	3%
Better management of liaison with regulators	3	8%	6	3%	1	1%	0	0%	10	2%
Reduces risk to the business (of loss, prosecution)	5	13%	2	1%	0	0%	1	4%	8	2%
No answer / unsure	2	5%	3	1%	1	1%	2	7%	8	2%
Clearer Responsibility	1	3%	7	3%	0	0%	0	0%	8	2%
None	2	5%	3	1%	0	0%	0	0%	5	1%
Higher H&S Profile	0	0%	2	1%	2	2%	0	0%	4	1%
Better H&S Communications	0	0%	1	0%	0	0%	0	0%	1	0%
Total	88		294		119		43		544	

Table 35: Benefits of having a person responsible for health and safety direction at board level – (percentages of total number of respondents in sector) (2003)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	N=29		N=243		N=133		N=31		N=436	
	Number	%	Number	%	Number	%	Number	%	Number	%
Strong leadership	10	34%	63	26%	28	21%	5	16%	106	24%
Shows commitment	11	38%	41	17%	21	16%	7	23%	80	18%
Helps improve H&S performance	7	24%	34	14%	25	19%	3	10%	69	16%
Ensures Directors carry out their H & S Roles	5	17%	43	18%	17	13%	4	13%	69	16%
Better risk management	3	10%	44	18%	16	12%	3	10%	66	15%
Other	4	14%	27	11%	28	21%	1	3%	60	14%
Focus	6	21%	20	8%	10	8%	1	3%	37	8%
Consistency	5	17%	20	8%	10	8%	0	0%	35	8%
Power and Support for H & S issues	3	10%	18	7%	8	6%	3	10%	32	7%
Getting Resources	1	3%	18	7%	7	5%	1	3%	27	6%
Reduces risk to the business (of loss, prosecution)	1	3%	6	2%	8	6%	0	0%	15	3%
Better management of liaison with regulators	1	3%	7	3%	2	2%	1	3%	11	3%
No answer / unsure	0	0%	10	4%	1	1%	0	0%	11	3%
None	0	0%	4	2%	1	1%	1	3%	6	1%
Total	57		355		182		30		624	

3.7 BOARD LEVEL HEALTH AND SAFETY ACTIVITIES

3.7.1 Introduction

A series of questions have been asked regarding what health and safety activities boards and the director responsible for health and safety undertake. The results are presented below.

3.7.2 Policy review & publicity

Last time the board reviewed the health and safety policy

It is apparent from **Table 36**, **Table 37** and **Figure 35** that:

- There is a slight drop in the proportion of boards in responding organisations who have reviewed their health and safety policy in the past year (83% to 76%) but still over $\frac{3}{4}$ have done so;
- Almost 90% of Top 350 companies in both surveys have reviewed their policy in the past year, but there has been a drop from 84 to 76% in this figure for Large Firms; and
- About 5% either lack a health and safety policy or have never had a board review.

Table 36: Last time board reviewed the company health and safety policy (2001)

	Top 350	Large Firms	Public Sector	Voluntary	All
	n=39	n=228	n=108	n=28	n=403
The last year	36%	29%	31%	10.7%	29%
The last month	18%	31%	21%	39.3%	28%
The last three months	15%	13%	14%	21.4%	14%
The last six months	18%	11%	13%	7.1%	12%
The last three years	8%	6%	8%	7.1%	7%
No answer/unsure	3%	5%	6%	3.6%	5%
Never	3%	4%	5%	3.6%	4%
Over three years ago	0%	1%	2%	3.6%	1%
No policy	0%	1%	1%	3.6%	1%
	100%	100%	100%	100%	100%

Table 37: Last time board reviewed the company health and safety policy (2003)

	Top 350	Large Firms	Public Sector	Voluntary	All
	n=29	n=243	n=133	n=31	n=436
The last year	45%	29%	32%	16%	30%
The last month	7%	20%	17%	13%	18%
The last three months	31%	12%	9%	26%	14%
The last six months	7%	15%	15%	0%	14%
The last three years	7%	12%	17%	19%	14%
No answer/unsure	3%	5%	3%	10%	5%
Never	0%	4%	3%	3%	3%
Over three years ago	0%	1%	3%	6%	2%
No policy	0%	1%	1%	6%	1%
	100%	100%	100%	100%	100%

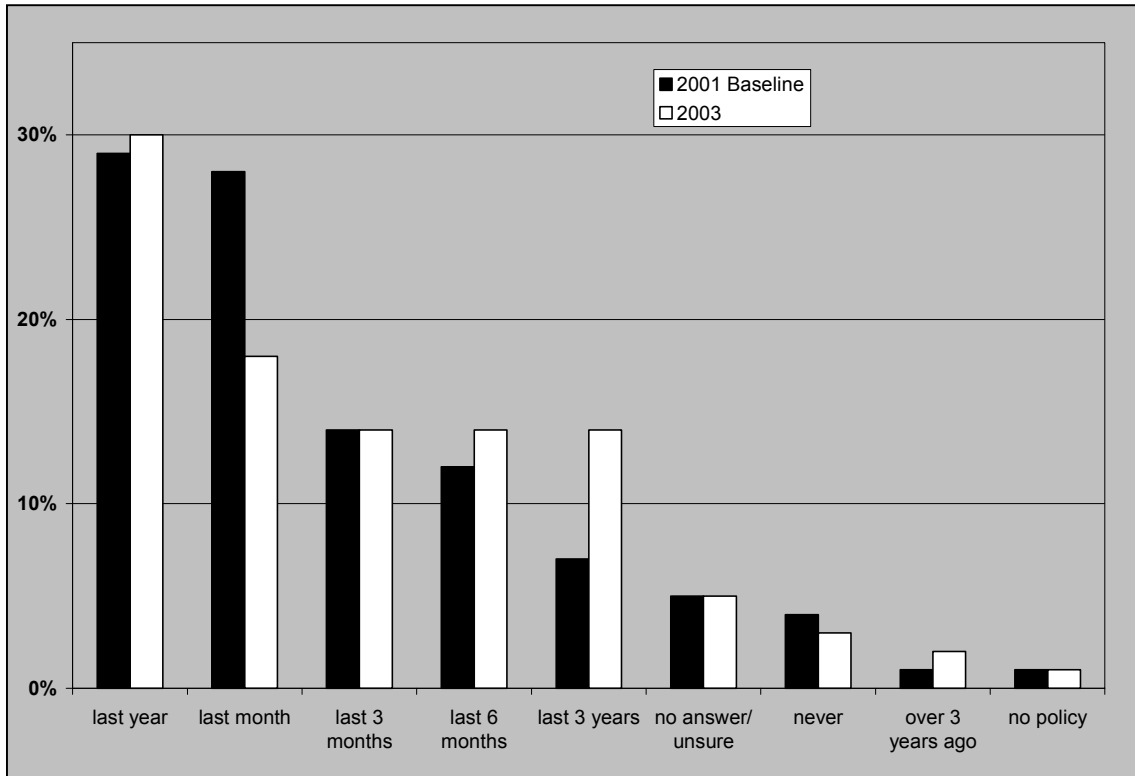


Figure 35: Last time board reviewed health and safety policy

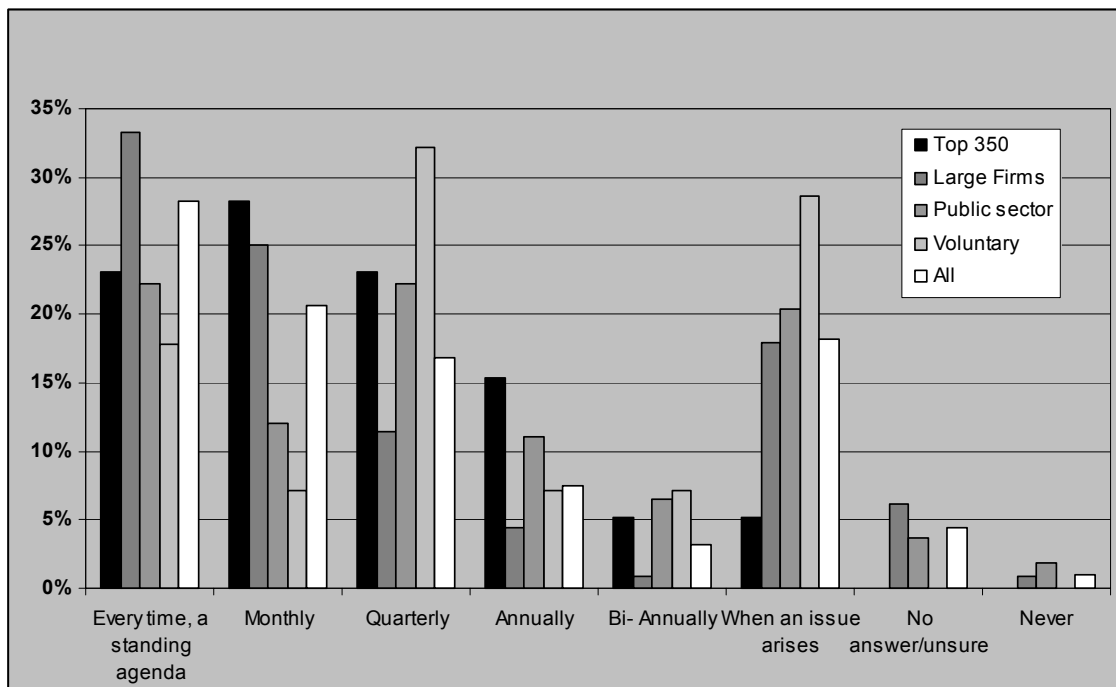


Figure 36: Frequency health and safety is discussed at board level (2001)

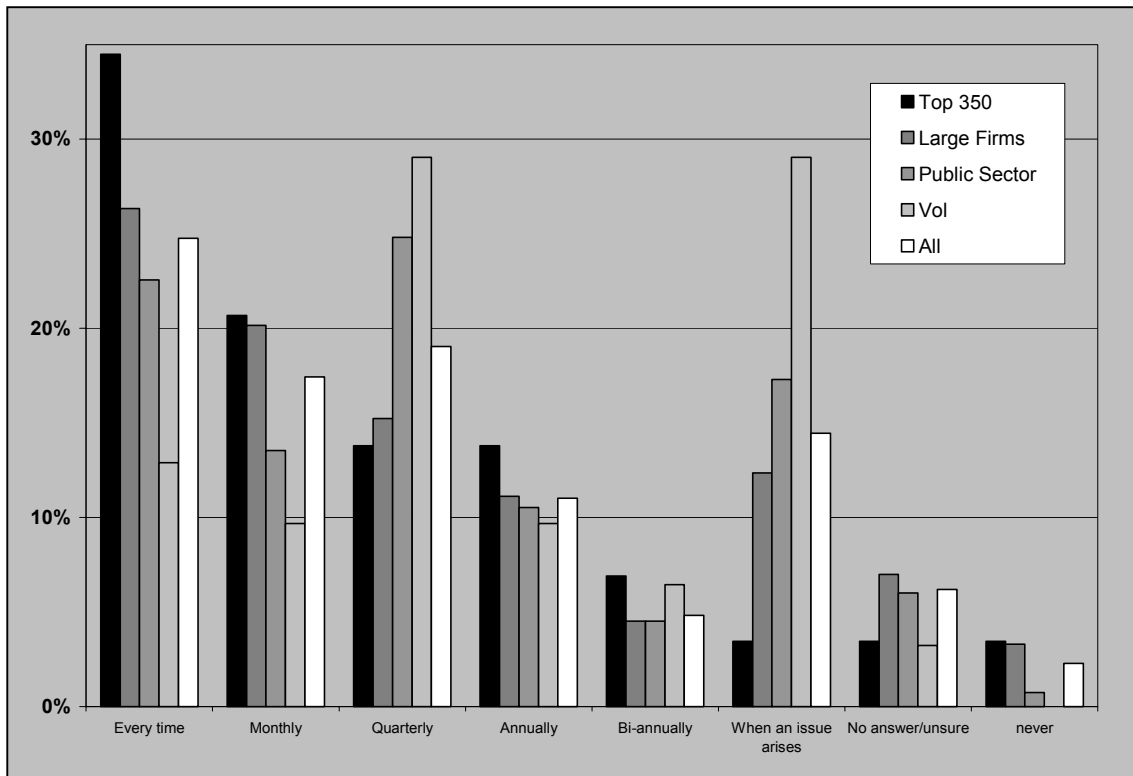


Figure 37: Frequency health and safety is discussed at board level (2003)

Frequency with which health and safety is discussed at board meetings

Figure 36 and **Figure 37** shows the frequency that the board discuss health and safety in both surveys. It appears that:

- Both surveys show that health and safety is formally discussed at least annually by just over 70% of boards;
- About half of respondents' boards discussed health and safety either monthly or had it as a standing agenda item in 2001. This figure dropped to 40% in 2003;
- Around 15% (18% in 2001, 14% in 2003) of boards only discuss health and safety when an issue arises.

Board health and safety objectives

Figure 38 and **Figure 39** report what type of health and safety objectives boards set themselves. It appears that:

- In both surveys the most common objective is to "improve health and safety", followed by "comply with the law" and "reduce injury rates"; and
- There is a general increase in the numbers of objectives set e.g. 60% compared to 46% in 2001 having an objective to improve health and safety, 47% compared to 27% having an objective to reduce injury rates and 16% up from 8% with objectives to reduce ill-health.

Figure 40 and **Figure 41** show the percentage of organisations that have published their objectives. It is apparent, from both surveys, that:

- About two thirds of all respondents have published their objectives;
- The Top 350 are the most likely to publish their objectives.

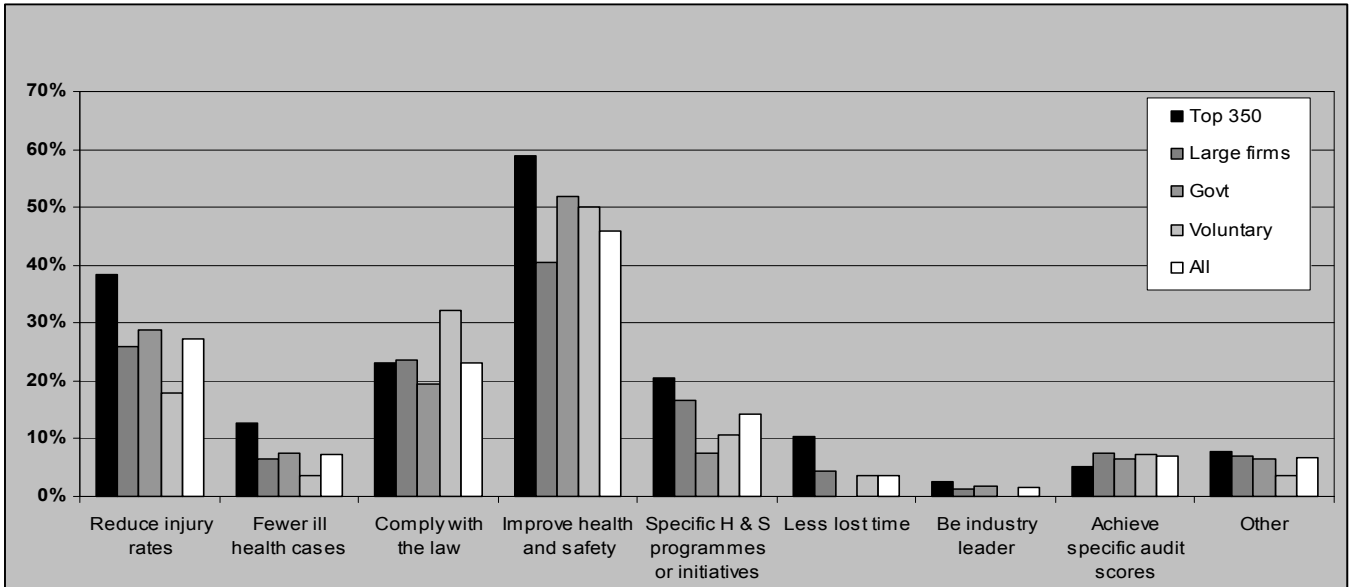


Figure 38: Board health and safety objectives (2001)

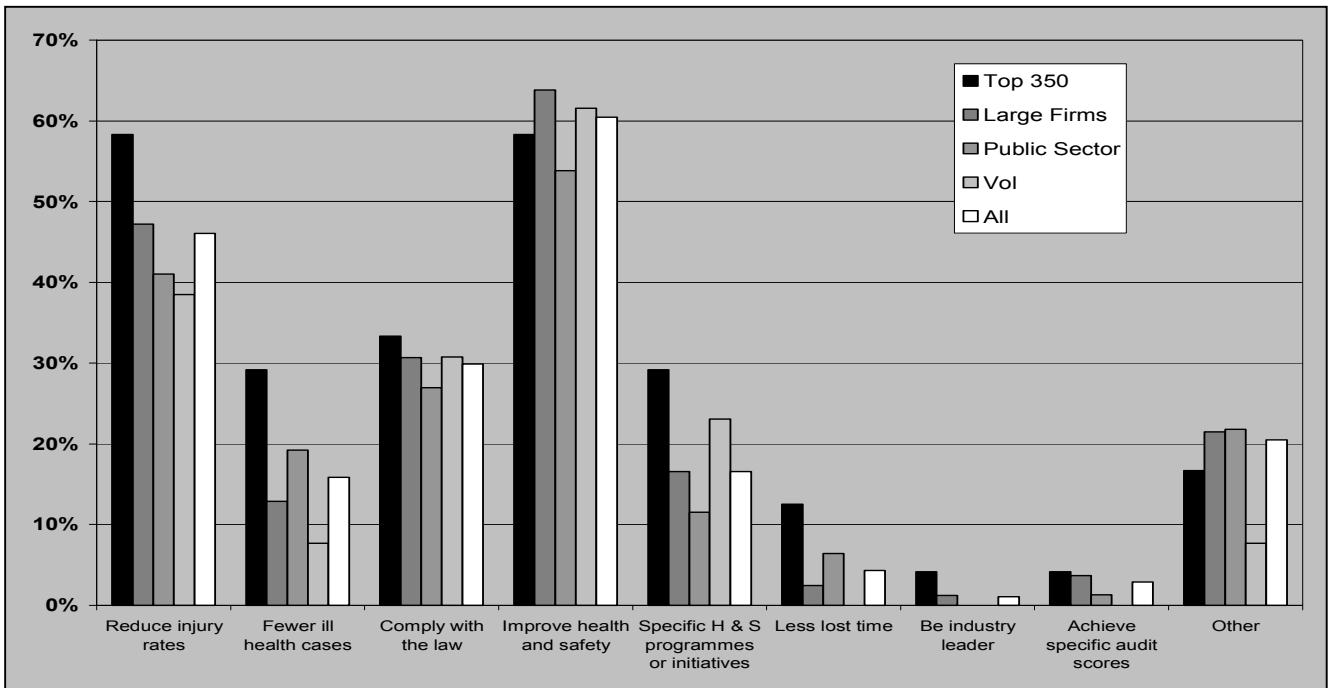


Figure 39: Board health and safety objectives (2003)

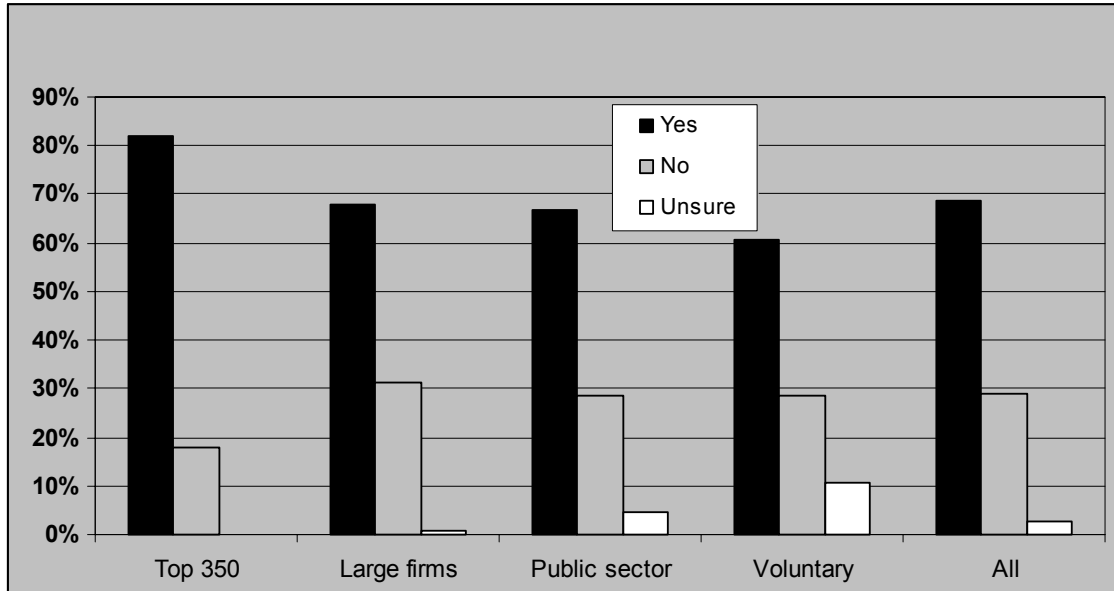


Figure 40: Board public (external/internal) statement of objectives (2001)

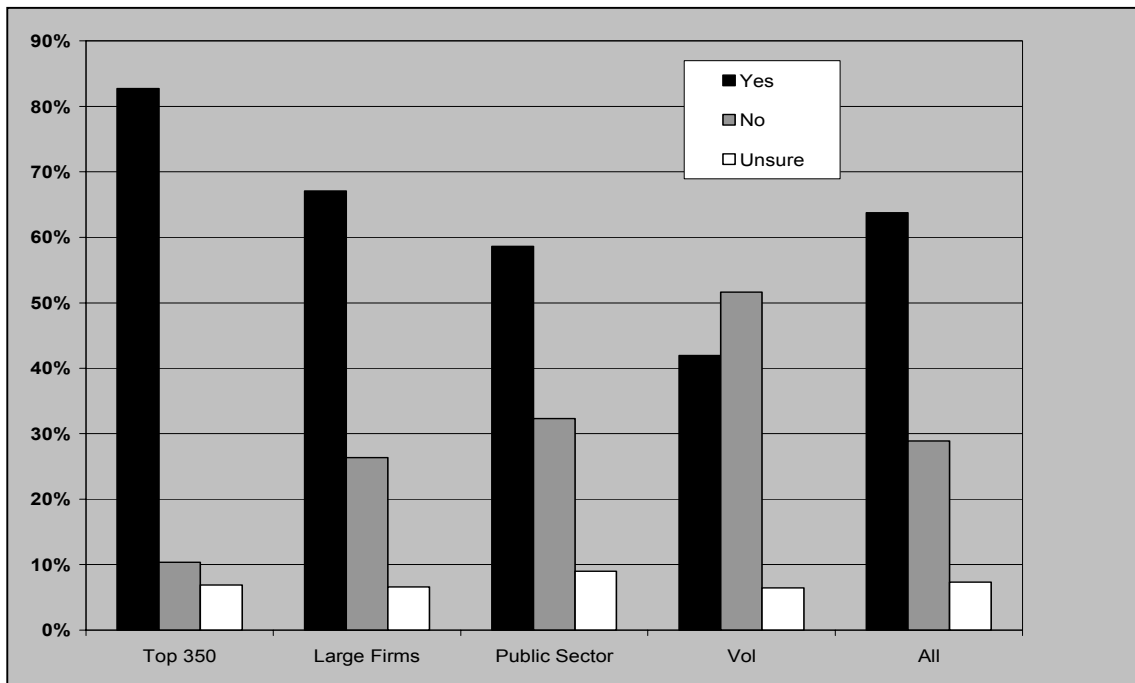


Figure 41: Board public (external/internal) statement of objectives (2003)

3.7.3 Audit and performance reports

Discussion of serious accidents and ill health

Figure 42 and Figure 43 show that, in both surveys, around 50% of respondents discuss all serious cases with little difference between the four types of organisations.

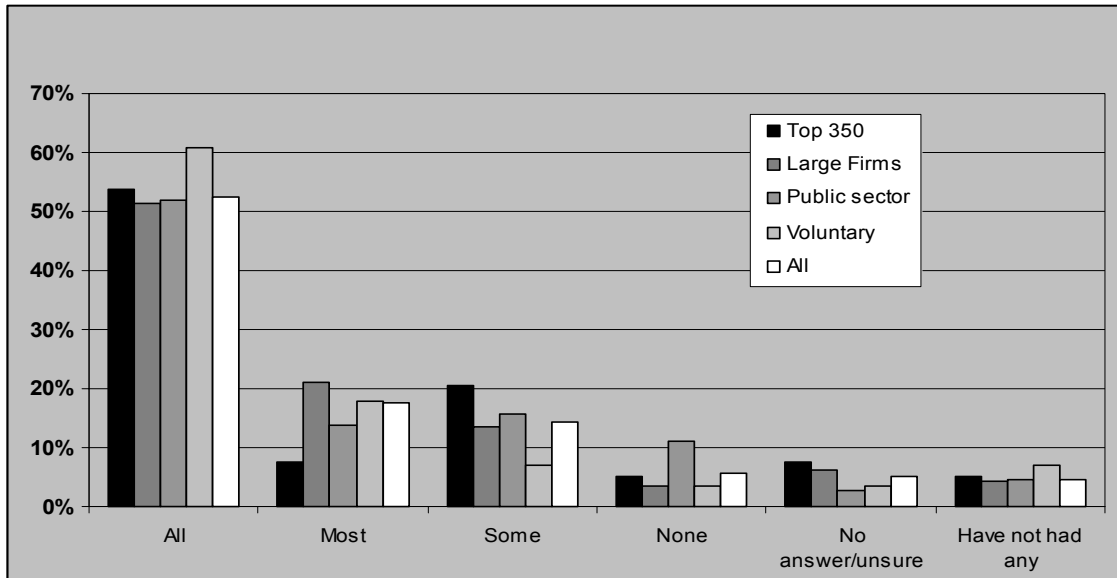


Figure 42: Proportion of serious accident, injuries and ill-health discussed at board meetings (2001)

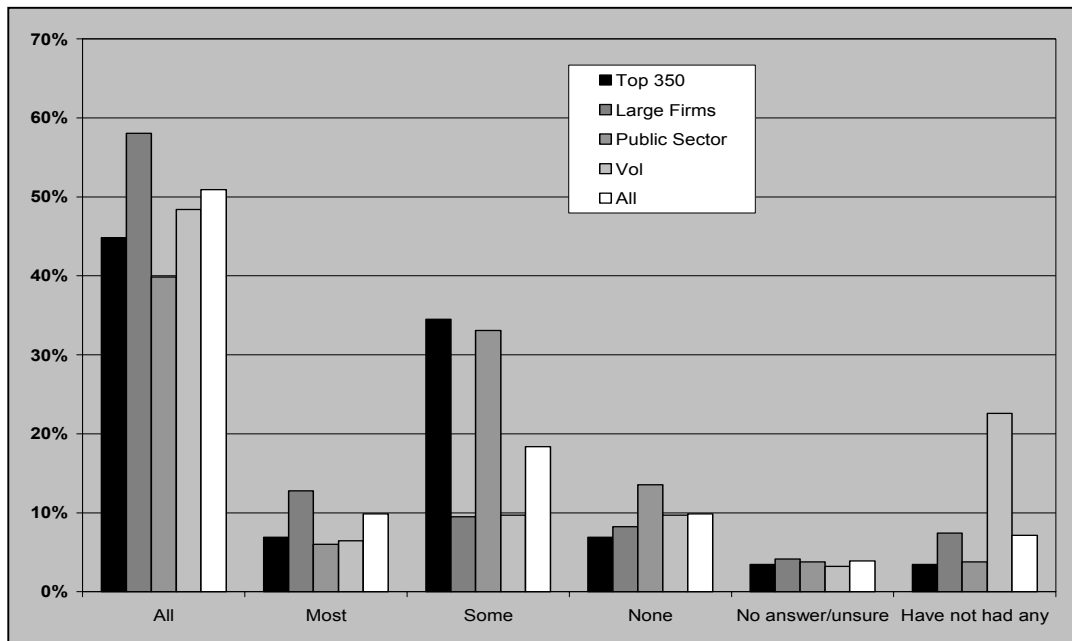


Figure 43: Proportion of serious accident, injuries and ill-health discussed at board meetings (2003)

Receipt of audit and performance reports

Figure 44 and Figure 45 show that, in both surveys, over 70% of boards get audit and performance reports, rising to above 85% of the Top350 organisations.

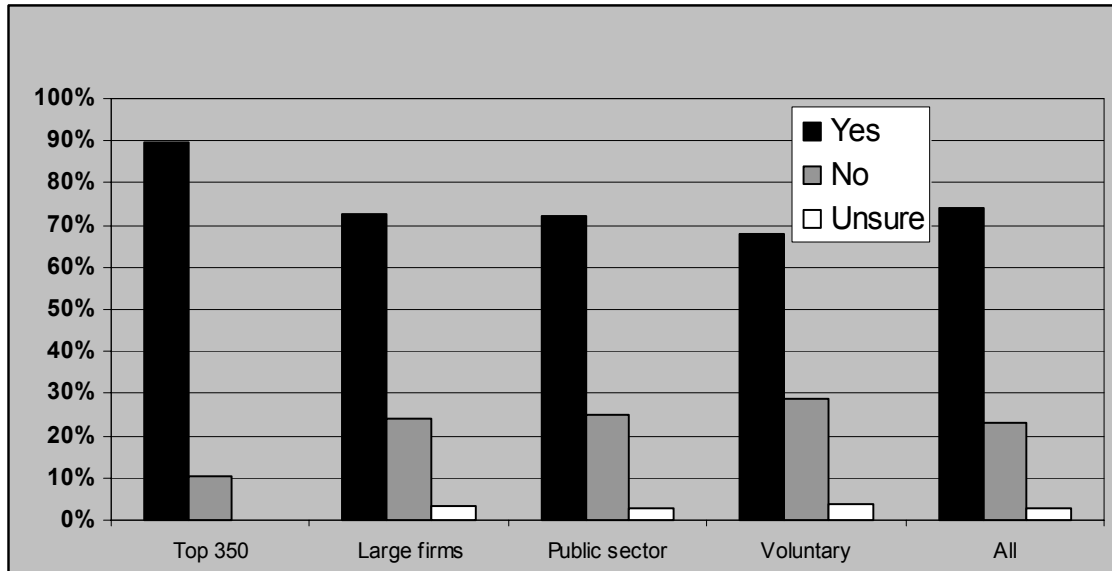


Figure 44: Receipt of audit and performance reports (2001)

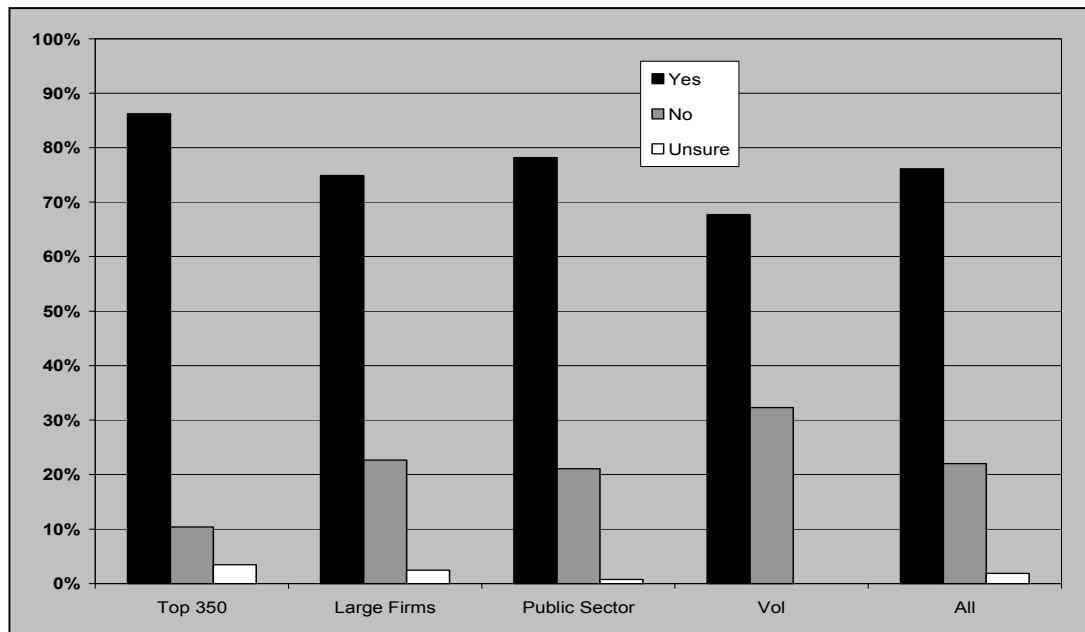


Figure 45: Receipt of audit and performance reports (2003)

Health and safety performance measures

Figure 46 and **Figure 47** show that organisations all receive a wide range of performance measures, the most common being injury rates. In 2003 100% of Top 350 respondents say that their boards receive injury rate reports.

There is little variation in the years, but it is interesting to note that:

- There is a reduction (66% to 60% and 67 to 57% respectively) of boards receiving reports on audit scores and lost time statistics; but
- There is an increase (from 70 to 80% and 65 to 80%) of boards receiving more qualitative information of audit / review conclusions and accident investigation reports.

Actions taken in response to performance reports

Figure 48 and **Figure 49** show the range of responses when asked what action is taken as a result of receiving performance reports in both surveys.

- Overall almost 1 in 5 do nothing in response, with public sector and voluntary organisations even less likely to take action.
- The most common responses are to compare measures to targets, set new objectives and review health and safety management.
- Measures to increase worker participation were more common in 2003 (11% compared to 4% in the baseline survey).

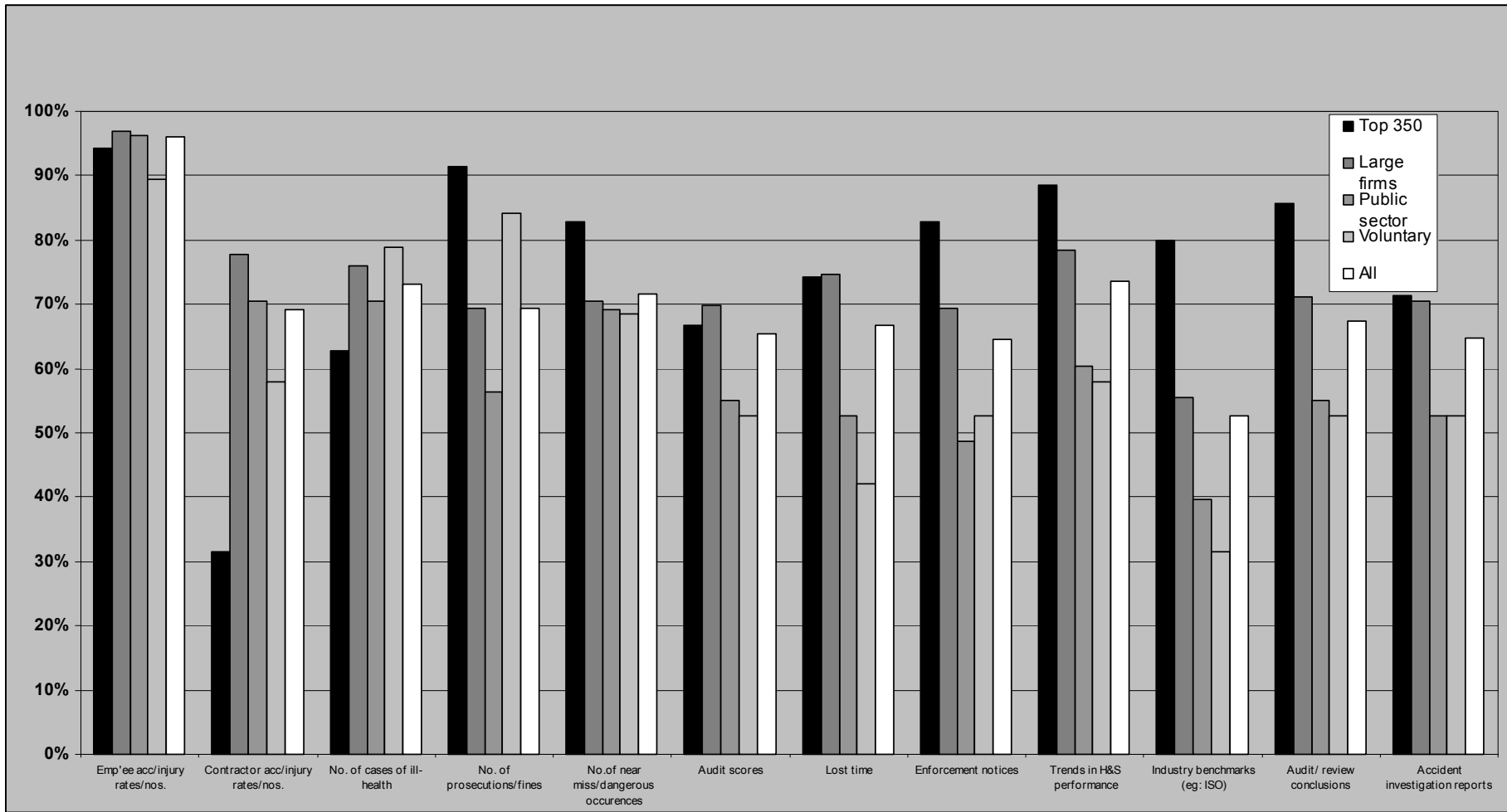


Figure 46: Health and safety performance measures (as a percentage of those organisations receiving performance reports) (2001)

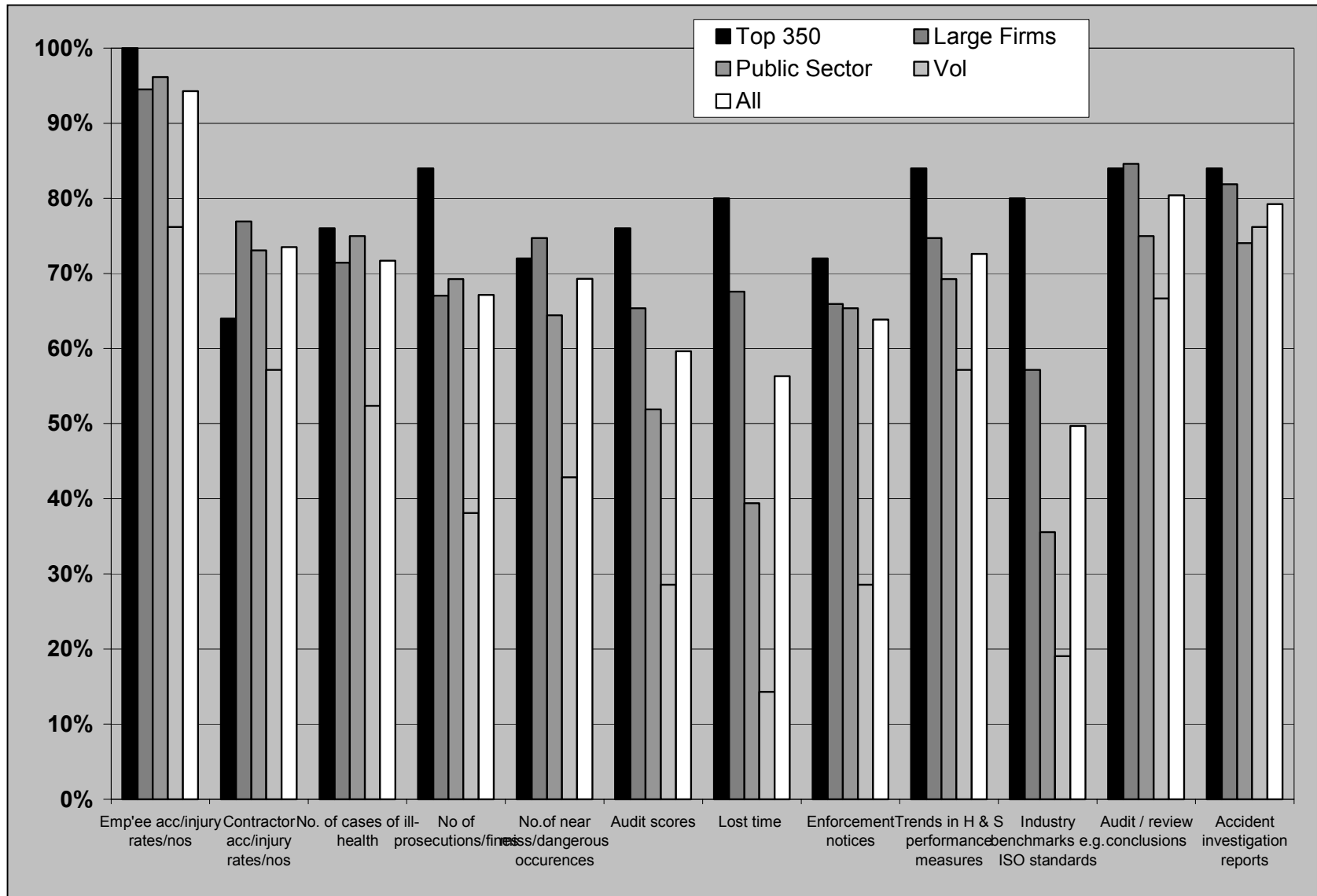


Figure 47: Health and safety performance measures (as a percentage of those organisations receiving performance reports) (2003)

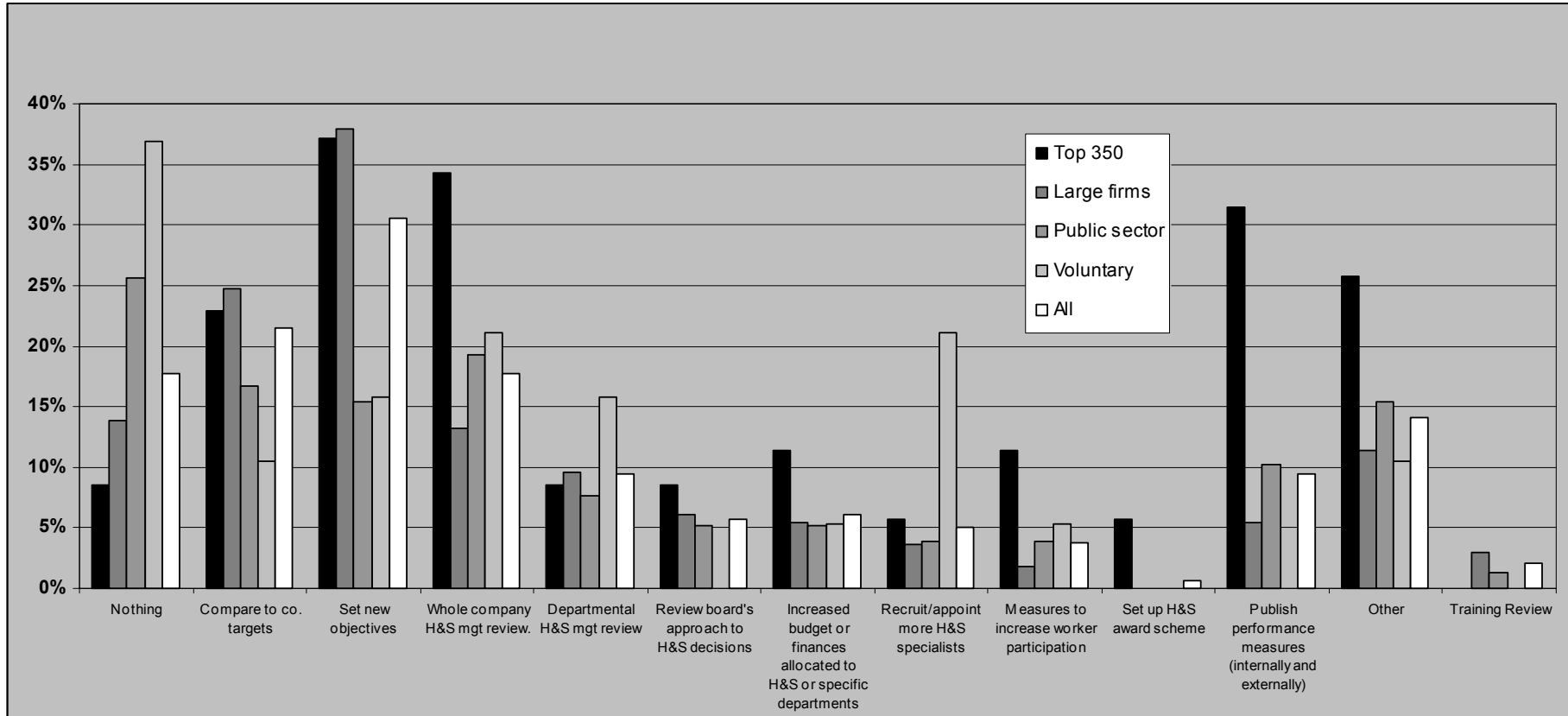


Figure 48: Actions taken in response to performance reports (as a percentage of those organisations receiving performance reports) (2001)

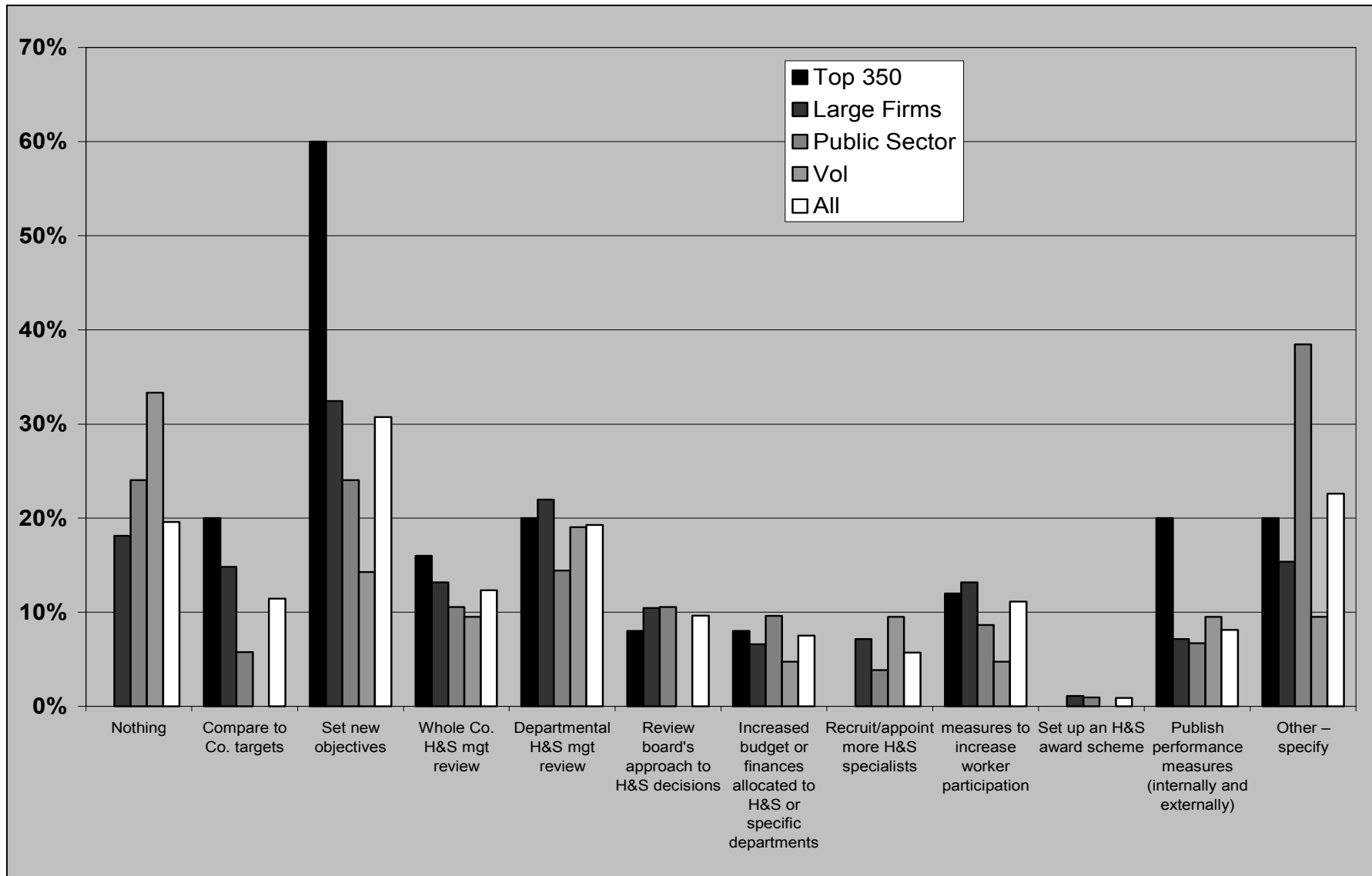


Figure 49: Actions taken in response to performance reports (as a percentage of those organisations receiving performance reports) (2003)

3.7.4 Workforce consultation

Figure 50 and **Figure 51** shows that the public sector and the voluntary sector have the highest levels of consultation. Between the surveys there is a small increase in the percentage saying they do “a lot” to engage the workforce (46% to 51%) but the same reduction in those saying they do “some” and no difference in those that do nothing or very little. The most significant increase is associated with the Top 350 companies.

Figure 52 and **Figure 52** show that where a board makes a specific appointment of a health and safety director, they report that they make slightly greater efforts to acquire the opinions of the workforce than do those boards where no responsibility for health and safety is specifically allocated.

Other than the Top 350, the usual method of consulting is health and safety committees as shown in **Figure 54** and **Figure 55**. The Top 350 prefer to ensure that workers have time to participate. In the 2001 survey, respondents in the voluntary sector also say they encourage the appointment of Trade Union and Employee representatives, whereas in 2003 there was more emphasis on task forces and working groups in this sector. However taken overall, there is little significant difference between the two surveys in the methods of engaging the workforce.

Figure 56 and **Figure 57** shows how respondents’ organisations go about acquiring workforce input. Those with a specific appointment at board level are more likely to seek out the opinions of individual workers and to encourage the appointment of Trade Union Safety Representatives. There is a marked increase amongst those with no board level responsibility in promoting the health and safety committee, but with no corresponding increase (if anything there is a small decrease) in efforts to encourage TU safety or employee representatives.

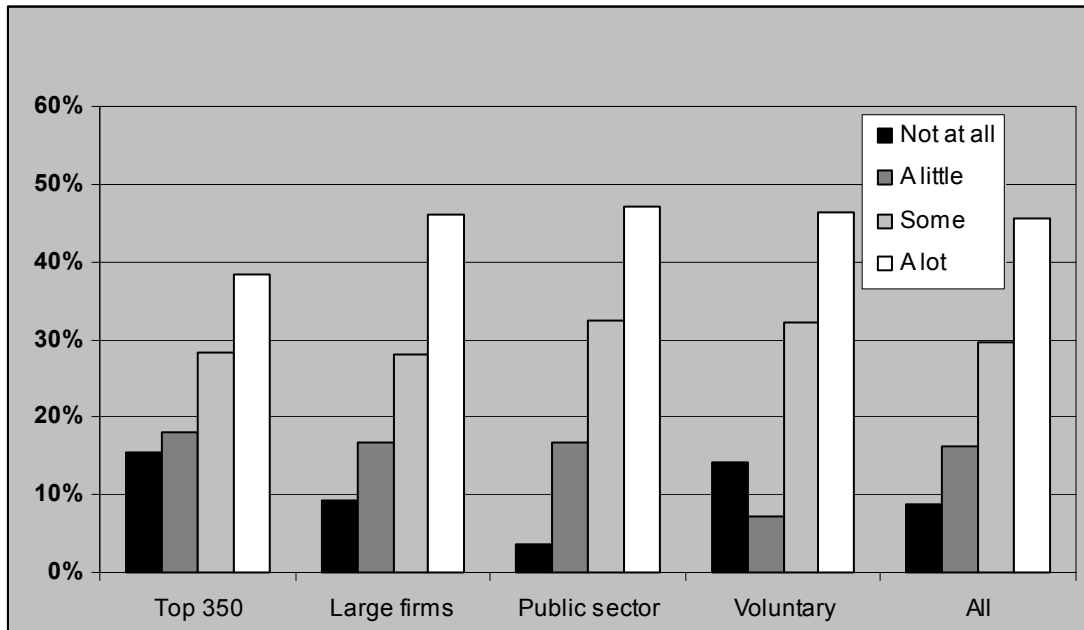


Figure 50: Extent of workforce consultation (as percentage of respondents) (2001)

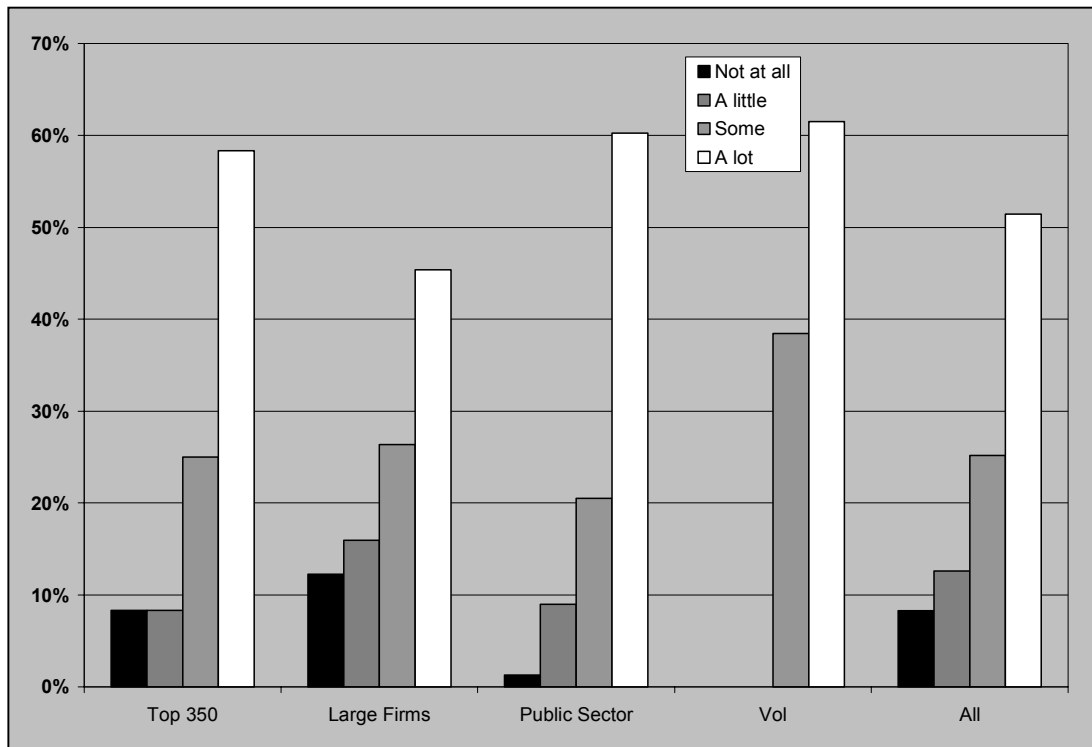


Figure 51: Extent of workforce consultation (as percentage of respondents) (2003)

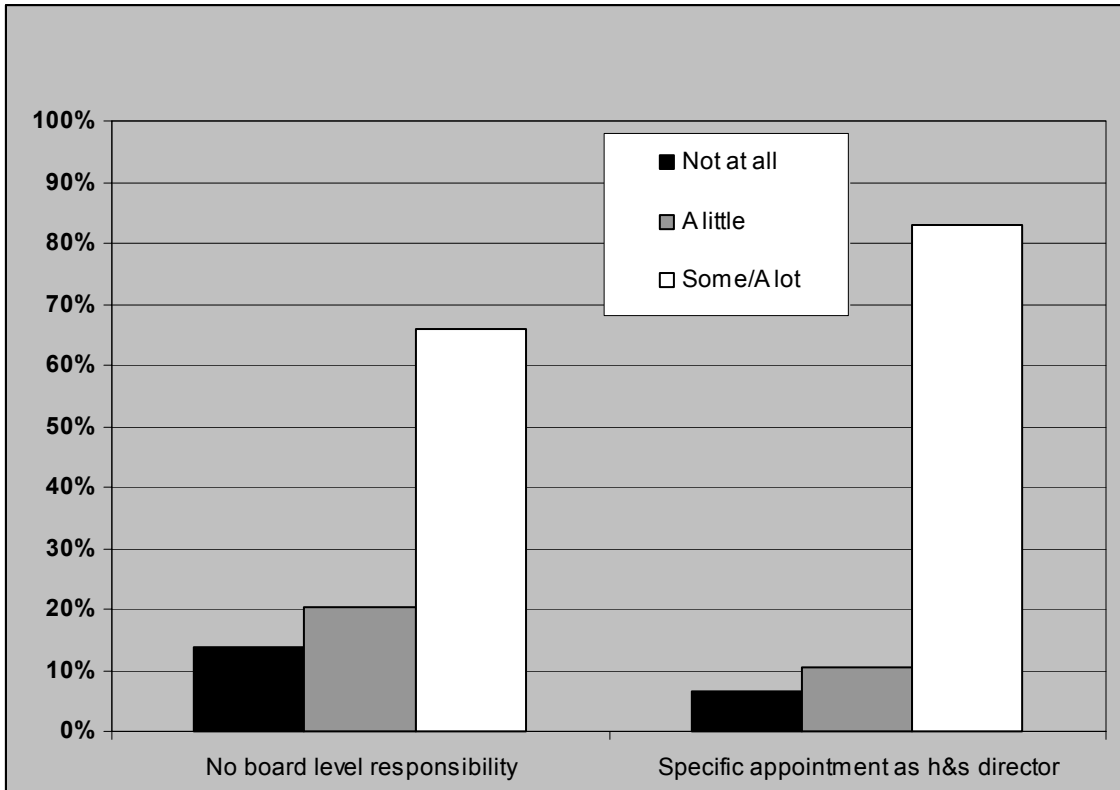


Figure 52: To what extent has your board sought the opinions of the workforce in developing and implementing you health and safety policy? (2001)

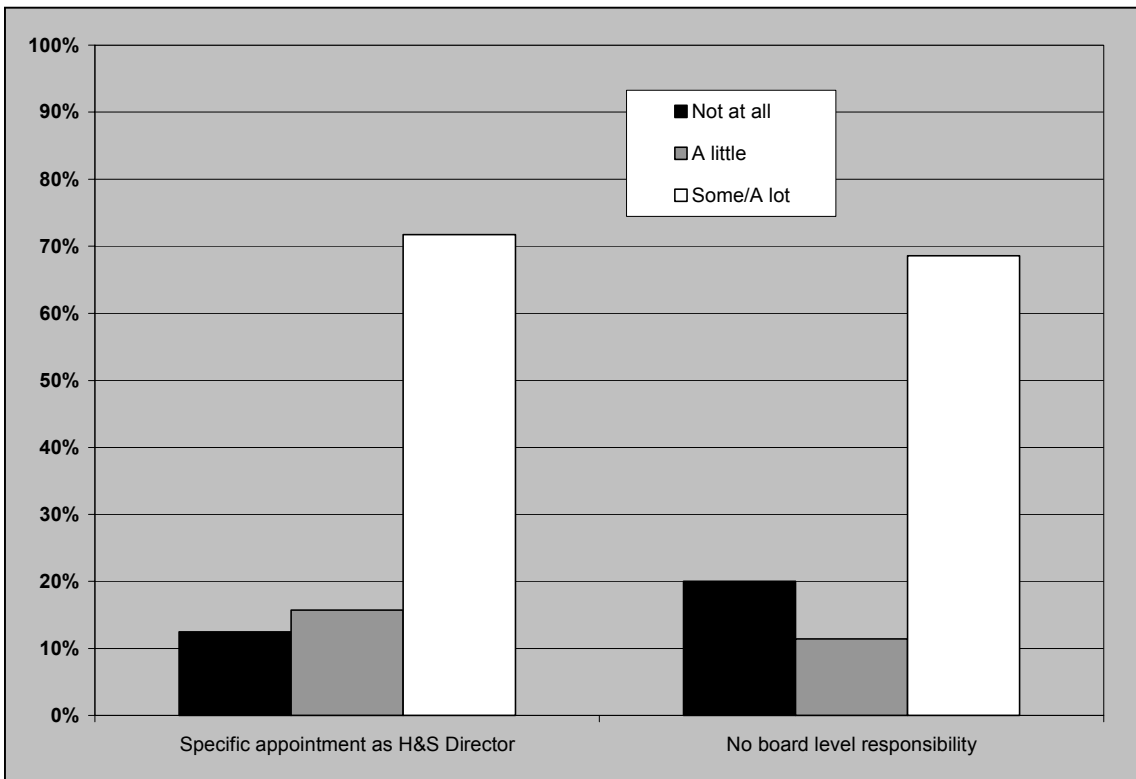


Figure 53: To what extent has your board sought the opinions of the workforce in developing and implementing you health and safety policy? (2003)

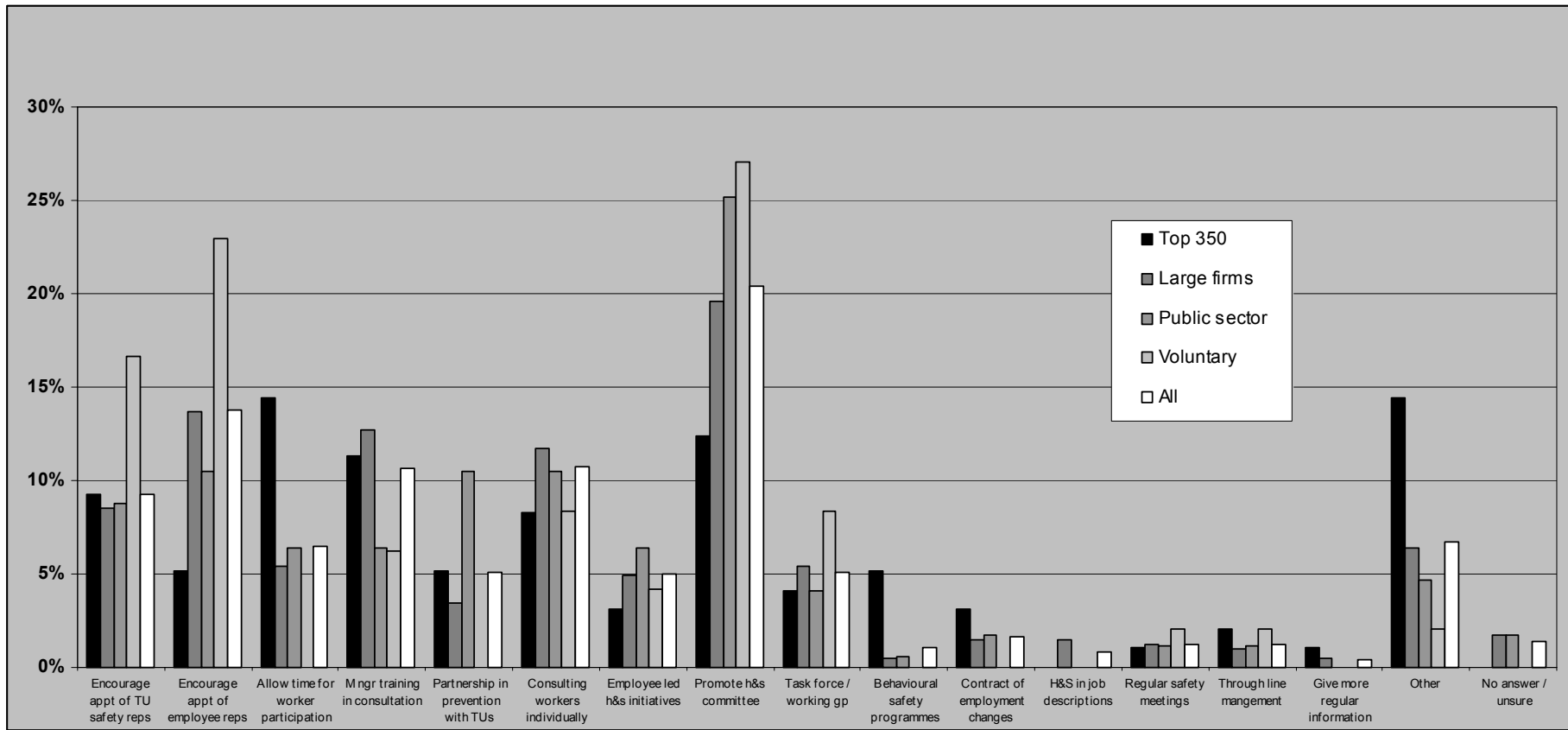


Figure 54: Method of acquiring workforce opinion (2001)

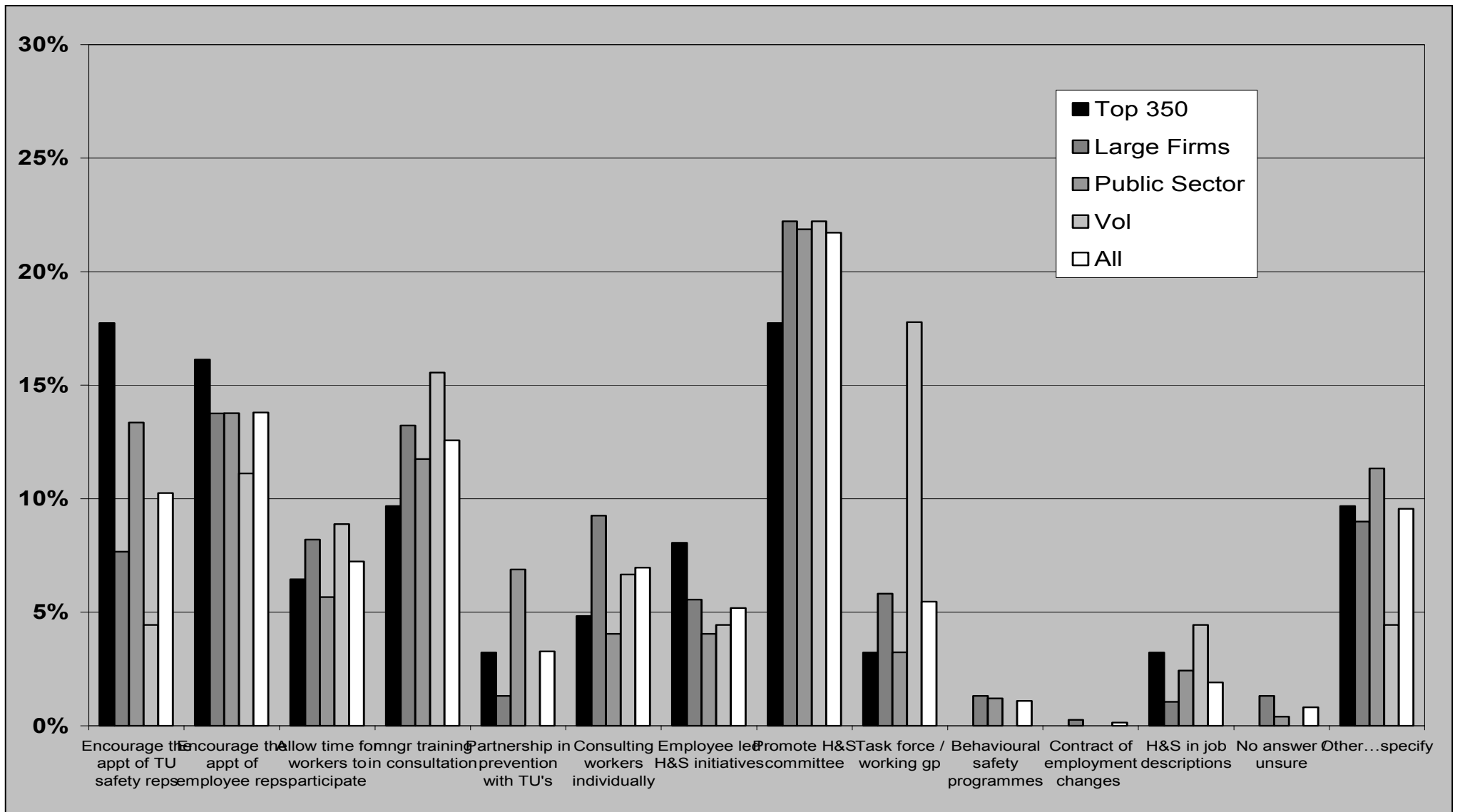


Figure 55: Method of acquiring workforce opinion (2003)

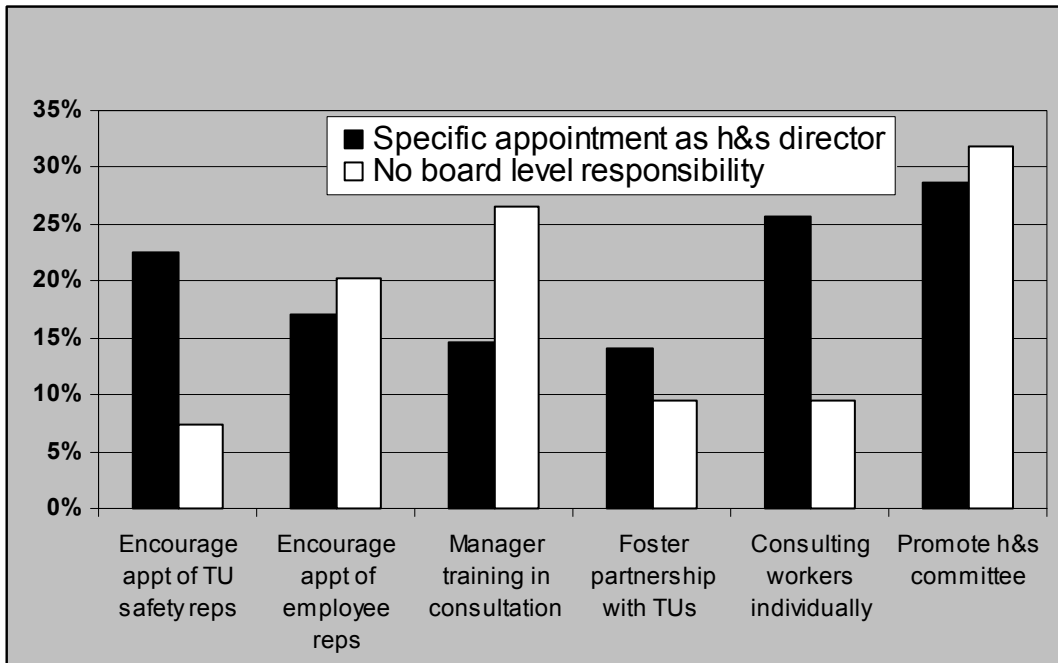


Figure 56 Does board level direction affect how workforce opinion is acquired? (2001)

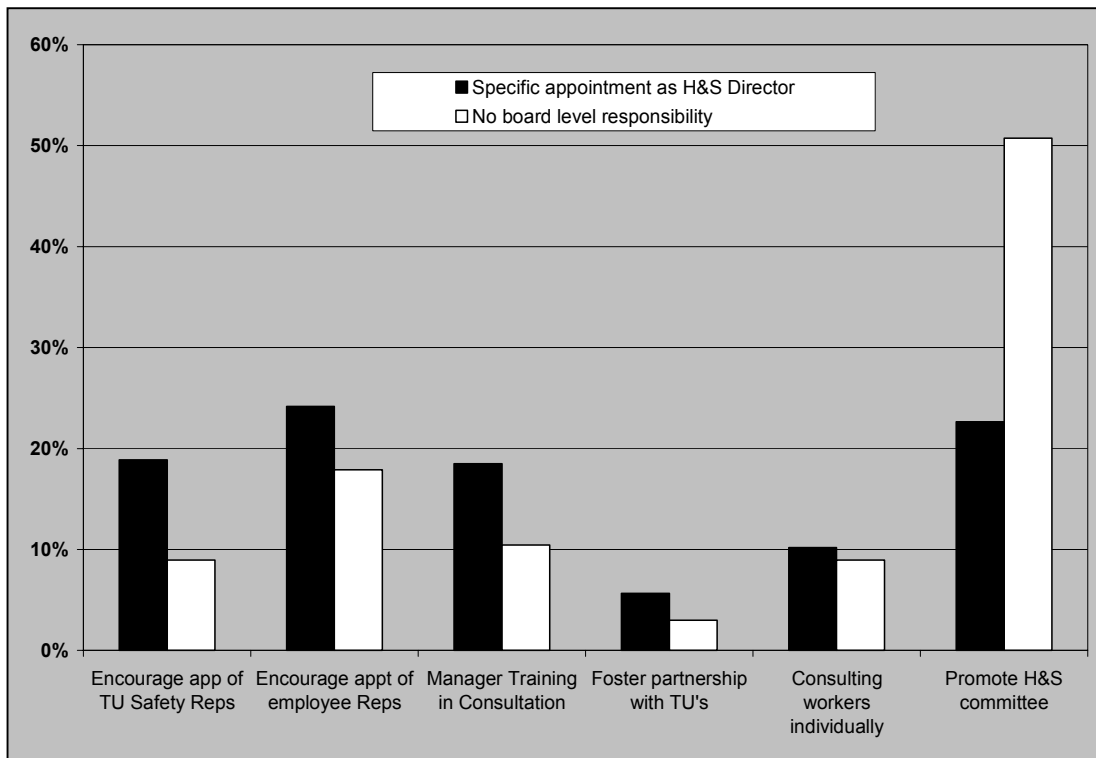


Figure 57 Does board level direction affect how workforce opinion is acquired? (2003)

3.7.5 Health and safety tasks

Respondents were asked to rate on a scale of 1 to 3 (where “1” is not at all and “3” is a lot) the extent to which the board and then the board level person responsible for health and safety carry out various tasks noted in INDG 343. The results are presented as a percentage of respondents who gave each response and then as an average score.

Extent to which boards perform health and safety tasks

Figure 58 and **Figure 59** show the range of responses for the various tasks for all respondents. **Figure 62** and **Figure 63** provide a breakdown by sector. In both surveys the most common include resource allocation, policy, problem resolution and engaging the board in health and safety. The least rated is liaison with the regulator.

Extent to which the director responsible for health and safety performs health and safety tasks

Figure 60 and **Figure 61** show the extent to which the director responsible for health and safety performs tasks. **Figure 64** and **Figure 65** present the results for directors as an average score on a scale of 1 to 3. The most common task is to ensure the board considers health and safety matters; there is relatively little difference in the rating given to different tasks and little variation between sectors.

If **Figure 58** and **Figure 59** are compared with **Figure 60** and **Figure 61** it is clear that there is a higher level of activity amongst directors with responsibility for health and safety than for the board itself. The extent to which the board (collectively) does SHE tasks is less than the extent to which a SHE director does them.

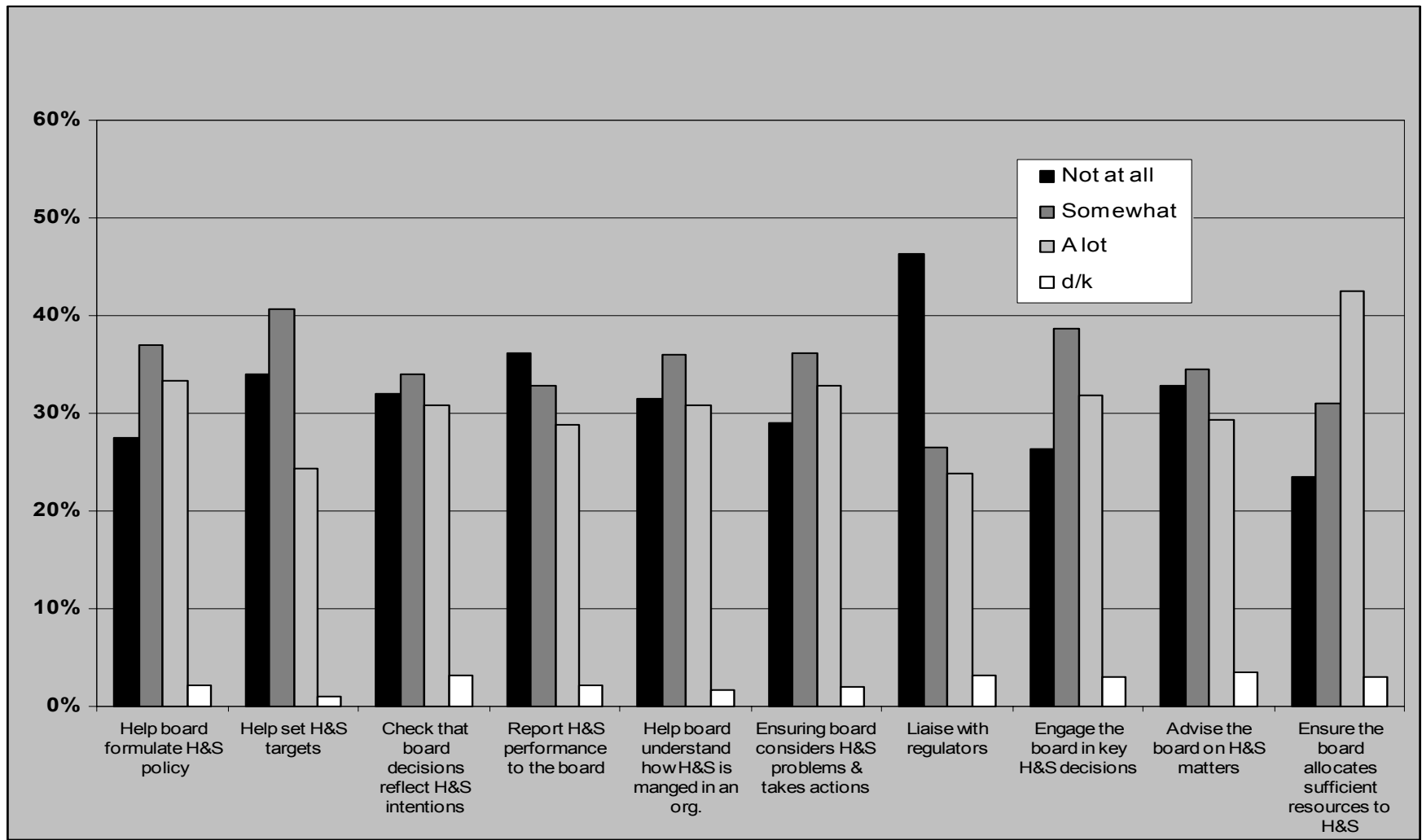


Figure 58: Extent to which board performs health and safety tasks – all responses (2001)

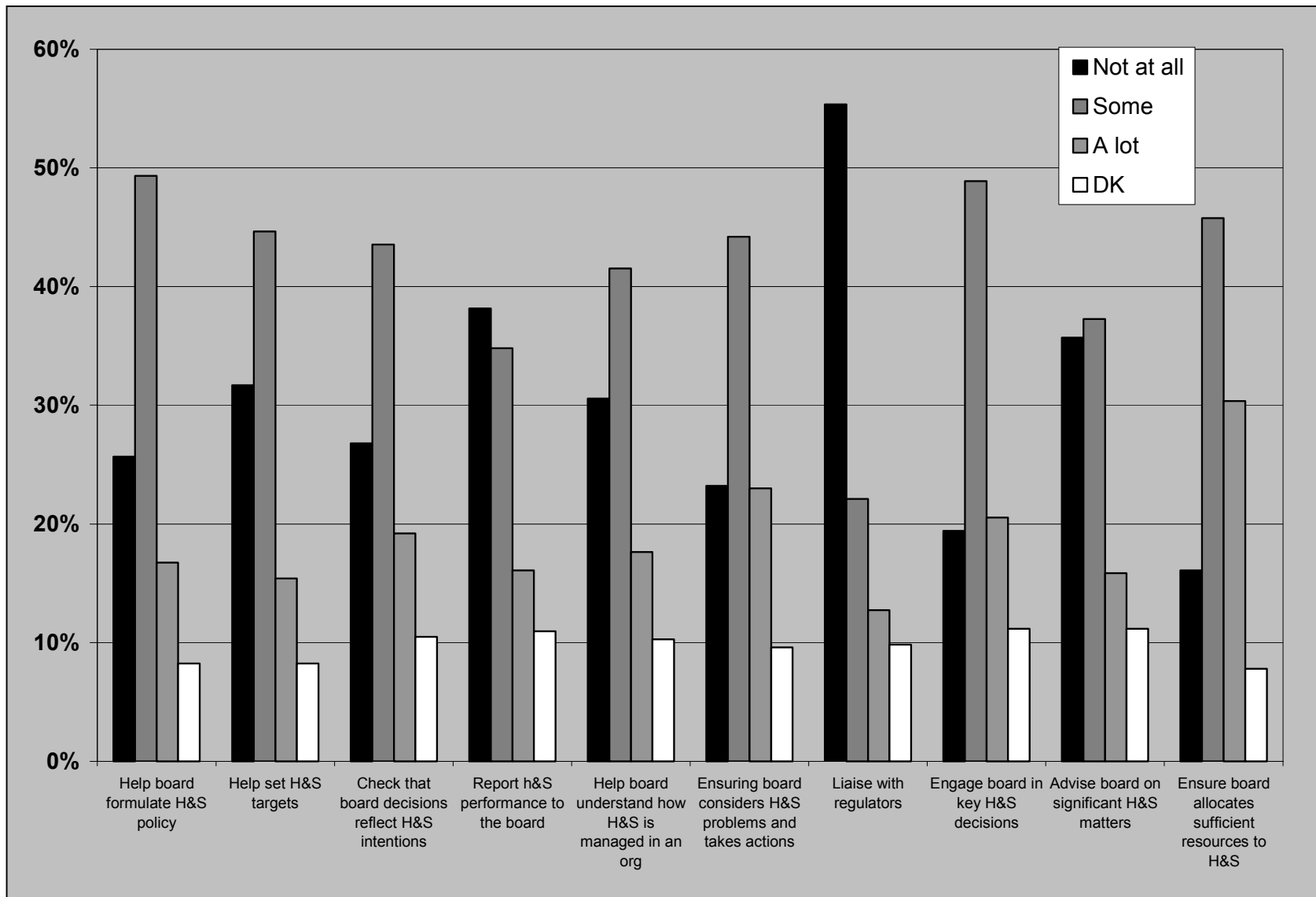


Figure 59: Extent to which board performs health and safety tasks – all responses (2003)

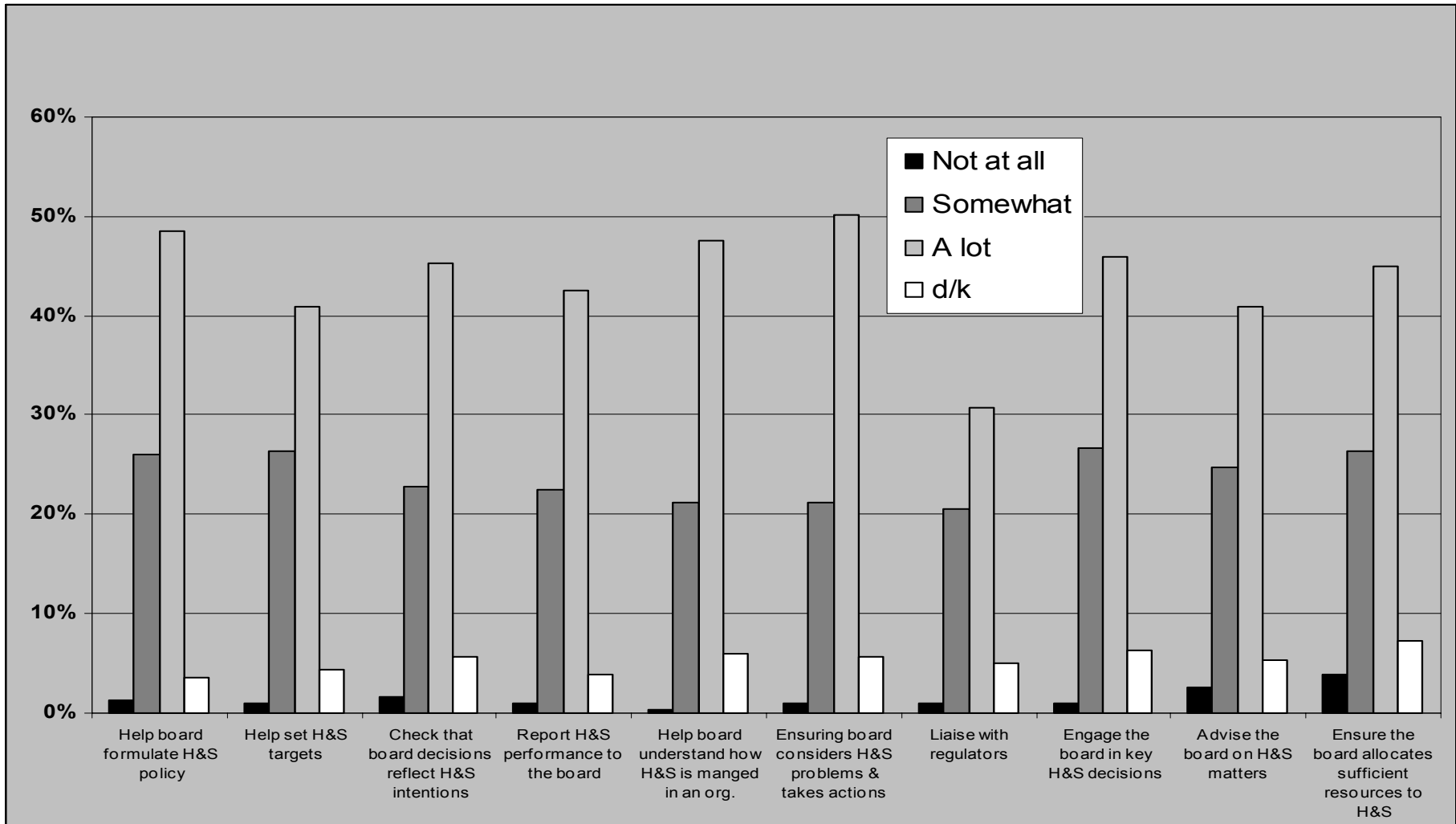


Figure 60: Extent to which the director responsible for health and safety performs health and safety tasks – all responses (2001)

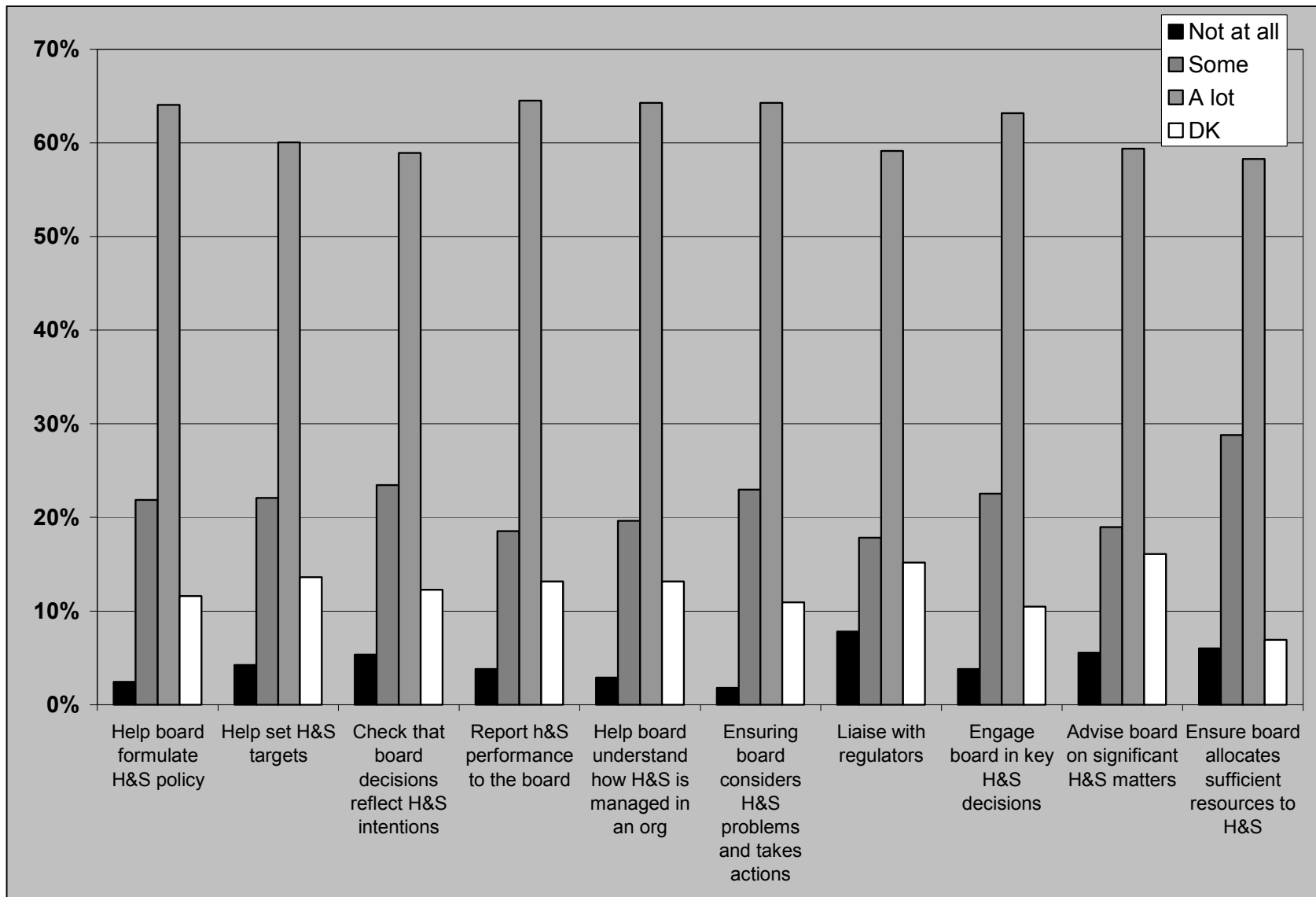


Figure 61: Extent to which the director responsible for health and safety performs health and safety tasks – all responses (2003)

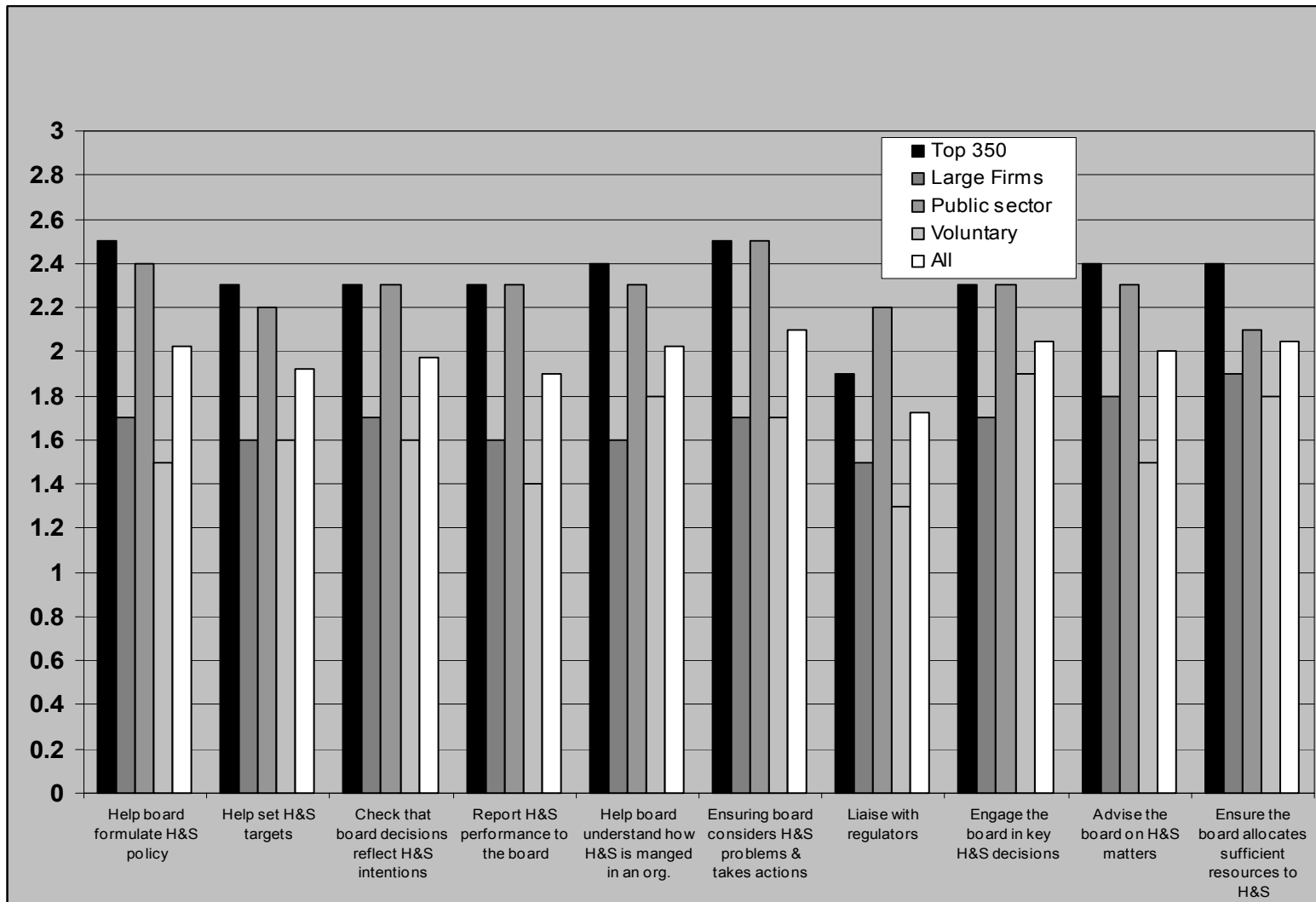


Figure 62: Extent to which board performs health and safety tasks, by sector (average response on scale of 1 to 3) (2001)

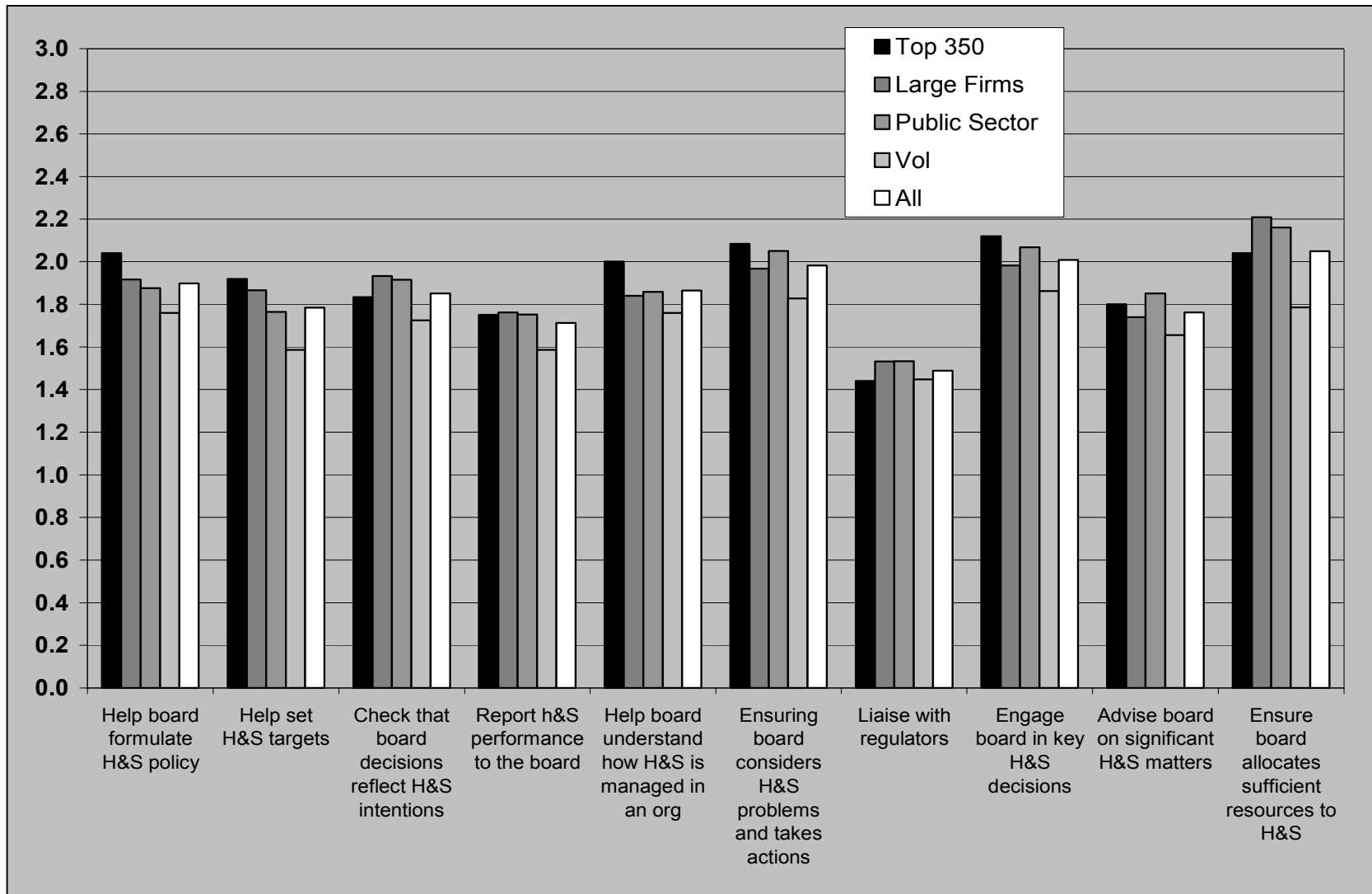


Figure 63: Extent to which board performs health and safety tasks, by sector (average response on scale of 1 to 3) (2003)

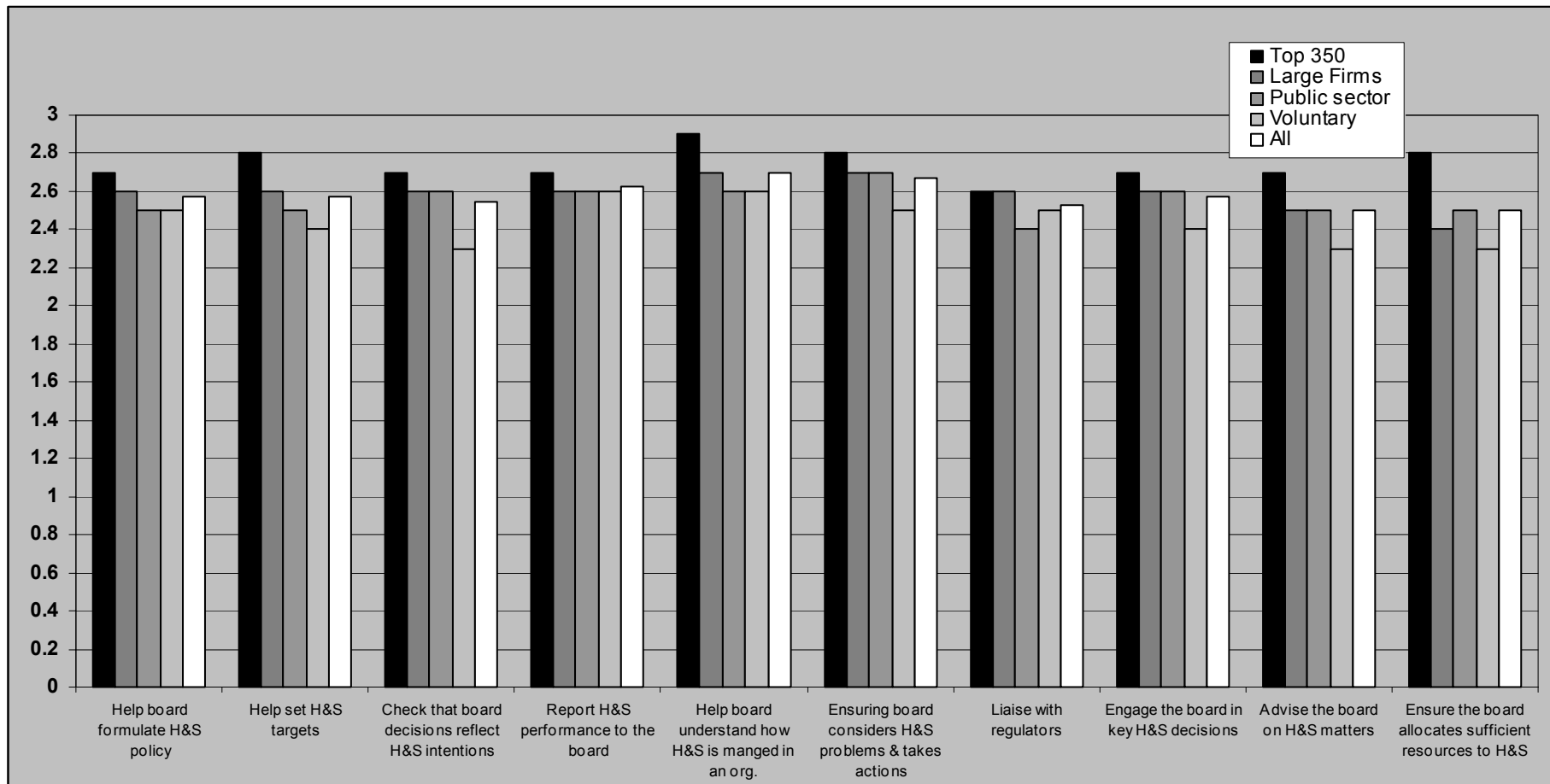


Figure 64: Extent to which director responsible for health and safety performs health and safety tasks, by sector (average response 2001)

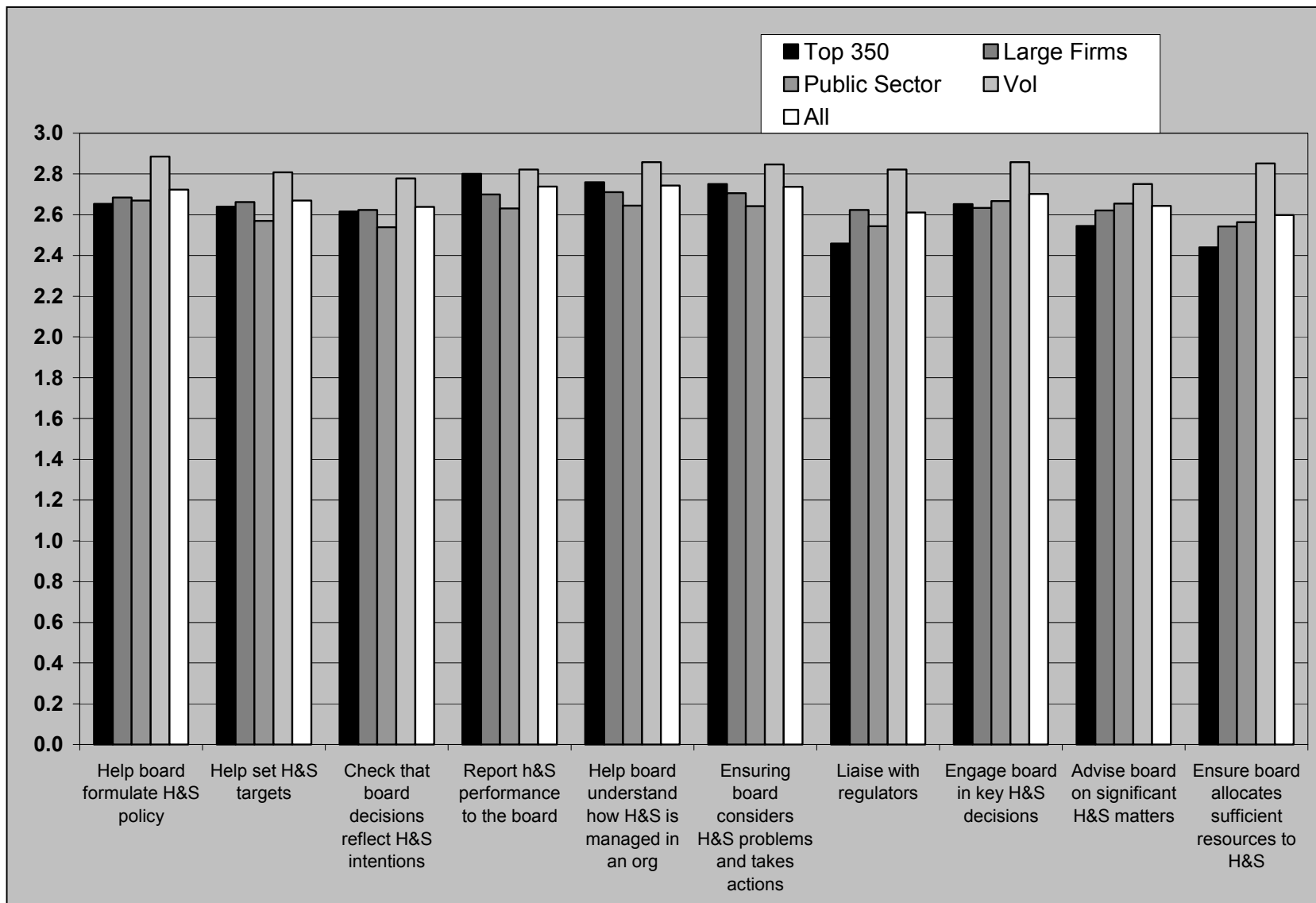


Figure 65: Extent to which director responsible for health and safety performs health and safety tasks, by sector (average response, 2003)

3.7.6 Checking of board's health and safety work

Figure 66, and Figure 67, (and Table 38 and Table 39) show what arrangements are in place to check how directors are discharging their health and safety responsibilities. Respondents could cite more than one method of checking. Indeed, there is an average of two responses per organisation. The percentages are calculated as a percentage of the number of each type of organisation.

- In both surveys around 15% had done nothing specific to check the board's discharge of health and safety responsibilities and around 3% of all respondents failed to cite a method of checking.
- In both surveys around a third of boards review their own performance with a similar figure for internal audit of the board's workings. However in 2003 the figure increased to a half of all Top 350 companies doing internal audit.
- About one quarter had external audits of the board's health and safety work in 2001 with this figure showing a possible slight fall to a fifth in 2003.

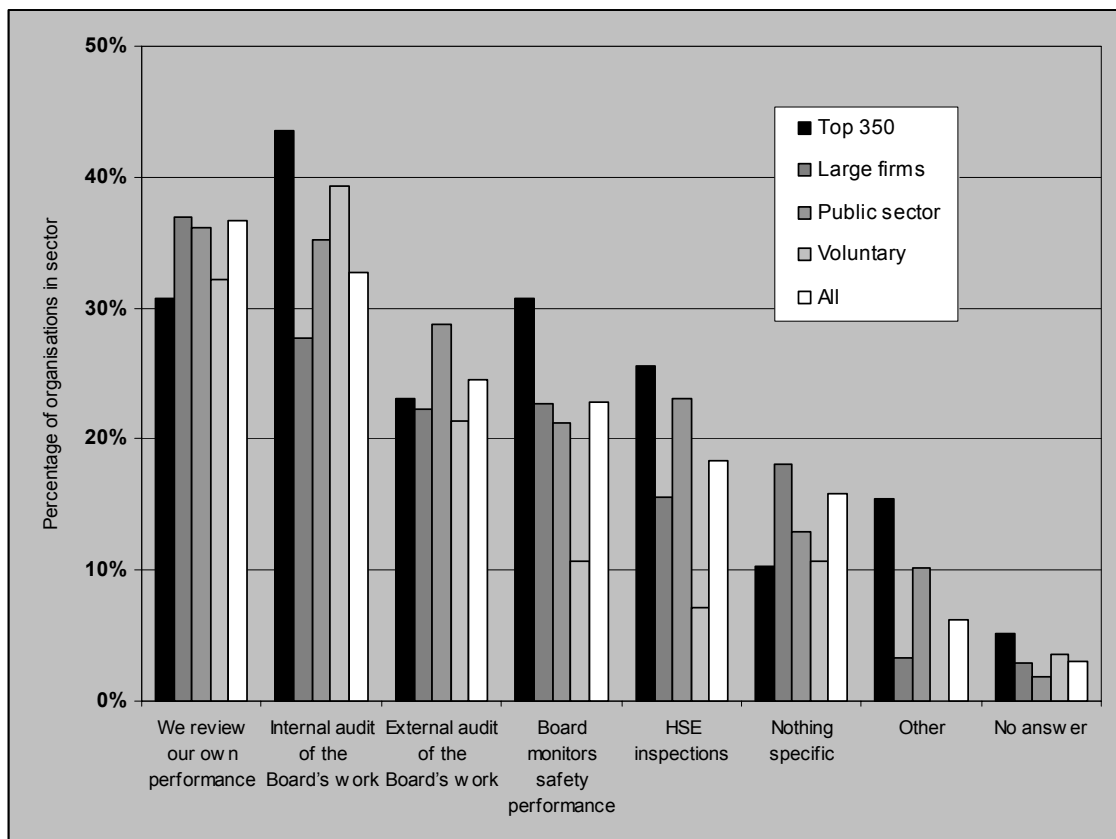


Figure 66: Arrangements for checking how boards discharge health and safety responsibilities (2001)

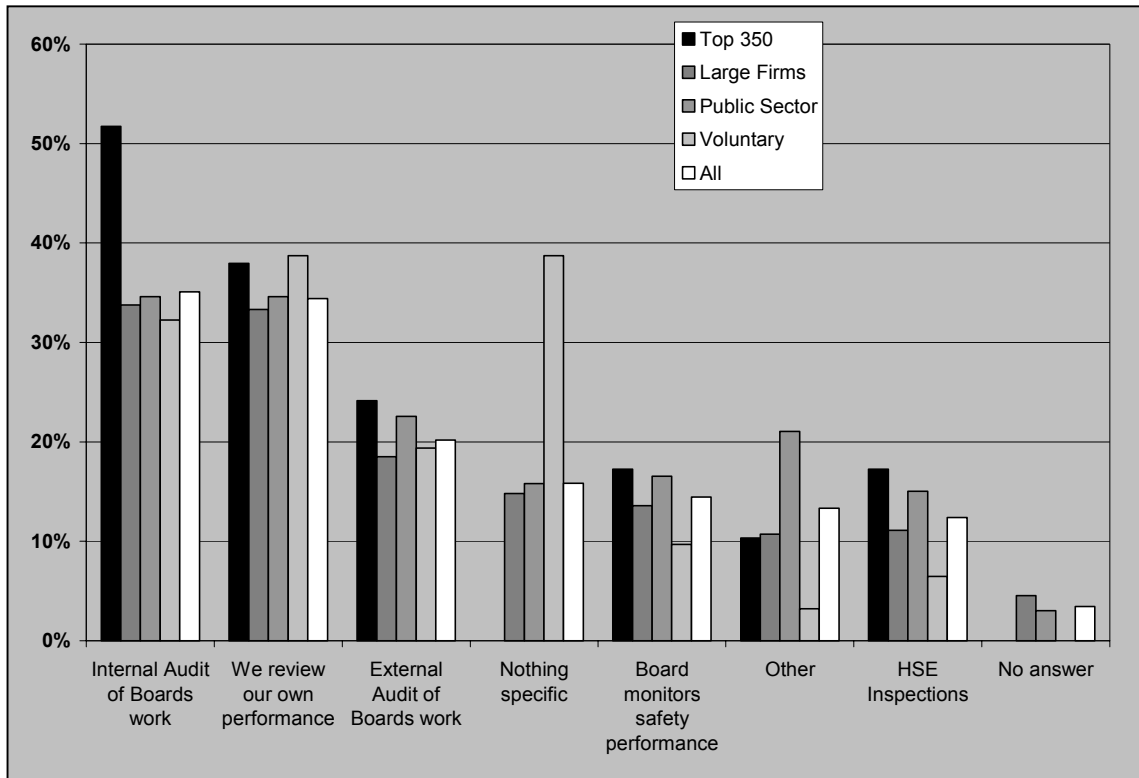


Figure 67: Arrangements for checking how boards discharge health and safety responsibilities (2003)

Table 38: Arrangements for checking boards' health and safety responsibilities (in rank order by "All") (2001)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	N = 39	%	N = 238	%	N = 108	%	N = 28	%	N = 404	%
We review our own performance	12	31%	88	37%	39	36%	9	32%	148	37%
Internal audit of the Board's work	17	44%	66	28%	38	35%	11	39%	132	33%
External audit of the Board's work	9	23%	53	22%	31	29%	6	21%	99	25%
Board monitors safety performance	12	31%	54	23%	23	21%	3	11%	92	23%
HSE inspections	10	26%	37	16%	25	23%	2	7%	74	18%
Nothing specific	4	10%	43	18%	14	13%	3	11%	64	16%
Other	6	15%	8	3%	11	10%	0	0%	25	6%
No answer	2	5%	7	3%	2	2%	1	4%	12	3%
Total responses	72		356		183		35		646	

Table 39: Arrangements for checking boards' health and safety responsibilities (in rank order by "All") (2003)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	N = 29	%	N = 243	%	N = 133	%	N = 31	%	N = 436	%
Internal audit of the Board's work	15	52%	82	34%	46	35%	10	32%	153	35%
We review our own performance	11	38%	81	33%	46	35%	12	39%	150	34%
External Audit of the board's work	7	24%	45	19%	30	23%	6	19%	88	20%
Nothing Specific	0	0%	36	15%	21	16%	12	39%	69	16%
Board Monitors safety performance	5	17%	33	14%	22	17%	3	10%	63	14%
Other	3	10%	26	11%	28	21%	1	3%	58	13%
HSE Inspections	5	17%	27	11%	20	15%	2	6%	54	12%
No answer	0	0%	11	5%	4	3%	0	0%	15	3%
Total responses	46		341		217		46		650	

3.8 PLANS FOR FURTHER REVIEW

The survey found that:

- About half of respondents report that their organisation plans to review the level of board direction of health and safety; and
- About 40% plan to increase the role of Directors in safety leadership.

It is also important to note that those organisations that do not have a director responsible for health and safety are less likely to plan to review arrangements.

Plans to review role of directors

Looking at **Figure 68** to **Figure 71** and **Table 40** to **Table 45**, it can be noted that:

- Organisations with a director of health and safety are more likely to have plans to review board level arrangements; and
- Respondents that are aware of the HSC guide INDG343 are twice as likely to report that they plan to review board level arrangements and twice as likely to have plans to increase the role of directors in health and safety;
- The picture changes little between 2001 and 2003, though there seems to be a slight decrease in the number of organisations planning a review.

Table 40: Plans to review arrangements and awareness of IND 343 – all sectors (2001)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	No.	%	No.	%	No.	%	No.	%		%
Plans to increase the role of directors in safety leadership	17	44%	90	39%	42	39%	15	54%	164	41%
Have heard of the HSC guide for Directors	31	79%	179	79%	67	62%	23	82%	300	74%
Have plans to further review, within 1 year board arrangements	20	51%	115	50%	52	48%	19	68%	206	51%

Table 41: Plans to review arrangements and awareness of IND 343 – all sectors (2003)

	Top 350		Large Firms		Public Sector		Voluntary		All	
	No.	%	No.	%	No.	%	No.	%		%
Plans to increase the role of directors in safety leadership	13	45%	77	32%	55	41%	10	32%	156	35%
Have heard of the HSC guide for Directors	27	93%	187	77%	114	86%	24	77%	358	80%
Have plans to further review, within 1 year board arrangements	13	45%	114	47%	68	51%	12	39%	211	47%

Table 42: Plans to review arrangements and awareness of IND 343 – public sector (2001)

	Education		Local authorities		Emergency services		NHS	
	No.	%	No.	%	No.	%	No.	%
Plans to increase the role of directors in safety leadership	18	30%	11	50%	5	31%	8	36%
Have heard of the HSC guide for Directors	26	54%	20	91%	8	50%	13	59%
Have plans to further review, within 1 year board arrangements	23	48%	9	41%	11	69%	9	41%

Table 43: Plans to review arrangements and awareness of IND 343 – public sector (2003)

2003	Education		Local authorities		Emergency services		NHS	
	No.	%	No.	%	No.	%	No.	%
Plans to increase the role of directors in safety leadership	16	32%	15	47%	15	63%	9	33%
Have heard of the HSC guide for Directors	39	78%	31	97%	20	83%	24	89%
Have plans to further review, within 1 year board arrangements	28	56%	26	81%	21	88%	22	81%

Table 44: Plans to review board level health and safety arrangements in organisations with and without health and safety Directors. (2001)

	Director of H&S specifically appointed	No specific appt of director of H&S	All
Yes, plans to review arrangements	62%	48%	56%
Possible review of arrangements	16%	22%	19%
No plans to review	15%	26%	20%
Unsure	7%	4%	6%
	100%	100%	100%

Table 45: Plans to review board level health and safety arrangements in organisations with and without health and safety Directors. (2003)

	Director of H&S specifically appointed	No specific appt of director of H&S	All
Yes, plans to review arrangements	54%	46%	47%
Possible review of arrangements	22%	27%	23%
No plans to review	19%	21%	24%
Unsure	5%	6%	5%
	100%	100%	100%

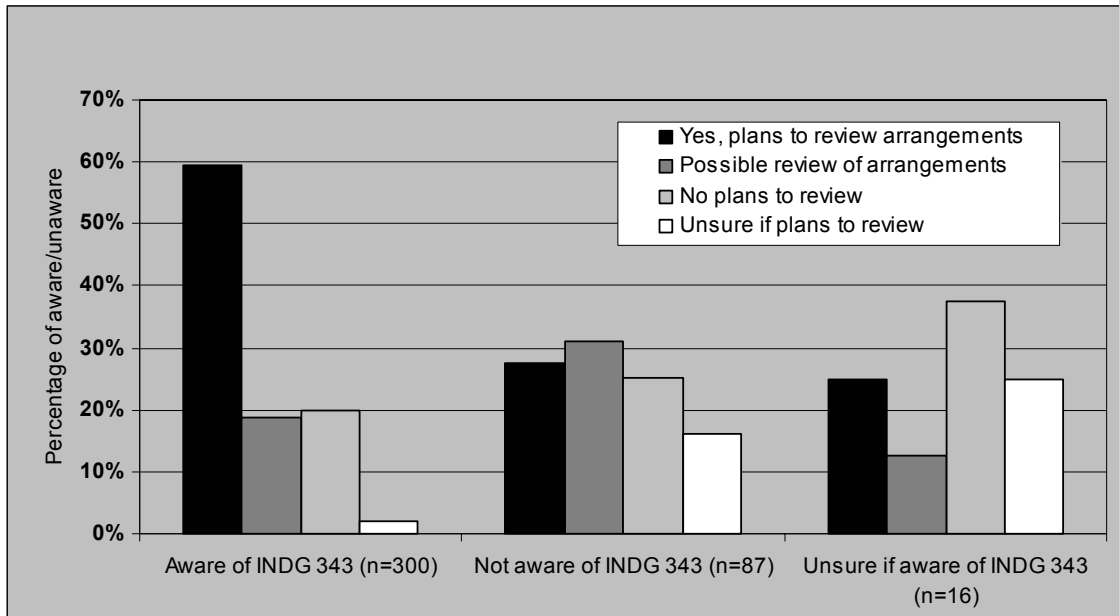


Figure 68: Does awareness of the HSC guidance for directors affect plans for review of board level arrangement (for all)? (2001)

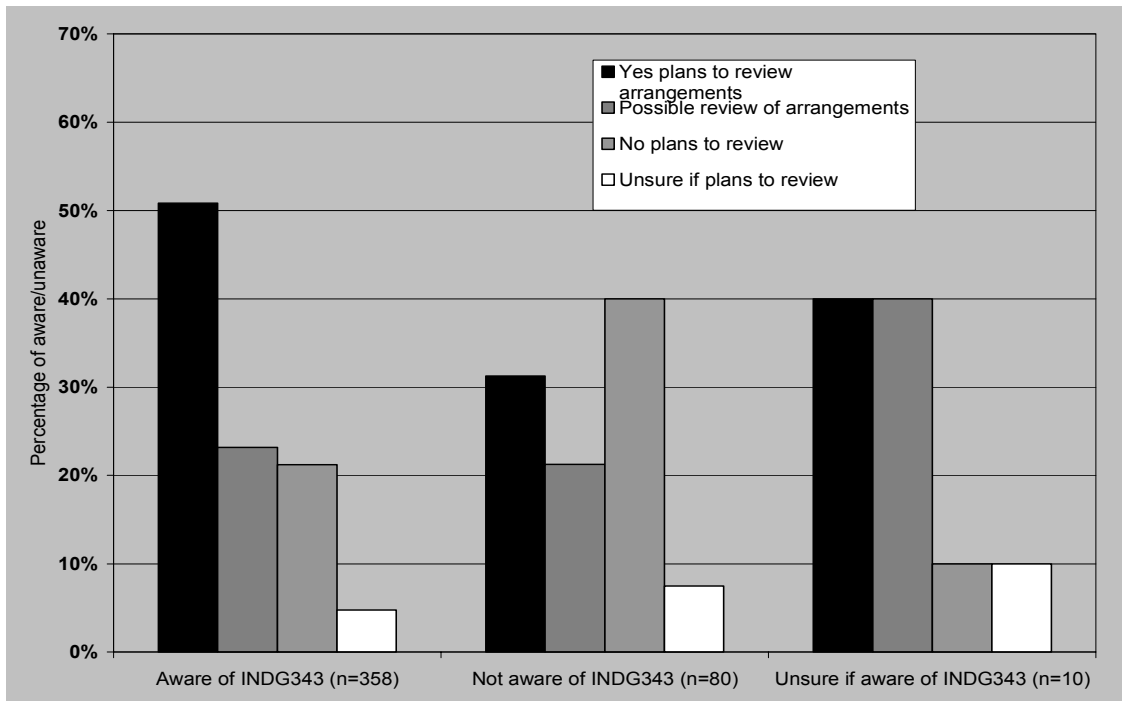


Figure 69: Does awareness of the HSC guidance for directors affect plans for review of board level arrangement (for all)? (2003)

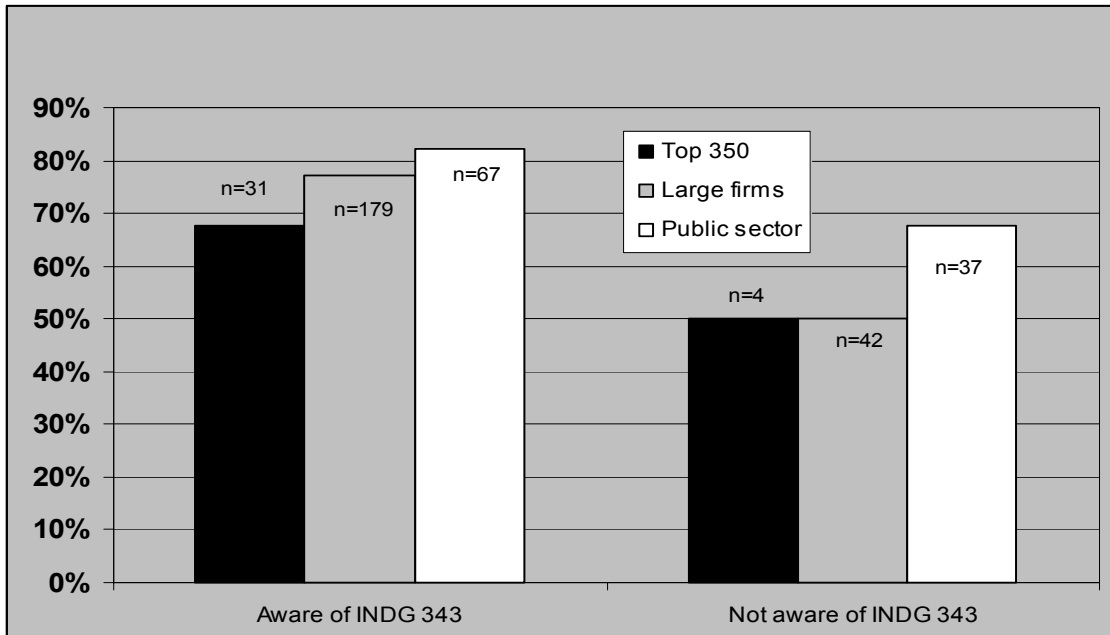


Figure 70: Does awareness of the HSC guidance for directors (INDG 343) affect the sectors differently with respect to plans to review board arrangements (2001)².

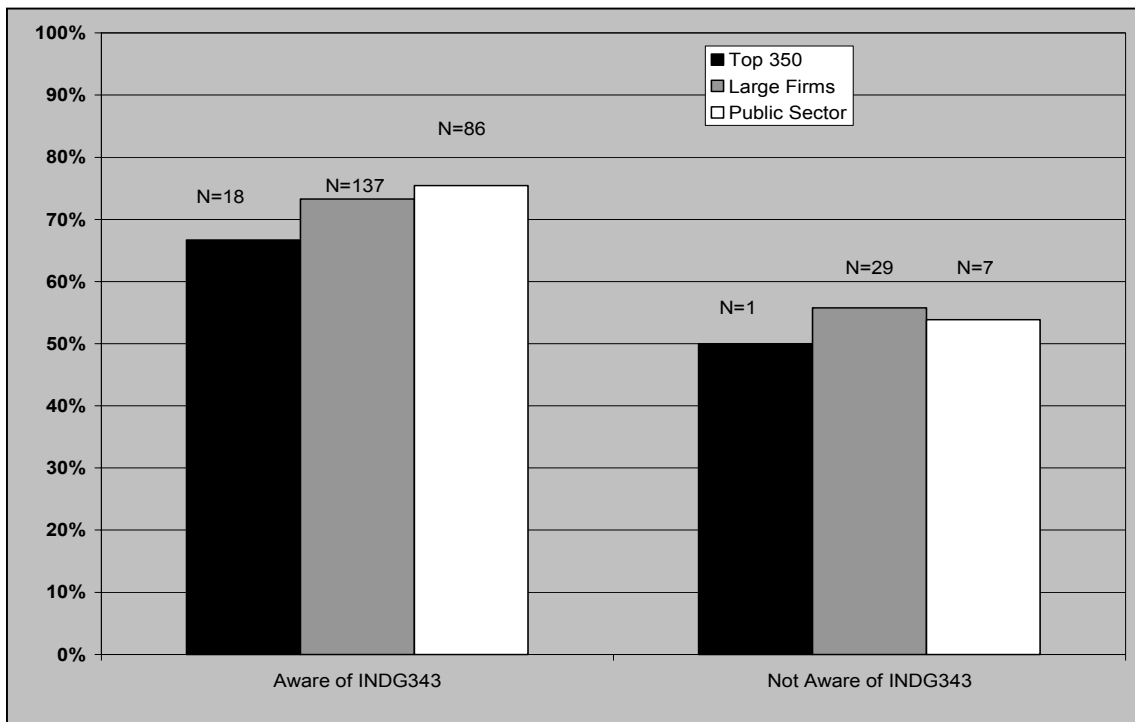


Figure 71: Does awareness of the HSC guidance for directors (INDG 343) affect the sectors differently with respect to plans to review board arrangements (2003)³.

² (Percentage with plans of those who were or were not aware of INDG 3430 Note: Figure shows combined “yes” and “possibly” answers to the question of review plans) (2003)

Plans to increase the role of directors in health and safety

It can be noted from **Table 46** to **Table 49** and **Figure 72** to **Figure 73** that:

- About 40% of all organisations plan to increase the role of directors/ boards in health and safety – regardless of whether or not they have already given responsibility for health and safety to a board level director;
- About 40% of those organisations who have already given responsibility for health and safety to a board level director plan to increase the role of directors/ boards in health and safety – regardless of whether or not that person have been specifically appointed as a director of health and safety, and;
- Awareness of INDG343 does appear to influence organisations’ plans.
- The position does not seem to have changed significantly between 2001 and 2003.

³ (Percentage with plans of those who were or were not aware of INDG 3430 Note: Figure shows combined “yes” and “possibly” answers to the question of review plans) (2003)

Table 46: Plans to increase the role of directors in organisations who have and have not given responsibility for health and safety to a board level director (2001)

	Plans to increase role of directors / board	No plans to increase role of board/directors	Unsure	Total
Board level H&S responsibility assigned to director	41.3%	53.5%	5.3%	100%
No board level H&S responsibility	39.4%	56.4%	4.3%	100%
Unsure	33.3%	33.3%	33.3%	100%

Table 47: Plans to increase the role of directors in organisations who have and have not given responsibility for health and safety to a board level director (2003)

	Plans to increase role of directors / board	No plans to increase role of board/directors	Unsure	Total
Board level H&S responsibility assigned to director	37%	53%	10%	100%
No board level H&S responsibility	27%	60%	13%	100%
Unsure	27%	27%	45%	100%

Table 48: Plans to increase role of directors / boards amongst organisations who have and have not appointed a director of health and safety (2001)

	Plans to increase role of directors / board	No plans to increase the role of board/directors	Unsure	Total
Board member specifically appointed as a director of H&S	45%	52%	3%	100.0%
Not specifically appointed as a director of H&S	38%	55%	7.1%	100.0%
Unsure (n = 12)	33%	58%	8%	100.0%

Table 49: Plans to increase role of directors / boards amongst organisations who have and have not appointed a director of health and safety (2003)

	Plans to increase role of directors / board	No plans to increase the role of board/directors	Unsure	Total
Board member specifically appointed as a director of H&S	38%	51%	11%	100.0%
Not specifically appointed as a director of H&S	36%	55%	9%	100.0%
Unsure	21%	64%	14%	100.0%

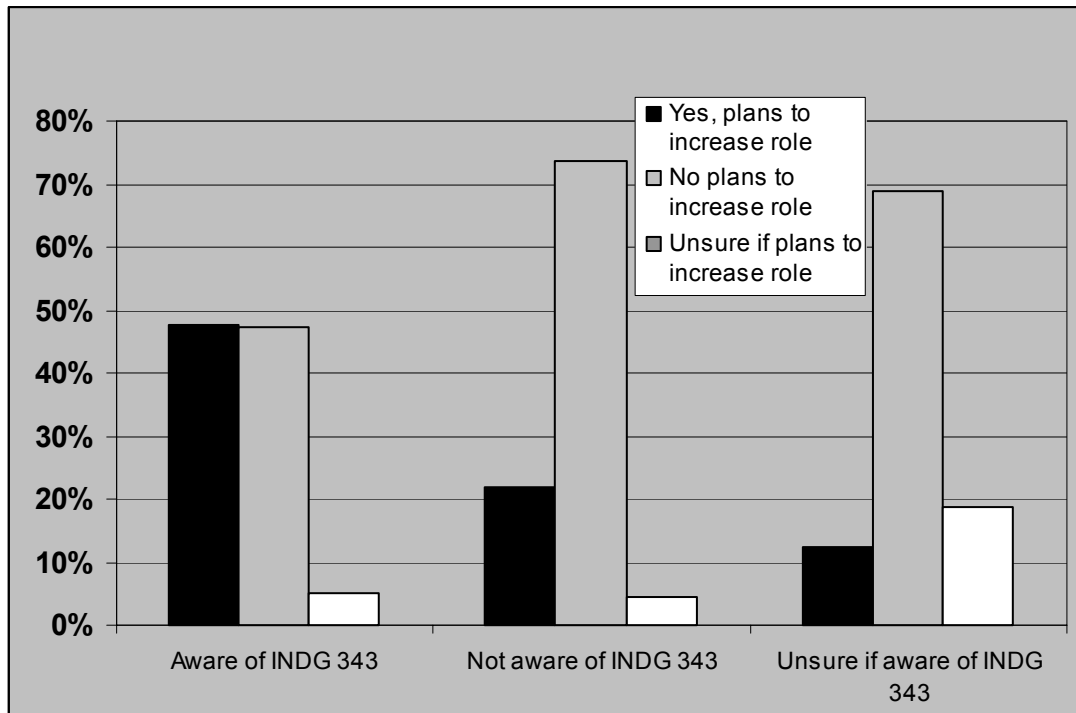


Figure 72: Awareness of INDG343 and plans to increase the role of directors (2001)

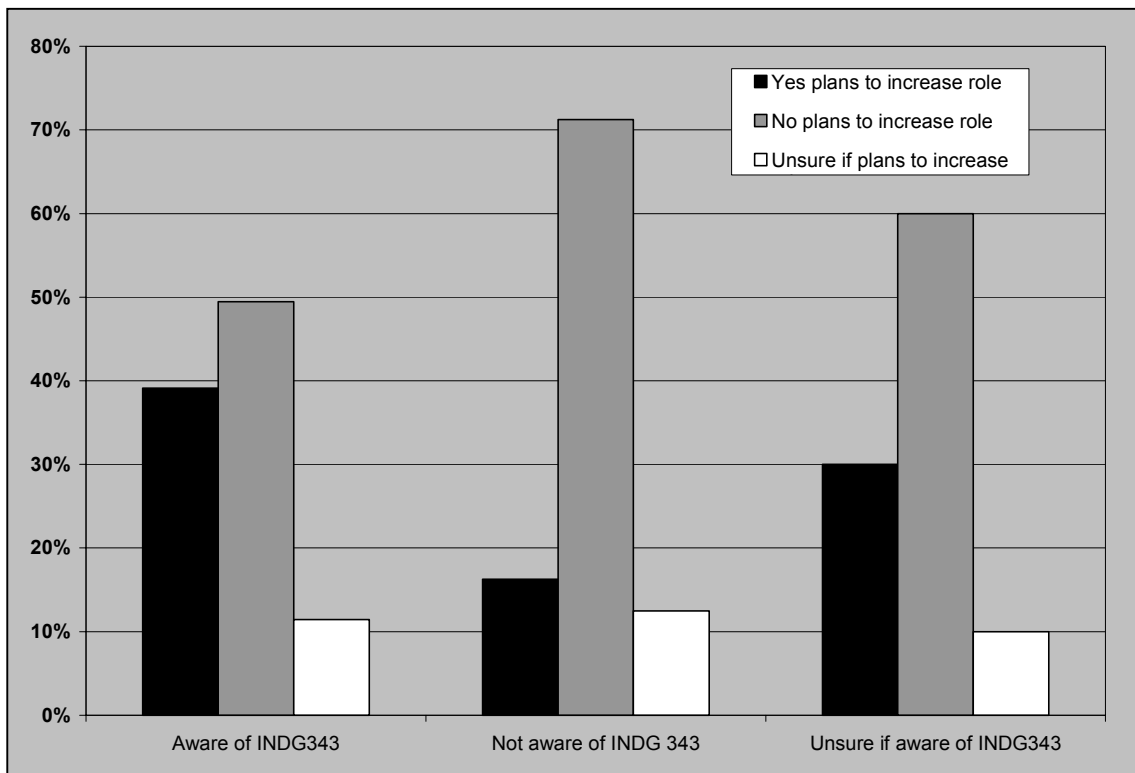


Figure 73: Awareness of INDG343 and plans to increase the role of directors (2003)

4 DISCUSSION

The implications of the survey findings are discussed below against a series of key questions, indicating any changes between 2001 and 2003.

To what extent do organisations already operate in accordance with the HSC guidance?

A large proportion of respondents from both surveys report that many of the arrangements cited in the HSC guidance are already in place. In particular, the majority of organisations have assigned responsibility for health and safety to a board level director and most boards undertake a wide variety of health and safety tasks. However, only a minority of organisations have specifically appointed a director of health and safety (that is, a director whose primary responsibility interest is in health and safety). There is also variation in the extent to which organisations achieve each part of the HSC guidance. Some areas that appear to offer scope for improvement include:

- Regularity of board discussions of health and safety;
- The scope of performance measures and reports received;
- Boards' response to the reports and performance measures, and;
- The level of consultation with the workforce.

The follow up survey found an increase in 8% in the direction of health and safety at board level. Most of this increase is accounted for by an increase from 60 to 68% for Large Firms. In 2001 about half of these were appointed as "Director" of health and safety rising to almost 60% in 2003. The HSC guide INDG 343 remains an important factor in influencing board arrangements. 75% and 80% of respondents had heard of INDG 343 in the baseline and follow up surveys respectively. Respondents continue to report that board level direction offers many benefits, including strong leadership, demonstrable commitment and better health and safety management.

Does the level of voluntary uptake of corporate responsibility negate the need for further HSC action?

The answer to this question depends in part on the criteria used for evaluating the level of voluntary uptake and the form of board arrangements. On the one hand, the majority of responding organisations have assigned responsibility for health and safety to a board level director. Also, the level of board level direction of health and safety has increased since the baseline survey. However, only half of these are appointed as directors of health and safety. Also, whilst the majority of organisations that lack board level health and safety representation may have plans to review arrangements, less than half have plans to increase the role of directors / boards in health and safety.

Thus in 2001 about 6% of organisations did not currently have board level health and safety representation and had no plans to review the role of directors / boards in health and safety in the next year. Similarly, about 12% of organisations did not have board level health and safety representation and had no plans to increase the role of directors / boards in health and safety.

Remembering that the vast majority of respondents are aware of INDG343, this suggests that there is a minority of organisations that may not introduce board level direction of health and safety despite awareness of the HSC guidance. The picture changes little between 2001 and 2003, though there seems to be an increase in the number of organisations planning a review. If the objective is for all large organisations to have board level health and safety direction, this could be interpreted as implying the need for further HSC action.

On the other hand, boards are much more likely to plan change if they are aware of the HSC guidance. Therefore, they may change arrangements in response to further promotion of the guide. However, if the goal is for organisations to appoint a member of the board to be a director of health and safety, then there is much more room for improvement, given that under 40% of responding organisations have appointed an individual to be a health and safety director.

To what extent:

- **Has the HSC directors' guidance prompted organisations to change practices?**
- **Are there already sufficient factors motivating organisations to increase the level of corporate health and safety responsibility?**

The perceived pressure on organisations to proactively manage health and safety seems to have fallen slightly – in 2001 almost 70% agreed or strongly agreed that there were very strong pressures compared with 62% in 2003.

There is a wide range of factors that are prompting boards to direct health and safety, including the HSC guide. Indeed, the HSC guide ranks high within a broad range of factors prompting organisations to have board level health and safety direction. In 2003, it is behind only the general increase in the importance of health and safety, and perceptions of high risk operations. There are also many other highly ranked factors, such as general concern about occupational health performance, concern about corporate responsibility and increased health and safety regulation, that are “somewhat” influencing organisations. Factors such as the Turnbull report and shareholder pressure have a lesser influence. However, organisations agree that there are very strong pressures in their business sectors on Boards and Directors to proactively manage health and safety.

This would suggest organisations, on the whole, believe there are already many factors prompting them to direct health and safety at board level. The most important factors relate to HSC/HSE actions and the general increase in the importance of health and safety, rather than the actions of shareholder or the media.

What benefits do organisations perceive that having a health and safety director offers?

There was a high level of agreement in both surveys that board level direction offers:

- Strong leadership;
- Shows commitment, and;
- Helps to improve health, safety and risk management.

The reasons given by organisations with board level direction for their arrangements are generally similar in both surveys, but ‘new legislation/health & safety law increased in prominence in 2003.

However, it is important to note that public sector organisations are less likely to rate benefits of board level direction. Top 350 firms also note benefits of consistency and focus. It does therefore appear that responding organisations, do on the whole agree that board level health and safety direction offers significant benefits and is required for the sake of corporate direction.

How do practices vary between types of organisations, such as between the top 350 and public sector organisations?

On the whole, practices in the Top 350 organisations match the HSC guidance more than other sectors, with the exception of workforce involvement. Public sector respondents continue to report the lowest level of board level direction of health and safety, although they have improved since the baseline survey along with large firms.

Advice on further promotion of HSC INDG343.

Significant progress has been made. No culture change can be achieved using a single tool, and a range of measures and influences must be combined to achieve more widespread allocation of health and safety responsibilities to board level but INDG343 still continues to be influential and will remain an important part of the overall strategy. In general, the conclusions of the 2001 report survey still appear valid i.e. that:

- Any further promotion of INDG 343 should focus on the CEO/MD and other board members in those organisations without board level health and safety representation;
- In the case of the public sector, particularly attention should be awarded to the NHS, and;
- As boards do appear to be influenced by awareness of INDG343, further promotion of the guide would appear to be worthwhile.

APPENDIX A

TELEPHONE QUESTIONNAIRE, FINAL VERSION

Health and safety responsibilities of company directors and management board members

Introduction

Hello, my name is _____ I work for Greenstreet Berman Ltd.

We are an independent research organisation consulting with industry on behalf of the Health and Safety Executive in order to profile how and why directors or their equivalent (in the public & voluntary sectors) are managing health and safety at a corporate level. We would be most grateful if you could help by answering some questions. The results of this consultation will be used to profile different director arrangements for health and safety and the reasoning behind these arrangements. We can assure you of complete anonymity. All responses will be aggregated together. It is anticipated that it will take about 15 minutes. If this is not a convenient moment, when would be a good time to call back?

Time and date to call back:

Contact name		Contact-job title	
Phone number		Fax number	
Company name		Sector(s)	
Address			
Refusal			
Time & date to call back	1		
	2		
	3		

1a. Are you a member of the Board? **Ring one**

	Ring one only
Yes	1
No	2

1b. How many boards are there within your company or group?

Write answer & code / do not prompt

	Ring one only
One	1
Two or more	2

If respondent answers ‘One’ go to question 2 otherwise continue.

1c. Does your board act as the highest level or does it report to a higher level (corporate) board? **Write answer & code / do not prompt**

	Ring one only
Acts as the highest level	1
Reports to a higher level	2

2. Is health and safety directed at your board’s level or is it entirely delegated, such as to the boards of subsidiary companies or to company divisions / departments?

Write answer & code. Unprompted, only prompt if respondent is struggling.

	Ring one only
Directed at this respondent’s board	1
Delegated to individual company boards	2

Delegated to company divisions/ department	3
Do not know / unsure	4
Directed at a higher level board	5
Other... specify	6

3. Why has this arrangement been put in place?

Write in answer & code:

	Ring all that apply
Corporate direction is needed	1
Best practice policies	2
Power and financial control at board level	3
New legislation / H&S laws	4
Operations are too diverse to direct at a corporate level	5
Company has a general policy of delegation	6
Corporate body is just a holding company	7
Health & safety is an operational matter	8
H&S is not an issue for directors	9
H&S is a particular business risk	10
Other...specify	11

4. When was the last time your board reviewed the company's health and safety policy?

Ring one only

Within last month	Within last 3 months	Within last 6 months	Within last year	Within last 3 years	Over 3 years ago	Never	No Policy	No answer / unsure
1	2	3	4	5	6	7	8	9
Continue						Go to Q6		

5. Which board level director(s), by job title, led the last review of the company's health and safety policy?

Write in and code later / Ring all that apply. Do not prompt unless the respondent is struggling

Entire board	1
Chairman	2
Chief Executive Officer	3
Executive Director	4
Deputy /Vice Chairman	5
Managing director	6
Operations director / officer	7
Human Resource / personnel director	8
Production director	9
Health and safety (and environment) director	10
Risk Management director	11
Corporate & public affairs / communications	12
Security director	13
Finance director / officer	14
Treasury Director	15
Company secretary	16

Legal director	17
Marketing / business development director	18
Investment / major projects	19
Other	20
None	21
No answer / unsure	22
Do not have a policy (at corporate level)	23

6. How frequently is health and safety formally discussed at your board meetings? **Ring one only**

Every time / a standing agenda item	Monthly	Quarterly	Annually	Bi-annual	When an issue arises / as required	No answer / unsure	Never
1	2	3	4	5	6	7	8

7. What proportion of serious accidents, injuries and occupational ill health are discussed formally at board meetings?

Unprompted unless respondent is struggling then say..... ‘for example stress, back injury, asthma, disabling injury’ Ring one only

All	Most	Some	None	No answer / unsure	Have not had any
1	2	3	4	5	6

8a. Does the board receive health and safety performance and audit reports? **Ring one only**

Yes	No	Unsure
1	2	3
Go to Q8b	Go to q9a	Go to Q8b

8b. Which of the following specific health & safety performance measures do these include?

Read out and code one response per item

	Yes	No
Employee accident / injury rates / numbers	1	2
Contractor accident / injury rates / numbers	1	2
Number of cases of serious ill-health	1	2
Number of prosecutions / fines	1	2
Number of near miss / dangerous occurrences	1	2
Audit scores	1	2
Lost time	1	2
Enforcement notices	1	2
Trends in H & S performance measures	1	2
Industry benchmarks e.g. ISO standards	1	2
Audit / review conclusions	1	2
Accident investigation reports	1	2

If no to all options go to question 9a, otherwise continue

8c. What actions or decisions has your board taken in response to receiving these performance measures?

Write in and code afterwards. Do not prompt

Nothing	1
Compare to company targets	2
Set new objectives / targets	3
Order review of H&S management arrangements throughout the whole company.	4
Order review of H&S management arrangements within specific departments	5
Review the way the respondent's board approaches H&S aspects of its major decision making	6
Increased budget or finances allocated to H&S or specific departments	7
Recruit or appoint more H&S specialists	8
Take measures to increase worker participation (e.g. encourage safety reps / set up partnership in prevention with trade unions)	9
Set up an H&S award scheme	10
Publish performance measures (internally and externally)	11
Other – specify	12

9a. Has your board publicly stated in writing (within the company or externally) health and safety objectives such as reducing injury rate, ill health rates and improving health and safety management?

Yes	No	Unsure
1	2	3
Continue	Go to question 10a	

9b. What are these targets and objectives?

Write in and code / do not prompt

Reduce injury rates	2
Fewer ill health cases	3
Comply with the law	4
Improve health and safety	5
Specific H & S programmes or initiatives	6
Less lost time	7
Be industry leader	8
Achieve specific audit scores	9
Other	10

10a. To what extent has your board sought the opinions of the workforce in developing and implementing your H & S policy?

Not at all	A little	Some	A lot
1	2	3	4
Go to q 11	Go to q10b		

10b. What has your board done to make this happen?

Write in and Tick all that apply / unprompted

Encourage the appointment of trade union safety reps	1
Encourage the appointment of employee safety reps	2
Allow time for workers to participate in health and safety decision making	3
Ensuring managers are trained in consultation on health and safety	4
Fostering partnership in prevention with the trade unions	5
Consulting workers individually	6
Employee led health and safety initiatives	7
Health & safety committee (set or promote)	8
Task force / working group	9
Behavioural safety programmes	10
Contract of employment changes	11
Include H&S in job descriptions	
No answer / unsure	12
Other...specify	13

11. Has your board, formally and publicly, either internally or externally, described its own role with regards to health and safety? **Ring one**

Yes	No	Unsure
1	2	3

12a. Has a board level director been given responsibility for health and safety? **Ring one**

Yes	No	Unsure
1	2	3
continue	go to Q14	

12 b What is their exact job title? **Write in**

Job title		Code from q5	
-----------	--	--------------	--

12 c Has that board member been specifically appointed as a director (or equivalent) of Health and Safety? **Ring one.**

Yes	No	Unsure
1	2	3

12 d Is this person a full member of the board? **Ring one.**

Yes	No	Unsure
1	2	3

12 e Does this person have a health and safety manager reporting to him / her? **Ring one.**

Yes	No	Unsure
1	2	3

13. Were there any specific reasons for making a director responsible for H&S? If so, what were these specific reasons? **Tick box and write in space below if answer is YES.**

No specific reasons	Yes there are specific reasons	No answer / unsure
1	2	3
Reasons		
Go to q 15		

ASK THOSE ANSWERING 'NO' or 'UNSURE' TO Q12a:

14 Who is the most senior person in the organisation with responsibility for health and safety? **Write in**

Note job title:				
	Yes	No	Unsure	
14. b Does this person report have a formal reporting line to the board?	1	2	3	Go to q17

ASK THOSE ANSWERING 'YES' AT Q12a:

15. Has your board formally or publicly, either internally or externally, described the role of the person responsible for health & safety at board level? **Ring one only**

Yes	No	Unsure
1	2	3

16. Who determined the responsibilities of the health and safety director / person responsible for safety? **Ring all that apply.**

	Tick all that apply
The board	1
The Chief Executive / Managing Director	2
A health & safety manager	3
External consultant	4
HR/personnel director	5
Operations director	6
Don't Know	7
Other...specify	8

17. What do you think the benefits are (or would be) from having one person designated for health and safety at your board's level?

Unprompted. Probe. Write in answer & code afterwards. Ring all that apply:

	Tick all that apply
Strong leadership	1
Shows commitment	2
Better risk management	3
Helps improve H&S performance	4
Ensures directors carry out their H&S roles	5
Reduces risk to the business (of loss, prosecution)	6
Better management of liaison with regulators	7
Getting resources	8
Power and support for H&S issues	9
Consistency	10
Focus	11
None	12
No answer / unsure	13
Other...specify	14

18. I am going to list a number of tasks and duties. On a scale of 1 to 3, where 1 is ‘not at all’, 2 is ‘some’ and 3 is ‘a lot’, to what extent does firstly, your board, and secondly, the person responsible for health & safety on behalf of the Board, perform each task/ duty? **Read out each task, asking first for their response for the Board as a whole, and then for the individual. If the board as a whole does not undertake a particular task, do not ask that task for the person. Ring one number under column ‘Board’ for each duty and one number under column ‘Person’ for each duty:**

	(a) BOARD				(b) PERSON			
	Not at all	Some	A lot	DK	Not at all	Some	A lot	DK
A Help the board formulate health & safety policy	1	2	3	4	1	2	3	4
B Help set health & safety targets, such as reduction in accident rates or introducing new safety arrangements	1	2	3	4	1	2	3	4
C Check that board decisions reflect H&S intentions	1	2	3	4	1	2	3	4
D Review & report health & safety performance to the board	1	2	3	4	1	2	3	4
E Help the board understand how health & safety is managed in the organisation	1	2	3	4	1	2	3	4
F Ensuring the board considers H&S problems and takes remedial actions where necessary	1	2	3	4	1	2	3	4
G Liaise with regulators	1	2	3	4	1	2	3	4
H Engage the board in key health & safety decisions	1	2	3	4	1	2	3	4
I Advise the board on significant H&S matters, such as acquisition of new businesses, impact of new regulations, response to serious accidents	1	2	3	4	1	2	3	4
J Ensure that the board allocates sufficient resources to Health and Safety	1	2	3	4	1	2	3	4

19. What arrangements are in place to check how the directors of your board are discharging their health and safety responsibilities?

Write in and multicode / unprompted - if necessary prompt with – ‘for example, audits, inspections and reviews’

	Tick all that apply
External audit of the Board’s work	1
Internal audit of the Board’s work	2
HSE inspections	3
Board monitors safety performance	4
We review our own performance	5
Nothing specific	6
No answer	7
Other... specify	8

20. On a scale of 1 to 3, where 1 is not at all, 2 is somewhat and 3 is a lot, to what extent have each of the following influenced the design of board level health and safety arrangements?

Read out and tick one for each issue

		Not at all	Somewhat	A lot
20a	The Turnbull report	1	2	3
20b	The prospect of a Corporate Killing law	1	2	3
20c	Corporate governance requirements &/or perception that H&S is a significant business risk	1	2	3
20d	Fear of the company being prosecuted	1	2	3
20e	Directors feared they'd be prosecuted	1	2	3
20e	Risk of being sued	1	2	3
20f	The ROSPA initiative "Director Action on Safety and Health"	1	2	3
20f	General concern about occupational health performance	1	2	3
20h	We have high risk operations	1	2	3
20g	General concern about Safety performance	1	2	3
20i	Concern about corporate responsibility / ethical image	1	2	3
20j	An accident / or near miss	1	2	3
20k	Regulator pressure	1	2	3
20l	Increased H&S regulations	1	2	3
20m	Media pressure	1	2	3
20n	Shareholder pressure	1	2	3
20o	Best practice benchmarking	1	2	3
20p	HSE / HSC guidance	1	2	3
20q	General increase in importance of H&S	1	2	3
20r	Is there anything else? (please write in below)	1	2	3

21. To what extent do you agree with the statement on the following scale where 1 = strongly disagree; 2 = disagree; 3 = unsure; 4 = Agree and 5 = strongly agree.

“There are very strong pressures in this company’s business sector on Directors and boards to proactively direct the management of health and safety.” **Ring one**

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	2	3	4	5

22. Do you have any plans to increase the role of directors’ and board members in safety leadership? **Ring one**

Yes	No	Unsure
1	2	3

23. Have you heard of the HSC’s guide “Directors’ responsibilities for health and safety” (INDG 343)? **Ring one**

Yes	No	Unsure
1	2	3

24. Do you have plans to further review, within the next year, your board / director level health and safety arrangements against the HSC guide? Ring one

Yes	Possibly	No	Unsure
1	2	3	4

25. May we contact you again next year, so that we can evaluate the effects of the HSE’s promotional activity about these issues? **Ring one**

Yes	Possibly	No	Unsure
1	2	3	4

Thank and close



MAIL ORDER

HSE priced and free
publications are
available from:

HSE Books
PO Box 1999
Sudbury
Suffolk CO10 2WA
Tel: 01787 881165
Fax: 01787 313995
Website: www.hsebooks.co.uk

RETAIL

HSE priced publications
are available from booksellers

HEALTH AND SAFETY INFORMATION

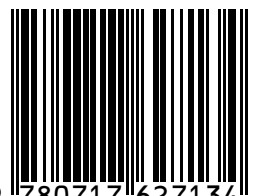
HSE Infoline
Tel: 08701 545500
Fax: 02920 859260
e-mail: hseinformationservices@natbrit.com
or write to:
HSE Information Services
Caerphilly Business Park
Caerphilly CF83 3GG

HSE website: www.hse.gov.uk

RR 135

£20.00

ISBN 0-7176-2713-6



9 780717 627134

Health and safety responsibilities of company directors and management board members

HSE BOOKS