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A report into the arrangements for managing health and safety at XYZ Ltd

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Executive summary

Following a review of the current state of safety management within XYZ Ltd, it has been found that the senior management team has a commendable general interest in the management of health and safety within the organisation. However, if health and safety standards are to improve, the senior management team will need to become more actively involved on a day-to-day basis, thereby demonstrating visible felt leadership. This will have manifest benefits, since effective leadership for safety is symptomatic of a well-run organisation and will inspire the workforce to work safely and more productively.

It is recommended that members of the senior management team attend a short executive level health and safely course in order to better understand their roles and responsibilities. Following this, senior managers can show their commitment to the development of a safe working environment by becoming involved in quarterly safety tours. This will not create a significant demand on any individual manager's time but will have a huge benefit by way of demonstrating a clear and visible commitment.

The board should consider appointing one of its number as 'health and safety champion'. This individual should be reassured that they will not automatically be a target for enforcers should something go wrong, but will instead simply be a central point of contact at board level for matters to do with health and safety. This will provide the discipline of health and safety with a voice at the most senior level in the organisation and will help to ensure that health and safety issues continue to be considered alongside other business risks and whenever corporate decisions are made.

It has been identified that current arrangements for the management of contractors are in need of significant development. Should a contractor or member of staff be injured as a result of poorly managed contract work there will likely be significant cost to the organisation in terms of investigation time and enforcement action. This can be avoided by having in place a robust and effective system of contractor selection and monitoring.

Weaknesses in the control of solvent fume have been identified. There is a risk that members of the workforce could develop occupational asthma. From a moral perspective this is unacceptable. It may also give rise to a civil claim for damages that could prove expensive and may result in rising insurance premiums. These negative outcomes are all entirely preventable and so recommendations have been made to assist in the control of this issue.

Addressing the issues raised in this report will assist the organisation to improve standards of health, safety and welfare. This will help to maintain high standards of worker morale and will make it less likely that workers might choose to seek employment elsewhere, taking with them their skills and knowledge. It will also make it less likely that workers will be injured or made ill by their work,

which will reduce associated losses and help to enhance the company's already good reputation within the marketplace.

Introduction

Aim

The aim of this report is to evaluate the effectiveness of safety leadership, management and worker involvement at XYZ Ltd in order to make recommendations that will improve the company's health and safety performance.

Objectives

In support of the above aim, the following objectives will be satisfied:

- to consider qualitatively the extent of safety leadership within the organisation;

- to make a qualitative determination as to whether safety leadership is 'real' by identifying examples of where senior people take the lead in safety initiatives;

- to consider the extent of safety management throughout the organisation, identifying those areas that can be held up as exemplars of good management;

- to determine the level of general worker involvement in support of managers and leaders.

Methodology

In preparation for writing this report, interviews were conducted with the entire senior management team, line managers, supervisors and a representative sample of the workforce. Relevant documentation such as the company health and safety policy, email correspondence, training records, risk assessments and records of workplace inspections were analysed to determine the consistency and quality of health and safety management throughout the organisation.

The author conducted a workplace inspection that covered the factory environment in some detail. The aim of this inspection was to check on physical health and safety arrangements and to evaluate the extent to which safe systems of work were employed. From this, it was possible to evaluate attitudes to safety. Safety tours were performed in other areas of the organisation and had a similar aim. Both types of inspection offered the opportunity to discuss health and safety issues with members of the workforce in order to gain a better understanding of worker attitudes to safety.

Company accident statistics were evaluated. This allowed an appreciation of the most frequent types of incident and also enabled judgements to be made about the level and quality of reporting, which was taken as an indicator of the organisation's health and safety culture.

The results of this analysis are presented as a narrative discussion in which issues of leadership, management and safety culture are addressed. Having discussed the foregoing, the three most significant health and safety management issues will be identified and recommendations will be made for addressing those in order to improve safety management within the organisation.

Workplace description

XYZ Ltd is a manufacturer of digital broadcast technology, including equipment used by broadcasters on location, as well as satellite receivers supplied to television studios worldwide. Its head office and main manufacturing site is located on the south coast of England, with excellent rail, air and motorway connections.

The company employs approximately 1000 workers in a mixture of design, product development, manufacturing, marketing, clerical and support roles. Although there is a four-man Facilities Management department, many maintenance activities are contracted out.

Approximately 70% of the workforce is engaged in manufacturing. The manufacturing function works on a two-shift system, from 8.00 am to 4.00 pm and from 4.00 pm to midnight, five days per week. The remainder of the workforce works a regular day shift, with most workers leaving site at 5.00 pm. Approximately 30% of the workforce is female. There are no disabled workers and the company does not take young people on work experience or apprenticeship schemes.

The site has two major buildings of similar size, both measuring approximately 30 000 m^2. One of the buildings is substantially given over to office accommodation but also houses the site's kitchen and canteen. Roughly one quarter of this first building is given over to warehousing. This space is accessed by electric fork trucks from vehicle access doors to the east of the building.

The factory and main store is housed in a second building. The stores area can only be accessed by authorised personnel but the remainder of the factory floor can be accessed by any person at any time. Work areas are clearly marked and walkways are clearly set out. All staff know to remain on the marked walkways whenever transiting the factory area.

Between the two buildings is a delivery area, plus a rubbish compactor and waste storage area. Workers need to transit across this area in order to go from one building to the other.

To the north of the site there is a satellite dish farm. This is within a segregated area that requires key access. Keys are only issued to authorised personnel.

Access to site is from the south and is controlled via a small gatehouse and barrier, staffed by a single contracted security guard. Staff car parking is on the south side (front) of both buildings.

There is a loading bay and 'Goods in' area to the west side of the factory building. Electric-powered forklift trucks operate in this area and throughout the stores. Pedestrian access to any indoor area

where forklift trucks may be operating is controlled by means of clear signage and PIN code access doorways.

Production processes

Product manufacture is essentially a batch production process. XYZ Ltd sources equipment carcasses and components from external suppliers, which are assembled in production cells on the factory floor, each cell manufacturing a specific product. The assembly process includes installation of wiring looms as well as the assembly of electronic units. There is a significant amount of soldering, which is carried out at solder stations, each of which is fitted with a tip extraction system for the control of colophony fume.

Those engaged in soldering are subject to annual lung function testing, which is carried out by a contracted occupational health nurse. Summary records of lung function testing are made available to the Health and Safety Manager. There have been no reported incidents of reduced lung function or occupational asthma that may be attributable to exposure to solder fume. Should any person engaged in soldering become pregnant, the Health and Safety Manager will conduct a specific risk assessment to consider the exposure to lead products. This will be conducted in collaboration with the occupational health nurse.

As some of the equipment that XYZ supplies is used in vehicles that travel over rough terrain, it is necessary to ensure that ribbon cables within the manufactured units do not vibrate loose. To ensure that ribbon cables are held firmly in place on equipment motherboards the in-house designers have specified a solvent-based glue that is applied at eight separate points on each motherboard (to hold in place four ribbon cables). A significant component of the glue is a substance called methyl ethyl ketone (MEK). This substance is capable of causing solvent narcosis and dermatitis. Gluing operations are carried out using respiratory protective equipment (RPE).

Products are manufactured in small workgroups or 'cells'. There is little integration between the cells as each manufactures a different product. Workers within each cell tend to associate most strongly with each other, meaning that developing an overall and all-encompassing health and safety culture can be challenging. However, the factory workers, being mainly technicians and engineers, have an innate understanding of the need to work safely. Therefore they are generally amenable to sensible suggestions for the management of risk. Other parts of the organisation, such as Sales and Marketing, Human Resources and Design and Innovation have their own subcultures and it is fair to say that understanding of health and safety issues is not as good as one might hope.

The health and safety department consists of a Health and Safety Manager, who has a NEBOSH Certificate and two assistants who have come from the factory floor and are working toward their NEBOSH qualification.

The role of the Health and Safety Practitioner at XYZ Ltd

The Health and Safety Manager took post approximately 18 months ago. Prior to this, health and safety issues were managed by the Quality Manager who has no formal training in health and safety. Therefore, there was only a very basic safety management system in place when the Health and Safety Manager was appointed. This system has developed rapidly over the past 18 months, although there is still some way to go to ensure its full implementation.

Although the organisation's senior management are aware of the need to manage health and safety, the Health and Safety Manager's role is confined to day-to-day matters rather than taking a more strategic approach. It is hoped that, given time, the Health and Safety Manager's role will begin to become more strategic, especially as the company starts to see the benefits that can be gained through effective safety management.

The Health and Safety Manager reports to the Quality Manager, who has been with the company for thirteen years and is the same person who previously had overall responsibility for safety. The Quality Manager in turn reports into the head of manufacturing. This arrangement can be perceived by some as an indication that health and safety is a 'manufacturing' issue rather than one that transcends the organisation. This can present difficulties when it comes to raising awareness of safety issues in non-manufacturing parts the business.

The Health and Safety Manager is responsible for the full range of day-to-day health and safety management functions within the organisation. He was instrumental in drafting the company's statement of health and safety policy and continues to develop individual organisational arrangements for all aspects. The Health and Safety Manager acts as the specialist on the newly formed health and safety committee and has been successful in getting a different senior manager to chair this meeting on each occasion. The Health and Safety Manager also acts as the committee's secretary, producing the agenda and compiling the minutes for each meeting, and ensuring that all actions are carried out before the next meeting.

A key function carried out by the Health and Safety Manager and his team is the conduct of risk assessments. As the health and safety assistants are not professionally qualified, the Health and Safety Manager has trained them in risk assessment and supervises the conduct of assessments to ensure that they are suitable and sufficient.

Where necessary, specialist advice is obtained to assist with certain assessments such as exposure to lead fume (from solder) and noise, both of which assessments are carried out by a

contracted occupational hygienist. This is because the health and safety practitioner does not consider himself competent in these areas and wants to ensure that the assessments are carried out to a professional standard so that the right control measures can be introduced.

The Health and Safety Manager also conducts health and safety training throughout the organisation. This includes induction training plus short courses in manual handling and fire safety awareness. Accredited training courses, such as NEBOSH's Health and Safety at Work qualification or National General Certificate, are outsourced to accredited training providers.

The health and safety practitioner currently has a limited role in strategic health and safety management and does not currently have direct access to board level decision making. All access to the board needs to go through the Quality Manager who effectively controls the information that the board receives. Notwithstanding this, the health and safety practitioner has a good working relationship with middle management throughout the organisation and is increasingly seen as a reliable source of advice and assistance when dealing with health and safety matters. This has brought about some notable successes and has produced an improvement in the organisation's health and safety culture.

As a manufacturing organisation that prides itself in being first to market with an innovative technological product, XYZ Ltd places a certain amount of pressure on the workforce to keep design at the forefront of technology and also to produce products quickly enough to satisfy orders. From time to time this may have the effect of motivating some staff to compromise health and safety standards in order to meet production targets. Similarly, it has been noted that product health and safety is perhaps not as well and thoroughly considered as it might be. An example of this is the fact that designers have specified the use of a solvent-based glue to secure ribbon cables, rather than specifying a more effective and lower risk mechanical locking solution. The health and safety practitioner has made representations on this point but has met with limited success, the main argument against change being one of cost.

Professional ethics

As a Technical Member of IOSH, the Health and Safety Manager ascribes to the principles of professional ethics insofar as they relate to his work within XYZ Ltd. The key principles of honesty, respect for others and professional integrity are observed.

Although the Health and Safety Manager has a loyalty to his employer, this does not override the need to ensure the safety, health and welfare of the workforce at large. Therefore, the health and safety practitioner provides his honest opinion on the state of health and safety management and endeavours to identify clearly those areas where the organisation may fall short of the legal minimum standard. The Health and Safety Manager also feels that it is his duty to maintain and improve his competence and so he ensures that he attends local IOSH branch meetings, seminars

and goes on training courses such as the NEBOSH Diploma. Furthermore, the Health and Safety Manager will only undertake those tasks that he believes himself to be competent to deal with and will defer to others where necessary, an example being the use of specialists to conduct airborne monitoring as set out above.

From time to time, the Health and Safety Manager has experienced situations where managers ignore his professional advice. In such cases the Health and Safety Manager endeavours to make the person aware of the consequences of failing to heed that advice and will, where appropriate, try to reach a compromise that allows the task to be carried out safely while still allowing the manager's objectives to be achieved. This is achieved through collaboration aimed at finding a sensible risk management solution. It is hoped that this will cause managers to recognise safety as an enabling rather than a disabling function. However, the Health and Safety Manager's relative lack of seniority means that there is a limit to how far he can go to require compliance.

As a leader in health and safety issues, the Health and Safety Manager ensures that he sets a good example at all times and does not behave in a manner that may be considered inappropriate given his position. All information of a personal or commercially sensitive nature is kept strictly confidential at all times.

Review and critical analysis of health and safety management at XYZ Ltd

As mentioned in the introduction to this report, the safety management system is still something of a work in progress. However it has developed significantly over the past 18 months in line with HSG65, which has been used as the basis for the current arrangements. It is expected that, given time, the organisation will be seeking certification to OHSAS 18001 but this is still some way off. For the present, the Health and Safety Manager wishes to establish the basics of an effective health and safety management system that is recognised as adding value throughout the organisation.

Risk profile

According to the HSE[1], *"The risk profile of an organisation informs all aspects of the approach to leading and managing its health and safety risks."*

As a manufacturer of a technologically advanced product, XYZ Ltd is faced with a number of corporate risks. The key risks are associated with competition from other manufacturers in the same sector, market risks associated with availability of low-cost competing products from the Far East, and financial risks associated with exchange-rate variations that make exports more costly. A manufacturer of such products needs to ensure consistent and sustained innovation in order to maintain its market share. Failure to do so will mean that product demand could fall, thus endangering the business. Current market conditions make this a real possibility.

At present, demand for the company's products is buoyant, but there is no room for complacency. XYZ Ltd employs highly qualified scientists, designers and engineers, all of whom are leaders in their respective fields. This helps to control the risk of falling behind the innovation curve and helps to maintain the company's market position and share. While there is also a danger that these specialists could be enticed away from the organisation, XYZ Ltd has taken steps to ensure that remuneration packages and working conditions are some of the best in the industry.

Given the above corporate risks, the Health and Safety Manager acknowledges that health and safety issues may not be seen as being the most pressing or immediate. However, the Health and Safety Manager is at pains to remind those in senior management positions (albeit via the Quality Manager and Head of Manufacturing) of the need to ensure high standards of health and safety in order to safeguard the workforce and, by extension, the company's reputation. Therefore, the Health and Safety Manager tries to ensure that health and safety is seen as being at the same logical level as other areas of business risk so that it is not left behind. Furthermore, it may be

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[1] HSG65 'Managing for health and safety', 2013

possible to argue that improved standards of health, safety and welfare will help in staff retention by helping to create a pleasant working environment and not providing a reason for staff to begin to become dissatisfied and look elsewhere for employment.

The above principles are in line with the principles espoused by the Financial Reporting Council in its code on corporate governance[2] ('The Code'). The board is required to consider those aspects of risk that may harm the company's assets and threaten shareholders' investments, and to arrange for action to be taken to mitigate such risks. According to section C of The Code (Accountability):

> *The board is responsible for determining the nature and extent of the principal risks it is willing to take in achieving its strategic objectives. The board should maintain sound risk management and internal control systems.*

Further, at paragraph C.2.1 of The Code:

> *The directors should confirm in the annual report that they have carried out a robust assessment of the principal risks facing the company, including those that would threaten its business model, future performance, solvency or liquidity. The directors should describe those risks and explain how they are being managed or mitigated.*

It is submitted that health and safety risks should be counted among the 'principal risks' alluded to in The Code. This is because a serious incident, or even a sustained pattern of less serious incidents, has the potential to adversely affect morale, which would have a corresponding effect on productivity and could lead to valued members of staff leaving the organisation. In the event of a serious incident, there would be an increased likelihood of enforcement authority action and possibly even prosecution, which may result in significant fines and could adversely affect the company's reputation.

If the above argument is accepted, it should follow that the board should take an active interest in assessing and controlling health and safety risks.

Key health and safety risks and their assessment

As a manufacturing organisation, a number of significant health and safety issues need to be dealt with. These include:

> **Exposure to solvent vapour**, particularly when applying a solvent-based glue to a nearly completed electronic chassis. There have been reported incidents of workers suffering from headaches despite wearing issued respiratory protective equipment (RPE). On further investigation, it has been found that the RPE that has been issued is not of the correct type,

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[2] Financial Reporting Council, 'The UK Corporate Governance Code', April 2016

its filter being too coarse for solvent molecules. Not only is this likely to increase the risk of a worker developing adverse effects from exposure to solvents, such as occupational asthma, but it could result in legal action being taken against the organisation in the form of an improvement notice and/or claims for damages should a worker or workers be made ill at work. A short-term solution will be to replace the existing RPE with the correct type having an appropriate filter. In the longer term, an extraction system should be installed.

Ergonomic issues associated with the assembly of small components on to an electronic equipment chassis in the production cells. An analysis of sickness absence reports has shown an increase in work-related upper limb disorders associated with prolonged work at workbenches while conducting repetitive assembly tasks. If this situation is allowed to go unchecked, the organisation is likely to experience an increased risk of ill-health with consequent losses associated with time off work.
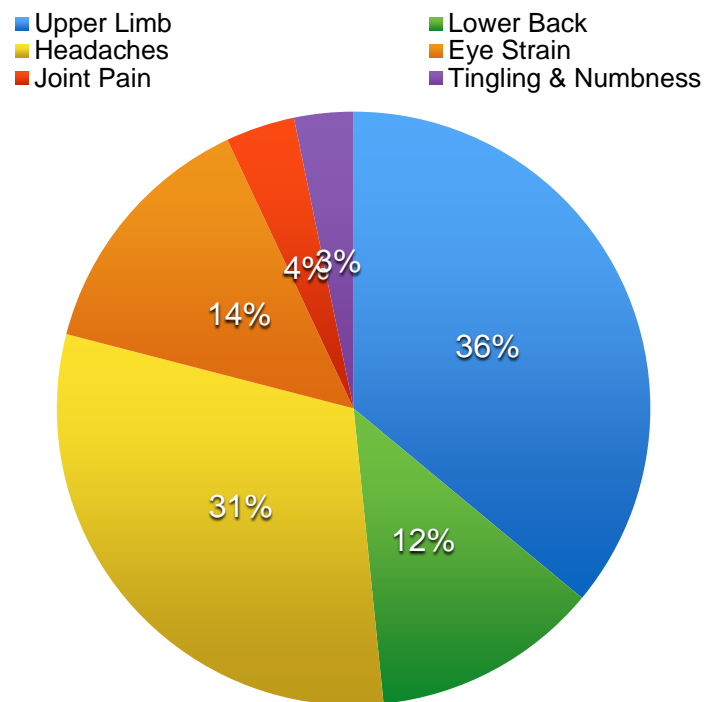
Above: Reports of ill-health conditions in production cells

Manual handling issues associated with lifting and carrying completed satellite receivers. These items, though not particularly heavy (weight 6 kg) are a little bulky and have no handholds. In addition, with each item retailing at £50,000, the financial consequences of dropping one would be significant.

Risk of collision between moving forklift trucks and pedestrians, especially when pedestrians are transiting across the vehicle yard between the two buildings. Although some marked walkways are in place (mostly within the buildings) there are no marked walkways outside. It is considered to be impractical to erect barriers between the two buildings since the area is needed for delivery access. Equally, as personnel regularly transit between the buildings for a variety of reasons, it would be unreasonable to require everybody to wear high-visibility clothing whenever doing so, although those working in the area (eg as banksmen) should continue to do so. However, it would be feasible to provide a clearly marked pedestrian walkway, marked crossing points, warning signage and speed limits, which together would help to reduce the present level of risk.

At present, there is little evidence that the board considers critical health and safety risks such as those outlined above at the same logical level as corporate risks, although the board is aware of general health and safety issues. At the current state of development, management of safety is conducted at a tactical rather than strategic level. What is meant by this is that the Health and Safety Manager, line managers and supervisors generally take on the bulk of the responsibility for ensuring good standards of health and safety within the workplace, albeit guided by the general expectations and objectives set by the senior management team. The section below on 'Leadership' will deal with this aspect in more depth.

In cases where risk assessments identify significant risks, the assessor is trained to specify critical control measures that are proportional to the level of risk. Assessors will always bear in mind that, although there may be an 'ideal' solution to a health and safety management problem, it may be the case that this 'ideal' is somewhat out of reach, for both operational and financial reasons. Therefore, and in the spirit of sensible risk management, assessors will take the following factors into account:

- cost of purchase, implementation and ongoing maintenance;

- technical feasibility of the proposed solution;

- acceptability to the workforce;

- whether the control measure is required for a long or short-term;

- demands of customers and the need to ensure customer safety;

- the practicability of implementing any given control;

- the degree of reduction of risk to be achieved.

It is also recognised that control measures cannot always be immediately implemented and so the management system allows for prioritisation of actions. In some cases this has meant that interim controls will have been implemented until such time as more effective, longer term controls can take their place.

Where significant expenditure may be required on a health and safety initiative, be it a physical control or training etc, an application for capital expenditure needs to be made to the senior management team. To date, no sensible request has ever been turned down, indicating a willingness on the part of the senior management team to ensure good standards of physical safety within the workplace. However, personal visible felt leadership and active involvement on the part of senior managers is missing. This is discussed in more depth under the heading of 'Leadership' later in this report.

In addition to the risk assessment function, XYZ Ltd is in the process of developing a robust system of active monitoring. This will include a system of monthly workplace inspections and *ad hoc* health and safety tours. At present, these are being conducted by the Health and Safety Manager, the Health and Safety Assistants and by some line managers, though not all. There is currently no involvement from the senior management team.

In the event of an accident, the Health and Safety Manager will conduct an investigation. At the present time, no other persons within the organisation are involved in the accident investigation process. In the fullness of time, however, it is intended that line managers will receive accident investigation training, which will enable them to understand what went wrong and why and to take ownership of the implementation of remedial actions. More serious accidents will still involve the Health and Safety Manager working alongside the line manager and may involve a representative of the senior management team.

In summary, the Health and Safety Manager appreciates the context in which health and safety risks are to be managed within this organisation and does not argue that they are always going to be more important than some of the commercial imperatives. This has given a certain degree of credibility to the effort to manage safety and health. Therefore, where significant health and safety risks are identified, he is usually successful in securing support from senior management for the implementation of remedial measures. Active and reactive monitoring processes are still in development, with the reactive monitoring process needing more work. Senior management are currently not directly engaged in any of these activities aside from making known their expectations and providing financial resource for dealing with problems where they can be satisfied that the measures are proportionate to the risk and are necessary.

Leadership

Senior management engagement and visible felt leadership is arguably the single most important foundation stone for an effective health and safety management system and a positive health and safety culture. Put simply, where leaders lead, the workforce will follow. Therefore, if XYZ Ltd's leaders are shown to embrace the health and safety message, this will send a clear and tangible message that health and safety is important to all within the organisation. Furthermore, this is also a sign of a well-managed organisation, which fact should be attractive to potential clients and investors as well as helping to satisfy insurance company requirements to manage risks of all types effectively.

The senior management team clearly have some appreciation of the need to manage health and safety risks, although they seem unaware of what they might do from a practical leadership perspective other than establishing the safety policy, which is a legal requirement in any event.[3] They have stated general objectives for the management of health, safety and welfare by making a clear and unequivocal commitment within the health and safety policy statement. They also provide funding for health and safety projects where they can be satisfied as to need. These are good points as they provide a firm foundation on which to build but this is as far as safety leadership currently goes at senior level.

To date, no member of the senior management team has attended any form of health and safety training, this despite a recommendation from the Health and Safety Manager that they should enrol on an executive level health and safety course. There is no board level 'champion' for health and safety and so the board lacks a central point of contact for this topic. Health and safety issues may from time to time feature on the agenda for board meetings but this is not a standing item. Although the senior management team have signed the health and safety policy, they have not yet gone so far as to set measurable key performance indicators as advocated by the HSE in HSG65[4]. This is delegated to the Health and Safety Manager to decide and implement.

Senior managers do not yet participate in workplace health and safety tours. Although it is noticeable that they behave safely and do not compromise the organisation's safety rules (eg by wearing eye protection where required) they do little in terms of visible felt health and safety leadership. It is felt that significant improvements in safety awareness and safety culture would come about if senior managers were to lead by example and participate in brief health and safety tours. This will provide an opportunity for senior managers to engage with shop floor workers and

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[3] See HSWA 1974 s2(3) and MHSW Regulations 1999, Regulation 5
[4] See HSG65 p16

to better understand their working conditions and challenges as well as showing that "someone upstairs cares".

Within the manufacturing function, there is clear local leadership for safety, with the majority of line managers being keen to ensure that safety standards are maintained. However, in other areas of the business where safety issues are perhaps not quite as immediate, it can be challenging to convince managers that health and safety issues are important to them and to their staff. In those situations, health and safety seems to take a back seat. Discussions with line managers from the clerical and support functions show that there is a perception that their working environment is 'safe' and that safety, health and welfare is a secondary consideration. Although it may be right to say that office-based activities are inherently less hazardous than a factory floor, it would be wrong to suggest that health and safety issues should be ignored or taken for granted. Therefore, managers from these areas should also receive some awareness training so that they better understand the responsibilities placed on them.

Local leaders are aware of the organisation's significant risks (eg those beyond health and safety) as they receive regular updates from the senior management team by way of team meetings and the company newsletter. They are perhaps less well aware of how effectively strategic risks are controlled.

At board level, there is little evidence to show that the health and safety issues are an intrinsic part of wider business decision making. It is only in those cases where health and safety issues are obvious, such as when considering the purchase of a major piece of new plant, that safety might be considered.

It is rare that occupational health issues are considered to any degree at board level, possibly due to a lack of awareness and understanding. The board has signed off on engaging an external occupational health provider, which is a step in the right direction. However, the board has, to date, never enquired about the state of occupational health within the organisation, perhaps signalling that it takes the view that "no news is good news". A more proactive level of engagement from senior managers would be preferable as this would show a greater degree of commitment.

XYZ Ltd has been fortunate that none of its staff or customers has yet sustained serious injury or succumbed to ill-health conditions. The board does receive a summary of health and safety related incidents and performance metrics, which is compiled by the Health and Safety Manager but not

presented by him. See example below. It is unclear what the response to these metrics has been at board level.

Management

Types of Accidents
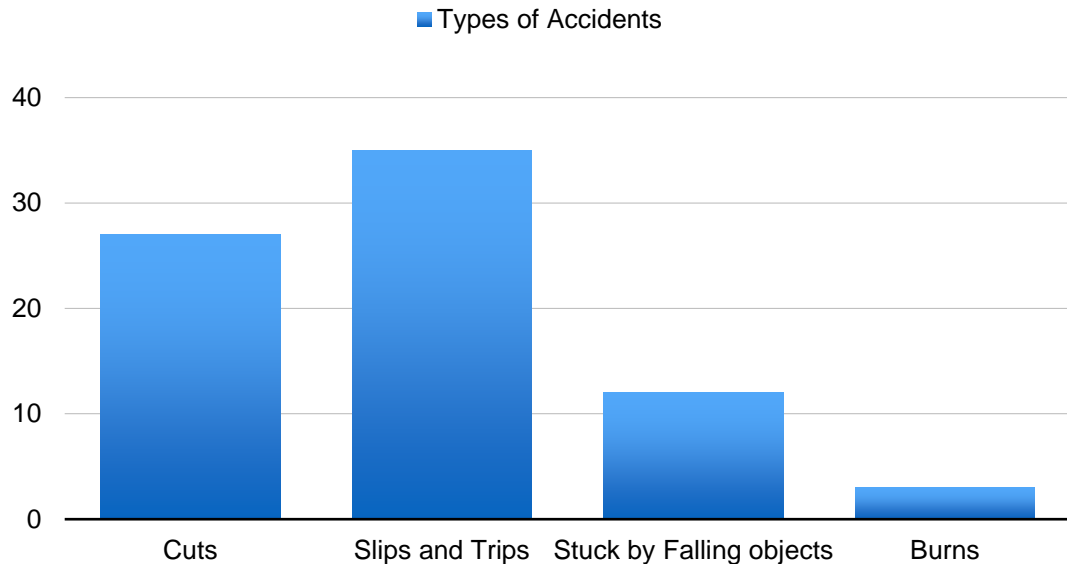
Health and safety is managed by reference to HSE 65, which provides a systematic approach and enables the organisation to meet its legal objectives as set out in the Management of Health and Safety at Work Regulations 1999 (Regulation 5).
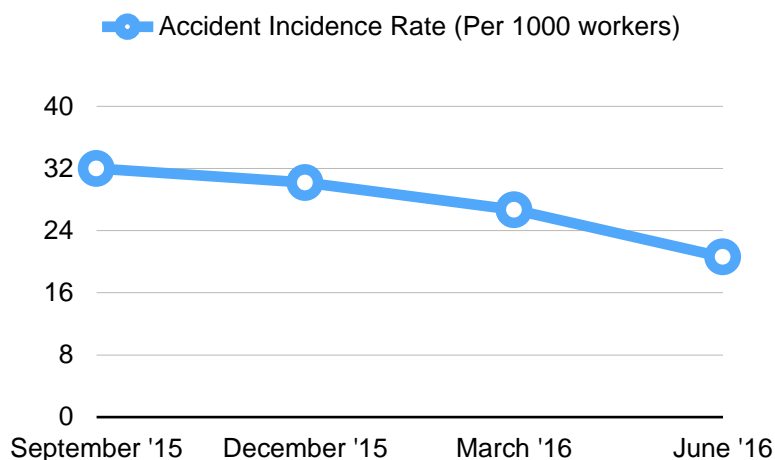
The 'organisation' section of the health and safety policy document sets out management arrangements by job title. This starts with the Managing Director, whose responsibility is limited to providing adequate resources and ensuring that all members of staff are competent to do their work safely. Middle managers have further responsibilities, which are more day-to-day in nature, while supervisors have even more tactical day-to-day responsibilities for the safety of themselves and those within their team or cell.

At present, health and safety responsibilities are not reflected in individual's job descriptions, which may mean that the safety message is not quite as personal as it could be. It is felt that, in order to increase ownership of safety among all workers, inclusion of specific health and safety roles and responsibilities within their job descriptions would be desirable.

In the event that a line manager has a health and safety issue that they cannot resolve by themselves, they have access to advice and support from the health and safety team, headed by the Health and Safety Manager.

Since the Health and Safety Manager was appointed some 18 months ago, there have been significant improvements in management system arrangements within the organisation. Not only that, but the organisation has improved the way that it manages safety on a day-to-day basis and

accident rates have reduced (see below). Local managers tend to react well to advice given by the Health and Safety Manager and there are increasingly frequent examples of local managers going out of their way to seek his assistance.

Accident Incidence Rate (Per 1000 workers)

	September '15	December '15	March '16	June '16
40				
32	32			
24				
16				
8				
0				

In cases where the Health and Safety Manager is unable to advise, a referral will be made to a specialist external contractor. In addition, the company contracts with an occupational health service that conducts health surveillance examinations and is also available to provide more general support in terms of lifestyle. A recent initiative has been the implementation of a 'know your numbers' campaign, where a member of staff can go along and have height, weight, BMI, blood pressure and cholesterol testing free of charge. Take-up has been good and has helped to raise the profile of occupational health within the organisation. This initiative is to be applauded as it goes beyond mere compliance and is an example that the HSE uses[5] to show how health and safety can be managed well. It is intended that this will provide a starting point for a wider 'healthy working lives' initiative, to be run in collaboration with the occupational health provider.

Communication of information

Health and safety information is communicated to members of staff in a number of ways and there is a reasonable degree of confidence that people understand the risks and control measures associated with their work.

XYZ Ltd has a large health and safety notice board, positioned in the canteen. However, not all members of staff use the canteen as many bring in their own lunches or use the visiting sandwich van. Therefore it cannot be guaranteed that all members of staff will have sight of the noticeboard. Health and safety is also included within the company newsletter, issued to staff quarterly. A page of the newsletter is dedicated to health and safety stories, successes and awareness raising. There is also a rolling poster campaign in the manufacturing area, whereby a 'poster of the month'

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[5] HSG65, at page 15

is chosen and displayed. This provides a change of health and safety message on a month by month basis.

Although risk assessments are carried out, the organisation takes the view that there is little to be gained by simply giving workers copies of risk assessments. While the risk assessments are available for anyone to view, it is felt that a more effective approach is to distil the critical information obtained from a risk assessment (such as what the hazards are, what potential harm might arise and what control measures need to be in place) and to present that information in a more appealing format. Trials of this approach have indicated that staff gain a better understanding of the issues and do not simply place the risk assessment to one side without having read it first.

Control of contractors

Contractors are sourced by line managers as they are needed. There is no formal system for selection, authorisation and control of contractors. This has been highlighted as a significant issue, since there have been one or two incidents where contractors have placed themselves and others at risk through inappropriate working methods. In one such case, a contract worker, who was registered disabled and walked with the aid of a cane, was found conducting an inspection on the factory roof without the use of any form of fall prevention or fall arrest equipment. It was only because of the alertness of one of the safety representatives that a serious incident was avoided. The organisation has been lucky that no significant harm has resulted but this has been identified as an area that requires significant effort to improve.

It is suggested that all line managers and Facilities Management personnel be sent on a one day 'Control of contractors' course so that they can understand the legal and organisational issues associated with the use of contractors. It will also be necessary to develop a contractor selection system, eventually leading to the creation of a register of approved contractors. To this end, a suitable contractor pre-qualification questionnaire is currently being developed. Further observations on contractor control are made in the 'Competence' section later in this report.

The organisation does not allow members of the public to visit, so anybody attending site is there for business purposes or to make deliveries.

Review

Review of health and safety performance is conducted at local level only. There is minimal evidence of a concerted attempt by senior management to conduct a strategic review. Local line managers keep an eye on health and safety standards and performance and report their findings where necessary to the Health and Safety Manager. This rather informal system needs to be developed but does still help to maintain reasonable standards locally. It is hoped that a formal

annual review of the health and safety management system at senior management level will be implemented in time.

Worker involvement

Dame Judith Hackitt, Chair of the HSE, has said that *"I find it hard to imagine how one could ever put in place an effective workplace health and safety system that did not include real participation and engagement of the workforce."* [6] The sentiment is clear - consultation with the workforce and its active involvement in safety initiatives is essential if the health and safety effort is to succeed.

XYZ Ltd has a health and safety committee, which features members of the workforce who have been elected as Representatives of Employee Safety. The committee meets once each month and discusses health and safety issues according to an agenda that is confirmed 48 hours prior to the meeting. Minutes are taken and posted on the company noticeboard as well as on the company intranet system. One particularly effective innovation has been to draft the minutes such that, aside from the meeting title and date, the front page only lists actions that have been closed out since the last committee meeting. This gives an instant impression of an effective health and safety committee. Those who wish to read the detail of what was discussed in the meeting, or who wish to know who was present at the meeting, can find that information on the inside pages but presenting the minutes in this way shows immediately that the committee adds value and improves working conditions and is not simply a 'talking shop'. This small change has helped to raise awareness among the workforce that the organisation takes safety seriously and that changes are being made for their benefit.

Health and safety representatives are given sufficient time to liaise with those they represent in order to gather information on health and safety issues. They are also given sufficient time to attend the committee meeting and to action any points that may arise. Under the terms of reference of the safety committee a re-election will be triggered if any representative misses two consecutive meetings without good reason.

The company also operates a suggestion scheme, with post boxes positioned at strategic locations around the site. This offers workers the opportunity to make anonymous suggestions on health and safety issues. Since its inception six months ago, a number of helpful suggestions have been made. These have led to reorganisation of some work activities to improve ergonomics, thereby reducing the risk of musculoskeletal disorders. This is another example of 'beyond compliance'[7] and should be encouraged.

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[6] HSG65, page 19
[7] See HSG65, page 20

Plans are in place to involve workers in the conduct of workplace inspections and accident investigations. Workers are currently consulted when risk assessments are carried out and when safe systems of work are developed, with competent personnel being asked to trial a safe system of work before it is implemented fully.

Competence

The Management of Health and Safety at Work Regulations 1999[8] require an employer to appoint one or more competent persons to assist in the implementation of measures that need to be taken to comply with legal requirements.

XYZ Ltd has appointed a competent person to assist in discharging its duties under health and safety law. This individual holds the position of Health and Safety Manager and has significant experience of manufacturing industry, having spent some 13 years as an engineering technician. He is therefore well acquainted with safe working practice in such an environment. As part of his ongoing professional development, the Health and Safety Manager has been given the opportunity to study for the NEBOSH Diploma.

Health and Safety Assistants have no formal health and safety qualifications but are being developed in their roles. Their appointments were internal, both having moved from roles in manufacturing. Both assistants hope to develop their careers in health and safety and so are being put through the NEBOSH Certificate course as a starting point. It is currently unclear whether XYZ Ltd will sponsor these workers on the Diploma.

Worker competence is essential if work is to be carried out safely. Workers are recruited on the basis of their skills and experience. Since many of the workers within the organisation work in the manufacturing environment, appointees generally have a reasonable awareness of health and safety good practice having received skills training and having qualified in their respective areas. However, while they are very highly qualified, some of the scientists and engineers have a lower level of awareness of practical health and safety issues since their work is more theoretical and developmental.

Induction training

On their first day with XYZ Ltd, new employees are given an induction. This covers all major aspects of work within the company and includes a short session on health and safety. During the health and safety induction, which lasts approximately 30 minutes, attention is drawn to the company health and safety policy and to general site rules. The health and safety team introduce themselves and make it clear that new workers can approach them at any time if they have any

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[8] Regulation 7

concerns about health, safety or welfare. The bulk of the health and safety induction for each worker is carried out within their respective work area, department or cell. This is to ensure relevance and to try and create a sense of ownership of safety among the line management who conduct the inductions. This is invariably done well in the manufacturing part of the organisation, but there is some evidence that less attention is paid to health and safety induction in other areas, such as sales and marketing.

Induction of contractors is less well co-ordinated. Anecdotal evidence suggests that contractors have neither been given much information on site hazards nor been informed about areas where they should not go. There are no formal arrangements for a 'host' for each contractor. This issue needs to be addressed is a matter of some urgency.

Temporary workers, usually sourced from employment organisations to cover for sickness, maternity etc, do receive some local orientation but this is likely to be less than that which is given to permanent employees. Again, this will need to be addressed if only to help temporary workers feel more a part of the organisation.

Identification of training needs

The organisation operates a training matrix, which identifies specific health and safety training required by job role. This is in addition to the health and safety awareness and skills that many workers will already possess on joining the organisation. In addition to the training matrix, training needs are also identified during personal development reviews that are conducted annually by line managers. In the event of an incident, should an investigation show that the incident was caused by a lack of knowledge or competence, this will trigger additional training.

Compliance

XYZ Ltd maintains a health and safety legal register and bases its view of legal compliance on that. This register is kept up-to-date by following developments in health and safety law as publicised on the HSE website and in the IOSH magazine. When a new piece of law is introduced, or when law is amended, the Health and Safety Manager will update the legal register and will update the content of the safety management system arrangements as required.

Since the company's safety management system is based on HSG65, there is no external compliance issue. The Health and Safety Manager works to ensure that the safety management system mirrors the requirements of HSG65 insofar as they apply to the organisation. To facilitate this, an annual audit is conducted, the results of which help to drive continuous improvement.

Insurance companies impose requirements on the organisation to ensure that safety risks are managed. Chief among these are fire safety risks, in which the insurance company takes a

particular interest due to a potentially significant loss that would arise should a fire break out. As a result, fire risks are very well managed. Insurance assessors visit site annually and make suggestions as to how risks might be better managed with a view to helping the organisation to reduce the insurance premium paid.

Evaluation of priorities

Having conducted a critical analysis of the current health and safety arrangements, the following three priorities have emerged:

1. A requirement for greater visible felt leadership from the senior management team.

2. Significant improvements in contractor control.

3. Improved control of the use of solvents.

1. Towards visible felt leadership

At present, senior management show their commitment to health and safety by signing the health and safety policy document and providing time and money for health and safety initiatives where they can be satisfied that there will be a business benefit. This is to be commended. However, the business can only move to the next level insofar as health and safety practice is concerned if the senior management team now begin to show visible, personal leadership in health and safety matters. Only by doing this will the senior management team be able to demonstrate to the workforce and other business stakeholders that they are truly engaged with health and safety and wish to establish an effective health and safety culture.

As the senior management team becomes more directly involved in health and safety matters, the health and safety culture within the organisation should begin to improve. This is because the workforce will behave in a way that follows the example set by their leadership team. In time, this will have manifest benefits which include, but will not be limited to, increased efficiency and therefore productivity, reduced rates of accidents and ill-health, a happier, better motivated workforce who will feel less inclined to leave the company if working conditions are good, reduced insurance premiums, reduced likelihood of enforcement action and improved reputation within the industry and especially with existing and potential customers.

It is recognised that this change will not happen overnight. The first step in achieving this change will be to enrol senior managers on an appropriate executive level health and safety training course... Senior managers should I take away from the course a personal commitment to improve certain aspects of safety within their control. These personal action plans are perceived as having real benefit within XYZ Ltd.

Once senior managers have attended the training, further training such as the NEBOSH National General Certificate or Health and Safety at Work can then be rolled out to middle managers and supervisors. Only by attending training first can senior managers hope to demonstrate clearly that

they believe health and safety training to be important to the organisation. This will be a clear sign of commitment and leadership and should be carried out within the next three months.

Once their training has been conducted, senior managers should be asked to perform safety tours at intervals. Discussion with the Managing Director will be needed, but it is envisaged that a performance target of, say, four 20 minute safety tours per annum for each senior manager would not be unreasonable. These can be performed as and when the senior manager wishes, but it is suggested that this should be at a rate of no more than one tour per quarter in order to spread them out evenly across the year. This will have minimal cost impact but will be highly visible to the workforce and will once again show clear commitment to good safety practice.

The company health and safety practitioner will be instrumental in the implementation of this system. He will meet with the Managing Director to discuss plans in some detail and to get permission to continue. He will then source an accredited training provider and book the training. It would also be advisable for the health and safety practitioner to have a follow-up session with those who attend the training approximately one week afterward in order to consolidate the message and to advise those present as to how things are to develop.

The fact that senior managers will be attending health and safety training should be widely communicated throughout the organisation. Not only will this be another way of making clear that the senior management team feels health and safety training to be important, but it will also be a way of holding senior managers accountable since, once it is known that they will be attending training, they will find it more difficult to not attend.

The training can be delivered at relatively modest cost (estimated at less than £1,000 for a typical executive level health and safety course, plus the senior managers' time). The benefits that are likely to follow from attending such training will greatly outstrip this cost, producing a net benefit for the organisation. Cost of performing safety tours is negligible since this only involves approximately 20 minutes of a manager's time and does not require the writing of a detailed inspection report.

2. Improving the control of contractors

A number of incidents over the past 18 months have shown that control of contractors within the organisation is an area in need of urgent development. Fortunately, none of these incidents has resulted in a serious outcome but it is felt that it may only be a matter of time before such an incident does occur.

There is currently no formal process for selection, appointment, briefing or monitoring of contractors. This increases the likelihood of a serious incident and so must be dealt with as a matter of some urgency.

Since contractors, by definition, do not work for XYZ Ltd, they have different ideals, values and beliefs when it comes to health and safety matters. While it is fair to say that many contractors do observe sound and safe working practices, some do not. This is because many contractors wish to get the job done then move on to the next one, which in some cases can motivate them to be less careful than they should be.

The Health and Safety Manager is in the process of developing a contractor selection questionnaire, which will be sent to all existing contractors for them to complete. Supporting evidence will be requested where appropriate. Once the Health and Safety Manager has received a completed questionnaire and supporting evidence, he will make a determination as to whether the organisation should be added to the register of approved contractors. If the contractor's arrangements require development, the Health and Safety Manager will advise them of the areas that require attention and invite them to resubmit the application once these areas have been addressed. Any new contractors will be sent the questionnaire when they first apply for a contract with XYZ Ltd.

It is envisaged that the register of approved contractors will develop rapidly and that it will provide an excellent resource when trying to source a contractor. This register will be held centrally by the Facilities Management department, through which all requests for contractor support should in the future be made.

There will be a need to brief any person who might engage contractors. It is therefore recommended that such persons be booked to attend a one day 'Control of contractors' training course. In this way, they will be apprised of the major issues, given information on what is expected of them personally (including how to manage contractors when on site) and will be taken through XYZ Ltd's system for contractor control.

It should also be noted that the contractor who comes on to site to do a particular job may not necessarily be the same person who completed the contractor evaluation questionnaire. In fact, the workmen may be completely unaware of any professed safe systems of work that their employer has said might be in place for the job that they are about to carry out. For this reason, it will be important for a nominated person from XYZ Ltd to take each contractor through the task that they will be performing and to check that they are fully conversant with hazards associated with that task and the corresponding risks. They should be taken through their safe system of work and any problem areas or misunderstandings should be resolved prior to work commencing. Where necessary, this may involve reverting to the contractor company for further guidance. It will be important to impress on XYZ's employees that time taken in doing this will be time well spent and that jobs should not be rushed because of a perceived deadline. In this way, it is hoped that

standards of contract management and standards of contractor safety will increase, leading to greater understanding and co-operation between all concerned.

3. Improvements in the control of solvents

Solvent use has been on the increase in product manufacture over recent months. Specifically, the designers have specified a methyl ethyl ketone-based product for use in securing ribbon cables on to equipment motherboards so as to prevent them from vibrating loose. Methyl ethyl ketone (MEK) is listed in EH40/2005 as 'Butan-2-one'. It has an 8-hour exposure limit of 200 ppm, a 15-minute exposure limit of 300 ppm and is a known skin sensitiser.[9]

To date, gluing operations (which need to be carried out by hand) have been conducted at workbenches with workers wearing respiratory protective equipment (RPE). However there have been several reports of workers having headaches and, in one case following prolonged exposure, dizzy spells. Other workers working nearby can smell the solvent (described as being 'like pear drops'). No gloves have been provided, despite the fact that MEK is a skin sensitiser. This points to a poor level of control of liquid solvent and solvent fume, which therefore needs to be addressed.

A preliminary investigation has been conducted. This revealed that the RPE that was originally supplied was not appropriate for this type of solvent. As an interim measure, XYZ Ltd has specified and purchased the correct RPE[10].

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require an assessment of exposure to hazardous substances to be carried out[11] and for exposure to hazardous substances to be adequately controlled[12]. There is no record of such an assessment ever having been carried out. Therefore, the first step will be to conduct this assessment, which should involve some airborne monitoring. For this, the Health and Safety Manager will liaise with the occupational health service and ask an Occupational Hygienist to visit to conduct a series of airborne measurements so that a comparison can be made with the workplace exposure limit for MEK (200 ppm). Once this evaluation has been carried out, it will be possible to determine whether control of exposure is 'adequate' or whether more needs to be done. Given the anecdotal evidence currently available, it seems unlikely that exposure will turn out to be adequately controlled and so it is highly likely that further effort will be needed to reduce exposure to an acceptable level.

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[9] EH40/2005 Workplace Exposure Limits at p13
[10] A gas and vapour 'Type A' negative pressure respirator filter from 3M
[11] See Regulation 6
[12] see Regulation 7

Discussions have already taken place with the designers to see whether a design change can be made such that the need for gluing is eliminated. For technical reasons, this seems to be impossible, at least for the time being.

It is not going to be reasonably practicable to automate the process for two main reasons. First, there is not a sufficient throughput of product to warrant an automated manufacturing process. Second, there are a variety of different products that require application of glue, meaning that tooling for any automated process would be extremely complex and costly. For these reasons, the job must continue to be done by hand.

Without pre-empting the results of the COSHH assessment, at this stage it would seem likely that some form of local exhaust ventilation (LEV) system, such as a fume cupboard, might provide an acceptable solution. Should this prove to be the case, the fume cupboard should be positioned in a segregated area so that there is less possibility of nearby workers being affected. As this is an LEV system, it will require regular inspection and maintenance (once every 14 months as per the COSHH Regulations) and so a contract will need to be entered into with the supplier for this to be done.

Passive monitoring badges that can be used when working with MEK are also available (eg from 3M). The COSHH assessment may show that there will be some advantage in having these.

In addition, the solvent may also cause skin sensitisation. It is therefore recommended that consideration be given to suitable gloves that will resist exposure to MEK. This will be examined more closely in the COSHH assessment, but it will be important to ensure that the Purchasing Department are given the correct specifications for any glove that is chosen as it will be necessary to consider permeation and breakthrough times, which are both relevant where solvents are handled.

The cost associated with the above will include the purchase and installation of the LEV system as well as the cost of a maintenance contract, spare parts (eg filters) etc. However, XYZ Ltd already has one LEV system in place for the control of solder fume and so there may be some savings to be made by having the two systems inspected at the same time. Operators will need to be trained in the use of the system and will need to be given toolbox talks to advise them of the potential harm that could occur should control measures not be used.

Given the fact that exposure currently seems to be at unacceptable levels, and despite the fact that the right RPE has now been provided, the COSHH assessment should proceed within the next two weeks. Subject to the assessment's findings, longer term controls such as the LEV system will need to be installed and working within the next 3 months. Once all necessary controls have been implemented, the COSHH assessment should be reviewed to check that exposure is adequately

controlled. This will require further airborne monitoring to be conducted and for the results of that monitoring to be compared with the workplace exposure limits. Ongoing monitoring will then be needed to check that the controls continue to offer an effective level of protection.

The above costs will be insignificant in comparison to the cost of any civil claim for damages that might arise following adverse exposure to solvent fume resulting in the development of occupational asthma and/or dermatitis. It may also be the case that a visiting HSE inspector may choose to issue an improvement notice if they consider that current arrangements fall below the required standard.

Conclusions and recommendations

This report aimed to evaluate the effectiveness of safety leadership, management and worker involvement at XYZ Ltd in order to make recommendations that will improve the company's health and safety performance.

In fulfilment of the above aim, a review of safety management has been conducted. This has yielded some clear findings. It was found that:

1. Safety leadership is in its infancy and could usefully be developed.

2. A management system, which has been developed in line with HSG65, is in place and is functioning reasonably well although there are certain aspects such as contractor control and active and reactive monitoring that need to be developed in the short to medium term.

3. Workers are generally keen to ensure that standards of health, safety and welfare are at least maintained and preferably improved over time.

4. Most hazards are reasonably well controlled, with the exception of exposure to solvents, which needs to be assessed urgently in order to prevent ill health problems.

Senior managers have shown themselves to be amenable to suggestions for the improvement of health, safety and welfare and will provide the necessary resources where a clear business benefit can be seen. This is acknowledged as being a positive start on which the company can now build. It is recommended that senior managers attend an executive level health and safety training course, which will give them a new perspective on their personal responsibilities for the management of health and safety and should motivate and precipitate change for the good. It is further recommended that senior managers become more actively involved in day-to-day safety initiatives such as the performance of safety tours. Costs associated with these initiatives are modest in comparison with the benefits that are likely to be gained, such as through improved efficiency and productivity and reduced costs associated with accidents, investigations and enforcement action.

The health and safety management system should continue to be developed and continually improved. A significant weakness that has been identified within this review is the system for the control of contractors, which needs urgent attention. It is believed that there is currently a high risk of a serious accident involving a contractor. Should this occur, it would doubtless result in unwanted attention from the enforcement authority as well as production delays and costs associated with incident investigation, remedial action, increase in insurance premiums, court fees and so on.

The fact that the workforce is keen to ensure good standards of health, safety and welfare is very positive and should be nurtured. Workers should be given more opportunities to become involved in day-to-day safety management, such as through the conduct of workplace inspections. By involving both senior managers and members of the workforce, the health and safety culture of the organisation should improve.

Most of the risks to which workers are currently exposed are reasonably well managed, but this is not a reason to be complacent. One area where urgent action is needed is in the control of solvent use, which is currently poorly managed. There is a risk that workers involved in tasks where solvent exposure is likely could develop occupational asthma from inhaling vapour and skin problems from direct contact. It is therefore recommended that a suitable and sufficient COSHH assessment be conducted without further delay and for the findings to be acted on with a similar degree of urgency.

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NEBOSH DNI sample assignment

A report into the arrangements for managing health and safety

Completed mark sheet

Section	Mark
Focus / presentation	4
Introduction	4
Leadership	4
Management	3
Worker involvement	3
Competence	3
Compliance	2
Risk profile	11
Improvement 1	8
Improvement 2	6
Improvement 3	8
Conclusions / Recommendations	6
Executive summary	6
TOTAL	**68**

Feedback on DNI sample assignment

Focus and presentation (5 marks)

- The language used in the assignment is that which would be appropriate for a report of this type.

- The assignment is clear and ethically focused and satisfies the assignment brief.

- It is clear and well structured (one subject per paragraph).

- Occasionally broken up with presentational pies and bar charts but it contains a lot of unbroken text.

- There is a range of presentational devices but these are slightly lacking and additional opportunities existed for graphical support information within eg 'control of contractors'.

- References of published sources generally ok and are cited using the Vancouver system but the referencing of the law is incorrect (referencing at the back incorrect).

Level 1 (4-5) 4 marks awarded – 5 marks would not be appropriate.

Executive summary (10 marks)

- Is fair and gets across many of the key points. There is clear reference to the problems that need resolving.

- There is a moral, legal and financial argument for resolving the issues but the business case could have been punchier.

- There is a description on measureable impact on performance that would catch the attention of a busy Chief Executive.

- Clearer summary of conclusions.

Level 2 (4-7) 6 marks awarded

Introduction (5 marks)

- Features aims and objectives.

- Good, fairly detailed methodology used to research and develop the assignment.

- Description of the workplace is comprehensive (covering nature of work, geography, size, work patterns, etc).

- Features good section on the role of the health and safety practitioner in achieving the objectives of the organisation.

- Short section on ethical principles rather less detailed, reflecting the fact that this is a weak area (for most candidates).

Level 1 (4-5) 4 marks awarded

Review and critical analysis of health and safety management (40 marks)

Risk Profile

- The subsection demonstrates a detailed and accurate understanding of the concepts of risk profiling.

- Good quotes given on Codes to reinforce discussion.

- The information is relevant to the organisation, expressed well and substantiated by evidence ie relating quotes to action taken, not taken or should be taken.

- Key health and safety risks are covered (or more detail might usefully be given in places).

- Some enquiry is evident (Financial Reporting Council (FRC) references, but it is not rigorous at times).

- No COSHH reference with exposure to solvent vapour in 'Key health and safety risks and their assessment' section.

- Some descriptions of current arrangements are critically analysed against best practice, but traffic pedestrian routes could have referenced workplace transport safety (HSG136).

- Some researching and analytical skills are evident although more could have been specified within the FRC.

- Good practice limited to that specified in FRC.

- Reference to currently developing robust system of active monitoring.

- *No reference to review of risk assessment at appropriate intervals*

Level 1 (11-15) 11 marks awarded

Leadership (5 marks)

- Leadership description in this subsection covers the points specified in the guidance document.

- The assignment relays a detailed understanding of the principal concepts eg embrace the health and safety message, make commitment in health and safety statement, but no board-level champion yet, Health and Safety Manager recommended to attend a Health and Safety training course.

- Information is relevant and is substantiated by evidence.

- Relationship between information and evidence clearly expressed.

- Review based on enquiry although not rigorous enquiry.

- Most arrangements critically analysed against best practice with some research and analysis referenced (HSWA and HSG65 references).

- Reference to good practice is limited.

- Justifying information is strong.

Level 1 (4-5) – as is better than Level 2. **4 marks awarded**

Management (5 marks)

- The management description within this subsection covers most of the points specified in the guidance document.

- The assignment relays an understanding of the principal concepts, but falls short of a detailed understanding.

- Information is mainly relevant and substantiated by evidence but is not comprehensive of the situation (eg arrangements of the organisation are not expanded on although risk assessments are mentioned).

- The review is based on enquiry but not rigorous enquiry.

- There is reference to the MHSWR on p15 of the assignment and HSG65 is loosely referenced, but these are not really critically analysed in enough depth.

- Control of contractors could have been expanded on in more depth with co-operation being highlighted as a deficiency.

- Suitable monitoring of the activity could have been expanded on (although the disabled roof inspector was highlighted as a cause for concern).

Level 2 (2-3) – as falls short of many of the requirements for Level 1. **3 marks awarded**

Worker involvement (5 marks)

- The subsection demonstrates most of the aspects of worker involvement.

- Some of the information is substantiated by evidence.

- The coverage is not comprehensive (eg no reference to the needs of the vulnerable worker).

- The involvement of workers in risk assessments and associated safe systems of work could have been expanded on with relevant examples in context.

- Demonstration of research and associated referencing is apparent vis-a-vis HSG65.

- There is little reference to frequent formal / informal meetings, team briefings, one-to-one discussions, departmental health and safety meetings, behavioural safety feedback meetings, etc.

Level 2 (2-3) – as falls short of many of the requirements for Level 1. **3 marks awarded**

Competence (5 marks)

- This subsection demonstrates most of the aspects of competency including the need for a competent person, training needs analysis (although this could have been elaborated on).

- Although the highlighted aspects of competence are supported by evidence, the coverage is not comprehensive (eg no reference to selection of workers for tasks carried out, no expansion or examples of site hazards not being relayed to contractors).

- No evidence of expansion of the importance of a 'host'

- A link could have been made with the deficiency in the management system when identifying roles and responsibilities (highlighted within the management section of the assignment) and the competency issues.

Level 2 (2-3) – as falls short of many of the requirements for Level 1. **3 marks awarded**

Compliance (5 marks)

- This subsection is a little brief. More opportunities to reference the law such as COSHH.

- Demonstrates some elements of legal compliance including implications of non-compliance with ISO standards, insurance and fire requirements.

- There was opportunity to include legislation related specifically to the organisation eg COSHH with respect to colophony fume and MEK, etc. However, EH40 and COSHH are referred to within improvements.

- Also, 'potentially significant', may have been referred to within risk profiling too.

  Again this does not reflect rigorous enquiry or comprehensive coverage of the situation.

Level 2 (2-3) – as falls short of many of the requirements for Level 1. **2 marks awarded**

TOTAL MARK FOR REVIEW AND CRITICAL ANALYSIS = 26/40

Evaluation of improvements required (30 marks)

The three areas selected are not presented in the same logical order as the main part of the assignment leading to something of a dislocation between the discussion and the evaluation.

Improvement 1 (10 marks)

Towards visible felt leadership:

- Improvement is appropriate as you need support and commitment from the top and the assignment appears to show commitment on paper only in the main.

- There is some attempt at justification in the discussion concerning commitment to health and safety is only shown by signing the health and safety policy and providing resources where there is a business benefit, etc.

- Content is concise and does not introduce any new issues.

- There is an explanation of how the improvement will be achieved eg via a health and safety training courses initially and being involved in health and safety visibly (monitoring).

- There is a brief mention of the health and safety practitioner's role ie meeting the Managing Director to discuss the plans, etc.

- There is a proposal to discuss the plan with the Managing Director; sourcing a course and communication of the plans throughout the organisation, as well as a follow-up

plan with those who attend, but no explanation of communication media to promote the improvement.

- Financial justification is attempted but not a full cost-benefit analysis.

- There is some evaluation to ensure the recommendations are proportionate and sensible.

Level 1 (8-10) 8 marks awarded

Improvement 2 (10 marks)

Improving the control of contractors:

- Improvement appears to be appropriate and justified discussions of incidents and lack of contractor control procedures (selection, briefing, etc).

- Some of the aspects of contractor control are specified.

- Though less convincing overall as some elements overlooked (documents required from contractors (risk assessments, operating procedures, supervision, active monitoring by client while in site, etc).

- Communication of this improvement absent.

- No involvement of health and safety practitioner.

- No financial justification.

- Some evaluation of the improvements to ensure they are proportionate and sensible.

Level 2 (4-7) 6 marks awarded

Improvement 3 (10 marks)

Improvements in the control of solvents:

This subsection was the most justified and convincing and should have been presented first as it is a major health compliance issue:

- Appropriate and justified.

- Good explanation of how the improvement will be achieved eg (COSHH) assessment of exposure involving occupational hygienist and airborne measurements and WEL for MEK, passive monitoring badges for personal exposure.

- Brief reference to communication via 'tool box talks'.

- Involvement of safety practitioner with exposure and measurement.

- Some financial justification.

- There is some evaluation of the recommendations to ensure they are both proportionate and sensible.

Level 1 (8-10) 8 marks awarded

Conclusions / recommendations (10 marks)

Conclusions and recommendations have been combined since the guidance did not indicate that they should be separate. However, this leaves the reader wondering where the conclusions end and the recommendations begin.

However, candidates can separate them, which may help the presentation.

- There is a reasonable summary of the main findings.

- Most of the conclusions relate to the evaluations and the improvements.

- Limited introduction of new issue – the comment about management system 'functioning reasonably well' is new and incorrect and needs to be developed.

- Penultimate paragraph is new and accurate based on some of the concerns expressed throughout the assignment.

- The conclusions link back to the aims and objectives.

- The recommendations link to the selected improvements.

Level 2 (4-6) 6 marks awarded (because of the introduction of the new factor).

TOTAL MARK FOR THE ASSIGNMENT 68