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Getting it right

- Safety culture, health and safety priorities and training provision

A health and safety whitepaper from **MAKE UK**

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Foreword



Chris Newson
*Health, Safety & Sustainability Director
Make UK*

“When I got involved in OSH, 20 years ago it wasn’t through any life-changing experience or inspirational mentor, it was simply because a job offer appeared in the plant where I worked. I wanted to progress my career, so I agreed as long as the company would pay for my NEBOSH certificate. Probably a familiar story. What is also familiar is that I quickly realised how important my new job was. I was now responsible for the safety and health of 3,000 workers working in a high-risk sector. The bigger surprise to me was that those 3,000 employees did not seem as bothered as I was.

Fast forward 20 years and I am extremely proud of the achievements that OSH teams I’ve worked with have made during that time. Our drive has always been to not only try and keep those 3,000 people safe, but increasingly, to try and help them understand they have a right to be safe and even healthy. The survey response and commentary you are about to read provides an interesting view on how far things have come, not just where I used to work, but across the UK.

Like me, you will see themes emerge that you are already familiar with, OSH investment decisions based on legal compliance and not wanting to be prosecuted and OSH systems driven by the need to be externally accredited to access commercial markets. But you will also see that increasingly business leaders are aware of this mythical thing called safety culture and are keen to implement changes to drive the understanding of what OSH is really about in their organisations.

I have learnt over the last 20 years that OSH is about people, all people, senior leaders, managers, workers and OSH professionals. Unsurprisingly, I am not the first to realise this and it seems we are now almost all on the same page with what it’s all about. Building a sustainable workplace that puts people, profit and the environment on the same footing.”

Introduction

A strong safety culture is increasingly seen as one of the cornerstones of a robust occupational health and safety system.

As more organisations focus on the value of meeting higher standards than their basic legal duties demand – whether the return is in lower sickness absence, reduced disruption from minor accidents, or increased employee wellbeing – they understand the need to ensure that health and safety is not a bolt-on activity to other operational priorities or a top-down set of rules. They know that fostering a strong safety culture, one in which employees are committed to protecting themselves and their colleagues, supported by all levels of management, is better business.

Accreditation to standards such as the ISO 45001 management systems standard, are also becoming a near necessity in some sectors, whether it is required by investors or supply chains. Organisations signing up to these standards expose themselves to external audit which includes interviews with senior managers and others to assess the state of their safety systems and culture.

In this paper we reveal the findings of a survey specially commissioned by Make UK of EHS specialists and senior managers in 210 UK organisations, which gives a snapshot of safety culture, health and safety priorities and training provision in 2022.

While EHS compliance remains the most common top priority, it is closely followed by organisational culture and managing change.

More than two-fifths of the respondents rated their safety culture as low on the maturity scale, but even among those who believed they have well-developed cultures, with employees taking responsibility for their own health and safety, other evidence suggests that they may be over-optimistic.

We look at the ways that organisations, at any stage of cultural development can engage with their workforces to improve their safety culture and the critical role that training at all levels from C suite to shopfloor plays in that improvement, along with professional development for the health and safety practitioners who facilitate the change process.



Safety culture clearly matters to businesses, half of the organisations we surveyed rated “Influencing health and safety culture and behaviour” as one of their organisation’s most important EHS training priorities in the next 12 months.

Make UK Health & Safety

Via the provision of expert advice, training, and technology, **Make UK Health & Safety** is committed to helping businesses manage risk and maintain a safe and healthy working environment. Their team of environment, health & safety professionals can help you understand your legal obligations and responsibilities, implementing policies, processes, and measures to ensure your business is in line with industry best practice.

Make UK Health & Safety can help you to drive a positive EHS culture by providing an objective evaluation of your current position, identifying an action plan to make real improvements, and getting buy-in from senior leadership and the wider business.

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Survey mechanics

An online survey was carried out by SHP Online on its website between 18 July and 1 August. Respondents were incentivised by being entered in a prize draw. There were 467 responses, including 167 from the US and Canada and 79 from European Union countries. UK respondents totalled 210 and their answers were analysed in August by research agency Fusion Insight and Strategy for this report. The confidence interval for responses with a 95% confidence level is 4.5%, so percentages for the whole sample may vary by plus or minus 4.5% from the findings quoted.

The geographic distribution of the 210 UK respondents in our survey was heavily weighted towards the south of the British Isles. Almost a third of participants (30%) were based in London and another 13% in the South East of England. Another 17% were Midlands based and 9% were from the East of England. Scottish respondents also made up 9% of the sample.

The northern and western English regions such as Yorkshire and Humberside and the South West each represented 5% of participants. Just 1% were located in Wales and another 1% in Northern Ireland.

The median company size, measured in terms of workforce numbers, was between 250 and 499 employees; 30% of respondents worked in organisations this size. Almost one in four (23%) had between 100 and 249 workers. Only 14% have workforces larger than 1000, while 26% have fewer than 100 employees. Overall, 49% of respondents work in SMEs with fewer than 250 employees.

The largest proportion of respondents were from the arts entertainment and leisure sector: 19% of participants, followed by manufacturing (14%) and construction and civil engineering (10%). Another 8% were from engineering companies. Information and technology

and telecommunications, financial services, education (public and private), charities, central government and defence and chemicals companies contributed 5% or less of the sample each.

Around one in five respondents (19%) held health and safety adviser posts; another 12% were heads of health and safety. One in 10 (10%) were compliance managers and 8% were health and safety managers.

Environment, health and safety (EHS) directors and EHS managers each accounted for 7% of the total, while consultants, health and safety officers and environmental specialists each made up 4% or 5% of the sample. Another 4% were non-safety directors - such as chief operating officers and managing directors - so that, including the EHS directors, 11% of respondents were at executive level. Almost the whole sample (93%) were members of a professional body, most commonly the Institution of Occupational Safety and Health (34%) and/or the British Occupational Hygiene Society (29%).



Health and safety priorities

Asked to rank their main EHS concerns, the highest proportion (34%) rated regulatory compliance – meeting their legal obligations – as their top priority, followed by organisational culture and change management (rated highest by 33%). The next most common top priority, managing the Net Zero energy transition, came far behind with only 8% ranking it as most important.

Highest priorities differed by sector; mental health and wellbeing was ranked first by half of the 16 engineering companies in the sample but by only two of the 40 arts and leisure respondents. Another three in that sector said legal compliance was their top priority but the number rose to more than half of those in construction and civil engineering. In both these sectors no respondents ranked professional development of their environment, health and safety staff as highest priority, and across all sectors professional development was most important for only 5% of organisations.

Expanding the analysis to respondents' top three priorities across the whole survey sample, legal compliance still won out - it featured as a top three item for 86% of participants), but it was closely followed by employee mental health and wellbeing, rated high by 82%.

Asked if there were any EHS priorities missing from the suggested list, two respondents offered operational functional activities: "valid risk assessments" and "accident investigation" and another two proposed a counter-balance to the mental health and wellbeing option: "physical health of employees" and "employee physical fitness testing".

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Perceived safety cultural maturity

We asked respondents to estimate which stage their organisation had reached in the four-stage maturity model that runs from reactive to interdependent (see The four-stage culture model, in the next section). The most common answer, chosen by around one-third (34%), was at the penultimate independent stage, in which employees understand the value of safety to their employer and act to support efforts to protect them. Almost one in four (24%) believed their organisations had gone further, reaching the interdependent state in which employees look out for themselves and each other to minimise accidents and ill health. But a similar proportion (22%) were still at the start of the curve, in a reactive state, aiming only for basic regulatory compliance with no employee involvement.

Broken down by organisation size, it seems that more of the larger employers in our sample are further along the maturity curve than their smaller counterparts. Only 37% of organisations with more than 250 employees placed themselves in the reactive or dependent categories, compared with 50% of respondents with between 50 and 249 employees.

The sub-samples for industrial sectors were too small to state reliable percentages, but for the largest grouping of businesses, in arts, entertainment and leisure, three quarters of respondents said they had gained the interdependent stage, compared with only one-fifth of manufacturers.

Some of those who rated organisational culture and change management as a major concern offered insight into how they were trying to address the priority.

“[We] would like to improve further,” wrote one, moving from independent culture to interdependent - everyone looks after each other, high levels of near misses and impactful safety conversations. We are on the path but not quite there yet.”

“[We are] introducing health & safety champions to help keep the workforce motivated, and advocating a positive approach to workplace health and safety,” said another. “Monthly committee meetings to give workers the opportunity to feel involved and heard. Change in the way toolbox talks are delivered. Making them more engaging and interactive for the workforce.”



One of the common features of organisations with a mature safety culture is that regulatory compliance – which responds to an external influence and requires employers to meet only basic minimum standards – is seldom their main driver.

Personal perception can be distorted by a variety of different unconscious biases, including availability bias, where the strongest or most recent examples of a behaviour dominate a data set in our minds, or confirmation bias, in which we unknowingly cherry pick information to support our preferred views. Different parts of an organisation – departments or sites - will often be at different stages of cultural development and it would be understandable if the respondents in our survey who judge themselves at the independent or interdependent stage had in mind the most advanced sites or sections.

Make UK's Health, Safety and Sustainability Director, Chris Newson says there is also often a variation in perception of the state of safety culture at different levels in an organisation. "If you ask a health and safety professional, they might be inclined to say it is quite high on the curve because of professional pride. Directors also want to believe that their ship is on an even keel. But the people at the sharp end of production may have a different insight into the culture."

One clue to a potential dichotomy between perceived and actual cultural maturity in our survey could be revealed the fact that 86% of respondents put legal compliance in their top priorities. But 57% also stated that their organisations were in the latter stages of the maturity model, either independent or interdependent.

One of the common features of organisations with a mature safety culture is that regulatory compliance – which responds to an external influence and requires employers to meet only basic minimum standards – is seldom their main driver. Employees' awareness of the importance of health and safety in these more developed organisations is usually built on an understanding that leaders in the business put a value on protecting them which leads to higher standards than the regulatory minima, and makes compliance a natural consequence - a subset - of meeting those higher standards.



The four-stage culture model

The concept of safety culture arose in high-hazard industries such as energy generation and oil and gas in the last decades of the Twentieth Century. It was intended to encapsulate the idea that a safety system is defined not just by the safety rules set by an organisation or the protective equipment it provides, but how important people believe it is to follow them in practice, especially when there is no immediate sanction.

Several models have been proposed for the evaluation of safety culture in any given organisation. These models vary in the number of levels they identify, but all of them share an arc of potential development, starting at the most basic stage, where health and safety is an externally imposed inconvenience, required by law but having no value to the business and solely the responsibility of an EHS specialist, where action is taken only when things go wrong.

From this base, an organisation can move through various intermediate stages of growing consciousness in the importance of looking after its employees through to a highly-evolved state in which senior management are fully committed, everyone is engaged in protecting themselves and each other from harm, and EHS is fundamental to the activities of the organisation.

Perhaps the most commonly-known safety culture model is the Bradley Curve, popularised by safety consultants Dupont. The four-stage model is based on a reworking of personal developmental stages first suggested by Stephen Covey in his bestselling self-help book *The Seven Habits of Highly Effective People*. In the Bradley model, the four stages of safety culture are:

- **Reactive** – In a reactive organisation, the aim is just to comply with legal minimum standards for health and safety in order to avoid enforcement penalties. All responsibility for safety rests with the occupational health and safety manager. Operational managers and senior leaders take no interest or responsibility. Employees are seen as part of the problem of accidents rather than the solution to them. They are protected only by the efforts of the OHS manager and by their own sense of self-preservation. Action is only taken after accidents have happened.



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- **Dependent** – At this stage, board management voices commitment to good health and safety employees, operational managers and supervisors realise they have some responsibility for achieving good standards. Employees are aware of safety rules and the organisation's expectation to follow them.
- **Independent** – Senior managers set a strong example and back it up with commitments in person. Operational managers take responsibility for improving standards to meet organisational goals. Employees believe accidents can be prevented, are aware of safety rules and the need to follow them to keep themselves safe.
- **Interdependent** – This stage is the ideal state of safety culture. Health and safety is embedded throughout the organisation's activities as a core value. Teams take ownership of safety culture and employees take responsibility for protecting themselves and each other, heading off unsafe behaviour when they see it. Safety is an active pursuit; the organisation works to predict risks before they arise and learns constantly from near-miss reporting and leading indicators.

The journey from the basic, compliance-focused stages of the Bradley model to the more safety-conscious, mature states is often represented as following a downward curve, representing the reduction in accident and injury rates that is common as an organisation or division, moves through the model.



Clear-eyed culture assessment

As we have seen, individual assessments of the maturity of an organisation's safety culture can easily be only partially accurate. It is essential to gain as close as possible to an objective view of the current state of development before embarking on any programme of cultural change.

The answer is to carry out structured climate surveys of staff in all parts of the organisation and at all levels: frontline staff, line managers, EHS specialists, senior managers and directors. This will give a true picture of the state of the culture but will also provide baseline data which can be used to measure the impact of any cultural change programme, along with other indicators. These measures include the obvious lagging metrics of accident frequency rates, lost-time injuries, ill health cases and sickness absence rates which are the main preoccupation of many boards, but also the leading indicators such as number of near-misses recorded or safety observations submitted by employees and the quality of the data in them.

Alongside this data gathering it is important to set the stage for the programme to come, advises Chris Newson. "You have to explain from day one to everyone involved what the objective is; what you are trying to do," he says. "Tell them, 'what we want to do is to improve safety culture and make you safer and make sure your voice is heard'."

Too often, he continues, the first steps are followed by a long pause and the momentum is lost because the workforce has no context for the early work. Communicating objectives for a programme obviously necessitates setting them beforehand and Chris advocates that objective setting must be the foundation of any programme.

The next step is to engage with all levels of the workforce to explore attitudes and perceptions in more detail, but also to work towards an agreed position for developing the safety culture. Structured workshops involving cross-sections of employees from shopfloor to senior management, will help ensure that the cultural programme is not viewed as a top-down initiative. Since the culture is dictated by people's behaviour when they are unsupervised, this sense of ownership is essential.



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Steps to improve safety culture

In his book *Improving Safety Culture; a Practical Guide* (BSMS 2001), the safety culture expert and academic Dr Dominic Cooper argues there are three components to a safety culture:

- **Situational aspects** – the physical environment and organisational policies and controls to manage safety;
- **Psychological aspects** - how employees feel and think about safety; and
- **Behavioural aspects** – what employees do (or don't do) to maintain and improve safety.

The factors are all interlinked but Cooper argues that the main lever any organisation can use to change safety culture is to improve the situational aspects. Consistent management commitment to optimising safety is the biggest influence on individual behaviour, and the practice of safe behaviour, he argues – when employees understand it as a work requirement and also the normal way that work is done in the organisation – means that the psychological commitment naturally follows in time.

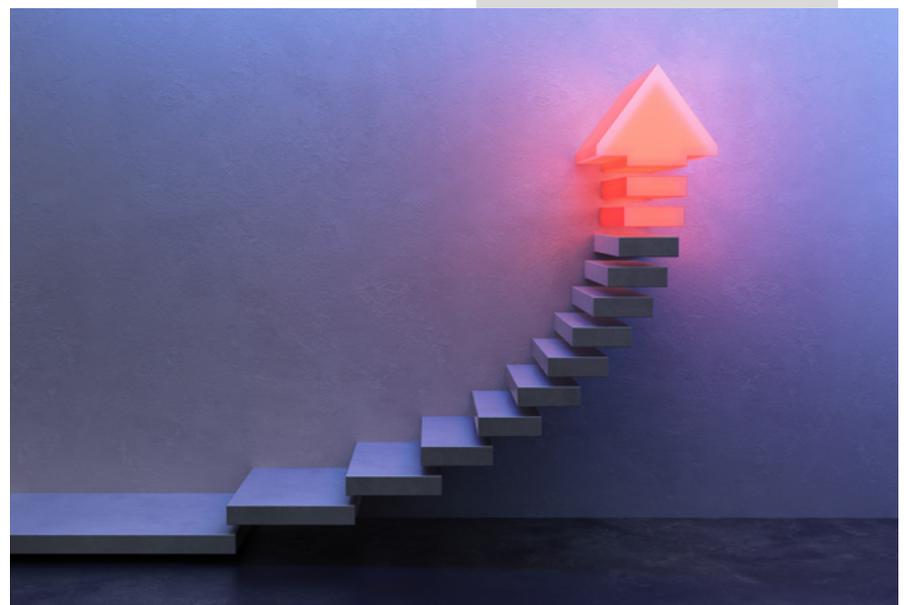
Good leadership is one important sign of this commitment, with leaders not only talking about the importance of health and safety, but backing this up with allocation of resources and leading by example through active participation in safety programmes.

Providing the right training and development is one of the key planks of the situational underpinning of safety culture, helping shift employees' behaviour and then psychology to drive the organisation along the maturity curve to interdependence.

Leaders may be committed in principle to improving safety culture but not have a clear understanding of how to get there. Training for directors in the fundamentals of safety culture, their role in fostering it and the business case for developing an interdependent culture.

Training should continue down the organisation, through senior managers, line managers and supervisors, making clear their role in the culture and what the organisation expects of them.

A thorough training and professional development programme is not just essential to raise the awareness and competence of those who will set the tone for safety culture, the organisation's visible commitment to providing the resources to a programme gives a message in itself about the value it places on health and safety improvement and will reinforce the desired behaviours.



Influence matters

Health and safety specialists, though they will increasingly not “own” health and safety in an organisation as it matures, have a critical role in helping guide the safety culture, counselling and supporting leaders and operational managers.

There is an increasing emphasis in diploma-level health and safety qualifications and competency frameworks on the so-called “soft skills” needed to back up technical competence. These interpersonal factors, such as leadership and influencing skills are recognised as vital to health and safety practitioners’ competence, so they do not risk operating in a vacuum with limited capacity for effecting change.

Influencing is a particularly important part of promoting culture change. In the early stages of cultural maturity the health and safety practitioner is seen as carrying the duty of care for the organisation – even though this is an impossibility in law. Their ability to show others the potential value of developing greater safety awareness and to assume more responsibility is directly linked to their influencing skills.

“It’s no longer the accepted standard to be just an expert in the practical health and safety skills,” notes Chris Newson. “Good EHS practitioners now need to be experts in influencing all the people around them.”

Practitioners’ chances of securing the commitment needed at senior level to make cultural change a reality is also tied directly to their ability to make a case in terms that a finance director or CEO understands. These skills can be learned and it is important that health and safety professionals ensure their professional development includes building these competences.

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Training priorities

Almost all respondents in our survey (98%) have a role in commissioning training in their organisations, most commonly recommending training methods for topics (63%) and evaluating and advocating specific courses (57%). More than two in five (42%) supervise the trainings strategies and budgets for their organisations. Around a third (35%), make final decisions on which course to procure, including 92% of organisational leaders.

Identification of workforce training needs is carried out by a variety of means by organisations in our survey, most commonly at the start of an individual's employment as part of their induction (65% of respondents, rising to 74% of larger organisations).

Culture development was an important factor for respondents in scheduling training in the next 12 months; 50% the survey sample said it was a priority, only slightly behind the most popular answer of general health and safety training for managers and supervisors (54%).

Respondents' training priorities for the next 12 months were general health and safety training for managers and supervisors (cited by 54%), closely followed by influencing health and safety culture and behaviour (50%). "What we need to do is to bring these two priorities together," says Chris Newson. "We need to make sure that when we are training managers and supervisors a key part of that training is about how to influence people and grow the culture."

The most popular training format was still traditional classroom presentations, used by 70% of respondents, followed by self-guided e-learning deployed by 60%. Newer digital techniques include gamification – introducing techniques and strategies derived from online

gaming such as competition between trainees and challenges and rewards – are designed to make training more engaging and to appeal to the cohort of workers raised in the internet age who are now estimated to make up a majority of the global workforce. Virtual-reality simulations are another recent development intended to make training more immersive and to allow learners to trial their reactions to hazards without putting themselves at risk. Delivery of small chunks of training material via phone apps is also an option for on-demand or point-of-task training.

These innovations were still part of the training offers for only a minority of respondents: 40% for smartphone delivery and slightly lower proportions for virtual reality and gamification. However, when survey participants were asked to write what training solutions they would like to use in future, "virtual reality" was one of the most common answers, along with e-learning platforms for those who still carry out all training in person.

The findings reflect the fact that many of the respondents are still in the basic stages of the cultural maturity curve. One-size-fits-all training methods are common among organisations whose ambition does not extend beyond compliance and whose main aim is to have met legal training requirements rather than to help employees learn in a way that promotes sustained improvements in standards and behaviour change.

"We sometimes assume that when we are trying to change minds and influence culture, it has to be carried out face to face," Chris Newson notes. "But it is possible to get the cultural message across by using e-learning and other remote methods. You just have to know how to do it."



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Time for cultural change

As organisations increasingly see maintaining high health and safety standards not just as a matter of staying on the right side of the law but as a part of a responsible approach to controlling risk and as simply good business, a strong safety culture becomes more critical.

Health and safety management cannot be just an add-on to other business activities, a matter of ticking regulatory boxes to show the organisation has sent the right number of people on the right training courses, or has written risk assessments filed for all relevant activities.

Culture is a living, breathing thing; a state of mind that influences behaviour at all levels from the boardroom to the factory floor and warehouse aisles. At its most developed it drives people to care for their own, and others', health, safety and wellbeing, regardless of whether they are being observed – one definition of safety culture is “what we do when no one is watching”.

Our survey suggests that many UK organisations have a long way to go to reach that advanced state of interdependent culture. But everyone starts from somewhere and the example of organisations with the highest-performing cultures – and often the healthiest balance sheets – shows what is possible.

Through strong leadership, effective training and deploying influencing skills, health and safety practitioners can move the cultural needle in their organisations, increasing their fitness to face current and future challenges. ■

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