



HEALTH AND SAFETY LEADERSHIP IN FOOD AND DRINK MANUFACTURE SELF-ASSESSMENT TOOL [INFO 01]

This FDMF information document is one of a pair:
FDMF INFO 01 covers *Safety Leadership* and
FDMF INFO 02 *Worker Engagement*.

These documents are complimentary to each other and should be read together. Good leadership and engagement are critical in any safety culture improvement programme and are sometimes referred to as being two sides of the same coin.

Both documents follow a similar format with guidance on leadership/engagement followed by assessment tools to allow organisations and individuals to measure their and their organisation's level of leadership/engagement and put in place measures to improve.

Both documents are likely best used, and likely to be most effective, as part of a strategy to *improve safety culture*.

The **Food and Drink Manufacture Forum (FDMF)** is a partnership between *Trade Associations, Trade Unions* and *HSE*.

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Introduction and scope

Good health and safety leadership can have a significant effect in improving health and safety performance. This self-assessment tool allows those at or near the top of an organisation to assess their own personal and their organisation's approach to safety leadership and, based on this assessment, *improve*. It is not intended to be a one-stop-shop for all aspects of health and safety – it is aimed specifically at leadership. If you wish information on the wider safety duties and responsibilities of directors and senior managers see the further reading section.

The main audience for this tool is directors, board members, senior managers and similar. It is not intended for completion by health and safety professionals, (although their advice may be sought by leaders when completing the self-assessment). The tool is not targeted primarily at middle or operational managers although they may also find the tool useful in developing their own local health and safety leadership.

While all possible efforts have been made to ensure this tool fits with as wide an audience as possible, some of the specific questions in the assessment tables may not fit with every situation. The aim of the tool is to encourage leaders to think about safety leadership and to improve it. Those completing the assessment tables should try to consider the *intent* behind the questions rather than analyse the wording in detail.

Health and safety performance and culture

There are three key components to good health and safety performance:

- 1 Physical aspects** – provision of adequate physical controls such as machine guarding, vision aids on vehicles, fire equipment, ventilation systems, traffic barriers etc
- 2 Processes and systems** – effective procedures, training, competent advice, incident investigation, near-miss reporting, occupational health and other systems

- 3 Culture** – a good health and safety culture where employees behave naturally in a safe and risk aware manner. Without a good culture guards can be defeated, training ignored and procedures not followed

One of the main influences on culture is the leadership shown by those at or near the top of an organisation. Good leadership can have a major positive impact on performance.

What makes an effective health and safety leader?

Effective health and safety leaders tend to demonstrate their leadership in three main ways:

- Visible leadership
- Involved leadership
- Engaged leadership

Visible leadership – the audience for health and safety leadership is employees, and to be effective this leadership needs to be visible. To an extent this can be achieved by indirect communication, such as a health and safety slot in an employee newsletter by a senior person.

However, there is no substitute for direct, visible and felt leadership at an operational level. For example, if you want to influence employees to wear their personal protective equipment (PPE), there is little point in setting an example by wearing a hard hat in your office where no one can see you.

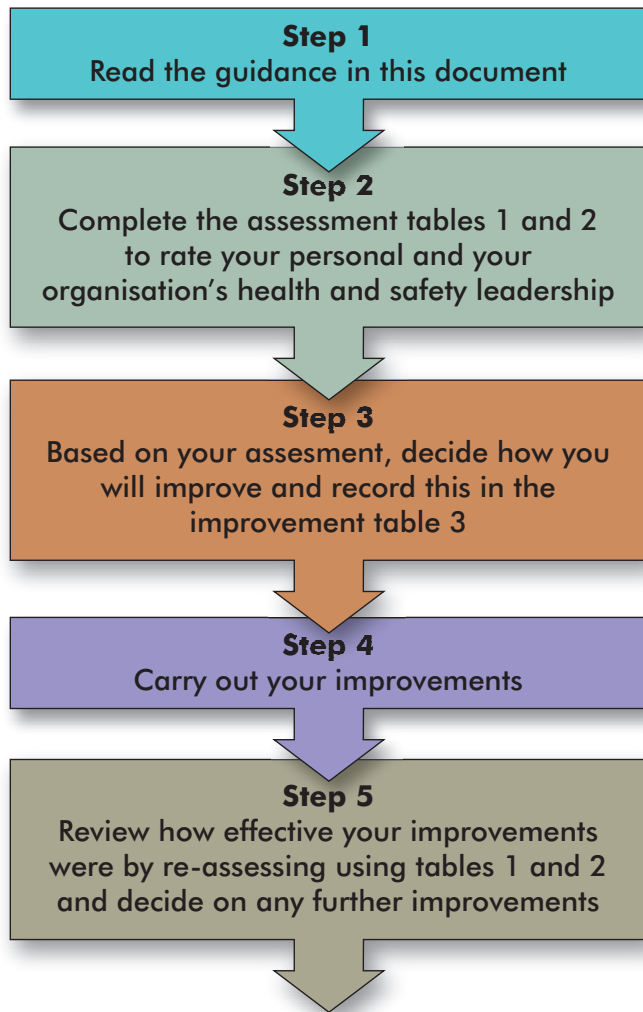
Involved leadership – most organisations have reactive processes, such as monthly health and safety performance reporting to board or similar level. These are valuable but are reactive and non-involved. Better is for health and safety leaders to be involved directly in processes. For example, leaders who take a personal role in incident investigations, employee and management safety meetings and similar can send a powerful message to employees that the organisation values health and safety.

Engaged leadership – if the target for health and safety leadership is employees, then leaders need to engage directly with employees to be effective. Direct contact between leaders and management is valuable, but direct engagement with operational employees can be more beneficial in influencing culture.

Assessing health and safety leadership to improve

A first step to improving health and safety leadership is to understand your current position. The two self-assessment tables attempt to assess your organisation's approach to safety leadership and your own personal leadership. This is not intended to be an in-depth analysis and there is no 'one size fits all' approach to health and safety leadership.

The aim is to encourage those completing the self-assessments to think about their own personal and their organisation's approach to health and safety leadership. In outline the process is as shown over-page:



Read through this document to familiarise yourself with it

Tables 1 and 2 are aimed at assessing your organisation's and your own personal leadership. The key outcomes should be an identification of where you and your organisation are strong and where improvement could be made

Use the outcomes from your assessment to decide what you will do to improve and record this. Table 3 can be used for this, or you may use your own format or improvement process

Some improvements may be process based, such as a new initiative, or may be personal to you and how you behave as a leader

After a period of time, re-do assessment tables 1 and 2 to see if your improvements have worked. Choose a time period to allow your improvements to take place and have an effect

If your organisation has formal management systems you may want to use these, such as the 'plan, do, check, act' model. If not, use table 3 or whatever format suits you. The key is to assess your and your organisation's health and safety leadership, identify any weaknesses and where you could improve.

Table 1: Self-assessment – your organisation and safety leadership

The first table below aims to assess your organisation's health and safety leadership. No scores are allocated and not all questions may be applicable to your specific situation, such as if your organisation has only one or two sites:

The aim is for you to think about your organisation's approach to health and safety leadership and where it could improve. Record your thoughts and findings in table 3 or via your own improvement programme format.

For a full-size version of table 1 for you to complete see appendices.



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Table 2: Self-assessment – your personal safety leadership

If you are a health and safety leader, how do you demonstrate this? Leadership is often defined by a person's behaviour rather than what they say. It may be trite to state that leaders 'walk the walk as well as talk the talk', but this does not make this any less true or relevant.

Table 2 below is not comprehensive. However, it does cover common areas where effective health and safety leaders typically demonstrate their leadership by behaviour. Look at the behaviours listed in table 2 and decide on your answer. If your answer falls into the green column score yourself 3, in the amber column 2 and if in the red column 1.

Then add your scores up for each column and in total. The maximum you could score is 30. But, try not to become too focussed on your total score – the aim here is improvement. Try re-doing the assessment after six months and compare the scores to see if you have improved.

As for table 1, the size and type of your organisation may have an effect. For example, if you only have one operation and you are based there you may naturally visit it more often. Try to think about the general thrust of the questions rather than the detail.

For a full-size version of table 2 for you to complete see appendices.

There are no right or wrong answers to the assessments – health and safety leadership structures and styles may differ between organisations and individuals. However, the issues covered are those which are typically shared by organisations which have improved health and safety performance through effective leadership.

Tip

If you feel confident you could ask a few of your employees to also complete table 2 for you. You may find it interesting to see whether your perception and theirs differs.

How do you intend to improve your and your organisation's safety leadership?

If you want to improve your and your organisation's health and safety leadership, *planning* is essential.

Directors and other senior persons are busy people with many distractions. Plan what you are going to do, do it and set a date to complete this assessment again to check on progress. How long you set before you review is down to you, but six months may be reasonable.

The example effective leadership behaviours in table 4 may assist you to improve your own personal health and safety leadership.

Tip

Having done the hard work why not publicise it? Feed back to employees the improvements you have made and ask for their views on anything further you and your organisation could do.

Table 3: Suggested simple improvement programme

How do I intend to improve my own health and safety leadership?	
How do I intend to improve the health and safety leadership of my organisation?	
When will you do the assessment again to check progress?	

Example effective personal leadership behaviours

Individual leadership is a personal issue and there are no strict rules as to what the most effective styles and behaviours are. However, the key issues of visibility, involvement and engagement are common.

The examples shown in table 4 are intended to give you an idea of what has worked for other leaders and what good health and safety leadership looks like – they are the types of behaviours which typify good safety leadership.

Table 4: Guidance on personal safety leadership behaviours

Three aspects of effective health and safety leadership

	I am a VISIBLE leader	I am an INVOLVED leader	I am an ENGAGED leader
Example behaviours	<ul style="list-style-type: none"> • Safety is the first item on all of my meeting agendas • I visit my site/s regularly and specifically to promote and assess health and safety performance and standards – and I take the time to do this • I always wear correct personal protective equipment when on site and I challenge those who do not • I always sign in and out of sites • I always follow all safety rules all of the time and challenge those who do not • I always make sure everyone I meet on site knows I am there to promote and assess safety standards 	<ul style="list-style-type: none"> • I never pass by poor practice, unsafe acts or conditions without commenting directly and personally • I always praise good safety practice directly and personally • I take part personally in health and safety meetings between employees and management • I take part personally in serious incident investigations • Safety performance is a key part of how I assess the performance of my direct reports • I set targets for safety performance which I expect to be achieved across all of my organisation 	<ul style="list-style-type: none"> • When on site I talk direct to employees on health and safety and listen to their concerns • I take time to understand employee concerns, even if these may be uncomfortable or outside of my expertise • I always take the time to talk with the site safety representative when on site • If an employee raises a health and safety concern with me I always ensure appropriate action is taken • If an employee raises a safety concern with me I always take the time to feedback to them, even if it is only to say that I do not agree with the concern



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Disclaimer and about the FDMF

This information document has been prepared by health and safety practitioners to assist health and safety improvements in the Food and Drink Manufacture industry. It is endorsed by the FDMF (Food and Drink Manufacturer Safety and Health Forum). This information document is not formal guidance and represents good practice, which typically may go beyond the strict requirements of health and safety law.

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This information document is not a substitute for duty holder and/or professional safety advisor's judgment. Notwithstanding the good practice in this document, duty holders are responsible for ascertaining the sufficiency and adequacy of their internal and independent procedures for verifying and evaluating their organisation's compliance with safety law.

The FDMF exists to communicate and consult with key stakeholders, including local and national government bodies, equipment manufacturers, trade associations, professional associations and trade unions. The aim of FDMF is to identify, devise and promote activities to improve industry health and safety performance.

Useful links and further reading

For examples of where leadership is key to health and safety performance in food and drink manufacture see

A recipe for safety: Health and safety in food and drink manufacture - HSG252 (hse.gov.uk)

and

Health and Safety, Food & Drink Manufacture: Case studies (hse.gov.uk)

For more general information on health and safety leadership go to

<http://www.hse.gov.uk/leadership/index.htm>.

For general health and safety leadership case studies go to:

Case studies: Leading health and safety at work (hse.gov.uk)

Information on the wider duties and responsibilities of directors and senior managers goto:

<http://www.hse.gov.uk/leadership/about.htm>

Appendices

Table 1: Self-assessment – your organisation and health and safety leadership

If possible, try printing this A3 to allow easier completion. Remember to think about the meaning of the questions rather than dwell on detail.

1	<p>Question and guidance</p> <p>Who is/are the overall leader/s of your organisation?</p>
<p>Guidance: Who sets the culture, most influences its values and sets the vision/strategy for your organisation?</p>	
2	<p>Who is/are the safety leader/s of your organisation?</p>
<p>Guidance: Focus specifically on health and safety – who sets the safety culture, safety values and vision for your organisation? Be honest.</p>	
3	<p>Who would your employees say are your safety leaders?</p>
<p>Guidance: What would your employees say? If their replies would differ from yours, think about why? Is it that they do not know who your overall leaders and safety leaders are different – and if so why?</p>	
4	<p>Are your answers to the above three questions different?</p>
<p>Guidance: If you have identified different person/s – why? The leaders of an organisation are leaders for all aspects of its values and advice and support, but only those at or near the top of an organisation can provide overall leadership.</p>	
5	<p>Does your safety policy, or similar, include leadership?</p>
<p>Guidance: Leadership is an essential component of culture. As for any other key component writing it down and communicating this is crucial.</p>	
6	<p>Do you have any formal safety leadership schemes?</p>
<p>Guidance: For example, targets for directors/senior persons to visit sites and/or engage with employees on safety, schemes such as 'back to work' KPIs linked to senior person remuneration or training courses for senior persons aimed at safety leadership.</p>	
7	<p>Are you a leader for your organisation?</p>
<p>Guidance: If you are a board member, a director or senior manager you are a (health and safety) leader for your organisation, whether</p>	
8	<p>Are you a safety leader for your organisation?</p>
<p>Guidance: If you are a leader for your organisation, why are you not also a safety leader? For example, a finance director may be a leader but the day they walk onto a site without wearing the correct personal protective equipment or ignore an obvious example of poor leadership very clearly to everyone on site. All leaders are also health and safety leaders.</p>	



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Your answer	Thoughts/ideas for improvement
...st – who really are your leaders?	
...ur organisation’s leaders are, or do they believe that	
Yes	No
...ulture. For example, a safety advisor may provide	
Yes	No
...ritical.	
Yes	No
...ck-to-the-floor’ days for directors etc., health and safety	
Yes	No
...r you like it or not.	
Yes	No
...ay believe they are not a health and safety leader, poor practice, they are showing their (negative)	<p style="text-align: center;">Now record your thoughts, findings and ideas for improvements on Table 3 (or in your own improvement format).</p>

Table 2: Self-assessment – your personal health and safety leadership

If possible, try printing this landscape (A3 if possible) to allow easier completion. Remember to think about the meaning of the questions rather than dwell on detail.

Are you	<i>Behaviour</i>	
A VISIBLE leader?	1	When did you last walk your site/one of your sites specifically to assess health and safety? [Not visits to sites for meetings or other business – visits dedicated to health and safety]
	2	When you are on site to assess health and safety do you tell everyone you meet that you are there specifically for health and safety? That you have not just popped-in for a quick visit
	3	When on-site, do you always wear all correct safety equipment and personal protection, such as hard hat, high-visibility jacket, safety boots etc? Even if you are only on site for a short time.
An INVOLVED leader?	4	When on-site do you challenge unsafe behaviours/conditions personally? This means taking direct action – not just noting an unsafe behaviour/condition and talking to the manager
	5	When on-site do you praise good practice and safe behaviours personally? Note – this means praising employees directly, rather than noting good practice and commenting to the manager
	6	Do you attend health and safety meetings personally? These may be formal safety committees or site safety meetings – the key is they involve both employees and management
An ENGAGED leader?	7	When on-site do you engage directly with employees on health and safety? Do you talk direct to employees about their health and safety? Note – talking to the manager does not count
	8	If you have union or non-union safety representatives, when on-site do you take the time to speak directly and personally on health and safety with them?
	9	When was the last time an employee approached you directly about a health and safety concern? This could have been during a site visit, in a meeting, by telephone or e-mail
	10	When was the last time you became personally involved in a health and safety issue? For example, taking direct action yourself when you became aware of a safety issue?
Totals for each column (add up your scores for each column)		
Your overall total (add up your totals for each column to give an overall score)		



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A 8 points	B 5 points	C 1 point	Thoughts/ideas for improvement	
<i>Within last month</i>	<i>Within last 3 months</i>	<i>Within last year or never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
<i>Within last month</i>	<i>Within last 3 months</i>	<i>Within last year or never</i>		
<i>Within last month</i>	<i>Within last 3 months</i>	<i>Within last year or never</i>		
				<p>Now record your thoughts, findings and ideas for improvements on Table 3 (or in your own improvement format).</p>