

# Circumstances under which government guidance impacts on the actions of directors of corporate bodies

A Rapid Evidence Assessment

Prepared by **Matrix Knowledge Group**  
for the Health and Safety Executive 2010

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**Matrix Knowledge Group**

Epworth House

25 City Rd

London

EC1Y 1AA

This report presents a Rapid Evidence Assessment (REA) of the literature on circumstances under which government guidance impacts on the actions of directors of corporate bodies and organisational behaviour as a whole. The research team identified one hundred and forty-two studies available from electronic databases and websites of organisations as potentially relevant; key findings from seventeen studies that met the scope of this review are presented. The report describes evidence on impacts of guidance on organisational change through a model of the process by which guidance is received, implemented, and established within organisations. For each stage of the process, the model helps to identify factors that may act as barriers or facilitators to the implementation of guidance. The report presents evidence on successful implementation of guidance in terms of four key stages: responsibility to take forward, factors associated with successful implementation, factors responsible for compliance and outcomes associated with guidance. Most of the data the research team uncovered was ‘process’ data concerning perceptions of factors likely to affect the implementation of guidance, rather than ‘outcome’ data. The studies we have included in the review are mainly from the UK, with only limited data coming from non-UK studies. The review has identified several key implications for bodies wanting to maximise the impact of guidance. They include the potential benefits that could accrue to: tailoring guidance to suit specific sectors and types of organisations; considering ways of supporting effective implementation; and consulting with key stakeholders including trade unions and representative bodies.

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# EXECUTIVE SUMMARY

## BACKGROUND TO THE REVIEW

Illness, injury and death caused by work are a serious concern across all economic sectors in the UK. The HSE have issued guidelines to assist organisations in promoting health and safety and in fulfilling their legal obligations. The Executive commissioned this review to understand in more detail what the available research evidence tells us about the factors that influence how guidance is (or is not) implemented satisfactorily.

This Rapid Evidence Assessment (REA) provides an overview and synthesis of the available evidence regarding the implementation of guidance and legislation across all sectors. The research questions we sought to answer were:

- Under what circumstances does guidance have a demonstrable effect on board-level (or senior management) policies and practices?
- For whom does guidance have a demonstrable effect at board-level (or senior management), and on policies and practices?
- On what kinds of issues does guidance have a demonstrable effect at board-level (or senior management), and on policies and practices?

In addition to the three research questions listed above, the report investigates an additional question as a consequence of discussions with the HSE and Steering Group members:

- What is the process involved in taking guidance forward, i.e. what are the various stages involved within an organisation from issuing the guidance to achieving successful outcomes?

## APPROACH

A REA methodology was used to locate and describe the available evidence. This methodology comprises four stages:

*Searching:* We searched 18 electronic databases of published literature, websites of relevant organisations, and consulted with experts from the HSE Steering Group to locate literature.

*Screening:* We included studies using any methodology that reported either qualitative or quantitative data on the implementation of guidance or legislation, where these findings were relevant to the implementation of guidance in general.

*Quality assessment and data extraction:* We assessed the methodological quality of included references using a methods reporting checklist. Data were extracted from the studies using a standardised form. Data were extracted on: the setting of the study; study methodology; the characteristics of the study sample; the content and aims of the guidance or legislation investigated in the study; and the study's findings regarding implementation.

*Data synthesis:* A framework analysis method was used for the qualitative synthesis of findings data. We used a flow diagram based on theories of organisational change to identify the key stages of the implementation process, to list specific types of process and decision points at each stage, and to categorise the likely barriers and facilitators of implementation. Common themes emerging from the data were identified to provide an overview of the factors relevant to the implementation of guidance within organisations.

## FINDINGS

Most of the studies included in the review were of low scientific quality. We located almost no robust empirical data on the impact of guidance on relevant outcomes, and a limited amount of empirical data on perceptions of relevant factors. This lack of robust empirical evidence is reflected in the largely indicative, rather than conclusive, nature of our findings.

Personal leadership at senior (e.g. board or director) level, and the commitment of senior management within organisations, appears to be important for successful implementation. Implementation may be more effective if this commitment is integrated into business development planning, and expressed in concrete actions such as making available dedicated funding for implementation.

Nominated individual champions with the ability and resources to advocate change and mobilise organisations to achieve the goals recommended by guidance may help to provide a focal point for change.

The distribution of responsibility for implementation across management structures, including middle management and employees, and the training and provision of incentives for staff, also appear to be important.

The implementation of guidance is likely to be more effective if it is integrated into the management structure of organisations and into the day-to-day process of making business decisions rather than treated as a distinct and separate set of processes and procedures.

The implementation of guidance requires active management. Consequently, education and training may be effective in assisting staff, at all levels of an organisation, to bring about change. Training is likely to have more impact if it is designed to fit into existing work schedules, and to be relevant and practical.

Successful implementation of guidance is more likely when promoted by the involvement of staff at all levels. Change may be facilitated by being conducted in a fair and transparent way, and by staff having a sense of ownership of the programme of change. This may involve the consultation of staff on ongoing changes, and the utilisation of existing structures of representation (e.g. trade unions) to promote staff involvement. Evidence suggests that employees with greater perceived job security and loyalty to an organisation in general are more likely to be committed to producing successful change.

## IMPLICATIONS

To maximise likely impact, guidance might usefully be tailored to different economic sectors and types of organisation wherever possible. For example, sectors consisting predominantly of small and medium-sized companies are likely to face different issues relating to implementation compared with sectors dominated by large organisations. To that end, bodies issuing guidance intended to change the behaviour of organisations might usefully undertake *a priori* research to determine the nature of their target audience.

Guidance may have a greater impact on organisational behaviour if implementation is supported by robust and independent monitoring and evaluation systems that use clearly defined and readily measurable indicators to evaluate compliance. Bodies with responsibility for issuing guidance might usefully provide appropriate advice and support for organisations with these implementation aspects.

# BACKGROUND TO REVIEW

## INTRODUCTION

The Health and Safety Executive (HSE) defines its mission thus: "to protect people's health and safety by ensuring risks in the changing workplace are properly controlled." According to Health and Safety Statistics (2007/08), illness, injury and death caused by work remain a serious concern throughout UK industry. In the period covered by the statistics, 2.1 million people were suffering from an illness they believed was caused or made worse by their current or past work, of which 563,000 were new cases. Two hundred and twenty-nine workers were killed at work, a rate of 0.8 per 100,000 workers, while 299,000 reportable injuries occurred, a rate of 1000 per 100,000 workers. During the year 34 million days were lost overall, a serious cost to the economic health of the country. Whilst overall the data shows a modest improvement over the previous five years (the 2003/04 labour force survey reported 363,000 reportable accidents at a rate of 1,330 per 100,000 workers) figures suggest that more recently progress has slowed or even stalled.

The HSE has prioritised increasing compliance with its guidance and regulations. Under the current legal framework (based on the Health and Safety at Work Act 1974) the principal duties of compliance with the regulations are placed on the employer as a corporate body. It is the duty of the employer to ensure that employees are trained and instructed in the safe use of equipment, to ensure that risk is assessed, and that the employer is compliant with the latest regulations. It is unclear how far directors have a personal legal responsibility for the practices of their company. Some have interpreted the Act as placing responsibility on directors only when they are aware that regulations are not being adhered to. To build on past successes the HSE must provide guidance that directors can understand and take responsibility for implementing effectively.

## PREVIOUS RELEVANT RESEARCH

Health and safety have become major elements of risk management systems; companies and organisations are advised to demonstrate strong leadership in the way they manage their health and safety systems. The HSE has encouraged companies to manage and organise health and safety systems at a senior level, by issuing a set of guidelines to help them find the best ways to lead and promote health and safety.

There is some evidence that where directors have been given personal responsibility, there is a positive impact on the effectiveness of health and safety policies at the organizations they manage. HSE research (cited in UCAAT, 2007) has demonstrated that companies with director-level leadership of health and safety policy have reduced levels of work-related injury by up to 25% relative to those without this responsibility. HSE has issued guidance recommending directors nominate a board level director to adopt responsibility for health and safety issues in an attempt to improve compliance with regulations and reduce accidents. HSE research suggests that this guidance has achieved mixed success in encouraging engagement with its objectives, with 44% of all organizations<sup>1</sup> reporting having a nominated health and safety director.

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<sup>1</sup> This represents 67% of very large, 52% of large, 39% of medium, 29% of small and 17% of micro organisations.

Based on these research findings, in 2000 the Deputy Prime Minister and the Chair of the Health and Safety Commission published the strategy statement *Revitalising Health and Safety* outlining their intention to develop board level responsibilities for health and safety. Furthermore, with the Corporate Manslaughter and Corporate Homicide Act 2007, companies and organisations can now be found guilty of corporate manslaughter as a result of serious management failures, resulting in a gross breach of a duty of care.

An alternative course of action is legislation requiring companies to identify a named health and safety director. In 2001 the government was reported to be considering introducing legislation to ensure that companies adopted board-level responsibility for health and safety, although advisory guidance was selected as the preferred option. This has been criticised by trade unions and the House of Commons Select Committee on Work and Pensions, who supported a legislative solution.

HSE commissioned research (Databuild 2008) to investigate awareness of the guidance *Leading Health and Safety at Work* among directors of organisations in Great Britain with five or more employees<sup>2</sup>. The Databuild research found that 25% of company directors were aware of the guidance and 13% had read it. Of these 13%, around half had taken action as a result of the guidance. The figures vary by sector and type of organisation, with directors of public-sector organisations generally showing higher levels of awareness and use of the guidance than directors of private companies, and large private organisations higher levels than small- or medium-sized organisations.

Robson et al (2005) conducted a systematic review of the effectiveness of occupational health and safety management systems. This review found that both voluntary and mandatory systems were successful in producing behavioural change, although the evidence located was of only low to moderate scientific quality. This review found no studies comparing voluntary and mandatory schemes.<sup>3</sup>

Little research has been published that maps the process by which health and safety guidance is implemented or activities associated with successful implementation. Consequently, for this review, we looked beyond the field of health and safety to examine evidence relating to guidance in general.

## RESEARCH QUESTIONS

Policy makers could benefit from understanding in more detail how organisations manage health and safety risk. This will aid understanding of how to maximise the impact of voluntary guidance in facilitating the effective leadership of organisational change, and how future guidance might be delivered to ensure that the barriers to acknowledgement, implementation and review of the guidance are removed.

This report has used a Rapid Evidence Assessment methodology (REA; see page 4) to examine what evidence exists in the published and unpublished research literature to explore these questions. We have reviewed the literature to inform the following three research questions:

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<sup>2</sup> The survey excluded companies with less than five employees, and may therefore over-estimate levels of awareness across all organisations.

<sup>3</sup> The scope of Robson et al.'s review is not identical to that of the present review, but there is substantial overlap. Unfortunately Robson et al.'s review was located too late to be included in our review or utilised as a source of references.

- Under what circumstances does guidance have a demonstrable effect on board-level (or senior management) policies and practices?
- For whom does guidance have a demonstrable effect at board-level (or senior management), and on policies and practices?
- On what kinds of issues does guidance have a demonstrable effect at board-level (or senior management), and on policies and practices?

In addition to the above three research questions, the report further investigates an additional question based on our discussion with the HSE and Steering Group members. This is as follows:

- What processes might be involved as organisations successfully implement guidance, i.e., how might we best characterise the various stages involved within an organisation from issuing the guidance to implementing new procedures?

A broad approach was adopted to answering these questions, focussing on the overall process by which behaviour change is adopted, disseminated and established within organisations. We adopted a theory of change set out below (See Figure 1) to categorise the factors that influence this process.

## APPROACH

In conducting this research we utilised a REA methodology. An REA is a tool for getting on top of the available research evidence on a particular research question as comprehensively as possible, within the constraints of a given timetable. The guiding principles of an REA are that methods should be *transparent* and *explicit*, and applied in a standardised and systematic way to the available data. As a result, the synthesis of the evidence resulting from these methods is, as far as possible, accurate and free from bias. The REA process comprises four stages: searching using electronic databases and other sources of literature; screening the available literature for relevance, using inclusion criteria which are clearly defined and set *a priori*; assessing the literature for methodological quality and extracting data using standardised forms; and finally synthesizing the data to provide an overview of research findings.

### SEARCHING

This review was undertaken by searching 18 general and specialist electronic databases (see Appendix 1 for details) and the websites of 20 organisations involved in issuing guidance or conducting research relevant to the implementation of guidance (see Appendix 2). The research team consulted experts from the HSE Steering Group.

We employed two types of search strategy, one focussing on guidance-related terms (combining terms related to directors and managers with terms relating to guidance and good practice) and one focussing on organisational change-related terms<sup>4</sup>. Combining terms as described ensured we maximised our capacity to identify a broad sweep of relevant material. Full details of the search strategies are available in Appendix 3.

### SCREENING

At the first stage of screening, the abstracts of references were assessed for relevance to the review in a broad sense. An initial sample of abstracts was assessed by all reviewers involved in screening to establish inter-rater reliability; subsequently each abstract was screened by one reviewer only. At this stage, the inclusion criteria, reflecting the scope of the review, were as follows:

- 1) Does the study describe or set out guidance or legislation on any topic (health and safety or any other topic)?
- 2) Is the study in English?
- 3) Was the study conducted in an OECD country?
- 4) Was the study published in 1990 or later?

The full reports of references included at this stage were retrieved and read. In a second stage of screening, two further criteria were applied:

- 5) Does the study report any qualitative or quantitative data on the implementation of guidance or organisational change?

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<sup>4</sup> According to the agreed scope of the review we searched only for studies on guidance, and initially excluded studies only dealing with legislation. Subsequently, after our first meeting with the project steering group, we re-screened the results of our searches to include studies relating to legislation as well as advisory guidance. However, we did not conduct new searches using legislation-related terms. As noted below (p. 10), few of the studies finally included in the review concerned legislation and none concerned legislation exclusively.

- 6) Does the study present findings relevant to the implementation of guidance or organisational change in general, or only findings relating to the specific actions recommended by the guidance?

References excluded on criterion (5) were principally reports in which the content of guidance was set out, or theories of organisational change were addressed, but in which no data on their implementation was presented.

References excluded on criterion (6) were those in which such data were reported, but in which these data concerned only the specific actions recommended by the guidance. The research team excluded such studies because it was considered that such data could not help to inform an overall synthesis of factors related to the implementation of guidance without an unacceptable degree of reviewer interpretation.

The motivation for criterion (6) was essentially pragmatic: by excluding studies that reported only whether outcomes were implemented without regard to process, we ensured that relevant data were not submerged in the larger field relevant only to very specific contexts.

The results of the second stage of screening are presented in Appendix 6.

## **QUALITY ASSESSMENT AND DATA EXTRACTION**

Studies that met the scope of this review were assessed for quality and data extracted. Quality assessment and data extraction were conducted by one reviewer for each report. A combined tool was used for both quality assessment and data extraction (reproduced in Appendix 8). The measure of study quality was constructed by extracting data on the reporting of seven key aspects of study methodology as a binary variable (reported vs. not reported) and using these as a proxy of study quality. The number of aspects reported was added to create a score from zero to seven, where zero denotes no reporting of study methodology and seven denotes comprehensive reporting. The results of quality assessment are summarised in Table 3 below and set out in Appendix 5.

Data were extracted from all the studies regardless of their quality score. Due to the generally low quality of the included research, low-quality studies were not excluded, nor were their results given lower weight in the synthesis. Such exclusion would have steeply reduced the amount of data available for the synthesis. It may also have given unwarranted prominence to the results of studies which obtained a medium quality score on our instrument, but were still of fairly poor quality overall. The generally very low quality of the studies should be borne in mind when interpreting our findings.

Data were extracted on: the setting of the study; the methodology employed (sampling and recruitment, data collection and data analysis); the demographics of the sample; the content and aims of the guidance or legislation investigated in the study; and the findings of the study. In extracting data on findings, we focussed on those findings relevant to the implementation of guidance in general, rather than those relevant only to actions recommended by particular pieces of guidance, using inclusion criterion (6) as a guide to identifying these findings within studies.

## **THEORY OF CHANGE AND DATA SYNTHESIS**

Virtually all the data reported in the included studies were qualitative in nature. To synthesize this qualitative data, we used a 'framework analysis' method. Framework analysis involves developing a theoretical model to provide a clear system of classifying or coding results. The

framework provides a means of dividing data into a logical set of categories, whilst also giving an overview of how categories are linked to each other.

For this review, the framework we developed was a Theory of Change model. A Theory of Change takes our explicit and implicit assumptions about a process and constructs a model of how a given intervention might lead to the intended or observed outcomes (Rogers et al, 2000). In other words, it is a systematic and cumulative overview of the links between activities, outcomes, and contexts of an initiative (Connell and Kubisch, 1998). The Theory of Change helps to specify both what the programme is trying to achieve and also how and why it does so.

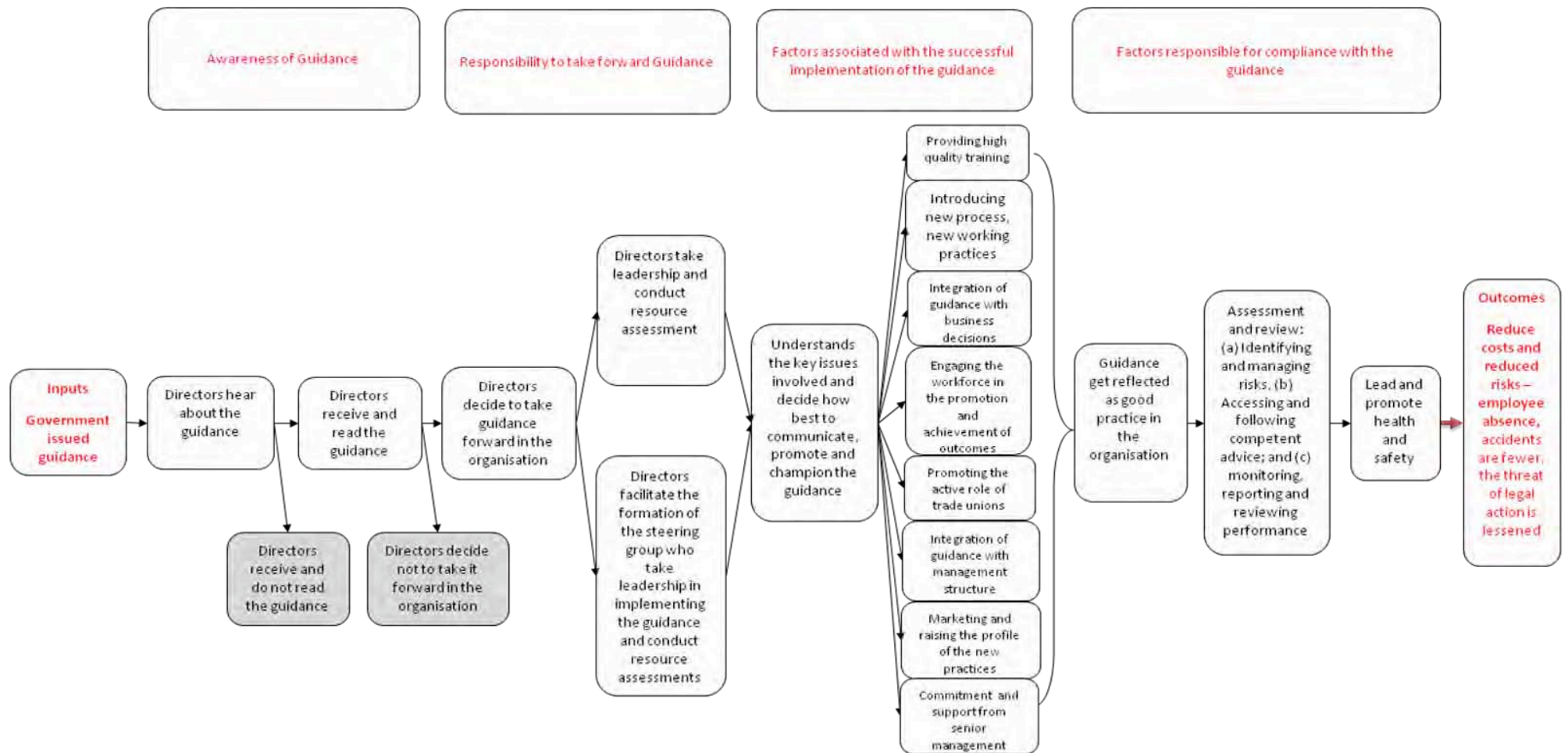
Our Theory of Change (see Figure 1) describes a hypothetical set of processes through which the publication of guidance leads to the desired outcomes (i.e. changes in behaviour relevant to health and safety at work). In developing this pathway, we have taken into account the evidence generated from our review, and the research objectives of the HSE as stated in the project's invitation to tender. However, it is important to bear in mind that a number of different theories of change may be plausible, and that the one proposed here is tentative; its purpose is to enable systematic evaluation of evidence relevant to the research questions. As in all scientific theory building, as we gather more and better evidence, so the model will be modified. The great strength of a Theory of Change is the capacity it provides for the systematic evaluation of evidence in relation to the processes it describes.

The Theory of Change we are proposing has four distinct stages. They are:

1. responsibility to take the guidance forward;
2. factors associated with successful implementation of the guidance;
3. factors associated with compliance with the guidance; and
4. outcomes associated with the guidance.

The model also helps to identify potential barriers and facilitators to change which may arise at each stage.

The data extracted from the included studies were synthesized using the four stage model outlined above. For the purposes of synthesis, the data were all treated equally, and were not weighted by study quality. In the section below we discuss the data collected through the review of the guidance literature and use it to populate the proposed Theory of Change.



**Figure 1** Theory of Change to show how guidance is adopted, disseminated and implemented within an organisation

# EVIDENCE SYNTHESIS

## FLOW OF LITERATURE THROUGH THE REVIEW

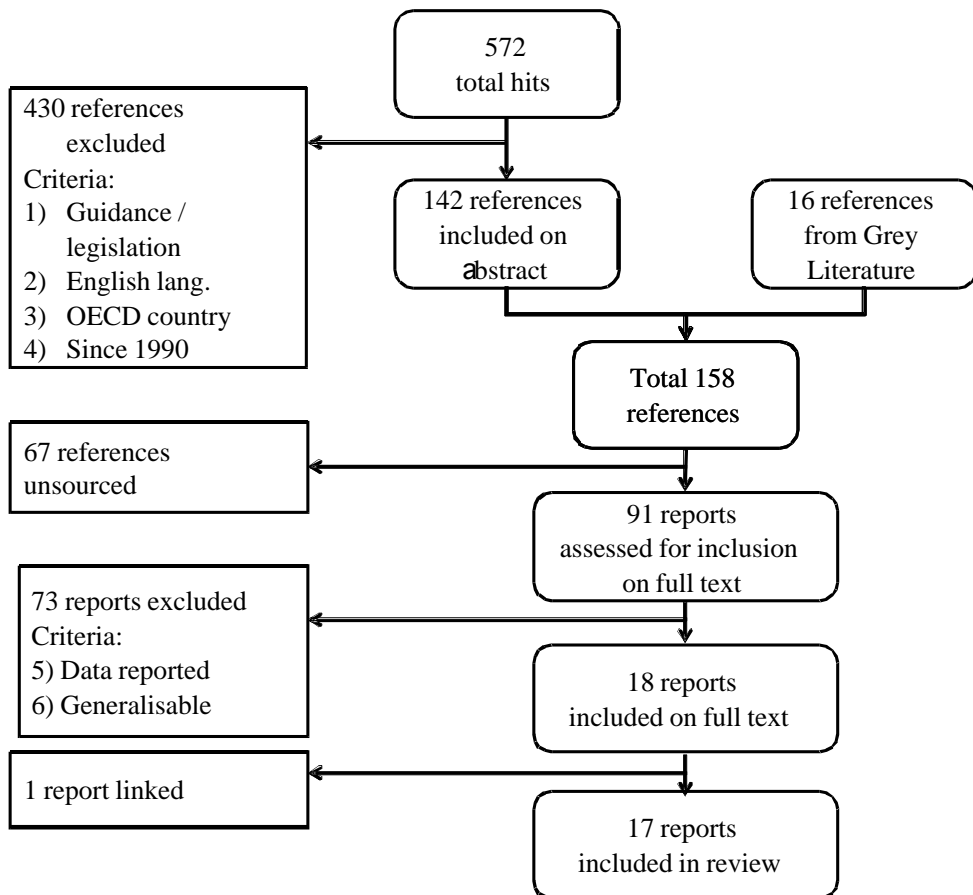
Our searches located a total of 572 references. Abstracts of these references were reviewed, and 430 were excluded because they did not concern guidance, legislation, or organisational change, or on the grounds of language, country or date. This left 142 abstracts for which we attempted to retrieve the full text report. In addition, 16 potentially relevant references were found from grey literature<sup>5</sup> searching using non-database sources such as websites, making a total of 158 references which proceeded to full text screening.

Of these 158 references, the full text of 67 could not be located in time for inclusion in the review for a variety of reasons: they were either unavailable, or were duplicates referenced under different authors.

This left 91 references for which the full text was retrieved and assessed in the second stage of screening. At the second stage of screening, 73 of the references were excluded because they either did not report data, or the data reported could not be validly generalised beyond the immediate context of the study (these studies are listed in the Bibliography of this report). The results of the second stage of screening are summarised in Appendix 6. This left 18 references which reported on 17 distinct studies (since two were 'linked' reports of the same study). This group of 17 studies formed the evidence base for the review, and are listed in the References.

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<sup>5</sup> Grey literature describes materials not easily found easily through conventional published channels, but which is often original and useful. Examples can include technical reports from government agencies or scientific research groups, working papers from research groups or committees, white papers, or preprints.



**Figure 2** Flow of papers through the review

All included and excluded studies for which the full text was retrieved were also screened separately to see whether they contained information which could be used to inform development of our Theory of Change model. The criterion for these papers was that they had to report a clearly defined causal model of how change takes place in organisations. Three full text references met the final criterion for inclusion and were used to develop our Theory of Change (see Figure 1 above). These references were Doktor, Bangert and Valdez (2005), Simard and Rice (unpublished) and Torenvlied and Velner (1998).

## CHARACTERISTICS OF THE INCLUDED STUDIES

A total of 17 primary studies reporting data on the circumstances under which guidance or legislation works were included in the review (henceforth, we use ‘guidance’ as including both advisory guidance and legislation). One study was reported in two separate reports (Davies et al 2002; Cairns et al 2002); these reports were linked and treated as a single reference for data extraction purposes, and findings from both reports are referenced under Davies et al 2002). These were mainly case studies, surveys, opinion articles, reviews, conference discussions and policy frameworks. Most studies were conducted in the UK, with only limited data coming from non-UK studies.

Most of the reviews focussed on advisory guidance rather than legislation. However, it is difficult to draw a sharp line between these categories, because several studies considered guidance which does not have legal force in itself, but which may be relevant to fulfilling a broadly defined legal obligation. Of our 17 studies, five examined specific pieces of legislation,

although none of these focussed exclusively on the effect of legislation, and all included some consideration of advisory guidance as well. The guidance studied in the remaining 12 studies was primarily advisory. However, in several cases, guidance related to legal obligations, so in that sense was not strictly advisory.

The studies included in the review were diverse and varied in terms of their aims and methods. Most of the data reported were 'process' data and consisted of respondents' perceptions of factors likely to affect the implementation of guidance, rather than 'outcome' data on the causal links between the issuing of guidance and the desired outcomes.

**Table 1** Types of study used in the review

<i>Type of Study</i>	<i>Number of Studies (N=17)</i>
Case studies	8
Survey	5
Discussion paper	3
Literature review	1

**Table 2** Countries where studies were conducted

<i>Country Study Conducted in</i>	<i>Number of Studies (N=17)</i>
UK	13
USA	1
Other non-UK	1
Not stated	2

Details on the area of practice covered by the studies and the broad objectives of each of the included studies can be found in Appendix 4.

### **METHODOLOGICAL QUALITY OF THE INCLUDED STUDIES**

We coded the quality of studies according to whether or not they reported seven key methodological variables (the results are shown in Appendix 5), giving them a total score between zero and seven, where zero denotes the lowest level of methodological quality and seven the highest. Ten of the seventeen included studies did not report any details of the methodology employed, and hence received a score of zero.

Whilst using completeness of reporting as a proxy of study quality in this way has its limitations, the heterogeneity of study aims and methodologies militated against the use of more substantive measures of the appropriateness of the methods used. In addition, the results of quality assessment indicate that more discriminating quality assessment criteria would not have substantially clarified the picture regarding study quality.

It should be noted that no studies were excluded from the review on the grounds of low quality scores, nor were higher-quality studies given greater weight in the synthesis.

**Table 3** Quality of methodological reporting of the reviewed papers

<b>Quality score</b>	<b>Number of Studies (N=17)</b>
0	10
1	1
2	2
3	2
4	1
7	1

## **RESULTS OF THE EVIDENCE SYNTHESIS**

In this and the following sections, we present the results of the synthesis of research findings, coded according to the four elements on our Theory of Change framework above (see Figure 1). Section 1 covers directors' taking responsibility for taking forward guidance; section 2 covers the implementation of the guidance, including a number of more specific areas and processes which may form part of this; section 3 covers factors relating to compliance, including assessment and monitoring. A final section (4) reports briefly on findings regarding implementation outcomes.

We found very little quantitative empirical data relating the implementation of guidance to outcomes such as behaviour change. Our findings should therefore be regarded as indicative rather than conclusive. Moreover – and perhaps more significantly – we found a limited amount of qualitative data regarding study participants' perceptions of the factors important in bringing about change.

The majority of data included in our synthesis consists of general observations and recommendations for action. This said, we only included studies where these observations and recommendations are based on experience, rather than theory alone. Nonetheless, the link is in many cases a loose one. Consequently, the synthesised evidence presented below is indicative rather than definitive.

### **1. Responsibility to take forward guidance**

In terms of where responsibility lies for driving the adoption of best practice, the literature suggests three factors that may influence how organisations successfully implement change:

- personal leadership;
- the role of middle management; and
- structural features such as the provision of incentives and performance management.

Identifiable personal leadership for championing best practice is reported in the research literature. Francis et al (2003) take the view, similar to that taken by the HSE, that companies implementing successful health and safety policies have a board that understands their responsibilities not just collectively but also as individuals with a personal investment in the policy. Davies et al (2002) found that developing change in a company requires investment from a senior manager who has the power to redesign processes and change targets to ensure that new policies are accepted throughout an organisation. The authors of this study recommend the identification of subject champions with the support, resources and career progression plans that would allow them to advocate for their issue within their organisation. They argue further that these champions should be enthusiastic about the change they are introducing, and effectively communicate the necessity of the innovation and how it is to be implemented throughout the company.

The role of the middle management level throughout an organisation is also important. Dorell (2008) conducted interviews with directors and senior managers into the health and safety policy at a number of very large UK companies. His key finding was that they regarded interest and investment in change by senior staff as important, but felt that this would have little impact if this was not reflected at management levels throughout the company. One interviewee contrasted his store management staff's knowledge about their sales figures with their relative ignorance about their recent accident rates. These findings suggest that unless middle managers

are educated about the priorities of a senior champion, and incentivised to invest their time and resources in this responsibility, it is unlikely that the organisational change required will be adopted effectively. Dorell recommends that successful senior directors should be responsible not only for the content of policies, but also for the mechanisms by which those policies are implemented. This can be achieved through inspirational leadership or their own inclusion within the performance management framework. Davies et al (2002) also found that the devolution of responsibility from senior directors to middle management was an important facilitator of change.

Structural features, such as the provision of incentives and performance management, may be the most important factors in predicting the success of the implementation of a new policy. Davies et al (2002) stated that setting targets can be an important determinant of success; another author (Ross, 2005) identified a number of more involved structural issues that need to be dealt with. In her study of development in government since 1997, Ross examined structural factors that may have had a significant impact on whether the Government's sustainability agenda had been adopted. As a new policy, sustainability had no natural home in the existing government structure. It was considered to be the responsibility of all Ministers and their departments to ensure that they were working under sustainability guidance, but no one individual naturally emerged to drive the agenda. What was developed instead was a system of shared responsibility within a Cabinet subcommittee. However, this approach required joined-up government, which relies upon the dedication of the most senior director (in this case the Prime Minister) to carry forward the agenda. This is not a realistic possibility for all of the required best practice innovations an organisation requires. What was developed instead was a senior ministerial committee of several ministers within the Cabinet (called ENV) with an investment in the progress of the agenda. This group presented the necessary targets to a second body (called the Green Ministers Subcommittee of ENV (G)). In turn this subcommittee drew upon Ministers from all departments to tailor implementation strategies for their specific departments and report their performance back to the Cabinet. By drawing up clear lines of accountability, the Cabinet was able to ensure that decisions taken by senior leaders were implemented throughout a complex organisation.

## **2. Factors associated with the execution and implementation of the guidance**

The literature suggests that *how* a best practice policy is implemented, and what actions are taken to ensure it is a success, are crucial to its effectiveness. Davies et al (2002), suggest that implementation strategies should focus on identifying and achieving the easy wins on a site-by-site basis, tailoring the message of the strategy to ensure it is appropriate to each location. Further specific examples of successful implementation are discussed below.

### ***Providing high quality training***

Training to ensure staff understand and can apply new policies appears to be an important factor in their success. Anderson (2008) examined best practice examples of companies who dealt well with issues surrounding occupational stress and work related anxiety. One company that had achieved significant improvements in the number of days lost per year due to work-related stress (WRS) had instituted an innovative training programme for senior managers. In this case, the programme educated them about recognising cases of WRS in their staff and managing the problem. This programme worked particularly well as it was based on the company's intranet system, enabling managers to complete the course at their convenience and to provide feedback instantaneously. The convenience of the system might have been a factor in encouraging its use and so improving adherence to the new policy throughout the organisation.

A further factor that may be important in training staff in new policies is to ensure that the content of this instruction is relevant to the roles staff perform and their day-to-day tasks. Rees (2001) suggests that training that does not fit into an employee's daily schedule, is not applicable to their particular responsibilities, and is sidelined by the requirements of production, is unlikely to have any effect on their ability to conform to the new policy. Rees suggests that many organisations provide 'idealistic' training, where the focus is on managers' foresight rather than on practical application of innovative policies.

### ***Integration of the guidance with business decisions***

Francis et al (2003) examined the role of the board in health and safety. They recommend that companies that intend to ensure reliable compliance with their health and safety standards should update those standards regularly, to ensure that the organisation's health and safety statements are appropriate to the current board priorities.

Adequate funding should be allocated to implementing the guidance. This is likely to facilitate successful implementation, and also acts as a concrete indicator of management's commitment to the new policy (Davies et al., 2002). Some authors recommend that, where possible, funding for implementation should be ring-fenced and allocated at a local level. It may be possible to allow smaller units within an organisation to 'buy into' corporately developed structures at relatively low cost (Audit Commission, 1999). Unnecessary costs should be avoided, for example, by sharing information within organisations to ensure that actions are not duplicated (Audit Commission, 1999).

However, implementation of guidance need not be costly. Several authors recommend that attention should be given to any possibilities for revenue generation (for example, increased parking charges as part of travel plans) to offset implementation costs (Davies et al., 2002). In addition, those promoting changes in policy should focus on future savings which may result from successful implementation, for example, in delivering services more efficiently (Audit Commission, 1999) or increasing productivity (Davies et al., 2002).

### ***Integration of guidance with the organisation's management systems***

As discussed above, it may be important for the implementation of a new policy that the right members of staff, both directors and others, are held accountable for the actions that they take and the importance they attach to implementing new policies. Therefore, the standards adopted should be consistent with the performance management system used throughout the organisation. However, some authors also emphasize that structures of accountability should not "reinforce boundaries or prevent sensible risk taking" (Ross, 2005).

### ***Engaging the workforce in the promotion and achievement of outcomes***

Any new policy that places responsibility on staff may benefit from including appropriate incentives to encourage compliance. Davies et al (2002) examined the impact of the introduction of travel plans that had a disruptive impact on staff's travel decisions. Several factors were found to be shared by the successful plans. Davies et al identified management commitment and engagement as a predictor of success, both in terms of presenting and advocating the plan to their staff, and also in terms of redesigning work processes to ensure that

staff are not burdened with new, un-resourced responsibilities. They also argued that it is crucial that staff have a sense of ownership over the plans if they are to implement them successfully. Davies et al found that with appropriate consultation, a demonstration that the scheme is fair and applies to all equally, and a transparent roll-out process, it is possible to engage staff in new policies. This study also identified the importance of incentives ('carrots') in keeping staff engaged in innovations that threaten existing practices.

Job security has also been suggested as a factor in the successful implementation of guidance. The study of quality management programmes by Rees (2001) found that such programmes are undermined where employees feel that their jobs are not secure. The statistical analysis conducted in this study found that perceived job security was highly positively correlated with the perceived importance of quality, as well as their perceived level of influence over quality. Although it is unclear to what extent this relationship is mediated by more general variables such as job satisfaction and loyalty to the organisation, it provides evidence that employees with high job security are more likely to be committed to the process of organisational change, and to perceive the importance of their own role in helping to bring this change about.

### ***Promoting the active role of trade unions***

The role of trade unions appears to be an important element in effective health and safety policy implementation. Obviously within businesses with high levels of trade union membership, unions will be ideally placed to engage staff in the implementation of change. The potential for unions to play an active and constrictive role may be compromised where perceptions are not consistent with the view of unions as facilitators of change. Support for implementation might usefully include active intervention to promote unions as partners in the implementation of new policies.

Lethbridge (2008) suggests several roles trade unions could play in improving the implementation of existing regulations and guidance. They can:

- help to define a culture of good practice;
- integrate good practice into a whole systems approach;
- commission research into identifying problems and ways of addressing them;
- review standards, for example, using a gender 'lens'; and
- raise awareness and build capacity around the relevant issues within the organisation.

Rees (2001) recommended that in companies with high levels of union representation, management and directors should work with the union as far as possible, and that an antagonistic relationship may be counterproductive. He takes the view that secure workers with guaranteed union representation are likely to be more concerned with the quality of work and the safety of the environment that they work within. Rees further recommended that in the absence of union representation alternative channels should be made available for airing employee grievances and concerns. An organisation that is ignorant of the problems with the policy, as perceived by its staff, will be unable to review its progress or redesign its processes if the implementation does not proceed as planned.

### ***Introducing new processes and new working practices***

The review found little evidence to inform how companies should introduce new working practices. Davies et al (2002) suggested that when implementing changes it is important to develop alternative processes from which staff may choose, as long as they produce the same outcomes. In his examples of travel plans, those companies that provided staff with options

found that they were more likely to adopt an alternative method of travel to work. Whilst the specific context of this work was not health and safety, it does reflect broad organisational change principles that are relevant to our research questions.

### ***Marketing and raising the profile of new practices***

Davies et al (2002) recommend that new guidance be widely publicised within an organisation to ensure that staff are aware of the content of the policy, its purpose, and what role they are expected to play in its implementation. Senior management and new recruits are identified in this study as being particularly important, as they can ‘refresh’ awareness of the policy amongst existing middle management and junior staff. Davies et al also recommend that companies should tailor the publicity they produce to the different grades of staff and activities within the organisation, recognising that not all employees have the same information needs or use the same sources to access information.

## **3. Factors associated with compliance with the guidance**

### ***Reflecting guidance as good practice within the organisation***

In this section we address factors that influence the extent to which guidance gets reflected as good practice within an organisation. Where the previous section addressed characteristics of guidance that might facilitate or block specific changes in behaviour, here we focus on those factors that facilitate the translation of guidance into behaviour across the organisation. It should be noted that the evidence in this area comes largely from studies we assessed as being of limited quality.

Several authors emphasize that guidance should be simple and easy to understand. Where the guidance issued to organisations is complex, it may be of value to produce simplified rules for distribution to operational staff. This may help to ensure that staff do not get “bogged down” in the complex detail of particular rules (Home Office, 2008).

The extent to which guidance can be simplified will vary between sectors and particular cases. Some authors suggest that guidance directed to a wide variety of organisations needs to be as simple as possible to facilitate uptake, even at the expense of rigour (Dearden, 2006).

Several authors recommend that guidance should be clearly defined in scope, including rigorously applicable criteria where possible. The applicability and force of the guidance as it relates to particular cases, and the extent to which it can be generalised beyond these cases, should be made explicit. This may be especially relevant where guidance, or other regulatory or legal frameworks, relevant to the organisations affected by guidance already exists (Government Accountability Office, 2004). It may be valuable to make available an index of all relevant guidance (Scottish Executive, 2005). In some cases, guidance-issuing bodies may wish to offer an advice service to organisations implementing guidance; such services need to be adequately staffed and operate according to clear procedures and timescales (Government Accountability Office, 2004).

Several authors suggest that guidance needs to be, as far as possible, tailored to specific sectors or types of organisation. “The main criticism of HSG 209 was that the guidance is too generic and not of practical use to the aviation industry” (Bomel Ltd, 2006). Ross (2005) argues that “guidance must be specific and limited if it is to be successfully implemented”. Ross develops

this point further, observing that “the more specific the objective, the easier it is for the public sector to accept and implement it”, and warns against making the scope of guidance excessively ambitious, since this is likely to impact negatively on its implementation: “by broadening the agenda from simply greening government to include all three components of sustainable development including social aspects, the task has become enormous and very difficult to report or monitor”.

The implementation of guidance may be facilitated by seeking input to the guidance from the organisations that will have responsibility for implementing it, and making sure that it is successfully communicated to the target audience (Bomel Ltd, 2006).

Where guidance is intended to apply across a sector and to involve organisations that work closely together, it may benefit from incorporating mechanisms to promote co-ordination and co-operation between the different organisations (Bomel Ltd, 2006; Department of Health, 2003b).

### ***Assessment, monitoring and review***

Once guidance has been implemented across an organisation, systems need to be put in place to ensure performance can be monitored and reviewed, and any potential risks identified and monitored. Again, most findings relating to this stage of guidance implementation come from lower-quality studies.

Several authors argue that auditing procedures need to be thorough, robust and independent, and that there should be a clear procedure for ensuring that audit reports are acted upon (Home Office, 2008). This may be particularly important for complex guidance: “the complexity of some ... systems ... reinforces the need for rigorous structured internal audit systems to ensure accuracy, integrity and accountability” (Home Office 2008). The audit process is a key dimension of the systems that support the implementation of guidance, as without adequate auditing and monitoring procedures, organisational change is unlikely to be sustained.

More specific recommendations regarding monitoring made in the literature include the following:

- Monitoring requirements should be explicit and measurable. There needs to be agreement around “key indicators, data collection, measurement of outcomes and how this information is used” (Watson et al 2007; Scottish Executive 2005; Department of Health 2003b);
- Objectives and timescales for monitoring should be set out in advance, and the timing of monitoring exercises should allow time to undertake any corrective action which is required (Scottish Executive 2005);
- Where possible, outcome measures should be based on research at a local level (Lethbridge 2008) and on consultation with key stakeholders (Watson et al 2007);
- Key concepts should be clearly defined, and risk factors actively addressed (Lethbridge 2008; Commission for Racial Equality 2007);
- Where appropriate, monitoring should include an assessment of the costs of implementation and/or a cost-effectiveness analysis (Audit Commission 1999; Scottish Executive 2005).

Where different elements within an organisation are charged with working together to implement guidance, success may require changes in structures of accountability (Ross 2005). This need not mean greater centralisation *per se*, but should where possible take the form of a body with a “clear remit and set objectives” with cross-cutting responsibility for implementation. Such bodies may provide “pressure from the outside” on the organisations to work together, and can provide effective scrutiny which might not be possible in the absence of

a cross-cutting body (Ross, 2005). This appears to be particularly important where responsibility for implementing guidance has been devolved within organisations from the centre to sub-units of the organisation, since there is a danger that the organisation will diverge from the guidance, unknown to those with ultimate responsibility for implementing the guidance. An example comes from the Home Office study of guidance on crime reporting procedures. “In at least two forces visited a great deal of responsibility and resources had been devolved to BCU level without a corresponding structure at the centre to ensure that corporate standards were being complied with. This is an area of great concern to Her Majesty’s Inspector because other forces visited had devolved similar responsibility yet had robust auditing structures which maintained the integrity of crime recording for the force” (Home Office, 2008).

Where audit bodies and procedures already exist with a remit covering the relevant organisations, such as the National Audit Office for public bodies in the UK, it may be important for any specific monitoring procedures put in place to be as closely integrated as possible with these existing systems (Home Office, 2008; Ross, 2005).

#### **4. Outcomes associated with guidance**

The review team found relatively little evidence concerning the impact of successful guidance on organisational outcomes. In addition, the design of the included studies does not permit an accurate and robust evaluation of outcomes in the cases investigated.

The Home Office study of guidance on crime recording found an error rate of between 15% and 65% of the records examined after introduction of the guidance (Home Office, 2008).

The study of health and safety guidance on aircraft turnaround commissioned by the HSE (Bomel Ltd, 2006) found that, of 16 respondents, five felt that the guidance had little or no impact, whilst seven felt that the guidance had helped either to stimulate discussion, to raise awareness, or to clarify the issues involved. However, only one respondent said that the guidance had provided direct input to safety management.

The evaluation of an initiative to improve implementation of evidence-based practice in an NHS trust (Rogers and Milburn, 2002) found that over the 18 months of the programme, 74% of teams reported improvements in knowledge. The percentage of teams with no approach to integrating evidence fell from 46% to 6%, whilst those reporting lack of confidence in applying evidence-based practice fell from 9% to 3%.

The study of travel plans conducted for the Department for Transport (Davies et al., 2002) found that the organisations studied had reduced the proportion of journeys made as a car driver by 18% on average. Overall the number of commuter cars was reduced by an average of 14 per 100 staff. Overall there was an 84% increase in the use of buses, trains, cycling and walking for the journey to work. These results were achieved for a median annual running cost of £47 per full-time-equivalent employee (a median annual budget of £200,000 per organisation).

Anderson (2008) observes that overall working days lost per year across the UK as a result of work-related stress, anxiety and depression do not appear to have changed following the introduction of HSE guidance on tackling work-related stress.

# CONCLUSION

## FINDINGS OF THE REVIEW

This review synthesises evidence on the implementation of guidance from a number of distinct fields. Whilst much of our data concerns health and safety guidance, useful information was also retrieved from guidance on policing, transport, housing, and the environment. The organisations included in the primary studies include both public bodies and private companies across a wide range of economic sectors. Whilst the lack of robust empirical evidence means our findings are not conclusive, they help identify factors that may be associated with the successful implementation of guidance. Here we summarise briefly our synthesis of findings regarding these factors; in the following section we develop implications for practice.

Several studies highlighted the importance of tailoring guidance to the organisations or sectors at which it is aimed (Bomel Ltd, 2006; Ross, 2005).

Guidance disseminated in a form that is clear and easy to understand may be more likely to be implemented.

Guidance informed by consultation with stakeholders, including employees as well as management and, where appropriate, the broader public, is likely to be more relevant to the needs of implementing organisations.

Robust and independent monitoring processes, may contribute to effective implementation. This is likely to encourage collection of accurate data that can be used to inform future guidance.

Commitment at director level including strong and visible support from senior management is likely to have an impact on its success.

Without broad integration of guidance into organisational behaviour, it is unlikely that obstacles to implementation will be effectively overcome.

Effective leadership on the part of senior management is likely to involve cascading responsibility for implementation through the organisation.

Training is likely to be important to ensure that staff understand new policies and can implement them

The workforce needs to be engaged for organisational change to occur; such engagement could usefully involve existing bodies such as trade unions.

Where employees feel insecure or under-valued in their work generally, this is likely to create obstacles to the success of particular initiatives related to implementation.

The implementation of guidance will require increased co-operation and co-ordination between distinct organisations (or between different sub-units of an organisation) which may have different goals and different organisational cultures. Issues relating to the creation of new co-operative relationships, either internal or external to organisations, are likely to be important potential obstacles to successful implementation.

## IMPLICATIONS FOR PRACTICE

The review has identified both barriers to and facilitators of guidance implementation that relate to directors' taking responsibility for both implementation and compliance. The review located relatively little evidence on either the initial stage of reception and awareness of guidance, or on measurable outcomes of implementation.

A key implication arising from the review concerns the benefits that may accrue from tailoring guidance to different sectors and types of organisation. Bodies with responsibility for issuing guidance may be able to maximise its potential to stimulate change by taking into account the specific needs and challenges facing different organisations. A particular area of concern in this respect is the extent to which guidance, and research relevant to guidance-issuing bodies, takes account of issues confronting small and medium-sized enterprises (SMEs). SMEs are likely to have limited resources available for implementation, to be more exposed to external determinants (such as worsening economic circumstances), and not have the internal bureaucratic structures that characterise large private and public sector organisations. Previous research for HSE (Databuild, 2008) indicates lower awareness and use of health and safety guidance among SMEs than larger companies. Processes of decision-making and organisational change in small- and medium-sized organisations appear to be relatively under-researched (see 'Gaps in the literature' below). It may well be that small enterprises (with fewer than five employees) have specific health and safety issues that guidance aimed at large companies may not influence.

Effective implementation is clearly a key predictor of just how successful guidance can be when it comes to driving organisational change. Bodies issuing guidance may therefore find it useful to put some resource into supporting organisations in this respect. That resource may need to be tailored to individual organisation's needs, and could take many forms, with some using a lighter touch than others.

Evidence concerning the way in which enabling organisations can maximise impact should not lead automatically to an endorsement of a move away from strict regulatory frameworks towards a form of 'soft' voluntary regulation where organisations are trusted to regulate themselves with minimal oversight (Lethbridge, 2008). Our findings indicate the importance of robust and independent monitoring and evaluation processes in implementing guidance. However, our review suggests that, in isolation, sanctions for non-compliance are unlikely to produce sustained organisational change. Without effective incentives, ownership of change at all levels of the organisation, and integration of guidance into existing patterns of working, compliance motivated by sanctions may be only formal and superficial.

The review suggests that legal sanctions around guidance are only one part of the picture, and may in many cases be less important than the barriers to change that exist within organisations. Barriers that exist further downstream in the process, at the level of implementation or compliance, will not be removed simply by making guidance legally binding. As already noted, we did not find clear empirical evidence that would allow us to estimate the relative impact of advisory-only guidance to legislation. Nonetheless, our findings suggest that the question of legal sanctions to accompany guidance needs to be supplemented with a more process-oriented perspective. The issue is not one of how compliance is enforced, but more one of how effective implementation might best be facilitated. The data presented in this report have made it possible to begin systematically describing the processes that lead from the issuing of guidance to the desired outcomes of behavioural change, and by doing so, has contributed to our understanding of potential barriers and facilitators to the successful implementation of guidance.

The review findings suggest that bodies issuing guidance might usefully look beyond producing guidance documents and develop ways of assisting and supporting organisations throughout the whole process of organisational change. For example, this may (subject to available resources) include education and training, assistance on introducing new policies and monitoring systems, and consultation with organisations themselves. Bodies issuing guidance might consider ways of working with other key stakeholders such as trade unions and sector representatives.

## **KNOWLEDGE GAPS**

There are some important gaps in the research located for this review. In particular, we located very little evidence relating to the early stages of our model of organizational change, where directors receive guidance and decide to take it forward within the organization. Further data on these initial stages would be an important step towards understanding the process of organisational change as a whole. The evidence located for this review primarily relates to the stages further downstream, where it is assumed that at least some level of commitment to implementation already exists.

Although the data located cover a reasonably broad range of organisations, they are not evenly distributed with respect to organisational type. In particular, most of the literature has focussed on fairly large organisations. Of the included studies which clearly reported the size of the organisations from which data was collected, none looked at organisations with fewer than 200 employees. The challenges and issues facing small- and medium-sized businesses may be quite different from those faced by large organisations (either private or public). Hence, the lack of data on such small organisations is an important gap in the literature. In addition, factors to do with the socio-demographic composition of the workforce within an organisation, such as gender balance or pay levels, may affect implementation (Davies et al., 2002). We located a limited amount of data on the likely effect of these factors.

As far as can be determined from our results, very little research has sought to evaluate the effectiveness of guidance (or to compare different forms or methods of issuing guidance) on specific outcomes. We located a substantial amount of data on factors that may affect implementation, and it is clear that there are cases in which guidance has brought about important and lasting changes in organisational behaviour. However, our findings do not allow us to say whether these cases are representative of organisations generally, or whether they are unusual and exceptional. This makes it difficult to draw strong and generalised conclusions regarding whether guidance is or is not effective in bringing about change in organisations, or whether certain modalities of guidance (e.g. legally binding or advisory only) are more effective in bringing about change.

Our findings have identified several factors likely to promote the uptake of guidance, but do not enable us to quantify the strength of the causal relationships involved. Since the review was not originally conceived with a strong focus on outcome data, it is unclear to what extent the lack of research on effectiveness in our review is an artefact of the specificity of the search strategies used, or whether it represents a real absence of relevant research. If the latter, this clearly represents an important gap in the evidence base. Evidence from other sectors, including health, and from earlier reviews, has consistently identified the lack of robust empirical evidence as a key gap in our knowledge concerning the extent to which issuing guidance is an effective means of encouraging change in organisations. Given the amount of time and effort government spends on producing and distributing guidance, the lack of robust evaluation data should be a cause for concern.

Apart from the absence of robust effectiveness data, we located a limited amount of empirical qualitative data from studies seeking to investigate perceptions of guidance or factors relevant to its implementation, e.g. on the part of employees. With some exceptions, most included studies did not evince any commitment to gathering such process data in an empirically robust way. Such data may exist in the literature on organisational change, but such evidence as we have collected suggests otherwise.

Of the studies located, few aimed directly to evaluate the extent to which guidance typically gets implemented; rather, most sought to identify examples of good practice and help to promote understanding of the guidance itself. Even the higher quality studies such as Davies et al (2002) selected cases for sampling on the basis that they had successfully implemented the guidance; they are not as helpful in drawing conclusions regarding the effectiveness of particular pieces of guidance.

These observations lead to two recommendations for future research:

- 1) Research including the collection of data from organisations where guidance has been implemented badly or not at all would be valuable. As the authors of one study admit, “some of the findings might be more obvious if the organisations reported here were being compared with those that have been unsuccessful” (Davies et al., 2002). Such research would help to clarify the factors affecting directors’ initial decisions about whether to implement guidance, and could provide a broader perspective on the circumstances under which guidance works or does not work. Studies that use robust sampling methodologies to select cases for studies, instead of (or as well as) focussing on identifying examples of good practice, are likely to support stronger conclusions about the effectiveness of guidance in changing organisational behaviour, and about relevant perceptions or beliefs on the part of members of implementing organisations.
- 2) Where practicable, research should seek to measure outcomes and clearly report outcome data, preferably using independent measures of organisational behaviour and/or the final desired outcomes. There are practical and methodological challenges in measuring such outcomes (e.g. the difficulty of gaining statistical power to detect significant changes in rare outcomes such as work-related injury). Nonetheless, such data would be useful in gaining a clear and empirically well-supported picture of where guidance is effective in bringing about actual change.

## APPENDICES

### APPENDIX 1

**Table 4** Summary of papers found by search source

<i>Search source</i>	<i>References included in review</i>
SPP	1
Labradoc	0
BL Direct	0
Iconda	2
ABI	0
CSA	0
Engineering Village (Compendex, Inpec, NTIS)	2
HMIC/OVID	0
Medline/Embase	0
ASSIA, PAIS	0
Scopus Business and Economics	0
Planex	1
Policyfile	0
Sociological abstracts	0
Business Source Complete	0
Faciva	0
Financial Times Online	0
Urbadoc	4
Website searching	5
Lexis/Nexis	3
<b>Total</b>	<b>18</b>

## APPENDIX 2

**Table 5** List of websites searched

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Health and Safety Executive
Health and Safety Executive for Northern Ireland
Institute of Directors
Institute of Occupational Safety and Health
Royal Society for the Prevention of Accidents
Trade Union Congress
British Library Integrated Catalogue
Business Link
European Agency for Safety and Health at Work
International Labour Organisation
Labour Market/Trades Union Research Unit
Greenwich University- Public Services International Research Unit
The Work Foundation
Warwick Business School, Department of Organisational Change
University of Sussex
DH, CSIP, NHS confed.
Home Office Guidance
Department of Transport
Department of Communities and Local Government
Environment Agency

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*Search terms “best practice” and “guidance impact” were used in each search using the source’s own search facility available on their website. These terms were used separately, i.e. as equivalent to the string (best practice OR guidance impact).*

## APPENDIX 3

**Table 6** Summary of search terms used

<i>Database</i>	<i>Search Strategy 1</i>	<i>Search Strategy 2</i>
SPP	#5 (((directors or executives or chairmen or chairman) and (government and guidance and (health or safety or environment*) and (PY:1M = 1990-2008)) #4 ((directors or executives or chairmen or chairman or boards) and (government and guidance and (health or safety or environment*) and (PY:1M = 1990-2008)) #3 (directors or executives or chairmen or chairman or partners) and (government and guidance and (health or safety or environment*) and (PY:1M = 1990-2008)) #2 (government and guidance and (impact or effect*) and (health or safety) and (PY:1M = 1990-2008)) #1 government and guidance and (health or safety) and (PY:1M = 1990-2008)	#1 (organisational change or organisational behaviour) and (PY:1M =2000-2008)
Labradoc	Health and safety responsibilities of company directors and management boards members /	
BL Direct	Organisational change literature BL Direct 2004-2008	((good practice or best practice) and guidance) not (child\$ or care or pharma\$ or labor\$ or diseas\$ or surge\$ or nurs\$ or school\$ or train\$ or learn\$ or education or clinic\$ or medic\$ or social)
Iconda	#1 (health or safety) and guidance and government and (PY:I2 = 1990-2008)	
ABI	guidance and (good practice or best practice)	
CSA	guidance and (organi*ational change or organi*ational behaviour) and impact	(directors or director or chairman or chairmen or executives or partners) and (health or safety or environment*) and guidance
Engineering Village(Compendex, Inpec, NTIS)	guidance and (organisational change or organisational behaviour or organisational behavior)	
HMIC/OVID Medline/Embase	1 (((director or directors or executive* or partners) and (health or safety or environment*)) not (legal or legislat* or acts or HSE)).mp. [mp=ti, ot, ab, hw, nm, sh, tn, dm, mf] 2 limit 1 to yr="1990 - 2008" 3 (government and guidance).mp. [mp=ti, ot, ab, hw, nm, sh, tn, dm, mf] 4 limit 3 to yr="1990 - 2008" 5 4 and 2 6 (((director or directors or executives or	

	partners) and (health or safety or environment*)) not (legal or legislat* or acts or HSE)).mp. [mp=ti, ot, ab, hw, nm, sh, tn, dm, mf] 7 limit 6 to yr="1990 - 2008" 8 4 and 7 9 remove duplicates from 8 10 from 9 keep 1,4,9,13,16,19,21-23,33,35,37	
ASSIA, PAIS	((good practice or best practice) and guidance) not (child* or labor* or diseas* or surge* or nurs* or school* or train* or learn* or education or clinic* or medic* or social)	
Scopus Business and Economics	((good practice or best practice) and guidance) not (child* or labor* or diseas* or surge* or nurs* or school* or train* or learn* or education or clinic* or medic* or social)	
Planex	((good practice or best practice) and guidance) not (child* or labor* or diseas* or surge* or nurs* or school* or train* or learn* or education or clinic* or medic* or social)	((director or directors or executive* or partners) and (good practice or best practice) and guidance)
Policyfile	guidance and (good practice or best practice)	
Sociological abstracts	guidance and (good practice or best practice)	
Business Source Complete	guidance and (good practice or best practice)	
Factiva	guidance and (good practice or best practice)	
Financial Times Online	guidance and (good practice or best practice)	
Urbadoc	guidance and (good practice or best practice)	
Lexis/Nexis	(Executives or chairmen or chairman or Board or directors) and (good practice or best practice) and guidance and legal	

Index terms were used where relevant terms were included in a given databases' thesaurus; otherwise, free text terms were used.

## APPENDIX 4

Table 7 provides an overview of the references included in the review and contextual information relating to their type of guidance, area of practice and study objective. Table 7 does not list the three studies used to produce the Theory of Change (Doktor, Bangert and Valdez (2005), Simard and Rice (unpublished) and Torenvlied and Velner (1998)).

**Table 7 Included Studies and Contextual information**

<i>Sector</i>	<i>Reference</i>	<i>Guidance</i>	<i>Area of practice</i>	<i>Study objective</i>
<b>Health and safety</b>	Dorrell and Wusterman (2008)	Work-related stress management	Workplace	To improve workplace stress management as a result of HSE guidance on work-related stress.
	Dearden (2006)	Managing competence for safety related systems	All areas of practice with a focus on IT	To discuss opinions of the guidance regimes.
	Francis et al. (2003)	Revitalising Health and safety	All areas of practice	To clarify the role of the board in health and safety.
	Lethbridge (2008)	Various international occupational health and safety agreements	All areas with some focus in workers in the health care system	To inform trade unions of how they can influence employers to attach importance to the implementation of best practice occupational health and safety standards.
	Bomel Ltd (2006)	Aircraft turnaround, A guide for airport and aerodrome operators, airlines and service providers on achieving control, co-operation and coordination	Aviation	To measure the impact of guidance.
	Anderson (2008)	Corporate Manslaughter and Corporate Homicide Act	Workplace	How to make people comply with the Corporate Health and Safety Act and reduce mortalities in employment.
	Rogers and Milburn (2002)	NHS funded evidence-based medicine	Healthcare	To assess the impact of a programme designed to improve staff adherence to and knowledge of evidence based practice guidance in the NHS.
	Government Accountability Office (2004)	Advisory Opinions to interpret Medicare regulations	Healthcare	To determine the appropriateness and feasibility of establishing in the Secretary of Health and Human services authority to issue Medicare regulations.

	Commission for Racial Equality (2007)	Guidance to support the development of services for people with co-existing mental health and substance use problems	Social service	To support the development of services for people with co-existing mental health and substance use problems, with a collation of existing guidance and case studies on the implementation of best practice.
	Fisher & Rayner (2007)	Guidance on waste management	Healthcare	To increase compliance with waste management regulations in the healthcare sector, and to provide best practice guidance on the segregation and management of the whole clinical waste stream.
<b>Crime</b>	Home Office (2008)	Counting Rules for Recorded Crime – Instructions for Police Forces	Policing	Outline the guidance for counting crimes/criminal events for police forces and demonstrating best practices in implementing the guidance.
<b>Transport</b>	Davies (2002)	Travel plans	All areas of practice	To help organisations deliver travel plan and reduce the use of cars to office sites.
<b>Housing</b>	Department of Health (2003b)	Quality and choice for older people's housing: A strategic framework	Healthcare and housing	To facilitate the creation of good strategic framework for older peoples housing and services
<b>Environment</b>	Ross (2005)	Sustainable development guidance, published by the UK government in A Better Quality of Life	All areas of practice	To increase sustainability throughout the government system.
<b>All sectors</b>	Rees (2001)	Quality Management	All areas of practice	To examine systems used to improve product quality and customer satisfaction.
<b>Local Government</b>	Audit Commission (1999)	Guidance on how to effectively use community consultation	Local authorities	To increase Local Authorities' capacity to carry out community consultations and implement their findings effectively.
<b>National Government</b>	Scottish Executive (2005)	Planning new government initiatives	National/Regional authorities	To investigate how the cross-cutting issues are handled by different parts of the public sector and the impact they have on the delivery of services.

## APPENDIX 5

**Table 8** Results of Quality Assessment

<i>Author</i>	<i>Date</i>	<i>Study Type</i>	<i>How cases identified stated?</i>	<i>How cases were sampled stated?</i>	<i>How data was collected stated?</i>	<i>Reliability/ validity of data collection ensured?</i>	<i>How data was analysed stated?</i>	<i>Reliability/ validity of data analysis ensured?</i>	<i>Choice of research design justified?</i>	<i>Total</i>
Rees	2001	Survey	X	X	✓	X	X	X	X	1
Government Accountability Office	2004	Survey	X	X	✓	X	✓	X	X	2
Fisher & Rayner	2007	Discussion paper	X	X	X	X	X	X	X	0
Davies et al.	2002	Survey	✓	✓	✓	✓	✓	✓	✓	7
Audit Commission	1999	Case studies	X	X	X	X	X	X	X	0
Scottish Executive	2005	Case studies	✓	✓	✓	X	X	X	X	3
Department of Health	2003b	Case studies	X	X	X	X	X	X	X	0
Commission for Racial Equality	2007	Case studies	X	X	X	X	X	X	X	0
Dorrell	2008	Discussion paper	X	X	X	X	X	X	X	0
Anderson	2008	Case studies	X	X	X	X	X	X	X	0
Ross	2005	Case studies	X	X	X	X	X	X	X	0
Francis et al.	2003	Case studies	X	X	X	X	X	X	X	0
Dearden	2006	Discussion paper	X	X	X	X	X	X	X	0
Home Office	2008	Case studies	✓	X	✓	X	X	X	X	2
Rogers & Milburn	2002	Survey	X	✓	✓	X	✓	X	X	3
Lethbridge	2008	Literature review	X	X	X	X	X	X	X	0
Bomel Ltd	2006	Survey	✓	✓	✓	X	✓	X	X	4

## APPENDIX 6

Table 9 shows the results of the second round of screening. All studies which reached this stage had passed inclusion criteria 1-4 (see main text for details). After this the two further criteria were applied:

- 5) Does the study report any qualitative or quantitative data on the implementation of guidance or organisational change?
- 6) Does the study present findings relevant to the implementation of guidance or organisational change in general, or only findings relating to the specific actions recommended by the guidance?

In Table 9, studies are marked with 'IN' if they passed criteria 5 and 6, 'EX 5' if they were excluded on criterion 5, and 'EX 6' if they were excluded on criterion 6.

**Table 9** Relevance of studies in the second round of screening

<i>Author(s)</i>	<i>Date</i>	<i>IN / EX</i>			
			Davies et al.	2002	IN
			Dearden	2006	IN
Acona Ltd	2006	EX 6	Department of Education and Skills	2005	EX 6
Association of Chief Police Officers	n.d.	EX 5	Department of Energy (U.S.)	2000	EX 6
Anderson	2008	IN	Department of Health	1996	EX 6
Association of Directors of Social Services & British Deaf Association	2002	EX 5	Department of Health	2003a	EX 5
Astana et al.	2002	EX 6	Department of Health	2003b	IN
Atkins, PWC & Warwick Business School	2007	EX 6	Department of Health	2002	EX 6
Audit Commission	1999	IN	Department of Health, Home Office, & Department for Education and Employment	2002	EX 5
Aurora Health Care	2008	EX 5	Dickens, Hall & Woods	2005	EX 6
Bamber	2005	EX 6	Doktor, Bangert & Valdez	2005	EX 6
Binder, Clegg & Egel-Hess	2006	EX 6	Dorrell & Wusterman	2008	IN
Bomel Ltd	2006	IN	Environment Agency	2005	EX 5
Byatt et al.	2001	EX 6	Environmental Law Review	2007	EX 6
Cairns et al.	2002	IN	Enviros	2005	EX 6
Care Service Improvement Partnership	2006	EX 6	European Agency for Safety and Health at Work	2005	EX 6
Centre for Corporate Accountability	2007	EX 6			
Choudhry	2008	EX 6			
Commission for Racial Equality	2007	IN			

Financial Reporting Council	2005	EX 5
Fisher & Rayner	2007	IN
Francis et al.	2003	IN
Government Accountability Office	2004	IN
Halliday & Asthana	2005	EX 6
Hartley et al.	n.d.	EX 6
Herr & Woodhead	2002	EX 6
Holgate	2006a	EX 6
Holgate	2006b	EX 6
Home Office	2008	IN
Home Office	2007	EX 6
Improvement and Development Agency, & Local Government Association	2006	EX 6
Jagessar	2008	EX 6
Jaskyte	2003	EX 6
Jayne & Syms	2003	EX 5
Joint Chiefs of Staff	1999	EX 5
Jones	2000	EX 5
Larsen	2004	EX 6
Lethbridge	2008	IN
Local Government Association	2004	EX 6
Local Government Association	2005	EX 6
McDonnell	2005	EX 6
Miller	2002	EX 5
National Fly-tipping Prevention Group	2006	EX 5
Office of the Deputy Prime Minister	2006	EX 6
Office of the Deputy Prime Minister	2005	EX 6
Pearce et al.	2003	EX 6
Perry	2003	EX 5

Price	2006	EX 5
Radmore	2005	EX 5
Rees	2001	IN
Rico, Saltman, & Boerma	2003	EX 5
Ritchie & Lam	2006	EX 6
Rix & Sheppard	2003	EX 5
Rogers & Milburn	2002	IN
Ross	2005	IN
Royal Society for the Prevention of Accidents	2006	EX 6
Samuel	2006	EX 5
Samuels	2007	EX 6
Scottish Executive	2006	EX 6
Scottish Executive	2005	IN
Scottish Government	2008	EX 6
Sher, Steadman & Barr	2003	EX 6
Signoretta & Craglia	2002	EX 5
Simard & Rice	n.d.	EX 6
Smit	2006	EX 6
Spedding	2005	EX 5
Swan & Balding	2000	EX 6
Tepelus	2005	EX 5
Thornton	2008	EX 6
Torenvlied & Velner	1998	EX 5
Town and Country Planning Association	2006	EX 6
Turner	2006	EX 6
Tyler	2007	EX 6
University of Reading & ARUP	2006	EX 6
Watson et al.	2007	EX 6
Welsh Assembly Government	2008	EX 5
Wolfe, Kerchner & Wilbanks	2001	EX 6

## APPENDIX 7

### Data extraction and quality assessment form

Author (year):

Title:

<b>1. Setting</b>	
What are the stated aims of the research? <i>Put 'Unclear' if authors do not clearly state aims</i>	
What is the background of the study? <i>Why is the study being conducted at this point in time, with this organisation, with these participants? Put 'Unclear' if not clearly stated.</i>	
Where was the study conducted? <i>Country/ies &amp; exact location if stated</i>	
<b>2. Methodology</b>	
Study type: Experimental/ Single case study/ Survey/ other	
Do the study authors describe how they identified potential cases for inclusion? <i>What was the sampling frame? Put 'unclear' if not stated.</i>	
Do the study authors describe how they sampled and recruited cases? <i>Was there any procedure for deciding who to approach for participation? Did any potential participants who were approached decline to be included? Put 'unclear' if not stated.</i>	
Do the study authors describe how data was collected? <i>Interviews, focus groups etc. Describe the process in authors' own words if possible.</i>	
What means were used to ensure reliability & validity of data collection? <i>E.g. piloting / consulting on data collection tool; use of standardised protocols; etc. Also: do authors discuss potential threats to reliability / validity or means to avoid bias?</i>	
Do the study authors describe how data was analysed? <i>E.g. thematic analysis, framework analysis</i>	
What means were used to ensure reliability & validity of data analysis? <i>E.g. analysis by multiple researchers; confirming findings with participants;</i>	

<i>etc. Also: do authors discuss potential threats to reliability / validity or means to avoid bias?</i>	
Do the authors justify their choice of research design with reference to the research question & context of the research? <i>Do they discuss potential limitations of the design &amp; implications for the evidence?</i>	
<b>3. Participants</b>	
What information is reported on the demographic characteristics of participants? <i>E.g. gender, age, ethnicity, nationality</i>	
What information is reported on participants' roles within their organisations? <i>E.g. role, responsibilities</i>	
How big is/are the organisation(s)? <i>Number of employees, turnover etc.</i>	
What sort of organisation(s) is it/ are they, and what is their main activity? <i>Public/ private/ 3<sup>rd</sup> sector</i>	
<b>4. Content of guidance</b>	
What guidance / legislation does the study concern? <i>Name / reference of guidance or specific law, if stated</i>	
Does it concern guidance (advisory only) or legislation, or both?	
What sector is the guidance/legislation concerned with? <i>E.g. healthcare, transport, all sectors</i>	
What area of practice is the guidance/legislation concerned with? <i>E.g. health &amp; safety, environment, equalities</i>	
What are the goals of the guidance/legislation as stated in the report? <i>E.g. to reduce accidents, to reduce environmental impact of industry</i>	
Who is the source of the guidance/legislation? <i>E.g. government department, local council, trade body - specify</i>	
Who is responsible for implementing the guidance / legislation?	
<b>5. Study findings</b>	
What types of actions should organisations be carrying out / have they carried out in the course of implementing the guidance? <i>Give examples of what organisations are expected to do or have done. Need not be a comprehensive list.</i>	

<p>What are the findings of the study?  <i>Focus on findings which are generalised beyond the specific context of the guidance</i></p>	
<p>In the reviewer's judgement, how credible are the findings?  <i>Are the findings supported by the data + how reliable is the data?</i></p>	
<p>Are any economic data reported (costs or cost-benefit analysis)?</p>	
<p>Any other comments</p>	

## **APPENDIX 8**

### **Methodology**

In this section we briefly present considerations relating to the methodology of the review. We used the model of organizational change presented in Figure 1 as a framework for the synthesis and presentation of the data. This framework provides a theoretical model of how change is created and sustained within organizations, and was an effective means of bringing together the available data. Moreover, the compatibility of our findings with this framework suggests that our findings could be extended by looking at a broader range of literature on organisational change. (Although we searched for theoretical literature on organisational change and used this to inform our conceptual framework, we did not seek out data on organisational change other than that promoted by guidance or legislation.)

The evidence we reviewed has underlined the importance of broader contextual factors that can influence implementation of guidance; of particular relevance currently are national and global economic climates, socially determined expectations of employees or directors, and the direction of Government policies which affect particular sectors. While we found a certain amount of data relevant to such broader factors, in many cases the potential relevance of the economic, social and policy context is unclear.

In screening references and analysing the available research, it became evident that the lack of robust empirical data meant we had to focus on factors that could readily be generalised to the implementation of guidance in general, rather than on those factors relating to actions recommended by particular pieces of guidance. Our findings are therefore inevitably based to some extent on the interpretations offered by authors in published reports, rather than on robust evaluation data. Whilst this enabled us to focus effectively on factors impacting on the implementation of guidance across sectors, it means that our capacity to engage critically with the issue of effectiveness of guidance in promoting organisational change is inevitably limited.

This is not a full systematic review, and search strategies were not designed to be fully comprehensive. Some of our search strategies may have been overly specific. Our searches focussed centrally on the term 'guidance'. Whilst, given the scope of the review, this was a reasonable way to operationalise the central concepts and to achieve searches with an adequate balance of sensitivity and specificity, it means that relevant references which did not use the term 'guidance' may have not been located.

Few studies were located from the healthcare field, for example, on the implementation of clinical guidelines (e.g. Grimshaw et al 2004) or on the introduction of innovative working practices (e.g. Greenhalgh et al 2004); such studies, although arguably difficult to generalise to the broader case, could have provided a useful source of empirical data on implementation. We did not actively search for literature on policy implementation or the introduction of new forms of practice other than those recommended by guidance or legislation, although such literature may have contained relevant lessons, nor for sociological or psychological literature on the broader determinants of organisational change (beyond the searches used to identify studies for our theory of change).

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Studies marked with an asterisk in the list below are those which were included in the review (a total of 18 studies including the two which were linked and treated as one).

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# Circumstances under which government guidance impacts on the actions of directors of corporate bodies

## A Rapid Evidence Assessment

This report presents a Rapid Evidence Assessment (REA) of the literature on circumstances under which government guidance impacts on the actions of directors of corporate bodies and organisational behaviour as a whole. The research team identified one hundred and forty-two studies available from electronic databases and websites of organisations as potentially relevant; key findings from seventeen studies that met the scope of this review are presented. The report describes evidence on impacts of guidance on organisational change through a model of the process by which guidance is received, implemented, and established within organisations. For each stage of the process, the model helps to identify factors that may act as barriers or facilitators to the implementation of guidance. The report presents evidence on successful implementation of guidance in terms of four key stages: responsibility to take forward, factors associated with successful implementation, factors responsible for compliance and outcomes associated with guidance. Most of the data the research team uncovered was 'process' data concerning perceptions of factors likely to affect the implementation of guidance, rather than 'outcome' data. The studies we have included in the review are mainly from the UK, with only limited data coming from non-UK studies. The review has identified several key implications for bodies wanting to maximise the impact of guidance. They include the potential benefits that could accrue to: tailoring guidance to suit specific sectors and types of organisations; considering ways of supporting effective implementation; and consulting with key stakeholders including trade unions and representative bodies.

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