

Royal Society for the Prevention of Accidents
**Enhancing workforce involvement in health and safety
in non-unionised workplaces:**
*Notes of an exploratory workshop held at
RoSPA House, Birmingham on Monday 2nd March 2009*

A. Introduction

This note reports on the main issues to emerge at an informal workshop organised by RoSPA on 2nd February to explore options for enhancing workforce involvement in health and safety in non-unionised workplaces. This initiative was funded by the Health and Safety Executive (HSE) to assist them in the development of their work in this area.

B. Attendance

Andrew Baker	ODE Ltd
Jim Baker	Reliance Security
Sarah Bates	HSE
Sandra Baxx	Royal Mail
Paul Cook	HSE
Dave Dixon	BT
Jamie Fogg	Lloyds Pharmacy
Irene Lloyd-Butler	Severn Trent Water
Sonya Madden	Severn Trent Water
Liz Somers	Eon
Keith Wiley	HSE
Roger Bibbings	RoSPA
Vince Murphy	RoSPA
Charlotte Henderson	RoSPA

C. Introductory presentation

Roger Bibbings made an introductory presentation in which he explained RoSPA's mission and its work on its 'key issues'. The purpose of the workshop was to review the changing world of work in which the majority of workplaces were not unionised; explore views and experiences in developing workforce involvement and consultation; identify opportunities and barriers; reflect on 'what works'; identify areas for further study; and suggest areas for innovation. RoSPA had been asked to prepare an initial report for HSE and develop recommendations for further streams of work.

Roger set out some of the historical background to worker consultation on H&S, including: the 1956 JIACAP report (coal, steel, foundries, mining etc); policy stemming from Robens in '72; to the SRSC Regs '77; Article 11 of the EU H&S Framework Directive 1989 up to the 1992 'six pack'; the Offshore SRSC Regs of 1989; the 1996 Employee Consultation Regulations; commitments in the 2000 Revitalising H&S programme; the HSE's 2006 Workers' Safety Advisers pilot scheme; coverage of consultation in 2008 in the directors' guidance INDG 417,

HSG263 and WEB 35; and commitments in the 2008/9 new HSE strategy consultation.

Roger suggested that fundamental reasons for developing effective workforce involvement in health and safety included: acknowledging citizens' rights at work; tapping into their knowledge; revealing workers' hidden concerns; building understanding and consensus; learning from corporate memories; promoting problem solving; securing buy-in to tough decisions; and building a stronger health and safety culture.

He suggested that consultation and involvement went hand in hand. 'Consultation' with representatives might cover, for example: safety policy; management organisation; risk assessments; standards; targets; auditing; and organisational change. 'Involvement' might include: training (initial and skills); point-of-work risk assessments ('take 2s', 'seconds-out-for-safety' etc); toolbox talks and briefings; reporting culture; suggestion schemes; or trials and pilots.

There was clearly a need to innovate. Some options might include, for example: more itinerant safety reps; combining safety rep and first aider roles; workers' advisers in local health and safety groups; external helplines for safety reps; web based support/benchmarking networks; links across national boundaries; 'buddying' and mediators; and more case studies.

Some of the broad issues on which he invited participants to reflect included: establishing better mechanisms for consultation; the nature of consultation itself; forms of representation; representatives' participation in health and safety management processes; and health and safety in the context of wider workforce involvement and inclusive management style generally.

Participants were asked to: speak their mind; be flexible; observe 'Chatham House Rules'; and to tell the workshop about their business and 'what had worked for them'.

D. Examples of worker involvement: presentations

1. Reliance Security

Jim Baker reported that his company had 11,000 Security officers at 3,000 sites across the country. They had developed consultation via local Consultative Groups in 32 centres and had a National Consultative Meeting where health and safety was discussed among other things.

Managers made site visits and talked about health and safety. They had a 'Red Book' scheme and a suggestion scheme. Health and safety was part of their service level agreement with customers.

Health and safety handbooks were given to all employees and updates/notes issued on various topics e.g. guidance on managing road risk or personal protection which were sent to individuals by post. There were also Local Group newsletters.

2. ODE Ltd

Andrew Baker from ODE explained that they had 208 workers in 2 regions. They were expanding activity from office to on-site. In the last 12 months they had formed Safety Strategy Forums made up of senior management and had put in place initiatives to improve health and safety in the organisation. The organisation understood that they had to involve workers. They had a Safety Strategy Forum for senior management and regional SHE meetings. Volunteers were used as regional safety reps. Their regular HSE audit involved managers and safety reps.

3. *Eon*

Liz Somers reported that they had union safety reps and 'safety champions' who were non union. The company tried to encourage worker involvement. They had a National Consultative forum and Regional Consultative Groups in the different departments.

4. *BT*

Dave Dixon explained top down systems for health and safety in BT. They had a quarterly meeting of their Health and Safety Forum, which had CWU and Connect membership. They also had Champions' Forums. Safety 'Champions' tended to be chosen by management. There were Regional Safety Forums. There were two parallel systems of consultation; the management route and the union route.

5. *(Vince Murphy)*

Vince Murphy, RoSPA Manager Consultant, reflected on his time as a safety rep. In his view there were times when the trade union safety rep might be seen by his/her peers as a management agent or even an informer. Strategies were needed to change this perception where it still existed.

6. *Severn Trent*

Irene Lloyd Butler and Sonya Madden from Severn Trent reported that they had staff members and union reps as safety reps. They had a safety rules manual. All workers were signed up to a 'Safety Charter' which explained what the organisation expected them to do and what they in turn might expect from the organisation. The company had sought to promote an open culture and encourage reporting. They held training workshops and workers were asked what they want training on.

7. *Royal Mail*

Sandra Baxx from Royal Mail explained that their organisation was unionised. They had a Safety Professionals Forum where all heads of health and safety met up to discuss policy etc. There were various levels of 'Safety Steering Groups'. They had an 'Area Safety Rep' in every postcode. They had promoted a 'have your say' initiative, asking employees what they wanted. They had developed inserts on various health and safety issues which were produced for workers and which built up to form an encyclopaedia on health and safety.

8. *Lloyds Pharmacy*

Jamie Fogg from Lloyd's Pharmacy reported that they had 17,000 employees and they were non-unionised. They had a 'Champion' in every pharmacy who had attended a one day training course. Part of their role was to pass on their knowledge to other workers in the pharmacy. They had an area representative who attended regional meetings and gave feedback to management.

E. Discussion

Consultation: It was asked whether use of the term 'consultation' was the right language as it was often interpreted differently. Consultation was defined as having dialogue with the workforce. Health and safety issues and policies were a collaboration between management and workers, whereas many other workforce issues were negotiated.

It was asked whether the main trend in communication between management and workers was dictating rather than asking? There were different management styles, some were open to consultation and reacted to the opinions of the workers; others had already decided on the policies/issues without noting the views of the workers.

An example of an issue which needed consultation with the workforce was given as drug and alcohol testing in the workplace. Policy in this sensitive area could only be developed if workers thought they were being involved and their opinions being heard and taken into account.

Champions/Safety Reps: It was suggested that there were different definitions of the role of safety rep/champion.

Safety reps volunteered for the role and spoke for their fellow workers whereas 'champions' might be technical experts in health and safety and 'flew the flag' for the cause. Safety reps and 'champions' might perform the same role but safety reps on the whole were union representatives while 'champions' tended to be non-union.

Safety reps were the workers' representatives and non union reps might be elected or they might be appointed by management. As an example it was reported that in one organisation each team of 15 field sales workers had a representative. They were chosen by the team and were someone they trusted. Trade union members also had their own representative so everyone was able to have a say. But such representatives were not only 'safety reps' but represented colleagues on all work related issues.

In many organisations management made sure all the workers had a representative, since this might be regarded as part of the organisation's communication structure.

Most safety reps took on the role alongside their full time job.

It was thought that some line managers and team leaders might resent safety reps if they received more health and safety training than they did themselves; however this could be resolved if managers and safety reps were trained together.

It was agreed that safety reps needed to have the right soft skills and that it was important that, if individual employees had any concerns, they could speak to their representative. Workers needed to be made aware of who their safety rep was, including during their induction.

It was asked what kind of people could be persuaded to take on the role of safety rep. It was pointed out that the role was often self selecting, going to the most vocal element of the workforce, usually to individual workers with an opinion.

Safety Reps Participation in Management Processes: Discussion then turned to involvement of safety reps in management processes such as risk assessment, active monitoring, investigations, communications etc. One view that this might lead to safety reps being seen as supporting a management function and it was asked whether this might adversely affect their colleague's views of their reps' impartiality. On the whole, this was not viewed as a problem, especially if they had managed to build up respect with the workers they represented. This was especially true where workers knew that health and safety was not a 'blame game' and had seen that the organisation had acted on issues raised.

It was asked if safety reps were involved in formal audits. Some organisations represented said their safety reps were but then faced the challenge that they did not know the actual management processes. Others had auditing departments completely separate and impartial. Safety reps audited health and safety on the ground; they talked to workers about health and safety and asked how things could be improved.

Concern was raised that having safety reps too involved in the management process could lead to managers actually passing on their work to such reps. The safety rep should be there to support the management process, particularly since they added 'real world' knowledge.

Behavioural Safety: It was asked if any organisation had positive examples of involvement of workers' representatives in behavioural safety programmes but no one present had any information to offer on this.

Reporting: It was asked whether safety reps were used to make sure incidents were reported. Several participants reported that it was an agreed part of their role and it was their duty to get the message out to workers, particularly since often they had the knowledge of what needed to be reported (near misses etc). Reps needed to inject confidence in workers to report. Workers needed to be thanked for reporting an incident and to receive a follow up from their managers saying what actions had been taken.

Toolbox Talks: Some organisations had a suite of 'talks'. These were reviewed to check they were still relevant. It was agreed that using videos and real life cases made the talks more interesting and that they should be used as an opportunity for discussion and feedback.

Suggestion Schemes: Examples included: 'Safe cards' (where workers were able to fill in the cards with any concerns, the cards were gathered in at the end of the day and responded to. There was the option for them to be anonymous); and systems on staff intranets. (Where workers were able to enter comments on the staff intranet they received notification that the comment had been received and the actions taken were reported back to them.)

Trials: It asked whether workers were open to being involved in trials, including trials of new PPE. Most agreed that workers were not opposed to getting involved.

F. Possible ways forward

Guidance: It was suggested that future HSE guidance should aim to provide a set of ideas for people to build on – to make sure that all people in the workplace were involved in health and safety. The goal should necessarily be to have all workers represented but at least to get the health and safety views of all workers.

Communication: It was agreed that good health and safety management should always involve two way communication : Management to provide ideas, initiatives, information on health and safety to workers with managers in turn listening to workers' concerns

Innovation for SMEs: It was said that it was not possible to have a safety rep in every SME – new ideas were needed. Suggestions in the past had included more schemes for itinerant safety reps. There had also been the suggestion that more first aiders might be persuaded to double as safety reps or 'champions', since first aid training penetrated into small firms more effectively than other forms of health and safety training. First aiders had to have regular training updates. If the role was linked with the safety rep role, regular updates on health and safety could be included. On the other hand it was asked if a first aider would always make a suitable safety rep. The safety rep's role was not as clearly identified as was the first aider's.

Case studies: It was agreed that it important to be able to illustrate clearly 'what does good looks like? It was asked if companies were reluctant to share information in this area. Their experiences in involving workers in health and safety could hold valuable lessons for other organisations. Good case studies were essential to put weight behind the argument to involve workers.

Tool kit/guide for new safety reps: This might cover: sources; advice; support; knowledge; skills; and advice on how to develop their role in various settings.

A national association or network: It was suggested that there might be a case for a new national association for non-union safety reps. However there were already groups at local level that could help such as the network of local Health and Safety Groups around the UK at (www.safetygroupsuk.org.uk). There was a need to promote awareness of these Groups to safety reps. There were also the various specialist groups within IOSH. It was also suggested that a looser virtual 'community of interest' could be set up similar to ORSA (www.orsa.org.uk). This might take the form of a website where safety reps could sign up to become members and be provided with sources of information and advice.

Delivery packages: It was asked if there was a directory of courses for non-union reps and if there were any relevant training standards. It was noted that there were a few courses specifically for non-union safety reps such as those provided by RoSPA and EEF but there was no guidance on where non-union safety reps could go to get training locally. Where in house health and safety training was provided for

managers and reps, it was not clear if it always included workforce involvement. Similarly it was not clear if workforce involvement was covered adequately in health and safety management training. It was suggested that training standards were needed.

G. Other issues

Priorities: It was asked why workforce involvement was not a higher priority in health and safety promotion and enforcement? Was it covered adequately in management systems auditing, clients' pre-qualification procedures and in the awarding of accreditation to standards such as OSHAS 18001? It was suggested that the terms 'consultation' and 'involvement' were still too vague and needed to be explained so clearer standards could be produced.

Value added?: In selling the case for more effective involvement more work needed to be done to demonstrate CBA → ROI, especially since research showed that safety reps added value and that in recession the business case for controlling preventable losses from accidents and work-related ill health was an even stronger option for defending 'the bottom line'. There needed to be better means of benchmarking worker involvement to see how others were doing. This, it was suggested, might be more important to management than seeing estimates of value added.

Tapping into diversity: There was a need to look at options for involving workers in health and safety in an increasingly diverse workforce.

Other influencers/opportunities: These included showing the value of safety reps in 'change management' and developing their role in health and safety liaison with main contractors and clients.

Status Research: It was said there was a need for quantitative and qualitative 'state of play' research which would include the views of SMEs. It would be important to study the few SMEs which had a trained safety rep to understand how this had come about and how it worked. It would also be important to research the expectations and experiences of non-union safety reps.

H. Conclusion

Views and comments are sought on the issues raised at the workshop so that these can be fed back to HSE. These should be sent either to rbibbings@rospa.com or paul.cook@hse.gsi.gov.uk.

RoSPA and HSE extend their thanks to all who took part.

Roger Bibbings
Occupational Safety Adviser

1st April 2009