

Health and Safety Commission Paper		HSC/03/151	
Meeting Date:	13 January 2003	Open Gov. Status:	Fully Open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	None		

HEALTH AND SAFETY COMMISSION

Draft statement of principle on Worker Involvement and Consultation on occupational health and safety

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Cleared by Jane Willis, Co-Director, Policy Group on 22 December 2003

Issue

1. To agree the attached draft statement (see **Annex A**) setting out the principles and measures considered vital to help us achieve our goal of securing greater worker involvement and consultation on occupational health and safety. When agreed the statement will then serve as a core document for a number of stakeholders to sign and make public their support.

Timing

2. Links to publication of HSC strategy ('A statement on worker involvement is an early deliverable for February 2004').

Recommendation

3. The Commission is asked to :
- (a) agree that the statement should form the basis of a joint declaration by key stakeholders to achieve the goal of greater worker involvement and consultation on occupational health and safety (see **Annex A** – "*A Draft Collective Declaration on worker involvement*");
 - (b) agree the statement as the basis of advice to Ministers on the way forward;
 - (c) note the evidence base for worker involvement and consultation (see **Annex B** – "*The Impact of worker involvement and consultation on workplace health and safety.*").

Background

4. Previous consultations have shown the policy of the Government and the Commission to secure greater worker involvement and consultation has considerable stakeholder

support. However at its meeting on 11th November 2003 the Commission recognised significant differences remain about the precise nature of the rights and obligations the law should provide in this area and concluded that further work to harmonise the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 should not proceed at present.

5. Instead efforts should be focussed on voluntary measures. A key aspect of this is to produce a statement, for agreement and signature by stakeholders, setting out the principle and evidence of the effectiveness of worker involvement and consultation; examples of ways to secure it and measures that set the agenda for joint working to achieve the aims.

6. On 11th November the Commission discussed in detail the content of this statement and they thought it required further work before agreement would be possible. They asked officials to re-draft with stakeholder comments in mind and present it to the Commission at the earliest date possible.

Argument

Developing the statement

7. Comments from Commission members made it clear that the statement did not bring out the role, impact and benefits of trade union safety representatives, nor was it sufficiently clear what was being signed up to and why it was needed now.

8. The Commission agreed there needed to be a rationale for why a statement on worker involvement and consultation was needed now. Many people have told us it is surprising that we have not clearly articulated the importance of worker involvement and consultation in health and safety. The new HSC strategy for workplace health and safety in Great Britain to 2010 and beyond does this and proposes a workforce fully involved in health and safety management as an essential part of its vision. Recognising the need for immediate action on this issue the strategy identifies the attached statement (Annex A) as an 'early deliverable' for February 2004 for implementing the strategy.

9. The draft statement recognises that worker involvement and consultation, often through trade union safety representatives, have had a major impact on the success of GB's health and safety performance in the last 30 years. The draft statement is focussed on what a collaborative approach between stakeholders can achieve on this issue now and sets out the principle and measures to secure better involvement and consultation for the future.

10. Comments were also taken by officials from the TUC, CBI, Engineering Employers Federation (EEF), Engineering Construction Industry Association (ECIA), Federation of Master Builders (FMB) and the Institute of Directors (IoD). Additional comments were taken from HSE officials.

11. These comments have lead us to re-draft the statement and this new version is attached at **Annex A**.

Is the Commission now content that the statement (Annex A) provides the basis for going out to stakeholders to secure their support?

Securing stakeholder support for the statement

12. The HSC strategy for workplace health and safety in Great Britain to 2010 and beyond sets out, in the section on '*How we will deliver the strategy,*' a number of early deliverables. Included is 'a statement on worker involvement by February 2004.'

13. There are indications that the CBI would be reluctant to sign the statement. Other employers' organisations may be willing to do so. Commission members have an important role to play in brokering support.

The Commission's views on what we need to do to secure stakeholder support for the statement would be welcome.

Consultation

14. Key stakeholders have had an opportunity to express their views that have been considered in revising and developing the statement.

Presentation

15. This needs handling as part of the publication of the new HSC strategy.

Costs and Benefits

16. The Regulatory Impact Assessment for the worker involvement and consultation programme focussed on the planned Regulations which we will not now be proceeding with – see HSC/03/83 of July 2003). We consider that the new range of voluntary measures will be far more effective and produce greater benefits than the new Regulations would have generated at significantly less cost.

Financial/Resource Implications for HSE

17. The financial and resource implications of the new measures to secure greater worker involvement and consultation on occupational health and safety are currently being worked up as part of the new levers programme and will be addressed as part of the planning round. We consider the new measures worth the potential investment.

Environmental Implications

18. None.

Other Implications

19. It is intended that the statement on worker involvement and consultation on occupational health and safety is applicable to Great Britain including Scotland and Wales although the mechanisms for taking these measures forward may vary for the devolved administrations. The Commission will be kept informed of progress of discussions with the devolved administrations.

Action

20. The Commission is asked to agree the recommendations set out at para. 3 above.

A Draft Collective Declaration on Worker Involvement

1. A statement of the Principle.

All workers have a right to work in places where all risks to their health and safety are properly controlled.

Workers who are encouraged to have a voice and are given the ability to influence health and safety are safer and healthier than those who do not. A universally involved and consulted workforce would be a major achievement and contribute to getting health and safety recognised as a 'cornerstone of a civilised society.'

An actively engaged workforce is fundamental to ensuring success of all other interventions on health and safety. It provides a 'reality check' for employers from the shop floor and helps ensure activities on health and safety lead to compliance.

These 'trust' relationships will build a shared vision of health and safety and if enough organisations encourage them they will reduce the overall need for state regulation.

2. HSC strategy and worker involvement.

This declaration sets out our belief in involving even more workers in health and safety. It admits below the challenges that we face. These do not discourage us – they motivate us to succeed. Evidence is presented that we agree shows what stands to be gained. And we say what we are going to do in a number of measures to improve health and safety by involving workers.

HSC's *Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond* describes the vision – to gain recognition of health and safety as a cornerstone of a civilised society and with that achieve a record of workplace health and safety that leads the world. We agree an essential part of this vision is a workforce fully involved in health and safety management and a vibrant system of workplace health and safety representatives operating in partnership with management. This statement is the basis of our renewed impetus to encourage greater worker involvement and consultation and commits us to develop new ways to achieve it.

3. A statement of current challenges.

Great Britain has changed how it works. We acknowledge that changes to the labour market and the growth of small industries biased towards intellectual capital has led to the following situation:

- There are not enough employers who properly involve and consult their workers on health and safety.
- There are not enough workers who are willing to come forward and take on health and safety responsibilities.

With changes to work patterns there is now a danger of significant reductions in consultation with workers by employers on health and safety. It is our belief this reduction will eventually undermine work to improve health and safety and stop us from achieving our targets. We recognise that proportionate HSE/LA enforcement continues to have a role to play for achieving compliance on consulting the workforce on health and safety. The challenge now is to build on this role and ensure employers and the workforce finds new ways to develop trust and work together. We believe this is possible, that there is a desire to engage with workers and safety representatives and we welcome the opportunity to make it happen.

4. A statement of methods of worker involvement

By involvement we specifically mean relationships between workers and employers based on collaboration and trust and nurtured as part of the management of health and safety. The most common and widespread arrangements are those relationships developed through trade union safety representatives and safety committees. Evidence outlined in section 5 makes clear that trade union safety representatives, through their empowered role for purposes of consultation, often lead to higher levels of compliance and better health and safety performance than in non trade union systems. We recognise this, support the invaluable contribution they continue to make to health and safety and support dialogue between us to continue and widen.

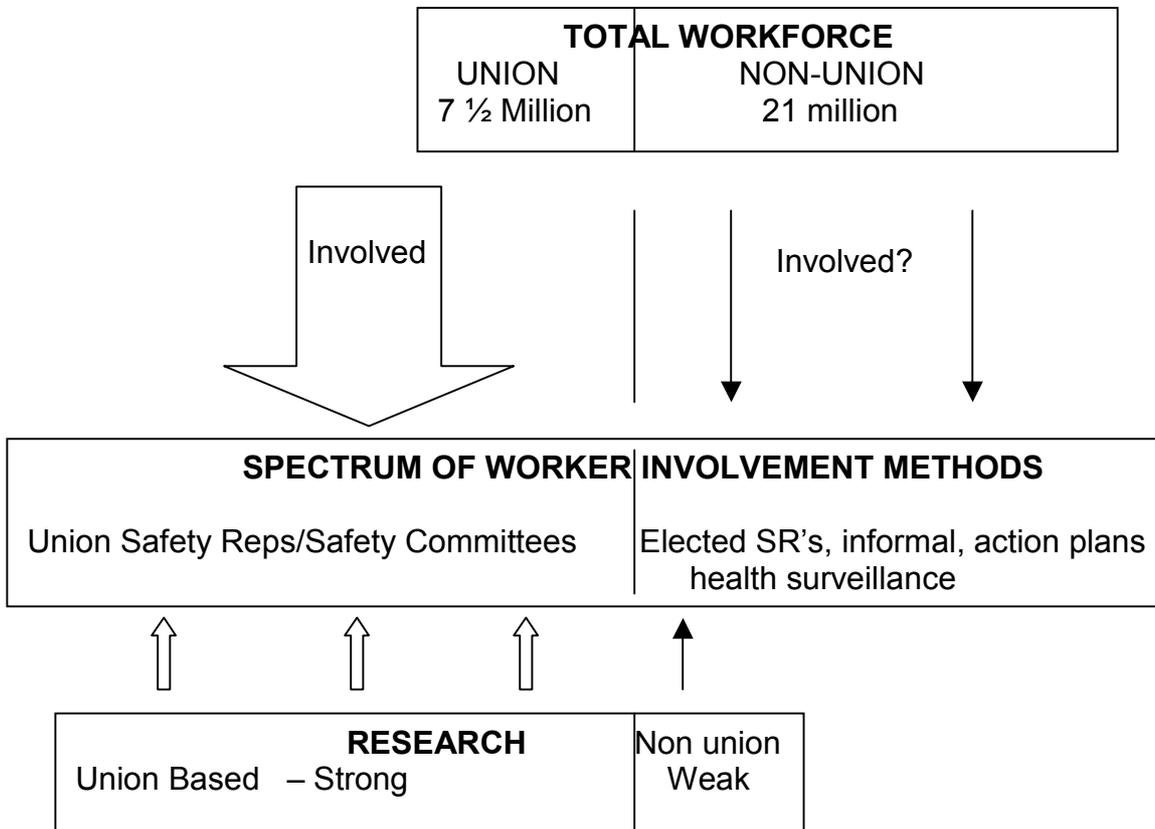
However as we noted above many workers, particularly those working in small and medium sized organisations, may not belong to trade unions and do not have access to trade union safety representatives. So we need to encourage workers to want to get involved and we encourage various methods of involvement appropriate to different circumstances. Examples we support for getting involved include ownership by workers of action plans and risk assessments; arrangements for 'feedback' between workers and employers; works councils with dedicated health and safety meetings and honest, open and supportive safety cultures. We will encourage employers to ensure workers take part in health and safety and listen and respond to their opinions, views and advice.

5. A statement of evidence.

We believe the statement of principle is based on evidence. We also believe, as described in section 4, that there are different methods for how workers can be actively involved and consulted on health and safety which may be more appropriate in some of the organisations in existence today. Organisations should assess the goals they need to

achieve to ensure good occupational health and safety and deploy the appropriate methods and techniques for worker involvement and consultation to achieve them.

There is an imbalance in the available evidence showing the impact of these ranges of methods and can be summarised diagrammatically:



Within this large amount of research into the trade union impact there is evidence of the positive impact trade unions have on health and safety performance, particularly where health and safety hazards are overt, showing they “react by reducing injury rates”¹. There is further evidence that trade union safety representatives, through their empowered role in consultation “shows the strongest relationship with safety compliance”².

On the other end of the scale there is less evidence of successful methods of involvement and consultation in small businesses where trade unions are not recognised or are without safety representatives for any other reason. Historically research has not penetrated in these areas and our understanding of what works is limited here. Of course this is the business environment for most businesses and about half the workforce. We need to improve our understanding of what works best for small businesses and produce appropriate solutions that are soundly based on the evidence.

¹ Trade Unions and Industrial Injury in Great Britain, Adam Seth Litwin, LSE, Centre for Economic Performance, 2000.

² Safety Behaviour in the Construction Sector, HAS/HSE Northern Ireland by Nick McDonald and Victor Hrymak.

However, we believe evidence exists of initiatives that can inspire and be adopted by many different kinds of organisations. With the support and involvement of trade unions and their representatives, initiatives to reduce injury and fatalities in the paper industry used a variety of methods for improving the management of health and safety. “Central to the initiative was the production of action plans by individual UK paper mills. These were implemented and monitored through the participation of both management and employees”³. The organisations that were by far the most successful and delivered the most dramatic reductions to injuries were those where workers discussed, contributed and took ownership of these action plans. We believe these lessons can be translated into many kinds of business environment.

The Worker Safety Adviser (WSA) Pilot was another good example of where partnerships between trade unions, employers and workers can lead to improvements in organisations that don't recognise trade unions. “Over 75% of employers reported that they had made changes to their approach to health and safety as a result of the pilot, including joint training for managers and workers, involving workers in risk assessments and controls and producing new or revised policies and procedures”⁴.

The available evidence and case studies, we believe, show the health and safety, social and business benefits of involving and consulting with the workforce. These are in the appendix.

6. A statement of activities

There are number of activities that we will contribute to and that we believe will help us achieve our goal of getting more workers and employers working in partnership on health and safety.

In order to begin this programme of work we are committed to:

- Work to ensure training needs are identified and means to develop the competence of all workers and of safety representatives in particular are put in place and working well. We want an informed and knowledgeable workforce.
- Work with safety representatives to help them carry out their vital work. We will work together encourage more workers get involved in health and safety and set out the role of safety representatives.
- Support the WSA Challenge Fund for levering in improved consultation and for developing partnerships between representative bodies, workers, employers and training organisations.
- Promoting and, where appropriate, contributing to campaigns that encourage more workers to get involved in health and safety. In particular we will ensure, where

³ The effectiveness and impact of the PABIAC initiative in reducing accidents in the paper industry. Greenstreet Berman Ltd, HSE, CRR 452/2002.

⁴ The Worker Safety Advisor (WSA) Pilot. York Consulting with Fife College of Further Education, HSE CRR 144/2003.

appropriate, our speeches draw attention to the importance of worker involvement and consultation.

- We will discuss with HSE and LA's the practical steps that could be taken to move this agenda forward. HSE has outlined a set of intervention strategies to be developed with LA's and we are pleased to see that these include working with safety representatives, trade unions and other organisations representing workers to support them in their roles.
- Acting upon research that identifies innovative solutions for getting more workers involved in and consulted on health and safety.
- Reviewing the success of these measures and contributing to monitoring and evaluating whether more workers are better involved in and consulted on health and safety.

ANNEX B

The Impact of worker involvement and consultation on workplace health and safety

Evidence and Case Studies

Evidence and case studies in the next two sections show why we believe getting workers involved in health and safety is crucial. It is crucial for all workers' health and safety, it is vital for creating productive and innovative environments to work, it is important for reducing the social cost of health and safety failure and the expense of regulation and is crucial for organisations in their management of risk and reputation.

We are not claiming that workforce involvement is the only way to improve health and safety or claiming its absence stands alone as the causal factor for the waste and despair of failure. All the evidence below must be read with this in mind. However, it is vital and is best seen as an irreducible element of a 'constellation' of interdependent attitudes, behaviours, actions and processes that must be present in any organisation.

1. Evidence for improved H & S through trade union models of involvement and consultation.

1. Trade Unions and Industrial Injury in Great Britain, Adam Seth Litwin, LSE, Centre for Economic Performance, 2000.

"Using WERS 98 this paper establishes a cross-sectional link between trade unions and occupational injury rates, revealing that unions gravitate to accident-prone workplaces and react by reducing injury rates."

Where there is a union presence the workplace accident rate is 24% lower than where there is no union presence. (0.0155 compared to 0.0207 respectively).

2. Unions, Safety Committees and Workplace Injuries, No.31. Dept of Economics and Applied Econometrics Research Unit. Paci, Reilly and Holl.

"The paper exploits the Workplace Industrial Relations Survey from 1990 (WIRS3) to examine the determinants of workplace injuries for a sample of manufacturing establishments in Great Britain."

- Organisations with union safety committees have 50% lower injury rate per 1000 than average
- Organisations with non-union safety committees have 40% lower injury rate per 1000.
- The weakest reducing effects on injury rates are when management deals with health and safety without any form of worker consultation.

3. Safety Behaviour in the Construction Sector, HAS/HSE Northern Ireland by Nick McDonald and Victor Hrymak.

“The goal of the research was to investigate the factors that influence safety behaviour and compliance with safety requirements on construction sites.

The presence of a safety representative on site shows the strongest relationship with safety compliance. It appears that safety representatives influence safety compliance through their influence on responses to audits and hazards, encouraging the reporting of hazards and help ensure these reports lead to better safety.

“This study demonstrates the potentially strong role which safety representatives can play in influencing both behaviour and compliance with safety requirements. All sites should have safety representatives and their role and functions should be reinforced as part of the safety management system.”

4. Worker representation in health and safety: Options for regulatory reform, Industrial Relations Journal, vol.33, no.2, page 141-156, June 2002. P. James and D. Walters.

UK professors Phil James and David Walters conclude: “a variety of studies, both in this country and overseas, have found the collective representation of workers to have beneficial consequences for standards of worker protection, particularly when it operates through trade union channels. In particular, several of these have highlighted determination of health and safety by management and lowest where mechanisms of union-based representation are present.”

5. The Healthy Workplace? A Robinson and C Smallman. The Judge Institute of Management Studies, 3 March 2000.

“The proportion of employees who are trade union members has a positive and significant association with both injury and illness rates. The arrangements associated with trade unions – formal OHS arrangements of committees and representatives – shows these lower the odds of injury and illness when compared with arrangements that merely inform employees of OHS issues.”

“The odds of illness seem to be more conditioned by the presence of more formal committees (general and specific) which deal with health and safety matters. Lower injury rates, on the other hand, are more likely to occur in the presence of OHS representative.”

6. Safety Cultures: Giving Staff a clear role. HSE, CRR 214/1999

“The first people to realise something may be going seriously wrong in an organisation are usually those who work there. Yet employees often do not voice such concerns or they voice them in the wrong way. Where staff concerns about health and safety are not raised the implications can be disastrous – Clapham Rail Crash, Piper Alpha Explosion (this killed 167 people and cost an estimated £2 billion).

“Employees tend to report concerns via the route that they perceive as being most effective. There is a far greater willingness to report concerns over equipment,

procedures etc. than over the behaviour of an individual. In organisations with poorer safety cultures, the union and safety rep. are seen as being highly effective routes for raising health and safety concerns. Personnel are not.”

2. Evidence for the business benefits of worker involvement (Health and Safety and general).

7. The effectiveness and impact of the PABIAC initiative in reducing accidents in the paper industry. Greenstreet Berman Ltd, HSE, CRR 452/2002.

“In three years the cost of the PABIAC initiative was cost neutral. That is the initiatives cost £21.6 million and in three years the cost reductions of averted injuries and other costs was about £20 million. Major and fatal injury rates have reduced by about a quarter across the entire industry, in three years.”

What were the initiatives?

“In 1996 the Graphical, Paper and Media Union prompted the Paper and Board Industry Advisory Committee (PABIAC) to find ways to improve safety culture and safety management.

“A key element of safety culture concerns workforce involvement and consultation. Poorer mills failed to recognise the importance of workforce involvement in terms of developing accepted safety measures, which led to increased enforcement and also resulted in a failure to modify the failing systems.

“Central to the initiative was the production of action plans by individual UK paper mills with the intent of formalise and document risks assessment and risk control processes. These were then implemented and monitored through the participation of both management and employees.

“PABIAC initiative was cited as the reason underlying the massively improved cooperation between management, safety representatives and employees in the development of appropriate risk controls.”

8. The Healthy Workplace? A Robinson and C Smallman. The Judge Institute of Management Studies, 3 March 2000.

“Our contention is that organisations reap significant benefit in looking after the welfare of their employees and ensuring a safe and healthy workplace.”

“Lam and White (1998) argue that firms with a strong human resources orientation are likely to enjoy substantial cost savings by reducing employee absenteeism and turnover rates. These firms develop a more competence workforce through a stronger emphasis on recruitment, compensation, training and development. Guest (1999) found that progressive human resources management (HRM) is associated with higher ratings of fairness, trust and management delivery.”

“Boxall and Steeneveld (1999) find a strong link between HRM style and competitive advantage. Of these practices one in particular has been found to be important. Fuller (1999) develops a strong case for the role of employee participation in developing effective safety management systems.”

“The influence of employee representation on health and safety is well established, particularly in the industrial relations literature. Codrington and Henley (1981), Hebdon and Hyatt (1998), MacIntosh and Gough (1998), Mayhew and Quinlan (1997), Rebitzer (1995) and Reilly et al (1995) each find that trade union membership has a strong influence over health and safety performance. Outside of unionism the form of health and safety arrangements is a critical issue and both Reilly et al (1995) and Weil (1999) find evidence to support the efficacy of OHS committees.”

9. Rehabilitation – the workplace view. A TUC report, July 2002. Labour Research Department.

“Employers willing to work together with employees and their unions are more likely to make a success of rehabilitation. One symbol of this is sickness-absence statistics, which are more likely to be made available in good practice workplaces, and are generally given to health and safety committees or union reps rather than the workforce as a whole. This was the case at 38.1% of the good-practice workplaces.”

10. Partnership at Work. Dr John Knell, Industrial Society. DTI (1999).

“The success of new work systems is seen as being dependent on the development of high-trust relations with the whole workforce.

“Our evidence suggests that whilst a partnership approach is usually prompted by managers in the first instance, it falters unless the organisation quickly achieves support from all parties. The practical implication of this is that for partnership to feel authentic to employees they have to be given increased voice, influence, discretion and responsibility.

“All of the firms in this study assert that adoption of a partnership-based approach has helped them achieve enhanced competitive performance. For example:

- Borg Warner had doubled the size of its workforce and increased its turnover by 60%.
- Trifast has doubled its turnover and workforce and trebled its profits.
- More broadly they all reported low levels of staff turnover and absenteeism.

3. Evidence for existing worker involvement in a workplace.

- Safety Culture: A review of the literature 2002, HSL (Human Factors)

“A review of the safety climate literature revealed that employees’ perceptions of management’s attitudes and behaviours towards safety, production and issues such as planning, discipline etc. was the most useful measurement of an organisation’s safety climate.”

“Vassie and Lucas (2001) found that organisations who used supervisors within the work environment had little employee involvement in safety activities and showed a lack of specific health and safety communication to staff.”

Case Studies

We consider Case Studies as vital for seeing how worker involvement can be made to happen effectively in a variety of circumstances. It is essential for others to use and copy what works and should be the basis for any campaign publicising how to get more workers involved in health and safety. A key document on this subject is '*Creating partnerships for prevention, joining up health and safety – TUC/CBI*' Feb 2001.

1. The effectiveness and impact of the PABIAC initiative in reducing accidents in the paper industry. Greenstreet Berman Ltd, HSE, CRR 452/2002.

Mills with good safety cultures typically had accepted definitions and standards of safety related behaviour. Typically, good mills had got this message across by 'getting people on board' by a variety of methods:

We surveyed the workforce on what they understood safety to be, and went from there;

We focussed on attitudes, training, systems of work and involvement;

It's about hearts and minds and leadership, far more than it is about systems.

2. Report of the NHS Taskforce on Staff Involvement – The Public sector context <http://www.doh.gov.uk/nhsexec/staffinv.htm>

Alan Milburn announced he was setting up a Taskforce to look at how frontline staff could be more involved in improving services. The Taskforce spent 10 months visiting NHS workplaces – both large and small, rural and urban – and reported to Ministers. They said the best people to make decisions about patient care were the frontline staff who looked after them; they said that this was the only way for unions and managers to break out of destructive "win-lose" industrial relations and work together in social partnership for the benefit of patients and staff.

The author's state: "staff involvement can be made to work across the NHS. There is no quick fix. Creating an involving culture takes time. Our report is studded with examples of NHS organisations that have made it work. Our key recommendations:

- Investment in leadership skills across the NHS is a top priority. Effective staff involvement only happens where leaders at all levels in an organisation are committed to an open, participative working style;
- Staff involvement and good industrial relations go hand in hand;
- Action at local level to involve staff in establishing local statements of rights, to invest in staff development and to monitor progress on staff involvement; this means making time for staff to become involved.

3. "Involving employees in health and safety. Forming partnerships in the chemical industry." HSE Books.

At a major hazards site in the chemicals industry, a wide-range of problems is being tackled by Continuous Improvement Teams (CITs). These give real control and ownership of site processes to workers whose knowledge and expertise was previously not fully

tapped. The teams review current onsite activities and make recommendations to managers for improvement. The results have included the introduction of new equipment, amending and introducing procedures, redesign of equipment and raising awareness. The teams continue to monitor the results of any changes.

The teams comprise a wide variety of staff, comprising technicians, supervisors, resident contractors and sometimes managers. A manager acts as a project champion for each CIT to monitor progress and provide resources, etc. All team members attend a two-day training course on the role of CITs and problem solving techniques. Three years after setting up CITs 232 of the 300 employees and also 16 contractors had participated in them.

4. “Employee involvement in health and safety. Some examples of good practice.” HSL Report.

Accident statistics showed that maintenance employees on a particular site were consistently having the most accidents. Safety systems of work were already in place but accidents still happened and the company recognised that if they wanted to change the situation, they would have to engage employees in the safety process itself.

The company began the process by encouraging employees to identify personal safety issues and develop their own safety systems of work. The new approach was introduced through a pilot group in one area of the site involving a small group of operators, engineers and a manager. This group of employees carried out risk assessments, identified the hazards and the relevant control measures. After each work instruction was developed it was signed off by a manager to show that they took responsibility for the agreed course of action. Maintenance crew and operators also had training in isolation procedures.

This system has been running for a few years, and it is constantly being updated and reviewed through employee feedback. The fact that the operator and maintenance teams design the system has resulted in workforce pride and ownership of the whole system and decreased conflict between the two groups. The system is more time efficient than the old one and has contributed to a reduction in maintenance and first aid injuries since its introduction.

5. “HSE Business Case for Health and Safety.”

At a brick manufacturer in London, the site manager realised that while the company spent a considerable amount of money and time on maintaining the site and equipment it spent much less on maintaining their staff. The site manufactured special shaped bricks and this involved the repetitive handling of bricks and manual handling was known to be the most significant cause of site injuries. The site manager had learnt of another company who had used an osteopath to reduce such injuries.

The osteopath provided training to all staff on how the body works and how to recognise the physical symptoms when the body is under undue pressure. The osteopath also explained straightforward treatments and exercises that help prevent manual handling injuries.

The health and safety benefits of the approach has been:

- Annual days lost dropped from 60 – 34.
- Number of manual handling injuries dropped from 10 to 3.
- The injury severity rate has dropped from 30 days lost per 100,000 staff hours to 23 days lost.

6. “GMB working well together with Nestlé’s.” Case study.

A joint initiative over 3 years (1996-1999) by the GMB and Nestlé’s in York cut slipping accidents by 60%. The site is a large confectionary production unit employing around 2,000 people. In 1996, slipping accidents represented 33% of the total accidents in the workplace. By jointly planning an action plan, the GMB and Nestlé’s successfully cut the accident rates. 18 Months after the slips initiative, a similar effort was made with manual handling. Within 2 years, manual-handling accidents had been reduced by 40%.

The following were key factors in this significant improvement in accident reduction: senior managers and the GMB agreed that an initiative should be taken jointly to reduce slipping accidents, all managers, team leaders and Safety Representatives were briefed about the initiative, each site safety committee had to report their action to reduce slipping accidents on a regular basis, all slipping accidents had to be jointly investigated using a specific reporting procedure, and the initiative was periodically reviewed by the GMB nationally.

The initiative at Nestlé’s continues and the Company and the GMB are developing methods that will continually prevent accidents as part of the daily business.

7. “GMB working well together with GKN.” Case study.

During 1998, the GMB began work with the Wheels Division of GKN. It was agreed that the GMB would provide joint training for managers, supervisors, Safety Representatives and employees. The aim of joint training was to raise the awareness and importance of health and safety to ensure that GKN reduced their accident rate.

To achieve this, a number of key messages and aims were identified. Among the most important were: reinforcing the principle that good health and safety practise is desirable from both a moral and financial point of view. Compliance with relevant legislation should back up this principle not lead it, everyone in the organisation should have a common understanding of responsibilities and limitations, and developing an integrated team work approach to health and safety management.

The aims were achieved by a variety of methods and were delivered in a series of three-day training courses. The GMB Regional Health and Safety Officer, Martin Bevan delivered training, with input from the GKN Health and Safety Manager. Each training course, among other things: held a series of frank and open discussions, as the company and the union had committed themselves to a ‘no recrimination’ policy, was undertaken with a mixture of managers and employees from different levels within the company, covered at length individual and collective roles and responsibilities. This helped to correct some deeply held misconceptions, and ensured that a teamwork approach was fostered by coursework being undertaken by syndicates comprising of a variety of skills.

Following the GMB/GKN initiative there has been a 38% reduction in reportable accidents.

8. GMB working well together with William Baird.” Case study

The Company has now gone but the project is still valid because of what was achieved still continues in the UK and European Clothing Sector. In this example, the injuries were not perceived as serious. However needle punctures were normally first aid treated injuries rather than lost time. The driver here was insurance costs. The GMB were well organised in the Clothing Sector and most stewards knew that claims could be made for these type of injuries. To challenge a claim would be expensive so it was cheaper in many cases to pay up. William Baird self-insured for the first few hundred thousand. So there was a significant financial reason to prevent these accidents.

Rather than go down the 'awareness raising' route, the Company encouraged the site with the worst record to produce a guard that everyone was happy with, including the Risk Manager. So, the workers were involved with the design of the guard: that made it user friendly. The GMB supported the fitting of the guards: this helped with some operator resistance. The Company received a royalty payment for each of the guards sold. The concept of an encapsulating guard was successfully promoted into the new CEN standard on industrial sewing machines. Claims reduced significantly, as clearly did accidents. Up until the company closed there was not one first aid injury reported where guards had been fitted to machines. Some operators caught their fingers on the needle when they were changing thread. However, injuries where the machine was under power were virtually eliminated.

9. “A recipe for safety.”

Management and safety representatives at a large food production site set up three health and safety sub-committees to look at the high rate of injuries caused by slips, trips striking against objects and burns. Their actions resulted in injury reductions of 22%, 41% and 43% respectively for the three causes of injury during the first year. A new sub-committee has now been set up to look at injuries caused by cuts.

Management and safety representatives working together at another large production site achieved reductions of 50% in slips injuries and 33% in manual handling injuries.

Much of the work on a food production site involved employees manually lifting 25 kg bags of sugar, biscuits and crumbs. The safety representatives recognised the risks and initiated joint discussions with management on the introduction of mechanical hoists and lifting aids and using competent trainers to ensure that correct lifting techniques were used.

10. General

- Safety Committees

Research by Coyle and Leopold, 1981; Beaumont et al., 1982 showed the following features are effective:

The presence of a senior manager to approve key decisions

Safety officers etc should be recognised and all members have an equal opportunity to raise issues

Feedback to and from workers should be regular

Regular meetings are pre-arranged times

Committee membership should reflect representation within the company eg. if more than one TU all should be present.

Regular attendance from all members to build solid relationships

Other elements suggested by Dickety et al.' 2002:

Minutes from each meeting to be recorded and circulated to the workforce

H & S actions assigned to individuals with time frames for review.

Discussion of accident trends and near misses.”

- Communications

Often companies are good at cascading information from management downwards but less effective in establishing two-way communication. One way an organisation can improve communication from employees is through establishing boards within the workplace in which employees can highlight safety and production issues and suggest solutions to other worker problems. Cooper (1998) says that important information is best conveyed through verbal face-to-face meetings first and then posted on a notice board.”

HSL, Safety Culture: A review of the literature.