

Health and Safety Commission Paper		HSC/06/88	
Meeting Date:	7 November 2006	Open Gov. Status:	Fully Open
Type of Paper:	Above the Line	Paper File Ref:	SASD/246/1005/06
Exemptions:	None		

HEALTH AND SAFETY COMMISSION

Worker Involvement: Proposals on the future of the Worker's Safety Adviser initiative and first findings from the consultation exercise

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Issue

1. To update the Commission on the worker involvement consultation and to decide how best to take forward the Workers' Safety Adviser (WSA) initiative once the WSA Challenge Fund closes in March 2007.

Timing

2. Consideration of the future of the WSA initiative is required now to make the necessary arrangements in good time for post-Fund arrangements to be in place for April 2007, if the Commission supports such an option.

Recommendation

3. That the Commission:
 - (a) **Notes** the first findings of the worker involvement consultation and that fuller results will be presented in February 2007;
 - (b) **Notes** the results of the WSA Challenge Fund; and
 - (c) **Agree** that the WSA initiative should discontinue after the Fund concludes in March 2007 and that ideas for mainstreaming its lessons should be worked up as part of current HSE thinking on how best to offer advice and support to small and medium-sized enterprises (SME). HSE would welcome the Commission's views on how best to do this.

Background

4. In February 2006, the Commission agreed to issue a consultative document (CD) on worker involvement on strategies to improve the quality and quantity of worker involvement in health and safety risk management. "Improving worker involvement – Improving health and safety" was published on 24 April 2006 and the consultation closed on 8 September 2006. The CD argued that there are three pillars to a strategy to involve workers: legislation, guidance and encouragement. It highlighted the need for a balance between the three pillars and invited comments on options for strengthening each of them, including possible amendments to the legislation on consultation with employees, revised guidance on good practice, and activity to encourage employers and their workers to strive towards best practice in worker involvement. The document

suggested that one element of the “encouragement” pillar was the “WSA” initiative, the current phase of which (the WSA Challenge Fund) comes to a close in March 2007. **Annex 1** gives background information about the WSA initiative.

Argument

Results of the Consultation Exercise

5. HSE has received 440 written replies to the consultation. Of these, 279 responses are identified as from safety representatives, some of whom have submitted identical responses based on TUC and union briefings. Formatting of responses for full analysis is underway and it is not yet possible to give a detailed breakdown of replies, or to report comprehensively on the substance of the feedback. There are, however, common themes that are emerging from an initial reading of the replies. These give an indication of the types of recommendations being made and concerns being raised by consultees. These are summarised at **annex 2**. HSE expects to be able to present the final results to the Commission in February 2007.

The WSA Challenge Fund

6. **Annex 3** gives information about the evaluation of the WSA Challenge Fund, including information about its geographical spread and the industry sectors covered by the projects.
7. The Fund can justifiably claim success in that there are good reasons for supposing that broadly, it has improved health and safety in those organisations it reached through encouraging more and better worker involvement. However, it is not a particularly cost-effective way of delivering an advice service to SMEs. This is particularly relevant in considering any follow-on from the Fund.

Future of the WSA initiative

8. Views on the future of the WSA initiative have been gathered through direct communication with key stakeholders and also through a question in the worker involvement consultative document.
9. In examining options to encourage voluntary action to involve workers, the CD asked respondents for their views on whether the WSA initiative should be continued and what form any continuation should take. Responses demonstrated no strong public feeling about the WSA initiative. Of 440 written replies, only 232 expressed an opinion on whether the initiative should continue. Of those, 78% were in favour of continuing the fund and 22% were against. However, these figures do not tell the full story. Many of the respondents stated that they had not had any personal experience of the Fund, or had not heard of it before the consultation. Those in favour of the Fund's continuation expressed their support for the general principle that it is better to provide something that helps organisations involve their workers than not, rather than a model based specifically on the WSA initiative.
10. In their response to the consultation, the Federation of Master Builders stated, “A WSA style scheme is the most effective way of increasing worker involvement and improving health and safety standards in construction SMEs”. This was supported in our direct consultations on the WSA initiative, which showed that there was strong support from trade unions for the continuation of a WSA-type service in the construction industry, where it was felt that union participation in the WSA initiative had successfully increased worker involvement and improved health and safety standards in construction SMEs. HSE is considering how best to build on the commitment of all

parties connected with the London Olympics to stimulate worker involvement in construction, so that they can be a showcase for worker involvement.

11. Consultations also took place through the WSA Challenge Fund Management Board and with key stakeholders directly (TUC, LACORS, CBI, EEF, FSB, IOD and IOSH). We examined a number of approaches and put forward three options:

- Integrate the principles of the WSA initiative into the Workplace Health Connect (WHC) scheme;
- Operate a worker involvement service internally through HSE's Health and Safety Awareness Officers (HSAO), with the assistance of Acas to train them; and
- Operate a WSA service based on the UCATT regional safety adviser model and roll this out through trade unions.

12. These options were formulated by considering ideas against a range of criteria which included:

- Integration within current HSE initiatives;
- Providing a wide-reaching WSA service to both unionised and non-unionised SMEs;
- Ensuring that a WSA service is free from the fear of enforcement;
- Resource implications; and
- Commanding stakeholder support.

More information about the options is at **annex 4**.

13. No clear consensus emerged amongst stakeholders. Consultees felt that the WSA initiative had been valuable, but other ways to deliver greater worker involvement in the management of workplace health and safety should be explored. There was no agreement on the best way to do this. In particular, unions did not consider that the Workplace Health Connect model was a suitable vehicle, or that the UCATT model should be rolled out more widely. No stakeholder argued strongly for a national rollout of a further WSA scheme.

14. There is therefore limited room for suggesting any follow-on activity in the WSA initiative. Whatever new initiative we suggest is unlikely to gain sufficiently widespread support to make it worthwhile. HSE's recommendation is therefore to close the initiative after Round 3 of the Fund and build the learning into HSE's mainstream work, particularly on how best to offer advice and support to SMEs. HSE would welcome the Commission's views on how best to do this.

Consultation

15. Internally and with CBI, EEF, FSB, IOD, IOSH, LACoRS, TUC and the Fund's management board.

Presentation

16. There may be Ministerial, stakeholder and possible media interest in the decision. We will need to be clear that while the WSA initiative has had some successes, it is now the time to mainstream the learning points into HSE's core work. A handling strategy to manage stakeholder expectations would be developed if the Commission supports the recommendation.

Costs and Benefits

17. Given the recommendation to mainstream the learning from the WSA initiative into HSE's activities, the costs and benefits relate to those of worker involvement in

general. There is substantial evidence that improving worker involvement, whether in health and safety or in other areas of business, delivers improvements in performance. It is difficult to quantify these because so much depends on what activity is necessary and best for each organisation. However, anecdotal and case study reports suggest that in many cases, the benefits of worker involvement activities outweigh the costs.

Financial/Resource Implications for HSE

18. DWP granted HSC/E £3m from April 2004-March 2007 to administer the Fund. HSE incurred some administrative costs associated with starting up the Fund. Other costs included setting up the Management Board, Fund manager, evaluation, devising the logo, supporting publicity, holding several events for the award winners and staffing costs. It is estimated that about £450K has been spent from HSE's resources over this three year period. This includes £235K on the evaluation. Although the majority of the learning from the Fund is captured in the evaluation, a small (£50K) project is proposed for 2007/08 to complete the evaluation of the sustainability of the WSA's interventions. The Worker Involvement team is already resourced to take the mainstream work forward.

Environmental Implications

19. None

Other Implications

20. None

Action

21. The Commission is invited to:

- (a) **Note** the first findings of the worker involvement consultation and that fuller results will be presented in February 2007;
- (b) **Note** the results of the WSA Challenge Fund; and
- (c) **Agree** that the WSA initiative should discontinue after the Fund concludes in March 2007 and that ideas for mainstreaming its lessons should be worked up as part of current HSE thinking on how best to offer advice and support to SMEs. HSE would welcome the Commission's views on how best to do this.

The Workers' Safety Adviser initiative

Workers' Safety Adviser Pilot

1. In 2000 HSC agreed a series of measures with Ministers to promote and improve worker involvement in health and safety. One of these measures was a pilot scheme to explore the effectiveness of Workers' Safety Advisers (WSAs) for increasing employee involvement in small businesses. It used existing skills and structures within the health and safety system (trade unions, employer groups, HSE) and deployed them in SMEs in 'hard to reach' sectors.
2. The WSAs were mostly trade union safety representatives and acted both to represent the interests of workers on health and safety and to build partnerships with and between employees and employers.
3. The pilot was designed to:
 - Assess the role of the WSA;
 - Assess the benefit of the WSA role to employers;
 - Assess the benefit of the WSA role to workers;
 - Identify the effectiveness of the elements of the WSA portfolio in supporting workplace compliance and awareness; and
 - Identify the minimum and optimum requirements for experience and training for the WSA.
4. The pilot deployed nine WSAs over a nine-month period in four sectors that HSC/E considered would benefit most from external support, advice and participation, with activities in four English regions, Scotland and Wales. The sectors were:
 - Automotive engineering – West Midlands;
 - Construction – SE, NW England and Scotland;
 - Hospitality – London and South Wales; and
 - Voluntary – London, NE and NW England.
5. The pilot was evaluated and found that:
 - Involvement of WSAs had led to improvements in small non-unionised workplaces and their approach to health and safety;
 - The WSA Pilot successfully met the objectives of increasing employee consultation and raising health and safety standards;
 - 75% of employers made changes to their approach to health and safety;
 - Nearly 70% of employees noted increased discussion on health and safety; and
 - 43% of employers (10% strongly) indicated a possible willingness to contribute towards the cost of participating in any future WSA scheme.

Developing the WSA Pilot

6. In May 2003, HSC was presented with seven possible models to consider for delivering a WSA scheme:
 1. Consultants – free market consultancy approach;
 2. Trade union provision of WSAs - open competition;
 3. Trade union 'spheres of influence' – coordinated approach;
 4. Trade union managed scheme coordinated by TUC;

5. TUC managed scheme built on support of trade unions;
 6. Independent national scheme steered by a joint management board comprising HSE, TUC, trade unions and employers' organisations; and
 7. Direct management by HSE
7. The HSC supported option 6 and agreed that the way forward for the WSA initiative was to build on the success of the pilot and to focus activity in certain sectors such as the, voluntary, hospitality and the construction sector rather than a nation wide scheme. The HSC Chair wrote to Ministers in July 2003, with the report of the evaluation of the WSA Pilot.

WSA Challenge Fund

8. In October 2003, the Rt. Hon. Andrew Smith, then Secretary of State for Work and Pensions, announced the creation of the WSA Challenge Fund. DWP granted HSC funds of £3m (£1m in each of the three years of the scheme) to take the Fund forward, which commenced 1 April 2004 and is due to conclude at the end of March 2007.
9. The Fund was designed to enable partnerships, such as trade unions and employers' associations, or local authorities and primary care trusts, to test innovative ways to deliver greater worker involvement in health and safety management. WSAs were employed to promote partnership working between workers and employers to identify and manage risks together, but **not** to be the means by which worker involvement occurred (for example, by acting as safety representatives). They also provided an expert source of health and safety information. The Fund primarily focused on small and medium-sized enterprises (SMEs), which lacked arrangements for involving their workforce in the management of their own and others' health and safety.
10. HSE appointed an external Fund manager to administer the Fund, and an evaluator to determine the overall achievements of the Fund. HSE also appointed a Management Board representing stakeholder interests to select the projects to be funded, monitor the progress of successful applications and to mentor individual projects.

First findings from 'Improving worker involvement – Improving health and safety'

1. The Commission's consultation on strategies to improve the quality and quantity of worker involvement in health and safety risk management, Consultative Document (CD) 207 'Improving worker involvement – Improving health and safety,' was published on 24 April 2006 and the consultation closed on 8 September 2006.
2. The CD argued that there are three pillars to a strategy to involve workers: legislation, guidance and encouragement. It highlighted the need for a balance between the three pillars and invited comments on options for strengthening each of them, including possible amendments to the legislation on consultation with employees, revised guidance on good practice, and activity to encourage employers and their workers to strive towards best practice in worker involvement. As well as the full CD, HSE published a summary document to introduce the issues under discussion. It was anticipated that this summary document would be particularly helpful for workers and smaller businesses.

The process of consultation – publication and promotion of the CD

3. The CD and summary document were sent directly to a list of 227 organisations and individuals. Hard copies were also made available through HSE Books, which fulfilled requests for 387 copies of the CD and 619 of the summary. The consultation was publicised through HSE's website, where all documents were published, and through stakeholder events. There have been 10,276 visitors to the consultation website, 3,759 of whom viewed the CD and 3,084 viewed the summary document. In addition to encouraging written responses to the consultation, in June 2006 HSE organised discussion meetings in Manchester and London, to introduce the CD and encourage broad discussion of the issues involved.
4. The TUC and a number of individual trade unions were active in promoting the consultation to safety representatives and the TUC published a briefing document to help representatives draft their replies. Employers' organisations were also active in promoting the consultation to their members.

The process of consultation – responses

5. HSE has received 440 written replies to the consultation. 279 responses are identified as from safety representatives, some of which have submitted identical responses based on TUC and union briefings. Further analysis of the content of all responses will allow for a precise breakdown of personal reply forms from safety representatives, workers and managers and for identical answers to be grouped and quantified. We have received replies from many key stakeholders, such as the TUC, CBI, EEF, FSB and a number of trade unions, trade and other associations representing a variety of industries. All available methods of response (online; email; post) were used. Feedback was also gathered at our discussion meetings in Manchester and London, which were attended by a total of 70 people and generated lively debate.

First findings and emerging themes

6. Formatting of responses for full analysis is underway and it is not yet possible to give a detailed breakdown of replies, or to report comprehensively on the substance of the feedback. There are, however, common themes that are emerging from an initial reading of the replies. These give an indication of the types of recommendations being made and concerns being raised by consultees.

7. Respondents have welcomed the consultation and recognised the **importance** of worker involvement in health and safety risk management. In broad terms, trade unions and safety representatives favour a **legislation**-led approach, with more legal duties on employers and more proactive enforcement of existing and future laws by HSE and LAs. Indeed, many argue that enforcement should be viewed as a fourth “pillar” to the strategy, an argument that was also put forward at our discussion meetings. The TUC and the majority of trade unions and safety representatives who have responded to the consultation have argued for more far-reaching legislative change than is proposed in the CD. They have, nonetheless, welcomed our two proposals.
8. Conversely, employers’ organisations favour a **voluntary** approach. Their responses express scepticism about the ability of legislation to encourage consultation and involvement and concern about increased requirements for record keeping and bureaucracy. The CD asked for information to update its partial Regulatory Impact Assessment, which indicated that changes to the law would cost more than the benefits they would produce. At the present level of analysis, it appears that evidence that the benefits of regulatory change would outweigh the costs has not been produced.
9. There is almost universal agreement that existing **guidance** is useful but that it could be improved, with many respondents highlighting the need for guidance to be accessible, use Plain English and to provide practical examples. Many respondents would find illustrations of best practice and case studies useful. The TUC and a number of individual unions and safety reps argue that new guidance should be included as part of an updated ACoP. Employers have not expressed a specific desire to see the ACoP updated.
10. The responses include numerous examples where organisations are not consulting or involving workers successfully. However, there are also many cases in which systems are working well and of organisations where workers, representatives, employers and health and safety professionals all play an active and cooperative role in managing health and safety. These suggest that the consultation will highlight opportunities to learn about successful involvement, where it is achieved and what can lead to failure, and to develop further case studies.

Next steps

11. HSE expects to provide a full report on the consultation, with recommendations for implementation of its findings, for the Commission’s meeting in February 2007.

Key Findings from the WSA Challenge Fund Evaluation

1. We have received evaluation reports from the first two years of the Fund. These reports tell us that the Fund has had some successful outcomes. In the organisations it was able to reach (probably mainly those who were already partly convinced of the merits of worker involvement), it has:
 - Engendered positive attitudes towards worker involvement;
 - Increased levels of worker involvement in some areas, although it is too soon to assess the long-term sustainability of these improvements;
 - Reached small and micro-sized organisations and hard-to-reach groups of workers, many of which would not have been receptive to advice from HSE or LAs because of the fear of enforcement action; and
 - Improved (or has led to actions likely to lead to improvements in) health and safety.

Through the Fund, we have been able to:

- Gain valuable insight and experience in engaging with SMEs and hard-to-reach workers;
 - Deliver Government policy through partnerships between worker, employer and independent organisations; and
 - Test out a range of different models and approaches to determine what works best within each organisation.
2. The Fund also produced several learning points that can be taken forward, such as:
 - Organisations must have reached a certain level of sophistication in health and safety management before worker involvement activities can add significant value; and
 - “Soft” or “people” skills, such as the ability to communicate, build trust, impartiality and being able to manage conflict, are as important as health and safety knowledge in engaging with employers and workers.
 3. These are important successes and findings that can be built into current HSE thinking on how best to offer advice and support to SMEs.
 4. The evaluation also raised some issues. One of the concerns arising from year one of the Fund was that there was neither the focus on worker involvement or a great deal of innovation in many of the projects that we had hoped to see. Rather than promoting worker involvement, some WSAs limited their role to being a health and safety consultant. Despite a real effort in year 2 to address these issues, the situation changed little. Evidence that the scheme probably mainly reached only those employers who were already well-disposed towards worker involvement – admittedly an important group – places limits on any further scheme’s likely scope for wider rollout.
 5. Copies of the second year evaluation report are available to Commissioners from the named contact. It will be published on the HSE website in due course in the usual way.

Cost-effectiveness of the Fund

6. Over the Fund’s three-year lifespan, 36 applications were funded from 25 partnership projects, as some projects were selected to receive funding in consecutive years. The projects reached approximately 2,150 SMEs and about 60,000 workers (assuming 28

employees per organisation, based on the evaluation). Figures from the evaluation indicate that the average cost per workplace was in the region of £1000. Most workplaces received three WSA visits. The cost per worker was about £40.

7. The Fund was more cost-effective than the WSA Pilot, considering the cost per workplace. Nevertheless, we estimate that, if the scheme in its present form were delivered to 10% of SMEs nationwide then the overall funding cost would be nearly £40m. If up to 38% of SMEs agreed to participate in this type of scheme (as the evaluation findings suggest), then if this level of uptake was universally achieved the cost would be closer to £160m. This is valuable information that will help HSE thinking on the costs of interventions to provide advice and support to SMEs.

North West England

Health@Work

▶ Retail and Hospitality Sector

Enworks

▶ Retail, hospitality, voluntary, Construction Sector

Groundwork Oldham and Rochdale

▶ Ethnic Minority Cross Sectoral

St Helens Chamber Ltd

▶ Cross Sectoral

ABF Enterprise4All

▶ Ethnic Minority Cross Sectoral

Wales

Rhondda Cynon Taf County Borough Council

▶ Voluntary Sector

Cylch

▶ Recycling Sector

Welsh Automotive Forum

▶ Automotive Sector

Deudraeth CYF

▶ Cross Sectoral

South West

Federation of Master Builders

▶ Construction Sector

British Printing Industries Trade Federation

▶ Print Sector

Marine South West

▶ Marine Sector



2004-7

- £2.7M Funding
- 25 Projects
- 73 Influential Social Partners
- 47 WSAs
- Nationwide Coverage
- 3185 SMEs targeted

Scotland

Scottish Trades Union Congress

▶ Voluntary Sector

North East England

Kirklees Metropolitan Borough Council

▶ Cross Sectoral

Sheffield Occupational Health Advisory Service

▶ Voluntary Sector

Coalfields Regeneration Trust

▶ Voluntary Sector

British Glass

▶ Glass and ceramics Sector

Scarborough Enterprise Agency

▶ Tourism and Hospitality Sector

Doncaster Women's Aid

▶ Voluntary Sector

Midlands

UCATT

▶ Construction Sector

GMB

▶ Asbestos Removal Sector

London

Park Royal Partnership

▶ Ethnic Minority Cross Sectoral

Healthworks in London

▶ Cross-Sectoral

Lambeth College

▶ Retail Sector



Options for a future WSA initiative

1. The original three options emerged from considering ideas against a range of criteria, which included:
 - Integration within current HSE initiatives;
 - Providing a wide reaching WSA service to both unionised and non-unionised SMEs;
 - Ensuring that a WSA service is free from the fear of enforcement;
 - Resource implications; and
 - Commanding stakeholder support.

Option 1 – Integrate ideas originated from the WSA initiative into the Workplace Health Connect (WHC) scheme.

2. This would involve expanding the role of WHC advisers to promote worker involvement as part of the service they are already providing. The benefits of this option are that the WHC Pilot scheme is already underway and could incorporate this additional service albeit with substantial HSE input. It is hoped to roll out WHC throughout England and Wales, potentially providing SMEs with access to high quality advice and practical information on worker involvement issues.
3. However, there is a risk that the scheme may not be rolled out if:
 - i) The evaluation indicates that the service is not effective;
 - ii) The service is not found to give value for money; or
 - iii) The resources are not available.
4. This approach may be perceived by some as offering advice to employers and not to employees. Pushing worker involvement may turn off some employers, and stop them from using the service. WHC will not be available to SMEs in Scotland, as they provide the 'Healthy working lives' service, which complements WHC. This option would not be supported by trade unions.

Option 2 – Operate a worker involvement service internally through HSE's Health and Safety Awareness Officers (HSAOs), with the assistance of Acas to train them.

5. Acas aim to improve organisations and working life through better employment relations. They provide up-to-date information, independent advice, high quality training and work with employers and employees to solve problems and improve performance. Acas are experts in consultation and could train HSAOs to go into companies, and work with employers and employees to devise mechanisms to increase worker involvement in health and safety issues.
6. However, this approach could well be resource intensive. It may be difficult to convince operational colleagues that it is high priority work. There was no stakeholder support for this option.

Option 3 – Operate a WSA service based on the UCATT regional safety adviser in construction model and roll out through trade unions.

7. Following the WSA pilot scheme, UCATT decided to launch a national network of health and safety advisers. These advisers are based in UCATT regional offices and aim to raise health and safety standards in the construction industry. This approach would involve working with the trade unions to develop this scheme. However, the construction model may not be suited to other sectors and a tailored model will need to be developed for those areas. This approach is unlikely to reach non-unionised organisations, which are seen as a key audience that would benefit from a WSA service. Employer bodies did not support this option and unions were not convinced that the approach could be rolled out more widely.