

Improving worker involvement - Improving health and safety

A summary of the issues raised in Consultative Document 207

This document is a summary of the Health and Safety Commission's Consultative Document *Improving worker involvement - Improving health and safety* (CD207). It introduces the consultation and gives an outline of the issues that we are consulting on.

To access the consultative document, please visit www.hse.gov.uk/consult.

Alternatively, you can request a printed copy from HSE Books: 01787 881165.

Comments should be sent to:

Zoe Woodrow
Worker Involvement Programme
Health and Safety Executive
5th Floor, North Wing, Rose Court
2 Southwark Bridge
London SE1 9HS
Tel: 0207 717 6240
Fax: 0207 717 6394

or

workerinvolvement@hse.gsi.gov.uk

to arrive no later than 8 September 2006.

Contents

What is Worker Involvement?	3
The Three Pillars	4
<i>Guidance</i>	5
<i>Encouragement</i>	5
<i>Legislation</i>	6
Regulatory impact assessment	6
Annex: Invitation to Comment	8
Reply Form	11

Introduction to the consultation

What we are trying to achieve:

In the Health and Safety Commission (HSC) and Executive (HSE) we want to improve levels of worker involvement in health and safety management. We want to do this in two ways. First, we want to increase the number of workplaces where workers are involved. Second, we want to maximise the success of involvement where it takes place.

What is in this document:

In the Consultative Document we explore some of the options that we think will improve worker involvement in health and safety management. We:

- describe what we mean by “worker involvement” and why we think it is important
- look at the three “pillars” of our strategy: legislation; guidance; and encouragement
- ask what you think we should do to encourage more and better worker involvement

Why we are asking for your views:

We have published the Consultative Document to ask for views on how we can make sure that more workers are actively involved in health and safety risk management.

The feedback we receive will help us to make the right decisions about how we focus our efforts in this area. By reading this document and letting us know what you think, you will help shape what we do.

We are interested in the views of business, the public sector, the not-for-profit sector and the workers who work in them. We suggest a range of options, but we would be glad to hear your ideas. Please let us know what you think.

Improving worker involvement - Improving health and safety

What is Worker Involvement?

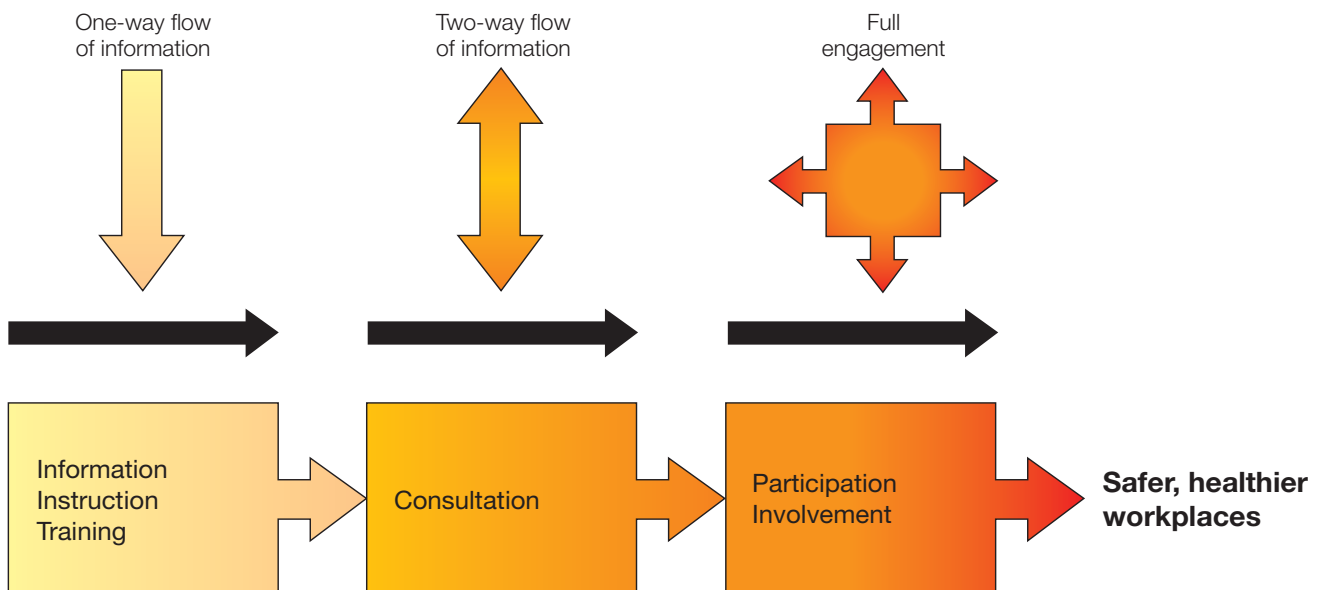
1. “Worker involvement” is how we describe the ways in which workers take part in making decisions about health and safety where they work. Often, this happens through representatives who act for them and give their views to managers. Where trade unions are active, they can appoint these representatives, who are called “safety representatives.” Where there are no trade unions, workers can elect someone to speak on their behalf. These are called “representatives of employee safety.” These are just two ways in which workers can be involved, but it is important to understand what we mean by “safety representatives” and “representatives of employee safety,” especially because they are titles used in the law.

2. At HSC and HSE we believe that worker involvement is at the very heart of sensible health and safety management. It is a key part of our vision, described in our *Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond* (<http://www.hse.gov.uk/aboutus/hsc/strategy.htm>). Workers know the most about the jobs they do. So they are in the best position to help managers develop safe and practical systems of work. We know that effective worker involvement can reduce accidents and ill health. So if we improve worker involvement, we will have healthier workers. We will also help create more competitive and successful organisations. This is because workers will have a real stake in the organisations they work in and be more committed to their success.

3. There are three steps towards worker involvement:

- Providing **information, instruction and training** that help organisations to be efficient and employees to be informed about how to work safely.
- **Consulting** employees through a genuine exchange of views and information. Consultation does not take away the right of managers to manage – they must still make the final decision – but it does mean that employees will be asked for their views and that these will be considered before decisions are taken.
- Full **involvement**, where workers and employers trust each other and work together to manage health and safety. This goes further than simply consulting workers. It means agreeing to solve problems together.

4. We can represent these three types of activity in a picture:



The final stage - full involvement or participation - cannot be forced to happen through the law because it is about relationships. It needs managers and workers to trust each other and act as a team. At this stage organisations get the greatest benefits to health and safety. These are likely to include better buy-in to health and safety procedures, fewer accidents and less sickness absence. It is also at this stage that organisations can be expected to see other benefits of greater worker commitment, such as increased productivity and staff retention.

5. We want to increase worker involvement across Britain’s workplaces. Where trade unions are recognised, their safety representatives help make safer and healthier workplaces. We also need to promote worker involvement where there are no trade unions and in small businesses where safety representatives and committees may not be the best way to involve workers.

6. The challenge we face is how to create more and better worker involvement in health and safety in **every** workplace. We need to expand worker involvement to cover the **whole** workforce.

The Three Pillars

7. We think there should be three main pillars in our strategy to reach full worker involvement:

- **Guidance** on good practice, helping employers and workers to reach at least these standards;
- **Encouragement** to try towards best practice, where the biggest rewards are to be found; and
- **Legislation**, setting standards that we can build on.

8. We want to have the best combination of things in place to encourage worker involvement. That may involve strengthening one or more pillar (or all of them). The options we suggest below are not “either/or” choices: we’re not saying we should **only** produce guidance on good practice, or that we should **only** amend the legislation. We could do one, both or neither.

Guidance

9. We have published guidance explaining what the law requires on consultation and how organisations can do it better. Producing and promoting better guidance than we already have may help organisations and their workers take steps towards more and better worker involvement. We are interested in what people think of the current guidance and what further types of guidance, if any, they would find useful.

Encouragement

10. As well as giving guidance on good practice in consultation, we want to encourage all organisations and their workers to adopt best practice in worker involvement. This means going beyond what the law requires to look for the benefits that many modern organisations are starting to get from involving their workers. There are several strands to this:

a) Improving access for employers and workers to ways in which they can improve their communication and other “soft” or “people” skills;

b) Our **Workers' Safety Adviser Challenge Fund**, which is a grant scheme aimed at improving the involvement of workers in health and safety, through Workers' Safety Advisers, especially in smaller organisations. The fund has financed a variety of projects since its launch in 2004 and is now in its final year;

c) Two **indicators** that organisations can use to measure and benchmark their health and safety performance (one for larger organisations and one for smaller ones). Both of these indicators involve thinking about how much workers are involved in health and safety management. For smaller organisations, HSE is encouraging insurers to consider using the indicator when determining insurance terms. We hope that this will encourage such organisations to improve the quantity and quality of the worker involvement they do; and

d) **Workplace Health Connect**, the pathfinder occupational health and return to work service launched in February this year. This is another way in which we are encouraging employers and workers to work better together. Workplace Health Connect advisers will, as a matter of course, discuss the importance of working together towards solutions to health problems at work.

11. We think that another way we can strengthen this pillar is by developing a **framework of voluntary standards** of best practice for worker participation in health and safety. This type of initiative is already being tried in some industries (such as construction and the oil and gas industries) and in dealing with some issues (like stress). We might develop core standards and guidance standards for different types or sizes of workplace through partnerships between HSE, trade unions and industry sectors or trade associations.

12. For larger organisations, the government introduced the Information and Consultation of Employees (ICE) Regulations in April 2005. These regulations require employees to be consulted on a number of business issues, including decisions that are likely to lead to changes in work organisation. We are interested in whether people think that the ICE Regulations will improve consultation on health and safety.

Legislation

13. We think some changes to the law may help deliver the improvements we are looking for. We are, therefore, asking about possible changes to the Safety Representatives and Safety Committees Regulations 1977, the Health and Safety (Consultation with Employees) Regulations 1996 and their offshore counterparts. These changes would create new duties to:

- a) Consult safety representatives or representatives of employee safety on risk assessments; and
- b) Respond to representations made by a safety representative or representative of employee safety.

14. The possible benefits of such duties would be that they:

- a) Should mean that risk assessments are more accurate and will lead to safer systems of work. These would then have better buy-in from workers and would, therefore, be used more effectively. This would, in turn, lead to better risk control; and
- b) Could help employers and workers talk to each other and encourage everyone to support the health and safety system. Workers might be more positive about health and safety because they feel that they can have a real influence on how it is being managed.

15. The possible drawbacks of such duties would be that they:

- a) Could be seen as an extra administrative burden, particularly if people think they mean more record-keeping is needed; and
- b) Could make less natural and relaxed (and therefore less effective) what may already be a healthy working relationship between managers and safety representatives.

16. We also want to ask you about whether we should change the titles of “safety representative” and “representative of employee safety” to “health and safety representative” and “representative of employee health and safety.” This change would reflect their important work in tackling health problems as well as safety.

17. We have not produced any draft amending regulations for you to look at. Whether we do this will depend on the results of this consultation. At this stage we are asking about the big picture, not about the detail.

Regulatory impact assessment

18. When we are looking at changes to the law, HSC must give Ministers a document known as a Regulatory Impact Assessment or RIA. An RIA helps the debate about new or changed laws. It describes the problem; compares various options; and identifies costs and benefits. There are gaps in the information available to help us count the costs and benefits of the changes to the law we are considering. We have, therefore, had to make some assumptions, based on what we do know. If the assumptions we have made are right, costs and benefits will be around:

	Guidance	Standards	Changes to the Law	
			Risk Assessment	Responding
Benefits	Unknown	Unknown	£0.3m	
Costs				
Familiarisation	£0.12-0.24m (one-off)	£0.12-0.24m (one-off)	£0.9-1.4m (per year)	£2-2.8m (per year)
Compliance	Voluntary	Voluntary		

Costs of changes to the law are likely to fall more on larger organisations than smaller ones, because they are more likely to have safety representatives.

19. On this basis, it seems that the costs of making the legal changes we are considering are much more than the benefits we can identify. However, it is easier to count the costs than the possible gains. We may need more information to get an accurate picture of the benefits. We would welcome any information you have about savings that might result from changing the legislation. If you think we need to change the law, you need to give us evidence that shows that the benefits are likely to be more than the costs.

Annex: Invitation to Comment

1. We would welcome your comments on all the issues raised in the Consultative Document, but we would particularly like you to answer the questions we have asked. We would prefer you to reply using the electronic reply form, which can be accessed by following the links at <http://www.hse.gov.uk/consult> (you can go straight to this consultation by using this web address in full - including the final .htm - <http://www.hse.gov.uk/consult/condocs/cd207.htm>). If this is not possible, you may wish to use the reply form on the next page. Please attach additional pages if necessary.
2. We will give careful consideration to all comments received. We may contact you, for example, if we have a query.
3. HSC tries to make its consultation procedure as thorough and open as possible. Responses to the Consultative Document will be lodged in HSE's Information Centres after the close of the consultation period, where they can be inspected by members of the public or be copied by them on payment of the appropriate fee to cover costs.
4. Responses to the Consultative Document are invited on the basis that anyone submitting them agrees to their being dealt with in this way. Responses, or parts of them, will be withheld from the Information Centres only at the express request of the person making them. In such cases a note will be put in the index to the responses identifying those who have commented and have asked that their views, or part of them, be treated as confidential.
5. Many business e-mail systems now automatically append a paragraph stating the message is confidential. If you are responding to the Consultative Document by e-mail and you are content for your responses to be made publicly available, please make this clear in the body of your response that you do not wish any standard confidentiality statement to apply.
6. If you reply to the Consultative Document in a personal capacity, rather than as a postholder of an organisation, you should be aware that information you provide may constitute "personal data" in the terms of the Data Protection Act 1998. For the purposes of this Act, HSE is the "data controller" and will process the data for health, safety and environmental purposes. HSE may disclose the data to any person or organisation for the purposes for which it was collected, or where the Act allows disclosure. You have the right to ask for a copy of the data and to ask for inaccurate data to be corrected.
7. If you wish to respond in writing, please send your reply to:

Zoe Woodrow
Worker Involvement Programme
Health and Safety Executive
5th Floor, North Wing, Rose Court
2 Southwark Bridge
London SE1 9HS

or you can email your response to workerinvolvement@hse.gsi.gov.uk

We should like all replies to arrive no later than 8 September 2006.

8. We will publish the results of this consultation on HSE's website in due course.

9. If you are not satisfied with the way this consultation exercise has been conducted, we want to know, and we want to put things right. Please write to Stuart Bristow, Worker Involvement Programme Manager at the address or email address above. He will investigate your complaint and tell you what he is going to do about it. We aim to reply to all complaints within 10 working days. If you are not satisfied with the reply you receive, you can raise the matter with the Chief Executive of HSE, Geoffrey Podger CB, at the same address.

10. You can also write and ask your MP to take up your case with us or with Ministers. Your MP may also ask the independent Parliamentary Commissioner for Administration (the Ombudsman) to review your complaint.

Health and Safety Commission

Improving worker involvement - Improving health and safety

Reply Form

(Please type or write in block capitals)

Part 1: Your details

Name of organisation or (if you are responding in a personal capacity) individual:

Address:

Postcode:

Name of contact: Position:

Telephone:

Email:

If you are replying on behalf of an organisation that is not on our original list of consultees¹, please say what it does.

How many people does it employ? 0 - 50 51 - 250 251 - 500 500+

We'd like to understand as much as possible about the people who respond to this document. Please let us know which of these best describes your role: (please check the box which applies to you)

Are you a: Worker Employer (senior manager)
Employer (middle manager) Health and safety professional
Other (please specify)

Please also let us know: (by checking the box if it applies to you)

Are you a: Trade union-appointed safety representative
Representative of employee safety (non-trade union)

We may wish to contact you, for example, if we have a query. Please indicate if you would be happy to be contacted about your comments. Yes No

¹ See Annex E of the Consultative Document for the list of consultees

Part 2: General questions

Q1	Have we got the right:	Legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Encouragement	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Q2(a) Have we got the balance between these three right? Yes No

Q2(b) If not, which pillar or pillars need adjusting and how?

Q3(a) What impact have the ICE Regulations had (or do you think they will have) on your organisation?

Q3(b) What impact have the ICE Regulations had (or do you think they will have) on consultation on health and safety?

Part 3: Guidance pillar

Q4(a) Do you think the existing guidance should be improved?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q4(b) If so, in what way?

Q4(c) What is the most useful part of our current guidance?

Q4(d) What would be the most useful type of new guidance we could produce (for example, case studies)?

Part 4: Encouragement pillar

Q5(a) Based on what we know so far, do you think that we should promote a further voluntary initiative like the WSA Challenge Fund, once it ends in March 2007?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q5(b) If so, what form should such an initiative take?

Q6(a) Do you believe that a framework of standards of best practice would be a useful and effective tool to encourage worker involvement?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q6(b) Would you use such a tool in your own workplace?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q7(a) What sorts of incentive to encourage more worker participation have been successful in your experience?

Q7(b) What more can we in HSC and HSE do to help?

Part 5: Legislation pillar

Q8(a) Do you agree that a duty on employers to consult safety representatives on the overall mechanism of risk assessment and on significant assessments would be helpful? Yes No

Q8(b) Are our proposals practical? Yes No

Q9 What other measures do we need to take to make sure this does not become bureaucratic or simply a paper exercise?

Q10(a) Do you agree that employers should have a duty to respond to representations from safety representatives? Yes No

Q10(b) Do you consider that written representations and responses would be necessary? Yes No

Q10(c) What sort of systems do you think would work?

Q11 What do you consider to be a “reasonable time” for a response?

Part 6: Extension to non-trade union representatives of employee safety

Q12(a) Do you agree that both the proposed duties should be extended to include consulting and responding to representatives of employee safety under the HSCWE Regulations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q12(b) If not, why not?

Part 7: Health and safety representatives?

Q13 Do you agree that the titles of “safety representative” and “representative of employee safety” should be changed to “health and safety representative” and “representative of employee health and safety”?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Part 8: Final questions

Q14(a) Will the options suggested improve worker involvement for those who do not have access to either a trade union or non-trade union safety representative - for example, people who work in very small organisations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q14(b) If not, what do you think would work better for such people?

Q15 If we were to propose legislative amendments, how can we keep administrative burdens to a minimum and maximise the impact on improved health and safety?

Q16 Please would you tell us which option (whether it is one of ours, or a suggestion of your own) will, in your opinion, be the single most effective thing we can do, and why?

Part 9: Regulatory impact assessment

Q17 HSC would welcome comments on the assumptions made in compiling the partial RIA and on its conclusions. Do you have any additional evidence to convince us that the benefits will outweigh costs?

Q18 We would be particularly interested to hear from local authorities about what would be the impact on them of enforcing additional regulations on worker involvement. If you are from a local authority, please let us know your thoughts.

Part 10: This consultation exercise

Q19 In your view, how well does this Consultative Document represent the different policy issues involved in this matter? Well Adequately Poorly

Q20 Is there anything you particularly liked or disliked about this consultation exercise?

Thank you for taking the time to let us know your views

Please detach this form and post it to us at: Zoe Woodrow
Worker Involvement Programme
Health and Safety Executive
5th Floor, North Wing, Rose Court
2 Southwark Bridge
London
SE1 9HS
Fax: 0207 717 6394

Alternatively, you can use an electronic version of the form by following the links at www.hse.gov.uk/consult

You can go straight to this consultation by using this web address in full (including the final .htm)
<http://www.hse.gov.uk/consult/condocs/cd207.htm>

