

Using soft people skills to improve worker involvement in health and safety

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The involvement of workers is widely believed to be central to the achievement of improved organisational performance across many dimensions, including that of effective health and safety management. Many organisations claim that worker involvement in their decision-making and management has resulted in quantifiable benefits, such as improved change management, more responsive customer service provision, better dispute resolution, reduced labour turnover, and reduced sickness absence and accident rate. There is also a wider public policy agenda to promote workplace information and consultation, which has resulted, in part, in the passage of the Information and Consultation of Employees Regulations of 2005. These Regulations require large organisations of 150+ employees to involve and consult their employees over fundamental issues that affect their working lives, such as organisational change. (The Regulations will be extended in April 2007 to cover organisations of 100+ employees, and then in 2008 to organisations of 50+ employees.)

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CHAPTER 1: INTRODUCTION

1.1 Project background and objectives

The involvement of workers is widely believed to be central to the achievement of improved organisational performance across many dimensions, including that of effective health and safety management. Many organisations claim that worker involvement in their decision-making and management has resulted in quantifiable benefits, such as improved change management, more responsive customer service provision, better dispute resolution, reduced labour turnover, and reduced sickness absence. There is also a wider public policy agenda to promote workplace information and consultation, which has resulted, in part, in the passage of the Information and Consultation Regulations of 2005. These Regulations require large organisations of 150+ employees to involve and consult their employees over fundamental issues that affect their working lives, such as organisational change. (The Regulations will be extended in April 2007 to cover organisations of 100+ employees, and then in 2008 to organisations of 50+ employees.)

The Health and Safety Executive has a commitment to the encouragement of worker involvement in health and safety issues, based on evidence suggesting that this leads to a lowering of ill-health and injury rates at work. In particular, there is an objective to embed effective risk management in everyday organisational practices. This research project was commissioned as part of the HSE's Strategic Involvement Enabling Programme, which was established in April 2005 to deliver the Commission's commitments in its *Collective Declaration on Worker Involvement* of 2004.

The Strategic Involvement Enabling Programme's research activity is consequently concerned partly with the question of whether worker involvement in health and safety risk management improves health and safety outcomes, and if so, in what ways. Research by *thepeoplepartnership* under this Programme examined the nature and particularly the routes of worker involvement in workplace health and safety. It also identified possible incentives which might encourage workers and employers to become involved in health and safety issues and pointed to the likely obstacles to worker involvement (*thepeoplepartnership* 2005). The researchers drew the following conclusions:

- that worker involvement worked most effectively through the creation of a health and safety culture within an organisation which integrated health and safety into everyone's roles
- that clear communication of issues and policies worked best when communication flowed up and down the organisation and was open
- that risk assessment was trained for and delegated
- that there were champions for worker involvement, with multiple potential roles, and that these people usually had particular personal attributes including openness and a team-working mentality

The following report was commissioned by the Health and Safety Executive to enhance our understanding of the processes by which worker involvement in health and safety can be made to work well, and specifically to explore the development and deployment of the soft skills necessary for effective worker involvement. The project originally set out to establish whether, and to what extent, the acquisition of 'soft' people skills contributes to the success

and sustainability of worker involvement in health and safety management. It also sought to identify the delivery mechanisms, particularly training, that have proved crucial to the development of key people skills in different organisational settings, and particularly organisational cultures.

It soon became clear, however, that there are a *range* of factors (of which formal training is only one) which create the capacity for worker involvement in health and safety in different organisational cultures. Consequently, our focus shifted to an examination of the cultures in different organisations, and the varied ways in which these create opportunities for employees to participate in health and safety management.

Key Question

The key question which the project set out to address was: What builds and sustains the organisational cultures which create the capacity for effective employee involvement in health and safety?

1.2 Project hypothesis and methods

The project hypothesis was that different organisational cultures play a vital role in creating the conditions for employees to acquire and use soft skills which support their involvement in health and safety. This relationship could be expressed as follows:

Organisational culture > soft skills development and deployment > effective employee involvement

The project involved case studies of ten organisations with differing organisational cultures. The case studies were selected in order to investigate whether and how these cultural arrangements might be associated with particular approaches to employee involvement, and hence to the fostering of people skills designed to enhance that employee involvement. In order to operationalise the concept of organisational culture, we identified four contrasting types within which our organisational case studies are clustered. This typology is presented in Chapter 2.

Each case study involved three elements:

- scrutiny of background documentation on the organisation's health and safety arrangements, committees, initiatives
- semi-structured interviews with informants in HR management, employee relations management, and health and safety. Trade union and staff representatives were also interviewed
- employee focus groups.

In the next chapter, we set out the framework which we developed to help us analyse organisational cultures. We also present our framework for understanding and analysing soft people skills.

CHAPTER 2: THE FRAMEWORK FOR THE STUDY

2.1 Introduction

The purpose of this study was to identify the cultural arrangements which support the development and deployment of the 'soft' skills which are necessary for effective worker involvement in health and safety. We were particularly concerned with showing how variations in organisational culture, rather than sectoral variations, might influence employee involvement processes and practices, and this is reflected in our range of case studies. A framework for distinguishing organisational cultures is presented below.

In order to understand how soft skills are fostered and developed in the workplace, we also formulated a framework which distinguishes *types* of 'soft' skills necessary for effective employee involvement, and *levels* of skill development. This framework is set out in Section 2.3.

2.2 Organisational culture and worker involvement

We undertook the study with the hypothesis that the culture of the organisation, or even of the local workplace or site, would have a strong effect on the nature and processes of worker involvement, and, by implication, on the skills needed for that involvement. In order to examine organisational cultures in real settings, we distinguished two dimensions to them. The first dimension refers to cultures that acknowledge and cater for different interests within an organisation, and this enables us to distinguish between *unitarist* and *pluralist* cultures. We draw here on the concepts of unitarism and pluralism developed by Alan Fox and related to three main factors¹. The first and most commonly understood of these is management acceptance and recognition of trade unions. The second factor relates to the views of management about their prerogative to make decisions and consequently, the extent to which they will involve employees in those processes. The final factor relates to the perceived legitimacy of conflict in the workplace and how management respond to differences of opinion.

Unitarist cultures, then, are those in which a single set of interests and objectives is assumed to be held by all within the organisation, and there are no competing, conflicting or alternative viewpoints, interests and objectives held by different groups. Employees are believed to have the same interests as their managers, and employee involvement processes and practices will reflect this assumed consensus.

In practice however, a unitarist organisational culture may indicate a strong emphasis on investing in individuals in order to encourage their skill development and involvement, with relatively weaker commitments to the development of skill or involvement in collective arrangements, where they are present.

Pluralist cultures, by contrast, are those in which it is acknowledged that there are different interests and perspectives among different groups in the organisation and that these differences are not only natural, but even perhaps beneficial to the health of the organisation. In this formulation, differences between the interests of employers and employees are acknowledged, as are those between different groups of employees. Employee involvement processes and practices acknowledge and respect these differences of perspective and

¹ Fox, A. (1974) *Beyond Contract: Work, Power and Trust Relations*, London, Faber.

objectives. A pluralist organisational culture will have a strong emphasis on collective structures. Collective structures provide legitimacy to decisions, so skills and involvement are focused on recognising the collective interests of workers through joint decision-making processes.

The second dimension of organisational culture refers to the extent of *hierarchical control* exercised by management. At one extreme, we find organisations marked by high levels of hierarchical management control over organisational decision-making, organisational change processes, and the organisation of work, including health and safety management. In these organisations, decisions, processes and changes are communicated downwards through the hierarchy from senior management. These organisations may also be hierarchies in the conventional, structural sense of the word, with several layers of management. However, it is also important to recognise that even firms with other organisational forms and few organisational layers can be hierarchical in their style of management and communication. Where management practise high control, there may be little alignment between workers and the organisation in the management of health and safety, which must therefore be exercised through extensive procedures and bureaucratic processes.

At the other extreme, there are organisations which have a more ‘democratic’ style of management, including open and trust-based behaviours, devolved decision-making, and information and communications which flow up as well as down the organisation. Where the culture is one of low control, there may be strong alignment between workers and the organisation around the management of health and safety. Control is not enforced and workers are encouraged to take stock, take initiatives and challenge others in health and safety issues.

Figure 1: Management cultures: the intersection of hierarchical control with consensus

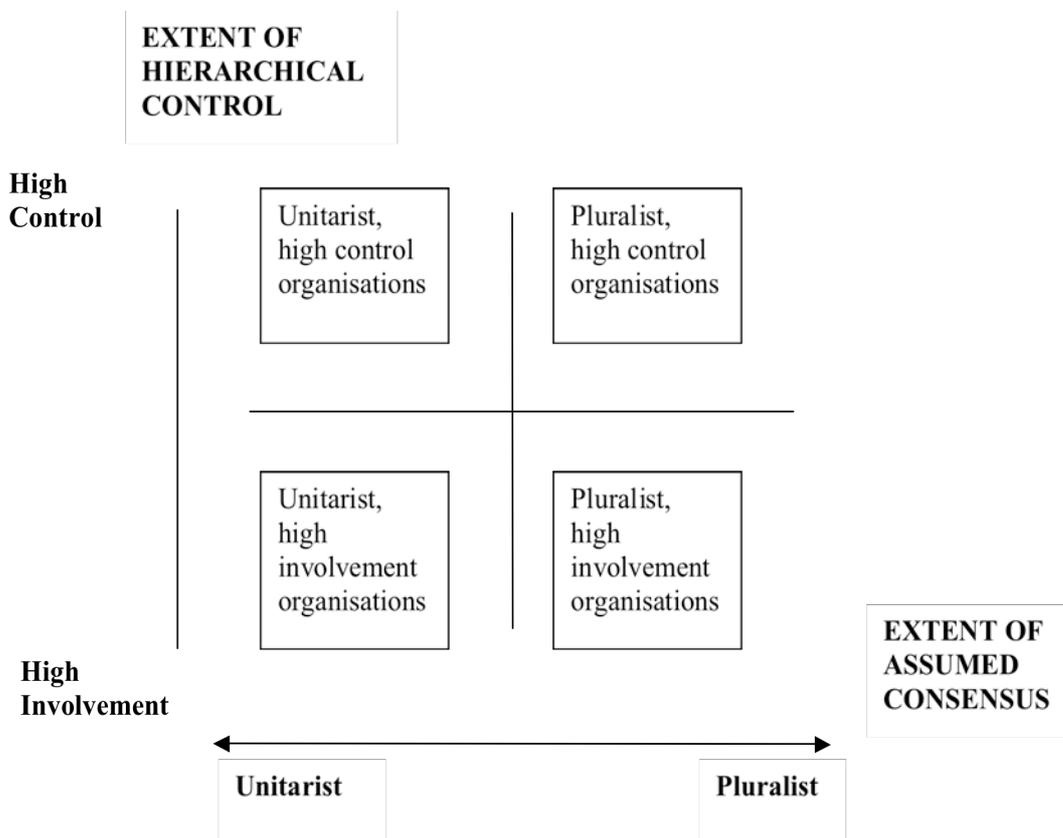


Figure 1 presents these two dimensions of management culture. As it indicates, it is possible for the two dimensions to intersect with each other in practice, so that organisations may fall into one of four broad categories.

In *unitarist, high control* organisations, management is principally conducted through top-down organisation, information and communication, but there is a culture of consensus in which all members of the organisation are believed to be working to the same objective, for example innovation excellence.

In *pluralist, high control* organisations, the management culture is hierarchical, but there is joint regulation of policy and practices at the workplace with the trade union, recognising that there are differences of interest between management and employees.. Any employee involvement tends to focus on relatively small-scale issues rather than strategic ones.

In *unitarist, high involvement* organisations, there is a single, strong managerial culture which permeates the organisation of every aspect of work and all interactions with employees. Employee involvement is practiced, but is shaped by the dominant values of the organisation which may circumscribe certain courses of action.

In *pluralist, high involvement* organisations, there is space for differing values and perspectives which are openly acknowledged. An open culture of management emphasises delegation of decision-making and two-way communication between management and employees. Employee involvement is encouraged and widely practised.

This typology is used to understand what shapes the ways in which case study organisations involve their employees in health and safety. The case study organisations illustrate how these different cultures operate. Comparisons are made in terms of their employee involvement practices, and soft skills delivery arrangements. It is worth noting, however, that in practice, organisational cultures will not always fit neatly into one or another category, but contain elements of different types of culture. Different cultures can exist within the same organisation, and even within the same site. Moreover, organisational cultures do not remain stable, but change over time.

2.3 A typology of skills development

This section sets out the framework for understanding the nature and level of skills needed for workplace involvement in health and safety. It is focussed on the soft skills which research by the HSE and others has identified as contributing to effective employee involvement in health and safety. This framework was used in the interviews and guided the analysis of practices in the case study organisations.

2.3.1 Types of 'soft' skills needed for worker involvement in health and safety

Traditionally, health and safety has been managed with reference to a body of legal and technical knowledge, held by specialists and managed separately from the everyday work processes. A greater emphasis on behavioural safety thinking and worker involvement has led to an increased focus on soft skills and their relevance to health and safety.

There is a considerable body of work which has set out skills frameworks to guide vocational training and workplace-based training. In the UK, the National Council for Vocational Qualifications, for example, has developed a framework which identifies six basic skill areas

(of which four are soft skills), and four levels of possible attainment of these skills. This is an attempt to classify skills, including soft skills, into a useable and workable model.

On the other hand, there is also a debate about the social construction of skill which points to the ways in which ideas about what constitutes skill are closely linked to particular social, and often, corporate programmes. Thus, personal qualities connected to social class, gender, age or ethnicity (appearance, for example) have been defined as soft skills in some settings, because they are job requirements.

Although these two approaches are important attempts to set out some of the key defining issues around skill, neither quite responds to the need to classify soft skills according to their potential to promote worker involvement in health and safety management. The framework of soft skills which we have formulated tries to do this. It distinguishes between three levels of soft skills:

I. Basic skills

- Basic numeracy and literacy
- Verbal communication
- Ability to receive downward communication
- Ability to follow instructions
- Learning to learn
- Planning and organising

II. Interpersonal and intrapersonal skills

- Upward problem-solving
- Interpersonal skills, including listening skills
- Self-awareness
- Team-working
- Meeting management
- Coaching
- Thinking innovatively and creatively
- Decision-making with an awareness of consequences

III. Conceptual and more complex behavioural skills

- Managing conflict
- Leadership – including motivation, delegation and empowerment
- Conceptual thinking skills

These represent different levels of skill attainment. The first level relates to the possession of basic awareness and competence, which permits the worker to work in a *dependent* way looking to the actions and decisions of others, particularly superiors.

The second level of skills relates to the possession of knowledge and awareness which permit the worker to operate more *independently*, autonomously and using his or her own initiative.

The third level of skills relates to the possession of confidence and authority, so that as well as undertaking their activities, workers are confident and empowered to challenge others. This third level of skill promotes *interdependent* working, in which the worker's decisions routinely shape those of others.

These groups of skill lie on a continuum, which represents a progression from dependence to independence to inter-dependence of thinking and practice on the part of the worker deploying the skills. The next chapter examines the cultural contexts which support employee involvement in health and safety in ten case study organisations, and considers the skills deployed in the course of this involvement.

CHAPTER 3: EMPLOYEE INVOLVEMENT AND SOFT SKILLS DEVELOPMENT IN ORGANISATIONS

This chapter examines organisational employee involvement processes, and considers the soft skills which both contribute to these and arise from them. Our case study organisations are clustered into four organisational cultural types – unitarist high control organisations, unitarist high involvement organisations, pluralist high control organisations, and pluralist high involvement organisations – and here we consider the employee involvement arrangements to be found in each cluster.

Several dimensions to employee involvement are examined here, which relate to the processes of their involvement, the scope, spread and depth of involvement, and the skills and behaviours relevant to employee involvement. Put another way, here we address the following questions. What are the structures, processes and arrangements by which employees are involved in health and safety? As far as the scope of involvement is concerned, are employees involved in health and safety strategy-setting, in policy development, or in health and safety at operational level? And do they get involved in health and safety proactively or merely reactively? As far as the spread and depth of employee involvement is concerned, does employee involvement in health and safety extend laterally from health and safety specialists to line managers, and vertically to cover all employees in the organisations in question? And finally, what skills and behaviours are developed and deployed among employees in the course of their involvement in health and safety, and how, if at all, does their involvement enhance these skills?

Key Messages

The case studies presented here show that the creation, support and sustenance of a ‘dialogue culture’ is the most important factor in an organisation’s ability to develop and deploy the soft skills needed for effective employee involvement in health and safety. Such a culture is most likely to be found in ‘pluralist, high involvement’ organisations, although elements of such a culture are present in other settings, including some unexpected ones.

Dialogue cultures consist of several elements, which together allow organisations to progress on the journey to embedded and effective employee involvement. These elements are:

- Awareness of critical issues in the organisation and conduct of work. This awareness is promoted through the organisation’s leadership defining these issues, setting agendas, and then ensuring that these agendas are shared throughout the management structure and the workforce.
- The modelling and demonstrating of appropriate behaviours by the organisation’s leadership, including management, trade union representatives and employee representatives.
- The organisation of work around problem-solving and task participation by all employees. The deployment of the practical, ‘grass roots’ knowledge of employees about the detailed conduct of work processes is a vital means of highlighting and addressing potential health and safety issues. Employees have to be empowered to identify these issues, consider solutions and share them with colleagues and superiors. Their voices have to be heard when they do so.

- Related to this, a valuing of employees' capacity to operate effectively, through a sharing of agendas, an expectation that they will adopt these, motivating employees and holding them responsible for pursuing agendas, and valuing their 'hard-wired' knowledge of work processes.
- An openness to attitudinal progression.

These are the key factors which promote the development and deployment of the soft skills which support employee involvement in health and safety. The skills which most effectively support and promote employee involvement in health and safety can be summarised as:

- Leadership skills
- Teamworking skills
- Conceptual and problem-solving skills

These skills are not necessarily fostered through formal training or learning programmes, and other interventions are equally, if not more, important. Soft skills development is much more commonly fostered through the creation of a 'dialogue culture', as outlined above, and through informal, embedded organisational activities such as team-working and trade union representation. Organisations at different stages of the journey towards the creation of a dialogue culture will deploy different types and levels of intervention to suit their own particular contexts and requirements.

3.1 Unitarist, high control organisations

This cluster of organisations is characterised by a culture built around defined values, in which all members of the organisation are believed to be working to the same objective. There is a strong commitment to investing time and effort into direct involvement. Representative arrangements might exist but are seen mainly as a support for a strong direct employment relationship.

Organisations that demonstrate a unitarist culture are built around a firm sense of values and purpose. These strong values underpin the attitudes and behaviours expected of employees, and are reinforced by top-down communication. The role of management is to ensure compliance through rules and procedures.

The case studies in this cluster are: **B&Q**, a national DIY retail chain, and **School Trends**, a small school clothing wholesaler based in Sheffield.

B&Q operates a national consultative forum which is a non-union staff representative structure covering its 33,000 employees. Representatives are directly elected from the stores to represent employees locally, and then appointed from their peers to represent all stores at a national level.

As far as health and safety is concerned, this organisation has both highly centralised functions and management, but also devolved reporting and risk assessment processes. A safety manager and two assistants work with a model which is designed to encourage managerial learning, support the conduct of risk assessments, and assist with internal and external auditing at store level. The employee forum can raise health and safety issues arising in local stores, which this team addresses and develops solutions for. It may also, in future,

be involved in modifying health and safety policies and procedures. Information to employees, including serious health and safety incidents or risks, is communicated on health and safety notice boards and on the company's intranet.

The principle health and safety issues at store level are hazards associated with moving and storing inventory in store yards and indoors, hazards associated with fork-lift truck operation, and those resulting from abusive or violent customers. The store manager or general manager has principle responsibility for store-level day-to-day compliance with the health and safety procedures which are set out in a duty manager's log book. Each store also holds a monthly health and safety committee, involving representatives from each department, which discusses the implementation of corporate requests and reviews local health and safety issues. This is done through consultation and dialogue, problem-solving and issue resolution.

As significant as involvement structures are the behaviours which promote and support a shared responsibility for health and safety. As in other organisations, the induction process in B&Q is an important means of inculcating these behaviours. The induction process covers the health and safety issues with which employees will need to be concerned: housekeeping, managing fire hazards, managing risks from hazardous substances, using appropriate handling and lifting techniques, and accident reporting. In line with the company's strong cultural values, there is an expectation upon employees that they should take proactive initiatives to eliminate or control workplace risks where these become apparent to them. Consequently, staff are encouraged to resolve issues themselves, and to involve their colleagues if necessary. This certainly means that there is a reduced need for them to raise issues with their representatives, and they are more likely to raise them with a colleague or manager, or alternatively with the Human Resource Adviser.

“The HRA can be an alternative to the store manager when staff want to discuss an issue. The HRA can be very helpful encouraging staff members to solve a problem themselves or help them crystallise the key issues before taking them forward.”

Coaching and 'buddying' are mechanisms through which employees are encouraged to learn, to ask questions and to address health and safety issues. Both techniques are used from induction and through continuing employee development, and both typically involve employees learning from other employees how to think and how to behave. All of these measures are indicative of an organisation which has high aspirations for involving its employees in health and safety practice. However, this tends to conflict with the highly centralised expertise and prescription of health and safety processes in this organisation, with the capacity of the workforce (which is largely low-skilled), and with the strictly operational scope of employee involvement. Consequently, the ability of store staff to address health and safety issues independently is firmly constrained. They have neither the overview nor the strategic understanding to do so, and can only effectively operate reactively to the hazards they perceive. This means that their ability to develop the soft skills which underpin enhanced employee involvement is strongly limited, particularly in relation to the development of Level III skills which move the worker to independence and thence to interdependence of action on health and safety.

School Trends is an employee-owned business. It involves employees directly and enshrines this in a declaration of intent which asserts the right of employees to information and involvement in decision-making, a right which in turn sets a responsibility for open and honest participation. This is part of a wider value-set which places employees and their involvement, more than shareholder value or customer service, at the centre of the

organisation's raison-d'être. With barely 130 employees, **School Trends** has been able to adopt a relatively flexible structure, and it is able to experiment with different concepts of decision-making, depending on the issues.

However, not all issues in **School Trends** are open for discussion, and it is the firm's management which decides how individual issues are to be addressed. A five-level model is used to help management and workers deal with issues, based on the principle that the company works through each issue in the most appropriate way for each issue. The model clarifies what kind of decisions are being taken and how different groups are to be involved. So, for example, employees are involved in solving local workplace problems differently from how they are consulted over HR policy or business performance issues. The importance of engendering employee commitment is central to the culture of **School Trends**, and the company believes that generally sharing agendas and sharing responsibility for all issues, including health and safety, is central to the staff's way of working. The company highlights the willingness of individual staff to 'go the extra mile' to get work done, and their openness to learning on the job.

In this organisation, formal responsibility for health and safety is held by management at board level. Action Groups are monthly team meetings intended for workers to raise local issues of any kind, including health and safety issues, which are treated as integral to the management of the organisation, not as specialist issues. These issues may then be fed up to monthly management-level policy and information meetings, where discussion of these issues takes place and policy decisions may be taken, and are then fed down to the Action Groups to be put into operation.

School Trends makes extensive use of problem-solving based on consensus in order to achieve staff commitment and engagement with problems. It believes that this commitment is achieved when its employees are able to think through issues and discuss them with others. Equally, ad hoc group discussions are useful arenas for considering policies about which the company is uncertain, including issues relating to good health and safety practice. This open approach to upward problem-solving is helped by the small size of the company, but it is an important route to the development of skills and knowledge among workers which allow them to operate independently. On a daily and operational basis, employees are encouraged to reinforce safe behaviours and challenge unsafe ones. In general, and in relation to health and safety, the values of the organisation centre on building a culture of addressing problems and improving practices rather than allocating blame. The company also promulgates a strong culture of continuous improvement:

“Even if we think that we have cracked it we should revisit it. The time to focus on improvement is when you think you are already doing well, not just when you are failing.” (School Trends Director of Services)

These organisations are strongly driven by employee involvement values, and these values are widely reinforced within them. Their employees are expected to adopt and live by these values, not to have to be exhorted into working by them. New staff, too, are firmly expected to take these values on board when they join these organisations.

Despite the values-driven emphasis on employee involvement, both organisations have high control managements which effectively limit the real spread and depth of involvement, though for different reasons. In the case of B&Q, the company has neither the devolved authority nor the capacity within the stores to move from prescribed processes to embedded and widespread employee involvement. Employees cannot move from dependence to

independence of thinking and practice, and this relates as much to the prescriptive organisational culture as it does to an absence of the requisite soft skills at local level.

School Trends is a more open organisation in terms of devolved decision-taking and team-based processes, so it has progressed further towards widespread employee involvement, in health and safety as in other policy and operational issues. However, it has a paternalistic culture which limits embedded employee involvement in a different way. It is highly prescriptive in terms of the type of people it employs, and in terms of the attitudes and values they must espouse. The effect of this is to constrain employees to fit in with the dominant values of the organisation, and to silence alternative voices and ideas. It amounts, ironically, to what could be dubbed a 'prescriptive involvement'. That said, the company's approach to employee involvement is not rhetorical or formulaic, so it is in a good position to progress to a more rooted form which really works from the bottom-up. The role of the organisation's leadership has been and will continue to be vital to opening the organisation further to the voices of all employees, even if they express countervailing values.

Unitarist high control organisations can only achieve limited levels of employee involvement, because behaviours, processes, and skills are highly prescribed and this blocks individual, and indeed organisational, learning, and the independence of thinking which is vital if employees are to be truly involved and engaged in the management of health and safety.

3.2 Unitarist, high involvement organisations

Like the organisations discussed above, unitarist, high involvement organisations also possess cultures which promote defined values, in which all members of the organisation are working to the same objective, and which are reinforced by managers and workers. Employee involvement is built around engaging individuals in agreed activities. The case study in this category is **Egg**, a retail financial service provider operating through a centralised call centre and back office facility (rather than through a branch network).

Egg does not recognise trade unions but it does provide for representation of employees through a non-union body called the Egg People Forum. This is a vehicle for informing and consulting all employees, including managers, on a range of issues including health and safety, which is done through a body of full-time, seconded employee representatives.

The key health and safety issue affecting staff in this organisation is stress, a common problem in call centres which notoriously leads to burnout, high absence rates, and high rates of labour turnover. Stress reduction, and particularly the promotion of well-being, are major elements of the firm's health and safety agenda because these are believed to contribute to effective customer service provision, and thus to the improvement of business performance. **Egg** consequently treats its health and safety challenges principally in terms of occupational health. There is a particular emphasis on activities involving sports and fitness to reduce stress and thus worker absence, partly because absence is a key performance indicator for managers.

Health and safety is managed by a full-time health and safety officer who works as part of the human resources team and with the HR business partners across the organisation. Senior managers have a clear responsibility for ensuring that line managers are equipped to address

health and safety within their teams. Line managers are therefore encouraged, among other things, to have regular team meetings where health and safety issues can be discussed. However, their proactive awareness of health and safety issues seems in reality to be poor. Health and safety involvement also extends down to employee representative level: the full-time representatives on the Egg People Forum sit on a health and safety committee. In fact, these, rather than line managers, are the people most likely to raise health and safety issues on behalf of the workforce.

This organisation, then, demonstrates a paradox: despite an open and consultative culture, characterised by the free flow of dialogue between management, representatives and workers, there is no effective involvement in health and safety, particularly among representatives and in the workforce. While representatives' interpersonal, communications, organisational, and even management, skills are informally developed in the process of participating in the Egg People Forum, they are not able to put these to work on issues of health and safety. How can this be so?

First, there is an assumption that, because the workplace is a green field, office environment, it is a safe environment. Health and safety has a low profile and a low priority in the organisational mindset. Second, health issues emerge in this organisation as unconnected to safety issues, and sometimes emerge in separate parts of the organisation. So, for example, the health agenda is seen as a one centring on the general promotion of individual wellbeing, whereas safety is conceived as a physical issue that is barely, if at all, relevant in this setting. As a result, there is no systematic, or coherent approach to health and safety which formalises or unifies the agenda.

In addition, problems of stress are not highlighted by the company's management, because to do so would undercut the company's own image of itself as an organisation which looks after individual wellbeing. Rather than address the organisational aspects of work in a call centre which are widely acknowledged to lead to stress and burnout (repetitive work, monitoring and pacing, customer anger and 'phone rage'), the organisation defines the stress issue as an individual problem that can be addressed by lifestyle solutions. So it offers fitness classes, relaxation facilities and other such measures as its main occupational health initiatives. However, the individualisation of health and safety problems and their solution both limits the potential solutions available, and places the responsibility for these with individual employees and their personal (lifestyle) choices.

A final explanation for the lack of effective employee involvement in health and safety lies in the fact that the employee representatives on the Egg People Forum, being non-union representatives, have no framework other than that of the company itself for understanding health and safety. They are neither well-informed, nor strong, nor organised enough to develop a critical perspective in relation to stress and its origins, and are therefore enrolled into the company's rhetoric on the issue.

In unitarist, high involvement environments, there is no explicit contest of perspectives or interests, no acknowledged countervailing views to the dominant organisational ideology, and no oppositional discourse. Unitarism consequently blocks any substantial dialogue, and thus effective employee involvement. Such organisations are becoming increasingly common, and denote a widespread move towards the management of employment relations on an increasingly individualised basis.

3.3 Pluralist, high control organisations

These organisations have robust structures of worker representation, particularly trade unions. They show a strong commitment to joint regulation of the health and safety agenda both at a policy and at an operational level. Employee involvement is focused on engaging individuals in joint company-union activities, and consequently deep employee involvement (running through the structures of these organisations) is weak. The case studies in this cluster are: **British Gas Services**, a private utility, **Norfolk County Council**, a local authority and **Scottish Power**, also a private utility.

These are large organisations, and predominantly, because of their core business, concerned with safety rather than health and safety. In all of them, safety is business-critical and complex to manage. These three companies involve their employees primarily through trade union representative structures, and although they communicate directly with them on issues relevant to health and safety and indeed involve them in the daily practice of health and safety, they do not generally involve them in proactively shaping the health and safety agenda.

British Gas Services operates one overarching health and safety policy that is applicable across the business and is jointly regulated by strong trade union representative bodies. The health and safety structure mirrors the employee relations structure with a national-level committee, regional committees and local committees. These committees primarily focus on safety, and have a strong commitment to company and employees working together to manage health and safety more effectively. Employee involvement in health and safety is a long-term goal, a journey in which some progress has been made.

In the sphere of daily health and safety management, there is evidence of the beginnings of a process of embedding strong employee involvement more deeply throughout the workforce. For example, five hundred first line managers have been involved in a “Leadership in Safety” training programme. The purpose of this programme is to promote their understanding of the importance of a strong health and safety culture and of their role in achieving safety excellence, to help them understand the importance of two-way communication with employees on health and safety and how to get the best out of this, and to encourage their commitment to leadership in safety. Coaching skills are also developed through this programme. For the company, too, the programme represents a move away from a rule-based approach to health and safety, towards a goal-based approach, a move which it is keen to promote.

Engineers have been trained to use decision-trees to assist them in making risk assessments. This reflects the increasing range of potentially hazardous situations in which they find themselves when working in customers’ homes, and is a stage on the journey to embedding their involvement in health and safety management. However, a concern has been articulated in the trade unions that in taking such responsibility, engineers will assume individual blame for problems. This concern has prompted a tendency to withdraw back into rule-based health and safety management where the risk of blame is avoided through procedures (an approach to health and safety which has long been abandoned by other organisations, including some of the pluralist high control organisations covered in this study). Whilst this might indeed be achieved, such procedures tend to lock people into fixed ways of working, and so hinder both creative thinking and dialogue about risks, process problems or areas in which improvements might be made.

At **Norfolk County Council**, health and safety is managed by the Council’s Corporate Health and Safety department, headed by the Corporate Safety Manager. The lead union

representatives, heads of department and corporate safety manager meet quarterly to discuss health and safety performance and targets. These are then managed separately by the different parts of the council. In Highway Operations, health and safety is managed almost entirely by the local management and trade union representatives through the Health and Safety Standing Group.

There is some evidence of employee involvement having penetrated through the organisation. Project planning includes site-specific risk assessments, and line managers and road workers contribute to this process. Managers also undertake specific audit activities jointly with workers and are encouraged to promote team-working and dialogue around the audit activities and their outcomes. This involves coaching staff to develop audit and risk assessment skills, and to feed back results. In addition, team-working, upward problem-solving, and working with management are all important aspects of embedded employee involvement. Workshops also allow good practice to be shared, and provide opportunities for employees to suggest safer ways of organising work. All of these initiatives are important indicators of the ability of the authority's employees to proactively manage health and safety on the ground. Critical to their ability to do so are the leadership skills of managers in fostering dialogue-based practices and in devolving authority and responsibility downwards.

Despite these positive developments, the spread of employee involvement through the trade union representative machinery has served to hinder both full management engagement and deep and proactive workforce involvement in health and safety.

“The management don't know what is going on and as long as they are stuck in the office, they will continue to rely on the trade unions for information”
(Union branch health and safety officer).

The management invariably engages in dialogue with the unions rather than directly with the workforce. Consequently, the existence and dominance of the trade union representative machinery in this organisation has limited the terrain on which dialogue with *all* employees can take place. The unions have an important role to play here in legitimising and embedding employee involvement; this, too, is a leadership skill which has been developed to some extent. Like other organisations in this study, this organisation has made some progress on the road to employee involvement, but the high level of control (by both management and unions) of the health and safety agenda acts as an obstacle to fully embedded involvement.

In **ScottishPower**, health and safety policy is set at corporate level, and its achievement is a key business performance indicator. The chief executive of the company also clearly signals the central importance of health and safety, and has tasked all staff with following this through.

At corporate and strategic level there are several frameworks guiding health and safety management and employee involvement. One sets out the corporate vision, policy and standards, another defines the roles and responsibilities of individuals and committees and provides clarity on how policy is developed, implemented and monitored, while a third sets out the joint commitment made by the company and the trade unions to eliminating health and safety incidents. The company also benchmarks itself against its own and other companies'

practical achievements, and as Figure 2 illustrates, it does so on several dimensions, including employee involvement, occupational health, contractor and supplier safety, and public safety.

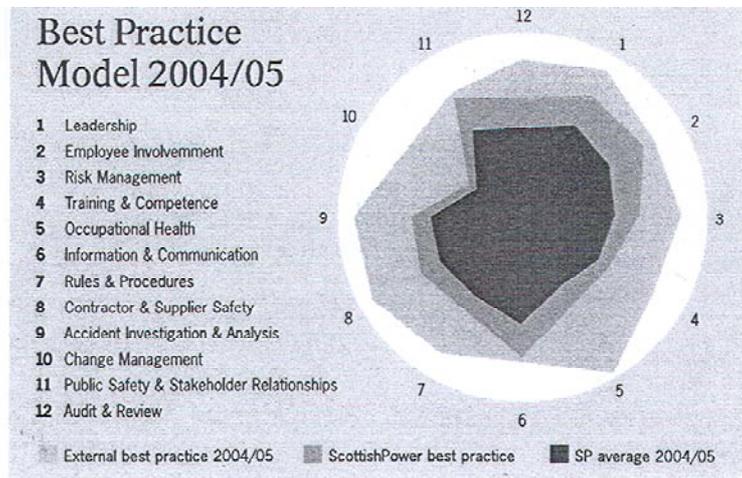


Figure 2: Scottish Power Best Practice Model

As far as the development of the soft skills necessary for employee involvement is concerned, the company focuses most systematically on the desired leadership behaviours of managers at all levels, through its ‘Leadership in Health and Safety’ standards. These require managers, from supervisors upwards, to:

- show that the health and safety of employees is an absolute priority,
- treat health and safety as a business performance issue with goals, targets and arrangements for monitoring these, and with clear roles and responsibilities for these,
- communicate health and safety issues and lessons, and
- set an example by their personal behaviour on and off the job, and recognise positive behaviours in others.

Coaching is treated as a key management tool for developing and promoting behavioural safety. Ultimately, however, targets are also used to motivate senior managers to take up the health and safety agenda:

“I am afraid that it is true what gets measured gets managed and managers also need targets.”

As a result, in one company division, the senior management is beginning to take the lead in helping middle management to be more aware of, and responsive to, the issues facing field operatives, and to work more closely with them. Middle managers are encouraged to spend more of their time on site in order to improve their own and their line managers’ awareness of these issues. Managers and employees work together to conduct on-site health and safety audits. These audits are used to identify potential hazards and allow middle managers to develop a dialogue with the workforce, on a one-to-one basis or in small groups. This is an example of how the spread of health and safety involvement among line managers is a critical element in the process of deeply embedding employee involvement throughout the workforce, and shows that line managers’ role in activating employees is vital.

“I used to think that if you pushed a new initiative out to the guys, they would adopt it. The fact is that middle managers don’t get out into the field enough so they don’t have the same perception of risk as the operatives. I now realise that unless you influence the key manager, operatives will never get the message.”

In another division, the employee representative role of health and safety co-ordinator has been established. Co-ordinators are members of a network responsible for raising local issues and supporting occupational health campaigns, and they feed information upwards to management and to wider networks of representatives. This division also operates organisation-wide meetings, identifying barriers and solutions to improving health and safety in the office environment. These meetings are designed to raise the importance of health and safety among white-collar staff, who typically have low perception of risk in the workplace. So there are signs here of a move from a pluralist, high control organisation into a pluralist high involvement organisation, because this part of the company is starting to embed employee involvement in behavioural health and safety throughout the workforce, with the help of analytical tools which provide a framework around which to base discussion of health and safety issues.

This organisation, then, has put in place some elements of employee involvement on health and safety, but principally top-level ones. The company’s leadership sets the health and safety agenda, and is being supported in developing the leadership skills necessary to share this agenda with the workforce. It has put in place health and safety standards, benchmarks and targets which create a framework for managing this agenda. And it drives health and safety messages down through the organisation. What it has not yet addressed is other side of the equation: the development of workforce-level skills and competencies to enable employees to learn, evaluate, own, independently practise, communicate and initiate health and safety messages.

There is here a high standard of default safety practice which is, in fact, necessary to meet the regulatory requirements of this industry. However, this organisation has not yet succeeded in moving to a behavioural safety culture; to do this would involve much more ground-level employee involvement than currently exists. As it stands, health and safety is performance managed, rather than managed through dialogue with employees, and it extends in a meaningful way through to line management, but not below it. Behavioural safety would need strategic, proactive, routinised employee involvement, and this has yet to be achieved here.

In pluralist, high control organisations, there is a structured approach to managing health and safety with trade unions. They are committed to raising management awareness of, and shared responsibility for, the health and safety agenda, by increasing the amount of time managers spend with workers and raising their awareness of issues in the workplace. However, they tend to manage the agenda through standards and procedures, which block workforce-level initiative and embedded behavioural safety. They also manage the agenda primarily through the unions, who for their part see their role as the key providers of information to management about workplace health and safety issues. In effect, therefore, both management and unions are in their different ways controlling the health and safety agenda and preventing it from being fully adopted by employees.

This creates challenges when trying to embed employee involvement that runs deep into organisations. One of the challenges of a pluralist, high control organisation is how to encourage direct involvement in a culture that places considerable emphasis on raising issues formally through trade union representatives, or in expressing them through formal procedures.

Leadership skills emerge as critical to managers' ability to share the health and safety agenda and also to share responsibility for it. These include engaging and supporting line managers in activating employees, devolving authority and responsibility, and listening to employees' voices rather than prescribing the health and safety agenda through fixed processes. In pluralist, high control organisations, managers are still setting specific tasks in which employees can be involved. Consequently, employees are not yet able to behave proactively in dealing with health and safety issues, and their skills in dealing with health and safety are primarily the basic ones needed to receive messages, follow instructions, and plan and organise work, combined with some intermediate interpersonal skills involving self-awareness and decision-making.

3.4 Pluralist, high involvement organisations

This cluster of organisations is characterised by strong trade union organisation, and activity around health and safety is part of the industrial relations culture of such organisations. Joint regulation underpins the interactions and behaviours of management and workers in relation to one another. There is, however, also a significant commitment to investing effort in direct involvement. Indeed, in these organisations, management is evaluated by its ability to develop this at an operational level. Employee involvement is focused on engaging individuals, representatives and groups across a wide range of activities.

The case studies in this cluster are: **Cummins**, a large, global engineering company, **Leyland Trucks**, a vehicle manufacturer, **Nottinghamshire Healthcare NHS Trust** and **Springfields Fuels**, a nuclear energy utility. All these organisations have strong partnership-based employment relations. This means that they recognise and negotiate with trade unions, but as well as having these collective arrangements, they also directly involve employees on a widespread basis.

Employee involvement is central to **Cummins's** overall organisation of work, and health and safety is part of an integrated framework of employee involvement principles. These include team-working arrangements in which employees are encouraged to take responsibility as if they were owners of the company, and the promotion and communication of diverse ideas. The operational management team is evaluated on how it applies these key principles and, consequently, health and safety is seriously and centrally addressed.

Health and safety strategy is set at board level, in order to provide strong and visible leadership. A health and safety manager has responsibility for developing policy and monitoring performance at plant level. There is substantial trade union involvement in formal processes, including quarterly meetings with plant management where policy issues are developed (for example, in relation to drugs and alcohol, and to stress, both of which are recognised health issues in this organisation). The union also raises issues for discussion at the European Works Council, having argued that health and safety needed addressing at the firm's highest consultative forum as an indicator of company commitment.

The trade union, and particularly the plant convenor, is very proactive with regard to safety issues and management. Regular informal discussions are held between the health and safety manager and the union convenor. They work jointly on horizon-scanning, in the early stages of policy development for example, enabling them to identify possible problems before embarking on more formal full consultative procedures. The role played by the union in providing upward communication, feedback and problem identification, is highly valued by the company, and informal dialogue in particular is encouraged. The union also provides help and training for representatives working on health and safety.

Both the company and the trade union see induction as the foundation on which the organisation's health and safety culture is built. Induction is consequently treated as a way of setting behavioural expectations in relation to health safety involvement and about employee involvement more generally. Subsequently, day-to-day health and safety activities include risk assessments on maintenance activities and on new processes carried out by plant-level safety representatives. Routine issues are dealt with at activity unit meetings and union safety representatives meet regularly. The teams have health and safety leaders, and they provide the key point of contact for the other team members on risk assessment of activities, briefings, or other health and safety related activities.

“Workers own safety issues and would share these without question with their peers.”

“When things are not right and an employee raises it with a manager, they are straight and to the point – there is no tentative language used.”

The company does not have formal health and safety champions, but does have volunteer staff in specific safety roles (in the fire safety team, or with responsibility for first aid). These are positions of status in the organisation, and are effective ways of engaging staff who act as role models for health and safety management. These roles are also treated as development routes to more senior positions: the company emphasises the significance of these skills for progression, thus sending a signal to all employees about the importance accorded to involvement in health and safety management. In addition, all workers take daily responsibility for designing, assessing and improving ways of working. Forklift truck drivers, for example, determine how best these vehicles are to be used in order to work in the safest possible way. This ‘task participation’ embeds their proactive involvement in health and safety.

Unlike in the pluralist high control organisations discussed above, then, in this organisation trade union involvement does not inhibit embedded employee involvement in health and safety. There is a high level of individual employee involvement in managing these issues, supported principally through the company's team-working arrangements which emphasise self-management and ownership of the safety agenda. Employees are also highly proactive in managing safety. They may not have opportunities to set strategy here, but they have a high level of operational involvement which denotes an independence of thinking and working. They take ownership of the health and safety agenda, and show a willingness to challenge others.

The second company in this cluster is **Leyland Trucks**. This company has a partnership agreement which also underpins its approach to employee involvement in health and safety. Health and safety strategy is set by a health and safety management review team that meets twice a year and includes the senior management team. In addition to setting strategy, this team sets health and safety targets and monitors progress. It is supported by a health and

safety committee which includes both management and trade union representatives. Where once this body operated in an adversarial way, it is now run along partnership lines, and in practical terms this means that both the management and trade union representatives take equal responsibility for resolving issues that are tabled. Managing conflict in this way is a high-level leadership skill which is critical to interdependent health and safety management.

These formal groups are supplemented by weekly staff briefings, and by local health and safety forums with employee members which can meet on a daily basis if necessary to respond to health and safety issues which might arise. Part of their purpose is to raise workforce confidence in health and safety issues being dealt with quickly and efficiently. Additionally, if an employee activates a safety alert, this always results in a multi-functional team meeting where this safety alert is analysed.

There is also a strong emphasis on team-building and team-working in this organisation, for these are seen as vital to the development of shared responsibility for the effective performance of the company, including its health and safety performance. Safety is treated proactively, and all employees are responsible for conducting risk assessments, identifying safety risks, raising safety alerts and taking preventative measures. There is a strong expectation that staff should have the confidence to speak up when an issue arises, as this is part of being responsible for the safety of others and communicating with team members to ensure a safe working environment. Daily team meetings address health and safety, which is sometimes the only issue discussed. As the Operations Director explained:

“Working in teams literally helps bond people together.”

This emphasis on team-based responsibility for health and safety is also evident in the company’s safety training activities. Among other things, it runs a “Working Safely” programme, which is run by teams of volunteers from the shop floor, union representatives and supervisors, and in which discussion and personal experience is encouraged as the main way in which programme participants can learn and take ownership of the safety agenda.

“This brings health and safety down to a grass roots level, gets workers involved, makes it an issue for everyone.”

In Nottinghamshire Healthcare NHS Trust, there is a very strong culture of involvement. The organisation has adopted a series of core principles which govern its approach to involving employees in general, and as in many organisations, these principles are captured in a series of publicised value statements centring on clarity, honesty, performance, communication, commitment to staff development, and the development of a positive and supportive work experience for all. The Trust aims to involve staff and union representatives at every level and at an early stage in issues affecting jobs and working lives. The Trust recognises the fact that line managers play a vital role in supporting and extending employee involvement. A learning programme to support leadership among managers is designed to encourage more openness among line managers, so that they in turn can encourage staff involvement through coaching and guidance.

These are the values, then, which underpin employee relations. Partnership arrangements have been established and are operationalised through partnership forums. These have been designed to facilitate informal working between the Trust and staff organisations, and to support direct employee involvement on a range of issues connected with performance, service delivery and quality of working life. Agenda-sharing is increasingly treated as the key to effective employee involvement.

“Good management means opening the door for individuals to bring issues to them.”

Employee involvement in health and safety is, however, much less strong than it is in other areas. Responsibility for health and safety starts at the top of the Trust, but while some managers share the health and safety agenda, others do not, so that leadership is patchy. Line managers also have clear responsibilities in this area, particularly in ensuring that all incidents are reported. There is documentary support for staff concerned with the recognition and management of health and safety issues at local level. In terms, however, of living processes, health and safety issues are identified and monitored in local staff partnership forums which involve trade union representatives but not all employees. The workforce consequently has the perception that health and safety issues are managed through the union, and consequently individual employees show a reticence to get involved in health and safety, looking for ‘permission’ from the union to do so. Direct workforce involvement in health and safety takes place mainly through the informal risk assessments of patients which employees conduct to protect themselves from potentially dangerous situations. Otherwise, they tend to report health and safety issues through their trade union representative. In this, they indicate disempowerment and disengagement from the agenda.

Both management and unions in the Trust are acutely aware of the danger of the partnership arrangement being perceived as an elite activity, and this has prompted the establishment of open workshops designed for all staff to participate and engage in dialogue on a range of issues. On the specific issue of health and safety, there is currently a project underway to link health and safety issues with team objectives. Through both these initiatives, then, some progress is beginning to be made on sharing the agenda and the responsibility more fundamentally with employees. The challenge for both management and unions within the Trust is now to build on this sort of initiative in order to create the conditions in which responsibilities are devolved, shared and owned on a more widespread basis than simply with union representatives.

At **Springfields Fuels Ltd**, partnership was established some ten years ago as a way of moving beyond the traditional adversarial employment relations. The increasing number and severity of accidents was the catalyst for the development of partnership between the company and the unions. Health and safety was an area of mutual concern, for its effective management is clearly fundamental to the viability of a business in the nuclear fuels sector. There is also a strong cultural commitment to the well-being of individual employees, and this is driven in part by the long service of the workforce.

Behavioural safety is central to health and safety management here, and this is a feature that marks this organisation out from the other organisations covered in this study. There are several formal structures where management, trade union representatives, employees and contractors are involved in managing health and safety, including a local Joint Environment, Health and Safety Committee which monitors overall performance, and a Site Safety Review Committee which agrees the targets for each individual business unit, based on those set out by the executive in the company’s ‘Continual Improvement Plan’. In addition, ‘Safety in Partnership’ meetings take place quarterly and involve senior management and union representatives, plant managers and safety representatives and advisors from each area, as well as contractors. These meetings share good practice and consider innovations at plant and site level.

All manufacturing and service areas host regular safety-based talks, which involve group discussions of workers' experiences, inside and outside the workplaces. These initiatives promote the sharing of the health and safety agenda, encourage employees to think creatively about their experiences and their practical implications, and develop self-awareness and interpersonal, particularly communications, skills. In addition, each department organises informal local safety meetings, and annual health and safety workshops. Regular behavioural safety workshops are organised by the Safety Training Department. In addition, compulsory formal training courses for all employees and contractors cover security awareness and emergency response. 'Working in Safety' and 'Managing Safety' courses accredited by the Institute of Occupational Safety and Health are also available.

These initiatives are seen as important ways of encouraging employees to take responsibility for the health and safety agenda. Indeed, the company strives to create a culture which encourages all employees to take this responsibility, and this means that health and safety involvement is both widespread and deeply embedded, proactive and reactive. The company has developed a framework of responsibilities for health and safety, including behavioural safety, which sets out clearly what responsibilities apply at what levels, and in what situations. In general, this framework states that senior managers ensure consistency and deal with unsafe acts firmly, managers ensure that supervisors understand and apply 'no blame' principles, while supervisors in their turn reinforce and implement these principles, and operatives take responsibility for their own actions so that they are empowered to provide early incident warnings, to challenge unsafe behaviour, and to have safe behaviour rewarded. Every employee is assessed on their management of health and safety in the course of their appraisals with line management. This is something that other organisations could emulate.

Behavioural safety is practised in several ways. All employees, contractors and agency workers conduct their own point of work risk assessment, prior to starting a job, using a checklist of issues and safety hazards to consider. They then work with a traffic-light warning system which helps them to identify what actions they need to take to remain safe, control risk and identify future hazards. All workers must report near misses. Everyone is encouraged to observe and identify safe and unsafe behaviours and take remedial action. All of these activities involve basic soft skills but the latter also demand intermediate skills in thinking innovatively and creatively. The company has identified leadership and team-working as the two skill-sets which are central to the effective involvement of employees in health and safety. The development and application of these skills means that health and safety performance is a shared value, staff share their skills and knowledge with their colleagues, they can use their initiative to solve problems, challenge or support the actions of their peers, and be honest with their managers.

Trained employee observers monitor the safety practices of their co-workers, using their technical and behavioural safety knowledge to understand the way an employee operates in relation to others. Employees for their part are trained and expected to listen and to respond to the advice of their peers. The thinking behind this arrangement is that the more staff observe and support each other, the less formal and remote the safety monitoring process is. A marked reduction in lost time accidents has been recorded following its introduction. In addition, regular workplace inspections are carried out jointly by managers, supervisors and safety representatives.

In terms of managing health rather than safety, the company also demonstrates deeply embedded employee involvement, with the trade union playing a central role in the development of the skills needed to identify and manage health hazards. It has been instrumental in the development and implementation of a scheme involving 'workplace

listeners', which is inspired by similar initiatives in local government, and provides for employees to talk to their peers and highlight incipient individual health or safety concerns, particularly stress-related issues. Union representatives help to develop listening skills among employees to enable them to become listening representatives. The union is thus a key agent in the process of skills delivery, and union representation a training ground for health and safety management.

Health and safety, but particularly safety, is of course central to the overall performance and viability of a company in the nuclear fuels sector, so these issues are fundamentally business-critical. In general, there is a strong sense of shared responsibility for health and safety in this company by management, unions and staff alike. This is promoted by management and the unions alike sharing the agenda and responsibility for health and safety, by the promotion of and training for behavioural safety throughout the company, by the encouragement of independence and interdependence of action (particularly through self-monitoring) among all employees, and including contractors, and by the empowerment of the unions to foster employee learning and to devolve responsibility to shop-floor employees.

Pluralist, high involvement organisations deal with health and safety as strategic and policy issues, as well as practical ones. Senior managers evaluate themselves and their colleagues on their performance in sharing the agenda and in motivating employees. This self-evaluation is an important leadership tool and skill. There is recognition, too, that line managers play a critical role in supporting employee involvement, and that their leadership skills can make or break an organisation's effectiveness at embedding employee involvement.

The leadership skills of trade union representatives can do so too. Unions in pluralist, high involvement organisations tend to take ownership of health and safety and see their responsibility as being to resolve conflict and to empower employees. In this way, union representatives develop and deploy equivalent leadership skills to those deployed by managers.

These organisations promote widespread dialogue with, and debate within, the workforce rather than relying on frameworks, standards and instructions issuing from the top. They also avoid a culture of blame. As a result, workers share, own and prosecute the agenda in an assertive way. This is a form of leadership among employees, and it marks these organisations out from those in the other three clusters.

This dialogue culture, coupled with task participation, fosters interpersonal and conceptual skills among employees, and their use in the management of health and safety: in developing self-awareness and communications skills as well as team-working skills, in learning from mistakes and solving problems, in questioning and challenging existing practices, in identifying and discussing opportunities for process improvements. The practice of behavioural safety leads to employee involvement that is both wide and deep, and creates such embedded involvement that health and safety management ceases to be treated as a distinct activity. It becomes local and mainstream, rather than remote and formal.

Soft skills for health and safety management are developed in innovative ways in pluralist high involvement organisations: through health and safety volunteer roles which are treated as important progression routes, through team-working activities and task participation which require individual initiative and creative thinking in assessing

and improving work processes, and through trade unions being empowered to deliver certain elements of skills training through representation. These practices demonstrate that taking skills development out of a formal arena and embedding it within mainstream, on-the-ground processes, including those initiated by workers themselves, can be highly effective and can part of the process of sharing ownership.

3.5 Creating the capacity for effective worker involvement in health and safety – what makes good organisations special?

Central to the creation of effective and sustainable worker involvement in health and safety in these case studies, is the existence of a culture which fosters widespread and regular dialogue across the workforce. This ‘dialogue culture’ helps employees understand how the business works and the problems it faces. It provides employers with a means of tapping into employee knowledge and potential for the benefit of the organisation. It demonstrates that employees’ views are taken seriously, which in turn boosts commitment and engagement. Taken together such a culture produces well-motivated and well-informed employees which organisations need if they are to meet the challenges of change.

Culture is a complex concept which goes beyond rules or frameworks, skills or competences. It implies that employees have internalised and taken ownership of elements of all these.

“Corporate culture is made up of the attitudes, experiences, values and beliefs within an organisation. They include the beliefs about the goals the organisation should pursue –the basic assumptions held by the employees about the organisation which they work for. Corporate culture encompasses and defines how people should behave and sets the guidelines and norms which the workforce expect to follow. It includes the processes by which an organisation monitors what is going on, its power structures, its symbols and rituals and its rules. Innovative organisations need individuals who are prepared to challenge the status quo and cultural norms and ways of doing things which implement new ideas effectively.”²

A dialogue culture is one which encompasses a distinctive set of attitudes and experiences, values and beliefs. These reflect an organisation which demonstrably values openness, awareness, involvement, shared ownership of issues, legitimacy of challenge, and skill acquisition and deployment.

Identifying a dialogue culture

The key features of a dialogue culture are set out below.

- 1) Awareness of issues across the workforce
- 2) Employee participation at all levels
- 3) Leadership which models involvement
- 4) Joint problem solving and task participation as the norm
- 5) An inclusive representative structure which resolves conflict
- 6) An open and transparent communication culture

² Hill, C.W., and Jones, G.R. (2001) *Strategic Management*, Houghton Mifflin.

7) Feedback – ‘my voice is heard even when it is challenging’

These seven key factors cannot simply be reduced to a set of skills to be acquired. Some are indeed skills, for example, aspects of problem solving. Others, however, have more to do with the values which the organisation is seen to be practising, or with the attitudes and behaviours which it fosters. These seven elements also need to reinforce one another. Much of the literature on the links between people and organisational performance refers to the need to see the factors at play as “bundles”. These bundles are sets of behaviours, practices and competences which are interdependent.

This same applies to cultures which nurture good health and safety practice and outcomes. One practice on its own may bring some benefit. Greater benefit, however, arises when several are in play together and the benefit derives from the interaction between them. Elements of such a dialogue culture can be identified in all the case studies. Some elements are found across all four clusters in the case studies, others are only found in some of the more advanced organisations. All the organisations are trying to create an environment where employees become knowledgeable about health and safety matters and are helped to do so. On this foundation they are then encouraged to report risks or incidents, to share experiences with colleagues and to meet certain basic standards.

As organisations become more advanced in the way they involve staff in the health and safety agenda two further characteristics emerge. First of all, there is a more proactive style of joint regulation of health and safety. There is less emphasis on rules and monitoring, and more emphasis on benchmarking and developing good practice for the future. Secondly, employees become more involved in project groups and in problem solving activities more generally.

The most advanced organisations have moved to a third level. Joint ownership and a forward-looking management of the health and safety agenda takes place. It is strongly focussed on policy development, standard setting and encouraging staff to take personal ownership of that agenda. Health and safety is managed within a culture of shared responsibility for solving issues. Problem-solving is embedded in the culture and is practised across the entire workplace.

Staff develop as a result. They have developed a high level of subject knowledge, are confident in the knowledge they possess, and are prepared to challenge. Importantly, their organisations have evolved a culture where employees know that challenges are valued.

Awareness of issues across the workforce

Awareness is a critical foundation in building a dialogue culture. When employees receive regular information, this helps them to form a basic understanding of why certain courses of action are being followed. Their understanding of the organisation’s goals is enhanced, whether this understanding is of the health and safety agenda or of business issues more generally. Knowing where health and safety fits into the overall picture of what an organization is about and where it is going is a fundamental measure of progress on this front.

Our case study organisations are at different stages on this journey towards workforce awareness. Where they are at an early stage, a key task is simply to ensure that there are regular monthly health and safety meetings at each location. B&Q seek to get most staff to take part in such meetings at least once a year; with high staff turnover, retailers such as this need to make sure they keep topping up a basic level of awareness. Other companies with employees working alone on complex and sometimes dangerous jobs also do this.

Several companies emphasise the role of induction as a key learning opportunity. It is seen as the bedrock on which their health and safety culture is built. They are clear that they want new recruits to learn “our way of working”. Induction is a way of setting behavioural expectations, not just in relation to health and safety practices, but also, and crucially, about attitudes to risk. These organisations are also seeking to drum into new team members an understanding of the health and safety related processes which apply at team level and the new recruits’ part in these.

As awareness increases, staff begin to take ownership of activities like risk assessment. Managers need to make this happen and demonstrate enhanced awareness to their staff. Awareness becomes a norm throughout the organisation in its conduct of work.

Organisations, such as Springfields Fuels, which do this well, have taken awareness to a level where it is embedded throughout, so that the company can then move on beyond awareness raising to implement widespread task participation.

Staff participate at all levels

The case studies identified widespread worker involvement at all levels, with risk assessment and safety monitoring being widely practiced. This involvement varies from a very management-led approach in the retail sector, to team and individual ownership of health and safety activity in the engineering and in the nuclear fuels sector.

Where health and safety is strongly built into organisations’ operating systems, this level of participation is expected. Activities like employee-led observation, safety workshops and near miss reporting are part of everyday working life. Participation is located within teams, and each team has its own safety representative. Teams operate with a degree of self-management which promotes a high level of individual ownership of the health and safety agenda.

Leadership which models involvement

Modelling appropriate behaviours by managers and other leaders like trade union officials contributes in important ways to the creation and support of a dialogue culture.

Scottish Power has developed a set of standards called ‘Leadership in Health and Safety’ which are designed to encourage managers to lead by example. They are expected to give health and safety absolute priority, manage it as a business performance issue, communicate lessons and set a personal example. Coaching is treated as a vital management skill for leaders to promote behavioural safety among employees. Yet managers are not always successful at sharing the health and safety agenda and sharing responsibility for its delivery. Although they are getting better at involving people in defined tasks they are less effective in creating an environment where staff are proactively dealing with health and safety issues.

Symbolic leadership matters too. In one case study the arrival of a new Chief Executive had a direct impact on the attitudes and behaviours of other managers and staff:

“ We were in no doubt that it was deadly serious in his eyes”.

Strong leadership from union officers within organisations also matters. One clear message from this study is that this leadership is just as critical as managerial leadership. It allows representatives to take their colleagues with them, and this is particularly vital when there is little engagement from staff at other levels, compared with when unions and management sit

down together. Both at Cummins and at Springfield Fuels, union officers played a critical role over many years in getting the workforce to be more actively engaged.

Joint problem solving and task participation

Those organisations which are moving their health and safety agenda forward are using problem solving and task participation to do so. Problem solving helps to strengthen and sustain good health and safety practice, through skills, such as listening, two-way communication, identifying solutions and consensus building, as well as through behaviours which are being fostered through training and workshops, such as trust building, respecting the views of others, avoiding blame, taking shared ownership of problems and encouraging colleagues.

Many of the case study employees are “learning by doing”. Task participation provides space in which new ways of thinking about and performing processes can be explored. This in turn encourages informed debate among employees and helps to embed practices into day to day working. This is much more effective than top-down instruction. Much of the work which has helped to move Springfield Fuels forward has been done with their safety workshops and improvement teams in this way.

An inclusive representative structure which resolves conflict

Joint regulation of health and safety agendas between organisations and trade unions brings both benefits and potential difficulties. Organisations with strong trade unions tend to have better articulation of policies, but they may also be over-regulated and insufficiently enabled.

However, in organisations like Nottinghamshire Healthcare NHS Trust, the unions have played an important role in redefining the relationship with the employer, from a traditional conflictual one to a partnership. As well as modernising joint regulation at board level, they have also encouraged more widespread staff involvement on the ground, in areas like personal safety. Involving union representatives in discussions about the Trust’s strategy is important because it serves to reassure the workforce and encourages them to cooperate more readily with new ways of working or accepting difficult changes.

If joint regulation dominates at the expense of direct worker involvement, however, it can colour attitudes throughout the workforce.

“Management and unions are dealing with issues at high level which should be dealt with locally in an open and honest way, working together to find the most effective solution – neither side should hinder good ideas.”

An open and transparent communication culture

The most striking requirement for open and transparent communication is around the difficult issue of reporting near misses. Transparency is essential to the process of assembling evidence for the analysis and remedial actions which may need to be put in place. This is not simply a case of altering processes; it is also indicative of the reality of claims to operate a ‘no blame’ culture, and shapes the extent to which this is believed by employees. In the case studies, this was clearly not always the case.

However, in organisations like Springfields Fuels, the need to have such a reporting process in place is safety critical. Consequently, the company has put in place a sophisticated four-tier framework designed to encourage a culture which gives early warning of incidents, rewards safe behaviours, challenges unsafe ones and reserves sanctions for culpable and

knowing violation. Of the other organisations studied here, School Trends has gone furthest in trying to create a more open organisation with devolved decision-making. It has a set of core values emphasising employee involvement, which it then seeks to identify in its new recruits. The company also believes that the communication culture needs to apply right across the board – the same value system needs to be applied to health and safety as elsewhere.

Feedback – ‘my voice is heard even when it is challenging’

Dialogue is a two way process. It matters, therefore, how staff engage in the feedback loop. Companies may wish staff to engage in consultation based on ‘open and honest participation’. There may, however, be reasons why the latter are reluctant to do so, particularly if this means challenging managers. A blame culture is likely to make employees less willing to report, or feed back or force comments to be channelled through the trade union.

“There is a younger generation of people who will not challenge and a feeling that you don’t want someone to report a near miss and then find that they are the subject of a disciplinary hearing because they owned up to not doing it by the procedure.”

CHAPTER 4: IMPLICATIONS AND RECOMMENDATIONS

Introduction

Our conclusion from our ten organisational case studies examining the development and use of soft skills in employee involvement in health and safety is that the most decisive factor in this process is the creation, support and sustenance of what we term a ‘dialogue culture’ in organisations. In the last part of Chapter 3, we discussed the key elements of such a dialogue culture and considered how these cultures are developed.

In this Chapter, we draw out some of the implications of our findings, and highlight some policy issues for organisations and for social policy actors which are raised by this study.

4.1 Pluralist, high involvement organisations are most likely to create and sustain ‘dialogue cultures’ which foster embedded employee involvement in health and safety

All of the case study organisations covered in Chapter 3 engaged in some form of employee involvement. Even those in the ‘unitarist, high control’ group did so, and they offer useful lessons, particularly about the role of strong organisational values and the importance of induction into these values which should not be under-estimated. Their ability to engage in effective dialogue was restricted, however, by their tendency to control the terms of dialogue, the extent of dialogue, and the depth of dialogue. These, then, were the organisations which were least able to develop the skills necessary for embedded employee involvement in health and safety, because although they have strong leadership at the top, they allow for the lowest levels of awareness development among line managers and workers, and are relatively poor at fostering openness and thus the critical, conceptual skills necessary for shop-floor level involvement.

Pluralist high involvement organisations, on the other hand, develop and sustain dialogue cultures which best equip them to develop and deploy soft skills for employee involvement in health and safety. What is notable about these organisations, and what marks them out from other cultural types, is their openness of operating and consequent ability to share even strategic agendas with all employees at all levels of the organisation. Employee involvement, consequently, does not stop with line management or with trade union representatives, but works through to the everyday activities and decisions by shop-floor workers. Employees themselves, in other words, develop leadership skills, particularly conceptual and decision-taking skills, and so lead the health and safety agenda.

This suggests that there is a preferable path of development along which organisations need to be supported in travelling, taking them from high control to high involvement, and from unitarist to pluralist. It also suggests that the key policy and practical task should be primarily concerned with supporting the development of embedded dialogue cultures which will in turn create the conditions for skills development.

At public policy level, this project is partly addressed through the implementation of regulations for the Information and Consultation of Employees in the UK. These provide a framework for developing employee involvement, but high involvement organisations have already gone well beyond the provisions of the regulations in terms of their activities and coverage of employee involvement. There may be a case for

further regulation to reflect this developing agenda, and to update the arguments for ‘partnership’ and related arrangements.

Intermediary bodies such as industry sector bodies, employers’ organisations, trade unions and professional associations have a key role to play here in supporting their members in developing effective dialogue cultures and practices. Other advisory and support organisations which specialise in developing employee involvement can provide practical help in developing awareness, skills, methods and tools which organisations can use to open up and improve their dialogue with their employees.

4.2 Formal skills development processes, such as training, emerge as less decisive for the development and deployment of soft skills around health and safety.

The case studies collectively show that, particularly in organisations with strong dialogue cultures, formal, programmatic training seems to be a relatively unimportant means of developing soft skills for employee involvement in any aspect of workplace management, including health and safety management. Where formal methods are used, they are more likely to be focussed on the development of ‘harder’ technical knowledge such as methods for conducting risk assessments or the provisions of health and safety legislation.

They are also relevant to the development of leadership skills among managers. Here, formal methods of skills development seem to be relatively widespread, and this may be related to the priority that is accorded to this type of skill in organisations, irrespective of their dialogue cultures. These formal methods tend to take the form of short-term training programmes focussing on the establishment of safety cultures and behaviours in organisations. Leadership training is usually confined to managers, although leadership and other complex behavioural skills clearly emerge as important for all workforce members to deploy in strong dialogue cultures. They are important skills, too, for trade union representatives.

Formal training and learning for leadership skills are not part of the development of non-managerial employees, however. Their soft skills are much more likely to be acquired informally and implicitly, primarily through the everyday processes of dialogue between them and their employers. This makes it hard to identify suitable methods which can be imported from one organisation to another. On the contrary, as we have already suggested, it indicates that skills development routes are likely to be shaped by the circumstances and requirements of each individual organisation.

However, there are some skills development techniques which are common to, and clearly work well in, several of the case study organisations, and which are therefore worth noting. These are:

Induction – This is a technique which several employers use to inculcate particular values and behaviours in employees, including prescribed health and safety practices. Induction is an important way of developing soft skills because it signals early in the employee’s career what is expected of him or her, expectations which can then be reinforced throughout employment. Induction as a means of doing this is particularly important in unitarist organisations which want to emphasise strong value sets, but is also used in pluralist organisations as a way of sharing agendas and promulgating leadership skills among employees.

Coaching and buddying – These techniques are used to move employees from basic skills to interpersonal skills, specifically from following instructions to asking questions. Coaching is also used to develop leadership skills in line managers, to enable them to share the health and safety agenda with their staff. This lack of agenda-sharing is a clear area of weakness in several of the case studies. Coaching critically needs to focus on these managers' capacity to devolve authority and responsibility for health and safety downwards, in the context of the overall propensity of the organisation's higher management to share this agenda and empower employees on a range of issues, including health and safety.

Toolkits - Toolkits and models are widely used as devices to help managers and employees to work through and perform organisational processes, including joint decision-making, learning, In relation to health and safety processes specifically, standards and decision trees are used in the conduct of risk assessments and audits, for assisting learning, and, in the organisations with strong dialogue cultures, for supporting the exchange of experiences and health and safety lessons between employees.

Soft skills for involving employees in health and safety are invariably transmitted and developed through the informal organisational processes which arise out of strong dialogue cultures. These dialogue cultures incorporate openness and engagement, allow leaders to model behaviours to other staff, promote joint problem-solving, team-working and support task participation.

Leadership and some 'hard' skills are more likely to be developed through formal training programmes, and managers seem to benefit more from programmatic training than employees at lower levels do. Given, however, that much of this training centres on the development of leadership skills, which are critical to the success of employee involvement in health and safety management, there is a strong case for developing this type of skill more widely among employees at all levels.

There are also examples of innovative skills development routes which could be more widely emulated, including the creation of specialist health and safety volunteer roles which carry with them strong progression prospects, and team-working arrangements which promote the development of awareness, knowledge and ownership of health and safety issues at team level through devolved responsibility.

4.3 Trade unions can both make and break embedded employee involvement

It might be supposed that the presence and activism of trade unions in an organisation is a vital ingredient in the involvement of employees in health and safety. In fact, as the case studies indicate, the role of trade unions is not so clear-cut.

Trade unions can present obstacles to embedded employee involvement in environments where their representatives act as the sole conduit between workforce and management on all issues. In these circumstances, the health and safety agenda becomes an elite activity, and employees do not have 'permission' to use their initiative in the formulation or the management of that agenda. This blocks the development of the skills they need to take ownership of health and safety, particularly skills in challenging established practices and in developing innovative approaches to issues - in effect, leadership skills.

On the other hand, there is also a positive model for a trade union role which is held up by one of our case studies. Here, the union serves to support and develop grass roots employee involvement in health and safety by providing coaching in ‘listening’ skills that allow employees on the shop floor to hear, assess and acknowledge the health and safety concerns, particularly relating to workplace stress, of their colleagues. This is a model which has been tried with some success in the public sector, and has been adopted by the union in a private sector organisation as a means of ensuring that employees are directly and routinely involved in the management of health and safety and not simply through their union or health and safety representatives. Thus, the union has itself become the training ground for the development of soft skills.

It is unusual to find cases where trade unions are ready to relinquish their own central position in health and safety management, and to act instead as dissemination agents for the soft skills which employees need in order to take health and safety away of the trade union. This kind of initiative reflects considerable self-confidence in the union, and a strong relationship of trust between union and management in an organisation. It also provides an important pointer to the kind of leadership role that trade unions themselves can play in sharing the health and safety agenda with all employees, in motivating them, and in equipping them to take responsibility for that agenda, provided the organisational culture supports this. It also relies critically on the sustained support of an organisation’s management and its own leadership skills.

4.4 There is a particular challenge to achieving embedded employee involvement in organisations where employee relations are increasingly individualised

There is a growing tendency within organisations for employment relations, and human resources, to be managed on an individualised basis. Collective structures, whether trade unions or otherwise, are being displaced by individual employment contracts and negotiating relationships. What does this signal for effective and embedded employee involvement in workplace issues, including health and safety?

We think it is likely that in the absence of a collective or pluralist culture in workplaces, the willingness of organisations to involve employees in health and safety management will increasingly depend upon other factors. These are likely to include:

- the business case for involving employees, such as the benefits this brings in terms of reduced attrition, improved customer service, or more effective change management
- the goodwill of individual managers towards the general principle of engaging employees and towards the values associated with employee engagement
- a regulatory framework which supports and promotes employee involvement.

Public policy makers will need to consider what, if any, actions are necessary to support and sustain the continued existence of collective employee involvement in British workplaces. They will need to assess whether a voluntarist approach based primarily on business issues driving employee involvement is sufficient to ensure that organisations do involve their employees in health and safety. They will also need to assess what support organisations may need in order to do so.

Trade unions and employee representative organisations will also have to address the challenge of declining membership and influence, including over health and safety issues, and explore ways of meeting this challenge in an individualised industrial relations climate. A positive model for doing so comes from the work of unions who provide leadership and training for soft skills and could be emulated by others wishing to establish a new place in the employment relations.

4.5 Embedded employee involvement can still be achieved in low-skill workplaces

Aside from the culture of the organisation and the capacity of its managers to spearhead thoroughgoing dialogue on health and safety, one of the main constraints to embedded employee involvement is the capacity of an organisation's workforce to develop its knowledge and awareness of health and safety issues. A low-skill workforce, such as that commonly employed in sectors like retail, cleaning, and catering, may have difficulty in achieving this.

There is certainly a marked contrast in our case studies between the employee involvement arrangements in low-skill workplaces and those in high-skill, high knowledge workplaces. Whether because of the capacity limitations of the workforce or because of the limited nature of the dialogue culture, the former organisations tend to use standardised processes prescribed by management to handle health and safety. The latter, by contrast, focus on sharing the agenda, the responsibility and the expertise with workers throughout the organisation, embedding assessments and actions in routine working practices. Does this suggest that embedded employee involvement can only be achieved among skilled or knowledge workers, and if so, that the project of widening employee involvement in health and safety should be abandoned in certain instances?

It is not clear from this small number of case studies whether prescribed health and safety processes are commonplace among low knowledge organisations. However, we do know that low-skilled jobs are not inevitably filled by low-skilled workers. (Migrant workers, for example, may be highly skilled, yet be consigned to low-skilled work when they find employment in the UK. Other research by Craw and McKay points to their tendency to bear the burden of stressful and hazardous working conditions associated particularly with low-skilled work.³) Therefore, we would contend, there is still the potential for embedding employee involvement in these environments, and this too points to the need for achieve this through strengthened dialogue cultures.

4.6 Organisations which recognise stress as an issue equivalent to that of safety are most likely to be ones with strong dialogue cultures

Some organisations take the view that they have no real health and safety challenges because their workplaces are *safe*, that is, free from physical hazards. Many other organisations, however, are becoming progressively aware of the health issues raised by work, and particularly by stress at work. This awareness often increases where working time is lost through stress or where labour turnover grows as a result.

³ McKay, S., Craw, M., and Chopra, C. (2006) *Migrant Workers in England and Wales: An assessment of migrant worker health and safety risks*, London, HSE.

In general, however, organisations that engage in energetic and involving debate around safety issues, are also likely to do so in relation to health issues. Creating good dialogue on the one issue opens up the terrain for debate on the other, and creates the critical skills needed for discussions to be deep and searching.

The example of good practice organisations which address the two issues equally incisively suggests that there is not a strong case for policy makers or organisational practitioners to separate health from safety in policy or practical initiatives. Instead, we would argue, as we have done throughout this report, that the policy challenge lies in the creation of organisational environments where the positive engagement of employees forces their critical appraisal of all relevant health and safety issues.

Using soft people skills to improve worker involvement in health and safety

The involvement of workers is widely believed to be central to the achievement of improved organisational performance across many dimensions, including that of effective health and safety management. Many organisations claim that worker involvement in their decision-making and management has resulted in quantifiable benefits, such as improved change management, more responsive customer service provision, better dispute resolution, reduced labour turnover, and reduced sickness absence and accident rate. There is also a wider public policy agenda to promote workplace information and consultation, which has resulted, in part, in the passage of the Information and Consultation of Employees Regulations of 2005. These Regulations require large organisations of 150+ employees to involve and consult their employees over fundamental issues that affect their working lives, such as organisational change. (The Regulations will be extended in April 2007 to cover organisations of 100+ employees, and then in 2008 to organisations of 50+ employees.)

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