



# Improving worker involvement – improving health and safety

IOSH response to the  
HSE consultation CD207

Consultation  
response  
**08.09.06**

## About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is Europe's largest OSH professional body with 29,000+ members in over 50 countries, including around 8,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, a registered charity, and an ILO international NGO, IOSH is the guardian of standards of competence and provides professional development and awareness training.

The Institution regulates and steers the profession, providing impartial, authoritative, free guidance. Regularly consulted by government and other bodies, IOSH is the founding member and secretariat to UK, European and International professional body networks. The Institution also has a research and development fund, which is developing the evidence-base for OSH policy and practice.

IOSH has 27 Branches in the UK and worldwide including the Caribbean, Hong Kong, Middle East and the Republic of Ireland, 16 special interest groups covering communications and media; construction; consultancy; education; environment; fire risk management; food, drink and hospitality; healthcare; international; major hazards; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. IOSH members work at both strategic and operational levels across all employment sectors and our vision is:

**“A world of work which is safe, healthy and sustainable”**

IOSH fully supports worker involvement in occupational safety and health and welcomes this opportunity to contribute to this important consultation: *Improving worker involvement – improving health and safety*. In the response that follows, we address the consultation document questions and outline our support for legal changes, better guidance and a framework of standards, and also for greater encouragement.

For further information about IOSH, its members and its work, please visit our website at [www.iosh.co.uk](http://www.iosh.co.uk)

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## **Part 2: General questions**

*Q1 Have we got the right: Legislation; Guidance; Encouragement?*

We believe that all three areas need improvement. In addition to the changes suggested in the consultation document, we believe non-union health and safety representatives should be afforded the same rights as union appointed health and safety representatives. We do not view the current situation as equitable.

*Q2 (a) Have we got the balance between these three right?*

All three areas need to be up-to-date, equitable, accessible and persuasive. We believe a sound legal basis is needed as a foundation. However, recognising the potential difficulties in securing compliance and that the new legal duties will only apply to those organisations with 'health and safety representatives'; we believe it's essential to persuade employers and workers of the individual and business benefits (especially where they are expected to do more than the law requires, as on p.8). We suggest the business benefits could be linked to the *EFQM Business Excellence Model* and *Investors in People* standard.

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

We suggest all three pillars need some adjustment. In addition to equal legal rights for union and non-union health and safety representatives, we believe there should be more emphasis on including supply-chain leverage in the voluntary framework; providing guidance that reflects the changing world of work; and also more on incentivisation (see detailed answers below).

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

We are responding as a professional body and not as an employer, please see answer below.

*Q3 (b) What impact have the ICE Regs had (or do you think they will have) on consultations on H&S?*

We would make the following observations: as ICE is not automatic and needs to be either requested by employees or initiated by an employer; currently it only applies to undertakings employing more than 150 people (extending to those with 50 or more by 2008); and does not necessarily include the requirement to consult on health and safety, we believe its impact in this regard may be limited.

Although organisations that already consult on health and safety may extend their existing systems to include areas covered by the ICE; and organisations introducing ICE are advised to consider how they meet their other legal requirements to consult employees, including on health and safety; the legal requirements remain separate and it does not seem that ICE is intended to ever apply to small enterprises (< 50 employees).

We suggest HSE and DTI work together and use these regulations as an opportunity to remind duty holders of the requirement to consult on health and safety, providing links to the newly updated HSE guidance and standards. Additionally, we feel the ICE Regulations should be better publicised, in order to raise public awareness.

### **Part 3: Guidance pillar**

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

*Q4 (b) If so, in what way?*

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

*Q4 (d) What would be the most useful type of new guidance we could produce (e.g. case studies)?*

We agree that guidance should be improved to perhaps feature role models or 'champions' of health and safety consultation and case studies showing how organisations can improve worker involvement in health and safety and what the benefits are (we note that the HSE website does have a 'worker involvement' section featuring some case studies and suggest this could be extended, perhaps including lessons learned from small firms in the *Worker Safety Adviser Challenge Fund*).

Changing work patterns, including increased modern apprenticeships; home and teleworking; agency and short-term contract work; migrant and non-English speaking workers; part-time working; voluntary workers; people who have more than one job; and movement towards 24/7 working – all present challenges in order to ensure full worker consultation and involvement and we suggest would benefit from the provision of specific case studies and guidance.

Additionally, as mentioned above, we think the business benefits need to be highlighted and a link made to an existing quality standard e.g. EFQM, which focuses on organisations meeting the needs of their customers, employees, financial stakeholders and community at large and also to the *Investors in People* standard, which includes an 'involvement and empowerment' indicator. We view improved worker involvement in health and safety as potentially beneficial for both individuals and employers, helping to create a positive health and safety culture.

### **Part 4: Encouragement pillar**

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

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

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

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

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

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

We believe worker involvement should be mainstreamed into HSE activity and included in the *Workplace Health Connect* scheme. Additionally, we suggest consideration be given to engaging health and safety practitioners on short-term government contracts to deliver up to 4 days service, free, to target SMEs, possibly via a 'voucher scheme' in which SMEs voluntarily participate. We provisionally estimate the cost per employer would be approximately half that of the WSA scheme and the cost per employee approximately a third (excluding administrative costs).

We agree that a framework of voluntary standards of best practice, building on sector-specific work on worker involvement mentioned from the oil, gas, offshore and construction sectors, would be a useful addition to the planned guidance and also that it could include supply-chain leverage (see answer below to Q14a and Q14b). However, we view such best practice standards as an addition to legislative change, which would set the minimum standards, and not as an alternative.

In terms of incentivisation:

- We suggest that HSE needs to gather and promote evidence linking worker involvement and improved performance (including any estimated cost savings attributable to prevented injuries or ill health) to help secure employers commitment and so that key indicators are influenced, which could eventually result in lower insurance premiums. We note that worker involvement is included in 'CHaSPI' and 'HSPI' and support HSE's promotion of these benchmarking tools.
- To encourage more people to become health and safety representatives – in the 2005 research report *Obstacles preventing worker involvement in health and safety* (RR296, p.5), we note that one of the recommendations was:

*"Promote incentives such as accreditation, salary awards, progression or time-off for training to encourage involvement. Employees, who might be interested in taking a more active role, perhaps as safety representatives, have a number of hurdles to overcome, not least the attitude of their peers and fitting in the responsibilities alongside their existing job. Financial incentives provide tangible recognition of the value being placed on the role, but smaller employers also need to be convinced of the business benefits of such incentives."*

So, remuneration such as that often paid to first-aiders could be paid to health and safety representatives (and off-set against tax) or perhaps additional leave entitlement by prior arrangement e.g. one or two days per year.

- As we believe strong leadership is necessary to achieve health and safety culture change, we support the provision of improved guidance for directors on their health and safety duties, including on the duty to consult, and also that these duties are enforceable.

#### **Part 5: Legislation pillar**

*Q8 (a) Do you agree that a duty on employers to consult safety representatives on the overall mechanism of risk assessment and on significant assessments would be helpful?*

*Q8 (b) Are our proposals practical?*

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

*Q10 (a) Do you agree that employers should have a duty to respond to representations from safety representatives?*

*Q10 (b) Do you consider that written representations and responses would be necessary?*

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

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

We agree that there should be legal duties on employers to consult safety representatives on the overall mechanism of risk assessment and on significant assessments and that employers should have a duty to respond to representations from safety representatives.

We agree with the suggestions that concerns could be recorded in a book and the employer’s response noted alongside and/or minuted at a health and safety committee meeting, together with an action for completion. We suggest that acknowledgement and understanding of the problem should be recorded on receipt, and a timescale for investigation and remedy agreed depending on the urgency and nature of the concern.

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

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

*Q12 (b) If not, why not?*

We agree that both the proposed duties on risk assessment and responding to health and safety representatives should be extended to cover representatives of employee safety under HSCWE. This is consistent with our view that union and non-union health and safety representatives should have equal rights.

## **Part 7: Health and safety representatives?**

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

We agree that the titles of ‘safety representative’ and ‘representative of employee safety’ should be changed to ‘health and safety representative’ for both. We believe this change is important to signal the increased emphasis on preventing work-related stress, MSDs, occupational asthma, etc. in addition to the traditional ‘safety’ issues.

## **Part 8: Final questions**

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

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

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

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

We suggest that the use of supply-chain leverage could be helpful in this context. Government and larger organisations could ask their suppliers to demonstrate how well they involve their workers in health and safety and could also offer training and mentoring to potential ‘health and safety champions’ within their supplying companies. Additionally, if an evidence base is established, insurers could help motivate small employers, by offering reductions in liability insurance premiums.

## **Part 9: Regulatory impact assessment**

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

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

Q19 *In your view, how well does this Consultative Document represent the different policy issues involved in this matter? (well; adequately; poorly)*

We question continued reference to the ‘injury rate 50% lower’ and the Reilly *et al* paper (p.23) and suggest this is potentially misleading in view of the limitations of the study, including the failure to replicate

the findings and other analysis found in *The role and effectiveness of safety representatives in influencing workplace health and safety* (RR363) by Walters *et al.*

Overall, we believe this consultation document has adequately represented most of the policy issues involved in this matter; however, we think an explanation should have been provided for the HSE's stated belief that harmonising the regulations on health and safety representatives, would be 'extremely complicated and bureaucratic' (p.8) and its decision not to consult on this matter. Additionally, we think there should be guidance regarding recommended training and competence standards for those undertaking the role of health and safety representative.

### **References**

ECOTEC Ltd (2005) *Obstacles preventing worker involvement in health and safety*. (RR296) HSE Books, Sudbury. <http://www.hse.gov.uk/research/rrpdf/rr296.pdf>

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Walters D, Nichols T, Connor J, Tasiran A C, Cann S (2005) *The role and effectiveness of safety representatives in influencing workplace health and safety*. HSE Books, Sudbury. <http://www.hse.gov.uk/research/rrpdf/rr363.pdf>