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**THE IMPORTANCE OF EFFECTIVE
PARTNERSHIP WORKING ON
HEALTH, SAFETY AND WELLBEING**



**THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP**

**HEALTH, SAFETY AND WELLBEING
PARTNERSHIP GROUP**

This guidance document aims to raise the importance of partnership working on health, safety and wellbeing issues and to encourage partnership working at a local level.

The guidance includes information on:

- why organisations should work in partnership on the health, safety and wellbeing agenda**
- the functions of a safety representative**
- what an effective health and safety committee looks like**
- the legal requirements to consult on health and safety matters**
- workplace inspections, including the legal requirements.**

There are useful checklists throughout the guidance which you can use to see what progress your organisation is making, as well as what needs to be done.

The document is aimed at managers and trade union safety representatives. It is also a useful reference for senior managers to assist them in meeting their legal duties to consult with the workforce on health and safety matters, and to have a better understanding of the role trade union safety representatives can play in improving the working environment.



WHY WORK IN PARTNERSHIP ON HEALTH, SAFETY AND WELLBEING?

Healthcare workers encounter a wide range of workplace hazards and a number of roles can be both emotionally and physically demanding. There is also an expectation on the NHS to be an exemplar in terms of promoting good health and supporting staff to lead healthy lifestyles.

The people best placed to make workplaces safer and healthier are the staff and managers who work in them. While we each have responsibilities for health and safety, we can do this much better when we work as a team – working together to achieve shared aims of a workplace that is healthy and safe for all.

The Health and Safety Executive point to the benefits of worker involvement in relation to health, safety and wellbeing including a more positive health and safety climate, better control and greater awareness of workplace risks. Furthermore, engagement of staff and their representatives in workplace health and wellbeing initiatives is an important element to the success of such initiatives. (Royal College of Physicians, 2012)

Partnership working on health, safety and wellbeing issues is an effective means of supporting workforce involvement and engagement. Strategies on engagement should recognise the value of existing mechanisms for staff involvement such as local negotiating machinery and structures for sharing information and gathering views.

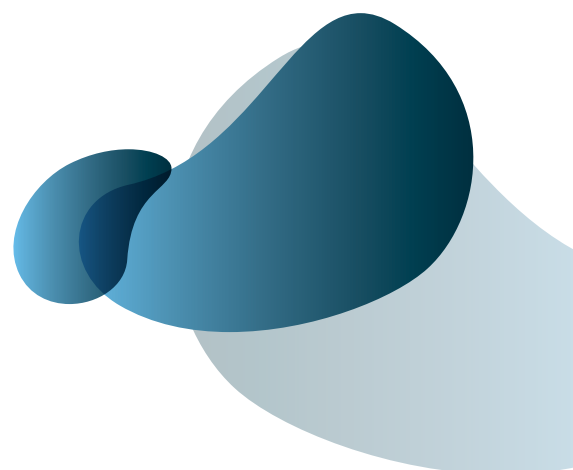
Engagement and health and wellbeing are natural partners. Research has shown that effective engagement can only be achieved and sustained when employee wellbeing, particularly physiological wellbeing, is positive. (Tinline and Crowe, 2010)

Good engagement alongside effective strategies to protect and support the health, safety and wellbeing of staff will also benefit patients. This was recognised in Dr Steve Boorman's review of the health and wellbeing of the NHS workforce and is supported by a growing body of evidence. (Boorman, 2009)

The Francis report highlighted how staff disengagement can lead to a downward spiral into poor care. Francis also identified how under-staffing and lack of leadership can lead to unacceptable stress levels, leading to increased sickness absence in staff. He stated: "Staff in the difficult environment of a hospital deserve and are entitled to support, respect and recognition for good standards. They should not have to contend with a culture of fear and bullying". (Francis, 2013)

The Berwick report into patient safety also called on leaders and managers of NHS funded provider organisations to actively support staff by excellent human resource practices, promoting staff health and wellbeing, cultivating a positive organisation climate and involving staff in decision-making and innovation. (Berwick, 2013)

To summarise, engagement through working in partnership with local union representatives to ensure that staff are kept safe and healthy at work is essential in healthcare environments. Subsequent improvements in staff health, safety and wellbeing will have a positive impact on patient safety and the quality of care.



SAFETY REPRESENTATIVES

Trade union safety representatives can work in partnership with employers to support improvements in staff health, safety and wellbeing. When given the resources to carry out their role effectively, they can support the early identification and correction of unsafe conditions and working practices.

Under the regulations, safety representatives are entitled to “such time off as is necessary to carry out their role”. In his recommendations, Sir Robert Francis recognised the importance of worker representation in the health sector and called on stakeholders to ensure that adequate time is allowed for staff to undertake the representation role.

Safety representatives have a number of functions which are enshrined in law, namely the Safety Representatives and Safety Committee Regulations 1977. Employers must allow safety representatives the time and facilities necessary to carry out these functions. A list of functions is detailed below.

Employers also need to be aware there is a legal duty to consult with trade union safety representatives on matters relating to health and safety.

Functions of a safety representative

- Investigate potential hazards and dangerous occurrences in the workplace – whether or not employees draw them to the attention of the representative – and examine the causes of the accidents.
- Investigate complaints by any employee whom they represent that relate to the employee’s health, safety or welfare at work.
- Take complaints and other health and safety problems to the employer.
- Carry out inspections of the workplace.
- Represent their employees’ interests in consultations with the HSE inspectors and any other enforcing authority.
- Receive information from HSE inspectors.
- Attend meetings of safety committees.

Safety Representatives and Safety Committee Regulations 1977.

Checklist	✓
Do you have mechanisms for working in partnership on health, safety and wellbeing matters?	
Is there a commitment from board and senior management on partnership working on health, safety and wellbeing?	
Do human resources and line managers understand the role of safety representatives and their right for time off to carry out functions?	
Is there a commitment from existing partnership forums to engage with safety representatives and health and safety committees on matters affecting the health, safety and wellbeing of staff, for example, policies on violence or changes to shift patterns?	
Are safety representatives given opportunities to engage and work with specialist staff such as local security management specialists, occupational health advisors and health and safety advisors?	

WORKING IN PARTNERSHIP: HEALTH AND SAFETY COMMITTEE

The Francis report stated that staff in the difficult environment of a hospital deserve and are entitled to support, respect and recognition for good standards. An effective, well-organised health and safety committee, with managers and safety reps committed to constructively work together, can ensure staff are kept safe and healthy at work. Such a partnership can generate a safety culture which complements and promotes high standards of patient safety and quality of care.

What does an effective health and safety committee look like?

The measure of a good health and safety committee is whether or not it can secure change by creating a strong safety culture in the workplace. The Health and Safety Executive (HSE) advises that an effective committee should have:

- senior managers on the committee with the authority to make decisions so action can be taken quickly
- shared responsibility and commitment from managers and safety reps (members of the committee) to achieve their agreed aims – an important crucial factor for success
- competent and well trained committee members who are confident in their role and can fulfil their responsibilities. They can remove potential hazards, to reduce incidences of injuries, sickness absence and stress in the workplace
- committee members who understand the importance of robust risk assessments promptly undertaken by properly trained competent people – particularly for services about to be restructured or introduction of new technology that can affect the wellbeing and safety of the workforce
- a reasonably compact and compatible size to ensure sufficient representation of managers and safety reps. The number of managers should not exceed the number of safety reps
- specialists who are co-opted for particular meetings when there is discussion on subjects for which their expertise is required
- meeting dates are agreed and known in advance and only get postponed by mutual agreement
- accurate, concise minutes with action points produced promptly improve morale among staff and managers as they see problems quickly resolved.



Case study – an example of a safety committee in action

The physiotherapy safety reps brought their body mapping survey results to their local health and safety committee. Their findings exposed a common complaint among physiotherapists who were complaining of aches and pains after two weeks using new portable electronic display equipment purchased for inputting patient notes.

Members of the safety committee reviewed the trust's risk assessments for the introduction of new portable electronic devices and then re-assessed the new technology in close consultation with relevant experts and affected staff. This highlights the strength of having a safety committee that provides a forum which takes a broader, more long-term look at health, safety and wellbeing issues than an individual manager or safety rep working on their own is capable of achieving.

Key legal points regarding health and safety committees

Under the Health and Safety at Work Act 1974, the health and safety committee's role is keeping under review the measures taken to ensure the health and safety at work of employees. (section 2(7))

The main regulation that covers the subject of health and safety committees is the Safety Representatives and Safety Committee Regulations 1977. If two or more safety representatives request in writing that the trust set up a safety committee, this must be done within three months.

Employers are required to:

- consult the safety reps who made the request and other recognised unions on how the committee should function
- inform all employees by posting a notice in a prominent position stating the composition of the committee and the work areas it will cover.



Is your health and safety committee fit for purpose?

Use this checklist to identity good practice or areas of weaknesses.

Safety committee checklist	Yes	No	Not sure
1 Does your safety committee meet regularly?			
2 Are meeting dates always adhered to?			
3 Is the number of management and trade union reps equal?			
4 Do all members of the committee have agreed aims for the purpose and functions of the committee?			
5 Do the managers who have authority to make the necessary decisions attend meetings of the safety committee?			
6 Is the safety committee attended by appropriate specialists?			
7 Are health and wellbeing issues discussed as well as safety matters?			
8 Are the meetings accurately recorded and are these minutes agreed?			
9 Are decisions always acted upon?			
10 Are time limits set for action?			
11 Are there good communication systems in place to communicate the work of the safety committee to staff?			
12 Are committee minutes available to all staff?			
13 Do the following items appear on the committee's agenda? <ul style="list-style-type: none"> - accident/incident/ill health statistics and trends - reports from safety reps - review of risk assessments - safety audits/inspection reports - reports/information from the HSE - content of health and safety training - reviews/development of relevant health and safety policies or policies that have a specific health and safety component - proposed changes in the workplace that could affect health and safety - action plans for management of health and safety. 			



WORKING IN PARTNERSHIP – THE BENEFITS OF CONSULTATION ON HEALTH AND SAFETY MATTERS

When changes are planned to a working practice or the working environment, the health and safety implications of the change can often be overlooked. Resolving health and safety problems after the change is made can:

- be costly
- delay the delivery of services
- result in injury or ill health to staff members, patients or the public.

Safety representatives can play a key role in both supporting employers to identify the health and safety risks from planned changes and explaining safety measures to the workforce and gaining commitment.

Similarly, when new pieces of equipment are being introduced it makes sense to get the views of the end user on the choice of equipment.

There is also a legal duty on employers to consult in 'good time' with safety representatives on changes which have the potential to affect the health and safety of members they represent.



Regulation 4: The Safety Representatives and Safety Committee Regulations 1977

Regulation 4 requires every employer to consult safety representatives in good time on:

- the introduction of any measure at the workplace which may substantially affect the health and safety of the employees the safety representatives concerned represent
- the health and safety consequences for the employees the safety representatives represent of the introduction (including the planning stages) of new technologies into the workplace.

There is also a requirement to consult on the arrangements for appointing 'competent persons' to assist the employer meet their health and safety duties, the planning and organising of any health and safety training and health and safety information provided by the employer.

Some illustrative examples of issues where safety representatives should be consulted:

Changes to shift patterns – poorly planned shift patterns can impact negatively on staff and patients. Safety representatives can work with employers to ensure that optimum shift patterns are put in place employers for safety and health and compliance with the working time regulations.

Changes to staffing levels or skill mixes – changes to staffing levels or skill mixes can have a detrimental effect on staff as well as patients. Working under excessive demands and pressure can lead to stress, whilst being pressurised to work beyond your competencies and skills can also be stressful. Safety representatives should be consulted on any changes to staffing which have the potential to lead to stress and ill health in the workforce.

Introduction of new technology – safety representatives can voice the views or concerns of the workforce in relation to the introduction of new technology e.g. lone worker alarms, laptops/tablets in the community or sharps safety devices. Getting the views of employees through their safety representatives may help employers avoid costly mistakes in procurement.

Refurbishment of a unit or changes to the physical environment – again, getting the views of employees through safety representatives may help employers avoid costly mistakes in environmental design or developing an environment which presents risks to health, safety and wellbeing. Those working in the environment day in and day out are best placed to give views on planned changes to the environment.

Competent persons – safety representatives should be consulted by the employer on the arrangements for appointing competent persons such as health and safety managers; moving and handling advisors and occupational health services. In practical terms this could mean consultation on service level agreements, job specification, interview questions and even being on the interviewing panel for the post.

Health and safety training and information – safety representatives should be consulted on the planning and development of health and safety training and health and safety related information.

Regulation 4: The Safety Representatives and Safety Committee Regulations 1977 *continued*

Consultation involves taking account of, as well as listening to, the views of employees and must therefore take place before decisions are made. In their guidance on consultation, ACAS point out that making pretence of consulting on issues that have already been decided is unproductive and engenders suspicion and mistrust about the process amongst staff. It will be helpful to decide upon the degree of consultation first and to inform people what the decision making process will be.

The regulations state that consultation must be in 'good time'. The HSE state that 'good time' means before making decisions involving work equipment, work process or work organisation which could have health and safety consequences for employees. Employers must allow time to:

- provide health and safety representatives with information about what they propose to do
- give the health and safety representatives an opportunity to express their views about the matter in the light of that information
- take account of any response.

Checklist

Checklist	✓
Do you have procedures in place for ensuring that safety representatives are consulted on issues which have the potential to impact on employee health and safety?	
Do you plan consultation with safety representatives into project plans?	
Do project plans factor in time for the consultation process outlined above?	



WORKING IN PARTNERSHIP: WORKPLACE INSPECTIONS

Regular workplace inspections provide an opportunity to proactively pick up on any health, safety and wellbeing issues which have the potential to cause injury or ill health to staff, patients and visitors. Issues such as blocked fire exits, over-full sharps bins and poorly maintained equipment are all issues that have been picked up by safety representatives carrying out inspections in hospital environments. Similar issues have also been picked up in inspections by various healthcare regulators, including the Care Quality Commission (CQC) and the Health Inspectorate for Wales. Such issues can often highlight failures in safety culture or systemic problems.

Through critical examination of the workplace, inspections identify and record hazards for corrective action. Health and safety committees can help plan, conduct, report and monitor inspections. Regular workplace inspections are an important part of the overall occupational health and safety program.

The Health and Safety Executive (HSE) sees advantages in formal inspections being carried out jointly by the employer representatives (such as an estates lead or health and safety/risk manager) and safety representatives, but point out that this should not prevent safety representatives carrying out independent inspections or private discussions with employees.

Under Regulation 5 of the Safety Representatives and Safety Committee Regulations 1977, safety representatives are entitled to carry out regular formal inspections of the workplace. Below is a list of the circumstances when a representative can inspect.

- the workplace has not been inspected for three months
- there has been a substantial change in work conditions
- there has been a notifiable accident, illness or dangerous occurrence
- new information becomes available relevant to the hazards in the workplace
- a member complains about health and safety in the workplace
- if the safety representative believes there is a potential hazard that should be investigated.



STOP
Please Clean Your
HANDS

Checklist	✓
Are safety representatives able to carry out workplace inspections in line with the Safety Representatives and Safety Committee Regulations (see page 8)?	
Do you have a calendar of regular workplace inspections in place?	
Are inspections carried out jointly?	
Are safety representatives able to carry out independent inspections if requested?	
Are the recommendations of inspection reports and remedial action acted on in a timely manner?	
Is there a process in place for monitoring remedial actions following inspections?	
Are unresolved issues escalated through health and safety committees?	

There is a legal right to carry out an inspection if written notice has been provided to the employer. Best practice would be to agree a formal calendar of regular inspections and ensure that both managers and safety representatives can schedule time to carry out a joint inspection.

A safety inspection generally involves a walk through of the workplace, inspection of relevant documents (e.g. risk assessments or training records) and speaking to staff. If the workplace area is fairly large or complicated it may not be practical to conduct a formal inspection of the workplace in a single session or for the same safety representatives and manager to carry out all the inspections. In these circumstances, arrangements should be made to break up inspections into manageable units.

Healthcare trade unions will have standard inspection checklists for their safety representatives to use and these can be adapted accordingly. Cameras are another useful resource to have when carrying out an inspection. The HSE have developed a standard reporting form for inspection, which can be found at:

www.hse.gov.uk/involvement/inspections.htm

One trust has commenced hazard spotting walk-around tours involving safety representatives and estates and facilities. They use cameras and take photographs of hazardous conditions, reducing the need for time spent on reports, which has enabled a speedy resolution to most issues.



ABOUT THE HEALTH, SAFETY AND WELLBEING PARTNERSHIP GROUP

This guidance was produced by the Health, Safety and Wellbeing Partnership Group (HSWPG), a national sub-group of the NHS Staff Council made up of employer and staff side representatives. The overall purpose of the group is to raise standards of workplace health, safety and wellbeing in healthcare organisations and to promote a safer working environment for all health care staff.

REFERENCES

- Royal College of Physicians (2012) *Implementing NICE public health guidance for the workplace: overcoming barriers and sharing success.*
- Boorman, S. (2009) *NHS Health and Well-being Review.* Department of Health.
- Tinline and Crowe (2010) 'Improving Employee Engagement and Wellbeing in an NHS Trust'. *Strategic HR Review*, Volume 9 Number 2, 2010.
- Francis (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.*
- Berwick (2013) *Improving the Safety of Patients In England. Report of the National Advisory Group on the Safety of Patients in England.*

FURTHER READING

- The Health, Safety and Wellbeing Partnership Group (HSWPG) *Workplace health and safety standards.*
www.nhsemployers.org/Aboutus/Publications/Pages/workplace-health-safety-standards.aspx
- Health and Safety Executive (2008) *Consulting workers on health and safety.*
www.hse.gov.uk/involvement/hsrepresentatives.htm



NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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