

Survey of RCN Safety Reps in 2008

Jane Ball

Employment Research Ltd

April 2008

Employment Research Ltd

Formed in 1994, Employment Research Ltd is an independent research consultancy, undertaking a range of research and evaluation, much of which is focused on health sector human resource issues.

For further information:

Employment Research Ltd: 45 Portland Road, Hove, BN3 4LR.

Telephone: 01273 299719

http: www.employmentresearch.co.uk

email: info@employmentresearch.co.uk

Table of Contents

<i>Summary of key findings.....</i>	<i>4</i>
 <i>1. Introduction.....</i>	 <i>8</i>
1.1 Aims/Scope of study	8
1.2 Approach.....	8
1.3 Response.....	9
<i>2. Profile of safety reps and where they work</i>	<i>10</i>
2.1 Context of safety rep work	10
2.2 Employment profile	13
2.3 Biographic profile	14
<i>3. Role and remit of safety reps.....</i>	<i>15</i>
3.1 Number of hours	15
3.2 Views of the time allocated to the role.....	19
3.3 Activities undertaken.....	20
3.4 Prevalence & importance of different issues	22
3.5 RCN focus on issues	25
<i>4. Views of life as a safety rep.....</i>	<i>27</i>
4.1 Overview	27
4.2 Satisfaction with safety rep role	29
4.3 Views on how deployed	31
<i>5. Training and support.....</i>	<i>33</i>
5.1 RCN safety rep training.....	33
5.2 Views of support/training	35
5.3 Sources of information/support	38
5.4 Further support wanted.....	38

Summary of key findings

Introduction

This research was commissioned by the RCN as a means of raising awareness of the contribution made by safety reps. Employment Research conducted an anonymous postal/online survey of all 985 RCN safety reps across the UK. After one blanket reminder, the survey achieved a 32% usable response rate. The report presents the findings from the 310 safety reps who took part in the survey.

The survey was supplemented by a series of telephone interviews aimed at providing examples of safety rep interventions. Interviewees were drawn from the pool of survey respondents volunteering to take part in further research, and are reported on separately.

A previous survey¹ of RCN safety reps conducted in 2007 achieved a 24% response, suggesting that the current response rate of 32%, whilst low, is reasonable for a survey of this kind.

Profile

The majority of safety reps responding to the survey are based in the NHS (87%), and work full-time (80%). Those working in the NHS are generally based in larger organisations (on average employing 1,667 nurses compared with an average of 116 outside the NHS).

- On average safety rep had been in the role for seven years.
- A third have three years or less experience of being a safety rep.
- Nearly two thirds (63%) of NHS safety reps are hospital based with one in four working in the community or primary care.
- Just over half (57%) hold an additional RCN role (4% are also learning reps, 9% steward and learning reps, 44% are stewards).

Safety reps are a mixed group in terms of their biographical characteristics. One in four (26%) safety reps responding to the survey are men, which is more than across members generally (7% of respondents to the 2007 employment survey were men). Their ages span fifty years, from 23 to 73, with an average of 50 years. 13% are black or from minority ethnic groups (a similar proportion to the membership as a whole), with 87% describing their ethnic group as white.

¹ James P, Kypriano A (2000) 'Safety representatives and committees in the NHS: a healthy situation?' Industrial Relations Journal 31:1.

Hours spent in the role

- 83% do not have a formal agreement with their employer regarding the number of hours to be spent on safety rep work.
- Safety reps spend an average of 10 hours per month on their safety rep work. Within the NHS the average hours is 9.2 compared with 14.5 outside of it.
- 44% feel that they are not given sufficient facilities time to undertake the role
- 52% say they find it hard to juggle their time between work and being a safety rep

Predictably, the shorter the hours worked, the greater the levels of dissatisfaction reported with facilities time. Hence NHS staff are more likely than those working elsewhere to report that they find it hard to juggle their RCN safety rep role and their jobs.

Few (20%) say that colleagues resent the time they take out to do their RCN work. However 40% of black and minority ethnic nurses say their colleagues resent the time they take out compared to just 17% of white safety reps.

Activities undertaken and key issues

Five main activities take up the majority (on average 86%) of safety rep time: influencing organisational policy/strategies, promoting best health and safety practice, liaising directly with individual members, undertaking inspections and promoting the RCN.

Nine in ten (85%) respondents reported that they or a colleague sit on the Health and Safety committee, which typically meets quarterly (43%) or every two months (25%). Cancellation at short notice is a problem that affects 63% of respondents occasionally and 10% often.

Safety reps reported on the frequency and importance of different issues their workplace.

- Work-related stress is the biggest issue; 56% report that they have dealt with workplace stress often or occasionally in the past 12 months and 62% regarded it as one of the three most important issues where they work.
- Bullying and harassment is also a key issue; 48% dealt with it often or occasionally in last 12 months, 47% cite it as one of three most important issues.

Infection control, lifting and handling and working hours are about as frequently dealt with as one another. Violence at work, although dealt with slightly less often than these other issues, is regarded as an important issue by more than a third (36%). Many of these issues are more prevalent in the NHS eg. twice as many of those in the NHS report dealing with violence often or occasionally, compared to outside the NHS.

The three most frequently cited issues on which safety reps would like to see the RCN focus attention are: work related stress, unsafe staffing levels and bullying & harassment.

Training and support received

Just over one in ten (13%) had not yet received any RCN training. A half (51%) had received both Part 1 and Part 2, whilst 37% of safety reps have received Part 1 training only. Of those that gave details of the date they last received RCN safety rep training, 29% had done so in the last year.

- 83% of respondents considered employer support to be very important in enabling safety reps to fulfil their role
- 79% regard the support they receive from their employer as between satisfactory and very good.
- Just under a half considered that their experience of RCN training and updates was either very good (15%) or good (31%). A third rated it as satisfactory and one in five considered it to be poor or very poor.

Despite the fact that 73% regard RCN training and updates as very important factors in enabling safety reps to fulfil the role, only a half report that they have access to the training they need to fulfil their role as a safety rep and one in five consider that the RCN does not provide sufficient training for safety reps.

In response to an open question asking respondents what further support they would like the RCN to provide to safety reps, half the answers given related to training and updates. More training, regular updates (through training and other means of communication), training beyond London and Birmingham, and further updates after Part 2 were all frequently cited.

Whilst most rated support from their local branch as between satisfactory and very good, those working outside the NHS were less positive about the support received.

Views

The majority (62%) of safety reps are satisfied with their role, although only a minority think that they have enough facilities time and many feel isolated at times (particularly those working outside of the NHS).

The overall finding is that satisfaction has relatively little to do with where safety reps work but is more directly related to their own safety rep status - length of experience as a safety rep, training received and the number of hours they are able to commit to the role.

- 30% of those who had not received any training, expressed dissatisfaction with the role, compared with 18% overall, and 9% of those who had received both Part 1 and Part 2 of RCN training.
- 88% of reps who spend at least 10 hours in the role agree or strongly agree that they are satisfied with it (and only 11% are dissatisfied), compared to 46% of those who spend three hours or less in the role (29% of whom are dissatisfied).

In general most respondents are consulted on relevant health and safety issues at work (60%) and are deployed appropriately in that they are rarely asked to do things beyond the remit of the role (67%). Two-thirds (67%) say that their employer generally responds to concerns that they raise but nonetheless only 48% feel that their employer values the work that they do. Good partnership working is reported by 60%.

Experienced safety reps who have had both parts 1 & 2 training are more likely to report that their employer responds to the concerns they raise and that they are consulted, as are those who spend more time in the role.

The results underscore a recurring theme in the research; that sufficient time and adequate training are key ingredients in enabling safety reps to be effective in their roles.

1. Introduction

The RCN invited Employment Research to undertake a survey of RCN safety reps in order to promote the role and engage with this group of activists, and establish the key issues, examples of effective intervention and the support that reps value and want.

1.1 Aims/Scope of study

The aims of the research were to:

- Profile safety reps: Who are they?
- Map the role and remit of safety reps: What do they do?
- Establish the key issues for RCN safety reps: What do safety reps see as the big health and safety issues where they work? Does this vary by workplace?
- Gauge safety reps views of life as a safety rep: What aspects of the role are they most/least satisfied with?
- Review the support received and wanted: To what extent do employers enable/support safety reps to conduct their role? Is their time used appropriately? Which RCN resources are most useful?
- Identify examples of good practice: How do safety reps make a difference?

A previous survey of RCN safety reps was conducted in 1997². Where possible, reference has been made to this earlier study, and comparisons drawn.

1.2 Approach

To achieve the aims outlined above Employment Research (on behalf of the RCN) surveyed all RCN safety reps identified throughout the UK. The survey was supplemented with a separate sheet asking safety reps for examples of the contribution they have made. They were also invited to take part in further work to provide examples of safety reps addressing different health and safety issues in the workplace. These pen-pictures of safety reps at work are reported on separately.

A postal survey of all safety reps was supported with an online option. Safety reps were identified through RCN membership records. RCN regions/countries were asked to check that the mailing list for each was up to date, and amend it as necessary. Each safety rep (984 in total) was sent a pack (to their home address) with a covering letter, questionnaire, and free-post envelope. The survey was conducted anonymously.

Where valid e-mail addresses were also available (498 cases) a link to the online survey was sent electronically, and two reminder messages were also sent through this medium. A postal reminder letter was sent to all safety reps two weeks after the original launch.

² James P, Kypriano A (2000) 'Safety representatives and committees in the NHS: a healthy situation?' Industrial Relations Journal 31:1.

1.3 Response

984 questionnaires were mailed 30th January 2008 and a blanket reminder letter was sent on 13th February. All respondents were given the opportunity of completing the form on-line or by post using a free-post envelope. By the close of the survey (3rd March) 310 completed forms had been returned with a further 6 returned as not applicable (because the respondent was not working as a safety rep) and two forms were returned by the Post Office as being no longer at the given address. This represents an overall usable response rate of 32%. The valid returns consist of 140 online responses and 170 postal returns.

Table 1.1 shows the distribution of safety reps in the target population as a whole and amongst respondents. The final column presents a response rate based on the number of respondents relative to the original target population.

Table 1.1 Distribution of sample and respondents by region/country

	Sample		Respondents		% response
	N=	Percent	N=	Percent	
Northern Ireland	17	2	9	3	53%
Scotland	117	12	31	10	26%
Wales	58	6	16	5	28%
East Midlands	59	6	19	6	32%
Eastern	112	11	36	12	32%
London	81	8	20	6	25%
Northern	44	5	16	5	36%
North West	87	9	25	8	29%
South East	131	13	55	18	42%
South West	111	11	29	9	26%
West Midlands	111	11	31	10	28%
Yorks & Humber	53	5	20	6	38%
<i>Not specified</i>	3	-	3	1	
Total	984	100	310	100	32%

Source: Employment Research/RCN 2008

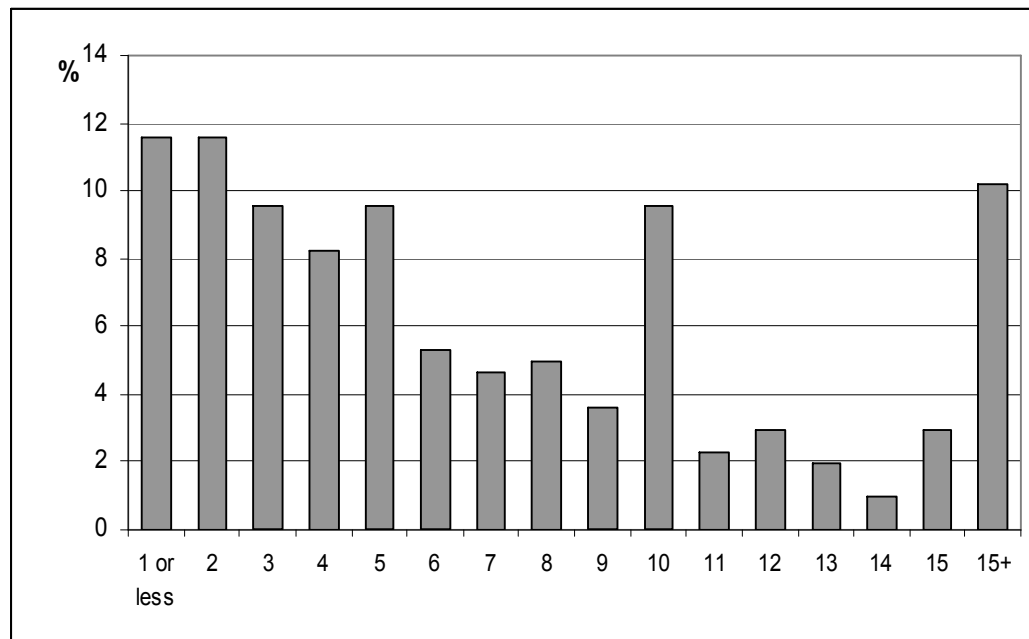
2. Profile of safety reps and where they work

This first section of this report describes the respondents to the survey in terms of their work situation and biographical profile. One reason for profiling respondents at the outset is so that subsequent analyses can look for variation in safety reps experience and views by these demographic and work situation variables.

2.1 Context of safety rep work

On average, respondents have worked as safety reps for seven years, although there is considerable variation around the mean, as Figure 2.1 shows. A third, have been safety reps for three years or less, whilst 31% have been undertaking this role for 10 years or more.

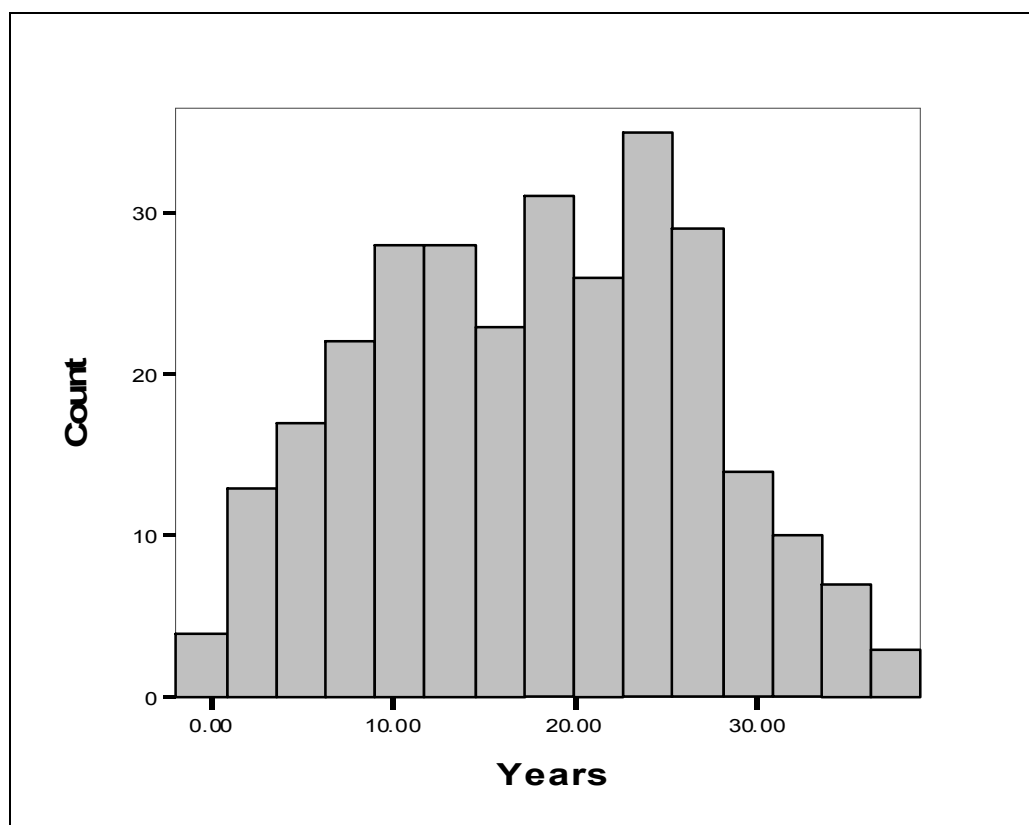
Figure 2.1 Years as safety rep – percentages



Source: Employment Research/RCN 2008

Figure 2.2 shows that the majority of safety reps surveyed have had a significant amount of nursing experience; on average they first registered as a qualified nurse 25 years ago, and 70% qualified at least 20 years ago. Only 2% have less than 5 years experience. On average safety reps took up the role 18 years after they first qualified as a nurse.

Figure 2.2 Years qualified before becoming a safety rep



Source: Employment Research/RCN 2008

Nearly six in ten (57%) hold an additional RCN role of some sort. One in ten (9%) have both steward and learning rep roles in addition to their safety rep position, 44% hold a steward role, and 4% are also learning reps. The 1997 survey reported that 43% held an additional RCN position.

This variable (whether or not they hold an additional RCN role) will be used in later analysis to see what, if any impact, holding an additional role has on respondents' experience of being a safety rep.

Respondents were asked to estimate the number of nursing staff employed in their organisation, to give some measure of the size of the organisation they operate within. 57 cases (or 18% of all respondents) did not answer this question.

Figure 2.3 presents the distribution by size of organisation. Again there is considerable variation either side of the mean average (1,652 nursing staff). A quarter of safety reps work in small organisations no more than 100 nursing staff, whilst at the other end of the spectrum, 12% report that there are more than 3,000 nursing staff in their organisation.

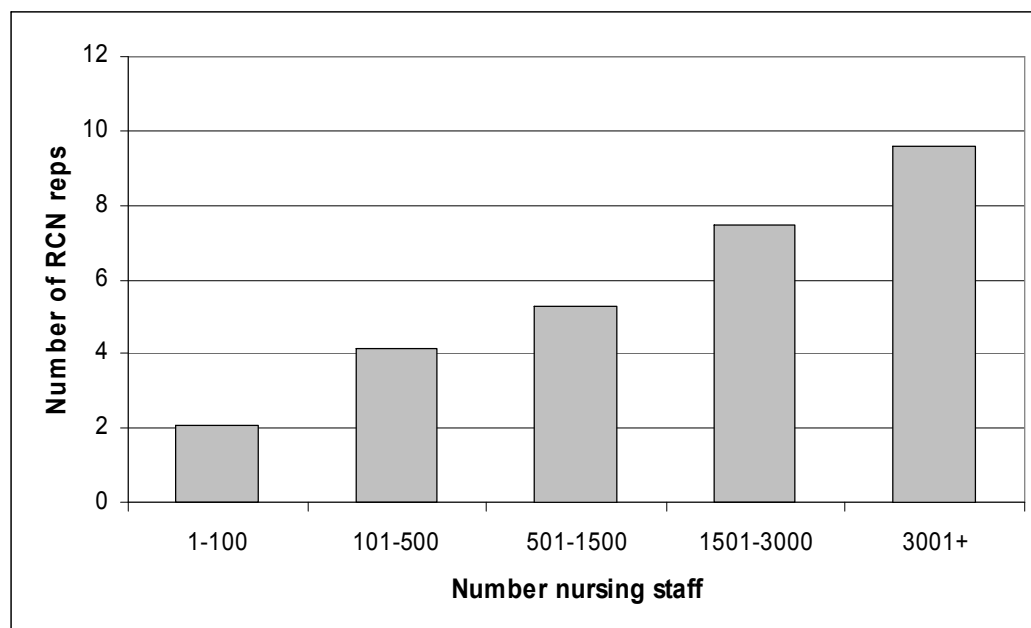
Figure 2.3 Size of organisation



Source: Employment Research/RCN 2008

On average safety reps are working in organisations in which there are 3 other stewards, another safety rep and a learning rep. Unsurprisingly the total number of RCN stewards activists (including the respondent) varies according to the size of the organisation, as Figure 2.4 demonstrates. In the larger organisations the average total number of reps is nearer ten, whilst in those with 100 nursing staff or fewer, the average is two. Generally those working outside the NHS are in smaller organisations; hence they have a lower average number of RCN reps: 1.4 compared with 5.4 in the NHS.

Figure 2.4 Average total RCN reps by size of organisation



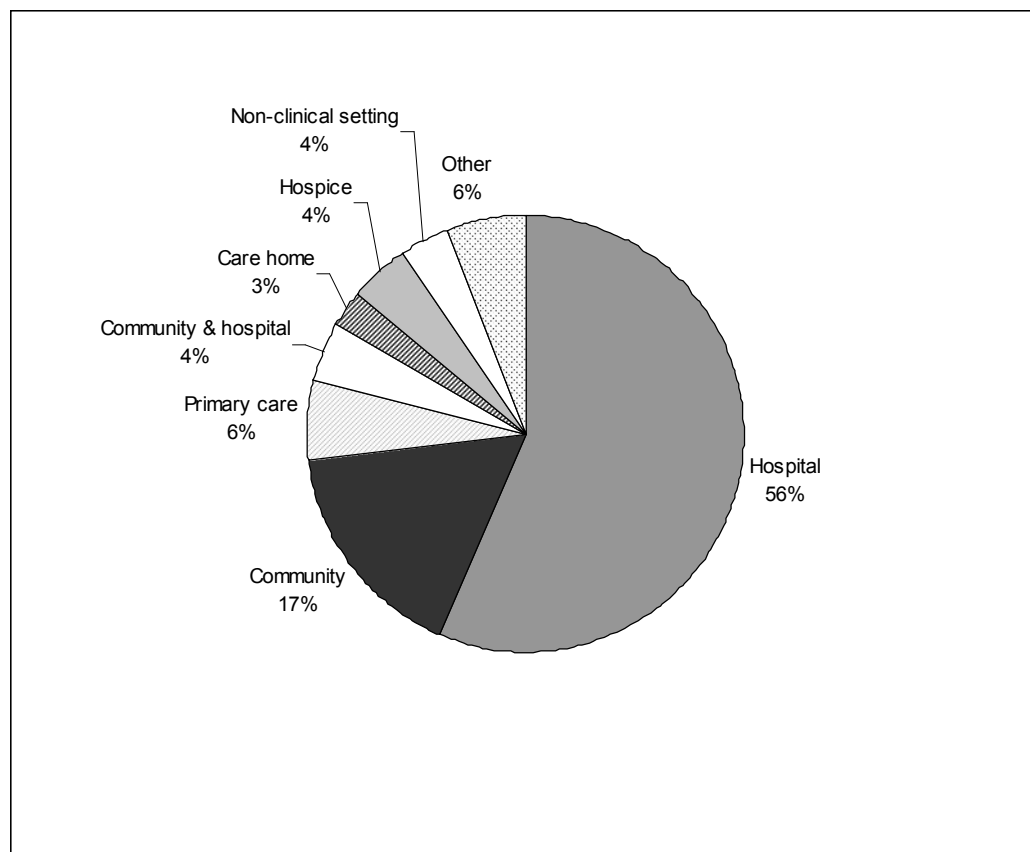
Source: Employment Research/RCN 2008

2.2 Employment profile

Roughly nine out of every ten safety reps are working in the NHS (87%) and these reps are less likely to be working full-time (79% are compared with 92% of safety reps employed outside of the NHS). Five percent indicated that they are based in the independent sector, 3% work for in charity/voluntary sector, and 2% work within higher education. Three percent indicated they worked for some other employer.

Those working within the NHS are typically working in organisations employing many more nurses (an average of 1,667 compared with 116) and are also more likely to be working with other RCN reps. Although they have more RCN representative colleagues, there is still a big difference in the numbers of staff covered per rep: a mean of 442 within the NHS compared with 35 nurses per rep outside.

Figure 2.5 Work setting - percentages



Source: Employment Research/RCN 2008

Figure 2.5 presents the proportion of safety reps (all employers) who are working in each setting. Slightly more than half (56%) are based in hospitals, with 17% in community and 6% in primary care.

Looking specifically at the small number of safety reps employed outside the NHS, most are working in nursing homes (9 cases) or hospices (13 cases), with just two in independent sector hospitals and a few non-clinical settings (4) or other settings (5).

Within the NHS, 63% are hospital based, 19% community, 5% primary care and 5% work across community and hospital. The remainder are based in non-clinical settings (3%) or some other setting (5%) such as NHS Direct or prisons.

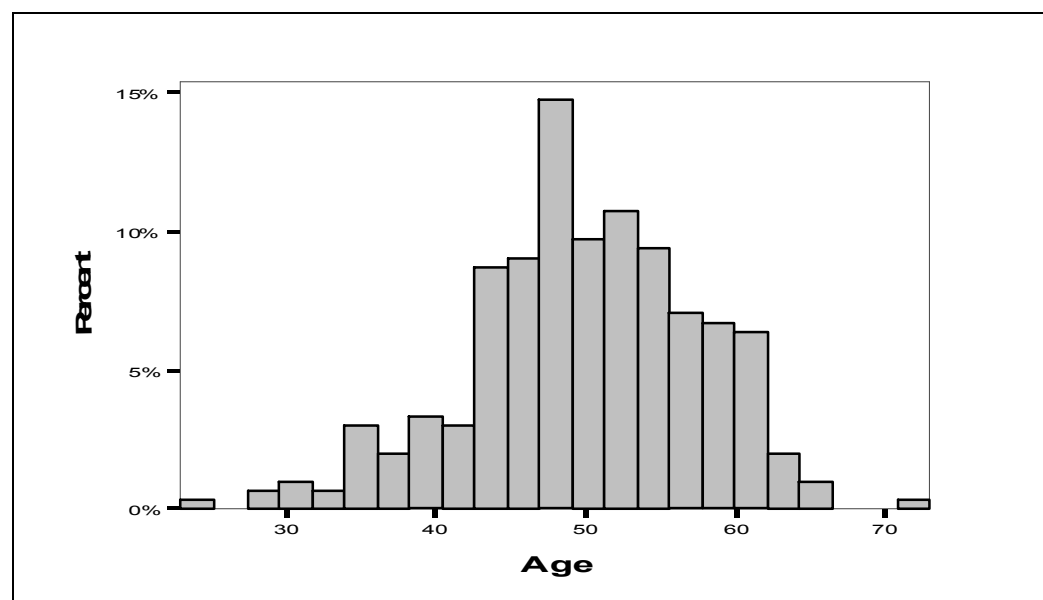
Four-fifths (80%) of safety reps responding to the survey are working full-time. Full-time working is more common amongst safety reps outside of the NHS - 92% of whom work full-time compared with 79% of those in the NHS. However within the NHS there is no significant difference in the working patterns of those in hospital settings or other settings.

2.3 Biographic profile

Relative to the membership as a whole, men are more likely to have taken up safety rep roles: 26% of safety reps in the survey are men, compared to 7% in a cross section of members (surveyed in the 2007 RCN Employment Survey). Thus 74% of respondents are female. Although there is no difference in the average age of men and women (50 in both cases) men have typically become a safety rep at slightly earlier than women: 15 rather than 19 years after qualifying. This difference may reflect differences between men and women in time spent in career breaks, so that if time out was taken into account, the net career experience of men and women may be about the same.

Whilst the average age is 50 years, the range is considerable: from 23 through to 73 (see Figure 2.6). As with the nursing workforce more generally, the age profile of safety reps has increased. Half (50%) are now aged between 46-55 years, compared with 37% in 1997.

Figure 2.6 Age profile of safety reps - percentages



Source: Employment Research/RCN 2008

The ethnic mix of safety reps is broadly representative of the RCN membership - 87% are white and 13% are black of minority ethnic groups (6% black, 3% Asian, 1% mixed and 2% Chinese or other ethnic group).

3. Role and remit of safety reps

"It is amazing how a safety rep can have an influence in the every day running of a hospital – not just for staff but for the patients as well"

A series of questions were focussed on mapping the safety rep role, both in terms of the issues dealt with and the time spent in different activities. We start by looking at the number of hours spent in safety rep work in a month, before describing the way in which this time is divided between areas of work. We then look at the prevalence of different issues, and how this varies, before describing the issues that safety reps themselves consider most important, and those they would like the RCN to focus on.

3.1 Number of hours

Respondents were asked the average total number of hours they spend on safety rep work in a month. 233 respondents responded with a number between 1 and 80, whilst 67 respondents left this question blank and in 10 cases respondents answered '0'. Whilst the reasons for the high level of missing data cannot be known, there are a number of possible explanations. Additional comments written on the form suggest that in some cases, an average monthly figure could not be provided as they have not yet started working as a safety rep. Note that 13% of respondents indicated that they have not yet received their RCN initial safety rep training (Part 1). Other comments suggest that some respondents have been unable to give a finite average figure, as they feel they have no time available for the role, or that what little time they have fluctuates.

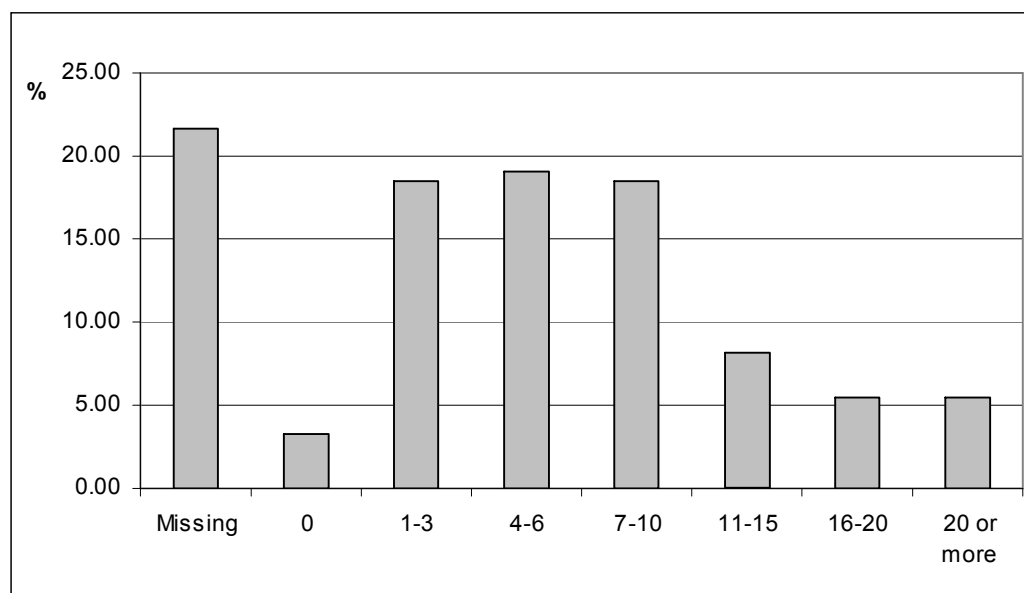
"No time is given to me for H&S work"

Figure 3.1 presents the distribution across all respondents. The average is 9.9 hours a month. As might be expected, this varies according to working hours, with the average for full-time staff being 10.6 and for part-time, 7.6 hours per month.

The survey undertaken in 1997 asked respondents to estimate their weekly hours spent as a safety rep. The average at that time was 2.7, which is the equivalent of 10.8 hours in a four week period, or 11.6 hours per calendar month (no breakdown was given for full-time or part-time).

"I would like more time allocated to carry out my role as a health and safety rep. But my employer does not seem particularly helpful in giving me time to carry out this important role"

Figure 3.1 Average total hours spent on safety work (per month)



Source: *Employment Research/RCN 2008*

The prevalence of full-time working outside the NHS may partly explain the fact that safety reps outside of the NHS devote more hours to safety rep work than their NHS colleagues; on average 14.5 hours compared with 9.2 within the NHS. Within the NHS there is no significant difference between hospital and other settings.

There are however some differences in average safety rep hours by country/region, even when controlling for variation in related factors such as employer and working pattern, as Table 3.1 shows.

Table 3.1 Average safety rep hours per month by region/country

	All		NHS full-time only	
	Mean	N	Mean	N
Wales	21.6	14	17.9	9
Scotland	14.8	25	14.5	19
Northern Ireland	12.4	5	13.3	3
East Midlands	11.6	12	12.3	9
South West	10.4	24	12.0	13
West Midlands	8.8	21	11.3	13
North West	11.5	19	7.4	14
London	7.8	14	7.2	11
South East	6.8	41	7.2	26
Yorks & Humber	7.4	14	7.0	4
Northern	6.7	14	6.4	11
Eastern	6.1	29	6.3	21
Total	9.9	232	9.7	153

Source: *Employment Research/RCN 2008*

Interestingly, whether there are other RCN stewards/activists where safety reps work makes no difference to the average hours undertaken. But those who hold some other RCN role are more likely to report spending longer on safety rep activity than those who do not (average of 10.9 hours per month compared with 8.4).

Nonetheless, holding several roles presents its own time pressures:

"It can be difficult at times to juggle the two roles (Health & Safety and Steward) when working. Not enough hours recognised by employers to fulfil the role and functions"

"I do not feel I give enough time to the role of H&S as I am the only active RCN Steward and joint convenor within the Trust at a time when we are undergoing a period of reorganisation"

Few (17%) have an agreement with their employer as to the number of hours to be spent on safety rep activity. Thus the vast majority (83%) do not have any agreed time allocated to their safety rep role. Across the 35 respondents giving details of the number of agreed hours, the average was 14.4, with a range from 2 through to 60 per month.

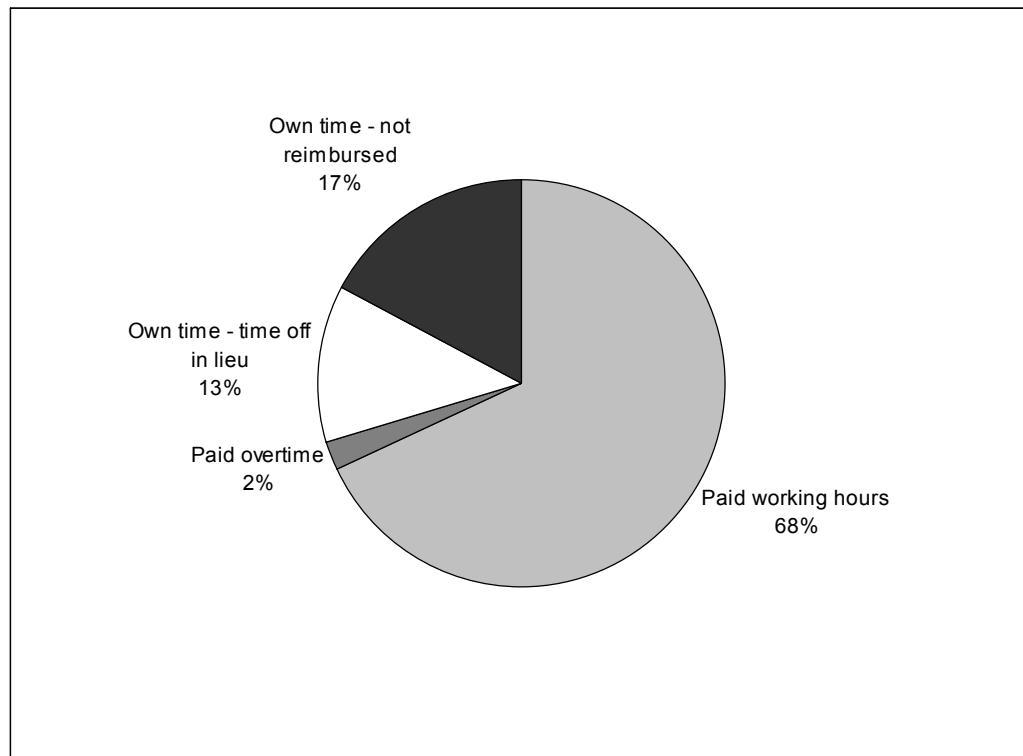
Respondents were also asked to estimate the percentage of safety rep time that falls into each of four possible reimbursement categories: during paid working hours, paid overtime outside of own working hours, in own time with time off in lieu, or in own time without reimbursement.

Figure 3.2 presents the average percentages. Typically safety reps responding to the questionnaire do two-thirds of their work during paid working hours. 30% of their safety rep work is undertaken in their own time, 13% with time off in lieu and 17% without reimbursement.

"Most of what I do is done in my own time. Only inspections and training are done during core working time".

"I'm not given ANY time to attend courses or meetings from my Head of Department"

Figure 3.2 Reimbursement for safety rep time – average percentages



Source: Employment Research/RCN 2008

Again there is a relatively high level of non-response to this question, with one in five leaving it blank. One possibility is that respondents who do not receive any reimbursement for their time (i.e. they undertake safety rep role in their own time) may have been less likely to answer the question, as it asked about the proportion of time 'reimbursed in the following ways' and without reading on, they will have been unaware that lack of reimbursement was one of the response options. With this in mind, it is likely that the survey underestimates the percentage of safety rep time that is not reimbursed, but is carried out in their own time.

The 1997 survey reported that on average 44% of the time spent on safety rep activities was taken in their own time, rather than work-time. The equivalent figure in 2008 is 30%, although the large proportion of missing data to this question on both surveys (and possible differences in the question format), make an exact comparison impossible, but it would seem that there has been some improvement since 1997.

3.2 Views of the time allocated to the role

"So much to do and not enough time to do it in!"

"Sometimes time off to undertake duties can be a problem"

"I have no problems with time off"

A significant proportion of safety reps feel that their time is pressured from several different angles. For example, 44% agree with the statement *'I am not given sufficient facilities time to undertake my role as a safety rep'*. More than a half (52%) report that they *'find it difficult to juggle their time between work and being a safety rep'*.

On a slightly more positive note, just 20% report *'Colleagues resent the time they take out to do their RCN work'* and 57% say that they are *'Able to balance their home and work lives'* (a similar result to that reported for RCN members generally in the 2007 RCN Employment Survey).

The following comment exemplifies some of these issues:

"Due to the pressures within the specialised area where I work it is often very difficult to arrange time off for RCN safety issues (my manager would if they could). High levels of staff sickness and low staffing levels do not help – my colleagues are very supportive and try to help when possible"

There are some differences in views between groups of safety reps. Firstly, as one might expect, the more hours devoted to the safety rep role, the less likely respondents are to disagree with the statement *'I am not given sufficient time to do undertake the safety rep role'* (45% of those who spend on average more than 10 hours on the role a month compared to just 20% who spend 3 hours or less per month on the role). However, those who hold another RCN role in addition to being a safety rep are more likely to disagree with the same statement (37% compared to 25% of those who do not hold another role).

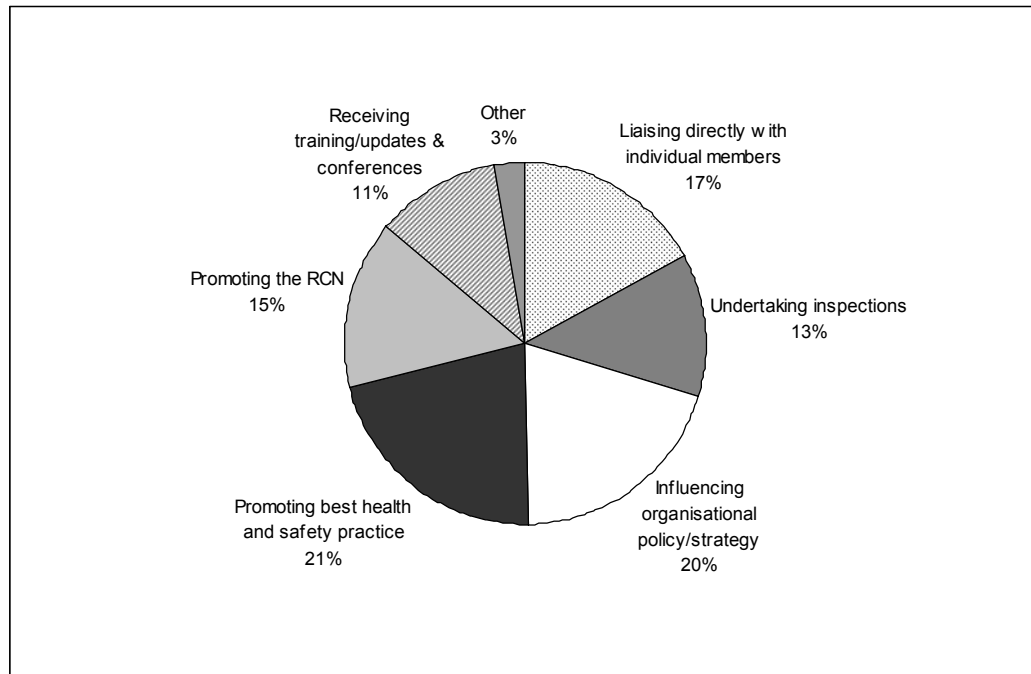
Safety reps working in the NHS find it more difficult to juggle their time between work and being a safety rep than those outside the NHS. Over a half (53%) of respondents within the NHS agreed with the statement *'I find it difficult to juggle my time between work and being a safety rep'* compared to 41% of those outside the NHS.

Similarly, nurses outside the NHS are more likely to disagree with the statement *'Colleagues resent the time I take out to do my RCN work'* (67% as opposed to 48% of NHS respondents). However it is worth pointing out that more black and minority ethnic nurses (40%) say their colleagues resent the time they take out to do their RCN work compared to just 17% of white nurses.

3.3 Activities undertaken

Respondents were asked how their safety rep time is divided between different categories of activity. The average distribution is given in Figure 3.3. The results suggest that for most safety reps the majority of their time is spent working at a strategic level; influencing organisational policies, promoting best practice and promoting the RCN. On top of these activities, 17% of time is spent liaising directly with RCN members, 13% undertaking inspections and 11% on receiving training/updates and attending conferences.

Figure 3.3 Time spent in different activities – average percentages



Source: Employment Research/RCN 2008

Looked at in another way, the results show that two thirds (66%) of respondents report spending at least some time undertaking workplace inspections (with 34% leaving this blank or indicating the proportion of time was 0). In 1997, 61% indicated they undertook workplace inspections.

There is no significant difference in how safety reps time is spent in hospitals as opposed to other settings, or between NHS and non-NHS. However, holding an additional RCN role does make a difference to the division of time between activities (Table 3.2).

Table 3.2 Average percentage of time spent by holding other RCN role

	Safety rep only	Hold other RCN role
Liaising directly with individual members	13%	19%
Undertaking inspections	17%	9%
Influencing organisational policy/strategy	16%	23%
Promoting best health and safety practice	25%	18%
Promoting the RCN	14%	16%
Receiving training/updates/conferences	13%	10%
Other	2%	3%
<i>Valid N</i>	<i>123</i>	<i>157</i>

Source: Employment Research/RCN 2008

Those who are only safety reps spend on average slightly more time in the activities most obviously related to health and safety, and less in the more generic activities. For example, those who only hold a safety rep role spend more time promoting best health and safety practice while those with other roles spend most of their time influencing organisational policy/strategy.

Respondents were asked specifically about participation on the Health and Safety committee. 85% of safety reps reported that they or a colleague sit on the committee. The likelihood of being represented was the same whether based in hospitals or in other settings, and regardless of whether working in or out of the NHS. In 1997 87% reported that an organisation-wide safety committee existed (although representation on the committee was not reported).

Although the numbers in specific settings are too small to explore in detail, those in primary care (n=16) are less likely to report being on the committees (69%) compared with community or hospital reps (84% and 86% respectively). Those with an additional RCN role are as likely as their colleagues to report that there is RCN representation on the committee.

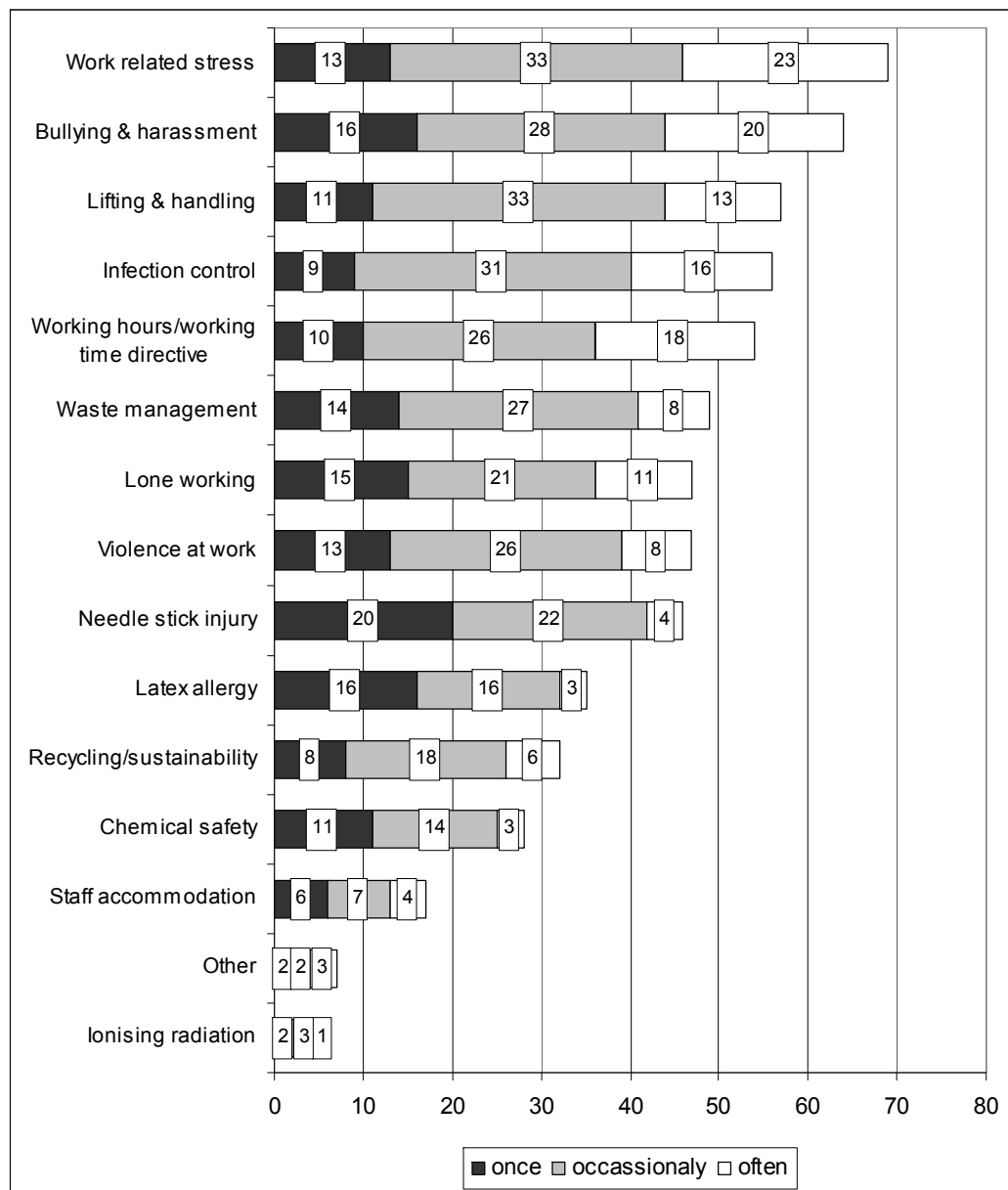
In the vast majority of cases (92%), respondents report that there are formal terms of reference for the committee. Typically, meetings are held quarterly (43%), every other month (25%) or monthly (15%). Two thirds (63%) of respondents report that meetings are occasionally cancelled at short notice, whilst for one in ten (10%) this happens often. One in four (27%) report that meetings are never cancelled or rearranged at short notice.

In the previous research (James *et al*, 2000) relatively few RCN safety reps responded to the questions about the frequency that committees met. Only seven in ten (69%) of those that said a committee existed, responded to the question regarding frequency of meetings. Whereas in the current survey, 96% of those indicating that they or an RCN colleague sit on the Health & Safety committee gave details of the frequency of meetings (which is 89% of all 310 respondents). The difference in response levels points to a higher level of engagement and knowledge of these committees today than was the case in 1997.

3.4 Prevalence & importance of different issues

Safety reps were asked how frequently they had dealt with 15 different issues over the past 12 months (on a four point scale from 'never' through to 'often'). The proportion of respondents answering once, occasionally or often to each issue, is shown in Figure 3.4. The overall size of each bar indicates the proportion of respondents who have dealt with each at least once (ie. excluding those who either indicated 'never' or left the question blank as it did not apply).

Figure 3.4 Issues dealt with in last 12 months



Source: *Employment Research/RCN 2008*

Work related stress and bullying and harassment emerge as the issues dealt with most frequently by safety reps, followed by lifting and handling, infection control and working hours/working time directive.

The main other issues described (by 58 respondents) were: safe staffing levels (9 cases), fire safety (5 cases), staff safety in the surrounding environment/car parks (4 cases), display screen equipment (3 cases), and safety of work surfaces/floors (3). A further 10 cases referred to particular activities rather than issues (inductions, inspections, meetings, risk assessments, equipment checks).

There are some differences in the issues faced by safety reps working in hospitals compared to those working in other settings. For example, 12% of safety reps in hospitals report that they have dealt with violence at work often, compared with 2% based in other settings. Working hours issues are also more prevalent amongst hospital based reps; a half (51%) report this as an issue dealt with occasionally or often, compared with 36% outside hospitals.

Needle-stick injury is relevant to smaller proportions working outside hospital settings (17% deal with it occasionally or often compared with 33% of those working in hospitals). Meanwhile more respondents working outside hospitals refer to lone-working as an occasional or frequent issue (41% vs. 24% in hospitals).

There is little difference between the NHS and non-NHS in the prevalence of dealing with the majority of these issues, with four exceptions: violence at work, bullying and harassment, work related stress and working hours/working time directive. In each of these the prevalence is greater in the NHS (the results are contrasted in Figure 3.5).

Figure 3.5 Differences by employer in issues dealt with in last 12 months



Source: Employment Research/RCN 2008

Respondents were asked which of the issues they regarded as the most important where they work. Table 3.3 shows the percentage of respondents that cited each of the issues as being of first, second or third most importance where they work. The first column shows the proportion that dealt with each of these issues (occasionally or often) and the final column gives the percentage that cited each issue as one of their top 3 priorities.

Table 3.3 Importance of issues - percentages

	Deal with occasionally or often	Importance			
		First	Second	Third	In top 3
Work related stress	56	23	21	18	62
Bullying and Harassment	48	16	17	14	47
Violence at work	34	20	8	9	36
Infection control	47	10	13	11	34
Lifting & handling	46	9	12	12	33
Working hours/working time directive issues	44	4	9	12	25
Lone working	32	7	6	5	17
Needle stick injury	26	6	5	5	15
Other issue	5	6	2	4	12
Waste management	35	0	3	3	6
Recycling/sustainability	24	0	1	2	4
Staff accommodation	11	1	0	2	3
Chemical safety	17		0	2	2
Latex allergy	19	0	1	1	2
Ionising radiation	4		0	0	1
N=		307	307	307	307

Source: Employment Research/RCN 2008

Work related stress and bullying and harassment emerge as the issues most frequently cited by respondents.

“The growing issue is work related stress. Workloads are increasing working hours are longer, working environment more difficult because of lack of resources, patients’ and managers’ expectations unrealistically higher, aggressive management of sickness and absence.”

“Bullying and harassment issues and the legal aspects”.

No statistically significant difference was found between those in the NHS or employed elsewhere, in terms of the issues regarded as most important. However, whilst employer group is not a factor, there are some differences according to work setting. Safety reps not working in hospitals have different views as to which are the most important issues compared with those based in non-hospital settings. Whilst work-related stress (59% in hospital, 64% non-hospital) and bullying & harassment (49% in hospital, 44% in non-hospital) are still the most frequently cited as one of the three main issues, larger proportions of hospital based safety reps refer to needle stick injury (21% vs. 8%) and infection control (38% vs. 29%). Meanwhile those working in non-hospital settings are more likely to refer to lone-working (30% compared with 7% based in hospital).

There are also differences between safety reps that hold other RCN activist roles (such as steward) compared to those who do not. Safety reps for whom this is their only RCN role, are more likely to see needle-stick injury (10% vs. 2%) and lifting and handling (12% vs. 6%) as the most important issues where they work. In contrast, larger proportions of those with other RCN roles cited bullying and harassment as the most important issue (22% vs. 8% of those who are solely safety reps).

Thus looking at the 3 issues considered most important (either as first, second or third most important) to those who are solely safety reps, work related stress is most frequently cited (60%), followed by infection control (41%) and lifting and handling (38%). Whilst work-related stress is also a top priority for those with other RCN roles (63% put as one three most important issues), equally important is bullying and harassment (62% cite), followed by violence at work (39%).

3.5 RCN focus on issues

A later open ended question asked respondents to describe what (if any) particular health and safety issues they would like to see the RCN focus on. The free-text responses were categorised according to the themes emerging. In total 126 respondents gave 211 responses (ie. respondents may have several different points, all of which will have been categorised). The frequency of each main theme (ie. referred to by 3 or more respondents) has been quantified and presented in Table 3.4.

Work related stress, unsafe staffing levels and bullying & harassment are the three most frequently cited issues on which safety reps would like to see the RCN focus, and the following typify some of the comments made in relation to these themes:

“Work related stress due to shortage of staff”

“Patient:staff ratios for general wards, and SAFE staffing levels (not minimal staffing levels)”

“Stress caused by increasing workloads due to constant demand for efficiency gains”

Table 3.4 Issues safety reps would like the RCN to focus on

	Responses	% of cases (of those responding)
Work related stress	35	28
Short staffing/staffing levels	17	13
Bullying and Harassment	16	13
Working hours/working time directive issues	13	10
Issues in specific settings/specialty	13	10
Lone working	11	9
Violence at work	9	7
Waste management	7	6
H&S training	7	6
Profile of safety reps/ H&S committees	7	6
Work space/crowding	6	5
Staff security/safety	6	5
None/ all fine/ doesn't apply	6	5
Infection control	5	4
Staff accommodation/ bathrooms/ car parks	4	3
Legal backing for safety rep	4	3
Recruit more reps	4	3
Management not understanding	4	3
Recycling/sustainability	3	2
Building maintenance	3	2
DDA (disability discrimination)/ other discrimination	3	2
Risk assessments	3	2
<i>Total responses</i>	286	

Source: Employment Research/RCN 2008

4. Views of life as a safety rep

"Becoming a safety rep gives you a much better insight into practices that have developed but have never been questioned.....[Producing a] safer environment and care for staff, visitors and patients"

"It's a great life"

"I enjoy the role but find as a steward that the safety reps role is undervalued within the NHS"

4.1 Overview

An overview of safety reps views of the role was sought by presenting safety reps with 20 statements and asking them to indicate on a five point scale the extent to which they agreed with each. The percentages giving each response on each item are presented in Table 4.1.

The majority (62%) are generally satisfied with their role as safety reps, and this is explored in more detail below in section 4.2. That said, on three statements more safety reps responded negatively than positively. Three out of every five report that they sometimes feel isolated in the role, and half find it difficult to juggle their time between work and being a rep. Relatively few (a third) felt that they had sufficient facilities time.

"I feel quite isolated in my role. I am aware of only one other RCN H&S rep in my trust but she works in another hospital"

"Since taking on a ward managers role in 2004, I have found it almost impossible to find the time to commit to my health and safety role"

Those outside the NHS are more likely to have said that they feel isolated – 65% compared with 58% in the NHS. Some of the comments made in relation to the support wanted from the RCN related to better support for those working outside of the NHS:

"More support and input with regard to Nursing Homes and the private sector"

"I am a lone rep in a hospice setting, a visit from another rep would have been useful. Hospital reps have each other"

Table 4.1 Views of safety rep role - percentages

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Overall I am satisfied with my role as a safety rep	12	50	20	15	3
My local branch offers me good support	10	46	27	11	6
My employer has a good understanding of the safety rep role	12	45	24	14	5
I feel well supported by the RCN	10	55	25	7	3
I am rarely asked to do things that are outside of the remit of a safety rep role	11	56	20	12	1
I am consulted on relevant health and safety issues at work	13	47	14	15	11
My employer generally responds to concerns I raise	13	54	16	13	4
Members where I work appreciate the value of my role	6	40	36	14	4
I am not given sufficient facilities time to undertake my role as safety rep	17	27	24	22	10
I sometimes feel isolated in my role as a safety rep	18	41	19	17	5
My employer values the work I do as a safety rep	10	38	32	13	7
I find it difficult to juggle my time between work and being a safety rep	20	32	24	18	6
My employer gives me sufficient opportunity to get the training and updates needed for me as a safety rep	14	50	18	13	5
There is good partnership working where I work	16	44	24	11	5
I get the support I need from my RCN region/country	8	54	27	8	3
Colleagues resent the time I take out to do my RCN work	6	14	30	38	12
In general, the RCN provide sufficient training for safety reps	10	43	26	17	4
I have access to the training I need to fulfil my role as a safety rep	9	42	29	15	5
I feel able to balance my home and work lives	9	48	19	17	7

Source: *Employment Research/RCN 2008*

Those with lower average safety rep hours were also more likely to report feeling isolated sometimes; 69% of those doing three hours or less per month compared with 55% of those working 4-10 hours and 48% of those spending at least 11 hours a month in safety rep activity. Perhaps not surprisingly, safety reps working in organisations where there are other stewards are less likely to feel isolated (54% compared with 72%).

“Life as a safety rep can feel very isolated, if you are not also a steward”

4.2 Satisfaction with safety rep role

Overall, three fifths (62%) agree or strongly agree that they are satisfied with their role as a safety rep, with one in five feeling ambivalent, and roughly one in five indicating they are not satisfied. So who are the less satisfied safety reps? Do they have any common characteristics?

Cross tabulations were undertaken to explore which factors were significantly related to differences in safety reps satisfaction with their role. The overall finding is that satisfaction has relatively little to do with where safety reps work but is more directly related to their own safety rep status - length of experience as a safety rep, training received and the number of hours they are able to commit to the role.

The overall size of the organisation in terms of the number of nurses employed and the type of employer (NHS or other), or region/country based in, have little or no bearing on levels of satisfaction with the role. One contextual factor that did have an effect on the strength of agreement (but not on overall agreement or disagreement levels) is the work setting. Those working in a hospital are more likely (19%) to strongly agree that they are satisfied, compared with 7% of those in other settings.

Interestingly, their situation with regard to the number of other activists present or the number of roles they themselves hold, has no influence on their overall satisfaction with being a safety rep. Thus levels of satisfaction are roughly the same regardless of whether or not other RCN reps work in the same organisation, and there is no obvious link between the numbers of nurses represented per rep and satisfaction. There is however a difference between men and women, with men more likely to strongly agree that they are satisfied with the role (26% vs. 8% of women), and related to this, there is a difference by working hours. Twice as many safety reps working part-time report dissatisfaction with the role compared with full-time staff (29% vs. 15%).

The length of time respondents have been a safety rep is associated with their satisfaction in the role, with the proportion who are satisfied gradually increasing with length of experience: 2 years or less 44% are satisfied, 2-5 years 61%, 5-10 years 68% and more than 10 years 73%. Although there is a general pattern, the critical length of experience appears to be two years. Twice as many of those who have been safety reps for two years or less are dissatisfied with the role; 29% compared with 14% of the rest.

But the two factors most strongly correlated with satisfaction (which are likely to underpin the findings relating to time-in-post and working hours), are the training received and the hours spent in safety rep work each month, presented in Figures 4.1 and 4.2.

Almost one in three (30%) of those who have not yet received training are dissatisfied with the role. Clearly whether or not respondents have had the initial safety rep training (Part 1) will be related to how long they have been a safety rep and therefore is part of the reason that those with less experience are more likely to be dissatisfied.

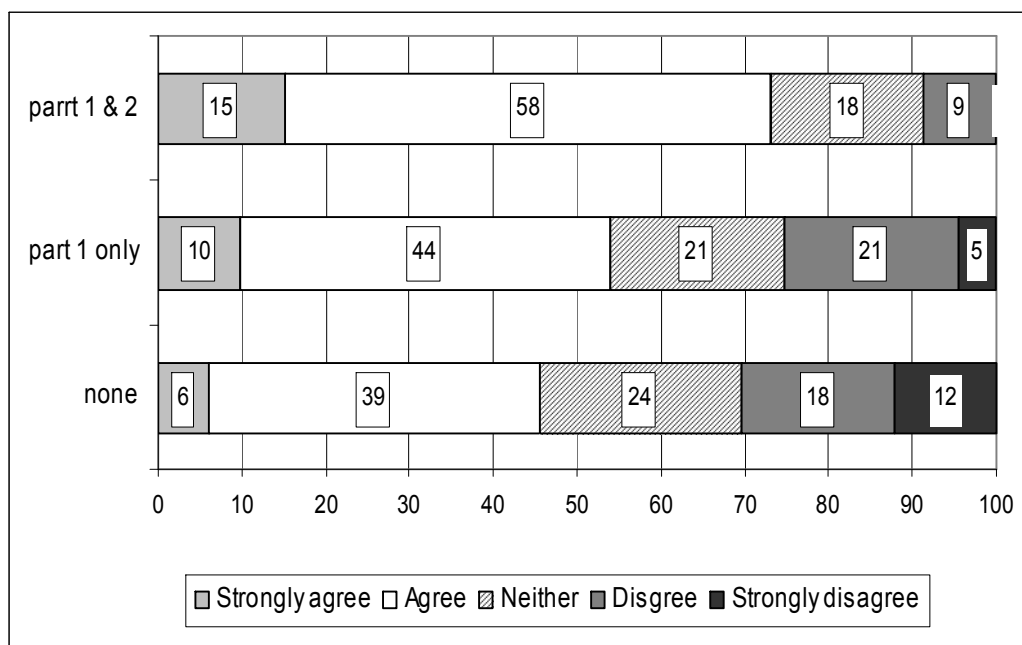
But comments from the open-ended sections suggest that the first few years of being a safety rep are critical, and at this stage many feel in need of greater support to get themselves fully established in the role.

"I'd like more support to become involved initially, once trained"

"More support for beginners like myself, especially at the introductory stage; links with mentors at this stage too"

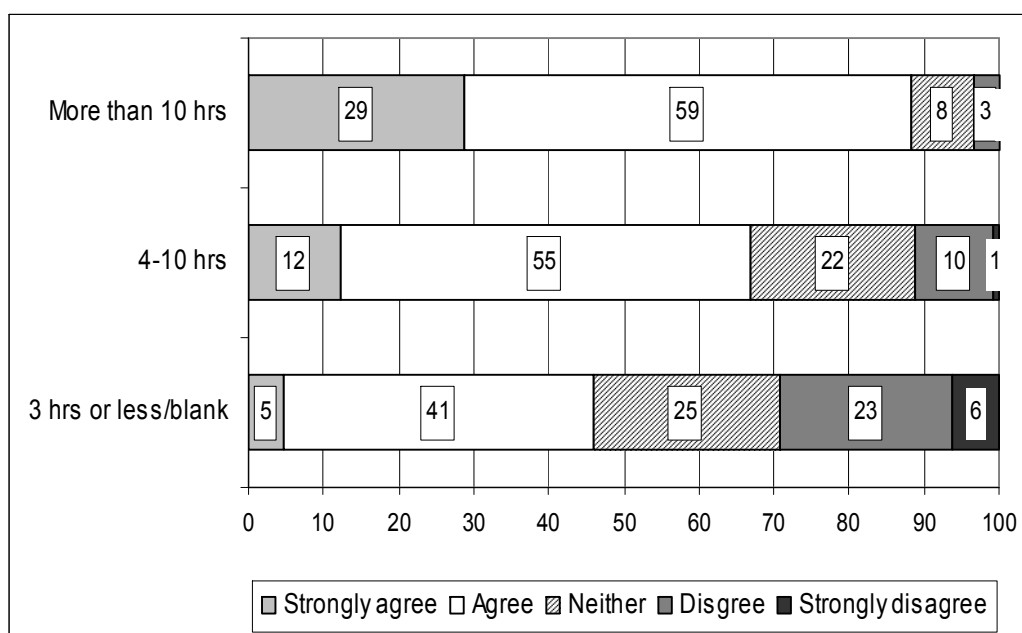
"More updates/information following training as well as contact from other reps or RCN members for support"

Figure 4.1 Satisfied with role by training - percentages



Source: Employment Research/RCN 2008

Figure 4.2 Satisfied with role by monthly hours as rep - percentages



Source: Employment Research/RCN 2008

Figure 4.2 shows that those who spend the most hours per month engaged in safety rep work, are more likely to agree or strongly agree that they are satisfied with the role overall. Looked at another way; the mean number of hours worked as a safety rep gradually increases as the satisfaction with the role improves.

Overall satisfaction with the safety rep role is correlated with other views expressed. The five strongest correlations (in order of strength from the strongest) are with:

- *'My employer gives me sufficient opportunity to get the training and updates needed for me as a safety rep'*
- *'My employer values the work I do as a safety rep'*
- *'I am consulted on relevant H&S issues at work'*
- *'Members where I work appreciate the value of my role'*
- *'My employer has a good understanding of the safety rep role'.*

The above results highlight the importance of employer commitment, understanding and consultation and this leads in part to improved member appreciation of the role. It also reinforces the previous findings suggesting that adequate training is key to safety rep satisfaction.

Getting the role more fully understood and recognised was seen by some as an area which would benefit from further RCN support. For example:

"Recognition of the role explained to management, and their part in the organisation's responsibility"

4.3 Views on how deployed

Three of the statements seeking views relate to the way in which safety reps are used/consulted within the workplace. These are:

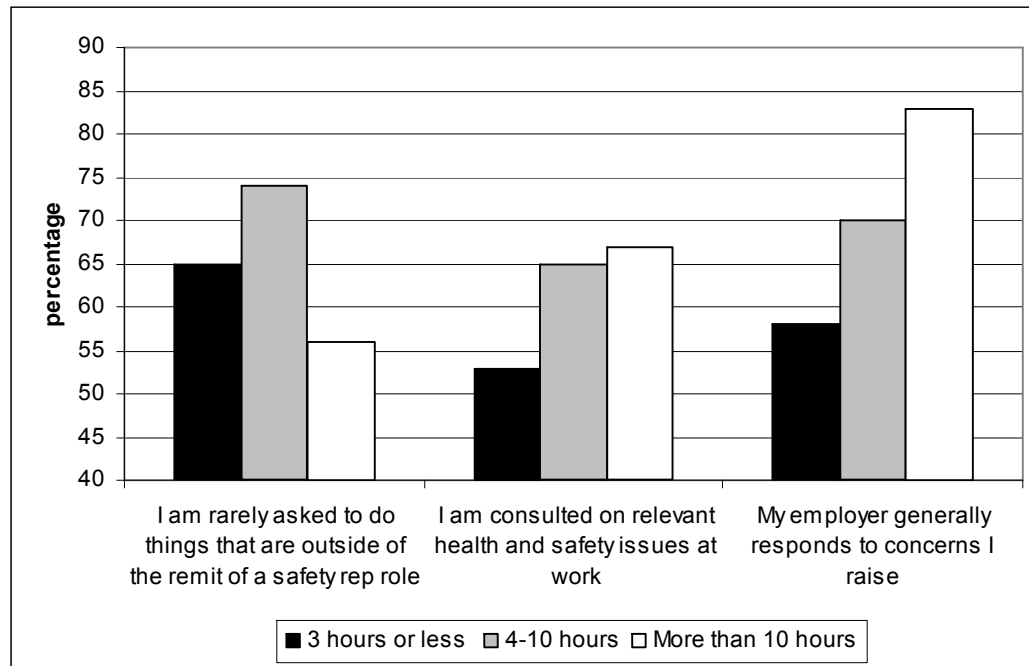
- *I am rarely asked to do things that that are outside the remit of my role*
- *I am consulted on relevant health and safety issues at work*
- *My employer generally responds to concerns I raise*

Responses were generally positive to each of these statements. Two thirds (67%) of all respondents agree with the statement *'I am rarely asked to do things that that are outside the remit of my role'*, 60% agreed that they are consulted on relevant H&S issues at work and 67% again agreed that their employer generally responds to H&S concerns they raise during the course of their role.

As can be seen from Figure 4.3 safety reps that are able to devote more time to the role are more likely to say that their employer is responsive to any concerns they may have and report that they feel consulted on relevant health and safety issues at work. In addition those who spend an average of more than 10 hours per month on safety rep activities are less likely to agree with the statement *'I am rarely asked to do things that are outside the remit of my role'*, suggesting that the focus broadens with additional time devoted to it.

Experience is also an important factor in the degree to which safety reps feel consulted in the role. Of those who have been in the role for less than two years 43% say they are not consulted on relevant H&S issues at work, compared to 26% of those who have been in the position for 2-5 years, 19% of those in post for 5-10 years and 16% of those who have been safety reps for ten years or more.

Figure 4.3 Views on how deployed/consultation - percentages



Source: Employment Research/RCN 2008

Of all those who have been safety reps for more than two years two thirds (65%) say they are consulted at work about H&S issues compared to 45% of those who have been in the role for two years or less. Experienced safety reps are also more likely to say that their employer responds to their concerns (72% of those who have been a safety rep for more than two years compared to 51% of those who have been in the role for two years or less).

The relationship with time spent as a safety rep is partly related to the amount of RCN training received (discussed in more detail in the next chapter). Larger proportions of safety reps who have received both Part 1 & 2 training agree or strongly agree that their employer responds to concerns they raise (74% compared with 60% of those who have only received Part 1).

Finally, more safety reps working outside the hospital sector (72%) say that their employer generally responds to concerns they raise compared to (64%) of those working in hospital settings.

5. Training and support

"I have also found that a safety activist's knowledge is often far better than that of the local employer and because of this, it is not unknown for management to make approaches seeking guidance!"

"It has given me the knowledge I need to write to management about issues of patient and staff safety"

"What is there after H&S Part 1 & 2?"

This section looks at the training and support received by RCN safety reps in the course of their roles. First we present data on the numbers who have received Part 1 (initial safety rep training) and Part 2 (the safety rep updating course). Then second, the length of time since this training was received is presented.

The second sub-section presents responses from safety reps on the importance they attach to different issues in executing their role and the degree to which these obstacles and support mechanisms are in place where they work.

Finally, the RCN provides a number of sources of support and information to safety reps and the questionnaire sought views on how useful these were perceived to be.

5.1 RCN safety rep training

Just over a third (37%) had received RCN initial safety rep training (Part 1), 51% had received the both Part 1 and the updating course (Part 2). Thirteen percent had not received any RCN safety rep training at the time of the survey. This is a cause of frustration for some respondents:

"Initial training to be provided sooner – I have been accredited for 6 months with none"

"Need to ensure that newly accredited Health and Safety reps are provided details of relevant training when they are 'new' in the role"

"I should have had induction training in January however it was cancelled therefore no training until May. I will have been a rep for over 7 months before receiving any training in the role"

The 1997 survey reported that 95% of safety reps had been offered basic RCN training, with 84% of these having received it (i.e. about 80% of all had received training, 20% had not).

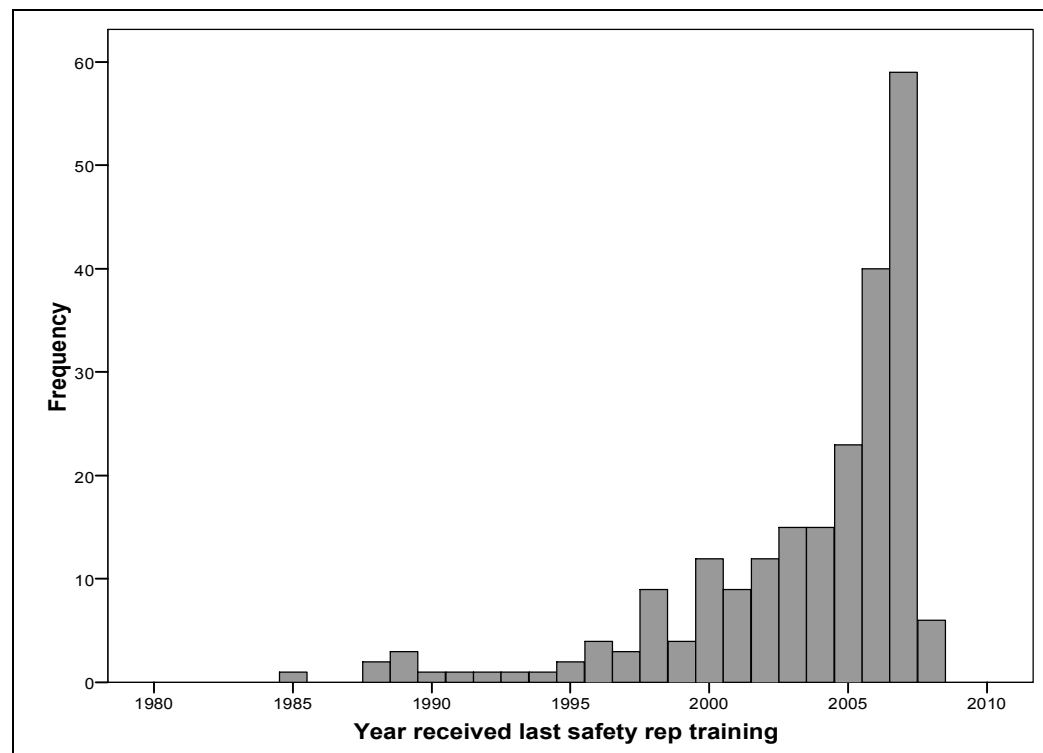
Although the numbers are small, there was some regional variation in the training levels, with respondents in Northern Ireland, Yorkshire & Humber, North West and London more likely to have received some training. More reps in Northern Ireland (78%) and Scotland (71%) had completed both Part 1 & 2 training.

There is no significant difference in the levels of training received by employer (NHS or other), work setting (hospital or other) or size of organisation. Nor does respondents' gender or ethnicity influence the likelihood of having received Part 1 or Part 2 training. Younger respondents are however more likely to have not received any training; 22% of those under 45 compared with 9% of those 45 or over.

The relationship with age is secondary to the more fundamental relationship between how long safety reps have been in the role and the training received. Thus 47% of those who have not received any training have been safety reps for less than a year, 14% for 1-2 years, 11% 2-3 years and 3% 3-4 years. In total 86% of those without training have been safety reps for five years or less (i.e. five years into the role nine out of ten have received some training). Nonetheless, that leaves a handful of cases (5) that have been safety reps for more than 5 years, but do not report having had training.

Of those respondents who gave details, 29% had received some RCN safety rep training since the beginning of 2007 (Figure 5.1) and 70% had received their last training within the last five years.

Figure 5.1 Time since most recent training



Source: Employment Research/RCN 2008

5.2 Views of support/training

Respondents to the survey were asked about the factors that help or hinder them in executing their role as a safety rep, and then to rate their experience of each where they work. Ten issues were listed and respondents were asked first to indicate the importance of each on a three point scale: ‘not important’, ‘quite important’ or ‘very important’. Table 5.1a summarises responses to these statements.

Table 5.1 Factors enabling safety reps to fulfil the role - percentages

	Not important	Quite important	Very important	Base N=
Employer support for safety rep role	1	16	83	306
Employer understanding of safety rep role	1	18	81	306
Members awareness of safety rep role	2	35	63	303
Support from line-manager in getting time off	4	17	79	303
Support from colleagues in terms of taking time-off	10	42	48	301
RCN training and updates	2	25	73	302
Other training and updates	4	54	42	302
Local branch support	12	40	48	303
RCN support from your country/region	5	40	55	302
Support from RCN HQ	6	45	49	301

Source: Employment Research/RCN 2008

Most safety reps regarded most of these factors as important to some extent. More than three quarters of all respondents (83%) say that ‘*employer support for the safety rep role*’ is very important. A similar number report that ‘*employer understanding of the safety rep role*’ is very important and 79% report that ‘*support from the line manager in getting time off*’ is very important.

In relation to RCN input, most importance is attached to ‘*RCN training and updates*’, with three quarters (73%) saying this is very important in enabling nurses to fulfil their roles as safety reps.

Although almost all respondents see each as at least quite important, around a half of all nurses responding view the following forms of support as very important: support from colleagues in terms of taking time off, non-RCN training updates, local branch support and support from RCN headquarters or their country/region.

There is little overall difference in the views of those working within or outside of the NHS, or between those in hospital or other settings. That said, those working in the NHS, are more likely to report as ‘very important’ *employer* and *colleague support for safety rep role*. Men and full-time respondents are more likely to indicate that support from the country/region is very important.

The next section of the questionnaire asked safety reps to rate their experience of each factor where they work (on a five point scale from ‘very good’ through to ‘very poor’). The factor they are least positive about is ‘members’ awareness of the safety rep role’ (43% say that members’ awareness of their role is poor/very poor). Across all the other factors, approximately one in five report that their experience of each of these issues is ‘poor’ or ‘very poor’ where they work (Table 5.2). Respondents most frequently describe the support as satisfactory.

Table 5.2 Safety reps experience of each factor - percentages

	Very good	Good	Satisfactory	Poor	Very poor	Base N=
Employer support for safety rep role	27	25	27	15	6	304
Employer understanding of safety rep role	20	25	31	17	7	302
Members awareness of safety rep role	5	17	35	36	7	303
Support from line-manager in getting time off	22	28	29	15	6	297
Support from colleagues in terms of taking time-off	15	22	43	15	5	300
RCN training and updates	15	31	32	16	5	299
Other training and updates	10	29	39	17	5	299
Local branch support	15	28	36	15	6	299
RCN support from your country/region	13	29	39	13	6	298
Support from RCN HQ	11	25	44	13	7	295

Source: Employment Research/RCN 2008

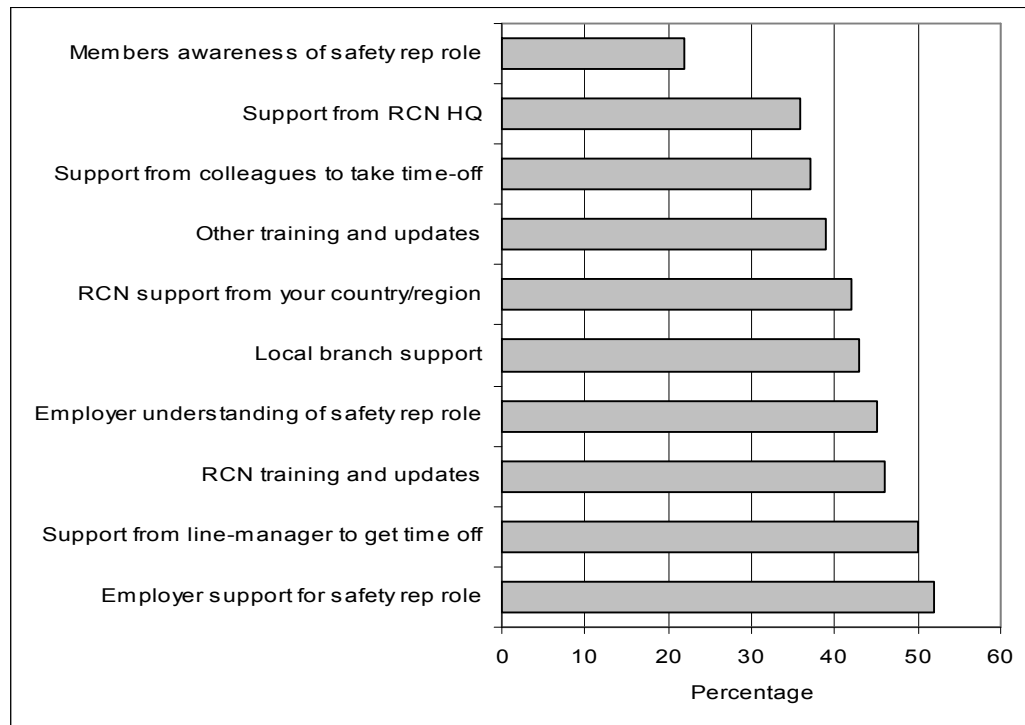
The most positive response was in relation to employer support, where a half (52%) said that their experience was ‘good’ or ‘very good’ (see Fig 5.1).

In the NHS, safety reps are more likely to report that members’ awareness of the role of the safety rep is poor or very poor (45% compared to 25% among safety reps outside the NHS). Safety reps in the NHS are also more likely to say that ‘other training and updates’ are poor (25% compared to 11% among those not working in the NHS). However, conversely more safety reps working outside the NHS feel that the *local branch support* they receive is poor/very poor (32% compared to 19% of those working in the NHS).

“When I have attended local branch meetings (not now local) I didn’t feel part of the group, because I don’t work in the NHS. No effort was made to include me and a lot of the agenda didn’t relate to my situation. Our problems in the community are different”

Just under half (46%) consider that the RCN training and updates they receive is ‘good’ or ‘very good’, with about a third reporting it is ‘satisfactory’ and one in five rating it as ‘poor’ or ‘very poor’. A large proportion of the comments made in relation to the question on further support that the RCN should provide, related to training, and flag up the range of ways in which safety reps consider it could be improved (discussed further in Section 5.4).

Figure 5.1 Percentage reporting that experience is good/very good



Source: Employment Research/RCN 2008

A number of attitude statements also touched on training and support. Whilst overall 65% report that they feel well supported by the RCN fewer (56%) consider that they are offered good support from their local branch, and only a half (53%) consider that the RCN provides sufficient training for reps, with 22% disagreeing or strongly disagreeing with this statement. In fact, more respondents (64%) agree that their employer provides them with the opportunity to get the training and updates they need as a safety rep, than agree that the RCN provides sufficient training for safety reps in general. Furthermore, only half (51%) report that they have access to the training they need to fulfil their own role as a safety rep, suggesting that there is a degree of unmet demand. One in five (20%) do not have access to the training they need to fulfil the role.

5.3 Sources of information/support

Safety reps were also asked to indicate how useful they find different sources of information. The aggregate responses are summarised in Table 5.2 below.

Table 5.2 Usefulness of RCN support/information

	Not at all useful	Quite useful	Very useful	Base N=
Activate	12	59	29	268
Nursing Standard	9	56	35	300
Activists part of website	15	61	24	266
RCN Forums	32	51	17	265
RCN Safety Reps Handbook	3	35	61	292
RCN Health & Safety pubs	7	41	52	278
HSE publications	4	37	59	283
HSE website	5	40	55	284
Other	14	48	38	29

Source: Employment Research/RCN 2008

The most useful sources of information, with more than a half of all respondents seeing each as ‘very useful’, are the RCN Safety Reps Handbook (61% seeing it as very useful), HSE publications (59%), HSE website (55%) and RCN Health and Safety publications (52%).

5.4 Further support wanted

Respondents were asked to describe what (if any) further support they would like the RCN to provide safety reps. The responses (210 from 158 cases) were categorised into 22 themes, and the number citing each and percentage of responses falling into each theme are quantified in Table 5.3.

Table 5.3 Further support would like form RCN

	Theme	Examples	N	%
6	More updates/refresher days/courses	Made aware of what's available – kept abreast of new legislation etc	44	21
4	Location of training	Less in London/B'ham – more provided in regions	19	9
5	Dates training provided	Weekday courses available, should be greater variety of dates available, more warning	15	7
19	Emphasise importance of role	Direct contact with employers, put it in a good light with others	14	7
1	More training (generally)	Importance of training, need more available	13	6
12	One-one support/mentoring	Shadowing	12	6
14	Networking/share experience		12	6
13	More contact with local officers		10	5
16	Funding/access further training		10	5
22	None		10	5
8	Content - training/updates on particular topics	eg. DSE/office environment, superbugs, violence at work, conflict management, negotiation skills, safety report writing, legal backing, Country specific legislation	10	5
21	Better resources/ info structures	On-line, download video/materials from conferences, better website, bulletins, posters	8	4
11	Better support for new reps		7	3
17	More local meetings		7	3
10	Training that leads to qualifications/certificate	Training certified by union, nationally recognised qualifications.	5	2
15	Update handbook	Made more available	4	2
20	Redefine role	Separate role of HS rep from steward/ activist; incorporate competent persons role (NHS)	4	2
2	Frequency of training	Eg. should be yearly	3	1
3	Less delay in accessing Part 1		2	1
9	Format of training	eg. include role play scenarios	1	0
Total			210	100

Source: Employment Research/RCN 2008

Reinforcing a theme that is strong throughout the survey, the support most frequently sought by safety reps is further or different training. Half (53%) of all the suggestions made relate in some way to training and updating. The most frequent request is for more frequent updates and refresher courses.

“More training and information on how to develop the role. Once the initial two week course is completed, there is nothing”

“Regular updates on changes to legislation. It would be useful to receive the bulletins that RCN Direct receive to advise members”

As well as the frequency of training/updates, one in ten comments referred to the location of the courses held, whilst a further 15 comments (7% of those made) related to the timing/dates that courses are provided.

“For myself, I have been unable to complete the second part of training. I have been offered but either wrong dates or far away. We need more localised centres/venues. Local region training sessions seem to have stopped”

“Training and updates throughout the country - not just in London or Birmingham”

“Weekday courses not weekends”

“Not informed early enough of events and training”

Other forms of support referred to included networking/sharing experience and opportunities to shadow other safety reps or have a suitable mentor (12% in total). Some refer particularly to the need for more support for safety reps who are new to the role.

“Further support from local officers, to shadow to ensure we are doing the role correctly and to provide support, supervision and sharing of knowledge and ideas”

“I would benefit from liaising with other Health & Safety reps within the PCT.”

“Periodic 1:1 support to discuss any issues of concern/direction”