

**Projet E-Impro : Improving methods of psychosocial risks  
anticipation in Europe**

# **Cases panel**

**France Télécom (AG-Pro), Trousseau Hospital,  
RATP (GIS)**

**Synthesis**

**BRUSSELS – 15th – 16th October 2014**



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# Summary

## **I. Preliminary remarks : french background (5 MIN)**

- I. Psychosocial risks in France
- II. Social dialogue in France and at the company level
- III. Regulation and norms negotiated about psychosocial risks

## **II. Three cases : presentation (15 MIN)**

- I. Common drivers and barriers
- II. France Telecom
- III. RATP
- IV. Trousseau hospital

# **PART I.**

## **Preliminary remarks to understand psychosocial preventive process in France**

### **French Background**

# Psychosocial risks in France

- Productive organizations has been changed
- From the perceptions of workers : significant workers suffering, faintness, growth of suicides [cf. FT case], depression, weariness in private sectors as in public sectors
- Psychosocial risks : plurifactorial causes taking roots in new workplace organization
  - SUMER (2009-2010)
  - ANACT/ CSA (2009)
  - DARES (2003/2007)
- Contradiction : workers more responsible but at the same time more constrained in a framework where intensification has become a constant

# Social dialogue in France and at the company level

- **Three main levels of social dialogue in France:**
- **National level : Tripartite process between State, Trade Union, Employers' representatives**
  - ⇒ => Collective and branch convention (nearly 90 % of employees are concerned).
- **Company level : Bipartite process between workers representatives & Employers representatives:**
  - ⇒ - Company as an independent organisation
  - ⇒ - Workers representatives instances:
    - - CE :Enterprise Committee = in economic level,
    - - CHSCT (OH&S) : Health, Safety and Working conditions Committees,
    - - DP : Employees representatives dealing with reclaims of employees.
  - ⇒ **The imbalance which exists between workers representatives and employers takes root in the characteristics of French social history**
- **Regional level :**
  - ⇒ A response to new forms of employment (i.e subcontracting, tempory work,individualization of career)
  - ⇒ **Social dialogue is historically centralized in France , but progressively devolved to regions.**

# CHSCT – OH&S Representatives

- **Powers of consultation and investigation**
- Consultation
- Effects of the consultation
- Investigation

Notice : Regarding the responsibility and obligation of security of ensuring results in terms of analysing professional risks, the employer has a clear interest in taking due account of the expressions formulated by the CHSCT in terms of preventing professional risks.

# CHSCT – OH&S Representatives

- **Innovative regulation in favor of CHSCT (1994)** - Support of an independent expert to optimize risk prevention processes  
independent audit for workers reps, with the approval of the ministry for work, employment, of the French Republic
- **Two scenarios:**
  - 1- Reorganisation project of company likely to have an effect on working conditions for employees and to impact their working conditions
  - 2- Serious risk & hazard, whether or not highlighted by an accident or professional illness, is observed within the company

# Regulations framework of social dialogue at company level

- **Precedence of law over negotiations**
  - A precise legal framework
  - Legislation sets out the minimum foundations on which negotiations can take place.
  - The precedence of law over negotiations is the subject of political and strategic debate between unions and employers

The terms of the national negotiation are as follows :

- Promoting negotiation and falling within a perspective of joint management between employers reps and workers reps.
- Stabilising and ensuring the sustainability of the role and status of employee into the perspective of consultations and prevention of professional risks.

## Norms negotiated at company level

- **National Interprofessional Agreement of 2th July 2008**
- **Agreement concerning quality of working life (19th June 2013) – Decree of 15 April 2014**
- **Also, example of other resources : guide published by The National Agency for Improvement of Working Conditions (ANACT)**

## **PART II.**

### **Presentation of case studies – Drivers and barriers for psychosocial risk prevention**

**France Telecom (AG-Pro)**

**RATP**

**Trousseau Hospital**

# Common factors – 3 cases

- **Barriers for acting in favor of health and safety at work (closely link to the background I just mention before)**
- Difficulty in acting on workplace organisation
- Imbalance between parties and diverging interests
- Prevention varies depending on whether prevention is considered as primary or secondary and tertiary

# Common factors – 3 cases

- **Drivers for promoting health and safety at work**
- Increasing the workforce to reduce the intensity and staff turnover
- Implementing areas for expression and communication for employees, within various department
- Proposing support measures so as to develop multiple skills through vocational training

# France Télécom (AG-Pro Annecy)

- **General context :**

- 2009 : Violent restructuration of the company in 2009
- From a culture of public service to competition
- Job cuts with no accompanying redundancy programme
- Delocalisation and accelerating pace of site closures
- Unwanted geographical mobility and career changes

Brutal consequences : wave of suicides (media cover, national consciousness...)

- 2010 Overall policy for psychosocial risk prevention ( a social contract)

Worklife quality then improved for a short while BUT Employees are still chocked, and lost of trust

# France Télécom (AG-Pro Annecy)

- **The role of employee representatives and the intervention of the CHSCT as a representative body in charge of health and safety :**
  - Role of early warning
  - Watchdog role regarding the adequacy and match between the commitments made by management under the 2010 social contract and the actual actions carried out by the latter.

A recent intervention of the CHSCT (February 2014) points out that:

The current lack of recruitment contradicts the commitments made in 2010.

Working conditions and work methods and resources are not improving.

The meaningfulness of the work and the need for work well done must be promoted by Management.

# France Télécom (AG-Pro Annecy)

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- **Recommendations and possible preventive measures to improve employee working conditions.**
  - Work methods and resources and IT applications.
  - Performance indicators: **develop and use indicators that are relevant to the actual jobs and to risk prevention**
- **Improve the working environment**
- **Make the health and safety policy a strategic issue and deploy it at all levels of the company**

# Second case : RATP- GIS

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- **General context :**

- Public transport enterprise operating in the Paris area.
- Assessment of psychosocial risk in a unit of RATP (expertise février 2013).
- Since 2007, deterioration of working conditions, no work collectives, all symptoms of ill being at work.
- Changes in organization, changes of status, and uncertainty of employees, afraid to lose their job.
- Conflicts with middle management
- Problems of communication and more generally of trust and cooperation between different teams.

Under Article L.4614-12 of the French Labour Code, the CHSCT called on the support of independent experts in carrying out its mission of preventing psychosocial risks and drafting recommendations. The expert report drafted in February 2010 for the CHSCT formulated a series of recommendations

- **Timeline of the psychosocial risk prevention process**
  - 2007: Alerts from the CHSCTs following a deterioration in working condition
  - 2012: inquiries conducted by the CHSCT following occupational accidents (depression) in which the occupational physician played a key role.
  - The management launched a PSR prevention project. At the same time, the members of the CHSCT voted for an independent PSR audit.
- **Recommendations from the audit**
  - the organisation of a work seminar to enhance the cohesiveness of the divided teams
  - a crisis management mechanism with seminars and training for managers in PSR management
  - a counselling service proposed to the employees

# Drivers and barriers in the participative psychosocial risk prevention process to change working conditions

- **Drivers**

- Foster an overall approach to risk prevention in which organisational risks and psychosocial risks are not disconnected.
- Raise the awareness of middle management and train them on how psychosocial risks arise and on how to take the human factor into consideration in the course of their work.
- Set up communication spaces dedicated to subjects involving the work within the teams. Time is necessary to re-establish the ties of inter-team cooperation and solidarity.

- **Barriers**

Management tends to disconnect questions of psychosocial risk from those relating to the working environment

The management's denial of the scope of PSRs has been observed. They view the problems only as interpersonal problems, or psychological weaknesses.

# Recommandations

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- **Restore trust. reaffirm and strengthen the skills and expertise of the employees by respecting procedures, functions and the work organisation in place**
- **Opening up spaces for discussion between the different units and poles so that the actors can compare practices, eventual problems and jointly come up with solutions that are likely to gain consensus**
- **Communicate better on roles and make the organisation chart more transparent**
- **Pursue a real policy of PSR prevention:**
  - implement the assessment of psychosocial risks Supervisory staff could benefit from training sessions to raise their awareness of psychosocial risks, during which their role of providing social support to the employees under their responsibility would be discussed.
- **Build a common reflection on the notion of occupational accident due to psychological shock**

# Third case : Hôpital Trousseau

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- **General Context**

- A fluctuating structural context.
- The hospital is experiencing constant shifts in its organisation
- Refocusing on what it deems to be its core activity and outsource so-called specialty tasks (cleaning, waste management, record archiving, etc.)
- HR management difficulties: difficulties in recruiting, problems in managing staff, absenteeism or employees with medical work restrictions.
- The hospital's medical records department employs 12 workers. All of these employees have medical work restrictions. The department is experiencing numerous problems in terms of constraints on time, organisation, work environment and information flows.

# Third case : Hôpital Trousseau

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- **The key points highlighted by the CHSCT psychosocial risk assessment are:**
  - A high rate of absenteeism and the very serious difficulties that staff with medical work restrictions encounter when carrying out tasks in a department where the work is very arduous.
  - The loss of self-esteem experienced by the medical records department staff. These employees have medical work restrictions and are seen as “lame ducks” by the other departments. The department’s team receives no training. As a result, the work climate is very negative, with verbal and physical violence in the department.
  - The lack of a management framework and of immediate supervisors.
  - Arduous work carried out in unhealthy and congested working conditions and work environment.

# Third case : Hôpital Trousseau

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- **Timeline of the psychosocial risk prevention process**
  - Since 2008, the CHSCT has launched several alerts regarding the situation of the medical records department and highlighted the increasing deterioration of working conditions.
  - October 2013: the CHSCT voted to carry out a CHSCT audit regarding “serious risks” occurring after acts of physical and verbal violence between members of the department.
  - Following the audit, the hospital management decided to implement a structured policy to prevent psychosocial risks. This provided for:
    - PSR prevention project on the initiative of senior management.
    - work with the trades unions to produce a single document.
    - creation of a local steering committee to facilitate communication, by creating “focal points”
    - recruitment of a psychosocial risk coordinator assigned to the three hospital establishments
    - recruitment of a risk prevention officer for each site to support the occupational psychologist
    - a dedicated PSR steering committee was created comprising representatives from the different professions,

# Third case : Hôpital Trousseau

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- **Drivers in the participative psychosocial risk prevention process to change working conditions**
  - Changing the work environment and improving working conditions
  - An appropriate recruitment policy
  - Setting up a regular training programme would promote the upgrading of the employees' skills
  - Adapting all of the job positions to the ergonomic requirements
- **Barriers**
  - The inter-hospital changes made to their functional departments
  - The different strategies of the trades unions and a lack of converging interests
  - The distinction between medical executive staff and administrative executives
  - The distinction made by the Hospital Management between the tasks considered as outside work and those it considers as its core activity

# Third case : Hôpital Trousseau

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- **Recommendations for the participative psychosocial risk assessment process to change working conditions**
  - Appropriate training and recognition of the specifics of the various professions
  - Account needs to be taken of the actual work: a poor assessment of the real content of missions and tasks leads to the same effects as those resulting from employees' lack of knowledge and skills.
  - Specific work methods and resources adapted to the department. Currently, the department staff is exposed to arduous handling tasks and has to cope with difficult and sometimes dangerous entrances to the department premises. There is high exposure to occupational hardship factors (kneeling, squatting, arms extended), which thus requires implementing specific means and measures.
  - Better management of absenteeism: currently, employee absenteeism is linked to the ageing of the working population, the absence of work arrangements and measures adapted to workers with medical work restrictions or disabilities.

# Third case : Hôpital Trousseau

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- **Relationship between characteristics of the participatory process and working conditions changes**
- **The alerts and independent audits initiated by the elected employee representatives have enabled resources to be stepped up and working conditions to be improved for the department's employees.**
- **There is greater awareness from management of the need for an overall approach to prevention.**
- **The independent audit initiated by the elected employee representatives has helped to rebalance the roles each party plays in the social dialogue**

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# EXPERT DE PROXIMITÉ DES CE ET CHSCT

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3 activités pour **comprendre, analyser, et agir** sur la relation entre le travail et les questions sociales liées aux conditions de vie et d'emploi des salariés :

## LA FORMATION

des élus formés pour être des acteurs efficaces et incontournables sur les questions économiques et sociales

## L'EXPERTISE AUPRÈS DES CHSCT

utiliser le droit à expertise pour identifier les risques et agir sur l'organisation du travail et la santé des salariés

## LES ETUDES, LE CONSEIL

un accompagnement au plus près des besoins des élus pour mener des analyses pointues

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