

| <b>Health and Safety Commission Paper</b> |                  | <b>HSC/04/12</b>         |       |
|---|------------------|--------------------------|-------|
| <b>Meeting Date:</b>                      | 10 February 2004 | <b>Open Gov. Status:</b> | Fully |
| <b>Type of Paper:</b>                     | Above the Line   | <b>Paper File Ref:</b>   |       |
| <b>Exemptions:</b>                        |                  |                          |       |

## **HEALTH AND SAFETY COMMISSION**

### **The Government Setting An Example Programme and Communications with the Public Sector**

**A Paper by Peter Brown**

**Advisor(s): John Cullen, Colleen Bowen, Jessica Hodgson**

**Cleared by Jane Willis on January 21<sup>st</sup> 2004**

#### **Issue**

1. Update on the Government Setting An Example Priority Programme including the draft communications strategy and a statement of intent for communicating with the emergency services.

#### **Timing**

2. Routine

#### **Recommendation**

3. That the Commission
  - notes the progress that has been made with the Programme so far
  - offers comments on progress so far, the key messages from the communications strategy and the statement for intent for communicating with the emergency services
  - supports and publicises the communications strategy and considers the advantages of having a Commission champion for the programme.

#### **Background**

4. A paper was submitted to the Commission in June outlining the new priority programme, Government Setting An Example (HSC/03/100). This paper updates the Commission on progress with the programme. It also includes an outline

communications strategy at Annex A and a specific statement on how HSE will interact with public services, especially the emergency services, at Annex B.

5. The first meeting of the Programme Board was held in December 2003. Members of the Programme Board are Chris Williams, (Chief Officer of Buckinghamshire County Council), Charles Cochrane, (Secretary to the Council of Civil Service Unions), Hugh Robertson (TUC), Janet Fortune, (Head of Human Resources at the Office of the Deputy Prime Minister), Michael Whitehouse, (Assistant Auditor General of the National Audit Office), Michael Richardson, (Director of Work, Welfare and Poverty at DWP), and Andy Graham, (Head of Work Incentives and Rewards in Public Services Directorate, Treasury). Members from HSE are Jane Willis, Sandra Caldwell, Peter Brown and John Cullen.

## **Argument**

6. Programme Board Members agreed at the meeting that progress with the programme was good. Some insightful suggestions were made and the programme management team were asked to set out more clearly a vision for the programme, a strategy to achieve it and an outline work programme with milestones.
7. The Minister has shown great interest in the programme and proposes to establish a Ministerial Task Force to deliver improvements in the way Government as an Employer manages health, safety and sickness absence. The purpose of the group is to galvanise Departments to take action on sickness absence; establish reliable evidence about the deliverable benefits; and to set an example to other Departments and Agencies. The Task Force will concentrate on those departments/ organisations where improvements in managing health, safety and sickness absence will deliver maximum benefits.
8. The Communications Strategy (Annex A) aims to focus attention on promoting the key messages and initiatives of the Programme to its main stakeholders and to encourage a dialogue with them. It will underpin all communications related to the programme.
9. The key messages for the programme are: -

### *Effective management of Health & Safety:*

- 1) *Aids recruitment and retention of quality staff;*
- 2) *Demonstrates that people are valued;*
- 3) *Contributes to organisational efficiency;*
- 4) *Contributes to organisational productivity.*

*There is a strong business case for improving public sector service delivery capacity by reducing work related injuries, ill health and sickness absence.*

*The public sector can and should lead the way in improving health and safety management, not only in its role as employer but as a procurer of goods and services.*

*Senior managers must recognise that poor management of health and safety is a significant business risk and be prepared to report their performance to the public in Annual Reports.*

*[And, depending on audience -  
HSE has the tools and advice that can help you solve your problems. ]*

10. The programme's key stakeholders are listed in Appendix 1. They are organisations and people that we want to try and influence and whose behaviours we would like to change. It recognises the fact that we will need different influencing strategies for different stakeholders. We may need to refine key messages and stakeholders as the new Communications Directorate develops a national HSE communications strategy.
11. We are also proposing a policy statement on working with the emergency services. HSE has been criticised in the media for its handling of prosecution cases in the past and we believe that a statement of intent on how we propose to deal with such cases in the future would be helpful. The statement (Annex B) acknowledges that a whole spectrum of intervention options exist for dealing with the public services, tailored to the individual circumstances of each situation and that prosecution may be appropriate in the most serious cases. We intend to be more proactive and positive in our approach with the media, to confront criticism and to work with the Press Office to positively promote our work.
12. Indeed, it is minded that we should be proactive in stimulating the debate about enforcement in the public sector, particularly the emergency services. Ideally, we would aim to launch an evidence-based and very public, high-level debate in order to position ourselves prominently in an examination of how public expectations of health and safety and of service delivery interact, sometimes clash, and to seek a consensus on how to reconcile these demands. Proposals have not yet been worked up in any detail. We would welcome early involvement from the Commission.

## **Consultation**

13. Policy Group and Public Services Sector jointly manage the programme. The programme management team has consulted with Press Office, Communications Directorate, Justin McCracken, Sandra Caldwell. We are also working closely with our sponsorship team in DWP on the programme and on the Ministerial Task Force.

## **Presentation**

14. We believe that it would be very helpful to have a Commission member to champion the programme, promoting its key messages throughout the public sector. If there is support for this proposal we will work with the interested person to determine their role and the time and activities involved. The wider public debate on public sector enforcement will form part of the implementation of the new HSC strategy.

## **Costs and Benefits**

15. Sickness absence is a significant operational and financial burden on the home Civil Service, with estimated annual costs of £370 million. Reported sickness absence is higher per employee in the public sector (8 days per year per employee) than in the private sector (6.5 days). A full business case for the programme has been developed.

### **Financial/Resource Implications for HSE**

16. HSE has a programme management team of 11.4 staff years, from both policy and sector. However, with the Minister's interest in the programme, there will need to be further discussions on resource implications for the programme.

### **Environmental Implications**

17. None

### **Other Implications**

18. None

### **Action**

19. The Commission is asked to: -

- i. offer comments on:
  - the progress that has been made with the Programme so far
  - the key messages from the communications strategy
  - the statement of intent for the emergency services
- ii. support and publicise the Communications strategy and consider the advantages of having a Commission champion for the Programme.

## **GSE: COMMUNICATION STRATEGY**

1. The public sector should be setting an example in its management of health, safety and sickness absence. Sickness absence is a significant operational and financial burden on the Civil Service, with estimated annual costs of nearly £370 million. With 5 million workers across Great Britain, that is 18% of the workforce, the public sector could significantly improve its productivity by addressing work-related ill health.
2. Focusing on the public sector will also enable HSE to make real progress in achieving the Securing Health Together targets (principally: to reduce the number of working days lost to work-related injury and ill health by 30% by 2010; and, to reduce the incidence rate of work related ill health by 20% by 2010). Therefore, the Health and Safety Commission has developed a priority programme of work focused on improving health and safety performance in the public sector.
3. Government in the Government Setting An Example programme refers to central government, local government and the public sector. The Communications Strategy aims to focus attention on promoting the key messages and initiatives of the Programme to its main stakeholders, and to encourage a dialogue with them. Programme success relies on co-operative contributions and support from all involved. A continuing and two-way approach to communications is essential between the programme and its stakeholders to secure commitment and maintain momentum.
4. This Communications Strategy is based on the Office of Government Commerce (OGC) guidance *Managing Successful Programmes*.

### **5. Key Messages**

Effective management of Health & Safety:

1. Aids recruitment and retention of quality staff;
2. Demonstrates that people are valued;
3. Contributes to organisational efficiency;
4. Contributes to organisational productivity.

There is a strong business case for improving public sector service delivery capacity by reducing work related injuries, ill health and sickness absence.

The public sector can and should lead the way in improving health and safety management, not only in its role as employer but as a procurer of goods and services.

Senior managers must recognise that poor management of health and safety is a significant business risk and be prepared to report their performance to the public in Annual Reports.

[And, depending on audience -  
HSE has the tools and advice that can help you solve your problems. ]

## **6. Messages to be avoided/rebutted**

- Managing health and safety is a burden resulting in extra bureaucracy
- Managing health and safety prevents departments from improving service delivery

## **7. We are trying to change behaviour :-**

- Health and safety management to be seen as part of effective management practice and seen as a contributor to delivery of public services
- Acceptance that HSE wants to help the public sector but sometimes does have to take enforcement action.

## **8. Who are the key people to target the messages at?**

- Ministers
- Local Authority's politicians and Chief Exec's
- Senior managers in: -
  - Cabinet Office
  - Treasury (HMT)
  - Prime Minister's Delivery Unit
  - National Assembly for Wales
  - Scottish Executive

## **9. Other Main Stakeholders we want messages to reach: -**

- Senior Managers and Employees in: -
  - Home Office
  - Inland Revenue
  - Other Departments (prioritised)
  - Department of Work and Pensions
  - Department of Health

These are our initial targets who are willing to develop "centres of excellence" in the handling of some specific issues.

- MPs
- Senior managers and Employees in: -
  - Local Authorities
  - UK Local Government Associations
- Office of Deputy Prime Minister (for LA's performance)

## **10. Initial Aims**

Our first key aim is to get Cabinet Office and Treasury delivering and reinforcing our messages.

Our subsequent key aim is to change behaviour at the top level in Departments and Local Authorities so that they can recognise the benefits to themselves of improving health and safety management practice.

## **11. Who else can deliver the messages?**

- Des Browne to Ministers especially Cabinet Office, HMT, ODPM
- Sir Richard Mottram – across Whitehall

- HSE Board – to OGD equivalents
- Chair and HSC – a Commission Champion for the Programme (to be identified)
- GSE Programme Board
- Senior Union Representatives
- Health and safety professionals and HR in departments - upwards

### **12. How will they deliver the messages?**

- Presentations/Speeches/Promotion at seminars/conferences/speaking engagements
- Articles in journals and other publications
- Press releases
- Informal networking
- One to One meetings

### **13. What tools do we need?**

- Briefs
- Speeches
- Q&As
- Guidance
- Media exposure
- Conferences
- Case studies

### **14. Measures of Success**

- Changed behaviour – Departments and LA's to sign up to targets, participation, HSE in the backseat, others leading, HSE interest in the public sector not viewed with suspicion, HSE valued for its advice and support
- Public reporting of health and safety performance
- Positive media promotion of key messages - measured through media coverage and cuttings
- HSE guidance being put into operation - a comprehensive suite of guidance and other publications to provide the right information, to the right people at the right time - measured through informal feedback, sales and issues, market research and campaign evaluation
- Improved awareness of where to access support and information
- In the long term - falling sickness and injury rates.

### **15. Management of Strategy**

Project managers will incorporate elements of the communications strategy into specific projects as appropriate. The Programme Co-ordinators will monitor the Communications Strategy. Elements of the communication strategy that are not related to specific projects (e.g. development and maintenance of the a website) will be resourced and managed through the Programme Office.

### **16. Stakeholder Engagement**

Annex 1 details the GSE Programme's Stakeholders.

## Stakeholder Management

1. Identify all stakeholders involved in or affected by programme.
2. What are their interests and influences likely to be?
3. How will the programme engage them?
4. What information will be communicated?
5. How will feedback from the stakeholders be processed?

### Identification of Stakeholders

If likely to have negative views of the programme, need to try and understand their views and discuss with them.  
 The strategy is not about getting everyone to agree but about knowing how to cope with disagreement.  
 Those with high interest but low power should not be worried about too much.  
 There is a need to focus on those that could be of most help/do most damage to progressing the programme.

#### Stakeholder Management

| Stakeholder(s/h)  | Power – Level and Source | Importance of s/h to programme | Potential impact of programme on s/h | Mechanism of Engagement   | Previous Reactions/ Expected Behaviours             | What do we want them to do?   | ACTION  |
|---|--------------------------|--------------------------------|--------------------------------------|---|---|---|---|
| <b>INTERNAL</b>   |                          |                                |                                      |   |   |   |   |
| HSC <ul style="list-style-type: none"> <li>• Chair</li> <li>• Champion</li> <li>• Commission</li> </ul> | High                     | High                           | High                                 | Papers/Presentations<br>Quarterly progress Reports<br>Briefing Pack |   | Agree status of programme and promulgate within HSE and to other Depts and s/hs | GSE Prog Board to suggest a champion is elected. To ensure that programme is promoted by HSC wherever possible. |
| HSE Delivery Board  | High                     | High                           | High                                 | Quarterly report  |   |   |   |
| GSE Programme Board   | High                     | High                           | High                                 | PB mtgs   |   |   |   |
| Wales and Scotland Co-ordinators  | Medium                   | High                           | High                                 | Bilateral meetings  | Positive – to take forward PP in own administration | Direct Delivery PP in Scotland and Wales  | Agree delivery plan for PP in Scotland and Wales  |
| Delivery Mechanisms Unit  | High                     | High                           | High                                 |   |   |   |   |
| FOD/Operations <ul style="list-style-type: none"> <li>• HQ</li> <li>• Regions</li> </ul>                | High                     | High                           | High                                 |   |   | Allocate resources to deliver PP, operating plans to include GSE                |   |
| HSE Central Health and  |                          |                                |                                      |   |   |   |   |

| Stakeholder(s/h)   | Power – Level and Source | Importance of s/h to programme | Potential impact of programme on s/h | Mechanism of Engagement                         | Previous Reactions/ Expected Behaviours | What do we want them to do?                           | ACTION   |
|--|--------------------------|--------------------------------|--------------------------------------|---|---|---|--|
| Safety Committee   |                          |                                |                                      |   |   |   |  |
| DIAS <ul style="list-style-type: none"> <li>• Press Office</li> <li>• Website</li> <li>• Publications</li> </ul>   | High                     | High                           | High                                 |   |   |   |  |
| PEFD   |                          |                                |                                      |   |   |   |  |
| Internal Audit   |                          |                                |                                      |   |   |   |  |
| COSAS  |                          |                                |                                      |   |   |   |  |
| Other Programme Managers   |                          |                                |                                      |   |   |   |  |
| <b>EXTERNAL</b>  |                          |                                |                                      |   |   |   |  |
| DWP Ministers  | High                     | High                           | High                                 | Performance Bilateral<br><br>HSC Strategic Plan |   | Engage with DWP Perm Sec<br><br>Promote the programme | GSE Prog Board to encourage Des Browne to write letter to colleagues |
| Other Ministers  | High                     | High                           | Low                                  | Letter from Des Browne                          |   |   |  |
| Cabinet Secretary  | High                     | High                           | Low                                  |   |   |   |  |
| Perm Sec DWP   | High                     | High                           | High                                 |   |   |   |  |
| HSSD   | High                     | High                           | High                                 |   |   |   |  |
| Central Depts (W1) <ul style="list-style-type: none"> <li>• Cabinet Office</li> <li>• HMT</li> </ul>   | High                     | High                           | High                                 |   |   |   |  |
| Influencing Depts (W2) <ul style="list-style-type: none"> <li>• OGC</li> <li>• DCMS</li> <li>• DTI</li> </ul>  | High                     | High                           | High                                 |   |   |   |  |
| Exemplar Depts (W3) <ul style="list-style-type: none"> <li>• DWP</li> <li>• Inland Revenue</li> </ul> Home Office (incl. HM Prison Service, Probation Service, Police) | High<br><br>High         | High<br><br>Very High          | High                                 | Bilaterals/see projects in prog WSS.            | Verbal support but poss lack of action  | Become exemplars – ‘set an example’                   | Well targeted initial interventions<br>Implement project plans       |

| Stakeholder(s/h)  | Power – Level and Source | Importance of s/h to programme | Potential impact of programme on s/h | Mechanism of Engagement                  | Previous Reactions/ Expected Behaviours     | What do we want them to do?  | ACTION   |
|---|--------------------------|--------------------------------|--------------------------------------|--|---|--|--|
| Public Sector <ul style="list-style-type: none"> <li>LA's (incl.Education)</li> <li></li> <li></li> <li>Fire</li> </ul> | High                     | High                           | High                                 | LA Forum<br>LGA<br>COSLA<br>WLGA<br>ODPM | Supportive                                  | Cascade and promote GSE programme.   | Implement project plans.<br>Progress reports to Prog Bd. |
| All OGDs (W1)<br>H and S practitioners  | Medium                   | Medium                         | Medium                               | Reconstituted PSG                        | Supportive but potentially overburdened.    | Positive messengers/'sp read the word'   | Engage via PSG   |
| Employees of Govt Departments   | High                     | Medium                         | High                                 | Via employee and TU reps                 |   | Contribute to +ve culture<br>Demand attention  | Identify TU/employee reps on programme                   |
| Companies that are procured/funded/sponsored by Govt and local govt   | Medium                   | High                           | High                                 | Contract conditions                      |   |  |  |
| Media   |                          | High                           | Low                                  |  |   |  |  |
| National Audit Office   | High                     | High                           | Medium                               | Prog Board                               |   |  |  |
| Audit Commission  | High                     | High                           | Medium                               | Bilateral meetings                       | Positive, support to improve LA performance | Support H&S Best Value Performance Indicators and include H&S in corporate assessments | Pursue with Audit Commission                             |
| Civil Service Unions  | High                     | High                           | High                                 | Prog Board<br>Via National reps          | Supportive/'s pread the word'               | Contribute via prog board, PSG etc.  | On Prog Board  |
| CMPS  | Medium                   | Medium                         | Medium                               |  |   |  |  |
| MPs   |                          |                                |                                      |  |   |  |  |
| ROSPA   |                          |                                |                                      |  |   |  |  |
|   |                          |                                |                                      |  |   |  |  |
|   |                          |                                |                                      |  |   |  |  |

## HSE support for the Emergency Services

### **IMPROVING PUBLIC SERVICE**

It is sometimes stated that health and safety gets in the way of the delivery of public services, especially in relation to the emergency services. HSE is taking the opportunity to show that this is not the case. In fact the reverse is true: managing health and safety, along with all other risks, helps those services to be delivered more effectively. A proportionate risk-benefit approach helps to cut down needless waste of the human resources in the public service.

### **WHAT EXACTLY ARE THE BENEFITS TO THE PUBLIC SECTOR?**

To begin with, good health and safety management builds on the investment already made in staff selection, recruitment and training. Major companies in the private sector know good health and safety management improves their performance. If staff are not at work due to accident or ill health they cannot deliver. The same applies in the public sector, where the figures speak for themselves. Its total injury rate and work related illnesses is among the worst: reported sickness absence for the Civil Service costs nearly £370 million per annum; The Department of Health estimates that the annual cost of sickness absence to the NHS alone, is around £1 billion. This all has a significant impact on the Government's ability to meet its PSA targets and represents a direct threat to the Prime Minister's aim of improving public services. On behalf of the government, HSE is running a major programme to improve health and safety performance in the whole of the public sector – the Government Setting an Example Priority Programme - so that the public sector will present a model of good health and safety performance to the private sector.

### **DOES THE LAW APPLY TO THE EMERGENCY SERVICES?**

The more dangerous the working environment becomes, the more the need for effective health and safety management. And it is also right to expect that the same requirement to have safe systems of work, as enshrined in common and statute law, should apply to emergency services as to any other line of work. There is no question, therefore, that health and safety law applies, as Parliament intended, to those public servants who work in the emergency services.

### **BUT SURELY THERE MUST BE CIRCUMSTANCES WHEN IT SHOULD BE DISAPPLIED?**

Yes, when the law lays down absolute duties that are in conflict with the operational imperative, for example, certain aspects of sets of regulations on protective and work equipment have been amended to reflect the reality of operational policing needs and these needs are taken account of as necessary when new regulations are produced.

Generally speaking, there is no need for such qualifications to be made. This is because the law is already qualified by the concept of reasonable practicability. This lets HSE take into account the basic purpose of the emergency service. The health and safety measures needed in any situation are determined after an appropriate risk assessment. This should

be made in all circumstances, including the most dangerous, and take into account the special circumstances of the job.

## **SURELY HSE NEEDS TO MAKE ALLOWANCES FOR THE EMERGENCY SERVICES?**

Health and safety law allows the emergency services to carry out their public service obligations to the full and comply with health and safety requirements. HSE is fully aware of the health and safety challenges faced by the emergency services. So it works with them to help them meet these challenges. For example, there were consultations between HSE and ACPO about the implications for the police of the recent firefighters strike and the Director General wrote to the Chair of ACPO to explain the application of health and safety law in such circumstances. For this reason we welcome the current debate amongst all the key stakeholders and we want to help them provide guidance to their staff on the way forward.

## **A REASONABLE APPROACH**

We recognise you cannot apply simplistic rules to highly complex and dynamic situations. For example, it would be ludicrous for HSE to say police officers can never climb on roofs, or firefighters take part in a water rescue. We recognise the operational imperative. At the same time, though, it is appropriate for us to work with the relevant bodies to gain as much clarity as possible in order to help people make better-informed operational decisions about their own and other peoples' safety when they are faced with emergency situations. Failure to assess and control risks may mean that the lives of dedicated and skilled people are lost when there is no need.

## **A PARTNERSHIP APPROACH**

HSE and the emergency services have been doing business, harmoniously, on a whole range of issues and at all levels for many years. One outcome is HSE and the police service having an agreed, formal Inspection Protocol. This is signed by key-stakeholders, and is currently up for a periodic review and renewal. It sets a framework for HSE inspections and interventions in Police forces. The protocol deals with inspection practice and the new protocol will explicitly recognise the particular circumstances under which the police work (the Policing Imperative). In these discussions we are seeking to allay any police concerns that application of H&S law may fetter their operational capability.

HSE is currently negotiating a similar protocol with the Fire Services.

## **SO WHY PROSECUTE?**

As the appointed regulator for the HSW Act, HSE has a duty to consider appropriate enforcement action when things go wrong. Parliament has given us a range of enforcement options. The overall approach we take to regulating the emergency services is the same as any other employer. Enforcement cannot be thought of as simply

prosecution. In fact, Parliament has given HSE Inspectors a number of options and their response is tailored to the individual circumstances of each situation:

- Advice, either verbal or written, helping dutyholders know both legal requirements and best practice;
- Improvement notices. Inspectors have to be of the opinion that the dutyholder is in breach of a legal requirement, and the notice gives the dutyholder a set time to put the matter right. Normally, a notice will specify an appropriate way of complying with the legal requirement;
- Prohibition notices. Inspectors have to be of the opinion that there is a risk of serious personal injury – normally, but not necessarily involving a breach of the law. These notices require the dangerous activity to stop, either immediately or before a set time. Again, the notice will normally specify an appropriate way of complying;
- Prosecution. In the most serious cases it is the duty of HSE to bring alleged offences before the courts. These are criminal trials with HSE required to prove its case beyond reasonable doubt. Decisions to prosecute are never arbitrary but are taken in accordance with HSC's Enforcement Policy Statement (EPS) and the Government-wide Code of Conduct for Crown Prosecutors (CCCP).

These enforcement decisions are not taken lightly. We have procedures and systems to ensure, as far as possible, that the decisions we make are proportionate, transparent and consistent, and in line with the EPS. Consideration of the public interest is key to these tough decisions. Accordingly, we not only take account of the CCCP but also the essential role and special circumstances of the emergency services.

## **HOW OFTEN DO YOU TAKE ENFORCEMENT ACTION AGAINST THE EMERGENCY SERVICES?**

In 2003 we served 12 Notices and took 2 prosecutions.

## **SURELY HSE INTERVENTIONS AND ENFORCEMENT ONLY WEAKEN THE SERVICES' ABILITY TO DELIVER?**

Not so. Here are some examples where HSE interventions are helping to reduce the burden of accidents and ill-health in the public sector :

- HSE inspection of Westcountry Ambulance Service and issue of Improvement Notices focussed the Service's attention on health and safety. Within 3 years, the manual handling lost-time accidents – a major issue- had been cut by 80% and a significant reduction in sickness absence achieved.
- A National Audit Office report on health and safety risks to staff in the NHS (England) estimates the direct cost of work-related accidents to be at least £173 million. It quotes an HSE intervention in the London Ambulance Service where an

Improvement Notice was issued on organisational policy and manual handling procedures. As a result of actions taken in response to the Notice, reported manual handling accidents decreased by 12% in the space of a year.

- HSE has been consulted by the Home Office about its special initiative to reduce sickness absence and injuries in the police service. This represents the Home Office commitment to the Revitalising Health and Safety initiative in this area. (In 2000/1, 5% of total available police officer working days were lost to sickness.)
- HSE Preston has agreed a long-term relationship with the Lancashire Police, based on a 5-year programme of inspection. The process has stimulated an exercise to determine the cost of accidents – both approaches meeting the approval of HM Inspectors of Constabulary, who are interested in extending these ideas more widely.
- The Metropolitan Police value HSE's contribution to the planning of the emergency exercise held at Bank Station in London in September 2003 (OSIRIS 2), contributing to a successful and safe event and are keen for HSE's involvement to be continued. CACFOA believe that HSE's input has been vital and helpful in carrying resilience work forward nationally.
- The London Fire Brigade believe that HSE's inspection of health and safety management in the Brigade in 2000 and continuing help, involvement and support for the Brigade's efforts to improve H&S are positive experiences which have contributed to the process of culture change which was needed.
- Her Majesty's Fire Service Inspectorate, part of ODPM, consider that HSE's national involvement with the fire service has been very positive in improving health and safety performance and the effectiveness and efficiency of the service."