

Health and Safety Executive Board Paper

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HEALTH AND SAFETY EXECUTIVE

The HSE Board

Development Of a Workforce Strategy For HSE

**'Ensuring the right people are in the right place, with the right skills at the right time
to deliver our mission'**

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Issue

1. To agree the scope of a Workforce Strategy (henceforth called the "Strategy") for HSE. The Strategy will set out the kind of workforce HSE needs in the medium to long term to deliver its business objectives.

Timing

2. Routine. The production of a Strategy is a key priority for Personnel Division for 2003/04; and an important aspect of managing HSE's Business Risk. Approval of the proposals in this paper is required to enable the necessary development work to start.

Recommendation

3. The Board is invited to:

- i) Agree that the Workforce Strategy should adopt the 2010 timeframe set for HSE's Business Strategy for the reasons set out in paragraph 7.
- ii) Agree the main building blocks for the Strategy set out in paragraph 9 and annex A.
- iii) Comment on the initial list of issues and questions the Strategy will seek to address: paragraph 10 and annex B;
- iv) Comment on the suggestion that the Board discuss issues raised by the Strategy at a future awayday: paragraph 12.

Background

4. The development of a Workforce Strategy is essential if we are to meet the commitment in the New Manifesto that HSE 'will exemplify public sector best practice in managing our resources'. It is also a requirement of Government, who regard a more strategic approach to workforce planning as essential in the drive to deliver improved public services.

5. Personnel Division have been charged with preparing the Strategy on behalf of the HSE Board, along with appropriate plans for ensuring that the objectives set out in the Strategy are met. The challenge is to have the initial Strategy in place by the end of this financial year.

6. Brian Etheridge's Commission paper (HSC/03/76) and recent presentation to the Board stimulated discussion on emerging strategic issues. Annex D and appendix 1 of this paper describe how the Workforce Strategy's development and implementation will be synchronised with the timeline for launch of the Business Strategy. The preliminary work on the Workforce Strategy will be sufficiently broad-brush and flexible to accommodate confirmation of our medium-longer term business goals once they are finalised later this year.

Argument

7. The 'Strategy' will describe the workforce characteristics required to meet HSE's business goals in the short, medium and long term. It follows from this that the Workforce Strategy cannot be completed until the business strategy is in place. The time horizon covered by the Strategy also depends on the period for which HSE has clear business statements. In firming up the Business Strategy, SID is currently basing its projections on the period up to 2010 to reflect the 'Revitalising' agenda. **It is therefore recommended that the Workforce Strategy covers the same period.**

8. Although the Strategy will take its lead from the business strategy, in reality the relationship between the two is likely to be more complex than this simple statement of dependency implies. It may be, for example, that factors relating to HSE's ability to compete in certain labour markets, or the time it takes to develop certain skills in the workforce will influence the timing if not the content of some of our strategic ambitions. Similarly, we will need to ensure there is alignment with strategies in other areas, such as those for IT and the HSE estate. All of these factors imply that the development and maintenance of Strategy will need to be done very much in partnership with SID, Directorates and colleagues in RPD. It also suggests that we need to think in new ways about how we forge the kind of relationships that can deliver this degree of co-ordinated effort. The Corporate Support Review will be a very important influence on this.

9. The scope of the Strategy as we currently see it, is set out in Annex A, while Annex B shows the range of issues we are likely to have to address. In keeping with best practice, our thinking has been to keep the Strategy simple and to confine it to what we see as the minimum essential building blocks. We have taken this approach in the expectation that overtime, the Strategy is likely to grow in detail and sophistication as new issues and challenges emerge and as our strategic workforce planning capabilities mature.

10. There is no doubt that the development of the Strategy will involve confronting some challenging questions. Consideration of the size and shape of the workforce, for example, is likely to raise issues about the risks associated with certain levels of turnover. Difficult judgements may well arise about where the balance should lie between the desire to retain existing staff and to ensure there is a flow of new blood - and new skills and perspectives - into the organisation. The outcome of such a debate could have implications for how we position a broad range of our HR policies.

11. Similarly there will be decisions to be made about the skills we need to deliver our business. These decisions could be about whether we buy in certain skills or develop them in our staff. They could relate to the need to enhance existing skills or to develop new capabilities, for example, to open up opportunities for new ways of working. As well as what skills, there will be downstream issues of how to make the space for learning and the

degree of prescription the Board may want to place on the acquisition of that learning. There are obvious investment implications here, but also the lead in time between identifying a skill requirement and making that skill available in the workforce can be considerable and will require careful planning.

12. It is crucial we engage the Board on these issues, not least to ensure that the Strategy really does compliment and support the future direction of HSE's business. **We suggest one way of doing this would be to make the Strategy the subject of a future awayday.**

13. **For information, a draft Implementation Plan to facilitate development of the 'Strategy' is attached as Annex C:** It sets out the main actions and milestones against which implementation will be measured; it also highlights associated risks and control measures. The aim is to return to the Board in March 2004, following consultation with d/ds, with detailed proposals for approval. A formal mid-project update will be provided to the Board as a below the line paper to their December meeting.

Consultation

14. SID, PEFD and FPU have commented on aspects of this paper and a draft was copied to OPD. The commitment to engage d/ds in the development phase (and beyond) will ensure full consultation is undertaken before return to the Board with detailed proposals and priorities for action.

Presentation

15. Cabinet Office (and DWP) will wish to be updated on progress with implementation of our 'Strategy' and Workforce Plan. PD will manage the interface. On return to the Board, in March next year, recommendations will include communication arrangements to HSE's staff.

Costs and Benefits

16. A summary of the costs and benefits will be provided in the detailed submission to the Board in March.

Financial/Resource Implications for HSE

17. The PD-based resource to develop and deliver the Strategy is estimated at 1 staff year. PD will need to absorb subsequent responsibility for care & maintenance within current resource levels. A small amount of work may need to be grafted on to current planning undertaken by d/ds to strengthen the workforce planning function.

Environmental Implications

18. None

Other Implications

19. SID's work on HSE's Business Strategy and FPU's oversight of the BRM will have implications for this project; as will the proposals for Career Development in HSE, OPD's Resource Allocation Project and CoSAS's work on S & T specialists.

Action

20. Once the Board has approved the proposals in this paper, PD will produce a Project Brief and a plan for the consultation work to begin with d/ds, the methodologies that the project will employ and expected outcomes. The diagnostic/consultation phase is

scheduled to begin later this month at which point opening contact will be made with respective d/ds.

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