

**Health and Safety Executive Senior Management Team Paper** **SMT/09/101**

<b>Meeting date:</b>	7 October 2009	<b>FOI status:</b>	Open
<b>Type of Paper:</b>	Above the line	<b>Trim Reference:</b>	2009/385558
<b>Exemptions:</b>	None		

**DELIVERY OF THE STRATEGY**

**A paper by Teresa Quinn**  
**Advisor(s): Rachael Radway, SAT Chair/Champions**

**Cleared by Kevin Myers**

**Issues**

1. To agree the HSE Board paper (attached) on what HSE is doing to deliver the strategy and to seek its agreement to the proposed process for preparing and publishing the 2010/11 Business Plan.
2. To seek the SMT's view on whether the new proposals being developed by the SATs demonstrate that HSE is responding effectively to these strategy goals (see annex 1).

**Timing**

3. The HSE Chair, Judith Hackitt, has asked to discuss the Board paper at the October Board meeting.

**Recommendation**

4. The Senior Management Team is asked to:
  - i. Agree the attached draft paper for submission to the Board subject to any additional activities/proposals that SMT members think should be added.
  - ii. Note that the proposed process and timeline for publishing the 2010/11 will be discussed at the SCS event on 8 October and so the timelines may change.
  - iii. Discuss whether, taken together, the new proposals set out in the attached annex demonstrate that HSE is responding effectively to delivery of the strategy.

**Background**

5. The Board paper was requested by Judith Hackitt, HSE Chair, partly in response to a concern that the work to follow up the pledge was being taken forward in isolation from the broader strategy work. This paper shows how this work is being taken forward in the context of the wider strategy work.
6. We have also taken this opportunity to:
  - update the Board on progress on delivery of the strategy;

- propose a more structured approach to future Board discussions on the strategy themes; and
- set out our proposed process and timeline for publishing the 2010/11 business plan.

**Consultation**

7. Consultation has taken place with PFPD and SAT Chairs/Champions.

## Customising support for SMEs

### Introduction

1. The new Health and Safety strategy goal reflects the difficulties SMEs experience in accessing, understanding and implementing guidance on proportionate health and safety management. Reaching and influencing this audience is a considerable challenge given the large number of SMEs (~ 5 million) and their diverse attitude and approach to seeking help.

### Main initiatives

2. Developing an environment over the next 5 years where SMEs are enabled and empowered to better manage their h & s is the key objective. A range of work across HSE and LAs to influence SMEs is already in hand for 2009/10, and the SAT has developed a prioritisation framework to establish a more coordinated and longer term approach. On this basis the following 4 priorities have been identified to be taken forward :

a) **Production of fit for purpose information and guidance, badged specifically for SMEs and presented in an accessible format through relevant channels.**

Aimed principally at the low-medium risk businesses this guidance will become the definitive advice for SMEs. Describing the ‘what’ and ‘how’ of complying with duties it will be market tested with customers and stakeholders, including relevant employee representatives, and be clearly identifiable (branded). This phase will be complete by March 2010. A concerted campaign with all delivery agents, including LAs, intermediaries and government websites to make this resource accessible will be developed and rolled-out during 2010-2012. An innovative approach to channel selection, including using modern media will also be employed, e.g. using ‘Hero’ brands to deliver messages and novel digital approaches to marketing such as BT’s **tradespace** and the London Business Network’s Olympic website – **competefor**.

b) **Production of SME-friendly sector specific guidance for key HSE and LA enforced “at risk” sectors.** This work will build upon the review of general guidance (above) and employ the same approach to developing clearly identifiable, definitive advice and effective delivery. The work will focus on two industries within the Manufacturing sector in the first instance, to gain an appreciation of the scale and resource required and will be complete by end 2010/11. Future plans for transforming sector guidance will then be developed.

c) **Specific mechanisms to engage SMEs by face-to-face intervention.** Key “at risk” sectors identified by the prioritisation framework will continue to be targeted for resource intensive face-to-face interventions by HSE and LAs and stakeholders to improve competence and confidence. Improved stakeholder mapping and segmenting tools will enable even better targeting and joined up working.

d) **Targeted enforcement based engagement with rogues elements in key “at risk” sectors.** For this subset of SMEs enforcement will be the default intervention. Work is underway to build on existing initiatives and explore joined up approaches with other regulators based on shared data for those displaying unacceptable behaviour.

## **Resources**

3. The direct costs so far in pursuing the Strategy goal have been met from existing resources. Across HSE there are a range of current and planned initiatives that will be delivered within HSE's existing budget allocations for the 2009/10 and 2010/11 work years. An additional 1 x FTE Communications Project Manager post to develop and deliver the engagement campaign with delivery agents (workstream (a)) will be funded from the Communications Directorate's budget for the 2010/11 work year with potential funding for 2011/12. As further initiatives are identified and more detailed plans are developed, the appropriate mechanisms for obtaining any additional funding (if required) over and above indicative allocations will be followed.

## The need for Strong Leadership

### Introduction

1. A goal of the strategy is *to encourage strong leadership in championing the importance of, and a common-sense approach to, health and safety in the workplace; and to focus on the core aims of health and safety*. In June 2009 the Board was informed of HSE's early response to the strategy.

### Main initiatives

2. Following the Board's steer, further development work has led to a clear package of work emerging for 2010/11 that comprises:

**a. Strategic Co-ordinators** (previously called national account managers). There is already a wide range of senior strategic relationships with large organisations. HSE will however build a modest but worthwhile increase in this portfolio, with a particular focus on the leadership objective of the strategy. The new relationships will be a mix of those with potential strategy/partnership benefits, and those aimed at health and safety performance improvement. The list of those who made the strategy pledge will provide a useful quarry for these new relationships. We are aiming to establish a "cohort" of senior staff, including those with existing relationships, to help shape the initiative and to share experiences. This initial cohort will number around 20-25.

**b. Tailored approaches to industry sectors** with the aim of enabling the industry leaders to take the initiative to improve health and safety performance. Work is ongoing in a number of sectors to plan initiatives for 2010/11. The board asked that we prioritise the public sector and, in particular, local authorities and their leadership role across all facets of business – ie as co-regulators, employers, commissioners of services and clients for infrastructure/construction work. We have begun work on how best to take this forward and will come back to the Board.

**c. Put the assessment of leadership and effective management of both health and safety at the heart of inspection** by end of 2010/11. HSE Inspectors and LA officers already use a range of techniques to influence Directors. We will ensure that there is a coherent support package for inspectors that draws together existing practices, with any necessary benchmarks, enhanced guidance, training and mentoring to provide confidence that current best practice is applied consistently. The initial view is that there is the existing support may need some reinforcing, FOD will run a workshop to confirm this and identify any gaps that may need to be addressed

3. All of the above work will be supported by a **package of research and work with partners to build on *Leading Health and Safety at Work* guidance, to better define and communicate what effective leadership behaviours** for both health and safety look like in practice (eg producing examples of best practice). This will allow us and our partners to develop further tools to help equip leaders to deliver the strategy, and inspectors and others to assess organisations' H&S leadership capabilities (and will also be underpinned by work on revision of HSG65 – see Competence Annex).

## Resources

- a. Strategic Co-ordinators –20-25 organisations @ ~£3 - 10k per organisation per year = £143k per year.
- b. Sector work – further costing work required.
- c. Inspection –Plan is to deliver briefings by using existing cascade meeting time. New guidance ~ £15k. Further resource may be required (not yet costed) if FOD gap analysis indicates further support/training is needed. Resource to deliver any support required by LAs not yet costed.
- d. Additional – research budget ~£20k (this is an initial figure and is a very early estimate). Partnership and communications work ~£50k.

The Directorate leading on developing the proposal will consider funding for work being taken forward into 2010/11.

## **Involving the workforce**

### **Introduction**

1. HSE's strategic goal on worker involvement reflects the evidence that effective consultation is associated with lower levels of injury. HSE is working with Local Authorities and other stakeholders to reinforce and promote this area.

### **Main initiatives**

2. HSE Divisions and Directorates have considered how they can reinforce and promote worker involvement and the Leadership & Worker Involvement Strategic Action Team (L&WISAT) has been instrumental in coordinating the following activity (divided into three categories):

I. **Specific interventions.** Delivery of these is dispersed across HSE with information sharing and any necessary coordination through the L&WISAT. These interventions include sector specific campaigns (e.g. construction and dermatitis risks in hairdressing); risk specific initiatives and geographically centred initiatives (e.g. East and South East's Estates Excellence project aimed at improving standards in targeted industrial estates).

II. **Inspection and enforcement.** Increasing awareness of the power of involvement as a means to improve health and safety with FOD inspectors and, wherever relevant, making it a component of every preventative contact.. In addition this will be supported by an updated worker involvement inspection topic pack including a fresh look at ways of enforcing worker involvement.

III. **Communication activity.** This will include new and revised guidance aimed at specific audience groups, such as offshore guidance to improve the extent and quality of worker involvement and to promote a positive workforce safety culture.

3. **Worker involvement training initiatives.** The Board paper in April (HSE/09/43) proposed an initiative comprising a communications campaign; subsidised basic safety representative course; follow on support for new representatives and joint training for safety representatives and first line managers. Training elements include "soft" people skills development as a key component. Pilots to trial the new training courses in construction and manufacturing sectors are running throughout Autumn 2009 with current tendering activity leading to a January 2010 launch of the full package of work.

### **Resources**

4. In relation to the training initiatives, HSE staff costs in PG, CD, CSAG and PEFD for the two year duration are estimated at £674k. A further £4m has been allocated to the delivery of the training initiatives and supporting communications. Further costing work is required regarding resource implications for the wider HSE initiatives planned for 2010/11. The cost of these will depend on the results of early evaluation of pilots.

## Building Competence

### Introduction

1. A goal of the strategy is *to encourage an increase in competence, which will enable greater ownership and profiling of risk, thereby promoting sensible and proportionate risk management*. This is potentially a huge area of work encompassing competence of the regulators (HSE and LAs), competence for H&S management and basic understanding of risk as a life skill. It also cuts across all of the themes of the strategy.

### Main initiatives

2. At this stage, we have concluded that three areas should be the focus for further efforts:

- a) **Competence of the regulators to deliver the strategy:** We will review whether the existing skills across HSE properly equip us to effectively tackle the strategy themes and to assist LAs (as appropriate) to do the same.
- b) **Competent advice for employers:** There is common agreement that many employers (particularly small firms) feel confused about H&S law and that advice they receive does not necessarily help them. We are commissioning **research** to provide insight to inform the following work (initial results in spring 2010).
  - i) FOD will develop a **competent advice toolkit** to define the issues, provide benchmark standards for inspection and enforcement expectations.
  - ii) C-CID is **facilitating work by the professional bodies to carry out a feasibility study for an accreditation scheme for H&S professionals**.
- c) **Competent management for health and safety:**
  - i) The **managing for H&S project** will focus on refreshing and reinvigorating the regulator's position on managing for H&S. It is expected to deliver a package of work, including a statement of the core elements for managing for H&S and a refreshed and 'reduced' Successful H&S Management (HSG65).
  - ii) The competence of employers, managers, supervisors and employees (especially representatives) to play their part in the management of H&S is a key aspect of all policy development, guidance and enforcement across HSE and LAs. We need to **further consider whether there is an opportunity to improve the impact of work on the competence of individuals** eg by making links between work within HSE, with LAs and with others who can influence.

3. We will seek to bring greater clarity and activity to these areas, including consideration of communications. When these are better defined we will return to the Board for your fuller consideration.

### Resources

4. Many areas are not sufficiently developed to provide estimates for resources but we can be specific on the following:
- a) Competent Advice Research – In 09/10 – 1<sup>st</sup> stage £10k, then 2<sup>nd</sup> stage £40k, if required.
  - b) Competent advice toolkit - ~£15k staff + small communications costs (assuming it is delivered by the intranet/GRIP)
  - c) Accreditation scheme – In 09/10 we have committed £20k staff + £48k feasibility study [further costs will depend on the decision about how this might be taken forward following the results of the study]
  - d) Managing for H&S project - £213k staff + £85k research.

## Creating healthier workplaces

### Introduction

1. The Healthier Workplaces SAT (H-SAT), in its current form, has met a number of times either in 'full' or 'partial' session since April. The bulk of activity in recent months has centred on the need to agree a common strategic approach to work related ill health across HSE in the first instance, with the intention of bringing in LA membership to the SAT as soon as possible, under the 'healthier workplaces' strategic theme.

2. By its very nature, the healthier workplaces theme is intrinsically linked to, and dependent upon, the approach taken to a number of other strategic themes, in particular worker involvement, leadership and competence. As such, the immediate challenge faced by H-SAT has been in establishing, based on collective experience from a range of past and currently ongoing initiatives, a shared understanding of the factors that affect behaviour change in the context of work-related ill health, incorporating relevant strategic themes as well as communications, enforcement activity and partnership working. The next challenge will be to identify ideas for further initiatives and for the areas to be targeted under the healthier workplaces aim, making use of a 'best mix' intervention approach. It is expected that proposals will be brought to the Board in November.

### Main ideas/initiatives

3. To date, H-SAT has concentrated effort on defining at a lower level the 'problem to be addressed' in the context of 'healthier workplaces', as well as the approach to be taken following agreement on the future priority risk areas. Notwithstanding this, H-SAT has also considered the following issues:-

- **Development of intervention design Framework**
  - Development of an agreed intervention design framework is nearing completion, with the intention of embedding a common approach across the HSE health community in designing and delivering interventions under 'healthier workplaces'
- **'Action Learning' session relating to provision of medical capability within HSE**
  - H-SAT members were invited to participate in an 'action learning' event to assist in defining the HSE present and future need for medical resources and how such resource may be secured.
- **Discussion of 'think piece' on 'Duty of employers to ensure that diagnoses are obtained in health surveillance programmes'**
  - H-SAT agreed that research was needed to understand why many health surveillance systems appear 'not fit for purpose'.
- **Knowledge Management**
  - A 'health stocktake' was commissioned by the HSE 'health community' (pre-SAT) which sought information relating to 'health initiatives' from all areas of HSE. H-SAT will be considering the next steps on the use and future maintenance of this information store.

### Resources

4. Resource implications are likely to be discussed in the context of specific proposals for new workstreams. Preliminary proposals are expected to be presented to the Board in November.

## AVOIDING CATASTROPHE

### Major hazard industries

1. The Nuclear (ND) and Hazardous Installations (HID) Directorates will continue to deliver their statutory permissioning regimes and significant regulatory programmes aimed at preventing major accidents and minimising their consequences in major hazard (MH) industries, including the provision of advice to Local Authorities on developments in the vicinity of MH installations.
2. ND and HID's strategies will continue to focus effort on the key challenges facing the industries they regulate including the proposed nuclear new-build programme, de-commissioning, implementation of the Buncefield recommendations, ageing plant, ensuring the competence of the workforce, and emerging energy technologies. Process safety leadership across MH industries and the drive to increase the use of leading and lagging key performance indicators will also feature large as well as contributing to the HSE Strategy Leadership Goal.
3. ND and HID will also continue their programmes of organisational and process change and improvement in the light of the above environment, eg. the creation of the Nuclear Statutory Corporation and in HID, COMAH Remodelling.

### Maximising impact across MH regimes

4. The Directorates programmes will also include initiatives involving continued and more closer working where there are opportunities to learn from their respective permissioning regimes and industry sectors with a view to developing methodologies, standards and regulatory approaches aimed at maximising impact, efficiency and effectiveness across the MH regimes. This will also involve engagement with other MH regulators eg. ORR, CAA.

### A more coherent approach to MHs across industry sectors

5. There is also significant scope for sharing MH approaches and developing a more coherent approach to avoiding catastrophe in all industry sectors. This complements and broadens the approach adopted in response to ICL with respect to LPG hazards, and in some instances builds on work being progressed under ICL Response Programme. Looking ahead, Emerging Energy Technologies (eg. hydrogen fuels and CCS) may also be deployed initially in the FOD and LA enforced sectors.

### New initiatives

6. Three workstreams have so far been identified that can be taken forward quickly and have the potential to improve awareness of and the management and control of catastrophic potential in non-MH industries (HSE and LA enforced). They are:
  - A scoping study to identify the scale and nature of major accident potential in industries not subject to MH regimes to provide a key part of the evidence base to inform future regulatory and stakeholder engagement strategies, and HSE capability needs.
  - Building on existing work and developing the thinking on the features and regulatory benefit of permissioning regimes, and to develop tools and techniques for duty holders in non-MH industries to better identify, assesses

and manage catastrophic potential, and for regulators to judge proportionate intervention strategies.

- Creation of a 'storyboard' of lessons learned from past incidents with a view to encouraging the sharing of learning from major incidents across non-MH industry sectors.

### **Resource**

7. The resource required to deliver this initial phase of work is currently being determined. Early proposals/estimates are as follows:

- Catastrophic potential scoping work: OPSTD STSU lead with support from others in OPSTD, HID CID and SID and CSAG. Small FOD resource (c. 5 staff-days) in peer reviewing initial data capture.
- Lessons from permissioning regimes: HID and ND lead. Delivered through existing operational strategy capabilities with input from STSU. Some HSL input on evaluation/benefits realisation
- Story-board of incidents: Potentially delivered by way of an extension to work recently proposed for FOD by the HSL Knowledge Management Team and funded by CSA

Health and Safety Executive Board		Paper No: HSE/09/	
Meeting Date:	21 October 2009	FOI Status:	Open
Type of paper:	For discussion	Exemptions:	None
Trim reference:	2009/385565		
<b>DELIVERY OF THE STRATEGY</b>			

### **Purpose of the paper**

1. To update the Board on what HSE is doing to deliver the strategy and to set out the process for publishing the 2010/11 business plan by 1 April 2010.

### **Background**

2. HSE published its strategy, 'The Health and Safety of Great Britain\ be part of the solution', on 3 June 2009. Later that month, HSE published its business plan which set out what it is doing to deliver the strategy during 2009/10. The 2009/10 plan emphasises that this year is only the beginning of implementation of the strategy. The SMT decided that it did not want to set up an alternative management structure for delivering the strategy and that it will be delivered through the business.
3. However, it was agreed that for certain strategy themes a new cross-HSE construct was needed. Strategy Action Teams (SATs) were established as one mechanism to help us respond cohesively and effectively on certain strategy goals in the medium term (Leadership and Involving the Workforce; Competence; Avoiding Catastrophe; Healthier Workplaces; and SMEs).
4. Additional resource was provided to fund specific projects to deliver the strategy goals. Much of this work is not captured in the business plan.

### **Argument**

#### ***Progress on delivery***

5. The Board already receives a high-level progress report through the quarterly performance process which should provide assurance on delivery against 2009/10 business plan. We are also using this process to monitor progress on the strategy-specific projects that are not in the plan.
6. The Board also receives papers on work that is being developed through the business on ongoing activities or on new proposals from SATs, for example (eg HSE/09/58 on leadership at the June meeting).
7. The SATs are intended to play a key role in promoting implementation of the goals through the business as captured in the business plan. They are doing this initially through review of current evidence, workstreams and initiatives, and then by providing a focus for the discussion of new ideas and the coordination of relevant work. The work of the SATs appears to be progressing well but some are more advanced in their work than others. Each SAT is expected to identify new costed and timebound work to be undertaken in the period 2009 to 2011.
8. The Board has previously indicated that it would like to consider and influence the development of new ideas prior to receiving a final draft business plan. We propose to bring papers reporting on HSE's overall activities under strategic themes to the Board between now and the end of the current work year, for example:

Healthier Workplaces and SMEs – November; Competency – December; Worker Involvement – January; Leadership – February; and Avoiding Catastrophe - March. Each paper could identify overlaps/interactions with other strategy goals. This approach will allow you to:

- consider collectively HSE's activities under the strategic theme;
- see the overlaps/interactions with the other strategy goals;
- seek assurance that LAs are appropriately involved; and
- be assured that these activities are working towards delivering the strategic theme.

9. This, of course, does not preclude the need for Board-level discussions where an urgent steer is needed on a specific initiative.

10. As well as the work of the SATs, key strategy delivery areas are built into existing work, for example 'securing justice' which is fundamental to the work of FOD, HID and ND. Similarly, reclaiming the rightful place for the 'brand' of health and safety is being taken forward through media strategy, the proposed replacement for the 'sensible risk' work and 'myth of the month'.

### ***Pledge partners and large organisations***

11. As part of the launch of the strategy, HSE invited others to play a part in improving health and safety by signing a 'pledge'. Since then, around 1,000 organisations have signed. The initial purpose of this initiative was to get organisations/businesses to express support for the new Strategy and a commitment to 'be part of the solution'. However, it is clear that given such a high level of support we should seek to work with these bodies/organisations to capture what they are doing and so reinforce the Strategy message about delivery by all. We certainly do not want to lose this initial enthusiasm and so we have been considering what we need to do to build on it. We are planning to publish a 'one year on' report in mid 2010 to show how the health and safety system has responded to our lead. We are proposing a three-phase approach:

- e-postcard to all pledgers – to thank them for taking the pledge; say what HSE will do and reinforce the part they can now play in delivering the strategy.
- set up an internet community site for the pledgers, hosted by HSE– they will be invited to share their experiences of what they have done to improve H&S under the strategy goals and it will contain links to delivery plans of others. We are developing new case studies for the launch of the site but ultimately the entries will be the responsibility of the submitting organisation. We are also looking to develop sample/model delivery plans to help organisations develop their own.
- segmenting the pledgers to differentiate their status, potential leverage, existing engagement with HSE etc. This will help HSE consider how it can maintain and/or develop its relationship with the different groups as appropriate. For example, we already have well developed stakeholder relationships with some, such as EEF, IOSH, but this Strategy and pledge provides an opportunity to refocus and refresh these. Other pledgers may be suitable candidates for a 'Strategic Coordinator' relationship (see para 13). In addition, HSE's sectors are considering whether and how any targeted engagement with selected organisations can help deliver sector business plans.

12. Around half of the pledgers are LA enforced and so we need to work with LACORS to consider how the LAs can benefit by targeted engagement along the lines envisaged by HSE.

13. HSE is looking at developing our high-level strategic relationships with large organisations as part of the leadership strand of the strategy. This largely builds on the lessons of LOPP and the other significant work we are doing with large organisations. We are seeking senior staff in HSE as volunteers to take on new relationships with large organisations. They will be known as Strategic Coordinators. In discussing leadership issues, they will raise, as appropriate, other strategic themes such as competence, worker involvement and ensuring healthy workplaces.

### ***Planning process for delivery of 2010/11 business plan***

14. HSE aims to publish the 2010/11 business plan on 1 April 2010<sup>1</sup>. The process for producing the business plan is:

- SCS Leadership event in October – to share work of SATs; to consider what it means for the business; and agree timeline for preparation of the plan;
- Individual Directorates' draft plans prepared by end November. These plans will set out the Directorates' commitment to activities that will deliver the strategy goals. The detail will be reflected later in the published Directorate business plans.
- Directorate draft business plans are consolidated to form the basis of the HSE draft business plan in December.
- SMT will review robustness of plan in January and agree a final draft prior to going to the Board in February 2010.
- Ministerial clearance – 3 March 2010
- Publication of business plan – 1 April 2010.

### **Action**

15. The Board is invited to:

- note how HSE is reporting on progress on delivery of the 2009/10 business plan (paras 5&6);
- consider the proposal for more structured reporting on delivering the strategy goals (para 8);
- note [or agree] the three-stage approach to the 'pledgers' (para 11); and
- agree the proposed process for delivery of 2010/11 business plan (para 14).

### **Paper clearance**

16. The paper was cleared by Kevin Myers and the SMT discussed and cleared the paper at its meeting on 7 October.

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<sup>1</sup> This plan will be separate from those being developed by LAs.

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