

## Health and Safety Executive Board Paper

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### HEALTH AND SAFETY EXECUTIVE

#### The HSE Board

#### Human Factors Corporate Topic Group

#### A Paper by Brian Fullam

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**Cleared by Paul Davies on 23 December 2003**

#### Issue

1. Proposed formation of a Human Factors Corporate Topic Group in HSE.

#### Timing

2. Discussion and clearance at this Board.

#### Recommendation

3. The Board agrees to:
  - a. the formation of a Human Factors/Ergonomics CTG;
  - b. the CTG being structured in accordance with option A, and gives a steer on its location;
  - c. the existing centre of expertise in BWED working on MSD and Stress, taking on a separate but linked CTG role with additional resource if necessary;
  - d. the provision of additional HF resource to
    - i. make good the loss of resource to the CTG;
    - ii. to provide additional resource for FOD and RI.

#### Background

4. A project was undertaken to review the need for a Human Factors Corporate Topic Group. (The full report is at Annex A and paragraph 35 sets out the main functions of a CTG.) In carrying out the study the project team interviewed or otherwise consulted at least half the HSE human factors/ergonomics community and a number of external stakeholders. The review found that:
  - a. existing HF groups are almost entirely focussed on the needs of the sectors with which they are located;
  - b. the only group with a corporate role was the team in BWED dealing with Stress and MSD, which already acts as a relatively narrowly focussed CTG;
  - c. no one person or group has a view of corporate needs in this topic and there is no leadership at a corporate level;
  - d. HF competence is not being effectively provided to frontline staff with the result that often HF issues are not being addressed in inspections and other regulatory interventions;
  - e. there was general agreement that better leadership in the topic was needed but no agreement as to the form that leadership should take.
  
5. Additionally, several other issues were identified that were not directly connected with the question of a possible CTG for human factors, but were, nevertheless, very important. These were:
  - a. the need for additional human factors resources across HSE, the most pressing need being in FOD to enable the delivery of PSA targets associated with priority programmes;
  - b. the lack of professional development plans or competency frameworks for the specialism;
  - c. no recognised routes for registration or chartership with relevant professional institutions;
  - d. problems in recruitment of suitably qualified individuals, often related to © above and higher external salaries;
  - e. the lack of training in human factors for non-specialist staff.

## **Argument**

6. The lack of leadership within this fast developing field was seen as a major weakness by many within the HF community in HSE and by external stakeholders. It is preventing a coordinated approach being taken to resourcing, the development of standards applicable across a number of sectors, and the development of training material for regulatory inspectors and other frontline staff to raise their understanding of the topic.
  
7. The review team identified a number of criteria that must be met by any arrangements for delivering HSE's strategic programme needs. These were:
  - a. strong leadership. The head of the CTG needs to be able to think and plan strategically, communicate a compelling view of the future and get the best

from people for whom s/he is not the line manager. This suggests someone at Band 1 level;

- b. the arrangements should be capable of efficiently addressing the issues listed in paragraphs 4 and 5;
- c. the level of human factors support to key delivery areas within the Strategic programmes, such as the Stress and MSDs priority programmes where the BWED group should continue to function as a focussed CTG, should be maintained or enhanced;
- d. arrangements need to be flexible in approach to better support the emerging strategic programmes and to meet the challenges of a changing workplace;
- e. the views of staff in the HF community need to be taken into account;

8. There was a consensus amongst those consulted that a well led CTG was capable of providing the leadership and direction required within the topic. A number of possible CTG structures were considered (Annex A – paragraph 37):

- a. Option A - a small, centrally located group of 2-3 staff, developing some corporate standards and training material for frontline staff, but also drawing on the wider community to develop material in areas where they have a particular expertise. This group could be located in an operational directorate, Policy Group or CoSAS;
- b. Option B - a virtual CTG, composed of a single person acting as the head of discipline and the CTG, using communities of practice and interest to identify what corporate standards, training etc. are needed and allocating all the projects to deliver this work to directorate groups;
- c. Option C - a large central group containing all the human factors specialists in HSE’s directorates (but not those in HSL), providing support to the operational directorates from a single point.
- d. Option D - making one of the existing groups the CTG;
- e. Option E - distributing the CTG functions around the existing teams, but with no single lead.

All options acknowledged that **carrying out the CTG functions would require additional resources** which could best be provided by existing HF-specialists. Initially these additional resources (new staff plus contributions from existing HF specialists in operating directorates) should be about 5-6 full time equivalents reducing to 2-3 full time equivalents after 2 or 3 years.

9. As the table below demonstrates, Option A is best able to meet the criteria in paragraph 7. All the Options would impact on front line delivery through the loss of experienced staff either transferred to the CTG or contributing part of their time to CTG work. Using expertise from HSL and/or a secondment from academia would help minimise this impact. Technically expert secondees would both reduce the need for an expert Band 1 and reduce the demands on sector groups. However securing experienced secondees may be challenging as they are in short supply and in high demand from the new regulators (eg RAIB and CHAI).

Option/Criterion	a	b	c	d
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A	Met	Met	Met	Met
B	Partially met	Met	Met	Met
C	Met	Not met	Not met	Not met
D	Met	Met	Not met	Not met
E	Not met	Met	Met	Met

10. Both FOD and RI have very little HF resource. FOD has a single Band 3 ergonomist. RI also has one person, a Band 2 Work Psychologist, but is due to double its resource with the transfer of a Band 3 from HID. These numbers are inadequate if these directorates are to make headway in the application of human factors to the control of health and safety risks. In accordance with FOD's arrangements for the provision of specialist support through the SGs and to maintain critical mass FOD needs at least 2 specialists for each of its SGs. RI needs are smaller, possibly one more Band 3.
11. The Social Science Unit, the formation of which was agreed by the Executive in early December, will interface but not overlap with the work of the HF CTG. It will lead on the Layer 3 work described in paragraph 3 of Annex A and will draw on the expertise of the CTG and HF community to deliver other parts of the social science agenda.

### **Consultation**

12. The project team has consulted widely amongst the human factors specialists in HSE and external experts. A project board, with senior representatives from all effected directorates, has been consulted. The Heads of D/Ds have also been asked for their views.

### **Presentation**

13. External consultees were keen to have a single point of contact in HSE for human factors questions who could then direct them to the most appropriate contact for the issue.

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

14. Establishing a CTG of 5 full time equivalent posts, a Band 1, two Band 2s and two Band 3s or Band 4s would cost £270k, using ready reckoner figures. Making use of resources from HSL and one or more secondees from outside HSE would transfer some of these costs to the S&I budget. The new posts in FOD and RI carry a cost of £420k. Some of these costs could be offset by natural wastage in other disciplines, but it is unlikely that all the costs could be met in this way in one year. Over a longer period costs could be fully met by the transfer of posts as, over the next five years, about 300 science and engineering specialists are expected to retire.

## **Environmental Implications**

15. Not applicable.

## **Other Implications**

16. Priority programme managers indicate that human factors skills (behavioural, ergonomic, management, etc), either to understanding or improve compliance, are key to delivering the revitalising targets. The S&T resources project is aligned with this work.

## **Action**

17. The Board is invited to consider the review findings and agree the recommendations made.