

| Health and Safety Executive Board Paper |                         | HSE/05/61       |      |
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## HEALTH AND SAFETY EXECUTIVE

### The HSE Board

#### SCS LEADERSHIP MEETING - FOLLOW-UP AND FOLLOW THROUGH

A Paper by Justin McCracken  
Advisor: Peter Buckley

Cleared by Justin McCracken on Tuesday 25 October 2005

#### Issue

1. Follow up and follow through of key outcomes from October's SCS Leadership Meeting.

#### Recommendations

2. The Board is asked to agree to:
  - a. Continuing to invite "outsiders" to these events, when relevant – paragraph 4;
  - b. Asking Jonathan Rees and his team to take forward the specific action points on our Health agenda – paragraph 8;
  - c. Setting an example on the action points on personal delivery and accountability – paragraph 10;
  - d. Establishing sub-groups of the board to aid more effective delivery – paragraph 12;
  - e. Setting up a sub group on better delivery of change and on our vision for HSE in five years time – paragraphs 14 - 16;
  - f. The proposals on communications – paragraph 17;
  - g. The next SCS Leadership Event taking place towards the end of January – paragraph 18; and
  - h. Which of the two alternatives on recording progress with the action points they prefer – paragraph 20.

#### Feedback

3. The analysis of the feedback from the SCS Leadership Event in Cardiff is very positive. We succeeded in generating a clear sense of purpose, got shared commitment to the process and to the outcomes agreed around the themes of Health, Disciplined Delivery and Making Connections. Annex 1 is the summary of the action points agreed at the meeting. There are some detailed learning points that can be fed into future events. Thanks though must go to the small group of people who organised this successful event – Vivienne, Giles, Mike, Kevin, Peter Brown and David Snowball.
4. Sir Jon Shortridge went down extremely well – the Board should formally thank Terry Rose for arranging for Sir Jon to attend and, with Jonathan, for briefing him so well on

what he might say. We should build on this success (and that of the Edinburgh event) and invite an “outsider” to make an input to future events, when relevant.

5. Just as important, the physical environment of a comfortable but not luxurious hotel with good conference facilities also was commended and we should learn from this too for future events.

## **Argument**

6. We need to follow up, and follow through, on what was agreed at Cardiff which was explicitly about changing HSE into a better instrument to deliver the Commission’s strategy.

## **Health**

7. A lot has happened on health over the last couple of weeks. The “Health, Work and Well Being – Caring for our future” strategy was jointly launched by DWP, DH and the Chair on Wednesday 19 October – this included a progress report on Workplace Health Connect, although its formal launch will not take place until February. A global message was sent out on the day to alert HSE staff to the announcement which was followed up in e-express the following Monday. Our standing with our Minister has been enhanced.
8. Having won the prize of a strategic joint statement in a key business delivery area for HSE, we need to build on this momentum and specifically to ask Jonathan Rees and his team to:
  - a. Promote a better shared understanding of our overall Health Agenda (Action Point 1 under the Health Agenda heading in Annex 1) by producing a briefing pack (to educate and to win hearts and minds) so the board and the SCS can act as ambassadors both internally and externally on what we are trying to achieve and on what sort of timescales;
  - b. Use the February launch of Workplace Health Connect as another opportunity to get our key health messages across to our staff and in particular what each bit of the organisation is doing to contribute;
  - c. Liaise with Personnel to ensure that the development of the Workforce Strategy includes a review of the skills and expertise we need across HSE to deliver on our health agenda (link to Action Point 2 under the Health Agenda heading in Annex 1); and
  - d. Act as the focal point on how we can better focus our people and our resources to deliver our health agenda as a part of the SR2007 zero base review.

## **Disciplined delivery**

9. There was some anxiety at the meeting about the term “disciplined delivery”. Have Board Members any feedback on how the term has gone down with staff?
10. On the personal performance deliverables (Action Points 2 – 4 under the Disciplined Delivery heading in Annex 1), we need to set an example at Board level and then drive through to all levels of the organisation the action points of ensuring that:

- a. the individual contributions to the overall business delivery plan are clearly identified in performance agreements, and clear milestones are set; and
- b. within individual Programme delivery, personal accountability is made clearer within the governance of the programmes; and
- c. within programmes in terms of agreement across Directorates and Divisions, that there is engagement at every level, thereby achieving common understanding of what people can expect of each other.

11. Two other issues arose out of the discussions on Disciplined Delivery – the role of the board on delivery and inculcating a “task and finish” culture.
12. The Board has already established sub groups to deal with specific delivery issues – for example on geography. Do Board Members believe it would aid effective delivery if we established further sub-groups (e.g. on Human Resources)? If so, which areas should we recommend to Geoffrey?
13. We need also to examine what role non-executive directors might play both at board level and, if necessary, at sub-group level, following the Commissions’ discussion on corporate governance. I have asked Vic Coleman to prepare and consult on a paper on the role of non-executives, which we should have ready for Geoffrey to consider when he arrives.
14. But we need also to tackle the key issue identified at the previous board meeting of being able to deliver change better and up-skilling our people so they can lead and deliver change better. This would need to encompass our desire to do fewer things better and so would need to examine what we should prioritise, roll-up into bigger programmes or simply stop doing. I, therefore, propose that we set up a sub-group of the board on better delivery of change and, on a task and finish basis, ask it to bring forward specific recommendations to our January meeting. (This would take forward action points 1 and 5 under the heading of Disciplined Delivery in Annex 1). This task needs to build on the work in Steve Dennis and Susan Mackenzie’s Board paper “Change in HSE – getting a grip”.

### **Making connections**

15. The Board discussed at its last meeting the need to articulate clearly to staff what our vision is for the sort of organisation we want the Health and Safety Executive to be in five years time. We also agreed at the Cardiff meeting that we should revisit our values as a part of this process and feed in the results from this years’ staff survey.
16. I propose that we draw together a sub-group from within HSE to do this work on behalf of the Board. This group would need to draw on Peter Buckley’s paper “I want to tell you a story” for RDG. Since the outcome of this work will need to be a clear narrative of what sort of organisation we want to be, I have asked Colin Douglas to lead on this work. On a task and finish basis, we should ask that the work be completed at the latest by the end of February next year. (This would also take forward action point 1 under the heading of Disciplined Delivery and under Making Connections in Annex 1).

## **Communications**

17. Board and SCS members were tasked with communicating clearly to their staff what were the outcomes of the Leadership Meeting. But we also agreed on the need to communicate more effectively as a team (Action Point 3 under the heading of Making Connections in Annex 1), especially on key business risk issues, and chose pay as the first issue for this new approach. Vivienne Dews will lead on this. It is important though that we communicate consistently on pay both in terms of messages and in terms of delivery. It is also crucial that the Board and SCS feedback the views of staff to the pay team so we can judge the “climate” of the negotiations both generally and, should the need arise, on any specific issues.
18. We also concluded that we should have more regular SCS Leadership Meetings (Action Point 2 under the heading Making Connections in Annex 1). Geoffrey’s arrival at the back end of November suggests that an event sometime late in January would be sensible in terms of timing. I will put some suggestions to Geoffrey about format and content but would propose that the same group as for Cardiff take forward the organisation of the next SCS Leadership Meeting.

## **Follow through**

19. In all the work streams identified above it is important that the outcomes from the break out sessions are used to inform and direct the work. These are attached as Annex 2.
20. It is important also that we track progress with the various action points that flowed from this successful event. We can either formulate an action plan from the event and monitor progress through that or we can add the specific action points to the board action points log and monitor progress in that way. Do the board have a preference?

## **Contact**

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## **SCS Leadership Meeting. 12 - 13 October 2005.**

At the leadership meeting, groups discussed 'Key Priorities for the next 12 Months' and agreed a number of actions against the following three themes:

- Health Agenda
- Disciplined Delivery
- Making Connections.

### **Health Agenda.**

**Action 1 (for Board):** To promote a better shared understanding of the overall Health Agenda across SCS - enabling SCS members to act as ambassadors; translating information for all staff.

**Action 2 :** Following from Action 1, each Directorate is to review its contribution to the overall Health Agenda; and then take any post-review actions forward.

Linked to this second point, the importance of 'Skills and Continuous Development' to ensure that we have the right skills to deliver this agenda were discussed and agreed essential.

### **Disciplined Delivery.**

**Action 1 (for SCS):** To use the 'Task and Finish' approach within Directorates to deal with at least one key management issue or key business risk.

**Action 2 (for SCS):** To ensure that the individual contributions to the overall delivery plan are clearly identified in PRPs, and clear milestones are set.

**Action 3 (for SCS):** *Linked to Action 2* - that within individual Programme delivery; personal accountability is made clearer within the governance of the programmes.

**Action 4 (for SCS):** *Linked to Actions 2 & 3* - to ensure within programmes in terms of agreement across Directorates and Divisions, that there is engagement at every level; thereby achieving common understanding of what people can expect of each other.

**Action 5 (for Board):** Recommendation that the Board work more through sub-groups; for example to address 'HR matters' and 'Change Management'.

### **Making Connections:**

**Action 1 (for Board):** To develop a vision for HSE (rather than just for Health & Safety). i.e. what sort of organisation we want to be in 5 years.

**Action 2 (for Board):** To consider holding more frequent meetings / away days, to discuss key priorities, key issues for communication and other crosscutting issues.

**Action 3 (for SCS):** 'SCS Collectivism' - being more focused and acting in a more 'collegiate' way - getting 'out and about' more; listening to, talking to and influencing colleagues across the organisation - supporting the need for well managed change. It was agreed that the first business issue on which the SCS would practise this approach was pay.

**Action 4 (for SCS):** Creating opportunities to engage with staff in an informal way about topics which are important to staff, and the organisation (*for example, holding 'tea & biscuit' sessions*). This is closely linked to Action 3.

## FEEDBACK FROM THE BREAKOUT GROUPS

### Benefits from Past/Present Initiatives

(Breakout Session 1)

1 Discussion had two main themes:

- business preparedness
- innovation/entrepreneurial approach to gaining benefits from system improvements

2 Business preparedness

Too little attention is given to preparing the organisation to support or promote developments such as COIN or Workplace Health Contact. Both the Board and SCS need information to enable them to take a leadership role in preparing the business for new developments/initiatives or system changes.

3 Innovation

We need to give more attention to ensuring that we not only realise the benefits from specific projects but also look to how we exploit new developments e.g.

- how can we exploit the move to Redgrave Court to change behaviour to enhance our aim to achieve “one HSE” by demolishing artificial Directorate barriers
- will COIN enable us to develop/support new ways of working e.g. more discipline approach to stakeholders, increased home working.

Agreed that for any new initiative we should attempt to identify early adopters and encourage/support their initiative.

### Identified Priorities

A THE BOARD

- ensure benefits are realised through clear accountability and a visible commitment to delivery (i.e. to making it happen)
- clearly identify givens/bottom line (i.e. what cannot be ignored)
- insist on risk management

B SCS

- spotting opportunities for exploitation early and sharing this information with colleagues across HSE
- commit to sustainable change through leadership and communication (i.e. repeat important messages and check for understanding)
- take ownership, be willing (constantly) to sell or promote corporate initiatives. Seek to identify early adopters – rewarding such behaviour.

## Breakout Session 2

The session began with a brainstorm, the outcome of which was then captured as three priorities.

### Brainstorm

- more regular/frequent SCS meetings focussed on cracking particular issues
- use more frequently a task and finish approach to solve issues – particularly managerial matters. (Individual members pledged to tackle specific issues e.g. LCRGs, equivalent pay rules.)
- suggest that Board should use sub groups to deal with certain business areas e.g. change, HR
- improve communications by adopting a variety of strategies e.g.
  - regular coffee and doughnut meetings
  - town hall meetings to explain expectation of performance
  - visibly utilise early adopters and seek to reward and reinforce such behaviour
  - innovative recognition of preferred behaviours
- make performance management a reality rather than simply pay “lip service” to a concept
- set more sophisticated targets and then ensure that effort is applied to monitoring performance, motivating and developing incentives.
- determine when it is cost effective to be directive (i.e. to tell) and establish which situations require consultation (i.e. seek involvement in shaping outcomes)

### Priorities

- 1 We will use task and finish approach to resolve at least 1 management issue.
- 2 We recommend that the Board works more through sub committees, especially change and HR.
- 3 We will continue to improve communications by adapting e.g.
  - coffee and doughnuts (& bananas)
  - recognising early adopters
  - more frequent SCS meetings

## FEEDBACK FROM THE BREAKOUT GROUPS

### DEVELOPING PEOPLE

#### Flip-chart 1

##### Two practical things relating to Developing People

Each Directorate to assess the way careers are developed in their area, within the overall HSE career development systems, to ensure that they are fit for where HSE will be in 5 years' time

Make available a programme, using different media: web/paper/presentation-based, to enable staff to understand the full range of jobs and opportunities in the whole organisation

#### Flip-chart 2

##### Increased emphasis on health agenda

Each Directorate to review what more it could offer to the health agenda, what mix of resource and skills it needed to deliver that increased health agenda, and what the implications would be for other work in the Directorate [by the end of the calendar year]

#### AND THEN

A representative cross-Directorate sub-committee to draw up, in the light of those assessments, [by the date of the next SCS conference, assumed to be spring 2006] a report to Jane Willis, as HSE's Health Policy Strategic Director, of what each Directorate can contribute to that policy and its readiness to support the policy, together with suggestions as to the best collective way forward for HSE.

## FEEDBACK FROM THE BREAKOUT GROUPS

### ECONOMY, EFFICIENCY AND PRODUCTIVITY

#### Accommodation, IT and other infrastructure projects taken as givens

##### 1 **Management Arrangements**

- Fewer, better managers, properly trained [Need clarity and consistency across HSE soon on what this means
- Fewer rules / clearer objectives / greater autonomy / greater accountabilities
- Fewer tiers of clearance
- 'Projectise' work and governance
- Consequences of non delivery [also reward and recognition for delivery]
- Honesty about downsides and benefits
- [Need managers to deliver corporate messages and keep staff informed of things on the horizon and help them to spot opportunities e.g. PSG]

##### 2 **Control of Projects – both their selection and management**

- Better clarity and accountability [Need for a wide range of expertise who can provide quality control feedback. Not just line manager] [Clarity, priority etc should include check of fit with "Big Picture"]
- Pace
- Agreed priority by all involved
- Ensure fitness for purpose
- Governance, [and clear performance management arrangements]
- Roles, responsibilities and adding value?
- Focus on outcomes not just products
- Involvement of right experts, e.g. lawyers, in early stages of development

##### 3 **Review of our business models to ensure fitness for purpose**

- E.g. that for specialist advice
- Options for skill sourcing – e.g. external, short term
- Flexibility

## FEEDBACK FROM THE BREAKOUT GROUPS

### IMPROVING DELIVERY

#### PRIORITY ACTIONS

1. Focus on ownership of delivery by integrated (e.g. cross-directorate) teams and being innovative in

- organisational arrangements for delivery
- acquiring and/or developing additional delivery skills

Do this by

- clarifying roles, responsibilities and accountabilities in the teams for programme design, management and delivery;
- reviewing and revising organisational arrangements, including processes and relationships, for delivery;
- using vacancies to create new jobs and to buy-in additional skills.

2. Be clear about what has to be delivered, by when, and the resources to be used to do so, viz

- PSA 1 – FIT3 and constituent programmes (see also 3 below)
- PSA 2
- Investigation and enforcement
- Other Priority Work (OPW)

OPW should be small, specified and resource costed. All other work should stop.

3. Fewer, bigger, more integrated and coherent programmes which make sense to employers and employees. Do this by

- pruning some aspects of FIT3 and expanding others (Harm Index reasoning)
- focussing on business group delivery using the unifying theme of “improving business management for health and safety” which in turn encompasses many aspects of the Business and Worker Involvement enabling programmes

#### WIDER PRIORITIES

1. Specify the vision for HSE in 2010

2. Demonstrating that the SCS is an effective, united, senior leadership team by members getting out and about
  - giving consistent messages, providing assurance
  - listening and responding to staff
3. Key messages and assurance over the next few months on
  - pay
  - change – it is essential but we will manage it better

## FEEDBACK FROM THE BREAKOUT GROUPS

### SETTING TARGETS, MEASURING AND MANAGING PERFORMANCE

#### Introduction

- 1           The messages from the opening session for the Board were:
- the Board needs to set direction and hold senior managers to account
  - be less pacesetter
  - focus on managing change and 'follow through'; and
  - more focus on delivery.

#### In Plenary

- 2           In plenary the business aims were clearly stated:
- deliver PSA targets
  - support Government goals
  - gain public confidence
  - provide value for money
  - ensure smart intervention

- 3           Therefore our core processes should:
- create a joined-up organisation
  - reinforce external partnerships
  - focus on occupational health
  - develop our capacity to provide information and advice.

This open debate reinforced the view that setting targets, measuring and managing performance was a key success criteria within this changing business agenda.

#### Group discussions

- 4           The group work that followed built on the plenary sessions.

- 5           Firstly, the group reinforced the 4 level performance management picture circulated by Vic Coleman with the conference papers. The group concluded:

- at the top level the business aspirations in the HSC Strategy and Business Plan 05-08 were robust

- at the second level the need for a coherent set of performance measures and targets which reads through from PSA targets to programme/project and business unit plans was also clear; and personal/team targets were also well established but the whole did not necessarily create the line-of-sight needed.
- effective performance management really broke down at the level below this because ownership and personal accountability for the measures and targets was weak which meant, in turn, there was not rigorous review at all levels.

6 Overall, this weakness also tended to be reinforced by poor leadership, and a culture which was not focused on outcomes partly because the 'rewards' the organisation offered were not seen to be linked to behaviour or achievement that focussed on outcomes. It was agreed that this was a cultural issue and therefore there was no quick fix solution. But, creating 'ownership and personal accountability' and 'rigorous performance review' is where the Board should focus its attention.

### Messages for the Board

7 The three messages for the Board from the group are:

- the line of sight between PSA targets, the programme objectives and team actions is multi-layered. Middle and senior managers must create the links between corporate, team and personal target/plans
- to achieve this line of sight there must be 'real time' measures up and down this line that reinforce reality, provide feedback for senior managers and that are seen to lead to changes to tactics/actions/ strategy
- is SCS performance managed in this way? If not, such a culture change will not be driven down to the rest of the organisation.

### Summary

8 Overall, the group did feel that universal work recording would help 'real time' measurement but did not feel it was a cure for all ills. On the contrary, creating the changes required meant that team and personal plans needed to be tailored with both qualitative and quantitative and with both output and outcomes targets/measures. Some contributions to projects/programmes need constant, 'real time' monitoring while other work is more long term and review can be less rigorous.

9 Action from other plenary and group discussions and proposals that more focus on joining up strategic programme management, concentrating on fewer, bigger projects and accepting very different lines-of-sight from the PSA1 and PSA2 targets would all link well to such changes to performance management.

10 Non-achievement of a target or performance measure is not necessarily failure. What is important is that non-achievement results in an immediate change of performance measurement, or a change of tactics or to plans and a new 'deal' at the personal level that leaves no doubt about future achievement/ measurement. There are the behaviours that reflect ownership and accountability!