

Health and Safety Executive Board Paper		HSE/06/02	
Meeting Date:	1 February 2006	FOI Status:	Open
Type of Paper:	Below the line	Paper File Ref:	
Exemptions:	No		

HEALTH AND SAFETY EXECUTIVE

The HSE Board

Exchange – Second quarterly briefing

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Advisor(s):

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26 January 2006

Issue

1. This paper sets out an analysis of the feedback from staff arising out of the second round of exchange briefing sessions. It also includes an update on actions taken since the briefing and recommendations on further action.
2. The Board is invited to consider and agree both the feedback and recommendations so that this may be disseminated to staff.

Timing

3. exchange briefing sessions were held during the period October to December 2005. The third round of briefings will commence at the end of February 2006. Updates on action and progress on the issues and questions arising out of the first sessions have been communicated to staff through a number of different channels. A re-cap will also be included as part of the next briefing.
4. The topics for the third briefing, which is scheduled for May 2006, will need to be agreed at this meeting to allow sufficient time for the materials to be prepared.

Recommendation

5. SCS Away day

To note that the themes were cascaded to staff.

6. Workplace Health Connect

To note that the following actions are either already in place, being planned or shortly to be put into action in response to the key issues raised by staff:

- **Overlaps between Workplace Health *Connect* and the operational activities of HSE and LAs.** - Protocols have been written to address this overlap. Consultation has already taken place and the WHC team is now introducing them to field staff, giving priority to staff in regions where there are Pathfinders. The protocols will form part of the Fit3 Roadshow briefings planned to cover a good proportion of HSE and LA staff. The protocols will be posted on the various portals, intranets etc. The Internal Communication team will advise on how to communicate with other parts of HSE.
- **Quality assurance.** - Standards have been set for the advisers and training courses are being run to cover gaps (e.g. sickness absence management) and to ensure that certain topics (e.g. the Stress Management Standards) are dealt with in line with our requirements. Quality assurance systems (e.g. mystery shopping) are now in place to help monitor and improve quality.
- **Avoiding duplication of effort and involving stakeholders** - A National Stakeholder Council has been set up and Pathfinders have been asked to set up Regional Stakeholder Councils. There are local HSE representatives on all of them. One of their activities is to share marketing plans to avoid crowding, duplication etc. In addition to the Councils, there is a raft of stakeholder involvement in place, such as briefing the trade press, attendance at conferences and meetings (the special conference that we ran with the TUC last December, the Small Business Trade Association Forum), and other activities are planned in the run up to the launch especially the breakfast briefing for PR/media staff of stakeholder organisations
- **Workplace Health *Connect* Adviceline v HSE's Infoline** - The fact that there is a common provider is causing confusion but these are separate and distinct services. The WHC team recognise that the two services will on occasions need to liaise with each other whilst at the same time maintaining client confidentiality. This is a key message for staff. The WHC team has consulted the other HSE contract managers for the provider and has set up ongoing arrangements to ensure the separate contracts are well managed.

Background

7. There were 83 sessions run during the period (compared to 106 for the first quarterly briefing), and it is estimated that 1192 staff attended a briefing session, (this is fewer than those attending the first sessions). The figure has been estimated as some facilitators failed to provide a breakdown of numbers. These figures are based upon data from the completed and returned feedback forms but may not actually reflect the true number of sessions held and/or the total number of participants. The Internal Communications team can provide a breakdown of attendees by D/D and band, if required.

8. Topic one - SCS Away day

The briefing focused upon the three big themes:

- Health

- Disciplined delivery
 - Making connections
9. Both staff and facilitators had great difficulty in discussing this topic. In fact, many chose not to cover it and concentrated on topic two which they found easier to understand and contribute to the discussion. However, those who did attempt a discussion raised the following key issues:
- Disciplined delivery – Staff want clear instructions on what work can stop and/or be scaled back. They want clearer, simpler, more consistent messages that are more accessible and understood by all. They especially dislike “management speak”.
 - Health – Many staff would welcome information on future health projects and the overall direction in relation to health, including how it fits into Fit 3. Also, clearer guidance is sought on how to tackle rehabilitation. There is a general consensus that as this is new to HSE staff feel ill prepared (knowledge, skills and experience), to take this forward.

10. **Topic two - Workplace Health Connect**

The Internal Communications Team have consulted with the WHC team and are agreed on what we believe to be the priority issues raised by staff during the briefing sessions. Other matters will need further analysis and we will need to ensure that agreed action and progress is communicated to staff in a timely fashion.

11. The questions and issues raised fall into three broad categories, namely:
- enforcement/legal/stakeholders
 - Project management including quality assurance.
 - Infoline
12. Within these categories, the following key points emerged as the top three business-focused issues:
- **Avoiding duplication of effort and involving Stakeholders** – Staff, (especially visiting staff), expressed concern about the potential overlap between Workplace Health Connect and the operational activities of HSE and LAs.
 - **Quality assurance** - Staff are seeking reassurance that the consultants are experienced and competent; and that there are appropriate systems, procedures, checks and balances in place to ensure consistency in terms of quality.
 - **Workplace Health Connect Adviceline v HSE's Infoline** - The fact that there is a common provider is causing concern and confusion but these are separate and distinct services and we need to ensure that staff understand this and are suitably reassured.

Argument

13. There were a number of issues raised by staff, however there was sufficient commonality to allow the identification of the main 'hot' issues. This paper deals with those issues. Some of the questions raised (particularly in relation to Workplace Health Connect) have simple answers. For example, why Pathfinders are called Pathfinders and the evaluation criteria, whilst others are much more fundamental, such as the longer term plans for advice and enforcement. The WHC team cannot deal with these issues at present, as they must remain focused on launching the service. Once the service has been launched, the WHC team will be able to address the wider range of issues

Consultation

14. As most of the discussion was centred on Workplace Health Connect, consultation and feedback has thus far been limited to the WHC team. The Internal Communications team will continue work closely with them to ensure that the internal communications plan reflects agreed action.

Presentation

15. Subject to Board agreement, it is intended that a copy of this paper be placed upon the exchange Intranet pages, together with a brief account of actions already taken.
16. As a key feature of exchange is an update on progress in relation to the top issues from the previous briefing, it is important to ensure that further updates are built into the next briefing, which is scheduled for May 2006.

Costs and Benefits

17. Delivery of the briefing sessions necessitates more time being given to team meetings by both staff and senior managers, albeit that this is on a quarterly basis. Acting upon feedback also requires additional time being spent by the Board in considering, discussing and agreeing action. However, the organisation will continue to benefit from having better informed and more engaged staff. At present we do not have a means of quantifying these benefits.

Financial/Resource Implications for HSE

18. There is a substantial ongoing commitment of resource required from across HSE in managing and participating in exchange briefings

Environmental Implications

19. N/A

Other Implications

20. The continuing success of exchange relies heavily upon the role that the Board and senior managers play in its delivery. If senior managers are not fully engaged and supported to carry out their role effectively, then the outcomes are unlikely to

improve overall performance, motivation and buy in to both the corporate briefing system and the key business topics.

21. Visiting staff are important stakeholders and have a major role to play helping to make Workplace Health Connect a success, therefore it is essential that they are suitably reassured and feel confident about the service.

Action

22. A number of themes are being considered for the next briefing session (commence at the end of May). A decision will be made between the sensible risk principles, the Health Agenda and Hampton implementation following discussion with the appropriate parties.

The Internal Communication team will disseminate the outcome of the Board discussion and continue to liaise with the WHC team to report on progress.