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HEALTH AND SAFETY EXECUTIVE

The HSE Board

Getting a Grip Part 2: A report from the Subgroup on Change

A Paper by Steve Dennis

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Cleared by Justin McCracken on 22/02/06

Issue

1. Improving the management of internal change.

Timing

2. For discussion on 1 March 2006.

Recommendation

3. The Board is invited to:
 - Adopt the 'Rough Guide to Managing Change' (Paragraphs 8 –9 and Annex 2) and agree to endorse it as reflecting expected HSE behaviour;
 - Agree to direct and manage the overall shape and scale (the 'portfolio') of significant changes in HSE (see paragraph 10 - 11);
 - Agree that the three areas identified in paragraph 12 are the right building blocks for the change/improvements (see also Annexes 3 and 4) and that the Subgroup should further develop two of the areas (paragraph 14);
 - Adopt the Decision Chart and a portfolio based approach to commissioning new initiatives described in paragraph 11 and Annex 2, pages 18 - 21;
 - Consider how it wishes to respond to the issue that staff perceptions of internal change are heavily influenced by changes we make to our external H&S intervention programmes (paragraph 16).

Background

4. Over last year, there have been various discussions in the HSE Board (e.g., B05/055 "Getting a Grip") RDG and SCS meetings about the amount, coherence and likely results from the range of internal initiatives, activities and projects. Often separately, there were discussions about how changes to HSE's external intervention programmes were perceived adversely by different groups of staff.

During both sets of discussions, some questions cropped up time and again: what is the Board's vision for the kind of organisation HSE should be in 3 – 5 years time (to deliver our mission more effectively)? How do the changes being implemented now relate to each other? What is their aggregate impact on ways of working and does this take HSE closer to the business model the Board have in mind for HSE? Which external intervention or mix of interventions work best in what circumstances and how does any conclusion affect different groups of staff? Overall, is there too much change, too many initiatives but too little fundamental change, or is it all normal adaptation that we over-dramatise?

5. In the autumn of 2005, emerging feedback from the recent Staff and Stress surveys suggested that staff believe we do not manage change well and that this was a significant source of stress. The full results confirm these views. At least part of this perception stems from the way HSE manages and communicates (or not) how individual changes are implemented, how these contribute to the big picture and feelings of "initiative overload."
6. After the SCS Leadership event in Cardiff in October 2005, the Board commissioned a Subgroup to produce a view of the HSE of the future (the "Vision" Subgroup). The results of this work will be discussed at the meeting on 1 March (see paper B/06/020) and at the Board awayday on 8 March. The Change Subgroup was set up to look at how we can improve the management of internal change. The terms of reference for the Subgroup are attached at Annex 1. This paper reports on the deliberations of the Subgroup and sets out its main recommendations for the Board's consideration.

Argument

7. Change may be inescapable, but it can be an uncomfortable and anxiety inducing experience for many people. The key to success in any change scenario is to win people round and show them that opting out is not an option. At the very least, this requires a compelling explanation of why the change is necessary and the careful, sensitive and determined management of the people aspects of the change process. Redesigning processes, introducing new technology or changing the organisation, for example, is unlikely to have much effect, unless we can persuade people to behave in ways which capitalise on the new environment – and just as importantly, to abandon old thinking and old habits.
8. We have looked at what we can do to help managers get to grips with these difficult issues. There is no shortage of readily available advice and information on the theory and practice of change. One problem is that the sheer weight of this material can make it difficult for busy managers to find the advice they want. To cut through this, we have produced a "Rough Guide To Managing Change" (see Annex 2).
9. The Rough Guide covers a range of issues but emphasises that success depends in large measure on the skilful handling of the people and communication aspects of change. It explains the key steps in the change process and the emotional journey that people confronted with change often make. It stresses the importance of good, early consultation with staff and the

trade unions; the need to explain change as it affects both HSE and individual jobs; and of listening to and acting on, feedback. The Subgroup recommends that the Guide is published and that staff are invited to hold managers and the Board to account for following its principles. **Does the Board agree?**

10. The Subgroup also recommend that the Board should more explicitly lead and direct essential improvements to HSE's business processes and delivery mechanisms. The challenge is how to achieve this without stifling local innovation, impairing an individual Director's ability to tackle an issue in their area of responsibility or command in a way they judge best, or creating unwelcome central bureaucracy. We propose that the way forward lies in the adoption of a more disciplined approach to commissioning internal change (whether at the local, directorate or corporate level) where proposals to undertake work and commit resource are assessed against a common question set. The approach we recommend is contained in the Decision Chart set out in the two diagrams in section 5 of the Rough Guide (see Annex 2, page 18-21).
11. The Decision Chart starts from the premise that the Board will always be faced with more potential improvements than it can do, or that it would be sensible to do at the same time. To help decide on the best package or portfolio of initiatives, the chart envisages that the value and impact of propositions above a certain threshold would be assessed in terms of their additional contribution, impact and cost in an HSE-wide context. This portfolio-based approach¹ would enable the Board to exercise the corporate control and achieve the coherence that is missing at present. **Does the Board agree that it should more explicitly direct the internal change agenda and that HSE should adopt the approach in the Decision Chart outlined above?**
12. If the Board agrees that this is the right way forward, the first task is to structure the initial portfolio. We recommend that this should concentrate on three topic areas that are essential to the future health of the organisation: People Management; Information, Knowledge and ICT Management; and Effective Resource Use and Organisational Performance. **Does the Board agree that these three topic areas provide the right initial structure?**
13. Differing amounts of work have already been done in each of these topic areas. People Management is the most advanced as a result of the work done last year by HRD and the Board, and we recommend that this is used as the model for developing the other two. In effect this model involves two stages: the creation of a statement describing the destination the Board wish to reach; and a road map showing how to get there. The HR statement and roadmap (culled from recent Board papers) are attached at Annex 3. We have also started to rough out what the statements and workstream elements might be for the other two topic areas and these are attached as Annex 4. **Does the Board agree that, within each topic area, this is a good way to organise the proposed work?**

¹ Section 4 of the Rough Guide sets out some of the general advantages of a Portfolio approach to managing change

14. If the Board agree that the portfolio should be structured around the three topic areas in paragraph 12, then further work will be required to develop these workstreams. Responsibility for the People Management workstream will naturally fall to the HR Subgroup. For practical reasons, we recommend that the development of the remaining two workstreams should be remitted to the Change Subgroup who should call in whatever expertise they require. **Are the Board content with this?**
15. We believe the recommendations above have the potential to improve the way internal change is undertaken, but only if the disciplines involved are consistently and rigorously applied. This will not happen without clear commitment (and enforcement) from the Board corporately and from individual Directors in their own commands and members of the SCS. The Board should be willing to set the expectation amongst staff that from now on, this is how internal change and business improvement will be managed. **Is the Board resolved to do this?**
16. Last, it appears that some staff discontent about change stems from our use of new, or a different balance of, approaches in HSE's external intervention programmes and the way that they have been, and are being, put together. As the remit of the Subgroup has specifically excluded the Strategic Programmes, we have not investigated this issue or what could be done about it. **How do the Board want to address this issue?**

Consultation

17. Among Subgroup members, with PEFD, CoSAS and PD, and a very limited number of managers from the strategic programmes and the field. We have circulated this paper to the SCS and to the Stress Working Group inviting them to comment to their Board Member or us. We have also invited the Trades Unions to make any initial comments they wish. We will report any feedback verbally to the Board on 1 March.

Presentation

18. It will be important to carefully explain to staff the findings of the Subgroup and the subsequent decisions by the Board. We propose that this should be done in close conjunction with the Board's response to the Staff Attitude and Stress Surveys. We will also need to promote the Rough Guide.

Costs and Benefits

19. The costs of the proposed programmes in each area should be set out in a timetabled investment appraisal. The costs of adopting a "portfolio" approach are relatively small and mainly opportunity costs. The benefits are greater strategic impact, control and coherence and the Board will be able to better explain where and how it is leading HSE.

Financial/Resource Implications for HSE

20. The main resource implication is the opportunity cost of the Board in directing the internal portfolio, the Subgroup in further developing it, and of staff in supporting the Subgroup. In RPD, we would look to absorb this effort through re-brigading and prioritising other work. The proposals in this paper do not commit the Board to any given level of expenditure within the topic areas.

Environmental and Other Implications

21. N/a

Action

See para 3 above.

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Document4

Terms of Reference For Board sub group on Change

Background

HSE, like other large organisations, must continually change in order to remain relevant and effective. HSE has been very successful at developing its approach over the last thirty years but the demands now on us require a particularly high rate of change and the Board recognises the need to improve the way in which we manage and lead it.

Objectives

This Board sub-group is therefore being established with the following purpose - to improve the way in which HSE delivers change in the way it does business by:

1. Ensuring that we have a coherent set of business change programmes matched to our need and capacity to deliver (nb the 6 strategic programmes developed to support the strategy are not within the scope of this work).
2. Initially reviewing the current changes in the organisation and making recommendations to the Board on prioritisation, re-grouping and phasing of this work to establish the initial coherent programme set out above.
3. Ensuring that the management of the risks of stress associated with change is properly considered in the development and implementation of our programmes.
4. Establishing a framework so that those charged with leading and managing the change are clear about their personal accountabilities and authority and are provided with the skills and support to enable them to discharge their roles effectively.
5. Communicating clear and up to date information on the changes underway in HSE so that staff can be kept informed of the programme as it develops.

First product

The initial recommendations to the Board should be made in January 2006.

Membership

Sub-group members will be Justin McCracken Acting Chief Executive, Vivienne Dews Head of RPD, Kevin Myers Director of Hazardous Installations, Colin Douglas Director of Communications, Jane Willis Strategic Programme Manager FIT3, Peter Buckley Head of Strategy Division and Steve Dennis Head of BSD.

BEU will provide the Secretariat for the group.

DRAFT

A ROUGH GUIDE TO MANAGING CHANGE IN HSE

The Contents of this Guide are set out below. Although the sections appear in serial order, the Guide has not been designed as a book to be read from beginning to end. You should regard it as a resource for you to dip into, as and when you need help on particular issues. Thus each section has been designed to be freestanding as far as possible. That said, we would urge you to take a few minutes to read the Preface before you start on anything else. This will help to set the context for what follows.

This Guide is not comprehensive; our aim has been to provide some insights into the main issues you will need to consider when you embark on the change process. If you need more information, or simply want to talk to someone about the task you face, then the team in the Business Efficiency Unit will be more than happy to help. Please contact:

Rick Brunt: 510 6301

Jean Kitchin: 0151 951 3836

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ROUGH GUIDE TO MANAGING CHANGE

Preface

Change is a fact of business life. It happens in all organisations all the time in all sorts of ways. It can be prompted by the need to solve a problem, take an opportunity, respond to new demands or technologies, or up performance – in our case, delivering further improvements in health and safety outcomes. It can cover the spectrum from a personal determination to do something differently, to a corporate decision to completely re-engineer the fundamentals of a business. Whatever the origins and whatever form it takes, change is an inescapable feature of organisational life.

At one end of the change spectrum, change is the natural by-product of the things we do every day and is simply part of the way we adapt to an evolving world. Often, change of this sort just happens and we do not and should not think of it as anything special. At the other end, it can be our response to an operational or strategic imperative. Although the stakes involved and the effort required to deliver change can vary widely, success often depends on how well we address a common core of issues. Much of the skill of successful change management lies in recognising what these issues are and in developing strategies that are both effective and proportionate to the circumstances of the change we want to make. This Guide can help.

Change may be inescapable, but it can also be an uncomfortable and anxiety inducing experience for many people. The key to success in any change scenario is to win people round and show them that opting out is not an option. At the very least, this requires a compelling explanation of why the change is necessary and the careful, sensitive and determined management of the people aspects of the change process. Redesigning processes, introducing new technology or changing the organisation, for example, is unlikely to have much effect, unless we can persuade people to behave in ways which capitalise on the new environment – and just as importantly, to abandon old thinking and old habits. To achieve this, managers need to start the dialogue early and to listen.

We know from experience that managing change is challenging. Our staff tell us that we do not do it well and that we need to improve. We are determined to do so. There is a huge body of research, tools and techniques to help and plenty of real experience to learn from. This Rough Guide is intended to provide a first port of call to get you started. It provides some insights into how HSE manages change and signposts to other useful sources of help and information you may wish to consult.

[Signature? Should this be endorsed by the Subgroup?]

1. Getting started on change

Introduction

To have the best chance of introducing a successful change you need to invest time at the beginning to think the change through:

- **Why** am I doing this?
- **What** do I want to achieve?
- **How** will I know if I've been successful?
- **Who** else need to know/be involved
- **When** am I going to do this?

How do I start?

From Blank Paper to Plan in 8 Easy Steps

1. Vision and Expectations

- What is our vision
- Who are the stakeholders?
- What outcomes do the priority stakeholders want?

2. Scope and Success

- What mechanisms, systems, processes and changes does this indicate?
- What is the scope of this initiative? What are we prepared to do?
- What are the success criteria?

3. Preconditions and Products

- What are the preconditions of success?
- What are we going to have to produce?
- What do we need from others?
- How big are these things?
- What sequence do they need to be done in?

PRODUCE A DRAFT PLAN

4. Resources, assumptions and constraints

- What resources do we have available?
- What assumptions are we making? What are the constraints?

REVISE THE PLAN

5. Barriers to and Consequences of Success

- What are the barriers to success?
- What are the likely consequences and side effects if we succeed?

6. Stakeholder Considerations

- Who/what is likely to be disadvantaged by our success?
- What are you likely to do that could cause problems?

7. Risks and Contingencies

- What is the likely probability and impact of each risk?
- What would you do to reduce the probability and/or impact?
- What contingency arrangements do we need?

REVISE THE PLAN

8. AGREE THE PLAN

2: Understanding The Personal Change Lifecycle

Introduction

Good planning and a clear understanding of the steps in the change process are essential but not sufficient for success. Success also depends on winning the active co-operation of people because effective change is not something which is done “to people.” Consequently, a key question for any manager contemplating change is “how do I take people with me?”

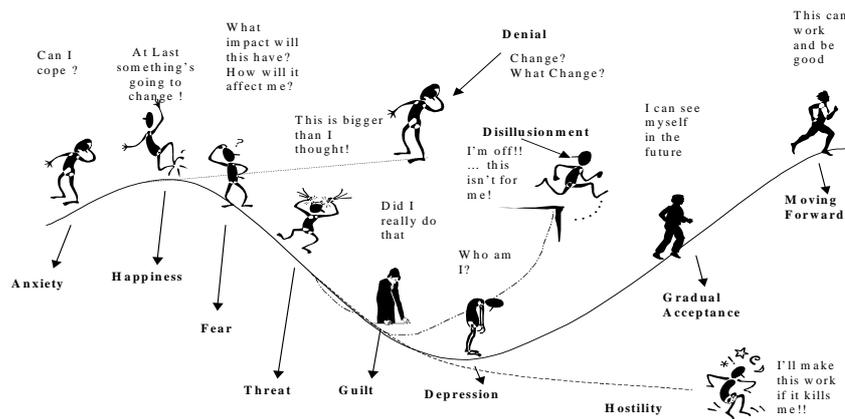
There are some obvious fundamentals you need to get right: It is important to explain to staff and the Trade Unions at the earliest opportunity what you are trying to do and why; how the change contributes to HSE’s business priorities; to seek feedback and genuinely listen to the views of others; and to act in keeping with HSE’s values. And you need to keep the dialogue going. For this, you will need a clear, structured and well-managed communications strategy covering the complete life cycle of the change.

Crucially, you also need to recognise that for many people, change is an emotional journey, often uncomfortable, with distinct highs and lows. Moreover, as some will inevitably find the journey more challenging than others, you can find yourself on the receiving end of a confusing range of feedback that makes it difficult for you to gauge your progress. If that is the bad news, the good news is that research has shown that this journey has some fairly predictable stages. Understanding what these stages are and factoring this into your approach is likely to lead to a more responsive, empathetic and less mechanistic change process that is far more likely to deliver the results you want.

So what does the personal change journey look like?

There are many respected models around which attempt to explain the emotional journey individuals make when confronted with change. One is described in John Kotter's highly regarded book 'Leading Change' (1995) and in the follow-up 'The Heart Of Change' (2002). Kotter plots the individual's reaction to change at different points in a typical change cycle. In the model, he describes a sequence in which people **see**, **feel** and then **act** to change.

The Process of Transition



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Kotter's eight-step change model can be summarised as:

1. **Increase urgency** - Inspire people to move, make objectives real and relevant.
2. **Build the guiding team** - Get the right people in place with the right emotional commitment, and the right mix of skills and levels.
3. **Get the vision right** - Get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency. Demonstrating how this will help HSE to achieve it's strategic priorities will give this vision added power.
4. **Communicate for buy-in** - Involve as many people as possible, communicate the essentials, simply, and to appeal and respond to people's needs. De-clutter communications - make technology work for you rather than against. There is plenty of advice around about how to do this – your Directorate Communications partner and Communications Directorate can certainly help.
5. **Empower action** - Remove obstacles, enable constructive feedback and lots of support from leaders - reward and recognise progress and achievements. Get help where you need it. Enlist the senior team in your Directorate or Strategic Programme where you think they can help.
6. **Create short-term wins** - Set aims that are easy to achieve - in bite-size chunks. Manageable numbers of initiatives. Finish current stages before starting new ones.
7. **Don't let up** - Foster and encourage determination and persistence - ongoing change - encourage ongoing progress reporting - highlight achieved and future milestones.
8. **Make change stick** - Reinforce the value of successful change via recruitment, promotion, and new change leaders. Weave change into culture.

Above all, don't oversell change. Remember it is a fact of life, something that happens every day. Do it properly but don't make every change a big deal.

Where else can I get help?

The section in this Guide "Other Sources of Help and Advice" offers some websites offering some of the latest insights based on research and recent case studies;

For practical tips, particularly on how to engage with staff and measure progress see:

"The Heart of Change Field Guide – tools and tactics for leading change in your organisation." Dan S Cohen (Harvard Business School Press, 2005)

"Managing Change" Pocketbook series - a handy toolkit of explanations and practical tips (publishing information available from www.pocketbook.co.uk)

"What great managers do." Marcus Buckingham (Harvard Business Review on point article, published 1 March 2005, product No R0503D)

3: The Change process: HSE's Business Change Lifecycle (BCL)

Introduction

What does a successful change process look like? The Business Change Lifecycle (BCL) provides a model to illustrate this. The BCL was introduced to HSE as part of a project designed to improve delivery in IT enabled change. It was enhanced in 2004 to take account of HSE's move to Programme Working.

What is the BCL?

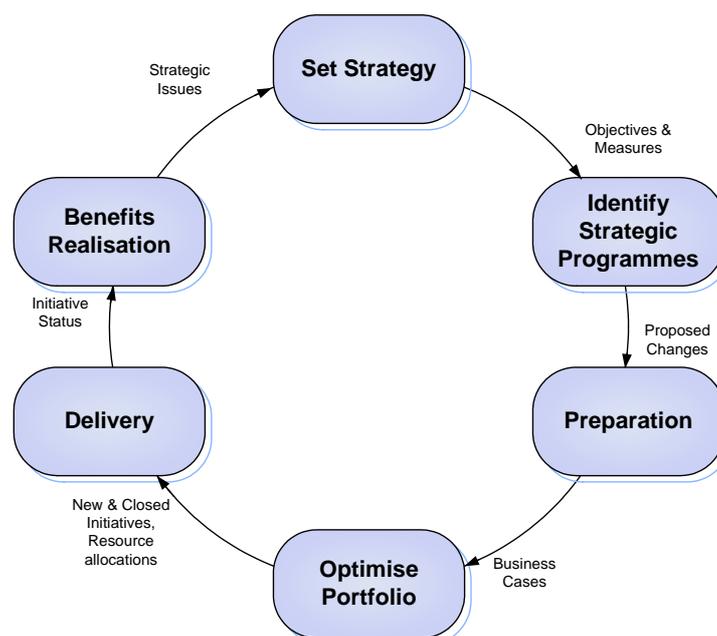
[HSE's Business Change Lifecycle](#) is best described as a road map to guide you through change. In any change there are 5 stages:

Identification of Strategy, programme or project
Preparation the programme/project
Delivery
Realising the Benefits
Closure

The Business Change Lifecycle takes you through these stages and explains what needs to happen and who needs to be involved at each stage. At each stage you can access:

- detailed information on the process steps
- guidance
- techniques
- where to go for help
- examples of good practice
-

The diagram below illustrates the BCL adding in the optimisation of the portfolio



4: Managing the Change agenda: the Portfolio approach

What is Portfolio Management?

Portfolio Management is a tool to help HSE successfully manage change by providing a process for co-ordinating and managing activity across HSE at strategic, programme and operational level.

Portfolio Management enables us to:

- Prioritise effectively – measuring the contribution of the proposed outcomes to delivering HSE's strategy and targets
- Use our resource effectively. For example:
 - identifying where to put our time, money and effort to get the best return
 - making the best use of our skills by deploying them where they will have the best effect
 - identifying dependencies between programmes/workstreams
 - identify overlaps and common areas of interest so that we can agree how the responsibility for these can be allocated
- Measure the impact of changes to the portfolio e.g. adding a new initiative - by determining what could still be achieved within the same timescales/resource. What impact moving resource from one programme to another would have on the delivery of targets. We are presently assessing the value of software tools to help with this and the initial outlook is promising.
- HSE's portfolio will help to inform the picture of how HSE is deploying its resources. It will also help us make decisions on the relative merits of investment in different aspects of our business. (major hazards) and help form decisions on what might be adjusted.

▪ **Portfolio Management is about..**

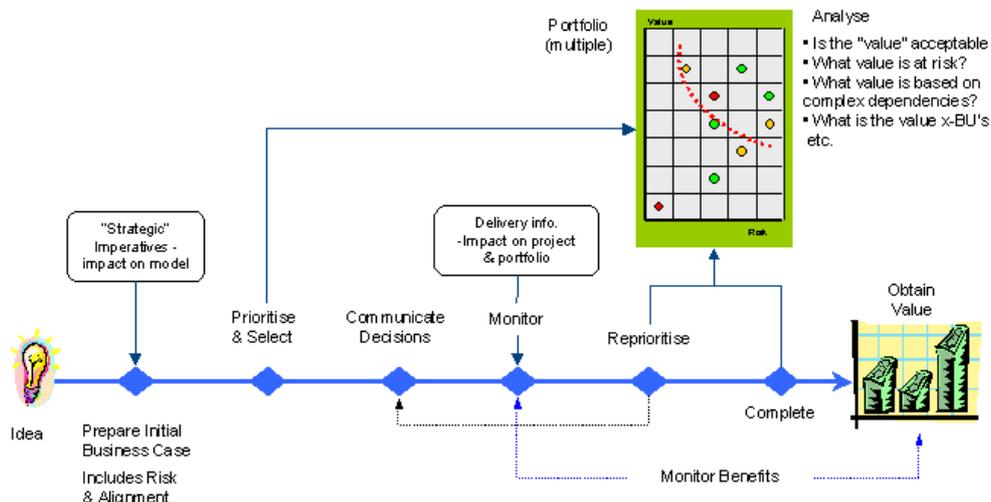
- resource allocation
- risk/reward
- what new initiatives from the opportunities will be funded
- which ones will receive priority, which ones are cancelled
- balance
- strategy...

▪ **Management process;**

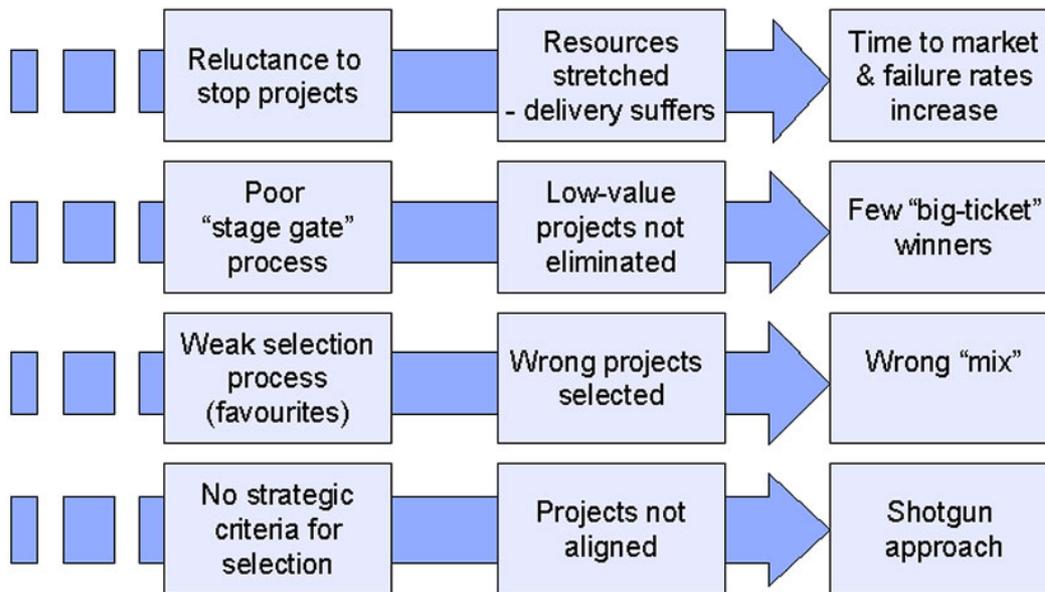
- multi-faceted,
- dynamic



Portfolio management is an integrated set of key **business processes** that, consistently applied, will allow HSE to **choose and execute** on investments to **return measurable value**.



Without Portfolio Management....

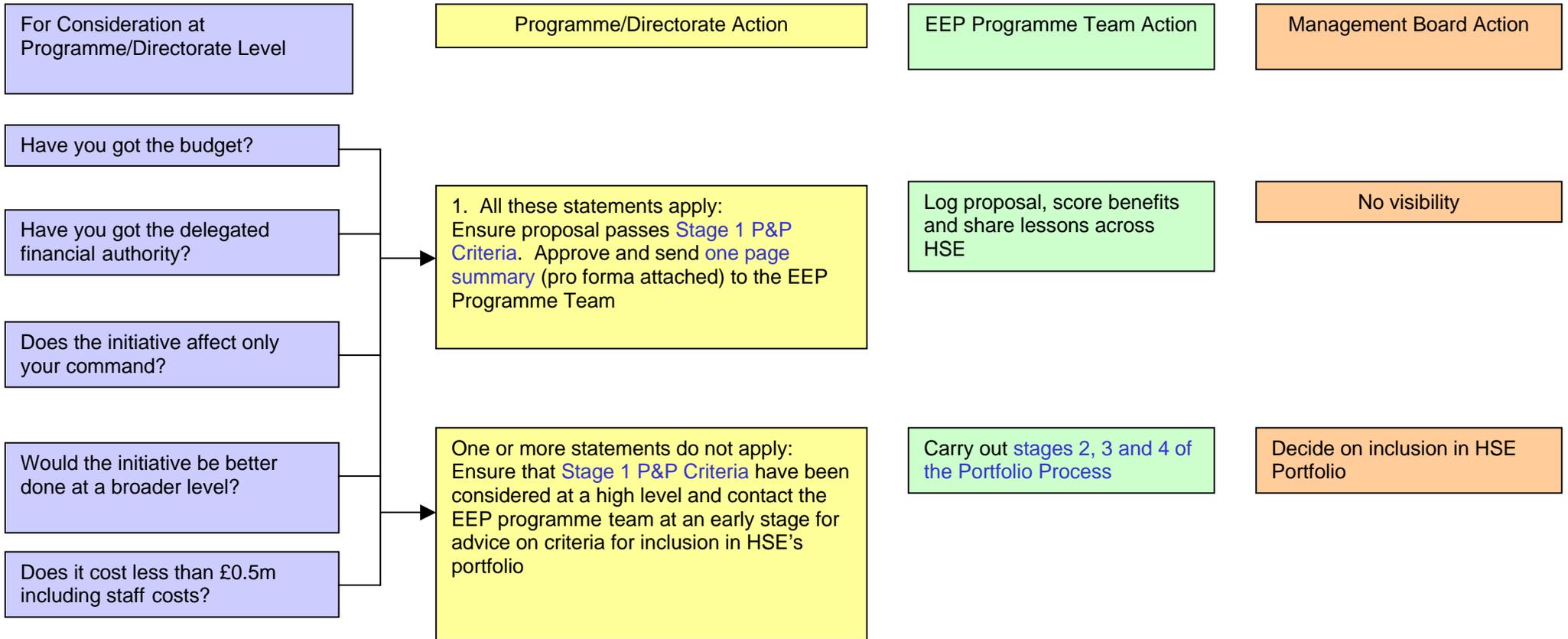


5. Creating and Managing HSE's Change Portfolio: The Decision Chart

The following two diagrams set out the steps you must go through to commission a change initiative. These steps have been designed to be administratively light with an absolute minimum of form filling. In essence, these steps are not so much process as a mind set we all need to acquire for the good health of our business.

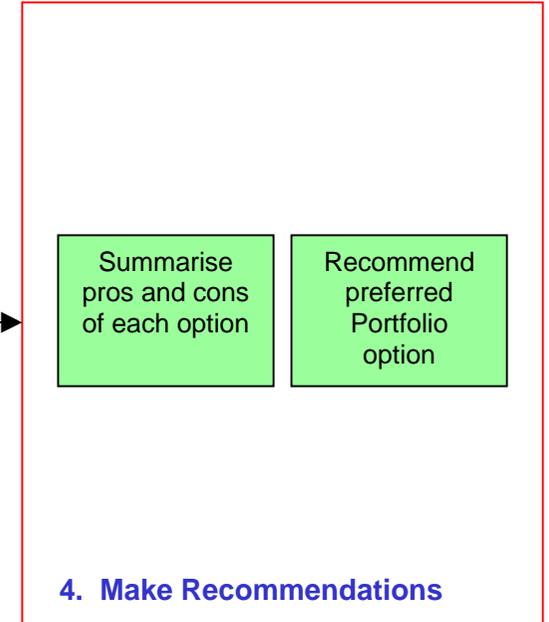
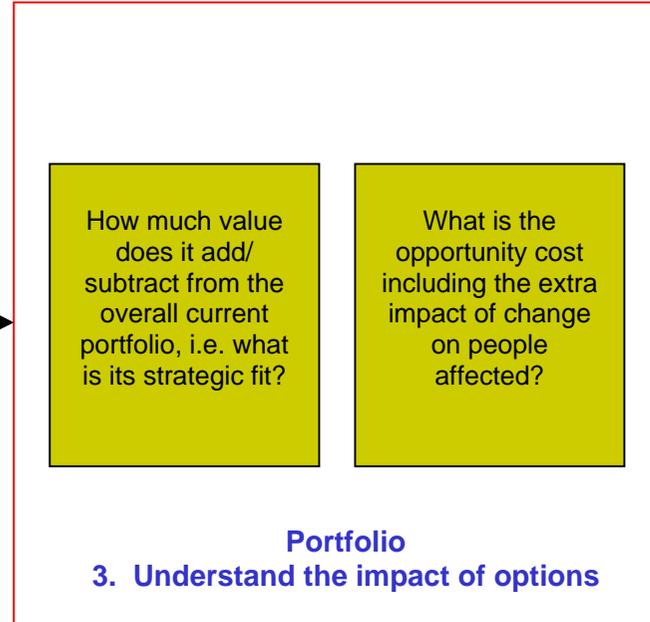
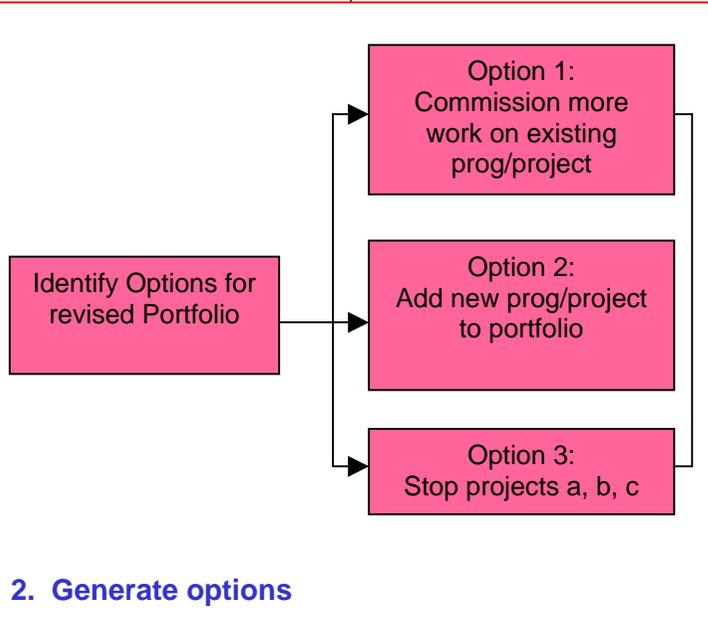
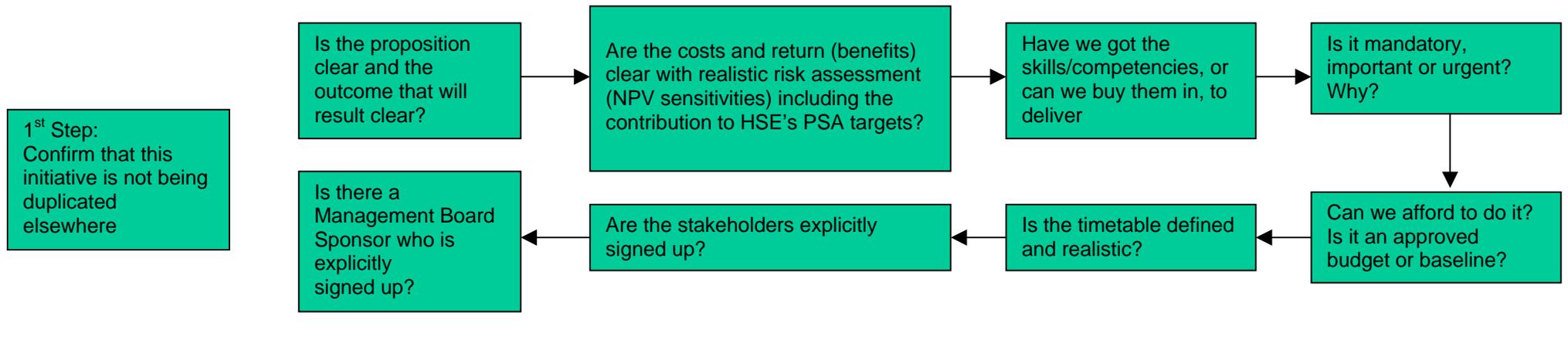
The design aim has been to ensure that HSE can get the benefits of a portfolio approach without stifling the local innovation that is so important to the development of HSE's business. Effectively the process involves two main steps: first, making sure that the proposition for change is clear, well-founded, affordable and that it will deliver realisable benefits that will enable us to be more effective in the external world. The second step is to ask whether this is a good thing for HSE to do now, given that there will be other initiatives competing for resources and attention. Essentially, this means answering questions such as does the proposal fit with HSE's priorities, have we the capacity to take it on, is the investment worth the strategic payback (particularly, will it help delivery) and has the business (and that means managers and staff) the ability to absorb the change?

Decision Chart



Decision Chart: Creating and Managing HSE's Portfolio of Business Improvements

1. Programme/Projects – Conforms to Green Book (Options Appraisal 'Bible')



| Programme / Project Summary Sheet | |
|---|---|
| Is this a Programme or a Project? | |
| Programme / Project Name | Project Reference No. |
| Project Manager and Contact Details | Senior Responsible Owner or Sponsor |
| Programme / Project Summary | |
| Programme / Project Objectives | |
| Estimated Financial Benefits (if known) | Amount: Realisation Timescale: |
| Non Financial Benefits (if known) | |
| Projected Programme / Project Closure Date | |
| Impact of Not taking forward this Programme/ Project | |
| Date | Completed by: |
| | Contact Details: |

6: Other useful sources of help and advice [to be developed]

There is a wealth of information on Managing Change. In our Toolbook for Change we will offer you a broad range of tools, methods, case studies and strategies which you can use during different stages of personal, team and corporate change. If you would like to read more, the list below offers some useful references, including web sites.

[HSE Programme Management Intranet Site](#) Here you will find the HSE Business Change Lifecycle. For detailed information on the process steps, guidance, useful techniques, where to go for help and examples of good practice click the relevant links on the page.

[OGC Successful Delivery Toolkit](#) The briefings in this section describe what needs to be done to achieve successful business change.

[Why do Change Programmes/ Projects Fail?](#) A list of the common causes of failure

[Change Management](#) This site offers guidance on the principles of underpinning successful change and a full explanation of the personal change lifecycle

[Enhancing Your Own Delivery Skills](#) How to become a Gateway Reviewer

Case Studies

[We plan to produce a collection of these for publication on the Programme Management website. These will be accessible via a link in the Rough Guide. We are still collecting information on suitable cases so these have not been included in this version.

The initial aim will be to have a couple from inside HSE and a couple from other organisations, each focussing on a different challenge with regard to change management. For the internal examples we are currently considering HRST, the rationalisation of the CTG's and work in HID Biological Agents. We also want to explore new model FOD. Externally, we are looking at cases from HMT, DVLA, and the AA]

People Statement and Roadmap to Delivery

A. People

HSE's Workforce

(Direct extract from HSE Board paper HSE/05/021 April 2005)

We want to build on our existing strengths of professional expertise, commitment, national coverage and having policy and operational activity in one delivery body. We want a more open, diverse and cohesive workforce, which is less hierarchical, more flexible, and encourages both internal and external interchange. We want to ensure that all staff are helped to realise their potential through continuous development and recognised and rewarded for their contribution to delivering of our business objectives.

People - Supporting statements

To achieve this we want to have:

Career development processes that actively identify and deliver the skills, competences and behaviours we need to both deliver the business and effectively manage the business

A workforce that is responsive to change, has the skills, specialisms, experience and credibility to deliver the business both directly by their actions and particularly in partnership with others.

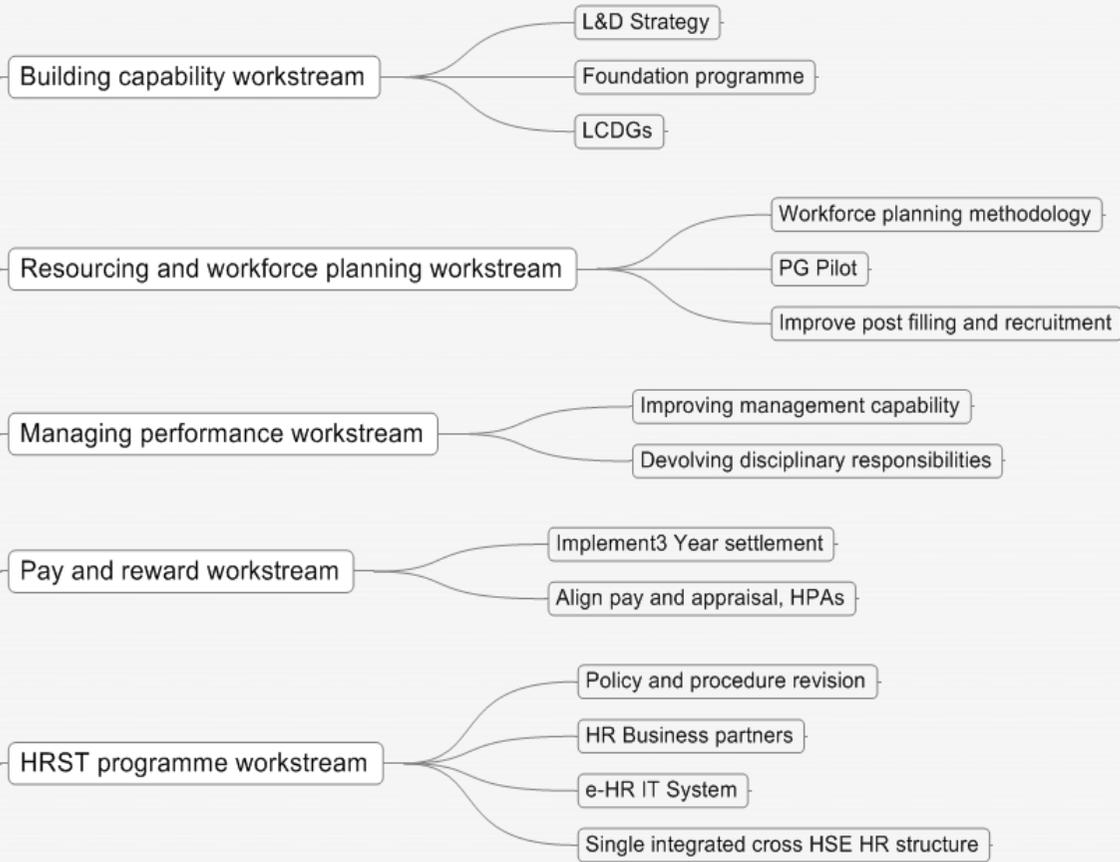
An organisation that is set up to deliver the business and enables staff to be both flexible in the way we work and where work is done

A reward strategy that fairly rewards performance, recognises the complete employment package and encourages staff to achieve a greater diversity of experience.

(The roadmap depicting the milestones on the way to reaching this vision appears overleaf)

This diagram takes the text of the HR implementation paper, HSE/05/066, and depicts the workstreams and underlying projects

WFS - Vision as in paper HSE/05/021 and workstreams as in paper HSE/05/066



First Cut Statements for Information, Knowledge and ICT Management and the Effective Resource Use and Organisational Performance Workstreams

B. Information, Knowledge and ICT Management

We will:

- Create knowledge (through science/research and otherwise)
- Share knowledge (by developing more of a culture of open, collaborative working)
- Exploit knowledge (particularly through the way we use scientific support)
- Use ICT to support the vision for knowledge and thus for more efficient, and effective and productive working

Information, Knowledge etc – Supporting statements.

Our knowledge management strategy will ensure top-level responsibility for the broad portfolio areas, and an appropriate structure to ensure it happens. We will be organised in a way that ensures knowledge is shared and skills are appropriately deployed with clear accountability and reporting lines.

In our use of knowledge and expertise we will ensure our delivery model gives us the flexibility to ensure that expertise is not locked away in silos but is arranged to enable groups to deliver across the organisation

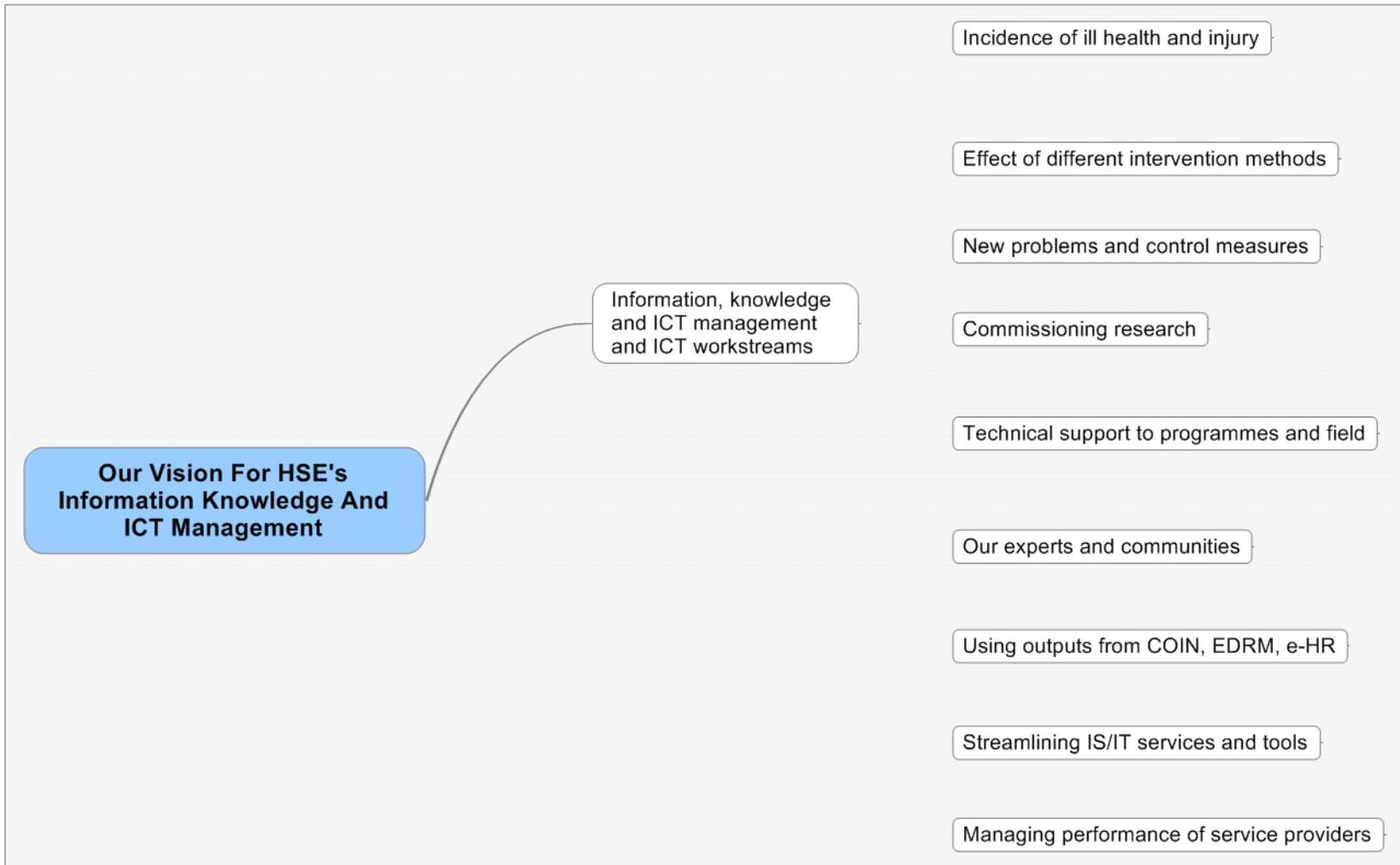
We will continue to use our Science Strategy to gather evidence, develop understanding and identify solutions.

Our horizon scanning activities will support the development of policy and explore ways of ensuring we get the right technologies, at the right time, to deliver our business.

Our IS strategy will link strongly to external delivery, exploiting the information we collect and deploying new technologies to improve our external impact and make staff more productive.

We will ensure our overall IS/IT strategy supports the current business delivery and is sufficiently flexible to accommodate emerging business models.

(The outline roadmap overleaf depicts possible workstreams to set the milestones to reach this vision)



Effective Resource Use and Organisational Performance

We will aim to have:

- Objectives at organisational/unit/team individual level which if achieved in aggregate would lead to the delivery of our mission and targets. Such objectives will meet the SMART criteria
- Accountability for the achievement of these objectives
- Systems for measuring and monitoring performance against those objectives
- A culture of driving performance improvement
- Evaluation of how and how effectively we are using resources
- Systems and culture which enable resources to be shifted to where they will have most effect

Resources – supporting statements

We will have a clear 'line of sight' between organisational, team and individual performance management.

We will be clear of the distinction between performance management and performance appraisal, our efforts will be focussed on the regular management of performance not, for example in the case of individuals, twice yearly appraisal.

We will deploy our resources flexibly and will be able to respond to changing demands on our resources. We will revise plans whenever necessary and ensure planning cycles are flexible and allow swift modification of plans.

We will develop our delivery model to reduce conflicting demands on staff at team and individual level. We will consider individual, team and organisational performance in terms of the "how" of HSE's values linked to the "what" in terms of achieving our aims.

We will utilise well developed key performance measures for the organisation that flow from our mission and values and will be clear about contributions to these measures at all levels. We will be more productive and be able to quantify the unit costs of our work. However, performance management and assessment will be driven by how well these interventions and activities contributed to our aims, their effectiveness, how well targeted our activities have been and what the actual or predicted outcome will be - not whether we have achieved the things that it is easy to count.

(The outline roadmap overleaf depicts possible workstreams to set the milestones to reach this vision)

