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## HEALTH AND SAFETY EXECUTIVE

### HSE Board

#### Improving health and safety information to SMEs

#### A paper by the SME Information and Advice Project Steering Group

Cleared by Jonathan Rees on 25 May 2007

#### Issue

1. An emerging framework for improving health and safety information and guidance to SMEs

#### Timing

2. Routine.

#### Recommendation

3. That the Board:
  - a. **approves** the emerging framework and approach to delivery (Annex A);
  - b. **agrees** the 5 step Action Plan for early deliverables, noting, in particular, those points highlighted for Board decision or comment (Annex B);
  - c. **considers** options for improving staff understanding of smaller businesses (paragraph 17); and
  - d. **agrees** to fuller discussion in the autumn, in the light of developments on market segmentation, discussions with BRE on a potential review of impact of regulation on small business, and cross-government developments on transforming government services (paragraph 19).

#### Background

4. HSE's **SME project**, initiated in September 2006, was designed to consider how we could improve information, advice, support and guidance for SMEs – with a view to developing a strategy for engaging with SMEs more effectively.
5. A desire to engage better with SMEs is not new. **HSC's Strategy** to 2010 and beyond highlights smaller businesses, in particular, when proposing action in relation to "understanding the benefits of health and safety" and "providing accessible advice and support." The strategy recognised that smaller businesses can be reluctant to approach HSE for advice and support for fear of enforcement, and that they can perceive HSE as an organisation of "experts, talking to experts." This hesitancy to engage with authority may be less of an issue for Local Authorities as they need to engage on a variety of topics, not just in relation to health and safety. Any change in approach by HSE needs to complement and support the LA role.
6. In line with the HSC strategy, there are already **many examples of good practice**, reflecting the considerable efforts of HSE and LAs to engage with smaller businesses. In particular, HSE's Infoline and ICC (the RIDDOR Incident Contact Centre) were expressly designed with smaller businesses in mind. Other notable successes include the development of Workplace Health Connect (WHC) services; the recent Bad Hand Day campaign aimed at hairdressers, working with Local Authorities as delivery agents; and the construction sector's Working Well Together initiative, using supply chains as a means of influencing small business.

7. We have also sought to improve dialogue with small firms, their representatives and trade associations. The **Small Business Trade Association Forum** (SBTAF), chaired by Judith Donovan, has proved an excellent medium for sharing developments and getting early, expert input from the SME perspective to policy and product development. The recently developed SBTAF e-Community will enable information sharing and discussion outside the calendar of quarterly Forum meetings and is expected to enhance our engagement with the growing number of SBTAF members.
8. There is a growing **evidence base** on how to engage better with SMEs. Government communications research and our own experience, for example in delivering WHC and organising events like Safety and Health Awareness Days, provide useful information about what works. The SME Project builds on this evidence.

### Argument

9. SMEs are an important audience for health and safety. 99% of Britain's businesses are SMEs and they employ 50% of its workforce. Although smaller organisations report fewer accidents and incidents of ill-health, analysis of data from the WHASS employer survey reveals that smaller businesses are, in fact, less likely to recognise risks, to carry out risk assessments, to record sickness absence or to actively seek information on health and safety. In construction, two thirds of workers killed each year, 57% of those injured and 61% reporting work-related ill-health, are employed by contractors with fewer than 15 employees or the self employed.<sup>1</sup>
10. Although important, smaller businesses are hard to reach. Despite the number of examples of excellent engagement by HSE and LAs, we do not have the consistent approach that would ensure good practice across the board. To develop this, we need to consider both **how** best to engage and, importantly, **who** to engage for maximum impact. These are difficult issues, which can only be addressed by doing things **with** SMEs and not **to** them. For those SMEs who wilfully disregard health and safety legislation, we need to take a different and tougher approach. Enforcement, and the fear of enforcement, are essential elements in protecting employees in these organisations. But to engage successfully with those SMEs who are willing (but may need help to understand what they need to do and how to go about it) we have to understand and respond to the SME customer point of view, which may mean fundamentally changing how we do things.
11. The SME Project has looked at existing SME products and services in a model of three 'stages of engagement':
  - **Stage 1: Basic Information:** general information and guidance, available to all SMEs, online or in publications.
  - **Stage 2: Tailored Information:** requires some basic diagnostic activity to point SMEs towards information relevant to them. It includes information provided by Infoline and online interactive applications like the SME performance indicator.
  - **Stage 3: Tailored Advice:** incorporates advice provided through WHC, direct face-to-face and telephone advice from Inspectors, EHOs and HSAOs.

These are not progressive stages and each form of engagement can take place independently in isolation, in any order or simultaneously.

We would **welcome Board views** on this three-stage approach to engagement and the framework set out in Annex A, paragraph 8 (pp. 8-10)

### *Information and advice*

12. Under the HSWA, HSE has a **statutory obligation** to provide **information** and guidance on what the law requires and how to comply. The Hampton report and

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<sup>1</sup> *Construction intelligence report for 2004/05*: [www.hse.gov.uk/construction/pdf/conintrep0405.pdf](http://www.hse.gov.uk/construction/pdf/conintrep0405.pdf)

proposed statutory Compliance Code for regulators also give added impetus to our commitment to provide greater access to **advice and guidance** as a key plank of our interventions approach. The written information and guidance we provide at Stage 1 and signpost through activity at Stage 2 of the model are particularly important to fulfilling our statutory duty. However, progress towards meeting our **PSA targets** requires more than information provision; we need to encourage **behaviour change** to secure improvements – persuading SMEs to take action to make their workplaces safer and healthier. Changing behaviour is likely to require a mix of communications and engagement, and may use all three Stages of our model. It is, in particular, the focus of investment in the face-to-face advice provided at Stage 3.

13. These two priorities, of effective information and advice on compliance on the one hand, and encouraging behaviour change to improve health and safety outcomes on the other, are complementary (and can be concurrent). It is clear that we need to do **both** and must decide how much of each.
14. The project has identified some modest actions at **Stages 1 and 2** of our model of engagement, aimed at improving the provision of accessible, clear, attractive information for the generality of SMEs. Using a clear framework for prioritising effort - for example, on materials related to new or changed regulations, and supporting guidance for Fit3 campaigns - they include steps to ensure written information more closely meets the needs of SMEs, and proposals for better tailored online content. These actions, outlined in full in the **5-step Action Plan** at Annex B, have the potential to make significant improvements. In summary, they are to:
  - i. revise and keep under review HSE's introductory letter to small businesses;
  - ii. improve priority publications and written information;
  - iii. improve online information and guidance;
  - iv. drive culture change and skills improvement within HSE; and
  - v. explore options for developing a central telephone/email advice service

#### *Changing behaviour*

15. There are bigger **issues to address at Stages 2 and 3**, where the aim is behaviour change. In particular, because investing in behaviour change is **expensive**, this activity needs to be **targeted** to where it will be most successful. We cannot target successfully on organisation size alone: advice from Communications Directorate is that there is little to be gained from segmenting the SME market in isolation. Although the project has identified some **criteria for targeting SMEs**, these need to be taken forward as part of broader work on market segmentation flowing from the Fine Tuning Review.
16. The 5 step Action Plan – modest but valuable - leaves open the strategic question of how much **resource** to put into SME outreach. That judgement will require careful examination of the cost-effectiveness of what we currently do and what we might do in the future. In particular: evaluation of WHC and the FOD pilot on delivering a WHC-type service; proposals for FOD trials on better use of HSAOs and SHAD resources in the Fine Tuning Review Action Plan; and recommendations from the Single Point of Entry project, will help address the question of resource allocation. We cannot take this further at present, pending the results of these evaluations.

#### *HSE culture and skills*

17. Successful delivery of our Action Plan, and improvements in all 3 stages of engagement, is not only about processes. It also raises issues of **culture and skills**. It is evident that what we currently produce does not consistently address SME needs for clarity and accessibility; an SME customer focus has not yet been absorbed deep into our culture. We must find ways to address this, to ensure that where we want smaller businesses to use our products, staff put themselves in the shoes of their SME customers, rather than

writing 'expert to expert.' There are a number of ways we might facilitate this culture change, for example:

- **Giving better information and guidance for staff** – we will publish (to HSE's intranet) and promote practical tools and resources on small businesses, including advice on drafting for SMEs; doing small business impact assessments; and consulting the SBTAF.
- **Promoting better understanding of SMEs in Policy Group** - we will ask all Band 2 and above Policy Group staff to spend one day each year in a small business. We invite FOD colleagues to explore how best they might engage with smaller businesses (building on the regular contact made through inspections) to encourage staff to see things from the SME perspective: for example, HSC's small business Commissioner, Judith Donovan, has suggested that attendance at local Chambers of Commerce meetings would be useful.
- **Improving our drafting capabilities** - the excellent copywriting resource we have in CDS is limited, so we need to give staff more help, either by "making or buying in" the necessary skills.

#### *Evaluation*

18. Advice from our Economic Advisers Unit is that the methods we have available for measuring changes across the SME market with a 'normal' evaluation of the emerging framework will not detect any effect, because the SME market is very large and changes likely to be relatively small. Consideration of existing available sources of information would not provide reliable insight into even proxy indicators of success. Instead of a full impact evaluation we are proposing a **programme of monitoring**, which will assure us that the changes made to guidance and other material do improve SMEs' understanding of the health and safety message. We propose that such an evaluation should **focus on measuring effectiveness in terms of specific activities at stages 1 and 2**: for example, monitoring improvements to written information, considering user and stakeholder feedback and other measures such as reading age.

#### *Next steps*

19. The SME project has made considerable progress in considering how we can improve our information, advice and guidance for SMEs. We will work with colleagues to drive forward the 5 step Action Plan. Recommendations for longer-term engagement for SMEs need to be developed as part of broader decisions on targeting and resource allocation and in the light of: the possible BRE review of small business implications of regulation; and cross-Government discussion on the transformational government agenda. We will work with colleagues in related projects to include consideration of SMEs and will revisit the framework in the light of resulting evidence. We recommend reconvening the Steering Group in the autumn, to consider options for a more comprehensive framework and action plan, developed in the light of new intelligence. We will report on progress and present the results of these considerations to the Board in the autumn.

#### **Consultation**

20. The draft framework has been developed in cooperation with the SME Project Steering Group (which has representatives from across HSE - including Communications Directorate, Strategy Division, FOD, CoSAS, Fit3 – and LACoRS). In particular, representation from the Business Efficiency Unit and Workplace Delivery Team on the Steering Group, has enabled consideration of links with WHC evaluation and single point of entry project. Early thinking on the emerging framework and approach to delivery was discussed at the April meeting of the Small Business Trade Association Forum and HSC's small business Commissioner, Judith Donovan, has commented on the draft paper.

## Presentation

21. To facilitate culture change, identified as a key requirement for long-term improvements, we need to continue to promote internally the Government's 'Think Small First' initiative, which aims to put the needs of SMEs at the heart of the policy making process. For example, the Better Regulation Team's 'Better Policy Making Awareness Sessions', which already have a section on SMEs, will be an important vehicle for gaining acceptance and understanding of the emerging framework. Work to improve HSE's Intranet with advice and guidance on SMEs is already underway and promotion of the improved site offers another useful channel. We need to present the framework itself as a staged approach, to be further developed in the light of work on market segmentation, the WHC evaluation and Single Point of Entry project. Work with stakeholders, for example through the Small Business Trade Association Forum, LACoRS and Local Authorities will help communicate the emerging framework and implementation of the action plan.

## Costs and Benefits

22. It is difficult to have a clear view of the consequential costs and benefits to HSE and businesses themselves of the implementation of the emerging SME framework. We do not have accurate figures for current spending on SMEs, because we do not break down expenditure by business size. However, we do know that a considerable sum is spent each year on activities that have an SME audience. WHC, for example, costs around £7 million each year. Conservative estimated costs for SHADs and other regional outreach events are £500,000. This figure does not include staff costs, which can be significant: for example, costings from a SHAD in Nov 2005 put HSE staff time at £13,000; LA staff time at £4,500, compared to costs for the venue and publicity of £2,700. Although we cannot comment on how far this is representative of time spent on all events – estimated HSE staff costs for a construction SHAD in October 2006 are a more modest £10,000 – it is clear that staff time to organise local outreach can represent a substantial cost.
23. Simplifying HSE's information for business may lead to fewer enquiries to services such as Infoline, if the customer's information need has been met satisfactorily through clearer guidance. This may be a particular issue if it leads to a reduction in demand for costed publications, which are a valuable source of revenue for HSE. Conversely, by improving information on basic requirements, including for new and start-up businesses, it might lead to increased implementation costs for businesses managing health and safety for the first time, or more effectively. It might also lead to increased demand for further information and advice from HSE, for example the number of businesses buying the Start Up Pack or Essentials.
24. Experience of the major overhaul of RIDDOR information materials may give an insight into the effect of simplification on demand for other services, but evaluation data on the project is unlikely to be available until the autumn.

## Financial/Resource Implications for HSE

### *Costs to date*

25. Costs to date of the SME Project are estimated at **£111,500**, based on FEC ready reckoner rates (staff costs of **£95,000 for the Project Team**, including meetings, and staff costs of **£16,500 for the four steering group meetings**).

### *Costs of implementing the Action Plan*

26. Costs of implementing the Action Plan are estimated, based on FEC ready reckoner rates, at a **staff time of £46,500** (this includes £27,000 for Action 4, under "asking Policy Group staff at Band 2 and above to spend 1 day each year in a small business").
27. These costs are relatively low, because the Action Plan is, to a large extent, about developing mechanisms and processes for driving improvement, rather than implementing change. Revising existing written guidance on Fit3 campaign themes, for example, is likely to result from the action to develop a central mechanism for identifying

priority written communications. This would have significant resource implications for policy teams. Proposals to improve drafting skills, through training or outsourcing, may also prove expensive. It will only be possible to calculate these costs when we have explored options for mechanisms and systems for delivery. They will be included in more detailed proposals for the Board's consideration in the autumn.

*Project management costs*

28. Costs for managing the ongoing project (including oversight of the Action Plan's implementation and updating the Board in the autumn) are estimated at **£31,500** (includes staff time to the end of October 2007, from XCD Business Involvement Team existing resource, and £4,000 for a further Steering Group meeting)

**Environmental Implications**

29. None

**Other Implications**

30. None

**Action**

31. The Board is invited to:
- a. **approve** the emerging framework and approach to delivery (Annex A);
  - b. **agree** the 5 step Action Plan for early deliverables, noting, in particular, those points highlighted for Board decision or comment (Annex B);
  - c. **consider options** for improving staff understanding of smaller businesses (paragraph 17); and
  - d. **agree** to fuller discussion in the autumn, in the light of developments on market segmentation and discussions with BRE on government web communications (paragraph 19).

## IMPROVING HSE'S ADVICE, SUPPORT AND GUIDANCE TO SMES

### PART 1 – THE EMERGING FRAMEWORK

#### What we want to achieve:

- 1 The objectives of the framework are to increase the number of small businesses who:
  - Understand their basic responsibilities to manage health and safety effectively;
  - Trust HSE as an authoritative and business friendly source of information and advice;
  - Take steps to manage risks, sensibly and proportionately.

#### Who the framework is aiming to influence:

- 2 The framework is aimed at organisations with limited management capability to deal with health and safety issues (primarily those with less than 50 employees, although size should not be seen as a pure proxy of management capability). We know that these organisations will be at different stages in dealing with health and safety issues. We are particularly focused on influencing two groups:
  - **Business start-ups and growing businesses**, who may be unaware of their health and safety responsibilities and are thinking about health and safety for the first time. Making the best use of our channels for raising awareness (such as HSE's introductory letter for small businesses and the [businesslink.gov.uk](http://businesslink.gov.uk) website) and ensuring that the information presented is helpful and relevant, will equip these organisations with the information they need to get started.
  - **Businesses that are aware** that they have health and safety responsibilities **and motivated** to pursue this further, **but are unsure what they need to do or where to start**. HSE's guidance and advice need to communicate effectively with these so that they understand what is required in their workplace and have practical understanding of what to do.
- 3 For all smaller businesses, and for these two groups in particular, the aim is to ensure that the experience of engaging with HSE is a useful one. The issue for HSE as an organisation is being clear on the needs of small business and monitoring the quality of service/product.

#### Why do we need to improve our advice, support and guidance to SMEs?

- 4 Although SMEs report fewer accidents and incidents of ill-health, evidence suggests that this is not because they manage health and safety better than larger enterprises. Research tells us that smaller organisations are less likely than larger enterprises to recognise risks, to carry out risk assessments, to record sickness absence or actively to seek information on health and safety.
- 5 Small businesses are too large a part of Britain's economy to overlook. **99% of**

**businesses in Great Britain are SMEs and they employ 50% of its workforce.** In terms of securing health and safety improvements, it is easier for us to focus on the 50% of workers in the 1% of larger organisations. But we need also to support SMEs where the remaining 50% are employed, especially those that are in high-risk sectors. Improving our information and advice better to meet the needs of these organisations is important. It is likely to **improve standards** and will ensure that as an organisation we are not inadvertently excluding businesses who are willing to engage.

- 6 Arranging, as appropriate, for the provision of information and advice to employers (amongst others) is one of HSC's legal duties under the HSWA. Moreover, it is one of the key Hampton principles that 'regulators should provide authoritative, accessible advice easily and cheaply'. Improving our written advice and guidance to SMEs is **fundamental to fulfilling our obligations as a regulator and crucial to HSE's reputation.**

**How we will make it happen:**

- 7 In order to achieve our objectives, we need to demonstrate that we understand the small business perspective. We must help and support smaller organisations to comply with legislation, and encourage them to take practical steps to improve health and safety in their workplaces. We have to **ensure that the information, guidance and advice we provide are clear, attractive, useful and accessible** and that they give small businesses the key information they need. We need to be sure that SMEs are not overwhelmed by the quantity of available advice and guidance, by **presenting information and services in a way that makes health and safety appear manageable.**
- 8 HSE support to SMEs can be categorised into three **stages of engagement:**
- ◆ **Stage 1 – basic information.**
    - The information is general and not in any way tailored to the specific needs of the operating environment of the individual business. It is paper or web-based and largely relies on the SME 'pulling' from a range of sources (including the HSE website and Businesslink.gov.uk). This material is available to all businesses.
    - It aims to provide useful and easily accessible information on what the law requires as well as practical advice about what businesses need to do and how to go about it efficiently and effectively. We need to ensure that smaller organisations, who are relatively 'time poor', are not overwhelmed by the quantity of available guidance and that we present our information in a way that makes health and safety appear manageable. Improvements at this stage will primarily contribute to the first and second objectives of the framework.

- ◆ **Stage 2 – tailored information** requiring some basic diagnostic activity to assist SMEs towards information relevant to them.
  - This includes information provided by Infoline and online interactive applications such as the SME performance indicator and tailored email alerts. This stage incorporates information about regulatory requirements, but includes an element of tailoring (for example, giving information for specific industry sectors). An important part of Stage 2 is helping small businesses find relevant information for their organisation. In large part, this stage relies on customer ‘pull’ but it also includes tailored information ‘pushed’ to targeted businesses, for example in HSE’s strategic campaigns or by information (not advice) given out by Inspectors, EHOs and HSAOs.
  - These products and services should meet the requirements of those who know they need to address health and safety and want/need to be directed towards information particularly appropriate for their specific organisation. If the information provided at this stage is attractive and relevant, it will encourage those who are most motivated to take action to address health and safety in their business. In the particular case of strategic campaigns, behaviour change is the core aim. Improvements at this stage will contribute to all three of the framework’s objectives.
- ◆ **Stage 3 – tailored advice.**
  - At Stage 3, HSE provides advice based on an understanding of the individual business. In some cases, customers will be directed towards Stage 3 advice from Stage 2. Activity at this stage incorporates advice provided through Workplace Health Connect and direct face-to-face advice from inspectors, EHOs and HSAOs. Again, it should support those motivated businesses wanting to take action to address health and safety. It is aimed at securing health and safety improvements within the business and improvements at this stage will contribute, particularly, to the third and second objectives.
  - Stage 3 offers us the most scope to decide who we want to engage and what advice we offer, but it is expensive. Given finite resources, we need to restrict access to this stage of engagement to the highest priority groups. Identification of the target groups and, therefore, success at Stage 3 will require market segmentation. In support of the Hampton agenda, the key criterion to restrict access should be risk. Although risk is not by itself a practical segmentation variable, we can use sector as a reasonable stand-in for risk. It is not, of course, the only factor that will influence who it is appropriate to invest Stage 3 resource in advising. For those who have requested Stage 3, key criteria for offering

services might include:

- Risk (for which sector is a reasonable proxy)
- Receptivity (the business wants to improve)
- Reach (the size of potential impact/number of employees)
- Requirement (that there is a need for the SME to improve – not the ‘worried well’)

Where HSE is seeking to ‘push’ its Stage 3 services to smaller businesses, there is another: that we have appropriate channels to reach targeted organisations.

**These criteria** may be useful but they **do not replace the need for researched and tested segmentation** of our market.

- 9 There is a range of **channels** for promoting the various tools identified in the stages - one of the most important of which is **LAs** who act as the prime channel for disseminating, promoting and controlling access for businesses in LA-enforced sectors. We need also to recognise the advantages to be gained through cooperating with **other regulators** to engage SMEs, who do not always distinguish between regulators and will benefit from efficient, joined up communications. **Intermediaries** such as trade associations, accountants and other advisers also make a contribution, both alerting SMEs to relevant HSE generated support and in some cases developing products in collaboration with HSE.
- 10 The third objective of the framework ‘to increase the number of small businesses who take steps to manage risks, sensibly and proportionately’ is about small businesses changing their behaviour. **Behaviour change** results from more than information provision – it is about **persuasion** and often requires many and various communications techniques and routes. Accepted marketing theory says that we will need to deliver our message 7 times and through 3 different media before a business will take action. If HSE is **to be successful** in achieving its third objective, therefore, it will **need to use a range of channels** (using activity at all three stages) to deliver its messages, reinforcing and repeating them.
- 11 Implementation of the framework needs **evaluation** to ensure that we are indeed meeting our stated objectives. However, the framework as a whole does not lend itself to a full evaluation, which would be very **expensive** and, more importantly, would be **unlikely to detect changes** directly attributable to the framework in such a large market. Instead, we propose to **monitor progress through the Action Plan**, to test that actions made do lead to improvements. Customer feedback; use of products, services and tools (measured, for example, through web statistics); and improved readability scores for written communications, will help monitor success.

12 The Action Plan will need to be reviewed in the light of evaluation results and learning points from implementation.

## PART 2 – THE APPROACH TO IMPROVING DELIVERY

### Stage 1- high quality, user-friendly basic information

13 We know how to do this better, and have **good examples** of:

- HSE ‘thinking small first’ and delivering **user-friendly, plain English, simple and practical guidance**;
- exploiting the range of appropriate **channels** including Businesslink.gov.uk, increasingly seen as the channel of choice for SMEs following the Varney recommendations on Transformational Government;
- the **use of intermediaries** to develop and disseminate guidance. For example, HSE teams have many well-established sector relationships, and the Small Business Trade Association Forum chaired by Judith Donovan has energised others into helping develop guidance to meet the needs of the audience.

14 The current phase of the **sensible risk project** will deliver a further important contribution via example risk assessments for priority sectors.

15 We have identified activities at Stage 1, **where we can make improvements**:

- i. Every year, HSE sends an **introductory letter** to approximately 135,000 new businesses promoting the information and guidance it provides. This letter is an important communication to the **business start-ups** identified as a **priority audience** in the framework. When newly established businesses receive this letter, it may be their first prompt to look at health and safety as part of managing their business, and the first time the new business is made aware of the support HSE provides. It is, therefore, a potentially powerful tool for raising awareness of health and safety and promoting HSE as an authoritative and business friendly source of information and advice; contributing to our first two objectives. **Improving the letter**, in cooperation with colleagues in the Sensible Risk Management project and LACoRS, may have a significant impact. To ensure improvements are ongoing, we need to establish a mechanism, with CDS, for **keeping the letter under review**.
- ii. We produce a large amount of **written information and advice**, through HSE, LA and HSL **publications and online guidance**. We know that we are not always successful in making these publications attractive and accessible for SMEs. Improvements will require those publications and other written communications that are relevant to the SME market, to be written in an SME friendly way: for example, by using a concise and plain English style, with practical examples. This will mean policy and sector teams producing “less but better” guidance with greater attention to SME needs. Less might not always mean fewer products, but will mean less in terms of bulk and, where appropriate, consideration of specific products for SMEs.

- iii. In discussion with colleagues in Strategic Communications, we have identified five **priorities for improving written information** in which SMEs have an interest:
- New generic H&S guidance, simplified as a result of the corporate publications review
  - New guidance resulting from **new or changed regulations**
  - New guidance resulting from a decision **by the Board or HSC not to proceed with regulatory change**
  - Existing and new written information and guidance associated with **HSE campaigns aimed at SMEs**
  - A small number of existing **popular publications** and **prominent web pages on the HSE Business Internet site**<sup>2</sup>
- iv. Improving these priority written communications will need the SME perspective to be brought into early decisions; we need to **introduce a robust process to build in ‘SME proofing.’** For new publications, Board level sign-off is already required. We propose that sign-off should only be given when Board members are assured, on advice from cross-cutting interventions division as necessary, that the proposed publication will meet small business needs. Consideration should also be given to whether a specific product for smaller businesses is appropriate. **Consultation on draft products**, for example with the Small Business Trade Association Forum and small businesses themselves, will help ensure final products are SME friendly. Of course, some materials that fall within our five priority areas are not relevant for SMEs. These would not fall within the scope of this proofing activity and consultation. We will need to introduce a **central mechanism to identify priority publications** that takes account of this.
- v. We know that there are **issues to be addressed** if we are to achieve our goal of making these priority products SME friendly. Often, guidance is written with **industry specialists and advisory committees**, who can be tied to giving full detail and expert-to-expert advice, at the expense of brevity and readability. Any action to improve guidance will need to bring our stakeholders along with us and help them to understand and apply processes. If final products are not customer focussed, we

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<sup>2</sup> **Priority existing publications** are: INDG143: Getting to grips with manual handling; INDG225: Slips, trips and falls at work; INDG402: Safe use of ladders and stepladders; INDG36: Working with VDUs. **Priority web pages** are one-page summaries for the ‘top 10’ things you must do (risk assessment; health and safety policy; ELCI; health and safety training; competent advice; basic, health, safety and welfare needs; worker involvement; health and safety law poster; reporting accidents; register your business); and 19 one-page summaries for H&S topics (including, Performing work at height ; Workplace transport; Slips and trips; Sprains, strains and pains; Using computers or other DSE equipment; and Work related stress).

may need to consider restricting use of the HSE logo. Where **HSL** drafts guidance, on behalf of HSE or LAs, this also must be incorporated into any systems for improvement. Finally, **LAs will need to be closely involved** and to 'own' the guidance; they should be included in any activity to improve written information on health and safety.

- vi. **HSE's website** has an area for business, which is an important medium for Stage 1 information. This has much useful **written information** for small business. However, this business area has been built up over a number of years and the information is not as well presented or as easy to navigate as it could be. Improvements to this site – especially to ensure that information is presented in a clear and accessible way, which makes health and safety appear manageable and tells small businesses what they need to do – will make an important contribution to implementing the framework. Any **changes will need to involve SMEs** to ensure that they really do better meet their needs and preferences.
- vii. Changes to HSE's website need to ensure **consistency with businesslink.gov.uk** and to be mindful of developments in implementing the **transformational government** agenda, which looks in the longer-term for web rationalisation and reduction in individual department/agency websites.
- viii. The Internet presents us with the opportunity to go beyond written information and to develop more visual guidance and tools. Work to promote sensible risk management includes **example risk assessments** for different environments and we will ensure that these tools are promoted to smaller businesses on the website. Online capabilities also give us the possibility to present information using **video demonstrations**, giving step-by-step illustrations of how to do complicated procedures. This has the potential to explain difficult processes in a way that is comprehensible. It could open up areas that might not be amenable to SME friendly written communication to the SME market. However, it would be a quite new development for HSE and is likely to be resource intensive. We need to evaluate potential costs and whether SMEs would use such an offering.

16 Actions on Stage 1 deliverables are at <b>1-4 in the 5 Step Action Plan</b>
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**Stage 2 - tailored information more easily accessible via phone/web-based 'contact centre'.**

17 Provision of improved Stage 1 information should enhance our Stage 2 offerings: for example, the service provided by **Infoline**, particularly in relation to its signposting functions.

18 Proposals for specific **improvements at Stage 2 in terms of telephone services** are at

this stage **limited**. The Single Point of Entry project, commissioned by the Board in January, will set our way forward on infrastructure to deliver a joined up customer face on telephone and web-based advice. Learning from the Workplace Health Connect evaluation will also be highly relevant in developing our thinking.

19 We can, nonetheless, make **proposals to improve our offerings at Stage 2 in terms of web-based tools**:

- i. **Search criteria on HSE's website** currently enable customers to look for content by 'industry' or by 'health and safety topic.' In this way, businesses themselves give basic information about their needs, which allows them quickly to pull out information; tailored either to their business sector or to the risk that interests them. Enhancing this capability to link the two functions – so that customers going from their industry area to a particular topic are presented with information relevant to their industry – could be a major improvement for small businesses. It could be built into the new look HSE website and will be closely linked to the Sensible Risk Management example risk assessments. It would require contributions from policy and sector teams, and therefore has **resource implications**. **Piloting** such a system would help us to evaluate whether and how far it should be rolled out and, again, we will need to consider the implications of transformational government.
- ii. **Interactive applications and electronic communications** are able to provide businesses with tailored information. We already provide **e-bulletins**, which alert customers to new information on topics, which they have expressed an interest in. Improvements to this service – for example, by providing a single communication incorporating all areas of interest to the customer – would be particularly useful for smaller organisations. The **SME Performance Indicator**, hosted on the Businesslink website, allows small organisations to measure their health and safety performance. Developing this tool to better direct customers to advice on making health and safety improvements and providing a simplified version, to enable smaller businesses to complete an assessment off line, would improve our service.

20	Actions on Stage 2 deliverables are at <b>3-4 of the 5 Step Action Plan</b>
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**Stage 3 - more limited, effectively targeted, tailored advice.**

- 21 Given that **Stage 3 is the most resource intensive** type of engagement, it is important that activity is suitably **targeted** at priority groups. A consistent approach to **segmenting and targeting** is required which meets corporate priorities, but allows some flexibility for specific local issues. There is a number of projects (underway and planned) within HSE that will contribute to a more comprehensive, strategic framework, looking at HSE's entire audience including SMEs. In particular, the Workplace Health Connect

evaluation (including the FOD pilot), work further to refine HSE's approach to segmentation of dutyholders and proposals for FOD trials on better use of HSAOs and SHAD resources (coming out of the Fine Tuning Review) will make a significant contribution. Given the further work required on segmenting the market, **Stage 3 cannot be taken much further forward at this time.**

- 22 Stage 3 activities can be face-to-face, provided by telephone or email. There may be scope to **develop a central advice service**, provided by telephone and/or email. Options would need to be developed with the WHC evaluation and Single Point of Entry projects and in the light of the Fine Tuning Review Action Plan.

23 Action on Stage 3 deliverable is at <b>5 of the 5 Step Action plan</b>
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### 5 Step Action Plan for SMEs

All staff costs are based on FEC ready reckoner figures

1. **Revise and keep under review the introductory letter for new businesses** to maximum effect, in conjunction with the Sensible Risk Management Project, CDS and LACoRS.

Timing: summer 2007  
Staff Cost: £1000

2. **Improve priority publications and written information** to better meet SME needs by:

- developing a central mechanism to identify priority publications:

Timing: a detailed, costed proposal to be presented to the Board autumn 2007  
Staff Cost: £900

- introducing a process to ensure:

- \* sign-off for priority publications is only given where the proposed product will meet SME needs (or a specific SME version is planned). To include early agreement with stakeholders, where appropriate, about SME quality requirements for using HSE's logo; and
- \* there is consultation on all draft priority publications with the Small Business Trade Association Forum, LACoRS and, where possible, directly with smaller businesses

Timing: a detailed, costed proposal to be presented to the Board autumn 2007  
Staff Cost: £1,200

- reviewing and revising, as necessary, the small number of priority existing publications and web content identified

Timing: review complete autumn 2007, revisions (Web only) by end FY07/08  
Staff Cost: £8,500

3. **Improve our online information and guidance** by:

- Revamping the Business area of HSE's website, to improve presentation and give SMEs the key information they need

Timing: publication autumn 2007  
Staff Cost: £4,000

- Developing a prototype for tailored online content, providing industry-specific information on a health and safety topic, helping businesses access relevant information and acting as a pilot for cross-sector improvements to online navigation

Timing: summer 2007  
Staff Cost: £1,500

- Exploring options for effectively promoting sensible risk management, through prominent example risk assessments and scoping the need for, and costs of,

developing a video demonstration pilot.

Timing: detailed, costed proposals to be presented to the Board, autumn 2007

Staff Cost: £900

- Enhancing interactive offerings for internet-based information, including work with the Online Services Team on tailored e-bulletins and with Businesslink on the SME Performance Indicator.

Timing: detailed, costed proposals to be presented to the Board, autumn 2007

Staff Cost: £1,000

**4. Drive culture change and skills improvements** within HSE, to encourage staff to think about SME needs and equip them to better meet those needs by:

- Producing and publishing to HSE's Intranet, information and advice for staff on smaller businesses, including advice on effective written communications, small business impact assessments and consultation; and/or

Timing: Publication summer 2007

Staff Cost: £500

- Asking Policy Group staff (Band 2 and above) to spend one day each year in a small business; and/or

Timing: **for Board decision**

Staff Cost: £27,000 (annual)

- Improving our drafting capabilities, through in-house training/recruitment or outsourcing

Timing and costs: dependent on decisions made in relation to mechanisms for delivering priority publications and systems for delivery (Action 2, above).

Training HSE staff in writing for SMEs may be costly, but would support the development of HSE's skills base over the long term. The level of in-house expertise needed will depend on the quantity of material identified as priorities and is likely to be cost effective only in the medium/long term. 'Buying in' expert drafting skills for immediate priorities, identified through implementing Action 2, will enable short-term improvements, but may be more costly (for example, a 5 page document would cost around £200 for an external copywriter in addition to the policy team resource for deciding content and giving ongoing support/project management). We would **welcome the Board's views on these two options**. We will develop detailed proposals in the light of the Board's comments, and the mechanisms and systems developed in relation to Action 2, which we will report in the autumn.

**5. Explore options for developing a central telephone/email advice service**, together with the WHC evaluation and Single Point of Entry projects and in the light of the Fine Tuning Review action Plan.

Timing: dependent on WHC evaluation and Single Point of Entry project – update on timings to be presented to the Board, autumn 2007

Staff Cost: included in central costs associated with SPE and WHC