

Health and Safety Executive Board			HSE/12/M02
Meeting Date:	29 <sup>th</sup> February 2012	FoI Status	Open
FoI Exemptions			
Trim Reference:	2012/139628		
<b>Minutes of HSE Board Meeting – 29<sup>th</sup> February 2012</b> Redgrave Court			

**Attending**

Judith Hackitt – Chair	Richard Taylor	Hugh Robertson	David Gartside
Geoffrey Podger	Sandy Blair	Frances Outram	Robin Dahlberg
Nick Baldwin	Paul Kenny	Liz Snape	John Spanswick

**Also attending**

Sue Johns, Rukhsana Dumbrell, Kevin Myers, Steve Dennis, Peter McNaught, Sally Sykes, Gaynor Coldrick, Steve Scott & Geoff Cox (item 12)

**Minutes** Rukhsana Dumbrell

<b>Open Session</b>	
<b>9</b>	<b>Welcome &amp; Introductions</b>
9.1	<p>Minutes: The minutes were cleared with no comment.</p> <p>Matters Arising: The Chair acknowledged the receipt of update briefings from ONR, requested at the previous Board meeting, on:</p> <ul style="list-style-type: none"> <li>a) Progress of developments on safety reference levels; and</li> <li>b) Regional community engagement activity.</li> </ul>
<b>10</b>	<b>Chief Executive's Report</b>
10.1	<p>Geoffrey Podger presented his report. He specifically drew the Board's attention to the following:</p> <ul style="list-style-type: none"> <li>a) The range of activities in the report reflected the large amount of activity on government regulation.</li> <li>b) Geoffrey Podger and Mike Weightman gave evidence to the House of Commons Science and Technology Committee.</li> <li>c) LGA's commitment to deliver regulatory matters through its mainstream programme was welcomed. The HSE would continue to engage with LGA officials to secure links at the highest levels and highlight the importance of the LGA's role to progress the regulatory reform agenda.</li> <li>d) A key role of the LGA Regulatory Support Unit (due to close on 1 April 2012) had been to facilitate contact between the 420 local authorities. A knowledge hub had been created to maintain this and to date the system appeared to have been effective.</li> </ul> <p>In discussions the following comments were made:</p> <ul style="list-style-type: none"> <li>e) The proposed European Regulation on the safety of offshore oil and gas</li> </ul>

	<p>drilling had major implications for the North Sea industry. The Board reflected their concerns about decisions taken at EU level and their potential impact on the UK. The Board requested a detailed update on negotiations at the appropriate time and noted that officials would take stock after the Danish presidency ended.</p> <p>f) The Board asked whether any cases had been considered by the Challenge Panel. They were advised that to date no cases had been put to the panel but that there were some in preparation.</p> <p>g) The Board noted the fatalities data.</p>
<b>Action 5</b>	To provide the Board with an update on the proposed European Regulation on Safety of Offshore Oil and Gas Drilling at a future date.
<b>11</b>	<b>Chair of the Office of Nuclear Regulation Report to the HSE Board</b>
11.1	<p>Nick Baldwin presented his report. He drew the Board's attention to the following:</p> <p>a) The ONR restructure was progressing well and officials were working towards a 1 April 2012 go-live date. As a consequence of the restructure two senior official contracts were coming to an end on 31 March 2012.</p> <p>b) The Generic Design Assessment (GDA) process was being wound up and any on-going work would be absorbed into routine workstreams.</p> <p>c) The first set of ONR KPIs had been agreed and populated. It was proving to be a useful management tool. Further work was in train to enhance it with additional KPI's.</p> <p>In discussions the following comments were made:</p> <p>d) The loss of memory stick in India and the follow up actions being taken were noted.</p> <p>e) The Board extended their thanks to Kevin Allars for moving the GDA work forward, which had resulted in ONR meeting all the milestones.</p>
<b>12</b>	<b>Improving Health &amp; Safety in the Health and Social Care Sectors</b>
12.1	<p>Kevin Myers presented the paper on improving health and safety in the health and social care sectors. He drew the Board's attention to the following:</p> <p>a) There were considerable uncertainties and challenges for HSE and the sectors themselves, as set out in the paper. A mix of intervention approaches was required and, commissioning and the supply chain were important areas of potential influence.</p> <p>The following comments were made in discussion:</p> <p>b) The Board welcomed the paper and recognised the differences in context and challenges between the health and social care sectors. For example, the healthcare sector consisted primarily of the NHS, in contrast to the social care sector, which was largely made up of SMEs.</p> <p>c) The Board considered whether it was sensible to aggregate these sectors together. They acknowledged that many of the issues were in fact common, as reflected in the supporting Annex. The Board acknowledged the proposals in the paper and agreed that HSE needed to target its influence and application in order to make most impact.</p> <p>d) The Board reflected that the lack of knowledge of widely recognised</p>

	<p>minimum standards, referred to in paragraph 11, was true for both sectors but was perhaps more pronounced in social care.</p> <p>e) The Board noted that there were a number of routes through which stakeholders were being targeted to disseminate knowledge and inform implementation but more could be done. They highlighted the benefit of safety awareness days in getting the message across in other sectors, for example agriculture. They also suggested that the POSHH approach to producing guidance and influencing in the healthcare sector, might be a good model for the social care sector.</p> <p>f) The Board noted that in order to target interventions, in paragraph 12, intelligence was gathered through a variety of sources – for example, local knowledge and from other regulators such as CQC, as well as from reactive work.</p> <p>g) The Board fully supported the HSE commitment, in paragraph 13, to continue to investigate fatal and very serious accidents to employees and the public.</p> <p>h) The Board recognised that the concept of progressing the strategy piecemeal might be appealing but that an overarching strategy was also required.</p> <p>i) It was commented that the interventions in Annex 2 did not sufficiently recognise devolved bodies in Scotland and Wales or the scope for the LGA to be involved.</p> <p>j) The Board noted that the DCLG strategic review of LA service delivery might provide a route for factoring in health and safety considerations into commissioning.</p> <p>k) The Board questioned if HSE can do more for the social care sector which requires a different approach to the health care sector.</p>
<b>Action 6</b>	Board members (Frances Outram & Liz Snape) offered support to disseminate information.
<b>Action 7</b>	A paper on social care specifically later in the year when the Mid-Staffordshire Inquiry had reported and the Government's response was known.
<b>13</b>	<b>Future Agendas</b>
13.1	<p>March Meeting Agenda</p> <p>a) The Board requested a paper on IT security policy following further investigation into recent incidents.</p>
13.2	<p>Forward Look</p> <p>b) The Board requested an above the line paper on IT Security Policy.</p> <p>c) The Board requested that consideration be given to holding two open meetings outside of Liverpool and London next year.</p>
<b>Action 8</b>	A paper to the Board on IT Security Policy.
<b>14</b>	<b>Any Other Business</b>
14.1	There was no other business discussed.