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14th February 2005

Dear Ms Cooper - thank you for your letters of 29 Nov 2004 and 1 Feb 2005. Our comments are provided below.

1. Have developed a clear, overall science strategy
We believe that HSE has developed a clear science strategy, as outlined in the recent consultative document which is currently under consultation: http://www.hse.gov.uk/science/draftstrategy.pdf. In our opinion the aims of this strategy support well its overall goal of protecting workers' health and safety, whilst taking into account commercially important aspects such as getting good value for taxpayers money.

2. Horizon scanning
This is an area where we believe HSE could be more proactive, and could seek more opportunities for soliciting ideas from its contractor base. As consultants, we often see changes in working practices/equipment/environments which may have associated risks well before they are picked up on HSE's policy division radar. Examples include portable computers, homeworking and call centres – we had been telling some of our contacts in HSE about problems in these areas for at least a couple of years before any research or regulatory action was considered. The occasional Competitions for Ideas that HSE runs are, in our opinion, an excellent way of picking up on these areas from specialists working in different fields. However, these Competitions appear to be perceived as time-consuming and onerous for HSE staff to manage, hence they are not a regular (say annual) event.

3. Harness existing research and identify gaps and opportunities for future research
One of the areas where we (and several other contractors) have supported HSE is in the identification and preparation of case study books on various topics (ergonomics, human factors, noise, manual handling) etc to help industries implement best practice

through examples of what solutions have worked in other areas. According to our industry and HSE sources, these case study books have been instrumental in helping to achieve reductions in injury and accident rates in the sectors they address. There is currently a view that such guidance should be prepared by industry itself, but often the motivation to do so (and the quality of the material produced) is not high. We believe that more of these publications would help to reduce further the incidence rates in different industry sectors.

4. Commission and manage new research
Our experience of the commissioning process (run usually by RSU) is that it is fair and transparent. RSU project officers (for example, Elizabeth Hoult and her team) have always been willing to provide constructive feedback when we have asked for debriefs after unsuccessful tenders.

HSE's management of new research contract can vary considerably. Project management styles we have experienced have varied from fully engaged, interested project officers to those who have made it quite difficult to discern exactly what they want from a project (this may be based on their own lack of understanding about the new area of research).

5. Ensure the quality and relevance of the work they carry out and sponsor.
In our opinion this is mostly carried out well – especially when the HSE client is interested in the topic area and carries out regular discussions with us, and is flexible when project requirements need to change after initial data/evidence is gathered.

6. Use research and scientific advice in formulating policy.
We have observed that, for virtually all of the research contracts we have undertaken for HSE, our findings have been thoroughly taken into account when formulating policy.

7. Publish results and debate their implications openly.
We believe that HSE publishes almost all of its research results, as part of its Contract Research Report Series. In our opinion such publicly-funded research should be made available to all who might wish to see and use it.

In terms of debating the implications, we are aware that HSE debates the implications extensively internally. We have no evidence that they do not debate the implication externally in an open manner.

8. Share and transfer knowledge
We believe that HSE could do more to share examples of good practice across and within industries. Many of the good-practice case study books are now several years old and as technology and working methods for solving common problems advances we believe it is important to disseminate good practice as widely as possible. For example, the injury rate (injuries per 100,000 workers) in the food industry has dropped by 26% since 1990/91 when the 'Recipe for Safety' strategy was started jointly with the food industry.

The steady trend is significant, and our contacts in the industry believe this success was in a large part achieved by:

(a) agreeing H&S problems/solutions with the food industry (or collecting case studies), then

(b) publishing what needs to be done in food-industry-specific HSGs or Information Sheets (in text fully agreed by the industry).

We understand that about a year ago there was a significant cessation in HSE publication activity, e.g. HSE published 50 publications before the stop (0.5% injury rate drop per publication) and none since. The HSC's suggestion is that HSE help industry publish its own H&S guidance or publish on the HSE web and, whilst these have their place, it is difficult to see how they can replace authoritative 'industry agreed' glossy publications to 'get the message across'. Furthermore:

- 'industry produced' H&S guidance can be very variable and, if produced by a trade association, tends to be set at the H&S level of the worst company member (so they can all sign up to it); it never sets higher 'aspirational' goals to achieve, rather those already in place;
- anecdotally, we understand that if HSE is consulted on industry produced guidance, it tends to take up more HSE resource getting it checked, discussed, corrected than if it had produced the guidance itself, in consultation with industry;
- in some cases we have observed HSE put in a lot of resource to help industry produce guidance, only to find it never gets published.
- it is possible that alternative/conflicting guidance on the same health and safety issue can be produced by different parts of the same industry.
- While the web provides a cheap means of dissemination, it does not suit all target users of HSE best practice.

Having seen guidance produced in a number of ways, we are convinced (and we believe industry agrees) that HSE guidance is best as it is authoritative, accurate, legally correct and produced in close consultation with industry.

9. Have implemented the guidance contained in Guidelines 2000 and the Code of Practice for Scientific Advisory Committees.
We do not have any experience of how HSE implements these guidelines/code of practice.

10. Use, maintain and develop scientific expertise
In our opinion HSE could perhaps do more to share research methods and findings across research contractors and publicise their output – say, through a couple of annual events – a workshop for researchers to share experiences and a public conference to showcase HSE and contractor expertise aimed at H&S people in industry.

I trust this information will be helpful to you.

Yours sincerely

Tanya Heasman
Director