

Health and safety performance in the Construction Industry

Progress since the February 2001 Summit

*Second report by Kevin Myers
Chief Inspector of Construction,
Health and Safety Executive*

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Summary

Chapter 1

Introduction

1. In response to growing concern about the construction industry's health and safety performance, a major Summit took place in February 2001, called by Government and the Health and Safety Commission (HSC). At this conference, key industry organisations (listed at Annex 1) adopted demanding Revitalising targets and committed to Action Plans as one means of delivering them. My first report in February this year covered progress during the 9-month period between March and November 2001 and the summary of my first report is attached at Annex 2.
2. This second report covers the 10-month period since the last reporting period, i.e. December 2001 to September 2002. The Action Plans, however, are only one means of delivering the Revitalising targets and this report takes a broader view of the industry's health and safety performance.
3. Since the first report was completed, there have been significant changes and developments in the construction industry. In September 2002 the Strategic Forum for Construction published a report on its first year of activity in which it made several recommendations for the future well being of the industry. Health and safety has featured prominently in the Forum's activities as a crosscutting theme. It also reconstituted its membership under a new Chairman and its administration is now industry based rather than with the Department for Trade and Industry.
4. Also in September HSE published a wide-ranging Discussion Document seeking views from everyone connected to the industry on how to improve health and safety performance.
5. So the Action Plans are being pursued against a background of continuing industry change and it is a credit to all those involved with their implementation that real progress is being made.

Chapter 2

Revitalising targets

6. The Revitalising Health and Safety initiative was launched by Government and the Health and Safety Commission in June 2000. It is designed to inject new impetus into the health and safety agenda, 25 years after the Health and Safety at Work Act etc. 1974 and improve health and safety performance in all workplaces over the next decade. The nation-wide Revitalising Targets that were set are attached at Annex 3.
7. The construction industry responded to the Revitalising challenge in February 2001 by setting even more demanding targets that were announced at the Construction Summit called by John Prescott the Deputy Prime minister. These targets are attached at Annex 3.
8. The statistics presented below are for information. I have set out at the end of this chapter such conclusions, as I believe can be drawn. The figures are subject to innate year-to-year variability and one has to exercise care in interpreting them.

Fatalities

9. Table 1 shows construction worker fatalities from 1992/93¹ to 2001/02p². The number of fatal injuries to workers in 2001/02 was 79. This is a 25% reduction on 105 the previous year that was the highest figure for 10 years.
10. Table 1 also shows rates of fatal injury per 100,000 workers in the industry. The rate, having generally dropped in the 90s until 1998, rose substantially in the next 2 years to 5.9 in 2000/01 but has fallen in the most recent year by 28% to 4.2.
11. It is worth pointing out that the fatal injury statistics, although very visible and highly emotive, are only a part of the Revitalising targets. But they are an important indicator of whether early progress is being made.

Table 1 *Numbers and rates of fatal injuries to workers*

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02p
Employees	70	75	58	62	66	58	47	61	73	59
Self-employed	26	16	25	17	24	22	18	20	32	20
TOTAL	96	91	83	79	90	80	65	81	105	79
Rates per 100,000	5.9	5.7	5.1	5.0	5.6	4.6	3.8	4.7	5.9	4.2

Major injuries

12. Table 2 shows the number of reported major injuries from 1992/93 to 2001/02p. This number has risen from 4054 in 1996/97 to 4729 in 2000/01, but has in 2001/02. These figures are known to suffer from serious under-reporting, especially amongst those who are genuinely or notionally self-employed. HSE is able to make an estimate of this level of under-reporting through the use of the

¹ HSE's reporting year is from 1 April to 31 March.

² All figures for 2001/02 are provisional and will not be finalised until July 2003.

Labour Force Survey. Our estimate is that under-reporting is (if anything) on the increase, [casting doubt on the extent of the reduction in this year's figure].

Table 2 Number of major injuries to workers 1992/93 – 2001/02

	92/93	93/94	94/95	95/96	96/97*	97/98	98/99	99/00	00/01	01/02p
Employees	2061	1806	1872	1806	3227	3860	4289	4386	4321	????
Self empl.	684	768	755	671	827	466	367	363	408	????
TOTAL	2745	2574	2627	2477	4054	4326	4656	4749	4729	????

**Non-fatal injury statistics from 1996/97 cannot be compared directly with earlier years due to the introduction of revised injury reporting requirements (RIDDOR 95) in 1996.*

Health

13. The occupational health record of the industry is as bad, if not worse than its safety record, but finding means to measure this and monitor progress is for more challenging. Although there is ongoing work in this area, it is not possible at this stage to provide figures that relate to the indicators used in the Revitalising targets. In 1995/96 (the last year for which figures are available) it was estimated that over 1.2 million days were lost as a result of work-related ill health.

Baselines and rates

14. The construction industry remains one of the most dangerous in Britain. While the fatal injury rate has come down this year to 4.2, it has to be compared with the all industry average of 0.88.
15. The baseline year for the Revitalising target for reducing the incidence rate of fatal and major injuries is 1999/2000, when the rate was 270 per 100,000 workers. This rate for 2001/02 was x, x% less/more than the baseline.

Conclusions

16. The reduction in fatal injuries in 2001/02 is undoubtedly welcome and taking account of the industry's expanding workforce produces the second lowest fatal injury rate ever. Though this improvement on last year's figures is certainly grounds for optimism, 79 fatalities only represents a return to previous levels. I can see no convincing evidence that an inexorable downward trend has been established.
17. The combined fatal and major injury rate has also come down in the 2 years since the start of Revitalising but not by a great deal [Check against published figures]. Even leaving aside arguments about the level of under-reporting, the current trend falls well short of the interim target in 3 years' time of a 40% reduction.

Chapter 3

Action Plans

18. HSE wrote to the Umbrella Bodies at the beginning of August asking for updates on their Action Plans. The replies we received were characterised by some unevenness in both quality and quantity. I recognise that this may well be a consequence of the sheer volume of work taking place in the industry. I am also aware that new issues continue to arise, not least new proposals from HSC, and the effort going into these is not reflected in the responses on Action Plans.
19. Below I summarise the progress on industry Action Plans against a series of crosscutting themes.

Competence

20. This is the area where possibly the most visible culture change has been seen. The industry continues to work towards a fully qualified workforce, and the Construction Skills Certification Scheme (CSCS) and other equivalent training schemes are already being recognised as a minimum industry standard. In *“Accelerating Change”* the Strategic Forum states that the move to a fully qualified workforce “will have a major impact on the number of avoidable accidents caused by a basic lack of site awareness”.
21. From the end of 2003, contractors will not be allowed onto sites of members of the Major Contractors’ Group (MCG), part of the Construction Confederation, without relevant training certification. The Construction Confederation has also issued guidance on, amongst other things, checking CSCS cards and preparing site-induction checklists. The Confederation of Construction Clients (CCC) continues to work towards the goal of a fully qualified workforce. They have now set up a Steering Board “Qualifying the Workforce”. The CITB reports a phenomenal increase in the volume of applications for their courses, showing that the message is really getting through.
22. The Institution of Civil Engineers and the Royal Institute of British Architects, both members of the Construction Industry Council (CIC), are exploring the possibility of setting up a benchmarking/certification scheme that would become the minimum standard for designers under Regulation 13 of the CDM Regulations. Discussions are ongoing to consider the links with CSCS related initiatives. Both CITB and CIC are actively pursuing with Universities the possibility of including health, safety and environmental issues in degree courses.
23. SEC Group (previously part of the CLG) has developed a number of competency-based cards affiliated to the CSCS. The Engineering Construction Industry Association (ECIA) has agreed a new syllabus for their Supervisor Health and Safety passport scheme. The Engineering Construction Industry Training Board (ECITB), a separate body but closely linked to the ECIA, has been working with CSCS towards mutual recognition of their competence qualifications. All this helps to integrate the industry’s efforts around the goal of a single competence scheme.

Measuring performance and reporting

24. Performance measurement and reporting is also becoming more commonplace in the industry. The CC commitment to reducing fatal and major accidents

includes initial baselining of accidents in member federations. The MCG is now into its second year of monitoring and compiling their accident statistics. The ECIA has developed a series of Key Performance Indicators that will shortly be launched across the whole engineering construction industry. The indicators include specific measures on accident rates and health and safety management performance.

Engaging the workforce

25. The CC consultation toolbox has been adopted by most of their member federations. Certain aspects of the toolbox are mandatory on some members' sites. A National Joint Committee serves the engineering construction industry where unions and employers meet to agree national standards, including health and safety. The Federation of Master Builders' (FMB) active participation in HSE's Worker Safety Advisor Pilot Scheme has been crucial in the successful conduct of this experiment. [Need TUC's contribution to make this more meaty.]

Integrated supply chain

26. In the first report, the Construction Products Association (CPA) had already researched the risks attached to the use of products on site. They are now working with an electronic information provider to develop a standardised information format in order to maximise both the value and accessibility of existing information and to allow for efficient updating with new information.

Reaching Small/Medium sized Enterprises (SMEs)

27. Reaching SMEs and changing their culture is crucial to achieving the Revitalising targets. With this in mind, the Construction Industry Training Board (CITB) has conducted surveys of SMEs to determine the barriers to adopting a better health and safety culture. The results are currently being analysed. From October 2002 onwards, they will run a series of health and safety seminars specifically targeting SMEs. They are also investigating the possibility of improving SME take up on health and safety training material through discounted publications and the provision of a video hire service.
28. As one prominent industry voice for SMEs, the Federation of Master Builders (FMB) plays an important role in communicating health and safety messages to its members. They are actively involved with HSE's Worker Safety Advisor scheme, the Working Well Together Campaign, the Site Safe Scotland Committee and CSCS. Its Health and Safety Helpline offers free advice on construction health and safety. They also publicise health and safety issues through fact-sheets, bulletins and regionally produced newsletters.

Clients

29. CCC's Clients Charter has been further developed to facilitate continuous improvement of the clients' construction activity. Good health and safety performance as a pre-requisite for contract award and best practice criteria for selection of suppliers are included in the Charter. Progress with Charter take-up is on the increase; there are currently 275 registered clients.

Occupational health

30. Because of its nature, ill-health figures are far more difficult to measure than those for accidents. However, ECIA has begun to collect simple health data from its members. They recognise that if the information they are trying to collect is too complex, there is a danger that only the more sophisticated companies will be able to comply. They have therefore deliberately designed the data set in a way that all their members will realistically be able to comply. MCG, having launched

their safety strategy in April 2001, are now preparing a health strategy for launch early next year.

Chapter 4

Initiatives by HSE

Discussion Document

31. HSE launched a wide-ranging Discussion Document in September titled “*Revitalising Health and Safety in Construction*”. The document looks fundamentally at the cultural influences at the heart of the industry’s poor health and safety record. It seeks ideas on how everyone involved in construction processes, including clients, designers and contractors, can work better together to deliver the Revitalising targets and promotes the HSE view that health and safety performance cannot be separated from performance in other key business areas such as quality, timely delivery and profitability. Once the discussion period is over HSE will review all the contributions, draw out conclusions and pursue promising ideas. Where it cannot act in its own right, HSE will raise the conclusions with those it believes can.
32. The Discussion Document is supported by an online discussion forum³, where anyone interested can join debates, post information or simply respond to the document online. A free leaflet summarising the issues in the Discussion Document has also been produced. We hope the leaflet will play a crucial role in our efforts to reach SMEs and workers. The deadline for comments on the Discussion Document is 31 December.

Occupational Health Support Scheme

33. HSE work on developing and running a pilot scheme to provide occupational health support in the construction industry continues. There are, however, significant barriers to overcome in terms of funding and we need to work with the industry on this.

Construction Division

34. HSE launched its new Construction Division in April this year. This new Division, for the first time, allows for the deployment of HSE’s construction resources under my direct management as Chief Inspector. This will enable us to better focus our activities on achieving a significant reduction in accidents and the causes of ill health within the industry.
35. We have also developed a new intervention strategy for the Division, which builds upon and complements our traditional site-based work, particularly with our incident and complaint investigations. But we have also made some changes to our approach and emphasis in order to maximise our impact. For example, by targeting more of our interventions further up the chain of duty holders, we can influence the way that clients and designers play their part in changing the industry culture.

Construction blitzes

36. One element of the Intervention Strategy that has achieved considerable media attention in the last year has been the 4 construction blitzes that we undertook, starting in London in April 2002.

³ www.hse.gov.uk/disdocs/constuction.htm

37. These blitzes concentrated on falls from height and were designed to test how well the industry had tackled one of its key risks. The blitzes were well publicised in advance and many of those we visited knew we were coming. The results were therefore all the more disappointing in that conditions were so bad that we had to stop work on nearly 50% of the sites we visited. In a number of cases the scale or blatant nature of the problems we found meant that we had little alternative but to commence legal proceedings. A number of those prosecuted were major contractors on large sites, as well as SMEs.

	London	Scotland and North England	Wales/ West Midlands/ South West	East Midlands	All Areas Total
Sites Visited	223	444	383	63	1,113
Prohibition Notices	110	206	120	24	460
Improvement Notices	11	53	30	3	97
Total Notices Issued	121	259	150	27	557

38. My conclusion from these visits is that there remains much to be done if the commitments made at the highest level of the construction industry are to be reliably translated into improved control of risk site level.

Chapter 5

Other indicators

39. The industry Action Plans allied to HSE's continuing efforts are vital to improving health and safety performance and achieving the Revitalising targets. But tracking performance through collation of injury and lost time statistics is necessarily a retrospective process. There is a role for qualitative forward-looking judgement as well, which I offer in this chapter.

The Strategic Forum for Construction

40. After the General Election last year, Ministers created the Strategic Forum for Construction to fulfil the strategic role previously provided by the now defunct Construction Industry Board. In its first year under the Chairmanship of Sir John Egan, it set as its main task the quicker and wider embedding of the principles in his 1998 report "*Rethinking Construction*". The forum identified 3 main drivers to improving the industry's culture:

- Client leadership;
- Integrated teams and supply chains; and
- 'People issues'.

41. In addition it identified health and safety as a key crosscutting theme. This is borne out in the report of its first year's activity "*Accelerating Change*". In the foreword to the report, Sir John Egan speaks of his "passionate belief" in the importance of the industry tackling its health and safety problems and stressed the need to value and respect the workforce. The report also carries health and safety recommendations that: span all three priority areas.

Rethinking Construction

42. Also during this period the Rethinking Construction's Working Group on Respect for people has concluded a programme of work that includes the development of Toolkits and Performance Indicators in respect of a range of issues relevant to health and safety. This work has been brought together in "*A Framework for Action*."

Action Plans as drivers for change

43. When we wrote to the Umbrella Bodies in August asking for updates on their Action Plans, we also posed 4 wider questions:

- How successfully is your Action Plan being driven down through member organizations?
- How much is delivery of your Action Plan dependent on other Umbrella Bodies?
- Is there scope for drawing up new, more integrated plans which include other industry organizations working together?

- Do you intend to update, renew or revise your Action Plan?
44. The responses from those bodies that addressed these questions were generally positive. There had always been recognition that the industry's health and safety performance was poor but before the Action Plans there was an inclination to see this as someone else's problem. Some members of the umbrella bodies were already taking action but not in a co-ordinated manner. So the Action Plans are seen as a key factor in focusing the industry's collective mind and raising health and safety to the top of the agenda.
 45. Action Plans are seen as still serving their purpose and there was reluctance to embark on major review or revision at this juncture. It is important not just for current work on them to be followed through to their conclusion, but also for them to be deemed successful. More than one umbrella body made the point that there is a danger of initiative fatigue if Action Plans are renewed and/or revised before existing ones have been completed. It is also possibly true that newer plans are more likely to succeed if previous plans are seen to have made a difference. That said, some groups recognise the Action Plans as 'living documents' and will automatically take on board new issues and make revisions as a natural evolutionary process.
 46. None of the umbrella bodies expressed an aversion to working more closely with other organisations, in fact quite the opposite. There is already close working in some areas of the Action Plans e.g. competence. But they all recognise the importance of completing their own Action Plans before moving on to more integrated plans. There is also a fear of 'loss of ownership' if the industry moved towards one single 'master-plan'.

Experience of HSE inspectors

47. Inspectors in the field are reporting some signs of improvement in risk awareness amongst dutyholders at all levels of the industry. There are pockets of success either on particular issues (such as use of nets, air bags and other fall protection equipment, reversing and visibility aids, etc.) or amongst particular companies and their sub-contractors and suppliers. The MCG Charter, and in particular the move towards a common certification scheme is perhaps the most visible. However, the general impression is that the capability of many construction managers and site supervisors to tackle the fundamental risk areas is still very limited.
48. Interventions with major Government clients are starting to reveal evidence of procurement practices in line with Office of Government Commerce guidance, however there is still confusion on the application of this in relation to PPP/PFI projects as opposed to those that are directly funded by public money. Local Authority clients however are still frequently found to be using price as the main factor in awarding contracts rather than properly evaluating the health and safety implications of the tender.
49. Many designers are still slow to accept their role in designing out health and safety risks and there is limited evidence that the leadership being shown by professional bodies has permeated to the drawing board.
50. Inspectors report a continuing imbalance in the attention given to health issues compared to safety, coupled with a generally poorer level of awareness of the causes and solutions of common occupational health problems.
51. Our evidence shows that effective communications with the workforce contributes to improved health and safety, yet it is still the exception to find such communication and consultation arrangements in place. Much more effort needs

to be put into engaging all those who work in the industry in risk identification and problem solving.

Chapter 6

Conclusions

52. In my first report I recognised the priority being accorded to Action Plans and the good initial progress being achieved. I also cautioned that there was still much to do, and that it was too early to judge whether the effort being invested was producing lasting results. With a further ten months experience, I find the dichotomy between effort and results remains.
53. The progress reports on Action Plans I have received again show continuing energy and commitment. In general the organisations find the plans remain relevant and help to maintain the focus on improving health and safety performance. Perhaps the most tangible success is the drive towards a fully qualified workforce. Through an affiliation process the industry is close to achieving a single scheme. The huge increase in applications to CITB testifies to the fact that contractors are now recognising the determination to deliver on this front and the support it receives from all umbrella bodies.
54. I have also witnessed at first hand the prominence given to health and safety by the Strategic Forum, which I greatly appreciate. It is heartening to see health and safety treated as an integral part of the industry's management challenge and not as a segmented and specialised issue.
55. But I find it hard to assert that we have finally turned the corner as far as changing the culture and having a significant impact at site level. The number of fatal injuries for 2001/02, while much reduced from the previous year, falls on an eight year trend line for fatal injuries which is essentially flat with an encouraging dip in 1998/99 and a tragic spike in 2000/01. The rate of fatal and major injuries combined is at best falling slowly. I am also very disappointed with the experience of our blitzes (paragraphs 37-39). The degree of enforcement action needed despite pre-publicity shows that the message is still not reaching the front line loudly and clearly enough.
56. It has been said countless times that there are no quick fixes, no short cuts to improving the industry's record. So given this timeframe and on the basis of many intangibles, I remain optimistic that we are making progress. In the end, though, we have to see fewer deaths, fewer injuries, and fewer assaults on people's health. And sooner rather than later we need to see tangible evidence that we are moving irreversibly in this direction. But for the present, factual evidence of industry-wide improvement remains hard to come by.
57. In other contexts the industry is complaining of 'initiative fatigue' and I agree that this is not the moment for major changes of direction. I have been invited to join the reconstituted Strategic Forum as an observer, underlining the continuing prominence of health and safety as a strategic issue for the industry. The Summit Action Plans clearly have an important, ongoing role in the agenda of umbrella bodies. But I also recognise that the recent publication of *"Accelerating Change"* and *"A Framework for Action"* and any subsequent follow up to both are also relevant to the process of cultural change in the industry. I am beginning to wonder whether we need to develop a more effective way of collecting and disseminating intelligence on delivery of these related and complementary initiatives and of assessing their collective impact. Also over the coming months

we in HSE want to analyse the replies to our Discussion document and make our contribution to the process of culture change and performance improvement.

58. In summary, I believe the industry must not be diverted from its chosen course to make a reality of the commitments given at the Summit nearly two years ago, and to convert effort into results. HSE will continue its positive and constructive engagement with the industry, but we owe it to those harmed from working in the industry and to their families and friends to rigorously enforce the law where serious failings occur.

**UMBRELLA BODIES WHO PRESENTED ACTION PLANS AT THE FEBRUARY
2001 CONSTRUCTION SAFETY SUMMIT**

- Construction Confederation (CC), and Major Contractors Group (MCG)
- Confederation of Construction Clients (CCC)
- Construction Industry Council (CIC)
- Constructors' Liaison Group (CLG)⁴
- Construction Products Association (CPA)
- Construction Industry Training Board (CITB)
- Trades Union Congress⁵
- Engineering Construction Industry Association (ECIA)
- Construction Industry Board (CIB)⁶
- Federation of Master Builders (FMB)⁷

⁴ CLG split into its 2 constituent parts in July 2002: the National Specialist Contractors' Council (NSCC); and the Specialist Engineering Contractors' (SEC) Group.

⁵ TUC includes all the construction unions. The Action Plans have the 'umbrella' endorsement of the TUC but is owned by the individual unions who are committed to carrying them out.

⁶ The Construction Industry Board ceased to exist at the end of June 2001.

⁷ FMB's Action Plan was not presented at the Summit but HSE has been liaising with them on the progress they have been making.

SUMMARY OF FIRST REPORT

This report provides an update on the construction industry's progress with implementation of the Action Plans from the Construction Safety Summit on 27 February 2001. It is the first since the Summit and I expect to provide further reports at regular intervals.

The report presents the targets that the industry has set itself in terms of reducing injuries and ill health, as part of the Revitalising initiative, and selected statistics for the year 2000/01. But given the innate year-to-year variability of such figures, no sensible judgement can be made at this early stage on movement against the targets. I hope that in future reports I will be able to start drawing some conclusions about the extent of progress.

There is genuine recognition in the industry that things must change and the Action Plans have been accorded high priority. The Action Plans are too long to list progress with each individual point. Instead I have grouped them under the 6 themes used in the Working Well Together Conference held in October last year, and highlighted notable areas of progress. Further success will depend on effective cross industry working and driving the actions down through the membership of the umbrella bodies.

It was recognised at the Summit that there are no quick fixes for improving the industry's health and safety record; nothing short of a fundamental cultural change will deliver results. There has been much activity and good early progress in delivering Action Plans, but this activity must be sustained for years to come when doubtless new priorities will arrive to compete for attention. The ultimate measure of success will be a significant and sustained reduction in fatalities, injuries and ill health.

REVITALISING TARGETS

Nation wide Revitalising targets

- A reduction in the number of working days lost per 100,000 workers from work-related injury and ill health by 30% by 2010;
- A reduction in the incidence rate of fatal and major injury accidents by 10% by 2010;
- A reduction in the incidence rate of cases of work-related ill health by 20% by 2010; and
- To achieve half the improvement under each target by 2004.

CONIAC Revitalising targets

- To reduce the incidence rate of fatalities and major injuries by 40% by 2004/05 and by 66% by 2009/10;
- To reduce the incidence rate of cases of work-related ill health by 20% by 2004/05 and by 50% by 2009/10; and
- To reduce the number of working days lost per 100,000 workers from work-related injury and ill health by 20% by 2004/05 and by 50% by 2009/10.