

HEALTH AND SAFETY EXECUTIVE			
CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)			
Meeting date:	16 November 2011	FOI status:	Fully open
Type of paper:	Above-the-line	Exemptions:	None
TRIM reference:	2011/536984	Paper No:	M3/2011/1
Cleared by:	Philip White, Chair of CONIAC, on 25 October 2011		

Update on recent activities of CONIAC's Working Groups

Purpose of the paper

For information, discussion and decision
at 16 November meeting of CONIAC

1. This paper updates CONIAC on activities of its working groups for the period July 2011 to November 2011. It includes a business plan from the Safety Working Group for a Work at Height Strategy, for which CONIAC's approval is sought.

Background

2. CONIAC has established the following Working Groups to further its aims:

- Health Risks
- Working Well Together Steering Group
- Catastrophic Events
- CDM
- Safety

Argument

3. CONIAC's terms of reference provide as follows: "Each Working Group shall have and, subject to its endorsement by CONIAC, carry forward a Work Plan. CONIAC shall monitor the activities of the Working Groups and hold them to account for delivery of their Work Plans. Reports from Working Groups shall be a standing agenda item for CONIAC meetings."

4. Updating information for each of the Working Groups is set out in the **Annex** to this paper.

Recommendations

5. CONIAC notes the activities of the working groups and particularly the Health Risks Working Group's finalised 8-point Position on health risks in construction (see page 3).

6. CONIAC approves the business plan for a Work at Height Strategy submitted by the Safety Working Group (see page 5).

Contact

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Health Risks Working Group

1. CONIAC Health Risks Working Group (HWG) met for the fifth time on 12 October.
2. A **HWG Position statement** (previously submitted to CONIAC main committee in draft form) has been agreed and adopted by the group as a one page list of 8 statements setting out its stance on managing health issues in construction. Position Statement attached at **Appendix** (see next page).
3. Discussions are concluding to produce guidance for employers entitled **Understanding Occupational Health Management in Construction**. The guidance aims to help employers understand what occupational health management means when enlisting the services of an occupational health provider. As such it dispels common misperceptions about what 'occupational health' means and details:
 - the employer duties in managing health risks in construction;
 - what an employer needs to do to comply with the law alongside what is considered good industry practice;
 - what services might be needed from an occupational health provider; and,
 - what benefits a well-managed competent occupational health service will be provided to ensure good worker health and be good for business.

A final edit is currently being carried out and discussions will now be held to look at the best way to promote this deliverable.

4. A list of topics has been drawn up as potential group deliverables to follow on from the guidance on the 'Understanding Occupational Health Management in Construction' and consolidate the HWG position statement:
 - 'Top 5 health risks' campaign with buy in from member representative bodies e.g. trades unions, HBF, IOSH, UKCG, CBH, CCG, CSkills.
 - Simple message self-help checklists / tools for the SME, e.g. based on MAC (manual handling assessment) tool.
 - Behavioural maturity on health risk management. This has been developed into a research proposal to provide e.g. leading indicators on health issues and so provide evidence on where to more effectively target efforts to improve health risk management in construction.
 - The 'design disconnect' debate. Not just in health but also safety an ongoing issue remains how better to engage with the design community to more effectively manage health and safety. Whilst it is important to recognise that you cannot always manage out hazards, and indeed there are many other considerations aside from health and safety that designers need to take into account in contributing to the built environment, HWG recognise that more can be done to ensure early engagement to manage or eliminate risk where possible. A sub-group comprising the design community representatives on

Appendix - CONIAC Health Risks Working Group – Position on health risks in construction

1. Workplace ill health kills and ruins lives in the construction industry. Statistics indicate that a construction worker is at least 100 times more likely to die from disease caused or made worse by their work as they are from a fatal accident.
2. Managing workplace health helps employers to retain experienced and skilled workers, and it helps employees to maintain productive employment.
3. Workplace ill health is preventable - it is possible and practical to carry out construction work without causing ill health. Risks to health can be managed by modifying the process to eliminate the risk, controlling and minimising exposure, and taking precautions to prevent adverse effects.
4. Everyone involved in construction has a responsibility in managing risks to health, and all parties must take ownership of their part of the process.
5. Planning and working collaboratively will reduce risk throughout the supply chain, and at all stages of the process.
6. Managing health risks is no different to managing safety risks. Assessing hazards and using a hierarchy of control measures are equally appropriate when applied to health risks.
7. Checking workers' health is not a substitute for managing and controlling health risks. Monitoring should not be given priority over managing, or confused with it.
8. Helping workers tackle other "lifestyle" risks to their health is not a substitute for managing workplace health risks.

(CONIAC HRWG - Position paper – Final – adopted by WG 12-10-11)

Working Well Together Steering Group

The WWT groups have continued to deliver a variety of events around the country. Up to 18 October 42 events had been delivered (1 white van tour, 2 DADs, 8 Asbestos awareness events and 29 SHADs), the business plan for the year was to deliver 50 events so the groups are well ahead of schedule. The winter months are always less active. We hope to have a new Isle of Wight group up and running in the very near future.

Catastrophic Events Working Group

The Chair of this group (Mike Cross, HSE) has written out to 9 nominees or volunteers inviting them to indicate whether they are still prepared to form a working group. Once their replies are received his intention is to organise an inaugural meeting of the WG before the end of the calendar year. The terms of reference of the WG will be confirmed by WG members at the first meeting but will be based on those agreed by CONIAC at their July 2010 meeting.

CDM 2007 Evaluation Working Group

This group has not met since last CONIAC, although at that meeting Members indicated their support for its continued work. It has been agreed to reconvene the group, potentially with slightly expanded membership, in January 2012. It is proposed that this meeting is used to take stock of the views of the HSE Board following its consideration of the conclusions of the CDM evaluation at its December meeting. It will also consider the scope for preliminary work on the future shape of the Approved Code of Practice and Guidance.

Safety Working Group

The group has submitted the following business plan for CONIAC's consideration and approval.

Tackling Falls from Height – Business Plan

Introduction

1. The Construction Industry Advisory Committee (CONIAC) advises the Health and Safety Executive (HSE) on the protection of people at work (and others) from hazards to health and safety within the building, civil engineering and engineering construction industry.
2. Its membership is tripartite, providing representation from key industry stakeholders (including SMEs). The main committee is supported by a number of working groups. This plan has been prepared for CONIAC by its Safety Working Group and makes recommendations on the most appropriate ways of further reducing falls from height which remains the most prolific cause of death and serious injury in the industry.
3. The Safety Working Group submitted a paper to CONIAC in March 2010 recommending that a long term campaign be devised to bring together existing work and develop new areas (www.hse.gov.uk/aboutus/meetings/iacs/coniac/030310/m1-2010-4.pdf)
4. CONIAC accepted the working group recommendation and asked that the Working Group prepare a multi- year business plan. This document is a revised draft business plan. The document sets broad long term objectives and establishes proposals for the work to be undertaken in the first two years. It was felt unrealistic to develop detailed proposals extending over decades. It is proposed that the plan develops relatively organically and future proposals take account of lessons as they are learned.

Background

5. The definition of construction is broad, includes building maintenance as well as new build and refurbishment, and includes substantial projects and relatively small, short duration repair works such as the replacement of roof tiles or repair of guttering. Falls from height continue to account for the majority of fatal accidents in construction. In some key work activities there has been substantial improvement in methods of work and equipment, for example since the 1990's the use of powered access in steel erection, nets in industrial roofing, demolition by machine rather than handballing, systems of work and equipment in scaffold erection and dismantling etc. Review of accident data for the last decade reveals that shorter duration work and falls through fragile roofs are now the main causes of fatal and major injuries but there are no clear trends in terms of trades or activities which we can target to bring about the sorts of improvements achieved previously.
6. Currently the majority of falls victims are in the hard to reach category and their activities are often on the fringes between construction and maintenance work and "do it yourself". It is for this reason that the CONIAC safety working group recommends a broader approach which promotes protection for anyone working at height whether at work or not. In

so doing we recognise that non-work activities are outside CONIAC's remit but are optimistic that stakeholders, particularly those with interests beyond work situations, may be well placed to promote messages across society which in turn can feed back into changing behaviour at work.

Aim and objectives (for CONIAC, led by HSE)

7.

Aim

By 2035 to ensure, even in shorter duration activities, work is undertaken at height safely.

Objectives

- To develop a sustainable campaign which can be used by all stakeholders/contributors.
- To engage stakeholders and obtain commitment and action targeted to fulfilling aim.
- To define and promote information, education and training to assess and manage work at height risk effectively.
- To encourage and promote innovation in equipment and systems of work.
- To exploit and direct existing initiatives rather than inventing new ones.

Broad Goals

- The ultimate measure of success will be that by 2035 work at height will be undertaken by people only when absolutely necessary and only then by well trained, competent individuals using effective equipment to prevent serious injury. This is the key to preventing accidents. Short, medium and longer-term goals are set out below:
- By 2013 to have an identifiable approach which has been shared with key stakeholders who have committed to support practical activities to further the cause in both the short and long term;
- By 2022 to have implemented and evaluated some of the activities so that improved systems of work, equipment and competence are the norm;
- By 2035 to have well established systems of work and readily available equipment known, understood and applied to work at height, even short duration jobs.

Methodology

8. This plan covers specific proposals for enabling work up to October 2013 after which a review will be needed to determine future work. At that time it may be possible to set out phasing of future work over a longer period, say 10 years.

9. The proposed plan sets out specific activities and milestones. Each activity is allocated a leader who will determine progress as he/she considers appropriate but will be expected to report to the CONIAC SWG. Chair of SWG will report progress to CONIAC. The **Appendix** provides the detail.

Resources required include members' time and HSE staff time. This is the main topic of work for CONIAC SWG. For HSE staff, time for preparation, meeting attendance and post meeting action, four full meetings of CONIAC SWG will be required. HSE will also need to draw on resource from communications and policy colleagues. The biggest resource issue is in terms financial support for communications activities. HSE may not be able to provide direct financial support. This will have to be explored within that work stream once the plan is agreed/ sanctioned.

Consultation / Interested parties

10. The proposed CONIAC strategy has been promoted within HSE and externally by our stakeholders. There is general acknowledgement that this is something which needs to be done. At Health and Safety Expo May 2011 Access Industry Forum started a debate led by national safety bodies on tackling this issue and is driving this work forward through their campaign - "The Holy Grail – no more falls injuries, ever!". This is the start of wider stakeholder engagement. We have reached this stage relatively organically and believe that involvement is likely to continue in this vein.

Work streams

11. Six different work streams are proposed and there is some inevitable degree of overlap. The six work streams are set out in detail in the Appendix - communications, stakeholder engagement, competence, equipment and systems, information and evaluation.

Milestones/Timetable

12. These will be developed in line with the timescales set out in Appendix – more detailed milestones will be developed as the work in each stream progresses. Future WG meetings will be numbered - January 2012 meeting will be WG1.

January 2012 - WG1

April 2012 - WG2

September 2012 - WG3

January 2013 - WG4

Outputs and outcomes

13.

Outcomes

The main outcome sought is that a wide range of stakeholders and partners commit to bringing about behavioural change and in so doing reduce falls during building construction and maintenance whether at work or not.

Outputs

By Oct 2013 anticipate the following outputs

- Brand and identity for this work.
- Map of stakeholders' initiatives on work at height.
- Map of available information and standards.

- Analysis of training provision and proposals for enhancement.
- Analysis of currently available access equipment and areas ripe for innovation.
- Initial communications and marketing plan.
- Review of work so far and proposals for future work on initiative.

Risks

14. There are a number of identifiable key risks:

- At the heart of the work is the development of a sustainable communications campaign. This will need to be resourced within current constraints. Building on the existing Shattered Lives brand and fully using techniques such as partnership marketing will help make communication activities viable but in so doing we have to make this brand work.
- We will have to challenge perception and management of risk across the population without attracting charges of “nanny state” or “elf and safety gone mad”.
- Key stakeholders are not prepared to commit and/ or take action.
- HSE does not have the resources to progress/ support the work.
- The WG fails to agree on priorities or an action plan.
- CONIAC does not accept this business plan.

Appendix – Specific Work streams

1. Communications			
Objective	Activity	Lead person	Timescales
Ensure communications directorate resource	Identify who in communications directorate can resource this work and start initial discussions	Joy Jones (JJ)	WG1
Messages	Establish key message and brand	JJ with communications colleagues	WG1
Targeting	Tailor message to three key groups Supervisors Clients Workers' and their families And identify distribution channels for next 12 months		WG2
	Identify next priorities for messages (eg. Professionals, Colleges - further education first, higher education later) and distribution channels for following 12 months		WG3

2. Stakeholder Engagement			
Objective	Activity	Lead person	Timescales
Identify	Update and share list	JJ	WG 1
Prioritise	Consider importance and influence and prioritise	JJ	WG 1
Engage Consistently	Develop script for use with stakeholders Plan Messages Distribution Resources Evaluation – what data do they have? What are they already doing	JJ	WG 1
Manage	Allocate CONIAC link person to each key stakeholder	JJ	WG2

3. Competence			
Objective	Activity	Lead person	Timescales
Analysis	Map and critique existing provision of training and assessment schemes	PB	WG1
Gaps	Identify gaps and suggest means of filling	PB	WG2

4. Equipment and Systems			
Objective	Activity	Lead person	Timescales
Analysis	Map and critique existing framework	PB	WG1

	and schemes.		
Innovation	Identify why where and who and engage Consider opportunities presented by technology	PB	WG2

5. Information			
Objective	Activity	Lead person	Timescales
Streamline	Map and critique	JJ	WG2
	Means of sharing/communications		

6. Evaluation			
Objective	Activity	Lead person	Timescales
Means of measuring	Identify data which is available to provide baseline and measurement of change Consider internal HSE information	JJ	WG1
	Identify what other stakeholders may have	JJ	WG3