

HEALTH AND SAFETY EXECUTIVE			
CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)			
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HEALTH AND SAFETY EXECUTIVE

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Stock-take and further development of the Small Sites Strategy

Summary

The existing Small Sites Strategy (attached at **Appendix 1**) was originally a 3-year strategy running until March 2012. The economic and regulatory landscape has changed there is a need to start developing the next stage for the strategy.

Issue

1. The existing Small Sites Strategy period of operation comes to an end in March 2012 and a decision needs to be made about the future of the strategy and in particular how CONIAC can contribute to improving the impact of the strategy.

Timing

2. Update on current position and indication on direction (including contribution of CONIAC Member organisations to be made at November 2011 CONIAC meeting. Discussion have taken place within HSE. The aim is to have a refined strategy in place for April 2012.

Background

3. Since 2005 it has become increasingly apparent that large sites have made significant steps forward in health and safety performance but these had not been mirrored on smaller sites. Furthermore, fatal accident data revealed that fatal accidents occurring on smaller sites had not reduced much.
4. To address this apparent lack of change to improvement on smaller projects, Construction Division commissioned research into the issues affecting small sites - <http://www.hse.gov.uk/research/rrpdf/rr719.pdf> - and along side that developed a Small Sites Strategy that was endorsed by CONIAC.
5. The original strategy was anticipated to run for 3 years from April 2009 until March 2012. The strategy set out the target audience (the willing but uninformed), size of site (5 workers or fewer) and priority issues (roof repair

work, welfare provision, and manual handling). Over the life of the strategy the size of target site has been expanded to 15 or less and the priorities changed to work at height, respiratory disease (including asbestos) and welfare (including good order).

Current position

6. Delivery of the strategy has been via: a combination of HSE inspection activity (significantly bolstered by the work of the Inspectors of Construction (IoC) whose fixed term appointments have ended); communications activity in the form of Busy Builder Sheets and simplification of the HSE web-pages (work to simplify HSG150 is underway); delivery of the Working Well Together campaign events with industry partners.
7. At present HSE Construction Division devotes 30% of its planned proactive inspection time to small sites, though smaller sites are also visited as part of the planned time devoted to refurbishment and asbestos removal work and therefore a significant proportion of all Construction Division's proactive time.
8. The government communications freeze has affected the publication of any new guidance (we continue to produce Busy Builder leaflets) and restricted media campaigns. At the time of writing this paper consideration is being given to the funding position for WWT in 2012/13.
9. Feedback from Inspector visits is summarised in **Appendix 2**.

Argument

10. Small sites continue to have a disproportionate fatal accident rate and inspector feedback (including IoCs) indicate that standards continue to be poor with often little knowledge of current health and safety requirements/standards.
11. HSE and CONIAC should continue to focus a significant amount of its effort on small sites as these present a significant risk.
12. A specific strategy has the following advantages:
 - Clearly sets out priorities both internally and externally;
 - Sets out what CONIAC, HSE and the industry will focus on;
 - Provides a clear framework for WWT to operate within;
 - Aligns closely with the HSE Strategy/Business plan;
 - Meets the objectives of the March 2011 Ministerial statement on Health and Safety– www.dwp.gov.uk/docs/good-health-and-safety.pdf.

Consultation

- Early discussion at HSE's Construction Programme Management Board (September 2011),
- Discussion at November 2011 CONIAC,

- Further discussion at Construction Division Management Board and Programme Board (November – February 2012).
- Final endorsement by CONIAC February – March 2012 (via correspondence).

Presentation

13. No significant presentational issues – the development of a coherent, realistic and defined strategy sets out clear priorities for HSE and CONIAC Members.

Financial/Resource Implications for HSE

14. WWT budget of approx £98,000 required, 1 staff year at Band 4 (WWT Campaign Manager), 4 staff years at Band 5 (Visiting Officers supporting WWT), 30%+ of proactive inspection resource.

Action

15. CONIAC is invited to:
- Endorse a process of revision and continuation of the Small Sites Strategy for a further 3 years from April 2012
 - Consider whether the target audience is the right one (with a clearer explanation that it is intended for smaller contactors on smaller sites)
 - Consider whether the existing priorities are the correct ones on a (1-in-1 out basis)
 - Identify what specific contribution CONIAC Member organisations can make to the delivery of the strategy, in particular in terms of;
 - i. Guidance material
 - ii. Communications activity
 - iii. Training for SME's
 - iv. Support and advice for SME's

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Appendix 1

SMALL SITES STRATEGY

This strategy applies to small firms on small sites (those where fewer than five people work). It applies to contractors but does not apply to those with other responsibilities e.g. clients.

Our Goal is:

- To reduce the incidence of fatalities, injury and ill health arising from work on small construction sites (employing five or less). We will ensure basic minimum standards in respect of health, safety and welfare.

We will do this by:

- Delivering our messages by focussing on specific topics. In 2010/11 we will focus on domestic roof repair work, manual handling and the provision of welfare facilities. We will use the full range of intervention techniques to deliver our messages;
- Improving existing links with stakeholders and developing new links to promote joined-up working to ensure those who come into contact with small sites deliver a coherent message;
- Encouraging larger companies to influence small firms working as subcontractors on larger sites.
- Ensuring that all our communications with small firms, whether oral or written, are suitable for the 'small site' audience and we will produce clear, simple and practical information on how small sites can improve their health and safety performance.

The strategy applies nationally, and will be delivered through Construction Division's Operational Plan. It applies to our proactive work – the way we conduct our reactive work will not change. Work on competence will be taken forward as a longer term workstream alongside the priorities for 2010/11. There will be occasions when other topics are a priority for small sites work, but these will be kept to a minimum so as not to detract from our aim of delivering simple consistent messages.

During the development of the strategy we looked at the ways small sites work, the pressures on those who manage or control them and the factors which influence the managers and workforce. We found that people who work on small sites are unlikely to seek information so we need to actively promote and distribute our messages and information.

The work of HSAOs and Compliance Officers will be vital in delivering the strategy. Advisory visits to small sites will focus on positive messages of what good practice looks like. We will prepare information sheets specifically for small sites. The first of these will cover domestic roof repair work, the elimination of manual handling and the provision of welfare facilities.

Inspection will continue to be important, and at visits to small sites, inspectors should concentrate on domestic roof repair work, manual handling and welfare facilities. Serious risks and matters of evident concern will be dealt with in accordance with the Divisions standard procedures.

Appendix 2

Emerging Lessons

- Standards on many small sites remain very poor
- Knowledge of health and safety requirements is non-existent, poor, or outdated
- Dutyholders do not actively seek advice/guidance – they do not use the HSE website
- Any guidance must be clear, straightforward and directive
- Any guidance needs to be ‘put in their hand’
- Letters are ineffective – repeat visits are more effective
- Single visits are unlikely to bring about any lasting change
- Likelihood of a visit is perceived as very low
- Migrant workers and associated language barriers remain an issue (sometimes localised in particular areas)
- Identifying small sites by any structured means is particularly difficult
- The scale of the problem means that HSE inspection alone cannot solve this issue