

## HEALTH AND SAFETY EXECUTIVE

### CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)

**Minutes of the M1/2014 meeting  
held on 18 March 2014 in Rose Court**

<b><i>Present</i></b>	<b><i>Representing</i></b>
Heather Bryant (Chair)	Health and Safety Executive
Anthony Lees (Secretary)	Health and Safety Executive
Richard Ash	Engineering Construction Industry Association
Peter Caplehorn	Construction Industry Council
Kevin Fear	CITB
Edward Fendt	Specialist Engineering Contractors Group
Rob Gutteridge	Federation of Master Builders
Richard Habgood	Construction Industry Council
Paul Haxell	Home Builders Federation
Clive Johnson	Construction Clients' Group
Kevin Minton	Construction Plant-hire Association
Alan Muddiman	Civil Engineering Contractors Association
Susan Murray	Unite
David Parsons	National Federation of Builders
Jason Rowley	UK Contractors Group
John Scott	National Specialist Contractors Council
Dan Shears	GMB
Kevin Williamson	Unite
Peter Wilson	UCATT
<b>Guests</b>	
Steve Hails	Crossrail
Caroline Haslam	House Builders Federation
Gren Tipper	Construction Clients' Group
Andy Turrell	UK Contractors Group
<b>Departmental Observer</b>	
Gilbert Barron	Business, Innovation and Skills
<b>Officials</b>	
Simon Longbottom	Health and Safety Executive
Ian Strudley	Health and Safety Executive
Michael Ryan (Secretariat)	Health and Safety Executive
<b>Apologies</b>	
Andrew Butt	Cabinet Office
Steve Murphy	UCATT
Jerry Nelson	GMB
<b>Members of the public</b>	15 were present

## Summary of actions agreed:

1. **ACTION:** Secretariat to send a questionnaire to Members on how CONIAC can make a difference to occupational ill health in the industry. (See paragraph 4.8)
2. **ACTION:** Members to consider the draft guidance on *Competence for catastrophe* and submit views to the Secretariat. (See paragraph 5.2)

### 1. **Welcome and Chair's introduction**

1.1 Heather Bryant (Head of HSE Construction Division and Chief Inspector of Construction) welcomed everyone to the meeting and gave the apologies of absent Members. In particular, Heather welcomed four guests of CONIAC: Caroline Haslam, Gren Tipper and Andy Turrell of CONIAC's Health Risks Working Group, who would be giving presentations to support agenda item 3, and Steve Hails of Crossrail.

### 2 **Agreement of Agenda and matters arising**

2.1 Members agreed the Agenda.

2.2 Members did not request any other business.

2.3 Heather drew Members' attention to two actions from the November meeting to which no responses had been received. The actions were in relation to catastrophic events and were for: (1) Members to give views on arrangements for developing leading indicators; and (2) Members representing trades unions to consider preparation of a note on suggestions for involvement of workers in information sharing. Heather asked that responses be sent to the Secretariat.

2.4 Members approved the minutes of the 20 November 2013 meeting.

2.5 Heather drew Members' attention to below-the-line paper **M1/2014/2** updating on recent activities of the working groups.

### 3. **Occupational health in construction – moving the agenda forward**

3.1 Heather introduced this item by emphasising the scale and seriousness of the problem: deaths from work-related ill health in construction in 2013 were estimated to be 100 times greater than the 39 fatal accidents in that year, additionally, each year saw 30,000 new cases of ill health reported, many of which were easily preventable. If the toll is to be reduced industry must increase the attention it gives to it. Consequently the meeting's focus would be on what industry could do and for that reason none of the presenters were from HSE.

3.2 Heather hoped that the meeting would enable a sharing of minds and experiences which would result in positive outcomes. More specifically, she challenged Members and their organisations to commit to action and leadership, for

example, by way of communications and education initiatives, acting as champions for health, challenging others appropriately where necessary, sharing and working together to be part of the solution. Heather concluded by clarifying that for the purposes of the discussion occupational ill health includes adverse health effects from, for example, noise, manual handling, vibration and harmful substances, but does not extend to the issue of well-being.

3.3 Gren Tipper - Construction Clients' Group and Construction Leadership Council (CLC) Delivery Group [PowerPoint presentation given] Gren referred to the Government's industrial strategy, Construction 2025, in which BIS and industry, represented by the CLC, work together to raise competitiveness. He said that health and safety is included in the strategy with a focus generally on smaller firms. He described a segmentation of the industry into larger, medium and smaller firms which helped to understand the problems and where they lay. This approach suggested that health and safety was well managed in larger firms, was well managed for direct employees in medium-sized firms but not so well for their subcontractors, and was poor in smaller firms. These smaller firms were difficult to influence, tended to work on projects for smaller clients, for example, domestic projects, and accounted disproportionately for the poor health and safety performance and image of the industry. On tackling the problem he acknowledged a role for the Construction Leadership Council but emphasised that CONIAC had the widest reach. He raised the question of how much was gained from the existing regulatory base and emphasised the need to be careful not to damage it.

3.4 Heather asked for clarification about the membership of the CLC. Gren said that there were 27 members representing leading clients and major trade associations. (**Secretary's Note:** a list of members of CLC was circulated at the meeting - <http://news.bis.gov.uk/Press-Releases/Strategy-sets-foundations-for-uk-construction-growth-68f09.aspx>). Heather cautioned that while smaller firms were a particular area of concern for safety there was no clear evidence base to differentiate small and large companies on health

3.5 Andy Turrell - UK Contractors Group [No PowerPoint presentation] Andy introduced himself as UKCG representative on CONIAC's Health Risks Working Group and stressed the importance of collaboration between CONIAC and the industry in raising awareness of health issues. UKCG has its own health working group whose outputs include medical standards and procedures documents and a suite of toolbox talks. Additionally, UKCG members formally pledge themselves to a number of commitments arising from UKCG's health and safety plan and charter which are relevant to health issues. These include: occupational health plans for sites, cascading of information down supply chains, and use of proper control measures such as on-tool extraction and 'banning the broom'. Andy concluded by recalling that Dr Rushton's report on occupational cancer had highlighted new problem areas and that UKCG was committed to dealing with these.

3.6 Jason Rowley drew attention to the UKCG Charter commitment to a health plan for sites. He emphasised the value and difficulty of UKCG's work in increasing awareness of health risks in an industry where, apart from asbestos, these are often not given appropriate consideration. Andy added that in reaching others a strapline such as "bin the broom" can be helpful in starting a conversation. Peter Wilson said that workers can view OH provision with suspicion especially people who have an existing health problem and may be reluctant to draw attention to this. He suggested

that there needs to be a vehicle such that a worker is confident to raise an issue and therefore there must be education of both managers and workers.

3.7 Kevin Fear – CITB [PowerPoint presentation given] Kevin recalled that CITB's 2010 Health and Safety Strategy requires it to "... support the construction industry to both deliver a competent, health and safe workforce ..." and pointed out that a 2014 strategy is under consideration which includes "... greater focus on key occupational health topics such as respiratory risks and occupational cancers as well as general health ...". In line with the increased emphasis on health, Kevin noted that the H&S Test (taken by 500,000 persons each year) has been refreshed with new respiratory risks questions and the National Construction College annually has invested in apparatus which allows apprentices (25,000 each year) to experience the disabling effects of occupational disease, for example, by wearing "skins" that reduce mobility, etc. Peter Caplehorn suggested a video based on the "skins" to disseminate the information more widely. Dan Shears said the problem was not confined to younger workers and the information should also be made available to others, for example, by way of Safety and Health Awareness Days (SHADs).

3.8 Susan Murray – Unite [No PowerPoint presentation] Susan referred to paper **M1/2014/1** and suggested that the statistics given there for newly reported work-related health conditions may understate the problem due to under-reporting or lack of recognition that the a health issue has arisen due to work. She believed that ensuring workers and their representatives are properly informed and involved is fundamental to prevention and will require a change in culture. Susan noted the range of illnesses but drew particular attention to stress, for example, older workers may suffer stress-related illness due to pressure to get work done more quickly than they are able. The Equality Act requires that relevant characteristics such as age, gender, etc should be taken into account in health and safety management. Additionally, employers must provide information, instruction and training (including on health issues) and must consult and engage with workers and/or their representatives. There is increasing evidence that if workers are not constructively engaged with they may "burn out" and begin to suffer consequential health effects. The construction industry would benefit from positive action to engage its workers with improved health and productivity. Safety representatives role is crucial in ensuring issues are raised early and in enabling cooperation between all sides to ensure compliance with health and safety law and the prevention of injuries and ill health. Unite produces a range of posters and leaflets to publicise health issues and is involved in a range of fora. Susan concluded by noting that in April a European Health and Safety Agency campaign on stress begins and will last for about a year.

3.9 Heather supported Susan's remarks about the importance of consultation with workers, particularly in creating a culture of confidence to raise concerns and to stop high health risk work in the same way a safety. Peter Wilson mentioned HSE's *Leadership and Worker Involvement Toolkit* and expressed concern that he had recently spoken to workers on a number of sites and none of them had heard of it.

3.10 Caroline Haslam – Home Builders Federation [No PowerPoint presentation] Caroline emphasised the need to design out health risks but without inadvertently introducing new ones. She reviewed a large number of health issues. Among other points she raised: is the information received from manufacturers adequate, can we share monitoring information, there should be more education for professionals on

health issues, past practices are not acceptable but messages do not seem to get through to workers, can we partner more with manufacturers and each other.

3.11 Peter Wilson suggested greater engagement with designers; Caroline agreed and thought that it would be beneficial for designers to get out on site more. Richard Habgood reminded that co-ordination in respect of design was the role of CDM co-ordinators. Heather added that quick wins should be looked for, shared and built on.

3.12 Kevin Minton – Construction Plant-hire Association [No PowerPoint presentation] Kevin said that he would talk about the cancer hazard associated with exposure to diesel engine exhaust (DEE) from plant used in construction. DEE has been classified as carcinogenic to humans by the *International Agency for Research on Cancer*. Additionally, Dr Rushton's report on occupational cancer indicated that there were about 300 cancer registrations each year for DEE in construction. DEE is a complex mixture of chemicals but the main constituents of concern are polycyclic aromatic hydrocarbons (PAHs) associated with respirable carbon particulates. While modern engines produce much less particulate than the older engines responsible for the cancer cases enumerated in Dr Rushton's report, exposure can be high in enclosed environments. Historically, CPA has done a lot on safety and it accepts that there is now a responsibility to look at health issues, including DEE. CPA is currently drafting straightforward steps to be taken by employers and workers. CPA will work with HSE and others on these issues and report back to CONIAC in due course.

#### **4 Occupational health in construction continued (open discussion)**

4.1 Heather thanked the presenters. She said that there would now be an open discussion. She asked members to think about what they could offer/do individually, within their own organisations, with others and collectively as CONIAC and that she hoped Members would leave the meeting with definite ideas on what each could do, offer and a commitment to drive the health agenda. Heather also asked members to move forward at pace as delay equated to more occupational ill health and disease in the future.

4.2 John Scott observed that with regard to specific initiatives on health risks and precautions for materials used in construction, for example, tile cutting, it may be appropriate to seek to involve the Construction Products Association. Richard Ash agreed that CONIAC should seek to work with and help the industry and asked in particular how CONIAC could help UKCG. Andy Turrell believed that there was an opportunity for CONIAC and UKCG to liaise beneficially and suggested that CONIAC, as a brand, should take ownership of health. Clive Johnson added that there was a great opportunity for CCG to work with CONIAC and UKCG through the procurement process and, as an example, suggested that projects of greater than 6 weeks duration should sign up to a formal health plan.

4.3 Steve Hails said that he could see from the presentations and the discussion that there is a common appetite to move further on the health agenda and he was encouraged by this. He would like to see CONIAC act as a vehicle to bring disparate views on health together, working together putting all else aside. He was concerned about dispersion of effort and asked CONIAC to keep this risk in mind in its deliberations. Heather asked Steve to describe Crossrail's approach to health.

Steve said that Crossrail had purposely separated health from other issues so that it would receive attention in its own right. It had ensured attention was given to key health risk factors, for example, tunnelling, DEE, silica and “fatigue” and had sought to take account of relevant recent research. He said that Crossrail had successfully put in place appropriate standards at 45 sites using multiple occupational health providers and he believed that those involved had learned many new things in the process.

4.4 Dan Shears suggested four principles to apply in designing any initiatives. These were: (1) prioritisation of particular health risks to be addressed, particularly with a view to early capture of “low hanging fruit”; (2) research on how exposures occur to better inform control; (3) ownership of the problem both collectively and individually and including the workers; (4) personalisation of communications so as to ensure that the issues matter to the persons targeted. He believed that adherence to these principles would lead to a virtuous circle of activity. Finally, Dan added that the Industrial Injuries Advisory Council may have relevant research information. Paul Haxell said that he was encouraged by the positivity of the discussion. Building on this, he suggested that all CONIAC Members should commit to personal actions to advance awareness of health issues over the next 12 months. Heather agreed and indicated that the Secretariat would issue a short questionnaire to Members asking them to identify possible actions they or their organisations could take.

4.5 Turning to a specific issue of concern, Peter Wilson asked Kevin Minton if personal monitors for DEE exposure were used in vehicle cabs? Kevin said that they were not used, possibly due to a traditional perception that DEE is a merely a nuisance. However, he would ask manufacturers about cab filtration. Susan Murray asked about research on DEE and Ian Strudley responded that work is being done with CPA on PAHs.

4.6 Alan Muddiman recalled that a video he had seen some years ago on dust had made a strong impression on him. He wondered if there might be value in encouraging the production of a suite of short video clips for wide dissemination showing design and other health issues. Clearly, sources of funding would need to be sought. Peter Caplehorn pointed out that in relation to health impacts of design increasing use of BIM across industry will help to analyse such issues on site ahead of time.

4.7 Gren Tipper said that while analysing what is good is necessary we have, in fact, most of the answers already. He wondered to what extent CONIAC as a brand could be useful in getting traction with the industry. Richard Habgood asked what are the teeth of CONIAC? He suggested that CONIAC should provide guidance to industry but was disappointed by a lack of activity between meetings. In response, Ian Strudley asked Members to consider how they saw the role of the Health Working Group. Heather said that CONIAC should be a voice of the industry for health and safety, for example, as it has been in relation to the CDM Regulations. She thought that CONIAC could be branded as a place to go whose image could be less intimidating than HSE. Heather said that this branding could be made to grow by leading with this activity in the health arena and she had confidence CONIAC would step up to the mark.

4.8 Following on from the discussion of the role of CONIAC, Susan Murray asserted that we must not lose the presence and authority of HSE, for example, good

practice must come from HSE. Heather assured that we won't lose this. She repeated her encouragement to Members to make commitments to take the health agenda forward. The Secretariat will send out a questionnaire to each Member asking: what your organisation is doing, what can you commit to, what should CONIAC do and how can you help? Heather concluded the discussion by hoping that the feedback received would identify quick wins and start the ball rolling.

**ACTION:** Secretariat to send a questionnaire to Members on how CONIAC can make a difference to occupational ill health in the industry. [Secretary's Note: the questionnaire was sent out on 11 April 2014]

## 5. Updates

### CDM regulatory package

5.1 Anthony Lees informed CONIAC that while he could not give a date for commencement of public consultation on the regulatory package he hoped it would begin very shortly, subject to clearance. Kevin Fear expressed his thanks to the Industry Guidance Steering Group for its good work. Heather echoed Kevin's remarks. [Secretary's Note: Public consultation on proposed new *Construction (Design and Management) Regulations* began on 31 March]

### Catastrophic events

5.2 Simon Longbottom drew Members' attention to below-the-line paper **M1/2014/3** which updates on recent work and appends Richard Ash's draft guidance on *Competence for catastrophe*. Richard Ash clarified that his draft is based on what was agreed by the Catastrophic Events Working Groups. Simon asked Members to consider Richard's draft and submit any comments they may have on it to the Secretariat.

**ACTION:** Members to consider the draft guidance on *Competence for catastrophe* and submit views to the Secretariat.

## 6. Conclusion

Under AOB Susan Murray drew Members' attention to Workers Memorial Day on 28 April and encouraged support of this.

Heather said that the next meeting would be on Wednesday 23 July in Rose Court and that it would continue the health theme and further discuss in light of responses to the questionnaire. She expressed her thanks to all.