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## **HEALTH AND SAFETY COMMISSION**

### **CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)**

#### **Progress with the Construction Programme**

##### **Summary**

This paper introduces a presentation to update CONIAC on the current structure of the Construction Programme, progress against programme targets and plans for 2006/07. The paper also invites CONIAC to form a working group to consider the plans for 2006/07 in more detail and provide an industry view on the proposals.

##### **Issue**

1. CONIAC has not received an update on the Construction Programme for some time and a number of significant changes have taken place in governance, targets and planning. The presentation also provides the latest information on progress against Revitalising targets. The presentation will provide advance warning on proposals for campaigns for 2006/07.

##### **Timing**

2. This will be the last meeting of CONIAC until March 2006 and thus represents the last opportunity to formally inform CONIAC of the above before the next HSE work year. Plans for Construction Programme 2006/07 will be ready to present to CONIAC by January 2006, which provides an opportunity for discussion and comment before plans are finalised for distribution to Construction Division Operational teams in March 2006.

3. Provisional Health and Safety statistics for 2004/05 were made public on 8 November. This is the “half way” point for the Revitalising targets and the meeting provides a good opportunity to inform CONIAC of progress against the HSE and industry targets.

## **Background**

4. Annex A provides background on the Construction Programme. There have been significant changes in the governance of HSE’s Strategic Programmes and consequently in the planning process for campaign and operational field work. The Programme is now part of the Fit for Life, Fit for Work, Fit for Tomorrow (Fit3) HSE Strategic Programme developed to deliver the Public Service agreement (PSA) targets set by DWP for the period 2005 – 2008. The baseline for the Construction Programme contribution to the PSA targets will be the 2004/05 figures.

5. There are a number of other programmes within Fit3 such as Falls from Height, Stress and Disease Reduction with a range of projects requiring field Inspectors to carry out visits. The planning process to prioritise across all the programmes and allocate resource is ongoing.

6. The health and safety statistics released for 2004/05 are provisional. The statistics are not finalised until November 2006. Detailed information on the construction industry is available on the HSE website at [www.hse.gov.uk/statistics/industry/construction](http://www.hse.gov.uk/statistics/industry/construction).

## **Current position**

7. The accident statistics for 2004/05 show another fall in incidence rates for fatal, major and over three-day injuries (the three types of injuries reportable to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). The fall in incidence rates exceed the targets set by HSE for Revitalising but do not meet those set by the industry.

8. The picture for occupational health in the Construction Industry is less encouraging. The prevalence rate for construction for 2004/05 was 3900 per 100,000. Comparing this with corresponding rates from earlier SWI surveys

indicates that the estimated prevalence rate in 2004/05 was of a similar order (not statistically significantly different) to the rates in 2003/04 (4400 per 100 000 people) and 2001/02 (4500 per 100 000 people). The 2004/05 prevalence rate was of a similar order (not statistically significantly different) to that for all industries (3400 per 100 000 people).

9. The Fit3 planning process has agreed that the Construction Division will retain the level of resource allocated to it last year with the exception of the 12 staff years contributed by non-construction Inspectors within Field Operations Division.

### **Next steps**

10. The Construction programme office would like CONIAC's views on the proposals for the Programme for 2006/07. The next scheduled meeting of CONIAC is in March 2006, which would be too late to have an impact.

11. CONIAC is asked to note the continued downward trend in accidents in the construction industry. CONIAC is asked to note the progress of the Construction Programme and is invited to agree to form a working group to consider the proposals for the next year of the programme and provide input on behalf of CONIAC into shaping those plans.

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## CONSTRUCTION STRATEGIC PROGRAMME 2004/5-2007/8

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### **BASIS**

The construction industry has a fatal injury rate of over four times the UK all-industry average. It is the cause of the largest number of worker fatalities of any sector, accounts for 15% of all major injury accidents at work, and its record on ill health is poor.

The industry recognised this and set its own challenging health and safety targets at the 2001 Summit to reduce the fatal and major injury rate by two-thirds in the 10-year period to 2009/10 and halve the incidence rate of ill-health and working days lost - targets which go beyond those set by HSC for GB as a whole.

The Government has now set HSE further intermediate (PSA) performance targets requiring construction to deliver a 5% reduction in the fatal and major injury rate in the specific period 2004/5 to 2007/8. Priority issues include work at height, MSDs, trips, and workplace transport which together account for more than 70% of accidents in the industry. Targets also reflect the role of construction in reducing the incidence of work-related ill health and working days lost.

These PSA targets are being tackled by the Construction Strategic Programme continuing themes of the 10-year plan to:

- secure ownership by the industry of the health and safety challenges it faces and a commitment to action to provide decent working conditions and respect for and engagement with those who work in the industry and their representatives;
- engage with key intermediaries (including through CONIAC, the industry's Strategic Forum and other bodies), stakeholders and other EAs to achieve a cultural change in the industry, in particular to develop an expectation of compliance and continuous improvement that involve partnerships between those who create, manage and are exposed to risk;
- develop and implement a strategy that will help SMEs and micro-businesses to make a step-change in particular, under the WWT banner.
- develop the regulatory framework to address key issues for the industry and to ensure regulations are easy to understand, especially by small firms;
- develop and promulgate through an effective communications strategy, guidance and standards that are clear and easy to understand, up to date and, in particular, meets the needs of SMEs, micro-businesses and the self employed;
- implement an effective intervention and compliance strategy that targets all those in the construction procurement and supply chain, taking full account of diversity, of vulnerable groups and those adversely affected by it.

## APPROACH

The Strategic Programme is designed for engagement with key stakeholders including clients, contractors, workers, professionals, intermediaries and other regulators, so that we deliver a targeted programme of work that supports industry in achieving its targets, encouraging those who are striving for excellence and taking a robust enforcement line with those who are not.

The strategy for delivery recognises that there are a number of factors crucial to success:

- The strategy is for the wider construction industry. HSE cannot succeed alone: it needs to positively engage and encourage all the stakeholders involved with the industry to play their part.
- A focus on sites - or on what happens on sites - will not achieve the improvements required in the industry. The key to success is targeting all key stakeholders, including clients and designers as well as contractors, supported by effective legislation, clear guidance on acceptable standards and a coherent, strategic and comprehensive intervention strategy.
- 90% of construction companies are sole traders or employ less than seven workers. Health and safety improvements must be made by this hard to reach group.
- There are significant benefits to be accrued from collaborative working with hazard based programmes in HSE as well as from collaboration with those who regulate construction clients with businesses in other industry sectors.

## MAIN WORKSTREAMS

The construction strategic programme is embedded in the wider corporate strategic objectives and reflects the following HSC/E strategic themes of:

- Developing closer partnerships;
- Helping people to benefit from effective health and safety;
- Focusing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health; and
- Communicating effectively.

The Construction Strategic Programme projects can be defined under two key categories:

- **Enabling projects** – these provide the mechanisms and tools through which HSE Construction Division personnel are able to engage, communicate and motivate the industry (**How**); and
- **Delivery projects** – these are the key topic areas on which HSE Construction must engage, communicate and motivate the industry to bring about improvement if the programme objectives and targets are to be met (**What**).

The projects are grouped within four portfolios, communicating key messages to motivate specific audiences as follows:

### **HOW - Strategic Stakeholders Portfolio**

*to raise awareness of health and safety issues and good practice and to assist the industry in achieving the targets*

- Engagement with SMEs – *Help for the industry from the industry – HSE, a good partner*
- Improving Competency
- Worker Engagement – *Companies that engage with, communicate with and train their workforce have fewer accidents and ill-health*
- Follow up to 2005 Summit – *Ownership, Leadership and Partnership*

- Behavioural/Cultural change

### **HOW - CDM Duty Holders Portfolio**

*to ensure that we have a regulatory regime that meets the needs of industry and to engage key industry partners in achieving targets*

- Revision of the CDM & CHSW Regs
- CDM Designers – *Designers **Can Do More** – design out risk at source*
- Client Engagement – *Clients have a key role in improving health and safety standards in construction*
- High Impact Interventions with large, multi-site contractors and their intermediaries – *Timely intervention and development of agreed risk management plans*

### **WHAT - Health Portfolio**

*to address the major health risks in the construction industry*

- Asbestos step change - core work
- Occupational health management / model – *Manage the risk not the symptom. A healthy workforce is good business*
- Supply Chain initiatives – *Eliminating and reducing health risks, ensuring availability of practical cost-effective solutions.*

### **WHAT - Safety Portfolio**

*to reduce the incidence of injuries in the construction industry in high risk areas*

- Work at height – *Right equipment, properly used*
- Traffic management & roadworks
- Site transport – *Safe driver, safe site, safe vehicle*
- Multi-injury incident potential
- Lifting operations
- Slips and Trips (good order) – *watch your step – see it, sort it. It doesn't have to be like this.*

This matrix approach means that the over-riding message to improve risk management in construction is delivered through appropriate mechanisms, on relevant topics, reinforced by the coverage of stakeholders on whom change depends.