

Summary of responses to Revitalising health and safety in construction

Introduction	2
Q1 – What changes would lead to the greatest improvements in construction health and safety standards and how can you make them happen	3
Q2 – What are the greatest barriers to change?	6
Q3 – How can we improve collective leadership of the industry and encourage focus on health and safety performance by boards and directors	8
Q4 – What is your view of the economic levers described and are there others that we could use to improve construction health and safety	9
Q5 – What can be done to address health and safety issues created by the informal construction economy?	11
Q6 – Will current industry initiatives deliver a fully qualified workforce, including managers, engineers, designers, etc.? If not, what more should be done and what would be the costs / benefits?	12
Q7 – What more should be done to improve the training of construction undergraduates to equip them with an adequate understanding of health and safety before beginning and throughout their career?	14
Q8 – How can we best ensure that the whole workforce is properly engaged and treated with respect?	17
Q9 – How can clients be encouraged to make sure that projects are properly planned and executed?	19
Q10 – What more can be done to ensure that designers address health and safety considerations?	21
Q11 – Is there a need to improve the management of high hazard/low probability or low frequency/high consequence construction work? If so, how?	24
Q12 – If you have worked as part of an integrated team, what was the effect on health and safety performance?	26
Q13 – Should HSE require or encourage use of integrated teams?	28
Q14 – Should HSE include requirements for a gateway process? If so, how?	30
Q15 – How should the role of planning supervisors (PS) be discharged in future?	33
Q16 – How commonly are there communication difficulties on site due to people speaking different languages or being unable to read and write? What risks have resulted and how have they been addressed?	37
Q17 – How could we communicate better with smaller businesses?	39
Q18 – Should all construction businesses, or just those in specified trades, be registered or even independently accredited? If so, how, by whom and what would be the costs/benefits?	42
Chapter 6 – Tackling health in construction	46
Q19 – How can we get people to understand, recognise and avoid health risks?	46
Q20 – How can unhealthy processes, materials and equipment be designed/planned out of projects?	47
Q21 – Is the current enforcement demarcation between HSE and local authorities clear and appropriate? Does it make the best use of the available resources? Please provide details.	48
Q22 – Should the Building Regulations and/or the guidance to them address health and safety in construction and maintenance?	49
Q23 – How should we structure future construction health and safety regulations?	50
Annexe – General information about respondents	54

Introduction

10,000 copies of the Discussion Document (DD) were printed and distributed. 4750 were sent out directly by HSE, 5250 distributed by HSE Books. In addition about 8,000 copies were downloaded from our web site. We also distributed nearly 100,000 copies of the leaflet promoting the DD. About 300 responses were received with comments running to a total of 675 pages.

HSE would like to take this opportunity to thank all those who helped to draw the DD to the attention of others, arranged meetings and published articles to stimulate debate on the issues covered and to all those who took the time and trouble to answer some very difficult questions.

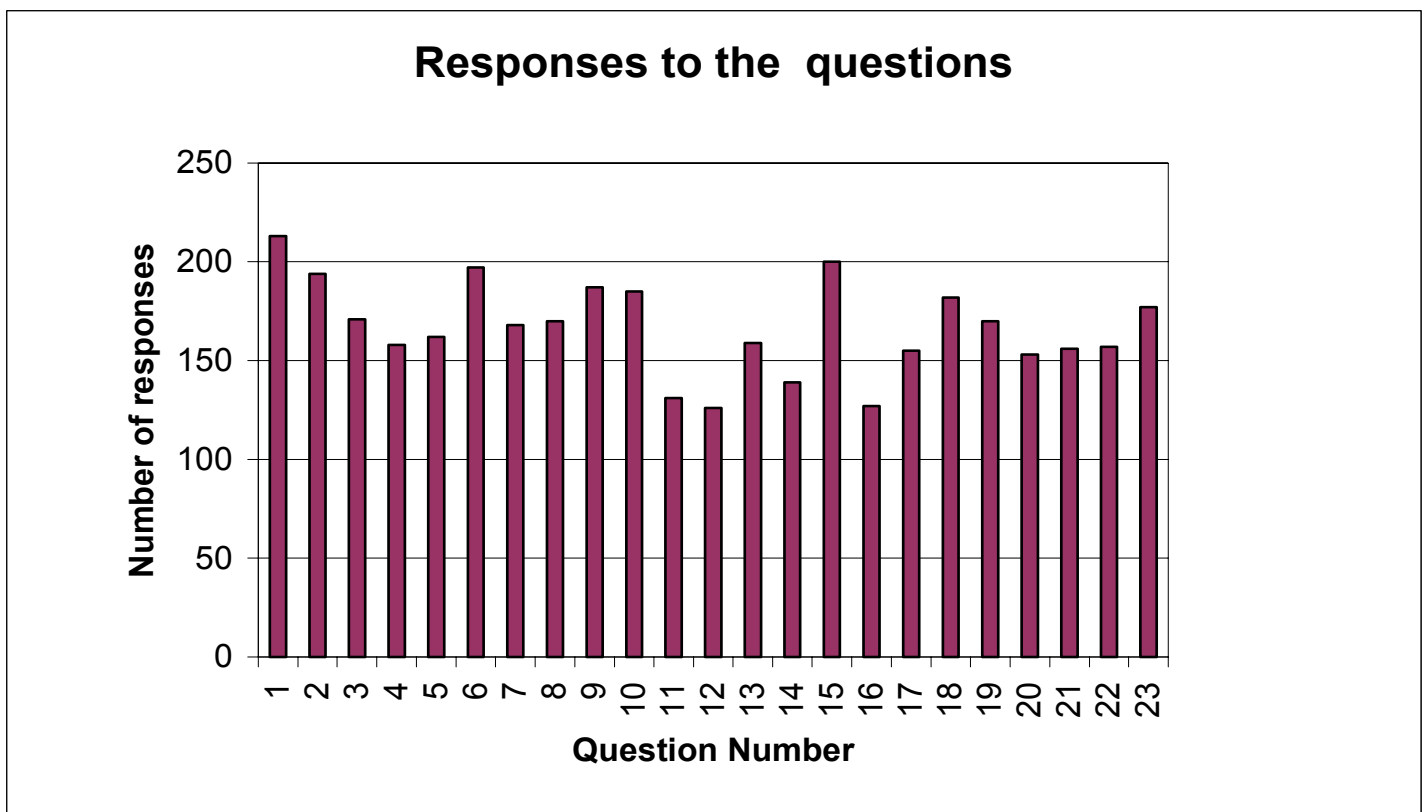
This report provides a summary and flavour of the main issues raised by respondents. Where statistics are provided they are simple counts of responses and are not weighted to take account of whether they represent the views of an individual or trade association. The full text of responses, excluding personal details and responses that were provided in confidence may be downloaded from our web site

<http://www.hse.gov.uk/consult/2002.htm>.

It is clearly impracticable to bring about all of the changes that respondents to the Discussion Document wanted to see. The Health and Safety Executive, with the assistance of the Construction Industry Advisory Committee is, therefore, preparing recommendations for the Health and Safety Commission regarding:

- Changes that we believe would bring about the greatest improvements in health and safety standards;
- Where realistic levers to bring about such changes have been identified.

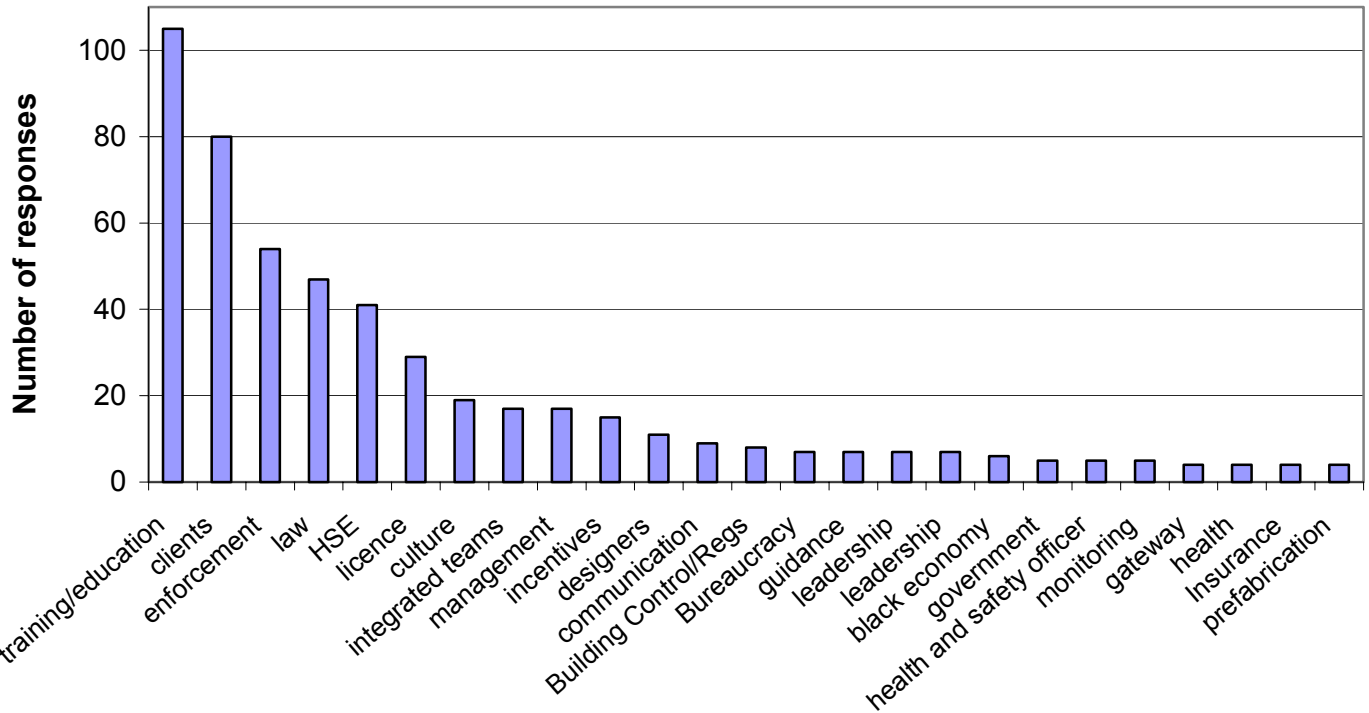
When this has been agreed we shall publish our proposed action plan.



Note on contents of report

In this report *text in italics* represents quotations from responses received, though they may have been edited to merge several similar views and to shorten them.

Q1 - Greatest improvements

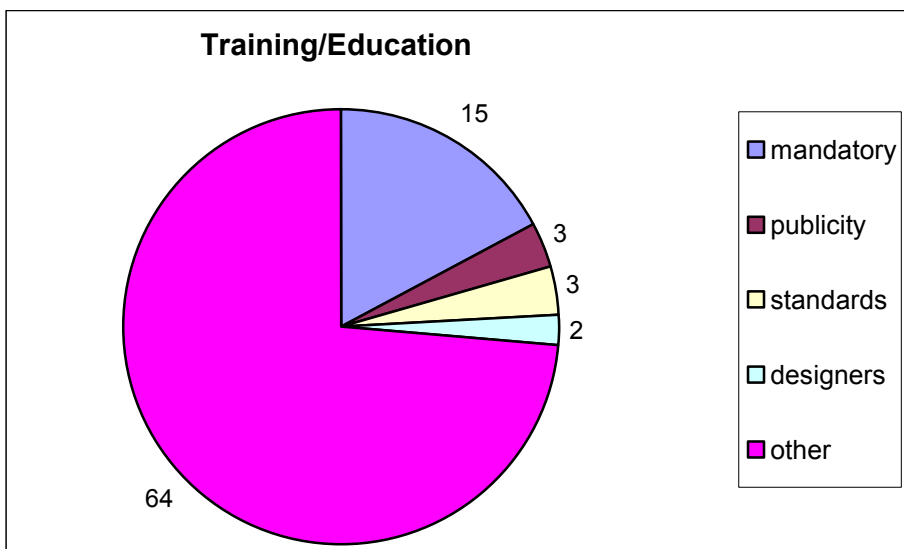


Q1 – What changes would lead to the greatest improvements in construction health and safety standards and how can you make them happen?

Training/ education

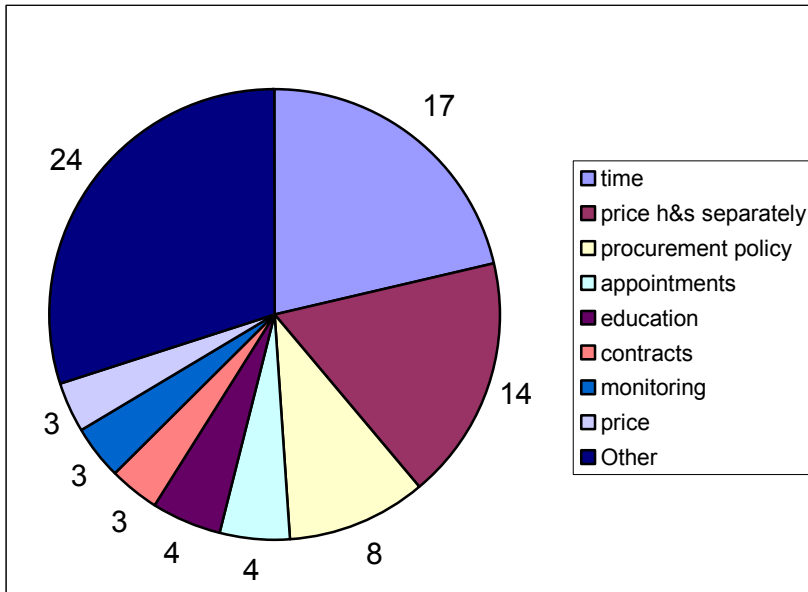
Improved training and education was seen as the main issue that could bring about cultural and behavioural change in the industry.

- *Education is the most important instigator of change in the health and safety performance of the construction industry. Education at all levels of the construction industry, from site workers to graduates and those at the designer level through to directors, will increase the awareness given to health and safety risk management and will ingrain a culture of it in all concerned.*



- *CSCS scheme is not a panacea but it is a creditable start to the adoption of a qualified workforce.*
- *Proliferation of cards issued on completion of health and safety training. Good idea would be to see a single card scheme.*

The biggest single issue identified in these responses was a desire for mandatory training requirements. This is discussed further in relation to the responses to question number six.



Clients / Time

The role and involvement of clients was also seen as a key issue. The biggest single issue raised was the importance of allowing enough time to plan and deliver projects effectively.

- *Clients have to accept that unreasonable timescales or budgets can have detrimental effect on safety and that their attitude to safety is crucial.*

Sometimes this was linked with a tendency to go for unrealistically low prices. Clients not accepting the cheapest tender and giving realistic construction periods. This link was even stronger in the responses to question two.

- *Clients that insist on good health and safety standards build this requirement into their tender processes and do not impose unrealistic time scales on projects.*
- *More monitoring on site by clients, demanding higher standards on their projects.*
- *The problem is that as soon as money gets tight or there is a delay on site, which is going to cost money, then because accidents are relatively rare, risks are taken to bring the job back on track.*

Law and enforcement

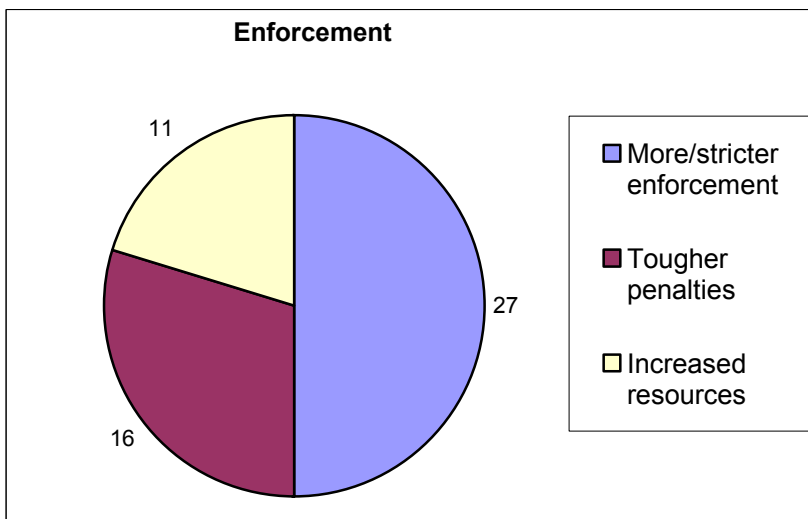
A large proportion of the responses addressed changes to the law, its enforcement and penalties. These seamlessly merged with views about HSE's role and resourcing, particularly in relation to law enforcement.

Almost one tenth of respondents raised more vigorous enforcement as a major lever for change. Tougher penalties were also seen as a key issue:

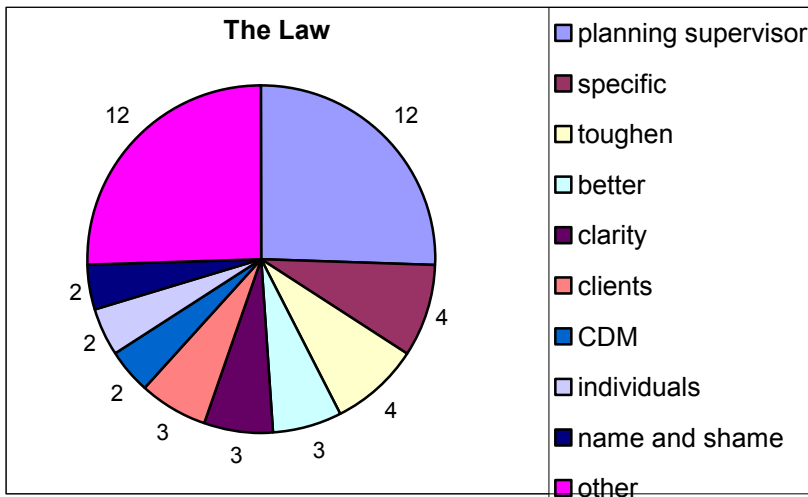
- *Make penalties for not having measures in place outweigh the financial gains of cutting corners.*
- *Zero tolerance.*
- *Issue on the spot fines for not using personal protective equipment.*

Clearly linked to a desire for more law enforcement was recognition that HSE could not deliver this with current resources.

- *Greater HSE visibility on sites, increased frequency of visits on site to provide positive input towards safety and policing of individual sites.*



- *Tighten up/increase inspections on much smaller sites/private projects.*
- *We need to bite the bullet and recognise the requirement to employ more Construction HSE Inspectors.*
- *Funding of HSE inspectors could be increased by the setting up of a safety levy.*
- *It seems inappropriate to spend time and money on developing other initiatives before ensuring that existing protections are afforded to workers as intended by*



both the Government and the European institutions.

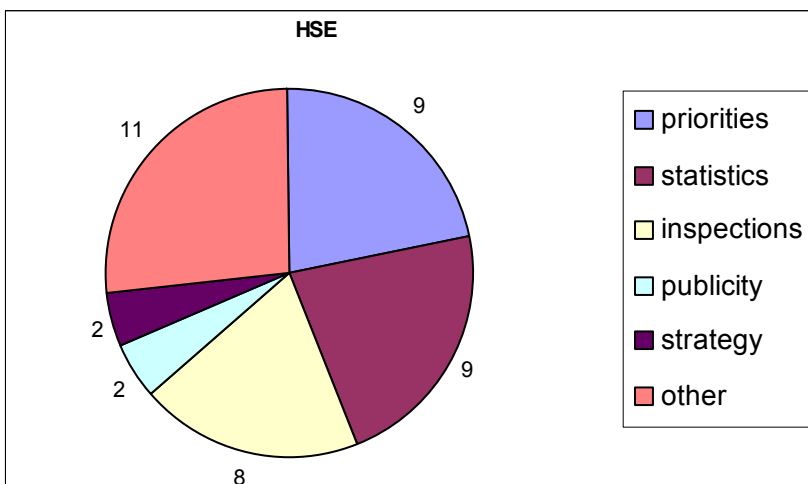
Other responses mainly expressed various desires to improve the legislation, particularly regarding planning supervisors and clients. Some wanted more specific legislation so that everyone knew exactly what they needed to do, others wanted more freedom to act based on their assessment of the risks.

HSE

There were also various suggestions about

how HSE's work might be made more effective:

- *Higher public profile for HSE blitz's.*
- *Have a blitz on welfare facilities.*
- *HSE to take a more proactive role in the auditing of construction projects at design and construction stage.*



- *We need more HSE Inspectors who can start at the beginning of a process, rather than trying to tackle problems in the final stages, e.g. reversing mirrors or CCTV should be standard on all forklift trucks.*
- *HSE could bring about the greatest improvement by taking a more analytical approach to safety thereby helping the construction team to target effort onto the most dangerous issues.*
- *Make Accident statistics more meaningful Revise the RIDDOR procedure so that types of work, types of contractor, size of project can be identified. This would then make it easier to target problem areas.*

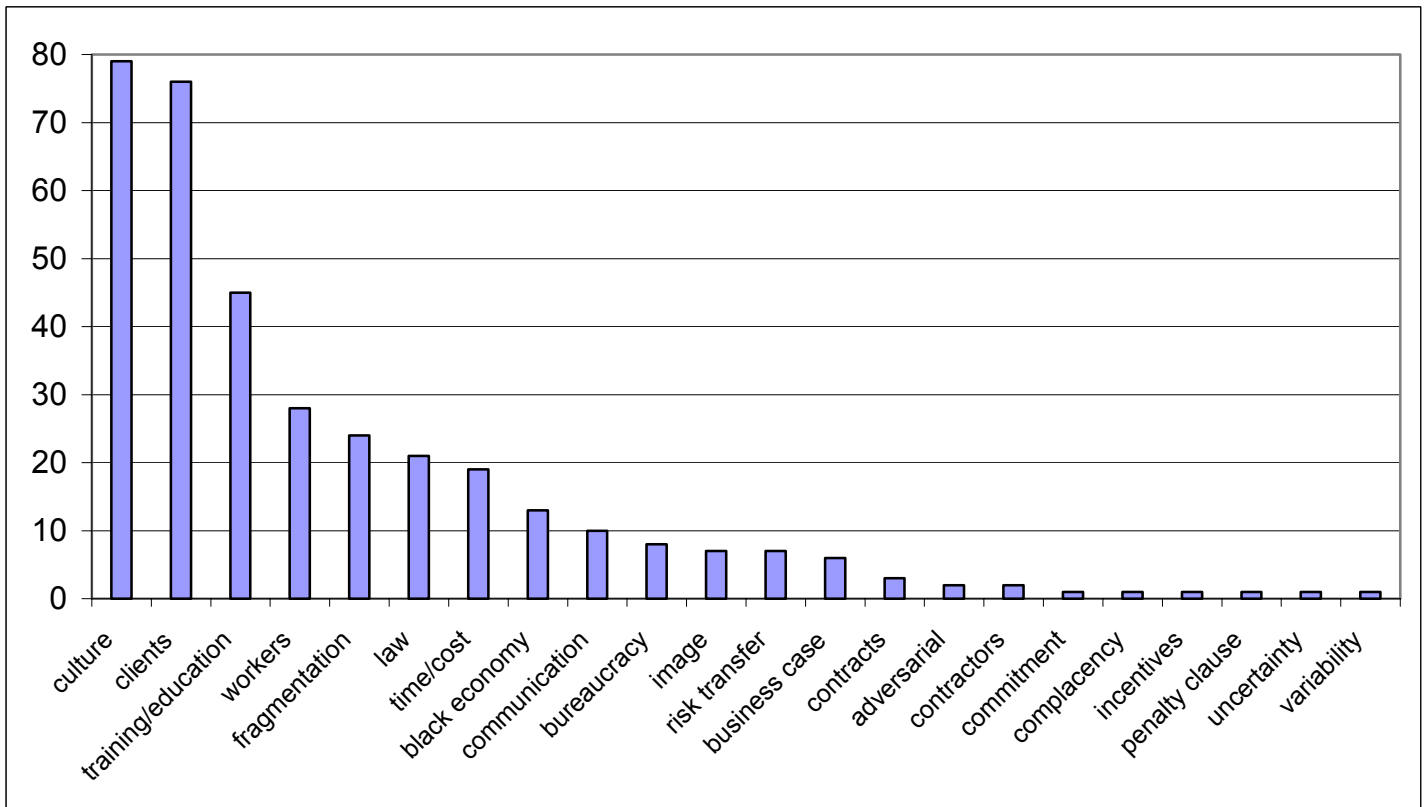
- *It would also helpful if the HSE understood better how to motivate construction personnel at all levels.*
- *HSE to praise those who have achieved change and encourage those who have not yet done so. Education is more likely to succeed than offering criticism.*
- *Occupational health is an expensive long-term problem, so lets have a blitz on those responsible for supplying dangerous materials and/or substances.*
- *HSC must push the principle of the long upward slope and must recognise overtly that change will not happen overnight.*

A couple of respondents wanted to take enforcement away from HSE completely:

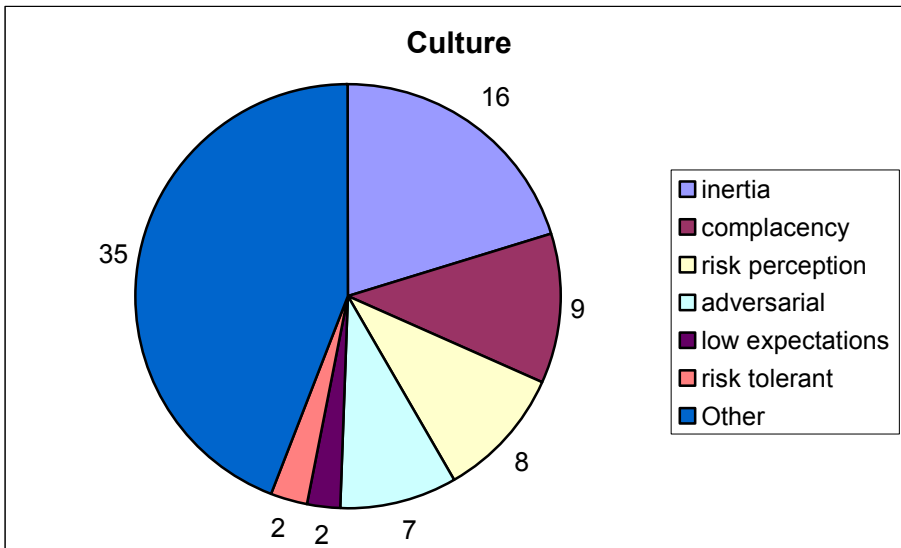
- *Switch control from HSE to local authority combine local authority building control and environmental health as new enforcement body for risk assessment, building control and community fire safety.*

Other issues raised by a significant number of respondents are addressed elsewhere in this report.

Q2 – What are the greatest barriers to change?



Industry culture was seen as the biggest hindrance to progress. The main issues raised were inertia and complacency.



- *Employees are reluctant to take up new safety initiatives as they see this from a perverse point of view that they are being asked to do something extra for which they are not being paid.*
- *'We have always done it this way' is a prevalent attitude. This is compounded by lack of understanding of benefits eg increased profitability, productivity, improvements in recruitment and retention and quality.*

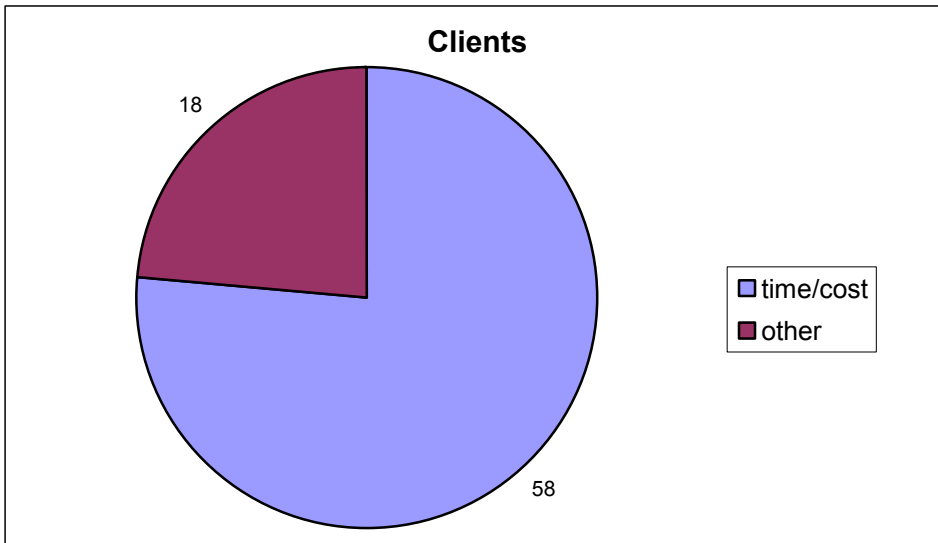
- *There is a great reluctance on the part of many individuals to believe that it is possible to change the ways things are. This is true at all levels, from the operative who has been lucky so far, to site managers who 'know' there is no point trying to enforce safety rules.*

Many things have changed in my 15 year experience. When I started work, steel erectors commonly walked the steel, now they work from MEWPs; also it is no longer only the architect/engineer who wears a hard hat on site.

If we can instil a more positive attitude at all levels and across all disciplines, perhaps through advertising the positive changes that have been widely made, this would be a massive step on the way to a better future.

- *The industry is still led by managers from the ‘old school’ paying lip service to health and safety issues.*
- *General apathy and disinterest from clients, who have other priorities such as profit gain, and from contractors who want to get the job done and get on and off site as quickly as possible.*

Clients’ attitudes and approaches to construction were seen as the second biggest hindrance to progress. Three



quarters of those who raised this issue saw the ‘cheapest/quickest’ approach of clients as the main challenge.

- *Most householders are not interested when someone often working for cash will easily undercut any price.*
- *Clients are unwilling to pay either directly or indirectly for health and safety.*
- *The move to ‘best value’ is a positive step in beginning to address this.*

- *Too often contractors have little time for effective pre-planning of work as a result of extended tender negotiations and the driving down of contractor margins. The consequences are increased accident rates and poorly constructed projects completed over budget. Guidance to the CDM Regulations summarises the solution well - CDM requires a realistic project programme with adequate time allowed for planning, preparation and the work itself.*

The workforce

- *There is a macho culture which thrives upon workers belief in their own indestructibility. However it often hides inherently unsafe practice that is allowed to continue unchallenged.*
- *There are numerous people who don’t believe it will happen to them, or just hope that they will be lucky.*
- *Employers who pay low basic wages, use casual labour and implement production bonus schemes.*
- *Using self-employed/casual labour and a casualised labour force.*
- *Poor standards are often due to ignorance of the workers, many of whom are transient and also work for companies that place income and getting the job done above all else.*

Other comments

- *The fundamental obstacle to improving health and safety and, indeed, quality in the industry is the degree of fragmentation. The traditional approach to risk in the industry has been to “lay it off” down the supply chain. Fragmentation is the product of many influences such as:*
 - *The continuing gulf between the professions and the contracting side of the industry.*
 - *Strict contractual hierarchies – contractors, sub-contractors and sub-sub-contractors.*
 - *The lack of barriers to entry – reputable firms are being displaced by those who can offer lower prices.*
- *Number of contractors and employers engaged in any one project. All parties involved have different standards and differing needs. All work to their own advantage and do not always work as a team.*
- *Many managers are not aware of their statutory duties and the penalties that non-compliance attracts.*
- *Ignorance, indifference, lack of belief, lack of communication.*
- *Ignorance about the pro-active aspects of health management as opposed to safety management.*
- *There is a blame culture in place throughout the industry.*

Q3 – How can we improve collective leadership of the industry and encourage focus on health and safety performance by boards and directors?

This question produced a large response (200). Being open in nature, it evoked replies that ranged widely across the issues raised in the Chapter. Therefore replies were characterised, not by conflicting views, but what respondents chose to pick out and emphasise. These are summarised below.

Role of Boards collectively

It was largely taken for granted that Boards accept general responsibility for health and safety and lead by example. The largest number of responses focused on publicly reporting (by mandatory or voluntary means) on organisation's performance with the following need for consistent criteria against which to report for both internal and external comparison and use of benchmarking and KPIs. The other area that produced many replies was that Board members should receive safety training, or should be qualified or certified to a certain level of competence. Other comments related to various aspects of the managements systems, such as Boards ensuring they receive reports on health and safety, and that it is discussed and put on agendas throughout the organisation. Also Boards should provide incentives for site managers to improve health and safety through the organisation's performance management system.

Directors personally

A large number of responses supported Directors being visible, undertaking regular site visits, and in so doing 'walking the talk'. One interesting suggestion along these lines was that directors should spend a week working on site in the mode of the TV programme 'Back to the floor'. There was also considerable support for one director to be appointed with personal responsibility for health and safety.

Business case

A number advocated in various ways that HSE and/or trade associations should champion the case that high health and safety standards support pursuit other business performance measures, such as quality, and to illustrate this with case studies.

The symbiotic relationship between safety and improved productivity /profitability is also supported. We believe that better planning from the design phase through into programme management can deliver significant benefits.

Role of clients

Many responses underlined the influence that clients can wield, either beneficially by many big clients, but often detrimentally by smaller and one-off clients. Some of these laid particular emphasis on the key position of Government as a major client.

Enforcement and penalties

A number of replies emphasised the need for firm and increased HSE enforcement, including intervention with boards, clients and designers. More replies focused on the need for penalties to be sufficiently severe to act as a genuine deterrent, and some expressed regret that no further progress had occurred on Corporate Killing legislation. A few replies specifically suggested that one form of penalty could be to require a director to undertake safety training with the need to report back to the court before discharge.

Contracts

Some replies focused on the contract process suggesting either that clients in letting contracts require demonstration of health and safety performance by contractors, or that there should be use of clauses in contracts throughout the procurement chain to require achievement of auditable health and safety performance. A few replies also focused on the use of licensing or registration powers for the various players in the construction process, often enforcing it through the contract letting process.

Q4 – What is your view of the economic levers described and are there others that we could use to improve construction health and safety?

Levers – general

Comments made about the generality of using levers were on balance supportive, but there were a number who thought them ineffective, often reflecting their current operation rather than future possibilities. There was also a minority who felt that only punitive measures would have any influence. Key points included:

- *Levers must provide incentives for good performers and well as penalties for the poor, and these must be sufficiently large to influence performance.*
- *Economic levers tend only to be relevant to the big players.*
- *Incentives for smaller firms might work better as inducements to raise standards of training and competence, rather than being directly financial.*
- *Any levers need to be simple, well thought-out and be a force for genuine improvement, not just generating paper and bureaucracy.*

Socially Responsible Investment (SRI)

This was specifically addressed in only a few responses, the general feeling being that it should be encouraged and could help. However, some cautioned that it would only impact on larger organisations, particularly with the ownership structure in construction, and even then would only be one of many investment influences.

Insurance – General

This issue provoked the largest number of responses. While the current market upheaval is very serious, it does provide a unique opportunity to shift the status quo so that premiums are matched to an organisation's performance, not just sectoral risk. This objective received almost universal support. Some related comments were:

- *For the system to work it must not allow uninsured firms to gain contracts.*
- *An additional control mechanism could through clients or main contractors checking for insurance cover when letting contracts.*
- *Discounts could be offered through joining mutual associations.*
- *Insurance companies could also exercise influence through contractors that do work for them.*
- *Moving this agenda on will require HSE leadership.*

After the DD was published, the Department of Work and Pensions launched a review of Employer Liability insurance and it would be premature to develop these issues until the review reports.

Project Insurance

Paragraph 51 referred to the idea in 'Accelerating Change' of moving towards project insurance that underwrites the whole team. This also produced many responses, almost universally positive. Where doubts were expressed they focused on the ability of the insurance industry to deliver.

Clients and Contracts

A number of responses referred to the leverage clients can exercise through commissioning work in requiring contractors to meet designated standards, and how allowance for health and safety measures can be built into contracts. Again this leverage can be exercised positively by using contractors with a demonstrated good record, or negatively by removal from tender lists.

Performance Measurement

All these levers are predicated on being able to measure health and safety performance – easier said than done!
A number of responses raised aspects of this issue:

- *Need for standard basis for presenting performance indicators for comparison purposes, be that public reporting of results, SRI or setting premiums.*
- *For public reporting the data must be brief and clear.*
- *Health issues present special problems because of the latency period and yet for example asbestos and noise are key sources of the current insurance problems.*
- *Measures should be proactive, eg through audit or assessment of management standards, rather than reactive, eg based on accident statistics or insurance claims record.*
- *Need to promote the use of Respect for People KPIs.*

Other Levers

A selection of other observations and ideas were offered, as follows:

- *Joined-up action by HSE, the courts and insurers acting in concert.*
- *A range of comments underlining the importance of training, competence and CPD.*
- *Exhortation that Government smoothes its spending programmes to provide continuity of employment and thus retention of skills and experience in the industry.*
- *Various references to tax incentives related to health and safety investment or performance or the level of training provided.*

Q5 – What can be done to address health and safety issues created by the informal construction economy?

There was a wide range of responses to this question, which can broadly be divided into three categories:

- Improvements to the attraction and workings of the ‘formal’ economy.
- Measures directed specifically at the informal economy.
- Role of cross Government co-operation and action on tax and employment.

‘Formal’ economy

The thinking here is best summarised by one response *to have any credibility the formal industry must be seen to have got its act together in terms of quality, standards, reliability and professionalism*. Therefore the responses here tend to reinforce those on other parts of the Discussion Document.

The first key area related to the need to train individual workers and provide them with a means to demonstrate their competence. Various schemes (CSCS receiving frequent mention), passport schemes, registration and licensing. This objective could be supported by formal legislation, or enforced through the planning, Building Control or insurance system, or through the procurement processes.

The second key area related to corporate competence. These variously called for schemes of construction company registration, licensing or approval and again suggested backing them up with the same sort of mechanisms as for individual competence. More use of integrated supply chains was also suggested as encouraging the better performing contractors.

Informal economy

This group of responses suggested measures that could be directed at the informal economy either to make it operate better in terms of health and safety or to squeeze it out of the system as far as possible.

- Stronger or more focused enforcement. A number referred to the HSE blitzes suggesting that they should be *targeted on work where the informal economy flourishes*. Others suggested that *some powers should be given to Building Control, which has more contact with this sector*. ‘On the spot’ fines was another idea.
- Application of the CDM Regulations. *Restrictions in the application of CDM should be removed, particularly so that all jobs are notified regardless of size and domestic clients are covered*.
- Education of domestic clients. The need for this was recognised with suggestions about publicity campaigns or getting targeted information to them through the planning process. Approving comparisons were drawn with the CORGI system, *combining mandatory registration with a high level of customer recognition*.
- Delivering safety messages and training. Suggestions were made for communicating with those working in the informal economy, either through builders merchants, or by using the Inland Revenue’s CIS database.

Government initiatives

The most frequent proposal in response to this question was to remove or (more realistically) reduce to 5% the level of VAT on repair, maintenance and improvement work, at least on contracts up to a certain value. It was argued that this single action would greatly reduce the economic advantage held by the informal economy in offering to work ‘cash in hand’.

Other responses focused on the fact that the informal economy is a multi-faceted problem in which poor health and safety standards is just one by-product. Various proposals were made for cross Government co-operation or action, addressing the intertwining issues of employment status, illegal employment and personal taxation. In particular, measures should be encouraged that worked in favour of direct and permanent employment relationships, and some suggested that the role of agencies needed to be examined.

- *If Government is really committed to cracking down on the bogus self-employed, surely it has all the tools at its disposal to do so. HSE inspectors are quite comfortable in asking the necessary questions to determine employment/self employment. Why cannot Inland Revenue Inspectors do the same?*

Q6 – Will current industry initiatives deliver a fully qualified workforce, including managers, engineers, designers, etc.? If not, what more should be done and what would be the costs / benefits?

There was some scepticism that the ability of the current initiative to reach the SMEs and self-employed. There was, however, widespread support for some demonstrable evidence *covering all disciplines from the ganger on site right up to the professionals and company directors* that they had reached some minimum standard. There was also clear support for the CSCS approach of integrating health and safety with other skills that are needed for a particular job. Much more work remains, however, to address incompatibilities between different schemes, eg CSCS and ECITB. Too many unaligned passport and training schemes (or quality schemes) lead to confusion and waste. There was a call for a return to apprenticeship schemes. *Training...should be funded by project levies or industry levies. Re-testing is necessary.*

There were a few concerns that the CSCS *is too costly and cumbersome to be used by the smaller firms and the self-employed and the health and safety test is far too basic.* There is also, reportedly a *corrosive suspicion that new schemes are talked up as a money-making opportunity by providers.* This needs to be addressed for it *to be successful, initiatives like CSCS must have the support of all parties involved in construction. Clients, insurers, professions and HSE. All must buy in to the same scheme and the allied NVQ standards* for it to really succeed.

A significant proportion of the work force is self-employed and some means of increasing their training levels is needed. But many construction workers are competent at their jobs without having had a great deal of, or even any, formal training. Ongoing training including Tool Box talks is so important. This is not only relevant to site workers, but also to managers, designers, etc. A 'no card, no job' approach should be applied to management and supervisor levels. There should be a requirement for Continuous Professional Development such that their competence is kept up to date. This information should be stored on a CSCS type of smart card.

Human rights also need to be considered in this respect. *Because it is possible to store a great deal of information on an electronic card, personal information that an employee cannot access to verify its accuracy or does not contain personal details that might infringe his civil liberties, could be included without him being aware of the fact.* Whoever administered such a scheme would therefore need to be entirely trustworthy, especially if it were extended to health information.

Training may need to be *modular for those who cannot do it full time, not to mention affordable.* There was a call for *CITB grants for evening health and safety training and for larger companies to open up their schemes to smaller companies.* Sadly *smaller companies are thought reluctant to pay for training.*

The certificates also need to be robust to prevent them *being forged otherwise sold on the black market perhaps with a central database to reduce the opportunity for fraud.*

There is a Glasgow City Council initiative where contractors are given the opportunity to train their workers using the Building Services Training section.

Clients

The central role of clients was stressed — *clients need to select contractors not just on price but on health and safety culture, management skills, track record and reputation.*

- *Clients should insist on certificated workers perhaps with more explicit standard forms of contract.*
- *If this is the way to improve health and safety, and clients (including the Government) want it, then they need to provide the resources to allow others to provide for safety and quality.*
- *Government should play its part in these type of initiatives by endorsing them in such a way that only contractors who are participating in the various schemes be allowed to tender for public sector works.*

Directors and management

- *Train directors and managers as rigorously as staff, one director at least should have recognised training.*
- *The general level of management training at all levels in construction is woeful. It is sheer luck if managers or supervisors untrained in those skills are able to motivate people and change their behaviours.*

- *New Foremen require induction training or job shadowing or good advice.*
- *The NEBOSH General Certificate in Occupational Safety and Health should be the minimum requirement.*

Agencies

Some respondents felt that existing duties were too tough or unreasonable:

- *To notify an agency of the site risks and controls planned for agency's employees is not practical.*
- *Safety management duties on Agencies should not extend beyond the provision of individual employees to defined standards.*
- *The organisation who ultimately has overall control of the site should be in a prime position to ensure that its chosen workforce is trained to the proper standard.*

Others wanted to see a much tougher regime:

- *Agencies should be more tightly regulated and accountable for their actions.*
- *Agencies should be fully aware of site conditions so that they can supply suitable workforce.*
- *Agencies should be responsible for training the workers they supply; and agency workers should be licensed indicating competence and awareness of basic health and safety.*
- *Provide agencies with a copy of the Health and Safety Plan where applicable.*
- *Lack of monitoring of specialist employment agencies...agency staff have failed to inform the labourer or operative about the basic safety equipment and clothing required on site.*

Responses indicated that many did not understand the law as it stands at present.

- *HSE needs to make the role and responsibilities of Agencies, the self-employed and the client, clear.*

Insurance

There was general agreement that insurance was a key lever and that the insurers could do more:

- *Involvement of insurance companies in the competence of the workforce would be a step forward.*
- *Trained and competent workforce should lead to lower insurance premiums.*

Mandatory

It was perhaps those who thought that current initiatives would not deliver a fully trained workforce favoured making some specific legal requirement regarding the demonstration of competence:

- *There should be a legal requirement for workers to show independent evidence of basic minimal knowledge.*
- *Voluntary schemes cannot exist in an environment that is financially controlled without effective enforcement of UK legislation.*
- *HSE could develop its own (or commission Universities) accredited courses and make it compulsory for all workers (from top to bottom).*
- *Change CSCS into licensing (Irish FAS system).*

Costs and benefits

Very little was said about this and no evidence was provided.

- *The benefits of training, as reflected in a reduction in fatal accidents, injuries or incidences of ill health should always outweigh the costs of that training.*
- *Make (if it's not already) safety training a non-taxable allowance to the employer because the cost of safety training greatly outweighs the costs which occur after there's been a accident or a death on a site.*

Q7 – What more should be done to improve the training of construction undergraduates to equip them with an adequate understanding of health and safety before beginning and throughout their career?

Although a couple of respondents thought that there was no problem, *undergraduates have very full courses and it is difficult to introduce new modules. Is there any evidence that undergraduates are causes of Health & Safety problems? Graduates tend to go into Major Contractors initially and get good Health & Safety training.* The vast majority of respondents considered the current state of training to be unsatisfactory.

- *Very few graduates report safety as being even a small percentage of their courses. (At present approx. 2 hours in 3 years.) This cannot be good for their future ability to manage safety in their chosen fields.*
- *I induct architects when they join the practice and monitor health and safety in design. Very few new graduates have any idea what their duties are under the CDM Regulations or of any of the legislation.*
- *Hazard spotting/risk reduction/control techniques not understood by designers.*
- *There are some examples of good practice one course includes talks by practising architects who include health and safety in their contribution.*

Some respondents wanted professionals to achieve specific health and safety qualifications like NEBOSH while others felt that it was better to *integrate health and safety into training as part of overall construction education and not as a separate issue.* But there are issues that are even more important than training, and may explain the lack of progress in this area. *A wider “hearts and minds” education programme needed more than technical qualifications.*

Any training provided needs to be very practical in its focus:

- *All the courses I have attended go on about the importance of health and safety but do not produce the “nitty gritty” information.*
- *Practical examples are vital—simple measures will probably be all that’s required at design concept stage.*
- *Case studies on CBPP web-site.*
- *By involving designers on site, they can see any difficulties that they are posing. Too many designers work in isolation using a computer-aided graphic and have no conception as to what happens on site. Technicians and CAD draughtsman never go near the site and therefore mistakes are repeated job to job.*

The professional institutes

There was a strong feeling that the institutes should set a lead on health and safety training for their members:

- *Most professionals belong to relevant professional organisations.*
- *Must accept more responsibility for ensuring that graduates are capable of operating safely on sites.*
- *Should demand evidence of health and safety competency at all levels and when changing levels.*
- *Need to review requirements for engineers levels of site experience – currently seems to be diminishing.*
- *Attainment of membership of professional bodies should include examination in health and safety.*

There were recognised positive developments:

- *The recent Institution of Civil Engineer’s initiative (the Health & Safety Register) is a good start.*
- *One CIC initiative is for an accreditation service for designers designing with health and safety in mind.*
- *CIC and the Senior Safety Advisors Group have suggested industry “champions” to act as links to universities and promote health and safety education.*

University/Further Education courses

There was general agreement that *health and safety, including buildability issues and site management, should be an integral part of university/college courses. The intellectual challenge within the subject of risk assessment and risk management is certainly enough to stretch any academic and their students. But there were doubts that the educational system has sufficient knowledge and experience to successfully deliver this to the desired level.*

- *A very significant change needs to take place in the education of designers with regard to social and personal responsibility. There is emphasis on the need to design to achieve function and cost-effectiveness. Whether a design is safe to build, use or maintain is, however, often simply not 'on the agenda'.*
- *It seems likely that course content is being prepared and delivered by academics who have little understanding of day-to-day management of projects.*
- *Universities should be encouraged to introduce more material prepared or delivered by lecturers from industry —APS have developed a model.*
- *SCOSS considers that this may only come with a direct link between funding and adequate course provision, and greater willingness of accreditation bodies to exclude courses which fail to measure up.*
- *The DfE could threaten to withdraw funding from university and FE courses that do not contain an adequate health & safety module.*

Again there are some good signs:

- *As a professional institution with responsibility for accreditation, there is more we can do to ensure the necessary health and safety awareness and knowledge of construction graduates, by linking this requirement with the demands of the CSCS scheme, which will test graduates on health and safety.*
- *Requiring all professional institutions in the construction field to include compulsory CPD in occupational health and safety matters would provide current industry members with greater knowledge and awareness. This would be in the interests of the construction industry and of the public.*
- *The online resource at www.learning-hse.com is excellent and should be promoted through the main HSE website. The NUS website should have a link to the HSE.*

The CIOB is responsible for the professional accreditation of construction management programmes within many UK universities. The CIOB is determined to make a difference in matters of health and safety. We have recently produced a health and safety Plan that commits to improving the inclusion of health and safety in higher education. The latest CIOB education guidelines require accreditation centres to introduce comprehensive and relevant health and safety content into the curriculum, whilst heads of schools are expected to submit an action plan demonstrating commitment to this programme. These requirements could be extended to construction undergraduate programmes accredited by other institutions.

Continuing Professional Development (CPD)

Training should not stop after university, so it was not surprising that there was a lot of emphasis on CPD:

- *All professional institutions in the construction field to include compulsory CPD.*
- *The ICE health and safety Board will be lobbying for compulsory annual continuing professional development CPD, we suggest that other industry bodies do the same.*
- *Introduce legislation (if really necessary) to force the professional institutions to include compulsory CPD.*
- *Require examples of Designs addressing health and safety to be presented at CPD events.*
- *Details should be stored on a smart card.*
- *The CIOB health and safety Plan includes a comprehensive list of health and safety requirements for CPD.*
- *NJ ECI's proposed system for Assuring Competence in Engineering Construction (ACE) for all existing and new skilled employees will comprise assessment, validation, registration and certification to S/NVQ Level 3.*

Practical training

Many respondents were concerned that professionals needed a practical understanding of the way things are done on site to complement their academic studies:

- *I believe that much more importance needs to be given to practical and targeted training at all levels. Too many professionals see health and safety as a bolt on extra that, if truth be told, can get in the way of the job. A proper understanding would reveal that it is part and parcel of a successful project.*
- *Designers must be aware of and had experience of the site construction systems they are designing, otherwise how can they understand the hazards.*
- *All Design Team members to spend a minimum of 2 years hands on site training.*
- *One month as a brickies labourer, one month as a ground worker, and so on. 6 months of this will concentrate the mind, as to the practical problems faced by the workforce — no more “the lads will sort it”.*
- *Perhaps clean some of their windows and ask another architect to hold the 5m ladder!*

It is also important to develop the horizons of designers and contractors:

- *It is beneficial for both designer and contractor to work together on site.*
- *Engineers should be encouraged to attempt the extraordinary or challenging. This is what leads to invention, new working methods, improved designs etc, but hand in hand with the application of basic risk management principles. Without encouragement to try out different or bold ideas the industry will stagnate.*

Insurance

- *The suppliers of professional indemnity insurance could help encourage higher standards of professional training.*

Q8 – How can we best ensure that the whole workforce is properly engaged and treated with respect?

- *This is a social and cultural issue. Legislation can lay the foundations, but in the end it is down to the attitudes of employers. Service industries accept that they are “people” businesses, and output is only as good as the health, motivation and satisfaction of the workers. This is also a “people” industry.*
- *Construction workers seem to be treated as “low value” and regarded by many as universally stupid. Expectations are low, with poor communication. Obviously, literacy and other key skill levels vary immensely, but site staff generally embrace change and technology when it is explained to them and then everyone reaps the benefits. Basically, if you treat people with some dignity and respect they are likely to perform at a higher level than if they are treated with a degree of contempt.*
- *The single biggest potential for impact is through encouraging challenge and dialogue. To speak only of workforce consultation, and not involvement, is to reinforce the dogma that health and safety is solely a management activity.*
- *At the lower end of the contracting side amongst the small and individual contractors this is less of a perceived problem as invariably work colleagues and members of staff would have come by through family or friend connections which makes the entire matter far more personal.*
- *With the present skills shortage, trades are normally well looked after, to make this permanent, cut the amount of subbies and employ more direct staff, and enforce existing welfare legislation.*
- *By investing time in developing recruitment procedures, means of evaluating the competence of new recruits etc both time and money can be saved in the long term.*
- *There would be more respect for the workforce if trainee managers and designers worked as part of a gang on site for three months, followed by a further three months in a site supervisory role.*
- *The provision of training, adequate welfare facilities and good management practices are part of developing the supportive culture that is currently lacking.*
- *The formalisation of competencies and health monitoring will progressively increase employee knowledge and promote increasing engagement.*
- *Appropriate welfare, is a barometer of the approach to Health & Safety. The quality of this provision indicates the regard in which the workforce is held. The welfare provision should in turn be treated with respect, however it is often abused by the minority, to the detriment of all.*

By adopting the principles outlined in the H&S Strategy document re 'Consultation with the workforce'. We have applied this rigorously at the Kimberly-Clark project and found it to be very productive.

Company/Director level

Many saw that a need was for the industry to properly embrace the Respect for People Agenda. Clients should also take a lead and push Investors in People.

- *The MCG consultation principles should be extended throughout the industry and adapted for small businesses.*
- *Create long-term relationships between clients, main and sub-contractors. Financial incentives help achieve good performance.*
- *Make senior management more approachable and accountable in practice.*

*On every project where an MCG member is the principal contractor any worker has the right to stop working if he or she feels to be at risk.
No punitive action will be taken against any worker who raises a health and safety issue.
Every person on a construction site will speak to people in a manner in which they would like to be spoken to themselves. Aggressive and confrontational language aimed at a worker who has raised a health and safety issue is unacceptable.
A mechanism must be established for all workers on a project to make their views on health and safety known. All workers on site will be informed of the appropriate consultation mechanisms and invited to propose other alternative methods appropriate to the site.*

Short term employment

The transient and temporary nature of construction work is one of the key difficulties:

- *Agency and self-employed workers are used because the workload is so variable, a company can't be sure when or what the next jobs are going to be, this makes it very difficult to employ a permanent workforce.*
- *Where employment is of a short term or temporary nature it is difficult to instil a sense of loyalty or of 'being valued' in a workforce or for the workforce to identify with the values of the company.*
- *It is very important that channels of communication exist between workers and site or project managers, and that requires willingness and a lot of hard work.*

Consultation

There was a lot of support for the introduction of provisions similar to those in place in Ireland in respect of site safety representatives. It was pointed out that that injury rates are lower in the engineering construction sector where there are relatively high rates of unionisation and Safety Representatives and it was suggested the Irish model should be followed. But other ways of consultation were suggested.

It was suggested that the profile of induction on site should be raised and it should be ensured that it is effectively carried out for the whole workforce. Several respondents commended HSE's Climate Survey Tool as a means of improving workforce relationships on a project-by-project basis. It was also suggested holding an evening *beer and sandwiches night to hammer home to all employees the importance of health and safety.*

Attitudes are, however, evidently still quite polarised:

- *Health and Safety is primarily the responsibility of management and should not require any Trade Union involvement. 'Roving' safety representatives without any responsibility, working for a different agenda could conflict with a companies safety management system and could prove detrimental to health and safety standards. Any safety management system must include consultation with employees to be effective.*
- *Greater emphasis is needed on direct consultation with the workforce by management (as is currently required by law), rather than through intermediaries such as Workers Safety Advisers.*
- *Employers appear to have a misplaced fear of engaging with trade unions on health and safety and we believe they should base their attitudes on the way safety reps behave now, not on how they were perceived by employer many decades ago.*
- *The role of the unions must be carefully looked at. Safety and political desires do not often fall in line.*
- *The 'worker safety adviser' scheme should be encouraged and developed. This could help to tackle the multitude of small sites which rarely get a visit from the HSE, and the management of which have many more pressing concerns. The legal requirement to consult on H&S issues is largely ignored.*
- *In Engineering construction genuine consultation with and representation of the workforce is the norm. It extends right down from national level to individual site huts.*
- *Greater involvement by trade unions would improve the industry's image.*
- *Consultation arrangements need to be flexible to allow them to work in different circumstances.*

Q9 – How can clients be encouraged to make sure that projects are properly planned and executed?

A key issue in involving clients is recognition of the wide range involved:

- *There are two types of client. There are those who fully understand their duties and responsibilities, as they regularly commission construction work as part of their core business. Then there are others who are ignorant of the whole process as it is infrequent.*
- *Domestic / SME / clients have limited knowledge of industry best practices.*
- *Clients do not see the economic advantages of good practices in health and safety in construction and well run, operative-considered, safe sites. They take it for granted that Principal Contractors will “deal with it”.*
- *A better approach would be for an “Integrated Team” whereby Client, Designers and Principal Contractor retain responsibility for health and safety throughout the projects and hold that responsibility jointly.*
- *As far as we are aware there is no collective ‘client’ action plan. We have initiated discussion with the British Property Federation on this matter.*

Government has a key role as the single biggest client, and this was reflected in the responses:

- *The Government, as client for about 40% of construction work, has a greater opportunity than anyone else to influence health and safety improvements. It should ensure that best practice is demanded throughout its construction work and from all those at all levels working directly for or as an agent of the government.*
- *Government, as the largest construction client in the UK, should take its own advice and become an example on what it means to be a responsible client.*
- *On government led schemes the “client” and advisors should introduce a bid requirement to submit and operational “in use” risk assessments. This would focus the designers mind on the process around creating and operating his design. Maybe this could also flow through to say planning permission.*

Education

Education was seen as crucial to the motivation of clients. Many need expert support and advice:

- *The role of the planning supervisor could become a health and safety advisor post or an independent client advisor set out in Accelerating Change could help allocate roles and responsibilities from the outset.*
- *Through umbrella groups, eg CBI, IOD, RIBA, RICS.*
- *Through the local Authority Planning and Building Regulation processes and comprehensible guidance.*
- *HSE’s current initiative to educate the vast government procurement agenda.*
- *A programme of education is required from such bodies as. Possibly the insurance market could assist by once again placing pressure on the client to manage its affairs.*

A programme of 15 weeks was set for the extension and complete refurbishment of a hospital ward. The project team felt that a period of 25 weeks would be more reasonable. Nevertheless the client insisted that the project was tendered at 15 weeks, although an option for contractors to put forward an alternative tender was allowed. The majority of contractors stated that 15 weeks was unfeasible. One contractor tendered on 15 weeks and the client accepted it. There were major delays and problems throughout the construction period and the scheme was finally finished at the beginning after 24 weeks on site with significant extra costs.

Of course if planning supervisors, contractors, etc. who can bring skills and experience to the project are not appointed at the right time than they cannot provide the advice needed when it is needed.

Business case:

- *A properly planned well-managed project is more likely to run safely, to program and within budget, with no nasty surprises during the process or during future maintenance.*

- *Poor planning leads to poor financial performance.*
- *In the long term best value is better than lowest price.*
- *Practical examples of cost-benefit analysis.*
- *The very strong link between health and safety, Environment and Quality.*

Risk education

- *The lowest price is fraught with risks due to short cuts.*
- *An accident highlighted by the media could prompt bad publicity towards them. Expert advice to occasional clients.*
- *Focus on whole life risks they carry as well as whole life costs.*
- *The impact of poor decision making during planning stages and during construction work on quality. Clients do not always realise the impact of changing their mind once decisions have been made.*
- *Un-realistic deadlines can lead to over resourcing with unskilled labour, under supervised projects – eg out of hours working, congested sites and inadequate controls and resources.*
- *Sadly no consultant or contractor risks losing work by telling a client that something can't be done in the unrealistic timescale.*

Legal duties

There was considerable discussion of the legal responsibilities that clients should bear. Most wanted these to be increased though some regarded this as sometimes unreasonable. *Clients who have no infrastructure, expertise or knowledge should, quite rightly, be able to hire “experts” and pass the liability to them. After all, we expect our Doctor and Solicitor to know what they are doing. Health and safety during the construction process is not a Client responsibility. I agree they should be concerned about the safety issues arising from the finished article.* Suggestions and comments included:

- *Appointing a Planning Supervisor lets the client off the hook.*
- *Clients should have an awareness rather than an extensive knowledge of health and safety issues.*
- *We have seen a surge of enquires which arises from contractors refusing to start work if they do not have a pre-tender health and safety plan. They currently have a good work load so can afford to use this as a lever, and they are more confident from the revised ACOP that it is the Client's responsibility.*
- *Expand and combine the duty of the employer/ client under the Management Regs and CDM to appoint a health and safety advisor competent to deal with safety issues in the employer's business and construction.*
- *Withdraw the facility of clients to delegate their responsibilities to 'agents'.*
- *If the range of regulations open to civil action against the client were to be expanded, this would increase the risk to insurers, who would in turn put pressure on the client to manage safely or face higher premiums.*
- *More responsibility should rest with the client for the monitoring and management of the project.*

Enforcement

There were also calls for more enforcement against clients:

- *Changing the culture will initially need the use of the stick to bring about a change in direction with the use of liberal use of the carrot to follow. From a client point of view, at this moment in time there is no reason for them to change their existing procurement practices.*
- *Increase chance of being caught.*
- *Prosecute more Clients and publish the results.*

Q10 – What more can be done to ensure that designers address health and safety considerations?

Several respondents correctly pointed out the wide range covered by the term designer including *architects, architectural technicians, structural engineer, temporary works designers, specialist contractors and manufacturers*. Nevertheless *many people do not realise that they have duties as designers*.

One respondent pointed out that CDM is really nothing new for designers. *We have always had a professional responsibility to design such that it can be built safely, used safely and in the end demolished safely. No amount of paper work will change this, it is just part of the job*. Another respondent took an opposite view. *The intent of the CDM regs must be commended but it should be recognised that there is a major change for them*.

Designers cannot play their part if they are not correctly briefed. *A recent research paper on falsework showed specialist contractors were often not made aware of all the influences on the components they were to design*.

Are designers playing their part?

Two respondents challenged the view expressed in the DD. *Where is the evidence that designers have a casual attitude to health and safety? I have never come across situations where the issues were not addressed. There is a general view within the industry that designers do address health and safety at the early design stage, but that efforts to then change or amend designs to 'make them safer' is less often undertaken*. However, a substantial majority took the opposite view. *Many designers still do not understand: what their duties are under the Regulations; what they should do to address health and safety during the design stage of a project or how to assess risk. There are still many designers who genuinely believe that they cannot influence the standard of construction site health and safety. In my experience most designers have little interest in this. Many do still not know anything about the CDM Regs. In the main aesthetics and cost predominates. Designers do not always recognise that design decisions have a huge impact on the way a building is constructed and the way a site operates. I have never found any designer who is willing to spend his client's money in order to reduce or eliminate residual high risks*.

The polarization between these views is disturbing and suggests that either there is inadequate communication between different parts of the industry, so that designers do not see how they are perceived by others or that respondents are thinking of different parts of the design profession, eg architects and structural engineers.

- *Lead Designers or Contract Administrators are paid to co-ordinate the design. This seldom happens. This is not just a health and safety issue. Design fee bidding has reduced their fees, which obviously has resulted in a reduced service, and trying to push more onto Contractor Design portions. The lack of a co-ordinated design is a false economy. It is much cheaper (and safer) to change a few lines on a drawing.*

The way forward

Some respondents reported encouraging signs. In my experience as a Planning Supervisor, designers are finally starting to take their responsibilities seriously by considering health and safety issues during the design process and either designing out potential hazards or reducing them to the lowest practical level. A lot has been achieved since the issue of the new ACoP.

Integrating design and construction

There was widespread agreement that one of the best ways to improve health and safety in design was to improve the dialogue between designers, contractors and suppliers.

Some thought that a gateway requirement *for designs to be approved by the Principal Contractor and Planning supervisor before construction works starts* were the most practical way forwards. Certainly contractors need to be able and willing to *raise problems with the designers and not just accept the design put forward. If Builders refuse to start without the designers risk assessments then this will cause Clients to put pressure on the designers to produce this in good time. Make sure that all members of the project team visit the site*.

The current approaches can result in unsafe and impractical designs and wasted time and money because contractors have to *change and build a project, as the initial design is unworkable. The problem is that*

procurement arrangements do not provide any or sufficient opportunity for consultant designers, designer contractors and manufacturers together to address health and safety risks at the commencement of the planning and design processes. But in some sectors it is not an issue in agricultural construction a separate designer is rarely used in the new construction of working farm buildings, more often it is the frame manufacturer who plans designs and constructs the building. See questions 12-13 for further information.

If designers were to be challenged to identify the whole life costs of a building rather than just the plain initial build costs, they would be more integrally involved in health and safety, rather than it being just an add on that has to be recognised. It is easy to design large glass atriums, but they may be difficult to build and require excessive cost to maintain.

Health and safety law

- *The fact that the HSE are now going to consider the designers role in any accidents they investigate has moved the spotlight onto the designer. I think providing this is made common knowledge it will have a positive impact on safety consideration at design stage. Designers do seem to be becoming more aware of their role and its associated responsibilities under CDM and I think it is now a case of developing this and encouraging the change both pro-actively as has been done with the construction element.*

There was a widespread view that information provided by designers under CDM, commonly known as Design Risk Assessments are for all practical purposes a waste of paper. Most of those I have seen are an exercise in stating the obvious and are prepared from a generic list-and quite clearly once design is complete. I have read many design risk assessments which, in effect, advise that a roof is high and if someone falls off it he or she will get hurt. Designers need to look at Safety on a project specific basis, not generically as they do now.

Designers should detail on all drawings the hazards that they have been unable to eliminate or mitigate by design. One respondent wanted designers to go further and to suggest and measure a safe method of construction and maintenance.

New legal requirements

Quite a few respondents wanted designers to document their work/decisions more thoroughly:

- *Record risk assessments, including any thing designed out, in an auditable form possibly using risk registers.*
- *List solutions considered during the design process.*

While others wanted to rationalise/simplify current requirements. We have moved from Risk Assessment to the amended HERR (Hazard Elimination, Risk Reduction) which implies a process and some action rather than just an assessment.

Some suggestions were potentially quite draconian:

- *Design work must not commence until a Planning Supervisor has been appointed.*
- *Eliminate the practice of constructing before the design is finalised.*
- *Designers should bear the additional resultant cost if structures are not fit for purpose and safe to maintain.*
- *Design practices should be licensed. Part of the licensing process would be the ability to demonstrate management competence in design health and safety issues.*

Others would involve more or different information being sent to HSE:

- *Initial notification to HSE (Form F 10) to include the name of the lead designer.*
- *Submit a dossier and a quarterly return to HSE on how it will be managed and safety performance.*

Some would broaden designers' duties:

- *Designs are useable by everyone including those with disabilities, minimising any future risk to their users.*

- *Designer to demonstrate they understand the construction process for their design.*

Prefabrication/standardisation

There was little consideration of the use of prefabrication. Carillion have a Safety by Design Policy and are leaders in prefabrication. Prefabrication has been a cost-effective safe solution used in many of our PFI projects.

The other respondent thought this could be a matter of transferring risk. It is usually done where mass production offers savings in cost however the idea that there should be more standardisation is aesthetically objectionable. We have seen many cloned housing estates that stoop to the lowest common denominator, in many cases repeating ad nauseam the problem gutters that cannot be cleaned because of the glass conservatory directly underneath. We should also learn from Ronan Point that prefabrication does not necessarily produce a safer product.

Guidance

There was a perceived need for more guidance for designers though others thought that much was already available they need look no further than the recently revised CDM Approved Code of Practice. Many small practices who design most of the small works do not understand the CDM process properly, or how to do a proper risk assessment or how to produce the relevant information. There is a need for further guidance to procedures and formats which the P.S. can send to the designer. This should identify the significant risks that designers could influence (eg fragile roofs, heavy blocks, safe access for window cleaning and the avoidance of solvents in paint) then offer advice on how to address them, possibly through a dedicated section of HSE's website.

Case studies were a favourite:

- *Designers need case studies and real examples, illustrated three dimensionally, not just by conventional drawings, and not just by exhortation, to bring home the point.*
- *Examples of good design (with reasons) and bad design (with reasons). Good examples did not really materialise until the issue of the new Approved Code of Practice.*
- *More information/detail concerning the causes of accidents.*
- *Consider specialist area guidance, mechanical, electrical etc.*
- *There is a knowledge management issue within individual practices, within professions and within the wider industry. Perhaps an enhanced and continually published HSE website could pull together best practice and lessons from things that have not gone well.*
- *A document, similar to "5 steps to Risk Assessment" is needed.*

Q11 – Is there a need to improve the management of high hazard/low probability or low frequency/high consequence construction work? If so, how?

The problem is not where the high risks are recognised *this is very often the best-planned work and the workforce will be more specialised. Demolition, at least on a large scale, is now considered to be a well-regulated and generally safe activity for this very reason. More often it is work where the risks appear less significant or are less apparent where insufficient time is given to planning.*

Few respondents believed that there was no need for improvement, however *generally most major contractors manage high-risk activities very well.* The problem seems to be with those who do not recognise that what they are doing is creating a significant risk. There were no simple answers.

Design

Many felt that those leading the design process should address the problem of high-risk areas. Designers need to improve their assessments, to meet their duties under CDM. *Design stage and the risk assessments should be carried out jointly, with an “Integrated Team” of Client, Designers and Principal Contractor then most of the risks will be reduced before construction commences.*

Management

There was some criticism of management generally and management of risk in particular. It was felt that people could only manage something that they have a clear understanding of. *Risk management is still perceived as some wildly complicated operation that requires specialist skills and an in-depth knowledge of health and safety.* More simple techniques can be more effective as all parties can then understand the risk involved. There are categories of work where the risk profile indicates that special measures will almost certainly be required and that very particular skills and competences are necessary. Such categories could be identified and procedures introduced with perhaps only qualified designers and contractors to provide services.

- *The level of supervision should be considered part of the risk assessment.*
- *Of course there should be monitoring.*
- *A structured approach to assessment, eg Risk Registers, should reveal the potential for multiple fatalities.*
- *Hazards, with the potential for multiple fatalities should be subject to additional scrutiny.*
- *The need to train in these areas is paramount.*
- *A minimum notification period should be required before any high-risk work is carried out.*
- *A method statement should be prepared in advance of work starting.*
- *HSE to recommend a numerical hazard rating system – to make risk assessment more objective.*

Enforcement/Inspection/Legislation

The general consensus was that there was no need for new/additional legislation to deal with major hazards. But existing legislation should be enforced more effectively. *Large numbers of projects that come into this category are done safely. Placing further requirements on duty holders that would not improve this.*

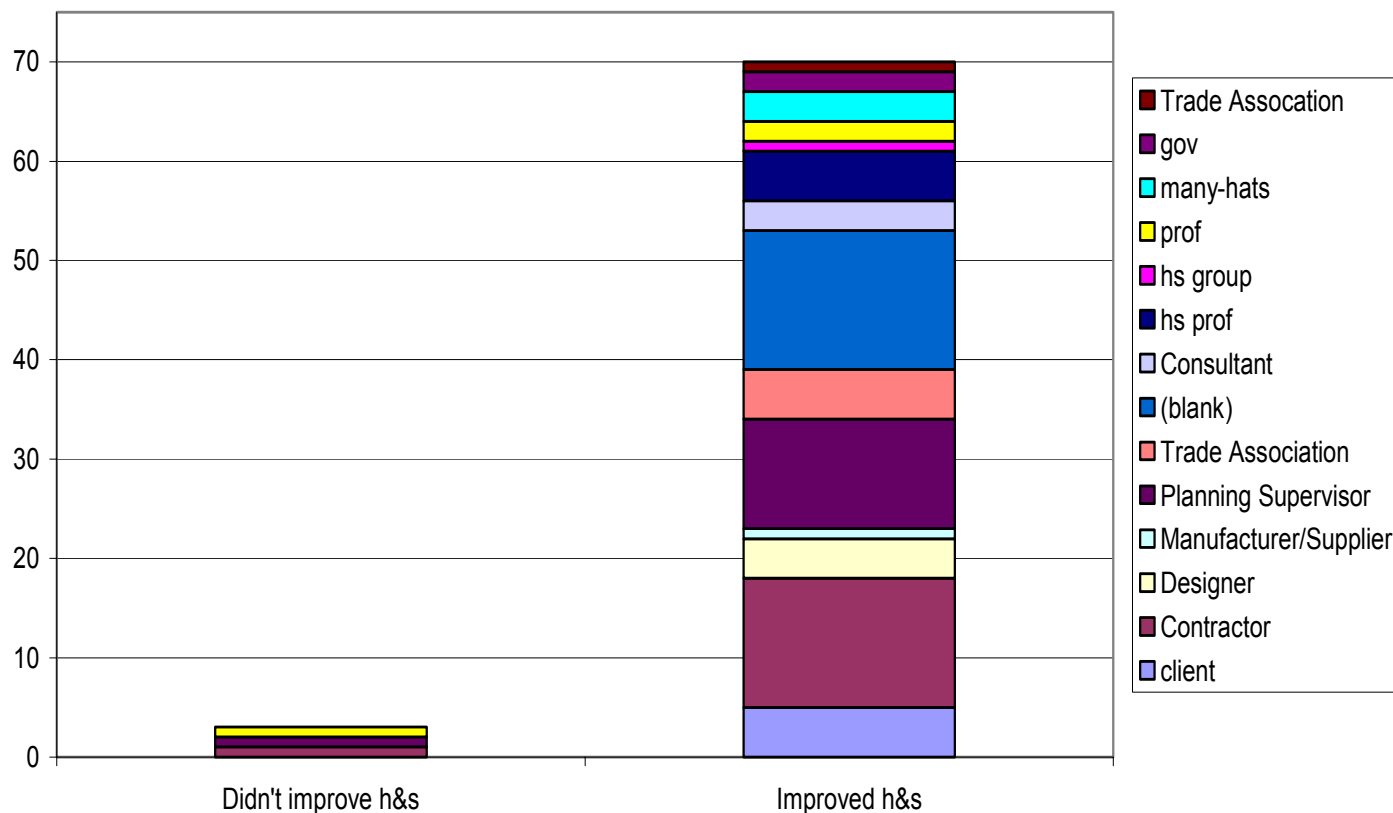
- *There is no need for new legislation. CDM planning requirements are in fact particularly well suited to the sort of work mentioned such as tunnelling under city streets. Whether duty holders do anything or not or whether what they do is sufficient is a different matter entirely.*
- *Defined major hazards should be included on the F10.*
- *There should be more HSE Inspectors with relevant training and knowledge for the tasks.*
- *There should be more frequent visits from HSE inspectors with more investigation of near misses.*

Guidance

There was some criticism of the current guidance in that it was too general. Specific points raised were:

- *Provide better guidance on risk assessment / risk management issues particularly for designers.*
- *Guidance to the Management Regulations and ACoP should be improved – reducing bureaucracy for low risk and better advice for high risk.*
- *A blank proforma on how to do risk management on small, medium and large jobs would be useful as would worked examples.*

Q12 – If you have worked as part of an integrated team, what was the effect on health and safety performance? Please provide details



Clear support

There was clear support for integrated teams with 70 respondents who had experienced the benefits in health and safety as well as other areas and only two who expressed strong negative views. One respondent pointed out that they were not really anything new.

- *Integrated teams are not a new concept, in the past when the architect was the only point of contact for the client, it was the architect who would select and appoint other team members. This was normally from a very short list of known companies with whom over the years a culture of co-operation and confidence in the expertise could bring to the overall design involved.*

The benefits reported included:

- *You feel more aware of the whole picture just not your part of it and hence you aware of how your part fits in to make everyone else's job safer.*
- *Compared to other similar sites accidents can be reduced by 70%.*
- *The works were better planned and managed. Better managed due to lead in period and proper planning with clear objectives and correct amount of supervision.*
- *Good teamwork where everyone worked together sharing ownership and reducing adversarialism, different perspectives, knowledge, and increasing understanding between parties. When the team has worked on several projects all aspects, including health and safety, operate more smoothly with a marked reduction of incidents in the latter projects.*

- *Programme times, resources and staffing levels are realistic. There is no pressure to find cheap sub contractors, direct labour can be used because a profit margin is built into the price.*
- *Workforce, are delighted to be consulted and appreciated, and input valuable insight into the practical aspects of the project.*
- *Early input from contractor and the maintenance team allows identification of construction hazards improves safety and buildability — driven into the design process.*
- *Less absenteeism.*
- *Better work quality and efficiency— quality and health and safety issues are inextricably linked.*
- *Large eight storey building with the plant room at the top floor. Services Engineer failed to consider how plant/equipment could be removed or replaced in the future. Through teamwork it was suggested that a landing deck be formed to allow such plant to be craned into position at the cost of increasing local imposed roof loading.*

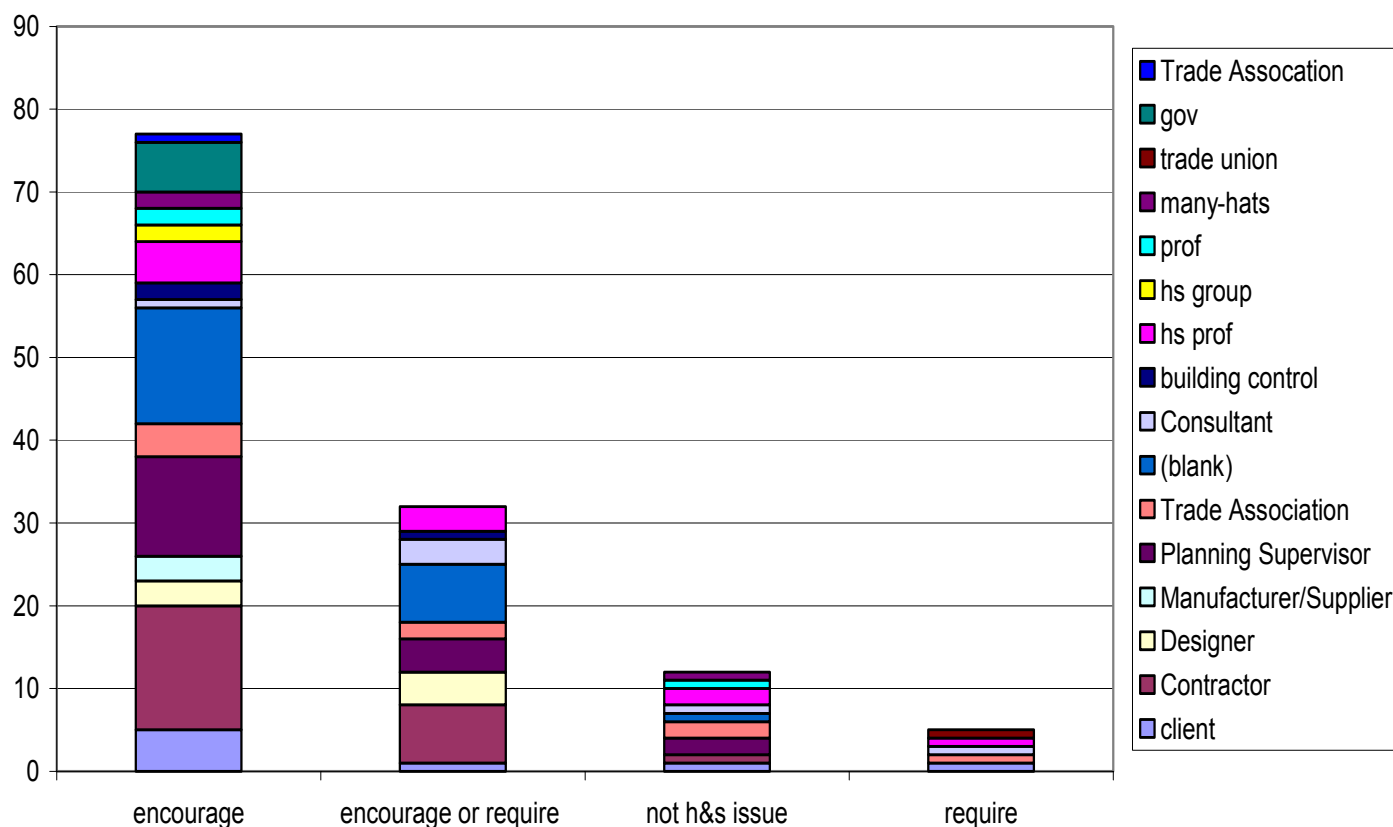
There was also a clear recognition that integrated teams were not a panacea:

- *Partnership is a mindset and a commitment. You can get true partnership even with traditional contracts and conversely no contractual document will cope with one or more parties not playing their full role.*
- *Often it is group dynamics which cause problems and this can occur as easily in an ‘integrated’ team.*
- *The success of any integrated team still depends on what is driving the team, the team leader and the client*
- *Continual focus on safety performance and awareness that performance is being very closely monitored.*
- *All team members must have a good safety culture for success.*
- *Integrated teams are a good idea for clients who are regularly commissioning projects. It is difficult to see how they can work effectively for single project clients, unless the architect, who is normally the lead designer, introduces other professions, with whom he has worked successfully before.*
- *Unfortunately the ‘integration’ does not normally extend to the Principal Contractor, as clients nearly always want to tender the project.*
- *Not all Clients are willing to employ Designers from the inception to the completion of a contract. This is because Clients are unwilling to pay for these services.*
- *Unfortunately even with an integrated team it has been our findings that Clients and designers still consider that health and safety is the responsibility of the contractor.*
- *In many incidences the planning supervisor although nominally part of an integrated team is placed upon the periphery of the team and not always kept informed.*

One respondent saw integrated teams as being incompatible with good management. *Someone must take responsibility and here lies the problem. Until a law is passed qualifying one person to take control of a sites “too many cooks spoil the broth” applies. There was also concern about timing — by the time integration “sets in”, projects are usually half complete. And human relationships, it seems wise that we simplify the team process Let the Client require: / Let the Designer design: / Let the Builder build. Any interference with any of the above automatically degrades each process. One thought that there were no benefits. The effect on health and safety is negative. Commercial aspects of the project take priority. Complacency sets in with repeat integrated teams.*

There was also concern that current contracts discourage integration. *The current range of construction contracts (with the exception of the With Contractors Design (WCD) and PPC 2000, the Partnering Contract) do little for encouraging teams to work together to produce a more buildable and safe project. Current procurement routes still favour engagement of the contracting party by price with the building design and specification already completed.*

Q13 – Should HSE require or encourage use of integrated teams?



There was clear support for the use of integrated teams, but few unequivocally advocated requiring them through health and safety regulations. *None would argue that integration is an essential component of better project health and safety. The true driver for the use of integrated teams is commercial. The requirement should be for delivery of safe projects, it is not HSE's role to impose a particular structure on the industry. HSE should provide guidance on the potential benefits of their use, but the selection of a team must be left to the client. Integrated teams only work if all participants are willing team members. "Regulating" for them would be unworkable. There are so many different procurement routes.*

A small minority took the view that *the integrated teams approach seems to be able to deliver the step change that is needed, by ensuring that all parties involved in the build process are in ensuring that there is a process to make communication happen.* As a result they favoured statutory backing for integrated teams.

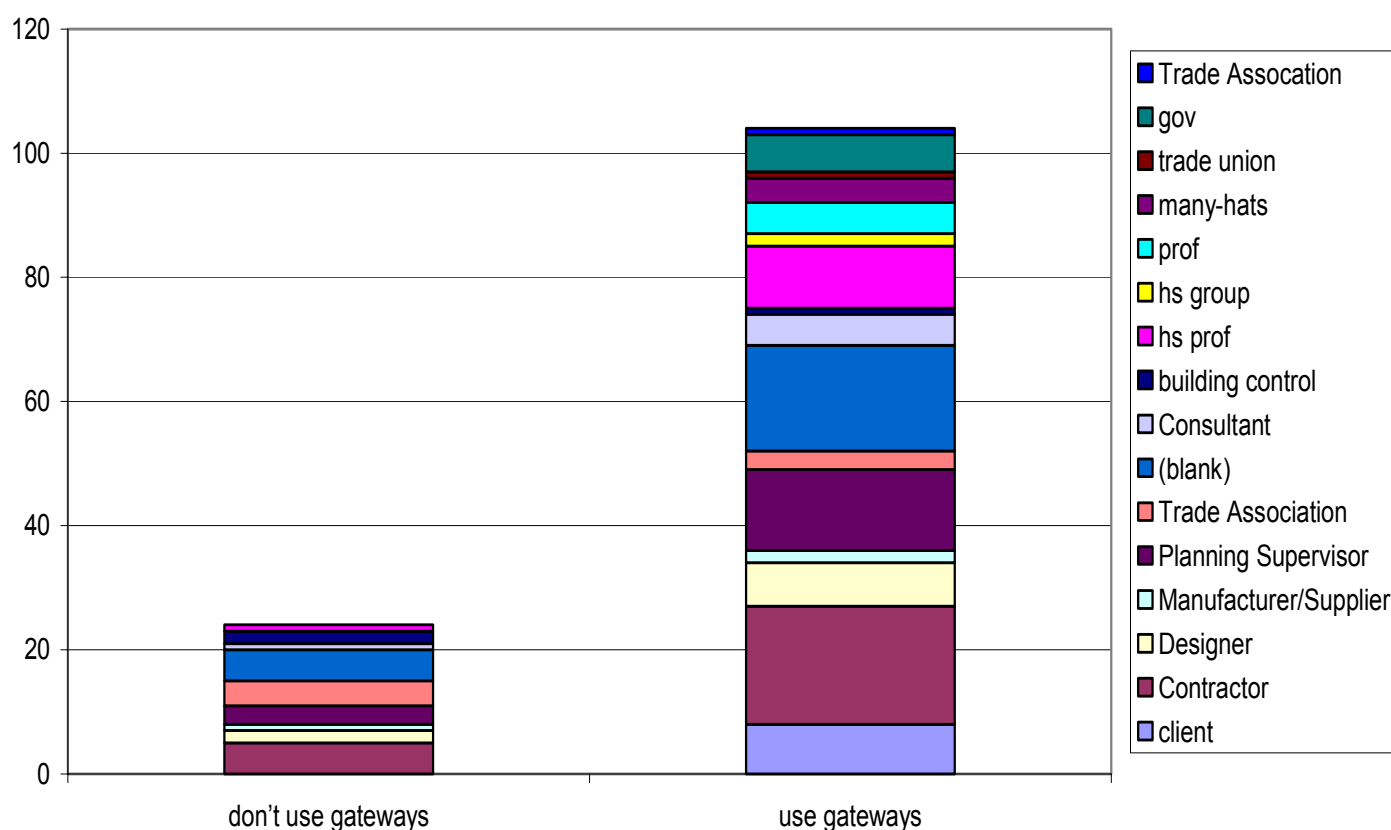
A number believe that *the use of integrated teams is probably only relevant to larger projects or where long-term relationships can be established with a client.* Insurance requirements imposed by clients *place a pecuniary or quite impossible disadvantage upon the smaller firm.*

The HSE should continue to work (and be seen to be working) as closely as possible with the Strategic Forum and other bodies committed to construction reform and the pursuit of improved health and safety through integrated working. One of the strongest and most frequent criticisms of the various reform programmes currently underway manifests itself in cries of "initiative overload." Therefore, the more the Revitalising health and safety and Accelerating Change programmes can be synchronised the more they will be understood, the more they will be accepted and the more they will be acted upon. This mutual recognition and promotion of integrated teamwork should also expand the engagement and participation of SMEs, vital if health and safety awareness is to penetrate to the industry's roots. One of the vehicles for this should be through the forthcoming Strategic Forum Integrated Working Tool Kit.

The key issue identified for HSE underlying the discussion of integrated teams was to encourage *communication, co-operation and co-ordination*. The CDM regulations required co-operation between the parties, so 'encouraging' integrated teams would be a better idea rather than imposing more regulations. Consultation between different stakeholders both before and during the construction phase is the norm in complex engineering construction projects. The complexity of engineering construction work is such that success is entirely dependent on such careful planning. The consequences of not planning are potentially catastrophic and thus clients demand it.

There is scope for much more explicit description of what is required under CDM to deliver integration. For instance, the existing ACoP advises readers what might be needed in a health and safety plan. Could not a new one state that a plan must include explicit arrangements for integration and specify the key ones? There would then be a legal duty on clients to ensure that integration arrangements have been clarified before construction starts. In addition, where lessons are learned from the use of integrated teams these should be quickly built in to new or existing guidance.

Q14 – Should HSE include requirements for a gateway process? If so, how?



A substantial proportion of respondents (104 compared to 24) favoured the use of gateways to ensure that health and safety issues are addressed. *The concept of Gateways promulgated by OGC is excellent in its simplicity and effectiveness. The HA has adopted the Office of Government Commerce procedures as we consider that benefits will flow from this formalised 'health check' as a key part in ensuring project governance. The health and safety aspects should be addressed as part of that Gateway process. Some, however, were unfamiliar with the concept of others considered the 'gateway' process to be too complex to be used on all construction projects.*

What is a gateway?

- *A high level strategic review, which does not focus on day to day issues or minutiae.*
- *A disciplined means of ensuring key health and safety decisions take place at an appropriate time in a project lifespan.,*
- *Project control procedures to ensure that throughout the life of a project regular reviews and checks are made in a systematic way. eg Quality Management.*
- *Reviews, quality control procedures, or simply check lists, that are triggered at key stages on projects. They are a normal part of project management and cover all aspects, not just health and safety.*
- *A method used either formally or informally by most design teams to confirm that a project is still within budget, on time and meeting the client's brief.*

What are the benefits?

- *Gateway processes impose good discipline on a project, ensuring that all required measures are in place before the project proceeds.*
- *It should reduce chance of arriving on site to find that the equipment they are required to fit cannot be located in position, or that other trades are trying to work in the same area at the same time.*

- *Involve health and safety input by all parties.*

Should they be compulsory?

- *A tool in any new guidance for designers, but should not be made compulsory.*
- *Addressed within Guidance, rather than an ACOP, until the approach is sufficiently refined and supported by a body of evidence as to the benefits, when the move to an ACOP can be achieved.*
- *The industry needs the flexibility to find it's own optimum solutions.*
- *HSE should introduce prescriptive measures specifically for small, medium and large projects to formulate a gateway process for each. Control should be with the clients who commission the work.*

What gateways should there be?

- *The RIBA design stages could be used as a basis of developing such gateways.*
- *Must include concept and estimating stage.*
- *Is there sufficient information about the site / buildings.*
- *Build on existing CDM gateways eg appointments, F10's and health and safety plans, health and safety file.*

How would it work?

- *The gateway process could be integrated into the CDM activity with the client or lead consultant chairing the review. However the planning supervisor is an important part of this review.*
- *Health and safety issues should be addressed as part of the current gateways in the process and should not form a separate unrelated gateway process.*
- *May fit best within some existing process such as: • QA system.*
- *The Scottish Executive will generally only subject projects to Gateway Review if they are over a certain financial threshold. In theory, serious injury could occur on schemes whether the financial cost be £1000, £10,000 or £1 million etc. Where, then, would a threshold be set?*
- *Gateway must include change process and ask the question what are the health and safety implications think that this could work and some practices try to adopt such an approach on their management of risk assessments.*
- *The Principal Contractor should be involved.*
- *Reports should clearly detail the key issues to be addressed at the next stage of the project and provide a clear audit trail of the key decisions taken. They should be no more than a few pages and describe the strategy for the next phase. We need less paper on site not more.*

What are the risks?

- *If health and safety were tagged to the Gateway Process, this could result in increased bureaucracy and delays.*
- *The gateway process could lead to a slowing down in the planning chain, which is impractical in the fast track building process.*
- *Requires the certification at precise stages of the construction. This could prove counter productive in that it might lead to the reviews taking place at precise stages rather than being ongoing throughout the project.*

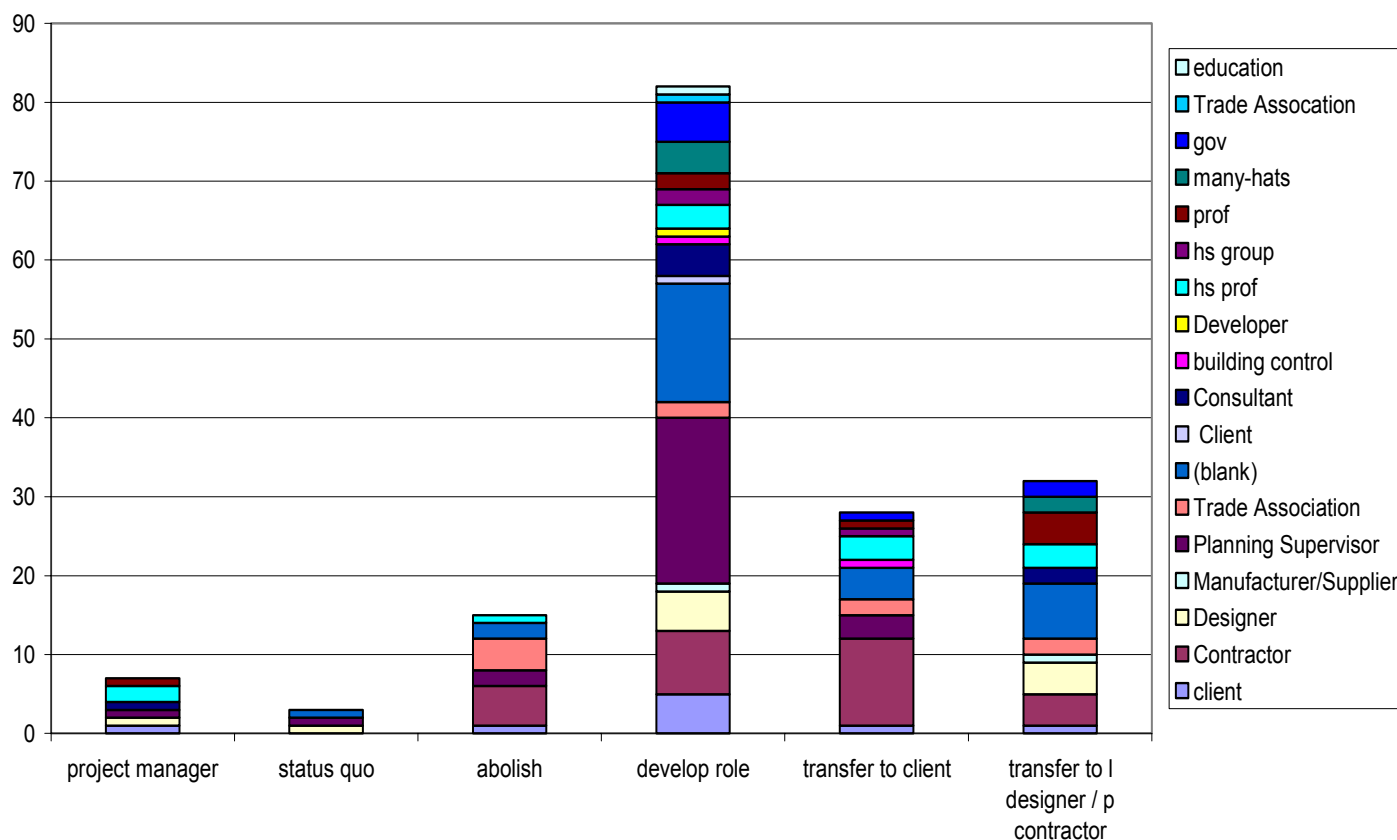
Design

A significant number of respondents thought that gateways could provide a mechanism to focus designer's attention or to drive integration:

- *The designer should sign off the drawing that safety has been considered, thought about and communicated to others in the process.*
- *The Planning Supervisor should be required to sign off "design reviews".*

- *Have them sign the pre-tender health and safety plan, stating that as far as reasonably practicable all health and safety issues have been addressed and that information on any remaining risks has been included in the plan.*
- *Mandatory constructability of design with input by construction professionals.*
- *All projects with high risks could be subject to an independent safety review, though there was no indication as to where the line should be drawn.*
- *Peer review of designs.*
- *Clear health and safety check built into practice QA procedures.*
- *Post project review – learn lessons with the view of building into them future specifications.*

Q15 – How should the role of planning supervisors (PS) be discharged in future?



There was general agreement that *the role of PS is currently largely ineffective. The role at present is remote from the action, it is almost a reserve position for most duties are only required where others do not perform their duties adequately or appropriately. PS have largely failed to secure the support of clients and designers in vital areas of planning and management. All too often, the PS is unable to influence the timing of the procurement process, or the provision of health and safety information, and this impacts directly on the extent to which health and safety is considered during the tender process.*

While one respondent didn't want any changes: *give the legislation time to work its way into the fabric of the industry and stop tinkering* the vast majority wanted changes, albeit incompatible ones! *Our members are deeply divided over this issue; some believe the role should be made far stronger, others believe the PS position should be done away with. The regulations should be flexible whatever option eventually adopted. They currently allow for the client or the lead designer to undertake the role of PS.*

There was agreement that something must be done to greatly reduce the enormous amount of paperwork. This is a major area of concern. As one PS put it *we are producing paper that nobody will look at. Late appointment of PS needs to be tackled one way to overcome this problem would be to make their appointment part of the planning application process.*

There was disagreement as to whether the PS needed to be independent of designer or Principal Contractor. Some considered independence to be essential *there is (always) a conflict of interest if the other duty holders carry out the PS role as a vested interest situation can prevail.* Some thought that the PS should be *within the integrated team* while others thought the PS *needs to be at arm's length from the team. But both designers and principal contractors are already in a business relationship with the client. As long as the client pays there will always be potential for this to influence decisions and for their decisions to be influenced.*

What's in a name?

A substantial majority favoured changing the name and developing the role. Suggested names included

<i>Health and safety co-ordinator (3)</i>	<i>Project safety supervisor (2)</i>
<i>Independent health and safety advisor (2)</i>	<i>Project health and safety advisor (2)</i>
<i>Client project co-ordinator</i>	<i>Health and safety project co-ordinator</i>
<i>Project health and safety coordinator</i>	<i>Pre-construction phase health and safety coordinator</i>
<i>Construction (design and management) supervisor</i>	<i>Accident prevention and health and safety supervisor</i>
<i>Planning and design safety supervisor</i>	<i>Project risk supervisor</i>
<i>Project safety consultant or assessor</i>	<i>Safety planner</i>

Developing the role

Their responsibilities should be clearly defined rather than the current duties that are qualified with such terms as “ensure” They would also need to be provided with authority through the contract or otherwise.

They should advise the Client on all safety and health issues affecting a project from its inception to completion. Thus the role would incorporate the current duties of the PS but extend to cover issues such as:

- *Keeping the Client advised of his duties under all relevant hands legislation.*
- *Setting up and tracking the Project health and safety Management Plan.*
- *Keep under review safety and health issues relating to surveys of asbestos etc.*
- *Future occupation and use.*
- *“Gate-keeping “ procedures – see question 14.*
- *Advising the Client on his degree of involvement in safety and health matters during the construction phase.*
- *Carrying out Project site reviews to monitor compliance of the Principal Contractor’s methods of working.*
- *Where the Client is maintaining an interest in the premises, advising on occupational risk and management.*
- *Change management.*

Where this was done the change in attitude by the Client and the other members of the team has been very noticeable. Unlike the role we have played as PS in the past, the team now recognise the contribution we are able to make.

A client commented that their PS also provides an independent health and safety advisory role. This we believe is a positive step to improving health and safety on our major projects.

During construction phase

The majority of those who commented on the point believed that PS with health and safety knowledge should monitor site health and safety for the client. As the Contractor just does his own thing, ignoring the safety plan and all previous commitment to safety. There has to be a role for a health and safety Advisor to act as Safety Planner and co-ordinator throughout a project. Some went further the PS should be able to instruct contractors on all matters relating to health and safety. I am a P/S and a contractor liaison manager this gives me the power to enter any of our sites and the difference is amazing. Our experience has been that carrying the PS’s role over into the Construction Phase has real and quantifiable benefits. It enables / forces the Client to be more aware of any concerns.

Others strongly disagreed, the PS should not become further involved with site monitoring or control, as advocated by some – especially those with health and safety training rather than designer training and are seeking a new outlet for their talents. Principal Contractors have the skills.

Approach

- *Should work more closely with contractors, be more pro-active.*
- *Currently they seem to be adopting a checking role rather than a proactive co-ordinating and influencing.*
- *Focus on pre-construction plans not design co-ordination and contractor tender review.*
- *Not many actually visit the site during the construction phase, by taking a more active role and participating in the construction process they may possibly understand better the problems that the site teams encounter.*

Competence of PS

- *Low fee levels have made it often an administrative 'tick-box' function.*
- *Should be recognised training and qualifications including health and safety -- at present anyone can claim to be a PS.*
- *Real experience of managing health and safety during construction and of the design process.*
- *Appropriate CPD must be undertaken each year to maintain the Certification/Registration.*
- *Also need drive, personal persuasive skills to drive forward delivery by designers and clients.*

Alternatives

Client

- *This will place increased duty on the client which will help drive health and safety through the construction and maintenance phases. It would automatically require greater client involvement and competence.*
- *Currently appointment of the PS does not encourage the client to get involved. The client has the immediate contractual, financial and repeat business pressures to apply to such problems.*
- *Clients engage professional assistance as now, but without the title and separate responsibilities of the PS. What should not be transferable is the responsibility.*
- *The current system does not dissuade clients from inducing detrimental pressures consciously or unconsciously, this proposal should raise the profile of health and safety and beneficial pressures from clients.*
- *The roles of "client" "client agent" and "PS" may be combined.*
- *Clients could be alerted to their role as a condition of planning consent.*
- *The designer and principal contractor should provide support and advice to inexperienced clients. It could be an offence for them to provide a service on a project without such duties being met.*
- *On medium and large projects the client should retain responsibility for health and safety. Delegation of this responsibility to a PS should only be allowed on small projects (less than £0.25m).*

- *It is fair to force the Client to make adequate financial provision, but not to expect him to oversee the designers, main contractors, and other professionals.*
- *I have experienced several projects where the client has been the PS and they have all seen it as a low priority activity which has to be actioned with the minimum of input.*

Project manager – linked to placing duties on client

- *Need a core senior manager as a champion to provide leadership and to monitor delivery.*
- *Provided he or she is competent, the client's project manager should be in an ideal position to discharge the duties of planning supervisor.*
- *This ensures the client takes an active involvement and that it is impossible to not be aware of what is going on. Where the client does not have the experience or resources it would need to be a separate appointment.*

- *In many other instances the client recognises in-experience and appoints a project manager, agent or similar. Most of these are not sufficiently trained to take on the responsibilities of a PS.*

Design

- *The creation of the CDM role of Principal Contractor out of the Directive's "Project Supervisor for the execution stage" has never been questioned by industry. A lead designer is not an artificial creation.*
- *The lead designer makes the key decisions in obtaining permission to build and the principal contractor in how the building is constructed and should therefore have the role to co-ordinate health and safety.*
 - *This would inevitably reduce the scope for administrative bureaucracy.*
 - *The lead designer should be appointed at the beginning of the design process and should remain responsible through to handover in order to provide continuity.*
 - *The argument that designers are 'not up to it' is no reason for rejection; need to accept responsibilities. On high risk projects a specialist could be brought in. It is a question of attitude not skill.*
- *You state 'Many designers show little interest in, or understanding of, the health and safety implications of constructing or using their designs', I agree. Yet you suggest that the duties could be transferred to the lead designer. This would bury the important health and safety co-ordination role within the design function.*
- *I also have experience of lead designers who see the role of PS as a low priority. If the PS is part of the lead designer's organisation, the ability to question can be reduced.*
- *There is an option under CDM for designers to carry out the role of PS and we find, very seldom do designers take this up. When they do I find they do it badly. Even when designers are appointed the duties are subcontracted out to dedicated PS.*
- *The replacement of the PS with the lead designer and principal contractor is essentially the way the directive is implemented in Ireland. Implementation is no better there than in the UK.*
- *As a designer, I do act as PS on my own work although instinctively I feel that the roles should be separated, and I have refused a PS appointment on larger schemes that I have designed, so perhaps the lead designer is not the best person for the job.*

Principal Contractor (PC)

- *The appointment of PC as PS will produce shorter and fewer lines of communication with probably more effective health and safety management.*
- *Consideration should be given to the role of PS being handed over to the Principal Contractor on Design and Build projects. This appears to work well in Eire.*
- *We almost invariably write into the contract that the Principal Contractor will be responsible for the assembly and presentation of the file. This is because the Principal Contractor has all the information and records and has made the appointments of most of the (sub-) contractors.*
- *Where a changeover mid-project to the principal contractor from the lead/principal designer is required there would need to be a clearly defined handover point.*
- *Very often fail to implement their Plans during the construction phase. What chance is there that the post contract CDM design duties would be properly managed.*

Q16 – How commonly are there communication difficulties on site due to people speaking different languages or being unable to read and write? What risks have resulted and how have they been addressed?

Nearly half of those who responded had not encountered any communication problems, due to language or literacy difficulties. Opinions varied from the dogmatic eg. that people who cannot read and write or understand basic English (or Welsh) should not be employed on construction sites – to the sympathetic who called for language and literacy training to be available at the workplace. Health and safety was seen as the main issue. The main aim, according to CITB, should be *to get the health and safety message across to everyone who is at risk, whatever their ethnic background or standard of literacy*. Literacy was seen as much a problem as language. Workers who are unable to read or write often feel too embarrassed to ask questions if they do not understand instructions.

Language

This is seen as growing problem as greater reliance is placed on foreign labour. The language barrier is seen to have escalated with the recent increase in workers from Eastern Europe, particularly in London and the South-East. Many thought workers should have at least a basic level of English. A recognised exception was sites where the whole of the workforce spoke another language. Even then some means of effective translation was needed for the English speakers that would inevitably be involved with the work. *Many foreign workers have a good work ethic and follow instructions carefully. Their accident records are no worse than English speakers and probably better because they are afraid to lose their job so do what they are told*. Two respondents commented on the problems of deaf workers reminding us that these too may have problems in communicating.

Literacy

It is not just English as a foreign language that causes problems of safety on a construction site. Many who have reading and writing difficulties have developed strategies to disguise their problems. If these difficulties are not identified during the induction process then real risk may arise. The use of diagrams, posters and one to one coaching and counselling, is one way to ensure that the message has been got across.

Risks identified

The majority of risks identified were from not understanding written or verbal instructions; how equipment worked or warnings. By not understanding instructions, workers were both a danger to themselves and to work colleagues. There was also a perceived risk from using translators on the job and whether they were sufficiently accurate to pass on the full implications of the dangers involved.

Solutions

These were many and varied and the majority showed positive thinking. They were seen as a way to help those wanting to work on construction sites rather being negative and wanting to deny workers access because of communication problems.

Buddy system – This solution found favour with a number of respondents; by using English speaking compatriots to act as interpreters to pass on information and act as a minder for the non-English speaker. Practical tests could ensure the operators comprehension. Some contractors now insist on every third operative in a team being able to speak English and act as interpreter for his colleagues.

Design – The likely presence of European workers and other non-English speakers can be considered at the design or procurement stages with provision made within the tender documents to address the issue. Contractors could be asked if they have addressed the problem of workers, not competent in the English language, receiving appropriate safety briefings before commencing work; and that appropriate arrangements will be put in place for safety instructions to be effectively communicated to all before a contract is issued.

Guidance – Information in various languages and formats: videos; clear diagrams; pictograms; employee pocket books, could be used for providing critical and emergency information.

It was suggested that HSE should provide more of our guidance in a variety of languages and perhaps a new one ‘what to do if you have foreign workers on your projects.’

Inductions – These were seen as a positive way of passing on information before someone starts work. Providing a welcome sheet or holding inductions in a variety of languages where appropriate. People unable to read or write should be encouraged to speak to the Inducting Officer where positive support could be given. During the induction the safety signs would be explained with regard to colour shape and meaning.

Supervision – The need for increased supervision and training time was recognised. There was a suggestion that where possible supervisors be bi-lingual.

Tool box talks – Such talks to operatives could overcome any literacy issues and when required an interpreter could be employed if English is not understood.

Training – The main problem was seen as the need to pass on safety information to those with a poor command of the English language whether written or spoken. Either improving a workers use of English or providing safety training in other languages could tackle this. Versions of the health and safety test could be introduced in languages other than English. The CITB provide an interpreter or ‘helper’ to assist candidates from any background who may have problems with the reading element of the health and safety test.

Other suggestions included given oral examinations at the end of safety courses for those employees who have difficulty in reading and writing or for all employees to have CSCS accreditation. The CSCS Board are concerned that should the health and safety test be made available in different languages, there is a risk that individuals might pass the test but not have adequate understanding of signs or instruction.

Translations/translators – Where many of the workforce had difficulty with the English language *there is an argument for providing individuals with a list of commonly used words and meanings that are not readily replaced by pictograms.; providing simple instructions and guidelines in a number of common foreign languages; ensuring that gangs of foreign operatives have at least one bilingual member to act as an interpreter; providing information including method statements in an employee’s native language.* However it was acknowledged that with the number of different languages that may be spoken on construction sites, provision of translations would increase costs.

Q17 – How could we communicate better with smaller businesses?

Many respondents commented that if 85% of construction businesses are small or very small, by concentrating on these significant improvements could be achieved. Many thought that initiatives such as the “Working Well Together” were useful as was involving the local Chamber of Commerce; Round Table; Business Initiative etc. Legislation, greater penalties and more effective policing were other suggestions. Lack of resources and bureaucracy were quoted as main reasons for non-compliance. Making them more aware of the benefits, could raise health and safety on their agenda. Smaller businesses should be made more aware of the help and information available to them, whether its information from the HSE, details of a local safety or training group, communication of better information of grants and allowances available from the CITB or Government. Many responded that small businesses would gain from and should be encouraged to join recognised safety groups.

Solutions

Numerous and varied solutions were suggested to increase the information available to SME’s and the means to get that information across to them. Co-operation linked many of these ideas.

Campaigns

Employ advertising eg similar approach to don’t drink and drive, tiredness can kill, etc. as a way of getting the registration/safety/training/communication/cooperation/competence message over to small businesses. Involve smaller companies in initiatives such as the MCG safety strategy. Examples such as the “white van” campaign and “Working Well Together” were thought to have worked well.

Communication

Communication should *emphasise the business benefits of the action they were being asked to take*. Meetings such as *a series of themed free forums held evenings, weekends; or meetings for particular groups (eg electricians, roofers etc)*. *The difficulty is to get SMEs to participate in these schemes. There is a perception by SMEs that involvement with initiatives will cost them time and money with little benefit to them. Where there are local construction safety groups, WWT groups and good neighbour schemes being operated these tend to work well. Greater use of SME forums such as CECA is also recommended. The ‘Help for the Industry from the Industry’ workshops that are currently being held throughout the country are seen as practical demonstrations of real-life situations to show how to minimize risks. The availability of HSE information on the website priced as well as free was strongly supported as were the use of chat rooms to discuss health and safety issues, to pose questions and provide answers.*

Guidance

Costs seemed to be a major concern and a number of respondents called for the provision of free HSE guidance for SMEs, possibly be by way of a ‘starter pack’ or for facilities to download them, free of charge, over the internet. Among the examples cited were *the excellent ‘Absolutely Essential health and safety Toolkit’ pocket guide*. Videos were strongly recommended too as a means of getting messages across eg the ‘Turning Action into Concern’ video, which *made a real impact on FMB members*. The suggestion was that *the average small builder is more likely to react to a video showing health and safety hazards than he will to reams of literature*.

HSE

HSE was seen to have a very strong role in communicating with SMEs. Identifying small businesses was one problem addressed by a proposal that Inland Revenue inform HSE of those Construction Industry Scheme registered contractors registering for VAT or filling in tax returns. *The main problem with smaller businesses is a lack of awareness*. Various ways were suggested for HSE to initiate an approach rather than relying on SMEs coming forward, the need for additional resources to fund some of these ideas was also raised by some.

HSE could:

- *Take a more prominent role in providing information, suggestions included: workshops.*
- *Increase the inspection regime and a more rigorous prosecution of offences.*
- *Increase publicity in literature seen by the smaller businesses.*
- *Offer a free touring road show which promotes the activities of the HSE, benefits of good safety principles and includes access to an inspector for either advice to employers or whistle blowing by employees.*
- *Have dedicated HSE inspectors for small companies. Maintain the same inspector to create a rapport, along the same lines as a personal banker.*
- *Assist with subsidised training.*
- *Show how the HSE is a partner rather than a policeman.*
- *Make more site visits, spending more time “ on the site”.*
- *Ring fence a percentage of HSE’s resources to focus development in this area.*
- *Work with other parties with an interest/attachment to small businesses (e.g federation of small businesses, enterprise council, environmental health departments, trading standards, etc.*
- *Put more backing into the Good Neighbour Scheme (GNS).*
- *Publish and maintain “Yellow Pages” containing contact details for appropriate “go to “ people.*
- *Introduce a liaison officer who would run workshops advise through trade associations or local councils.*
- *Divorce the advisory side of the HSE from the enforcement side.*
- *Develop an anonymous means of communication, such as the HSE web site.*
- *Make HSE information accessible and recoverable from Internet including free Regulations and Guidance.*
- *Arrange Safety Awareness Days (as has been promised for several months now).*
- *Use organisations such as the FMB to disseminate information.*
- *Use “Best Practice” groups to get their message across and to feedback the opinions of smaller businesses.*
- *Contact the contractor and advise them of safety groups in their area on receipt of a F10.*
- *Encourage the establishment of self help groups where contractors can also share commercial knowledge.*
- *Take a more active role in facilitating/encouraging rationalisation of passport and competency schemes.*
- *SMEs be required to engage a health and safety advisor.*

Insurance

This was seen as a means of promoting health and safety for SMEs given that all employers are required to have cover. *Insurers could distribute relevant HSE guidance with policies. Linking health and safety with insurance (eg no health and safety plan, no insurance), may be an effective way of getting their attention on safety matters. With perhaps an incentive of offering lower premiums if the SME can show they have taken part in training.*

Larger companies/Buddy System

Using larger companies to help SMEs was put forward by a number of respondents. In particular *clients and major contractors can promote good practice on construction sites when smaller businesses are employed as sub-contractors. An example was given where clients organise “toolbox talks” for their own staff, but also invite their contractors to join them at no charge. This has proved successful.*

Local Authorities have the opportunity to influence SME’s through their own supply chain. Planning and Building Control departments could help disseminate health and safety information.

Suppliers

It was pointed out that Section 6 of the health and safety at Work Act requires manufacturers and suppliers to provide health and safety information regarding products. Builders' merchants or hire shops should *draw health and safety information to the purchaser's attention at the time of sale or hire.*

Trade associations

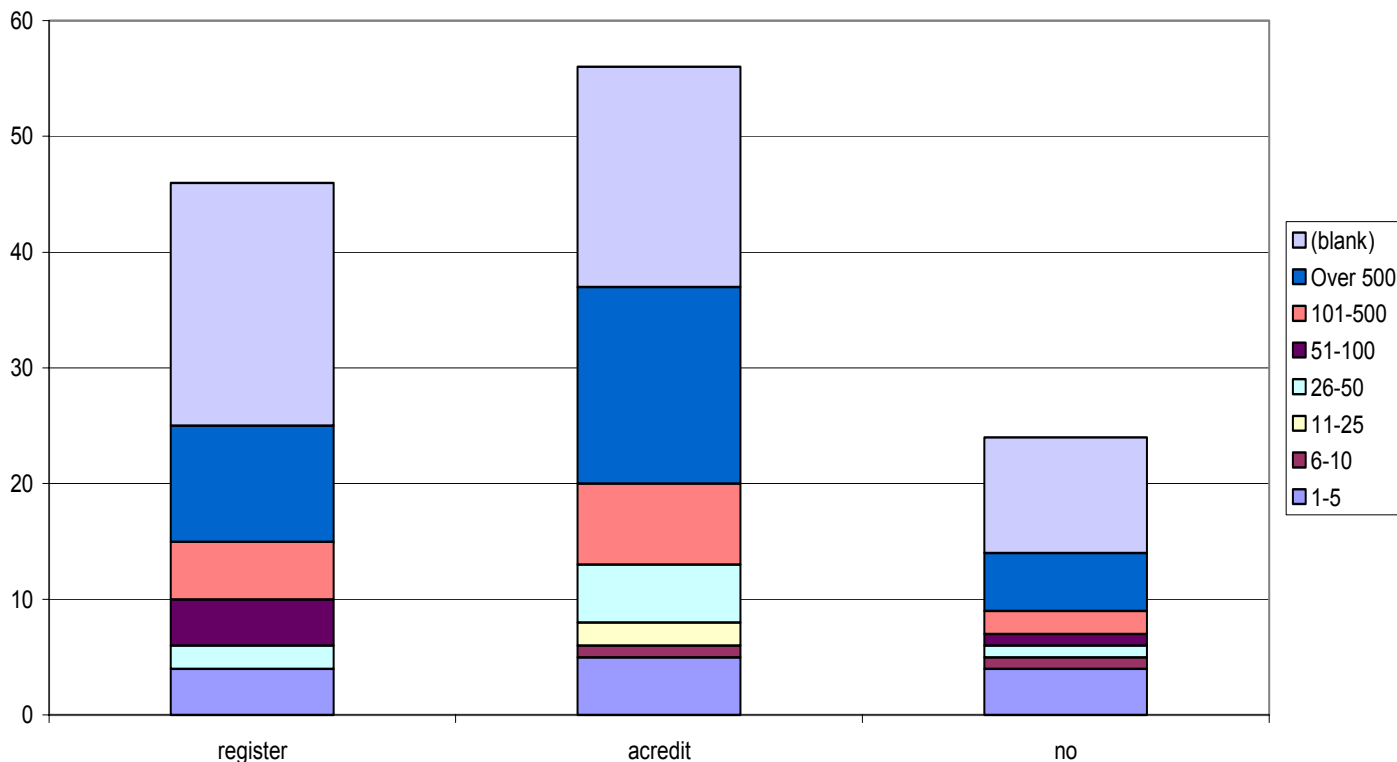
SME's should be encouraged to join national or local trade associations, organisations such as IOSH and/or local chambers of commerce, *the dissemination of health and safety information being easier via members newsletters.* The Federation of Master Builders and the Association of Asbestos Removal Contractors were considered effective conduits of health and safety information to their members.

Training

Lack of resources were quoted as being a barrier to SMEs pursuing health and safety. Three respondents recommended free seminars followed up with an inspection by HSE to determine whether the training is being put into, however there was no indication as to who should fund these. Incentives could be offered, such as payment to attend courses or for reduced insurance premiums if training was satisfactorily completed. The use of site workshops with leading trade operatives was also suggested.

**Q18 – Should all construction businesses, or just those in specified trades, be registered or even independently accredited?
If so, how, by whom and what would be the costs/benefits?**

Accreditation / registration of businesses



There was a strong level of support for the idea of registration or even certification, though there was some confusion between the two options and also with individual competence and the competence of businesses. There was clear support for the principle that designers and contractors should be competent:

- *The requirement for competence of CDM duty holders, has been found to be a very beneficial addition to the requirements of the European Directive and should not be amended.*
- *Although it does not form part of the Directive, I believe it should remain as a requirement.*
- *Being difficult to enforce is not a valid reason for taking a backward step and removing the need to do it.*
- *A robust system of vetting prospective appointees is essential for successful projects. Appointee skills vary and the successful completion of one job may not be sufficiently representative when tendering for another job where different skills are required.*

The main reasons behind the desire for registration and accreditation were:

- *Helping health and safety because to become accredited one would need to have their house in order.*
- *Could be reduced Insurance premiums.*
- *This is also being driven by insurance needs of both sub-contractors and those that use sub-contractors in reducing insurance risk and exposure.*
- *Would reassure clients, contractors, financial institutions and the public.*
- *Helps the customer/client to select competent designers and contractors.*
- *Better quality of workmanship and finished product.*
- *Registration of small businesses would discourage use of the black economy if tax incentives were given.*

- *Would assist in the development of integrated teams, as those companies moving into a new field would be more able to ascertain the competence of organisations.*
- *It would also make the industry more professional and in turn seen as a more inviting career opportunity to younger people.*
- *Should reduce time and cost wasted on responding to the wide variety of Questionnaires which are:*
 - *Extremely wasteful and often the checks are fairly peremptory or meaningless.*
 - *Very time consuming, inflexible, the relevance of some questions being negligible but resulting in rejection if not answered.*

Those who advocated the idea were under no illusion about the likely cost:

- *It won't be cheap, but I believe that the benefits of reduced loss would far outweigh the true costs to society of getting it wrong.*
- *HBF realise that the costs would be substantial but consider the benefits would far outweigh.*

A significant minority opposed the idea because:

- *Competence requirements should be revoked; they are widely ignored on the pretext of past 'experience'.*
- *It would not be practicable to register or accredit all businesses:*
 - *With the number of small companies out there who carry out excellent work.*
 - *Huge operation with no obvious benefits plus cost to implement and maintain.*
 - *Could add considerably to cost and bureaucracy.*
 - *Difficult to imagine a scheme which is sufficiently flexible, yet also robust enough to deal with the range from international petrochemical contractors to domestic roofers.*
- *It would encourage restrictive practices.*
- *It will undoubtedly create a black market, however this will operate at the domestic end in the main.*
- *We would not support another registration scheme particularly from Government as they have not demonstrated that Constructionline is working effectively. It has not even reached a critical mass amongst public sector clients.*
- *It would be far more cost effective to greatly increase the number of Health and Safety Inspectors to ensure that the present regulations are complied with.*

BUT

Those who favoured the idea wanted to be sure that any proposals would work before jumping in:

- *Whatever initiatives are decided it is essential that their feasibility is confirmed before they are launched.*
- *The first stage should be establishing agreeable and definable standards.*
- *Accreditation schemes must add value and avoid bureaucracy and excessive cost.*
- *There is the usual problem that the type of organisation that does not obtain certification is very often the type of organisation that requires to be targeted.*
- *What about the 85% of smaller business? I feel they will merely look upon it as a further level of bureaucracy leading to increased overheads and requiring too much time that they can ill afford.*
- *Difficult to insist on the registration of businesses and it is easier to insist on the training of operatives.*
- *Accreditation is a snapshot. The paperwork is easy to produce but one change in company personnel can fundamentally change the whole ethos and performance.*
- *Many see the criteria as a delivering a management system and administrative process. The important thing can become making a decision is reached according to the rules rather that it is the right one.*
- *Ticking off" mere possession of a standard is not enough. Clients need to make a judgement and to make an informed one they need to dig deeper.*

Who and how?

There were a variety of views as to who should be covered:

- *Businesses (over say 5 employees) should be independently assessed and accredited /certified.*
- *Should only be limited by what is reasonable and practicable. If any areas are “exempt” this will leave a loophole which will be exploited.*
- *Selecting specified trades would only cause confusion so we would support all including sole traders.*
- *Some high-risk activities or trades to be registered, as is already the case for asbestos disposal.*
- *Possibly by the size and scope of the project.*
- *Varying levels of registration for levels of work.*
- *Requiring accreditation for specific trades (those with more complex competency requirements) would be the starting point, but the requirement should be progressively rolled out.*
- *Keep this registration to high-risk trades as a pilot scheme to start.*

There were also various, conflicting views as to who should administer any scheme. Several said it should be HSE, although we had made it clear in the Discussion Document that this was not feasible:

- *The industry is too fragmented to do this on its own and would need a national system to bring cost benefits. The view that this can come about purely through self–regulation and market forces, is deeply flawed.*
- *The Government should not set up accreditation as they know very little about the construction industry at the coal face.*
 - *Formal licensing by DTI should be introduced.*
 - *All should be registered and accredited by UKAS.*
 - *A government body set up specifically for this purpose.*
- *Self policing would be more advantageous than independent bodies taking the responsibility.*
 - *Trade associations with ongoing check of members. The cost would be too great and members would balk at vast increase in membership fees although they might see a significant increase in membership.*
 - *A similar scheme as for Approved Inspectors also run by CIC.*
- *By brokering wider support for a limited number of schemes, such as CHAS, local and national government could make an enormous contribution to corporate competence.*
- *The HVCA has recently embarked on a process of inspecting and auditing all of it’s member businesses. This process, which will be carried out by third party auditors (BM Trada) will assess the member’s business procedures (including health and safety management) and the on-site work displayed.*
- *The Quality Mark scheme might be one avenue for this.*
- *Registering with such systems as construction line also help, but in my opinion do not address the core issue of has the company got the right attitude and resources dedicated to health and safety.*
- *The SCLE is an industry initiative that adopts the principles of self-regulation and has the same aims as QM but at a much lower cost to firms. The SCLE provides the overall accreditation for the trade associations in Scotland which, in turn, assess their member companies. Checks and balances built into the overall process, in addition to the majority of places on the SCLE board being given to third party bodies, eg, Trading Standards, aim to ensure the integrity of the scheme.*
- *In Scotland, we believe all construction businesses should be registered under a practical scheme such as that operated by the Construction Licensing Executive. The costs would be relatively small, provided expensive third party accreditation was not involved (it is not necessary in any case).*
- *We suggest that the CDM Regulations insist upon the use of firms which are qualified under industry/trade association schemes that satisfy certain criteria. The CDM Regulations should allow the suitable schemes*

to be recognised. This would reinforce schemes without introducing another layer. This may have to be phased in over a period of time. A statutory reinforcement of these schemes will also support the quest for achieving quality in the industry (recent research by Carrillion confirmed that companies that perform consistently in relation to quality also perform well in relation to health and safety).

- *Should tackle management competence.*
- *Joint scheme to suit different regulators – HSE/ Building control.*
- *It would require a Construction Industry Registration Board to be set up initially like Corgi.*
- *The insurers probably being best placed to operate the register.*
- *Use of unregistered companies should be illegal.*
- *Safety passport schemes, such as the ECITB CCNSG and the CITB CSCS are now well established. Such schemes are largely client driven. Dutch clients, originally those in the Rotterdam basin, have taken their passport scheme one stage further. Not only is the individual on the site required to have a “safety passport” but any employer who wishes to do work on the site has to be health and safety accredited as well. The system has evolved into an independent, external accreditation carried out by DNV on behalf of the clients. It is a level playing field because all contractors have to be accredited and those who are have what could be described as “preferred contractor” status with all the clients in the area.*
- *The Australian System of Registering Construction and Building Companies including Licensing of Companies and Directors / Individuals – as a possible model.*

Alternatives

- *I use a two-page questionnaire to extract standard safety information on training, safety advisors, accident statistics, trade organisations, recent examples and so on but also asks a couple of questions that are designed to show the contractor’s attitude to safety. These questions tend to reveal whether the form has been completed by a knowledgeable person, the health and safety advisor or the typist. There is a good argument for the HSE to recommend the use of such a simple form (perhaps attached as an Appendix to the CDM ACoP) so that it can highlight the basic information needed and allow contractors to tailor their responses so that some consistency can be brought across the industry, thereby saving everybody’s time.*
- *There has to be a better way. Responsibility lies with those providing the service to self certify in respect of corporate and individual competence. This would be signed by all directors at least annually. The ‘questionnaire’ would disappear overnight. The benefit and savings would be enormous. Those who are concerned about abuse should note that the existing system is abused. Individual clients would still be free to exercise their own judgement or set higher competencies.*
- *The Approved Code of Practice for the CDM Regulations should advise clients of the benefits of selecting firms that have qualified under appropriate schemes.*
- *The HA is moving away from detailed health and safety questionnaires to regular assessment of suppliers capabilities prior to the tendering process and during the contract. The focus is on achieving a fully skilled and registered workforce and this should achieve better results than relying on the accreditation of a firm.*
- *There should be no pass or fail, just an assessment of a businesses good and bad points. Detail could include live contracts, latest personnel in positions, latest training records etc. We have to search for something that adds value to clients and makes them, not the HSE, demand its use.*

Chapter 6 – Tackling health in construction

Introduction

There is a general view from the responses that *occupational health has been a largely neglected element in the construction industry*. The poor health levels in parts of the workforce are *due to a combination of historical and some current working conditions, work equipment and working practices, but also to life style*.

Construction workers' lifestyle was a recurring theme throughout some responses. Construction workers were described as *inherently unhealthy, oblivious to the dangers of skin cancer during the summer months, heavy smokers and dominated by a macho image which has negated efforts to re-educate*. For these reasons, raising the profile of occupational health among construction workers would always be a hard sell.

The perceived problems with workers' lifestyle are compounded by a lack of reliable health statistics. There is a prevailing view that the industry relies *far too heavily on anecdotal evidence rather than hard fact* and the true cost of ill health is still largely unclear. There is support from some respondents for creating a database *to capture health surveillance, demographic, job and environmental risk information*. This information could in turn be used to establish reliable baseline figures and set realistic health targets. It was felt that over-ambitious targets are liable to fail and set the industry back even further.

Where the proposed occupational health support scheme was mentioned, it received almost unanimous support, but with respondents expecting *free or heavily subsidised* access to such a scheme. There is also support for the CSCS cards to include health information *to develop a picture of the adverse effects of construction work*. Pre-fabrication is suggested as a solution to the industry's health problems as *many products are safe to use in controlled environments which are difficult to recreate on site*. Clients, designers and Planning Supervisors are all seen as key players in improving health conditions.

Q19 – How can we get people to understand, recognise and avoid health risks?

The overwhelming majority of respondents identified education as key to avoiding health risks, although there is a wealth of information on controlling health risks already available. The difficulties perhaps lie in getting the workforce to use this information and apply it on site. The more popular ideas are:

- *Tool-box talks from:*
 - *Former construction workers made ill by work.*
 - *HSE staff who will benefit from their credibility and impartiality (not motivated by profit).*
- *“Hard hitting” publicity campaign. There were several responses along this theme, these included:*
 - *HSE guidance, posters and videos.*
 - *Targeting families of construction workers (similar to the advertisement with the smoker's daughter).*
 - *Using a television soap opera story line.*
 - *Using larger DIY stores to distribute health leaflets.*
 - *An industry-wide focus by HSE on one ill-health issue per month. There is a view that HSE's work on specific health risks (asbestos, HAVs and manual handling) has begun to make a difference.*
- *Involve construction workers more closely with the risk assessment/safety plan process.*
- *Provide workers with a ‘clear understanding’ of the consequences of unhealthy working practices.*

There was also significant support for adopting a competency card scheme, which contains not only training details but also details of health screenings etc, similar to the railway industry's Sentinel card.

Other suggestions included a more comprehensive adoption of the 'Respect For People' initiatives and occupational health screenings prior to commencing work on site. While the latter would be of some use in determining baselines, it would probably do little to address the central issue of getting people to avoid health risks in the first place. More worryingly, there is a view that workers already recognise and understand the health risks but that they will never be avoided because of *human nature*.

Q20 – How can unhealthy processes be designed/planned out of projects?

Like question 19, most of the responses to this question focussed on improved education and better awareness of designers and manufacturers but there were far less ideas on how progress could be achieved. One proposal was for an industry levy to fund a construction health education campaign. Ideas for a campaign ranged from the use of construction workers, made ill through work, to drive the message home (like Ian Whittingham's work) to setting up a database of ill health problems and solutions on an industry recognised website.

There was also the view that setting up integrated teams or a gateway process at the design stage of the project would help in designing out health risks. Others felt that this was a job for the Planning Supervisor at the design stage. Other responses mainly fell into 3 distinct areas: designers, enforcement and legislation.

Designers

- *Better enforcement re designers will eventually lead to manufacturers having to change their products.*
- *A duty on designers to record their reasons for choosing a particular process or material. If the Principal Contractors challenge designers they should have to record any reasons for rejecting the challenge.*
- *Designers to provide earlier notification of unavoidable processes/materials carrying health risks.*
- *Designers must include health hazards in their risk assessments*
- *Make designers liable for future ill-health claims.*

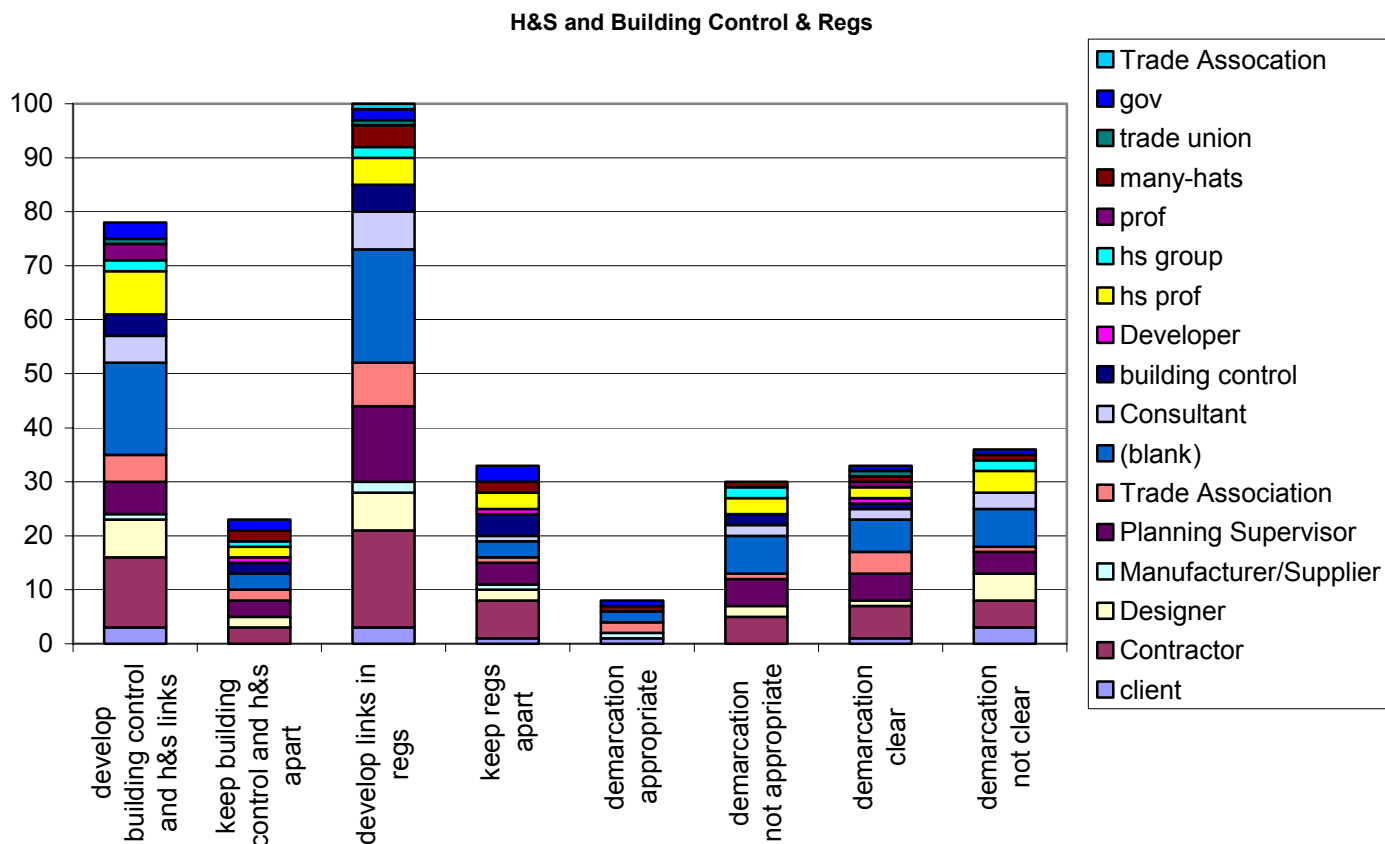
Enforcement/Legislation

- *Legal duty on suppliers/manufacturers to provide health and safety information on their products*
- *A ban on unhealthy substances (eg asbestos) – industry will have to find safer alternatives.*
- *Clearer legislation which makes compliance easier, if it's easy to comply there's nowhere to hide.*
- *A better balance between health issues and safety issues in the CDM ACoP.*

The following views were also expressed:

- *It is impossible to design out all risks and better management of ill-health risks is what is needed.*
- *The industry needs to create more 'success stories' like the 25kg cement bags. The problem can be bigger than designers as products are put on the market to suit producers' interests.*
- *Introduce a levy in proportion to remedial measures.*

Q21 – Is the current enforcement demarcation between HSE and local authorities clear and appropriate? Does it make the best use of the available resources? Please provide details.



General support

78 respondents explicitly said that they were in favour of Building Control Officers becoming more involved with health and safety during construction work. 23 were clearly opposed.

There was:

- A little confusion over the demarcation between Local Authorities and HSE responsibilities for construction health and safety, but this did not appear to cause any significant problems in practice.
- Agreement that the demarcation was not entirely appropriate and did not make the best use of available resources. This was partly because Local Authorities have much better contact with local builders and designers than HSE do and partly because they visit sites routinely.
- Agreement that everyone had much to gain from joint initiatives.
- Support for use of the planning/building control systems to:
 - Provide clients with key health and safety information.
 - Encourage designers to address health and safety issues thoroughly.
 - Make sure that planning supervisors were appointed early on in projects.

Cautions

The support was, however, somewhat cautious, for the following reasons:

- *The effect of this work on the competitiveness for Local Authority building control.*
- *The need for increased resources and training to properly tackle the work.*
- *The Scottish system of building standards is a pre-emptive one, checking plans before building is permitted. Consequently the level of site visits can be far less than that in England and Wales and so the opportunity for improved efficiency is considerably less than in England and Wales.*

There were also concerns about:

- *Staff morale — because of the additional responsibilities that they would be taking on and the wide range of issues that they would be responsible for.*
- *Liability in the event of someone being injured.*
- *Difficulties if they took on responsibility for health and safety on some of the sites that they covered, but not on others. What would they do about risks on the sites for which they were not responsible?*
- *The possibility that the work would result in conflicts of interest.*
- *The effect of a new enforcement role on their desire to be seen as part of the design/construction team (they currently tend to take any enforcement action against clients/owners rather than designers or contractors).*

Q22 – Should the Building Regulations and/or the guidance to them address health and safety in construction and maintenance? Please provide details.

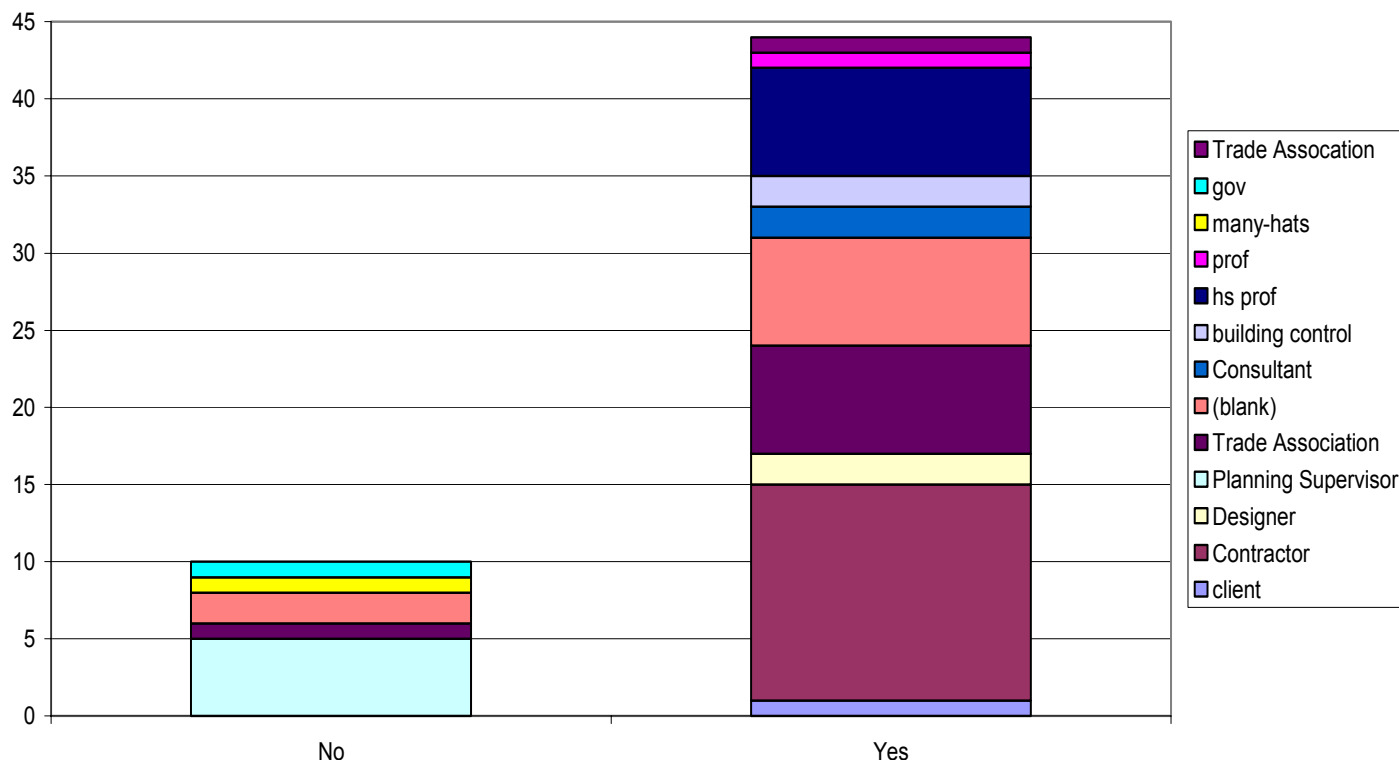
- *Substantial support for developing linkages between health and safety and the Building Regulations and associated guidance — 100 clearly in favour, 33 opposed.*
- *Widespread view that legislation needed to be developed in a more holistic way.*
- *General agreement that more could be included in Building Regulations and guidance to discourage the use of fragile roofing materials, and to encourage access provision to designed in for maintenance and for barriers to be provided on flat roofs by default.*

But there were some concerns that:

- *Building Regulations should only deal with standards of finished buildings, not health and safety during construction.*
- *Increased focus on health and safety during construction may discourage applications for Building Regulations approval.*

Q23 – How should we structure future construction health and safety regulations?

Should we combine CDM and the remains of CHSW?



Principles

- *General support for the CDM principles — Regulations born of best-practice; a good framework.*
- *The large amount of legislation and paperwork should never lose track of the underlying objective — to save life, avoid injuries and maintain health.*
- *Legislation and guidance should recognise the diversity of construction, including fringe activities and trades, not just focus on traditional building trades.*
- *Get the views of people at the coal face, not just the trade associations, about proposed new regs.*
- *Any regs and guidance should be **clear and simple**, unambiguous, sensible and practical. Should always use plain English. Use sketches or photographs and examples like the 2002 version of the CDM ACoP. The new ACoP is so much more readable in its layout than the earlier ACoP, largely due to the clear setting out of requirement – introduction – duty – detail of each subject.*
- *Don't change law if it can be avoided — most SME's unable to keep up. Too much change causes confusion. This will provoke an excessive cautionary response amongst many, but not the ones who really need to respond.*
- *Reduce the **paper** burden particularly at the front line supervision level. The CDM regulations involve voluminous amounts of paperwork which go unread by the local authority or the client. This causes frustration and consequently they do not serve the purpose for which they were intended.*

Clearly one of the concerns was a strong desire for the construction industry to retain industry specific, regulations. There are still many who are opposed to the approach proposed for the planned Work at Height Regulations which are intended to apply to all industries. In contrast others favoured some of the more general

duties being transferred to the Management of health and safety at Work Regulations. *Aspects of Client responsibilities should be listed which would bring them to the attention of all employers.*

Should we combine CDM and what remains of CHSW?

A significant majority of respondents expressed a clear preference for merging the regulations compared with those who clearly favoured keeping them separate (44 cp 10.)

- *The owners of most SMEs, and many of their managers do not read or understand regulations and so whether different sets of regulations are merged or not is largely irrelevant to them.*
- *Some favoured keeping the hardware and software requirements separate. If hardware requirements are intermingled with software then we are confident their clarity will be compromised. They will become far too unwieldy if merged. They are more user friendly.*
- *Others believed that merging them would make life simpler and easier, drawing clients and designers more into practical site safety issues. By combining CDM and CHSW designers and clients would be encouraged to read the targets set for contractors. We feel this would give responsibilities to clients and designers for issues such as welfare facilities and working at heights. This will also promote integrated teams. Merging them might also remove some of the misconceptions regarding when CDM and CHSW Regs apply. For example, it is a common misconception that the CHSW Regs don't apply to work for domestic clients. Indeed several respondents wanted changes to make CDM apply to work for domestic clients, which reinforces the point. There might need to be ACoPs or guidance targeted at the particular sectors if the regulations were merged.*

Industry specific requirements

- *It is essential that the construction industry has industry specific, separate and free standing regulations. Too many sets of regulations.*

Prescriptive regs

- *Quite a number of respondents wanted HSC/E to return to a more prescriptive style of regulation. One even wanted us to remove 'so far as is reasonably practicable' from the HSW Act and associated regulations. More wanted us to keep the principle of "goal setting" but to include more prescriptive requirements where safety critical issues need addressing. The conclusions of the Royal Commission that lead to the 1974 health and safety Act, moving away from rule based proscriptive legislation are still valid today. Revert back to stating minimum standards in addition to the policy of requiring "adequacy for the purpose".*
 - *Goal setting legislation requiring action based on risk assessment can be interpreted differently by 2 parties.*
 - *The target/focus still has to be on the SME's.*
 - *leaves grey areas of both compliance and understanding.*
 - *We believe that for health and safety standards to be raised a basis for fair competition must be introduced at the same time.*

Presentation ACoP and guidance

- *There was a perceived need for a central document that pulled together all of the health and safety requirements regarding construction. Due to the diverse nature in which current health and safety legislation exists and the way some overlaps with others it proves confusing and difficult to understand. It is often difficult to see one set of Regulations for example in the context of the overall regulatory picture (COSHH/Asbestos Regulations/RIDDOR/PPE etc.). There should be a streamlining and attempt should be made to single – source information. Perhaps one core document and cross reference to other documents as appropriate. The fully integrated team approach would require a fully integrated set of health and safety regulations collected together in a single document. Improved guidance notes and ACOPs would help Site Management and Operatives understand the standards that must be achieved.*

- The revised CDM ACoP was seen by many as a good approach .*The plain speaking ACoP is the way ahead. The revised ACoP is a great improvement on the original document and is much easier to understand. In each case, an ACoP should be provided that may include worked examples. The industry feels more comfortable with prescriptive legislation so if the guidance took the form of an approved code of practice (carrying semi-legal status) which was developed through both consultation and the active involvement of interested parties then changes could be adopted more easily with practical advice and guidance rather than legislative text.*
- Others wanted HSC/E to approve industry produced guidance notes and ACoPs or involve industry more in the writing of guidance notes and ACoPs.

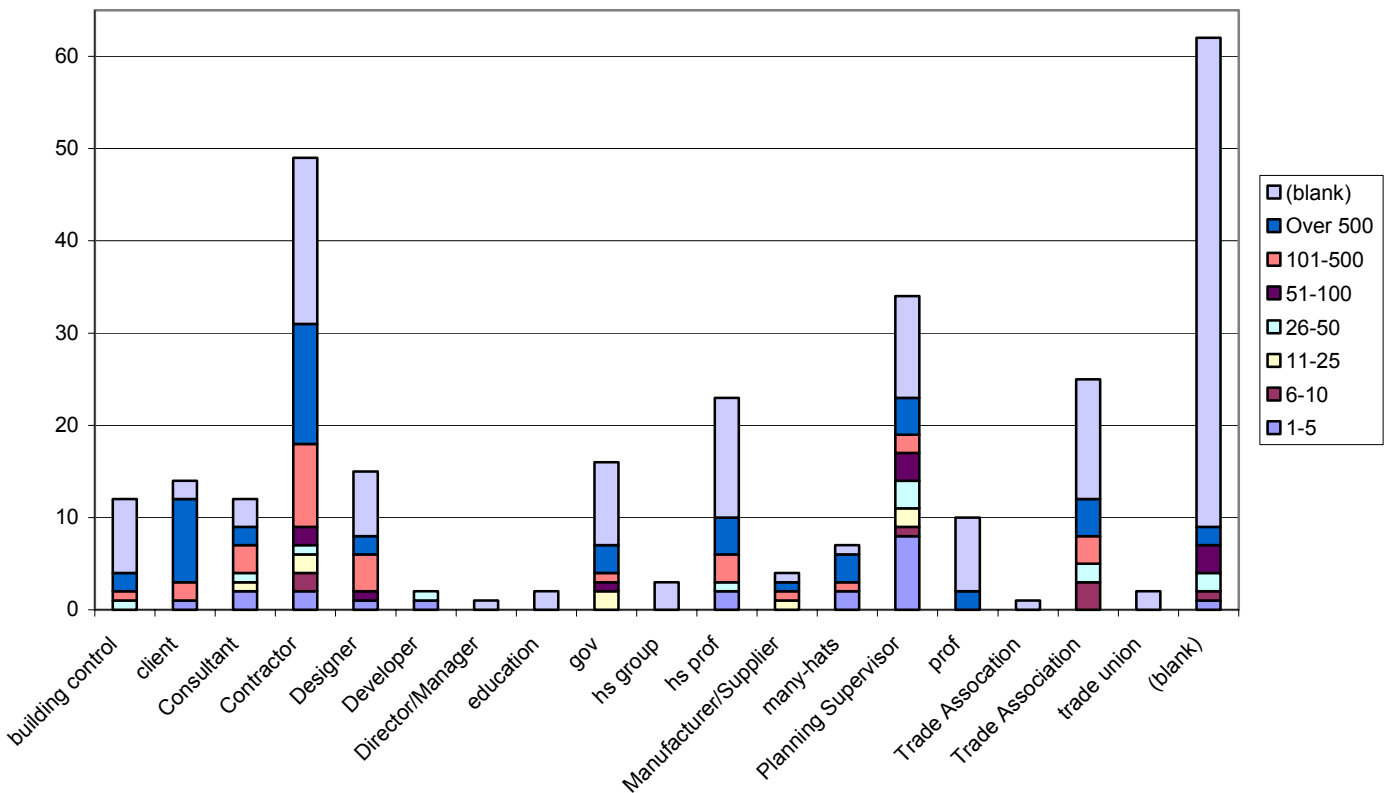
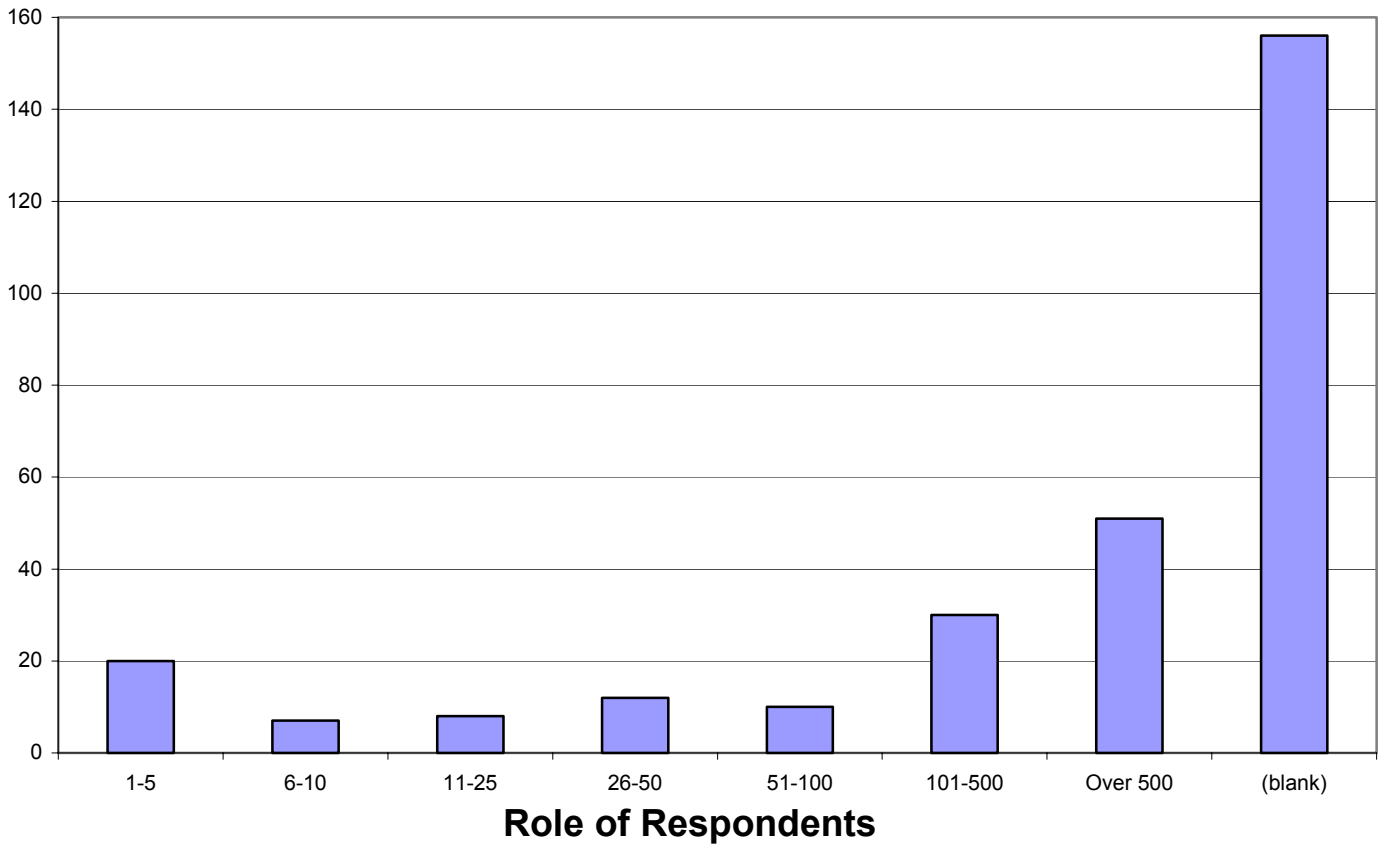
Other suggested changes/comments

- *Place more emphasis on **client's** duties. Ensure that the client cannot avoid their legal liability by means of delegation to planning supervisor/designer/contractor. At this moment in time, unless the client is socially aware and takes a keen interest in construction and design matters there is no incentive for the client to become involved other than approving design in terms of principle.*
- *Remove the exemption of **civil liability** from the whole of the CDM regulations (not just reg 10 and 16.1.c.) may make all parties more financially aware of their actions if they do not comply with the requirements of CDM. Removal of civil liability exemption from the management regulations will probably not lead to increased personal injury claims but will probably result in a shift from claims based on negligence to claims of statutory breach particularly regulation 3.*
- *Reinforcing the risk assessment requirements of the Management Regulations through promoting '**risk registers**' would be a negative step, merely adding bureaucracy at the expense of practical management of health and safety.*
- *Why is it that the CDM regs are drafted with large projects in mind? It can take a far greater proportion of admin input on small projects and yet it is these projects where there is frequently less admin skill available. Some means should be found to simplify the process.*
- *The responsibility of complying with legislation could be directed more towards the **individual**. At the end of the day the way an individual works however well a task is planned is the final arbiter as to whether the job is done safely.*
- *Make the principal contractor act as a "good Employer" for sub-contractors through revised CDM regs.*
- *From my experience in NSW, Australia.— The situation with respect to workplace health and safety has become so criminalised there, with managers held so strictly to blame, that I decided that a line manager there was too exposed, and so would not work at line management positions there.*
- *Applying the basics of **CDM to all projects** would ensure that health and safety, as far as its management is concerned, is adequately addressed on all projects. all construction works would require, when of a nature affecting the continued maintenance, repair or demolition of a building, that the health and safety File is updated. To avoid bureaucracy on smaller projects, care would be required in the drafting of ACoP's and Guidance to ensure that duty holders could recognise the significance of duties, the degree of compliance and extent of records or documentation etc in proportion to the size, nature and risk arising from a particular project. Clients phasing the works to avoid having to comply, leading to dangerous works being unplanned and unregulated.*
- *The opportunity to simplify the definition of application and notification (which seems to confuse all, including HSE inspectors) should be taken. Confusion over application to domestic work.*
- *There may be some significant synergy/overlap between the building regs log book and the health and safety file. Our work indicates that the log book could, with some additions to the AD L2, become a central part of the **health and safety file** and may even help to provide a focus for the range of documents the health and safety file currently encompasses.*
- *The CDM Regulations should cover the risks associated with the operational phase of a structure. (excluded from CDM although covered, vaguely, by S3 and by the Workplace Regulations).*

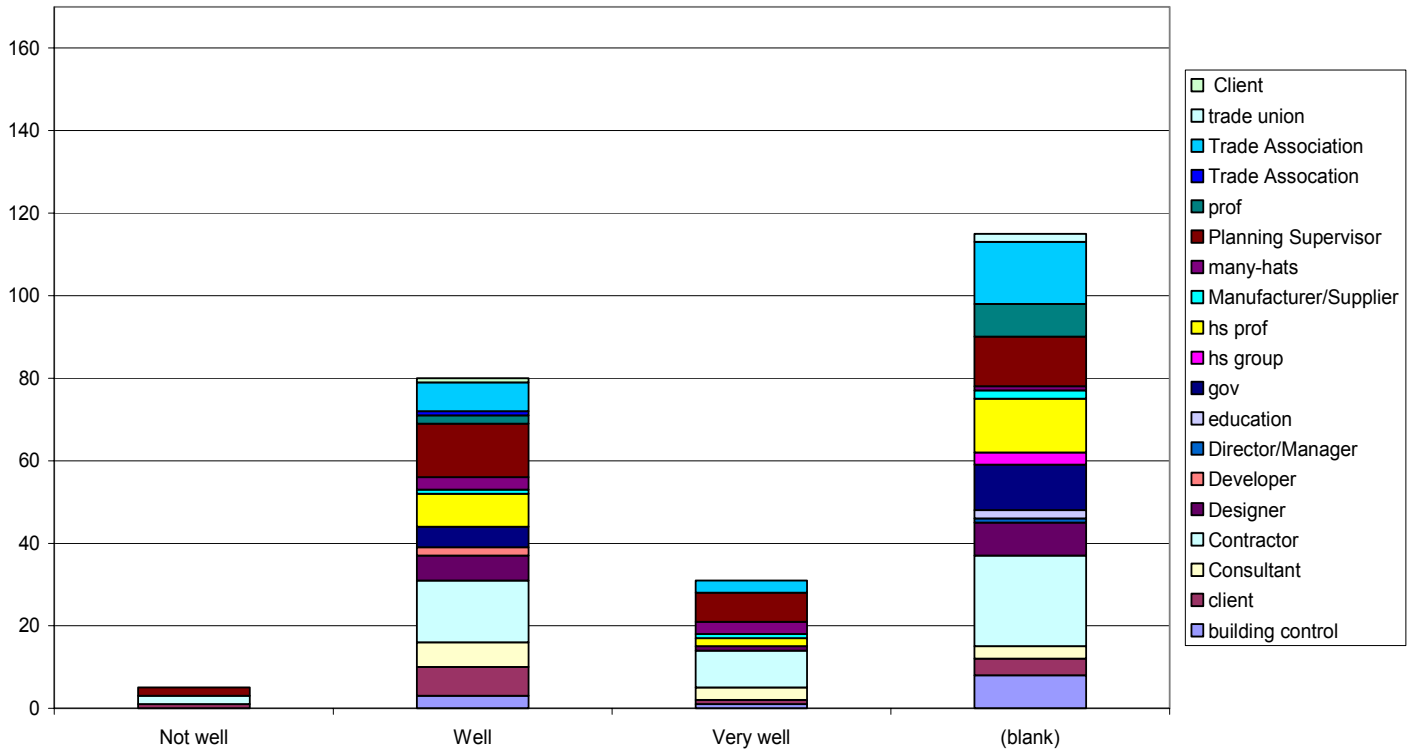
- *Clarification of existing legislation to identify **roles and duties**. The current legislation is difficult to understand, simplification would reduce the hurdles that currently exist when apportioning responsibility.*
- *It is SSAG's contention that more should be done through HSC and HSE to produce concise and more comprehensive industry specific regulations and guidance as has been achieved by other European countries.*
- *A respected person from within the industry should be appointed as Chief Inspector of Construction. This would create a strong and recognisable link between the HSE and industry. It would ensure that the HSE is in tune with the needs, demands, changes, trends and general reality of day-to-day industry affairs.*

Annexe – General information about respondents

Size of respondents



Did the DD address the key issues?



Confidential responses

