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Target Audience:  
Construction Inspectors

## **CONSTRUCTION DIVISION GUIDANCE ON THE 'COMMON AGENDA' TO BE FOLLOWED WHEN TAKING FORWARD STRATEGIC INTERVENTIONS**

This SIM sets out Construction Division's priorities for tackling cultural and behavioural change within the Construction Industry; these form the "Common Agenda" see Annex 1. Inspectors should where appropriate use the themes within the "Common Agenda" as the basis for their intervention plans with major duty holders, in support of the Construction Division's 'High Impact Interventions' project "work in connection with larger dutyholders and Designer Engagement project plans.

### INTRODUCTION

1 In 2000, Revitalising Health and Safety (RHS) established targets for the reduction in numbers of accidents and occupational ill health across industry generally and, at the Construction Summit in 2001, the construction industry set more ambitious targets for itself to achieve. The Chief Inspector of Construction's report 'Health and Safety Performance in the Construction Industry' (January 2005) reminded the industry that it was meeting the former targets but not the latter. In view of this, and to reflect the commitments made by the industry to improve its health and safety performance, a second Construction Summit was held in February 2005 based on the themes of 'Ownership, Leadership and Partnership'.

2 At the Construction Summit 2005 the Strategic Forum launched the 'Respect for People Code of Good Working Health and Safety Practices', which picked up on the themes of 'Ownership, Leadership and Partnership'. The Code is aimed at tackling the cultural and behavioural issues that affect the construction industry's health and safety performance and it establishes clear priorities for different stakeholder groups. Construction Division's "Common Agenda" see Annex 1 is designed to address these priorities by dovetailing our health and safety approach with other, broader, current industry initiatives.

3 The promotion of the "Common Agenda" is intended to address the barriers to improved performance, which include poor planning, inadequate

coordination, ineffective communication, inadequate consultation, poor supervision and a failure to learn from previous experience, both good and bad.

4 Inspectors should raise the themes covered by the “Common Agenda” with the decision makers of the relevant duty holders in the High Impact Interventions project. This project covers the interventions under the National Lead Inspector (NLI) and Local Lead Inspector (LLI) schemes and the early strategic interventions on large projects. Inspectors should also use the “Common Agenda” when interacting with larger clients and designers. By engaging with duty holders and stakeholders, who are involved in a significant proportion of the construction activity in the UK, in this way, it is envisaged that a significant change in their performance will deliver improvements in industry performance.

5 The promotion of the “Common Agenda” with clients, designers, planning supervisors, contractors and others will influence key players in the construction industry. The consistent messages given by Construction Division staff to a range of duty holders and stakeholders will over time produce improved behaviours and a more positive health and safety culture across the industry.

#### WHAT IS THE CONSTRUCTION DIVISION’S ‘COMMON AGENDA’?

6 The “Common Agenda” is based on priority areas and themes which address both behavioural and cultural change. While it is not primarily focused on health and safety management, it integrates health and safety into industry initiatives, rather than having health and safety issues as an ‘add on’ to management systems. The “Common Agenda” supports the projects forming the Construction Programme and the added value is that a consistent message is reinforced and repeated through the NLI / LLI work and at site-based interventions on large projects. It is envisaged that clients, designers, contractors and others will promulgate key messages to other duty holders through their adoption as they move from project to project.

7 The “Common Agenda” is not meant to be restrictive - not all the priorities will be relevant at every intervention, and other subjects could be covered to meet the needs of a particular visit (e.g. the carrying out of asbestos surveys). It is for the NLI / LLI, those conducting large project interventions and those engaging with clients and designers to decide on how they use the “Common Agenda” in each specific case.

#### COMPLIANCE STANDARDS

8 Clients, Designers, Planning Supervisors, Contractors and others should be aiming for ‘good practice’, so that in the event of their falling short of the standards they will still be complying with health and safety law.

9 To help in determining whether duty holders are working towards 'good practice', Annex 2 suggests some key performance indicators (KPIs). Duty holders may already be using some or all of these, or may have adopted other equally effective measures.

## FURTHER INFORMATION

10 If you have any queries concerning the contents of this instruction, please contact the project manager Gareth Lewis on 514 2329

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## ANNEX 1

### THE "COMMON AGENDA" FOR CONSTRUCTION DIVISION STRATEGIC INTERVENTIONS 2005-8

#### **Leadership**

1 Leadership is about setting the tone for all aspects of the construction process, from commissioning to demolition, as well as setting the culture of how an organisation manages its business. It is important that organisations, at all levels, take responsibility and provide clear leadership on approaches and standards to be taken. Individual organisations need to set an example to all parts of the supply chain. Inspectors should promote the importance of leadership and 'showing the way' to effect behavioural and cultural change on project, NLI and LLI interventions.

#### **Promotion of integrated teams / working together (including workforce involvement)**

2 Rethinking Construction, Constructing Excellence and the Strategic Forum's Integration Toolkit all promote the financial, project and health and safety benefits of more collaborative working (e.g. through long-term partnering, design / supply chain integration, etc). Good communication between the various duty holders is a key ingredient for a safe and healthy work environment, and close early interactions between designers and contractors makes it easier to eliminate danger before it is created on site. Inspectors should therefore promote the use of collaborative working during interventions through the use of integrated teams.

#### **Verifying performance through benchmarking and Third Party assurance**

3 "What gets measured gets done". Principal Contractors will not be able to address their weaknesses if they and their contractors have no way of monitoring how they are performing. Equally, Clients will not be able to monitor a contractor's health and safety performance unless meaningful data are available. The Constructing Excellence's Respect for People Toolkit provides one way of measuring project / contractor performance, though it is not the only way.

4 The Respect for People toolkit includes a specific section on health and safety; this outlines a methodology for measuring performance in this area. In addition Constructing Excellence publishes a suite of key performance indicators (KPIs) on people issues developed by industry. Please be aware that the Respect for People toolkit was previously freely available; however Constructing Excellence has now made it a priced publication available through subscription from their website. If you require further information on Constructing Excellence's Respect for People toolkit contact the Construction Sector (514 2329 or 506 2266).

5 Other methods for benchmarking include HSE's Corporate Health and Safety Performance Indicator (ChaSPI). CHaSPI is a web-based tool to assist large organisations with over 250 employees, both public and private, to get a measure of the effectiveness of their internal controls over health and safety and to benchmark their performance against their own targets and the performance of their peers. The Construction Clients Group (CCG) also produce their 'Starter Charter' which provides a baseline for clients.

7 Contractors and Clients who use the toolkits and KPIs will be able to 'benchmark' their performance against others. Clients should be encouraged to make the use of this toolkit or similar monitoring arrangements as a requirement for contractors tendering for work. Contractors should be encouraged to use the toolkit or other performance measuring tools to measure and improve their own performance.

### **Effective management of health hazards and risks**

8 Focus needs to be given to the effective management of occupational health risks and, in particular, the management arrangements for the control of musculo-skeletal disorders (MSD), hand arm vibration (HAVS), noise and cement dermatitis, including the use of health surveillance where necessary. Clients should be encouraged to ask for an outline of how contractors intend to manage occupational health issues as part of their tender submission. The Major Contractors Group's (MCG) 'Health and Safety Strategy' sets out their own expectations in relation to occupational health. Contractors should be encouraged to include arrangements for managing occupational health in their construction phase health and safety plan. Designers and specifiers should be encouraged to consider health as well as safety risks in their design considerations. Construction Division is piloting guidance on the management of occupational health risks through the "Health Model" and it is hoped that, on completion of the pilot, it will be published as guidance.


### **Effective management of specific safety risks - work at height and site transport**

9 Prominence should be given to falls from height, the hierarchy of measures to be taken and the emerging benchmark compliance standards arising from the ladders and towers project, as well as the roof work project (for further information please contact the Project Manager Richard Lockwood 509 8355).

10 The 'Meet Your Designers On Site' exercises focused on work at height issues, and over 250 design practices have already been challenged to think afresh about designing out these hazards. Inspectors should encourage this approach and further guidance for designers on various topics can be obtained from Safety in Design, an organisation that provides benchmarked standards for knowledge and competence of designers, and has produced some design guides.

11 Pressure should be brought to bear on all duty holders to give due prominence to workplace transport issues, particularly at the design and planning phases. The value of the integrated team approach can be seen very clearly on 'safe site' issues with PCs advising clients and designers on land envelope shapes, access / egress needs and building footprint considerations. PCs should be encouraged to develop a site transport plan for inclusion in the health and safety plan, and this should be regularly reviewed as site conditions change.

### **Individual and Corporate Competence**

12 Competence of all duty holders is relevant to a number of industry initiatives. Inspectors should ensure that those discharging duties are competent to do so. There are a number of schemes available to assist in meeting this requirement. The Construction Skills and Certification Scheme (CSCS) is now widely established and the MCG have been promoting the certification of their workers under this scheme. We are working with the Construction Industry Training Board (CITB) on the syllabus of their training courses; the newly established IOSH-accredited designer course is available; and the MCG / Construction Confederation is due to publish guidance on designer pre-qualification standards. We need to prompt duty holders to think creatively about how they will assure themselves that they and the people they contract are competent. Further guidance can be found in annex D of the Office of Government Commerce (OGC) publication, 'Achieving Excellence in Construction Procurement Guide 10: Health and Safety'  and from the Strategic Forum's 'Respect for People – Code of Good Working Health and Safety Practices', which was launched at the Construction Summit in 2005 and has the support of HSE. Safety in Design (SID) has also established some competency standards for designers.

### **Behavioural Change and Worker Involvement**

13 The Construction (Design and Management) Regulations (CDM) require effective arrangements for consultation with workers or their representatives on site (Regulation 18). Including representatives from the workforce in relevant integrated teams is a good way of meeting this obligation. Construction Division is currently running a project, details of which can be found on HSE's website. This sets out the recent CONIAC (Construction Industry Advisory Committee) declaration on the importance of engagement and describes a number of useful case studies. A compliance tool is being developed for duty holders and will appear on the above site shortly.

## **Sharing Good Practice**


14 Historically the construction industry has been poor taking forward learning experiences from one project to another. Duty holders should be encouraged to hold post-project reviews with all members of the project team, including worker representatives, to take account of what worked well or not so well on a project, so that mistakes do not continue to be made and that good practice is utilised on other projects. These learning experiences should be shared throughout an organisation and amongst other project teams.

15 The Industry's 'Working Well Together' initiative, provides examples of good practice and case studies for small and medium enterprises. On the larger scale, Constructing Excellence has demonstration projects which show the benefits of particular ways of procurement and working and provides examples of 'construction best practice' case studies.

## ANNEX 2

### GOOD PRACTICE INDICATORS AND KEY PERFORMANCE INDICATORS (KPIs) FOR CONSTRUCTION DIVISION INTERVENTIONS

#### **Good Practice Clients to consider**

- (1) Adoption of the good practice guidance, in the public sector, such as the Office of Government Commerce (OGC) publication, 'Achieving Excellence in Construction Procurement Guide 10: Health and Safety' .
- (2) Adoption of suitable guidelines, in the private sector, such as those set out in the guidance to the Clients' Charter produced by the Construction Clients Group (CCG).
- (3) Use of the Strategic Forum's 'Respect for People Code of Practice of Good Working Health and Safety Practices' or other equally effective guidelines
- (4) Requiring principal contractors, contractors and specialist contractors to use the Constructing Excellence's "Respect for People" toolkit or a similar approach to monitor key aspects of their performance, including health and safety;
- (5) Requiring the use of the 'Integration Toolkit' or other equally effective means for project planning and delivery
- (6) Requiring the principal contractor to develop a policy on the management of occupational health risks as part of the health and safety plan for the project
- (7) Encouraging contractors to join the "Considerate Constructors " scheme or similar
- (8) Ensuring that the Planning Supervisor is appointed at the earliest opportunity to be able to influence the design process
- (9) Ensuring that the information they provided at the tender stage either directly or indirectly meets the requirements of Regulation 11 of CDM, particularly in relation to the presence of asbestos-containing materials and the need for a type 3 survey
- (10) Ensuring that there are procedures in place for the investigation of any significant incidents, especially near misses or accidents, including arrangements for communicating lessons learned.

#### **Good practice Principal Contractors to consider**

- (1) Use of the “Respect for People” Toolkit or similar to monitor their performance, including health and safety.
- (2) Use of the Integration Toolkit or similar as an aid to project planning and delivery
- (3) Use of the Strategic Forum’s ‘Respect for People Code of Practice of Good Working Health and Safety Practices’ or other equally effective guidance
- (4) Becoming members of the Considerate Contractors Scheme or similar
- (5) Ensuring that there are adequate procedures in place for consultation with site workers
- (6) Developing and implementing a programme for the management of occupational health risks
- (7) Ensuring that there is project-specific training for all levels of management and operatives in occupational health issues
- (8) Ensuring that work at height risks are avoided where possible and, where this cannot be achieved, that they are adequately controlled
- (9) Ensuring that a traffic management plan is produced for the site and is regularly reviewed
- (10) Ensuring that company strategies are in place to bring about a behavioural change in how health and safety is managed
- (11) Ensuring the company has procurement arrangements in place that encourage integrated teams, give a high priority to health and safety (i.e. selection of project team members, selection of suppliers, etc.) and give best value, not (necessarily) lowest cost.

### **Good Practice Designers to consider**

- (1) Use of the Integration Toolkit or similar as an aid to project planning and delivery
- (2) Use of the Safety in Design (SID) competency standards for designers or similar
- (3) Use of the Safety in Design (SID), design guides or similar
- (4) Use of the Strategic Forum’s ‘Respect for People Code of Practice of Good Working Health and Safety Practices’ or similar guidelines
- (5) Having a clear policy endorsed at board / partner level on the management of health and safety risk

- (6) Having an established programme for health and safety training and continuing professional development
- (7) Being able to demonstrate that design staff have a good understanding of the construction process and a working knowledge of key health and safety guidance such as HSE's publication 'Designing for Health and Safety in Construction' (ISBN 0-7176-0807-7), CIRIA publication 'CDM Regulations – Work Sector Guidance for Designers', the CDM Approved Code of Practice (ACoP), HSG224 and "Health and Safety in Construction" HSG 150
- (8) Having in their practice library hazard and risk information concerning products regularly used or specified
- (9) Having established systems for design risk reviews at key stages of the design process;
- (10) Being able to provide evidence that action is taken to eliminate / reduce risk and give examples of the information on residual risk which is provided with the design (e.g. information provided on site drawings)
- (11) Having developed green / amber / red lists of products and processes which they wish to include with / discourage or ban from their designs and specifications

#### **Good Practice Planning Supervisors to consider**

- (1) In the public sector, persuading Clients to adopt best practice guidance set out in Office of Government Commerce (OGC) publication 'Achieving Excellence in Construction Procurement Guide 10: Health and Safety'
- (2) In the private sector, persuading clients to adopt the guidance in the Clients' Charter produced by the Construction Clients Group (CCG)
- (3) Persuading all parties to use the 'Integration Toolkit' or similar for project planning and delivery
- (4) Persuading contractors to use the "Respect for People" Toolkit or similar to monitor key aspects of their performance, including health and safety
- (5) Persuading clients, designers and contractors to use the Strategic Forum's 'Respect for People Code of Practice of Good Working Health and Safety Practices' or other equally effective guidance
- (6) Encouraging contractors to join the "Considerate Constructors " scheme or similar

- (7) Requiring the principal contractor to develop a policy on the management of occupational health risks as part of the health and safety plan for the project
- (8) Reviewing designs submitted by designers / specifiers to ensure that health and safety risks have been eliminated or reduced, and that clear information about residual risk is provided in a useable form.