

**January 2003**

Presentation on “Looking back, Looking forward” by Rosi Edwards, Head of Operations, Construction Wales, West Midlands and South West.

Rosi said that an AGM was a useful time to look back at what has happened and what has been achieved - and use that to help decide what to do in 2003. She reminded members that the big issue for HSE was taking forward the *Revitalising Health and Safety (RHS)* agenda to take us forward, 25 years after the 1974 Act came into force. The Strategy Statement of June 2000 concluded there had been a huge improvement, but we'd reached a plateau in accident rates and had a high level of occupational ill-health.

Rosi recalled the cost arguments (in the CD of July 1999), with estimates of 1 million work-related injuries, 1.3m cases of work-related ill-health, 25 million working days lost, at a cost of £3.3-6.5bn (including cost of property damage). Under the RHS initiative, the government set these national targets for industry as a whole

- cutting fatal and major injury rate by 10% by 2009-10
- reduce the incidence rate (new cases) of occupational ill-health by 20% by 2009-10
- reduce working days lost per 100,000 workers by 30% by 2009-10 (15% 2004-5)

The *Construction industry set its own demanding targets:*

- cutting major and fatal injury rate by 40% by 2004-5, 66% by 2009-10
- reducing number of working days lost per 100,000 workers from work-related injury and ill-health by 20% by 2004 and 50% by 2010
- lowering incidence rate of cases of work-related ill-health by 20% by 2004 and 50% by 2010

RHS also identified the importance of *Government departments setting an example*, working together where departments have overlapping responsibilities (rehabilitation), or giving a positive lead where they are acting as a client for construction work.

In addition, RHS identified *the importance of everyone* – government, industry, workforce, trade associations, trade unions, suppliers, purchasers, clients, health and safety associations such as yourselves – playing their part.

Rosi then posed several questions, at the individual level, “How far has RHS – or the various related activities affected the way firms operate? Has the climate in which you operate changed? For the better?” She went on to say that RHS was insistent that Government, and the HSE in particular, couldn't do it all by themselves. HSE was only too well aware that if it failed – if accident rates didn't come down, if it failed to make an impression on ill-health caused by work – it would be HSE who would be held to account.

HSC/HSE recognised it would have to *look at its resources and use them where they could have most impact*. Looking at the accident and ill-health data, the Commission

decided to concentrate on those **5 main topics**, which are causing the most harm across the majority of industries.

- Falls from height
- Transport
- Musculo-skeletal disorder
- Stress
- Slips and trips

For its operating plan, **Field Operations Directorate (FOD)** added noise, vibration, asthmagens and asbestos as priority topics. The Commission also chose **3 priority industries**:

- Construction
- Agriculture
- Health Services

where the levels of fatalities and major injuries, or days lost through ill-health and accident were of particular concern.

How are things going? Rather early to say – but overall HSC message is that there is **a need for major improvement** in performance, particularly in occupational health - see [www.hse.gov.uk/aboutus/reports](http://www.hse.gov.uk/aboutus/reports) for a full (40 page) report and Health and Safety Statistics Highlights 2001.2 - page 7 for a short targets update. This page gives a useful summary of how the baselines for targets have been put together and how they will be measured. There is also a map on p6 showing regional levels of major accidents, fatal accidents and ill-health. In general, the following progress has been made: -

- 2001-2 number of fatals decreased by 15% to 249 (292 2000-1)
- Rate of fatal injuries to workers dropped to 0.9 (from 1.0 2000-1). But is higher than it would have been if the downward trend until 1999-2000 had continued.
- Major injuries: 27,477 in 2001-2 (27,524 in 2000-1). Probably will show small increase when late reports included. Rate decreased by 0.6% to 109.5. Long term, little change in total numbers, but decrease in rate due to increase in numbers employed.
- Reportable non-major: decreased by 5% to 127,084 (134,105 in 2000-1), rate decreased by 6% to 506.3.

Some figures for particular kinds of accident are significant:

- Figures for falls from a height: fatals 68, down by 8% from 2000-1 (same as baseline year 1999-00).
- Major injuries: 3996 – steady fall in numbers from baseline (5500). Some change in guidelines on recording – but probably real reduction.
- Struck by moving vehicle: fatals: 40 – fluctuating level (compares to 68 in 2000-1)
- Major injuries: down 25% from baseline year (1999-00) to 722.
- Decline coincides with FOD programme of transport and pressure in each of these years on employers to improve transport within workplaces, especially segregation and reversing.
- Slips and trips: 2 fatals, down from 4 in 2000-1.

- **Major accidents: slips and trips prevail, 37%, up from 33% 2000-1. Rising trend - majors up from 2098 to 2732**

Monitoring of *ill-health* is not easy: data will be based on a combination of data sources including **Self-reporting (SWI surveys)**. In 2001-2, an estimated 2200 out of every 100,000 people said they suffered a new work-related illness in that period. If this were used as the baseline, the targets for 2004-5 would be 2000 per 100,000 and 1800 in 2009-10.

**Days lost through work-related injury and ill-health:** 40.2 million in 2001-2, 7.3m from injury, 32.9 from ill-health. MSD and stress are still the main causes of ill-health – each accounts for a third of the total. MSD estimates are 240,000 new cases in 2001-2; 265,000 new cases of stress/anxiety caused or made worse by work.

Changing HSC/E's priorities at a national level also *meant changing the way inspectors worked in 2002-3 – focussing on the priority topics*. FOD's units responsible for planning activities on health and safety topics, worked with colleagues in the sectors which deal with particular groups of industries to produce detailed guidance on each of these topics: -

- -what aspects to concentrate on
- the extent and nature of the problems
- the solutions available, and the type of action to take.

It is based on earlier work within FOD and the sectors, but pulling it all together. Inspectors all attended briefing sessions in March-April 2002. [**Material they had for training/briefing purposes can be made available, is to be put on the Internet in due course**]. Guidance to *inspectors on their priorities*, when inspecting, is that these topics should take precedence unless there were other matters of evident concern – or matters raised by management or workforce.

On the question of *Reporting back*, inspectors use a reporting form and score the performance of the workplace against descriptors for each aspect of each topic – 1 is good, 4 bad. The descriptors are known as **Risk Control Indicators - RCIs**. There is a specific set for Construction and it makes it easier for inspectors to relate what they see on site to the scores. The purpose is to improve consistency between inspectors in different locations; recording is made easier and quicker and, over time, improves reviews of progress for an industry overall, or a particular firm.

It will be interesting, Rosi added, to see what effect this has on enforcement levels and enforcement topics when 2002-3 figures are available. Enforcement has been fairly stable for a while – the statistics highlights doc tells you –

	2000 - 01	2001 – 02
Informations Laid	<b>1973</b>	<b>2035</b>
Convictions	<b>1490</b>	<b>1494</b>
Improvement Notices		<b>6667*</b>
Deferred Prohibition Notices		<b>117*</b>
Prohibition Notices		<b>4225*</b>

**\*Very little change from 2000-1 – drop of 45 notices, mostly DPN and PN. ]**

Firms themselves have used the RCIs to help them do their own self-assessments. They have also been used by large clients to help contractors understand what they want of them and to agree monitoring regimes. Not included in the RCIs, Rosi added, but very important was the subject of asbestos. Construction inspectors deal with asbestos removal activities and FOD's Asbestos Licensing Unit in Edinburgh draws up a plan of work. This covers visits to notified removal work and periodic visits to contractors to assess their competence when their licence is up for renewal or firms seeking a licence for the first time. Rosi reminded us of publications designed to help firms deal with asbestos work: –

- Asbestos Essentials guide on specific tasks.
- The controversial, revised Control of Asbestos at Work Regulations 2002 that includes the duty to manage asbestos in buildings (Reg 4). In many ways this does no more than make explicit a duty you have always had when you are in charge of a building. There is an ACoP on this “Management of asbestos in non-domestic premises”.
- There are also new ACoPs (fourth edition) for
  - Work with Asbestos Coating and Asbestos Insulating Board; and
  - Work with asbestos that does not normally require a licence.

***Looking forward***, inspectors will be expecting duty holders to have a clear idea of what they do to ensure that work done in their building does not lead to disturbance of asbestos.

Rosi then dealt with the subject of ***Structural change*** in the HSE and said that there can be no real change if there isn't organisational change as well! In FOD: ***geographical division boundaries have been aligned with Regional Development Areas (RDAs)***. This means locally that Oxfordshire went to the East & South East, and the counties that had been part of Wales and West – including Staffs, Shropshire, Hereford and Worcester – come back to the Midlands.

In Midlands, inspection groups have been changed: there are, now, construction groups, Ag and Wood groups, services groups and multigroups who deal with all manufacturing. Ed Friend is B1 in charge of Birmingham and Newcastle/Worcester groups.

***A new Construction division*** was set up, operating nationally, run by **Kevin Myers, Chief Inspector of Construction (CIC)**. The CIC has existed for a number of years, but more as a figurehead – now he has real operational, organisational power. The Con groups are mostly staffed by the same individuals, but organised in Units. The Birmingham unit covers West Midlands, Wales and South West and there are three others covering the rest of the Country.

***Construction is one of the priority industries***. It had its own construction summit called by the Deputy PM in Feb 2001. Some 500 company directors, chief executives, others representing all parts of the industry agreed there must be radical

change. They committed themselves to the targets already mentioned and to drawing up their own action plans. A further summit is to review action in Oct 2001. A CD was drawn up using information and ideas from these summits, but also from activities and initiatives already underway in construction – the reports from the Construction Forum, particularly Accelerating Change, the Movement for Innovation, Respect for People Initiative for example. The comment period ended 31 Dec 02.

CDs, like Accelerating Change, particularly stresses *the role of the client*: Construction Design and Management Regs set down particular duties on clients. Both documents see the need for the client to take on a leadership role. The RHS document stressed the role of Government as Client and the importance of following good procurement practices both to get the right product at the right time and to get it in a way that promoted compliance with legal requirements during the construction process.

*Managing contractors* is one of the key issues for firms – those who use contractors as an essential part of the day-to-day running of their business and those who turn to them only occasionally for one-off construction projects. HSE and many trade associations have put a lot of time and effort into producing written guidance, holding seminars, and giving project-specific advice to firms. EEF produced good practice guides to managing contractors and suppliers and have held seminars to help their members understand their legal duties and the duties of contractors and have a better idea of what they need to do. It covers contractors in general and construction work and CDM in particular. Inspectors have raised control of contractors with larger firms in engineering, utilities and shipyards in previous years – poor control in engineering.

This holds true for any contractor doing anything. The issue has been raised again in 2002 at all workplaces when inspectors deal with the topic of falls from height and ask about control of contractors coming onto the premises to do repairs, cleaning, to gain access to plant. These then are the further issues the firm with the water treatment problem needs to think about

**Q You have cooling towers. You choose an expert water treatment firm. You let them tell you what you need, you leave them to it. OK?**

**A No - you need to know: -**

- why you want them to do the work
- what you'll expect them to achieve
- how you'll know they've achieved it
- who deals with problems identified
- reporting back and record keeping.
- 

This works for just about any other contractor you may need to use (e.g. Occupational health provision, health surveillance). You also need to know: -

- how they are going to carry out the job
- where are they going to go?
- how will they get there?

- will they affect your staff's health and safety?
- will your staff's activities affect theirs?

**Guidance from HSE: “Use of Contractors: a joint responsibility”** covers sub-CDM construction and other contractors.

In treating the **Government as Client**, the new construction division heads of Ops have been allocated government departments with significant spend on construction work to see how they are adopting Office of Government Commerce (OGC) procurement practices. This promotes the Clients Charter as means to improve performance and includes setting H&S targets for construction projects and monitoring performance.

In addition to the targets, previously mentioned, **RHS** also contains action points, some of which are concerned about reporting of H&S performance. Chairman of HSC, Bill Callaghan, DG of HSE, Timothy Walker, and other HSE senior staff have been visiting senior management of **the top 350 UK firms** to find out what they are doing and encourage them to set themselves targets and report on them. This is likely to continue into 2003-4.

The **Use of intermediaries** has a long history; HSE was working with Occ H&S groups as long ago as the interwar years. Rosi quoted BHSEA as an important example, helping one another by sharing good practice; helping other groups to set up by providing a nucleus of interested firms and expertise, as in the case of the Midlands WWT Action Group. BHSEA also influenced HSE policies and practices, as in the formulation of the Power Press Regulations just after WWII. Intermediaries can also work with others to pursue particular goals – sometimes HSE acts as catalyst for this, when we set up working groups with several intermediaries, sometimes you do it for yourselves. This resource is particularly useful when tackling complex industries with a large number of groups who can have an impact, e.g. construction.

The Construction Division picked up an idea from Agricultural Sector and ran **Safety Awareness Days** – now Safety and Health Awareness Days – intended to get construction SMEs to improve their H&S management skills and commitment. Local WWT groups working with others, including CITB, organised pilot Days; others on similar model have or will take place. Other models possible: working with MCG and CITB to get the message on H&S training across to subcontractors; Midlands WWT Action Group idea of awareness days for designers.

**Rewarding and acclaiming good practice** is something inspectors tend not to do, but which HSC is able to do and has been doing this for a while with its Annual H&S Awards – held in 2002 in Edinburgh. The WWT campaign also holds a safety awards dinner, this year in Birmingham in November. CITB sponsored the awards this year, with a specific award for **SMEs sponsored by BHSEA**. This is very much appreciated. Neither the national H&S awards nor the Construction awards could go ahead without such private sponsorship. It shows the commitment of the well organised and committed to the idea of promoting good practice within industry. The engagement of SMEs is important in all industries, but particularly in construction.

One very useful way to gain it is reward, in this case, reward with a purpose - £3000 to spend on H&S. The winner, Jomaro, employs around 15 and the judges tell me were very impressive in their commitment to H&S management, training and competence. Rosi said she understood BHSEA wanted to do more than just sponsor the prize and want to have a continuing relationship with the winner – they have been made associate members, will get mailouts. Longer term, BHSEA may be able to inspire the setting up of a WWT group in Yorkshire.

**Looking ahead, there is still another 3 months of HSE's 2002-3 working year.** Rosi indicated that we could expect inspectors to ask pointed questions *about working at heights*, control of contractors, and use of ladders. She urged us to be ready to show that we have thought about the way people work on our premises routinely and also the way they carry out occasional tasks. It is important to show you don't just leave contractors to it, but you do take a real interest in the way they manage H&S. Especially in the way they supervise on site, and that you expect their method statement to be a useful and practical description of how they will do the work not just a standardised all-purpose piece of paper. **Ladder accidents** remain a very significant cause of major accidents, as well as fatals, especially in construction. If someone wants to use a ladder to access anything, ask them why – is this really the best way to do it?

Expect to be asked *about transport* – how vehicles get to your workplace, how they get around it, how they are loaded and unloaded and what you have done to eliminate the risks. Do you need to use powered vehicles in the workplace where people work? Why use **ride-on FLT**s when you can use pedestrian FLT's? Construction firms need to be planning site transport and updating the plan – and making sure those on site and coming onto site understand what is intended, not with reams of paper, but simple site plans that translate into the real world. Can someone coming on to site (inspector, subcontractor) see immediately where they have to go, where plant movements take place, where pedestrians go?

**Another important topic is Occupational health.** Inspectors are concentrating on musculo-skeletal problems, noise, vibration and asthmagens. They will be expecting employers to have identified the hazards and have decided what you need to do about them – changing process to eliminate the risk, or to remove the person from the hazardous activity (automation). In construction, inspectors expect to see good site welfare anyway, but particularly when you are using wet cement. [See the recent HSE information sheet (CIS 26)]. Inspectors also expect to see evidence of health surveillance where it is needed – particularly where vibrating, portable tools are used, but also simple systems when wet cement is used.

**Undoubtedly, one of the most sensitive issues remains Asbestos in buildings.** Rosi emphasised the crucial need to implement the latest guidance and consider what you need to do. It isn't a requirement to do a survey, or to strip out asbestos, but to know what you know and what you don't do. If you have an asbestos register, critically examine its true worth. Is it comprehensive, or is it a random collection of bits of

information accumulated from ad-hoc surveys? If asbestos is not mentioned, does that really mean it isn't present?

**Commenting on the future for HSE**, Rosi said there was a desire on the part of senior management to *direct their resources where there is most harm and where they can do most good*. This may mean doing less of other worthy things! It means more focussing on the way HSE is organised, so that inspectors can concentrate on work that requires their expertise. More reorganisations likely and these are currently underway in policy sections and will affect FOD sectors.

Work with *intermediaries*, campaigns, working with the grain of other organisations will continue and develop, particularly in construction, where very important industry-based campaigns include H&S as an integral and crucial part. *WWT* will carry on; working through intermediaries generally to get the message across to SMEs and to improve their H&S expertise. HSE will be looking for opportunities to work together – in construction we will be looking at designers and their CDM duties.

In the same way that HSE is working with partners in industry, **employers may wish to review their H&S plan: -**

- what is in it and how did you decide what should go into it?
- Who was involved in drawing it up? If the workforce weren't, why was that? They are the ones whose behaviour you want to influence. They may also be able to help you understand the underlying causes of repeated, low-level injuries. Have been some good examples of where this has worked, e.g. food industry and slips and trips, shipyards and eye injuries.
- Tackling the HSE priority topics in your plan would be an obvious way forward, but your business has its own particular risks that you are best placed to identify and do something about.
- Setting targets for reducing accidents may work for you if you have a large workforce and a lot of accidents, although it is not very helpful to SMEs.
- Setting targets for improving health at work can be difficult, but if you have good systems for managing sickness absence i.e. – you know when someone is off, why they were off, when they came back, what they do which could cause a health problem – and have health surveillance where it is required you may be able to identify measurable improvements you can make.

Rosi concluded that targets might need to be more proactive –

- Record the % of workforce who have had training in a particular topic;
- Monitor completion of tasks on H&S checklists
- Monitor progress in achieving specific improvements in processes that you and your workforce have identified as necessary.

*Members' Questions*

**George Allcock of GKN** asked if the Occupational Health targets were based on self-reporting and could they be influenced by publicity? Rosi said that this particular targetting was difficult to do but had to be attempted.

**Peter Evans** asked about making improvements with SMEs on Construction. Rosi replied that there was a project in Stoke to promote a 'Drop-In' initiative. She went on to suggest the organisation of seminars by WWT Groups and described the HSE role of Education/Enforcement. **The Secretary** mentioned an initiative by the West Midlands WWT Action Group to educate SMEs from the standpoint of the domestic client. This was done by designing a leaflet to be distributed through builders merchants and DIY stores. The leaflet had been designed by a BHSEA member **Keith Bates**, who was in the audience, to Quality Mark standards. It was so successful that it had been adopted by the HSE for nationwide publishing and placement on the WWT website.

**Christopher Peck of W.S.Atkins, Defence Services** asked what guidance Inspectors used for Safe systems of work at Heights. Rosi said that they followed the normal hierarchy of risk control measures. It was questionable whether PPE should be used at low levels. Nets, Edge protection and scaffolding were all recognised techniques for controlling risk.

As there were no other questions the Chairman thanked Rosi for a very extensive briefing on progress and detailed guidance for improving H&S management by co-ordinating efforts with the HSE plans for action and targetting. The members joined in this vote of thanks in the traditional manner.