

Health and Safety Executive
Improving health and safety in the construction industry



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
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executive summary

- 1 Poor health and safety can result in death, major injury and ill health, and has a financial cost estimated at 2.6 per cent of gross domestic product. In June 2000, the Government and the Health and Safety Commission (HSC) launched *Revitalising Health and Safety*, a strategy intended to find new ways of reducing workplace injuries and ill health. The strategy set three targets for improvements in health and safety performance (Figure 1) which were subsequently adopted as Public Service Agreement targets.

1 The HSE's targets for reducing rates of injury and ill health

The government has set targets for improvements in workplace health and safety

Target	Percentage reduction by	
	2004-05	2009-10
Reduce the incidence rate of fatal and major injury accidents	5 per cent	10 per cent
Reduce the number of working days lost per 100,000 workers from work-related injury and ill health	15 per cent	30 per cent
Reduce the incidence rate of cases of work-related ill health	10 per cent	20 per cent

Source: Health and Safety Executive

- 2 The HSE has identified that, if it is to meet its Public Service Agreement targets, it needs to focus its efforts on hazards and sectors of the economy where major improvements in health and safety performance are required, either because the industry employs a large number of people or because the rates for injuries and ill health are high. Both these criteria apply to construction.
- 3 The rate of accidents in the United Kingdom is the second lowest within the European Union and is considerably less than the average.¹ Despite this, in 2002-03, 226 workers in the United Kingdom were fatally injured. Of these, 71, some 31 per cent, were construction workers, the highest contribution to the overall total from any sector of the economy. A further 4,780 construction workers (4,098 of whom were employees) were reported as having suffered a major injury, the highest rate of major injuries per 100,000 employees and over three times the average for the main industry sectors. The industry's health record is also poor. For example, musculoskeletal disorders are prevalent and many of the deaths resulting from exposure to asbestos, an overall total of 3,500 a year, are to maintenance and construction workers.
- 4 This report examines the approach taken by the HSE to improve the health and safety performance of the construction industry and the impact of this approach.

¹ *European Social Statistics Accidents at work and related health problems, 1994-2000.*

The HSE has to overcome a number of barriers and change attitudes within the industry to improve health and safety performance

- 5 The United Kingdom's construction industry contributes some £80 billion annually to gross domestic product and employs just under two million people across 168,000 firms. As well as being large, the construction industry is diverse and fragmented. Construction projects range from demolition through to new builds and maintenance work. They can also vary massively in scale - from work on domestic property lasting days to large infrastructure projects lasting years. Workers involved in the industry are spread across a wide range of professions. Around a third of workers are allegedly self employed, the highest proportion of any sector of the United Kingdom's economy.² Both the size and heterogeneous nature of the industry contribute to varying standards in health and safety and can act as a barrier to improvements to these standards.
- 6 Under health and safety legislation those who create risk are legally responsible for controlling and managing that risk. In addition, everybody has a responsibility to safeguard their own health and safety and that of others affected by their work. We found, however, that many industry stakeholders believed that not everyone in the industry is fully aware of or is carrying out their responsibilities and stakeholders' attitudes may have an impact on health and safety performance. For example, some public sector bodies that sponsor construction projects can focus too much on achieving the lowest price in a tender evaluation and not enough on issues like whole life costs including the health and safety not only of those required to construct, but also those who occupy and maintain a completed project. And many designers lack knowledge of their responsibilities under the Construction (Design and Management Regulations) 1994, with some believing they do not have any duties.

² *Establishing a statistically valid link between employment status and health and safety performance is complex due to differential underreporting of accidents between the self-employed and those in employment and the difficulties in standardising for other factors that can influence performance, such as workers' attitudes and the approach to health and safety adopted by individual sites.*



The HSE's current approach is to influence the stance to health and safety taken by the industry's stakeholders

- 7 The HSE was established by the Health and Safety at Work etc. Act 1974. It has a statutory responsibility to make adequate arrangements for the enforcement of health and safety law which it does by undertaking a range of activities such as inspecting workplaces, conducting research, investigating accidents and complaints, issuing guidance, and providing advice.
- 8 In April 2002, the HSE introduced the Construction Priority Programme, one of eight which focused on the key issues and industries where improvements were required if progress against its Public Service Agreement targets was going to be made. The programme aims to increase the impact of inspectors' work, not simply on sites but with other stakeholders in the supply chain such as clients, designers and suppliers. The programme also targets bodies and intermediaries that can influence change. To support the programme, the HSE established the Construction Division bringing together all the inspectors responsible for construction under the management of the Chief Inspector of Construction. A new Intervention Strategy was introduced which provided a more strategic focus for the HSE's work away from sites and with key duty holders and stakeholders, such as clients and designers. Stakeholders have welcomed the establishment of Construction Division and the broader focus of the HSE's work.
- 9 We found that by supplementing its usual site inspections with blitzes concentrating on particular risks the HSE has raised its profile within industry. It has also used its own research findings to identify workers most at risk and has supplemented its site-based work with initiatives targeted at workers, such as Safety and Health Awareness Days aimed at small and medium sized enterprises and sole traders and roadshows for workers. As yet, the HSE has not assessed whether it has succeeded in reducing accident rates in the areas it has targeted because the initiatives have not been in place sufficiently long and because they were not part of the HSE's formal evaluation plan for 2002-03. The HSE has succeeded in raising awareness of health and safety in construction among clients and designers. There are some signs that, once educated by the HSE on their responsibilities, clients are taking action to improve health and safety standards on their construction projects. Some designers still fail to acknowledge sufficiently their impact and responsibility for health and safety.

The HSE has difficulties in measuring changes against all of the construction industry's targets

- 10 In February 2001, at the construction industry summit, the industry set itself targets for improvements to its health and safety record. The targets were based on those set in *Revitalising Health and Safety* but were more challenging (Figure 2).
- 11 In January 2003, the HSE reported that the incidence rate of fatal and major injuries had fallen by 12 per cent in comparison with the baseline, a rate substantially above the 1 per cent year-on-year all industry reduction sought by *Revitalising Health and Safety* but, short of the 40 per cent 2004-05 target set by the industry at the 2001 summit. The HSE has published figures for ill health and days lost in construction from a self-reporting survey in 2001-02 and will publish corresponding figures for the years 2003-04 (in Autumn 2004) and 2004-05 (in Autumn 2005). These will permit some assessment of progress against these two targets. The HSE needs to work with the industry to translate these targets into more tangible and measurable goals, which help to promote increased responsibility within the supply chain and at site level.

2 The construction industry's targets for improvements in its own health and safety record

The construction industry's targets for improvements to health and safety performance are based on, but are more challenging than, the HSE's Public Sector Agreement targets

Target	Construction industry targets - percentage reduction		Percentage reduction for construction industry As at 2002-03	National targets - percentage reduction	
	By 2004-05	By 2009-10		By 2004-05	By 2009-10
Reduce the incidence rate of fatal and major injury accidents	40%	66%	5% against baseline figures for 1999-2000	5%	10%
Reduce the number of working days lost per 100,000 workers from work-related injury and ill health	20%	50%	Baseline figures established in 2001-02 ¹	15%	30%
Reduce the incidence rate of cases of work-related ill health	20%	50%	Baseline figures established in 2001-02 ¹	10%	20%

NOTE

- 1 Figures are unavailable for 1999-2000, the year the industry set itself as its baseline. The HSE has established a baseline for 2001-02, using data from a number of sources. Surveys in 2003-04 and 2004-05 will provide data to assess against this baseline.

Source: National Audit Office summary of national and construction industry targets for improvements in health and safety performance

The HSE needs to measure the impact of its strategies

- 12 The HSE's current approach is focused on a long term and sustained reduction in the number and severity of accidents and the cases of ill health in the construction industry. Assessing the impact of the HSE's strategies is however difficult, partly because of the long term nature of the intended impact and the need to account for the impact of other influences on health and safety performance; the difficulties in establishing baseline data; and the characteristics of the industry.
- 13 Despite these challenges, the HSE should develop its evaluations of its strategies in order to measure its own performance and that of the industry to provide examples of good practice that could be usefully disseminated to the industry.



RECOMMENDATIONS

14 We recommend:

- i The HSE should work with the construction industry to translate the high level industry targets into lower level, more tangible, measures which are easier to assess. These measures should be linked to the issues that the HSE has identified as priorities - for example, the reduction in the number of falls from heights, a principal cause of death and serious injury. (Paragraph 1.14)
- ii The HSE should develop the focus and nature of some of its recent initiatives to target other areas requiring action. For example, extending its current campaign aimed at government clients down to smaller, arm's length public bodies; to the wider public sector and to private sector clients; building on its Safety and Health Awareness Days by tackling designers who have a key part to play in promoting health and safety in construction at the project development stage; by seeking improved education of designers in health and safety matters (for example, by promoting health and safety in relevant examination syllabuses); and by raising the profile of health and safety at the design stage by seeking greater publicity for good design practice and to highlight bad practice. (Paragraphs 2.9, 2.14, 3.13 and 3.18)
- iii To enhance the effectiveness of its blitz programme, the HSE should, as part of an integrated and coordinated campaign-based approach within its broader intervention strategy, increase the number of follow-up interventions with firms visited under such programmes. The HSE should also seek to maximise the potential impact of the blitz programme through publicity and engagement with intermediaries. (Paragraph 3.13, with more detailed recommendations relating to the blitz programme outlined in paragraph 3.14)
- iv The HSE should develop a programme of evaluations of its various initiatives which assesses a selected number, but not all, of its initiatives each year. Some of the key components of such assessments are outcome improvements (ascertained, for example, from measures of, say, reductions in injuries from specific causes); changes in stakeholder awareness and practice (for example, through independent surveys of employers and employees, and through follow up site visits), and measurement of the impact of publicity and media success particularly in relevant trade and local media as well as at a national level (for example, measuring changes in stakeholder attitudes). The HSE's evaluation of its Safety and Health Awareness Days provides a good example for such evaluations. (Paragraphs 2.13 and 2.14; and 3.14)
- v To increase the industry's compliance with the Construction (Design and Management) Regulations 1994, the HSE should increase its use of blitzes and Safety and Health Awareness Days. (Paragraphs 2.3 and 2.6)
- vi Parent Departments should work with their agencies, Non Departmental Public Bodies and all bodies that receive grants from government for construction projects, as well as the HSE, to implement best practice and improve health and safety. (Paragraphs 2.7 - 2.9)
- vii The HSE should work with organisations that influence the procurement of construction work in the public sector (for example, the Office of Government Commerce and bodies such as the Local Government Taskforce and the Audit Commission) to ensure that health and safety is considered as part of the process of improving value for money in public procurement and reducing whole life costs by public sector bodies. (Paragraphs 2.7 - 2.9)

