Health and Safety in the Construction Industry 2011

Executive Summary

In 2011 the Chartered Institute of Building undertook a survey of its members to investigate health and safety within the construction industry, with areas of questioning on occupational health as well as safety, on stress, on learning and the company’s health and safety culture, systems and advice delivery.

The survey was available via the CIOB website; a link was emailed to all members inviting them to complete the survey. The survey consisted of both qualitative and quantitative questions.

485 members responded to the survey. Sample sizes for this type of survey generally need to be between 400 and 500 to minimise the effects of ‘sampling error’. Therefore, the number of respondents is in line with standard survey requirements for valid statistical analysis. 45% of the respondents were from senior management. The split between respondents employed in larger companies and those who work for a Small and Medium-sized Enterprise (SME) was very close.

In the 2006 report undertaken by the CIOB on the subject of “Occupational Stress in the Construction Industry” it was found that too much work was one of the key triggers for occupational stress. While a majority of respondents have had no change in overtime, many of those who have had an increase in overtime are unpaid for the extra time worked. While individual cases vary, an average of 9.5 hours overtime is worked per week. The overall level of overtime worked is having a detrimental effect upon 60% of those who responded to the survey. This is a worrying trend if circumstances are similar across the construction industry.

In the 2009 health and safety survey, 69% of respondents stated that health and safety was taken very seriously by their organisations. In this survey (2011) 88% confirmed that health and safety compliance has increased or stayed the same within the last year. This high compliance level shows that the general attitude towards health and safety is very positive and is echoed further in the survey when questions regarding the resources available for health and safety were strongly answered yes. This may be due to greater scrutiny of H&S performance as part of pre-qualification, which with greater austerity measures, could result in only the best performing contractors remaining solvent.

CPD is undertaken by a high proportion of members, (74%) a similar level to 2009, with 71% showing that continual professional development is of key importance to CIOB members. Undertaking individual reading was a highly scoring method of CPD, while internal courses were also highly attended. Only 10% of respondents used online learning. This can help the CIOB on how best to deliver shared knowledge and information.

When it comes to the implementation of CDM it is clear that a greater level of communication is needed between the design team and contractors to improve health and safety standards as it was felt by the majority of respondents that designers only understand their duties under CDM to a limited extent. Although designers were not well represented in the sample, therefore, this opinion
may have some bias. The CIOB is engaging in work that aims to improve this area of perceived problematic communication.

It is clear from the results that safety is taken very seriously within the CIOB membership. However lifestyle health advice and support was less prevalent as can be seen with the questions relating to health advice, workplace health concerns and health advice relating to life style. 84% responded positively to the provision of workplace health advice, while only 58% stated that their organisation offered lifestyle health advice.

The UK construction industry remains one of the safest in Europe and the world. However, we must continuously monitor trends and strive to improve our performance to maintain this status. The CIOB survey provides useful intelligence to help us achieve this goal and will continue to do so.
**Demographics**

The majority of respondents (95%) were male. 86% of the sample was based in the UK with 72.5% aged over 40. Fewer than 5% of respondents were not a member of the CIOB.

Over a fifth of respondents classed themselves as working in the contracting sector. Other answers included roles such as CDM Co-ordinator, Administration and Armed Forces.

The majority of respondents come from either Director/Senior Management level (45%) or Middle/Junior Management (40%).

**Table 1: Geographic Location of Respondents**

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Scotland</td>
<td>7.35%</td>
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<tr>
<td>Northern Ireland</td>
<td>2.24%</td>
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<tr>
<td>Wales</td>
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<tr>
<td>North East England</td>
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<tr>
<td>North West England</td>
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<tr>
<td>Yorkshire</td>
<td>3.88%</td>
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<tr>
<td>East Midlands</td>
<td>4.08%</td>
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<tr>
<td>West Midlands</td>
<td>3.06%</td>
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<tr>
<td>East England</td>
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<tr>
<td>London</td>
<td>13.67%</td>
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<tr>
<td>Other</td>
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<tr>
<td>South East England</td>
<td>17.35%</td>
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<tr>
<td>South West England</td>
<td>11.22%</td>
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<tr>
<td>Ireland</td>
<td>2.45%</td>
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<tr>
<td>Europe</td>
<td>0.61%</td>
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<tr>
<td>Middle East</td>
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<tr>
<td>Africa</td>
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<tr>
<td>North America</td>
<td>0.20%</td>
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<tr>
<td>South America</td>
<td>0.00%</td>
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<tr>
<td>Asia</td>
<td>2.86%</td>
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<tr>
<td>North America</td>
<td>0.20%</td>
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<td>South America</td>
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<tr>
<td>Asia</td>
<td>2.86%</td>
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<tr>
<td>Australasia</td>
<td>0.61%</td>
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<tr>
<td>Other</td>
<td>3.88%</td>
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</tbody>
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**Figure 1: Respondents by Industry Sector**
1 Workloads

In the 2006 report undertaken by the CIOB on the subject of “occupational stress in the construction industry”\(^1\) it was found that ‘too much work’ was one of the key triggers for occupational stress. With the recent recession it was felt prudent to gauge how workloads and staffing levels had changed. To that end respondents were asked a series of questions regarding their workloads, redundancies made within their organisation and overtime worked.

1.1 When asked if their organisations workloads had changed over the past year, 28% of respondents said their workload had remained at similar levels. An almost even split had said that their workloads had increased or that their organisations workload had decreased 34% and 37% respectively.

1.2 The survey shows that 58% of respondents have had no change in the amount of overtime worked within the last year, however over 36% have had an increase in overtime, mostly unpaid. This is echoed when respondents were asked about the amount of overtime they worked; only 2% said that overtime increased their pay. The survey offered the opportunity for members to state the average overtime worked per week, respondents gave a range of answers from 0 hours per week to 90 hours per week, others simply stated that they “Always work the hours required to complete the task at hand”. The mean average hours of overtime worked was 9.54.

\(^1\) (CIOB, 2006)
The survey then went on to ask if the amount of overtime was affecting members and how. Just under 60% of respondents said that the amount of overtime was having a detrimental effect on their wellbeing such as health, social/family life & the amount and quality of work they do. Another option within the question was “the amount of overtime I work is unsustainable in the long term” to which 9% responded.

Figure 2 - Effects of overtime

1.4 When asked if their organisation had made redundancies over half of respondents 54% stated that their organisation has made redundancies over the past 12 months of those 56% made 1-10% of their organisations work force redundant; 17% of organisations made 11-20% redundant and 11% of organisations made 21-30% of their workforce redundant.

2 Health and Safety Attitude & Compliance

A section was included in the survey to understand the levels of health and safety compliance within the industry, including a gauge on the levels of continual professional development, occupational health as well as the levels of compliance within the respondents companies

2.1 Respondents were asked if the level of health and safety compliance within their organisation had improved over the past year. 41% of respondents stated that the levels of health and safety compliance had improved. A further 48% said that it had remained the same. When questioned as to why health and safety compliance has improved there were again definite themes:

- The introduction of company policy’s focusing on behavioural change.
- Increased training for all staff from operatives through to management.
- Increased level of auditor and Health and safety specialist visits.

2.2 Respondents were asked to give reasons for any decline in health and safety compliance (just over 8% of respondents reported a decline). There were several key themes within these answers:

- Costs, Low tender prices are leading to short cuts being taken, less use of plant
and so increased manual handling, and fewer support sources

- Lack of training for staff, Health and safety professionals are leaving and not being replaced or are given extra responsibilities leaving less time for health and safety.
- Pressure, the threat of redundancy winning further work or the lower prices paid to trades has resulted in corners being cut and priorities changing.
- Constant restructuring within companies has led to confusion.

2.3 Continual professional development is the cornerstone of any professional’s role; the construction sector is ever changing, highly influenced by many external factors from government legislation to a changing climate. Understanding of the latest thinking and techniques used is of major importance in the delivering a good quality product or service.

2.4 To discover the levels of CPD within the industry and to understand how this training is delivered within industry, respondents were asked two questions regarding these matters. When asked if they had undertaken any CPD at all within the last 12 months, the majority had done so (74%). When questioned as to how respondents had undertaken CPD a quarter had undertaken individual reading. Course attendance was another method of CPD undertaken by respondents. Respondents mostly attended internal courses 22% with 17% attending external courses.

Other methods of CPD undertaken were:

- Seminars 15.5%
- Online 9.6%
- CIOB meetings 6.5%

2.5 Respondents were questioned with regards to accidents and near-miss reporting within their organisations. Specifically weather RIDDOR accidents were investigated, and whether near-misses and health and safety concerns were acted upon Figure 3.

2.6 Site personnel’s perception of risk was assessed, a majority stated that personnel on site reported health and safety concerns and were happy to receive suggestions with regards to health and safety. Figure 4 illustrates the breakdown of this.

2.7 Question 28 was aimed at understanding the constraints the respondents work under with regards to health and safety. Figure 5 shows the respondent’s views with regards to the health and safety support and resources available to them.
2.8 Question 26 was intended to discern what methods were used to disseminate information relating to health and safety to site operatives and to feedback from site staff to site management.

3 Health v Safety

Under the Health and Safety at Work etc. Act 1974 “It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.” And while the level of reportable accidents and deaths has declined over the past 10 years the Levels of ill Health in the construction industry has remained roughly constant since 2005.

In order to gauge the value put on not only avoiding risk of injury but on the long term health of those working within the industry questions 31-35 related to subjects such as drugs and alcohol, the use of occupational health advisors, and if health advice in areas such as diet is provided.

3.1 Over half of respondents (52%) stated that their organisation makes use of an occupational health advisor. When these respondents were questioned as to whether or not they believed the Occupational health advisor offers good value for money 48.64% responded in the positive believing that the Occupational health advisor offers either good

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2 (HSE)

3 (HSE, 2010)
or very good value for money. 36% responded neutrally.

3.2 82% of respondents said that their company has a drugs and alcohol policy. A quarter of respondents stated that their company runs random drugs test of staff and a similar number said alcohol testing was undertaken. When asked if such tests were taken by safety critical workers, 17% said yes. When asked what happened to members of staff who were tested positive for drugs and alcohol 40% were dismissed from site and a fifth were helped with rehabilitation.

3.3 When asked if organisations ask health questions of employees as part of the site induction process, 48% stated that all personnel were asked such questions. A further 11% stated that they provide a health declaration for all staff, 11% stated that only safety critical personnel such as crane drivers were asked, 8% stating that plant operators were asked.

3.4 Most respondents stated that their organisation offers health advice associated with the workplace such as vibration, musculoskeletal disorders, and asbestos. Fewer stated that their organisation offers advice relating to healthy lifestyle.

![Figure 7: Lifestyle advice & Workplace Advice](image)

4 CDM2007

Within the CDM regs 2007 Designers have a duty to “avoid foreseeable risks to those involved in the construction and future use of the structure” more than half (56%) of respondents believe that designers only have a limited view of

![Figure 8: Implementation of CDM](image)
their duties to reduce risk under these regulations while a small number (5%) do not believe that designers understand their duties at all.

4.1 A third of respondents believe that designers either fully (6%) or to a large extent (30%) understand their duties.

4.2 When questioned as to whether designers consider health and safety during the design process most respondents (60.66%) again believe that designers only consider this to a limited extent with a quarter of respondents believing that designers consider risk either fully (4.3%) or to a large extent (22.3%) during the design process and 8.6% believing they do not consider it at all.

4.3 Buildability is of key importance when considering any design. The pilot study for CDM undertaken in 2003 concludes that the main factor in achieving safer design is “Forethought and appreciation of buildability issues”. When questioned whether designers seek buildability advice from contractors or other specialists during the early design phase, 20% believe that no consultation took place, over half (56%) believed that it was only to a limited extent and 17% believed that such consultation took place to a large extent.

4.5 When questioned about the helpfulness of information provided to contractors half believed it was only helpful to a limited extent a third believed it was useful either fully (4%) or to a large extent (29%)

4.6 Majority of respondents stated that the information provided by CDM co-ordinators was helpful (39%) or very helpful (13%) with just over a third (34%) offering a neutral opinion and only 5% believing it to be unhelpful.

4.7 A third of respondents believe that the CDM co-ordinator adds safety to the process, either fully (6%) or to a large extent (24%), 42% of respondents believe that the CDM co-ordinator adds to the process only a limited extent.

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4 (Greenstreet Berman ltd for the HSE, 2003)