

Health & safety

Achieving Excellence in Construction Procurement Guide



01

02

03

04

05

06

07

08

09

10

11



Contents

The Achieving Excellence Procurement Guides	3
Introduction	4
Principles	5
Process	8
Annexes	22
Further information	29

NAO endorsement

The NAO recognise that proactive client leadership and robust project management are prerequisites to the successful delivery of construction procurement.

They consider that procurement of construction should be on the basis of whole-life value for money and endorse the use of the good practice promoted by this suite of guides. They may investigate whether this good practice is applied in practice in any future examination.

Acknowledgements

This guide has been published after extensive consultation within government and valuable contributions from leading individuals and organisations across the construction industry.

OGC would like to thank all who have contributed.

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The Achieving Excellence Procurement Guides

The *Achieving Excellence* suite of procurement guides replaces the *Construction Procurement Guidance Notes* series.

The new series reflects developments in construction procurement over recent years and builds on government clients' experience of implementing the *Achieving Excellence in Construction* initiative.

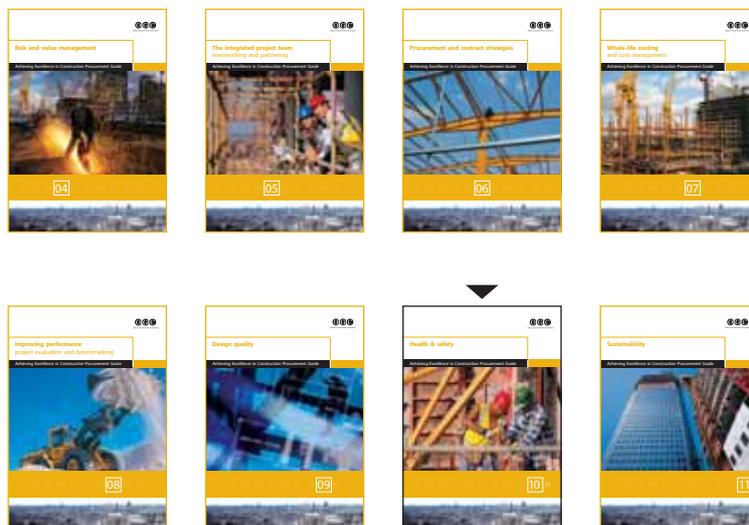
High level guides



Core guides



Supporting guides



Introduction

"I passionately believe in the importance of tackling the industry's health and safety problems. Pre-planned, well designed projects, where inherently safe processes have been chosen, which are carried out by companies known to be competent, with trained work forces, will be safe: they will also be good, predictable projects. If we are to succeed in creating a modern, world-class industry, the culture of the industry must change. It must value and respect its people, learn to work in integrated teams and deliver value for clients' money."

Sir John Egan, *Accelerating Change*

This guide provides advice on how central civil government as a client of the construction industry can achieve excellence in health and safety.

Health, safety and welfare issues are integral to the project process. Health and safety issues are not confined to the construction phase of a project, but occur throughout a project or facility's life. Many of the common health and safety problems encountered during construction and operation could be avoided if due consideration and effort were invested during the project brief and design phases.

It is generally accepted that the construction industry needs to radically improve its performance on people issues. Improving the industry's health and safety performance is not a high-minded aspiration, it is a business necessity.

The Government is committed to achieving excellence in construction. This requires departments to do more than the minimum required by statutory health and safety law.

Departments who are proactive in *designing out* health and safety issues before they occur will achieve performance significantly beyond statutory compliance and be well on the path to *Achieving Excellence*. They should benchmark their health and safety performance, by collecting and comparing information about their departmental track record against the best in government and industry-wide.

Client leadership is recognised as a crucial driver for improving health and safety performance throughout the supply chain. As major construction clients, central civil government departments (including their executive agencies and non-departmental government bodies) must commit to, demonstrate and achieve excellence in their procurement practices.

Principles

Introduction

Accelerating Change was published by the Strategic Forum for Construction in September 2002. *Accelerating Change* identifies three main drivers for improving the construction industry's performance, including the health and safety aspects:

- the need for client leadership and commitment to continuous improvement
- the need for integrated project teams (IPTs) and supply chains
- the need to address people issues.

This guide is primarily aimed at assisting central government departments to improve their health and safety performance in these key areas. Annex A contains an overview and introduction to several of the current health and safety and construction industry initiatives.

Too few clients view the design and construction of their project as part of their business, nor do they realise that the health and safety of people who construct and maintain, as well as those who subsequently work in, their buildings are their responsibility. The health and safety of all these people depend on the quality of the design and construction. Indeed, many of the difficulties faced by designers and contractors are the result of unreasonable pressure put on the price and time by the client.

Revitalising Health and Safety in Construction

Achieving Excellence in Construction

The Government's *Achieving Excellence in Construction* initiative, launched in March 1999, encompasses health, safety and sustainability. *Achieving Sustainability in Construction Procurement: Sustainability Action Plan* committed central government construction clients to:

- have in place by March 2003 procedures for construction procurement which include criteria for the evaluation of competence, resources and commitment of designers and contractors in relation to health and safety, training and engagement with local communities, where relevant
- use the Considerate Constructors Scheme or similar when carrying out all new projects. The scheme aims, among other things, to raise standards of site management, safety and environmental awareness beyond statutory duties.

The OGC report *Building on Success – The future strategy for Achieving Excellence in Construction* presents the Government's successes and progress as at 2002. One of the key findings was that 'departments have overwhelmingly accepted the principles and benefits of the *Achieving Excellence in Construction* initiative and there is emerging evidence of real value for money gains being realised as a result'. However, the report also challenges departments to achieve further strategic targets related to the project process. This new revision of *AE10* has been developed to assist departments in meeting the new targets and aiming for continuous improvement in their performance.



10 Health and safety

The Construction (Design and Management) Regulations 1994 (CDM), as amended, place specific obligations on clients and designers to help ensure that health and safety is managed effectively throughout the whole life of a project (see Annex B for an introduction to CDM).

Construction Sector Health and Safety Statistics (April 2001-March 2002)

- 85 fatal injuries of which 6 were members of the public.
- 4,862 major injuries, of whom 382 were members of the public.

The safety and well-being of all those involved in or affected by a construction project must be seen as a key requirement. Almost all of the deaths and injuries that occur in construction are foreseeable and preventable. Work-related ill-health is a further consequence of poor practice, and creates pain and suffering on a far greater scale than accidents. In addition, the costs arising from inadequate attention to health and safety are significant.

What departments should be doing

Departments should introduce and demonstrate to others a corporate commitment to health and safety in construction procurement decision-making. The following list of actions provides a summary of some of the initiatives and recommendations that departments should consider adopting and implementing as part of their *Achieving Excellence* programme:

- demonstrating a high level of commitment to health and safety through unambiguous policies, senior management actions and excellence beyond simple compliance with statutory requirements
- adopting procurement routes that involve, during the early development and design stages, those parties that will construct, operate, maintain (including cleaning) and use the facility
- using output performance-based specifications that give appropriate weighting to health and safety together with other key drivers
- taking account of national construction client initiatives
- carrying out rigorous assessments of potential suppliers during selection processes to establish:
 - their competency and the adequacy of their resources
 - their commitment to a significant reduction in the number of accidents and near-misses
 - their commitment to continuous health and safety improvement year on year
 - their compliance with the Construction Skills Certification Scheme (CSCS) or equivalent
 - their commitment to training and improving skills
- creating, at an early stage, an integrated supply team (IST) and especially ensuring that all health and safety aspects of the design and construction have been properly considered before construction work starts
- auditing suppliers to check that they are actually complying with their stated approach to health and safety
- knowing their own current health and safety performance and continuing to set realistic and increasingly demanding targets against which to measure and improve their performance and that of their suppliers over the whole life of the facility
- using the Considerate Constructors Scheme or similar when carrying out all new projects

- collecting and aggregating health and safety information about all of the department's construction projects (number of man-days worked on site and number of reportable accidents per project), and providing this information to OGC to enable all departments to benchmark against the best in the public and private sectors. For details of measuring health and safety performance please read Information Note 3/2004 *Achieving Excellence in Construction – Performance Measurement Process*
- creating an environment where everyone, including workers, can play a full part, including putting forward suggestions that improve health and safety performance.

A strong visible commitment is crucial for good health and safety performance. Top management must be seen as actively interested and committed. Where clients demand high health and safety standards on their projects, these standards are achieved. Such clients see best value (rather than lowest cost) and health and safety as integral to their projects.

Revitalising Health and Safety in Construction



Process

Overview

Health and safety considerations are outlined throughout the suite of procurement guides. This section provides detailed advice on the process for integrating health and safety into construction projects.

Figure 1 (pages 10-11) outlines the main health and safety management requirements during a construction project. The management actions to be completed by each OGC Gateway™ review are briefly described below; for details of the actions see *AE3:Project procurement lifecycle*.

Additional information of a more technical and specialist nature has been deliberately omitted from the body of this guide and references are included in the further information section. Investment decision-makers (IDMs), senior responsible owners of projects (SROs) and project sponsors should ensure that they seek detailed health and safety advice and assistance from within the IPT or from appropriately experienced and competent independent client advisers (ICAs).

Managing health and safety risk

During the life-cycle of the project and at review and decision points, emphasis should be placed on health, safety and people-related risk management to secure best practice performance throughout the project's life (see *AE4:Risk and value management and AE7:Whole-life costing*).

The project process deals with risk through incrementally developing the project risk register. A project-specific risk register and issues log are required to be in place by the decision point at OGC Gateway™ review 1 and are further developed throughout the life of the project. General advice on risk management principles can be found on the OGC website; advice specific to health and safety can be found on the Health and Safety Executive (HSE) Construction website and Constructing Excellence websites.

By using one of the three recommended procurement routes (PFI, Prime Contracting or Design and Build), departments will encourage the formation of an IPT through an integrated working relationship with their suppliers and their supply chains. The IPT will be expected to use shared risk registers to ensure that key health and safety issues are jointly identified at the earliest stage; this arrangement helps to eliminate or reduce hazards through design and specification optimisation. This is important, as the risks that eventually become uncontrollable often arise from decisions taken in the earliest project stages.

Strategic assessment

The IDM should appoint a senior team member to provide leadership for health and safety performance throughout the life of the project. This is the SRO, who is accountable for the overall success of the project, including the health and safety aspects. In turn the SRO should appoint the project sponsor as the person responsible for day-to-day management of the health and safety aspects of the project (see AE2:Project organisation).

The CDM regulations (see Annex B) require a planning supervisor to be appointed for most construction projects; a competent planning supervisor should be able to both fulfil the role of health and safety adviser and provide health and safety advice to the IPT on project planning, management and design issues. Clients and their teams who design or specify construction work are required by the CDM regulations to ensure that they consider the health and safety implications of their work. Early appointment of the planning supervisor should ensure that project briefs and specifications address relevant health and safety considerations relating to buildability and operability.

The project sponsor, supported by the ICA, should have the necessary health and safety awareness and competence relevant to construction, management of facilities and a client's CDM obligations. This is important for all projects including those procured through the PPP, PFI and D&B routes.

On appointment, the project sponsor (with the help of the ICA/planning supervisor) should assimilate health and safety into the overall project strategy. The department should use its existing health and safety management structure adapted to any issues specific to the project. Evidence of health and safety management includes a policy that addresses construction, a resource allocation schedule for health and safety management and inclusion of health and safety risks in the project risk register.

The health and safety objectives to be realised by OGC Gateway™ review 1 are:

- the appointment of senior team members to champion health and safety
- health and safety issues are integrated into the project's management strategy.

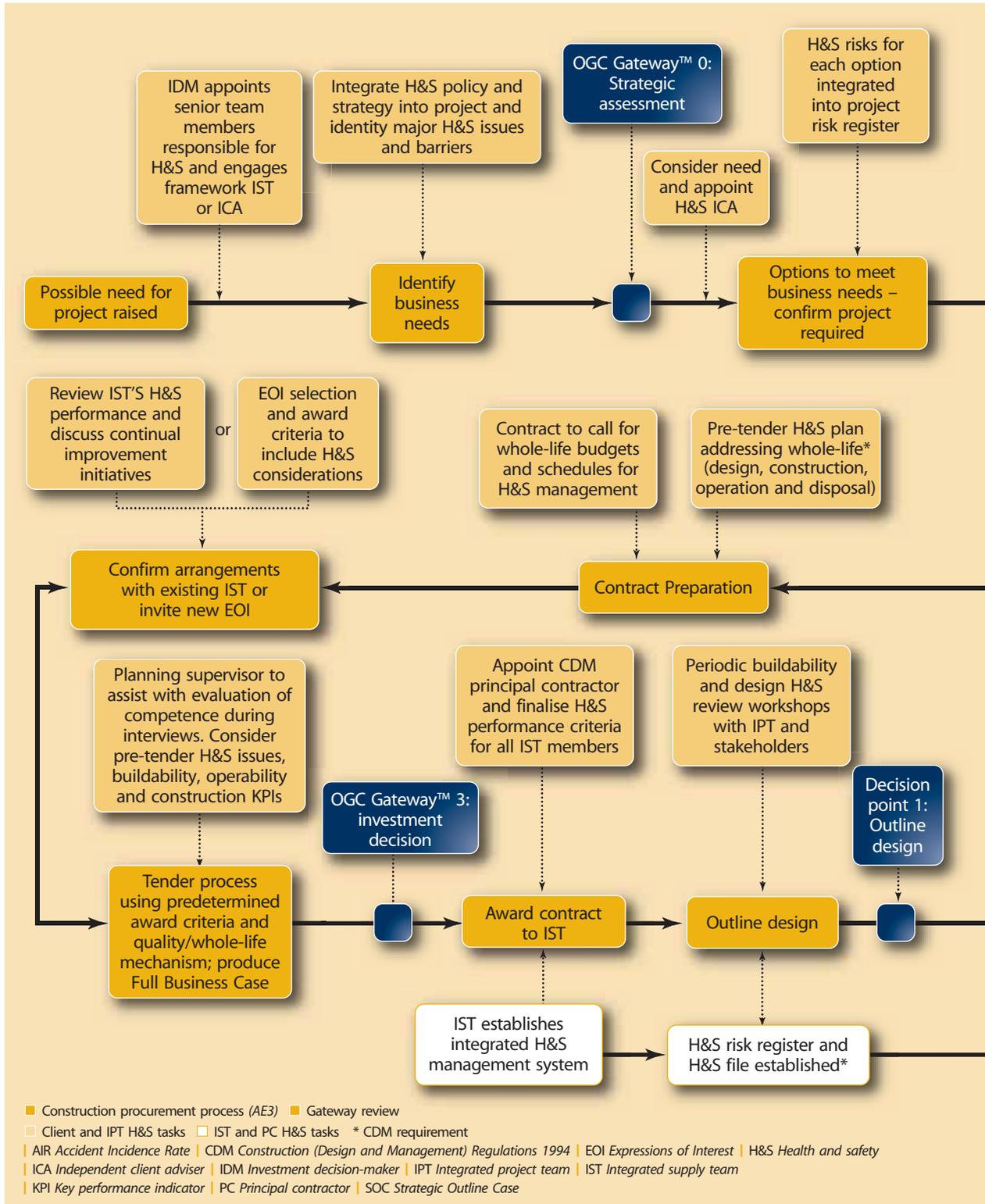
Business justification

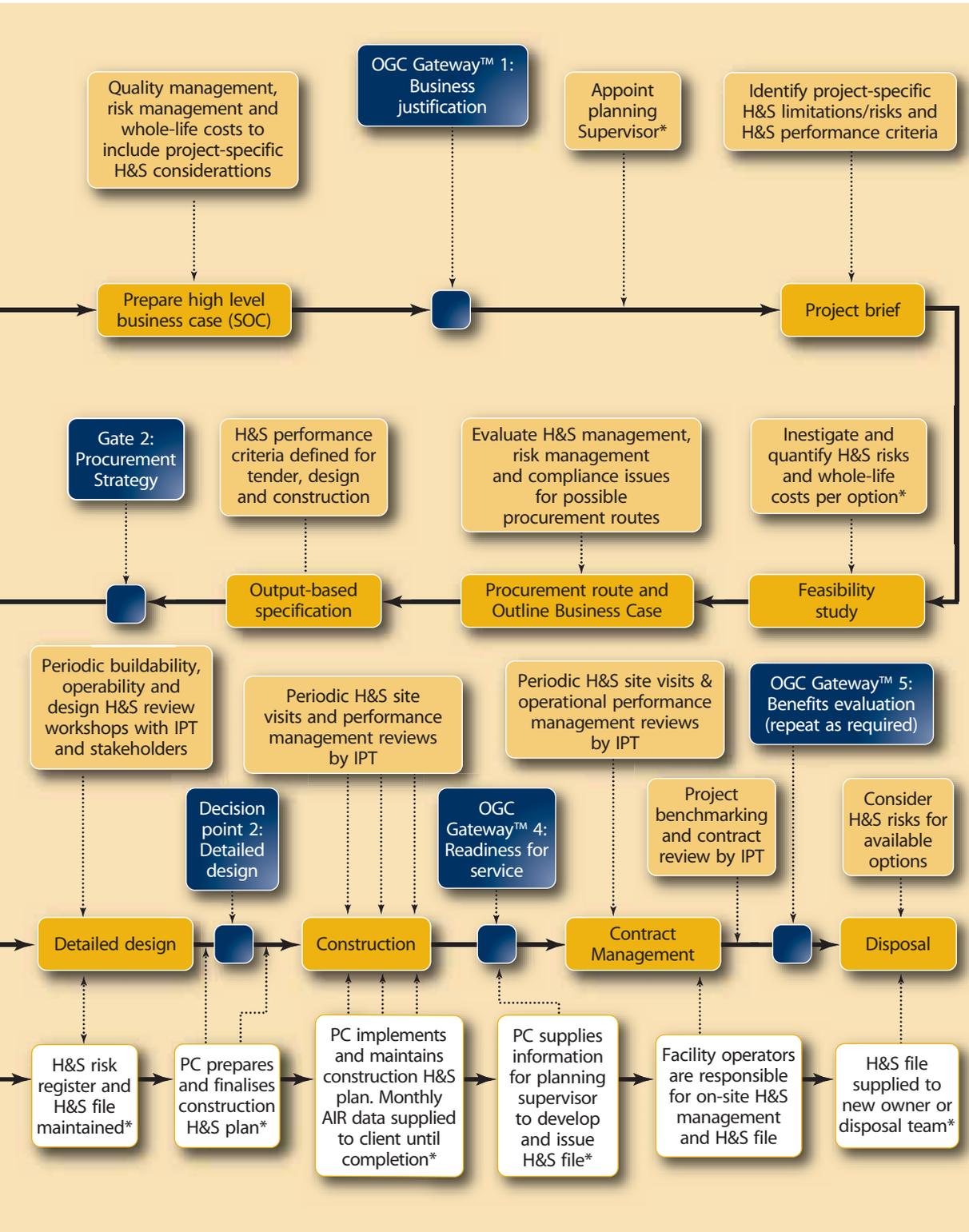
The business case should express the department's high-level aims and objectives in achieving excellence in health and safety as a client. These will typically reflect the requirements included in the project sustainability strategy and action plan. The strategy should acknowledge that health and safety risk arises from new construction refurbishment or fit-out work and any other work subsequently carried out during the life of the facility.



10 Health and safety

1 Health and safety management integrated with the project procurement and OGC Gateway™ review processes





Alternatives to high-risk construction work should always be explored by the IPT as a part of developing project plans and should be recorded in the risk register. Options could include:

- re-use of existing facilities following low-risk alterations
- constructing facilities that will provide for a relevant degree of subsequent re-use and restructuring at minimal cost, disruption and risk
- making appropriate use of off-site prefabrication to reduce the number of people at risk onsite
- considering opportunities for product standardisation – this could reduce the number of operations required, thus reducing the number of health and safety-related risks
- addressing any health and safety issues raised due to the facility's location
- minimising any health and safety risks by undertaking appropriate studies and analysis of (for example) ground type, ground conditions, local air quality, traffic impacts, types of surrounding land use, etc.

The business case for the project should consider whole-life value and risks associated with health and safety management for each of the available options. For example, a project will require ongoing management effort to assure health and safety performance throughout its life and in particular during the operational phase. Inadequate health and safety performance by a contractor may result in the facility becoming inoperable and/or unavailable for normal use and could in extreme circumstances expose the department to legal action. Hence, business cases should include adequate and appropriate provisions for health and safety management.

The primary health and safety objectives to be realised by OGC Gateway™ review 1 are:

- each option in the business case addresses its major health and safety risks and health and safety whole-life value
- quality plans for managing the identified health and safety risks are in place.

Procurement strategy

The importance of integrating health, safety and people issues in the process leading up to OGC Gateway™ review 2 cannot be over-emphasised. The initial assumptions in the project brief, the accuracy of the health and safety considerations included in the feasibility study and the choice of procurement route establish the core elements of the project for its whole life. Development of the outline business case is an ideal opportunity to positively influence health and safety performance throughout the project's design, construction and operational phases.

Project feasibility studies should take full account of whole-life health and safety risks, including construction work, buildability and those risks that might occur during operational use of the facility. Feasibility studies should be viewed as part of the process of managing health and safety risks, as they typically include early health and safety-critical design decisions including the identification of existing site structures and conditions (such as presence of asbestos or contaminated land) for inclusion in outline business cases and pre-construction health and safety plans.

If health and safety standards are to be significantly improved, all parties involved in a project need to work better together. Integrated teams are a good way of achieving this.

Revitalising Health and Safety in Construction

The project brief should have particular regard to health and safety by including and addressing the following project specifics:

- *objectives*, the key health and safety performance and success criteria during construction and for the finished asset
- *background*, the key health and safety drivers (such as the intention to achieve excellence as a client and to align the project with current national improvement campaigns)
- *a business case* that recognises the need for client health and safety leadership and commitment
- *risk management plans* that identify major health, safety and people risks and how these will be managed
- *quality plans* that measure health and safety performance during design, procurement and construction (including, where appropriate, facilities maintenance etc)
- *a list of stakeholders* acknowledging from the outset that the following groups of people have a stake in health and safety impacts:
 - those who will be at risk during construction, including the IST's supply chains, both onsite and during off-site prefabrication
 - others who will be affected but not directly involved, such as the local community and businesses
 - those who will operate, maintain, alter, refurbish, repair and ultimately decommission and deconstruct the facility
- *project organisation*, addressing responsibilities for the management of health and safety risks as part of project governance.



10 Health and safety

Proposals for managing health and safety risks and securing decent working conditions should consider these issues in the supporting proposal documentation. During project reviews a more detailed examination of these issues should be expected.

The procurement strategy should include submission and tender evaluation strategies and models that robustly test the capability of bidders to meet health and safety specifications. Preparations for supplier selection should consider how criteria will be set and tested. This is likely to include reviewing existing ISTs or new bidders.

Departments should assess:

- the demonstrable high-level commitment of supplier directors and senior managers to health and safety, which should be evident from the suppliers' submissions and presentations during the bid review process
- past and current performance, through examination of key performance indicator (KPI) information
- health and safety aspects relating to the competence of the proposed designers and principal contractor, assessed by the planning supervisor in line with the CDM regulations
- the proven skills of suppliers' workforces, demonstrated by registration with accredited schemes such as the CSCS
- current health and safety performance, assessed by direct examination of projects in progress (including worksite visits at shortlist stage and support functions such as design offices), with particular consideration of the effectiveness of the risk management procedures they have in place
- initial design and construction proposals for addressing the project's main health and safety issues and proposals for the provision of decent working conditions during the proposed project
- the health and safety resources and support that are available to the department to ensure that the health and safety risks are managed
- monitoring and reporting of performance to OGC
- plans for ensuring continual improvement in their health and safety performance over the life of the project.

Practical toolkits that deal with integrated working and shared risk registers are increasingly available. The Partnering Toolkit from the Building Services Research and Information Association (BSRIA) and the Strategic Forum's Integration Toolkit provide good sources of information and guidance.

Depending on the nature and scale of the project, departments should consider identifying user needs through stakeholder participation, value management and risk management workshops. Further advice can be found in *AE4:Risk and value management*.

Further general advice on design issues is provided by *AE9:Design quality*. It is important to note that departments should not normally specify in detail what contractors should provide – for example, specifying the use of heavy or bulky materials or products. Such specification is part of the design process. Departments who do so will take on the risks associated with specification that are normally allocated to external designers. They may be considered to have become designers, and take on designer obligations under the CDM regulations.

Project specifications should clearly set out the health and safety outputs in relation to the required outcomes. Details of health and safety performance measures are contained in Annex C. In general, health and safety performance specifications should be considered for:

- tender award/award of work under a framework
- design evaluation and selection, including both outline and detailed
- site establishment, construction phase and post-construction (that is, during site rehabilitation and closure)
- facility operation, flexibility of re-use/refurbishment and maintenance.

It is important that the project's health and safety strategies and expectations are fully developed before bids are invited; personnel with relevant health and safety and construction experience should review the plans as early as possible.

Ensure the following health and safety steps have been completed by OGC Gateway™ review 2:

- planning supervisor appointed and client is fulfilling all CDM duties
- feasibility studies address and quantify major health and safety risks
- health and safety risks integrated into revised risk management plan and business case
- procurement route specifies whole-life health and safety performance standards and measures
- health and safety considerations have significant weighting in the selection and award criteria for the IST, including evidence of compliance with CSCS or equivalent.



Investment decision

Health and safety considerations should feature prominently at the investment decision and contract preparation stage. Potential suppliers will have had the opportunity for engagement with the client team, who should have left them in no doubt about the department's commitment to pursuing excellence in health and safety performance.

Health and safety issues carried forward from the feasibility studies would now include additional issues that arose during the ongoing development work. The draft contract should clearly set out how all the health, safety and people risks will be managed, including arrangements for monitoring performance.

The draft contracts should include or reference:

- the project pre-construction health and safety plan prepared by the planning supervisor based on:
 - site information supplied by the client team
 - health and safety risk information from the design teams
 - guidance in the CDM Approved Code of Practice
- whole-life costing schedules for health and safety resource allocation and costs to meet health and safety performance standards as detailed in the tender documentation and contractual requirements
- requirements for supply teams' registration with the CSCS or equivalent body as evidence of their competence and skills levels.

The recommended procurement process offers two alternatives at this stage: to award the project to the existing IST (where a long-term partnering arrangement is already in place) or to invite new expressions of interest (EOIs) from prospective ISTs. The EOIs from prospective ISTs should include detailed information and data on the team's health and safety performance, competence and management commitment. This preliminary health and safety information should be considered when a shortlist is compiled.

Clients with existing ISTs should use the opportunity to review their IST's health and safety performance to date and to discuss continual improvement targets and initiatives for the proposed project. The performance review should be benchmarked against industry norms and current best practice initiatives (see Annex C).

Where a new IST is to be appointed, the tender evaluation process should follow the developed and agreed award criteria. ICAs and those nominated as planning supervisors are well placed to provide technical assistance to IPTs during the tender and interview stages and may conduct on-site and system health and safety reviews of shortlisted candidates, where appropriate.

Clients should not award projects to teams that fail to demonstrate health and safety competence or perform below construction industry standards. Competence can be assessed through skills accreditation schemes such as the CSCS registration (see Annex D). The tender evaluation should also interrogate the supply team's approach to innovation, buildability and operability in line with the Government's commitment to *Achieving Excellence in Construction*.

The plans produced by prospective ISTs should be checked to ensure that they are realistic and are such that project health and safety objectives will be achieved, in particular with respect to:

- arrangements for engaging with others in the supply chain
- integrated team approaches to design development
- ensuring there is adequate time for developing robust proposals before starting work on site
- making certain that the project health and safety risk management proposals cover initial construction and subsequent facilities maintenance
- addressing any new health and safety issues that may arise from innovative projects (for example, leading-edge design approaches).

Primary health and safety objectives to be realised before OGC Gateway™ review 3:

- the proposed IST has project-specific competence combined with the commitment and strategy to effectively manage health and safety
- the proposed contract includes specific health and safety people performance standards for the whole life of the project.

After the investment decision, the client should make certain that the contractually agreed health and safety risk management controls are:

- established as soon as practicable
- encompassing the entire IST and the whole life of the project
- designed to deliver best practice health and safety performance
- shared with suppliers throughout the supply chain
- audited to ensure that suppliers actually comply with their health and safety commitments.

Decision points 1 and 2

Construction projects include two additional decision points before OGC Gateway™ review 4.



Outline and detailed designs

The decision points focus on assessing the adequacy of the outline and detailed designs. It is during this phase that the health and safety risk assessments started before OGC Gateway™ reviews 0 and 1 and further developed before OGC Gateway™ reviews 3 and 4 are put into practice. The IPT now has the opportunity to make certain that they design and specify healthy, safe, buildable and operable facilities.

Designers are in a unique position to reduce the risks that arise during construction or subsequent maintenance or demolition work. Their earliest decisions fundamentally affect the risks faced by construction and maintenance workers. It is estimated that 60% of fatal accidents are attributable to decisions and choices made before the work began. As *Accelerating Change* states: 'Integrated, high-quality design should always lead to a lower cost over the lifetime of a building or structure. It will also contribute to improved safety and reduced defects.'

Revitalising Health and Safety in Construction

The main health and safety tasks that the client should undertake are detailed in the *Rethinking Construction's Respect for People* toolbox. In particular, the Health and Safety Toolkit contains a practical and useful scorecard and checklist for use during the conception, design and planning phases by the IST.

Areas to be covered at decision point 1 (outline design) and decision point 2 (detailed design) include:

- demonstration of the active lead taken by the client in pursuit of excellence
- reviews with the IST to assess health and safety risk management and how designers are eliminating and reducing residual health and safety risks
- design reviews with the principal contractors, specialist trade contractors and end-users to assess health and safety factors, buildability and operability as described in *AE9:Design quality*.

The health and safety process flow diagram (on pages 10-11) includes a second stream of IST responsibilities and tasks from OGC Gateway™ review 3 to the end of the project lifecycle. These IST responsibilities, below the main procurement process, progressively develop the pre-tender health and safety plan into the principal contractor's construction-phase health and safety plan (CPH&SP) and then into the project health and safety file. Though these live documents form part of the CDM requirements, they are also fundamental to the effective management of health and safety risks from the design phase, into construction and then into the management arrangements for the facility's operators and users.

The health and safety management system developed by the IST should evolve into the facility's integrated health and safety, operation and maintenance management system at handover, with the aim of maximising the health and safety benefits to the end-users.

Health and safety objectives to be achieved before the construction phase begins:

- designers and their designs have considered health, safety and respect for people issues and have eliminated or reduced as far as possible any residual health and safety risks
- construction phase health and safety plan (CPH&SP) is available for implementation by the principal contractor.

The client (under CDM regulations) is responsible for ensuring that a suitable and adequate CPH&SP is in place before permitting construction work to begin.

Construction phase and readiness for service

The principal contractor should develop a draft as early as practicable so that the IST, planning supervisor and stakeholders have sufficient time to assess its adequacy. IPT involvement in finalising the CPH&SP leads to greater acceptance of the proposed IPT management arrangements by the entire team and makes certain that the proposed arrangements are sensible and capable of being implemented once construction work begins.

The principal contractor is responsible for implementing the CPH&SP, which includes the duty to establish and maintain the project health and safety file. The health and safety file is a key component of the risk register and becomes the repository for health and safety information during construction.

During the construction phase the principal contractor supplies the planning supervisor with construction design-related health and safety information for review and compilation into the health and safety file, which should be handed over to the client at practical completion.

The checking (or 'snagging') process that assesses the facility's readiness for service should include health and safety criteria. OGC Gateway™ review 4 (readiness for service) should assess whether and how well the facility and service meets (and will continue to meet) the health and safety performance and whole-life cost criteria developed at the contract stage.

The facility should fundamentally be healthy to use, safe to operate and maintain and provide occupants and contractors with welfare arrangements that are respectful of people's needs. The assessment of operability and maintainability should include representatives from the occupiers and end-user groups. High-risk health and safety aspects and activities that cannot be eliminated or reduced should have safe working practices detailed in the facility's health and safety file.



Construction performance monitoring

Following contract award, project sponsors should monitor contractor health and safety performance and ensure that commitments given by successful suppliers are being delivered in accordance with specifications. This will also provide an indication of the success of the department in its selection and award process.

Several construction industry and government best practice initiatives have concentrated on improving health and safety performance through the whole life of the project and especially during the construction phase. The *Respect for People* toolkit includes separate health, safety and working environment checklists and scorecards for use during the construction phase. Clients are encouraged to adopt these toolkits and the *Rethinking Construction* key performance indicators (KPIs) to monitor and track the supply team's performance.

As part of the *Achieving Excellence in Construction* initiative, OGC reports on health and safety performance across government projects. Contractors have the responsibility for gathering performance data (the number of reportable accidents and man-days worked) and supplying this data regularly to the project sponsor. Departments are required to send the data to OGC who aggregate it in a form that helps departments to benchmark their own performance anonymously against the best-performing departments and industry at large. This arrangement ensures that the actual data management burden on departments is minimised.

Clients should consider implementing the following performance-monitoring measures throughout the project lifecycle:

- *Rethinking Construction* toolkits for design and site visits once every six months
- *Rethinking Construction* headline KPIs for safety and the *Considerate Constructor* report annually
- annual competence and management arrangements review.

Senior staff should also have access to current information on the health and safety performance of all of their facilities, not merely during construction but throughout the life-cycle of procurement, maintenance, use and ultimately disposal. They should be aware of how they perform not only against other departments but also against the best in the private sector and be able to relate health and safety performance to overall business performance.

The health and safety objectives to be achieved by OGC Gateway™ review 4 include:

- health and safety management regularly assessed and performance managed to achieve best practice standards
- principal contractor completes commissioning as set out in the construction phase health and safety plan
- planning supervisor supplies client and occupier with facility's health and safety file as soon after practical completion as possible
- facility is safe to operate and maintain, does not adversely affect users' health and meets the contractual health and safety-related whole-life costs and performance targets.

Benefits evaluation

The client and the entire IST should conduct the benefits evaluation. PFI and prime contractor projects should have periodic benefits reviews that track progress and foster continual improvement. The team's actual health and safety performance will provide invaluable input during the selection process for future projects, as well as giving other departments health and safety performance information on potential suppliers for their own projects.

Formal project evaluations carried out following the conclusion of each project should address supplier health and safety performance as well as any health and safety issues after the facility has been put to use. Feedback should address how departments can adjust their policies and procedures so as to further improve performance on health and safety. This feedback would contribute towards achieving value for money through reduced waste, fewer accidents and fewer overruns of resources, such as time and cost. For further information see *AE8: Improving performance: project evaluation and benchmarking*.

The findings from all reviews should be tracked and fed into specifying future work and managing ongoing service provision.

Disposal

Disposal restarts the entire procurement process and takes the department, occupier and/or IST back to OGC Gateway™ review 0. Disposal may just be one of the available options identified to meet business needs. Disposal can take several routes, including demolition, sale, lease and/or refurbishment. The occupier or manager of the facility should pass a copy of the health and safety file and other relevant health and safety information on to the new project team as soon as the project need has been identified.



Annex A: Construction industry health and safety initiatives

In 1999 John Prescott, the Deputy Prime Minister, announced a major initiative, *Revitalising Health and Safety* by the Health and Safety Commission (HSC). Published in June 2000, the *Revitalising Health and Safety Strategy* statement called for action to provide a new impetus for improving health and safety at work and in particular in the construction sector. Central government has taken a lead and aims to set an example of best practice for this initiative.

Due to the growing concern over the increased level of fatalities in the construction industry, a national summit was held in February 2001 that challenged the industry to address its failings. In response, the industry committed to a step change in performance as detailed in the box below. The commitment included central government departments as construction clients who must demonstrate that they are leading in the change process. The targets are aligned with those set for safety improvements under the Government's own ongoing *Achieving Excellence in Construction* initiative.

Construction Industry Advisory Committee (CONIAC) Revitalising Targets set in 2001:

- reducing the incidence rates of fatalities and major accidents by 40% by 2004/05 and 66% by 2009/10
- reducing the incidence rate of cases of work-related ill-health by 20% by 2004/05 and 50% by 2009/10
- reducing the number of working days lost from work-related injury and ill health by 20% by 2004/05 and 50% by 2009/10.

Site conditions and care for the health and safety of the workforce is addressed by the Movement for Innovation (M4i) in their innovative *Respect for People* toolkits. Departments are encouraged to use the toolkits and include them into tender and contractual performance specifications. The toolkits prescribe a commitment to health and safety training and development of managers and supervisors. *Respect for People* implies respect for all participants in the process, involving everyone in sustained improvement and learning, and a no-blame culture based on mutual interdependence and trust.

There are several other complementary industry initiatives, many as a consequence of those already described. In particular, DTI has combined the Rethinking Construction and the Construction Best Practice Programme into a single organisation – Constructing Excellence.

The following initiatives were not specifically discussed in this guide; however, departments are encouraged to explore the wide range of information and guidance published and presented by these and other organisations:

- A Commitment to People – Our Biggest Asset: one of the primary areas covered by the *Respect for People* initiative. Further information on the latter, which is now a partner of Rethinking Construction is available at: www.constructingexcellence.org.uk//resources/az/view.jsp?id=290
- The Clients' Charter issued by the Confederation of Construction Clients (CCC) provides guidance on the development of action plans on health and safety and on the measurement of performance through the use of KPIs and benchmarking. Many public sector clients have developed their own KPIs – an example is NHS Estates. Further information on the CCC and the charter is available at: www.clientsuccess.org/home.html
- Construction Skills Certification Scheme (CSCS) aims to register every competent construction operative within the UK not currently on a skills registration scheme. Operatives will have an individual registration card, which provides evidence that the holder has undergone health and safety-awareness training or testing. CSCS is controlled by a management board whose members are from various sector representative bodies. (See: www.cscs.uk.com)
- The Major Contractors Group (MCG) is a voluntary construction industry body comprising twenty of the top construction companies in the UK, each with an annual turnover in excess of £300 million. Their main objectives include the harmonisation of health and safety training and the improvement of performance in line with the Revitalising Construction targets. Information is available via the Construction Confederation website: www.thecc.org.uk
- The British Constructional Steelwork Association (www.steelconstruction.org/steelconstruction/guestLogin) operates a scheme that invites organisations responsible for managing construction sites to certify that the site is safe for the purposes of the steelworks contractor before the latter's arrival on site. Many of the UK's main contractor organisations have already adopted this scheme. It provides an effective means for ensuring site safety since it is directed at prevention rather than cure; it could be applied to any site or trade.



Annex B: CDM – An introduction for government clients

The Construction (Design and Management) Regulations 1994 as amended (CDM) require health and safety to be managed throughout the life of a construction project, from planning to design, construction, maintenance and ultimately demolition.

Duties are placed on all team members including clients, designers, planning supervisors, principal contractors and their sub-contractors. The project sponsor will typically be the team member best placed to manage and fulfil the client's legal duties. Though the fulfilment of the client's CDM duties could be part of a service contract, the legal accountability cannot be transferred to a consultant or contractor and remains with the client. Failure to comply with the CDM regulations is a criminal offence and could result in prosecution.

A process for integrating health and safety considerations into the procurement project process has been described in detail in the process chapter. A black asterisk on the flow diagram on pages 10-11 indicates the specific requirements of the CDM regulations. Project sponsors and SROs who fully implement the construction procurement process detailed in this and the other *Achieving Excellence* guides can be confident of complying with their CDM obligations.

The HSE website has an extensive library of freely available information and guidance on construction and CDM. A particularly useful introductory leaflet for construction clients is *Having construction work done*. It outlines in non-technical language when the CDM regulations take effect and summarises the main duties of construction clients. The boxes opposite are extracted from the leaflet. Additional guidance and information is contained in *Managing construction for health and safety*, the Approved Code of Practice.

Finally, if clients are in doubt about their CDM obligations, they should seek expert advice from ICAs. They should also consult with their IPT, in particular the designers, architects and planning supervisor.

Does CDM apply to a governmental, executive agency or non-departmental public body's project?

- CDM applies to most public sector construction projects. There are a number of situations where CDM does not apply. These include:
 - some small-scale projects which are exempt from some aspects of CDM
 - construction work carried out inside offices and shops, or similar premises, that does not interrupt the normal activities in the premises and is not separated from those activities
 - the maintenance or removal of insulation on pipes, boilers or other parts of heating or water systems
- CDM applies to **all** demolition and structural dismantling work.

What are my main duties as a client under the CDM Regulations?

As a client, you have to:

- appoint a planning supervisor (either an individual or a company, such as a design team).
The appointment should be made in sufficient time to allow the planning supervisor to develop a suitable pre-tender health and safety plan before arrangements are made for construction work
- ensure that the planning supervisor is provided with health and safety information about the premises or site where construction work is to be carried out. The planning supervisor has responsibility for co-ordinating the health and safety aspects of design and for ensuring a pre-tender health and safety plan is prepared
- appoint a principal contractor. Do this in sufficient time to allow the principal contractor to develop a suitable construction phase health and safety plan before construction begins. A principal contractor has responsibility for co-ordinating health and safety aspects during the construction phase
- be reasonably satisfied that all those you appoint are competent and adequately resourced to carry out their health and safety responsibilities for the job in hand
- ensure, as far as is reasonably practicable, that a suitable construction phase health and safety plan has been prepared by the principal contractor before construction begins
- take reasonable steps to ensure that the health and safety file you will be given at the end of the project is kept available for inspection by those considering future construction work.

For more information about the CDM Regulations, see www.hse.gov.uk/pubns/conindex.htm



Annex C: Health and safety performance issues, indicators and measures for construction projects

KPI-measured performance during design and construction may use a range of measures at pre-determined intervals that could include:

- the *Rethinking Construction* headline KPI for safety, which is the number of reportable accidents per 100,000 employed. Reportable accidents include accidents to employees, self-employed and members of the public. (www.kpizone.com)
- respect for people and health and safety toolkits prepared by Construction Best Practice (www.kpizone.com) which cover performance monitoring and measurement of:
 - design concept, design development and planning
 - on-site health
 - on-site safety
 - workforce satisfaction
 - working environment
- the Considerate Constructor Scheme (www.ccscheme.org.uk) which addresses:
 - outputs from project compliance reports and complaints
 - the construction industry targets for a fully competent workforce.

Annex D: Assessing supplier competence in construction – the CSCS scheme

Departments should require supplier companies to demonstrate, as a matter of good practice, that all those working on their sites have a proven level of competence (knowledge, skills and experience), including health and safety. Evidence of appropriate skills is available on accredited schemes such as the Construction Skills Certification Scheme (CSCS). This scheme, and its affiliates, assures clients that certificate holders' skills have been validated against national standards and that they have the necessary skills to work competently and safely on site.

The proportion of operatives fully qualified and registered with CSCS within a company is part of the data recorded on Constructionline, which is owned by the Department of Trade and Industry and is the largest register of pre-qualified construction contractors and consultants. Its use is free of charge to all public sector procurers. Departments are strongly recommended to support this or an equivalent scheme. The aim should be to have 100% of supply teams using staff registered with the CSCS (or an equivalent) or who can otherwise demonstrate an equivalent standard as soon as possible and then to make it a condition in construction contracts. This should be applied to all new-build and refurbishment construction projects as well as to maintenance and repair. It is recommended that during the period that suppliers are training and registering their operatives, departments should:

- assess bids from suppliers, taking into account the promised proportion of their operatives registered with CSCS, or equivalent, as from 1 April 2004
- undertake regular audits throughout the life of the project to confirm suppliers' progress against the promised proportion of their operatives registered
- ensure that an effective system is in place to assure the competence of operatives on their first visit on site – including CSCS registration or equivalent
- take account of suppliers' performance in assessing bids for future work.

Departments should inform their current suppliers of the aims outlined above and in particular the transitional arrangements. Additionally, where departments' staff regularly visit construction sites they should ensure that they have undertaken health and safety training and are registered as a CSCS Regular Visitor or demonstrate that they have reached the standard required.



10 Health and safety

Support for schemes such as CSCS is wholly in line with the *Achieving Excellence in Construction* initiative. The CSCS is the largest skills registration scheme in the UK, covering 160 occupations with more than 600,000 registered cardholders, including those registered with affiliated schemes. The scheme aims to register every competent construction operative within the UK not currently on a skills registration scheme. Operatives receive an individual registration card (similar to a credit card), which shows they have the required skills and competencies and provides evidence that the holder has undergone health and safety-awareness training or testing. Registration is not limited to site operatives but also includes cards for supervisors, site management and senior management. Visitors to construction sites, where they are not eligible for any of the other cards, can apply for a 'Regular Visitor' card, which provides evidence of a basic awareness of health and safety on construction sites.

For more information, see Information Note 5/2003 on the OGC website.

Further information

The following sources provide further information on health and safety and procurement.

Web sites

- OGC, *Achieving Excellence in Construction*: www.ogc.gov.uk/guidance_achieving_excellence_in_construction.asp
- Health and Safety Executive: www.hse.gov.uk
- HSE CDM initiative: www.hse.gov.uk/construction/designers/index.htm
- Considerate Contractor Scheme: www.ccscheme.org.uk
- Constructing Excellence: www.constructingexcellence.org.uk

Publications

- OGC *Building on Success – The future strategy for Achieving Excellence in Construction*, February 2003 www.ogc.gov.uk/documents/BuildingOnSuccess.pdf
- nCrisp *The Social and Economic Value of Construction – The Construction Industry's Contribution to Sustainable Development*, 2003 [www.ncrisp.org.uk/Publications/allPublications.asp?ID=4&EXP=1&PG=1&MODE=4&TITLE=Publications%20by%20date%20\(Older%20than%2012%20Months\)&RST=0&Author=](http://www.ncrisp.org.uk/Publications/allPublications.asp?ID=4&EXP=1&PG=1&MODE=4&TITLE=Publications%20by%20date%20(Older%20than%2012%20Months)&RST=0&Author=)
- HSE *Having construction work done* MISC193 5/02 C250, downloadable from www.hse.gov.uk/pubns/misc193.pdf
- HSC *Managing construction for health and safety* Construction (Design and Management) Regulations 1994 Approved Code of Practice HSG 224 HSE Books 2001 ISBN 0 7176 2139 1





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