

Building London, saving lives

Improving health and safety in construction

November 2005

London Assembly

Health and Public Services Committee

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Greater London Authority
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Chair's Foreword



The injury and death rate on building's sites in London makes construction work the most dangerous job in the capital. People are injured every day and on average someone dies every month. What makes this even more shocking, is that these are the lowest accident rates ever recorded.

Our report is concerned with improving the health and well-being of London's construction workers at a time when construction work is booming. Nearly £5 billion is being spent each year, just on new building projects.

We want to make sure that this activity does not come at the expense of people's lives and welfare. Momentum from the successful introduction of schemes and initiatives to improve workers' safety must be maintained if construction work is to become as safe as other industries. Our report highlights some of these initiatives.

It is clear that we are not yet doing all we can to prevent accidents. The industry has set itself targets to reduce accidents, but is not yet on track to reduce these targets. Everyone involved in commissioning, delivering and working in construction still must do more to make this industry as safe as any other. We should not accept as a fact of life that construction work is dangerous and nothing can be done.

The public sector is responsible for 40 per cent of new building works ranging from new hospitals and schools to new offices and train lines. This purchasing power must be used to improve safety and promote best practice. We were told of examples of good practice, including from Transport for London. All public procurement should meet these standards and act as a catalyst for better practice across the whole construction industry.

The London Development Agency already has in place interesting work on improving training and development for construction workers which should help to address skills shortages and support people to take up the many opportunities on offer. However, we are disappointed that they are not already leading by example in how they commission and manage construction projects.

The 2012 Olympics is the ideal showcase for how construction projects can be commissioned and delivered to the highest standard. We do not want a repeat of the situation in Athens where 14 workers died on the projects directly associated with the Olympics and as many as 26 in the building of supporting transport infrastructure.

As has been promised for the Vancouver Winter Games, the London Olympics must leave behind a legacy of safer working practice. We expect the London Development Agency to deliver on their commitment to introduce exemplary policy on how to commission a safe Olympics well in advance of construction work.

A handwritten signature in black ink, reading 'J. McCartney'. The signature is fluid and cursive, with a large loop at the end.

Joanne McCartney, AM
Chair, 10 November 2005

Terms of reference of the inquiry

The terms of reference of the inquiry were:

- To consider the current levels of work force injury and ill health within the construction industry in London.
- To consider how health and safety within the construction industry is monitored and reported.
- To consider what is being done to reduce work force injury and industry related ill health
- To consider the health and safety implications arising from the diversity of the construction industry work force, and how these are being addressed.
- To consider ways that public sector bodies can influence, encourage and support the health and safety of construction workers employed on public sector projects.

Members

Joanne McCartney Chair	Lab
Angie Bray	Cons
Elizabeth Howlett Deputy Chair	Cons
Jennette Arnold	Lab
Geoff Pope	Lib Dem
Darren Johnson	Green

Comments on the findings and recommendations of this report are welcomed. Any comments will be considered as part of the review and evaluation of this scrutiny.

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Contents

	<i>Page</i>
Executive Summary	1
Our recommendations	2
Report	
1. A new era of construction in London	3
2. Construction health and safety in London: The Facts	6
3. The nature of London's construction industry	10
4. What is the industry doing to address health and safety issues?	12
5. What more can the public sector do?	23
6. Building safety into 2012 Olympic Games	28
Appendices	
Appendix A: Information sources	32
Appendix B: Orders and translations	33
Appendix C: Principles of scrutiny	34

Executive summary

The construction sector employs five per cent of London's workers, but accounts for 50 % of fatal injuries and nearly 20% of major injuries in the city's workplaces.

On average, two workers are seriously injured on London's building sites on every working day and a construction worker loses their life nearly every month.

It is a grim fact that these are the lowest injury rates recorded. Since 2001, government targets and a renewed effort by the industry have helped to reduce the number of accidents. However, the human toll of injury and ill-health is still appallingly high.

Preparations for the 2012 Olympic Games, the development of London's transport system and Government initiatives such as the Thames Gateway Project are all likely to increase the level of construction undertaken in London.

This growth does not need to come at the cost of workers' lives.

The industry and Government have successfully introduced a range of schemes to improve understanding of construction accidents, to monitor workers' health, to promote safe construction firms and to improve levels of training and accreditation. Our report highlights many of these initiatives.

However, if the industry is to meet the ambitious targets on deaths, injuries and illness that it has set itself, more needs to be done.

Our report identifies a need for:

- greater resources for the Health and Safety Executive's construction inspection team
- more safety representatives on London's construction sites
- better linkages between occupational health tests and the GP system; and
- skills and language training for the 20 per cent of London's construction workforce born outside the UK - a growing proportion of which is non-English speaking.

It is evident that national, regional and local governments are not doing all they can to reduce accidents. Our report challenges the public sector to promote the highest standards of health and safety by using its purchasing power more effectively. We expect the LDA to produce clear guidance for promoting health and safety in construction through all aspects of their work at the earliest possible opportunity, not just by delivering initiatives on training and development.

In particular, we urge the Mayor and Government to ensure London's largest construction programme - the development of Olympics infrastructure - pays proper heed to health and safety.

As an immediate step, we urge that the current guidance on Olympic procurement be amended to include strong emphasis on health and safety best practice. Ahead of the development of facilities at Olympic Park, an on-site training centre - similar to the Canary Wharf Learning Centre - should be established in order to improve safety and worker training on the site.

Our Recommendations

Recommendation 1: The Government should make additional resources available to the HSE in London for construction inspectors and prevention work

Recommendation 2: Local councils undertaking some enforcement activity is an option which should be explored as part of the review of Health and Safety (Enforcing Authority) Regulations 1998.

Recommendation 3: A public information campaign, on the importance of considering health and safety when selecting builders, should be funded by Government. The launch of the Trust mark scheme would provide a good opportunity to do this.

Recommendation 4: There is a strong case that increased safety representatives on construction sites in Greater London will reduce the likelihood of death, injury and ill-health. We encourage the public sector bodies make it a requirement of their contracts to have safety representatives on any large construction sites.

Recommendation 5: The Department of Health should investigate ways in which construction employers and workers can be given to the opportunities to link occupation health medicals into the existing GP network.

Recommendation 6: All levels of the public sector should use their purchasing power to ensure that consideration of health and safety issues is integral to any procurement process. Contractors who do not demonstrate high health and safety standards should not be awarded public contracts.

Recommendation 7: We urge the Mayor and Government to ensure that the Olympic Delivery Authority's procurement strategy for the Games places a strong emphasis on construction health and safety. As a first step, the current version of ODA's Procurement Principles should be amended to include a commitment to health and safety.

Recommendation 8: We would also recommend that the Mayor encourage the establishment of an on-site training centre on the Olympic Park site (similar to the Canary Wharf Learning Centre) at the earliest opportunity.

1. A new era of construction in London

- 1.1 The UK stock market reacted quickly to London's successful bid for the 2012 Olympic Games; it snapped up shares in British construction companies.¹
- 1.2 The Government and the Greater London Authority have undertaken to invest almost £9 billion to improve London's transport system, build sports venues and develop the Olympic Village and Olympic Park in preparation for the Games.
- 1.3 Much of this new building work is in addition to construction already planned or currently underway. Major projects include:
 - Heathrow Terminal 5
 - Paddington Basin
 - Wembley Stadium
 - Kings Cross/St Pancras
 - Extension of the East London Line and Docklands Light Railway
- 1.4 If one also takes into account the redevelopment of the Thames Gateway, the Mayor's ambitions to increase the number of new homes in the capital to 30,000 each year, possibilities for the Thames Gateway Bridge and Crossrail and the vast amount of domestic residential and commercial projects already on the drawing board, it is clear that London will experience an increased level of construction over the next decade.²
- 1.5 This report is not about the ability of London's construction sector to meet the additional demand for workers. Other publications, notably the forthcoming the GLA Economics Unit's report - *Laying the Foundations*, should provide information on this aspect.
- 1.6 Our report is primarily concerned with the health and well-being of those working in London's construction industry.
- 1.7 Increased construction activity is likely to require greater numbers of workers (some from non-English speaking backgrounds). We set out to examine what is currently being done to reduce on-site risks and longer-term health problems. We also wanted to determine what more could be done by industry, workers and government at local, regional and national level to ensure that the transformation of London's cityscape happens as safely as possible.
- 1.8 We also examined London's most significant construction programme – the preparations for the 2012 Olympic Games – to determine what opportunities there are to place greater emphasis on health and safety across London.

¹ See for example, "Job optimism follows Olympic win", BBC News, 7 July 2005

² Note, however, that prior to the successful Games bid, GLA Economics estimated modest growth in construction output (around 3% per annum) and construction employment (around 1% per annum) over the next three years. See *London's Economic Outlook: Spring 2005: The GLA's medium-term planning projections*, GLA Economics, April 2005.

London's Construction sector in profile

Construction activity in London

- London's construction sector currently has an annual output of £8 billion (five per cent of London's economy).³
- Around 60 per cent of the capital's construction activity is for new building with the remainder in repairs and maintenance.⁴
- Private construction (eg. office development) in London is disproportionately larger than the rest of the country. Building on behalf of the private commercial sector accounts for the largest part of new construction, over 40 per cent of all new work.
- There are 94,400 construction businesses in London (14 per cent of all construction businesses in UK).⁵

London's construction workforce

- Approximately 230,000 people (roughly five per cent of London's workforce) work in the construction sector in London.
- Of these workers, approximately 135,000 are directly employed and 95,000 are self-employed – ie. over 40 per cent of London's construction workers are self-employed.⁶
- London's construction workers are predominantly (90 per cent) male.
- Almost half are aged over 40 – higher than the London average.
- Only 13 per cent of workers are from black or minority ethnic groups.
- Only 20 per cent of London workers were born overseas. This is lower than the average proportion of overseas workers in all London workplaces (27 per cent).
- A national study in 2000 of non-UK born construction workers found that 30 per cent were Irish, 13 per cent were from the Indian sub-continent, 10 per cent were from EU, 6 per cent were from non-EU Europe and 12 per cent were other whites.⁷

1.9 The Assembly's Health and Public Services Committee is by no means the first body to examine worker well-being in the construction industry. The Government highlighted its commitment to a safer construction industry at its Construction Summits in 2001 and February this year. Our report therefore reflects the extensive amount of good work already being done and takes into account past reports and reviews such as:

- House of Commons Committee of Public Accounts Review of the Health and Safety Executive (HSE) (November 2004)
- House of Commons Work and Pensions Committee Review of the Health and Safety Commission and HSE (July 2004)

³ Walne D., "Laying Foundations: Introducing research into London's construction industry", *London's Economy Today*, GLA April 2005

⁴ Most recent provisional figure is for 2003. See *DTI Construction Statistics Annual, 2004*

⁵ *Statistics of Occupational safety, ill health and enforcement action 2003/04 (London)*, ONS

⁶ Written submission - SERTUC

⁷ Written submission - HSE. Enlargement of the EU in 2004 and migration patterns could be expected to affect these proportions today.

- The Strategic Forum for Construction's report, *Accelerating Change* (2002)
 - Sir John Egan's Construction Taskforce report, *Rethinking Construction* (1998)
- 1.10 To better understand the challenges of health and safety on major constructions, the Committee toured the site of Arsenal FC's new Emirates Stadium and we thank the main contractor, McAlpine, and the stadium workers for their time and willingness to answer our questions. We also thank CITB for demonstrating the accreditation test for the Construction Skills Certification Scheme (CSCS) to the Committee. Members also greatly appreciated the opportunity to talk to those being trained at the Canary Wharf Learning Centre (run by the Union of Construction and Allied Technical Trades (UCATT) and supported by the Learndirect Centre at Lewisham).
- 1.11 In June, we held a public meeting with key players from the construction industry:
- John Spanswick - Chair and Chief Executive of one of the UK's biggest construction firms, Bovis Lend Lease and also Chair of the Major Contractors Group (whose members collectively carry out over £20 billion worth of construction work each year);
 - Andrew Large - Director of External Affairs for the Federation of Master Builders, the largest trade association in the UK building industry predominantly representing small to medium builders;
 - Jerry Swain - Regional Secretary of Union of Construction, UCATT which represents over 125,000 UK construction workers; and
 - Martin Gould - President of the Southern and Eastern Regional Trades Union Congress (SERTUC).
- 1.12 We are very grateful for their time and experience. Finally, thanks to all those who contributed written submissions (see Appendix A).

2 Construction health and safety in London: The Facts

- 2.1 We heard that, of those employed for 20 years in the UK construction industry, 6 out of 10 will suffer a major injury at work.⁸
- 2.2 Though its fatal injury rate is less than half the European Union average,⁹ more people are killed each year in construction than in any other UK industry and the likelihood of fatal injury (per 100,000 workers) is second only to the agricultural sector.¹⁰
- 2.3 *The Health and Safety at Work Act 1974* imposes a general duty on employers and the self-employed to ensure the safety of workers, the general public and others affected by their work. All employers, self employed and those in charge of work operations also have a legal duty under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* to report certain workplace accidents (deaths, serious injuries and dangerous occurrences) and certain occupational ill health issues and diseases. These exclude on-road accidents sustained whilst on business.¹¹
- 2.4 The rate of fatal and major injuries on London building and construction sites has been higher than the national average until the last year (see Table 1). In 2004/05, London's construction sector had one of the highest rates of fatal injuries and major injuries (301.6 injuries per 100,000 workers) and the highest rate of 3 day injuries (608.2 per 100,000) in the country. SERTUC told us that *The situation from April to December 2004 does not look like much of an improvement. On construction sites in London there were at least 8 fatal injuries in this 9-month period, which would suggest a trend at least as bad as 2000/2001.*¹²

Table 1: Injury figures rates in London and Great Britain as reported to HSE¹³

		Fatal and Major Injuries				
		2000/01	2001/02	2002/03	2003/04	2004/05 _p
London	Number	636	592	665	572	485
	Rate	478.6	443.1	522.0	384.7	301.6
GB	Number	4376	4113	4086	4030	3814
	Rate	387.4	361.2	359.8	332.0	303.7

		Over 3-day Injuries				
		2000/01	2001/02	2002/03	2003/04	2004/05 _p
London	Number	1081	1040	1305	1130	978
	Rate	813.4	778.4	1024.3	759.9	608.2
GB	Number	9367	9097	8948	8253	7509
	Rate	829.2	798.8	787.9	679.8	598.0

⁸ Written submission - Construction Safety Campaign

⁹ Written submission – Construction Confederation

¹⁰ Health and Safety Commission, *Statistics of fatal injuries 2004/05*, ONS.

¹¹ It is estimated that work related traffic accounts for between a quarter and a third of all traffic accidents. *Reducing at-work road traffic incidents*. HSC DTLR November 2001

¹² Written submission - SERTUC

¹³ Statistics for 2004/05 are provisional. *Statistics of Occupational safety, ill health and enforcement action 2004/05 (London)*, ONS. Rates are given per 100,000 workers. Please note paragraph 3.4 which comments on under reporting of over 3-day injuries rates.

- 2.5 Reported major and fatal injuries appear to be concentrated in central London boroughs, which follows the pattern of where construction is most prevalent. Six central London boroughs – Westminster, City of London, Camden, Hillingdon, Kensington and Chelsea and Tower Hamlets – account for nearly half of fatal and major injuries to construction workers in Greater London.¹⁴
- 2.6 The Health and Safety Executive observes that while these levels of injury and ill health remain unacceptable, they are the lowest rates for London on record. In addition, it cautions that the difference between London and UK figures may be because “the employee total is based on companies registered in London, and does not take account of the net inflow of workers from outside London who work on construction sites in London. When the London rate is combined with the comparative figure from the South East and East, the combined rate is close to the national average.”¹⁵
- 2.7 In terms of occupational health, 4,100 out of every 100,000 London construction workers suffer from work-related health problems. Health hazards include noise, vibration (29% of all vibration white finger occurs in construction) and skin diseases (as many as 10% of construction workers are thought to be allergic to cement). The construction industry also has the highest rate for musculoskeletal disorders which account for 8% of major injuries, 34% of 3-day injuries and 26% of RIDDOR reported accidents.
- 2.8 Construction workers also suffer high rates of mesothelioma through their exposure to asbestos and other toxins. Nationally, the annual number of deaths from this asbestos related cancer is expected to peak at a level between 1,950 and 2,450 within the next ten years.
- 2.9 A heavy financial price is exacted by this level of injury and ill health. Workers lose earnings and suffer longer term debilitating injuries which can shorten their careers and affect their ability to care for their families. Employers experience increased costs in terms of compensation, insurance premiums, administrative and recruitment costs as well as possible damage to equipment and delays on jobs.¹⁶
- 2.10 In addition, the Association of British Insurers estimated that “the insurance industry pays claims arising from injury to and ill health of construction workers of around £200 million per year, and this cost drives insurance premiums for the sector.”¹⁷ A survey of members of the Construction Products Association found that employers’ liability premiums rose by 123 per cent over the previous 12 months, while their other insurance premiums increased well beyond inflation.¹⁸
- 2.11 In London, the HSE puts the current cost to all employers of ill health, injury and non-injury accidents as high as £850 million per year.¹⁹

Progress on Government targets

- 2.12 A key reason for the reduction in the levels of fatalities and injuries has been a renewed emphasis on safer construction by the Government and industry.

¹⁴ Written submission - SERTUC

¹⁵ Written submission - HSE

¹⁶ Written submission - SERTUC

¹⁷ Written submission - Association of British Insurers

¹⁸ Written submission - SERTUC

¹⁹ "Interim update of the "Costs to Britain of Workplace Accidents and Work-Related Ill Health", HSE, June 2004

- 2.13 In 2000, the Government set targets for a 10 per cent reduction in fatal and major injuries over ten years for industry as a whole.²⁰
- 2.14 The following year, the Deputy Prime Minister convened a Construction Summit because of his growing concern about the industry's poor health and safety record. As a result of the Summit, the construction industry set itself tougher targets which, if achieved, would bring fatality and major accident rates in line with UK industry more generally (see table below for progress against targets).²¹
- 2.15 Renewed commitment to health and safety in the construction sector has had a positive impact. The most recent year for which statistics were available (2003/04) showed the lowest incidence rates ever in all categories of injuries (fatal, major and over 3-day) both nationally and in London.²²
- 2.16 Statistics from other sources - the Major Contractors' Group annual statistics, data from the Electrical Contractor's Association (ECA) and the Federation of Piling Specialists - corroborate a downward trend in accidents.²³

Construction industry 2001 targets	Progress (as at January 2005)
Reduce the incidence rate of fatalities and major injuries by 40% by 2004/5 and 66% by 2009/10	The fatal injury rate has fallen 25% since the baseline of 1999/2000 and 40% since the 2001 Summit. The employee major injury rate has fallen 15% since 1999/2000 and 12% since the Summit.
Reduce the incidence rate of cases of work-related ill health by 20% by 2004/5 and 50% by 2009/10	Difficult to measure but little progress. Current national rate of ill-health ascribed to work in construction industry is 4,400 per 100,000 compared to 4,500 per 100,000 in 2001/02
Reduce the number of working days lost per 100,000 workers from work-related injury and ill health by 20% by 2004/5 and by 50% by 2009/10	The employee over-3-day accident rate has fallen 25% since 1999/2000 and 18% since the Summit.

- 2.17 However, as SERTUC noted, the construction industry's targets are "unlikely to be achieved [in 2003/04]."²⁴ The HSE's Chief Inspector of Construction agreed that improvements have yet to "represent a trend broad enough to meet the industry's own targets by 2010." In particular, he noted that "limited signs of improvement in occupational health continue to provide a major challenge for the industry."²⁵

²⁰ Revitalising Health and Safety June 2000

²¹ Figures taken from Myers K., *Health and safety performance in the Construction Industry: Progress since the February 2001 Summit*. HSE, January 2005.

²² Written submission - HSE

²³ Written submission - HSE

²⁴ Written submission - SERTUC

²⁵ Myers K., *Health and safety performance in the Construction Industry: Progress since the February 2001 Summit*. HSE, January 2005.

- 2.18 The Federation of Master Builders told us that “the Revitalising Health and Safety initiative started very well in 2001, but has unfortunately, from our view, somewhat petered out.”²⁶

²⁶ Andrew Large (FMB), Health and Public Services Committee meeting, 7 September 2005.

3. The nature of London's construction industry

3.1 A significant challenge to reducing the rate of injuries and ill health further is the nature of the construction industry itself.

3.2 The industry encompasses everything from domestic renovations to multi-million pound developments like Wembley Stadium. The HSE's characterisation of the national construction industry - "no entry threshold, highly fragmented, itinerant and casualised"²⁷ - also summarises the situation in the capital. The challenging aspects of London's construction sector are:

- **High levels of sub contracting and self-employment:** The construction industry has the highest proportion of full-time self-employed workers of any industry in the UK;²⁸ approximately 40 per cent of London's construction workers are self-employed. While there is no suggestion that self-employed workers are inherently less safe, the proportion of self-employed working as sub-contractors on sites tends to blur accountability. For example, we were told that it "is quite often the case that you will have subcontractors or agency labour masquerading as direct employees of a major [employer] - even to the extent of wearing [the major contractor's] overalls."²⁹ It also leads to under-reporting of non-fatal injuries, since the self-employed have few incentives (such as statutory sick pay) to report. The HSE estimates that self-employed people report fewer than 1 in 20 reportable injuries; by contrast employers report half of all reportable injuries.³⁰
- **Highly mobile workforce.** Construction workers tend to move from project to project and this "results in a lack of easy access to primary health care and family support." The high turnover of projects and workers mean "there is very little reliable data on health [and] when ill health is identified it is not an easy task to clearly identify when and where the "accident" occurred."³¹
- **A significant informal construction sector.** A considerable amount of "cash in hand" construction - anywhere between £4.5 billion and £10 billion nationally³² - is undertaken in the informal economy every year.³³ Companies who flout taxation law are also likely to have a "less safe working environment" for their workers.³⁴ In addition, the informal economy exerts pressure on legitimate builders to cut corners in order to compete for work.³⁵
- **Combative culture within the construction industry.** Several organisations identified a "competitive combative culture"³⁶ within the industry, in which the cause of safety problems is obscured as companies seek to avoid financial or legal penalties. This culture tends to reduce reporting of accidents both on sites and to HSE. Others noted a persistent complacency about worker injury. As the Federation of Master Builders put it, "there is

²⁷ Appendix E of "Proposed Consultation on the Revision of the Construction (Design and Management) Regulations 1994 and the Construction (Health, Safety and Welfare) Regulations 1996", Health and Safety Commission Meeting, 3 March 2005

²⁸ Macauley C., "Changes to self-employment in the UK: 2002 to 2003", *Labour Market Trends (December 2003)*, ONS.

²⁹ Martin Gould (SERTUC), Health and Public Services Committee meeting, 7 June 2005.

³⁰ Written submission - HSE

³¹ Written submission - CITB-CS

³² See written submissions from Construction Confederation, Federation of Master Builders and Construction News Vital Statics (www.cnplus.co.uk/vital_statistics/industry_struct/)

³³ The Small Business Council recently estimated that about half of the UK informal economy is located in the construction sector. See *Informal Economy*, Small Business Council, 2005

³⁴ Martin Gould (SERTUC), Health and Public Services Committee meeting, 7 June 2005

³⁵ Andrew Large (FMB), Health and Public Services Committee meeting, 7 June 2005

³⁶ Written submission - English Partnerships

nothing intrinsic about construction that suggests that somebody has to die...[yet the] culture has become so engrained in that construction is dangerous, therefore someone is always going to get hurt."³⁷

➤ **Low levels of training and accreditation (relative to other industries).**

We were told that "if construction companies were asked to specify how many days health and safety training each employee had received in the last year, then the answer for the vast majority would be none".³⁸ Less than a third of construction firms have training plans or a training budget, compared to around half in the financial services sector. Only 30 per cent of construction workers are qualified to NVQ Level 2 or higher.³⁹ A particular issue is how the industry determines whether the levels of language, training and skills of non-UK born workers is adequate.

- 3.3 The combined effect of these factors leads to specific problems for those seeking to improve health and safety on London's sites.
- 3.4 The scale of informal construction, the tendency for the self-employed not to report injuries and the industry's "culture of blame" means that injuries and ill-health are significantly under-reported, not just to statutory bodies but also to principal contractors on construction sites. It is difficult to prevent or address injuries when there is no clear picture of the kinds or numbers of accidents occurring in the construction sector.
- 3.5 The sheer size of the formal and informal construction sector makes enforcing health and safety issues a challenge and puts a strain on the HSE's resources. The high proportion of self-employed as subcontractors complicates the issue of accountability still further.
- 3.6 The traditionally low levels of training and accreditation mean construction firms can find it difficult to identify whether workers are appropriately skilled for the roles they undertake. At the same time, it is not easy for clients to identify contractors which have a real commitment to health and safety.
- 3.7 Finally, a construction worker may be employed on dozens of sites across London in a year. This mobility, the industry's use of casual labour and low levels of training present problems for managing safety on site and addressing long-term health issues.

³⁷ Andrew Large (FMB), Health and Public Services Committee meeting, 7 June 2005

³⁸ Written submission - UCATT

³⁹ Written submission - SERTUC

4. What is the industry doing to address health and safety issues?

- 4.1 It was clear from our discussions that the construction industry cannot rely solely on HSE to address these issues. If it wants to improve safety and occupational health in line with its own targets, construction firms, designers and workers must make it their priority as well. As the HSE told us, "the people best placed to make workplaces safer from harm are the staff and managers who work in them."⁴⁰
- 4.2 However, there was a strong message that clients - particularly the industry's biggest client, the public sector - must play a bigger role in setting the tone for safety. The next chapter discusses this issue in greater detail.
- 4.3 Within the industry, the 2001 Construction Summit seems to have provided an impetus for new initiatives. We heard that, "three or four years ago we would be pushed to find any examples of [good practice]" and UCATT told us "there are positive aspects now to the industry that were not there [previously]."⁴¹
- 4.4 Significantly, a lot of good work has been achieved by co-operative action by trade associations and industry bodies. For example, the push for accredited workers on all sites was only possible because of the insistence of the Major Contractors Group.⁴² The Federation of Piling Specialists explained that the costs and time associated with introducing new safety measures often have commercial implications. Collective agreement to implement measures removes the possibility of competitive disadvantage.⁴³
- 4.5 A new vehicle for co-operation was launched at the 2005 Construction Summit. The *Respect for People Code of Good Working Health and Safety Practices* sets out actions which clients, designers, contractors, trades unions, trade associations and professional bodies can take to change behaviour within the industry. More than 200 organisations have already signed up to the Code.
- 4.6 Our report does not detail every initiative to improve health and safety in the construction industry,⁴⁴ but we have sought to identify the ways in which it is trying to overcome some of the challenges identified in Chapter 3.

Improving reporting of construction injuries and ill-health

- 4.7 As discussed, there is already significant under-reporting of injuries and ill-health which companies have a legal duty to report. There is no legal duty to record near misses (ie. which do not result in injury or just cause property damage); the ratio of near misses to those causing major injury could be as high as 600 to one.⁴⁵ As several submissions put it, to understand fully the risks on construction sites, "we need to get into near misses".⁴⁶

⁴⁰ Written submission - HSE

⁴¹ Health and Public Services Committee meeting, 7 June 2005

⁴² Written submission - Federation of Piling Specialists

⁴³ Written submission - Federation of Piling Specialists

⁴⁴ Those seeking a national overview should see the HSE's *Third Report into the health and performance of the construction industry* (Jan 2005)

⁴⁵ Written submission - CITB-CS

⁴⁶ See written submission - CITB-CS and John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005.

- 4.8 For more accurate reporting of injuries and near misses to occur, there needs to be an "environment in which people are prepared to be open and honest."⁴⁷ Certain trade associations have started to gather data on near misses. For example, the Major Constructors Group now share information on near misses, as well as technical and process failures, amongst its members in order to reduce the number of injuries and delays.⁴⁸ In January, the HSE launched a diagnostic tool for SME businesses, the Health and Safety Performance Indicator (HSPI), which helps them assess their health and safety performance. Registered users remain anonymous but the HSPI test does record minor accidents and worker referrals to GPs for ill-health. Commercial applications – such as Knowledge Online products – are also improving access to health and safety information and capturing data across a number of construction sites.⁴⁹
- 4.9 The Association of British Insurers and English Partnerships suggested that health and safety performance should be included in annual reports in order to emphasise its importance and provide greater transparency about risks within the industry.⁵⁰ Despite increased information within annual reports of major construction contractors, English Partnerships noted that smaller listed companies were still not reporting how they manage health and safety as implicitly required by the Turnbull report on corporate governance (1999).⁵¹
- 4.10 The unions told us that addressing "sham" sub-contracting arrangements (in which self-employed workers act as employees) is the best way to address under-reporting since the major contractor would be under an obligation to report injuries of its employees. UCATT noted that the requirement by BAA that construction workers on Terminal 5 be directly employed had "made that job one of the best jobs in Europe."⁵² Construction of Terminal 5 has a safety record four times better than the industry average.⁵³
- 4.11 In the short-term, however, UCATT recommended putting a greater onus on the main contractor for a site to keep records:
- They are [usually] aware that there has been an incident on site, and someone has been injured, and they could actually follow that up and ask what has happened, seek a report four days later, has that person returned to work? The company then would have to confirm to the main contractor, "Yes, he has", or "No, he has not" returned to work. In which they case they can then say that you [the company] must take the appropriate action. That could be a system, rather than becoming very labour intensive, that just actually happens.*
- 4.12 Making better use of existing information could also improve understanding of safety issues. For example, all employers are required to keep an accident book under the Social Security (Claims and Payments) Regulations 1979. The accident book records every accident causing personal injury to any employee (not just injuries reportable by law) and must be kept for three years from the date of the last entry in the book; however, there is currently "no legal requirement to record and keep statistical data collected from [these] books".⁵⁴ Capturing some of this data – perhaps by sampling a random selection of large and small construction

⁴⁷ John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005

⁴⁸ John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005.

⁴⁹ Written submission – Communiqué PR

⁵⁰ Written submission – Association of British Insurers

⁵¹ Written submission – English Partnerships

⁵² Jerry Swain(UCATT), Health and Public Services Committee meeting, 7 June 2005.

⁵³ "Worker engagement case study 2: Heathrow Terminal 5 Project", HSE, February 2005

⁵⁴ Written submission – CITB-ConstructionSkills

firms "accident books – could give the HSE (and the industry) a better idea of the real scale of all construction accidents.

Improving enforcement

- 4.13 SERTUC told us that "the voluntary aspect of running health and safety in the construction industry has not really worked, and we need to have strong and effective enforcement."⁵⁵
- 4.14 Health and safety enforcement on the majority of construction sites within London falls under the auspices of the Health and Safety Executive (HSE). The HSE has approximately one inspector for every 3,333 construction sites nationally.⁵⁶ The HSE reportedly increased inspections of all workplaces in London by 55% between 2000 and 2004.⁵⁷
- 4.15 However, the perception from several organisations was that HSE resources and inspections were currently insufficient⁵⁸ and that the result of a recent national construction blitz – in which 358 of 1170 construction sites were forced to stop work due to safety breaches – only demonstrates the need for more effective enforcement. In addition, some submissions noted that the infrequent blitzes seemed to ignore the informal economy at the expense of legitimate SME companies.⁵⁹
- 4.16 In its July 2004 report on the HSE, the House of Commons "Select Committee on Work and Pensions recommended doubling the number of inspectors in HSE's Field Operations Directorate (at a cost estimated by HSE as £48 million a year after 6 to 7 years).⁶⁰ The Government responded that:
- any increases in resources targeted at specific activities [should be] backed up by evidence of its effectiveness... There is no evidence at this stage that a blanket doubling of inspectors would be the most effective or efficient way to achieve significant improvements in health and safety or meet the targets.*⁶¹
- 4.17 Our discussions have highlighted a strong case for more HSE resources. However, the HSE's responsibility for enforcement must be balanced with its role as safety adviser. As Camden Council pointed out, insufficient resources mean that "[HSE's] work is proving to be reactive rather than proactive."⁶² The HSE is of greatest help to the industry when if it is acting to prevent poor safety practices (through advice and leafleting of sites) and taking action against the most intransigent construction firms. Rather than simply doubling the number of inspectors, additional resourcing should support both the HSE's preventative and enforcement responsibilities.

⁵⁵ Martin Gould (SERTUC), Health and Public Services Committee meeting, 7 June 2005.

⁵⁶ *Health and Safety Executive: Improving health and safety in the construction industry*, House of Commons Committee of Public Accounts, November 2004, p.7

⁵⁷ Written submission - SERTUC

⁵⁸ See for example, written submissions - Construction Plant Hire Association

⁵⁹ Written submission - Federation of Master Builders

⁶⁰ Select Committee for Work and Pensions, *Fourth Report: The Work of the Health and Safety Commission and Executive*, HMSO, July 2004

⁶¹ *Government Response to the Committee's Fourth Report into the Work of the Health and Safety Commission and Executive*, HMSO, October 2004

⁶² Written submission – LB Camden

Recommendation 1

The Government should make additional resources available to the HSE in London for construction inspectors and prevention work.

- 4.18 The HSE is currently reviewing the Health and Safety (Enforcing Authority) Regulations 1998 with its Local Authority partners. One suggestion put forward by the London Borough of Tower Hamlets was that councils could play a greater role in enforcing health and safety on small construction sites. Allocating responsibility for local councils to inspect small sites (ie. those without large scale cranes and intricate plant) could result in a "doubling of enforcement officers, as the Local Authorities possess twice the number of Environmental Health Officers holding warrants under the Health and Safety at Work etc Act 1974 than HSE Inspectors."⁶³

Recommendation 2

Local councils undertaking some enforcement activity on workplace safety is an option which should be explored as part of the review of Health and Safety (Enforcing Authority) Regulations 1998.

- 4.19 We also heard frustration with the existing legal avenues to enforce breaches of health and safety by "cowboy builders". The Federation of Master Builders described the existing "stop now" orders as "actually stop, until you can change your name tomorrow orders". It told us it would be encouraging courts and trading standards officers to examine whether anti-social behaviour orders (ASBOs) could be used to prevent worst-case offenders from working in the construction industry.⁶⁴ The Committee felt that ASBOs were an inappropriate way to tackle cowboy builders.
- 4.20 Another option for addressing the perception of light penalties for breaches of health and safety, recommended by the Public Accounts Committee, was for the HSE to ask the Home Secretary to seek a direction to the newly established Sentencing Advisory Panel Council to frame a tough sentencing guideline on health and safety offences.⁶⁵

Identifying construction firms with a commitment to safety

- 4.21 If the informal construction and cowboy builders is to be effectively tackled, enforcement needs to be accompanied by initiatives which provide advice to clients on choosing legitimate builders. That is, "clients must be [made] aware that choosing a contractor on cost alone runs the risk of employing cowboys who can reduce their price because they can reduce their costs by cutting corners – particularly on safety."⁶⁶
- 4.22 There are contractors and employers in the industry with good records on health and safety. The rate of construction companies achieving zero accident rates has increased year on year from 31% in 2002, 39% in 2003 to 42% in 2004.⁶⁷ It is

⁶³ Written submission - LB Tower Hamlets

⁶⁴ Andrew Large (FMB), Health and Public Services Committee meeting, 7 June 2005.

⁶⁵ Public Accounts Committee, *Fifty-second report: Health and Safety Executive: Improving health and safety in the construction industry*, HMSO, December 2004

⁶⁶ Written submission - Federation of Piling Specialists

⁶⁷ Written submission - SERTUC

important that there is a way in which clients can make informed judgements when choosing good builders.

- 4.23 The Federation of Master Builders spends about a quarter of a million pounds every year on consumer advice and awareness promotion to help people make decisions on the procurement of building work.⁶⁸
- 4.24 We heard that the Government is planning to relaunch an industry standard - the Trust Mark scheme (a successor to the Quality Mark Scheme) - which will denote very competent builders who meet a high standard of safety and skills.

Recommendation 3

A public information campaign, on the importance of considering health and safety when selecting builders, should be funded by Government. The launch of the Trust mark scheme would provide a good opportunity to do this.

Improving safety management on site

- 4.25 We heard that there are two ways in which safety can be improved on construction sites – proper design of the construction site in the first place and the appointment of safety managers to oversee individual sites once things are up and running.
- 4.26 According to the HSE, most construction accidents occur when workers walk across sites, handle materials or move to the workface. Fatalities, however, are mostly related to working at heights or management of site transport. Surveys show that up to half (47%) of construction accidents could have been prevented or mitigated had “designers taken different choices or actions before construction work started on site”.⁶⁹ Proper attention to design in the early stages contributes to a safer outcome overall. For example, at the new Arsenal Stadium, existing materials were recycled and a concrete mixer installed to reduce the amount of vehicle traffic on the site. Lighting was also pre-fitted at ground level and raised to reduce the numbers of workers operating at height; we heard that this made the job not only safer but ultimately cheaper as well.⁷⁰ The Construction Industry Council told us that it is promoting safer design through the Safety in Design Limited company which sets benchmarking standards in relation to knowledge and competence for designers working in the built environment, through web based guidance for designers and the development of a pre-qualification criteria for clients wishing to engage design contractors/design consultants they engage.⁷¹
- 4.27 However, good design must be supported by on-site monitoring. Many submissions to the Committee noted that the “construction industry still has far too few safety representatives working on site within Greater London.”⁷²

⁶⁸ Andrew Large (FMB) – Health and Public Services Committee, 7 June 2005

⁶⁹ See “Biggest single cause of construction accidents is simply getting to the workface” and “Designers can do more”, HSE Press Releases, 23 October & 21 November 2003

⁷⁰ “Health and Safety in the Construction Sector: update”, Health and Public Services Committee Paper, 13 September 2005.

⁷¹ Written submission – CIC

⁷² Written submission – TGWU

- 4.28 Research has found that “the strongest relationship with the safety compliance [in construction] is the presence or absence of a safety representative. Safety representatives are associated with a greater likelihood of reporting risky situations and a lower likelihood of simply continuing working in such situations.”⁷³
- 4.29 Since this role requires good relations with the workers on site and proper health and safety training, it is usually performed by a trade union representative. SERTUC told us that “there is overwhelming evidence that where there is a trade union safety rep at a workplace then the accident rate is halved.”⁷⁴
- 4.30 HSE agrees that employee and trade union involvement in safety management is positive. It notes that projects with union representation have up to 50% lower injury rates whilst those with non-union safety committees have up to 40% lower injury rates.⁷⁵
- 4.31 UCATT cited two London examples – the construction of the Swiss Re Building and Paternoster Square – in which trade union safety representatives were employed by the main contractor to act as a conduit between management, workers and sub-contractors. No fatalities were recorded on either complex project and co-operation on the Paternoster Square site has been quoted as good practice by the European Agency for Safety and Health at Work.⁷⁶
- 4.32 The Federation of Master Builders is working with UCATT and the Transport and General Workers’ Union to use union knowledge to improve health and safety on smaller sites in the south west of England. Under the Workers’ Safety Adviser programme, the FMB employs trade-union officials to visit sites and give advice to both the employer and the employee as to how they can they can improve the worker engagement and thereby the levels of health and safety on site. The programme is only in its second year but employers are proving receptive and employee safety committees are starting to be established.⁷⁷

Recommendation 4

There is a strong case that increased safety representatives on construction sites in Greater London will reduce the likelihood of death, injury and ill-health.

We encourage the public sector bodies make it a requirement of their contracts to have safety representatives on any large construction sites.

Improving training of construction workers

- 4.33 Construction work has traditionally had a low entry threshold and relatively little skills accreditation. The industry's culture of self-employment and casual labour has also contributed to a low priority on training.

⁷³ McDonald N., "Safety Behaviour in the construction sector: Report to the Health and Safety Authority (Dublin) and & the Health and Safety Executive (Northern Ireland)", Occupational Safety and Health Institute of Ireland.

⁷⁴ Written submission - SERTUC

⁷⁵ Regulation and recognition: Towards good performance in health and safety, Health and Safety Commission Consultation paper, 2004. p.13

⁷⁶ Written submission - UCATT

⁷⁷ Andrew Large (FMB), Health and Public Services Committee meeting, 7 June 2005.

- 4.34 Information provided to the Committee indicates that attempts are being made to ensure a basic level of training and safety awareness amongst workers (including migrant workers).
- 4.35 Perhaps most significant is the decision by the members of the Major Constructors Group to require all workers on their sites to be accredited with the Construction Skills Certification Scheme (CSCS). There have been some teething issues. The unions told us that “most SMEs will only ask for their workers to be CSCS card holders if they know the main contractors will make this a condition of awarding them a contract.”⁷⁸ As UCATT pointed out, principal contractors need to be particularly vigilant in enforcing compliance. For example, the construction firm Skanska has now implemented a system which checks that workers have completed – not just registered for – their CSCS test. We also heard that major contractors are starting to exert pressure on their supply chains by including “clauses in all contracts requiring demonstrable action towards full CSCS cardholding”.⁷⁹

The Construction Skills Certification Scheme (CSCS)

The CITB-Construction Skills Health and Safety Test is the industry standard, taken by over 300,000 people every year.

It is designed to give everybody working in construction a minimum level of health and safety awareness. Passing the test is an essential part of qualifying for the Construction Skills Certification Scheme (CSCS) and schemes for scaffolding, demolition, plumbing and mechanical services and engineering skills.

By 2010 all workers in the industry will need to carry a CSCS card showing that they are adequately qualified and have passed an appropriate health and safety test.⁸⁰ Approximately 850,000 candidates have taken the test to date, and it is estimated that this constituted half the total number of people working within the construction industry nationally. There are difficulties in reaching people within the informal economy and the self-employed.

At present, three-quarters of all workers on Major Contractor Group members’ sites are CSCS cardholders.⁸¹

- 4.36 Requiring workers to carry swipe passes containing their accreditation may carry other benefits. John Spanswick told us:⁸²

Ultimately what we are trying to do, certainly in our biggest sites, is that we have a swipe-card system..so everybody who comes in swipes the card, and you should be able to put on the card their CSCS qualification, any training they have undergone, you can put down other information relative to their skills and...occupational health...I do not think it will completely solve the problem, but it will certainly help.

⁷⁸ Written submission - UCATT

⁷⁹ Written submission – Construction Confederation

⁸⁰ Written submission – Construction Confederation

⁸¹ John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005.

⁸² John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005.

- 4.37 Properly policed and supplemented with safety induction on site, mandatory accreditation, such as the CSCS card, is a step towards safer workplaces.⁸³
- 4.38 The Working Well Together campaign, led by Health and Safety Commission's Construction Industry Advisory Committee (CONIAC) and supported by local authorities and the Federation of Master Builders, has held almost 50 safety awareness days around the UK for small contractors (with fewer than 16 employees) and the self-employed. These safety advice and demonstrations helped small businesses to see the HSE as a facilitator and adviser rather than simply an enforcement agency.

Canary Wharf Learning Centre

The Canary Wharf Learning Centre is based on an 86 acre construction site at the foot of Canary Wharf Tower. The centre, run by UCATT and supported by the learndirect centre at Lewisham College, provides on-site training for workers.

“The three partners - union, employer and college - have established a very fruitful initiative, which has meant that at long last building workers can be educated at their place of work - it's a model for the industry”⁸⁴

The centre provides one-day health and safety courses and serves as a CSCS testing centre. Free classes in English language, information technology, reading and writing are also available to all workers on site. Smaller construction firms benefit particularly from this wealth of training resources which they may not otherwise be able to provide to their employees. The classes are popular with construction workers because they are close to their place of work and designed fit in with their work patterns. The centre can get over 250 learners through health and safety training course in a week.

The centre has been recognised for the quality of its work, including:

- an HSC (Health and Safety Commission) Award for Innovative Learning
- the 2003 Beacon Award for Widening Participation, with judges rating the centre's teaching and learning features as outstanding

It has also secured Matrix accreditation for the quality of information, advice and guidance it offers learners.

Research into the use of ICT and E-learning for Work-based Learning in the Skills Sector: Case studies British Educational Communications and Technology Agency 2004 gives further information about how the centre has addressed barriers to learning.

- 4.39 We expect further efforts to be made to improve basic skills training. We recognise the link this can have with workers' well-being and their ability to work safely and effectively. This could be combined with delivery of CSCS accreditation.
- 4.40 Workers from other countries make up around 20 per cent of the construction workforce in London. This proportion is lower than the average in the capital but it remains true that without migrant labour, “construction in London... would be in absolute crisis.”⁸⁵ CITB's *Skills Foresight Report 2002* estimated that 40,500

⁸³ Written submission - London Borough of Haringey

⁸⁴ Ucatt regional organiser Chris Tiff

⁸⁵ Martin Gould (SERTUC), Health and Public Services Committee meeting, 7 June 2005

new recruits – over 8,000 per year – would be required for the construction industry in the Greater London area to 2006. CITB-ConstructionSkills has forecast that the 2012 Olympic Games will create an extra 33,500 construction jobs over the next seven years, and that demand will peak in 2010, when 7,500 extra workers would be required⁸⁶.

- 4.41 This demand for more workers creates an excellent opportunity across London. We are pleased that the LDA has announced a package of £9 million to work with the Olympic boroughs and other agencies to encourage new people into construction work and furnish them with the training and development that they need. However, it is not only residents in the immediate vicinity of the Olympic Park who could benefit and so any programme should take this into account.
- 4.42 Some of these new recruits will be migrant workers so it is important that their language skills, working practices and understanding of health and safety is appropriate for London's construction industry.
- 4.43 Initiatives to meet potential shortages of workers in construction should address the need for teaching English as an additional language and this should be integrated into existing plans for training. We recognise work by various agencies in this area and would welcome the LDA's plans to support the development of Health and Safety training for migrant workers, coupled with English language training.
- 4.44 A mixture of approaches have been established to manage new workers – particularly from Eastern Europe. For example, one company responded to a workforce comprising large numbers of Russian workers by provided induction in different Russian dialects, using pictures rather than words to explain issues on site and ensuring that every gang had an English-speaking person.
- 4.45 More formally, the Federation of Master Builders has worked with the Health and Safety Executive to translate its leaflets into Polish and has supported the establishment of a construction training centre in Warsaw to provide Polish workers with the appropriate skills and safety awareness they need before coming to the UK. It has also worked with the London Construction Skills Forum to establish a pilot scheme in the Thames Gateway, bringing Polish construction workers over to the UK for a 10-week training course. Unions told us that they arrange English language courses for migrant workers and have held events for groups (for example, Polish workers in Hammersmith) to address particular safety issues. ConstructionSkills has begun a detailed benchmarking of some countries' construction qualifications against National Occupational Standards and NVQs to allow a better understanding of existing skills and knowledge.⁸⁷
- 4.46 The HSE has commissioned work by the London Metropolitan University to inform its activities in relation to migrant workers' health and safety issues.⁸⁸ One issue that may require further attention is the role of labour providers who supply migrant workers to construction sites. English Partnerships noted that:

[Construction labourers] are probably the most vulnerable out of all construction workers as they may carry out work which is labour intensive and also potentially

⁸⁶ CITB press note 4 November 2005

⁸⁷ Written submission – CITB-CS

⁸⁸ Written submission - HSE

*the most hazardous. We believe the problem is more acute in London and does not only affect foreign workers but British workers too.*⁸⁹

- 4.47 UCATT has described the exploitation of labourers by unscrupulous construction gangmasters as "a modern form of slavery."⁹⁰ Following legislation last year, the Government has established a Gangmasters Licensing Authority in April 2005 to address worker exploitation in the agricultural sector. Several submissions to our Committee recommended this kind of licensing regime should also be extended to the construction industry.

Improving monitoring of workers' long-term health

- 4.48 As we noted above, London construction workers have one of the worst rates of occupational health. London's Regional Public Health Group observed:

*Over and above accidents and injury there are a few specific topics that may need to be addressed such as; alcohol and drugs, mental and sexual health and general workplace issues such as smoking.*⁹¹

- 4.49 On certain projects, like the Battersea Power station site, the HSE has managed to get a commitment to an occupational health suite on site staffed by a full time nurse and a plan to administer a pre start health questionnaire to all 6000 operatives.⁹² On other major construction sites, site nurses provide some health tests (eg. blood pressure and cholesterol readings); a few London sites have mapped workers' health problems. However, it is fair to say that there is still not a "wholehearted commitment to occupational health procedure or policy within the industry."⁹³

Constructing Better Health Scheme

Many people in the industry are looking to the results of the Constructing Better Health scheme in Leicestershire.

The two year pilot programme delivers free and comprehensive occupational health service on-site to the owners and employees of small and medium building companies, as well as the self employed. The service is provided from a mobile unit with professional occupational health nursing staff who provide a confidential service. One aim of the pilot is to determine whether this approach could help reduce the incidence of construction ill health more generally.⁹⁴

Evaluating the success of the pilot Constructing Better Health Scheme – and its application for the construction industry more widely – will be an important step towards improving occupational health outcomes for London's construction workers.

- 4.50 We were told that initiatives in place, to encourage smaller employers to buy in to Occupational Health support (e.g. NHS Direct), are still not widely adopted by employers.⁹⁵ Yet, in our discussions, it was apparent that employers (and self-

⁸⁹ Written submission - English Partnerships

⁹⁰ "Union bid to drive Gangmasters exploiting migrants out of construction industry", UCATT Press Release, 12 February 2004

⁹¹ Written submission - Regional Public Health Group - London

⁹² Written submission - HSE

⁹³ Jerry Swain (UCATT), Health and Public Services Committee meeting, 7 June 2005.

⁹⁴ Written submission - CITB-CS

⁹⁵ Written submission - English Partnerships

employed workers) need to develop better links with the NHS if they are to tackle occupational ill-health. Clearly more work needs to be done in this area but one suggestion - that construction workers receive annual or bi-annual medical checks from their own GPs⁹⁶ - deserves further attention.

Recommendation 5

The Department of Health should investigate ways in which construction employers and workers can be given the opportunities to link occupational health medicals into the existing GP network.

⁹⁶ Andrew Large (FMB), Health and Public Services Committee meeting, 7 June 2005

5. What more can the public sector do?

- 5.1 The strongest message from our inquiry was that central Government, GLA group and boroughs can and should be doing more to promote construction health and safety in London – particularly when engaging construction contractors.
- 5.2 We heard the public sector should promote health and safety by:
- establishing models of best practice and disseminating them to all players in the sector.
 - instigating additional research into areas of concern / scant evidence, e.g. migrant workers in construction or the use of bogus self-employment
 - highlighting the need for best health and safety practice, the costs of accidents and injuries and to sell the business case to employers
 - arguing the case for the appropriate level of resources for effective regulation and enforcement in the region.⁹⁷
- 5.3 SERTUC and the HSE told us that they were in talks with the Mayor and the London Health Commission to produce the London Health and Safety Accord which will be used to launch a number of initiatives for the region aimed at building the case for world-class health and safety practice, “with particular reference to the need for worker safety reps in every workplace.”⁹⁸ London's Public Health Group told us that “a Health and Safety Accord for London co-signed by the Assembly, the Commission and by the GLA Family, could be a powerful tool for influencing, encouraging and supporting the health and safety of construction workers employed on public sector projects”.⁹⁹
- 5.4 We heard considerable debate about the extent to which tighter regulation or, for example, more stringent corporate manslaughter laws will help to reduce accidents on construction sites. Unions have made a strong case for the introduction of tougher penalties for negligent employers and the Government invited comments on a draft corporate manslaughter bill in March. However, the Major Constructors Group and Federation of Master Builders questioned whether, in practice, tougher legislation might just promote bigger legal teams rather than safer workplaces.
- 5.5 The one point on which all submissions agreed was that the public sector's best means of promoting safer workplaces is through its economic leverage. The Chair of Major Constructors Group told us:
- I absolutely agree that the safety of one's employees and workforce should be right at the top of the agenda with profit and all that sort of thing, but I go back to something else I said: the thing that companies will take most notice of is what hits their bottom line. If you make it more difficult for them to get work unless they are going to demonstrate [safe working practices], that will hit their bottom line and will have a much bigger impact.*
- 5.6 Of all construction work undertaken in the UK, the public sector is responsible for the procuring more than 40 per cent (by value).¹⁰⁰ Yet there was a perception

⁹⁷ Written submission - SERTUC

⁹⁸ Written submission - SERTUC

⁹⁹ Written submission - Regional Public Health Group - London

¹⁰⁰ Written submission – Construction Confederation

that much of the public sector was failing to make the most of this purchasing power.

5.7 We heard that “a lot of government departments tend, because of public accountability, to just take the lowest price and perhaps not give the same level of attention [to safety]” and that it was the private sector, rather than the public sector which now tended to set the standard.¹⁰¹

5.8 The Office of Government Commerce, in partnership with the HSE, has issued construction procurement guidance to central government departments which stresses that the Revitalising Health and Safety Strategy requires public sector organisations to lead by example on health and safety. For example, it states:

*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. 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.*¹⁰²

5.9 However, as the Construction Confederation observed:

*it has taken over two years to get the Office of Government Commerce to issue guidance (which is not mandatory) to Government departments advising that they take into account a company’s health and safety record before awarding contracts. No such guidance currently exists for local authorities.*¹⁰³

5.10 There are good models for public sector procurement. For example, the national Contractors Health and Safety Scheme (CHAS) – to which 28 London boroughs and the GLA group’s Transport for London (TfL) are currently subscribed – assesses construction companies’ compliance with basic health and safety legislation and their management of health and safety. In doing so, it avoids duplication of effort for both employers when assessing applications and companies making repeated submissions to work in multiple London Boroughs.¹⁰⁴ While CHAS approval does not automatically make a company eligible for public sector contracts, some organisations are requiring CHAS approval as part of the qualification process. Greenwich Council, which has just been awarded a Gold Medal, from the Royal Society for the Prevention of Accidents, told us that:

*As part of the pre-qualification process, we stipulated that failure of any contractor to agree to become registered with CHAS was an automatic disqualification (a show stopper), BUT to help small businesses, we did say to only join once they had been notified that all other requirements had been satisfied.*¹⁰⁵

5.11 At a national level, we heard that the Department of Work and Pensions has received awards for its emphasis on appropriate health and safety in the building of Job Centre Pluses.¹⁰⁶ Similarly, Defence Estates (part of the Ministry of Defence) investigates the safety track records of its major contractors and audits

¹⁰¹ Jerry Swain (UCATT), Health and Public Services Committee meeting, 7 June 2005.

¹⁰² *Procurement Guide 10: Health and Safety*, Office of Government Commerce, 2004

¹⁰³ Written submission – Construction Confederation

¹⁰⁴ Written submission - Transport for London

¹⁰⁵ Written submission - London Borough of Haringey

¹⁰⁶ Jerry Swain (UCATT), Health and Public Services Committee meeting, 7 June 2005

their supply chain before granting any contracts.¹⁰⁷ The National Health Service told us that it “aims to improve the health and safety of construction workers in London by being a responsible employer and using its purchasing power to ensure that it works with contractors who have a good track record in health and safety.”¹⁰⁸

- 5.12 Within London, TfL told us that “best practice with regard to risk identification and mitigation and contractor assurance is currently being worked into the TfL procurement process.” In addition, it has established a “Project Management Centre of Excellence” where best practice is shared and training provided (including health and safety) to equip project managers with an understanding of the roles and responsibilities associated with projects.¹⁰⁹ TfL noted that it could draw on London Underground Limited's stringent safety management requirements which had “levels of construction safety between 4 times (for injuries) and 10 times (for fatalities) better than the UK construction industry average. This includes major construction projects like the Jubilee Line Extension which, at the time, was the largest construction site in Europe.”¹¹⁰
- 5.13 The LDA has a number of projects to support training and development in the construction sector. An example is the London's Construction Flagship Initiative which aims to attract new entrants to the construction sector and training the existing workforce. One of its main priorities is the prioritisation of Health and Safety needs for the construction workforce. The LDA also funds the Supply London programme by Business Link for London to improve the procurement process of small and medium sized businesses. This includes the Contracting Consortia programme which works with construction companies on procurement requirements including health and safety.
- 5.14 The LDA is also funding staff training and development connected with specific regeneration projects or areas such as Kings Cross Construction Training Initiative; the Building London, Creating Futures project; Construction Web in the Upper Lea Valley and the Building One Stop Shop to support the regeneration developments in Wembley and White City. Training support covers health and safety training, including training for the Construction Skills Certification Scheme cards.
- 5.15 These are welcome examples but the overriding message to the Committee was that “the public sector...can do significantly more to improve the health, safety and welfare of all construction workers” and “Ministers responsible for departments and elected members of local authorities play a key role in developing a positive health and safety...not only in words but visible action.”¹¹¹ The government should be setting an example in its building programme under the Private Finance Initiative schemes. As the Strategic Forum on Construction put it, “clients set the tone of a project and can have a great deal of influence on whether health and safety matters are prioritised or not.”¹¹²
- 5.16 In practice this means that public sector bodies should have clearly defined procurement criteria which “encourages the scaling up of standards rather than scaling down to a price.”¹¹³ Tenders should include specific safety and health

¹⁰⁷ John Spanswick (MCG), Health and Public Services Committee meeting, 7 June 2005

¹⁰⁸ Written submission - Regional Public Health Group - London

¹⁰⁹ Written submission - Transport for London

¹¹⁰ Written submission - Transport for London

¹¹¹ See written submissions – English Partnerships and Association of British Insurers

¹¹² Written submission - Strategic Forum for Construction

¹¹³ Written submission – CITB-CS

requirements and expectations; bidders should be made to price these requirements and detail how they will report upon performance measures.¹¹⁴ Managing health and safety through the supply chain will allow SME contractors to cost training and health and safety into tenders and still compete on a level-playing surface.¹¹⁵

5.17 This process need not make procurement more bureaucratic. Schemes such as CSCS, CHAS and the Construction Clients Charter (and the simpler Construction Success Starter Charter) provide a guide to determining a company's adherence to health and safety guidelines. For local government, the Local Government (Construction) Taskforce provides advice and information on selecting contractors.¹¹⁶ As recommended by the Select Committee on Public Accounts, the HSE could supplement these tools by "providing a checklist of key risks at each stage of a project, which [government] clients could use to question potential contractors on how they propose to manage such risks."¹¹⁷

5.18 It is possible that an explicit emphasis on pricing health and safety for public sector infrastructure:

*[may] result in an increase in returned tendered prices. It will be important that over time statistical data is collected that compares the actual construction costs against the tendered price. It is this ratio that should be used as a benchmark against historical data.*¹¹⁸

5.19 That is, requesting better health and safety management on public sector projects may increase tender prices slightly but should ultimately reduce budget and time overruns associated with accidents and ill-health. It should also reduce the impact which injuries and ill-health have on the public purse in areas such as welfare and taxation. Like any client, the public sector has a legal duty under the Health and Safety at Work Act and the Management of Health and Safety at Work to ensure that it has engaged a company who could be assessed as competent to manage health and safety.¹¹⁹

5.20 Those we talked to stressed the importance of a good ongoing relationship between the main contractors and their workforce, and how the public sector can influence this:

*if we are going to have the approach where the main contractor then has trade contractors or subcontractors on site, then they need to be building partnerships with those companies, where they take them from job to job to job.*¹²⁰

*I think the Government client should also take a responsibility for monitoring continuing compliance down the supply chain ... there are too many instances where the benefits of joint working ... are not passed down the supply chain.*¹²¹

5.21 We also heard concerns about the impact of whether workers were employed directly or through sub-contractors:

¹¹⁴ John Spanswick (MCG), Health and Public Services Committee, 7 June 2005.

¹¹⁵ Written submission - SERTUC

¹¹⁶ Written submission - Constructing Excellence

¹¹⁷ Public Accounts Committee, *Fifty-second report: Health and Safety Executive: Improving health and safety in the construction industry*, HMSO, December 2004

¹¹⁸ Written submission - CITB-CS

¹¹⁹ Written submission - CITB-CS

¹²⁰ Jerry Swain (UCATT), Health and Public Services Committee, 7 June 2005

¹²¹ Andrew Large, (FMB) Health and Public Services Committee, 7 June 2005

Where you have trade contractors who then sublet the work even further down the line, that is a serious problem ... We have heard about the self-employed, and perhaps the negative effect that that has. ... Part of what BAA did when they were building Terminal 5 was they said that people working on this contract must be legitimately and directly employed – and I think that has made that job one of the best jobs in Europe.¹²²

- 5.22 Regardless of employment arrangements, it is important to have good lines of accountability. We would encourage public sector clients to consider how this can be encouraged, including through enforcement of existing conditions.

most contracts say that you cannot sublet the contract unless you have the permission of the person who gave you the contract. I find that is very rarely enforced ... we need to be fully aware of who is employing who on the sites¹²³

Recommendation 6

All levels of the public sector should use their purchasing power to ensure that consideration of health and safety issues is integral to any procurement process. Contractors who do not demonstrate high health and safety standards should not be awarded public contracts.

¹²² Jerry Swain (UCATT), Health and Public Services Committee, 7 June 2005

¹²³ Jerry Swain (UCATT), Health and Public Services Committee, 7 June 2005

6. Building safety into 2012 Olympic Games

- 6.1 There is no bigger – or more significant – opportunity for the public sector to promote and showcase health and safety in construction than the preparations for the Olympic Games.
- 6.2 Over the next seven years, expenditure on the Olympic and Paralympic Games will involve almost £9 billion¹²⁴, most of it initiated by Government and public bodies.
- 6.3 Few public sector construction programmes receive the level of national and international scrutiny given to preparations for an Olympic Games – especially when things go wrong. For example, the lead-up to the 2004 Games in Athens was marred by the deaths of at least 14 workers in the construction of the main Olympic facilities, as many as 26 fatalities in the building of supporting transport infrastructure and major injuries to scores of other workers.¹²⁵
- 6.4 The glare of media attention provides a potent incentive for governments to minimise accidents on Olympic construction sites. At the same time, there is an opportunity for the public sector to use the construction programme proactively to improve the health and safety culture in the construction industry.
- 6.5 The Vancouver Organizing Committee for the 2010 Olympic and Paralympic Winter Games (VANOC) recently announced that it will use the construction of its Games venues as an opportunity to promote workplace safety. VANOC's Chief Executive, John Furlong, stated.¹²⁶

We firmly support the understanding that all workplace safety-related incidents are preventable...The attention on the building of venues and the hosting the Winter Games gives us an opportunity to create awareness and showcase a new model of workplace safety. This safety focus can be a legacy of preparing for and staging the Games.

- 6.6 The New South Wales (NSW) Government has regularly publicised the way in which facilities for the 2000 Olympic Games in Sydney were constructed on time, within budget and to the highest standards of health and safety (see box for more detail). The NSW construction industry and Sydney's Olympic Coordination Authority contend that the emphasis on safety during the Games construction programme has resulted in a general improvement in the skill and safety of NSW's construction industry beyond 2000.

Sydney 2000 Olympic Games

The construction programme for the 18 Olympic sites for the 2000 Games was one of the largest ever undertaken in Australia. The A\$3.2 billion (£1.3 billion) programme required over 7,500 workers on site and approximately 15,000 workers in off-site work.¹²⁷

¹²⁴ This amount includes £6.4 billion for roads and railways, £1 billion for Olympic Park infrastructure, £550 million for the Olympic Village and £500 million for sport venues. See "Table 6.6.2a Non-LOCOG capital investments overview", *London 2012 Candidate File*, p.105

¹²⁵ Figures from Union representatives cited in "Workers in peril at Athens sites", BBC News, 23 July 2004

¹²⁶ "Vancouver 2010 commits to excellence in Olympic and Paralympic Games venue construction safety", VANOC Press Release, 22 July 2005

¹²⁷ Webb T., *The Collaborative Games: the story behind the spectacle*, Pluto Press 2001.

Permanent sporting venues for the Olympic Games were completed months earlier than any other host city.¹²⁸ Despite the tragic death of one worker, the rate of injuries on the construction programme was about half that of the NSW construction industry average since 1991.¹²⁹

A post-Games report by Sydney's Olympic Coordination Authority (OCA) put the safe construction of facilities down to having "only major builders and contractors with well-developed OH&S and IR programs on initial bid lists" and "a conscious decision to leave the responsibility for day-to-day management of OH&S and IR issues in the hands of the contractors."¹³⁰

The NSW Premier, Bob Carr, attributed the safe construction of the Games facilities –relative to other host cities – to the close involvement of a unionised workforce and the government's early action to address skills shortages.¹³¹

In 1996, the NSW Government announced a \$10 million (£4.2 million) building and construction industry training strategy to ensure that the construction industry had the capacity and training to undertake the Olympic construction programme.

In 1997, the NSW Government and main construction unions signed a Memorandum of Understanding (MOU) to "ensure the delivery of all 2000 Olympic and related projects on time and within budget in an industrial environment of cooperation and stability." It committed all parties to:¹³²

- The highest level of occupational health, safety and rehabilitation in accordance with NSW Government policy (including all workers to have completed a properly accredited Occupational Health and Safety induction training course before commencing work on an Olympic site)
- Access to training opportunities for all building workers employed on the sites, recognising that they may come from the ranks of the long term and the young unemployed
- Commitment to compliance with the NSW Government's Code of Practice for the Construction Industry, including Code objectives
- Prohibition of illegal employment practices including illegal cash in hand payments and illegal sham subcontract arrangements.

Major contractors on Olympic sites employed a union delegate with special responsibilities in the areas of training and safety. On the Olympic Village site, the contractor established a skill centre, site induction and OH&S training to ensure that small contractors understood the commitment to safety and safe working practices.

¹²⁸ All but one of Sydney's permanent sporting venues were completed in 1999. *Official report of the XXVII Olympiad: Sydney 2000 Post Games Report*, July 2001

¹²⁹, Hansard, New South Wales Legislative Council, 10 October 2000

¹³⁰ *Official report of the XXVII Olympiad: Sydney 2000 Post Games Report*, July 2001.

¹³¹ Speech to the Labor Council of NSW, 5 October 2000.

¹³² "Memorandum of Understanding: Olympic Construction Programme", 23 December 1997

Procurement for London 2012

- 6.7 The London Olympics team has been quick off the mark. In late August, the first major Olympics contract – to place powerlines underground at the Olympic Park site – was granted.¹³³ Contracts for the development of the Aquatics Centre and Velo Park are likely to follow shortly.¹³⁴
- 6.8 A new agency – the Olympic Delivery Authority (ODA) – will be established in spring 2006 to oversee contracts to deliver Olympic Park, the venues and support facilities for all Olympic & Paralympic sports, necessary transport infrastructure and conversion of infrastructure at the conclusion of the Games. Until that time, there is a team within the LDA that is acting as an interim ODA.
- 6.9 ODA procurement of construction contractors will be determined by a broad set of principles – a draft copy of which has been provided to our Committee. For example, the draft document states:
- A key assessment criterion in the selection of contractors should be their commitment to working with the LDA/ODA and others to underpin delivery of a programme of local community involvement and benefits including: employee representation; fair and ethical employment sourcing; London living wage; supplier diversity; local labour; community benefit; training and supply chain initiatives.*¹³⁵
- 6.10 We welcome this emphasis on local procurement, training and fair conditions – as we welcomed the Mayor's earlier commitment to “promote the highest standards of environmentally sustainable design and construction for Olympic facilities.”¹³⁶
- 6.11 However, nowhere in the draft *Procurement Principles* document is there an explicit commitment to achieving the highest standards of health and safety in the construction of Olympic sites and associated infrastructure.
- 6.12 This is a significant omission – and one which must be addressed before final procurement principles are produced and any further construction contracts are let. The LDA has stated that it “is looking closely at developing policy on the health and safety of workers, particularly those in the construction industry and in relation to the Olympic Games”.¹³⁷
- 6.13 We are disappointed that despite having been active in commissioning and managing construction projects since July 2005, the LDA does not already have these policies in place. We expect the LDA to produce clear guidance for promoting health and safety in construction through all aspects of their work at the earliest possible opportunity, not just by delivering initiatives on training and development.
- 6.14 Sydney showed that lives can be saved and injuries reduced if government takes a lead on safety ahead of the Games and that the benefits of this approach last long after the Games have ended. It is essential that the Government and GLA seize the earliest opportunity to set the tone for the safest possible construction of Olympic facilities. The LDA have committed to producing policy on this and that it will “embrace Best Practice and be in place well in advance of construction

¹³³ "Major contract awarded for Olympic park", London 2012 press release, 24 August 2005

¹³⁴ (Interim) Olympic Delivery Authority, *Procurement Principles: Draft Document*, 7 September 2005.

¹³⁵ (Interim) Olympic Delivery Authority, *Procurement Principles: Draft Document*, 7 September 2005.

¹³⁶ "Mayor proposes Green Compact to boost London's Olympic bid", GLA Press Release, 5 August 2003

¹³⁷ Written evidence from the London Development Agency October 28 October 2005

work".¹³⁸ The Committee await this document with interest and expect it to learn from exemplary practice already present within the public sector.

- 6.15 We welcome the work of the LDA with the boroughs to develop a Local Training and Employment Framework for the Olympics and that this will encompass health and safety training. We consider that an on-site training centre, similar to the Canary Wharf Learning Centre (see Chapter 4), would fit well within this framework and that this should be established on the Olympic Park site.

Recommendation 7

We urge the Mayor and Government to ensure that the Olympic Delivery Authority's procurement strategy for the Games places a strong emphasis on construction health and safety.

As a first step, the current version of ODA's Procurement Principles should be amended to include a commitment to health and safety.

Recommendation 8

We would also recommend that the Mayor encourage the establishment of an on-site training centre on the Olympic Park site (with services similar to those offered at the Canary Wharf Learning Centre) at the earliest opportunity.

¹³⁸ Written evidence from the London Development Agency October 28 October 2005

Appendix A: Information sources

Written Submissions

- Association of British Insurers
- British Institute of Architectural Technologists
- CITB-ConstructionSkills
- Civil Engineering Contractors Association
- Communique PR
- Constructing Excellence
- Construction Confederation
- Construction Industry Council
- Construction Plant Hire Association
- Construction Products Association
- Construction Safety Campaign
- English Partnerships
- Federation of Master Builders
- Federation of Piling Specialists
- Health and Safety Executive
- LB Camden
- LB Haringey
- LB Tower Hamlets
- London Hazards Centre
- London Health Commission
- Regional Public Health Group – London
- Royal Borough of Greenwich
- South East Regional Trades Union Congress (SERTUC)
- Strategic Forum for Construction
- Transport and General Workers Union
- Transport for London
- Union of Construction and Allied Technical Trades

Additional written material cited:

Research into the use of ICT and E-learning for Work-based Learning in the Skills Sector: Case studies British Educational Communications and Technology Agency 2004

Committee visit to Arsenal's new ground, Emirates Stadium, 3 June 2005

Committee meeting, 7 June 2005

- Jerry Swain, Regional Secretary, Union of Construction, Allied Trades and Technicians
- Martin Gould, President, Southern and Eastern Regional Trades Union Congress
- John Spanswick, Chief Executive, Bovis Lend Lease
- Andrew Large, Director of External Affairs, Federation of Master Builders

Demonstration of Construction Skills on the Construction Health & Safety Test (CITB), 9 June 2005

Visit to Canary Wharf Learning Centre, 13 July 2005

Appendix B: Orders and translation

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Appendix C: Principles of scrutiny

The powers of the London Assembly include power to investigate and report on decisions and actions of the Mayor, or on matters relating to the principal purposes of the Greater London Authority, and on any other matters which the Assembly considers to be of importance to Londoners. In the conduct of scrutiny and investigation the Assembly abides by a number of principles.

Scrutinies:

- aim to recommend action to achieve improvements;
- are conducted with objectivity and independence;
- examine all aspects of the Mayor's strategies;
- consult widely, having regard to issues of timeliness and cost;
- are conducted in a constructive and positive manner; and
- are conducted with an awareness of the need to spend taxpayers money wisely and well.

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