

Health, Safety and Welfare - ACBA4023

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1. Executive Summary

This report evaluates the health and safety requirements for a proposed affordable housing development on Kings Road, SA1. It covers the implications of the Building Safety Act, identifies vital health and safety legislation for construction, outlines key responsibilities under CDM 2015, and includes a risk assessment to support site safety planning.

2. Introduction

Health and safety compliance in construction is not only a legal requirement but an ethical obligation to ensure worker and public wellbeing. With the construction of affordable flats in Kings Road, this report assesses the relevant legislation and practices needed to ensure a safe working environment.

3. The Building Safety Act and its Impacts

The Building Safety Act 2022 (the Act) was introduced to reform building safety legislation in direct response to the Grenfell Tower fire tragedy which claimed 72 lives in 2017. (Pennington Choices, 2022). This makes us focus on improving safety in higher-risk buildings, particularly those over 18 meters or with multiple residential units.

3.1 Overview of the Act

The Building Safety Act introduces a major improvement in building safety regulations, aimed at increasing responsibility and ensuring long-term safety across the lifespan of buildings. It was developed in response to significant failures in the construction industry.

Key features include:

New Roles Introduced:

Accountable Person: A named individual or organisation responsible for managing building safety risks during occupation (usually a project manager)

Building Safety Regulator (BSR): A person within Health and Safety, overseeing building safety and enforcing rules and regulations.

Golden Thread of Information:

A digital, updated record of safety-related data is required throughout a building's design, construction, and occupation phases. This ensures that vital information is always preserved and accessible. (this would include all H&S documentation)

Stricter Safety Standards:

Safety is now authorised from the earliest stages through to post-occupancy, with a particular focus on fire protection, structural integrity, and resident safety.

3.2 Potential Impact on the Kings Road Project

Although the Kings Road flats may not meet the high-rise threshold (18m or seven storeys), key elements of the Act still apply and should be considered:

Design and Materials:

There will be increased analysis on material choices—particularly regarding cladding, fire safety systems, and structural components. The design must clearly demonstrate compliance with the current standards.

Resident Engagement:

Even for lower-rise buildings, there is an expectation for systems that enable residents to be informed about building safety matters after occupation.

Defined Duty holder Roles:

The Act clarifies legal responsibilities for all parties, including:

Client (UWTSD Construction): Accountable for appointing competent duty holders and ensuring safety is a core project priority.

Designers and Contractors: Required to manage and document safety compliance throughout their work.

Information Management:

Accurate and complete digital records must be created and maintained. A clear and well-managed handover process will be critical to ensure long-term safety and compliance responsibilities are met.

3.3 Long-term Implications

Greater Accountability:

This creates stronger lines of responsibility across all roles. This helps ensure safer outcomes and provides a clear understanding of the liability if issues arise.

Risk of Delays or Added Costs:

Failure to plan for compliance early in the project can result in costly delays. Building safety requirements should be fixed from the outset to reduce disruption.

Training Needs:

Project staff will require training to understand their roles under the Act, including legal responsibilities, documentation standards, and communication with residents and officials.

4. Key Health and Safety Legislation and Overcoming Management Barriers

4.1 Core Health and Safety Legislation

The following key laws provide the foundation for effective health and safety management:

Health and Safety at Work etc. Act 1974

This foundational act of legislation sets out the general duties of employers to ensure the

health, safety, and welfare of their employees and others who may be affected by their work. It underpins all other health and safety regulations and applies throughout every stage of the construction process, from planning to completion.

The Management of Health and Safety at Work Regulations 1999

These regulations expand upon the duties established in the 1974 Act by requiring employers to carry out thorough risk assessments and implement necessary preventative and protective measures. This includes planning for emergencies, providing appropriate training, and appointing competent individuals to manage health and safety.

Provision and Use of Work Equipment Regulations (PUWER) 1998

PUWER ensures that all machinery and equipment used on construction sites is suitable for the intended task, properly maintained, and operated by trained personnel. Regular inspections are required to reduce the risk of mechanical failure and accidents.

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998

LOLER focuses specifically on lifting equipment, such as cranes and hoists, which are commonly used on building sites. The regulations require such equipment to be thoroughly examined at regular intervals by a competent person, and lifting operations must be carefully planned and supervised.

Control of Substances Hazardous to Health (COSHH) 2002

COSHH governs the use and control of hazardous substances, including cement dust, silica, paints, solvents, and asbestos. Under COSHH, employers must assess the risks, implement control measures (such as PPE or ventilation), and provide training and health surveillance where necessary.

Work at Height Regulations 2005

These regulations aim to prevent injuries from falls—the leading cause of fatalities in construction. They apply to all work at height where there is a risk of a fall liable to cause personal injury. This includes scaffolding, ladders, and roofing activities. Employers must ensure proper planning, use of appropriate equipment, and that those working at height are competent.

4.2 Common Barriers to Effective Health and Safety Management

Despite a strong legal framework, several barriers can obstruct effective operation of health and safety practices on construction sites:

Lack of Training and Awareness:

Workers may not fully understand the hazards they face or the proper procedures for mitigating them. This can result in unsafe practices becoming normalised on site.

Communication Gaps:

Miscommunication or lack of clear information between management, contractors, and workers can lead to misunderstandings and errors in health and safety practices.

Time and Cost Pressures:

Tight deadlines or budget constraints may encourage shortcuts, rushed work, or postponing essential safety checks, all of which increase the risk of accidents.

Cultural Attitudes:

A prevailing mindset of “getting the job done” quickly can lead to safety being viewed as an obstacle rather than a priority, undermining compliance and encouraging risky behaviour.

Inadequate Supervision:

Without consistent monitoring and enforcement of safety policies, workers may disregard rules, especially in high-pressure environments.

4.3 Overcoming These Barriers

To effectively manage health and safety and overcome the barriers identified, construction organisations should adopt a proactive and methodical approach:

Induction and Continuous Training:

All site personnel must receive comprehensive health and safety inductions before starting work. Regular toolbox talks, refresher training, and updates on changes in legislation help maintain awareness and reinforce safe behaviours.

Clear Communication Channels:

Establish effective methods for delivering health and safety information, such as noticeboards, mobile apps, and scheduled safety meetings. Open channels ensure all staff are informed and can raise concerns easily.

Dedicated Safety Officers:

Appoint full-time, qualified health and safety officers to monitor activities, enforce compliance, and provide on-site support and guidance.

Worker Engagement:

Involve workers in safety initiatives by encouraging them to report near misses, hazards, or suggestions for improvement. Anonymous reporting systems, such as drop-boxes or digital forms, can help increase participation.

Health and Safety Management Systems (HSMS):

A Health & Safety Management System (HSMS) is a systemic approach put in place by an employer to minimize the risk of injury and ill health. (ca, 2021)

5. CDM Regulations and Party Responsibilities

The client, in this case UWTSD Construction, holds a fundamental role in initiating the project and setting the tone for health and safety. Commercial clients have a crucial influence over how projects are run, including the management of health and safety risks. (HSE, 2015) This includes verifying that sufficient time and resources are allocated for each stage. The client must also formally appoint a **Principal Designer** and **Principal Contractor** in writing.

Principal Designer:

The Principal Designer is appointed to manage health and safety during the **pre-construction phase**. Their key duties include identifying and eliminating or controlling foreseeable risks during design. They are responsible for coordinating the design team to ensure that all design decisions consider the health and safety of both construction workers and future users of the

building. They must also ensure effective communication and cooperation between all parties during the design process.

Principal Contractor:

The Principal Contractor is responsible for managing the **construction phase** of the project. This includes preparing a comprehensive **Construction Phase Plan (CPP)** before any work begins. The CPP should cover site rules, risk management strategies, welfare facilities, emergency procedures, and communication protocols. The Principal Contractor must also ensure that all workers receive proper **site inductions**, that the site is secure, and that welfare facilities (such as toilets, wash stations, and rest areas) are readily available and maintained.

Designers:

All designers involved in the project must eliminate or reduce foreseeable health and safety risks through intelligent design. A designer's decisions can affect the health and safety of all those involved in constructing a building, those who use it as a workplace, and those who maintain, refurbish and eventually demolish it. (Health and Safety Executive, 2015) Designers must also provide relevant information about any unusual features or hazardous materials that require special handling during construction or future use.

Contractors:

Contractors, including subcontractors, must manage the safety of their teams. They are responsible for complying with the CPP and preparing their own site-specific Risk Assessments and Method Statements (RAMS). They must also ensure that their workers are competent and provided with adequate supervision and PPE (personal protective equipment).

Workers:

Workers on site must cooperate with their employers and other duty holders by following safety procedures, attending required training, using PPE properly, and reporting unsafe conditions or incidents promptly.

5.2 Specific Applications to Kings Road Project

For the Kings Road SA1 project, the responsibilities under CDM 2015 must be clearly defined and actively managed. UWTSD Construction, as the client, is legally required to appoint a competent Principal Designer and Principal Contractor and ensure that health and safety is prioritised throughout the project lifecycle. The Principal Contractor must develop and enforce a detailed Construction Phase Plan that addresses the specific risks associated with urban construction, such as traffic management, work at height, and public safety.

All other duty holders must work collaboratively and be fully aware of their obligations under CDM 2015. This includes sharing vital health and safety information, maintaining effective communication, and ensuring that no worker is exposed to unnecessary risk. Failure to comply could result in enforcement action from the Health and Safety Executive (HSE), including project delays, fines, or even criminal charges. Organisational competence is a key part of demonstrating the correct skills, knowledge and experience in line with the Building Safety Act (Boxall, 2023).

6. Conclusion

The construction of affordable flats at Kings Road SA1 must integrate modern safety expectations brought by the Building Safety Act, comply with core health and safety legislation, and uphold CDM Regulations. A proactive safety culture, continuous training, and clarity of roles will be key to managing risks effectively. UWTSD Construction, as the client, must lead this effort by ensuring competent appointments and diligent oversight.

7. Glossary of Terms

CDM – Construction (Design and Management) Regulations

COSHH – Control of Substances Hazardous to Health

CPP – Construction Phase Plan

HSMS – Health and Safety Management System

HSE – Health and Safety Executive

LOLER – Lifting Operations and Lifting Equipment Regulations

PUWER – Provision and Use of Work Equipment Regulations

RAMS – Risk Assessments and Method Statements

SKE – Skills, Knowledge, and Experience

8. Appendix

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9. Risk Assessment

Activity / Hazard	Potential Risks	Persons at Risk	Existing Controls	Risk Level (L/M/H)	Further Actions Required
Working at height	Falls from scaffolding, ladders or roofs	Construction workers	Scaffolding erected by competent personnel, harnesses used, edge protection fitted	High	Regular inspection of scaffolding; training for all workers on fall protection
Manual handling	Back injuries, strains, dropped loads	Labourers, delivery drivers	Manual handling training; team lifting; mechanical aids (trolleys, hoists)	Medium	Review lifting tasks regularly; promote use of lifting equipment
Use of power tools	Cuts, electric shock, hearing damage	All site workers	PAT-tested equipment; PPE including gloves, goggles, hearing protection	Medium	Toolbox talks; regular tool maintenance; enforce PPE use
Excavation work	Collapse of trench, striking buried services	Groundworkers, machine operators	Shoring and trench supports; CAT scans before digging; supervision in place	High	Continuous monitoring; emergency rescue plan in place
Moving vehicles and plant	Hit by reversing or moving vehicles	All workers and visitors	Trained operators only; banksman used; designated walkways; high-vis clothing	High	Improved signage; install reversing alarms and cameras
Slips, trips and falls	Minor to serious injuries from uneven ground or debris	All personnel	Site kept tidy; non-slip surfaces; clearly marked walkways	Medium	Daily housekeeping inspections; raise worker awareness

Hazardous substances (e.g. cement)	Skin irritation, respiratory issues	Labourers, bricklayers	COSHH assessments; gloves, masks, wash stations	Medium	Staff training on COSHH; safe storage and handling procedures
Fire risk (flammables and equipment)	Burns, smoke inhalation, explosions	Entire site	Fire extinguishers; hot works permit system; no smoking signs	High	Conduct fire drills; appoint fire marshal
Noise	Hearing loss or stress from prolonged exposure	All site workers	Ear defenders provided; restricted access to noisy areas	Medium	Regular noise monitoring; job rotation
Working in confined spaces	Asphyxiation, entrapment, toxic gases	Specific trade workers	Permit-to-work system; gas monitoring; emergency escape plan	High	Refresher training; confined space rescue team readiness