



# **Contractorisation- Aspects of health and safety in the supply chain**

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**RESEARCH REPORT 112**



# **Contractorisation- Aspects of health and safety in the supply chain**

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There is a perception within the Health and Safety Executive (HSE) that contractorisation is increasing health and safety risks through additional contractual interfaces, particularly where small companies are involved. In July 2002, Partnership Sourcing Limited (PSL) was commissioned to investigate the reality behind these perceptions and to provide information and recommendations that may be used as the basis for developing future guidance and action.

A focused investigation was undertaken with selected companies from the events, food processing and health services sectors. Two supply chains were selected in each of these sectors, consisting of a combination of customer and first and/or second tier suppliers. Questionnaires consisting of fifty short questions, targeting the key areas with numbered tick boxes for a graded response, were used at face-to-face meetings with two or three named individuals in each company, complemented by discussion to elicit wider views and opinions.

The report has been produced in two sections. The first section contains the findings of the study including the recommendations, which may be made available for general publication. The second section containing coded company information and coded interview transcripts is strictly confidential. The material remains anonymous and will only be used for internal information by the HSE.

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## FOREWORD

The Department for the Environment, Transport and the Regions / Health & Safety Commission Strategy Statement on 'Revitalising Health and Safety' published in June 2000 identified a need for a better understanding of health and safety responsibilities in contractual chains.

In response, in July 2002, HSE commissioned Partnership Sourcing Ltd (PSL) to study the perception that contractorisation was increasing health and safety risks, particularly in smaller companies.

PSL was asked to look at three different sectors in the supply chain representing a range of health and safety cultures. These sectors were: events, food processing and health services. The main purpose of the study was to establish:

- If the perception of the increased risks introduced by contractorisation is real;
- How HSE is viewed, and
- The driving force(s) for health and safety.

The study found that in the experience of the people consulted contractorisation did not present the problems that were initially suspected. The study drew out a number of positive views highlighting the benefits, including those relating to health and safety, of contractorisation. However, the study found that:

- There was a need to link health and safety issues to the driving force(s) in a sector (e.g. link health and safety in food processing to food hygiene).

HSE's role as enforcer and someone to whom people could turn to for advice were roles that did not sit easily together. A unit could be established to give authoritative advice on practical measures or act as a signposting function directing enquiries to other approved sources.

There was a need for clear and simple guidance in the format most appropriate to each sector. It could include sector specific proformas illustrating the type and level of information required for risk assessments, and provide clarification on who was responsible for health and safety (e.g. host employer or contractor).

HSE welcomes this study and acknowledges the effort put in by PSL and the contribution of its contacts. It will inform the measures to be taken to address the health and safety issues arising throughout supply chains.

Carol Grainger  
Hazards and Technical Policy Division  
The Health and Safety Executive



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# EXECUTIVE SUMMARY

## 1 BACKGROUND

The Health & Safety Commission together with the Department for the Environment, Transport and the Regions published a Strategy Statement *Revitalising Health and Safety* in June 2000. There was a perception that contractorisation was increasing health and safety risks through additional contractual interfaces, particularly where small companies were involved.

In July 2002 Partnership Sourcing Ltd (PSL) was commissioned to investigate the reality behind these perceptions and to provide information and recommendations that may be used as the basis for developing future guidance and action.

## 2 METHODOLOGY

It was agreed to focus on three sectors: events, food processing and health services were selected for investigation. Two supply chains were selected in each of these sectors, consisting of a combination of customer, first and/or second tier suppliers.

Questionnaires consisting of fifty short questions targeting the key areas, were used at a total of fifty one face-to-face meetings with two or three named individuals in each company. The questionnaires had numbered tick boxes for a graded response and were complemented by discussion to elicit wider views and opinions.

The report has been produced in two sections. The first section contains the findings of the study including the recommendations, which may be made available for general publication. The second section containing coded company information and coded interview transcripts is strictly confidential. The material remains anonymous and will only be used for internal information by the HSE.

## 3 RECOMMENDATIONS

### 3.1 Client involvement

The attitude of the end client is extremely important in determining the way in which the supply chain acts. For example, supermarkets demand absolute compliance with legislation and codes of practice in matters of food hygiene, because this is paramount to their business. They have, in turn, rigorous systems for monitoring and inspection to ensure that agreed procedures are being followed.

One of the messages emerging from the study is the absence of similar regimes for the health and safety of people at work. This was most noticeable in the events sector, where there appeared to be universal concern at the excessively long working hours traditionally worked in the industry and now being perpetuated by client pressure.

It would be beneficial if the HSE could harness the power of such clients in driving forward a more robust approach to health and safety in the supply chain. One means by which this might be achieved in an industry sector would be first to identify the key driver in the supply chain. Having done this, to seek their co-operation in linking health and safety with areas that are recognisably important in their main activities and for which they have effective procedures. This might be food hygiene for supermarkets in the food processing sector, publicity and public

relations for promoters in the events sector and patient care for the hospital trusts/NHS in the health services sector.

### **3.2 Legislation**

Many small companies claimed to experience difficulty in dealing not only with the sheer volume of legislation with which they have to comply, but also interpreting what it means in practical terms.

The HSE is seen primarily as the institution that enforces health and safety legislation. It is also perceived to be the arbiter of good practice and the organisation that people would like to be able to turn to for advice. However, these roles do not sit easily together and experiences related to us indicate that the helpfulness of the response depends on the HSE individual concerned.

Thought could be given to whether there is a role that could be fulfilled by the HSE, through the creation of a separate support group to give assistance in interpreting legislation. Such a unit could give authoritative advice on practical measures or alternatively could take the form of a signposting function directing enquiries to other approved sources.

### **3.3 Guidance**

In many instances people found that guidance did not meet their needs and even when good guidance was available, they were often unaware of its existence.

There is a need for clear and simple guidance in the format most appropriate to each sector, perhaps produced in co-operation with the relevant trade or professional representative bodies. In addition to the HSE's normal channels, it could be widely publicised and distributed through these organisations and at suitable venues or sector relevant locations that would be frequented by potential users.

Guidance was considered to be most useful when it was targeted at specific issues rather than the whole spectrum of an activity. Thus the comprehensive "purple book" produced for the events sector might be more widely used if published in separate sections that could be easily distributed to the wider workforce. A series of complementary pamphlets could be published highlighting say the 10 key points in each area of industry sectors and targeted at the customer/client.

In the events sector computer technology is commonly used as part of the day to day work process and people found it very convenient to download bite-sized sections of information for distribution. There has been a generation shift towards computers across the wider community and some thought might be given to making more use of this medium for getting information to individuals.

There appeared to be a general preference for case studies as a means of disseminating guidance, as long as they relate to the environment in which the person works. In those circumstances they were felt to be a powerful demonstration of what could happen. However, many considered that most of the case studies they had seen were not sufficiently targeted and therefore they did not really identify with them. We believe it would be beneficial to produce sector and task specific case studies focused on key areas of concern.

### **3.4 Outsourcing**

When the study commenced, there was a perception that the additional interfaces inherent in contractorisation or outsourcing had caused a significant decline in health and safety performance. However, the general picture from the comments did not reflect the problems that were initially suspected and we do not consider there is any cause for immediate alarm. In fact most of the people interviewed expressed mainly positive views highlighting the benefits, including those relating to health and safety, that they felt had accrued.

Nevertheless, there were some areas of concern, including that of responsibility and we feel it would be prudent to continue observing the effects of outsourcing in the medium term.

### **3.5 Third party responsibility**

Responsibilities must be clarified in respect of third parties. Most interviewees expected to be notified of specific risks their employees faced when visiting or working at a third party's premises and in the main considered that this was the case.

However, in line with the comment in Recommendation 4, there was considerable confusion as to who was responsible for their safety. This is an area for which the HSE could issue some clear and simple guidance.

### **3.6 Risk assessments and method statements**

There were felt to be definite health and safety benefits resulting from the production of risk assessments and method statements, but a number of people expressed dismay at the varying standards and information required, if indeed they were requested at all.

It was suggested that the HSE could produce sector-specific proformas illustrating the type and level of information desirable, including completed examples, which would provide helpful guidance to both customers and suppliers alike.



# INTRODUCTION

## 1 BACKGROUND

The Health & Safety Commission together with the Department for the Environment, Transport and the Regions published a Strategy Statement *Revitalising Health and Safety* in June 2000.

Within the section 'the modern world of work', Clause 76 identifies confusion over responsibility for health and safety in the supply chain. There is a perception that contractorisation is increasing health and safety risks through additional contractual interfaces, particularly where small companies are involved.

In July 2002 PSL was commissioned to investigate the reality behind these perceptions and to provide information and recommendations that might be used as the basis for developing future guidance and action.

## 2 AIMS

To carry out a focused investigation into selected companies, representing different industries and with particular emphasis on those with 20 to 60 employees, to determine:-

- The importance placed on health and safety in relation to aspects such as profit, quality, delivery time and workload by companies at different levels in a supply chain
- The means by which this is assessed in the selection process and monitored during operation
- The contractual arrangements for health and safety within a supply chain
- The way companies at different levels in these supply chains approach these issues and perceive the approach of the others in the chain
- Whether specific problems, or indeed benefits, have arisen as a result of these relationships
- What these smaller companies consider to be the most helpful and effective means of providing health and safety guidance.

## 3 METHODOLOGY

The Health and Safety Executive (HSE) selected three sectors to be investigated representing a range of health and safety culture.

PSL went on to:-

- Select a section from two supply chains in each of these sectors, consisting of a combination of customer, first and/or second tier suppliers
- Prepare questionnaires consisting of fifty short questions, targeting the key areas, with numbered tick boxes for a graded response
- Arrange face-to-face meetings with two or three named individuals in each company
- Facilitate answers to the questionnaire at these individual meetings, recording responses
- Conduct an open discussion with each individual to elicit wider views and opinions
- Prepare this report

The interviews were undertaken in two stages. In Stage 1, three companies were interviewed as a pilot to allow the questionnaire to be reviewed and amended if necessary. The lessons learned were incorporated in the process before proceeding with Stage 2.

Meetings were held with HSE at regular intervals throughout the project to review progress and ensure the direction of the research continued to reflect the agreed or any revised objectives.

## 4 KEY OUTPUTS

In line with the proposed outputs, the study has identified:-

- variations in accepted practice in selected industries
- whether there are specific risks arising through contractorisation that would not have existed previously
- the extent to which companies at different levels in the supply chain prepare for, understand and implement their responsibilities
- variations across these industries and supplier levels
- aspects of best practice, if appropriate, that might be introduced from one sector to others.
- recommendations in respect of the above points.

In addition it has identified:-

- what these smaller companies consider to be the most helpful and effective means of providing health and safety guidance.

The report has been produced in two sections. The first section contains the findings of the study including the recommendations, which may be made available for general publication. The second section containing coded company information and coded interview transcripts is strictly confidential. The material remains anonymous and will only be used for internal information by the HSE.

# QUESTIONNAIRE

## 1 FORMAT OF THE QUESTIONNAIRE

The questionnaire was divided into three parts.

### 1.1 Basic data

Some basic company information:-

- Organisation
- Individual
- Service

### 1.2 Tick box sections

Six sections covering:-

- 1. My company's approach to Health and Safety
- 2. Our customer's approach to Health and Safety
- 3. Our supplier's approach to Health and Safety
- 4. Responsibility for employees' Health and Safety on third party premises
- 5. The effects of outsourcing on Health and Safety
- 6. Health and Safety legislation and guidance.

These sections contained a total of fifty statements, each of which required completion of a "tick box" numbered from "1 to 6" or "not applicable". "1" represented "I strongly disagree" rising through stages to "6" representing "I strongly agree". Some of the statements in each section were mirrored in others, giving comparative views.

### 1.3 Further questions

Four general questions requesting additional information were answered where appropriate: -

- What sort of problems has arisen as a result of outsourcing?
- What sort of problems has disappeared as a result of outsourcing?
- What have you found works particularly well in ensuring people work safely?
- Has the form of contract had any effect and has it been amended to suit?

The questionnaire is fully reproduced in Appendix 1 and consolidated tables of the scores in Confidential Appendix 6.



# SECTORS AND SUPPLY CHAINS

## 1 SECTORS SELECTED

A number of sectors were considered by interested departments within the HSE and the following were selected from an eventual short list:-

- Events
- Food processing
- Health services.

## 2 SUPPLY CHAINS

### 2.1 Selection

The HSE were aware that companies and individuals would be reticent to provide sensitive information on health and safety in an open manner, if they felt that it could lead to an adverse reaction from those mentioned or subsequent visits by inspectors. It was therefore essential that confidentiality be maintained by using reference numbers in all parts of the report, with the code being known only to PSL, and to satisfy all those taking part in the survey that any comments made could not be traced to them.

Using PSL's large Partnering Knowledge Network, individuals were called who were able to provide suggestions and contacts for companies that would be suitable for this survey. Following an initial phone call, an e-mail was sent explaining in more detail the purpose of the survey and the proposed procedure.

The companies represented in this survey were willing both to co-operate and suggest other organisations along their supply chains.

### 2.2 Formation

Six arrangements were investigated consisting of up to three levels of customer, first and second tier supplier at varying positions within the overall supply chain. Confidential Appendix 2 details the relationship between the companies, which is represented schematically in Figure 1 below.

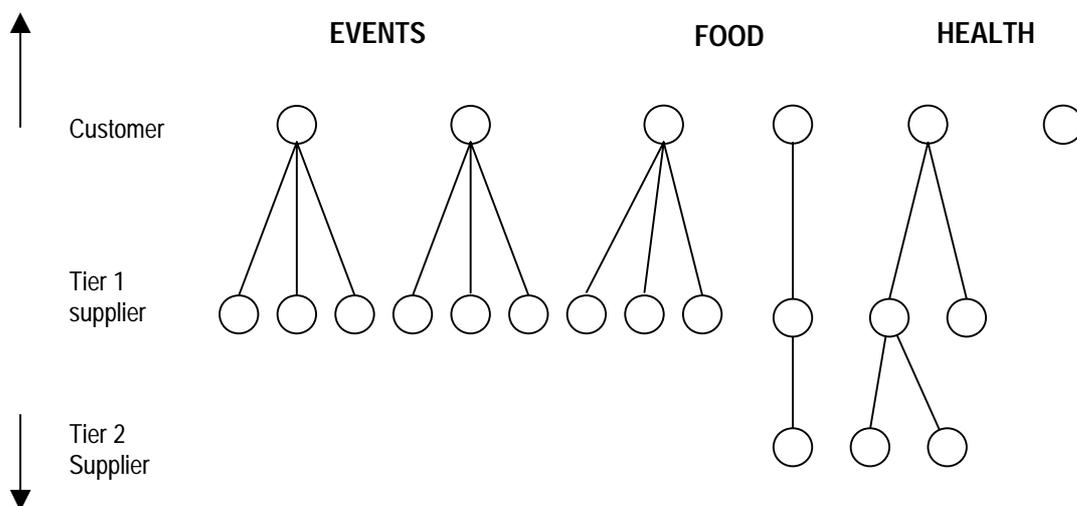


Figure 1 Representation of supply chains



# INTERVIEWS

## 1 SELECTION OF INTERVIEWEES

The main contact in each of the companies nominated others in their company who had experience of, or responsibility in, the relationship. A summary of their roles is included in Confidential Appendix 3.

## 2 CONDUCT OF THE INTERVIEWS

The individual interviews lasted no more than an hour, with two or three selected personnel from each company. The completion of the simple "tick box" questionnaire was followed up after each section, by discussion on the reasons behind the scoring and any additional comments.

The scoring system was designed to act as a prompt for discussion by forcing people to think about why they gave the marks they did. The resulting scores may be used as a general indication of trends, but the limited sample was always considered to be too small for any significant statistical analysis.

Discussion took place immediately after the marking of each section, before going on to the next, to elicit relevant comments based on actual experience. At the outset it was acknowledged and expected that there would inevitably be some variation in the views expressed, but within the number of responses received it was possible to detect general trends or concerns.

Confidentiality was stressed to each of the participants in respect of the HSE, other organisations in their supply chains and colleagues in their own company. Each was allocated a code number, known only to PSL, which is the sole form of reference used throughout the detailed information contained in the confidential appendices. This created an environment in which they were able to express their views freely and openly, resulting in occasionally forthright statements. We have not attempted to change any of the comments, nor have we been able to verify their validity as this was outside the scope of this study.

Basic company details are included in Confidential Appendix 4. The comments are reproduced in the interview transcripts in Confidential Appendix 5 and occasionally quoted in the text of this report.



# ISSUES EMERGING FROM THE INTERVIEWS

The issues emerging from the interviews have been set out separately for each sector under six headings, broadly representing those in the questionnaire. They focus on the key outputs noted in the Introduction Part 4.

## 1 EVENTS SECTOR

### 1.1 The supply chain

#### *Onward customers - promoters/clients*

The customers in the part of the supply chain used in this survey were production companies whose end customers (stopping short of the public) are promoters, although venues are also an important factor in the onward chain.

A much repeated complaint was that the promotion companies were driven by cost and had little knowledge of, or interest in, health and safety matters. For example, "If our price was even a couple of thousand pounds more expensive as a result of additional safety provision, they'd go to the other company." Organisations along the supply chain considered themselves the prime movers as far as health and safety was concerned; it was compliance with their own internal requirements that provided the standard on site.

Where influence came from above it was generally considered to be from the major venues, a typical comment being, "Very often it is the venue that requires an health and safety compliance rather than the promoter, who is generally our customer."

It was considered that the exhibition halls have stringent requirements, combined with effective control procedures to ensure compliance. Hotels, which often staged large conferences or launches, were not felt to be in the same league. For example, "The input varies from venue to venue: the large conference centres generally have a dedicated health and safety advisor whereas hotels will rely on their manager."

One interviewee expressed surprise that, even though theatres are licensed by their local authority, very often there was little regard paid to health and safety. Another stated on the same theme that, "other prestigious venues such as xxxx don't require anything and we have worked for four years on xxxx without any requirements."

However, the most serious threat to health and safety was universally agreed, by the companies interviewed, to be the long hours traditionally worked in the industry - a state of affairs that was allegedly being perpetuated by clients.

It was claimed that the promoter would generally not recognise the need to reduce the individual's working day by accepting the cost of additional crews. Those production companies and specialist contractors that sought to do so, were often undercut by others willing to work excessively long hours and take the risk of accidents due to overtiredness.

There were many examples from all types of company, but some typical comments include, "Working hours is a big issue for suppliers. People are hired for a day (nominally eight hours), but invariably events will entail work at either end of the client's day ... and the client will insist they only have one day allowed in their budget. It is not just a question of money - people are tired and that is when accidents happen"; "The biggest risk is in the long hours the industry is

forced to work. Clients will not pay for extra crew and there's always someone who'll accept the hours"; and "I was in discussion with one of the most senior clients, briefly, who insisted we shave off cost and was frustrated that we were not prepared to work our people until 3am as part of a single day."

### ***Production companies***

The production companies considered they had a responsible approach to health and safety and either had, or were moving towards, formal systems. In the main the Tier 1 suppliers appeared to support this view although one interviewee suggested the impetus came from further up the chain. For example, "Regarding production companies in general, three or four years ago very few requested risk assessments, but this is now common. It is mainly driven by the venues."

They appeared to be somewhat caught between the client and their specialist suppliers in respect of the long working hours, but some appeared to be taking an increasingly robust stance in turning down such work. One responded, "... we will no longer concede to clients who demand that people work through the night, attend the show the next day and then drive home. We insist on a new crew." However, some of the suppliers still felt that production companies bowed to this pressure.

Health and safety was generally not covered in their selection or monitoring procedures for the supply chain and there was a feeling that this was something that could be investigated.

### ***Tier 1 - specialist suppliers (audio/video, lighting, staging)***

Most of the specialist suppliers had a professional approach to health and safety and appeared committed to further improvements. Some had employed safety consultants and when this was no longer viable on a full-time basis had continued this part-time. There was considerable emphasis on formalising procedures and many produced risk assessments as a matter of course, whether requested or not. One of the interviewees said, "We now put all senior people on sites through a health and safety risk assessment course so they have the ability to see whether situations are safe and if not the confidence and authority to tell the production manager."

There are also very small companies in this field that claimed there was insufficient time to attend courses nor the resources to search out sources of information. They did not have many recognisable systems, but prided themselves on the competence, experience and common sense of their employees. For example, "There is risk in most things we do - the tools we use, climbing ladders. We only use competent people - it's mainly a question of common sense. If, for example, someone was presented with a circular saw without a guard, he wouldn't use it."

The PSA was quoted as an industry representative body that had been trying to arrange relevant training courses and sent out safety bulletins on matters of current interest. There was a desire expressed that the authority of this body be raised and that more interaction take place with the HSE.

Some quoted the macho nature of the people in the industry, particularly riggers, making it difficult to ensure that minor accidents were reported. For example, "We have difficulty persuading people to report minor accidents such as cuts or bruises because of the macho nature of the individuals, and are continually trying to improve this." The general approach was that of working towards improving safety by education and training. One supplier noted that, "If a sub-contractor or freelancer does something unsafely, we'll bring them in and train them on the equipment ..... our initial reaction is not to dismiss them - we want to keep people in the industry".

## **Freelancers**

Much of the industry relies on freelancers who provide the flexibility demanded by the need to satisfy the highly , reputations travel quickly and once tarnished are not easily repaired. A fairly typical view was, "Our freelancers are well trained and we generally have good working relationships with them. The crews have an influence on who they work with and will not want to do so if they feel their safety is being compromised."

There was a whole range of views on the virtues of freelancers, perhaps summed up as being competent, but harder to manage. A few of the comments received were, "Most don't understand their responsibilities although they do the job well." "They will refuse to do something if they think it is unsafe" and "Freelancers are harder to manage, including the H&S aspects, than direct employees who would be more accountable."

However, the main area of concern arises from the fact that when a freelancer appears on site, no-one knows whether he has just come off an excessively long shift with another company. This is of course very much in line with the pressure to work excessive hours and may unknowingly expose companies to an increased risk of accidents. A typical comment was, "If a crew member turns up on site with no safety equipment and is clearly not competent he is sent away. However, it's difficult to see whether he's been working long hours and is tired."

### **1.2 Third party responsibility**

One of the common areas of confusion was that of responsibility for the health and safety of employees when third parties are involved. In responding to the statements "The third party is responsible for our employees on their premises" and "We are responsible for the safety of third party employees on our premises" interviewees had difficulty in reconciling the two and spent some time thinking about their response.

There was a wide range of responses. From, "I am responsible for my employees wherever they are", tempered by views such as "when my employees are on someone else's premises I have no direct control, so the third party must be responsible or at least have a duty of care" through to, "the third party is responsible for our people when on his premises, but they are not always aware of this." Conversely most reacted fairly quickly and positively to the latter statement with the general view that, "I am responsible for a third party's employees when they are on my premises."

### **1.3 Effects of outsourcing**

The survey covered supply chains with multiple interfaces and was not restricted to examples of outsourcing alone.

The view of interviewees was that despite the additional external interfaces introduced by outsourcing, or maintaining specialist companies in a supply chain, the overall result was beneficial in terms of operational service and safety. For example, "There are fewer people doing jobs they are not specifically qualified to do ...in the 1980's electricians were having to use hammer and nails etc to put up lighting assemblies, but now this is done by specialists. Similarly, "...our people would do our own pyro and flash powder but again we now get this done by specialists" and "I think that we do work more safely by using specialist companies".

Some expressed concerns about the question of responsibility, "Additional interfaces have not clarified responsibility. There are lots of grey areas as to how responsibility is passed on and where the buck stops if anything happens".

Another aspect mentioned was that of additional management requirements, "It is not necessarily easier to manage as you have to deal with employees of other companies and this needs a strong manager" and "Managing the interfaces not necessarily easier as having to chase different companies for information, but they are more effective .....".

#### **1.4 Legislation and guidance**

There was widespread feeling that they worked under legislation that did not appear relevant for much of the events environment and claimed it had been inherited from the theatre or the construction industry. There were alleged to be many contradictions, with comments such as, "The government doesn't understand our industry. It has theatre kitchens grouped in with the erection of stages and we have to cover all eventualities whether relevant or not" and "Our consultant has to apply the regulations as he interprets them - we want clear guidelines". Particular concern was raised regarding parts of the electricity regulations, "The requirements of PAT testing, although sometimes sensible, are often absurd. The objective is to ensure equipment is safe, but often we are required to provide paperwork to prove totally irrelevant information."

There appeared to be a lack of awareness as to the existence of specific guidance material. In particular, what seemed like a comprehensive document covering all aspects of health and safety relating to events was only mentioned once or twice. In a comment seemingly confirming its limited circulation, one interviewee stated, "There is an HSE guidance book called *Events Safety Guide - Managing and Producing Events*, which is good. We use it all the time, but it is not sufficiently visible to clients".

Some were members of the PSA and received safety bulletins. There was a suggestion that if there was closer liaison with the HSE, valuable input from practitioners could lead to better understanding of the sector.

People in this sector are very technology orientated and many undertake a significant part of their work on the computer. Obtaining health and safety information over the web was the most popular means of dissemination. Relevant case studies were also considered to be very useful. For example, " We find it easy to log on to web-sites and material can be downloaded if useful" and "Case studies are useful - they're like a story that's easy to understand".

#### **1.5 Ensuring people work safely**

Many of the comments related to site conditions although risk assessments were thought to be effective as long as they were seen and understood by the people at risk. Some examples were, "Clear access and exits"; "A tidy site - especially no loose cables"; and "Ensuring that risk assessments are given to our personnel, including freelancers".

#### **1.6 Effect of the form of contract**

There appeared to be no contract used in the industry and typical comments were, "there is generally no contract" and "we don't operate under any form of contract so this has no effect".

There appeared to have been discussion by at least one company of moving things forward in some respects. "We have talked of providing a charter for freelancers by which they would have to abide on aspects such as safety."

## **2 FOOD PROCESSING SECTOR**

### **2.1 The supply chain**

#### ***Onward customers - supermarkets/retail outlets***

The customers in the part of the supply chain used in this survey, were food processing companies whose end customers (stopping short of the consumer) were supermarkets, large retail outlets or brand names in food production. In some cases there is a broker, who is the immediate customer dealing in turn with these organisations.

These end customers take a great interest in food hygiene and have rigorous systems for checking the compliance of their suppliers in accordance with the regulations. There was a clear distinction between the approach to safety in terms of measures to ensure the safety of the food product through the supply chain and that for the health and safety of the people employed, in which there was little interest. For example, "Some of our major end customers (household names in confectionery and bakery) do take an active interest in aspects such as hygiene, quality and housekeeping, but not safety" and "They don't check us from a health and safety perspective, but if this was answered from a hygiene/food safety point of view, the scores in the questionnaire sheet would all be 6".

One company considered that "health and safety would have been more of an issue with customers if we had been producing customers' own brand products".

Where they are involved, it was stated that brokers have no interest whatsoever in health and safety, their only concern being financial.

#### ***Food processing companies***

As with the onward customers noted above, there was "..... differentiation between health and safety of employees and hygiene where food production areas are concerned".

One company distinguished between the attitude of directors at head office and senior managers at the production facility who were trying to introduce effective systems. A manager commented, "The directors no doubt feel they are fully committed, but there is no comparison with the attention paid to production, commercial matters or quality. For example, health and safety is not discussed as an item at Board Meetings".

The attitude of the end customer clearly has an effect on the extent to which issues are addressed. For example, "There has been greater emphasis on health and safety issues more recently, mainly because of increased involvement with supplying the supermarket chains". One of the suppliers mentioned this aspect, in that, "Many of them [smaller food manufacturers] do not follow good codes of practice such as colour coding. These recommended best practices have been introduced by major suppliers/manufacturers and end customers such as the large supermarkets".

Selection procedures for suppliers generally appear to make no provision for health and safety and in one case, "Suppliers are selected on commercial criteria with some attention to quality, but safety does not feature. A cleaning company engaged on this basis had to be dismissed recently". Another commented "I do not know what my suppliers attitude is and I am not concerned to know."

In some cases there were the seeds of acknowledging that rather than just criticise their suppliers, they needed to raise the profile themselves. For example, "I feel xxxx are not really concerned with health and safety. They have not come and discussed this with us, but on the other hand nor have we done so with them."

Tier 1 suppliers generally felt that these customers take no interest in their health and safety procedures, a typical reaction being, "they have never checked to see that we adhere to our statements, don't monitor our performance nor check that we use competent people" and "health and safety is never covered in our contracts".

### ***Tier 1 and Tier 2***

Many of these were smaller companies that were generally less aware of health and safety legislation and had fewer formal procedures. Information and procedures generally came through having to satisfy the requirements of large customers or suppliers.

They claimed not to have the resources, or the time, to make themselves aware of changes in legislation, send people on training courses or to maintain sophisticated health and safety systems. One comment was "As a small company it is difficult to take people off line for training as we just don't have any replacements and rely totally on those that we have. Large companies are able to send people on courses and temporarily spread their work amongst the others. We do, however, give formal half hour safety inductions to all new starters, wherever possible, on their first day. If we cannot do this, an informal induction is given by their supervisor and followed up in the next few days". With regard to the latter point, perhaps a more typical reaction was, "We should be doing more on our induction procedures and will now look at this with a view to improving in the future".

On the other hand, companies felt strongly that they work safely as a result of their experience, competence and a more personal involvement and care by the principals. Whereas large organisations may appreciate the logic that good health and safety makes economic sense, these small companies felt immediately and directly, all aspects of the cost of accidents. One commented, "I really see the cost of accidents. They are disruptive and I have to get somebody else to do that person's job. We had an accident ten weeks ago, which coincided with holidays and it caused enormous problems. In addition to losing the employee for some weeks, as we are a small company I also felt responsible so continued to pay his wages while he did virtually nothing."

Training both in technical skills and safety was generally said to be provided by working alongside older, experienced employees.

Again, the difference in approach to food hygiene and health and safety was apparent in the typical response of one of these companies with regard to their suppliers, "Although we ensure our suppliers cover all the requirements relating to meat hygiene and therefore assume the cleanliness of their premises, we don't consider anything to do with the health and safety of their personnel."

A large transport company in one of the supply chains had far more extensive formal health and safety systems, highlighting a difference in approach, possibly as result of the culture in their industry sector. In addition to other formal procedures health and safety was a permanent agenda item for board meetings.

## **2.2 Third party responsibility**

There was confusion in respect of responsibility for the health and safety of employees when third parties are involved, but most interviewees tended to feel that there was joint responsibility. For example, "I think there is shared responsibility, but some take it more seriously than others" and "We are responsible for our employees, however the owner of the premises has responsibility for all the people on his premises".

## **2.3 Effects of outsourcing**

The survey covered supply chains with multiple interfaces and was not restricted to examples of outsourcing alone.

The general feeling was that outsourcing was beneficial in many ways, including health and safety. It enabled companies to concentrate on their core business, while getting the benefit of specialist expertise from others. For example, "I think it is beneficial in allowing us to concentrate on our core activities rather than being spread over a number of functions. Specialist suppliers are able to use their expertise and focus on the ancillary activities where we could not give 100% attention" and "Overall there has been an improvement in production and the quality of the product".

There were also specific health and safety benefits mentioned, such as, "Safety has improved as we no longer use knives in the production process and there is less manual handling" and "With the right partner outsourcing improves working practices, working conditions and profitability". The additional interfaces were considered, on the whole, to have had a positive effect, with comments such as, "I think the additional interfaces have helped and I would expect the individual to have more expertise and, as such, he will take more precautions" and "..... the fact that different companies are involved does make you think about some of the issues in advance."

However, the differentiation between food hygiene and health and safety was still uppermost, as in, "I think that cleaning in the food areas is too important to outsource. However, this is also highly influenced by the fact that it is an integral part of the machine operator's job to keep it and the immediate area clean all the time, which cannot be separated nor be economically viable if it were."

The fact that specialist suppliers came from another sector sometimes meant they brought in more applicable and safer procedures. For example, "In a previous company the boiler house was the responsibility of one of the major energy suppliers and they worked under far more stringent measures."

Some mentioned potential pitfalls, but appeared by virtue of their awareness to be controlling them. Examples are, "There is a danger that when services are outsourced people may abdicate, rather than delegate, their responsibility for health and safety. There is a tendency to assume that giving responsibility to another relieves you of legislative duties, but this is not the case" and "We lose some ownership and have to put more trust in other people."

In some cases the outsourced services had been selected by the customer and then transferred to their Tier 1 facilities manager as a Tier 2 supplier. This created a less than ideal situation in which the Tier 2 supplier did not have the same degree of involvement and therefore felt, to some degree, less responsible. Also, when the Tier 2 supplier had a more frequent presence on site than the Tier 1 supplier, there was some frustration expressed by a customer at having to go through the correct channels, "There is some additional difficulty in managing people through

an intermediary. If we want some thing done by our cleaners, we have to go through the facilities manager thus diluting the message and feedback. We have some concern as to how quickly and accurately the message gets down the chain.”

## **2.4 Legislation and guidance**

The legislation was not really understood by most of the interviewees, particularly in the smaller companies, and they often found it difficult to get appropriate guidance. Typical comments were, "sometimes it is a burden in so far as we find ourselves doing things for the sake of legislation without understanding the reasons - just like going through the motion of ticking boxes without apparent benefit," and "We don't know all the relevant legislation and I certainly don't understand the objectives."

There was often difficulty with regard to interpretation and one respondent stated, " We have asked the HSE for advice, but they have not been helpful, stating that they are not a free consultation service. We would like more support I don't think the legislation is clear." On the other hand, highlighting the difference in individual approaches, another company replied that, "In handling chemicals at our premises we found the HSE inspectors provided free advice, helpful suggestions and guidance booklets. I don't believe they publicise this helpful side sufficiently."

In common with the events sector, a particular aspect singled out with a plea for interpretation was in the Electricity at Work Regulations. One interviewee said, "The Electricity at Work Regulations are a definite burden, particularly in respect of the PAT (Portable Appliance Tests), where there is no differentiation between degrees of risk. Generally we and customers have to go to the extreme as we are unable to get any guidance from the HSE. There is also confusion over whether the customer or supplier is responsible for doing the testing once an appliance has been installed and is working. Everyone appears to interpret the regulations differently and the HSE inspectors merely quote chapter and verse saying specific situations have yet to be tested in court. Clear guidance is needed."

The most popular forms of guidance were printed leaflets followed by case studies, particularly if the latter were relevant. For example, "Case studies would help to bring particular situations to life" and "Case studies would be useful if they showed relevant accidents at work, which in our case could be using knives. Maybe this would jar people into action."

## **2.5 Ensuring people work safely**

There was great emphasis on the practical side of any training with guidance and experience on the job. Typical replies were, "Working with people who are experienced and tell others what to do and how to do it" and "Our training is through an on the job buddy/mentoring system, where an inexperienced person works closely with someone who is experienced and competent".

Many interviewees in the smaller companies talked about employing people in the first place with common sense and a level of competence, such as, "The selection of mature, well trained employees ensures that they have good experience of similar work". This was felt to have other benefits in that listening to staff comments and concerns resulted in "good ideas from the people who are actually doing the job".

Most stressed the importance of repeating the safety message day in day out and high on the list was health and safety induction both for new employees and on third party premises. One supplier drew attention to the need for appropriate induction, as in the past: "Although only maintaining vending machines our employees have been required to sit through excessive one day induction courses (at our expense), covering aspects such as crawling across factory roofs.

We now try and generally succeed in obtaining one or two hour inductions covering general and hazardous areas likely to be experienced by our employees, otherwise they do not take any of it seriously."

In one company, people actually doing the work were involved in the production of safety procedures, particularly risk assessments and safe systems of work: "We try to ensure that people at risk do the risk assessments themselves, so as to encourage ownership."

Prior to introducing risk assessments and method statements, one customer had appointed a supplier to provide laundry services and it transpired that, "...the loads were too heavy to carry and after some discussion it was agreed to reduce the size of the parcels. However this required a greater number of journeys up several flights of stairs. The attitude of the customer was unhelpful and regardless of the changes in procedure the operative handed in her notice." They considered these procedures would now identify such safety related aspects in advance.

## **2.6 Effect of the form of contract**

Most companies claimed they were not working under any formal contract. There were many comments like, "There is no contract as such, but a sales document with specification" or "There are no written contracts, it's all done by word of mouth."

One of the larger companies had been addressing this aspect and as a result of this survey may now take health and safety into account. They said that, "Formal contracts are still under development and at the moment we are operating under oral agreements. However, these contracts will be commercially orientated and do not address health and safety. Perhaps this is something we ought to consider." Another noted, "The contracts we have signed do not cover health and safety. However as a result of this survey we will look at including a relevant health and safety section in our service agreements."

A Tier 2 supplier commented that, "Contracts do not as a rule address health and safety issues. We do, however, face an ever greater number of increasingly long questionnaires covering health and safety and terms and conditions that are unfair or obscure and which we feel are merely an attempt to pass down responsibility to an inappropriate level. It would be helpful if there was guidance for companies on what they needed to ask in these questionnaires. For example, I feel the DVLA have a clear, succinct 2 page questionnaire that demands sensible and appropriate information."

## **3 HEALTH SERVICES SECTOR**

### **3.1 The supply chain**

#### ***Onward customers - hospital trusts/NHS***

The customers in the part of the supply chain used in this survey, were discrete units in the hospitals that managed the service in question. Their onward customer was either the hospital trust or, in one case, homecare patients.

There was scepticism right through the supply chain as to the attention paid by the end customer to matters of health and safety relating to employees. For example, "The NHS thinks about health and safety, but it is not enforced" and "lip service can often be paid to health and safety matters".

From the supplier's perspective, there was sometimes a linkage of the hospital trust and the supervisory/specialist unit, appearing to refer to the former as their customer in their comments. A typical comment was that hospital trusts were very similar and showed little interest in health and safety. In one case their commitment was compared unfavourably to that in the private sector.

There was, however, a view that NHS procedures would shortly include controls assurance and risk assessments, leading to greater accountability.

### ***Hospital supervisory/specialist units***

These units considered that they were providing a more professional and effective service than had hitherto been the case, but believed they still had a long way to go in improving the attitude of a vast organisation. It was claimed that dissatisfaction was being addressed and decisions taken with companies and individuals in a way that would not have been possible before.

There did not appear to be stringent processes for checking health and safety when selecting suppliers, but this was based on an initial face value assessment of the response to questions and then on experience gained through working together. However, one was considering including health and safety as part of their selection procedures. Auditing procedures were not said to include health and safety specifically. For example, one supplier said, "We have never been questioned specifically about anything unless and until something goes wrong, and this is very rare."

Some of the comments by suppliers about their customer may have been aimed at the NHS hospital trust rather than this part of the organisation. Waste disposal was considered to have improved, but there was concern that clinical waste was still being placed in the wrong containers. However, it was felt that these instances were dealt with better than previously and the message was taken back to the individuals concerned. One supplier commented, "As regards the NHS, they have come a long way in ten years – they used to be extremely cavalier. I believe we have helped in educating them. Ten years ago it was common for them to put clinical waste in domestic disposal bins." Other suppliers also had more regard for the supervisory unit and felt there was reasonable vetting prior to appointment, followed by regular auditing, although this appeared to be aimed at performance.

### ***Tier 1 suppliers***

The suppliers were generally considered, both by themselves and the customer, to be experts in their field and to be providing a good service with due regard for health and safety. One customer said, "The centre manager looks after our requirements and will not budge on matters of health and safety."

They had health and safety procedures that related directly to their service, which were driven by their own requirements rather than those of their customer. Depending on size, they either had a Safety Officer or someone who was responsible and appeared to take this seriously. For example, "We place great emphasis on health and safety and have a national Health and Safety manager".

There was an awareness of prevention with regard to safety and willingness to share this information. One supplier stated, "Our reporting procedures are very good and we are just testing some software for on-line reporting, through which we will be able to share information so that everyone can see what's happening... We also encourage the reporting of near misses in order to be aware of potential accidents."

Their own suppliers appeared to be selected by virtue of knowledge from existing relationships rather than a formal process that included health and safety assessment, although one stated, "We do ensure that our suppliers take health and safety seriously and have appropriate procedures". One of the Tier 2 suppliers remarked, "They did not specifically question our procedures but, as a result of our long-standing relationship, they know that we have good systems and have demonstrated safe and competent performance."

### ***Tier 2 suppliers***

The Tier 1 suppliers generally thought that their suppliers were good where they had selected them. Occasionally, however, the supplier was passed on by the customer and the views were not so positive.

In common with the Tier 1 suppliers not appearing to differentiate between those in the hospital hierarchy, the Tier 2 suppliers occasionally identified more directly with the hospital as customer, due to their daily contact, rather than their Tier 1 contractual customer.

Their approach to health and safety was again driven by their own procedures, often as a result of operating in other industrial sectors. One supplier commented, "Health and safety has been high profile in other parts of our business, particularly on the construction side. We would now commonly provide risk assessments and method statements for each project".

### ***Onward suppliers***

One of the suppliers referred to the agencies they occasionally use to recruit drivers in emergencies: "Their senior managers may be focused on health and safety as a result of insurance requirements, but I don't think this is the case with their general staff." In order to deal with this they limit the number of agencies used to build better relationships and attempt to train agency staff in their company procedures when they arrive on site.

## **3.2 Third party responsibility**

There was some confusion over responsibility for the health and safety of employees when third parties are involved, although in general people felt they were responsible for employees wherever they were. They considered that others had a duty of care. For example, "How can they be responsible for our employees? We are always responsible, although they have a duty of care" and "I am totally responsible for our employees, but so are the third parties."

There was a strong feeling that their employees would refuse to continue working if they considered conditions were unsafe.

## **3.3 Effects of outsourcing**

The survey covered supply chains with multiple interfaces and was not restricted to examples of outsourcing alone.

These departments all considered that they had better service in most aspects as a result of outsourcing, including health and safety. For example, ""In ten years I have had some eight or ten outsourced contractors and have received far better service in every case"

This ranged from improving their own knowledge of the requirements, such as, "... superb as far as health and safety is concerned and I have learned a lot from them" to the belief that it had

mitigated some of the risks they faced, "Our outsourced contractors have taken on responsibility and effectively removed the threat of legal action from us".

In one case where the service had been unsatisfactory, there was now the ability to change and a mutually satisfactory solution was being worked out by other parties in the supply chain. There was a feeling that this could not easily have happened when the service was provided in-house and that the unsatisfactory situation may have continued indefinitely. One interviewee stated, "NHS employees always seemed to find a way round the system to ensure they did as little as possible and took as many days off sick as they possibly could. Now outsourcing gets the job done properly". This view was supported by others, such as, "We are detached from the NHS and not embroiled in their procedures. We are able to make things happen and can, for example, fine someone or even dismiss them if circumstances require. This would never happen in an organisation like the NHS".

Most of the reaction to the number of interfaces was that it was beneficial to health and safety. It was suggested that, "It has made incident reporting and identification better" and "The interfaces resulting from the managed stores and facilities management has promoted a great deal of discussion which has helped to identify potential hazards". In fact, the use of external suppliers with their own procedures appeared to introduce other benefits, such as, "A number of unsafe methods of working have been improved as a result of providing method statements and risk assessments, due to these interfaces" and "I think that the additional interfaces do help us to highlight problems in advance, as we see things in a different and more focused way".

It was stated in respect of these interfaces that, "I don't think there has been any significant clarification of responsibilities", although nobody raised it as a significant problem.

It was considered generally that companies were operating in their core businesses and were not only bound to be more effective, but that they would not expect in-house departments to be able to achieve their level of expertise. For example, "I think that we take health and safety more seriously than the NHS and believe that the process is far safer as a result of outsourcing. I'd be staggered if the NHS had procedures for near misses" and "I am absolutely certain that the operation is carried out more safely now that we are involved".

Some other procedures appear to have been instituted, leading to better control. For example, "Areas in which we now do well and which we didn't do at all before contracts were let are named contacts, regular agendas, monitoring meetings, clear allocation of actions and follow-up" and "Early problems were solved by hard talk and rare problems are now solved by joint resolutions".

An important area of particular benefit to nurses, has been a reduction in manual handling due to the better performance of the external contractor. For example, " They will actually stock the supply unit in the hospital, rather than leaving it for hospital staff to carry out" and this also applied to home patients where, "They also make home deliveries right to where patients need the supplies/equipment".

### **3.4 Legislation and guidance**

As in other sectors there was difficulty for individuals regarding awareness and understanding of the legislation, unless organisations were large enough to maintain a dedicated safety department or officer. For example "I don't think the Management Regulations are clear, but that may not be the fault of the documentation. I often find it difficult to locate the specific points I am looking for, which tend to be buried somewhere in the text".

There were comments about the problem of interpretation, such as, "I don't think the legislation is particularly clear, as there are too many vague definitions and we are told to ask the lawyers". A common type of response was, "I wouldn't say that I know much about the legislation or guidelines, but work on commonsense".

The comment was made that "The usefulness of the guidance format depends on whom it is targeted – all have their uses". Leaflets were considered to be best format followed by relevant case studies, but where the latter hit the mark they were really powerful. For example, "Case studies are very good when they are relevant to our activities" and "Case studies make your eyes pop open when you see what can happen". Videos were considered useful for training purposes.

### **3.5 Ensuring people work safely**

Once again the emphasis was on constantly reminding people of the right way to do things. Many people used phrases such as, " We keep on and on telling people how important specific aspects are" and " We continually tell people when we think they are acting in an unsafe manner to ensure we drive the message home".

Having said this, one interviewee stressed how important it was to walk the talk and to ensure that everyone knows that you mean what you say, continuing, "If people know what standards are expected, they will provide them. This goes for Health and Safety standards as well".

Maintaining a high profile for health and safety was another means of conveying company commitment and two further examples noted were, "We have a large notice board in the plant, announcing the number of accident-free days ..... and everybody is extremely proud of this achievement" and "health and safety information and updates are always on the first page of our monthly newsletter, ensuring a high profile".

One company had developed a highly effective no-blame procedure for encouraging their employees to complete lots of incident reports covering relatively minor things such as, "bins not locked, overhanging trees or uneven ground, which if nipped in the bud can prevent accidents". They also stressed that, "It is always good to make sure that a report is given back to staff once incidents have been investigated, thus creating a regime where staff's comments and views are taken seriously".

Initial induction and continuous training were cited, with one of the most effective means of training considered to be by example, such as, "Taking new drivers out with experienced drivers and showing them the best way to move and pick up the wheelie bins".

### **3.6 Effect of the form of contract**

There is apparently a standard contract for procurement, but there did not appear to be much knowledge of what was included in respect of health and safety.

However, it was not thought to have had any special effect on health and safety with comments from suppliers such as, "There may be some mention of Health and Safety in the contract, but it doesn't really carry any weight" and "I don't think that the NHS puts health and safety in the contract, but we include a section in our quotations, defining our responsibilities". This was confirmed by one customer with, "I don't think the contract has had any effect. We tend to have a fairly bland sentence, saying something like they will comply with all Health and Safety legislation".

## 4 TRENDS FROM THE SCORES

The tables reproduced below have been compiled from the scores recorded in the questionnaires and indicate trends reflected in some of the comments in the sections above.

The scores in Table 1 are the average for all the questions in each of the six sections separated into the three industry sectors. Thus the first column represents the interviewee's perception of their own company; the second column, their perceptions of their customer wherever they are in the supply chain; and so on.

The lowest score of 3.56 for customers attitude in the events sector confirms the strong views expressed that they took little or no interest in health and safety.

The only other scores below 4 are in the section on legislation and guidance for the events and food processing sectors. The significantly higher score in this section for the health sector, possibly arises as the main service selected was waste disposal, which is highly legislated and controlled and the companies interviewed were specialist suppliers.

The section with the highest average scores is that in connection with third party premises. One question has been omitted in calculating the average and is noted below, as it had an inverted scoring regime i.e. the highest score denoted a negative position rather than a positive one. The high scores reflected the general assertion that companies considered themselves responsible for third party employees on their premises, the notification of safety hazards and the positive behaviour of employees.

In two sectors, scores given for the statement omitted from this average, "the third party is responsible for our employees on their premises", reflect the uncertainty expressed in the comments, but indicate on balance that the third party is more responsible. In the events sector there was still uncertainty, but on balance a greater feeling of their own responsibility. The average scores for this question from each sector were:-

Events	2.78
Food processing	4.73
Health services	4.17

Universally, companies considered themselves to be better than their customers and their suppliers in matters of health and safety. Their suppliers fared better than their customers, perhaps because they selected them, with the exception of food processing. This may be explained by the fact that some Tier 2 suppliers had been selected by the customer and transferred to be the responsibility of the Tier 1 supplier.

**Table 1** Average Score for each section

	<i>My company's approach</i>	<i>Our customer's approach</i>	<i>Our supplier's approach</i>	<i>Responsibility on 3<sup>rd</sup> party premises</i>	<i>The effects of outsourcing</i>	<i>Legislation and guidance</i>
Events	4.72	3.56	4.50	5.53	4.25	3.95
Food processing	4.23	4.18	4.13	5.16	4.20	3.91
Health services	5.18	4.51	4.73	5.45	5.23	4.52

Table 2 indicates that companies in each sector considered their own senior management had greater commitment than existed in either their customers or suppliers. Across the board there was felt to be greater commitment in health services.

**Table 2** Senior management attitude to health and safety

	<i>Question</i>	<i>Events</i>	<i>Food processing</i>	<i>Health services</i>
My company	1.1	5.50	5.00	5.64
Our customer	2.1	4.39	5.00	5.33
Our supplier	3.1	4.85	4.36	5.36

The scores for emphasis on health and safety training, shown in Table 3, was considered greatest by companies in the health sector, possibly reflecting the main service considered being waste disposal which is highly regulated and controlled. The high scores for food processing and health services customers may reflect the perception of food hygiene and patient safety respectively. The low score for events sector customers reflects the comments noted in the interviews.

**Table 3** Emphasis on health and safety training

	<i>Question</i>	<i>Events</i>	<i>Food Processing</i>	<i>Health services</i>
My company	1.3	4.61	4.61	5.21
Our customer	2.4	3.69	5.14	5.00
Our supplier	3.4	4.42	4.17	4.93

The statement that "Health and safety is considered to be more important than cost", was generally considered as having to be viewed in light of the degree of risk and severity of hazard and had to be a balance. However, the average scores shown in Table 4 indicate the view held across all three sectors that this statement was less true of their customers than either their own company or their suppliers.

**Table 4** Health and safety more important than cost

	<i>Question</i>	<i>Events</i>	<i>Food Processing</i>	<i>Health services</i>
My company	1.2	4.56	4.44	5.07
Our customer	2.5	3.47	3.89	4.09
Our supplier	3.5	4.56	4.00	4.33

Table 5 shows the average scores for four different means of disseminating health and safety guidance in each sector. The high score for the website in the events sector confirms the comments in the interviews. The other sectors found printed leaflets more effective. The comments made in respect of case studies might have led us to expect higher average scores, but this may reflect the view that often they were not sufficiently focused or relevant to their own environment.

**Table 5** Preferred format for guidance  
(average mark from each sector)

	<i>Events</i>	<i>Food Processing</i>	<i>Health service</i>
Printed leaflets	4.33	5.12	5.08
Website	5.00	3.57	3.75
Video	3.56	4.06	3.54
Case studies	4.82	4.63	4.00

## RECOMMENDATIONS

The aim of this report was to investigate issues concerning contractorisation in the events, food processing and health services sectors with a view to proposing actions that could be taken by the HSE in order to improve health and safety. Its purpose was not to suggest ways that companies and organisations might improve their systems and processes.

The following recommendations are made as a result of observations and interpretation of the views expressed to us during the course of the interviews.

### **1 Client involvement**

The attitude of the end client is extremely important in determining the way in which the supply chain acts. For example, supermarkets demand absolute compliance with legislation and codes of practice in matters of food hygiene, because this is paramount to their business. They have, in turn, rigorous systems for monitoring and inspection to ensure that agreed procedures are being followed.

One of the messages emerging from the study is the absence of similar regimes for the health and safety of people at work. This was most noticeable in the events sector, where there appeared to be universal concern at the excessively long working hours traditionally worked in the industry and now being perpetuated by client pressure.

It would be beneficial if the HSE could harness the power of such clients in driving forward a more robust approach to health and safety in the supply chain. One means by which this might be achieved in an industry sector would be first to identify the key driver in the supply chain. Having done this, to seek their co-operation in linking health and safety with areas that are recognisably important in their main activities and for which they have effective procedures. This might be food hygiene for supermarkets in the food processing sector, publicity and public relations for promoters in the events sector and patient care for the hospital trusts/NHS in the health services sector.

### **2 Legislation**

Many small companies claimed to experience difficulty in dealing not only with the sheer volume of legislation with which they have to comply, but also interpreting what it means in practical terms.

The HSE is seen primarily as the institution that enforces health and safety legislation. It is also perceived to be the arbiter of good practice and the organisation that people would like to be able to turn to for advice. However, these two roles do not sit easily together and experiences related to us indicate that the helpfulness of the response depends on the HSE individual concerned.

Thought could be given to whether there is a role that could be fulfilled by the HSE, through the creation of a separate support group to give assistance in interpreting legislation. Such a unit could give authoritative advice on practical measures or alternatively could take the form of a signposting function directing enquiries to other approved sources.

### **3 Guidance**

In many instances people found that guidance did not meet their needs and even when good guidance was available, they were often unaware of its existence.

There is a need for clear and simple guidance in the format most appropriate to each sector, perhaps produced in co-operation with the relevant trade or professional representative bodies. In addition to the HSE's normal channels, it could be widely publicised and distributed through these organisations and at suitable venues or sector relevant locations that would be frequented by potential users.

Guidance was considered to be most useful when it was targeted at specific issues rather than the whole spectrum of an activity. Thus the comprehensive "purple book" produced for the events sector might be more widely used if published in separate sections that could be easily distributed to the wider workforce. A series of complementary pamphlets could be published highlighting say the 10 key points in each area of industry sectors and targeted at the customer/client.

In the events sector computer technology is commonly used as part of the day to day work process and people found it very convenient to download bite-sized sections of information for distribution. There has been a generation shift towards computers across the wider community and some thought might be given to making more use of this medium for getting information to individuals.

There appeared to be a general preference for case studies as a means of disseminating guidance, as long as they relate to the environment in which the person works. In those circumstances they were felt to be a powerful demonstration of what could happen. However, many considered that most of the case studies they had seen were not sufficiently targeted and therefore they did not really identify with them. We believe it would be beneficial to produce sector and task specific case studies focused on key areas of concern.

### **4 Outsourcing**

When the study commenced, there was a perception that the additional interfaces inherent in contractorisation or outsourcing had caused a significant decline in health and safety performance. However, the general picture from the comments did not reflect the problems that were initially suspected and we do not consider there is any cause for immediate alarm. In fact most of the people interviewed expressed mainly positive views highlighting the benefits, including those relating to health and safety, that they felt had accrued.

Nevertheless, there were some areas of concern, including that of responsibility and we feel it would be prudent to continue observing the effects of outsourcing in the medium term.

### **5 Third party responsibility**

Responsibilities must be clarified in respect of third parties. Most interviewees expected to be notified of specific risks their employees faced when visiting or working at a third party's premises and in the main considered that this was the case.

However, in line with the comment in Recommendation 4, there was considerable confusion as to who was responsible for their safety. This is an area for which the HSE could issue some clear and simple guidance.

## **6 Risk assessments and method statements**

There were felt to be definite health and safety benefits resulting from the production of risk assessments and method statements, but a number of people expressed dismay at the varying standards and information required, if indeed they were requested at all.

It was suggested that the HSE could produce sector-specific proformas illustrating the type and level of information desirable, including completed examples, which would provide helpful guidance to both customers and suppliers alike.



## APPENDIX

## APPENDIX 1 QUESTIONNAIRE

Date .....

### Basic data - organisation

Company .....

Reference number

Industry sector .....

Business activity .....

Annual turnover:- £.....

Number of employees.....

Staff with sole responsibility as Safety Officer(s) yes/no

Staff member designated Safety Officer as part of other responsibilities yes/no

External specialist part time as Safety Officer yes/no

### Basic data - individual

<b>Name</b>			
<b>Ref. no.</b>			
<b>Role</b>			

### Basic data - the service

<b>Company</b>		
Relationship to my company		
Description		
Was this service previously undertaken in-house		
If "yes", when was it outsourced		
Had there been an existing relationship with this customer/supplier		
If "yes", for how long		

## HSE Contractorisation - questionnaire

<b>1 My Company's approach to Health and Safety</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>N/A</b>
<b>Attitude</b>							
1.1 Senior management is fully committed to health and safety	<input type="checkbox"/>						
1.2 Health and safety is considered to be more important than cost	<input type="checkbox"/>						
1.3 We place great emphasis on health and safety training for our employees	<input type="checkbox"/>						
<b>Supporting Mechanisms</b>							
1.4 All personnel receive the appropriate health and safety induction before starting work	<input type="checkbox"/>						
1.5 Our procedures ensure that any task is undertaken only by a competent person	<input type="checkbox"/>						
1.6 Our incident reporting procedures are clear, understood and effective	<input type="checkbox"/>						
1.7 The health and safety responsibilities in this organisation are clear	<input type="checkbox"/>						
<b>Expectation on Suppliers</b>							
1.8 Our supplier selection procedures pay great attention to health and safety	<input type="checkbox"/>						
1.9 Health and safety performance forms part of our sub-contract conditions	<input type="checkbox"/>						
1.10 In selecting suppliers, their health and safety performance rates as highly as cost	<input type="checkbox"/>						
<b>Your comments:</b>							

1 = I strongly disagree   2 = I disagree   3 = I disagree a little   4 = I agree a little   5 = I agree   6 = I strongly agree  
 N/A = I do not know enough about this subject to express any opinion

## HSE Contractorisation - questionnaire

<b>2 Our Customer's approach to Health and Safety</b>	(Ref. no. ....)						1	2	3	4	5	6	N/A
<b>Their own</b>													
2.1	Senior management is fully committed to health and safety	<input type="checkbox"/>											
2.2	Their senior managers fully understand their responsibilities	<input type="checkbox"/>											
2.3	Their employees fully understand their responsibilities	<input type="checkbox"/>											
2.4	They place great emphasis on health and safety training for their employees	<input type="checkbox"/>											
2.5	Health and safety is considered to be more important than cost	<input type="checkbox"/>											
<b>With us</b>													
2.6	They closely questioned our procedures and attitudes during selection	<input type="checkbox"/>											
2.7	They checked to confirm we did what we said	<input type="checkbox"/>											
2.8	They regularly monitor our performance	<input type="checkbox"/>											
2.9	They check to see that we use competent persons for any task	<input type="checkbox"/>											
2.10	Health and safety is specifically covered in our contract	<input type="checkbox"/>											
<b>Your comments:</b>													

1 = I strongly disagree   2 = I disagree   3 = I disagree a little   4 = I agree a little   5 = I agree   6 = I strongly agree  
 N/A = I do not know enough about this subject to express any opinion

## HSE Contractorisation - questionnaire

<b>3. Our Supplier's approach to Health and Safety</b> (Ref. no. ....)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>N/A</b>
<b>Their own</b>							
3.1 Senior management is fully committed to health and safety	<input type="checkbox"/>						
3.2 Their senior managers fully understand their responsibilities	<input type="checkbox"/>						
3.3 Their employees fully understand their responsibilities	<input type="checkbox"/>						
3.4 They place great emphasis on health and safety training for their employees	<input type="checkbox"/>						
3.5 Health and safety is considered to be more important than cost	<input type="checkbox"/>						
3.6 Health and safety is considered to be more important than quality	<input type="checkbox"/>						
3.7 Health and safety is considered to be more important than service	<input type="checkbox"/>						
3.8 Their procedures ensure that any task is undertaken only by a competent person	<input type="checkbox"/>						
3.9 Disciplinary measures are strictly enforced for breaches of regulations	<input type="checkbox"/>						
<b>Your comments:</b>							

1 = I strongly disagree   2 = I disagree   3 = I disagree a little   4 = I agree a little   5 = I agree   6 = I strongly agree  
 N/A = I do not know enough about this subject to express any opinion

## HSE Contractorisation - questionnaire

<b>4. Responsibility for employees' Health and Safety on third party premises</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>N/A</b>
4.1 The 3 <sup>rd</sup> party is responsible for our employees on their premises	<input type="checkbox"/>						
4.2 We rely on the 3 <sup>rd</sup> party to notify us of any special health and safety requirements	<input type="checkbox"/>						
4.3 Our employees will refuse to continue if they think a situation is unsafe	<input type="checkbox"/>						
4.4 We are responsible for the safety of 3 <sup>rd</sup> party employees on our premises	<input type="checkbox"/>						
4.5 We expect 3 <sup>rd</sup> party employees to inform us of any potentially dangerous situations	<input type="checkbox"/>						
<b>Your comments:</b>							
<b>5. The effects of outsourcing on Health and Safety</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>N/A</b>
5.1 We work more safely as a result of outsourcing	<input type="checkbox"/>						
5.2 The additional interfaces have clarified company and individual responsibility	<input type="checkbox"/>						
5.3 The additional interfaces highlight potential problems in advance	<input type="checkbox"/>						
5.4 Health and safety is easier to manage now that the supply is outsourced	<input type="checkbox"/>						
5.5 Reporting of incidents has become more efficient	<input type="checkbox"/>						
5.6 The transfer of employees under TUPE has aided health and safety procedures	<input type="checkbox"/>						
<b>Your comments:</b>							

1 = I strongly disagree   2 = I disagree   3 = I disagree a little   4 = I agree a little   5 = I agree   6 = I strongly agree  
 N/A = I do not know enough about this subject to express any opinion

## HSE Contractorisation - questionnaire

<b>6. Health and Safety legislation and guidance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>N/A</b>
6.1 We are aware of all the relevant legislation and understand the objectives	<input type="checkbox"/>						
6.2 The legislation is a burden we have to bear	<input type="checkbox"/>						
6.3 The Management Regulations are clear and self explanatory	<input type="checkbox"/>						
6.4 The guidance documentation forms a useful reference for us and our suppliers	<input type="checkbox"/>						
6.5 The guidance documentation is easily understood	<input type="checkbox"/>						
6.6 The guidance documentation helps us work more efficiently and profitably	<input type="checkbox"/>						
6.7 The guidance documentation is helpful in discussing safe methods of working	<input type="checkbox"/>						
6.8 In what format is guidance most useful?							
• Printed leaflets	<input type="checkbox"/>						
• Website	<input type="checkbox"/>						
• Video	<input type="checkbox"/>						
• Case studies	<input type="checkbox"/>						
<b>Your comments:</b>							

1 = I strongly disagree   2 = I disagree   3 = I disagree a little   4 = I agree a little   5 = I agree   6 = I strongly agree  
 N/A = I do not know enough about this subject to express any opinion

# HSE Contractorisation - questionnaire

## Further questions

What sort of problems have arisen as a result of outsourcing

Can you quote any specific examples  
How did you resolve the problem  
What will you do in future to eliminate the problem  
What is the most valuable lesson you have learnt  
Are there any examples of good practice you would recommend

What sort of problems have disappeared as a result of outsourcing

Can you quote any specific examples  
What is the most valuable lesson you have learnt  
Are there any examples of good practice you would recommend

What have you found works particularly well in ensuring people work safely

Can you quote any specific examples  
What is the most valuable lesson you have learnt  
Are there any examples of good practice you would recommend

Has the form of contract had any effect and has it been amended to suit

Can you quote any specific examples  
How did you resolve the problem  
What will you do in future to eliminate the problem  
What is the most valuable lesson you have learnt  
Are there any examples of good practice you would recommend



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