

## CONTROL OF CONTRACTORS POLICY

**POLICY**

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Approving Body	Executive Team		
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For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	x		
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Sponsor (Position)	Associate Director of Estates & Facilities		
Author (Position & Name)	Head of Estates & Facilities, Mark Jackson		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Estates & Facilities		
Position of Person able to provide Further Guidance/Information	Head of Estates & Facilities		
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## 1.0 INTRODUCTION

This policy is issued and maintained by the Associate Director of Estates and Facilities [the sponsor] on behalf of Sherwood Forest Hospitals NHS Foundation Trust [herein known as the Trust], at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

The aim of this policy is to establish consistent Trust wide standards for the employment, management, supervision and control of contractors working on behalf of the Trust and to ensure compliance with all relevant legislation and Trust policies.

## 2.0 POLICY STATEMENT

The Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Construction (Design and Management) Regulations 2015 impose duties to safeguard the health and safety of those who are not in the employment of the Trust, but who may be affected by our activities.

These duties also apply to a contractor or sub-contractor on Trust premises, in respect of safeguarding our employees, patients and visitors from their activities.

The Trust: -

- Will control the activity of all contractors on its premises and about its business to ensure that it safeguards the health, safety and wellbeing of its employees, patients and visitors.
- Understands its responsibilities as a client under the Construction (Design and Management) Regulations 2015 and will appoint competent Principal Designers and Principal Contractors when required under the current regulations. It will allow sufficient time and resources to enable the project to be safely carried out in accordance with these regulations.
- Shall employ only competent contractors, who will be selected from one of the Trusts approved lists where applicable.
- Is committed to ensuring adequate and timely co-operation between the Trust and the Contractor. No contract will commence until the Trust's Appointed Representative has been identified and placed in charge of liaison with the identified contractor.

This policy should also be read in conjunction with local Standing Operational Procedures (SOP) and the safe systems of management that they describe, for working and managing these systems on a day-to-day basis.

## 3.0 DEFINITIONS/ ABBREVIATIONS

**The Trust:** This means Sherwood Forest Hospitals NHS Foundation Trust.

**Staff:** Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.

**Private Finance Initiative [PFI]:** The initiative under which the Trust has entered into an agreement with partners to build and provide certain services.

**Contractor:** Anyone engaged by the Trust to work at or on the Trust's premises who is not an employee of the Trust. The term contractor is equally applicable to a main contractors supply chain i.e. sub-contractors; suppliers of materials; waste collectors etc.

An example of contractors can be:

- Maintenance / construction workers appointed by Estates and Facilities
- IT workers appointed by IT
- Medical equipment engineers / installers appointed by Medical Equipment Management Department / Procurement
- Installation engineers / staff appointed by procurement on behalf of Clinical Divisions / Corporate Division
- Adjoining organisations – i.e. their staff / suppliers / contractors / sub-contractors / supply chain
- Non-medical Consultants
- Specialist Advisors / Agents representing Companies
- Agency / Bank Staff
- NHS Professionals
- Locum Services

**Trust Appointed Representative:** A person identified by the local management who is in charge of the work to be carried out in liaison with the Contractors appointed site/agency representative. No contract will commence unless the Trust's Appointed Representative has been placed in charge of liaison with the contractor. The appointed person will have suitable and sufficient training and competence to carry out their duties. For larger projects deputies may be appointed to ensure appropriate cover is available.

**Method Statement:** Provides a detailed written sequence for undertaking an identified task to ensure that the work activities are done in a safe manner. All method statements shall be reviewed and approved by the Trusts Appointed Representative prior to the task being undertaken. Method statements may include detailed risk assessments against identified activities and are usually employed for more complex tasks such as, demolition work, asbestos removal, high and low voltage electrical works, confined spaces etc.

**Risk Assessment:** Used to decide on priorities and to set control measures for eliminating hazards and reducing risks to as low as reasonably practical. A risk assessment shall be 'suitable and sufficient' and cover employees, contractors, the work and the environment. The Trust Appointed Representative should follow the Trust's guidelines / policies / procedures for undertaking risk assessments.

**Induction:** Contractors must have an induction arranged by/carried out by the Trusts Appointed Representative (with records kept) and will include as minimum: -

- Contact details of the Trusts Appointed Representative and deputies;
- Signing in/out and identification procedures;
- Fire procedures;
- Local induction programme applicable for the work being carried out
- Infection Control and hand hygiene requirements;
- Contractors responsibility for Health and Safety;
- Accident/incident reporting procedures;
- Identification of areas of exclusion or those areas controlled by permit to work systems;
- Asbestos management procedures (if applicable);
- Trust's Values and Behaviours;
- Any other subject determined by the Trust Appointed Representative.

**Disclosure and Barring Service (DBS):** The Trusts preferred position is for contractors to supply staff who have been vetted through the Disclosure and Barring Service with a standard DBS Disclosure. This will include evidence that robust recruitment and selection processes have taken place such as formal interview, evidence of right to work, employment history, references etc.

**Disclosure and Barring Service (DBS) Exemptions:** A DBS check is not however required for all contractors working at the Trust. The Safeguarding Vulnerable Groups Act 2006 (amended by the Protection of Freedoms Act 2012) allows non-clinical contractors to work in a hospital setting without DBS clearance provided that suitable controls are in place.

**Suitable Controls/Risk Assessment:** Will be dependent on the area the work is taking place, the frequency with which the contractor will be in the work area and the level of supervision. Where contractors are to be used in areas of a clinical environment the Trust's Appointed Representative will ensure that they have in place an appropriate risk assessment supplied by the Clinical Directorate assessing the risk of contractors working in a clinical environment with vulnerable adults and children. If the risk assessment is of such a high risk then the contractor must provide evidence that the worker has appropriate DBS clearance in order to undertake the work.

## 4.0 ROLES AND RESPONSIBILITIES

### Trust Board

The Trust Board, through The Chief Executive (who is the Duty Holder), has overall responsibility for Health and Safety within The Trust, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care.

The Chief Executive is responsible for the safe management of contractors on all Trust premises. The day to day management and control of contractors is delegated to Executive/Divisional Directors who will establish suitable and sufficient safe systems of work within their areas of responsibility to effectively and safely manage contract staff.

### Divisional General Managers

Are responsible for ensuring that sufficient information, training, instruction and supervision is provided to their staff to ensure the safe management of contractors. This is to support the Trusts Appointed Representative and for the close supervision (of a DBS nature) of contractors whilst working in their clinical environment.

### Trust Appointed Representative

The Trusts Appointed Representative shall ensure that all contractors obtain a site pass/identification badge to ensure compliance with Fire and Security procedures. The location of the relevant visitor's book will be made known by the Trust's Appointed Representative as part of the site induction process.

In addition site passes will also be required for ALL sub-contract personnel to the Contractors own employees. It shall be the responsibility of the Contractor to ensure that their Sub-Contractors staff comply with this policy.

The Trusts Appointed Representative shall ensure that all contractors that are employed by the Trust, who will in the duration of their appointment 'break into the fabric of the building' shall have undergone an approved 'Asbestos Awareness Training Course' when working in the retained estate.

### **All Staff/Volunteers**

All occupiers of the Trust have a responsibility for ensuring that they are aware of contractors working in their Department and they have the right to challenge and question the individual(s). The Contractor should have visible at all times to staff, visitors and patients a name/company badge. Any unsafe practices undertaken by the contractor is to be reported immediately to the Trust Appointed Representative.

## **5.0 APPROVAL**

This Policy has been issued to all clinical and non-clinical divisions to ensure that all Divisional Manager are aware of their duties under this Policy.

## **6.0 DOCUMENT REQUIREMENTS**

This policy will be delivered in line with the various Trust Policies and Procedures along with the various legislative frameworks. Section 10 gives an indication of the breadth of Regulation that would need to be considered when appointing, managing and controlling contractors.

In addition, reference should be made to relevant Guidance Notes and Approved Codes of Practice's published by the Health and Safety Executive and the Department of Health. Other specific guidance as detailed by manufacturers should also be consulted prior to any works commencing on site.

Related Trust Policies and Procedures will also be required to be reviewed as to the relevance for the work/role required and this will be done by the Trust Appointed Representative.

Each Division to ensure they have standard operating procedures for managing contractors applicable to their line of work.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (e.g. verbal, formal report etc.) and by who)
Clinical Divisions /Corporate Division to monitor on a task/scheme/ Commission basis.	Trust Appointed Representatives / relevant Clinical Divisions/ Corporate Department	Details of task / schemes / Commissions submitted to the relevant Clinical Divisional / Corporate Department management reporting structure.	Task/Scheme/ Commission basis or by local management structure at least annually	Line Manager and Clinical Division / Corporate department Committees
Localised Procedures	Each Clinical Division / Corporate Department to ensure the necessary local Procedures and SOPS are in place for appointing a contractor.	Local reporting and assurance that the Standard Operating Procedures are reviewed annually.	Annually	Local Governance Committee

## 8.0 TRAINING AND IMPLEMENTATION

Each Head of Department/General Managers and Lead Clinicians will be responsible for ensuring their staff are briefed regarding relevant localised procedures associated with the control of contractors.

## 9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

## 10.0 EVIDENCE BASE AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Health Act (2009)
- Health and Social Care Act (2008)
- The Safeguarding Vulnerable Groups Act 2006 (amended by the Protection of Freedoms Act 2012)
- Health & Safety at Work etc. Act (1974)
- Health and Safety (First Aid) Regulations (1981) including Approved Code of Practice and Guidance L74 (1997)
- Health and Safety (Display Screen Equipment) Regulations (1992)
- Management of Health & Safety at Work Regulations (1999)
- Construction Health, Safety and Welfare Regulations (1996)
- Provision and Use of Work Equipment Regulations (1998)
- Lifting Operations and Lifting Equipment Regulations (1998)
- Personal Protective Equipment Regulations (2002)
- Electrical Equipment (Safety) Regulations (1994)
- Electricity at Work Regulations (1989)
- Institute of Electrical Engineers 17th Edition Wiring Regulations BS 7671:2011
- Manual Handling Operations Regulations (1992) (As amended)
- Control of Substances Hazardous to Health Regulations (2005)
- Construction (Design & Management) Regulations (2007)
- Pressure Systems Safety Regulations (2000)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (Amended 2012)
- Control of Asbestos Regulations (2012) Control and Management of Legionnaires Disease Approved Code of Practice and Guidance L8 (2000)
- Ionising Radiations (Medical Exposure) Regulations (2000)
- Control of Pesticides Regulations (1986) (As amended 1997)
- The Food Hygiene (England) Regulations (2006)
- Working at Heights Regulations (2005) (As amended 2007)
- Working Time Regulations (1998) (as amended 2003)
- The Electricity Safety, Quality and Continuity Regulations 2002
- Confined Spaces Regulations (1997)
- Noise at Work Regulations (2005)
- Regulatory Reform (Fire Safety) Order 2005

In addition, reference should be made to relevant Guidance Notes and Approved Codes of Practice's published by the Health and Safety Executive and the Department of Health (HTM's



HBN's etc.). Other specific guidance as detailed by manufacturers should also be consulted prior to any works commencing on site.

## 11.0 APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed: Control of Contractors</b>			
<b>New or existing service/policy/procedure: Revised Policy</b>			
<b>Date of Assessment: 1 November 2021</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	Availability of this policy in languages other than English	Alternative versions can be created on request	None
<b>Gender</b>	None	Not applicable	None
<b>Age</b>	None	Not applicable	None
<b>Religion</b>	None	Not applicable	None
<b>Disability</b>	Visual accessibility of this document	Already in font size 14. Use of technology by end user. Alternative versions can be created on request.	
<b>Sexuality</b>	None	Not applicable	None
<b>Pregnancy and Maternity</b>	None	Not applicable	None
<b>Gender Reassignment</b>	None	Not applicable	None
<b>Marriage and Civil Partnership</b>	None	Not applicable	None

<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	Not applicable	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> None for this version			
<b>What data or information did you use in support of this EqIA</b> N/A			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> No			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact			
<b>Name of Responsible Person undertaking this assessment:</b> Mark Jackson			
<b>Signature:</b>			
<b>Date:</b> 1 November 2021			

## 12.0 APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
<b>Waste and materials</b>	<ul style="list-style-type: none"> <li>Is the policy encouraging using more materials/supplies?</li> <li>Is the policy likely to increase the waste produced?</li> <li>Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?</li> </ul>	No No No	
<b>Soil/Land</b>	<ul style="list-style-type: none"> <li>Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals)</li> <li>Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)</li> </ul>	No No	
<b>Water</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in an increase of water usage? (estimate quantities)</li> <li>Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)</li> <li>Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)</li> </ul>	No No No	
<b>Air</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)</li> <li>Does the policy fail to include a procedure to mitigate the effects?</li> <li>Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?</li> </ul>	No No No	
<b>Energy</b>	<ul style="list-style-type: none"> <li>Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)</li> </ul>	No	
<b>Nuisances</b>	<ul style="list-style-type: none"> <li>Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?</li> </ul>	No	