

Policy:

EST 005 - Management of Contractors (Estate Services-related only)

Executive or Associate Director lead	Executive Director of Finance
Policy author/lead	Head of Estate Services
Feedback on implementation to	Head of Estate Services

Document type	Policy
Document status	Final
Date of initial draft	March 2019
Date of consultation	March - May 2019
Date of verification	15 July 2019 (PGG)
Date of ratification	25 July 2019
Ratified by	Executive Directors Group
Date of issue	29 July 2019
Date for review	30/09/2022 (Extended from 31 July 2022 by PGG on 25/09/2022)

Target audience	All SHSC staff
Keywords	

Management of Contractors Policy (Estate Services-related only): Version 2

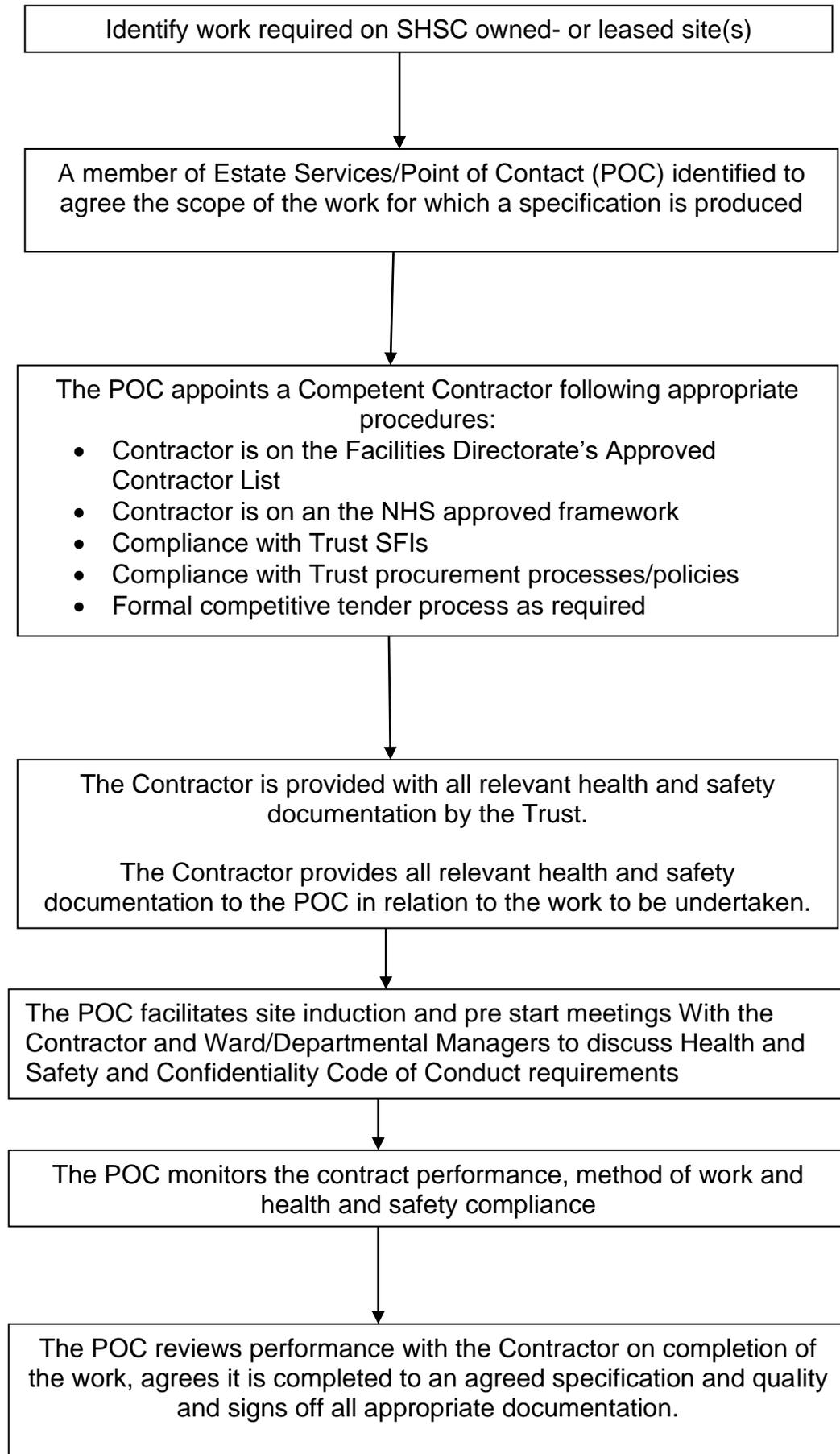
This policy is stored and available through the Sheffield Health and Social Health NHS Foundation Trust's, (SHSC), intranet.

This version of the policy supersedes the previous version, (Version 1).
All copies of the previous policy held separately should be destroyed and replaced with this version.

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Flowchart



1. Introduction

Sheffield Health and Social Care NHS Foundation Trust, (SHSC), recognises its responsibilities in accordance with the Health and Safety at Work etc. Act 1974 and the Construction Design and Management Regulations 2015 (CDM) for selecting and managing Contractors working on Trust premises.

The key elements of this policy, as defined by HSE Guidance on the CDM Regulations (2015), include:

- Managing the risks by applying the general principles of prevention
- Appointing the right people and organisations at the right time
- Ensuring everyone has the information, instruction, training and supervision they need to carry out their jobs in a way that ensures health and safety
- Duty holders co-operating and communicating with each other and co-ordinating their work
- Consulting workers and engaging with them to promote and develop effective measures to ensure health, safety and welfare.

2. Scope

Applies to all construction/refurbishment work and all external contractors, (of all trades), employed for estates construction/refurbishment work, building and building services maintenance, including design and survey work, insofar as their activities will affect NHS employees, service users and/or the general public.

This policy is mainly intended to apply to small or medium-sized estate schemes rather than multi-million pound developments/re-developments, which fall into the scope of OJEU procurement and/or complex project management. However, the principles are similar.

3. Definitions

Client - anyone who has construction work carried out for them.

Commercial Clients - have construction work carried out as part of their business.

Principal Designer - a designer appointed by the client to control the pre-construction phase on projects with more than one contractor.

Designer - an organisation or individual whose work involves preparing or modifying designs, drawings, specifications, bills of quantity or design calculations.

Principal Contractor - a contractor appointed by the client to manage the construction phase on projects with more than one contractor.

Contractor - an individual or business in charge of carrying out construction work, (e.g. building, altering, maintaining or demolishing).

Worker - an individual who actually carries out the work involved in building, altering, maintaining or demolishing buildings or structures.

4. Purpose

The purpose of this policy is to ensure the activities of contractors engaged by the Trust are effectively managed to minimise the risk of harm to themselves, others and the environment. This policy provides guidance to all Trust staff involved in the appointment and management of estates contractors.

5. **Duties**

Trust Board

The Trust Board has ultimate responsibility and 'ownership' for health and safety, its implementation within the Trust and ensuring its effectiveness in the management of good health and safety practice and provision of a safe environment for staff, service users, volunteers, visitors and contractors.

Director of Facilities Management

Has overall responsibility for ensuring estates contractors are appointed and managed in such a way as to comply with health and safety requirements; Trust SFIs, policies and procedures, and provide a high-quality service/product. Has responsibility for ensuring any contractors delivering a poor-quality service are removed from the Approved Contractors list and not re-engaged by the Trust on any future work schemes.

Head of Estate Services and the Head of Capital and Strategic Development

Both have direct responsibility for ensuring this policy is adhered to, responsible managers are competent and the appropriate systems are in place to manage contractors.

Responsible Manager/Point of Contact (POC)

The responsible manager/POC is the person, (client), who has been given direct responsibility for overseeing the work being undertaken by the contractor. The main duty for clients is to make sure their project is suitably managed, ensuring the health and safety of all who might be affected by the work, including members of the public. The Responsible Manager/POC will normally be a senior member of SHSC's Capital Development or Estate Services teams.

Principal Designer

The principal designer's main duty is to plan, manage, monitor and co-ordinate health and safety during the phases when most design work is carried out.

Designer

The designer's main duty is to minimise and control foreseeable risks that may arise during construction work, or in the use and maintenance of the building once built. Designers work under the control of a principal designer on projects with more than one contractor.

Principal Contractor

The principal contractor's main duty is to plan, manage, monitor and co-ordinate health and safety during the phases when all construction work takes place.

Contractor

Their main duty is to plan, manage and monitor the work under their control in a way that ensures the health and safety of all who might be affected by the work, including members of the public. Contractors work under the control of the principal contractor on projects with more than one contractor.

Worker

Workers, including those who may be self-employed, comprises builders, plumbers, electricians, scaffolders, painters, decorators, steel-erectors and labourers, as well as supervisors, such as foremen and charge hands. Their duties include co-operating with other duty holders, reporting anything they see that might endanger the health and safety of themselves, or others.

6. Process

6.1 **Selecting a Contractor**

Prior to being considered for the undertaking of any works for the Trust, a contractor must be on the Facilities Departments 'Approved List of Contractors' to ensure they are competent to undertake work safely and effectively. Contractors will also normally be listed on an NHS framework or equivalent. They must be experienced in the type and scope of works specified and being tendered, type of environment operated and managed by the Trust and within which the work will be undertaken.

6.2 **Procedure for Selecting Contractors/Post-Tender Selection Process**

The Responsible Manager/Point of Contact (POC) must ensure:

- The contractor has been checked and approved via the Facilities Departments current 'Approved List of Contractors' and/or appropriate NHS framework. An appropriate competitive tendering process, (where required by SFIs/procurement policy), is then carried out to ensure value for money and auditable process, and a contractor appointed
- A pre-contract commencement meeting, with Ward/Departmental Managers in attendance, is held with the contractor to discuss the work in-hand that must adhere to Trust policies and procedures.
- The contractor has been provided with all the necessary information during planning, including hazards in the area of works, e.g. chemical, physical and/or biological.
- The contractor is clear on the standards of Health, Safety and Welfare that is expected when working for the Trust and these are agreed prior to works commencing.
- The contractor is clear about the content and scope of the work to be undertaken, via a specification, (which forms part of the contract entered into), and is provided with sufficient information to ensure the work is carried out safely.
- The contractor - and all staff they employ - receives a full induction, including relevant safety information, for example on the Trust's permit to work system.
- The contractor's safety plan, risk assessments and method statements relating to the contractor's current activities have been checked and approved.
- The contractor complies with the risk assessments and method statements when carrying out the work by regular monitoring of their controls and activities. The frequency of the monitoring will depend on the extent of the risks associated with the work and the impact of the contractor's presence on site. Relevant issues may include:
 - What equipment/substances/materials are being used
 - Permit to work system
 - Level of disruption to building services
 - Reporting and investigation of incidents, either internally or externally
 - Day-to-day checks undertaken by the contractor or client POC

- The contractor provides necessary safety measures to protect workers, visitors and others who may be affected by their acts or omissions before and during the works.
- That any changes to the method of works are agreed with the POC prior to work taking place.
- That if there are several contractors working on a project their activities are co-ordinated to ensure they do not affect each other's health and safety.
- That the contractor's activities and associated risks are communicated to Trust staff and/or members of the public. This may be in the form of notices, signs, emails, telephone calls and/or site meetings.
- The contractor is aware of all relevant statutory regulations, Trust policies/procedures and Health Technical Memorandums (HTMs) for use in Health Premises and uses these to inform delivery of the contract as agreed with the Responsible Manager/POC.

6.3 **Safety Plan**

Prior to commencement of any works the Contractor shall be required to prepare and submit to the POC a Safety Plan identifying all the safety measures that the Contractor will be employing during the contract. This document will also identify contingency measures being made by the Contractor in the event of any emergency, which arises directly as a result of the work which they are undertaking, including accidental spillage, releases in to the atmosphere and releases in to any water or drainage system. This should include recognition of the need to report some of these incident types to the Health and Safety Executive. This document shall also identify the name of the safety professional within the Contractor's organisation who may be contacted by the Trust in the event of safety enquires relating to the work being undertaken.

6.4 **Method Statements and Risk Assessments**

The Safety Plan must include method statements and risk assessments detailing precisely how the work in the Specification is to be undertaken and the methodology to be adopted to ensure full compliance with the specification and the requirements of all health and safety legislation. Generic method statements are un-acceptable.

6.5 **Completion of Contract**

Upon completion of the works the POC will undertake an inspection based on the specification and contract, identifying any snagging, (post-contract rectification works) that is required to be undertaken. The contract (scheme) will not be formally signed off until the POC is satisfied it has been completed to a suitable, high-quality standard and meets all specification requirements. At that time, the POC will arrange for any final payments to be made to the contractor.

7. **Dissemination, Storage and Archiving**

An electronic copy of the policy shall be accessible via the Trust intranet.

An archive copy of the previous policy and the new updated policy shall be stored with Corporate Governance for reference.

8. **Training and Other Resource Implications**

Estate Services managers will require training/information.

9. **Audit, Monitoring and Review**

The policy arrangement will be monitored by Estate Services. This will include detail on how the Contractors on-going/completed work will be monitored by the Trust/POC. For example, checks that suitable fire stopping measures have been completed.

The Policy to be reviewed in 3 years, or earlier should there be any changes to local- or national requirements, guidance or lessons learnt.

10. **Implementation Plan**

Action/Task	Responsible Person	Deadline	Progress update
Advise the Health and Safety Group that the Policy has been ratified	Health and Safety/Risk Advisor	TBC	
Following ratification by EDG, arrange for the policy to be sent to the Trust intranet and Communications for replacing on the Trust's intranet, website and in Connect.	Policy Governance	TBC	
Reference the revised Policy in Risk Management Training	Health and Safety/Risk Advisor	TBC	

11. **Links to Other Policies**

- Risk Management Strategy
- Health and Safety Policy
- Incident Reporting and investigation Policy
- Water Quality Policy
- Low Voltage Electrical Safety Policy
- Asbestos Policy
- Alcohol Substance Misuse Policy
- Procurement Policy
- Confidentiality Code of Conduct Policy

12. **Contact Details**

Title	Name	Phone	Email
Director of Facilities Management	Helen Payne	27 18697	helen.payne@shsc.nhs.uk
Head of Estate Services	Mark Gamble	27 18698	mark.gamble@shsc.nhs.uk
Head of Capital and Strategic Development	Geoff Rawlings	27 18199	geoff.rawlings@shsc.nhs.uk

13. **References**

HSE L153, Construction (Design and Management) Regulations 2015 Guidance on Regulations

Health and Safety at Work, etc. Act 1974

Management of Health and Safety at Work Regulations

Construction (Design and Management) Regulations

HSE: Use of Contractors - a Joint Responsibility

Health Technical Memorandum Series

HSE Guidance INDG368

RDASH Control of Contractors Policy

South Devon Healthcare NHS Foundation Trust and Torbay and Southern Healthcare NHS

Trust Management of Contractors Policy

Appendix A - Version Control and Amendment Log

Version No.	Type of Change	Date	Description of Change(s)
2	Review	March 2019	Update of current legislation and the addition of the Trust's Alcohol Substance Misuse Policy

Appendix B - Dissemination Record

Version	Date on website - (intranet and internet)	Date of 'all SHSC staff' email	Any other promotion/ dissemination, (include dates)

Appendix C - Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 - Complete draft policy

Stage 2 - Relevance - is the policy potentially relevant to equality, i.e. will this policy potentially impact on staff, patients or the public? If **NO**, no further action is require. Please sign and date the following statement. If **YES**, proceed to Stage 3

This policy does not impact on staff, service users or the public, (insert name and date)

Mark Gamble, March 2019

Stage 3 - Policy screening - public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC guidance on equality impact assessment for examples and detailed advice; this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		
MARRIAGE AND CIVIL PARTNERSHIP	No		

Stage 4 - Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended/Action Identified/No Changes Made

Impact Assessment Completed by (insert name and date)

Mark Gamble, March 2019

Appendix D - Human Rights Act Assessment Checklist

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy, or any procedure(s) in the policy, is based on a local decision which impacts on individuals, there is a need to ensure their human rights are not breached. To do this, refer to the more detailed guidance that is available on the SHSC website - <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on, and in-line with, the current law, (including case law), or policy?

Yes. No further action needed

No. Work through the flow diagram over the page then answer questions 2 and 3 below

2. On completion of flow diagram, is further action needed?

No. No further action needed

Yes, go to question 3

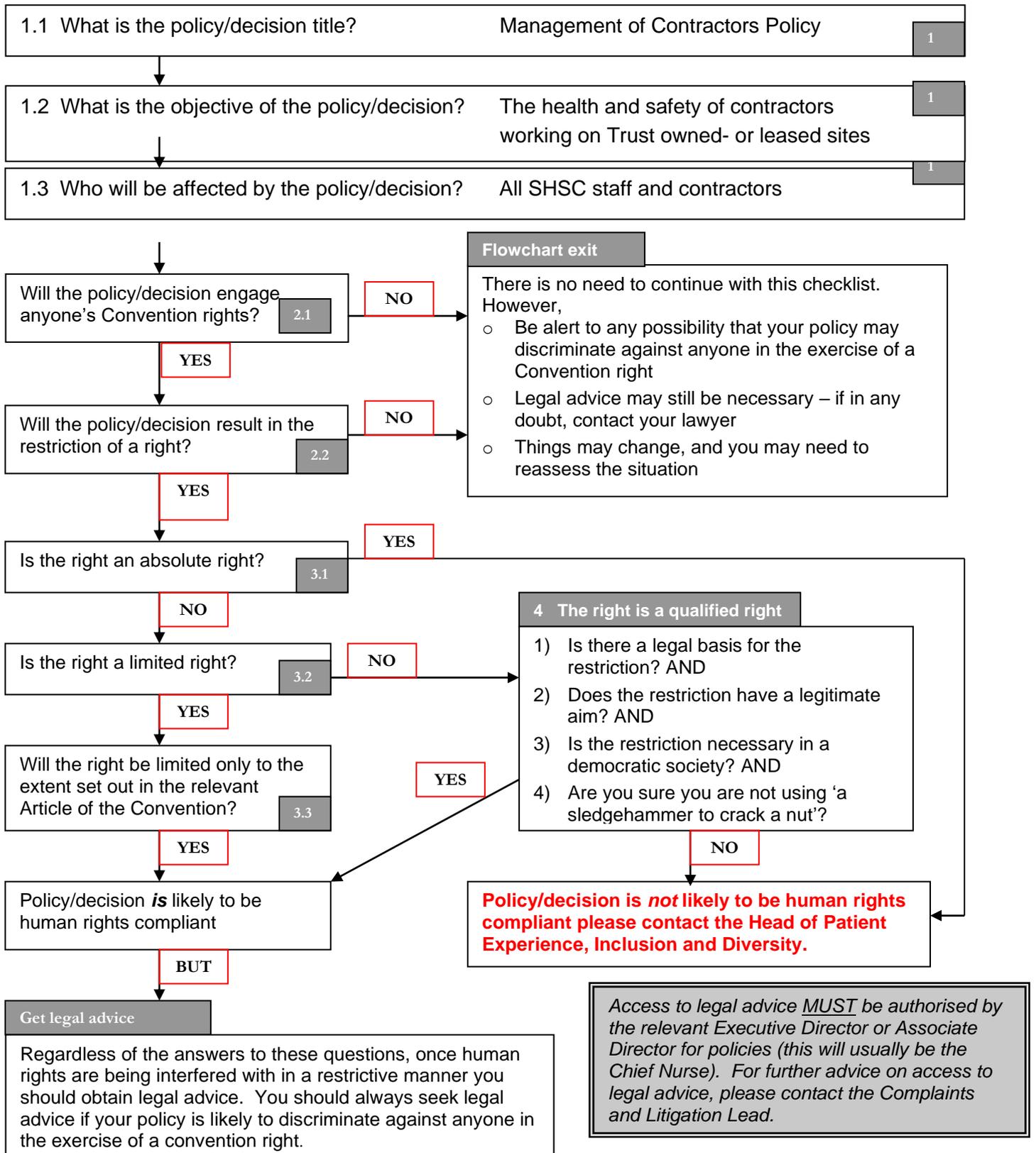
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 - 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E - Development, Consultation and Verification Record

Name of Policy: Management of Contractors	Name of Policy Lead: Mark Gamble
Date: March 2019	Contact Details: (0114) 27 18698
Consultation Plan:	
Facilities Directorate Management Group	
Head of Capital and Strategic Development	
Fire and Security Officer	
Health and Safety/Risk Advisor	
Maintenance Manager	
I.T Infrastructure Team Lead (Adam Handley)	

RECORD OF CONSULTATION (interactive)			
Group or individual consulted	Date of consultation/ response received	Comments on draft policy	Your response (say if policy amended - if not, why not)
Health and Safety/Risk Advisor	23 March 2019	Section 6.2 - a paragraph re-write Section 11 - the Alcohol Substance Misuse Policy has been referenced	Amended accordingly
Director of Facilities Management	15 May 2019	Section 2 - additional paragraph Section 5 <i>Director of Facilities Management</i> - revised Section 6.1 - additional paragraph Section 6.2 - additional text Plus minor text amendments/ additions	Amended accordingly

Appendix F - Policy Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the policy template, which can be downloaded from the intranet.

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage



2. Contents page



3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, Storage and Archiving



11. Training and Other Resource Implications



12. Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).



Monitoring Compliance Template						
Minimum requirement	Process for monitoring	Responsible individual/group/committee	Frequency of monitoring	Review of results process, (e.g. who does this?)	Responsible individual/group/committee for action plan development	Responsible individual/group/committee for action plan monitoring and implementation
The health and safety performance of contractors	During and at the end of the contract period	Both the Capital Development and Maintenance Departments, (within the Facilities Directorate)	On-going throughout the contract period	Facilities Management Group	Head of Capital and Strategic Development plus the Head of Estate Services	Facilities Management Group

13. Implementation Plan



14. Links to Other Policies, Standards and Legislation



15. Contact Details



16. References



17. Version Control and Amendment Log - (Appendix A)



18. Dissemination Record - (Appendix B)



19. Equality Impact Assessment Form - (Appendix C)



20. Human Rights Act Assessment Checklist - (Appendix D)



21. Policy Development and Consultation Process - (Appendix E)



22. Policy Checklist - (Appendix F)

