



Policy:

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

Executive Director Lead	Director of Strategy
Policy Owner	Head of Estate Services
Policy Author	Head of Estate Services

Document Type	Policy
Document Version Number	3
Date of Approval By PGG	26/09/2022
Date of Ratification	October 2022
Ratified By	Quality Assurance Committee
Date of Issue	October 2022
Date for Review	31 July 2025

Summary of policy

This policy has been created to manage contractors working on the fabric of SHSC's buildings, to minimise risk to themselves, service users, staff and SHSC property and equipment.

Target audience	All SHSC staff
------------------------	----------------

Keywords	Maintenance, contractor, project, Construction (Design and Management) Regulations 2015
-----------------	---

Storage and Version Control

Version 3 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V2, July 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

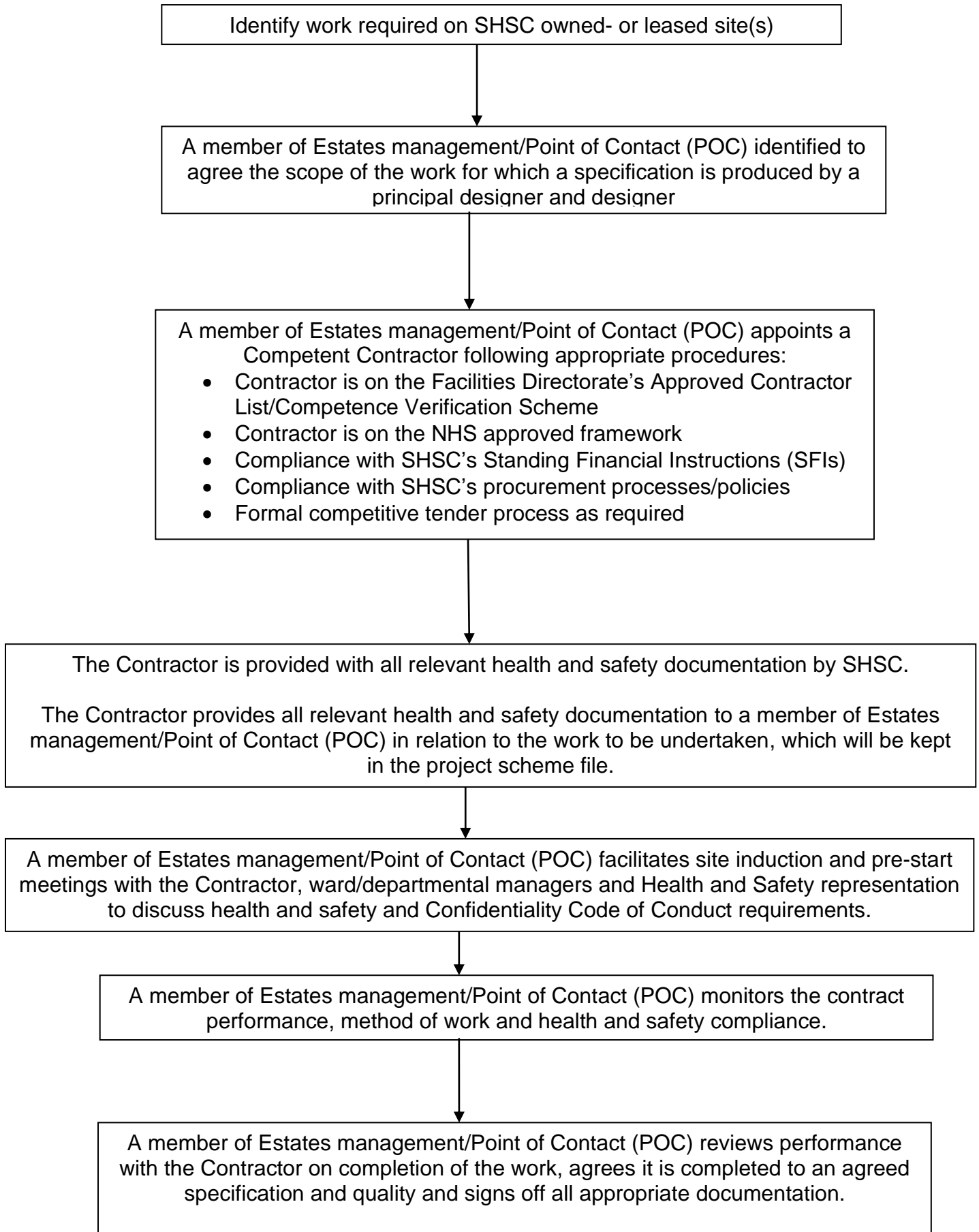
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2	Review	March 2019	Update of current legislation and the addition of SHSC's Alcohol Substance Misuse Policy.
3	Review	March 2022	Update of current legislation, the addition of SHSC's Alcohol Substance Misuse Policy, inclusion of the contractor verification scheme and permit to work.
3	Review	May and June 2022	Updated in-line with comments from the Health and Safety Team

Contents

Section		Page
	Version control and amendment log	1
	Flowchart	3
1	Introduction	4
2	Scope	4
3	Purpose	4
4	Definitions	5
5	Detail of the Policy	5
6	Duties	
	SHSC Board	5
	Director of Strategy	5
	Head of Estate Services and the Head of Improvement - Capital Programme and Development	6
	Estates Management/Point of Contact (POC)	6
	Health and Safety Team	6
	Principal Designer	6
	Designer	6
	Principal Contractor	6
	Contractor	6
	Worker	6
7	Procedure	
	7.1 Selecting a Contractor	7
	7.2 Procedure for Selecting Contractors/Post-tender Selection Process	7-8
	7.3 Safety Plan	8
	7.4 Method Statements and Risk Assessments	9
	7.5 Completion of contract	9
8	Development, Consultation and Approval	10-11
9	Audit, Monitoring and Review	12
10	Implementation Plan	13
11	Dissemination, Storage and Archiving (control)	13
12	Training and Other Resource Implications	13
13	Links to Other Policies, Standards, References, Legislation and National Guidance	14
14	Contact Details	14
	APPENDICES	
	Appendix 1 - Permit to Work	15-16
	Appendix 2 - Equality Impact Assessment Process and Record for Written Policies	17-18
	Appendix 3 - Review Policy Checklist	19

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, the Construction Design and Management Regulations 2015 (CDM) and the Management of Health and safety at Work Regulations, (specifically Regulations 11, 12 and 15), for selecting and managing Contractors working on SHSC premises.

The key elements of this policy, as defined by the Health and Safety Executive (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 the Official Journal of the European Union (OJEU) procurement and/or complex project management. However, the principles are similar.

3 Purpose

The purpose of this policy is to ensure the activities of contractors engaged by SHSC are effectively managed to minimise the risk of harm to themselves, others and the environment, especially in relation to the CDM regulations where applicable. This policy provides guidance to all SHSC staff involved in the appointment and management of Estates contractors.

4 Definitions

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

Estate management/Point of Contact (POC) - the SHSC representative managing the project.

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.

A competence-verification scheme - scheme that saves time and resources in the process of admitting third-party contractors onto any site, ensuring and simplifying compliance with HSE CDM and legal obligations.

5 Detail of the policy

This policy demonstrates the arrangements by which SHSC will manage contractors working on the fabric of its sites and so prevent consequent injury or ill-health to staff, service users or others, as far as is reasonably practicable and to ensure contracts are managed to the requirements of legislation and SHSC Policies and Procedures.

6 Duties

SHSC Board

SHSC's Board has ultimate responsibility and 'ownership' for health and safety, its implementation within SHSC 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 Strategy

Has overall responsibility for ensuring Estates contractors under their control are appointed and managed in such a way as to comply with health and safety requirements; SHSC's 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 SHSC on any future work schemes.

Head of Estate Services and the Head of Improvement - Capital Programme and 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.

Estates Management/Point of Contact (POC)

Estates management/point of contact (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. Estates management/point of contact (POC) will normally be a senior member of SHSC's Capital Development or Estate Services teams.

Health and Safety Team

The Health and Safety Team to team provide support to ensure compliance with legislation and to attend pre-start- and project completion meetings.

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 forepersons 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.

7 Procedure

7.1 Selecting a Contractor

Prior to being considered for the undertaking of any works for SHSC, 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 SHSC and within which the work will be undertaken. SHSC may utilise the use of a competence-verification scheme

7.2 Procedure for Selecting Contractors/Post-Tender Selection Process

Estates management/Point of Contact (POC) must ensure:

- The contractor has been checked and approved via the Facilities Departments current 'Approved List of Contractors' competence- verification scheme 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 SHSC's policies and procedures. The meeting will be minuted.
- 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 SHSC 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. This will include the requirement of a Permit to Work (Appendix 1).
- The contractor - and all staff they employ - receives a full induction, including relevant safety information, for example on SHSC'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, approved will be kept within the project scheme file.

- 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, as stated in risk assessments and method statements. 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
 - Use of a relevant permit to work documentation
 - Level of disruption to building services
 - Reporting and investigation of incidents, either internally via Ulysses or externally, and recorded in the project scheme file.
 - Day-to-day checks undertaken by the contractor or client POC.
- That any changes to the method of works are agreed with Estates management/point of contact (POC) prior to work taking place in a timely manner and documented in the project scheme file.
- 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 SHSC 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, SHSC 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 Estates management/point of contact (POC)
- Estates management/point of contact (POC) and contractor on completion of the work carries out an inspection to ensure no equipment, tools etc are left in the area, it may be necessary to determine if the use of a metal detector is required.

7.3 **Safety Plan**

Prior to commencement of any works, the Contractor or Designer 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 SHSC in the event of safety enquires relating to the work being undertaken.

7.4 **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.

7.5 **Completion of Contract**

Upon completion of the works Estates management/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.

8 Development, Consultation and Approval

Name of Policy: Management of Contractors	Name of Policy Lead: Mark Gamble
Date: July 2022	Contact Details: (0114) 27 18698
Consultation Plan:	
Director of Strategy	
Facilities Directorate Management Group - Performance and Quality	
Head of Improvement - Capital Programme and Development	
Health and Safety Manager	
Fire and Security Officer	
Health, Safety and Risk Advisor	
Maintenance Manager	
Deputy Maintenance Manager	
Estate Services Compliance Group	
Health and Safety Committee, including co-opt members	
Assistant Deputy Director of Operations and Service	

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, Safety and 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

Continued...

<p>Health and Safety Manager</p>	<p>May 2022</p>	<p>Flowchart: the Health and Safety Team will have sight of the provided documentation and be part of the pre-start meetings</p> <p>Section 1: clarification and text changes regarding additional regulations</p> <p>Section 4: <i>Trust</i> removed and replaced with <i>SHSC</i></p> <p>Section 6: Health and Safety Team added re their involvement and support to ensure compliance with legislation</p> <p>Section 7: adherence to the flowchart; the addition of the permit to work system and incident logging</p>	<p>Amended accordingly</p>
<p>Health, Safety and Risk Advisor</p>	<p>June 2022</p>	<p>Section 1: addition of the word, <i>Regulations</i></p> <p>Section 6: clarification on responsibilities of employees and contractors</p> <p>Section 7: clarification on procedures, risk assessments and method statements</p> <p>Minor text changes and clarifications</p>	<p>Amended accordingly</p>

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 a member of Estates management/Point of Contact (POC). For example, checks that suitable fire stopping measures have been completed.

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
Control of Contractors	Project meetings, Estate Services Compliance Group	Estate Services Managers Capital and Development Team	Quarterly	Estate Services Compliance Group	Estate Services Managers Capital and Development Team	Estate Services Compliance Group

The Policy to be reviewed in 3 years - i.e. July 2025 - or earlier should there be any changes in local or national requirements or guidance or lessons learnt.

10 Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Advise the consulted-on committees/groups that the policy has been ratified	Head of Estate Services	TBC	
Following ratification, upload the new policy onto the intranet and remove the old version	Communications	TBC	
Reference the revised policy in Risk Management Training	Head of Estate Services	TBC	

11 Dissemination, Storage and Archiving (Control)

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

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

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1				
2	July 2019	July 2019	August 2019	/
3	October 2022	October 2022	October 2022	/

12 Training and Other Resource Implications

Estate Services managers to receive training in disciplines identified by current HTMs.

13 Links to Other Policies, Standards (Associated Documents)

- Risk Management Strategy
- Health and Safety Policy
- Incident Reporting and investigation Policy
- Water Quality Policy
- Low Voltage Electrical Safety Policy
- Asbestos Policy
- Fire Safety Policy
- Control of Substances Hazardous to Health
- Safe Working at Height
- Alcohol Substance Misuse Policy
- Procurement Policy
- Confidentiality Code of Conduct Policy

14 Contact Details

Title	Name	Phone	Email
Director of Strategy	Pat Keeling	30 50567	pat.keeling@shsc.nhs.uk
Head of Estate Services	Mark Gamble	27 18698	mark.gamble@shsc.nhs.uk
Head of Improvement - Capital Programme and Development	Derek Bolton	30 50635	derek.bolton@shsc.nhs.uk

Appendix 1

Permit to Work

Serial Number:	
Work/Requisition Order Number	
Location:	
Permit to Work for:	
Date of Issue:	

This Permit-to-Work comprises of four parts:

Part 1: Issue. To be completed by person authorizing work.
 Part 2: Receipt. To be completed by person undertaking work.
 Part 3: Clearance. To be completed by person completing work.
 Part 4: Cancellation. To be completed by person cancelling work.

Part 1: issue - (complete precisely and legibly in **BLOCK CAPITALS**)

Issued to

I hereby declare that all reasonable measures have been undertaken to identify and inform the person/s for whom this permit-to-work is being issued of any known significant risks associated with the work so to ensure that it is safe to work.

Details of Contractor/Company/Staff/Persons undertaking work breaching fire compartmentation:

Work to be undertaken:	
------------------------	--

Other precautions taken are:	
------------------------------	--

Details of additional Work Permits required:	
---	--

Known or potential hazards in the work area:

Risk Assessment Method Statement (RAMS indicates area/s of work activity that have been agreed and documented between the permit issuer and the person working, work must not commence until this has been completed)

Authorised Person	Name:	
	Appointment:	
	Signed:	
	Time/ Date (dd/mm/yyyy)	

Part 2: Receipt

I hereby declare that I accept responsibility for carrying out work as detailed on this permit-to-work and that no attempt will be made by me or by persons under my control to work on other activities not authorized to do so.,

Received by persons authorised to undertake work	Name:	
	Appointment:	
	Signed:	
	Time/ Date (dd/mm/yyyy)	

Part 3: Clearance

I hereby declare that the work for which this permit-to-work was issued is now suspended/completed* and that all persons under my charge have withdrawn, informed that they are not to undertake any further work activity as specified on this permit-to-work and that all work equipment has been removed. (* delete as appropriate)

Received by persons authorised to undertake work	Name:	
	Appointment:	
	Signed:	
	Time/ Date (dd/mm/yyyy)	

Part 4: Cancellation

This permit-to-work is hereby cancelled and returned.

Received by Authorised Person	Name:	
	Appointment:	
	Signed:	
	Time/ Date (dd/mm/yyyy)	

Appendix 2

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Mark Gamble, July 2022

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - 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/ do not know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy 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	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Age related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Disability	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Ability related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Gender Reassignment	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Pregnancy and Maternity	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Pregnancy and maternity related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Race	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Race related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Religion or Belief	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Religion or belief related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sex	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Sex related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sexual Orientation	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Sexual orientation related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Marriage or Civil Partnership	This policy considers all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Marriage or civil partnership related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Management of Contractors Version 3 July 2022

Impact Assessment Completed by:
Name /Date Mark Gamble, July 2022

Appendix 3

Review Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	√
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√