

**TRUST-WIDE NON-CLINICAL POLICY DOCUMENT**

# Management of Contractors

Policy Number:	HS7
Scope of this Document:	All Staff, patients/service users, visitors and contractors
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
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Lead Executive Director:	Director of Finance (Deputy Chief Executive)
Lead Author(s):	Senior Safety Advisor

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2016 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# MANAGEMENT OF CONTRACTORS

### Further information about this document:

Document name	<b>Management of Contractors (HS7)</b>
Document summary	<b>Regulations 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 the activities that they are undertaking. 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.</b>
Author(s) Contact(s) for further information about this document	<b>Senior Safety Advisor Telephone: 0151 471 2306</b>
Published by Copies of this document are available from the Author(s) and via the trust's website	<b>Mersey Care NHS Trust V7 Building Kings Business Park Prescot Liverpool L34 1PJ Your Space Extranet: <a href="http://nww.portal.merseycare.nhs.uk">http://nww.portal.merseycare.nhs.uk</a> Trust's Website <a href="http://www.merseycare.nhs.uk">www.merseycare.nhs.uk</a></b>
To be read in conjunction with	<b>Health, Safety and Welfare SA07 Risk Management Policy &amp; Strategy SA02</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

		Version History:	
Approved		2015 Version 1	October 2015
Approved		2016 Version 2	October 2016

**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

## HS7 Management of Contractors

### 1. Introduction

1.1 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 Mersey Care NHS 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.

### 2. Definitions

2.1. **Contractor** means anyone brought in by the Trust to work at or on the Trusts premises who is not an employee of the Trust. The term contractor is equally applicable to sub-contractor. For example:

- a) Maintenance/Construction workers
- b) Volunteers
- c) Students
- d) Agency/bank staff
- e) Consultants
- f) NHS professionals
- g) Locum services
- h) Company representatives
- i) Service providers

2.1.1 Principal contractors are contractors appointed by the client to coordinate the construction phase of a project where it involves more than one contractor.

2.2. **Trust's Appointed Representative** is the person identified by the Divisional management and is the person who is in charge of the work to be carried out in liaison with the Principle Contractor/Contractors appointed site/agency representative. No contract will commence unless the Trust's Appointed Representative has been placed in charge of liaison with the Principle Contractor/contractor and they 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.

2.3. A **Method Statement** normally applies to construction related work and is to provide a detailed written sequence for carrying out an identified task to ensure that the work activities are done in a safe manner. Where required, method statements shall be reviewed and approved by the Trust's 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.

2.4. A **Risk Assessment** is 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 and contractors the work and the environment they are carrying it out.

2.5. **Induction** of Principle Contractor/contractors will be the responsibility of the Trust's Appointed Representative (with records being kept). The following is suggested:

- a) Contact details of the Trust's Appointed Representatives and deputies
- b) Signing in/out and identification procedures
- c) Security management procedures

- d) Confidentiality requirements
- e) Infection Control and hand hygiene requirements
- f) Welfare facilities locations
- g) No Smoking Rules
- h) Use of Mobile Telephone procedures
- i) Principle Contractor/Contractors responsibility for Health and Safety
- j) Accident/incident reporting procedures
- k) Identification of areas of exclusion or those areas controlled by permit to work systems
- l) Details of hazardous substances
- m) Electrical safety
- n) Energy management
- o) Internal transportation routes and pedestrian access
- p) Waste management arrangements
- q) Asbestos management procedure
- r) Legionella defence procedures
- s) The induction must be "suitable and sufficient" in relation to the work being undertaken. An example of this is the Induction programme used by the Estates Department

### **3. Successful Management of Principle Contractor/Contractors**

- 3.1. There are 5 stages to successful management of Principle Contractor/contractors. The size of the project will determine the amount of work required for each stage:

#### **Stage 1: Planning**

- a) Ensure that you have a good planning framework to pull together all the separate elements of the plan. Write plans down and meet and consult with all parties involved. Any work that affects the fabric of the building, or utilities, requires liaison with the estates/facilities department who hold the appropriate registers e.g. asbestos, and have various documentation that must be taken account of.
- b) Define the job.
- c) Identify hazards: Consider the individual elements and the effect of each on the whole project.
- d) Assess risks/determine permit to work requirements.
- e) Eliminate and reduce the risks.
- f) Specify health and safety conditions.
- g) Discuss with Principle Contractor/contractor (if selected).

#### **Stage 2: Choosing a Principle Contractor/contractor**

- a) What safety and technical competence is needed? Has the Principle Contractor/contractor got it?
- b) Is the Principle Contractor/contractor an approved member of the North West Consortium, Safe Contractor, CHAS or similar?
- c) Get evidence: safety passport schemes (e.g. CSCS, CC/NSG) are a good way of demonstrating the training of individual workers.
- d) Make Principle Contractor/contractors aware of the Trust's safety culture.
- e) Go through information about:
  - i. the job
  - ii. the site, including site rules
  - iii. Agree respective responsibilities for risk assessments and precautions

- f) Ask for a Risk Assessment & Method Statement (RAMS).
- g) Decide whether subcontracting is acceptable. If so, how are health and safety ensured? If subcontractors are used, channels of communication and control may become confused.

### **Stage 3: Contractors working on site**

- a) All contractors must show evidence of competency accreditation, e.g. CSCS cards, Safety passports, as appropriate and sign in and out.
- b) Name a site contact with Mobile numbers for both parties.
- c) Reinforce health and safety information and site rules, where appropriate (the list below forms a template, which is not necessarily exhaustive):
  - i. Welfare facilities
  - ii. Fire and emergency procedures
  - iii. Trust incident reporting programme
  - iv. Car parking
  - v. Personal safety
  - vi. Safety of third parties, in particular **vulnerable persons**
  - vii. Confidentiality
  - viii. First aid arrangements
  - ix. Access
  - x. Doors to be kept locked.
- d) Check the job and allow work to begin.

### **Stage 4: Keeping a check**

- a) Assess the degree of contact needed.
- b) How is the job going:
  - i. as planned?
  - ii. is the Principle Contractor/contractor working safely and as agreed?
  - iii. are RAMS being adhered to?
  - iv. any incidents?
  - v. any changes in personnel?
- c) Are any special arrangements required?

### **Stage 5: Reviewing the work**

- a) Review the job and Principle Contractor/contractor's performance with all those involved, including the Principle Contractor/contractor:
  - i. how effective was your planning?
  - ii. how did the contractor perform?
  - iii. how did the job go?
- b) Record the lessons, review and link to re-selection procedures.
- c)

Staff appointing Principle Contractor/contractors will need to be able to demonstrate how they have achieved the above.

#### **4. Capital Projects**

- 4.1. Additional action shall be necessary in respect of these projects, where the Construction (Design & Management) Regulations (CDM) 2015 will usually apply. For more information reference should be made to the Approved Code of Practice (L153).

# Equality and Human Rights Analysis

**Title:**

**HS7 Management Of Contractors**

**Area covered: Trust Wide**

**What are the intended outcomes of this work?**

The procedures above are paramount to maintaining the health and safety and welfare of everyone who the Trust interacts with. To do this we need to think about what might cause harm to people and or the environment and to consider the procedures in place to provide this protection.

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 Mersey Care NHS 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.

**Who will be affected?**

**Staff, Patients, Service Users, Visitors, Contractors.**

**Evidence**

**What evidence have you considered?**

**The Procedures**

<b>Disability including learning disability</b>	
Risk assessments will consider a range of vulnerable groups including those who have disabilities.	
<b>Sex</b>	
No issues identified within discussions.	
<b>Race</b>	
No issues identified within discussions.	
<b>Age</b>	
Risk assessments will consider a range of vulnerable groups including younger/older people.	
<b>Gender reassignment (including transgender)</b>	
No issues identified within discussions.	
<b>Sexual orientation</b>	
No issues identified within discussions.	
<b>Religion or belief</b>	
No issues identified within discussions.	
<b>Pregnancy and maternity</b>	
Risk assessments will consider a range of vulnerable people including pregnant women/new mothers.	
<b>Carers</b>	
Will be covered by the procedures above when visiting the Trust buildings.	
<b>Cross Cutting</b>	
All groups of people will be subject to health and safety and protection.	
<b>Other identified groups</b>	
No issues identified within discussions.	

<b>Human Rights</b>	<b>Is there an impact?</b> <b>How this right could be protected?</b>
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<p><b>This section must not be left blank. If the Article is not engaged then this must be stated.</b></p>	
<p><b>Right to life (Article 2)</b></p>	<p><b>Human Rights Based Approach Supported.</b></p> <p><b>The above procedures aim to maintain the health and safety (including life) of all people using /working/visiting the Trust premises.</b></p>
<p><b>Right of freedom from inhuman and degrading treatment (Article 3)</b></p>	<p><b>No Issues identified within Discussions.</b></p>
<p><b>Right to liberty (Article 5)</b></p>	<p><b>No Issues identified within Discussions.</b></p>
<p><b>Right to a fair trial (Article 6)</b></p>	<p><b>No Issues identified within Discussions.</b></p>
<p><b>Right to private and family life (Article 8)</b></p>	<p><b>No Issues identified within Discussions.</b></p>
<p><b>Right of freedom of religion or belief (Article 9)</b></p>	<p><b>No Issues identified within Discussions.</b></p>
<p><b>Right to freedom of expression</b></p> <p><b>Note: this does not include insulting language such as racism (Article 10)</b></p>	<p><b>No Issues identified within Discussions.</b></p>

<b>Right freedom from discrimination (Article 14)</b>	<b>No Issues identified within Discussions.</b>
<b>Engagement and involvement</b>	
<b>N/A</b>	

<b>Summary of Analysis</b>
<b>Eliminate discrimination, harassment and victimisation</b> The procedures above all relate to health and safety of all people using/ visiting/working the Trust. Pregnant women/ mothers of new born babies People with Disabilities Younger /older people are identified as vulnerable groups within the procedures.
<b>Advance equality of opportunity</b> <b>N/A</b>

<b>What is the overall impact?</b> <b>No negative/adverse impact detected.</b>
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<b>Addressing the impact on equalities</b> <b>N/A</b>
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<b>Action planning for improvement</b> <b>N/A</b>
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**For the record**

**Name of persons who carried out this assessment:**

**George Shield**

**George Sullivan**

**Anthony Crumpton**

**Date assessment completed: 09.November.2015**

**Reviewed: 06/09/2016**

**Name of responsible Director/Lead Trust Officer**

**Executive Director of Finance (Deputy CEO)**

**Date assessment was signed:**

**November 2015**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Other			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			