

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
Date Ratified:	October 2018
Next Review Date (by):	October 2020
Version Number:	2018 – Version 4
Lead Executive Director:	Director of Communication and Corporate Governance and
Lead Author(s):	Senior Safety Advisor

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2018 – Version 4

Striving for Perfect Care for the People
We Serve

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MANAGEMENT OF CONTRACTORS

Further information about this document:

Document name	Management of Contractors (HS7)
Document summary	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.
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Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Liverpool L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Health, Safety and Welfare SA07 Risk Management Policy & Strategy SA02
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:	
Approved		2015 Version 1	October 2015
Approved		2016 Version 2	October 2016
approved		2017 Version 3	October 2017
		2018 Version 4	October 2018

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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 Foundation 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 Foundation 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA 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

The above list needs to be discussed with Principle Contractors/sub contractors as part of the induction checklist (appendix one) and used for all works including any remedial works that the contractor will have to carry out.

If repair or emergency work is required the contractor must liaise with the Nurse in Charge to ensure where possible patient/contractor separation is assured. They should ring the ward prior to attending stating the nature of work to be undertaken. The Nurse in charge will then risk assess the impact the works will have on the patient group and liaise with the contractor on what risks are likely to or could occur. Where possible the contractor should be separated from the patient group to undertake the work and review on a daily basis.

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 Trust 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.

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) A pre-commencement meeting will need to be undertaken prior to any large works beginning and the risk assessment of clinical areas completed (appendix two) which will be stored in a file held by the Trust's appointed representative involved in the works.
- b) All sub-contractors must show evidence of competency accreditation, e.g. CSCS cards, Safety passports; to the Principle Contractor for inclusion on their database when they sign in and out.
- c) Name a site contact with Mobile numbers for both parties.
- d) Reinforce health and safety information and site rules, where appropriate as per the Principle Contractor/Sub contractor induction checklist (appendix one)
- e) 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).

Principle Contractor/Sub Contractor Induction Checklist:

- Make sure you have copies of all RAMS and method statements on site
- Sign in and out at the site/Principle contractor reception on a daily basis
- Remember all Mersey Care Foundation Trust sites are non – smoking
- On arrival to site let the ward staff know what you are doing and where you will be working, ask if there are any issues you should be made aware of regarding possible patient disruption
- Familiarise yourself with the site Emergency exit and arrangements
- Make sure your tools are accounted for at all times and all tools are kept in a lockable tool box when not in use, this is compulsory for all tools including tape measures etc.
- Tool lists are required for Ashworth High Secure, MSU and LSU – Audits of tools can be carried out at any time by Mersey Care Foundation Trust or the Principle contractor
- Liaise and be guided by your escorts following their instruction at all times
- Contact the nurse in charge to identify any immediate risks from service users , patient separation arrangements and access to the ward
- Complete a Point Of Work Risk Assessment where required to identify any additional hazards/issues within the work area, ensure communication with the ward staff at all times
- Remember that the patients are our first priority
- Remember that the patients have various mental illnesses
- Remember you are working for, and representing the Principle contractor at all times
- Make sure you report any incidents/accidents/near misses to the Ward Manager and a Datix report is filled in with the Ward Manager, let the Principle Contractor know as soon as possible and he will also fill in the necessary paperwork for their records, also follow your own company rules regarding accident, incident and near misses reporting
- Before leaving site at the end of the shift, complete a ‘sweep’ of the work area and ensure that all tools, materials and debris are removed and the area is clean and tidy
- Make sure you plan the following days work with the ward manager before leaving site and communicate any relevant changes
- Please treat all areas as patient areas even though it may not appear to be the case, there could be patients using the areas and the same cautions should be applied.

Risk Assessment of Clinical Areas

Impact of Estates Work

Prior to any estates work being undertaken in a clinical environment a risk assessment of that area must be completed to consider the impact of the works on the delivery of care and the safety of service users, visitors, staff and contractors.

It is the responsibility of the manager of the area where the work is planned to ensure that this risk assessment is completed and that all actions identified are in place prior to the commencement of the works

Ward/Service:		
Completed by:		
Date:		
Review/update		
Brief description of work		

1. Access

If access is restricted to any of the clinical areas then the impact of this on the service user experience and the delivery of care needs to be considered and actions taken to limit the impact of this. Where possible service users may be relocated to another area of the service whilst the work is undertaken such as occupational therapy, service users with leave may be encouraged to take advantage of this, additional staffing may be required to support service users with escorted leave (this will have been factored into the business case).

Restricted Access	Yes	No	Action taken to minimise disruption
Activity room			
Bathrooms			
Bedrooms			
Clinic			
Day area			
Dinning area			

Interview room			
Kitchen			
MDT room			
Outside space			
Sacred Space			
Other areas			

2. Environment

There are many factors that can impact on the environment the key areas are indicated below the impact of these should be considered and actions taken to limit the effects. This may include temporary closure of areas of the ward, ensuring windows or doors are open/closed, additional light heat source considered.

Impact on environment	Yes	No	Action taken to minimise impact
Noise			
Dust			
Fumes			
Lighting			
Temperature			
Other			

3. Daily Activities

There will be some daily activities that are essential and need to be facilitated consideration may need to be given to this taking place in another area, or contractor ceasing work at specific times (this will be agreed at pre planning meetings).

Daily activities	Yes	No	Action taken to minimise impact
Medication			
Prayer times			
Protected			

meal times			
Visiting times			
Other			

4. Risk of harm

The risk of harm to service users, carers and staff needs to be considered and all possible actions need to be taken to limit any risk. The risk may be due to compromised environmental security such as unlocked doors or reduced access, it is essential that all possible actions are taken to ensure that service user cannot abscond from the area. Any areas affected that may be compromised by the works need to be safe to use, actions need to be taken to ensure that all areas a safe and do not pose a potential hazard for slips, trips or falls.

Risk of Harm	Yes	No	Action taken to minimise impact
Risk of service user absconding			
Risk of infection			
Aggression			
Slips/falls			
Fire (PEEP)			
Other			

The clinical presentation of the current service users on the ward need to be considered and individual risk assessments may be required to identify any additional support that individuals may require. This will include actions taken to ensure their safety, privacy, dignity and to consider and gender or cultural sensitivity.

Where an individual may be at increased risk of harm to themselves or others during this time due to their vulnerability, level of aggression or risk of absconding then a temporary move to another area should be considered, this may only be for a limited time (hours).

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

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

Human Rights	<p>Is there an impact?</p> <p>How this right could be protected?</p>
<p>This section must not be left blank. If the Article is not engaged then this must be stated.</p>	

<p>Right to life (Article 2)</p>	<p>Human Rights Based Approach Supported.</p> <p>The above procedures aim to maintain the health and safety (including life) of all people using /working/visiting the Trust premises.</p>
<p>Right of freedom from inhuman and degrading treatment (Article 3)</p>	<p>No Issues identified within Discussions.</p>
<p>Right to liberty (Article 5)</p>	<p>No Issues identified within Discussions.</p>
<p>Right to a fair trial (Article 6)</p>	<p>No Issues identified within Discussions.</p>
<p>Right to private and family life (Article 8)</p>	<p>No Issues identified within Discussions.</p>
<p>Right of freedom of religion or belief (Article 9)</p>	<p>No Issues identified within Discussions.</p>
<p>Right to freedom of expression</p> <p>Note: this does not include insulting language such as racism (Article 10)</p>	<p>No Issues identified within Discussions.</p>
<p>Right freedom from discrimination (Article 14)</p>	<p>No Issues identified within Discussions.</p>

Engagement and involvement

N/A

Summary of Analysis

Eliminate discrimination, harassment and victimisation

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.

Advance equality of opportunity

N/A

What is the overall impact?

No negative/adverse impact detected.

Addressing the impact on equalities

N/A

Action planning for improvement

N/A

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Dave Berry

Date assessment completed: 09.November.2015

Name of responsible Director/Lead Trust Officer

Executive Director of Communication and Corporate Governance

Date assessment was signed:

October 2018

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)			