

# Control of Contractors Policy

This policy sets out the organisation's arrangements and responsibilities for the management of control of maintenance and construction activities and is supported by local operational procedures

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### **Version Control and Summary of Changes**

<b>Version number</b>	<b>Date</b>	<b>Comments (description change and amendments)</b>
1	July 2015	Harmonised Policy
2	November 2015	Policy re-write following changes to organisational structure and outsourcing of FM services and changes to Construction (Design and Maintenance) Regulations 1994 (as amended 2007 & 2015)
3	Oct 2019	Reviewed policy following Control of Contractor's audit and as part of 3 yearly review process. Amendment to appendices: Appendix 1 – amended Appendix 3 – included – TNA for non LPT Staff Appendices relabelled due to above inclusion Appendix 7 – Included – Privacy Impact Assessment

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### Definitions that apply to this Policy

<b>Duty Holder</b>	Any person or organisation with a responsibility or action for compliance with the arrangements.
<b>Contractor</b>	Any external organisation or person who carries out or organises, construction, repair and maintenance work.
<b>Project, Development and Maintenance Manager(s)</b>	A person employed by the Trust to undertake this role.
<b>Client</b>	Person or organisation for which work is being undertaken. This is always the Trust, even if some responsibilities are delegated to a representative (E&F provider) the Trust still has accountability.
<b>Authorising Engineer</b>	A chartered engineer with appropriate experience and possessing the necessary degree of independence from local management who is appointed, in writing.
<b>Authorised person</b>	Is an individual possessing adequate technical knowledge, and having received appropriate training, appointed in writing and to be responsible for the practical implementation of safe systems of work.
<b>Competent person</b>	Is a person recognised by the authorised person as having sufficient technical knowledge and experience to enable them to prevent danger and who may be nominated to receive and clear specified permits to work.
<b>Construction site</b>	Includes any place where construction work is being carried out or to which the workers have access.
<b>Construction work</b>	Means the carrying out of any building, civil engineering or engineering construction work and includes— (a) the construction, alteration, conversion, fitting out, commissioning, renovation, repair, upkeep, redecoration or other maintenance (including cleaning which involves the use of water or an abrasive at high pressure or the use of corrosive or toxic substances), decommissioning, demolition or dismantling of a structure; (b) the preparation for an intended structure, including site clearance, exploration, investigation (but not site survey) and excavation, and the clearance or preparation of the site or structure for use or occupation at its conclusion (c) the assembly on site of prefabricated elements to form a structure or the disassembly on site of prefabricated elements which, immediately before such disassembly, formed a structure; (d) the removal of a structure or of any product or waste resulting from demolition or dismantling of a structure or from disassembly of prefabricated elements which immediately before such disassembly formed such a structure; and (e) the installation, commissioning, maintenance, repair or removal of mechanical, electrical, gas, compressed air, hydraulic, telecommunications, computer or similar services which are normally fixed within or to a structure.

<b>Due Regard</b>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>
<b>Interruption of engineering services</b>	<p>Authorisation for the interruption of service is document for the transfer of information and the approval of an appropriately trained/qualified member of staff to interrupt an engineering service.</p>
<b>Serious and imminent danger</b>	<p>Situations presenting risk of physical harm or harm from substances with properties with the potential to cause severe health effects.</p>

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

## **Analysis of Equality**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

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In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

An analysis of equality review found the activity outlined in this policy to be equality neutral because this policy describes the Trust's health and safety arrangements, including the processes and systems in place for the management of control of construction, repair and maintenance activities to protect all regardless of a protected equality group.

## **The NHS Constitution**

The Constitution sets out the principles and values that guide how the NHS should act and make decisions. It brings together a number of rights, pledges and responsibilities for staff and patients alike. Policy Authors must take account of the NHS Constitution and identify which of the rights and pledges are applicable to the policy being developed.

### **1 Introduction**

The Leicestershire Partnership NHS Trust (hereafter known as the Trust) recognises that construction, repair and maintenance activities present significant health and safety risks. The Trust is committed to the removal or reduction of those risks by ensuring that risk assessments of construction, repair and maintenance activities are undertaken and appropriate safe systems of work are applied to mitigate and reduce the risk of harm, injury etc.

The Trust attaches the greatest of importance to the health, safety and welfare of its employees and others that may be affected by its undertakings and proportionate due regard is given for legislation such as the Equality Act 2010 (access and egress to buildings/ signage). The Trust is particularly aware of the duties imposed by the Health and Safety at Work etc. Act 1974, and subordinate regulations. The Management of Health and Safety at Work Regulations 1999, Construction (Design and Management) Regulations 2015.

The Trust board acknowledges that statutory requirements, approved codes of practice, government guidance notes, direct strategies for the control of construction, repair and maintenance activities and is committed to ensuring that this policy and health and safety arrangements will be implemented throughout the Trust.

All Trust employees have a responsibility to ensure that this policy is fully complied with. All contractors are responsible for complying with the relevant health and safety legislation, any other applicable statute and this policy.

### **2 Purpose of the Policy**

The Control of Contractors Policy has the following objectives:

- to minimise incidents and control contractor activities within the Trust;
- to protect the health, safety and welfare of contractor's workers, Trust employees, service users and members of the public affected by work and/or construction, repair and maintenance activities;
- to improve the co-ordination between Trust employees, stakeholders and contractors who carry out work and activities on premises which are occupied by the Trust;
- to provide a structured approach to health, safety and welfare for duties and activities which are undertaken on premises occupied by the Trust;



- to ensure that before contracts are finalised the competence of contractors is assessed in relation to health and safety matters;
- to ensure that adequate information is provided to all contractors engaged to work on premises occupied by the Trust;
- to ensure that all hazards that could affect contractor's personnel are clearly defined and controlled;
- to ensure that the interests of staff, service users, clients and visitors are protected before and during any work carried out by contractors;
- fulfil the Trusts requirements to comply with the Management of Health and Safety at Work Regulations 1999 for the control of contractors and where applicable the Construction (Design and Management) Regulations 2015

### **3 Duties within the organisation**

The Trusts Health and Safety policy sets out the roles and responsibilities for the management of Health Safety across the organisation. Roles and responsibilities specific to the control of contractors are outlined below.

#### **3.1 Chief Executive**

The Chief Executive accepts overall responsibility for all health and safety matters relating to construction, repair and maintenance works under the control of the Trust. This responsibility includes ensuring that the control of risks associated with construction, repair and maintenance activities are addressed through comprehensive policies and procedural arrangements that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

#### **3.2 The Director with designated responsibilities for Health and Safety**

The director with designated responsibility for health and safety has the responsibility for ensuring that the aims and objectives of the organisation's Policy for the Control of Contractors are implemented. They will:

- publicly endorse the organisation's "Control of Contractors Policy"
- empower staff to take the necessary actions
- ensure arrangements are in place for the safety of staff, patients and others whilst work is being undertaken
- ensure that suitable arrangements are in place to communicate risk information to all who may be affected

#### **3.3 Director with designated responsibilities for Estates and Facilities**

The director with responsibilities for estates and facilities is responsible for ensuring that appropriate systems are in place and has delegated responsibility to ensure systems are identified for the management of contractors and that they meet the legal and organisational requirements for all works procured via Estates and Facilities or commissioned and impact on LPT premises.

### 3.4 Commissioning work (Project Manager)

**Construction, Design and Management Regulations 2015** (usually Capital projects undertaken by ICL)

The service will work in collaboration with the Trust's Estates and Facilities Team who will act as the client. The client is responsible for ensuring that the necessary health and safety requirements are incorporated within the contract specifications with ICL. They will act as the Project Manager and the client's representative on behalf of the Trust, as specified under the Construction, Design and Management Regulations 2015.

They will also undertake other roles – Principle Designer and Principle Contractor where applicable.

**Minor works** (usually undertaken by LPT Estates contracted to UHL/external provider)

If competent, small works can be managed by the site staff/departmental manager commissioning the works.

For larger and more complex work and projects, the Trust's Estates and Facilities Team will assign a Project Manager to manage and provide support to the site staff/departmental manager through the duration of the works/project.

In the role of Project Manager this person will:

- ensure effective communication (including out-of-hours) between relevant stakeholders;
- will communicate current and planned works on multi-occupied sites in a timely manner to give advance warning prior to the works being undertaken
- make sure that an effective system is used in the contractor selection process to ensure the appointment of competent contractors;
- ensure that contractor risk assessments are completed, recorded and regularly reviewed for all contractor activities during the period of work;
- ensure that procedures are in place for emergency situations to include: raising the alarm; making safe; rescuers (if appropriate) means of escape; assembly points; summoning emergency services; evacuation, etc.
- ensure that suitable risk control measures are in place for the duration of the project
- ensure that appropriate service interruption notices are in place in accordance with section 5.4 of this policy
- ensure that the contractor has Method Statements containing detail of how the work will be performed

- ensure that arrangements are in place to provide site induction to contractors. To carry out site induction for sites where Trust staff cannot undertake this task and/or for complex projects requiring specific expertise.
- ensure legacy contractors are refreshed on site specific risks and rules due to changing services, patient groups etc.
- retain induction records and provide them on request
- ensure that appropriate permissions and permits are in place in accordance with section 5.3
- liaise with the Trust's Fire Officer regarding works that will compromise fire safety/compartimentation prior to works commencing and follow relevant instructions.

### **3.5 Health and Safety Compliance Team**

The Health and Safety Compliance will advise on appropriate measures to meet legal and organisation requirements as required and respond to, advise and investigate situations of serious and imminent danger.

### **3.6 Non LPT staff operating within properties managed by LPT**

Non LPT staff have a legal duty of care towards themselves and others regardless of the position held. All non LPT staff must:

- not undertake or arrange any activities involving construction or minor work without consultation and approval from the Trust representative
- take reasonable care for their own health and safety and the safety of others who may be affected by their acts or omissions
- co-operate with each other and work in compliance with specific policies, procedures and undertake designated training associated with the control of risks arising out of construction, repair and maintenance work as required
- report all accidents, untoward incidents and near misses associated with or arising from construction, repair and maintenance.
- take action where they perceive a situation to present a risk of serious and imminent danger to themselves or others. This may require staff to ask contractors to make safe and stop work until such time that advice can be sought.
- be aware of and follow the arrangements for contractor management within their workplace i.e. site induction, retention of induction records, etc.(Appendix 1)
- ensure that contractors are made aware of local risks and control measures
- ensure that contractors are familiarised with infection prevention and control arrangements
- Where the Alliance provide the reception service at an LPT site, the Alliance staff will follow the arrangements for contractor management i.e. receiving of contractors and check photographic ID and work order, signing in and out, issuing of badges and issuing of keys

### **3.7 LPT staff**

All staff have a legal duty of care towards themselves and others regardless of the position held. All staff must:

- not undertake or arrange any activities involving construction or minor work in a leased property without consultation and approval from the appropriate Trust manager eg estates and facilities
- take reasonable care for their own health and safety and the safety of others who may be affected by their acts or omissions
- co-operate with each other and work in compliance with specific policies, procedures and undertake designated training associated with the control of risks arising out of construction, repair and maintenance work as required
- report all accidents, untoward incidents and near misses associated with or arising from construction, repair and maintenance.
- take action where they perceive a situation to present a risk of serious and imminent danger to themselves or others. This may require staff to ask contractors to make safe and stop work until such time that advice can be sought.
- be aware of and follow the arrangements for contractor management within their workplace i.e. site induction, retention of induction records, etc. (Appendix 1)
- ensure that contractors are made aware of local risks and control measures
- ensure that contractors are familiarised with infection prevention and control arrangements

### **3.8 Authorising Engineer (AE)**

Will be a chartered engineer with appropriate experience and possessing the necessary degree of independence from local management who is appointed, in writing. They will also act as an assessor and make recommendations for the appointment of the Authorised Persons. The AE will give an independent assessment of the work undertaken either by or under the supervision of the authorised person.

### **3.9 Authorised Persons (AP) will;**

- be qualified and sufficiently experienced to operate the specialist service they are employed to provide
- have operational responsibility for the specialist service they are employed to provide
- maintain records
- provide assurance for the quality of service and maintenance of system safety (integrity)
- establish and maintain validation of any competent persons who may be employees of the organisation or appointed contractors.
- use their expertise in a defined area to assess the competence of third parties to carry out work on behalf of the Trust.

### **3.10 Contractors**

- comply with the requirements of all relevant health and safety legislation, codes of practice and other relevant guidance,
- provide proof of competency (e.g. valid licences and permits where appropriate),
- ensure that risk assessments are completed, recorded and reviewed,
- take reasonable care of themselves and others who may be affected by their actions.
- undergo a site induction PRIOR to starting work
- communicate via the appointed Project Manager to ensure there is effective cooperation and coordination of work activities
- ensure that any incidents or potential hazards associated with their work are recorded on the Trusts incident reporting system.
- follow the instructions of Trust staff where situations presenting risk of serious and imminent harm are identified
- comply with Trust Site Safety Rules – See APPENDIX 2
- provide necessary documentation as outlined in section 5.5 of this policy
- carry appropriate identification and authorised instruction document (eg work order or similar) at all times
- will follow the agreed signing in and out procedures

## **4 Training Needs**

A training needs analysis has been undertaken and this policy has not identified any specific training requirements.

## **5 Processes and Procedures**

For those properties managed by the Trust or where staff occupy in host organisations:-

### **5.1 Site Induction**

Prior to carrying out works or services on premises occupied by the Trust contractors must undergo a site induction. This will be carried out by the Project Manager or agreed representative. A template for this induction can be found in Appendix 1. Inductions must be recorded and a copy retained by person undertaking the induction and be readily available to the Trust on request.

### **5.2 Control of Contractors**

Responsibility for the management of contractors employed to carry out tasks related to the maintenance of the estate varies according to the arrangements in place for that site eg PFI, LiftCo, NHSPS and landlord status.

In general it is the person/party who engaged the contractor is responsible for the control of that contractor.

Tenants of LPT owned estate will assume management responsibility for the control of contractors where they have commissioned construction, repair or maintenance work.

This does not preclude the requirement for contractors operating on such premises to comply with the requirement set out in this policy.

### **5.3 Permit to Work**

It is the responsibility of the Project Manager to ensure that the appropriate permissions and permits for the work are in place.

The permits and permission must be arranged in accordance with the Trusts outsourced facilities management provider processes and systems. It is the Project Manager who is responsible for controlling the contractors and consequently for ensuring the appropriate permit to work or permission to work is in place.

Permit to Work systems are designed to ensure that safe methods of working are adopted in circumstances where there is a potential hazard to those carrying out the work or to the building users.

Examples of works requiring permits include but are not limited to:

- Fire detection systems
- High voltage / Low voltage installations including generators
- Steam, condensate, heating and water mains
- Water systems
- Working in confined spaces
- Hot works
- Piped medical gases
- Asbestos removal
- Working at heights
- Excavation

### **5.4 Authorisation for the interruption of engineering services**

It is the responsibility of the Project Manager to ensure that the appropriate service interruption notice is in place and authorised by the appropriate senior member of staff.

Examples of works requiring service interruption notices are but are not limited to:

- fire safety / detection systems
- electrical systems
- water systems including heating
- piped medical gases
- Security safety systems including access control systems and staff / patient alarm systems

### **5.5 Documentation**

Contractors may be requested to produce documentation to ensure compliance with statutory and regulatory requirements. These may include but are not limited to:

- Employers Liability Insurance (min. £5 million)
- Public Liability Insurance (min. £10 million)
- Health and Safety Policy
- Method Statements / Risk Assessments
- Notification of any HSE prosecutions or improvement notices
- Qualification or industry body affiliation certificates
- Training Records
- First Aid provisions
- Material Safety Data Sheets (MSDS)
- Equipment List and portable appliance test results
- Gas Safe Registration
- Disclosure and Barring System (DBS)
- Decontamination certificates
- Equipment calibration certificates

## **5.6 Infection Control**

All contractors must maintain good standards of infection prevention and control practice whilst on premises. This includes attention to hand hygiene when moving around the site.

The person in charge of the ward/department must be informed prior to works being carried out in case any further infection prevention and control precautions are required. If this is deemed to be the case, the person in charge of the ward/department is responsible for ensuring such measures are in place before the work commences. The areas must be cleaned prior to and on completion of any work carried out by contractors.

In any areas that have increased incidents or are otherwise closed due to infection prevention and control issues contractors should not be visiting – the project manager should be liaising with the Infection Prevention and Control team as well as the local clinical lead.

## **5.7 Fire Safety**

Contractors must ensure that they are aware of the emergency evacuation procedure and assembly points, the location of the fire alarm activation systems and the location of the fire suppression systems.

No fires will be lit on buildings occupied by the Trust.

Arrangements must be identified to ensure that fire detection, alarm systems and evacuations arrangements are suitable during the project.

The contractor shall inform the Authorised Person before using any equipment, materials or substances that may be likely to cause fire or dust.

Fire escapes must be kept clear at all times.

## **6 Dissemination and Implementation**

### **6.1 Implementation**

The policy is approved by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be disseminated throughout the Trust following ratification.

This Policy will be displayed on the Trust intranet and will be available at each site which is occupied (whole or in part) by the Trust.

Line Manager will convey the contents of this policy to their staff

Staff will be made aware of this policy using existing staff newsletters and team briefings

### **6.2 Monitoring and Review**

To ensure the Control of Contractors Policy is operating correctly and that safety is being maintained during any hazardous activity, the system is monitored on a periodic basis.

Checks will be carried out by:

- sample spot-checks on contractors ID badges;
- sample spot-checks to ensure contractors have signed in/out of Trust occupied areas;
- checks to ensure new contractors have received induction and a copy of the Site Safety Rules prior to starting work;
- detailed investigation of any incident relating to contractors work;
- checks are made that the contractor is working within the limits of the Policy.

Where monitoring has identified deficiencies recommendations and actions plans will be developed and changes implemented accordingly. This information will be reported and monitored through the Health & Safety Committee

The Policy will be reviewed and updated every three years or sooner where a change to legislation, national policy, guidance or documentation occurs.



## Appendix 1 Site Induction

<b>LPT Site Induction for Contractors Project Title:</b>	
<b>Trust Project Manager:</b>	
<b>Induction Date:</b>	
<b>Project Summary:</b>	
<b>Contractor's Details</b>	
<b>Company Name:</b>	<b>Tel:</b>
<b>Site Manager / Foreman:</b>	<b>Fax:</b>
<b>Company Address:</b>	<b>Email:</b>
<b>Number of Employees Onsite:</b>	
<b>Employees Attending Induction:</b>	<b>Signature:</b>
(All contractor's employees working on site must receive a site induction)	
<b>Buildings, Services, Estates, Facilities Arrangements:</b>	
<b>Health &amp; Safety:</b> (e.g. hazardous substance, work at height etc)	
<b>Fire Safety:</b> (e.g. flammables, Trust procedures etc)	
<b>Infection Control:</b> (e.g. clinical areas, infection risks etc)	
<b>Additional Information:</b>	
<b>Person delivering induction:</b>	
<b>Sign:</b>	<b>Date:</b>

## **Appendix 2 Trusts Site Safety Rules**

### **Site Safety Rules**

No works shall be undertaken until the contractor has read the Trusts Control of Contractors Policy, reported to the person responsible for arranging, co-ordinating the work, obtained the necessary passes / permits and agreed a site safety regime.

The contractor shall ensure that the contents of these rules are made known to everyone for whom they are responsible on site, including sub-contractors under his/her instruction.

### **Risk Assessment**

As a contractor employed by the Trust you must not begin any work until risk assessments have been completed for the proposed works and discussed with the Project Manager.

Copies of risk assessments and a detailed method statement indicating how the job will be safely completed must be provided to the Project Manager.

### **Fire Precautions and Procedures**

The fire procedures are clearly displayed in every building. The contractor shall familiarise themselves with them and ensure they know what to do in the event of a fire and/or the sounding of the alarm.

Arrangements must be identified to ensure that fire detection, alarm systems and evacuations arrangements are suitable during the project.

No fires will be lit on Trust premises.

The contractor shall inform the Authorised Person before using any equipment, materials or substances that could likely cause fire or dust. A 'Hot Work' Permit will be issued by the Authorised Person for all such work (5 day's notice is required).

For work affecting fire compartmentation structures, the fire risk assessment for the areas affected should be reviewed and approved by the FM Fire Safety Advisor or Trusts Fire Safety Assurance Officer. Fire compartmentation must be made good, to the required standard, before completion of the job.

### **FIRE ESCAPES MUST BE KEPT CLEAR AT ALL TIMES.**

### **Asbestos**

At no time shall the contractor attempt to interfere with any materials containing asbestos e.g. ceiling tiles, boarding, cladding, insulation fire stops etc. The Trust maintains a register of all known locations of asbestos that exist on Trust premises and the Authorised Person will inform the contractor as required.

Any contractor finding what they suspect could be an asbestos containing material on any of the Trusts premises should stop work immediately and bring it to the attention of the Authorised Person, project manager and Trust Health, Safety and Compliance team.

### **Portable tools/equipment**

All portable tools brought onto the site must be suitable for use. Evidence that all portable tools have been portable appliance tested will be required. The Trust accepts no responsibility for loss or damage to contractor's tools or equipment. No tools or equipment will be loaned to contractors.

All operators must be trained and competent to operate the equipment.

No high energy power driven tools (e.g. petrol/diesel compressors and generators) may be used on site without the prior agreement of the Project Manager.

### **Excavation**

No excavation works or underground works are to be undertaken until the area has been scanned and a drawing and Permit to Excavate has been issued by the Authorised Person

### **Permits/Permission to work**

Permits to Work and the appropriate Permission to Work is required from an Authorised Person/ Project Manager before the isolation of or the starting of work on any of the following:

- Fire Detection Systems
- High Voltage/Low voltage installations including generators
- Steam, condensate, heating and water mains
- Water systems
- Working in confined spaces
- Hot Works
- Piped Medical Gases
- Asbestos Removal
- Working at heights
- Excavation

Once issued, the conditions of the permit must be strictly adhered to at all times. Please note this list is designed to give some common examples of work requiring a permit and is not exhaustive.

Permits should be issued, checked and signed off as being completed by someone competent to do so, and who is not involved in undertaking the work.

### **Security**

Contractors may not under any circumstances breach site security by leaving open windows, security doors, fire escape doors, access doors/hatches to plant rooms, service levels, ducts or roof areas. Where a job entails the use of such arrangements must be made with the Project Manager to ensure security is maintained.

Contractors will ensure that they have appropriate identification and authorised instruction document (eg work order or similar) at all times.

### **Service Users**

In some instances service users may be irritable, prone to harming themselves, verbally aggressive and on occasion physically aggressive towards people in their immediate vicinity.

In order that any contractor is not exposed to any unnecessary hazardous situation, the contractor must in all instances;

- seek out the person in charge of the ward/department, prior to starting any work to ensure that they are aware of any restrictions and or control measures that they are required to follow during the works
- before leaving, ensure person in charge has the opportunity to assess the working area to ensure it is left in a safe and satisfactory condition.

On acute mental health and learning disability sites contractors may be issued with a device which will allow them to raise alarm if they feel that they or any of their colleagues are at risk due to the actions or behaviour of a service user.

The contractor is responsible at all times for any equipment they may bring on site, in particular, any equipment that may be used to harm or injure any person (hammers, screwdrivers, Stanley knives, cable etc.) **These items must be supervised at all times. No items are to be left at the place of work if the contractor is not present.**

### **Privacy, Dignity and Confidentiality**

The contractor should be aware that within the ward/clinic areas their presence might cause embarrassment to the service user. The contractor must act with the utmost discretion at all times. During contact with the Trust, contractor or their staff may observe or hear confidential information about service users, members of staff or other health service business. On no account must any information relating to this organisation be divulged to anyone. Under the Data Protection Act 1998 any breach of confidentiality is an offence and can lead to imprisonment.

### **Conduct**

All contractors (regardless of who has commissioned them) must sign in when arriving at site/ward and sign out when leaving site/ward.

Contractors must not behave in a manner which may cause offence to staff, service users or members of the general public on any premises occupied by the Trust. The Trust reserves the right to remove any contractor from site who behaves in such a manner. Contractors must also abide by a suitable dress code.

### **Infection Prevention and Control**

All contractors must maintain good standards of infection prevention and control practice whilst on any site occupied by the Trust. This includes attention to hand hygiene when moving around the site.

As this is a healthcare environment there is also a potential risk of an injury from 'sharps'. Any injuries should be reported immediately.

Medical equipment should be decontaminated prior to contractors working on or maintaining the equipment and prior to return for use should be decontaminated again.

The person in charge of the ward/department must be informed prior to works being carried out in case any further infection prevention and control precautions are required. If this is deemed to be the case, the person in charge of the ward/department is responsible for ensuring such measures are in place before the work commences.

The contractor must respond to any instructions given to him by the Infection Prevention and Control team.

Capital development and/or refurbishment work must be risk assessed by the Infection Prevention and Control team who will advise on actions required eg deep clean prior and following any works.

### **Flammable /Hazardous Substances**

Any hazardous materials brought on site should be only in limited amounts and removed at the end of each day.

All of the above are to be used only in strict accordance with COSHH Regulations.

Pressurised cylinders must be removed from site at the end of the working day or stored in an approved locked compound.

### **Site Fencing/ Barriers and Signage**

Where barriers are identified as a risk control measure the contractor is to supply and erect safety fencing and/or barriers to isolate the work from others, along with the appropriate warning signs. (All at no extra cost to the Trust and as agreed with the Project Manager as part of the safety regime).

### **Personal Protective Equipment**

Personnel must wear the correct protective equipment of a type suitable for the working environment in accordance with the Personal Protective Equipment at Work Regulations (1992) and the safety rules as advised during induction.

### **Waste Removal**

The contractor must remove any waste created during the course of the work on a daily basis. The work area must be cleaned to the satisfaction of the Project Manager. No skips are allowed without prior arrangement with the Project Manager. All disposal must comply with relevant waste regulations.

### **Access Equipment (ladders, scaffolding etc)**

All access equipment shall be provided by the contractor, must be in good condition and suitable for the purpose and task duration as identified by an assessment carried in compliance with the Work at Height Regulations

Access equipment must not be left unsupervised under any circumstances. Such equipment must be cordoned off when in use and be removed at the end of the working day.

Work in certain areas of the Trust may require a second person for supervision/safety purposes. This will be identified as part of the pre-contract arrangements through the process of risk assessment.

### Scaffolding Inspections

All working platforms must be inspected by a competent person:

- after installation or assembly in any position
- after any event likely to have affected its stability, eg following strong winds or substantial alteration
- at regular intervals if the working platform is below 2 m or at intervals not exceeding seven days if the working platform is at 2 m or above.

The person in control must have the inspections carried out by a competent person. This is someone with the appropriate training (eg attendance at a scaffolding inspection course) and experience to enable them to identify any risks that are present and decide upon the measures required to control the risks.

Whoever controls the activities of others who use a scaffold also needs to ensure it is safe before they use it for the first time.

**Further guidance can found here -**

<https://www.hse.gov.uk/pubns/priced/hsg150.pdf>

### **Accidents, Injuries and First Aid**

Injury to persons or “near misses” must be reported to the Project Manager. This person will be responsible for ensuring that the details are entered in the appropriate organisations accident/incident reporting system.

Contractors must comply with The Health & Safety (First-aid) Regulations in assessing their first aid requirements and the provision of their own first aid arrangements. This may be in conjunction with local Trust first aid arrangements if agreed during the design stage of the project.

### **Access and Egress Routes (Internal and External)**

It is the contractor’s responsibility to ensure all access and egress routes, and pedestrian walkways, on Trust sites are kept unobstructed and clear of debris at all times unless alternative routes are arranged with the Project Manager.

### **Mobile phones, Radios and Personal Music Players**

Mobile phones are to be switched off whilst on premises occupied by the Trust if requested to do so at site induction. Some sites may require contractors to leave mobile devices at reception.

### **Noise and Vibration**

The contractor shall take appropriate measures to limit the harmful effects of noise and vibration emanating from their work area and shall agree appropriate controls with the Project Manager. Noise levels must not be allowed to exceed 80dBA in areas occupied by Trust staff, patients, visitors or others may be exposed. Where the noise level is foreseen, specific arrangements must be agreed with the Project Manager.

### **Smoking, Vaping and Alcohol**

The Trust operates a "No Smoking Policy". Consequently smoking and vaping is PROHIBITED whilst on any of the Trusts premises. The consumption of alcohol or substance misuse is NOT PERMITTED on any of the Trusts premises.

The Trust reserves the right to remove any contractor from site whom they suspect of being under the influence of drugs or alcohol.

### **Workshop Facilities**

Contractors will be expected to provide their own facilities for welding, cutting, drilling, bending etc. No tools or equipment will be loaned by the Trust.

### **Welfare arrangements**

Contractors must make arrangements for the provision of welfare arrangements in line with The Workplace (Health, Safety and Welfare) Regulations 1992. Access to site facilities may be available and any arrangements will be as agreed with the Project Manager.

### **Parking**

Arrangements for parking and deliveries for the works and removal of waste will differ according to the site on which the work is taking place. It is the contractor's responsibility to ensure that provision is made for these activities in conjunction with project manager at the outset.

### **Connection into services**

Where the contractor needs to connect into site services, prior approval from the Project Manager/FM provider/host is required. Approval is subject to a suitable and sufficient risk assessment/method statement being submitted in advance.

## CONTRACTOR'S STATEMENT

### Contractor's Acknowledgement Form

This form must be signed by a senior manager of the contractor organisation prior to undertaking any construction, installation, maintenance or similar work on premises occupied by the Trust. This forms part of the contractors induction.

Please tick to acknowledge and accept the following:

- I/We have received a copy of the Leicestershire Partnership NHS Trusts Control of Contractor Policy and Site Rules.
- I/We have read and understood these documents and have made arrangements for all employees and employees of subcontractors to be briefed on the requirements.
- I/We understand the importance of the rules and relevant health and safety legislation and agree to comply with these at all times whilst on a site occupied by the Trust.
- I/We understand that any breach of the Trusts rules for contractors or relevant health and safety legislation may result in the termination of any agreements in place, removal from site and removal for the Trusts approved contractor list.

On behalf of- .....  
(Company name)

Name- .....  
(Manager's name)

Position: .....  
(Job title)

Signed: .....

Date: .....





**Appendix 4**

Reference	Minimum Requirements to be monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual/Group	Frequency of Monitoring
	Detailed investigation of any incident relating to contractors work	6.2	Analysis of incident reports	H&S Committee/Estates Group	¼ reports
	<ul style="list-style-type: none"> <li>• Sample spot-checks on contractors ID badges;</li> <li>• Sample spot-checks to ensure contractors have signed in/out of Trust occupied areas;</li> <li>• Checks to ensure new contractors have received induction and a copy of the Safety Rules prior to starting work;</li> <li>• Checks are made that the contractor is working within the limits of the Policy</li> </ul> <p>* This list is not exhaustive</p>	<p>6.2, 3.2</p> <p>6.2, 3.2</p> <p>6.2, 3.2</p> <p>6.2</p>	Audit	H&S Committee/Estates Group	Ad hoc

## Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

<b>Training Required</b>	Control of Contractors Policy	
<b>Training topic:</b>	None identified	
<b>Type of training:</b> (see study leave policy)	N/A <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
<b>Division(s) to which the training is applicable:</b>	N/A <input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
<b>Staff groups who require the training:</b>	N/A	
<b>Regularity of Update requirement:</b>	N/A	
<b>Who is responsible for delivery of this training?</b>	N/A	
<b>Have resources been identified?</b>	N/A	
<b>Has a training plan been agreed?</b>	N/A	
<b>Where will completion of this training be recorded?</b>	N/A <input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
<b>How is this training going to be monitored?</b>	N/A	

## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	X
<b>Respond to different needs of different sectors of the population</b>	X
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/>
<b>Support and value its staff</b>	X
<b>Work together with others to ensure a seamless service for patients</b>	X
<b>Help keep people healthy and work to reduce health inequalities</b>	<input type="checkbox"/>
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input type="checkbox"/>

**Appendix 7  
Due Regard Screening Template**

<b>Section 1</b>			
<b>Name of activity/proposal</b>		Control of Contractors Policy	
<b>Date Screening commenced</b>		November 2019	
<b>Directorate / Service carrying out the Assessment</b>		Health and Safety Compliance	
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>		Samantha Roost	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b> Sets out the arrangements and responsibilities for the management of control of construction, repair and maintenance activities in compliance with statutory requirements			
<b>OBJECTIVES:</b> Sets out the arrangements and responsibilities for the management of control of construction, repair and maintenance activities to ensure it meets its statutory obligations			
<b>PURPOSE:</b> Arrangements are in place whilst construction, repair and maintenance activities are being undertaken			
<b>Section 2</b>			
<b>Protected Characteristic</b>	<b>Could the proposal have a positive impact Yes or No (give details)</b>	<b>Could the proposal have a negative impact Yes or No (give details)</b>	
Age	No	No	
Disability	No	No	
Gender reassignment	No	No	
Marriage and Civil Partnership	No	No	
Pregnancy and Maternity	No	No	
Race	No	No	
Religion and Belief	No	No	
Sex	No	No	
Sexual Orientation	No	No	
Other equality groups?	No	No	
<b>Section 3</b>			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.</b>			
<b>Yes</b>		<b>No</b>	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	√
<b>Section 4</b>			
<b>It this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
An analysis of equality review found the activity outlined in this policy to be equality neutral because this policy describes the Trust's health and safety arrangements, including the processes and systems in place for the management of control of construction, repair and maintenance activities to protect all regardless of a protected equality group			

*Sign off that this proposal is low risk and does not require a full Equality Analysis:*  
Head of Service Signed: Bernadette Keavney Date: 31 December 2019

## PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		CCTV	
Completed by:		Bernadette Keavney	
Job title		Head of Trust Health and Safety Compliance	Date 29/08/19
			<b>Yes / No</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			<b>No</b>
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			<b>No</b>
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			<b>No</b>
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			<b>No</b>
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			<b>No</b>
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			<b>No</b>
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			<b>No</b>
8. Will the process require you to contact individuals in ways which they may find intrusive?			<b>No</b>
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>            In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust