

# **Mangaging the Health, Safety and Welfare of Contractors**

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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Document fully reviewed to account for changes in defined roles and responsibilities, format and content.

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### KEY WORDS

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Capital Projects

CDM

Construction

Contractor

Contractor Management

Estates

Estates and Facilities

Project Manager

## **1 INTRODUCTION AND OVERVIEW**

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- 1.1** The purpose of this policy is to ensure that the activities of contractors who are engaged by the Trust are effectively managed to reduce the risk of harm to themselves, to others and to the environment. This policy provides guidance to all the Trust staff who are involved in the appointment of contractors.
- 1.2** This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for managing contractors on UHL controlled sites.
- 1.3** The Trust utilises contractors to carry out various types of work. This can range from very simple work such as window cleaning, servicing of equipment, maintenance and repair of buildings to larger construction type projects for new buildings.
- 1.4** The term 'contractor' does not exclusively refer to maintenance or building workers it can extend to clinical services, staff and consultants.
- 1.5** Trust has a legal duty to safeguard the health, safety and welfare of those in its employment and also of those not in its employment such as appointed contractors. There is a duty to liaise with and monitor the work of contractors for the safety of all including the contractors' staff, Trust staff, patients, visitors and others who may be affected by the contractor's activities.
- 1.6** The contractor holds similar obligations and it is a legal duty for all parties work together to ensure that any workplace in the Trust remains safe and that risks to Health and Safety are reduced to as far as reasonably practicable.
- 1.7** Some contract work falls within the definition of 'construction' and as a client the Trust recognises it has responsibilities under the Construction (Design and Management) Regulations (CDM) which entails:
- a) Checking the competence of all appointed contractors.
  - b) Ensuring there are suitable management arrangements for the agreed work
  - c) Including the provision of welfare facilities for contractors / staff.
  - d) Allowing sufficient time and resources for all stages of the agreed work.
  - e) Providing pre-construction information to designers and contractors.
- 1.8** Some construction work will fall within the requirements of Part III of the CDM Regulations and are therefore notifiable to the Health and Safety Executive. This policy is not intended to cover the detailed Health and Safety arrangements for such projects which will be determined on a case by case basis and for which responsibility would be shared with the Principal Designer (PD) and Principal Contractor (PC). These projects are managed by the Estates and Facilities (E&F) Department who will appoint Project Manager (PM) for all major projects.

- 2.1 This policy details the Trusts policy for the health, safety and welfare aspects of managing contractors. It does not provide details of other aspects of contract management.
- 2.2 Any proposal to use a contractor may have an impact on compliance with statutory Health and Safety duties. Whilst most contractor appointments will be undertaken by the Estates and Facilities Department, contractors may also be appointed by others within the Trust including corporate departments and clinical staff (e.g. Medical Physics, IM&T, and Radiology etc.).
- 2.3 All UHL staff or their Authorised Agent are required to follow this policy and staff who appoint a contractor should be familiar with their level of authority to appoint contractors.
- 2.4 HSE notifiable construction projects will only be managed through the Estates and Facilities Directorate via the Capital Projects team.
- 2.5 Any contracted works associated with property or technical installations must be referred to the Estates and Facilities department at conception/design stage.
- 2.6 In any client/contractor relationship, both parties have duties under Health and Safety law. Similarly, if the contractor employs sub-contractors to carry out some, or all of the work, all parties will have some health and safety responsibilities.
- 2.7 The principal contractor must ensure that any sub-contractors they engage are competent to do the work, directed and supervised appropriately and provided with instruction and information to enable them to carry out their duties and responsibilities in accordance with the requirements of the principal contractor and the client (UHL).
- 2.8 Contractors are responsible for ensuring compliance with health and safety matters relative to their work activity. Where a site has been formally handed over to a contractor, the contractor shall be responsible for ensuring controls are in place to provide a safe site and that arrangements are in place for co-operation and co-ordination with stakeholders to ensure that those outside of the compound are not adversely affected by the work.
- 2.9 This policy must be read in conjunction with other relevant Trust policies some of which are listed in section 9 of this policy as there will be specific duties associated with the management of contractors that overlap with other policies and procedures, for example, management of asbestos containing materials.

#### **ACOP**

Approved Code of Practice are guidance with specific legal standing. They deal with a wide range of hazardous materials and working practices. Employers who are prosecuted for a breach of health and safety law, who have not followed an ACOP, or have not applied equivalent, or better standards are likely to be found at fault by the courts.

#### **Authorised Agent**

A person with the delegated authority to act on behalf of the Trust, with the financial and/or managerial authority to authorise the placement of an order or instruction for construction, maintenance, refurbishment, new works, building utility services infrastructure and Estates related specialist services.

#### **Authorised Person**

An individual with the required competency to manage identified key systems and disciplines in accordance with the relevant HTM guidance who is formally appointed in writing by UHL Senior management.

#### **CDM**

The Construction (Design and Management) Regulations 2015, also known as CDM Regs or CDM 2015, define legal duties for the safe operation of UK construction. The regulations placed specific duties on clients, designers and contractors, to plan their approach to health and safety.

#### **Client**

Organisations or individuals for whom a construction project is carried out.

#### **Competent Person**

An individual with the required skillset, knowledge, education and training to fulfil their role safely

#### **Contractor**

Those who do the actual work and can be either an individual or a company

#### **Designer**

Any person who as part of a business, prepare or modify designs for a building, product or system relating to construction work.

#### **HBN**

Health building notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

#### **HTM**

Healthcare Technical Memorandum are a suite of documentation that provide comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

#### **Notifiable Project**

A project is notifiable, to the Health and Safety Executive (HSE) if the construction work on a construction site is scheduled to exceed 30 working days or more than 500 person days of construction work.

## **Permit to Work**

A permit to work is a formal, written authority to operate a planned work procedure. It is designed to provide protection for employees who are working in hazardous situations. It ensures that management systems are followed in a way that makes sure that the job is done safely. The permit to work process involves procedures to request, review, authorise, document and de-conflict tasks. This ensures that two operations that may cause a potential hazard do not take place in close vicinity.

## **Principle Contractor**

Contractors appointed by the client to coordinate the construction phase of a project where it involves more than one contractor.

## **Principle Designer**

Designers appointed by the client in projects involving more than one contractor. They can be an organisation or an individual with sufficient knowledge, experience and ability to carry out the role

## **Project Manager**

A person who is appointed by the UHL Project Sponsor to act as their agent to manage the project/work and to ensure compliance with legislation, best practice and Trust policies and procedures. This may be a Principal Contractor, or an agent, such as a Designer, Architect, or Specialist. Where no Project Manager is appointed, the Project Sponsor will assume this role.

## **Project Sponsor:**

The person who initiates the work for the UHL (The Client) is generally the person who exercises control over the overall budget and is authorised to carry out decision making on behalf of the UHL. This PS appointment is the UHL Client representative and has accountability for the management arrangements and safe delivery of the project.

## **4 ROLES**

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### **4.1 Trust board**

The Trust Board has overall accountability for the activities of the Organisation therefore has overall responsibility for the management of contractors on UHL premises. The Trust Board should ensure that it receives appropriate assurance of compliance with Trust policy, legislation, codes of practice and guidance documents.

### **4.2 Trust Chief Executive**

The Chief Executive has overall responsibility for the health, safety and welfare of staff and others affected by the work activities of the Trust including the effective implementation of contractor management policies and ensuring compliance with the Management of Health and Safety.

### **4.3 Director of Estates and Facilities (DEF)**

Acting as the Executive lead the DEF has the executive responsibility for this policy, and for ensuring:

- a) Arrangements are in place to achieve compliance with current legislation;
- b) Appointment of competent personnel to monitor and review the Trust's contractor management arrangements;
- c) Ensuring that staff under their direct control have sufficient and suitable funds, time, resource and training to ensure successful management of contractors in UHL premises.

### **4.4 Head of Estates / Head of Facilities**

Both these roles have the responsibility for ensuring all contractors under their control are managed in accordance with this Policy and that training, advice and guidance is provided to Estates and Facilities staff on the management of contractors.

### **4.5 Clinical Directors, Heads of Service and Service Managers**

4.5.1 Directors, Heads of Service and Service Managers are responsible for ensuring that this policy is implemented in areas under their control and for providing advice and support to staff who appoint contractors.

4.5.2 Where UHL departments have external service arrangements with Specialist Contractors, it is the responsibility of the department management to provide Estates and Facilities with adequate notice and safety documentation for any visit requiring access to plant rooms, or which affects the building or building services. This includes but not limited to:

- a) HV/LV electricity;
- b) Gas;
- c) Water;
- d) Ventilation
- e) Work at Height
- f) Other defined high risk maintenance

4.5.3 If Estates and Facilities are satisfied with the service and safety arrangements, they will issue a Contractor's pass and a permit-to-work (where applicable) on behalf of the department who commissioned the Contractor. If there is insufficient notice or safety arrangements in place they may be denied access to the site.

4.5.4 However, the department still maintains Client responsibilities for the Contractor's induction, site visit and any subsequent work, or impacts.

#### **4.6 Estates Managers**

4.6.1 Estates Managers are responsible for managing any work under their control where contractors have been appointed. They have the responsibility for ensuring that an evaluation of the proposed contractors work is carried out to assess the potential hazards and determine any precautions that may need to be taken and to ensure that safe systems of work are employed.

4.6.2 For contract work which is of a low hazard, the application of generic risk assessments may be appropriate to eliminate or reduce the risks to an acceptable level.

4.6.3 More specific method statements/risk assessments will be required for work which is of an unusual, irregular or non-routine nature. The engagement with an authorised person and/or application of a permit to work system may be required for work which has a high hazard potential, e.g.

- a) Access to switch rooms, plant rooms or ducts
- b) Asbestos removal or disturbance
- c) Confined spaces including water storage tanks and sewers
- d) Critical Air Handling/Refrigeration Units
- e) Excavation
- f) Fire Alarm Isolation
- g) Hot work involving melting, welding, cutting or similar processes
- h) Live electrical work; live electrical testing
- i) Piped Medical Gases
- j) Pressure vessels and pipes, including steam mains
- k) Roof work and work at height
- l) Water - Cutting into water pipes/equipment, or any adjustments affecting water flow rates.
- m) Water - Isolation of water supply (including single/multiple water outlet isolation)
- n) Work at Height
- o) Ionising and Non-ionising Radiation

#### **4.7 Staff who may appoint contractors**

4.7.1 Whilst the overall responsibility for Contractors on-site remains with the University Hospitals of Leicester NHS Trust, responsibility for local and operational management of appointed contractors shall be undertaken by the Trust's Project Sponsor and/or Project Manager (PS/PM)

4.7.2 If local staff are appointing contractors within their own department(s) Estates and Facilities must be consulted and informed at the conception/ design stage of



all works resulting in any alteration to the building fabric or infrastructure, all technical installations and all refurbishment works of any kind. Failure to do so may result in property / plant warranty nullification, service / power outages, capacity issues, property damage, unwanted fire signals, asbestos fibre release and/or damage, access not being granted to plant areas, permits not being issued, ongoing maintenance not being scheduled or undertaken etc.

- 4.7.3 All staff who appoint contractors have a responsibility to ensure that contractors are managed in accordance with this policy.

#### **4.8 Contractors**

All UHL appointed contractors shall:

- a) Comply with the requirements of the Trusts policies and procedures.
- b) Comply with all relevant health and safety legislation and Approved Codes of Practice pertaining to their undertaking.
- c) Give their staff sufficient information instruction and training regarding their appointment in order for them to safely complete their work.

### **5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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- 5.1 Where the contracted work(s) is not notifiable, as defined by CDM Regulations, any Health and Safety or other arrangements will need to be determined specifically for the needs of the proposed work e.g. installation and/or maintenance of equipment, etc.

- 5.2 The Project Manager appointing the contractor will be responsible for coordinating the work by the contractor with any other parties affected and will carry out the following as appropriate:

- a) Define the work that has to be done including the task, the place of work and any associated issues.
- b) Consider the hazards that are likely to be introduced by the contractors work and any risks arising from Trust activities affecting the contractors.
- c) Evidence that an exchange of hazard information has been facilitated between the Contractor and the Project Manager/Service Manager, including checking the Asbestos Register, where the work activity may disturb known, or presumed Asbestos Containing Material (ACM)
- d) Contact the service/departmental manager where the work is to take place to ascertain whether any precautions need to be taken.
- e) Determine if it is reasonably practicable to segregate the contractors work from other activities taking place either by scheduling the work out of hours or by physical separation.
- f) Identify potential contractors and evaluate their competence to carry out the work safely.
- g) Ensure that any design or specification work undertaken by the Trust or on behalf of the Trust is undertaken by competent persons who are able to

eliminate hazards and control risks within the design and meet health and safety obligations.

- h) Obtain detailed work plans from the contractor and review the contractors Risk Assessments and Method Statement for the work.
  - i) Ensure that Health and Safety requirements are included in any written contract or agreement.
  - j) Undertake or review Risk assessments for the workplace to determine any new or changed risk controls to be introduced for the duration of the work.
  - k) Ensure that a responsible person is appointed to meet the contractors representatives and if required that they receive an induction and are briefed with essential Health, Safety and Emergency information.
  - l) If the work is particularly hazardous e.g. roof work, it will be necessary to ensure that there are arrangements for issuing Permits to Work and as such advice must be sought from Estates and Facilities.
  - m) As appropriate, in relation to the complexity of the work and the level of risk or business interruption, monitor the execution of the work to ensure that is being carried out safely and to the required standard.
  - n) Lead a contract review and where required, involve other Trust staff in particular; Security, Fire, Infection Prevention, Leicester Radiation Safety Service, Property Team and Health and Safety staff to ensure that any potential problems or opportunities are identified.
- 5.3 Where the contracted work(s) is a notifiable project, as defined by CDM Regulations this will fall within the additional requirements described in Part III of the CDM Regulations and the Estates Project Manager may appoint an agent who will be required to take the actions below:
- a) Coordinate arrangements for the appointment of a competent CDM Designer and Principal Contractor taking into account guidance on competency set out within the Approved Code of Practice to the CDM regulations.
  - b) Take responsibility for ensuring that the work does not begin until there is an adequate construction phase plan in place and suitable welfare facilities for workers.
- 5.4 The Construction (Design and Management) Regulations 2015. Guidance on Regulations ACOP L153 contain sufficient information to assist with adhering to the requirements of the regulations, assessing the competence of any contractor and outlining the necessary information that may need to be provided to a contractor.
- 5.5 Further information on contractor control is available from the following sources:
- a) HSE website at <http://www.hse.gov>
  - b) The Trusts Health and Safety Service Team [healthandsafetyteam@uhl-tr.nhs.uk](mailto:healthandsafetyteam@uhl-tr.nhs.uk)
  - c) Estates and Facilities Compliance Team [EstatesandFacilities@uhl-tr.nhs.uk](mailto:EstatesandFacilities@uhl-tr.nhs.uk)

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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- 6.1 There are no specific training needs required in relation to implementing this policy.
- 6.2 For Project Management and construction works, including building engineering and refurbishment, there are a range of statutory training requirements such as electrical safety, pressure systems and lifting installations which require formal qualifications.
- 6.3 In addition, there are a number of skills provided by trained craft persons and specialists that will be determined by the scope and/or complexity of the Project
- 6.4 Formal Project Management training is not explicit, but the ability to demonstrate a competent appointment should be in line with the Health and Safety Executive's definition used in relation to the CDM Regulations:

To be competent an organisation or individual must have:

- a) sufficient knowledge of the tasks to be undertaken and the risks involved
- b) the experience and ability to carry out their duties in relation to the project, to recognise their limitations and take appropriate action to prevent harm to those carrying out construction work, or those affected by the work

## **7 PROCESS FOR MONITORING COMPLIANCE**

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- 7.1 The Project Sponsor and Project Manager who exercise financial, managerial and operational control of the project have the overall responsibility for monitoring compliance with adherence to this policy

## POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
HSE Project Notification F10 Forms duly completed and displayed	Project Manager	Site visit – Audit (if required a call to the HSE)	Each Project Nonconformity reported by exception via DATIX	Investigator allocated via DATIX
Site / Local Induction	Project Manager / staff appointing local contractors	Site visit – Audit Review of contractor file	Each Project Nonconformity reported by exception via DATIX	Investigator allocated via DATIX
Risk Assessment / Method statements	Project Manager / staff appointing local contractors	Site visit – Audit Review of contractor file	Each Project Nonconformity reported by exception via DATIX	Investigator allocated via DATIX
Permit to Work	Project Manager / Authorised Person	Permit Book Audit	Each Project Nonconformity reported by exception via DATIX	Investigator allocated via DATIX
Contractor Competency Checks	Project Manager / staff appointing local contractors	Site visit – Audit Review of contractor file	Each Project Nonconformity reported by exception via DATIX	Investigator allocated via DATIX

## **8 EQUALITY IMPACT ASSESSMENT**

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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Act of Parliament 1974 The Health and Safety at Work etc. Act 1974 (c. 37)

Act of Parliament 2006 The Health Act 2006 (c 28)

Statutory Instruments (SI) 2015 No 51 The Construction (Design and Management) Regulations 2015

Statutory Instruments (SI) 2012 No 632 The Control of Asbestos Regulations 2012

Statutory Instruments (SI) 2002 No.2677 The Control of Substances Hazardous to Health Regulations 2002 (as amended)

Statutory Instruments (SI) 2013 No.1471 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013

Statutory Instruments (SI) 1992 No 3004 The Workplace (Health, Safety and Welfare) Regulations 1992

Statutory Instruments (SI) 1999 No.3242 Management of Health and Safety at Work Regulations 1999(as amended)

Statutory Instruments (SI) 1989 No 635 The Electricity at Work Regulations 1989(as amended)

Statutory Instruments (SI) 1998 No. 2451 Gas Safety (Installation & Use) Regulations 1998(as amended)

Statutory Instruments (SI) 2005 No. 1541 The Regulatory Reform (Fire Safety) Order 2005

Statutory Instruments (SI) 2017 No. 1075 The Ionising Radiations Regulations 2017

UHL Asbestos Policy B27/2005

UHL Aspergillosis and other Fungal Infections during Building Work Policy B66/2008

UHL Control of Substances Hazardous to Health (COSHH) Policy B10/2002

UHL Infection Prevention Policy B4/2005

UHL Environment Cleaning Policy and Procedures Cleaning Policy B36/2010

UHL Fire Safety Policy A7/2002

Health Building Note 00-09 Infection control in the built environment

Health Technical Memorandum 03-01 Part A & Part B-Heating & Ventilation Systems

Health Technical Memorandum 04-01 Part A and Part B-The Control of Legionella, hygiene in water systems

Health Technical Memorandum 06-01 Part A and Part B-Electrical Services Supply & Distribution

Health Technical Memorandum 06-02 Part A and Part B-Electrical Safety Guidance for Low Voltage Systems

Health Technical Memorandum 08-02 Lifts

HSE Document L8 Legionnaires' disease. The control of legionella bacteria in water systems

HSE Document HSG 150 The Health & Safety in Construction 2015

HSE Document HSG 159 Managing Contractor (Employers Guide) 2015

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 The updated version of this Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system
- 10.2 It should be noted that paper copies may not be the latest up-to-date version.
- 10.3 This policy and associated documentation will be reviewed every 3 years or sooner as deemed necessary due to changes in Legislation, Healthcare guidance, local practice, responsibilities or arrangements.
- 10.4 Review will be conducted by the Estates and Facilities Compliance Team, Capital Projects and Operational Estates and Facilities Teams. Approval will be sought by the UHL Health and Safety Committee