

Livewell Southwest

Control of Contractors (Estates) Policy

Version No 1.3

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent and procedural version of this guidance. Staff must ensure they are using the most recent guidance.

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	HSE INDG368 Use of Contractors 2012 HSE HSG250 Guidance on Permit to Work Systems 2005
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Control of Contractors (Estates) Policy

1 Introduction

- 1.1 Livewell Southwest (LSW) recognises and accepts that, as the Employer, it has a legal duty to provide for the health and safety of all clients, employees and members of the public who use its services and premises.
- 1.2 LSW requires that its contractors play their part in ensuring that the work they undertake on behalf of the LSW complies with all health and safety legislation and its local procedures. LSW will plan, coordinate and monitor the activities of **all** contractors to effectively minimise the risks presented to clients, employees and members of the public on all premises owned or occupied by LSW.

2 Purpose

- 2.1 This policy has been produced with the objective of providing a mechanism for identifying and minimising risks surrounding the activities of contractors in order to reduce the potential for accidents or incidents and to comply with its legal obligations.
- 2.2 This policy sets out guidance for staff employed by LSW in the Estates Department, in respect of managing the activities of contractors working on LSW premises.
- 2.3 Estates Maintenance Services, on behalf of LSW, is committed to the safe management of contractors working on their behalf.

3 Definitions

- 3.1 This policy covers all contractors employed by LSW Estates Department for non-clinical activity. Non-clinical contractors are those who are not involved or employed in the direct care of patients or who has direct access to patients or patient information in the course of their normal work. The list is exhaustive but will include for example contractors undertaking building, engineering and grounds work, design consultants, non-clinical related agency staff, cleaning contractors or the like. Definitions used in this policy:-

LSW – Livewell Southwest
HTM – Health Technical Memorandum
HBN – Health Building Note
ACOP – Approved Code of Practice
NICU – Neonatal Intensive Care Unit
CDM – Construction Design Management
M&E – Mechanical & Electrical
DBS – Disclosure Barring Service
WEEE – Waste Electrical and Electronic Equipment
PPE – Personal Protective Equipment

4 Responsibility for the Safe Management of Contractors

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 The **Director of Finance** has delegated the day-to-day responsibility for control of contractors to the Head of Estates.
- 4.3 **Directors** are responsible for ensuring that:
- 4.3.1 Senior managers who engage contractors are aware of this policy and implement it fully when any work is undertaken in sites within their sphere of responsibility.
 - 4.3.2 Adequate resources are utilised to supervise contractors working on behalf of LSW to ensure they comply with health and safety arrangements in place so that risks to staff, patients and the general public are minimised, agreed local procedures are met and all work carried out is to an acceptable standard.
- 4.4 The **Head of Estates** has day-to-day responsibility for control of contractors working on behalf of the Estates Department for LSW. The **Head of Estates** must ensure that:
- a) All contractors' records are kept up to date, including all information listed in the "Approved Contractors" list.
 - b) Contractors' records shall be retained for at least fifteen years.
 - d) Adequate resources are utilised to supervise contractors whilst working on any site to ensure they comply with health and safety issues and the risks to patients and healthcare staff are minimised, any agreed local procedures are met and that work is carried out to an acceptable standard.
 - e) Respond to concerns and requests from managers and take appropriate remedial action to eliminate / minimise risks associated with the contractors that exposes the organisation to unacceptable risks.
- 4.5 The person who instructed the Contractor to carry out the work must ensure that:
- 4.5.1 All contractors that are invited to tender for work have adequate resources to carry out the project within the agreed timescale and have sufficient administrative expertise/capacity to produce all documentation necessary for LSW to fulfil its statutory and local obligations.

- 4.5.2 The contractor supplies all necessary documentation to comply with all relevant legislation and local policies prior to commencing work.
- 4.5.3 Adequate supervision is provided to ensure the contractor complies with agreed method statements, risk assessments, etc, to ensure that the work is carried out in a safe and conscientious manner.
- 4.5.4 Adequate supervision is provided to ensure that the quality of the contractor's work is of an acceptably high standard as required.
- 4.5.5 Contractors are aware of any known risks they are likely to encounter in the course of their work on healthcare premises and are also aware of any local rules of conduct to be applied to their work. This will include maintaining confidentiality of any information gained in the course of their work.
- 4.5.6 Day-to-day assessment of work undertaken by contractors is carried out to ensure compliance with health and safety, Health Technical Memorandums (HTM)s and Firecode criteria, referring any breaches to the Head of Estates.
- 4.5.7 No work is commenced / undertaken without the knowledge and agreement of the person in charge of the department /area on a daily basis.
- 4.5.8 Any changes to the proposed / agreed work plan are discussed with the Lead for the designated area.
- 4.5.9 Ensuring safe access and egress for all users of the building / area where contractors are working.
- 4.5.10 Ensuring that contractors work in conjunction with the estates department when isolation of services and / or facilities is required to minimise the impact to other services on site.
- 4.5.11 Ensuring that all relevant permits are issued by the appropriate person and monitoring of "Permits to Work" issued to contractors during any phase of the work programme.
- 4.5.12 Have the authority to close down the activities of the contractors where breaches in health and safety and / or unsafe practice is observed.
- 4.5.13 An assessment has been undertaken to establish the need for Disclosure and Barring Service checks on contractor employees.
- 4.5.14 The **Estates Manager** (Mechanical and Electrical Operations Manager) is made aware of any work on or to any electrical or mechanical service under the control of the Estates Department in sufficient detail in order that he is able to ensure that the work complies with all relevant statutory and regulatory

requirements including best practice, HTM, Health Building Note (HBN), Approved Code of Practice (ACOP) etc.

4.6 The **Estates Manager**, in conjunction with the **Head of Estates** and the person ordering the works must ensure that:

4.6.1 Pre-construction information contains relevant health and safety information which all those involved in the project including designers and contractors will need to satisfactorily plan the work.

4.6.2 Where appropriate, develop specifications, tender work, appoint and brief external contractors.

4.6.3 Manage and / or co-ordinate where appropriate the work of external consultants and contractors to ensure specific projects are delivered to agreed quality, time and cost targets.

4.6.4 Ensure that the agreed procedures are adhered to for:

- a) Appointment of consultants / contractors.
- b) Production of contract documentation, and controlling contracts.
- c) For each project, ensure that good communication channels exist between the consultant, the contractor, the estates Directorate and the Clinical Services representative / User of the building.
- d) All capital works that are affected by Construction (Design & Management) Regulations (CDM) are undertaken by competent persons.

4.7 **Managers/Person in Charge** of LSW premises:

4.7.1 All Managers/Person in Charge where contractors are working in their area must ensure that:

- a) Disruption to the activities of the department are minimised and all staff are aware of the work programme.
- b) Disruption to the contractors agreed activities and work plan are minimised.
- c) Contractors carry out their work in a safe manner (within the Managers/Person in Charge's expertise) to minimise risk to Clients, Staff, public and property.
- d) Where previously agreed, clients are segregated from the contractors work area. Where this is not possible, contractors are adequately

supervised having regard to the proximity of patients, the number of contractors and the duration and type of work undertaken.

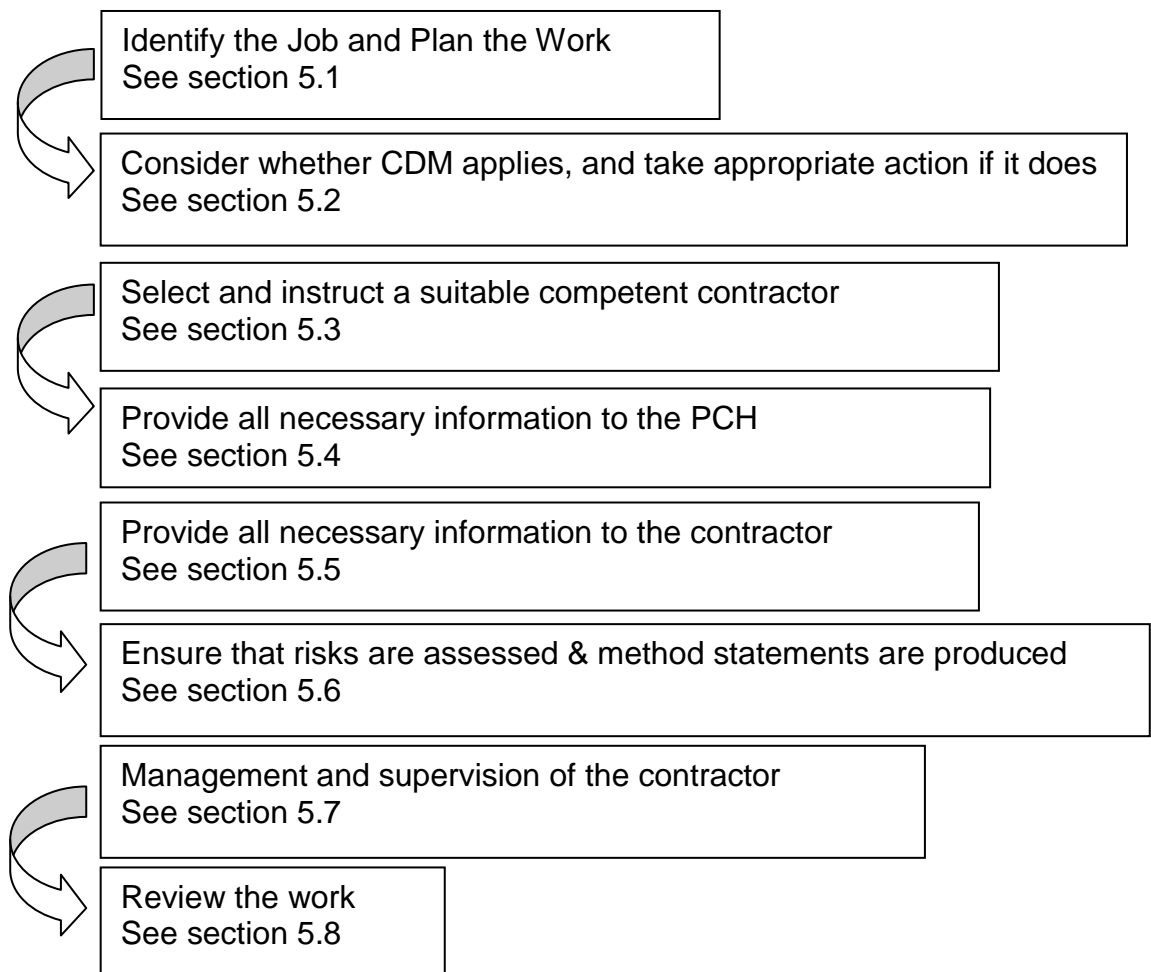
- e) Potential access to confidential information is minimised.

4.8 Third Party Responsibilities

4.8.1 Where contractors are engaged by third parties (i.e. Plymouth City Council / Independent Contractors), to undertake work in LSW premises, it is expected that adequate checks and controls will be undertaken in line with this policy by the third party prior to commencement of works. Any person employing or instructing 3rd parties on works related to or affecting Estates Services must advise the Head of Estates of the intended work ahead of issuing of contracts or work instructions.

4.8.2 Third Party providers must inform LSW of their intention to carry out work in LSW premises prior to any contracts being agreed.

5 Steps in Safely Managing Contractors



5.1 Identify the job and plan the work - the job needs to be accurately defined, in order to properly instruct a contractor. Questions to be considered include:

- a) What is the job? For more complex work a specification and drawing(s) may be needed.
- b) What type of skills and competencies are required for the job?
- c) How can the job best be done (minimising risk, cost, disruption, etc and timed to obtain a satisfactory outcome)?
- d) Are there particular hazards, requirements etc that will need to be notified to the contractor, once selected?
- e) If the work may/will affect other departments, staff or public, how will those parties be notified, and any disruption managed?
- f) Have energy saving initiatives been considered (operation and maintenance), and how will waste production on site be minimised (i.e. measure/pre-cut off site)?
- g) Has sustainability been considered in the selection of equipment/products (i.e. recycled/reclaimed materials)?
- h) On-site waste segregation (depending on the scale/type of job);

5.1.1 Some significant hazards found in healthcare may be (but not limited to):

Aspergillosis
 Asbestos
 Legionella
 Pseudomonas

All of the above (and others) can be a significant hazard in healthcare premises housing vulnerable patients. Particular consideration should be given as to whether the works will raise any significant risk to vulnerable patients (e.g. release of dust, airborne water particles etc). and if so, whether any patients in the following groups are in the vicinity of the works:

- i) Patients with profound neutropenia;
- ii) Acquired or congenital immunodeficiency such as severe combined immunodeficiency, chronic granulomatous disease or AIDS;
- iii) Patients receiving high dose systemic corticosteroid therapy;
- iv) Solid organ transplants recipients;
- v) Those who have undergone major surgery;
- vi) Patients with chronic lung disease;
- vii) All critical care/ Neonatal Intensive Care Unit (NICU) patients;

5.1.2 If risk to vulnerable patients may be an issue, then the assistance of Infection Control must be sought, along with clinical ward staff to carry out a risk assessment. Contact LSW's Infection Control Team for further guidance and control measures.

5.1.3 Other work that may have infection control implications will include (but not be limited to) the following, and advice should be sought from the Infection Control Team:

- i) Works in close proximity to patients;
- ii) Works which may affect drinking water or domestic water services (risk of contamination of water supplies);
- iii) Works which may affect ventilation systems, including additions, alterations and cleans (risk of contamination of air supplies).

5.1.4 If in doubt the Infection Control Team must be consulted for advice.

5.2 Consider whether CDM applies - the Construction (Design & Management) Regulations 2007 apply to all construction work, and are aimed at integrating health and safety into the management of all construction projects. Construction work" is defined within the Regulations, 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";

5.2.1 However the regulations do **not** apply to the general maintenance of fixed plant, except when this is done as part of other construction work (see HSC Construction Design Management (CDM) Regulations 2007 ACOP L144 para 13). For all construction projects, LSW (as the client) is required to:

- i) Appoint or engage people and organisations that are competent and capable of carrying out the work they have to do, and are adequately resourced;
- ii) Ensure that all appointments are made early enough to enable those appointed to carry out their duties effectively;
- iii) Put in place management arrangements, and make sure they remain in place throughout the project, so that construction works can be carried out safely and without risk to health;
- iv) Allow sufficient time for each stage of the project, including design, preparation for starting onsite, and the construction itself;

- v) Provide information likely to be needed by everyone involved, so that they can comply with their duties;
- vi) Co-operate with everyone involved, to make it easier for them to carry out their duties;
- vii) Co-ordinate LSW's work with all those involved, to ensure the safety of those carrying out construction work and everyone affected by it;
- viii) Be satisfied that any workplaces are designed to comply with all relevant Health & Safety legislation;
- ix) Give notice to contractors of the minimum time they will be allowed for planning and preparation, between their appointment and starting the construction work;
- x) Be satisfied that suitable welfare facilities are provided from the start and through the construction phase.

5.2.2 Where the construction work is expected to:

- i) Last more than 30 working days; **or**
- ii) Involve more than 500 person days (i.e. 50 people working for over 10 days);

then the project is "notifiable", and HSE must be notified (usually by the CDM Co-ordinator, see below).

5.2.3 For notifiable projects LSW (as client) must also:

- i) Formally appoint a "CDM Co-ordinator", at the project outset, to advise and assist, and to co-ordinate arrangements for health and safety during the design and planning phase;
- ii) Formally appoint a "Principal Contractor" as soon as practical to advise on practicality and maintainability, and later to plan and manage the construction work;
- iii) Not allow construction works to start until the Principal Contractor has prepared a suitable Health & safety Management Plan, and put suitable welfare facilities in place;
- iv) Agree the content and format of the "Health & Safety File", and provide the CDM Co-ordinator with relevant information for this document. The CDM Co-ordinator will ensure the "Health & safety File" is prepared, reviewed or updated (as appropriate) ready for handing over to LSW on completion of the Works;

- v) Keep the Health & Safety File safe, and make it available to anyone who may need it in the future;

5.3 Responsibility for selecting a contractor, having assessed their competence and suitability, rests with the Estate Officer or Supervisor instructing the works. The most suitable contractor will depend on the nature and the magnitude of the work to be carried out.

5.3.1 Wherever possible, contractors should be selected:

- i) For small to medium building Mechanical & Electrical (M&E) works - the most appropriate preferred contractor;
- ii) For the service and/or repair of plant or equipment - the manufacturer or an approved service agent (see also the national contracts set up by the NHS Supply Chain) or a contractor vetted and approved by the Estates Department for particular tasks;
- iii) For major capital schemes - contractors nominated from LSW's list of Approved Contractors as being competent, financially sound, and able to manage safety.

5.3.2 Where selection from the Approved List is not possible, (perhaps because of the specialist nature of the work) the proposed contractor(s) must be assessed by the Estates Officer / Supervisor against some or all of the following criteria:

- i) Evidence of satisfactory completion of work of a similar nature (take up references, if contractor has not been used before);
- ii) Evidence of adequate public liability insurance cover (£1M for smaller projects, £2.5M for larger projects);
- iii) Evidence of commitment to safety;
- vi) Evidence of accreditations or licences where appropriate or mandatory (i.e. natural gas systems, medical gas systems, asbestos removal, etc);
- vii) Evidence of quality assurance systems;
- viii) Evidence of working to an accredited environmental management system/policy/statement;
- ix) Evidence of membership of trade organisations.

5.3.3. The assessment of the proposed contractor(s) must be commensurate with the size and complexity of the job (i.e. for a job where an error

could have serious consequences, more evidence will be needed of experience and competence).

5.3.4 A number of contractor competency schemes have been developed by third party organisations; some of the most popular schemes are:

- i) Contractors Health & Safety Scheme (CHAS);
- ii) "Constructionline";
- iii) "Safecontractor".

These schemes will usually provide adequate information and evidence that a contractor is competent in respect of most general building risks.

5.3.5 It is not expected that contractors will be working unsupervised in close proximity to vulnerable persons therefore it will not normally be necessary to request a Disclosure and Barring Service (DBS) check. Any exceptions to this should be assessed on an individual basis and alternative methods of working should be considered before requesting a DBS check.

5.3.6 For further information on DBS checks go to www.gov.uk/disclosure-barring-service-check/overview or contact Workforce Development for assistance on getting DBS checks undertaken.

5.4 Provide all necessary information to LSW - the Estate Office / Supervisor managing the contractor must liaise with, and give prior notice to, all departments and services that will or may be affected by the works. The following departments may need notification, depending on the works:

- a) Departments where the work will take place;
- b) Departments that may be affected by the works;
- c) Clinical Site Management;
- d) Infection Control Team (if the works could have any infection control implications);
- e) Risk and Safety Management (especially if out of hours working may be needed, or disruption to access for emergency services);
- f) Fire Safety Advisors (especially if hot work is involved, or disruption to access for emergency services);
- g) Car Parking Management Contractor where applicable (if roads or car parks may be affected);
- h) Transport Department (if roads may be affected);

- 5.5 Provide all necessary information to the contractor - the Estate Office / Supervisor managing the contractor must provide to the contractor all information necessary to safely carry out the works. This information will include (but not be limited to):
- 5.5.1 **Instructions** – clear instructions as to what the contractor is required to do. Where the work is extensive or complex instructions should be written, together with any appropriate sketches or drawings;
 - 5.5.2 **Contacts** – contact details of relevant personnel, including the Estates Officer / Supervisor managing the works;
 - 5.5.3 **Hazards to themselves** – information on any hazards to their operatives that may be encountered in the work area. This may include biological hazards (in wards and especially in Mortuaries and Pathology laboratories), radiation hazards (in Radiology), strong magnetic fields (Radiology), asbestos, sharps, etc;
 - 5.5.4 **Hazards to others** – information on any hazards to others that their operatives may inadvertently cause (i.e. damage to or interruption of essential service such as electricity or medical gas, inadvertent contamination of a clean area, inadvertent cross infection of vulnerable patients, etc). The Estates Officer / Supervisor should emphasise particularly the vital importance of:
 - i) Hand hygiene, including being “naked to the elbow” in clinical areas;
 - ii) Reporting to the person in charge before commencing work;
 - iii) Seeking, and complying with, advice from managers of clinical areas, to minimise risk of cross infection.
 - 5.5.5 **Permits** – information on any necessary permits the contractor will require, including hot work permits, confined spaces permits, permits relating to electrical work, permits relating to work on medical gas pipeline systems, etc;
 - 5.5.6 **Identification** – the necessity of wearing identity badges whilst on LSW premises;
 - 5.5.7 **Access** – information on access arrangements, including the signing out of keys;
 - 5.5.8 **Reporting to department** – if the work is in an occupied area, instructions regarding reporting to the person in charge, prior to commencement and after completion of the works. This will include obtaining any necessary advice from the person in charge;

- 5.5.9 **Emergency evacuation procedures** – information on what action to take in the event of a fire alarm or other emergency;
- 5.5.10 **Disposal of Waste** – Waste Electrical and Electronic Equipment (WEEE) Regulations, removal off site, segregation where possible.
- 5.6 Where appropriate, a Pre-Contract Meeting should be held with the contractor and other interested parties, to ensure that all necessary issues are satisfactorily covered.
- 5.7 Where the proposed works may have infection control implications, advice should be sought from the Infection Control Team, particularly if:
- a) The works are in close proximity to patients;
 - b) The works may give rise to dust (risk of Aspergillosis);
 - c) The works may affect drinking water or domestic water services (risk of contamination of water supplies);
 - d) The works which may affect ventilation systems, including additions, alterations and cleans (risk of contamination of air supplies);
 - e) If in doubt the Infection Control Team must be consulted for advice.
- 5.8 Ensure that risks are assessed and method statements are produced - contractors are responsible for assessing the risks posed by their activities, and producing method statements setting out how the work will be safely carried out. Contractors will ensure that any member of their staff or any associated sub contractor working on their behalf submits a signed declaration of confidentiality to ensure that no information that may be gathered whilst working on or in LSW Estate is divulged to any third party. No contractor shall be allowed entry to a LSW property for the purpose of carrying out work without the above documentation being lodged with the Estates Department.
- 5.9 The Estate Officer / Supervisor managing the work will need to review the contractors risk assessments and method statements, to ensure that they are “suitable and sufficient”.
- 5.10 Any activity which is questionable should be challenged. It is important to remember that LSW retains complete responsibility for the activities of contractors working on its behalf.
- 5.11 Management and supervision of the contractor - the Estate Officer / Supervisor must ensure that the contractor receives sufficient management and supervision for the works in hand. Just leaving the contractor to fend for themselves is not acceptable. If the Estates Officer / Supervisor instructing the works will not be available when the works are being carried out they must

ensure that another nominated person is available to supervise (if necessary) and resolve any queries or problems.

5.11.1 The level of supervision will depend on the nature and hazards of the work, and on the contractor's familiarity with the task, site and environment. However, supervision must be sufficient to ensure that safety is not compromised, and that infection control precautions are adhered to.

5.11.2 More supervision will be required when:

- i) The task is more complex, and involves more risk (i.e. hot work, work on electrical systems, work at heights, confined spaces, work with hazardous chemicals, etc);
- ii) The contractor is not familiar with the task, site and environment;
- iii) The potential for damage or injury if things go wrong is significant (not only to operatives but to others, particularly those patients on life support systems);
- iv) The works will or may disrupt other departments, or site access, and needs to be actively managed.

5.11.3 Less supervision will be required when:

- i) The task is simple, straightforward and low hazard;
- ii) The contractor is familiar with the task, site and environment;
- iii) The potential for damage or injury if things go wrong is limited;
- iv) There is little or no potential for disruption to others;

5.11.4 Essential Supervision for all contractors may include:

- i) Ensuring the contractor has reported to the person instructing the works;
- ii) Ensuring the contractor's operatives have signed in, and are wearing identification;
- iii) Ensuring that the contractor has produced, and has with them, any necessary risk assessments and method statements;
- iv) Ensuring that the contractors risk assessments and method statements are specific to the job, and are suitable and sufficient;

- v) Ensuring that the contractor reports to the person in charge of the work area, and complies with any applicable infection control precautions;
- vi) Ensuring the work area is cordoned off (if appropriate), with barriers and signage;
- vii) Ensuring the contractor's operatives wear appropriate Personal Protective Equipment (PPE), and comply with the safety precautions called for in the method statement(s);
- viii) Authorising any necessary permits to work at the time and point of work (or point of entry for confined spaces).

5.12 Review the work - each job should, however informally, be reviewed to determine:

- a) How effective was the planning?
- b) How did the contractor perform?
- c) How did the job go?
- d) What would we do differently next time?

5.13 If the contractor is a term or service contractor, or is on the Approved List, any significant underperformance of the contractor should be reported to the manager of that contract/contractor as appropriate. The contractor can then improve their performance, or if necessary they can be removed from further use.

6 Training Implications

6.1 The Head of Estates or a nominated deputy shall undergo suitable training to enable them to properly manage the safe control of contractors working on behalf of the Estates Department on the organisation's estate.

7 Monitoring Compliance

7.1 The Head of Estates shall ensure that at least annually the performance of contractors employed during the preceding year is reviewed and that any issues having arisen have been appropriately dealt with, and that such actions and reviews are suitably recorded within the contractor review file held in the Estates Department Help Desk. Actions taken to ensure compliance with this policy should be recorded and copies of all risk assessments and method statements should be retained by the Responsible Person during the works and centrally filed with the Estates Department Helpdesk.

7.2 Any issue relating to under performance of a contractor or a failure of a contractor to comply with this policy are to be referred to the Head of Estates, who will ensure that appropriate steps are taken that the works are carried out in a safe manner with due regard to the health safety and welfare of all who may be affected by the works. Such steps may range from communicating

with the contractor to ensure suitable and sufficient Risk Assessments and Method Statements are in place, to appointment of an alternative contractor should the contractor fail in his duties to comply with this policy.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Finance

Date: 19th March 2015