

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

**CONTROL OF CONTRACTORS (FACILITIES) POLICY**

Policy Reference Number	OHS13	Issue: 7.2
Lead Author	Head of Estates & Facilities	
Contributing Authors	Estates Officer	
Advisory Group	Health Safety & Welfare Committee	
Approval Group	SMT	
Implementation Date	27 February 2020	
Review Date	31 March 2024 (28/11/23 - review date extension approved by Policy Approval Group)	
Accountable Executive Director	Director of Security, Estates and Resilience	

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<http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

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## 1. Introduction

### 1.1. Background information

As The State Hospitals Board for Scotland concentrate on its core activities, it is becoming increasingly dependent on the services supplied by contractors for estates / non-core activities. Indeed there are certain types of activities that can only be provided by organisations or individuals outwith The State Hospital. If this is to become cost effective and safely managed, it is important to ensure that a good safety management control system is in place.

This document attempts to achieve a standardised approach based on the best policies and procedures available, grounded in health, safety and environmental issues affecting patients, visitors, staff and volunteers, updated where required.

Evidence confirms that where high health and safety standards on contracts have been achieved, work is more likely to be completed on time and within budget.

### 1.2. Responsibilities

The ultimate responsibility for this Policy lies with the Chief Executive with specific responsibility for this and procedural implementation and monitoring devolved to the Head of Estates & Facilities.

**Note:** If the work is of a construction or building nature, The State Hospital will fulfil duties under the Construction, Design (Management) Regulations 2015.

The State Hospital will identify all works the contractor is required to carry out and provide a comprehensive briefing document which will include Health & Safety information, a Risk Register, Scope, etc. This document would normally include an Asbestos Register; however The State Hospital is an asbestos free site due to redevelopment and refurbishment of existing buildings.

## **2. Range of contractors employed and activities carried out**

**Note:** The definition of “Construction Work” is set out in the CDM: 2015 Regulations.

### **2.1. Inventory of typical contractor activities**

Contractors will include those conducting construction work, facilities and estates services as set out below.

- carrying out building or engineering projects including alteration, conversion fitting out and commissioning together with renovation activities, repairs, general maintenance and specialised cleaning activities;
- decommissioning, dismantling and demolition, including isolating and making safe utilities;
- site clearance, exploration, investigation and excavation.

This will include:

- contractors who are permanently on site for a fixed period of time;
- contractors who provide a service by supplying plant, equipment, goods etc;
- contractors paying regular visits to premises to carry out activities such as maintenance, repairs, inspections and examination of plant, equipment and building services, window cleaning and waste collection;
- contractors paying irregular visits to carry out specific activities such as replacing and repairing plant and equipment, building refurbishment and alterations involving trades such as joiners, painters, plasterers, tillers, carpet fitters and the like;
- the term “contractor” also applies to consultants or surveyors undertaking exploration, investigation, excavation, clearance and similar preparation activities, inspection and commissioning.

## **3. The decision process**

### **3.1. Factors to be considered**

Determining whether or not the use of contract staff will achieve the best outcome is a business decision not solely based on health and safety criteria. Other factors to be taken into account include:

- the nature of The State Hospital’s business;
- strategic vision;
- a need to reduce operating costs and overheads;
- availability of resources.

The costs of using of contract staff should be measured against the benefits of doing so, weighing up advantages and disadvantages.

### **3.2. Planning ahead**

Once the decision has been taken that the best way forward is to employ a contractor for the work involved there is a need for thorough and detailed planning of the intended work. The contractor will have a role in this process whereby management of health and

safety, addressing policy, organising, coordinated planning, monitoring and review can be addressed. Where appropriate, a Principal Designer would be appointed.

Contractors would be expected to have basic knowledge of infection prevention and control procedures which should be verified by interview before appointment.

**Note:** Reference should be made to HAI-SCRIBE guidance to verify procedures set out for all stages of projects (new build and refurbishment) from initial planning to hand-over.

### **3.3. A risk based approach**

Risk assessment for contract work will determine whether control measures to prevent persons from injury and ill health (staff, patients and visitors) will be adequate in the circumstances.

The process of hazard identification and risk assessment is central to the successful planning of contract work and requires The State Hospital designers and appointed contractors to consider these aspects thoroughly. Although the analysis and risk evaluation will fall to the contractor for completion, dependent on the nature or location of the works, it may be more practical for The State Hospital to complete the process. For most contract work, information exchange and co-ordination will be needed to plan the work, assess the risks and implement the required preventive measures to ensure that health and safety is not compromised.

### **3.4. Determining hazards associated with contract work**

Establishing the scope of the contract work will assist in decision making and verifying arrangements The State Hospital has to take while work is in progress to assess likely cost implications, identify hazards, assess associated risks and the location and nature of the actual work. Typical issues for consideration include:

- implications of work within clinical areas;
- need for decontamination;
- access restrictions / entry into confined spaces;
- working at height;
- exposure to hazardous materials;
- coordination with other stakeholders.

If anyone appointed to undertake contracted duties is suffering from a medical condition which you think might affect their safety and security, you must advise the member of staff at the Hospital who is co-ordinating access. For safety and security reasons, some people may be excluded from parts of the site which could give rise to concerns about their personal safety. In recognition of our responsibilities to the mother and unborn child, this practice also applies to pregnant workers.

### **3.5. Communicating findings**

Having identified hazards, completed risk assessments and risk control measures these should be communicated to all potential contractors as part of the tendering process. This will ensure that these issues have been costed and that contractors can be vetted and ultimately appointed in the knowledge that health, safety and environmental implications have been programmed into the work.

### **3.6. Assessing risks associated with contract work**

Once appointed, the contractor would collaborate with The State Hospital in identifying hazards, assessing associated risks and planning mitigation controls relating to the use of specialised working procedures, substances, plant and equipment. Both parties must be satisfied that these are appropriate. Some risk control measures require implementation by The State Hospital to ensure that all those likely to be affected will be protected.

## **4. Selecting contractors**

### **4.1. Achieving a set level of competence**

To allow The State Hospital to be assured that the required set level of competence is being provided prospective contractors must complete a questionnaire (as shown in Appendix 1) covering the following:

- health, safety and environment;
- proof of insurance cover;
- membership of trade organisations;
- quality control and quality management systems;
- information on previous contracts and client referees;
- confirmation as to types of work being pursued;
- maximum contract size.

The questionnaire and any associated documentation are then carefully evaluated by competent individuals within The State Hospital who should be satisfied that the standards expected by The State Hospital are met. If not, the contractor should either be rejected or informed as to shortfalls and requested to re-submit after the points of concern have been addressed.

**Note:** Whatever the result, all applicants should be informed of the result of their application.

### **4.2. General Health & Safety guidance**

Appendix 4: Contractor's "passport" requirements and Appendix 5: The State Hospital Search / Screening Procedures" should be issued with tender documentation designed to assist and enable The State Hospital to discharge its legal and moral duties under the Health & Safety at Work etc Act, 1974 and other legislation with regard to the employment of contractors working for The State Hospital. This document is for general guidance as more specific information will be incorporated in the formation of the Health & Safety Plan where this is required by the CDM Regulations 2015.

### **4.3. List of selected contractors**

The list should be reviewed through the Estates Management Team and updated annually to ascertain, typically:

- renewal of insurance;
- any problems associated with serious safety issues;
- prosecutions or enforcement notices against the contractor;

- the contractor remains in business.

This is done by the Estates Department sending those on the list an annual letter requesting details of any changes and current copies of insurance certificates, etc. In addition, computer databases should be checked, invoices reviewed and complaints analysed as these may convey information about the contractor who should also be asked to confirm any changes in circumstances as and when they occur.

## **5. Once the contractor is in place**

### **5.1. Information and training needs**

The analysis of information and training needs should come from risk assessment and should consider the significance of identified risks to The State Hospital, to contractor's staff and to stakeholders. Responsibility for the provision of information and training before work commences and during its execution must be agreed and approved between The State Hospital and the contractor with site-specific information provided by the Board. The State Hospital must keep written records as proof that it has been provided.

### **5.2. Information for contractor management**

This will include details of the work to be done and relevant information derived from The State Hospital's risk registers. On the award of the contract the contractor must see or be provided with a copy of the relevant State Hospital health, safety and environmental policies, procedures, codes of practice and relevant records such as HAI-SCRIBE risk assessments.

Before work starts, representatives of The State Hospital and the contractor will meet and should continue to do so for the duration of the work to maintain good communications, exchange of information and develop effective working relationships. The work plan will be modified as any risk levels change or vary as work progresses.

### **5.3. General information**

As far as health, safety and environment issues are concerned, early meetings should cover the following requirements:

- acknowledgement by the contractor regarding ability and intention to comply with responsibilities under the frameworks of the Health & Safety at Work etc Act: 1974 together with Environmental Protection Act: 1990 and all other health & safety and environmental legislation, Approved Codes of Practice, Scottish Health Technical Memoranda, guidance notes, etc. A statement to this effect should be contained in the contract document and by signing the contract, the contractor's acknowledgement is obtained.
- the need for the contractor to provide relevant risk assessments for the tasks and activities identified in the detailed programme of works;
- the contractor's method statements and reviews of method statements;
- notifications (e.g. to HSE, SEPA, etc).
- Disclosure Scotland certificates for all employees working on site;
- permits-to-work for accessing particular areas or carrying out certain activities;
- the contractor to provide qualified first-aiders under the Health & Safety (First Aid) Regulations 1981;



- determining site enclosure boundaries, points of access or egress, and site facilities provided by The State Hospital and those provided by the contractor;
- safety provisions and any temporary access / egress arrangements of any shared physical environment;
- fire safety and means of escape provisions;
- completing HAI-SCRIBE;
- protection measures to mitigate risks (e.g. when working in patient areas);
- any overhead work and the use of craneage (including checks on plant and drivers);
- security of site and materials;
- hazardous substances, materials and wastes;
- providing The State Hospital with a site waste management plan;
- coordinating with The State Hospital's nominated security, fire, infection control , health, safety & environment or specialist advisor (i.e. CDM – Principal Designer, Radiation Protection Adviser, etc);
- detailing site emergency contacts for all persons (i.e. both The State Hospital and contractor);
- listing all the contractor's personnel and competence details of specialists; these to be submitted to The State Hospital before work commences on site and in the event of any changes (plus the period of notice required for receipt of information on such changes – at least 24 hours prior to the changes taking place);
- the contractor's responsibility for providing personal protective equipment (PPE) and approved / appropriate equipment for the job;
- Providing induction training for all contract staff and for all subcontractors working for the contractor (including fire and emergency procedures, security arrangements, health, safety and environmental rules, accident reporting arrangements, welfare arrangements etc).

**Note:** Where it is agreed that the contractor will carry out an induction course for its staff The State Hospital must provide the contractor with all the relevant information needed to allow an effective course to be run. This would include that detailed previously and The State Hospital's representative will attend the course in order to make themselves known to the contractor's staff and tell them that they will be the normal day-to-day contact.

Where self-employed contractors are involved, The State Hospital's representative will need to spend more time giving assistance in complying with The State Hospital's requirements. Close collaboration with self-employed contractors will enable the guidance to be tailored to their needs.

#### 5.4. Reporting to site

All contractors personnel must report to the Main Reception desk to register before commencing work and prior to leaving the site following work. The information required is listed in Appendix 4: Contractors "passport" requirements and security procedures as explained in Appendix 5: The State Hospital Search / Screening Procedures. The hospital requires at least 48 hours notice prior to arrival on site, with the exception of emergency call-outs.

Contractors working on projects for more than one day must follow the process as detailed above on a daily basis.

Photographic visitors' badges and PIN numbers will be issued by State Hospital's Security Reception for all contractor's employees. This will indicate that the wearer is an 'Authorised Contractor' and therefore **must** be displayed at all times.

Contractors who are working outwith normal hours or at weekends will have been called out by the on-call Estates personnel and must report to the Main Reception upon arrival at the hospital where they will be issued with a visitors badge. Where practicable, the contractor should inform The State Hospital's Estates representative during normal working hours as to the start and finish time of the work.

**Note:** Contractors must return all badges when leaving the site to allow them to be signed out.

## 5.5. Permits to work

Permit-to-Work (PTW) systems are a feature of safe systems of work. They involve a documented procedure for assessing particular areas or conducting certain activities that pose a specific risk. This requires a formal and written assessment of the location or work person(s) – planned, vetted and approved in advance. The safe system for access or work defines and records activities and actions by persons at a proven level of competence in advance to make a task safe before further work is carried out.

Examples of locations and activities where Permits-to-Work would be implemented are listed below: (this is not an exhaustive list)

- work on any live service or system;
- confined spaces (such as rain water harvesting underground tanks etc);
- local exhaust ventilation systems (LEVs);
- specific electrical works (high and low Voltage)
- hot work (welding, burning, brazing, roof felting, etc);
- certain hazardous work on machinery and plant;
- work in a location where the accidental or unauthorised starting of plant or machinery could cause harm;
- work where the existence of a known hazard such as flammable or toxic fumes, lack of oxygen, oxygen enrichment, spontaneous combustion or the presence of corrosives might cause injury to that person;
- work with hazardous or dangerous substances or materials (i.e. with approved workplace occupational exposure limits – HSE EH40);
- work on remotely controlled plant;
- routine or emergency maintenance;
- work on roofs and at heights;
- work on hot water systems;
- work on water isolation;
- work on lifts and lifting equipment;
- excavation work.

## 5.6. Registration and certification

Gas appliances or systems may only be worked on by persons with Gas Safe registration competent to work in accordance with the Gas Safety (Installation and Use) Regulations 1994;

Operatives of contractors engaged in works on The State Hospital premises must hold valid certificates of training relating to the works they will be carrying out (i.e. CSCS, Confined Spaces, etc);

Construction plant operators must hold a current and valid Certificate of Training Achievement (CTA) for the appropriate plant they will operate e.g. mobile and crawler cranes, hoists, excavators etc. These certificates must have been issued by the Construction Industry Training Board (CITB) as administrating body.

Scaffolding must only be erected, altered or dismantled by competent persons holding the appropriate certificate of training (i.e. CITB Basic, Advanced Scaffolder's card);

### **5.7. Disposal of waste**

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, contractors must submit risk assessments for approval by The State Hospital's contracts manager for substances covered by these Regulations. This will allow verification that no third party will be endangered by their use. It is the contractor's responsibility to dispose of any waste materials, substances, etc., arising from their works in a manner that will conform with the Environmental Protection Act 1990, the Control of Pollution Act 1974, the Control of Pollution (Amendment) Act 1989 and Regulations made thereunder.

Contractors, therefore, must not dispose of any waste material within The State Hospital premises without prior consent of the Waste Manager / Estates representative.

**Note:** Yellow and orange coloured bags must not be used for packaging and disposal of waste materials as these are the national colour codes for healthcare (including clinical waste).

Any skips brought on site will be of the lockable type and securely closed when unattended. A defined route to and from the skips must be established and adhered to at all times. For any waste defined as "Special Waste" the contractor must provide a copy of the SEPA consignment note (consignee white copy) to confirm final disposal details.

All skips will be stored in the Essential Services Compound.

### **5.8. Fire Precautions**

Contractors will comply with The State Hospital's fire policy which will be included in the contract documents. This will give details of the procedure to be followed in the event of a fire. The contractor will ensure that adequate fire precautions are taken and will adopt safe systems of work which will require to be backed-up with the provision of adequate fire fighting equipment. All highly flammable liquids and materials shall be stored in accordance with statutory regulations and materials such as paper, rags and waste scrap material shall be cleared away regularly. No waste may be burned within The State Hospital. Empty containers, paint tins, etc., shall be cleared away and not allowed to accumulate. All forms of heating and lighting in huts provided by contractors shall be installed and maintained so as not to present a fire or health risk. The contractor shall equip every hut, workshop or store with suitable fire extinguishers. All fire exits shall be kept clear of obstruction and notices prohibiting naked lights burning or welding shall be strictly observed.

Where LPG cylinders are being used the use and control of such substances shall be in accordance with the Dangerous Substances and Explosive Atmospheres Regulations 2002. Whether or not the gas is flammable, cylinders shall be kept away from sources of heat or potential fire risks. Acetylene cylinders will only be brought on site on the day of use and removed from site at the end of each day.

## 5.9. Water safety

Prior to any works in relation to water systems, the water requires to be tested for *Legionellae*. The contractor must allow for injection points at every level of the plumbing works to allow disinfection of the water systems to prevent *Legionellae*. A water engineer / chemist should be appointed following liaison with The State Hospital's Authorising Engineer (Water) to provide a methodology statement and risk assessment for any works to the water services installation. The State Hospital will not accept handover until immediately after the disinfection of the system.

## 5.10. Power supplies

Contractor's may use The State Hospital's power supplies unless stated otherwise in the contract conditions or by the Authorised Person (LV). All electrical work must conform to the Electricity at Work Regulations 1989 and BS7671. Portable tools must operate at 110Volts or be powered by rechargeable batteries. Evidence of PAT testing should be provided on request.

## 5.11. Confined spaces

Contractor's employees shall not enter any confined spaces where there may be toxic fumes or lack of oxygen without the permission of The State Hospital's Head of Estates. Procedures shall be carried out in accordance with the hospitals Confined Spaces Policy.

## 5.12. Communication

With contract work underway, effective communication is vital and it is important to ensure that there are well-known and readily available means of communication between The State Hospital and the contractor. This needs to be on two levels although on smaller contracts (for instance, those lasting less than five working days) the same people can carry out both. The communication levels are:

- liaison at organisational level;
- liaison at site or operative level.

The best way to ensure that these conduits of information are effective is to make specific plans for them in the programme of works within the tender or contract arrangement rather than allow them to develop through necessity. Of the two, organizational liaison is most likely to exist because of contractual negotiations whereas site or operative liaison tends to be forgotten. Operative liaison often develops as a reaction to problems occurring not having hitherto been regarded as anyone's job. It is far better to plan before errors occur with the benefit of saving time in the longer term.

**Note:** To ensure that communication actually occurs, it is most effective if the contacts in each organisation are specified prior to work commencing. They need to be reasonably accessible to ensure rapid communication and have sufficient managerial authority to take executive action regarding a problem or query. The choice of the person who would liaise on behalf of The State Hospital would depend on the nature and size of the contract and the number of contract staff employed in The State Hospital premises or site.

### **5.13. Monitoring**

The consequences of under-performance of any aspect of contract work can range from mild irritation to major disruption but there will *a/ways* be a financial loss. Effective communication between The State Hospital and the contractor with regard to monitoring is essential and should be seen as a process providing guidance rather than punishment.

The degree of monitoring must be related to the size of the project and the level of hazard. The level of contact for the purposes of monitoring should:

- be determined by the level of risk posed by the hazards of the task or project;
- be agreed at the beginning of the job or in the contract;
- take place at the specified times (this could be at the start or end of the work period) and also unspecified times (where practicable);
- be more frequent at the start of the contract until The State Hospital is satisfied that the agreed standards are being met and procedures are being followed.

Monitoring also involves deciding:

- the criteria against which performance will be measured;
- the “optimal” level (or range of levels) of the measured criteria;
- what methods of measurement to use.

The key is to review the essential purpose of the contract work and then determine what is most likely to affect that end.

### **5.14. Monitoring methods**

The two main methods of monitoring comprise:

#### **Proactive monitoring**

This measures performance criteria such as meeting agreed intermediate targets or adequate compliance with the requirements of the contract while it is in progress, or before, problems develop, for instance by inspections, audits and adherence to schedules.

#### **Reactive monitoring**

This measures problems or action that has failed to happen such as lost time on a project, exceeding budgets and lack of achievement of final quality criteria.

### **5.15. Proactive Monitoring**

This is the preferred option. It is much more effective at enabling efficient management of contract work because it helps build relationships between the contractor and The State Hospital. The disadvantage is that it can be difficult to determine suitably indicative measurement criteria and it can also appear to be more intrusive to the contract staff.

Indicative criteria for proactive monitoring can be determined from statutory sources such as regulations or from health and safety management guidance such as:

- HSG65: Successful health and safety management;
- BS8880: Guide to occupational health and safety management systems.

It can sometimes be difficult to apply the guidance in these sources to the project in hand but a particularly useful way of doing so is from the planning process prior to commencement of the contract where the risk assessments and subsequent plans of work are likely to indicate suitable measurement criteria.

#### **5.16. Reactive Monitoring**

In contrast, the criteria used for reactive monitoring are often quite obvious and measurement can usually be from reports or activity logs making it much less intrusive. By definition, however, reactive monitoring examines problems after they have occurred. These are likely to take a lot more time and effort to correct than if they had been caught earlier.

#### **5.17. Measurement criteria**

A number of measurement criteria can be used including:

- Plans of work or work methods;
- Specifications;
- Timescales and resources;
- Compliance with logging, recording or auditing procedures such as accidents or incidents, equipment maintenance, safety equipment issue and training of maintenance staff;
- Comparison of contractor's performance such as comparison against the performance of different contractors. It is implicit that performance records should be kept to allow measurement across time;
- Measurement against method of work.

**Note:** Where a contract is for ongoing service these criteria are still relevant but may need some interpretation to make them more useful.

#### **5.18. Inspections**

Formal and informal inspections should be carried out regularly to check that work is proceeding safely and according to plan. Frequency will be dependent on a number of criteria including:

- the size of the contract (taking into account duration and number of staff involved);
- the level of risk within the contract work;
- the type of activities involved within The State Hospital.

The higher the risk, the more often the work should be inspected. Formal inspections should be clearly and specifically recorded so that in the event of any subsequent dispute over the contract, the reports can be used in evidence. The report is a statement of what was observed based on what the inspection was designed to achieve and copies should always be circulated to both organisations – particularly if a representative of only one organisation carried out the inspection, although it is more effective if both were involved. In particular, use should be made of the Principal Designer in an inspection of the project construction phase health & safety plan in order to assess the effectiveness of the contractor's controls. Informal inspections should be recorded by diary or notebook.

**Note:** Inspections are of little use if no corrective action of any faults is undertaken. The report of the inspection should contain the required follow-up actions. It is good management practice to emphasise to the workforce the positive aspects of an inspection wherever possible, as opposed to failures. Accepting that all information should be passed on, whether good or bad, positive reports tend to motivate staff more than negative ones.

### **5.19. Occurrence reporting**

Accident and near-miss reports provide very important information about the contract work. Accident reports are a common measurement indicator with regard to a safety management system. However, they are a negative indicator and mean that corrective or restorative action is needed which is more costly and damaging than preventive action both for The State Hospital and the contractors involved in any accident.

In order to satisfy legal obligations any reports and investigations made by the contractor into accidents suffered by contract staff must be reported to The State Hospital representative as per The State Hospital Incident Reporting and Review policy. This will also provide useful monitoring information.

### **5.20. Reviewing completed work**

On completion of a contract a great deal can be learned from the experience and time invested in evaluating the process can inform future planning. Lessons can be learned from both the job itself and from experience of working with the contract organisation.

**Note:** The review need not be specific to health and safety or environment. It may well be more appropriate to consider all aspects of the contract at one time rather than consider these as separate issues.

The contractor's work is finished once the tasks set out in the contract have been completed satisfactorily. The purpose of a formal review is twofold:

- to evaluate the quality of the work done and the contractor's performance;
- to decide which aspects of the job, if any, would be handled differently in future and to make any necessary adjustments to procedures to ensure that this occurs.

Careful examination should be made of all stages of the pre-contract work and the contract work itself. Particular attention should be given to any specific problems that arose or aspects of the work that did not go according to plan. Monitoring records from the duration of the contract should be reconsidered at this stage. Lessons learned from this process should be recorded so that they can be used to inform future contract work. This is the appropriate time to review procedures for all aspects of the contracting process while the issues are still uppermost in the minds of those involved.

### **5.21. Responsibility for contract reviews**

The most appropriate person to carry out the contract / post contract review is the individual who managed The State Hospital's element of the contract. Feedback from other State Hospital staff members will often be needed. In many cases it may be more appropriate to carry out the review as a team exercise in order to canvass a cross-section of opinion. Where possible it may also be appropriate to involve the contractor's staff as they will be able to contribute information from their perspective and be able to identify areas of weakness within the contract that have affected their work. This type of

learning will allow The State Hospital to develop good long-term professional relationships with contractors and ensure that everyone learns lessons from a review.

## **5.22. Aspects of contract work to review**

Reviews should involve the evaluation of health, safety and environment arrangements within each of these steps of the contracting process:

- **Step 1** planning of the contract;
- **Step 2** selection of the contractor;
- **Step 3:** contractors working on site; (The contract work itself including records from the duration of the contract should be reconsidered at this stage);
- **Step 4:** keeping a check; (The management of the contract by the contract staff and the effectiveness of the liaison arrangement with The State Hospital).
- **Step 5:** reviewing the work; a critique of all aspects.

Findings should be recorded so that they can be used to improve the procedure in future. The extent of this documentation will depend on various factors including the size of the contract, the nature of the work and the depth of the review.

**Note:** It may be helpful, from both parties' points of view to supply the contractor with a copy of the review.

## **6. Contractors' Insurance**

**Note:** It is essential that all contractors have insurance protection. The contractor will be required to provide copies of the following insurance certificates to The State Hospital's Estates Administrator before any start on site.

### **6.1. Employer's Liability**

This comprises a policy of insurance indemnifying the contractor against claims made by employees for death and injury which arises out of and in the course of their employment. The policy must comply with the Employers Liability (Compulsory) Insurance Act 1996 and any such amendments, and the contractor shall, at the commencement of the contract and from then on upon request, produce to The State Hospital's Estates Administrator documentary evidence that the required insurances are properly maintained. A minimum cover of £10 million should be maintained.

### **6.2. Public Liability**

This comprises a policy of insurance indemnifying the contractor and The State Hospital as a result of the death or injury to persons (other than where the Employer's Liability policy applies) or loss or damage to property (other than his own or his contract works prior to completion) which arise out of or in conjunction with the contract.

The limit of indemnity, unless otherwise stated within separate contract documentation, shall not be less than £2,000,000 for any one occurrence and the cover must remain operative until at least the end of the defects liability period.



### 6.3. Motor Vehicle Insurance

This comprises a policy of insurance which indemnifies the contractor and the driver and user of any motor vehicle owned, leased or hired by the contractor against claim for the death of or injury to persons or loss or damage to property not owned by or in the custody of the contractor.

In this case the limit of indemnity for all claims resulting from the use of motor vehicles shall be unlimited in amount.

### 6.4. Use of Subcontractors

Where subcontractors are employed for any aspects of the works it is essential that they maintain the same level of insurance cover and that the requirements in relation to Assignment and Subletting have been met prior to their employment.

**Note:** The State Hospital will accept no liability for any loss or damage to contract works, site materials, plant, vehicles or equipment, or any consequential loss and expense, or provide and insurance unless specified in the contract. Contractors are, therefore, strongly recommended to arrange 'Contractors' All Risks' insurance upon such property.

## 7. Policy Review

The policy will be formally reviewed every 3 years.

## 8. Format

The State Hospitals Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
TSH Board	N/A
Carers	N/A
Volunteers	N/A

## **Appendix 1: Approved contractor questionnaire**

**Strictly Confidential**

**Application for inclusion on The State Hospitals Board for Scotland  
List of approved contractors**

Health, Safety and Environmental Questionnaire

Submitted on behalf of:

.....  
(Contractor)

.....  
(Date)

As involved in the provision of the following approved contractor services:

.....  
.....  
.....

**Strictly Confidential**

**Company Information**

Name of Company			
Registration Number			
Address of head operating office:			
			Postcode
Email			
Phone		FAX	
Address of local office:			
			Postcode
Email			
Phone		FAX	

**Insurance**

Employer's Liability Insurance held (Minimum £10M cover):			
Insurer			
Policy No.			
Extent of cover.			
Expiry Date			
Public Liability (Third Party) Insurance held (Minimum £2M cover):			
Insurer			
Policy No.			
Extent of cover.			
Expiry Date			
Motor Vehicle Insurance held:			
Insurer			
Policy No.			
Extent of cover			
Expiry Date			
Professional Indemnity Insurance held:			
Insurer			
Policy No.			
Extent of cover			
Expiry Date			
<b>(Note: In Framework / design and build contracts, contractors may have a degree of design responsibility. In these circumstances, Professional Indemnity Insurance will be required).</b>			

**Strictly Confidential**

**Health & Safety Information**

Person with overall responsibility for health & safety

Designation

Do they have executive authority?

Yes

No

If No, who does?

Designation

Email / Phone No

Does your company employ a competent person(s) to provide Health & Safety assistance?

Yes

No

If Yes please provide the following information

Name

Base:

Email

Phone no

Qualifications and experience:

Prescribed functions for overseeing contract work / personnel:

How does your Company recover and / or dispose of waste materials, substances and any special wastes, etc? *(use separate sheet if necessary)*:

Does your company have a Waste Management Policy?

Yes

No

Please attached a copy of Policy – Enclosed / Attached

Yes

No



**Strictly Confidential**

**Construction Design and Management Regulations 2015**

Does your Company have policies and procedures in force so that you may comply with the above regulations with regard to the following duty holders as applicable to your undertakings?

	Yes	No	N/A
Principal Designer			
Designer			
Principal Contractor			
Subcontractor			

Please provide brief details to support the above:

**Strictly Confidential**

**Constructionline**

Are your company registered with Constructionline? If yes, please provide copy of certificate	Yes		No	
--------------------------------------------------------------------------------------------------	-----	--	----	--

**Quality Management**

Does your Company have a registered Quality Management System? (If yes please provide copy of certificate)	Yes		No	
---------------------------------------------------------------------------------------------------------------	-----	--	----	--

**Other Relevant Professional Certification**

Please provide details of any other professional memberships including copies of certificates

Details :



**Strictly Confidential**

**Accident Investigation and Records**

Does your company have an internal Accident Reporting Procedure	Yes		No	
Does your company have a formal procedure for investigating and reporting incidents?	Yes		No	
If Yes, who investigates?				
Designation				
When applicable, who notifies HSE?				
Designation				
How many reportable (RIDDOR) injuries, diseases and dangerous occurrences did your company report over the past 5 years? ( <i>enter number</i> )				
Describe:				
How many non-RIDDOR incidents has your company has over the past 5 years? ( <i>enter number</i> )				
Will you allow a State Hospital Board representative to view non-personally identifiable details of these?	Yes		No	

**Strictly Confidential**

**Health & Safety and Environmental Enforcement (HSE, SEPA and / or Local Authorities)**

Are you and your premises registered with the appropriate enforcement agency (i.e.) as a company?	Yes		No	
---------------------------------------------------------------------------------------------------	-----	--	----	--

If Yes, give date and details of registration:

Name and address of enforcing authority:

Has your company in the last 5 years been served with any enforcement notices?	Yes		No	
--------------------------------------------------------------------------------	-----	--	----	--

If Yes, give details:

Has your company been prosecuted?	Yes		No	
-----------------------------------	-----	--	----	--

If Yes, give details:

Are there any prosecutions outstanding?	Yes		No	
-----------------------------------------	-----	--	----	--

If Yes, give details:

**Strictly Confidential**

**Risk Assessment and Safe Systems of Work**

Has your company developed formalised health & safety and environmental procedures to effect the above?	Yes		No	
---------------------------------------------------------------------------------------------------------	-----	--	----	--

If Yes, please enclose details of the appropriate systems and means of enforcement used.

What arrangements are made to ensure that these are made known to your company's employees and that they receive adequate health & safety training?

**Subcontractors**

Do you question their Health, Safety and Environment procedures and assess the competence when you place contracts?	Yes		No	
---------------------------------------------------------------------------------------------------------------------	-----	--	----	--

If Yes, please enclose details of the procedures used for the above

If No, is it your intention to do so?	Yes		No	
---------------------------------------	-----	--	----	--

Please explain your answer:

**Strictly Confidential**

**Plant, Equipment and Vehicle Maintenance and Inspection**

Do you keep a formal procedure for ensuring that the above, when on site, are kept in a safe condition and remain safe to use?	Yes		No	
--------------------------------------------------------------------------------------------------------------------------------	-----	--	----	--

If Yes, please enclose details and a minimum of five completed inspection records.

Please detail your procedures for hire plant and equipment:

**Competence**

**Competency**

If applicable, please provide proof that your employees are competent to carry out works on the hospitals Low Voltage electrical system (If yes please provide proof of competency)	Yes		No	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	--	----	--

Will you permit a representative of the State Hospitals Board to examine your company's Health & Safety environmental arrangements and accident records over the last 5 years?	Yes		No	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	--	----	--

If No, please explain the reason(s) why below:

**Strictly Confidential**

**Declaration**

I, ..... (name in block capitals)

..... (Title)

Hereby certify and affirm that the information provided in pursuance of all the foregoing questions contained within this application (and including all additional pages / documents provided in pursuance thereof) if, to the best of my knowledge and belief, true.

I further affirm that **all material changes** will be brought to the attention of The State Hospital's contract administer(s).

I understand that the answers provided form the basis of the application to be considered for work within The State Hospitals Board.

I have the complete authority to sign off such application on behalf of;

Company Name:	
Signed:	
Date:	

*NB: Any contractor who provides inadequate, inaccurate or false information is liable to be excluded from the Approved Contractors List.*

*For The State Hospital Board's use only*

Have all the questions been satisfactorily answered?	Yes		No	
Have all additional documents, papers etc as required been attached?	Yes		No	
Has the contractor been approved?	Yes		No	
Additional comments:				
Assessor				
Designation				
Location				
Review date				

## **Appendix 2: Five Steps to managing contractors**

## Five steps to managing contractors



**Managing contractors – Checkpoint:** The steps are linked. During Step 3 (Contractors Working on Site) different needs could emerge and the job may change. If so, revert to Step 1 (Planning). At Step 5 (Reviewing the work) evaluate all previous steps: Your plan, the contractor, the job, how you kept a check. **Each step should not be seen in isolation.**

**Appendix 3: Contractor work performance assessment**



### Contractor work performance assessment

Company Name			
Address			
Type of work			
Contract name		Project no	
Assessment by (Print name)			
Signed		Date	

		1	2	3	4
1	Programme / Milestone / Delivery Compliance				
2	Accuracy of variation pricing				
3	Productivity				
4	Quality of installation work or Quality of design documentation (for design)				
5	Quality plans				
6	Safety compliance				
7	Environmental compliance				
8	Technical / Safety Documentation				
9	Time to price variations				
10	Clarity of invoices				
11	Accuracy of invoices / certificates				
12	Negotiated price reduction				
13	General attitude safety / commercial / contractual				
		1 = Poor	2 = Average		
		3 = Good	4 = Very Good		

## **Appendix 4: Contractor’s “passport” requirements**

### **Contractor's "passport" requirements**

All contractors are required to submit the following for inspection in respect of each individual employee expected to work in The State Hospital as per hospitals Official Visitors Policy & Procedure:

- Photographic ID (i.e. passport, driving licence, warrant card acceptable)
- In the absence of appropriate photographic ID two of the following must be produced: recent utility bill, driving licence, credit / bank card or employer ID.

**Note:** At all times contractors are reminded that there should be no excessive noise, no swearing, no playing of music and no smoking. The wearing of football tops is not permitted. Contractors will be escorted at all times and will be required to wear hi-vis in certain areas.

**See Appendix 5 for further information on searching / screening procedures and restricted items.**

## **Appendix 5: The State Hospital Search / Screening Procedures**

## **Search and Screening Procedures**

On arrival at the Hospital, please report to the Reception area where staff will assist you with your visit. All visitors are required to provide formal photographic identification such as a driving license or passport before entry to the Hospital can be permitted. You will be issued with a visitor pass which must be displayed on your person at all times and returned to Reception at the end of your visit.

As part of the search procedures, you will need to pass through the Hospital's security systems. This is normal practice for all visitors and staff every time they enter the Hospital. As a secure Hospital, a strong concern for the safety of patients, staff and the public underpins all our activities.

The process involves:

- An x-ray of all your hand held items / bags which should be kept to a minimum.
- Walking through an archway metal detector.
- A rub-down body search if you trigger the detector, or are randomly chosen to be searched.

## **Restricted/Prohibited Items List**

To maintain a safe and secure environment for our patients, visitors and staff, many items are excluded from the Hospital or have restrictions around their entry. These may be:

- Any item that may cause or be adapted to cause injury (e.g. metal items, sharp items, glass, umbrellas).
- Any item that could assist in an escape (e.g. maps, sat navs, rope, blue tac, chewing gum).
- Any substances that may be abused (e.g. drugs, alcohol).
- Any item that would assist in accessing funds (e.g. cash cards, bank books).
- Any item that supports an identity (e.g. passport, driving licence, ID cards).
- Any item that may be used to trade.
- Any item assisting unauthorised communication (e.g. mobile phones, any item containing a SIM card, pagers).
- Any item that can take a photograph (e.g. cameras, phones, i-pods, handheld games).
- Any electrical item that can connect to the internet via a wireless connection (e.g. computers, smart phones, computer games).
- Any electrical item that has a Bluetooth facility (e.g. computers, smart phones).
- Any illegal items.
- Pornography.
- Any tobacco related products (e.g. tobacco, electronic cigarettes, lighters, gas).
- Electronic devices capable of recording or recorded media (e.g. dictaphones, tape recorders, DVDs, CDs, memory sticks).

Our staff will give you guidance on the various items that are excluded or restricted. A full list is available on request.

**Note:** If it is necessary for a prohibited / restricted item to be brought into the Hospital, the item and purpose must be detailed on the Visitor Authorisation Form and this must be submitted to the Director of Security, Estates and Resilience at least 48 hours in advance. All tools and any restricted items must be recorded on a tool list.

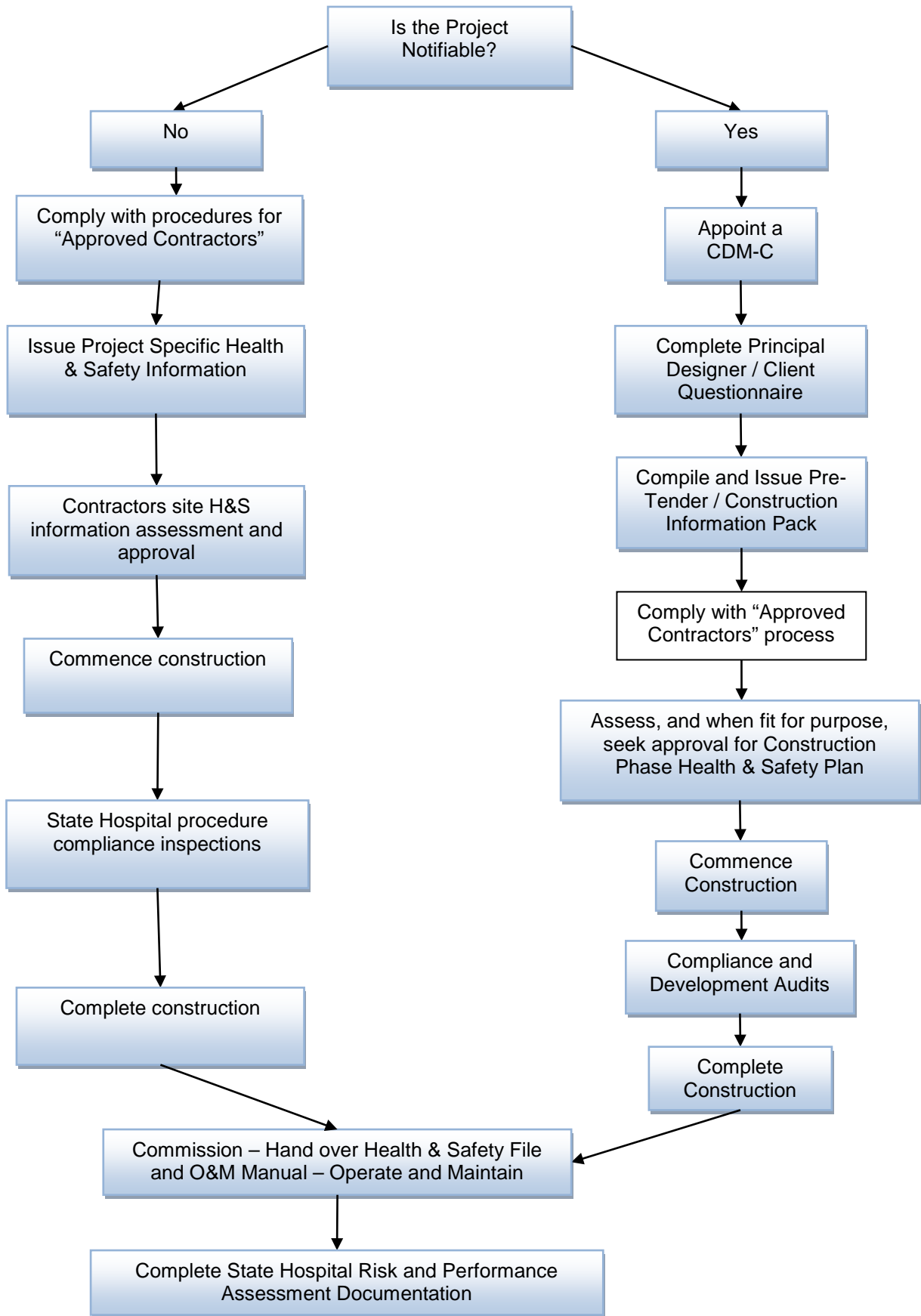
### **Alcohol or Drugs**

Under no circumstances is alcohol or drugs allowed within the Hospital. Any person suspected of being under the influence will be refused entry. Anyone found in possession of, or attempting to pass drugs, alcohol or any other prohibited items to a patient will be immediately escorted to the main reception area and the Police will be notified. Hospital visiting rights may be withdrawn.

### **Smoking**

The State Hospital is a totally smoke free environment

## **Appendix 6: Principle Designer Process Flowchart**





**Appendix 7: Construction (Design and Management)  
Regulations 2015 – Principal Designer, Client  
Questionnaire**

*Questionnaire to be completed by NHS Board and returned to the Principal Designer*

<b>Section 1</b>		
1.1	Project Name:	
1.2	Location:	
1.3	Nature of construction work to be carried out:	
<b>Section 2</b>		
2.1	Who is the Client?	
2.2	Will an Agent be appointed?	
2.3	If appointed, has a declaration been given?	A copy of the document and reply
<b>Section 3</b>		
3.1	Who are the proposed design team members?	
3.2	Who is proposed as the Design Team leader / coordinator?	
3.3	Are competency checks to be conducted for each member of the Design Team?	Recommended
<b>Section 4</b>		
4.1	Do you have a list of proposed Principal Contractors?	
4.2	Are competency checks to be conducted for each member of the tendering contractors?	Recommended
<b>Section 5</b>		
5.1	State previous use of site:	
5.2	State previous use of premises:	
5.3	State previous work practices / activities:	
5.4	Are there existing drawings? (layouts)	
5.5	Are there existing drawings? (services)	
5.6	Is there an existing Health & Safety file(s)?	
5.7	Existing surveys:	Provide copy of asbestos register (including where there may have been asbestos materials known to have been present in the past).
5.8	Are any new surveys required?	Asbestos? Contamination?

<b>Section 6</b>		
6.1	Any undertaking by the Client which needs to be considered?	The normal operation of the facility must be maintained with minimum inconvenience.
6.2	Any undertaking by others which needs to be considered?	All works anticipated during this contract will be under the control of the Principal Contractor
6.3	Any interface with the public which needs to be considered?	The public access to various parts of the facility in general must be maintained (including interim arrangements). This includes vehicular access. The must form a major part in the construction planning.
<b>Section 7</b>		
7.1	Will more than one copy of the H&S file be required?	
7.2	Do you have any prerequisite method of file presentation?	
7.3	To whom is the completed file to be presented on completion of the project?	
<b>Section 8</b>		
8.1	What level of involvement do you wish to have? i.e. do you require a copy of all correspondence?	
8.2	If "No" please indicate which correspondence you wish to be copied into: - competency checks, pre-tender safety plan, advice on construction phase safety plan, etc.	
<b>Section 9</b>		
9.1	Proposed date for submissions to Tendering Contractors?	
9.2	Proposed start date for contract?	
9.3	Proposed completion date for contract?	
<b>Section 10</b>		
10.1	Client's representative for completing / collaborating in this questionnaire?	