

Policy for the Control of Contractors

Department / Service:	Estates and Facilities	
Originator:	Julie Noble	Health & Safety Manager
Accountable Director:	Scott Dickinson	Director of Estates and Facilities
Approved by:	Health and Safety Committee, JNCC	
Date of approval:	22 nd September 2022	
Review Date:	22 nd September 2024	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All	
Target staff categories	All	

Policy Overview:

This policy defines responsibilities for the duty of managing contractors working on Trusts premises and sets out the arrangements for minimising risk. Worcestershire Hospitals NHS Trust recognises that the use of contractors is a necessity and that they are employed throughout the Trust. Work undertaken for the Trust by a contractor must be covered by a civil or commercial contract. It is good practice for health and safety requirements to be incorporated into the contract, and it should be highlighted that health and safety responsibilities are defined in criminal law and can not be delegated by a contract. The Health and Safety at Work Act etc. 1974 and its subordinate legislation imposes a duty on the Trust and the contractor to safeguard the health, safety and welfare of those in its employment and those not in its employment but, who may be affected by its activities.

Key amendments to this Document:

Date	Amendment	By:
August 2013	New Guideline	
August 2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
05/12/2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG

23 rd January 2020	Document extended for 6 months whilst review takes place with new Director of Facilities and Estates	Ray Cochrane
August 2020	Document extended for 6 months during COVID period	QGC/Gold Meeting
February 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement
March 2022	Document extended for 3 months whilst review takes place with the new owner.	Julie Noble
August 2022	Legal references updated; major rewrite, includes increased content on section, suitability and management and control of contracted work.	Julie Noble

Contents page:

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Dissemination
 - 6.3 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process

Appendices

Supporting Documents

Supporting Document 1	Equality Impact Assessment
Supporting Document 2	Financial Risk Assessment

1. Introduction

The aim of this policy is to establish a consistent Trust wide system for the engagement, management and control of contractors and to ensure compliance with health and safety legislation. The Trust recognises its legal responsibilities regarding contractors on its premises and about its business to ensure the health, safety and welfare of its employees, patients and visitors. The Trust will only employ competent contractors (i.e. included in the NHS list of assessed contractors) and is committed to ensuring adequate and timely cooperation between the Trust and Contractor. The Management of Health and Safety at Work Regulations 1999 are of particular importance in any Trust/contractor relationship. These Regulations set out requirements for a health and safety management system in all work places and the accompanying Approved Code of Practice gives advice on compliance. The Trust and contractors also have legal responsibilities under health and safety regulations dealing with specific hazards (e.g. the Control of Substances Hazardous to Health Regulations 2002, the Control of Lead at Work Regulations 2002 and the Control of Asbestos at Work Regulations 2012).

2. Scope of this document

This policy applies to all contractors and sub-contractors.

3. Definitions

3.1 Contractor

“Any person, firm, company or other legal entity entering into a contract with the Trust for the performance of services and or the supply of goods” and “any person, firm, company or other legal entity otherwise performing services and or supplying goods to or for the benefit of the Trust”. Examples include-

- Company representatives;
- Staff from other Trusts;
- Consultants;
- External auditors and
- Construction or maintenance workers.

3.2 Contractor Risk Management

The person engaging any contractor is responsible for ensuring that risks associated with the works are adequately controlled. The measures needed to achieve this will depend on the nature and complexity of the work being done.

3.3 Competent person

A competent person is a person with relevant knowledge, skills, qualifications, experience and/or membership of a relevant professional body.

3.4 Method Statement

A document provided by the contractor which incorporates a detailed written sequence for carrying out identified tasks, which may include risk assessments to ensure that the work activities are done in a sequence to confirm safety. Where method statements are required they shall be reviewed by the Trusts competent person and approved prior to the task being undertaken.

3.5 Safe systems of Work

A safe system of work is a formal procedure which results from a risk assessment which identifies a safe method of work to ensure that the hazards are eliminated or the remaining risks are minimised.

3.6 Permit to work

Written permit to work systems are normally reserved for occasions when the potential risk is high, and where at the same time the precautions needed are complicated so requiring written reinforcement. Permits should only be issued by a competent and qualified person. All permits should be time constrained. Permits to work should not be mistaken for a “safe system of work”; rather a safe system of work may require a permit to work system to be adopted as part of its overall systematic control of risk.

3.7 Risk assessments

A risk assessment is a careful examination of what could cause harm to people and how you then weigh up whether enough precautions have been taken or more should be done. The statutory standard is that a risk assessment is “suitable and sufficient” for purpose i.e. they identify all foreseeable hazards and then implement appropriate control measures to eliminate or mitigate the risks.

3.8 Induction

Contractors must receive comprehensive induction training; this is a legal requirement and is to introduce contractors to the Trusts policies and procedures, and associated risks working on the Trusts premises prior to commencing any works.

4. Responsibility and Duties

For general responsibilities refer to the Health and Safety Policy. The specific responsibilities in relation to this Policy are:

4.1 Chief Operating Officer

The Chief Operating Officer is responsible for ensuring that the Trust meets its statutory obligations and that effective arrangements for the management of health and safety are put in place.

4.2 Director of Finance

The Director of Finance is responsible for ensuring that the requirements of this policy are observed in all capital project work and other contract works managed by the Capital Projects Team.

4.3 Director of Estates and Facilities

The Director of Estates and Facilities is responsible for ensuring that the requirements of this policy are observed and adhered to in all estates related work carried out by estates staff and external contractors.

4.4 All Departmental Managers and Heads of Departments

Departmental Managers and Heads of Departments who originate contract specifications are responsible for ensuring that the necessary health and safety requirements are incorporated within the specification, ensuring that induction, sufficient information, instruction and training is provided. In addition, they are also

responsible for ensuring the monitoring of the contract in line with organisational requirements. Managers who aren't familiar with managing contractors can seek support from the H&S team.

4.5 I.T. Services Manager

The I.T. Services Manager will ensure that all contractors invited to site, to carry out works which involve IT services, are inducted and issued with a copy of the Visiting Contractors Safety Guidelines. They must also notify the Estates Department of their presence on site however IT Services will remain responsible for the control of the respective contractor.

4.6 Health & Safety Manager

The Health and Safety Manager will advise and assist on appropriate measures to meet legal and organisational requirements when required.

4.7 The Contractor

All contractors will comply with all Trust policies and procedures, as well as communicating all relevant information. The Contractor has the responsibility of health and safety at operational level, and will ensure subcontractors comply with Trust policies and procedures.

5. Management and Control of Contractors

5.1. Selection and appointment of contractors

If a new task or activity or a recurrent maintenance task is required Managers must ascertain if they have the expertise or the capacity within their team to conduct the task. The parameters of the task must be fully considered. If there is limited or no expertise or no capacity to conduct the task, then consideration of an external contractor must be agreed.

Where possible contractors which are known and an approved contractor should be assessed first for the task. If new contractors are required, then sources to identify new suitable contractor candidates are:

- Word of mouth.
- Internet.
- Recommendations from other NHS sites.
- Prior knowledge of expertise in field/task.
- Suppliers.
- Make contact with other departmental heads as they may be able to assist.

Once a contractor is considered then the following information should be used as an evaluation of their suitability:

- What is the Contractor's previous experience?
- Where are they based?
- Number of employees?

- Do they have a Quality Management System (QMS) (if so what)? E.g. ISO9001, 45001, 14001 etc, Industry / trade association memberships.
- What qualifications/accreditations do they have for the task?
- Do they document Risk Assessments and Method Statements for the task?
- Do they do task for similar industries?
- Any HSE accidents?
- Do they keep staff records? Training?
- Will they conduct all the task or subcontract?

It is vital that the purchasing team are included in to ensure contractors are bonafide and are signed up to Trust terms and conditions / managers must follow the new supplier's approval process in a timely manner. If the contractors are supplied via Construction Line then some checks will already be in place. An assessment on whether a DBS check is required must be conducted, with HR support.

5.1 Assess the risks of the work

Prior to commencing contact work it's imperative that all information pertinent to the contracted task / works is supplied to the contractor by the Trust. For example: plans, drawings, key documents, etc, which the contractor will need in advance to enable both parties to be able to agree a schedule of works.

Meetings will be required with the contractor and Trust representative to ensure work plans are fully considered, impacts understood, timeframes agreed and risks and controls effectively managed. The Trust may have risk assessments for some work activities of their own business which must be shared, along with any other Trust key documents which may be relevant to the contracted work (e.g. provide the contractor with the Trust Water Safety plan, information on asbestos, if relevant to the contracted work).

The Trust must agree with the contractor how the work will be done and the precautions that will be taken. The extent of the Trusts responsibilities will be determined by the impact that the contractor's work could have on anyone likely to be affected. Relevant issues should include:

- what equipment should or should not be worked on/used;
- personal protective equipment to be used and who will provide it;
- working procedures, including any permits-to-work;
- the number of people needed to do the job;
- reporting of accidents and safekeeping of records and plans

A comprehensive method statement of all works must be conducted and completed by the contractor prior to works being agreed. To support this the contractor must provide a suitable and sufficient risk assessment that includes the risks of the work being conducted and the controls the contractor will apply to prevent harm to their staff and others. The Trust and contractor must assess and agree the method statement and risk assessments(RAMS) to ensure they are relevant to the task and appropriate prior to agreement to proceed with works. It is

vital that these are checked to ensure the parameters of the works are agreed and that any additional work noted, is not conducted without Trust agreement (if outside the original RAMS). If the RAMS do not reflect the task planned or does not list robust controls, then the contractor must be requested to improve the detail before agreement to commence work can be agreed. Trust staff involved within this task must be competent to enable assessment and evaluation of the RAMS and challenge. If subcontractors are involved, they should also be part of the discussion and agreement. If there are any significant risks identified, then these must be further controlled by a Permit to work (e.g. hot works permit).

Both parties must consider the risks from each other's work that could affect the health and safety of the workforce or anyone else e.g. patient, visitor etc. Patient safety and the effect on clinical services must be highlighted to prevent any inadvertent impact. The method statements and risk assessments must consider all aspect of the works to be conducted e.g. utilisation of cranes, tools, equipment, waste disposal, need for access passes, parking etc to ensure all risks can be controlled.

Some contracted work will permit contractors to be given access to areas where they can take more local control (e.g. works under the Construction (design and management) Regulations). This does not negate the Trusts responsibilities for ensuring works are being conducted safely, therefore Trust must conduct spot checks to ensure works being conducted and management of risks are as pre-agreed. In these incidents the Trust (as the client) must ensure that the Trust complies fully with its duties of client and ensure that the Principle Contractor and Principle Designers duties are fulfilled.

5.2 Provide information, instruction and training

The Trust, contractors and sub-contractors must provide their employees with information, instruction and training on anything which may affect their health and safety. All parties need to consider what information should be passed between them and agree appropriate ways to make sure this is done. There must be a clear exchange of information about the risks arising from their operations, including relevant safety rules and procedures, and procedures for dealing with emergencies. This exchange of information should include details of any risks that other parties could not reasonably be expected to know about. The information must be specific to the work. The instruction and training provided by the Trust, the contractor and the subcontractor needs to take account of the risks from their own and each other's work.

Prior to commencement of work, the Trust must ensure all contractors undertake a Trust induction; this must be a standard induction package that covers all risks (e.g. Trust rules, no smoking, first aid, what to do if they are ill before / during work (e.g. COVID symptoms, diarrhoea) fire prevention and fire response, accident and incident reporting, moving and handling, equipment and tools, behaviours and expectations, adhering to agreed tasks only, what to do if additional tasks are required that are not within the agreed works, and any other adhoc information relevant to the tasks. The induction record must be signed and the Trust must maintain records. If the contractor conducts repeat works within the year then a further induction will not be required, however if any lapses in adhering to Trust induction elements (e.g. contractor found smoking on site) then the contractor must cease work and a refresher induction conducted. Trust inductions are valid for 1 year after which a new induction will be required.

5.3 Supervision and monitoring of contractor work

There must be a process in place to effectively manage and supervise the work of contractors. This includes ensuring there are signing in/out processes to control contractors for each day on site and ensuring they only have access to the relevant areas of their work. Access control passes must be issued to key contractor personnel only and handed back at day end or end of agreed period of works. Adequate supervision must be provided for contracted work; this includes not only via contractors having their own supervision arrangements in place (where appropriate) but also by the Trust. The Trust supervision of contracted work may be continual or via spot checks, dependent on the level of risk of the task. Contractors must be issued with contact information so that if an issue arises the Trust and contractor can immediately discuss and agree how to manage the situation. If this isn't robust then it leads to risk of unplanned works being conducted without Trust knowledge or agreement.

The Trust, the contractors and sub-contractors should monitor their health and safety performance. This means checking whether the risk assessment(s) are up to date and that control measures are effective. The level of monitoring depends on the risks – the greater the risks, the greater the monitoring.

Contractors and sub-contractors should carry out day-to-day checks to see that what should be done is being done. Some work-related accidents, diseases and dangerous occurrences have to be reported to the enforcing authorities. It is good practice to investigate all injuries, cases of work-related ill health and 'near misses' to find out what went wrong and why they were not prevented. The Trust, the contractors and subcontractors should share the lessons learnt from monitoring and investigations with each other and with the entire workforce. Where health and safety requirements are not being met, the first step is for the Trust and the contractor to find out why and put matters right.

If health and safety performance is not brought up to requirements, the Trust will stop the contractor working on the job until requirements can be met. Both the Trust and the contractor should review the work after completion to see if performance could be improved in future.

5.4 Co-operation and co-ordination

In any Trust/contractor relationship, there must be co-operation and co-ordination between all the parties involved, to ensure the health and safety of all at the workplace and anyone else likely to be affected. The Trust will set up liaison arrangements with all parties. This could take the form of regular meetings or briefings. Liaison is particularly important where variations of the work are proposed, the work involves multi-site visits or where more than one contractor or sub-contractor is engaged

5.5 Consulting the workforce

The Trust, contractors and sub-contractors must consult their employees on health and safety matters. Where there are recognised trade unions, consultation should be through safety representatives appointed by the unions. Trade unions have an important role to play and can provide expertise to help in the area of health and safety. Where there is no recognised trade union, different arrangements will have to be made e.g. through representatives elected by their employees. However the

workforce is represented; they should be part of the liaison arrangements set up by the client and should be involved from the outset.

5.6 Statutory Notifications

Where required, the Contractor shall ensure that all the required statutory notices are raised. If the Trust considers that there has been an infringement of the law, or that Regulations have been disregarded, the Trust may exercise its right to require alleged offenders to leave the site and the Trust will not be responsible for any costs or delays, arising there from, including lost time resulting from a failure to comply with these conditions.

5.7 Statutory And Other Regulations

All Work undertaken shall be carried out in strict conformity with the relevant Statutory Acts, associated regulations, codes of practice and guidance notes. These include but are not restricted to:

- Health and Safety at Work Act 1974
- Environmental Protection Act 1990
- Radioactive Substances Act 1993
- Regulatory Reform (Fire Safety) Order 2005
- Telecommunications Act 1984
- Employees Liability (Compulsory Insurance) Act 2011
- Building Regulations 2010
- Construction (Design and Management) Regulations (CONDAM) 2015
- Lifting operations and Lifting Equipment Regulations (LOLER) 1998

The Contractor shall display notices and shall keep or examine all records required by statute relating to the work, plant, equipment, inspections, safe working or supervision etc. and shall satisfy the Responsible Person that such records are adequate. When required by the Responsible Person, the Contractor shall produce for examination such records as he is required to keep, or photocopies of other such records.

6. Implementation

6.1 Plan for implementation

This policy will be implemented by the Responsible Manager (see Section 4) or the local managers in their respective areas of responsibility.

6.2 Dissemination

This Policy will be made available on the Trust Intranet.. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee and JNCC committee.

6.3 Training and awareness

The Trust will require all contractors to provide suitable evidence that their staff are adequately trained for the work that they are contracted to carry out. Relevant staff within the Trust will be made aware of this policy as part of their local induction process.

7. Monitoring and compliance

Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly. Progress on these will be reported to the Responsible Manager and the Health & Safety Manager.

To ensure the Control of Contractors policy is operating correctly and that safety is being maintained during any hazardous activity, the following checks will be carried out by the Responsible Manager:

- Random spot-checks on contractor's ID badges;
- Random spot-checks to ensure contractors have signed log sheet;
- Checks to ensure new contractors have received induction and copy of 'contractor's information' prior to starting work;
- Detailed investigation of any incidents relating to contractor's work and
- Checks are made that the contractor is working within the limits of the policy.

Issues of Non compliance and good practice should be reported to the Health and Safety Manager; these will be reported to the Trusts Health and Safety Committee

Audits and Inspections may be undertaken by internal and external stakeholders. Action plans as a result of these visits must be implemented and monitored by the Health and Safety Manager.

8. Policy Review

The policy will be reviewed by the Health & Safety Committee and updated every two years or sooner if regulations or documentation are revised.

9. References

Health & Safety at Work Act 1974	
Management of Health & Safety Regulations 1999 (amended)	
Construction (Design and Management) Regulations 2015	
Work at Height Regulations 2005 (amended)	
Health & Safety Policy	WAHT-CG-125
Work at Height Policy	WAHT-CG-126
Risk Assessment Policy	WAHT-CG-002
Fire Safety Policy	
Control of Substances Hazardous to Health Policy	WAHT-CG-269
Security Policy	WAHT-CG-034

10. Background

10.1 Consultation

The following were consulted in the production of this version of the policy:

- Director of Estates & Facilities
- Estates Managers
- Head of Procurement
- Members of the Health and Safety Committee
- Joint Negotiating Consultative Committee

10.2 Approval process

The Health and Safety Committee will receive this policy for approval. Changes to this document will be recorded and monitored in accordance with the Policy for Policies.

10.3 Equality requirements

An equality assessment has been performed. There are no equality issues presented by this policy

10.4 Financial risk assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.



Supporting Document 1 - Equality Impact Assessment Tool Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Julie Noble, H&S Manager
----------------------------------	-------------------------------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
Date assessment completed	XXXX		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for the Control of Contractors			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the process and management for the selection and use of contractors			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Communities	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please	A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, HSE website and UK applicable regulations has been conducted.			

name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				



Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA		Samantha Reid
Date signed	24/08/2022	
Comments:		
Signature of person the Leader Person for this activity		Julie Noble
Date signed	17/08/2022	
Comments:		

Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.