

Control Of Contractors – Policy Review

1. Introduction

This advisory note has been prepared following our review of the Health Board's Control of Contractors policy, with specific reference to how it addresses Right to Work (RTW) requirements in the UK. The purpose of the review was to consider whether the policy reflects current good practice in ensuring that individuals engaged through contracting arrangements are subject to appropriate RTW checks. This note recognises the update provided to the Audit and Risk Assurance Committee meeting held on the 24th of June 2025 and associated risk assessments. The note also recognises the recent positive actions in respect of the contractual arrangements applied at Health Board capital schemes. In this context this advisory note seeks to highlight management considerations intended to support the ongoing development and strengthening of the policy in line with legal and regulatory expectations.

2. Scope

The Estates Control of Contractors policy No 541 dated March 2025 and wider UHB Control of Contractors procedures were reviewed by NWSSP – Audit and Assurance Services to ensure that appropriate arrangements for the Right to Work in the UK are appropriately addressed.

3. Observations and Considerations

Management Consideration 1

Under the Immigration, Asylum and Nationality Act 2006, employers must ensure that anyone working on their premises has the legal right to work in the UK—even if they are employed through a third party (e.g. contractors or subcontractors).

Amendments to the current policy under the key legislation section could include the following: we have provided a summary version or an expanded version as an example for consideration.

Summarised version

Right to Work Verification:

All contractors and sub-contractors working on HDUHB premises must provide evidence of their legal right to work in the UK. It is the responsibility of the Principal Contractor or



Supplier to carry out and document appropriate RTW checks in line with Home Office guidance. The Trust reserves the right to audit this documentation at any time.

Or an Expanded version may be -

All contractors and sub-contractors engaged to work on HDUHB premises must have the legal Right to Work (RTW) in the United Kingdom, in accordance with the Immigration, Asylum and Nationality Act 2006.

It is the responsibility of the Principal Contractor or Supplier to ensure that:

- A compliant RTW check has been conducted for all personnel prior to deployment to site.
- Evidence of the check (including copies of acceptable documentation or a share code for online verification) is retained in accordance with current Home Office guidance.
- No personnel are deployed to site without passing the RTW check.

HDUHB reserves the right to:

- Request and audit RTW check records at any time.
- Refuse or remove access to site for any individual where RTW compliance cannot be demonstrated.

Failure to comply with these requirements may result in removal from the Health Boards approved contractor list, termination of contract, and reporting to the relevant authorities.

Management Consideration 2

The policy includes an 'Operational Control – Procedure' section containing a Pre-Qualification Questionnaire (PQQ) used to gather information on regulatory and Health Board-specific health and safety requirements. Management may wish to consider incorporating a Right to Work declaration within this questionnaire to strengthen assurance prior to the issue of a permit-to-work.

Suggested declaration for inclusion:

"We confirm that Right to Work checks have been completed for all our personnel attending this site, and valid documentation is held on record.



Management Consideration 3

While the policy makes several references to the issue of contractor badges, it does not specify the process for obtaining them or identify where they are sourced from. Management may wish to consider updating the policy — or developing a supporting standard operating procedure — to outline the operational steps involved.

This would help ensure consistency in implementation, support staff understanding, and enable effective monitoring of compliance.

Management Consideration 4

Given the large geographical area covered by the Health Board and the operational challenges associated with multiple rural sites, management may wish to consider including more detailed guidance within the policy regarding contractor identification. This could include a requirement for contractors to always wear identification badges visibly while on Health Board premises, and a provision for contractors not issued with Health Board ID to display a company ID badge or other clear identification (e.g. high-visibility clothing with company branding), in line with practice adopted by other Health Boards. This may already be considered as part of the Security Management Group's (ID Management Subgroup) review of current arrangements and associated risks.

Management Consideration 5

The policy recognises that the '*Responsible Person (RP) is the manager or senior staff member responsible for the area where the contractors work is to be carried out. The RP has an important role in the monitoring and supervision of contractors at work in their area.*' This is an important role while recognising the large geographical area covered by the Health Board. There may be benefit in detailing any RP training requirement (recognising that the individual may change depending on the locality of the works and also confirming the named RP and declare/confirm understanding the requirements of the role.

Management Consideration 6

The Health Board may wish to consider updating the legislation references within the policy to specifically include the *Immigration, Asylum and Nationality Act 2006*, to clearly reflect the key statutory basis for Right to Work checks and reinforce legal compliance.





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4. Conclusion

This advisory note is intended to support the Health Board in ensuring that its *Control of Contractors* policy appropriately reflects good practice in relation to Right to Work requirements. While no formal findings have been raised, the observations outlined are provided for management consideration as part of ongoing policy development and governance. We encourage the Health Board to review these points and determine whether any enhancements to the policy or supporting procedures may be beneficial in strengthening assurance and ensuring continued compliance with legal obligations.

Date: July 2025

