

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## PREMISES ASSURANCE MODEL (PAM) PROGRESS REPORT – JULY 2022

<b>Presented by</b>	Mark Holloway, Director of Estates & Facilities		
<b>Author</b>	Annette Binns, Head of Business Management Emma Rollinson, E&F Business Administration Manager		
<b>Lead Director</b>	Mark Holloway, Director of Estates & Facilities		
<b>Purpose of the paper</b>	Premises Assurance Model - Progress Report 2022		
<b>Key control</b>	Strategic Objective 1 to provide outstanding care for patients		
<b>Action required</b>	To note		
<b>Previously discussed at/informed by</b>	E&F Compliance Risk Assurance Committee		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	E&F Compliance Risk Assurance Committee	25 August 2022	
	Executive Team Meeting	5 September 2022	

### Summary

The NHS Premises Assurance Model (NHS PAM) is used to provide assurance for the healthcare environment and to ensure patients; staff and visitors are protected against risks associated with hazards such as unsafe premises. The NHS PAM tool provides:

- Assurance to the Trust Board, patients, commissioners and regulators regarding the safety and suitability regarding management of the estate and facilities services.
- A nationally consistent approach to evaluating NHS estates and facilities performance against a common set of self-assessment questions (SAQs) and metrics.
- Data to inform the prioritisation of investment supporting improvement opportunities.

The NHS PAM also supports the Trust to make informed decisions on the development of estates and facilities services.

### Analysis

The purpose of this report is to:

- a) Provide an update regarding re-assessment and level of assurance achieved within each of the five domains using the newly released updated NHS England PAM electronic platform:
  - Safety (Hard and Soft)
  - Patient Experience
  - Efficiency
  - Effectiveness
  - Organisational Governance.
- b) Highlight areas of outstanding practice and improvement opportunities for each domain as a result of completing the PAM model.
- c) Provide a comparison of the year on year overall compliance level within each domain.

### Recommendation

It is recommended that the Trust Board:

- a) Note continued progress in re-application of the NHS PAM for 2022.
- b) Acknowledge that NHS PAM data has been approved by the Director of Estates & Facilities as the

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>22 September 2022</b>	<b>Agenda item</b>	<b>Bo.9.22.24</b>

Executive Lead for the Directorate and that this data will be submitted onto the new online NHS England platform by the 9 September 2022 deadline.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>
<input checked="" type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Premises &amp; Equipment</b>
<b>NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates &amp; Facilities</b>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>22 September 2022</b>	<b>Agenda item</b>	<b>Bo.9.22.24</b>

**Other (please state):**

Relevance to other Board of Director's Committee: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## REMISES ASSURANCE MODEL (PAM) PROGRESS REPORT – JULY 2022

### 1 INTRODUCTION

The purpose of this report is to provide an update and continued assurance associated with the implementation of the NHS Premises Assurance Model (NHS PAM) for Bradford Teaching Hospitals NHS Foundation Trust.

### 2 BACKGROUND

The NHS PAM is used to provide assurance for the healthcare environment and to ensure patients; staff and visitors are protected against risks associated with hazards such as unsafe premises. The NHS PAM tool provides:

- Assurance to the Trust Board, patients, commissioners and regulators regarding the safety and suitability regarding management of the estate and facilities services.
- A nationally consistent approach to evaluating NHS estates and facilities performance against a common set of self-assessment questions (SAQs) and metrics.
- Data to inform the prioritisation of investment supporting improvement opportunities.

The NHS PAM also supports the Trust to make informed decisions on the development of estates and facilities services.

### 3 PURPOSE

The purpose of this report is to:

- a) Provide an update regarding re-assessment and level of assurance achieved within each of the five domains using the newly released updated NHS England PAM electronic platform:
  - Safety (Hard and Soft)
  - Patient Experience
  - Efficiency
  - Effectiveness
  - Organisational Governance.
- b) Highlight areas of outstanding practice and improvement opportunities for each domain as a result of completing the PAM model.
- c) Provide a comparison of the year on year overall compliance level within each domain.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

#### 4 PAM - SUMMARY OF DEFINITIONS

To aid interpretation of the NHS PAM, detailed below is a summary of the definitions for both the domains and scores.

#### 4.1 Domain Definitions

The following provides a summary definition for each of the five domains:

Domain	Domain Statement
Safety	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.
Patient Experience	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public in the development of services and the monitoring of performance.
Efficiency	The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements.
Effectiveness	The organisation provides assurance that its premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.
Governance	How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations. How the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where required.

#### 4.2 PAM Scores – Definitions

The following criterion applies when interpreting the NHS PAM scores:

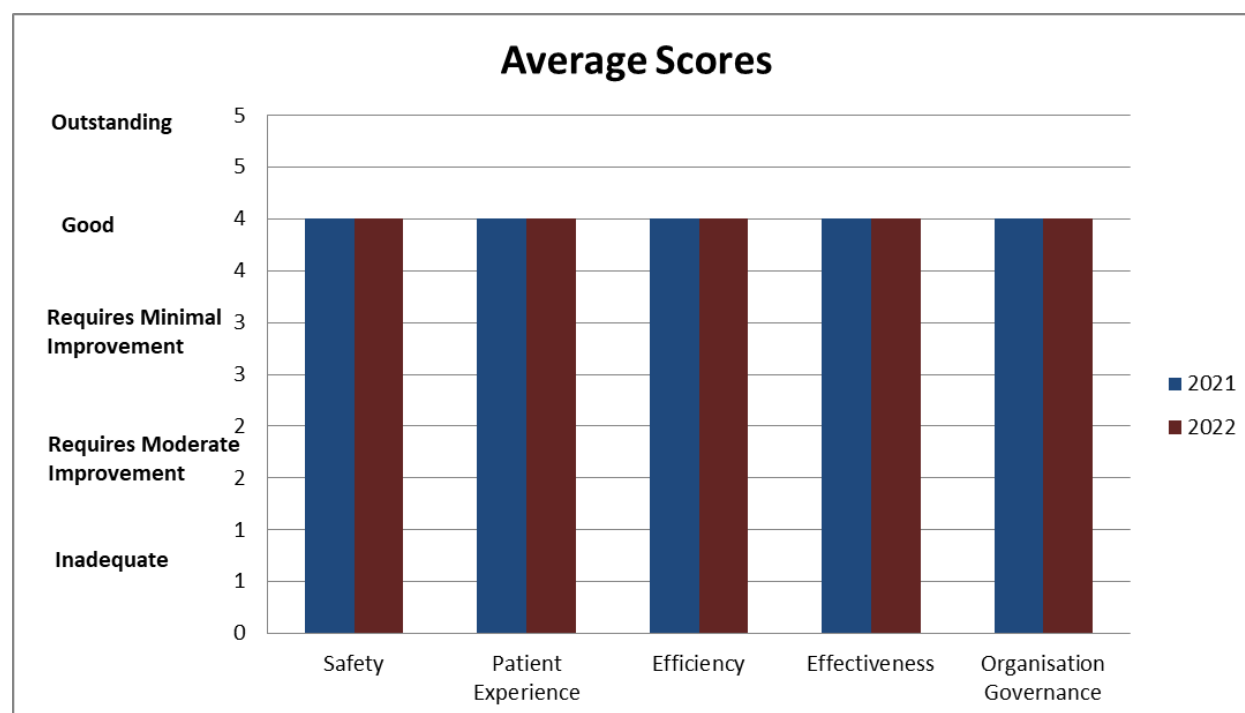
Outstanding	Compliant with no action required, evidence of high-quality services and innovation.
Good	Compliant with no action required.
Requires Minimal Improvement	The impact on service users, visitors and/or staff is low.
Requires Moderate Improvement	The impact on service users, visitors and/or staff is medium. Action required to mitigate.
Inadequate	The impact on service users, visitors and/or staff is high. Action is required quickly.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## 5 APPLICATION OF THE NHS PAM MODEL 2022

This section of the report provides a detailed overview in terms of scores, continued progress and implementation of NHS PAM for 2022.

### 5.1 Summary of NHS PAM Model 2022 – The Five Domains:



- 5.1.1 Re-assessment of the PAM model for 2022 confirms maintenance of an overall rating of 'Good' for each of the five domains for the Bradford Teaching Hospitals NHS Foundation Trust.
- 5.1.2 Compared with previous implementation of this model, improvements were achieved in the safety hard and safety soft domains; however, these improvements were not significant enough to increase the overall 'Good' rating to Outstanding on this occasion.
- 5.1.3 Re-application of the PAM has resulted in action plans being developed for each of the self-assessment questions (SAQs) within each domain where necessary.
- 5.1.4 Analysis of the DoH England PAM tool has identified several changes to the SAQs for 2022. These have been incorporated into the latest review and the amendments are confirmed as follows:

SAQ	Amendment
SH14 – Fire Safety	Evidence required to ensure the Trust has regular fire safety meetings, identifies if any enforcement action has been taken and an annual report is produced and reported to Board.
F3 – Capital Procurement, Refurbishment and Land Management	Net Zero Carbon – Evidence required to ensure Trust Capital procurement and refurbishment projects include plans to meet national NHS net zero carbon targets.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>22 September 2022</b>	<b>Agenda item</b>	<b>Bo.9.22.24</b>

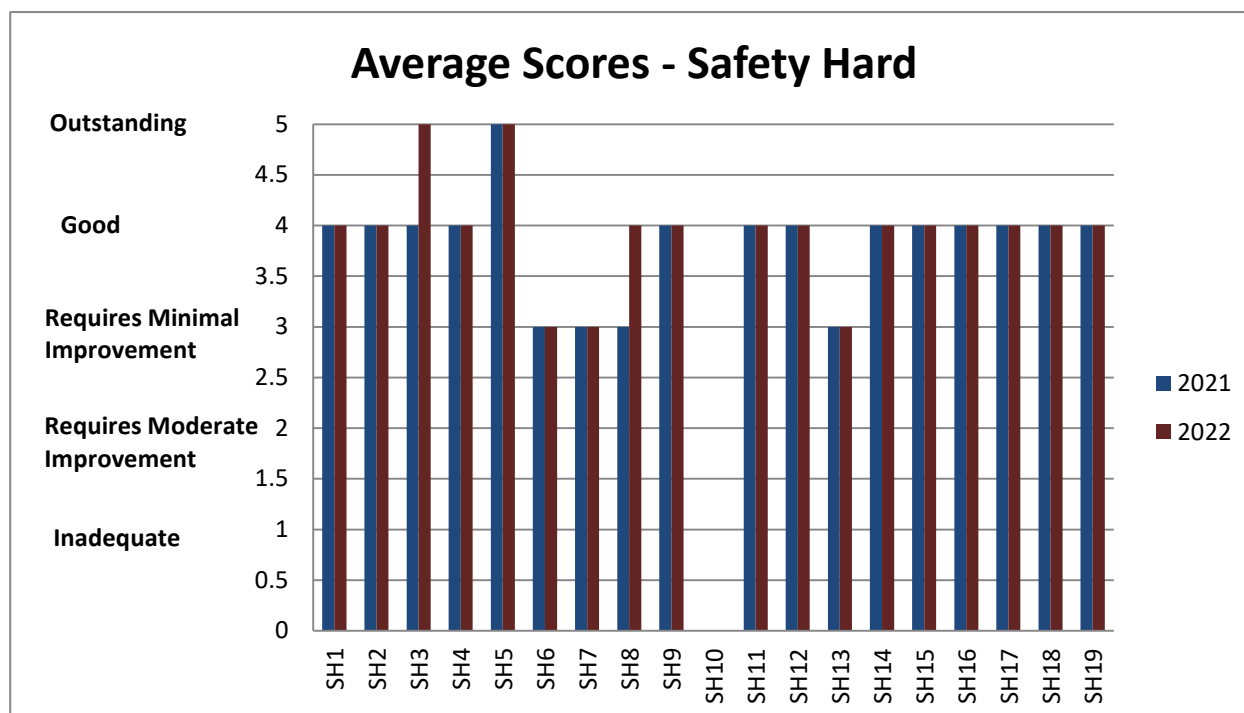
F5 – Improvement and Sustainability	Wording amended to incorporate reference to ‘Net Zero target’.
E4 – Suitable Sustainability Approach	Green Plan / Sustainability Strategy – Evidence required to confirm Green Plan has been approved by Board and submitted to the ICS / ICB. Wording has also been amended to include references to overheating, flooding and extreme weather events in relation to climate change and weather events.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## 5.2 Safety - Hard Facilities Management

The following provides a summary of the specialist areas and the SAQs that are applied:

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:	SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
SH1	Estates and Facilities Operational Management	SH10	Mechanical Systems e.g. Lifting Equipment. <i>Please note this SAQ has been addressed and included within SAQ SH12.</i>
SH2	Design, Layout and Use of Premises	SH11	Ventilation, Air Conditioning and Refrigeration Systems
SH3	Estates and Facilities Document Management	SH12	Lifts, Hoists and Conveyance Systems
SH4	Health & Safety at Work	SH13	Pressure Systems
SH5	Asbestos	SH14	Fire Safety
SH6	Medical Gas Systems	SH15	Medical Devices and Equipment
SH7	Natural Gas and Specialist Piped Systems	SH16	Resilience, Emergency and Business Continuity Planning
SH8	Water Systems	SH17	Reporting and Implementing Estates and Facilities issues within Safety-Related Systems
SH9	Electrical Systems	SH18	Safety and Suitability of Community Properties
		SH19	Contractor Management





Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

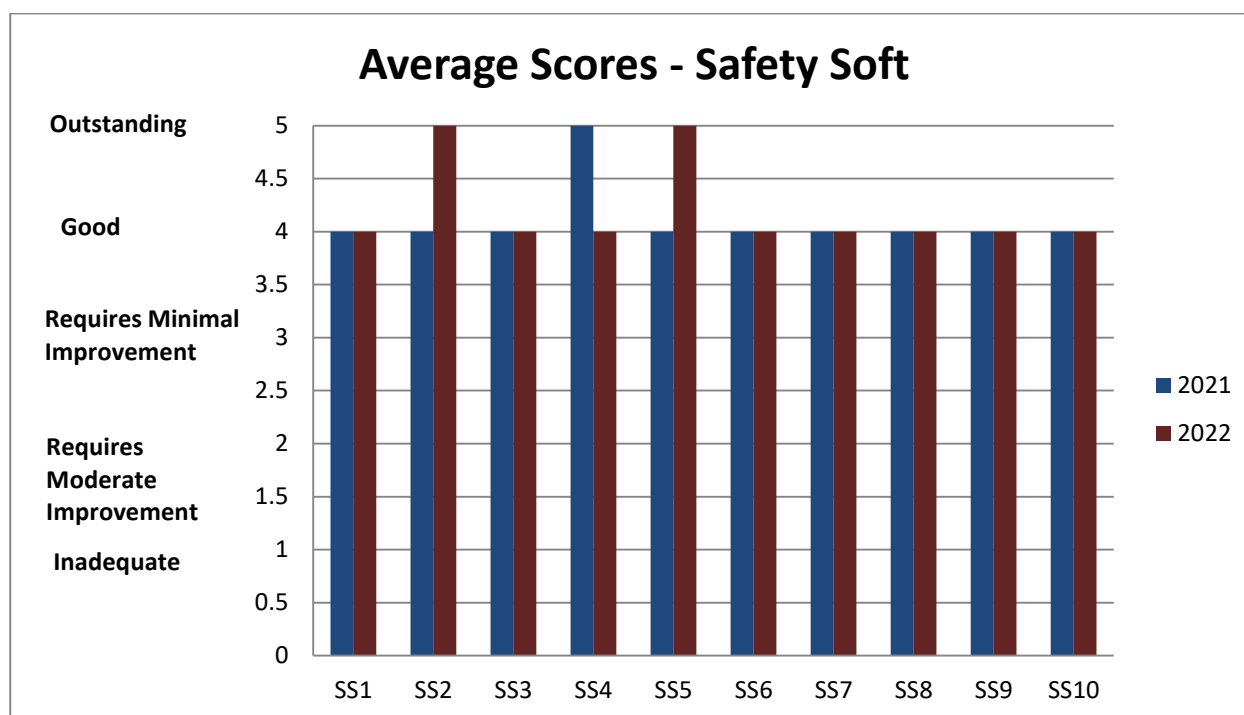
Safety - Hard Facilities Management maintained an overall score of 'Good' with 'Requires Minimal Improvement' in three key areas, which is an improvement compared to 2021:

- 5.2.1 (SH6) Medical Gas Systems – Maintains a result of 'Requires Minimal Improvement' due to a requirement to ensure Competent Person interviews and formal appointments are made in accordance with HTM02-01 and a programme of refresher training to be organised for porters.
- 5.2.2 (SH7) Natural Gas– Formalisation and approval of the Natural Gas Policy which is currently in development, is required in order to improve scores for this SAQ.
- 5.2.3 (SH13) Pressure Systems - Improvement plans are in place to ensure Competent Person training, interviews and formal appointments are made in accordance with legislative requirements and best practice. Improvement plan in place to produce an accurate written scheme of examination in conjunction with British Engineering Services for all pressure systems.
- 5.2.4 Improvements were identified in several SAQs as follows:
  - (SH3) – Document Management – Agenda for initial site meetings amended to ensure contractor requirement to provide operational & maintenance (O&M) manuals for construction projects. New system also adopted to ensure O&Ms are received before final payment made to the contractor, and this is monitored through the Department's ISO 9001 accredited quality manual.
  - (SH8) Water Safety Systems - Familiarisation training has been undertaken by all members of the Water Safety Working Group and Water Safety Steering Group.
- 5.2.5 While the overall scores did not improve, the following improvement action has been taken to maintain status:
  - (SH13) – Pressure Systems – Generic risk assessment has now been developed to ensure compliance with legislative requirements and best practice.
  - (SH14) – Fire Safety – Emergency light testing process reviewed to ensure it is being carried out in line with BS5266.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

### 5.3 Safety - Soft Facilities Management:

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
SS1	Catering Services
SS2	Decontamination Processes
SS3	Waste and Recycling Management
SS4	Cleanliness and Infection Control
SS5	Laundry and Linen Services
SS6	Security Management
SS7	Transport Services
SS8	Pest Control
SS9	Portering Services
SS10	Telephony and Switchboard



Safety – Soft Facilities Management maintained an overall score of 'Good' with 'Outstanding' for Decontamination Processes (SS2) and Laundry & Linen Services (SS5).

#### 5.3.1 During 2022 improvements have been achieved for:

- (SS2) Decontamination Processes – Outstanding was achieved as a result of improved risk assessments and maintenance regime in this area.
- (SS5) Laundry & Linen– Specific risk assessment produced relating to potential impact of loss of linen supply, improving resilience of service.

#### 5.3.2 (SS4) – Has achieved the rating of 'Good' as a result of the introduction of the new NHS cleaning standards, resulting in the requirement to update existing policies and procedures.

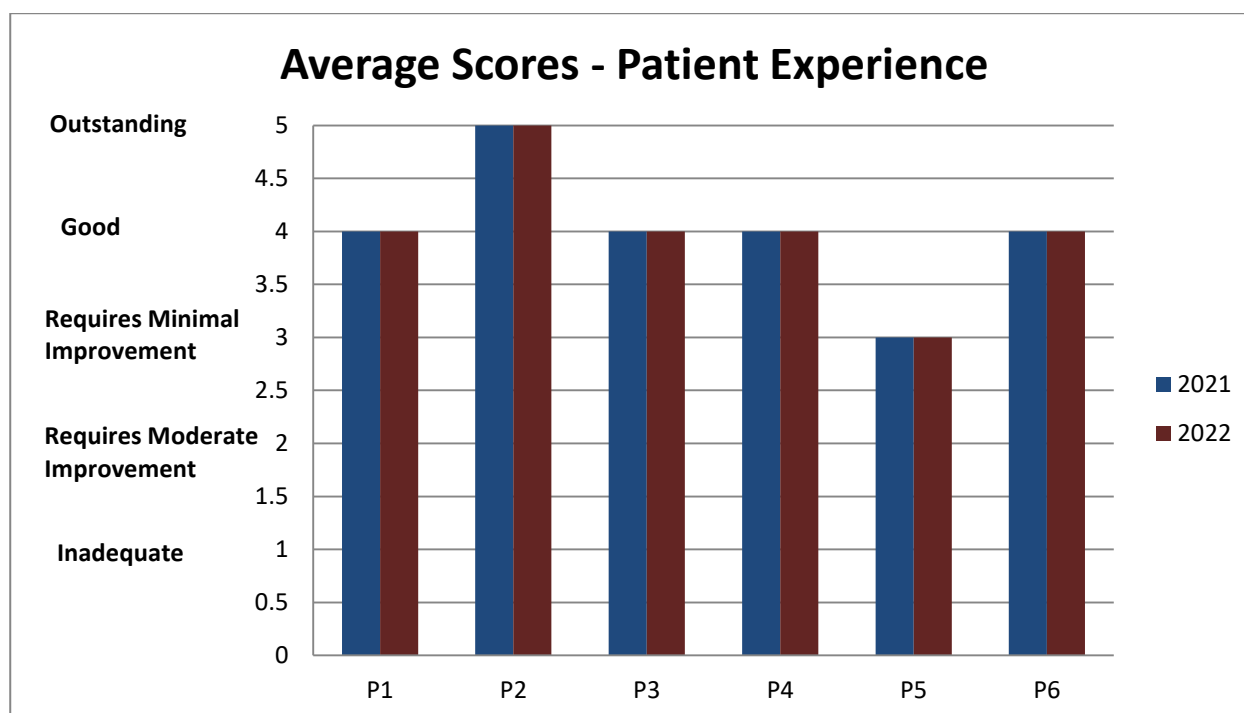
Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

5.3.3 While the overall score did not improve, the following improvement action has been taken to maintain status:

- (SS6) Security Management – Completion of CCTV upgrade works during the previous 12 months.
- (SS10) Telephony & Switchboard – Completion of a switchboard equipment replacement programme.

#### 5.4 Patient Experience

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
P1	Engagement & Involvement of Service Users
P2	Patient Staff and Visitor Perception of Condition, Appearance, Maintenance and Privacy & Dignity
P3	Patient Staff and Visitor Perception of Cleanliness
P4	Arrangements to Meet Patient, Staff and Visitor Access and Car Parking Needs
P5	Provision of High Quality Environment in Relation to Grounds & Gardens
P6	Catering Services Provision of Adequate Nutrition and Hydration



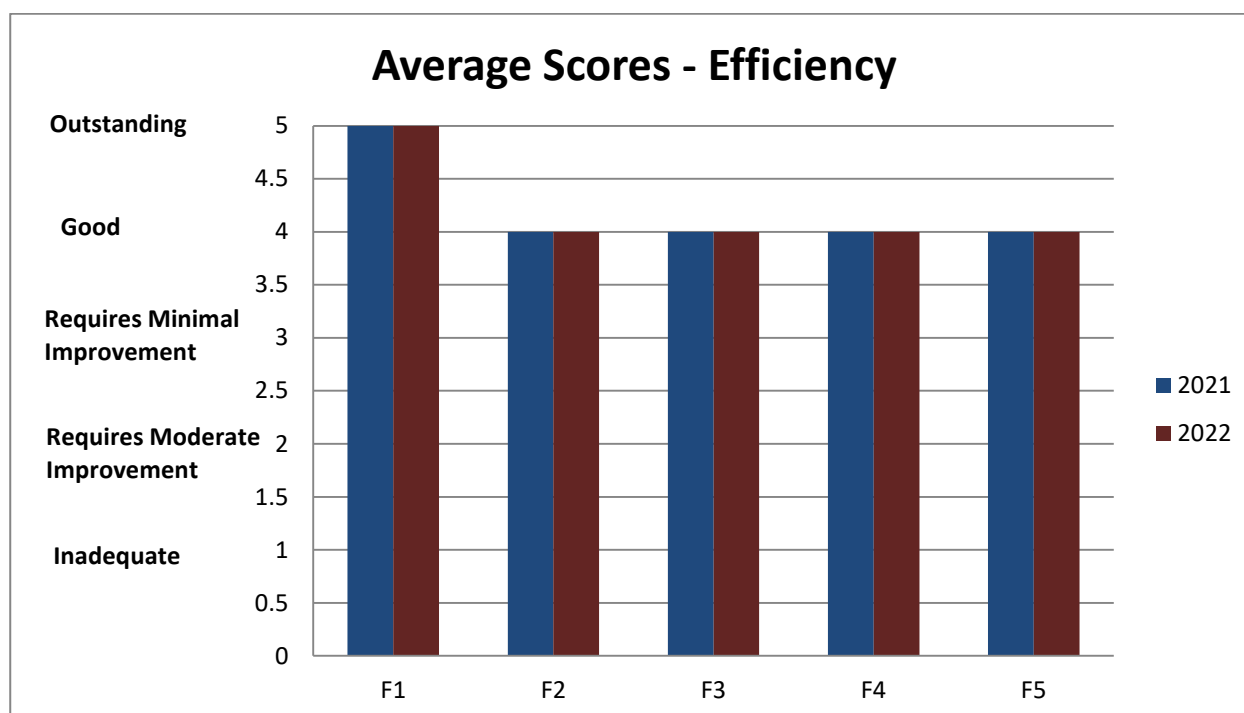
An overall score of 'Good' was maintained throughout the Patient Experience domain with 'Outstanding' being maintained for Patient, Staff and Visitors Perception of Premises SAQ (P2).

5.4.1 (P5) Provision of High Quality Environment in Relation to Grounds & Gardens – This SAQ comprises three questions associated survey results such as PLACE etc. Unfortunately limited data was available as surveys have not been completed as a result of the Covid 19 pandemic, impacting on this score.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## 5.5 Efficiency

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
F1	Engagement & Involvement of Service Users
F2	Patient Staff and Visitor Perception of Condition, Appearance, Maintenance and Privacy & Dignity
F3	Patient Staff and Visitor Perception of Cleanliness
F4	Catering Services Provision of Adequate Nutrition and Hydration
F5	Arrangements to Meet Patient, Staff and Visitor Access and Car Parking Needs



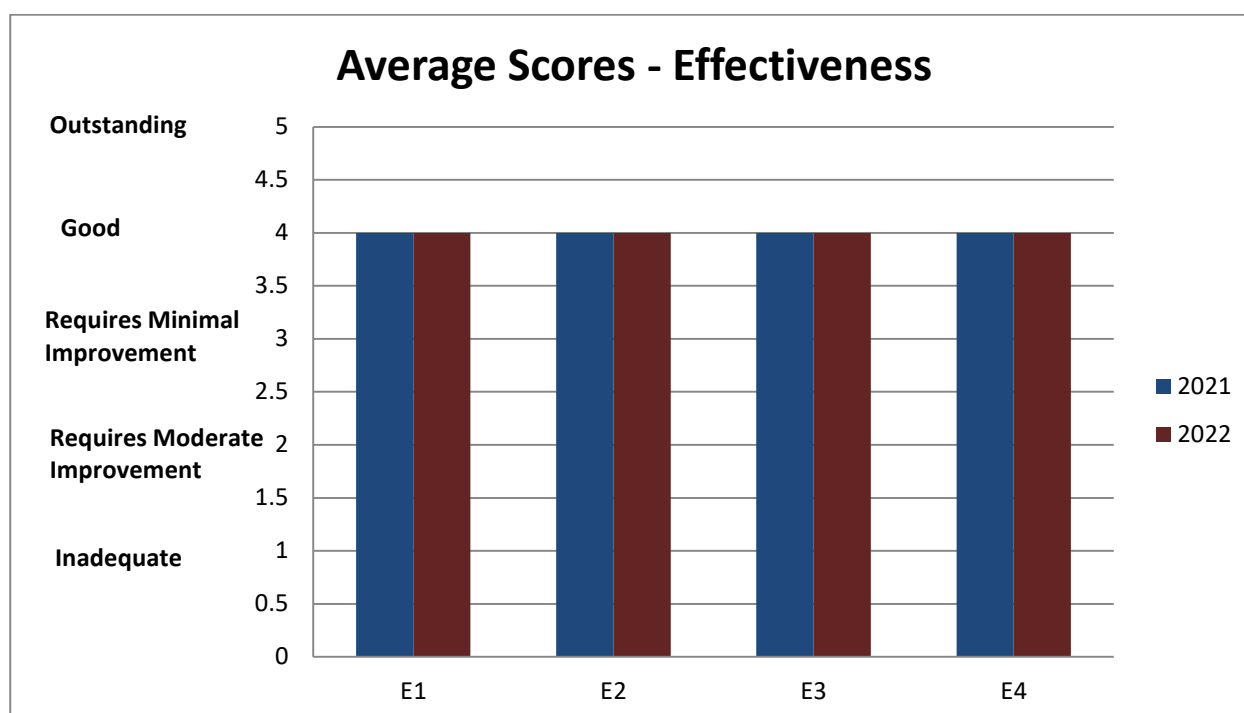
Overall the Efficiency domain maintained a score of 'Good' with 'Outstanding' within Performance Management (F1). This was supported with robust evidence such as the Estates & Facilities Directorate Key Performance Indicator (KPI) dashboard, Business Intelligence (BI) budget reports, Estates Return Information Collection (ERIC) and structured review meetings such as Estates Risk Management Working Group, Facilities Risk Management Working Group and E&F Compliance Risk Assurance Committee (CRAC).

5.5.1 Scores within this domain are supported through use of the various tools to analyse performance including ERIC, PAM and internal audits. Effective processes are also in place to investigate and implement improvement opportunities through partnership working with West Yorkshire Association of Acute Trusts (WYAAT), National Association of Healthcare Fire Officers (NAHFO), West Yorkshire Combined Authority (WYCA), Health Estates and Facilities Management Association (HEFMA), Institute of Healthcare Engineering and Estate Management (IHEEM), Bradford Metropolitan District Council (BMDC), Association of Healthcare Cleaning Professionals (AHCP), Crown Commercial Services (CCS), Clinical Engineering Northern Region Medical Device Management Group etc.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## 5.6 Effectiveness

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
E1	A Clear Vision and Credible Strategy to Deliver Good Quality Estates & Facilities Services
E2	A Well Managed Approach to Town Planning
E3	A Well-Managed Robust Approach to Management of Land and Property
E4	Suitable Sustainability Approach

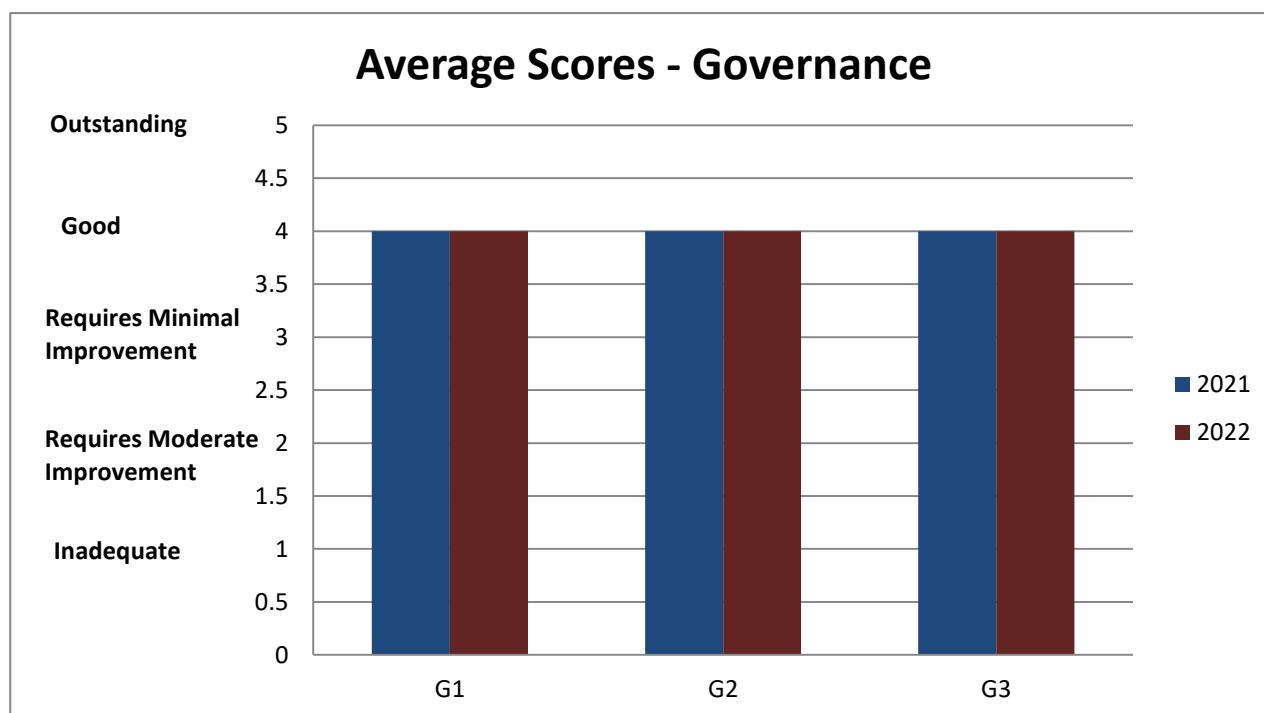


The Effectiveness domain maintained an overall score of 'Good'. Improvement opportunities were identified against the Suitable Sustainability Approach SAQ (E4) in regards to developing an action plan detailing how we plan to reduce air pollution and reviewing compliance with the NHS England Quarterly return in relation to having a climate change adaptation plan and nominated lead accountable for adaptation planning and management.

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item	Bo.9.22.24

## 5.7 Organisational Governance

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
G1	Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and manage
G2	Estates and Facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality estates and facilities services
G3	The Organisations Board has access to professional advice on all matters relating to Estates and Facilities service



The Trust has an effective corporate risk management process in place and evidence provided within this section supported maintenance of a 'Good' overall organisational governance rating for 2022.

General note:

As part of the overall PAM application process, estimated costs were also developed by participants, where applicable, to give an understanding of the potential revenue and/or capital investment required to improve future PAM scores and ratings.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>22 September 2022</b>	<b>Agenda item</b>	<b>Bo.9.22.24</b>

<b>6</b>	<b>CONCLUSION</b>
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- 6.1 Implementation of the 2022 NHS PAM provides an overall classification of 'Good' assurance regarding management of estates and facilities services for Bradford Teaching Hospitals NHS Foundation Trust.
- 6.2 Where gaps have been identified as part of the process, action plans have been developed to ensure that improvement opportunities are managed to achieve continuous improvement.

<b>7</b>	<b>RECOMMENDATION</b>
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- 7.1 It is recommended that the Trust Board:
  - a) Note continued progress in re-application of the PAM for 2022.
  - b) Acknowledge that PAM data has been approved by the Director of Estates & Facilities and members of the E&F Leadership team in readiness for submission onto the NHS England platform by the 9 September 2022 deadline.