

Meeting Title	Open Board of Directors		
Date	21 September 2023	Agenda item	Bo.9.23.24

PREMISES ASSURANCE MODEL (PAM) PROGRESS REPORT – JULY 2023

Presented by	Chris Davies, Deputy Director of Estates & Facilities		
Author	Annette Binns, Head of Business Management Emma Rollinson, E&F Business Administration Manager		
Lead Director	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Purpose of the paper	Premises Assurance Model - Progress Report 2023		
Key control	Strategic Objective 1 to provide outstanding care for patients		
Action required	To note		
Previously discussed at/ informed by	E&F Compliance Risk Assurance Committee (CRAC)		
Previously approved at:	Academy/Group	Date	
	E&F Compliance Risk Assurance Committee (CRAC)	2.8.23	
	Executive Team Meeting	21.9.23	

Summary & Background

The Director of NHS Estates & Facilities confirmed the requirement to adopt the Premises Assurance Model as a mandatory requirement from 1 April 2018 in a letter to all Directors of Estates on 15 March 2018.

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.

The Trust has consistently completed application of the PAM since 2018, and to ensure an accurate baseline was established at that time, the process was undertaken with the aid of an independent 3rd party assessor to ensure impartiality.

The process was further audited in 2021 and achieved 'High' assurance status.

Analysis 2023

The purpose of this report is to:

- a) Confirm that re-assessment of the PAM model for 2023 demonstrates maintenance of an overall rating of 'Good' for each of the five domains for the Trust:
 - Safety (Hard and Soft)
 - Patient Experience

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- 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 note the continued progress in re-application of the mandatory NHS PAM for 2023 and submission to NHS England in accordance with the 8 September 2023 deadline.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					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)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
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"/>

Risk Implications (see section 5 for details)	Yes	No
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"/>

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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <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
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Premises & Equipment
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

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

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PREMISES ASSURANCE MODEL (PAM) PROGRESS REPORT – JULY 2023

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 SUMMARY & BACKGROUND

The Director of NHS Estates & Facilities confirmed the requirement to adopt the Premises Assurance Model as a mandatory requirement from 1 April 2018 in a letter to all Directors of Estates on 15 March 2018.

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.

The Trust has consistently completed application of the PAM since 2018, and to ensure an accurate baseline was established at that time, the process was undertaken with the aid of an independent 3rd party assessor to ensure impartiality.

The process was further audited in 2021 and achieved 'High' assurance status.

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.

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- c) Provide a comparison of the year on year overall compliance level within each domain.

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:

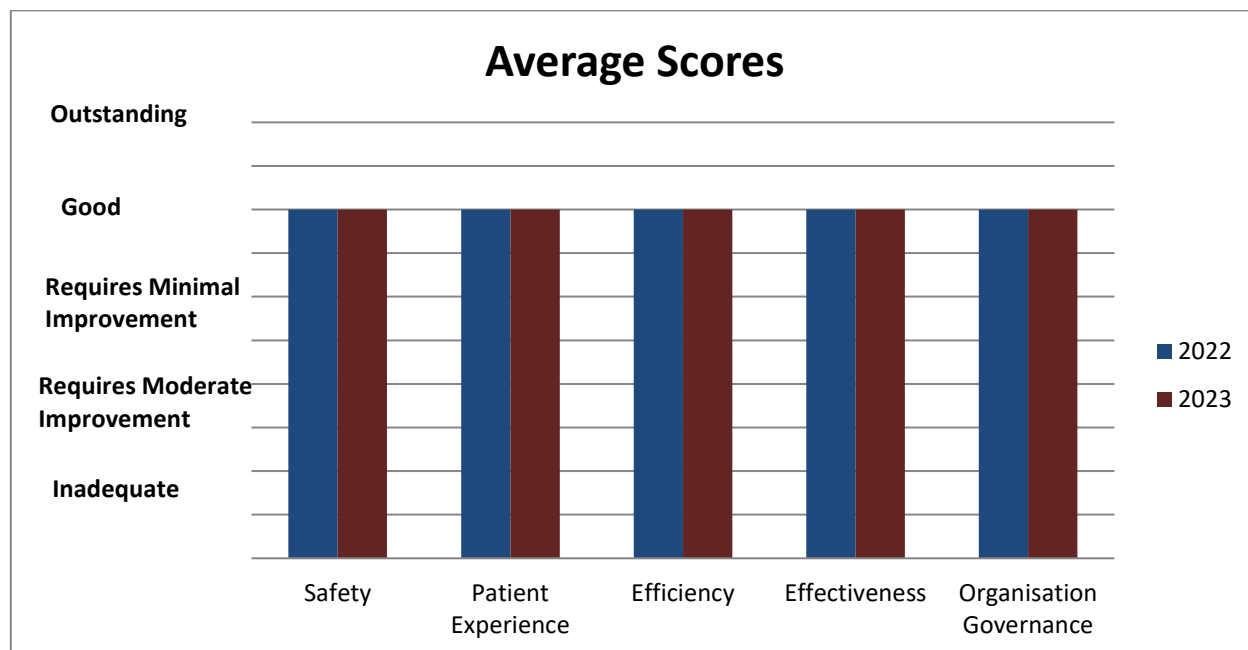
Outstanding	Compliant with no action required, evidence of high-quality services and innovation.
Good	Compliant with no action required.
Requires Minimal Improvement	The impact on service users, visitors and/or staff is low.
Requires Moderate Improvement	The impact on service users, visitors and/or staff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

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5 APPLICATION OF THE NHS PAM MODEL 2023

This section of the report provides a detailed overview in terms of scores, continued progress and implementation of NHS PAM for 2023.

5.1 Summary of NHS PAM Model 2023 – The Five Domains:



- 5.1.1 Re-assessment of the PAM model for 2023 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 During the 2023 implementation cycle, improvements were achieved in the Safety Hard, Safety Soft and Patient Experience 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, supporting continual improvement.
- 5.1.4 Analysis of the DoH England PAM tool has identified several changes to the SAQs for 2023. These have been incorporated into the latest review and the amendments are confirmed as follows:

SAQ	Amendment
SH20 – Healthcare Safety Investigation Branch	New SAQ for 2023, this SAQ will only apply once the new Medical Gas qualifications and framework is published, release date to be confirmed. This SAQ has been marked as N/A for the 2023 submission.
SS1 – Catering Services	An additional 14 questions included within this SAQ relating to National Standards for Healthcare Food & Drink 2022.
SS4 – Cleanliness & Infection Control	An additional 6 questions included within this SAQ relating to National Standards for Healthcare Cleanliness 2021.

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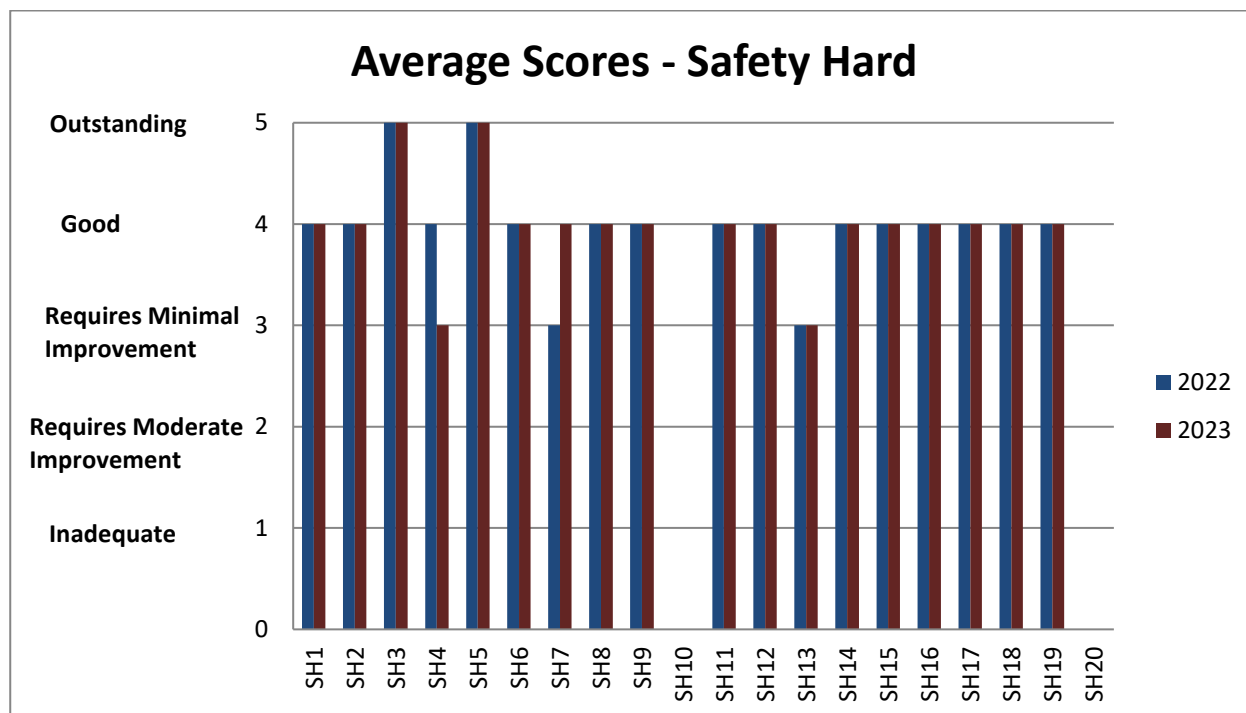
SS10 – Telephony & Switchboard	Title of this SAQ amended to 'Estates IT and Building Information Management (BIM) systems'. Whilst the narrative of the SAQ title has changed the scope remains unchanged.
F2 – Improved Efficiency	Wording amended to include "is this in line with the ICS infrastructure strategy?" in relation to having a well-managed approach to improved efficiency in running Estates & Facilities services.
E1 – Clear Vision & Credible Strategy	Wording amended to include "is this in line with the ICS infrastructure strategy?" in relation to having a clear vision and credible strategy to deliver good quality Estates & Facilities services.

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	SH11	Ventilation, Air Conditioning and Refrigeration Systems
SH2	Design, Layout and Use of Premises	SH12	Lifts, Hoists and Conveyance Systems
SH3	Estates and Facilities Document Management	SH13	Pressure Systems
SH4	Health & Safety at Work	SH14	Fire Safety
SH5	Asbestos	SH15	Medical Devices and Equipment
SH6	Medical Gas Systems	SH16	Resilience, Emergency and Business Continuity Planning
SH7	Natural Gas and Specialist Piped Systems	SH17	Reporting and Implementing Estates and Facilities issues within Safety-Related Systems
SH8	Water Systems	SH18	Safety and Suitability of Community Properties
SH9	Electrical Systems	SH19	Contractor Management
SH10	Mechanical Systems e.g. Lifting Equipment. <i>Please note this SAQ has been addressed and included within SAQ SH12.</i>	SH20	Healthcare Safety Investigation Branch

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Safety - Hard Facilities Management maintained an overall score of 'Good' with 'Requires Minimal Improvement' in two key areas:

- 5.2.1 **(SH4) Health & Safety** – In order to improve the score it was identified that an additional resource would be required to manage and maintain E&F H&S risk assessments and review/investigation of incidents. A review is being undertaken of the local induction process to ensure all H&S related information is provided and process understood for all new starters.
- 5.2.2 **(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.
- 5.2.3 Improvements were identified as follows:
- **(SH7) Natural Gas & Specialist Piped Systems** – Finalisation and publication of the policy has taken place.
- 5.2.4 While the overall scores for the following SAQs were maintained, the following improvement actions have been taken to maintain status:
- **(SH1) E&F Operational Management** – Policy for the Management of the Trust's Estate has been finalised and approved.
 - **(SH8) Water Safety** – Authorised Person from the Capital Team appointed and incorporated as part of the Water Safety Working Group.
 - **(SH13) Pressure Systems** – Accurate written scheme of examination in conjunction with British Engineering Services for all pressure systems has been produced. This

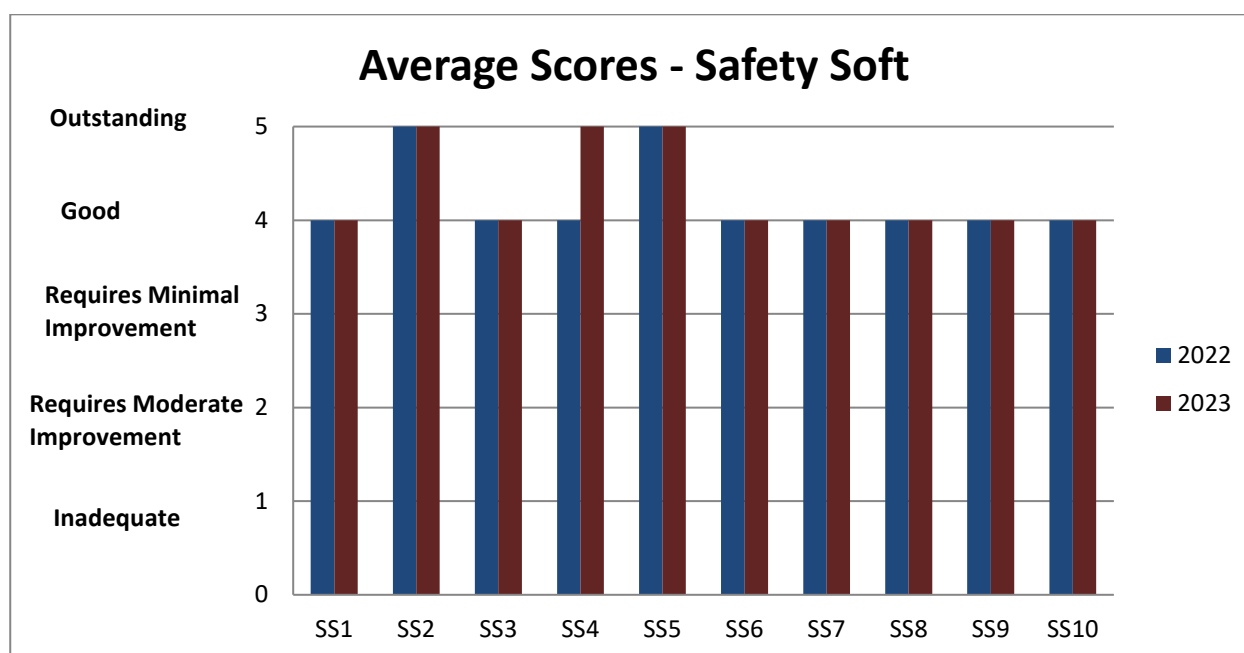
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will be used as reference for both BTHFT and insurers, identifying kit, protective devices, frequency of inspections and inspection expectations.

- **(SH14) Fire Safety** – New Fire Safety Team has been appointed new procedure is now in place to proactively rectify and monitor the status of any issues/defects identified during risk assessments.

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	Estates IT and Building Information Management (BIM) Systems



Safety – Soft Facilities Management maintained an overall score of ‘Good’ with ‘Outstanding’ for Decontamination Processes (SS2), Cleanliness & Infection Control (SS4) and Laundry & Linen Services (SS5).

5.3.1 Improvements have been achieved for:

- **(SS4) Cleanliness & Infection Control** – All requirements in relation to policy and procedures are in place and adhered to, all necessary risk assessments are in place and regularly reviewed. Additional questions for 2023, relating to cleaning standards

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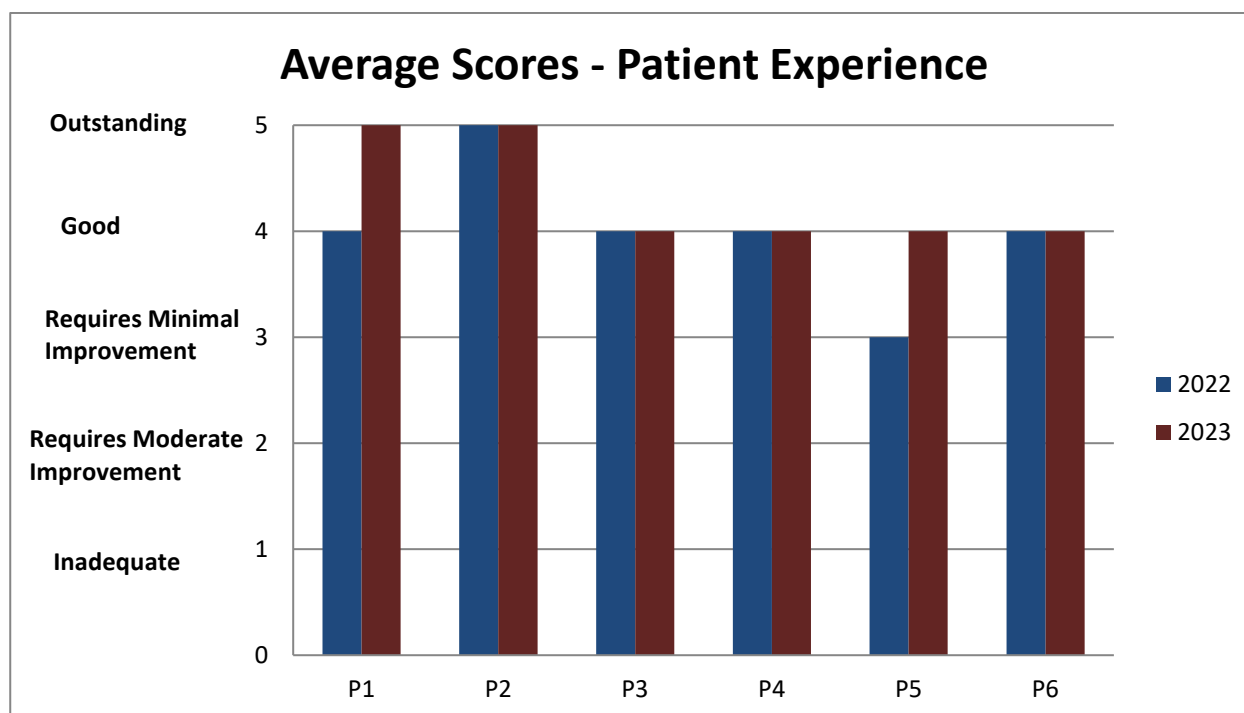
have scored well which has been instrumental in improving this SAQ score from 'Good' to 'Outstanding'.

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

- **(SS10) Estates IT and Building Information Management (BIM) Systems** – Dated bleep system has now been replaced and a new maintenance contract is in place providing improved reliability and increased device capability. Switchboard information folders have also been established to help share learning, provide useful information and make relevant policies and procedures more visible to the switchboard team.

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



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

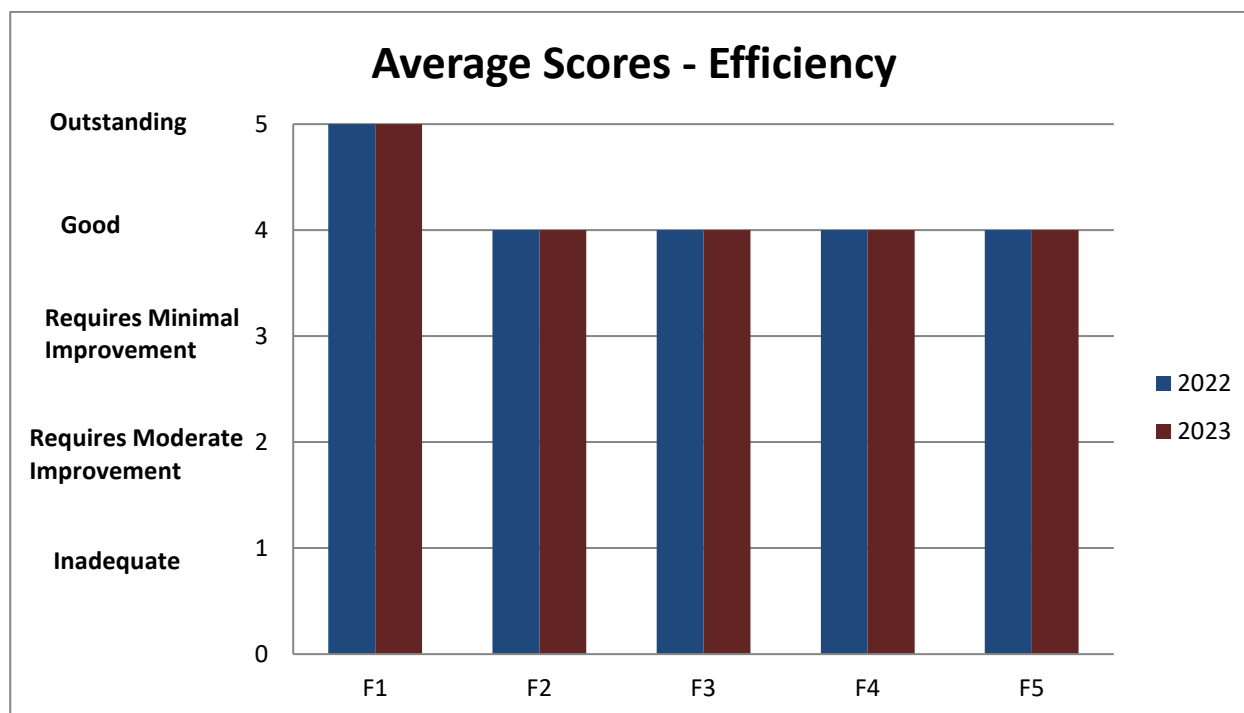
5.4.2 Improvements were identified in the following SAQs:

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- **(P1) Patient, Staff and Visitors Engagement and Involvement** – in addition to views and experiences of staff being taken into consideration throughout the transformation project, engagement with the Organisational Development team has helped to improve engagement with Facilities staff over the last 12 months.
- **(P5) Provision of High Quality Environment in Relation to Grounds & Gardens** – Reinstatement of PLACE assessments following the pandemic and rectification work carried out on the roadway outside A&E (identified through PLACE) has improved this score.

5.5 Efficiency

SAQ Code	Self-Assessment Question – Is the Organisation safe and compliant with well managed systems in relation to:
F1	Management of Estates & Facilities Operations
F2	Efficiency of Estates & Facilities Services
F3	Improved Efficiencies in Capital Procurement, Refurbishment and Land
F4	Financial Controls, Procedures & Reporting
F5	Improvement & Sustainability



5.5.1 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 an established risk management structure supporting governance arrangements within the Directorate.

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5.5.2 While the overall scores remained the same as 2022, the following improvement action has been taken to maintain status:

- **(F2) Efficiency of Estates & Facilities Services** – Estates strategy 2023-2030 has been developed. There is now an E&F representative at Waste Reduction Meetings and the ERIC & Model Hospital data is reviewed to identify further potential CIP/service improvement opportunities.

5.5.3 Scores within this domain are supported through use of 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), Healthcare Cleaning Association (HCA), National Security Membership Group (NAHS), Crown Commercial Services (CCS), Clinical Engineering Northern Region Medical Device Management Group etc.

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



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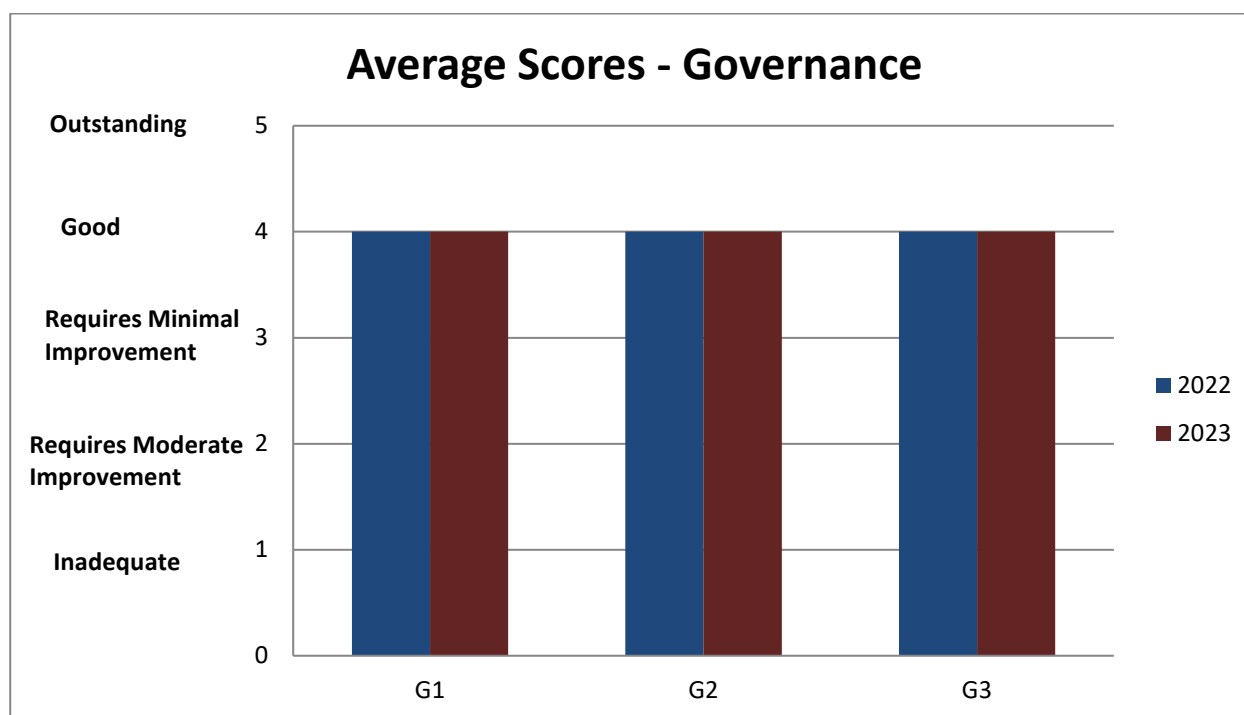
5.6.1 The Effectiveness domain maintained an overall score of 'Good'.

5.6.2 The following improvement action has been taken to maintain status:

- **(E4) Suitable Sustainability Approach** – 'Social Value' assessment criteria is now firmly embedded within Invitation to Tender (ITT) documentation.

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



5.7.1 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 2023.

5.7.2 While the overall scores were maintained, the following acknowledgements were made:

- **(G1) Governance Framework** – The SAQ membership agreed that E&F are supporting a robust governance framework in respect of monitoring, audit and mitigation to the best of their ability.

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- **(G3) Professional Advice** – The SAQ membership agreed that E&F are doing their utmost to ensure E&F related professional advice services requirements are identified and that mechanisms are in place to ensure appointment of suitably qualified staff.

6 INVESTMENT SUPPORTING DELIVERY OF ACTION PLANS

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.

7 SUPPLEMENTARY ANALYTICAL PLATFORM

- 7.1 During August 2022 a Premises Assurance Model (PAM) analytics platform was released. The platform enables NHS organisations to review their own score submissions and benchmark both locally and nationally across all of the domains within the PAM.
- 7.2 It is anticipated that regulatory inspection bodies may interrogate this facility to establish organisational reporting status, e.g. Care Quality Commission (CQC).
- 7.3 Data currently available on the platform reflects reporting up to 31 March 2022, and as such has not been included within the body of this report.

8 CONCLUSION

- 8.1 Implementation of the 2023 NHS PAM provides an overall classification of 'Good' assurance regarding management of estates and facilities services for Bradford Teaching Hospitals NHS Foundation Trust.
- 8.2 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.

9 RECOMMENDATION

- 9.1 It is recommended that the Trust Board note the continued progress in re-application of the mandatory NHS PAM for 2023 achieving the overall status of 'Good' and submission of data to NHS England in accordance with the 8 September 2023 deadline.

AJB/CD
8.9.23