

Premises Assurance Model

NHS PAM structure and content

The NHS PAM has two distinct but complimentary parts:

- **Self assessment questions** (SAQs) supporting quality and safety compliance
- **Metrics**: supporting efficient use of the estate

Self Assessment Questions (SAQs) are spread over **five domains** with a sub set of questions known as **prompt** questions

Effectiveness

Efficiency

Patient Experience

Safety

Organisational Governance

NHS PAM 2014 Scoring/Rating

Prompt questions are scored/rated based on the following options

Outstanding	compliant with no action plus evidence of high quality services and innovation
Good	compliant no action required
Requires minimal improvement	the impact on people who use services, visitors or staff is low
Requires moderate improvement	the impact on people who use services, visitors or staff is medium
Inadequate	Inadequate: action is required quickly, the impact on people who use services, visitors or staff is high
Not applicable	Not applicable to that service

Relevant guidance and legislation: Policies, procedures, working practises etc. should comply with any relevant guidance and legislation.

Evidence should demonstrate: The approach (policies, procedures etc.) are understood, operationally applied, adequately recorded, reported on, audited and reviewed.



Car Parking



Transport



Catering Services



Portering Services



Domestic Services



Linen Services



Pest Control



Switchboard Services

Patient Experience Domain

SAQ code	Self-Assessment Question - Does your organisation:
PE1	Involve patients, the public and Commissioners in shaping estates and facilities services, as well as gathering and using their experiences of estates and facilities services?
PE2	Ensure that patients, staff and visitors perceive that the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory?
PE3	Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?
PE4	Ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?
PE5	Ensure that access and car parking arrangements meet the reasonable needs of patients, staff and visitors and are effectively managed at all times?
PE6	Ensures that safe, effective Porterage Services are provided that meet the needs of patients and the organisation, consistent with all relevant guidance and legislation?
PE7	Ensure that the Telephony & Switchboard service is provided efficiently, professionally and courteously within agreed target response times?

Patient Experience Domain Prompt Qs

Domain Statement: 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.		2019-20		2019-20		Excellence should demonstrate	Relevant guidance and regulations	Capital cost for equipment (2019-20)	Revenue expenditure (2019-20)	Other notes
SNM	RAF SMO	Prompt Question	Prompt question 500 rating: 10 SMO	Prompt question 500 rating: 10 SMO	Prompt question 500 rating: 10 SMO	The approach (practice, procedure etc.) is robust, specifically applied, adequately covered, reported on, audited and reviewed.	The relevant should demonstrate compliance with the requirements in relevant legislation and guidance.			Free text field - free field can be used as applying format self service
P1. Involve patients, the public and Commissioners in shaping routes and facilities services, as well as gathering and using their experience of routes and facilities services?	Applicable	<p>With regard to Patients, public and commissioners involvement see the organisation evidence the following:</p> <ol style="list-style-type: none"> 1. Does the organisation routinely involve patients, the public and commissioners in understanding their views and experience of routes and facilities? 2. How patients, the public and commissioners involved in the planning, monitoring and design of routes and facilities services? 3. Does the organisation routinely review and act on the evidence from patients, the public and commissioners about the quality of routes and facilities? 4. If the organisation has any inadequate or negative (under or mixed) improvement ratings in this SMO, are there risk assessed action plans in place to achieve compliance, reflecting feedback from patients, the public and commissioners? 	2. Good	Not applicable	2. Good	<ol style="list-style-type: none"> 1. Documenting evidence relevant to the prompt question e.g. evidence of patient involvement. 2. Engagement process and methodology 3. Surveys and questionnaires 4. Focus Groups 5. Engagement feedback influencing service developments and improvements 6. Internal structure in monitor and action feedback 7. Reference to specifically rating 8. Feedback to stakeholders and patients 	<ol style="list-style-type: none"> 1. NHS England Transforming Participation in Health and Care - September 2019 2. The King's Fund Research Paper: Patient Engagement and Leadership 3. The King's Fund Research Paper: The Quality of Patient Engagement and Involvement in Primary Care 2018 			
P2. ensure that patients, staff and visitors perceive that the facilities, appearance, maintenance and pricing and dignity of the route is satisfactory?	Applicable	<p>With regard to the facilities, appearance, maintenance and pricing and dignity of the route see the organisation evidence the following:</p> <ol style="list-style-type: none"> 1. The organisation has completed the PLACE assessment relating to the care environment (route) and related pricing and dignity issues, for all relevant sites and published a local improvement plan. 2. In those regions/primary, additional to PLACE assessments, in those patients and visitors satisfaction with the route and related pricing and dignity issues and in action taken as the result? 3. Patients, visitors and staff know who to contact for issues relating to the route and there is a robust procedure for dealing with such complaints. 4. If the organisation has any inadequate or negative (under or mixed) improvement ratings in this SMO, are there risk assessed action plans in place to achieve compliance, reflecting feedback from patients, the public and commissioners? 	1. Outstanding	Not applicable	1. Outstanding	<ol style="list-style-type: none"> 1. Documenting evidence relevant to the prompt question e.g. evidence of patient involvement. 2. Engagement process and methodology 3. Surveys and questionnaires 4. Focus Groups 5. Engagement feedback influencing service developments and improvements 6. Internal structure in monitor and action feedback 7. Reference to specifically rating 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations 11. Patient, visitor and staff checker 12. PLACE training 13. Benchmarking, KPIs and peer comparison process 14. Monthly reporting of breaches of mixed or unsatisfactory guidance 15. Meetings and dialogue with COC identifying improvements 	<ol style="list-style-type: none"> 1. Health Outcomes 'Care and Complaints' report 2. National Inpatient Survey 3. Commission for dignity in Care for older people 'delivering dignity' report 4. Patient Satisfaction: Patients and members, People and staff 5. Joint Committee on Human Rights 'The Human Rights of Older People in hospitals' 6. Mixed Use accommodation guidance 7. MSCC Health and Social Care Information Group Patient Led Recommendations of the Care Environment PLACE - England - 2019 Experimental Statistics (September 2019) 			
P3. ensure that patients, staff and visitors perceive cleanliness to be satisfactory?	Applicable	<p>With regard to Cleanliness and cleanliness see the organisation evidence the following:</p> <ol style="list-style-type: none"> 1. The organisation has completed the PLACE assessment relating to cleanliness for all relevant sites and published a local improvement plan. 2. In those regions/primary, additional to PLACE assessments, in those patients and visitors satisfaction of the cleanliness and in action taken as the result? 3. Cleaning Schedules are publicly available 4. Patients, visitors and staff know who to contact for cleaning issues and there is a robust procedure for dealing with such complaints 4. If the organisation has any inadequate or negative (under or mixed) improvement ratings in this SMO, are there risk assessed action plans in place to achieve compliance, reflecting feedback from patients, the public and commissioners? 	1. Outstanding	Not applicable	1. Outstanding	<ol style="list-style-type: none"> 1. Documenting evidence relevant to the prompt question e.g. evidence of patient involvement. 2. Engagement process and methodology 3. Surveys and questionnaires 4. Focus Groups 5. Engagement feedback influencing service developments and improvements 6. Internal structure in monitor and action feedback 7. Reference to specifically rating 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations 11. Patient, visitor and staff checker 12. PLACE training 13. Benchmarking, KPIs and peer comparison process 14. Monthly reporting of breaches of mixed or unsatisfactory guidance 15. Meetings and dialogue with COC identifying improvements 	<ol style="list-style-type: none"> 1. Department of Health (2019) Patient Led Recommendations of the Care Environment Department of Health (2019) 2. Infection Control (MDH 18-03) 2019 3. Department of Health (2019) NHS 57482019 Specifications for the planning, application and management of cleanliness in hospitals 4. Care Quality Commission (2018) Essential Standards of Quality and Safety 5. Department of Health (2018) The Code of Practice on the Prevention and Control of Infections and Related Guidance 6. Department of Health (2018) Health and Social Care Act 2008 (Regulated Activities) Regulations 2018 7. Association of Healthcare Cleaning Professionals (AHCP) (2018) Colour Coding Hospital Cleaning Materials and Equipment - Safe Practice Matters 15 8. AHCP The Revised Healthcare Cleaning Manual (2018) 9. National Patient Safety Agency (2007) The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes 10. Department of Health (2004) Setting Line & Culture programme to reduce healthcare associated infection including HRS6 11. Department of Health (2004) Towards cleaner hospitals and better value of infection 12. Department of Health (2004) A Patient's Charter: The Action Plan for Cleaner Hospitals 13. NHS Estates (1997) Health Building Note 4 to Patient Recommendations: Options for Choice (RH04) 14. Health and Safety at Work Act 1974 			
		<p>With regard to the quality of Cleaning see the organisation evidence the following:</p> <ol style="list-style-type: none"> 1. The organisation provides a roster of activities and applying food and hygiene, to sufficient quantities to meet patients needs 2. Food and hygiene needs are reasonable 	2. Good	Not applicable	<ol style="list-style-type: none"> 1. Documenting evidence relevant to the prompt question e.g. evidence of patient involvement. 2. Engagement process and methodology 	<ol style="list-style-type: none"> 1. Care Quality Commission (2018) Essential Standards of Quality and Safety, Outcome 5, Meeting National needs 2. NHS Estates (2011) Reducing Food Waste in the NHS Department of Health, Better Hospital Food 3. NHS Estates - Protected Meals 2004 				


Self Assessment Questions (SAQ)

Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?





With regard to Cleaning and cleanliness can the organisation evidence the following:

Prompt Questions

The organisation has completed the **PLACE** assessment relating to cleanliness for all relevant sites and **published a local improvement plan?**



Patient-led assessments of the care environment Organisational questions – food and drink – Treatment Centres








Results of the 2014 - Patient Led Assessment of the Care Environment (PLACE)

Quality and Healthcare Governance Committee

September 2014

www.cddft.nhs.uk
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PLACE assessments were undertaken for each of the in-patient sites operated by CDDFT. The areas assessed by site are detailed in Appendix 4. Table 5 illustrates the final results for CDDFT's individual sites set against the national average.

Table 5: CDDFTs Individual Site Scores

	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food and Hydration Overall	Ward Food Score	Organisation Food Score
National Average Score	97.25%	91.97%	87.73%	88.79%	90%	86.1%
Bishop Auckland Hospital	99.76% ↑	94.08% ↑	92.56% ↑	90.59% ↑	93.85% ↑	85.89% ↓
Chester Le Street Community Hospital	100% ↑	98.11% ↑	85.00% ↓	91.95% ↑	100% ↑	85.89% ↓
Darlington Memorial Hospital	99.74% ↑	95.19% ↑	90.75% ↑	94.09% ↑	95.94% ↑	87.70% ↑
Richardson Hospital	99.81% ↑	97.50% ↑	96.23% ↑	93.75% ↑	96.67% ↑	90.85% ↑
Sedgefield Community Hospital	100% ↑	97.84% ↑	89.93% ↑	94.25% ↑	99.32% ↑	88.75% ↑
Shotley Bridge Community Hospital	98.94% ↑	94.52% ↑	84.92% ↓	91.91% ↑	96.94% ↑	86.45% ↑
University Hospital North Durham	98.05% ↑	94.14% ↑	90.74% ↑	94.38% ↑	97.78% ↑	84.21% ↓
Weardale Community Hospital	100% ↑	97.14% ↑	87.60% ↓	95.36% ↑	100% ↑	89.80% ↑

Scores highlighted in green indicate above the national average score.
Scores highlighted in red indicate below the national average score.

PLACE 2014 Results – AMO/September 2014



3. CDDFT Results

Table 4 illustrates the final results for County Durham and Darlington NHS Foundation Trust (CDDFT) overall organisation score set against the national average for each of the four domains.

Table 4: CDDFTs Overall Organisation Score

	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food
National Average Score	97.25%	91.97%	87.73%	88.79%
County Durham and Darlington NHS Foundation Trust	99.09% ↑	94.87% ↑	90.86% ↑	93.69% ↑


The overall organisational scores for the Trust are above the national average across all assessment criteria.

A fundamental part of assessments is the inclusion of lay assessors known generically as Patient Assessors. In this regard there are two specific conditions which organisations are requested to ensure:-

- 1) That there never be fewer than two patient assessors in any assessment team (or sub-team where assessment teams are split into more than one e.g. due to the hospital's size).
- 2) That the ratio between staff and patient assessors never be less than 50/50. This ratio can be increased in favour of patient assessors but should not be increased in favour of staff assessors.

The assessors are listed in Appendix 3.

PLACE 2014 Results – AMO/September 2014



4. Northern Region Acute Trusts Organisational Scores

Table 7 illustrates the results for Northern Region Acute Trusts organisational scores set against the national average.

Table 7: Northern Region Acute Trusts Organisational Scores

	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food and Hydration
National Average Score	97.25%	91.97%	87.73%	88.79%
County Durham and Darlington NHS Foundation Trust	99.09%	94.87%	90.86%	93.69%
Northumbria NHS Foundation Trust	96.97%	95.85%	91.46%	92.37%
The Newcastle Hospitals NHS Foundation Trust	99.87%	94.22%	93.55%	92.09%
Gateshead NHS Foundation Trust	99.64%	94.33%	90.79%	89.14%
North Tees and Hartlepool NHS Foundation Trust	98.40%	93.46%	86.90%	84.49%
Sunderland NHS Foundation Trust	99.61%	96.69%	94.32%	96.50%
South Tyneside NHS Foundation Trust	97.88%	92.69%	90.32%	91.85%
South Tees NHS Foundation Trust	98.61%	95.69%	88.41%	90.52%

Scores highlighted in green indicate above CDDFT organisational score.
Scores highlighted in red indicate below CDDFT organisational score.

PLACE 2014 Results – AMO/September 2014

Self Assessment Questions (SAQ)

Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?

With regard to Cleaning and cleanliness can the organisation evidence the following:

Prompt Questions	Patients, visitors and staff know who to contact for cleaning issues and there is a robust procedure for dealing with such complaints?
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Introduction

The Facilities Team are committed to providing a clean environment for patients, staff and visitors by setting standards using the Health Care Cleaning Manual and the code of practice for the prevention and Control of Healthcare Associated Infection.

Cleaning Frequencies

Each ward and clinical department has a detailed Cleaning Responsibility Framework that identifies areas, items to be cleaned and how often they are to be cleaned. Each ward has a copy of their full detailed specification.

The Trust has its own dedicated Deep Clean Team. Wards and Departments are cleaned annually and as required, we also use new technology - Hydrogen Peroxide Vapour.

Monitoring of Cleaning Standards

Quality Monitoring of both cleanliness and the environment is carried out in a number of ways:
Annual Patient Led Assessment of the Care Environment (PLACE) Inspection
Weekly/Monthly Cleanliness Technical Monitoring Audits and
Daily Spot Checks

The Facilities Team also use the results from the following to measure patient and service users views of the cleaning service provided :

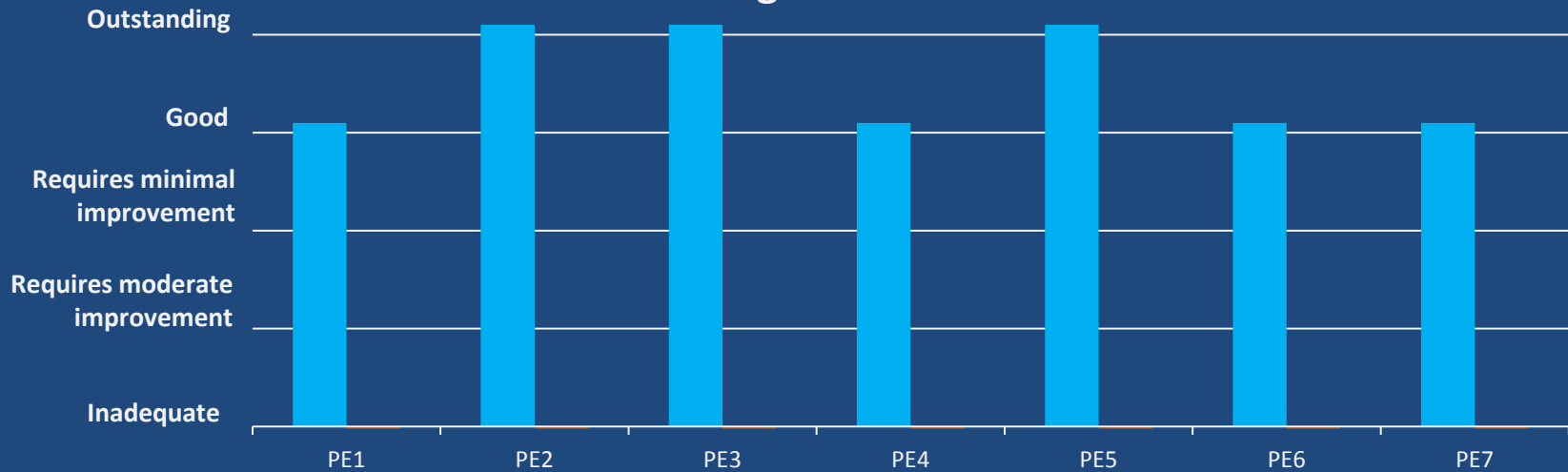
Family and Friends Test, Annual Patient Survey and Post Discharge Survey Results
Compliments and Complaints

We would also welcome and encourage you to pass on your comments, suggestions and concerns about any issues relating to hospital cleaning. You can do this by contacting the Associate Director of Facilities on 01325 743070.

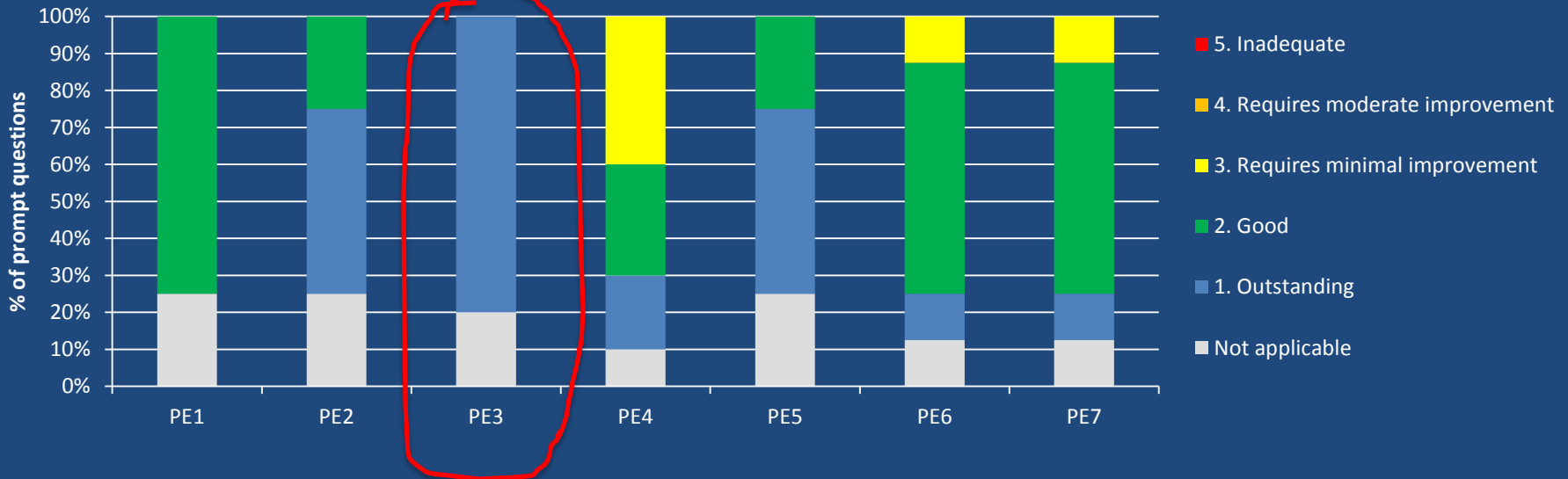


Output from PAM – SAQs/Prompt questions

Average scores



Distribution of patient experience prompt questions (%) 2014-15



Safety Domain

SAQ code	Self Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
S1	Asset Management and Maintenance
S2	The Design and Layout of Premises
S3	Health & Safety at Work
S4	Catering Services
S5	Asbestos
S6	Medical Gas Systems
S7	Natural Gas and Other Non Medical Piped Gas Systems
S8	Water Systems
S9	Electrical Systems
S10	Mechanical Systems (e.g. Lifting Equipment)
S11	Ventilation Systems
S12	Lifts
S13	Pressure Systems
S14	Decontamination Processes
S15	Fire Safety
S16	Waste Management
S17	Cleanliness and Infection Control applying to Premises and Facilities
S18	Laundry and Linen Services
S19	Medical Devices and Equipment
S20	Security Management
S21	Resilience, Emergency and Contingency Planning
S22	Transport Services
S23	Pest Control
S24	Premises and Equipment issues identified in all relevant Safety-Related Reporting Systems
S25	Contractor Management
S26	Undertaking New Build and Refurbishment Works
S27	Safety and Suitability of Premises and Services, when the organisation is not responsible for the premises in which the care, treatment and support is delivered

Self Assessment Questions (SAQ)

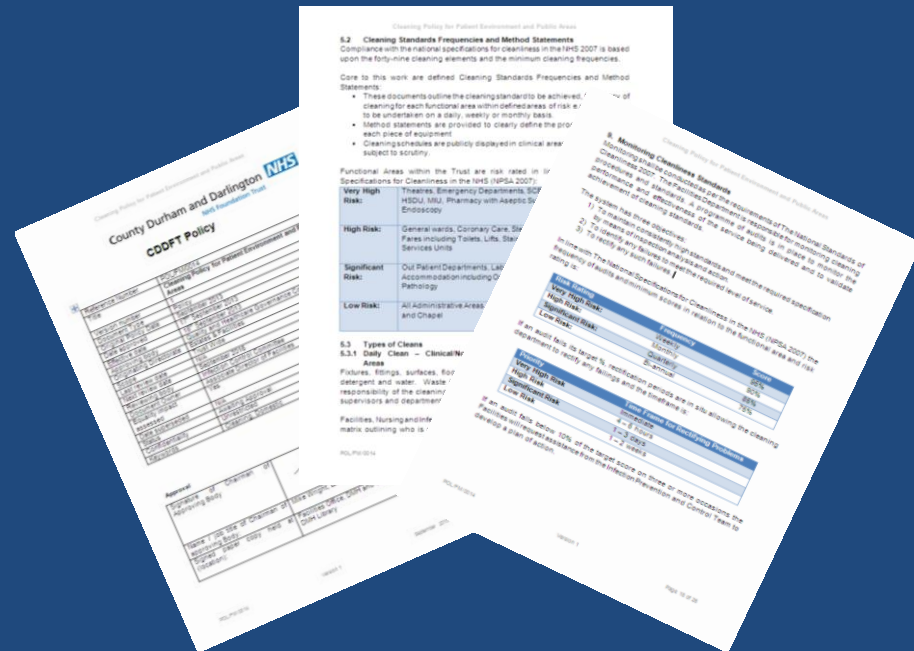
Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 1

Policy & Procedures - Does the Organisation have a current, approved **Policy** and an underpinning set of **procedures** that comply with relevant **legislation** and **published guidance**?

- Cleaning Policy
- Linen Bagging Policy – Curtain Changing
- Cleaning Method Statements
- Cleaning Responsibility Matrix
- Cleaning Schedules (public display)
- Cleaning Schedules (operational use)
- Colour Coding Guidance
- Cleaning Procedures:
 - Hydrogen Peroxide Decontamination Operational Protocol
 - Flushing Little Used Outlets
 - Cleaning a bed space



Self Assessment Questions (SAQ)


Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

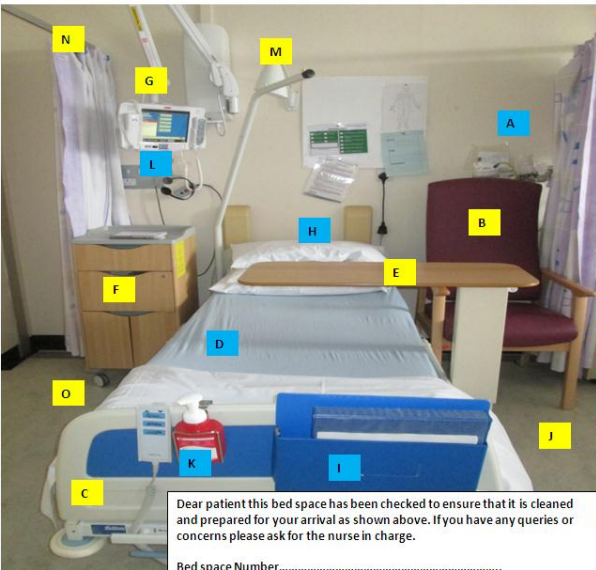
With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 2

Roles and Responsibilities - Does the Organisation have appropriately **qualified** and formally appointed people with **clear descriptions** of their **role and responsibility** which are well **understood**?

- Organisational Structure
- List of Roles
- Roles and Responsibilities Matrix
- Job Descriptions – each role
- Qualifications Matrix

WELCOME TO OUR WARD(BAH) County Durham and Darlington 
NHS Foundation Trust



		Date cleaned and signature
A	Suction, and Oxygen	
B	Chair	
C	Bedframe/handset	
D	Mattress	
E	Bedside table	
F	Bedside locker	
G	Patient entertainment system	
H	Pillows	
I	Patient document holder	
J	Floor	
K	Foam sanitiser check and replenish	
L	Nurse call bell	
M	Wall light	
N	Curtain rail	
O	Bed Base	

Dear patient this bed space has been checked to ensure that it is cleaned and prepared for your arrival as shown above. If you have any queries or concerns please ask for the nurse in charge.

Bed space Number.....

Date and Time.....

V31C Sept 13

Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 3

Statutory Requirements and Guidance - Has there been a review of all relevant **Statutory** requirements and **guidance**, a **risk assessment** undertaken and any necessary **risk mitigation strategies** applied and regularly reviewed?

- Cleaning Standards
- Risk Register
- Risk Assessments
- Health and Safety Awareness
- COSHH Awareness
- COSHH Assessments
- Incident Reporting

Safer practice notice 15
National Patient Safety Agency

Colour coding hospital cleaning materials and equipment

Colour coding of hospital cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross-infection.

The National Patient Safety Agency (NPSA) has developed a National Colour Coding Scheme for cleaning materials.¹ The recommendation is that all NHS organisations adopt this code as standard in order to improve the safety of hospital cleaning, ensure consistency and provide clarity for staff.

There is currently no single colour code in use across the NHS. The National Colour Coding Scheme is designed to standardise, and in some cases streamline, existing schemes. It will have minimal resource implications for the service.²

Cleaning materials and equipment that should be colour coded

All cleaning materials and equipment, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. The method used to colour code items should be clear, permanent and in accordance with existing local practice. The NPSA is happy to advise as necessary.

Materials and equipment that do not need to be colour coded

Cleaning products such as bleach and disinfectants do not need to be colour coded. Also, the code does not extend to catering equipment (for example, chopping boards and knives) where there is already a well-recognised and well-established procedure to ensure food hygiene and food separation issues are addressed.

Action for the NHS

The NPSA recommends that all NHS organisations providing inpatient services in England and Wales should:

- make a policy decision to adopt the National Colour Coding Scheme where existing practice differs. The national scheme is on page three of this notice.
- develop an action plan for introducing the National Colour Coding Scheme.
- raise awareness of any revised practice amongst healthcare staff.

For responses to:

- NHS organisations in England and Wales
- For advice to:
 - Chief Executives
 - The NHS Executive/Local NHS organisations/Trusts
 - Site managers
 - Clinical microbiology units (CMU)
 - Contracting/Supply Contracts
 - Senior or Facility managers, local contacts

The NPSA has consulted:

- Director of Infection
- Director of Public Protection and Control
- Director of Public Health and Safety
- Healthcare Improvement Agency
- NHS Purchasing and Supply Agency

Other health systems:

- Welsh Health Systems
- Health Service Commission
- Northern Ireland Health Authority
- Health Service Commission
- Hospital Contract Area (HCA) groups
- Quality Improvement Committee and QIPCC, Northern Ireland

Immediate action:
Action:
Update:
Information request:
Ref: NPSA/2007/15

Safer practice notice 15
Colour coding hospital cleaning materials and equipment
Page 3 of 4

National Colour Coding Scheme

Red Bathrooms, washrooms, showers, toilets, basins and bathroom floors	Blue General areas including wards, departments, offices and basins in public areas
Green Catering departments, ward kitchen areas and patient food service at ward level	Yellow Isolation areas

Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 4

Maintenance, Record Keeping and Asset Register - Are assets, equipment and plant adequately maintained with all **relevant records** (maintenance manuals, procedures, test certificates, etc.) available, up to date and kept in an appropriate manner including, where relevant, an up to date **asset register**?

- Asset register – List of Cleaning equipment
- Signed off Cleaning Schedules
- Completed Water Flushing Records
- Documented Cleaning Audits/Action plans



Table 3 National Standards of Cleanliness Scores Community Hospitals Quarter One

Community Hospitals	Service Provider	APRIL	MAY	JUNE
CLS DAY WARD	Robertsons	91%	89%	91%
SCH WARD 2	CDDFT in House Cleaning Team		87%	95%
RCH STARBUING WARD	CDDFT in House Cleaning Team	87%		93%
RCH LOWSON WARD	CDDFT in House Cleaning Team	88%		91%
Wardale	CDDFT in House Cleaning Team	96%		92%
SCH WARD	CDDFT in House Cleaning Team	95%		95%
SCH DAY WARD	CDDFT in House Cleaning Team			97%

Table 4 National Standards of Cleanliness Scores LHND Wards Quarter One

LHND Wards	Service Provider	APRIL	MAY	JUNE
WARD 1	CDDFT in House Cleaning Team	84%	87%	89%
WARD 2	CDDFT in House Cleaning Team	93%	93%	89%
WARD 3	CDDFT in House Cleaning Team	83%		90%
WARD 4	CDDFT in House Cleaning Team	89%	95%	88%
WARD 5	CDDFT in House Cleaning Team	98%	95%	98%
WARD 6	CDDFT in House Cleaning Team	96%	88%	89%
WARD 7	CDDFT in House Cleaning Team	91%	89%	90%
WARD 8	CDDFT in House Cleaning Team	91%	94%	88%
WARD 9	CDDFT in House Cleaning Team	98%	95%	98%
WARD 10	CDDFT in House Cleaning Team	92%	82%	92%
WARD 11	CDDFT in House Cleaning Team	86%		92%
WARD 12	CDDFT in House Cleaning Team	86%		95%
WARD 13	CDDFT in House Cleaning Team	85%	85%	91%
WARD 14	CDDFT in House Cleaning Team	89%	89%	92%
WARD 15	CDDFT in House Cleaning Team	89%	88%	89%
WARD 16	CDDFT in House Cleaning Team	88%	88%	91%
CCU	CDDFT in House Cleaning Team	93%	95%	95%
SCBU	CDDFT in House Cleaning Team	95%	95%	97%
Monthly Average Total		86%	90%	82%

Site Room No	DMH Room Type	Level	Items in Room	4 Outlet Type to be Flushed	Ward				Drawing Ref No	Action: Domestic Services Manager
					Date: Tuesday		Date: Thursday			
					Time	Signature	Time	Signature		
	Female Shower Room		Shower	Shower Head						
			Toilet							
			Wash Hand Basin	Hot Tap						
				Cold Tap						
			Wash Hand Basin	Mixer Tap						
	Sluice		Sink	Hot Tap						
				Cold Tap						
			Wash Hand Basin	Mixer Tap						
	Male Shower Room		Shower	Shower Head						
			Toilet							
			Wash Hand Basin	Hot Tap						
				Cold Tap						
			Wash Hand Basin	Mixer Tap						
	Patient 1 Bed Bay		Wash Hand Basin	Mixer Tap						
6	Patient Side Room		Wash Hand Basin	Mixer Tap						
5	Patient Side Room		Wash Hand Basin	Mixer Tap						
4	Patient Side Room		Wash Hand Basin	Mixer Tap						
3	Patient Side Room		Wash Hand Basin	Mixer Tap						
1 & 2	Patient 2 Bed Bay		Wash Hand Basin	Mixer Tap						
	Beverage Bay		Wash Hand Basin	Mixer Tap						
			Sink	Hot Tap						

Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 5

Training - Does the Organisation have an up to date **training plan in place covering all **relevant roles** and **responsibilities** of staff, that meets all **safety, technical** and **quality requirements**?**

- Training Needs Analysis
- Training Plan
- Training Records
- Appraisal
- Personal Development Plans
- Career Pathways



RememberThere is only one thing worse than training staff and have them leave, which is not training staff and have them stay

Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 6

Building and Maintenance work - Where building and maintenance work impacts on existing systems are risks assessments undertaken and the work designed, undertaken and commissioned to the appropriate standards?

MAINTENANCE LOG

DEPARTMENT	ROOM NAME/ NUMBER	JOB REQUEST	DATE LOGGED	LOGGED BY	JOB NUMBER	DATE RE-CHECKED	DATE COMPLETED



Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 7

Resilience, Emergency & Contingency Planning - Does the Organisation have **resilience, emergency, contingency** and **escalation** plans which have been formulated and tested with the appropriately **trained** staff?

- Trust Resilience Forum
- Major incident plan – action cards
- Business continuity plan – action cards
- Quarterly Estates and Facilities Business Continuity Meeting
- Tested BCPs - Supply Chain Resilience



Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 8

Review Process - Is there a robust **annual review** process to assure compliance and effectiveness of relevant **standards, policies** and **procedures**?

- Policy Review every three years
- Annual Review of Procedures
- National Standards Cleanliness Results
- PLACE Results
- Commissioner Inspections
- CQC Inspection



Self Assessment Questions (SAQ)

Is your organisation safe and compliant with well managed systems in relation to: Cleanliness and Infection Control applying to Premises and Facilities

With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following :

Prompt Question No 9

Action Plans - If the organisation/site has any **INADEQUATE** or requires **MINIMAL** or **MODERATE** improvement ratings in this SAQ, are there **risk assessed action plans** in place to achieve compliance?

ACTION PLAN

No	Level	Action	LEAD	COMPLETION DATE	IMPACT
1					
2					
3					
4					

NHS PAM - Metrics

NHS PAM Metrics use the following data collected from the NHS to allow comparison between peer NHS organisations allowing areas of strengths and weakness to be identified

- **Estates Return Information Collection**
- Health Episode Statistics (HES)
- **In-patient Survey**
- **Patient Led Assessment of the Care Environment (PLACE)**

Trust Chart: ACUTE -LARGE - 2013/2014				
Code	Organisation Name	Cleaning services costs (£)	Total Occupied floor area (m ²)	£/m ²
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	7,325,619	252,870	28.97
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	5,391,470	167,252	32.24
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	4,404,467	136,366	32.30
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	6,097,251	183,655	33.20
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	3,990,362	118,527	33.67
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	5,674,299	158,334	35.84
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	7,381,234	175,495	42.06

Conclusion

- Open and honest conversation with your team
- Be realistic when completing the assessment
- Challenge
- Use the assessment to inform where to focus energy/resource
- Use the process to play your part in making the experience better for patients
- Yearly return or just the day job?

