

## OP33

# Estate Maintenance Policy

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## 1.0 Policy Statement (Purpose / Objectives of the policy)

The aim of this policy is to instruct employees of the Trust on the structured framework, processes and governance arrangements for the maintenance of its estate and infrastructure.

Maintenance will be facilitated in line with Premises Assurance Model (PAM), in compliance with applicable legislation and guidance providing safe, available, compliant and efficient buildings, engineering and services to the Trust.

As required by legislation, the Trust will undertake to:

1. Appoint persons to be managerially responsible
2. Identify and assess sources of risk
3. Prepare a scheme for preventing, reducing or controlling the risk
4. Implement manage and monitor precautions
5. Keep records of the precautions implemented and will do so for each of the health care premises within the Trust's control

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

## 2.0 Definitions

Trust's premises - For the purpose of this policy, Trust premises comprise of all properties whether owned or occupied by the Trust under lease or other service level agreements (SLAs). Where the management of buildings/areas occupied by Trust staff and/or patients is carried out by others, the requirements of this policy remain applicable although implementation of site-specific risk management requirements is managed by local policies. It remains; therefore, the Trust's responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

AE:	Authorising engineer
AP:	Authorised person
BS:	British standard
CP:	Competent person
CAFM:	Computer Aided Facilities Management
D RP:	Deputy responsible person
EG:	Environment group
EGM:	Estates governance meeting
EMFI:	Estates management file index
EPAG:	Estates premises assurance group
FM:	Facilities maintenance
FSG:	Fire safety group
HBN:	Health building note
HSWA:	Health and safety at work act

HSSG:	Health and safety steering group
HTM:	Health technical memorandum
IHEEM:	Institute Healthcare Engineering Estates Management
MGG:	Medical gas group
NUER	Nonurgent estates requests
PAM:	Premises assurance model (NHS)
Planet	Trusts CAFM System
(Enterprise)	Mobile CAFM System
Planet (Mobile)	Planned preventative maintenance
PPM:	Quality standards action group
QSAG:	Responsible person
RP:	Safety hard (PAM definition)
SH:	PAM standard for operational management
SH1	PAM standard for design layout and use of premises
SH2	PAM standard for document control
SH3	PAM standard Health and safety at Work
SH4	PAM standard for Asbestos
SH5	PAM standard for medical gases
SH6	PAM standard for natural gas & piped systems
SH7	PAM standard for water safety systems
SH8	PAM standard for electrical systems
SH9	PAM standard for mechanical systems and equipment
SH10	PAM standard for air handling unit ventilation systems
SH11A	PAM standard for air conditioning ventilation systems
SH11B	PAM standard for lifts hoists and conveyors
SH12	PAM standard for pressure systems
SH13	PAM standard for fire active and passive
SH14	PAM standard for medical devices & systems
SH15	PAM standard for resilience and emergency planning
SH16	PAM standard for safety related systems
SH17	PAM standard for externally supplied estate
SH18	PAM standard for contractor management (Hard FM)
SH19	Standard for built environment
SH20	Standard for decontamination equipment & systems
SH21	Service level agreement
SLA:	Senior authorised person
S AP:	

### 3.0 Accountabilities

This maintenance policy will be complied with by all Trust's employees and by all appointed contractors, in whatsoever capacity, with or without contractual agreements. Furthermore, this policy will be used in conjunction with estates safety plans as detailed in section 4.0.

The Trust delegates responsibility for the implementation of this policy to the Chief Executive. The Chief Executive will:

1. Have overall responsibility for ensuring compliance with all statutory regulations.
2. Appoint, in writing the chair and deputy of the Estates Premises Assurance Group (EPAG) who will formally appoint responsible persons from the Estates

and Facilities division to take implementation responsibility with Estates & Facilities employees for the management of maintenance and to be legally accountable, on a joint and severity liability basis, for assessing and controlling identified risks from Trust's standard owners, safety plans, specialist AE's / S APs and risk registers.

**General:**

3. **Chief Operating Officer** is defined as the person with ultimate management responsibility, including allocation of, appointment of resources and personnel, for the organisation. The formal responsibility for maintenance rests with Chief Operating Officer, although the Head of Estates retains effectively responsibility for day-to-day maintenance management. The Chief Operating Officer is responsible for the implementation of this policy for and maintenance provision. They will ensure the maintenance policy clearly defines roles and responsibilities of all personnel who may be involved in its use, installation and maintenance of Trusts assets. The Chief Operating Officer is also responsible for monitoring implementation of policy.
4. **Authorised Engineers (AE's)** where applicable will have specific specialist knowledge of engineering systems they specialise in and installations at the Royal Wolverhampton NHS Trust as listed in section 4. All appointed AE's will be registered with IHEEM and will be responsible for advising the Trust on their area of specialism as appointed and will also advise the Head and Deputy Head of Estates on appointment of S-AP's to relevant standards who have ultimate day to day responsibility for specific systems within the Trust.

Authorised Engineers will be either appointed by the Head or Deputy Head of Estates and must be independent of the Trust. AE's will independently report to the Head of Estates and Facilities and EPAG annually on risk, S-AP/AP appointments, and maintenance performance within their specialism.

5. **Standard Owners** are appointed in writing by the chair or deputy chair of EPAG being responsible for specific SH's or referred to as standards going forward as detailed in section 4. Standard owners will have overall responsibility for specific engineering systems or standards and could also be the same S-AP or Responsible Person RP as defined within SH1 depending on speciality. Standard owners will be responsible for reporting to EPAG or the Trust and for the production of PAM self-assessments, action plans, procedures, safety plans, risks, AE's duties and internal and external assurance the standard requires.
6. **Senior Authorised Persons (S-AP's)** will take overall responsibility for the day-to-day management of specific engineering systems or standards as defined in SH1. This includes management of AP's, the issue of permits as advised in HTM / industry standards and lead on all technical queries relating to their specific field of expertise.

S-AP's will be expected to take the lead AP role, resourcing AP duties and coordinating activity. Working with AP's, direct and in direct staff to fully plan, explain and review the extent and duration of any disruption of services to key stake holders who are involved in any works ensuring that procedures are followed set out in this policy, safety plans and within best practice guidance.

S-AP's will define AP resources required working with the Deputy/Head of Estates jointly appointing Authorised Engineers to specialist fields of engineering ensuring statutory duties are fulfilled. S-AP's will subsequently appoint AP's following guidance from AE's within their specialist field, being responsible for assessing competency and ensuring works are carried out by competent persons. Where contract services are employed S-APs must ensure only approved specialist contractors holding relevant accreditations being a minimum of BS EN ISO 9001 in line with the task must be in place. S-APs must maintain a live register of all AP/CPs within Planet and ensure registrations/approvals inclusive of any refresher/review dates are stored accurately on the system and acted upon, this must be detailed as part of safety plan documentation.

7. **Authorised Persons** will be responsible for the day-to-day management of specific engineering systems as defined by the senior Authorised Person S AP within the relevant safety plan. This includes the issue of permits as advised in SH1 / HTM & industry guidance. APs take a lead role in coordinating works and explaining fully the extent and duration of any disruption to services to clinical staff who are involved in any works ensuring that all direct and indirect staff follow the procedures set out in this policy, safety plans, HTM and best practice guidance.

APs will ensure where contract services are employed only approved specialist contractors holding relevant accreditations being a minimum of BS EN ISO 9001 in line with the task must be in place before work starts. They must check and maintain a live register of all AP/CPs within Planet and ensure registrations/approvals inclusive of any refresher/review dates are stores accurately on the system and acted upon, this must be detailed as part of safety plan documentation.

8. **Competent Persons** will have responsibility for installation and/or maintenance work on specific systems to which they have been accredited for by a Trust S AP/AP or AE as defined in within the relevant safety plan.
9. **Responsible & Deputy Responsible Persons** are persons of authority that sit outside HTM guidance but listed by specific legislation or guidance. They take overall responsibility for the day-to-day management of specific Estates services as defined in SH1 that do not fall under normal AP structures as defined by HTM. This includes management of contractors, the issue of permits as advised by SH1/ industry standards and lead on all technical queries relating to their specific field of expertise.

The Responsible Persons will be expected to take the lead RP role, resourcing and coordinating activity. Working with D RPs and CPs, direct and in direct staff to fully plan, explain and review the extent and duration of any works, disruption

to services ensuring that procedures are followed set out in this policy and relevant safety plan. RP's will define resources required working with the Deputy / Head of Estates jointly ensuring Authorised Engineers or similar where applicable are appointed to specialist fields of engineering ensuring statutory duties are fulfilled. RP's will subsequently appoint D-RP's who will fully deputise for them or specialists, being responsible for assessing competency and ensuring works are carried out by competent persons. Where contract services are employed only approved specialist contractors holding relevant accreditations being a minimum of BS EN ISO 9001 in line with the task must be in place. RPs must maintain a live register of all CPs within Planet and ensure registrations / approvals inclusive of any refresher / review dates are stored accurately on the system, this must be detailed as part of safety plan documentation.

10. **Manager of the Capital Developments department** is accountable for the design, installation and commissioning of new facilities and equipment. This person will also ensure that all hospital developments and capital planning takes full account of the resource requirements to maintain the integrity of any new facility or equipment and will ensure liaison with the relevant S AP/ RP on all matters relating to any developments that impact the Trusts systems or facilities.

Further responsibilities are delegated to other professionals within the Trust and, where applicable, external consultants.

11. **Divisional management and group / directorate management teams** including members of the EPAG are those with delegated specific actions, tasks and responsibilities under this Policy within their department/area.
12. **Fire Safety Manager** is accountable to the Divisional Manager of Estates and Facilities. The Fire Safety Manager will provide the Head of Estates and Facilities with guidance and support for the purpose of fire safety compliance reference installation testing and maintenance of fire safety measures.

The Fire Safety Manager will manage fire risk assessments and identification of significant risks.

The Fire Safety Manager will liaise with the Head of Estates Development or nominated deputy reference construction or refurbishments projects reference fire safety standards or relevant issues.

13. **Direct and indirect contract employees** working on or associated with Trust facilities inclusive of assessing and controlling identified risks from those facilities must be suitably qualified and accredited to the required standard and will need to demonstrate and provide evidence of up-to-date training appropriate to their activities.

However, where a specialist contractor is required to carry out emergency works the contractor may be employed by the Trust being authorised by the AE, S AP, AP or RP.

14. **Estates Premises Assurance Group**, EPAG will have overall responsibility for development and management of estates strategy, governance and premises assurance and will oversee operational management of all SH activities and associated risks. This process will be monitored by the chair and in their absence deputy chair of EPAG.

Details of EPAG inclusive of membership and procedures are provided within SH1.

New or forming members of EPAG must be informed in writing of the type and extent of their responsibility in relation to this maintenance policy and receive any appropriate training ensuring adequate internal assurance measures are in place to monitor the adequacy of the policy and maintenance provision.

EPAG will report to the Estates and Facilities divisional governance meeting and will provide internal and external assurance including auditing of maintenance activity across all SH areas.

15. **Compliance** is accepted as fully adhering to the detail and intention in this maintenance policy and associated safety plans as detailed in section 4. Derogation from this policy can only be granted by the Head of Estates or their deputy.

Departmental / SH or functional compliance is the responsibility of SH owners or Senior Authorised Persons S APs and operational management and supervision teams.

The helpline and compliance team will proactively support operational management and service delivery via internal and external means in line with the requirements of NHS PAM ensuring the standards set by safety plans and or legislation and best practice are met and continually developed in line with national guidance and industry practice.

16. The Trust via this policy must be able to demonstrate it has identified all relevant factors, has instituted corrective or preventative action and is monitoring the implemented plans within its governance structure.

#### 4.0 Policy Detail

This is a specialist operational policy that provides the basis for management of hard facilities maintenance.

This policy is a specific requirement of NHS PAM and is supported by a suite of specialist safety plans that are recognised in health care as best practice to define general arrangements and precautions to provide a risk-based maintenance service to the Trust Estate.

This policy must be read in conjunction with safety plan SH1 that details operation management arrangements for all estates maintenance activities. All safety plans are live documents SH1 can be found on the Trusts intranet within Estates

Management webpages.

## 4.1 NHS PAM

From 2021 Trusts have been mandated to complete the requirements of NHS PAM that provides a framework to ensure NHS Trust Estates are safe, efficient and of high quality. The reporting of PAM provides detailed information to Trust boards to make more informed decisions about the development of their estate linking to the model hospital and ERIC (Estates Return Information Collection) systems providing a holistic governance benchmarking and information system to the NHS.

This framework is split into 19 SH (Safety Hard) sections for hard facilities services / estates being recognised as best practice and facilitates a FM structure to logically manage and govern estates activity from. Following this philosophy all activities and guidance inclusive of safety plans and estates procedures within the Trust are aligned to this framework for transparency, easy reference and auditing as detailed below:

<b>SH1</b>	Operational management
<b>SH3</b>	Document Management
<b>SH4</b>	Health and safety at work
<b>SH5</b>	Asbestos
<b>SH6</b>	Medical gases
<b>SH7</b>	Natural gas & piped systems
<b>SH8</b>	Water safety systems
<b>SH9</b>	Electrical systems
<b>SH10</b>	Mechanical systems and
<b>SH11</b>	equipment
<b>A</b>	Air handling unit ventilation
<b>SH11</b>	systems
<b>B</b>	Air conditioning ventilation
<b>SH12</b>	systems
<b>SH13</b>	Lifts hoists and conveyors
<b>SH14</b>	Pressure systems
<b>SH16</b>	Fire active and passive
<b>SH17</b>	Resilience and emergency
<b>SH18</b>	planning
<b>SH19</b>	Safety Alerts
	Externally supplied estate
	Contractor management (Hard FM)

In support of this framework two additional Trust sections have been added in specialist areas managed by the Trust that are not included as part of the normal NHS PAM framework:

<b>SH20</b>	Built environment
<b>SH21</b>	Decontamination equipment & systems

This ensures statutory compliance requirements are managed in line with NHS PAM philosophies across all areas of estates management providing the necessary



traceability for both internal and external assurance.

Each section referred to as a standard is used as the basis for all safety plans which has a Trust specialist / standard owner appointed as detailed within SH1 which in most cases will be the S AP or RP for that service. This person is the Trust specialist in this field and will also advise the Estates Premises Assurance Group EPAG being responsible for:

- The standard and delivery of this service in compliance with legislation and best practice
- PAM self-assessment
- Safety plan
- Procedures, procedural plans or safe systems of work
- Action log
- Risk register
- Authorising Engineer services
- Critical success factors and SMART objectives linking to NHS PAM
- Reporting to EPAG and workstreams

All standard owners / S APs are appointed in writing as detailed in section 3 for each standard they are responsible for, working in line with Trust policies procedures and requirements of compliance and emergency planning.

## 4.2 Safety Plans

Safety Plans are recommended by Health Technical Memorandum to provide the detail of how operational compliance is achieved to legislation and best practice, safety plans are written by standard owners who are responsible for their content and accuracy and will be overseen by the EPAG who will provide a holistic approach to safety plans and the management of the Trust Estate.

Safety plans are live documents and kept under continual review to take account of guidance changes, changes within the Trust and changes to the facilitation of maintenance etc. Safety plans are reviewed by the relevant SH Group being the responsibility of standard owners to ensure, compliance to legislation / guidance and adequate assessment and control of risks is in place. Safety plans where necessary will also fulfil the requirements of any written scheme or management plan that may be required.

The content of all safety plans is a fixed agenda item for all SH and EPAG meetings ensuring these documents are maintained reflecting best practice.

Where insufficient information is found within any safety plan reference will be made to best practice within HTM and statutory guidance i.e. electricity regulations, ACOP L8 etc. However, interpretation of guidance and clarifications required reference any safety plan must be directly from the SH group, standard owner or where applicable AE.

Each safety plan must be simple to use and easy to reference following the same format and assessment criteria as described with PAM and SH1. They provide

general guidance; background information and precautions reference the Trust's Management & Control program for each specific standard. Some safety plans may be split into easy reference parts aimed at particular departments, if so each part of the safety plan can be considered in isolation. The table below shows the minimum fixed content required for any safety plan, but reference must be made to SH1 for further details:

1. Procedures
2. Roles & Responsibilities
3. Risk Assessment
4. Maintenance (where TPM is required)
5. Training & Development
6. Review Process

SH1 provides details of how hard FM is facilitated within the Trust referenced to individual specialist safety plans that detail the specific specialist information regarding that standard. SH1 must be referenced / read first for all queries and the relevant SH document for any detailed information.

All safety plans are stored within EMFI, and current versions are available on request from the Estates Helpline or Compliance Team.

### **4.3 Estates Premises Assurance Group**

EPAG will have overall responsibility for development and management of estates strategy, governance and premises assurance and will oversee operational management of all SH activities and associated risks providing a holistic approach to estates services. This group will provide an escalation route and assurance to the Trust in relation to maintenance activities, suitability of the estate and backlog maintenance.

EPAG is a multidisciplinary group formed by standard owners and will include clinical representation as recommended by HTM for safety groups. This ensures clinical needs are represented and engineering requirements are fed back to clinical teams for both the planning of and reactive maintenance.

EPAG will also benchmark assessment standards to ensure continuity of assessment in line with model hospital, ERIC and PAM metrics. Details of EPAG inclusive of membership and procedures are provided within SH1.

### **4.4 Maintenance Operations**

The operations team are responsible for the delivery of the maintenance program working with the helpline and compliance team to fulfil the standards prescribed within safety plans, emergency/reactive works and new works or minor development works.

SH1 provides details of how hard FM is facilitated within the Trust referenced to individual specialist safety plans that detail specific information reference standards listed in section 4.1. SH 1 must be referenced first for all enquires followed by the required safety plan, i.e., for all medical gas infrastructure queries please refer to

SH1 initially for guidance and if required SH5 for any specialist information in relation to procedures, risks, maintenance etc.

#### 4.4.1 CAFM / Estates Information

The Trust uses Planet FM which is a specialist CAFM system used widely in the public sector that provides a database system for the management and storage of estates information. This system allows the operational and helpline teams facilitate maintenance efficiently within the Trust and allows standard owners and EPAG to monitor critical success factors as part of their processes.

The Planet system supports the following:

- All aspects of planned and reactive maintenance
- TPM
- Procedural work order information as detailed within safety plans
- Estates Helpdesk
- Asset register
- New works
- Health and safety
- Mobile work order and asset management
- Stores management and purchasing
- Customer contracts and billing
- Web interface for NUER
- PPM
- Scheduling
- Compliance reporting

The Helpline and Compliance Team are responsible for the maintenance and accuracy of the system working with the operations team to ensure delivery. Please see SH1 for further information.

Section 4 of applicable safety plans details the maintenance requirements of each standard which is scheduled within the Planet system by the helpline and compliance team allowing works to be programmed and delivered by the operations team.

Accuracy of the information within Planet is audited annually by the helpline and compliance team and reported to the EPAG. Standard owners are responsible to ensure procedures and schedules used by the operations team are updated at least six monthly if not continually in Planet to ensure accuracy of the system and parity to content of safety plans.

#### 4.4.2 Maintenance Response Times

The operations team are responsible for working with each SH owner to develop the TPM / system of delivery ensuring compliance to safety plans and statutory standards. Operations will also ensure response times are complied with for estates works within the Trust as detailed on the service level agreement table below:

Code	SLA	General Description
1	<b>Immediate</b> 1 hour	Situations which prevent 'essential' building service being provided i.e. loss of major 'block' service or flood situations that endanger or distress patients.  A major health and safety item that cannot be controlled by the department or ward.
2	<b>Urgent today</b> 8 working hours	Situations which cause major disruption to services, cause danger, or prevent the provision of patient care. Major loss of service outside patient area; major health and safety item to staff or visitors.
3	<b>Essential</b> 3 working days	Situations which directly affect local services but do not cause major distress to patients. Health and safety is a major issue but limited to area and can be controlled by local staff and systems.
4	<b>Standard</b> 10 working days working hours	Situations which effect service without causing distress to patients or alternatives available. Situations not directly disrupting services but could be causing some inconvenience.
5	<b>New Works</b> 90 working days	New work upgrades / modifications outside maintenance.  Quote must be approved prior to works starting and suitable access times agreed for works to be completed.  Damage to the estate is normally grouped together to facilitate economic repair which is normally deemed as chargeable new works.
6	<b>Opportunity</b> 30 working days	Repairs of low priority being non-urgent.

#### 4.4.3 Critical Success Factors

The Planet system provides hard FM data analysis and measures key performance indicators to all standards. Each standard owner is responsible for these performance factors and they will be detailed in individual safety plans and set within SH1, the table below sets a minimum standard across all applicable SH maintenance standards:

Maintenance activity type	Minimum Performance >%
Statutory	94
Service	84
Reactive	84
Requests	84
<b>HR activity type</b>	
Non-Mandatory training	84
Mandatory training	94
Sickness	<3.24
Appraisal	94
Vacancy	<4.9

Specialised CAFM systems used for the management of bespoke activity such as water management (compass) will be managed by the relevant standard owner and operation of these systems will be detailed within the relevant safety plan and managed within relevant SH meetings. KPI's from these systems must be managed in line with the above and form part of the total KPI analysis provided to EPAG by standard owners.

#### 4.5 Estates Helpline / Maintenance Requests

Requests for works can be made in three ways depending on the time you want to log the request; the following table explains how to log a request:

Time	Method	Response
Anytime	Trust intranet via the quick links on the Trust intranet homepage	Non urgent requests
08.00 – 17.00	Estates Helpline on extension 88999 Weekdays	Urgent and advice
17.00 – 08.00	Emergency calls only via Switchboard who will route your call to the out of hours service	Emergency

When logging a call all relevant information must be provided i.e., exact nature of the fault and location including block number which can be found on your network point i.e., NX23 and your room number. This number can usually be found on the door.

In an emergency during normal hours the helpline staff will take down details of the work and agree a response time with you (see above).

A call reference number will be provided when logging calls via either the Trust intranet or via the Helpdesk, this will allow you to monitor progress via the helpdesk or intranet system, it's a good idea to record any calls in your ward or department logbook in case you need to make a future query.

#### 4.6 User Checks

Scheduled maintenance is completed on a priority risk basis to fulfil statutory, mandatory and business continuity requirements ensuring the Trust has a safe, effective, reliable and efficient estate.

It is essential however local departmental users, or owners of equipment carry out first line checks at suitable frequencies.

The check should include visual inspections, operational function checks and safety checks in line with manufacturers recommendations. This first line check is an integral part of safe operation & maintenance, we recommend that a record is maintained of your checks or assessments as necessary.

Where necessary equipment may need electrically testing at a regular interval which is referred to as portable appliance testing. This testing does not replace any user checks and these checks must be completed before use or as recommended by the

manufacturer.

Please refer to SH9 for information relating to portable appliance testing.

Any items with faults following a user check or PAT test must be taken out of use and reported to the estates see section 4.5.

#### **4.7 New Works**

The Estates Management Department is funded for maintaining the existing estate. New works, upgrades or improvements are classed as additional works which are facilitated by the operational team in estates management but funded by the service the works are intended for. All new works must be approved before any works can start and signed off by the relevant sponsor / Head of Service.

Estates Management facilitate new works or “D Works” up to a value of £5000, if the works costs over £5,000 it is classed as capital and you will be required to put forward your directorate requirements as a bid to your director who in turn should pass it to the Estates Development Department.

A request for new works can be done via the Helpline on extension 88999, or internet portal via the quick links to implement this. For some agreed designated capital works, Estates may act in the role of principle contractor to support the Directorate of Estate Development.

The Estates Management Department will endeavour to provide professional advice and value for money surrounding any works or project.

SH1 provides further information relating to new works.

#### **4.8 Exclusions**

This maintenance policy does not consider the following SH's that fall outside the scope of Hard FM/Operational Estates Management:

- SH 2 - Design layout & use of premises / capital development
- SH 15 - Medical Devices and Systems

For further information relating to capital development and clinical engineering/Medical Physics Policy please refer to the Trust Intranet.

## 5.0 Financial Risk Assessment

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

## 6.0 Equality Impact Assessment

There are no adverse effects of this Policy to any ethnic or diverse group.

## 7.0 Maintenance

The EPAG will be responsible for the maintenance and review of this policy in accordance with national guideline and best practice at least every three years.

## 8.0 Communication and Training

It is essential for the safety of patients and staff that no person should operate, or work on, any part of an engineering system or building unless adequately trained or supervised particularly with regards to safety precautions.

The EPAG via the Divisional Management Team will ensure that staff, who are involved in, or associated with engineering systems or building works undertake – regular training courses to ensure they are kept updated on new developments in the management and control of these systems or assets.

Training will be carried out to ensure staff can fulfil the performance of their specific duties. Attendance will be recorded and maintained ready for inspection if required within their departmental training register and their personal file.

In order to allow the associated persons to act as effectively and cost-effectively as possible, all relevant and associated members of staff must be offered scheduled and appropriate training as detailed within specific safety plans as detailed within section four.



Staff with specific responsibilities for actions to control the “risk” must be given additional training in how to carry out those particular tasks.

Deputies must receive equivalent training to the person whose function they are covering. The training required will vary from individual to individual according to their background and responsibilities.

Individual records in planet must be kept for these staff, and staff must not be allowed to perform their duties without supervision until their training is completed. The level of knowledge must be regularly assessed by the relevant SH owner or S AP and must be programmed and continuous rather than sporadic. EPAG will be responsible for auditing records. Records of training will also be maintained within individual’s personals files.

## 9.0 Audit Process

Each SH will have its own individual audit and compliance arrangements as described within the relevant HTM or standard / safety plan.

Each standard owner or S AP with support from the Helpline and Compliance Teams will be responsible for facilitating this process in accordance with their safety plan and presenting this information to the EPAG.

EPAG group will monitor and review all audit findings and will complete an annual external statutory compliance audit to ensure all regulatory maintenance requirements are being fulfilled.

SH Audit	Lead	Monitoring Method	Frequency	Committee/ Group
External Audit – Full procedural and statutory compliance audit by external specialist in line with PAM	Head or Deputy Head of Estates	Complete audit of all SH areas and procedures reporting to divisional governance meeting	Annual	EPAG
Internal Assurance – Full review of all SH areas by SH owner and S APs in line with PAM	SH Owners	Complete audit of all SH areas and procedures reporting to EPAG	Annual	EPAG

**10.0 References - Legal, professional or national guidelines** must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

The Trust, in implementing this Policy, will use but not limited to as a general source of practical guidance, the documents listed below:

- Health and Safety at Work etc. Act, 1974 Sections 2, 3 and 4
- The Management of Health and Safety at Work Regulations (2006 Amendment & 1999)
- Workplace [Health, Safety and Welfare] Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002, Regulation 6 (COSHH)
- Managing Health & Safety in Construction: The Construction (Design & Management) Regulations 2015 (ACOP) L153
- Provision and Use of Work Equipment Regulations
- Pressure Equipment Regulations
- Pressure Systems Safety Regulations,
- Medicines Act
- Manual Handling Operation Regulations,
- Personal Protective Equipment at Work Regulations
- Care Quality Commission
- National Patient Safety Agency
- Managing Medical Devices [MHRA] DB 2006[05]
- BS 1710 – 1984 - Specification for identification of pipeline services
- Health & Safety Commission Approved Code of Practice & Guidance 2013 - The Control of Legionella bacteria in water systems (L8)
- Building Regulations, British standards, HTM's and HBN's
- Trust Estates strategy
- Trust Green Plan

**For further information, please refer to specific safety plans for details of standards individual SH service are being delivered to.**

**Part A - Document Control**

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<p>Version / Amendment History</p>	<p>Version</p>	<p>Date</p>	<p>Author</p>	<p>Reason</p>
	<p>1.0</p>	<p>August 2021</p>	<p>Head of Estates</p>	<p>Compliance to requirements of Premises Assurance Model</p>
<p><b>Intended Recipients:</b> Trust wide</p>				
<p><b>Consultation Group / Role Titles and Date:</b> This Policy is adapted from national guidance principally the Premises Assurance Model (PAM) and Health Technical Memorandum.</p> <p>Health and Safety Steering Group (HSSG)  Estates &amp; Facilities Divisional Governance meeting (DGM)  Estates Premises Assurance Group (EPAG)  Estates Governance meeting (EGM)  Safety Hard meetings (SH)  Fire Safety Group (FSG)</p>				
<p><b>Name and date of Trust level group where reviewed</b></p>	<p>HSSG August 2021  EPAG August 2021  Trust Policy Group – February 2022</p>			
<p><b>Name and date of final approval committee</b></p>	<p>Trust Management Committee – February 2022</p>			
<p><b>Date of Policy issue</b></p>	<p>March 2022</p>			
<p><b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)</p>	<p>3 Yearly (February 2025)</p>			
<p><b>Training and Dissemination:</b> This Policy will be launched onto the operational policy suite on the Trust intranet.</p> <p>Senior managers will be informed at the Health and Safety Steering Committee.</p> <p>Staff will be informed of the operational policy suite at induction</p> <p><b>To be read in conjunction with:</b></p>				

<p><b>Publishing Requirements: Can this document be published on the Trust’s public page:</b></p> <p><b>Yes</b></p> <p>If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of <a href="#">OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines</a>, as well as considering any redactions that will be required prior to publication.</p>	
<p><b>To be read in conjunction with:</b></p> <ul style="list-style-type: none"> <li>• HS01 Management of Health and Safety</li> <li>• HS07 Management of Safety Alerts</li> <li>• HS11 Management of Medical Devices Policy</li> <li>• HS26 Fire Policy</li> <li>• OP104 Business Continuity Planning</li> </ul>	
<p><b>Initial Equality Impact Assessment (all policies): Completed Yes</b>  <b>Impact assessment (as required): Completed NA</b></p> <p>If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p><b>Monitoring arrangements and Committee</b></p>	<p>HSSG DGM EPAG</p>
<p><b>Document summary/key issues covered.</b></p> <p>The aim of this policy is to introduce a structured framework and reporting schedule, for the management and control of maintenance.</p>	
<p><b>Key words for intranet searching purposes</b></p>	<p>Estates, Maintenance</p>
<p><b>High Risk Policy?</b>  <b>Definition:</b></p> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> <p>If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p><b>No</b></p>

Part B

## Ratification Assurance Statement

Name of document: OP33 – Estates Maintenance Policy

Name of author: Tom Butler

Job Title: Head of Estates

I, the above-named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and policy version</b>	OP33 – Estates Maintenance Policy	
<b>Reviewing Group</b>	EPAG HSSG	<b>Date reviewed:</b> December 2021
<b>Implementation lead: Print name and contact details</b>		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead / s (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) <ol style="list-style-type: none"> <li>Development of a pocket guide of strategy aims for staff</li> <li>Include responsibilities of staff in relation to strategy in pocket guide.</li> </ol>	Policy is easy to use with clear responsibilities identified.	The policy has been developed with full consideration of all estates staff and membership of the EPAG.
Training; <b>Consider</b> <ol style="list-style-type: none"> <li>Mandatory training approval process</li> <li>Completion of mandatory training form</li> </ol>	Training identified within the policy and is managed at departmental level as defined by safety plans	This will be managed by the EPAG over a 12-month period following implementation of the policy.
Development of Forms, leaflets etc; <b>Consider</b> <ol style="list-style-type: none"> <li>Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out.</li> <li>Type, quantity required, where they will be kept / accessed/stored when completed</li> </ol>	Forms are included within parts safety plans which are available via SH owners.	Forms are integrated within safety plans.
Strategy / Policy / Procedure communication; <b>Consider</b> <ol style="list-style-type: none"> <li>Key communication messages from the policy / procedure, who to and how?</li> </ol>	Training will be cascaded through division, advertising.  This policy has been consulted with the estates team members of the EPAG.  Policy will be posted on the intranet for consultation however no clinical changes have been made.	This OP33 has been in consultation and reviews for over 12 months.
Financial cost implementation Consider Business case development	None	None

<b>Other specific Policy issues / actions as required e.g., Risks of failure to implement, gaps or barriers to implementation</b>	None	None
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