Premises Assurance Model Annual Report

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Executive Summary   Paper K

This paper is submitted to provide an annual review of the Trust's current position following completion of the Department of Health's Premises Assurance Model (PAM). The data outputs from PAM provide the Trust with a range of nationally recognised performance metrics across Estates & Facilities functions. The report covers the period 1 April 2016 to 31 March 2017. Completion of the PAM assessment and submission to the Trust Board is a recommendation from the Department of Health and is linked to Carter Returns and increasingly referenced in CQC audits as a requirement.

Key themes from this report:

- Reflective of repatriation of Estates & Facilities management services and subsequent reconfiguration of services.
- Results reflect that Estates & Facilities have achieved a 'steady state' in the first year of in-house service provision.
- Year one (2016/17) of a two-year assessment period.
- Many of the data fields scored good or requiring minimal improvement to achieve good, or outstanding ratings.

Context

The NHS PAM is a management tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services. It is a basis for:

- Providing assurance to the Trust Board, patients, commissioners and regulators on the safety and suitability of our estates and facilities.

- Providing a nationally consistent approach to evaluating NHS Estates and Facilities performance against a common set of questions and metrics.

- The provision of data to assist the prioritisation of investment decisions to raise standards.

The NHS PAM supports the Trust to make more informed decisions on the development of our Estates and Facilities services.

To provide additional assurance on the compliance of our estate and facilities services, UHL are a pilot site for developing (e.g. addition of facilities elements) and using a Compliance Assessment Analysis System (CAAS) software tool to evidence and support the Trust's PAM position. An independent external assessor reviews our CAAS progress and action plans to provide third party quality and consistency assurance across the assessment fields. The external assessor is

currently setting up a benchmarking group for CAAS users. In addition, the Healthcare Estates & Facilities Management Association (HEFMA) are looking to set up regional PAM groups for development, sharing good practice and benchmarking going forward into 2018. Currently, there is only limited national reporting of PAM to the Department of Health through the annual Estates Return Information Collection (ERIC) return. The only fields currently nationally benchmarked in ERIC relate to: has PAM been completed? is it board approved? are action plans in place? The Trust has strong evidence to support their PAM position, using the CAAS assessment data and extensive evidence files referenced against each PAM assessment field. From networking with HEFMA colleagues at regional and national forums, the Trust appears to be well advanced with their PAM arrangements at the end of year one of the current two year PAM assessment cycle. If the proposed national and regional benchmarking networks are implemented in the first half of 2018, it will provide the Trust Board with greater context to interpret the Trust's PAM position at the end of the current two year cycle at 30 June 2018.

Questions

1. What are the benefits to the Trust from PAM?
2. Will the data be benchmarked nationally?
3. What is the process for updating PAM to ensure it remains relevant between annual reviews?
4. Are resources in place to suitably manage the PAM system and what would be the implications of not doing PAM?
5. What are the next steps and recommendations?

Conclusions

1. The NHS PAM provides assurance to the Trust across the range of Estates & Facilities services and identifies areas requiring improvement. In addition to providing a high level summary of how we manage our compliance and quality of the estate. The information provides a valuable resource to identify where investment is required through both operational resource and capital investment.
2. No formal NHS benchmarking arrangements are in place, however, going forward into 2018 regional arrangements are being put into place to benchmark against similar Acute NHS Teaching Trusts.
3. The Transformation of the E&F Compliance team is in an advanced stage and will be completed during 2017. A quarterly review of PAM is scheduled in the annual Compliance Team work plan.
4. A dedicated resource has been allocated for PAM and the supporting Information systems to develop monitor and review compliance data to provide assurance to the Trust. Not doing PAM would result in the Trust submitting a negative response in the ERIC return, which is benchmarked and published annually in the public domain.
5. Recommendations and an action plan are attached to this report as Appendix I.

Input Sought

The Trust Board is invited to note that significant progress has been made to bring the UHL Estates & Facilities services into a 'steady state' post repatriation of E&F services in May 2016 and acknowledge the role of PAM as a means to measure conformance across a set of nationally implemented performance and safety fields.

For reference:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare   [Yes /~~No~~ /~~Not applicable~~]
Effective, integrated emergency care   [~~Yes~~ /~~No~~ /Not applicable]
Consistently meeting national access standards [Yes /~~No~~ /~~Not applicable~~]
Integrated care in partnership with others   [~~Yes~~ /~~No~~ /Not applicable]
Enhanced delivery in research, innovation & ED' [~~Yes~~ /~~No~~ /Not applicable]
A caring, professional, engaged workforce   [~~Yes~~ /~~No~~ /Not applicable]
Clinically sustainable services with excellent facilities [Yes /~~No~~ /~~Not applicable~~]
Financially sustainable NHS organisation   [Yes /~~No~~ /~~Not applicable~~]
Enabled by excellent IM&T   [~~Yes~~ /~~No~~ /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register   [Yes /~~No~~ /~~Not applicable~~]
Board Assurance Framework   [Yes /~~No~~ /~~Not applicable~~]

3. Related Patient and Public Involvement actions taken, or to be taken: N/A

4. Results of any Equality Impact Assessment, relating to this matter: Yes

5. Scheduled date for the next paper on this topic: May 2018 (Annual Report)

6. Executive Summaries should not exceed 1 page. My paper does not comply

7. Papers should not exceed 7 pages.   [My paper does not comply]

1.0 Introduction

The NHS Premises Assurance Model (PAM) enables NHS Trusts to utilise an evaluation tool that produces a range of nationally recognised performance metrics across Estates & Facilities services. The current PAM assessment tool has been significantly changed this year by the Department of Health, effectively making the 2016/17 incompatible with benchmarking against previous versions. PAM is configured to be populated across a two year period, thus making the current 2016/17 data set year one of two.

1.1 The NHS PAM Self-Assessment Questions (SAQs) are grouped into five Domains; these are broken down into individual and further sub-questions known as prompt questions. The model is completed by scoring the Prompt Questions under each SAQ. The five domains are:

- Safety (Hard and Soft Facilities Management)
- Patient Experience
- Efficiency
- Effectiveness
- Organisational Governance

1.2 The NHS PAM is a tool that allows the Trust to better understand the efficiency, effectiveness and level of safety applicable to our estate and how that links to patient experience.

1.3 The first four domains cover the main areas where Estates and Facilities impact on safety and efficiency. The Organisational governance domain acts as an overview of how the other four domains are managed as part of the internal arrangements of the organisation. Its objective is to ensure that the outcomes of the domains are reported up to NHS Trust Boards and embedded in internal governance processes to ensure actions are taken where required.

1.4 The NHS PAM provides a tool to enable the Trust to assure to our patients, commissioners and regulators that robust systems are in place to demonstrate that our premises and associated services are safe.

2.0 Methodology of Assessment

Evidence was gathered by the Estates & Facilities Statutory Compliance Team to enable the assessment to be undertaken.

2.1 Peer groups were set up across clinical and non-clinical management teams within the Trust, including; Infection Prevention, Health & Safety, Risk Management, Medical Devices, Emergency Planning, Estates & Facilities Management Performance & Quality Teams and other Specialists.

2.2 The recently introduced Compliance Assessment & Analysis Systems (CAAS) toolkit was used to support and verify the PAM evidence provided by the Peer groups. The CAAS system provides a scoring which allows the Trust to drill down and look at performance & processes in relation to the following estates compliance areas; Asbestos, Asset Management & Maintenance, Contingency Planning, Contract Management, CQC Standards, Decontamination, Electrical Systems, Facilities Infection Prevention, Fire Safety, Health Safety, COSHH, Lifts, Mechanical Systems, Safe & Accessible Buildings, Security Management, Sustainability, Ventilation, Waste Management & Water

2.3 Action Plans developed in CAAS support and validate actions in PAM.

Table 1 Assessment Definitions

Not Applicable	Does not apply to either the organisation or there is no need to prepare an action plan.
Outstanding	Compliant plus evidence of high quality of service and innovation
Good	Compliant, no action requires (where there was no policy, other documents, procedures & processes were in place to mitigate.
Minimal Improvement	The impact on patients/staff/organisation has the potential to be low.
Moderate Improvement	The impact on patients/staff/organisation has the potential to be medium
Inadequate	Action is required quickly – high impact for patients/staff.

Table 2 Domain Definitions

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 and social outcomes.
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 it's premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.
Organisation 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.

Summary of findings:
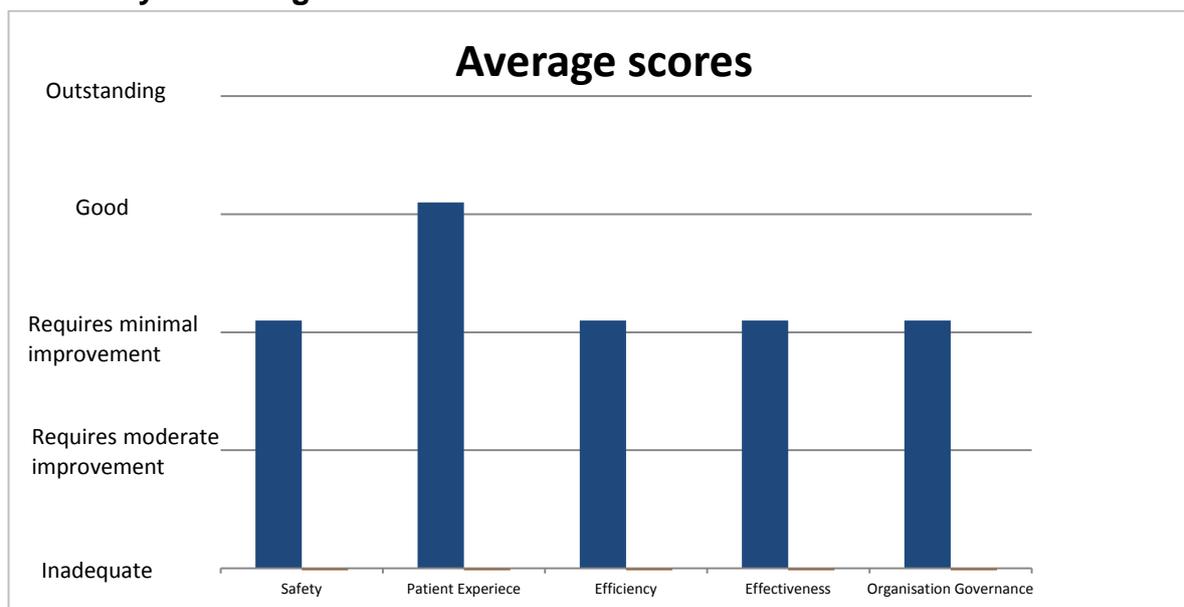
The Trust has reported a mixture of "Requires minimal Improvement" and, "Good" ratings.

2.4 The Trust has been in a transitional period (reporting on the first 12 months) following the repatriation of Estates & Facilities (E&F) services back to an "in-house" service model, and this has made the 2016/17 PAM assessment period somewhat of an 'outlier' due to the exceptional circumstances experienced during this period. The Senior Management Team are in the final stages of restructuring the E&F services to deliver improvements in the delivery of estates and facilities services across the Trust. During this period all "Risks" were evaluated and action was taken to enable E&F services to consolidate and achieve a steady state.

2.5 Work-stream groups including, Asset Group, IT systems, Safe Systems of Work and Works/Contractor Controls, were set up to ensure the smooth transformation of services to a steady state within the first 12 months of delivering E&F in-house services. This provides a platform to fully implement the transformed E&F service delivery model to support the Trust's Sustainable Development Management Plan (SDMP).

2.6 The PAM assessment has not identified any high level concerns or risks. Some moderate risks do exist around policy gaps, resources and the lack of risk assessments and action plans in some areas i.e. the SDMP and updating the Estate Strategy. (Post report note – the SDMP has now been updated and the update of the Estate Strategy has commenced to support the Trust reconfiguration programme).

2.7 Another area identified as requiring improvement following the repatriation of outsourced E&F services back to an "in-house" service provision is the review, training and appointment of Authorised Persons and Competent Persons across the Estates Specialist Services. This is led by externally appointed and Independent Authorising Engineers' who have now been formally appointed by the Trust to provide guidance and assurance.

3.0 Summary by Domain

3.1 Safety (Hard FM):

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 and social outcomes.

SAQ code	Self-Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:	SAQ code	Self-Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
SH1	Estates and Facilities Operational Management	SH10	Mechanical Systems e.g. Lifting Equipment
SH2	Design, Layout and Use of Premises	SH11	Ventilation, Air Conditioning and Refrigeration Systems
SH3	Estates and Facilities Document Management	SH12	Lifts, Hoists and Conveyance Systems
SH4	Health & Safety at Work	SH13	Pressure Systems
SH5	Asbestos	SH14	Fire Safety
SH6	Medical Gas Systems	SH15	Medical Devices and Equipment
SH7	Natural Gas and specialist piped systems	SH16	Resilience, Emergency and Business Continuity Planning
SH8	Water Systems	SH17	Reporting and implementing Premises and Equipment issues
SH9	Electrical Systems	SH18	Contractor Management
		SH19	Safety and Suitability of Premises and Services

## Average scores - Safety Hard
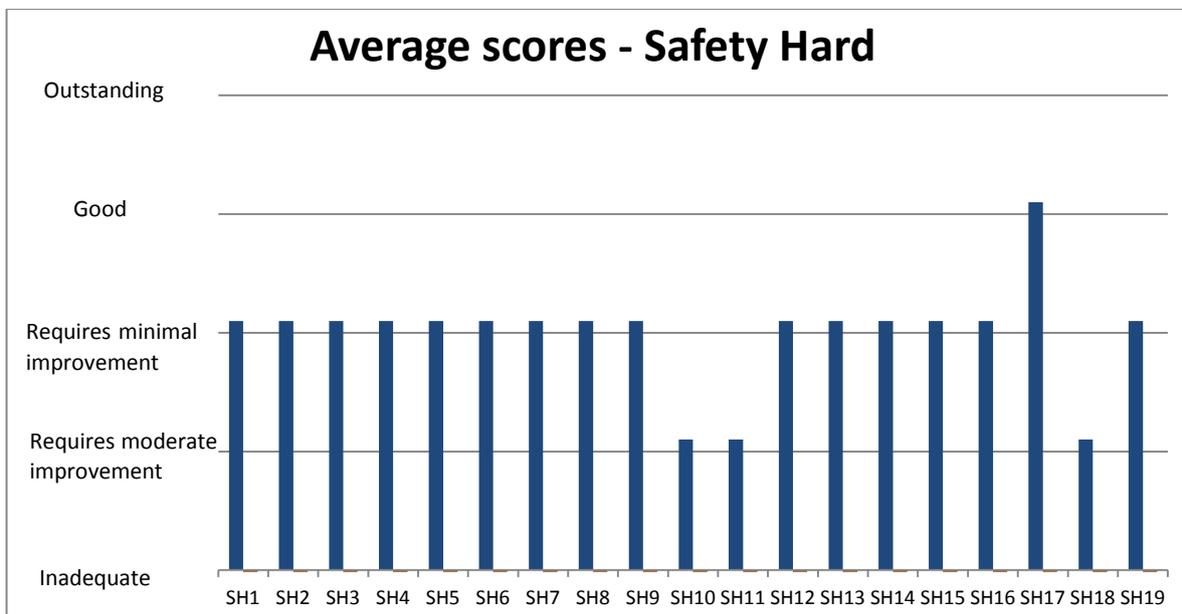
Overall this domain scored, "Requires minimal improvements".

3.2 No serious risks to the organisation were identified in the Hard FM Safety field. Many of the improvements required will be addressed through the new Estates Strategy and timely review / amendment to various policies and procedures. Some policy gaps that represent a moderate risk were identified within the safety fields.

3.3 Safety (Soft FM):

The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, and Soft FM Services meet appropriate levels of safety to provide premises that supports the delivery of improved clinical and social outcomes.

SAQ code	Self-Assessment Question - Is the Organisation/site 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 Services and Linen
SS6	Security Management
SS7	Transport Services and access arrangements
SS8	Pest Control
SS9	Portering Services
SS10	Telephony and Switchboard

Average scores - Safety Soft FM
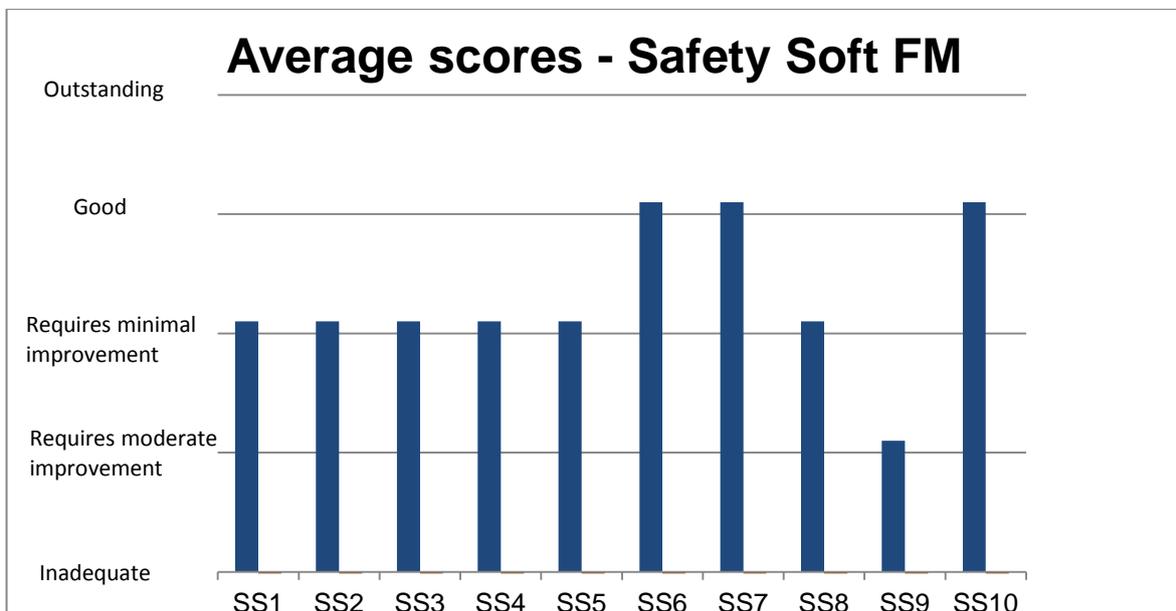
Overall this domain scored, "Requires minimal improvements".

3.4 Some of the risks in this domain can be attributed to lack of resources, especially in domestic services, which is now being addressed via the restructuring and recruitment processes.

3.5 Generally where the Trust relies on service contracts to provide a service, i.e. Linen, Pest control, Window cleaning and Waste management, these are well managed, however it was noted that the Pest Control provider did not provide evidence of site Risk Assessment/COSHH data sheets. This is being addressed with the contractor.

3.6 Evidence of good practise can be seen in the Security Management, Transport & Access Arrangement and Telephony & Switchboard elements of this domain.

4.0 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.

SAQ code	Self Assessment Question - Does your organisation:
P1	How are people who use estates and facilities services, the public and staff engaged and involved?
P2	Ensure that patients, staff and visitors perceive that the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory?
P3	Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?
P4	Ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?
P5	Ensure that access and car parking arrangements meet the reasonable needs of patients, staff and visitors and are effectively managed at all times?

Average scores
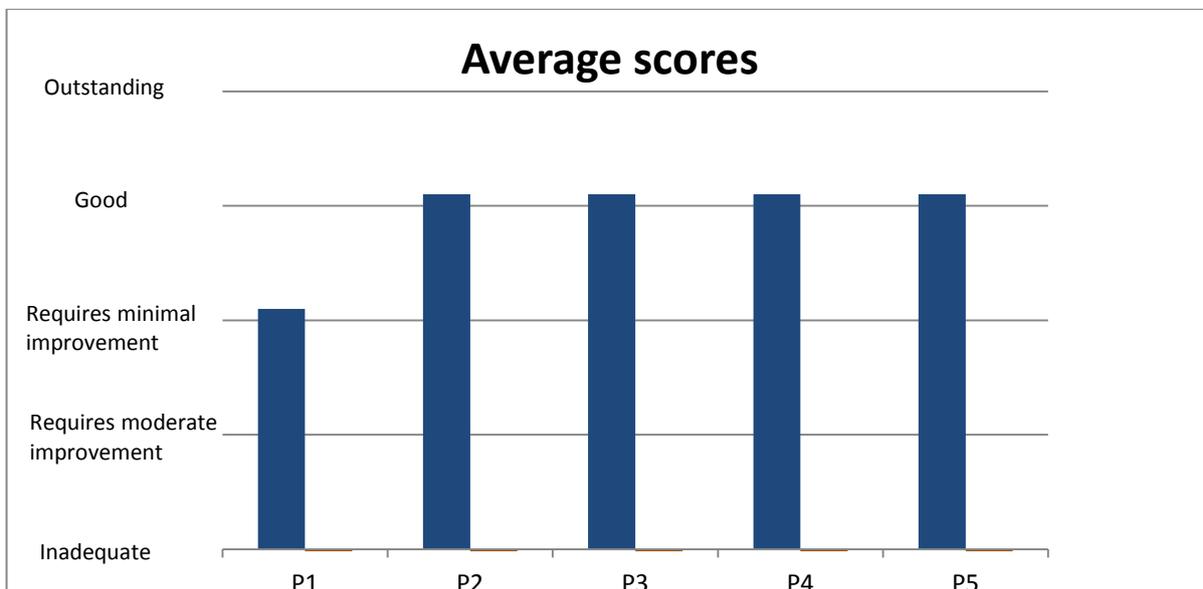
Overall this domain scored, "Good"

4.1 For this domain the Trust has good systems in place to ensure the Patient Experience is monitored and measured via PLACE, Staff engagement (Listening into Action – LIA) Staff appraisals, visitor engagement (Friends & Family Test) and Patient experience via Patients Information Liaison Services. Cleaning standard is also monitored by the E&F internal audit team and Catering meal audits are planned to start in the next PAM assessment period. All of the aforementioned audits/reports/surveys indicate resource issues that affect performance. This is being addressed in the new E&F transformation of services going forward.

4.2 The opening of the new multi storey car park has helped to relieve the pressures on car parking at the LRI.

4.3 Estates & Facilities have introduced a new colour coded way-finding system to Leicester Royal Infirmary site. The team have simplified the look of the directional way-finding information by linking the building way-finding signage to the colour coding with the updated hospital site plans, which is sent out with the patient appointment letter.

5.0   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.

SAQ code	Self Assessment Question - Does your Organisation/site have a well-managed approach to achieving value for money and cost improvements in relation to:
F1	A well-managed approach to performance management of the estate and facilities operations?
F2	A well-managed approach to improved efficiency in running estates and facilities services?
F3	Improved efficiencies in capital procurement, refurbishments and land management?
F4	A well-managed and robust financial controls, procedures and reporting?
F5	An Estates and Facilities services are continuously improved and sustainability ensured?

Average scores
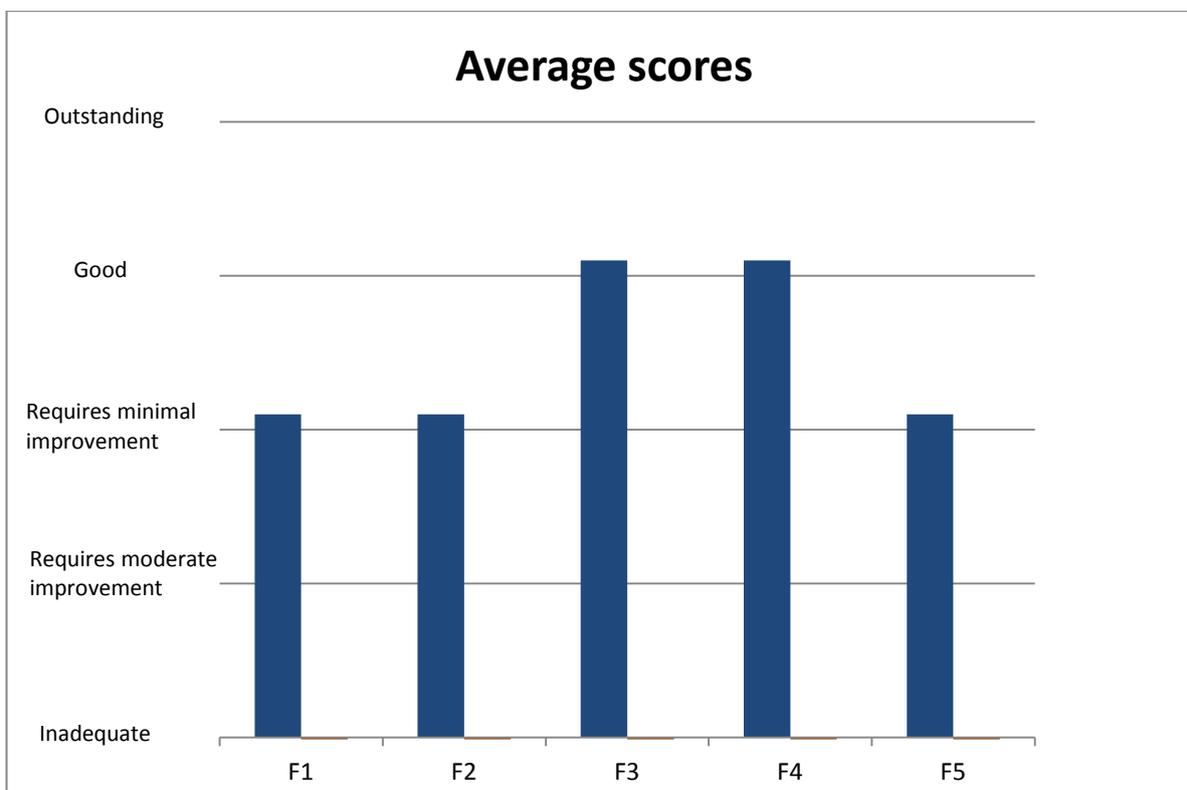
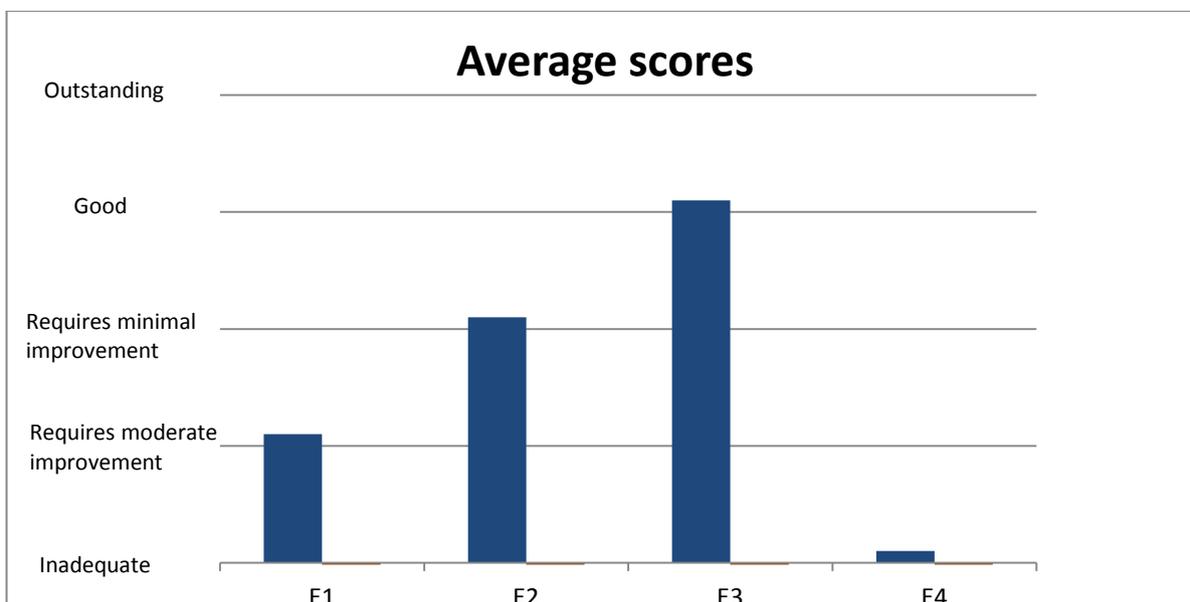Overall this domain scored, "Requires minimal improvements".

5.1 The Trust uses various tools for analysing performance including PLACE, ERIC, PAM, and CAAS internal audits, external audits (EHO & CQC), Authorised Engineers reports. The Estates Strategy is being refreshed in line with the Clinical strategy and the Lord Carter Report. Estates & Facilities benchmarking of this data is limited and efforts need to be made shared performance data with other departments & "Peer" groups.

5.2 The Estates & Facilities (Property Management Team) manage space information via the MiCAD system, which is configured to monitor performance as per Lord Carter's recommendations for space utilisation, which is broadly in line with the targets set in the Lord Carter report.

6.0 Effectiveness

The organisation provides assurance that its premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.

SAQ code	Self Assessment Question - Does your Organisation/site:
E1	A clear vision and a credible strategy to deliver good quality Estates and Facilities services
E2	A well-managed approach to town planning
E3	A well-managed robust approach to management of land and property
E4	A well-managed annually updated board approved sustainable development management plan

Average scores

Overall this domain scored, "Requires moderate improvements", with the sustainability element of this domain scoring inadequate.

6.1 The Trust's Estates strategy is currently being updated to reflect the Trust's five year plan and the Lord Carter Report recommendations.

6.2 The Trust's Sustainability Development Management Plan (SDMP) is currently being reviewed and updated, with a view to being Trust Board approved in 2017.

6.3 The E&F Property Team manages the Trust's property portfolio. The Trust's Estates/Property Terrier is regularly updated on the MiCAD database.

7.0   Governance:

7.1 How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations.

7.2 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.

SAQ code	Self Assessment Question - Does your organisation:
G1	Does the Estates and Facilities governance framework have clear responsibilities and that quality, performance and risks are understood and managed?
G2	Does the Estates and Facilities leadership and culture reflect the vision and values, encouraging openness and transparency and promoting good quality estates and facilities?
G3	Does the Board have access to professional advice on all matters relating to Estates and Facilities assurance and linked to Regulators and Inspectors requirements?

Average scores
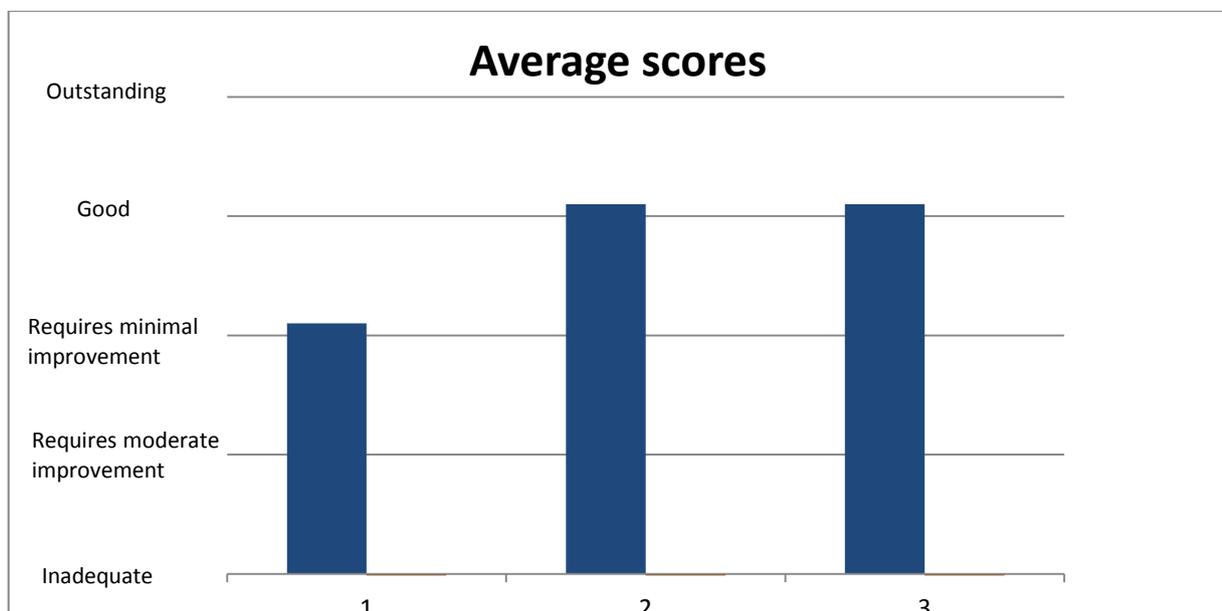
Overall this domain scored, "Good"

7.3 The Trust's has an effective Corporate Risk Management in place and the transformation of the Estates & Facilities services include a dedicated Risk Management & Governance Team within E&F.

8.0   Conclusions

The NHS PAM tool provides evidence and assurance of the current position of Estates and Facilities Terrier and direction of travel, with regard to future improvement and development of the overall domain standards.

8.1 Where gaps have been identified, action plans are generated to ensure that non-conformances with PAM standards are recorded and appropriately managed to closure in order to demonstrate continuing and targeted improvement (Appendix 1).

8.2 The objective for Estates and Facilities (E&F) to achieve a 'steady state' in the 12 months following the repatriation of Facilities Management services in May 2016 has been achieved and the E&F Senior Management team have moved into the next phase of the E&F transformation plan to improve the performance and compliance levels across the Estate and Facilities Management services.

9.0   Recommendations

The Trust Board are requested to support the following recommendations:

9.1 To acknowledge the 2016/17 PAM assessment findings and the progress made to achieve a compliance 'steady state' position for the Estates & Facilities services within the first year of repatriation of outsourced services.

9.2 To support the use of the 2016/17 PAM findings as year one of the two-year PAM assessment period. The two-year assessment period will also demonstrate areas of continuing progress and identify any other areas requiring improvement. A current action plan summary from PAM is attached as Appendix I.

Appendix I   Action Plan Overview by Domain

Safety (Hard FM)

PAM Ref	Action	Progress Update	Lead	By When	RAG status
SH10 & 11	Policies gaps	Write a Policy for Mechanical systems (including lifts), & Ventilation systems	Senior Technical Compliance Manager	30/09/17	4
SH5, 9 & 14	Update existing policies to reflect the transformation of E&F services	Update existing Asbestos, Fire & Electrical systems policies	Compliance Team	30/08/17	4
SH18	Contractor / Project Management	Develop central point of control to ensure Trust wide compliance to the Management of Contractor policy	Statutory Compliance Manager	30/10/17	4

Safety (Soft FM)

PAM Ref	Action	Progress Update	Lead	By When	RAG status
SS9	Portering Services	Ensure Standard Operating Procedures are implemented across all UHL sites	Facilities Manager	30/09/17	4
SS8	Pest Control	Ensure site Risk Assessments & COSHH data sheets and Risk Assessment are readily available	Facilities Manager	30/08/17	4
SS4	Domestic Services	Ensure adequate resources are available to deliver an efficient service	Head of Facilities	30/09/17	4

Effectiveness

PAM Ref	Action	Progress Update	Lead	By When	RAG status
E1	Estates Strategy	Refresh Estates Strategy to reflect the transformation of E&F services	SMT	30/08/17	4
E4	Sustainability Development Management Plan (SDMP)	Develop the Trust's SDMP in line with the Clinical and Estates Strategies		30/06/17	5

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced