

Premises Assurance Model Annual Report 2020 2021

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Trust Board paper L

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		EQB – July 2021 – Decision & Assurance
Trust Board Committee		
Trust Board		

Executive Summary

Context

This summary report reviews the 2020/21 Premises Assurance Model Annual Report. The full Premises Assurance Model Annual Report is published on UHL's external website and can be accessed by clicking on the link below:

[UHL Premises Assurance Model Annual Report 2020-21](#)

Since 2020, it is mandatory for all Trusts to complete the Premises Assurance Model (PAM) self-assessment tool and submit their self-assessments to NHSE/I. This paper is submitted to provide an annual review of the Trust's current position obtained from the completion of the Department of Health Premises Assurance Model (PAM) self-assessment. 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 1st April 2020 to 31st March 2021.

Key themes from this report:

- Year one (2020/21) position of the two year assessment period.

- A mainly comparable position since the 2020 PAM report has been maintained despite significant operational, financial & workforce pressures and a shift off-trajectory due to the influence of COVID 19 during the end of the reporting period for this report.
- Results reflect that Estates & Facilities have maintained a 'steady state' in-house service provision, but there are signs that services are increasingly stressed to maintain or improve this position due to the lack of investment in E&F operational services, buildings, infrastructure and equipment.
- A number of the data fields scored good or requiring minimal improvement to achieve good, however, this position has remained mainly static and will require additional resources to make a significant impact and go forward to the next level of performance and compliance.

Questions

- What benefit does the Trust get from PAM?
- Will the data be benchmarked nationally?
- What is the process for updating PAM to ensure it remains relevant between annual reviews?

Conclusion

1. Completing the PAM self-assessment ensures the Trust complies with the mandatory requirement to undertake these self-assessments and submit them to NHSE/I. PAM also provides assurance to the Trust Leadership across the range of Estates & Facilities services and identifies areas requiring improvement.
2. Going forward, plans are in development to benchmark PAM against similar Acute NHS Trusts. PAM feeds into the Trust's annual Estates Return Information Collection (ERIC) to the Department of Health which is benchmarked nationally.
3. The E&F Compliance team co-ordinate the Trust's PAM return including collating and checking information from the Trust stakeholders. A six monthly review of PAM is scheduled in the Compliance Team's annual work plan.

Input Sought

The Trust board are asked to note that the 2020/21 PAM has delivered outcomes broadly in-line with the previous 2019/2020 PAM assessment. Further progress was hampered by financial, resource and workforce pressures. Whilst the overall summary table indicates 'minimal' improvement required in many fields to achieve a 'good' rating, this should be considered in the context of UHL as a large and complex organisation that will require additional investment, along with efficiency gains to achieve the next step up.

The Trust board are asked to support implementation of a new two-year PAM assessment cycle covering the periods 2020/21 and 2021/22 to provide premises assurance across the PAM fields.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Yes
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Yes
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Investment in sustainable Estate and reconfiguration	Yes
e-Hospital	Not applicable
Embedded research, training and education	Not applicable
Embed innovation in recovery and renewal	Not applicable
Sustainable finances	Not applicable

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?

Not Applicable

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required.

None were required directly, however this self-assessment does take in to consideration the results of PLACE (suspended in 2020 due to COVID) and other feedback received.

- How did the outcome of the EIA influence your Patient and Public Involvement ?

Not Applicable

- If an EIA was not carried out, what was the rationale for this decision?

This paper has no impact on Equality, however it does report on Health and Safety measures, including accessibility.

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	Estates Infrastructure Risk
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	Estates Infrastructure Risk
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: TBC
6. Executive Summaries should not exceed **5 sides** My paper does comply