Premises Assurance Model Annual Report

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Paper D

REPORT TO:

DATE: May 2021

REPORT BY: Bharat Lad, Information Manager

SUBJECT: Premises Assurance Model (PAM)

Introduction

The NHS Premises Assurance Model (PAM) enables NHS Trusts to utilise an evaluation model that produces a range of nationally recognised performance metrics across Estates & Facilities services. Department of Health guidelines give NHS Trusts the option of carrying out one or two year PAM assessments. As from April 2020 PAM will be included in the NHS Standard Contract.

The current UHL PAM assessment was configured to be populated across a two year period, thus making the current 2020/21 data set year one of two.

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

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.

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.

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.

Methodology of Assessment

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

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

Additionally, the use of Task & Finish (T&F) Groups was used to support and verify the PAM evidence provided by the Peer groups. T&F groups provides the Trust to drill down and look at performance & processes in relation to the following compliance areas; Asbestos, Fire Safety, Ventilation, Waste Management & Water
Action Plans developed in the Task & Finish support and validate actions for PAM.
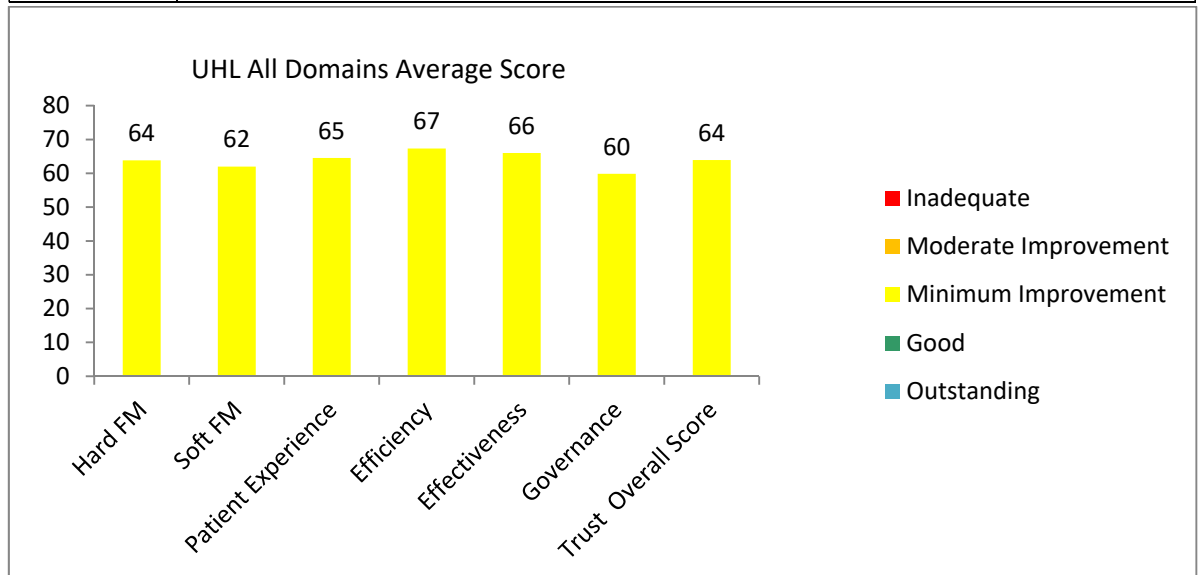
Rating Scale

A new Rating system has been developed for this report, which will show a % score against each domain and each element within the domain. The reader will be able to see changes within each Rating Scale. Where the overall rating hasn't change, the reader will be able to see where the Trust is positioned within each rating by the percentage score. *See appendix 2* – PAM Dashboard.

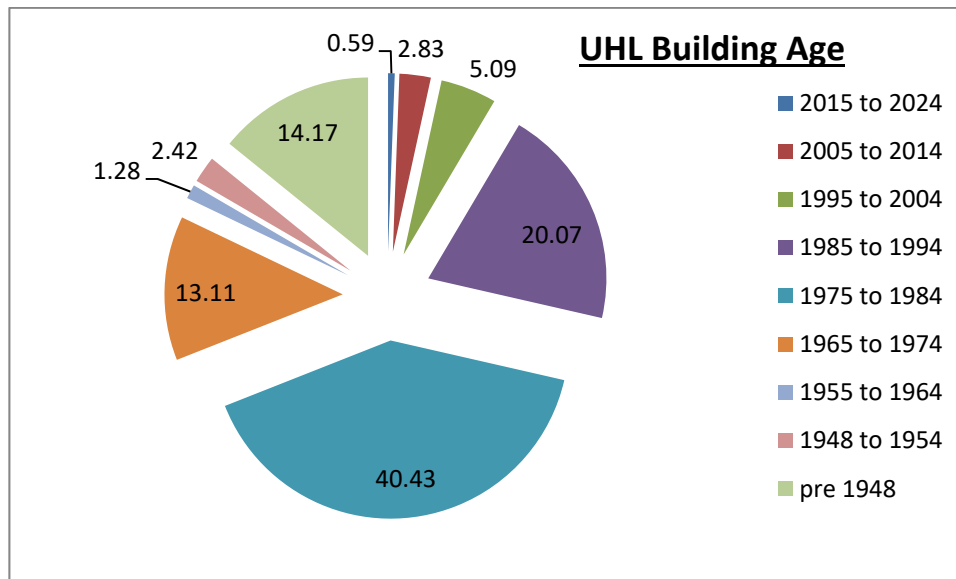| Rating	% Score	Definition
Not Applicable	N/A	Does not apply to either the organisation or there is no need to prepare an action plan.
Outstanding	96-100%	Compliant plus evidence of high quality of service and innovation
Good	80-95%	Compliant, no action requires (where there was no policy, other documents, procedures & processes were in place to mitigate.
Minimal Improvement	60-79%	The impact on patients/staff/organisation has the potential to be low.
Moderate Improvement	40-59%	The impact on patients/staff/organisation has the potential to be medium
Inadequate	0-39%	Action is required quickly – high impact for patients/staff.

Overall Summary

Table 1

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.

UHL All Domains Average Score

Legend:
- Inadequate
- Moderate Improvement
- Minimum Improvement
- Good
- Outstanding

Values: Hard FM 64, Soft FM 62, Patient Experience 65, Efficiency 67, Effectiveness 66, Governance 60, Trust Overall Score 64

The Trust reported mixture of "Requires Moderate Improvement" and, "Minimum Improvement" ratings.

The 2020-21 PAM results are broadly comparable with those reported 12 months ago. Financial, resource pressures and COVID 19 has been a barrier to further progress. There is a risk across four of the five domains in table 1 that any of them could drop from 'minimum improvement required' to 'moderate improvement required' if workforce gaps and building, infrastructure and equipment attrition is not funded to drive improvement. Some buildings and infrastructure equipment has been well maintained beyond the design lifecycle and in some cases out of scope with revised standards and national guidance currently in place. This is best illustrated when we look the age profile of the UHL building stock, which clearly confirms that over 50% of our estate, was built between 1965 & 1984 and over 73% was built between 1965– 1994 - see table below:

UHL Building Age

0.59
2.83
5.09
14.17
1.28
2.42
20.07
13.11
40.43

- 2015 to 2024
- 2005 to 2014
- 1995 to 2004
- 1985 to 1994
- 1975 to 1984
- 1965 to 1974
- 1955 to 1964
- 1948 to 1954
- pre 1948

The Trust was Successful in 2019/20 with a ~~the~~ bid for the emergency backlog monies £10.3m and whilst progress has been made in reducing the Trust's overall Backlog, there is still a significant level of risk in areas including legionella, pseudomonas, critical ventilation, fire safety, theatres, medical gas, asbestos, and electrical infrastructure., which is reflective of an aging estate.

The Trust was also successful in their bid for £450m of capital investment over the next 5 years, from the Government to fund the Trust's clinical services reconfiguration plan.

The £450m programme includes:

- A new Maternity Hospital and dedicated Children's Hospital at the Royal Infirmary
- Two 'super' intensive care units with 100 beds in total, almost double the current number
- A major planned care Treatment Centre at the Glenfield Hospital
- A new stroke rehabilitation unit and primary care/diagnostic hub at the General Hospital
- Additional car parking

Whilst this will drive improvement in patient care and compliance to current standards, the Trust's maintenance backlog liability will remain in excess of £90 million and in need of a committed five year investment plan aligned to the Trust's 'Becoming the Best' objective

Summary by Domain

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.

Table 2

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	Safety Alerts
SH9	Electrical Systems	SH18	Externally Supplied Estate
		SH19	Contractor Management
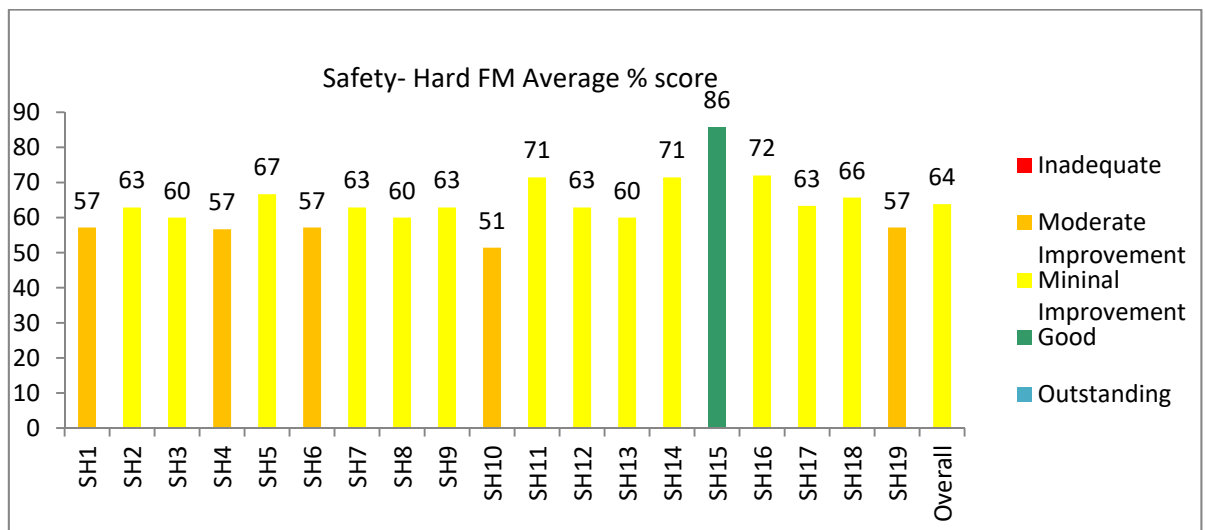
Overall this domain scored, "Requires minimal improvements".

During this reporting period Trust's Estates team maintained a relatively steady state position, but progress was limited due to staff recruitment and retention pressures. Currently Estates Specialist Services have a shortage of Authorised Persons (APs) and Competent Persons (CPs) to fully meet the requirement of Health Technical Memorandum (HTM) guidance for Piped Medical Gases, Electrical Low Voltage, Boilers and Pressures, Lifts & Ventilation services. Both HV & LV policies are currently been being reviewed ready for submission for re-approval in May 2021. Funding and course selection for new AP and CP appointments and refresher training will be sourced in-line with a training matrix developed for these roles. A new Authorising Engineers is being sourced for Electrical High and Low Voltage and this will help drive the electrical AP appointment process

A recent audit of critical ventilation systems has identified a number of non-conformances to current standards in clinical areas and a number of ward upgrades required to meet Covid-19 isolation requirements. It will not only require additional capital funding to address the engineering and environmental issues it will also require access and business interruption to the service provision to carry out the work. The Ventilation Policy is currently been reviewed.

Water systems in a number of augmented care areas continue to record elevated Pseudomonas results that are controlled by implementing Infection Prevention patient risk assessment measures such as the introduction of microbiological filters in areas such as AICU, Maternity, BMTU, Osborne Building and PICU. However, in order to fully address the underlying causes it will be necessary to carry out substantial improvements to the water distribution systems requiring ward/area closures for the duration of the work.

A full review of all UHL's Water Risk Assessments has been commissioned across the UHL and emergency backlog monies have been made available to reduce priority work identified in the new Water Risk Assessments (WRA).

A Trust Asbestos Management Plan has been approved and an Asbestos AE/Co-ordinator role has been appointed.

Funding has been made available from the Emergency backlog monies for fire safety in terms of upgrading fire safety systems and fire compartmentation.

Successful implementation of Safe Contractor will ensure that all Estates & Facilities contractors have the appropriate accreditation /qualified employee/safety system in place, to carry out work within their specific area of expertise across all UHL sites.

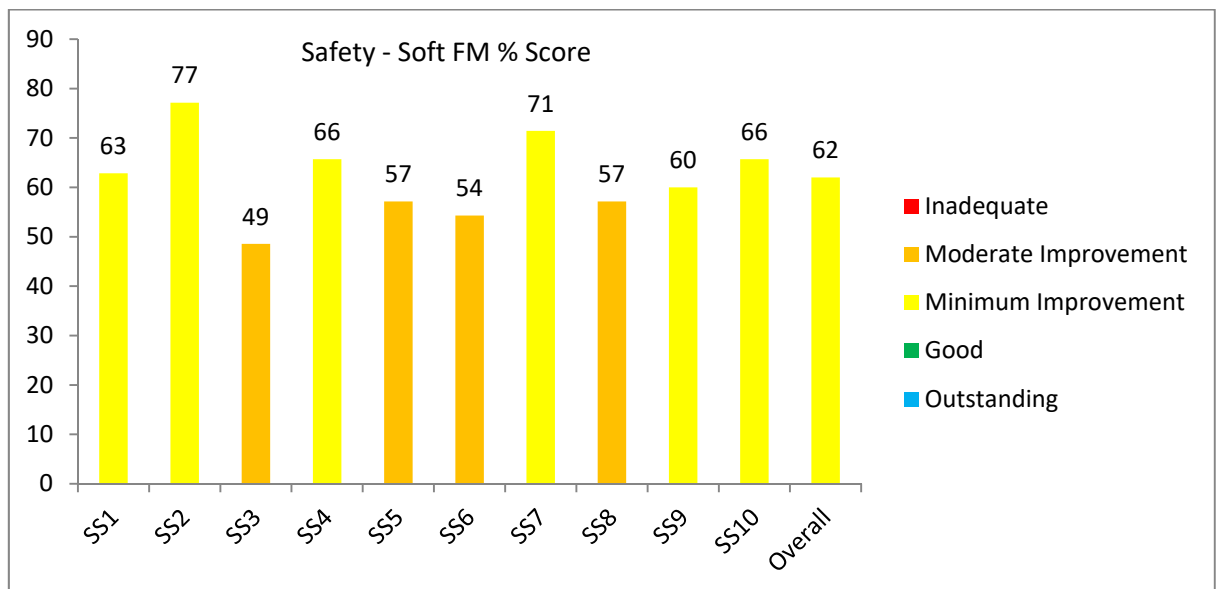| SAQ Code	SAQ Element With Moderate Improvement & Below Rating	Moderate Improvement Element	Actions Assigned to Achieve Improvement
SH6	Medical Gas Systems	AE audits (2020) requires action plans developing	Task & Finish Group set up to review actions
SH8	Water Systems	Water Risk Assessment (WRA) require updating	Appointed Contractor to carry out WRA
SH8	Water Systems	Water outlets and associated fittings identified as non-conformant with current standards for controlling Pseudomonas in augmented care areas. Potential significant disruption to patient care at ward/local level an increased risk of Pseudomonas infection due to non-conformant water outlets.	Replace water outlets and fittings as identified in the water risk assessments.\n\nPseudomonas infection due to non-conformant water outlets. Interim control measures in place to control the risk until access is possible to carry out permanent solution.
SH9	Electrical Systems	Roles & responsibility - Authorised Person (AP) and Competent Person (CP) require formally	New AE currently being source who will then review and appoint the AP's and then the relevant CP's can be appointed

		appointing to comply with HTM	
SH9	Electrical Systems	Failure of the electrical system would impact on the Trust's ability to deliver its services due to some critical services not currently connected to current standby generator electrical systems. Interruption to patient care.	Align Clinical, Business Continuity and Capital plans to prioritise funding allocation. Programme of works to install generator connection points is a priority.
SH10	Mechanical Systems	No Policy in Place to give guidance for roles & responsibilities within this sector	Develop Mechanical Systems policy in 2021
SH11	Ventilation Systems	Policy out of date	Policy being reviewed by Authorising Engineer (AE)
SH11	Ventilation Systems	Critical Ventilation Systems do not meet current standards. Increased risk to patients and staff from sub-optimal efficiency and sudden failure.	Ventilation Authorised Engineer appointed. Multi-disciplined Ventilation Task and Finish Group set up to develop strategy. Programme of annual theatre closures to be agreed with Clinical/operational staff. Ten year Programme for theatre upgrade investment to be developed.
SH19	Contractor Management	Interim policy in place.	Update Policy now that Contractor Accreditation Process (Safe Contractor) is in place

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.

Table 3

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

Safety - Soft FM % Score

SS1: 63, SS2: 77, SS3: 49, SS4: 66, SS5: 57, SS6: 54, SS7: 71, SS8: 57, SS9: 60, SS10: 66, Overall: 62

Legend: Inadequate, Moderate Improvement, Minimum Improvement, Good, Outstanding

Overall this domain scored, "Requires minimal improvements".

A general lack of movement across the soft Facilities Management fields in this domain can be attributed to COVID 19 pressures, workforce gaps, equipment suitability & end of equipment lifecycle, especially in Domestic services and Catering services. Waste is another area of concerns. The Trust's clinical waste storage capacity is exceeded as a result of insufficient collections and empty waste bin returns by the waste disposal company.

Works relating to improvement notices relating to the Fabric of the Building are completed in the ward kitchen, however more substantial work is still to be completed in the main kitchen areas to address condensation issues. 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. Service provider, including car parking providers have been outstanding in assisting the Trust during the COVID 19 outbreak. Automatic Number Plate Recognition (ANPR) is being installed to the main car parks at GH and LRI. UHL Travel Plan is being updated to reflect the Reconfiguration Project.

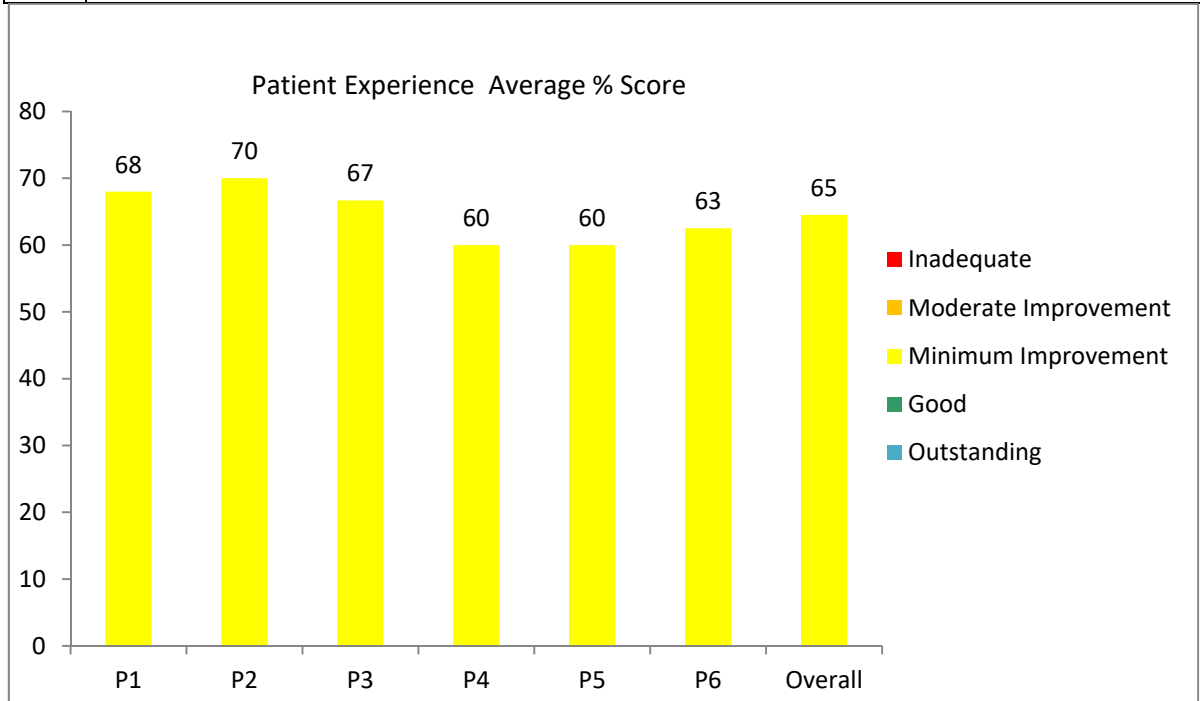PLACE was suspended by the DoH for all Trusts 2020 due to COVID 19.

SAQ Code	SAQ Element With Moderate Improvement & Below Rating	Moderate Improvement Element	Actions Assigned to Achieve Improvement
SS3	Waste & Recycling Management	Waste policy needs updating to drive improvement within this service. UHL waste collection capacity is at a critical stage.	UHL are working with waste provider to ensure waste collections meet demand
SS4	Cleanliness & Infection Control	There is a risk of not complying with the National Specification for Cleanliness standards risk input hours required. On-going lack of resource impacts on quality of service delivery	Recruitment drives to fill vacancies. Phased approach to recruitment of supervisory posts new financial year.
SS5	Landry Services & Linen	Review Risk Assessments	All Risk Assessment & COSHH RA are currently been reviewed & rolled out with appropriate training-targeting new starters
SS8	Pest Control	Pest Control Policy	Appropriate Service Lead to develop Pest Control Policy/SOP

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.

Table 4

SAQ code	Self-Assessment Question - Does your organisation:
P1	With regards to ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff can your organisation evidence the following?
P2	With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?
P3	With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?
P4	With regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?
P5	With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?
P6	How does your organisation/site ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?

Patient Experience Average % Score

P1: 68, P2: 70, P3: 67, P4: 60, P5: 60, P6: 63, Overall: 65

Legend: Inadequate, Moderate Improvement, Minimum Improvement, Good, Outstanding

Overall this domain scored, "Require Minimum Improvement"

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) Staff Appraisals, Visitor Engagement (Friends & Family Test) and Patient Experience via the Patient Information Liaison Services. Cleaning standards & meals are also monitored by the E&F internal audit team.

Patient-Led Assessments of the Care Environment (PLACE) was suspended by the DOH for all Trusts 2020, due to COVID 19.

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.

Table 5

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?
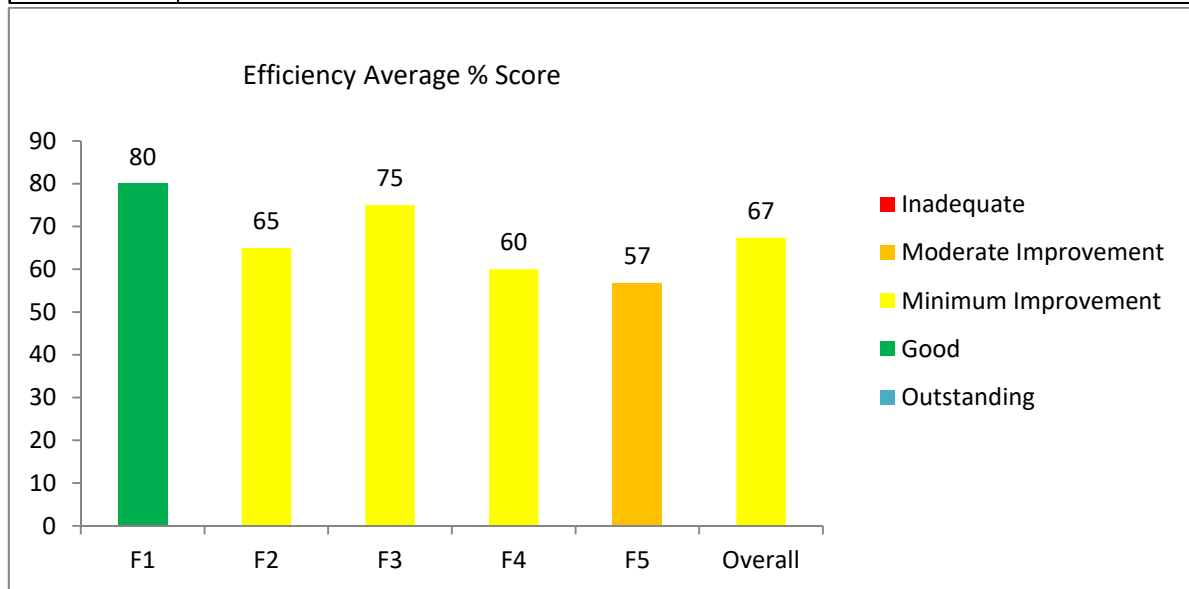
Overall this domain scored, "Minimum Improvement".

The Trust uses various tools for analysing performance including PLACE, ERIC, PAM (now mandatory from 2021), and audits. Independent external assurance is gained from Environmental Health Officer, Waste audits, CQC/Regularly inspections and Authorising Engineer's reports.

Data derived from the ERIC return and PLACE is benchmarked through the Department of Health's Model Hospital database. The E&F Property Management Team manage space information across the Trust using the MiCAD property management system, which is configured to monitor performance in accordance with Lord Carter's recommendations for space utilisation. See attached Carter Analysis Dashboard in *Appendix* I. Space Utilisation policy is currently under review. As a direct effect of COVID 19 the Trust's IT system was upgraded to allow many non-clinical /non-front staff to work from home, which now has been formalised in the Trust's Agile Working Policy.
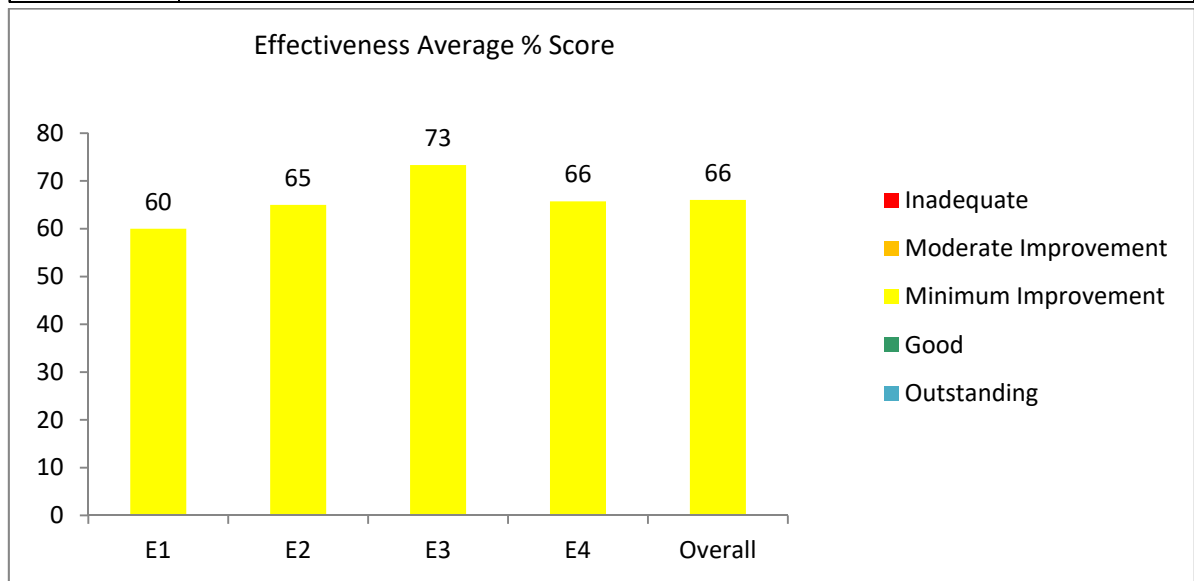
SAQ Code	SAQ Element With Moderate Improvement & Below Rating	Moderate Improvement Element	Actions Assigned to Achieve Improvement
F5	Are staff focused on continually improving the quality of estates and facilities services?	Costed action plans inconsistent depending on service.	Service Leads to ensure all action plans are approximately costed

Effectiveness:

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

Table 6

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

Effectiveness Average % Score

	Value
E1	60
E2	65
E3	73
E4	66
Overall	66

Legend:
- Inadequate
- Moderate Improvement
- Minimum Improvement
- Good
- Outstanding

Overall this domain scored, "Requires minimal improvements".

Whilst the Trust has a Sustainability Development Management Plan (SDMP) approved by the Trust board, implementation of the plan is restricted by a lack of funding and investment due to the Trust's financial position.

The Trust was successful in their bid for £450m of capital investment over the next 5 years, from the Government to complete our investment and reconfiguration plans.
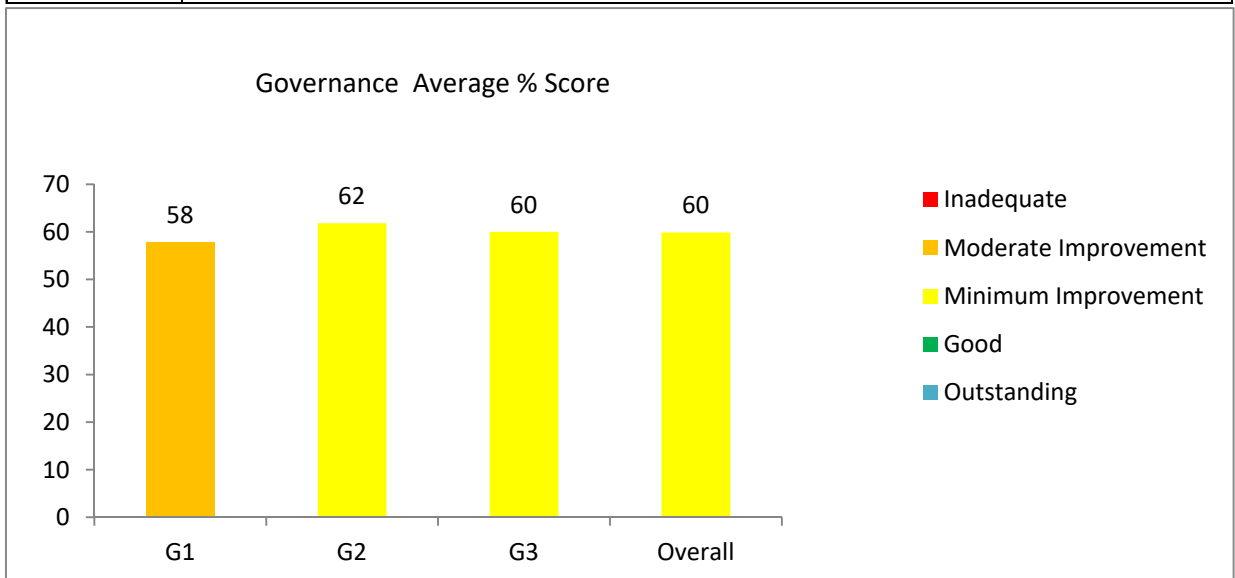
The £450m programme includes:

- A new Maternity Hospital and dedicated Children's Hospital at the Royal Infirmary
- Two 'super' intensive care units with 100 beds in total, almost double the current number
- A major planned care Treatment Centre at the Glenfield Hospital
- A new stroke rehabilitation unit and primary care/diagnostic hub at the General Hospital
- Additional car parking

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.

Table 7

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?

Governance Average % Score

G1: 58 — G2: 62 — G3: 60 — Overall: 60

Legend:
- Inadequate
- Moderate Improvement
- Minimum Improvement
- Good
- Outstanding

Overall this domain scored, "Requires minimal improvement"

Significant risks are reported through the Trust's risk management arrangements and capital funding is targeted to support the clinical strategy of the Trust and significant risks.

A number of policies are under review, including Waste policy, Electrical (LV-HV) policy, Ventilation Policy, Medical Gas Policy and Space Policy. High level trust strategy aligned to reconfiguration plans is currently refreshed. No Estates operational strategy.

SAQ Code	SAQ Element With Moderate Improvement & Below Rating	Moderate Improvement Element	Actions Assigned to Achieve Improvement
G1	Does the Estates & Facilities governance framework have clear responsibilities & that quality, performance & risks are understood & managed?	A number of policies are overdue for review, including: Waste policy, Electrical Low and high voltage policy, Fire policy, Medical Gas policy, Ventilation policy, Mechanical services policy, Security policy .	Service lead to review and update all out of date policies

Escalation to Risk the Register/Risk Assurance Framework

The risks identified throughout the PAM process are escalated appropriately via the Estates and Facilities Senior Management Team, where required they are assessed and entered onto the Divisional risk register. Risks are also raised at various specialist groups and committees and escalated to the Risk and Governance Group where they can be further escalated up to the Corporate Risk Register and the BAF as appropriate. Routine monitoring and tracking of action plans is undertaken at operational meetings, departmental audit and via Risk and Governance Committees and groups as required. Those most significant risks held on the Divisional Risk Register.
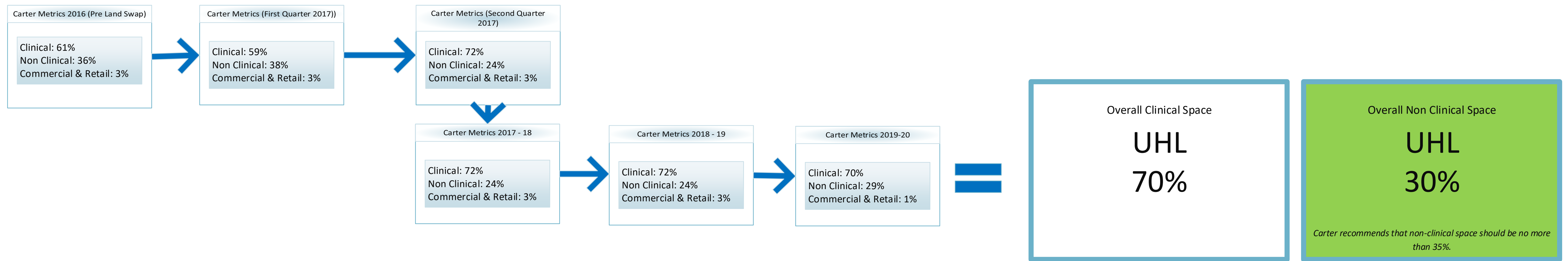
Conclusion

A mainly 'steady state' position has again been maintained despite significant financial, operational and workforce pressures experienced over this reporting period, including challenges caused by COVID 19, which will continue to have a direct effect on services provided by E&F for the short to medium term. E&F have adapted the way it operates to the, "new normal "by having an agile and flexible workforce, which will be needed to be supported by innovative ideas and strong leadership.

E&F are managing buildings, equipment and infrastructure that are approaching, or beyond their design lifecycle, thus making a sudden and unexpected failure and/or a non-conformance to standards more likely to occur and therefore new investment will continue to be required to comply with statutory standards, however, exciting times lay ahead and it is hoped that the Reconfiguration of the UHL sites will gather pace over the coming years- to support the Trust's Quality Strategy "Becoming The Best".

Recommendations
The Trust board is asked to accept this report and support the implementation of the PAM cycle starting April 1st 2021 and ending 31st March 2022. A report will be generated annually in-line with the DoH guidance and presented to EQB and the Trust board.

Carter Analysis Dashboard

Clinical and Non Clinical Space

Carter Metrics 2016 (Pre Land Swap)
Clinical: 61%
Non Clinical: 36%
Commercial & Retail: 3%

Carter Metrics (First Quarter 2017))
Clinical: 59%
Non Clinical: 38%
Commercial & Retail: 3%

Carter Metrics (Second Quarter 2017)
Clinical: 72%
Non Clinical: 24%
Commercial & Retail: 3%

Carter Metrics 2017 - 18
Clinical: 72%
Non Clinical: 24%
Commercial & Retail: 3%

Carter Metrics 2018 - 19
Clinical: 72%
Non Clinical: 24%
Commercial & Retail: 3%

Carter Metrics 2019-20
Clinical: 70%
Non Clinical: 29%
Commercial & Retail: 1%

Overall Clinical Space
UHL
70%

Overall Non Clinical Space
UHL
30%
*Carter recommends that non-clinical space should be no more than 35%.*

Carter Definition of Clinical and Non-Clinical

Clinical space is that used for the clinical treatment of patients, such as Wards, OPD, A&E, Theatres, ITU, SCBU, CCU, Day Surgery, Radiology, clinics etc.

Non Clinical space are those departments that are not accessible to patients, for example, administration offices, laboratories, industrial process, plant rooms, operational support areas and amenity areas (Carter, 2016).

Commercial and Retail is where the Trust earns income from external sources, both people and organisation from commercial activities both directly or indirectly. (EFM Consulting, 2016)

Yearly comparisons 2015 - 2020

UHL Clinical and Non-Clinical data 2015 - 2020

UHL V Carter Metrics
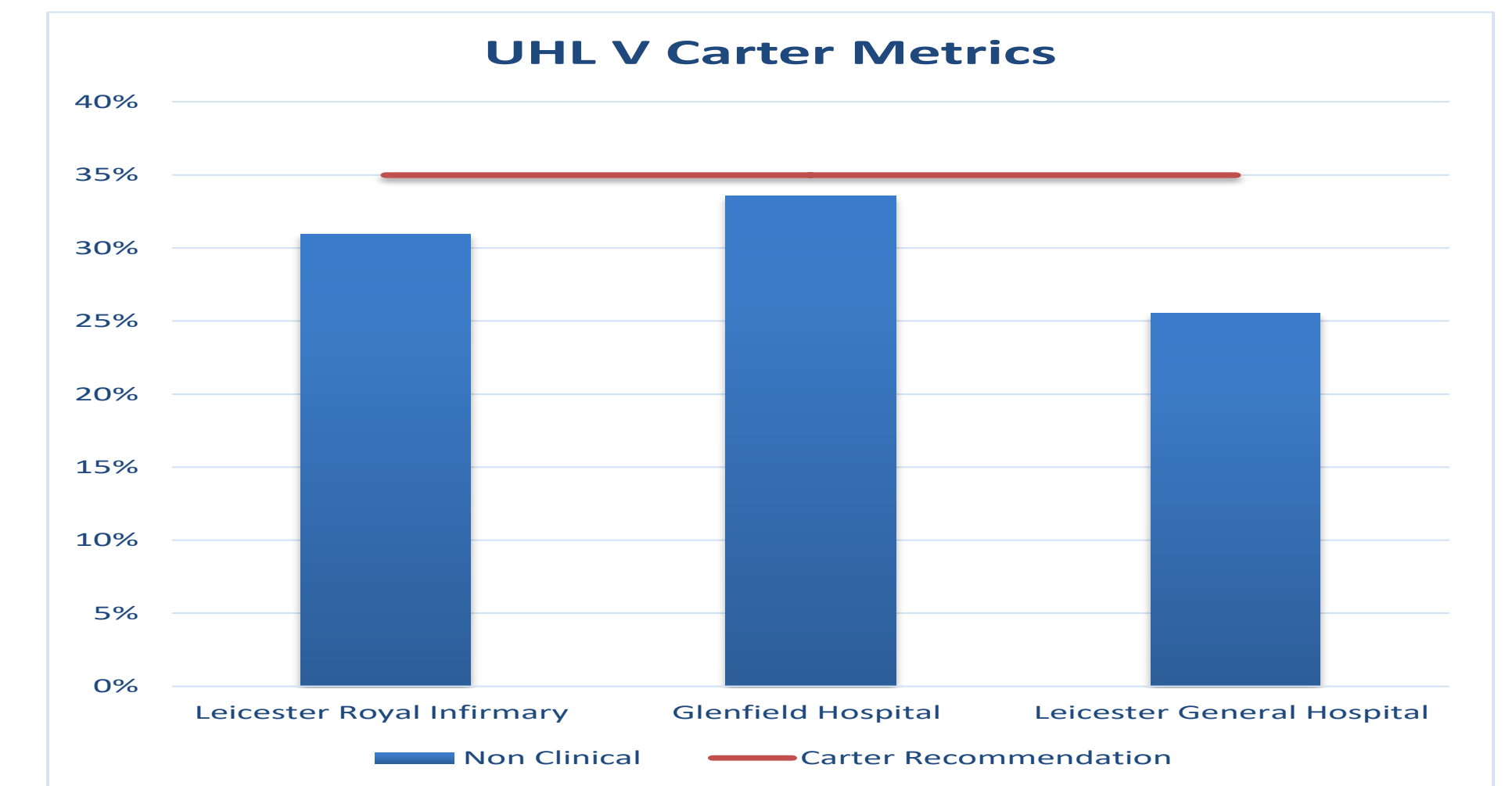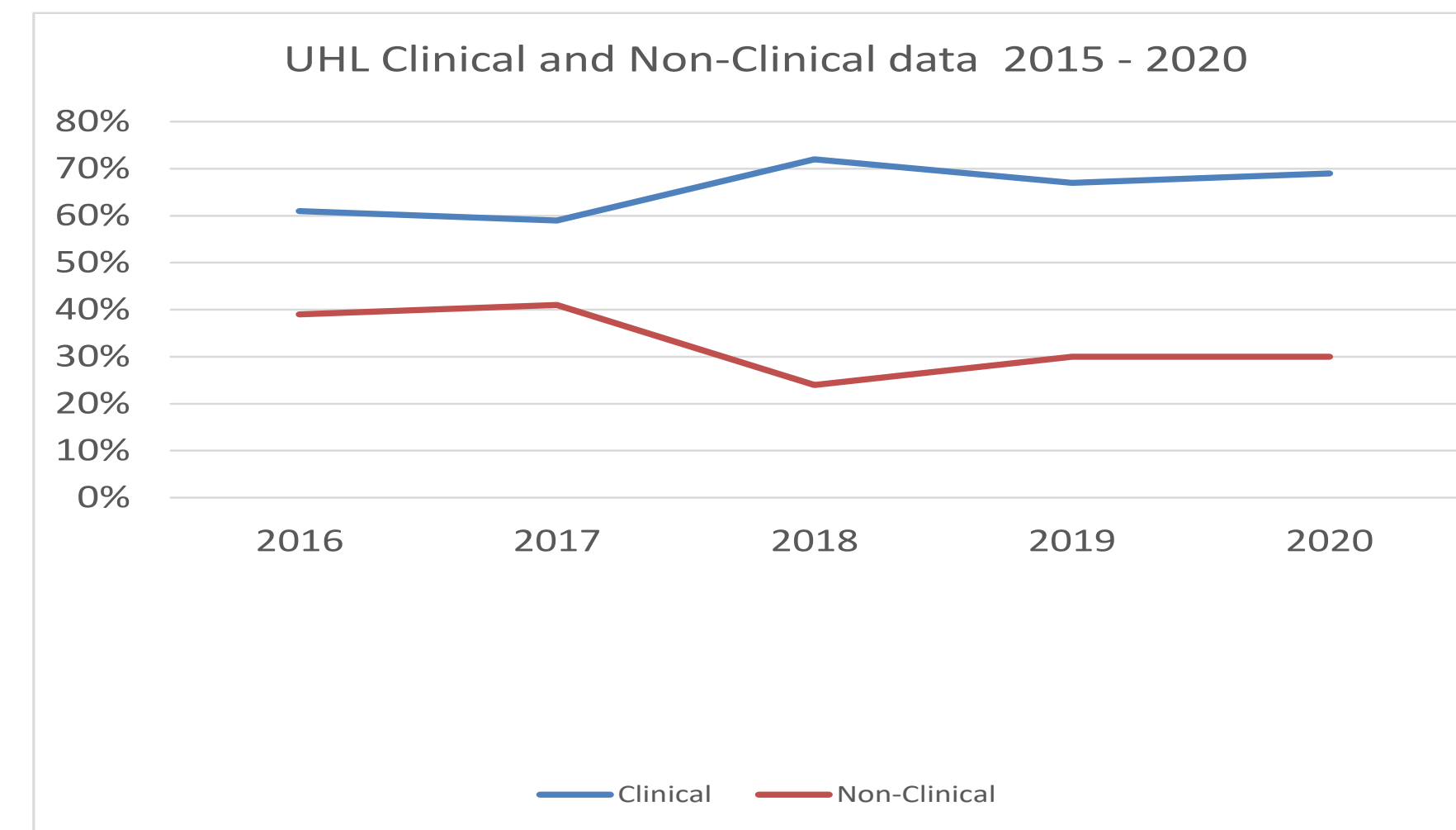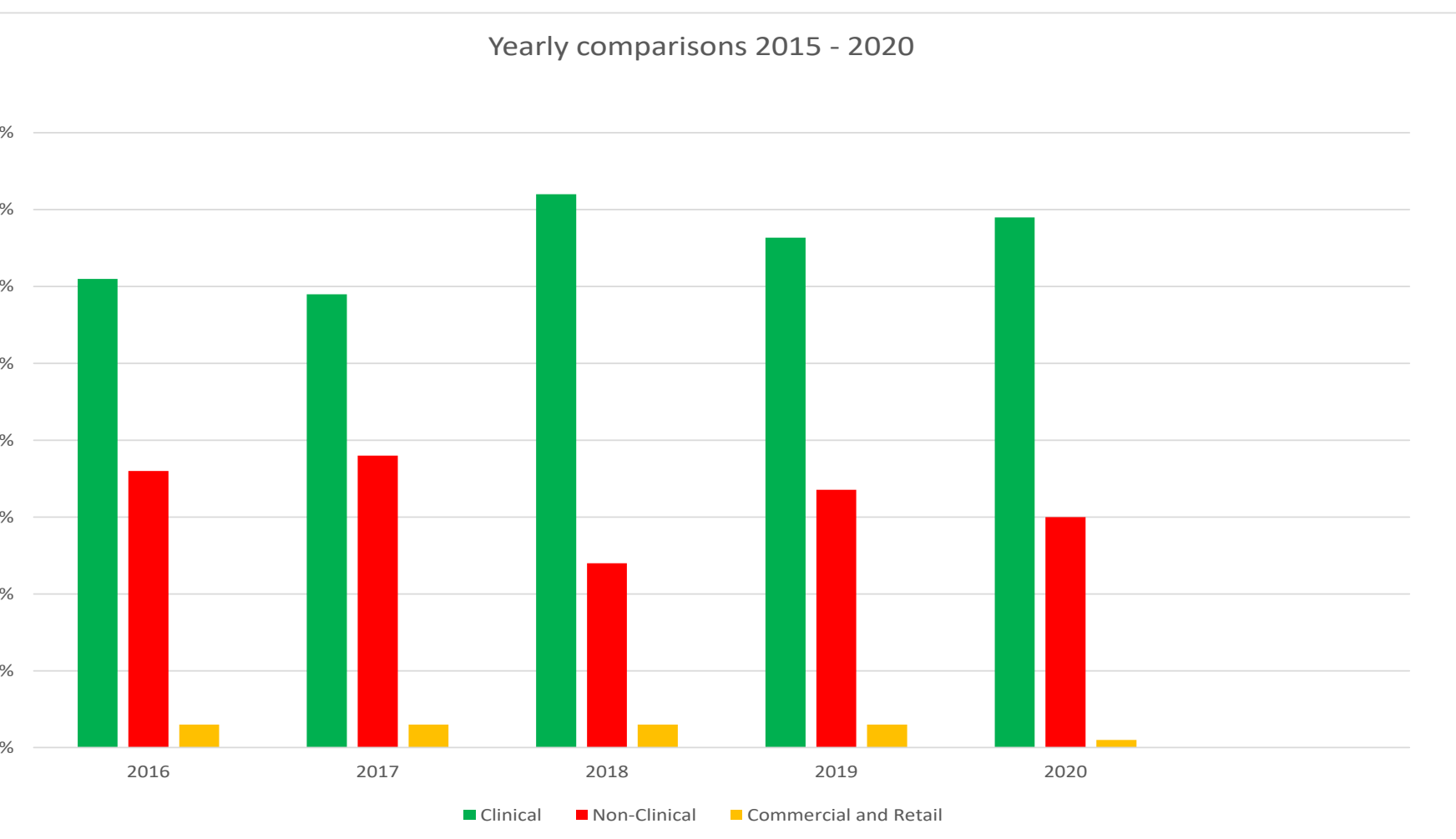
The yearly comparison charts demonstrates how the changes in definition affected the percentage of 'Clinical' and 'Non Clinical' spaces.

Changes in definition from ERIC to Carter

New definitions were brought in midway 2016 at short notice, and as such definitions were changed from 'Patient' and 'Non Patient Area' to 'Clinical' and 'Non Clinical'. An additional category was included in order to distinguish 'Commercial and Retail' space which was not part of the ERIC definitions. Following the new Carter changes the report highlights that only 35% of space should be non clinical. The graphical illustration above suggests that UHL is Carter compliant across the portfolio with the three sites averaging well below the recommended figure. During the second quarter of 2017 the figures were revised again decreasing the non clinical spaces by at least 18%.

Overall the UHL averages well below Carters recommendation, taking into account the UHL has acquired eight buildings from the recent land swap scheme. Once occupation for these buildings have been confirmed, this could reduce the non clinical percentage even more.

Vacant/Empty Spaces

UHL Vacant Space

	GH	LGH
Sum of Vacant Habitable	0	0
Sum of Vacant Not Habitable	2118.02	9457.29

Overall Vacant Space
UHL
0%
Carter recommends that the maximum amount of vacant space should only be 2.5%. Figure does not include buildings which are not fit for habitation.
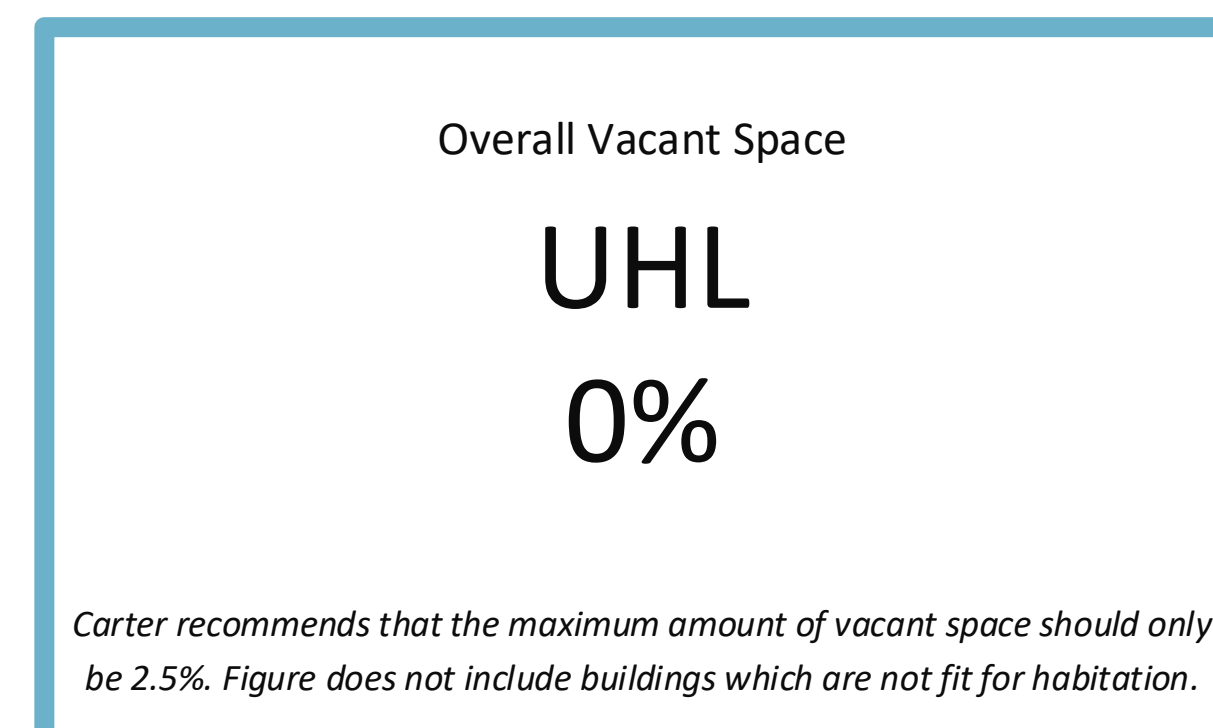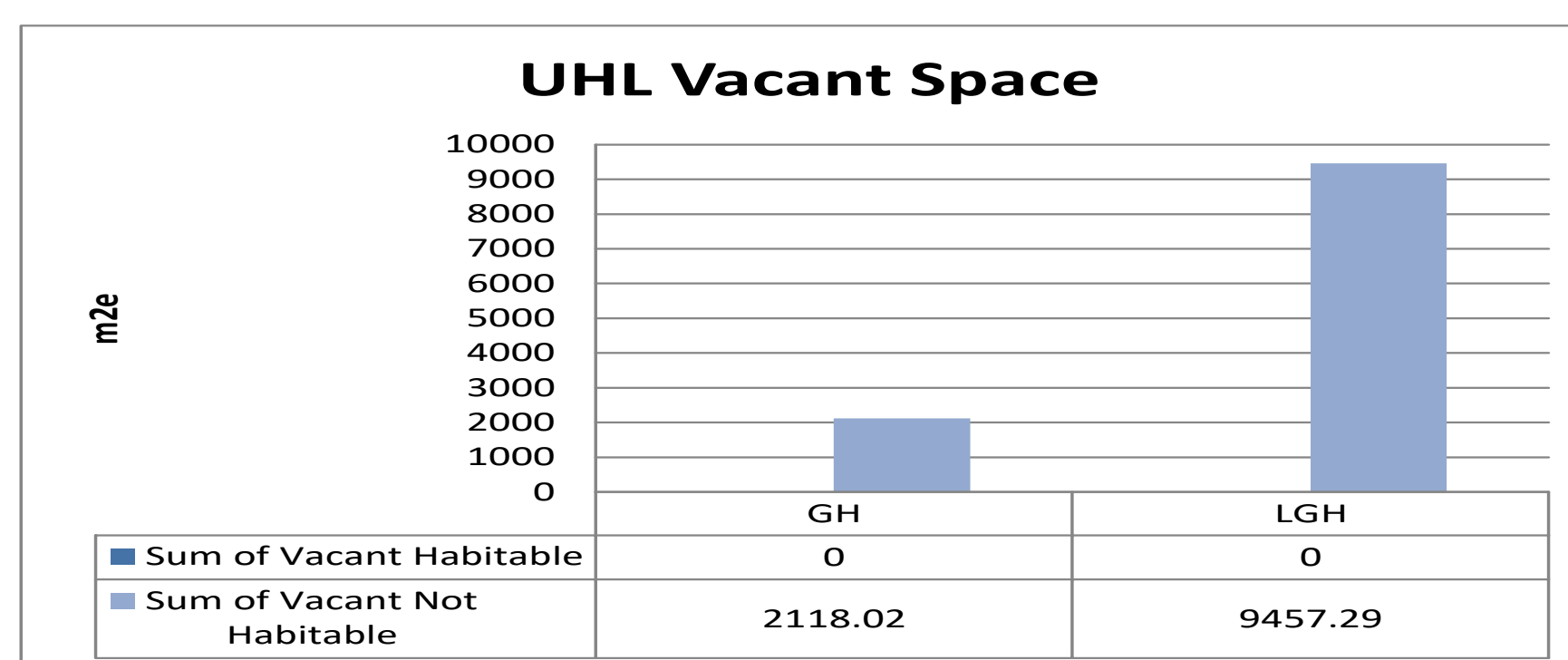
Figure 5 shows the differences in terms of vacant spaces across the three sites. The Glenfield Hospital site has the largest number of vacant spaces due to the recently acquired land swap buildings.

Vacant spaces have been split into two categories;

Vacant habitable – Buildings that are fit for habitation but remain empty at this time.

Vacant not habitable – Buildings that are not fit for habitation due to structural problems and other underlying issues. For this reason the buildings are empty.

Comparisons to similar Acute Trusts in England

UHL V Peer Acute Trust (AVE)

Comparison To Other Trusts in England
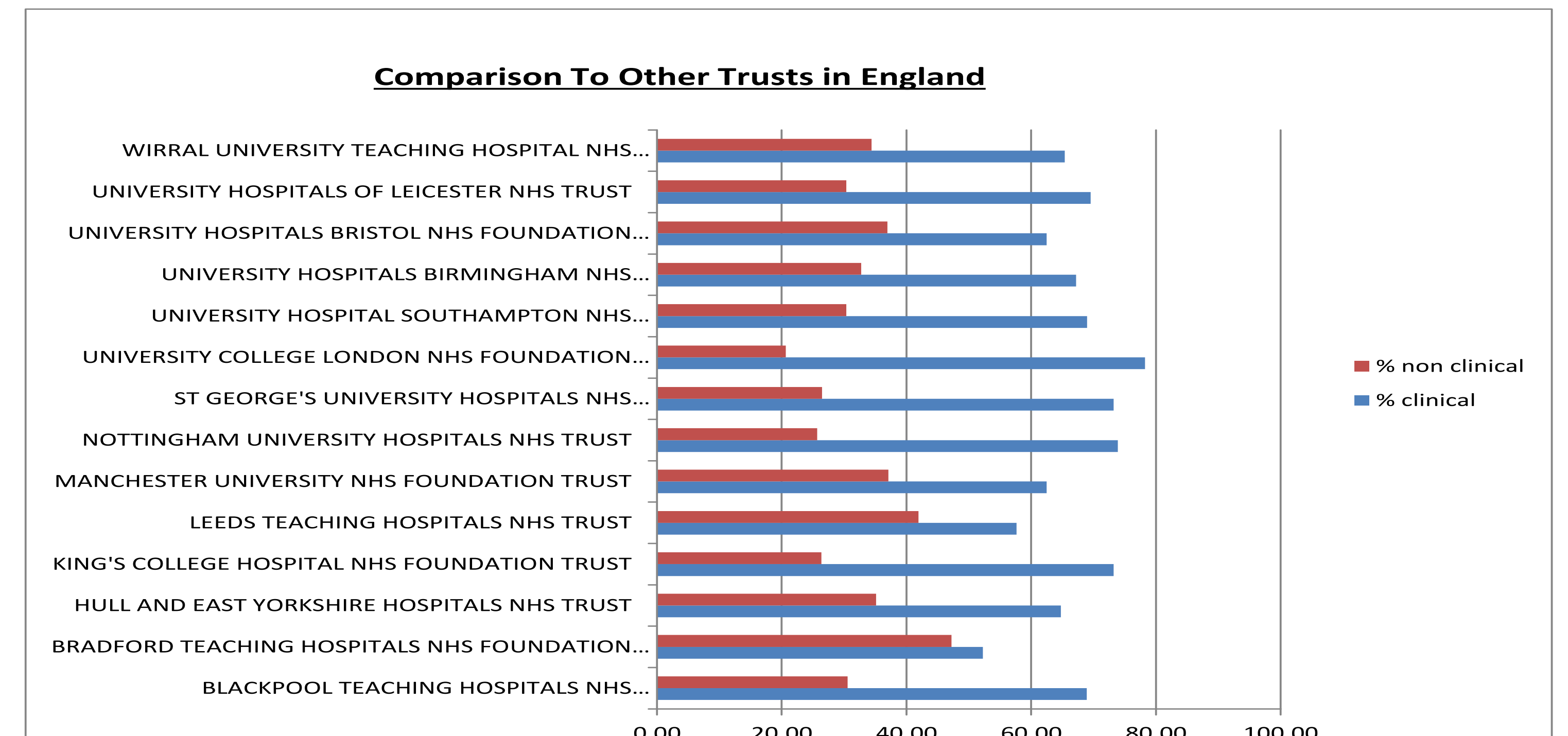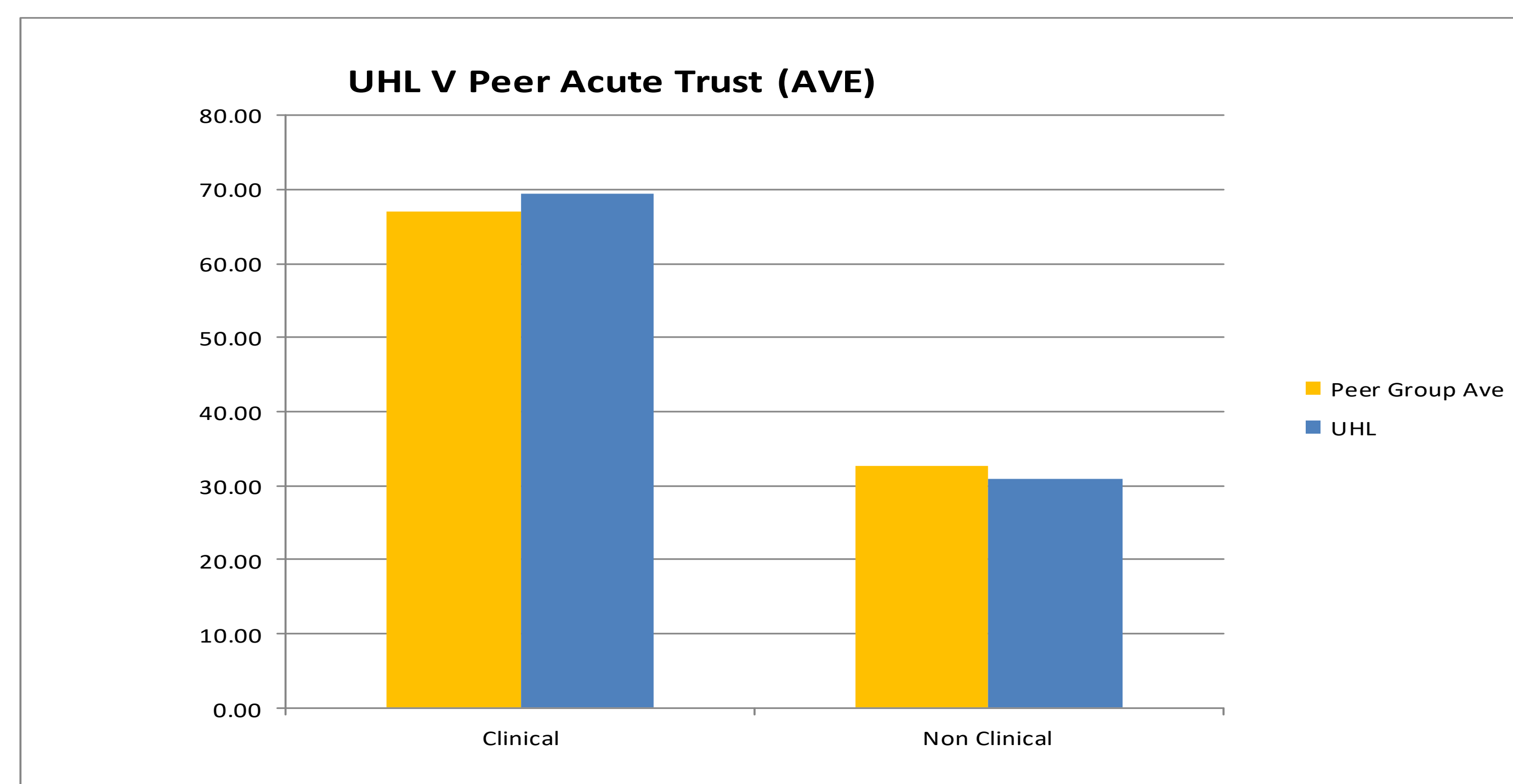
The above graphs show a comparison between the UHL and similar acute Trusts in England. In comparison to other similar Trusts across the country the St Georges Healthcare and University College London is the most efficient Trust in terms of clinical space usage with UHL comparable with our Peers

University Hospitals of Leicester
NHS Trust — *Caring at its best*

Estates and Facilities

NHS PREMISES ASSURANCE MODEL (PAM) - SAFETY DOMAIN SUMMARY

SAQ / PROMPT QUESTIONS

Rating

Colour	Rating	Value
(blue)	Outstanding	5
(green)	Good	4
(yellow)	Moderate improvement	3
(orange)	Minimal improvement	2
(red)	Inadequate	1

Overall Performance

Colour	Range
(blue)	96-100
(green)	80-95
(yellow)	60-79
(orange)	40-59
(red)	0-39

NHS Premises Assurance Model: Safety Domain (Hard FM)

Ref	Item	Actual % 2020	Actual % 2021	Trend
SH1	Estates and Facilities Operational Management	57.14	0.00	←
SH2	Design, Layout and Use of Premises	62.86	0.00	←
SH4	Health & Safety at Work	56.67	0.00	←
SH5	Asbestos	n/a	0.00	←
SH6	Medical Gas Systems	57.14	0.00	←
SH7	Natural Gas and specialist piped systems	62.86	0.00	←
SH8	Water Safety Systems	60.00	0.00	←
SH9	Electrical Systems	62.86	0.20	←
SH10	Mechanical Systems and Equipment	51.43	0.60	←
SH11	Ventilation, Air Conditioning and Refrigeration Systems	71.43	0.00	←
SH12	Lifts, Hoists and Conveyance Systems	62.86	0.00	←
SH13	Pressure Systems	60.00	0.00	←
SH14	Fire Safety	71.43	0.00	←
SH15	Medical Devices and Equipment	72.00	0.00	↔
SH16	Resilience, Emergency and Business Continuity Planning	71.43	0.00	←
SH17	Safety Alerts	63.33	0.00	↔
SH18	Externally supplied estate	65.71	0.00	←
SH3	Estates and Facilities Document Management	60.00	0.00	→
SH19	Contractor Management	62.86	0.00	→

Overall Score For Domain (Hard FM): 63.84

NHS Premises Assurance Model: Safety Domain (Soft FM)

Ref	Item	Actual % 2020	Actual % 2021	Trend
SS1	Catering Services	62.86	0.00	←
SS2	Decontamination Processes	77.14	0.00	←
SS3	Waste and Recycling Management	48.57	0.00	←
SS4	Cleanliness and Infection Control	57.14	0.00	←
SS5	Laundry Services and Linen	57.14	0.00	←
SS6	Security Management	54.29	0.00	←
SS7	Transport Services and access arrangements	71.43	0.00	↔
SS8	Pest Control	57.14	0.00	↔
SS9	Portering Services	60.00	0.00	←
SS10	Telephony and Switchboard	65.71	0.00	←

Overall Score For Domain (Soft FM): 62.00

NHS Assurance Model: Patient Experience

Ref	Question	Actual % 2020	Actual % 2021	Trend
P1	P1: With regards to ensuring engagement and involvement on estates and facilities services from people who use the services,	68.00	0.00	←
P2	P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?	70.00	0.00	←
P3	P3: With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?	66.67	0.00	←
P4	P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?	60.00	0.00	←
P5	P5: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?	60.00	0.00	↔
P6	P6: How does your organisation/site ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?	60.00	0.00	↔

Overall Score For Domain (Patient Experience): 64.53 | 0.00 | ←

NHS Premises Assurance Model: Efficiency

Ref		Analysing Performance		Benchmarking		Business Planning		Estates Optimisation		Commercial Opportunities		Partnership Working		New Technology		Other Contracts		Property		Cost Improvement Plans		Actual %		Trend
		2020	2021	2020	2021																			
F1	F1: With regard to having a well-managed approach to performance management of the estate and facilities operations can the organisation evidence the following?																							↔
F2	F2: With regard to having a well-managed approach to improved efficiency in running estates and facilities services can the organisation evidence the following?	3	3			3	3									2				2		65.00	0.00	←
F3	F3: With regard to improved efficiencies in capital procurement, refurbishments and land management can the organisation evidence the following?	3																				75.00	0.00	↔
F4	F4: With regard to having well-managed and robust financial controls, procedures and reporting relating to estates and facilities services can the organisation evidence the following?	2																				60.00	0.00	↔
F5	F5: With regard to having a well-managed approach to improved efficiency in running estates and facilities services can the organisation evidence the following?	3	3			2	2					2												

Column sub-headers (Efficiency): Capital Procurement | Capital Procurement Efficiencies | Flexibility | Identification &disposal of Surplus Land | Review Process | Financial Pressure | Continuous Improvements | Quality improvements | Recognition | Use Of Information

Overall Score For Domain (Efficiency) — 67.33

NHS Assurance Model: Effectiveness

Ref		Visions & Values		Strategy		Development		Visions & Values Understood		Strategy Understood		Progress		Actual %		Trend
E1	E1: With regard to having a clear vision and a credible strategy to deliver good quality Estates and Facilities services can the organisation evidence the following?	3	3	3	3	3	3					3		66.01	0.00	←
E2	E2: With regard to having a well-managed approach to town planning can the organisation evidence the following?	3	3	3	3	3	3	2						60.00	0.00	↔
E3	E3: with regard to having a well-managed robust approach to management of land and property can the organisation evidence the following?	3	3	3	3									65.00	0.00	←
E4	E4: With regard to having a suitable Sustainability approach in place and being actioned.	3	3	3	3									73.33	0.00	←

Column sub-headers (Effectiveness): Local Planning | Neighbourhood Planning | Planning Control | Special Interest | Enforcement | Disposal Of Land & Property | Granting Of Leases | Acquisition of Land & Property | Air Pollution | Water | Climate Change Adaption | Procurement | Sustainable Development Management Plan | Energy | Waste

Overall Score For Domain (Effectiveness) — 65.71

NHS Assurance Model: Governance

Ref		Framework		Roles		Partners		Framework & Management		Assurance		Monitoring		Audit		Mitigation		Alignment		Actual %		Trend
G1	G1: With regard to ensuring the Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and managed, can the organisation evidence the following?	3	3	3	3	3	3	3	3	3		3				3		3		60.00	0.00	←
G2	G2: With regard to ensuring the Estates and Facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality estates and facilities services can the organisation evidence the following?	2		3		3		3		2		3						3		61.82	0.00	→
G3	G3: With regard to ensuring that the Organisations Board has access to professional advice on all matters relating to Estates and Facilities services can the organisation evidence the following?	3																				

Column sub-headers (Governance): Effectiveness | Challenges | Visibility | Relationship | Respect | Behaviours | Culture | Honesty | Safety & Well-being | Healthier Workplace | Collaboration | Professional Advice | In-House Advisors | External Advisors

Overall Score For Domain Governance — 59.87