

## **Appendix 1: The Premises Assurance Model**

### **1.0 Introduction**

The NHS Premises Assurance Model (PAM) is a self-assessment management tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services.

The main objectives of the NHS PAM are to:

- Allow NHS providers to demonstrate to their patients, Commissioners and Regulators that robust systems are in place to assure that their premises and associated service are safe;
- Provide a consistent basis to measure compliance against legislation and guidance, across the whole NHS estate; and
- Assist NHS organisations to prioritise investment decisions to raise standards in the most advantageous way.

### **2.0 Implementation and Level of Assurance**

During 2017 it was agreed that PAM should be implemented. The process consists of completing a series of self-assessment questions (SAQs) relating to estate and facilities services. Responses are developed by the appropriate Trust lead and loaded into an electronic version of the PAM model, which subsequently generates an overall rating. The Trust completed this process with the aid of an independent 3<sup>rd</sup> party assessor to ensure impartiality.

The focus of the model is associated with five key domains as follows:

- a) Safety (Hard & Soft)
- b) Patient Experience
- c) Efficiency
- d) Effectiveness
- e) Organisational Governance.

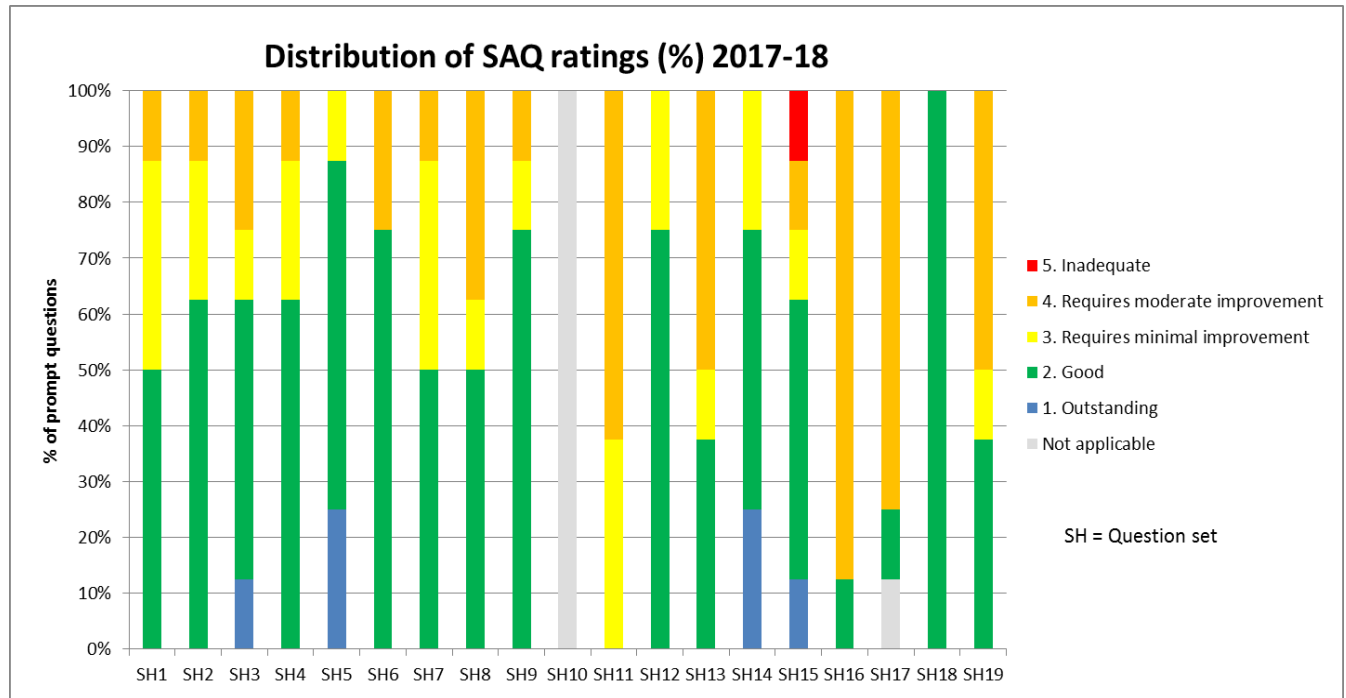
Evidence is required to underpin all self-assessment responses, and each workshop produces an action plan for each domain to address any weakness and support continual improvement.

Since November 2017, 42 workshops have been delivered over 18 days covering each of the self-assessment questions associated with the five domains. The process concluded in May 2018.

The following provides a summary of status and key issues associated with each domain. Areas of outstanding practice reflect the 'blue' bar chart ratings, while opportunities for improvement focus predominantly on the 'red' and 'orange' bar chart ratings:

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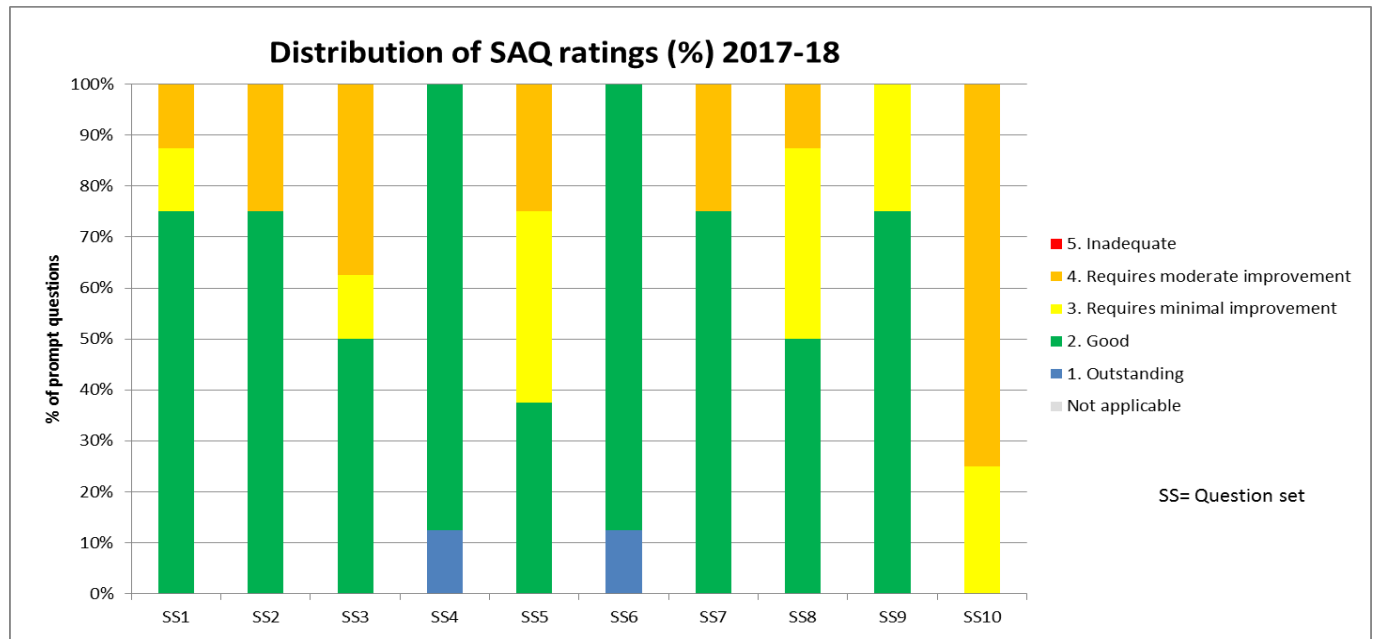
### a) Safety - Hard & Soft Facilities Management - Hard Facilities Management:



Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Robust annual review process in place to assure compliance with relevant standards, including policies and procedures for both management of fire safety and medical devices.</li> <li>Effective records management system in place supporting this domain.</li> <li>Resilience &amp; business continuity associated with the management of both fire safety and asbestos</li> <li>Training and development associated with the management of asbestos.</li> </ul>	<ul style="list-style-type: none"> <li>Medical Devices – training programme does not reflect requirements of policy. Issue has been escalated to the risk register. H&amp;S Committee has established a T&amp;F Group to review and determine solution.</li> <li>Water Safety – appointment of specialist to undertake risk assessments to establish programme of work to further reduce risk of water borne infections.</li> <li>Pressure Systems – Training required to support development of effective maintenance programme</li> <li>Natural Gas - Training required to support development of new policy for management of natural gas and specialist piped systems along with formal appointment of specialist engineer in line with statutory requirements.</li> </ul>

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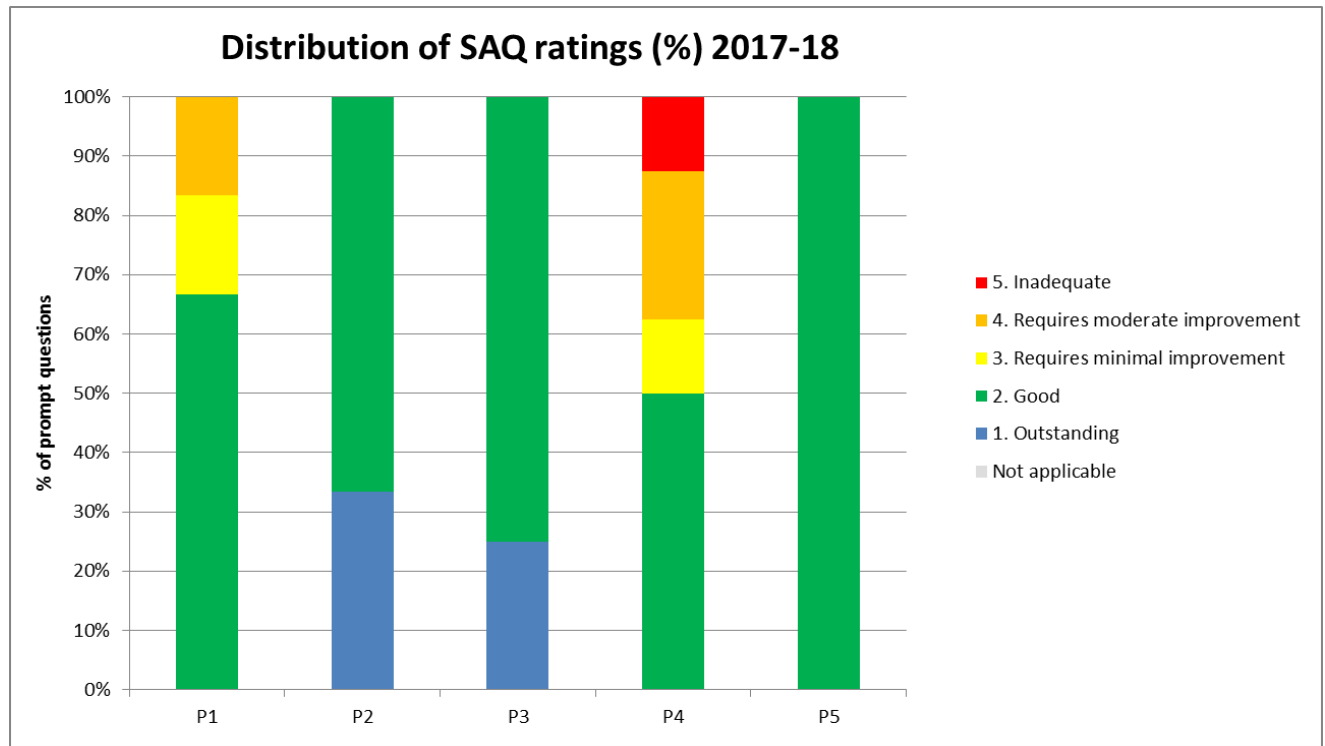
### a) Safety - Hard & Soft Facilities Management - Soft Facilities Management:



Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Robust review process in place to ensure compliance and effectiveness of relevant standards, including policies and procedures for security services.</li> <li>Effective management of security services</li> <li>Review processes are in place to ensure compliance and effectiveness of relevant standards, including policies and procedures for cleanliness, food hygiene and infection control.</li> </ul>	<ul style="list-style-type: none"> <li>Review of Facilities policies &amp; procedures to ensure they are compliant and in date.</li> <li>Review of risk assessments and standard operating procedures specifically associated with, waste and laundry &amp; linen.</li> <li>Requirement to review and improve facilities associated with the management of clean linen at BRI.</li> <li>Training &amp; education of waste producers through delivery of training packages e.g. development of e-learning waste.</li> <li>Training and development specifically associated with laundry &amp; linen, pest control and portering services.</li> <li>Investment in water filtration within the Decontamination Block. (Decontamination Services).</li> <li>Programme of investment required to support security access upgrades due to duplicate access systems currently in place.</li> <li>While Switchboard is accountable to the Resilience function, service was reviewed as part of this process. Outcome confirmed full review of telephony services required including development of appropriate policy and procedures to support service delivery and business continuity.</li> </ul>

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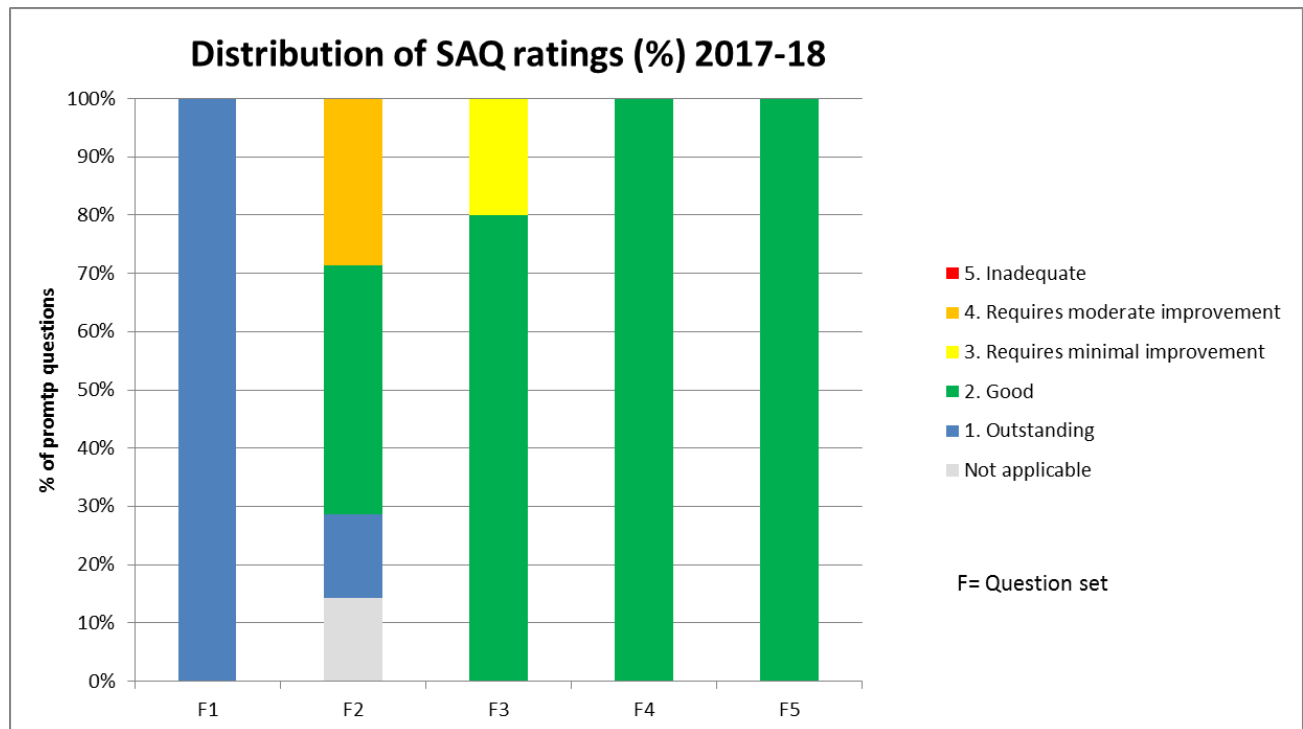
### b) Patient Experience



Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Investment programme established for environmental improvements supporting Patient Led Assessments of the Care Environment (PLACE).</li> <li>Outstanding score achieved within the cleaning element as a result of previous proactive investment in cleaning services.</li> </ul>	<ul style="list-style-type: none"> <li>Staff Engagement – continue to actively engage with E&amp;F staff so that views are reflected in the planning and delivery of services and in shaping the culture of the organisation.</li> <li>Nutrition &amp; Hydration – Continued support required from Dieticians to ensure effective review of menus and nutritional values in order to address weaknesses associated with this standard.</li> <li>Further embed provision of picture menus to address language and literacy barriers.</li> </ul>

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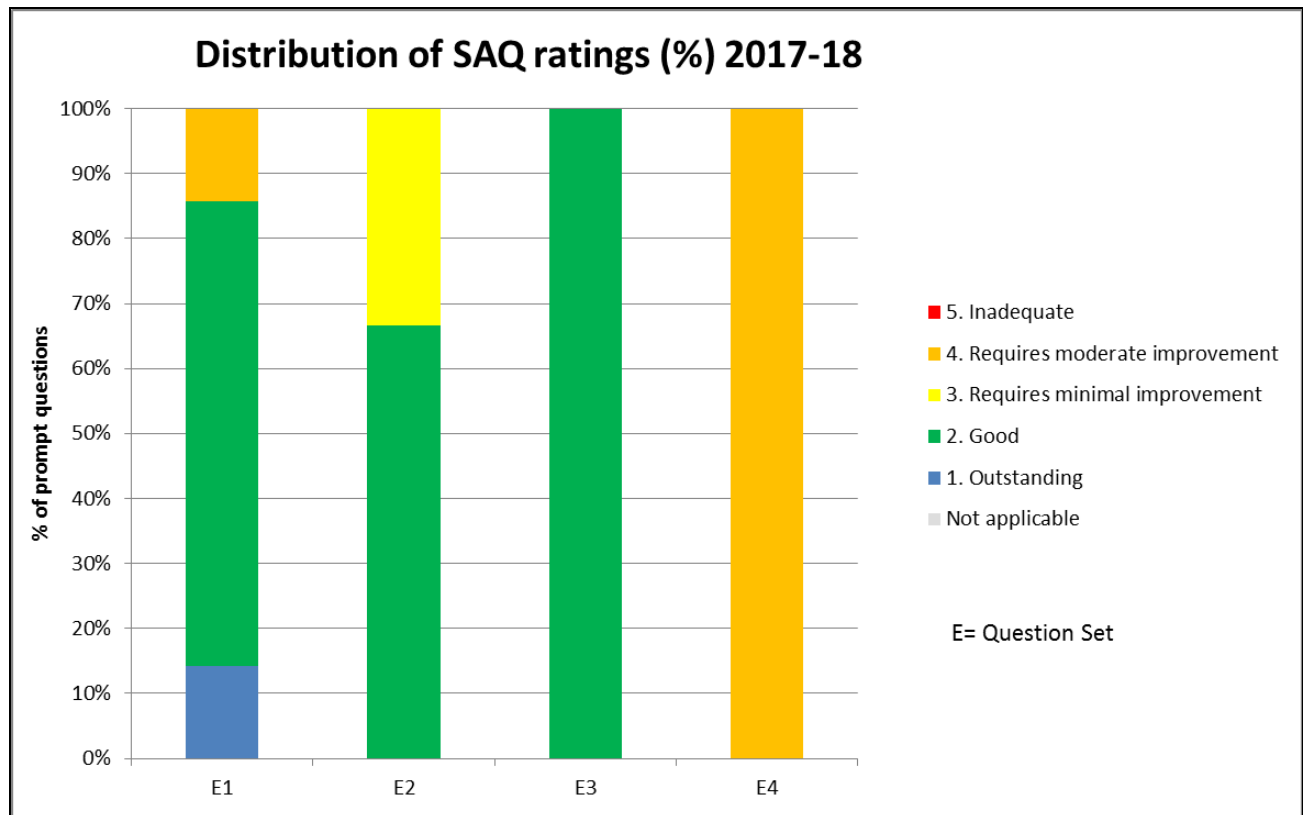
### c) Efficiency



Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Domain scored as 'Outstanding' for having a well-managed approach to performance management of the estate and facilities operations. This was supported with robust evidence such as Key Performance Indicator (KPI) dashboard, Business Intelligence (BI) budget reports, Estates Return Information Collection (ERIC), condition surveys and structured review meetings such as E&amp;F Compliance Risk Assurance Group (CRAG) and Performance Review with Executive Management Team.</li> </ul>	<ul style="list-style-type: none"> <li>Review of space utilisation to ensure optimum utilisation across the organisation.</li> <li>Develop strategies to maximise benefits from commercial opportunities associated with management of land and property</li> <li>Review alternative contracting models to ensure best practice and secure further efficiencies such as Procure 22 – construction framework.</li> </ul>

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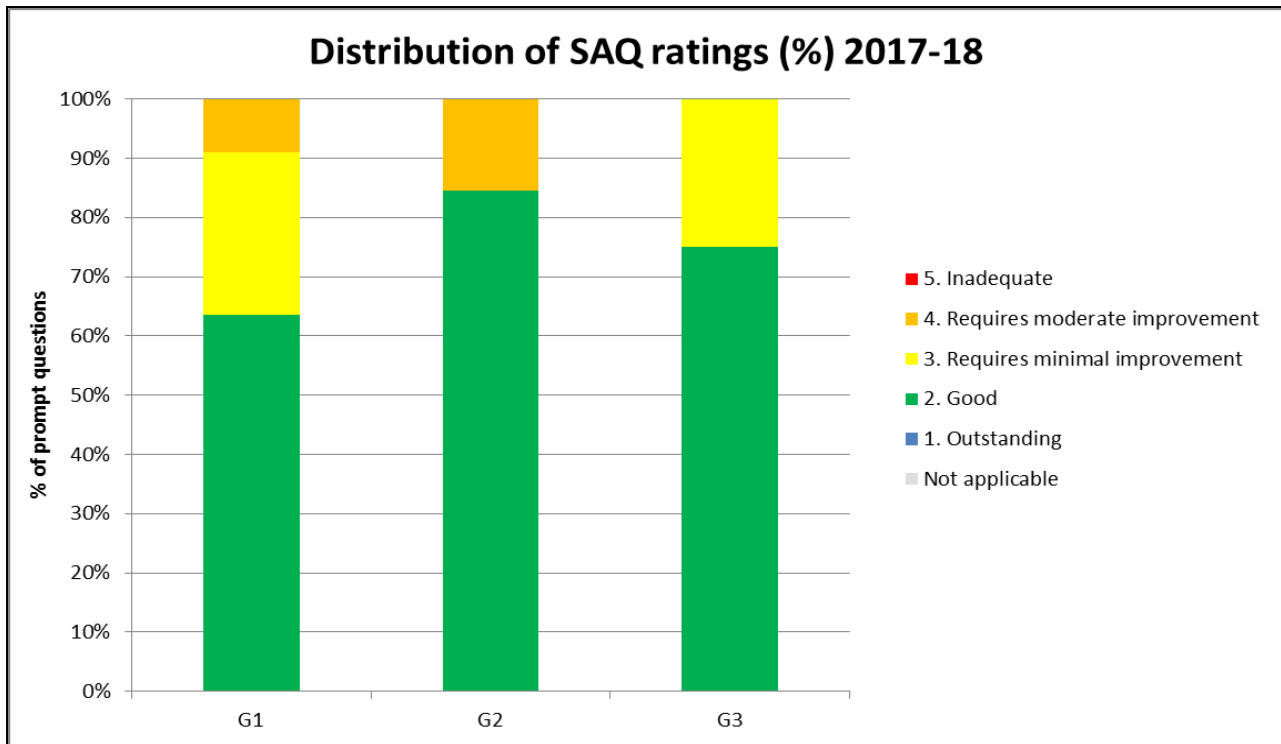
### d) Effectiveness



Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Time to talk sessions with Chief Executive.</li> <li>Team of the week/ employee of the month nominations used to enforce standards</li> <li>High level of compliance rates for appraisal and mandatory training within E&amp;F.</li> <li>Visions &amp; values reiterated via computer screen savers.</li> <li>Values embedded within Trust induction.</li> <li>E&amp;F Code of Conduct reinforcing professional workplace standards and expectations.</li> <li>ERIC &amp; Model Hospital benchmarking data.</li> <li>E&amp;F Quarterly Performance Review.</li> </ul>	<ul style="list-style-type: none"> <li>There is a well-managed approach to town planning, however further improvement can be secured by ensuring compliance with HBN00-008- The Efficient Management of Healthcare Estates and Facilities.</li> <li>Board approved Sustainable Development Management Plan (SDMP).</li> </ul>

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### e) Organisational Governance

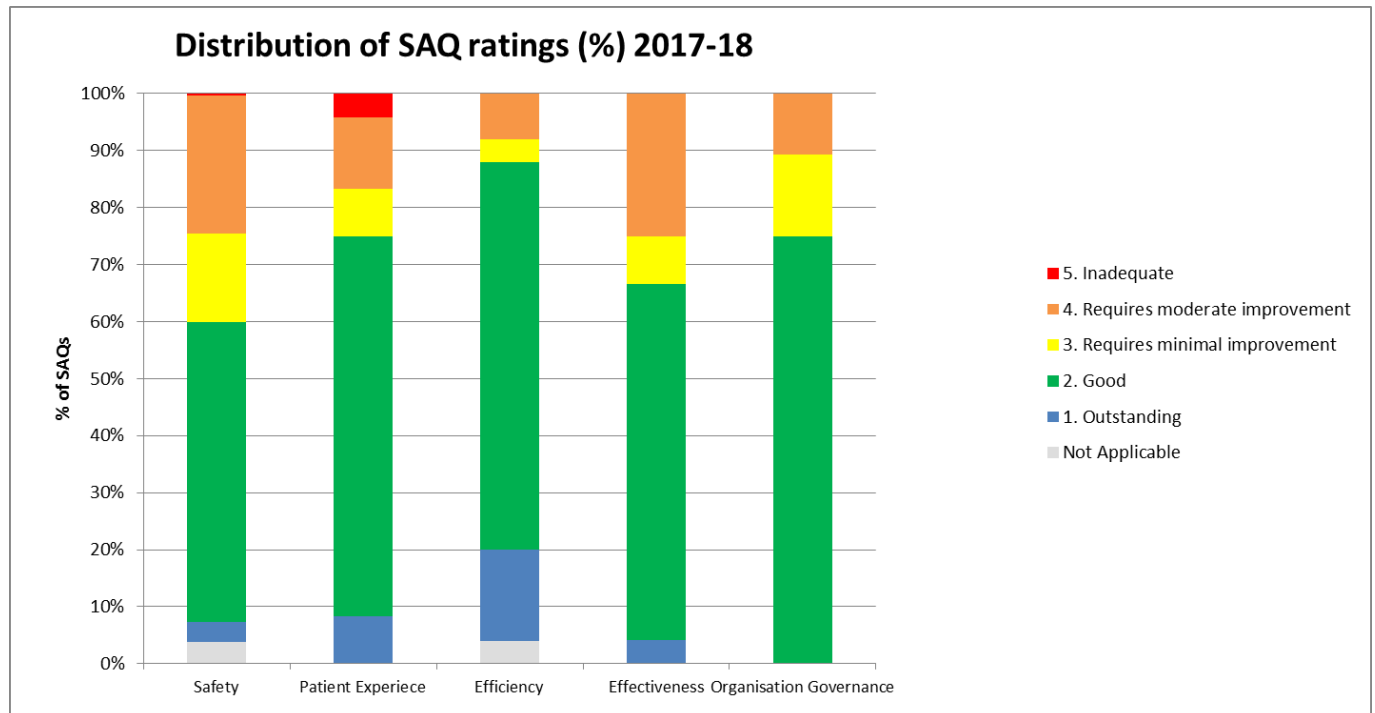


Areas of Outstanding Practice	Opportunities for Improvement
<ul style="list-style-type: none"> <li>Evidence provided within this section supported a 'Good' organisational governance rating.</li> </ul>	<ul style="list-style-type: none"> <li>Management of working arrangements with partners, in particular those who provide services to community properties.</li> <li>Alignment between the recorded risks and what people say is 'on their worry list'.</li> <li>Ensure E&amp;F governance culture is centred on supporting needs and experience of people who use healthcare services and encourage candour, openness and honesty.</li> <li>Ensure continued appointment of suitably qualified staff with the appropriate skills and knowledge, including independent E&amp;F consultants and contractors.</li> </ul>

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### f) PAM - Overall Status

The graph below demonstrates a summary of overall compliance and assurance levels for each of the five key domains:



### 3.0 PAM – Benefits Analysis and Next Steps Supporting Continuous E&F Assurance

NHS Improvement has confirmed the requirement for all NHS organisations to adopt PAM from 1 April 2018. Following incidents such as the Grenfell Tower tragedy, there will be increased requirements for organisations to provide assurance regarding all facets of estate and facilities management. The benefit of adopting PAM is that it enables organisations to develop a portfolio of evidence which is readily available to any inspectorate such as CQC etc. This assurance system is an efficient, effective and consistent way of achieving this.

Lines of communication have also been established to ensure that all action plans are monitored and progressed either by a specialist group or dedicated PAM Review Group. Status is reported at E&F CRAG, which in turn will report to the H&S Committee. (Lines of Communication supporting PAM attached – Appendix 1).

To ensure compliance levels are maintained and improved there will be an annual requirement to revisit application of the PAM process. It is anticipated that this will be carried out at the end of March each year.

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### 4.0 Investment Supporting Delivery of Action Plans

Costs associated with meeting the requirements of the action plans and improving compliance have been produced as follows:

Revenue recurrent funding required:

PAM SAQ Ref.	Specialty	Rationale for Funding Requirement	Amount Required
SH7	Natural Gas & Specialist Piped Systems	Appointment of AE for natural gas £6k, Training and development £4k	£10,000.00
SH8	Water Safety	Appointment of consultants to undertake risk assessments £15k. Appointment of consultants to prepare schematic drawings for all areas £10k	£25,000.00
SH13	Pressure Systems	Training and development	£10,000.00
F2	Efficiency of Estates & Facilities Services	External Consultant – Space Utilisation	£5,000.00
F3	Improved Efficiencies in Capital Procurement, Refurbishment and Land	Appointment of consultant to look into disposal of land at SLH £5k. Enhancement of CAD officer £5k. Training for project managers on engineering contracts (NEC4) and construction procurement frameworks (P21) - £5k	£15,000.00
SS3	Recycling & Waste	Requirement to commission an external consultant for development of e-learning package.	£5,000.00
SS9	Portering	IOSH training (£1000 per person x 8), Maintenance contract for electric carts (£1500), There is no funding within Facilities budget for training (£10k recurring required for porters) and £5 for additional training support.	£24,500.00
		<b>TOTAL</b>	<b>£94,500.00</b>

Capital Funding Required

PAM SAQ	PAM SAQ Name	Current Status	Amount
SS2	Decontamination	Reverse Osmosis machine	£45,000.00
		<b>TOTAL</b>	<b>£45,000.00</b>

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Additional revenue funding requirements supporting improvement initiatives which will be developed through business case route:

<b>PAM SAQ</b>	<b>PAM SAQ Name</b>	<b>Reason for Funding Requirement</b>
SH1	Estates and Facilities Operational Management	E&F Matron
SH15	Medical Devices & Equipment	Equipment library.
E4	Sustainable Development Management Plan	Sustainable Development Management Plan (SDMP) – to support objectives and action plans.
P4	Catering Services Nutrition & Hydration	Risk Assessment to be carried out for additional resource requirement.
SS10	Telephony & Switchboard	Refurbishment of switchboard facility, equipment and review of staffing.