

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 7 September 2023	
Title of Document: Premises Assurance Model (PAM) Assessment 2022/23	
To be presented by: Nick Sammons, Director of Estates and Facilities	Author: Carrie-Ann Cruickshank, Associate Director of EFM Business Performance & Governance
1. Status: <u>For Approval</u>/Discussion/Noting/Information	
2. Purpose: The completion of the current version of the NHS PAM is now a mandated exercise as the model is now included within the NHS Standard Contract.	
Relates to:	
Strategic Objective	Effective estates management supports patient care and quality, delivery of strategic objectives and operational performance
Operational performance	
Quality	
Legal/Regulatory/Audit	<p>Compliance/Regulatory: The board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them.</p> <p>If ESNEFT does not have an effective risk process in place for the identification, assessment and control of risk then we will be unable to provide a positive statement within the Annual Governance Statement to that effect, with the potential for impact to our NHS provider licence.</p>
Finance	If ESNEFT does not have an effective process in place for the identification, assessment and control of risk then we may not make best use of our resources; be exposed to potential litigation costs and regulatory sanctions.
Governance	If ESNEFT does not have an effective process which is implemented, monitored and reviewed then our service users and staff may be exposed to unnecessary risk, with potential for impact on quality of service, use of resources and reputation.
NHS policy/public consultation	Department of Health and Social Care model for Trust adoption
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	BAF7: Estates Development and Capital Equipment, submission of PAM report improves controls and assurance
Other	

3. Summary:

The Premises Assurance Model (PAM) is a Trust Improvement and Board Assurance tool developed by the Department of Health in 2013 to provide a nationally consistent approach to evaluate NHS performance primarily set around premises against a set of common indicators. The PAM inspection criteria relate to the estate and environment and essentially constitutes an internal audit of the elements that would be inspected by the CQC to ensure regulatory and legislative compliance and safety fulfilling the 'rights of patients' to be treated in a safe and suitably maintained environment.

The completion of the current version of the NHS PAM is now a mandated exercise as the model is now included within the NHS Standard Contract.

The PAM Self-Assessment Questions (SAQ) are split into six Domains to evaluate the way our organisation manages its estate and facilities. Each SAQ contains several prompt questions. There are six possible responses for a prompt question which are: Not applicable, Outstanding, Good, Requires minimal improvement, Requires moderate improvement and Inadequate.

The ratings on individual prompt questions are averaged to provide a rating for the SAQ and in turn the SAQ ratings are averaged to produce a rating for the Domain.

The Trust has achieved an overall score of 'Requires Minimal' due to all Domains still having SAQs that require minimal or moderate improvement.

Whilst the percentage attainment has dropped from 71% in 2022 to 61% in 2023, this is not due to a general decline, but because of the introduction of a new Helipad Domain (where we scored 35%) bringing the overall average down. Every other individual Domain had an overall increase compared to the previous year.

For each Domain where there were individual prompt questions with a 'requires moderate' rating, these will be picked up in specific subject matter expert groups, and reported on collectively at the E&F DMT.

4. Recommendations / Actions

The Board is invited to note the content of this report and the overall score of 'Requires Minimal' and **endorse** the submission to NHS England on 8 September 2023.

Introduction

The NHS operates over 1,200 hospitals as well as nearly 3,000 other treatment facilities, many of which operate 24/7, every day of the year. The occupied floor area of the NHS is 24.3 million m² which is the equivalent of 3,400 football pitches.

The estate and its related services are integral to the delivery of high-quality clinical care. Therefore, it is essential that the NHS provides a safe, high quality and efficient estate. It is critical that none of these three elements are delivered at the expense of the other two. The objective is to deliver a financially sustainable NHS that takes quality and safety as its organising principle.

As part of this, assurance is needed that appropriate actions and investment are taking place.

The main benefits of the NHS Premises Assurance Model (PAM) are to:

- Allow NHS funded providers of healthcare (NHS providers) to demonstrate to their patients, commissioners and regulators that robust systems are in place to assure that their premises and associated services are safe.
- Provide a consistent basis to measure compliance against legislation and guidance, across the whole NHS.
- Prioritise investment decisions to raise standards in the most advantageous way.

The Director of Estates and Facilities is the Senior Responsible Officer for the Estates and Facilities function and is responsible for the Premises Assurance Model delivery.

The PAM assessment was originally a voluntary annual return to NHSE/I but is now a mandatory annual return as part of the NHS Standard Contract.

It essentially constitutes an internal audit of the elements that would be inspected by the CQC to ensure regulatory and legislative compliance and safety fulfilling the 'rights of patients' to be treated in a safe and suitably maintained environment.

The PAM assessment for the ESNEFT Estate took place during June and July 2023, through a series of meetings held with Subject Matter Experts (SME's), key stakeholders, including the Health & Safety Team.

The Trust has achieved an overall score of '**Requires Minimal**' due to all domains still having SAQ's within the domains that require minimal or moderate improvement.

Whilst the % attainment has dropped from 71% in 2022 to 61% in 2023, this is not due to a general decline, but because of the introduction of a new Helipad SAQ (where we scored 35%) bringing the overall average down. Every other individual SAQ had an overall increase compared to the previous year.

In any case, for each domain where there were individual prompt questions with a 'requires moderate' score, these will be picked up in specific subject matter expert groups, and reported on collectively at the E&F DMT.

Domains and Scoring Methodology

The PAM Self-Assessment Questions are split into 6 Domains to evaluate the way our organisation/site manages its estate and facilities. Each SAQ contains several prompt questions. There are six possible responses for a prompt question which are: Not applicable, Outstanding, Good, Requires minimal improvement, Requires moderate improvement and Inadequate.

Domain	Total number of Self Assessment Questions (SAQs)	Total number of Prompt questions
Organisational Governance	3	26
Safety Hard	19	150
Safety Soft	10	100
Patient Experience	6	28
Effectiveness	4	25
Efficiency	5	29
Helipad	1	8
Total	48	366

PAM is a tool for use across the NHS in England it scores SAQs for services or departments which are aligned with estates and facilities in other NHS Trusts. To ensure the scoring of our PAM was accurate and evenly weighted we included these sections in our assessment.

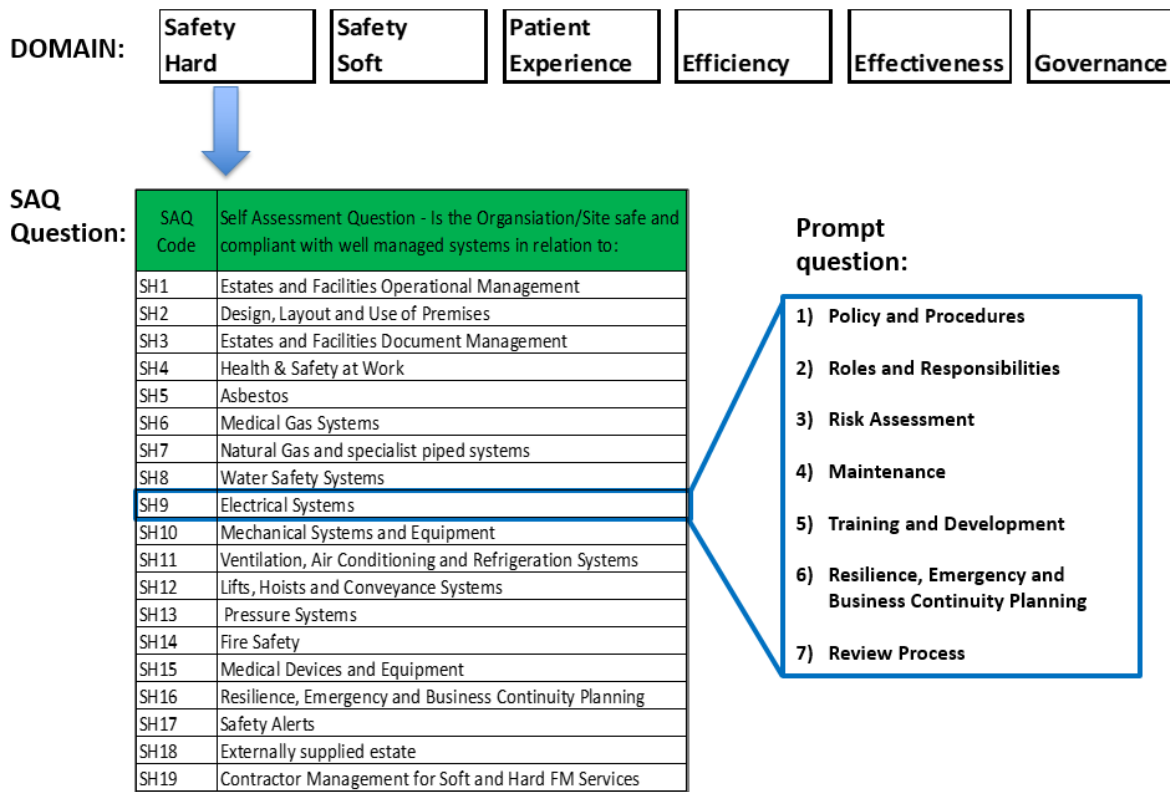
Assessment Model

The Estates and Facilities Directorate have completed the self-assessment. The assessment process is based on a 5 point scale which is illustrated on the table below.

Outstanding
Compliant with no action plus evidence of high quality services and innovation.
Good
Compliant no action required.
Requires minimal improvement
The impact on people who use services, visitors or staff is low.
Require moderate improvement
The impact on people who use services, visitors or staff is medium.
Inadequate
Action is required quickly - the impact on people who use services, visitors or staff is high.

The 5 point scale provides the outcome for the structure below.

PAM Process – Structure



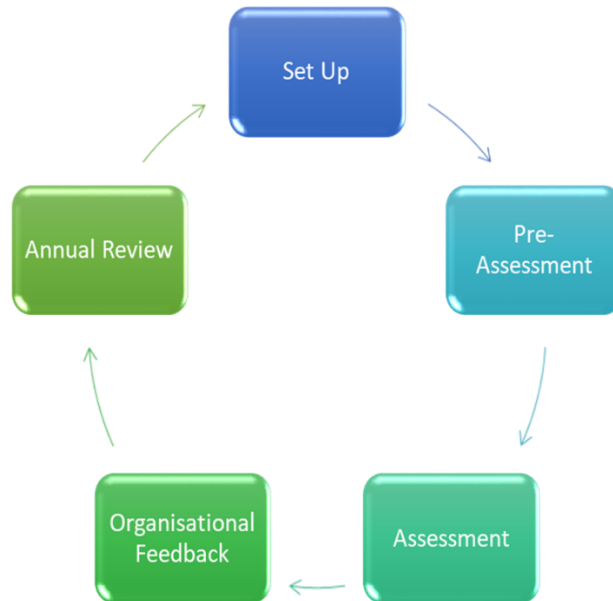
The aim is to demonstrate safe and compliant processes with well managed systems in relation to the topic areas.

1. Policy & Procedures	Current, approved policy and an underpinning set of procedures that comply with relevant legislation and published
2. Roles and responsibilities	Qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?
3. Risk assessment	Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?
4. Maintenance	Are assets, equipment and plant adequately maintained?
5. Training and development	Up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?
6. Resilience, emergency and business continuity planning	Have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?
7. Review process	Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?
8. Costed action plans	If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance?

The scores/rating on individual prompt questions are averaged to provide a rating for the Self-Assessment Question (SAQ) and in turn the SAQ ratings are averaged to produce a rating for the Domain. The ratings provided by the NHS PAM cannot be considered to be a definitive indication that a service/organisation/site is safe and meets all their legal obligations, but provides a structured basis for greater transparency and discussion of the organisations own view of compliance.

Assessment Process

The assessment process has been based on a 5 step process which has proven to be effective.



The set up process included reviewing the revised submission template, then identifying the most appropriate subject matter experts (SME's) for each SAQ including our external Authorising Engineers and in some cases other Trusts for a collaborative approach.

The pre-assessment stage included a review of SME's to ensure we had the most appropriate members of the teams involved in the assessment process followed by a final review of the previous year's actions and any further updates.

PAM Assessments

The assessments were carried out for each individual SAQ during June and July 2023. The sessions were a collaborative approach and attended on each occasion by the Associate Director of EFM Business Performance, Governance & EBME and other organisational representatives to provide challenge as well as ideas, over the course of the sessions. The assessment panel invitees included:

- Associate Director of Facilities
- Associate Director for Estate Development
- Head of Estates
- Community Estates and Property Manager
- Energy and Sustainability Manager
- Senior Project Managers
- EBME Managers
- Facilities Managers/Supervisors (Soft FM)
- Health & Safety
- Fire Safety Managers
- Security Manager
- Logistics & Retail Manager

Organisational Feedback

Any SAQs with an outcome of requires moderate improvement, regular meetings with the SME's will take place and support will be provided by the Business Performance & Governance team to assist with completing any gaps identified.

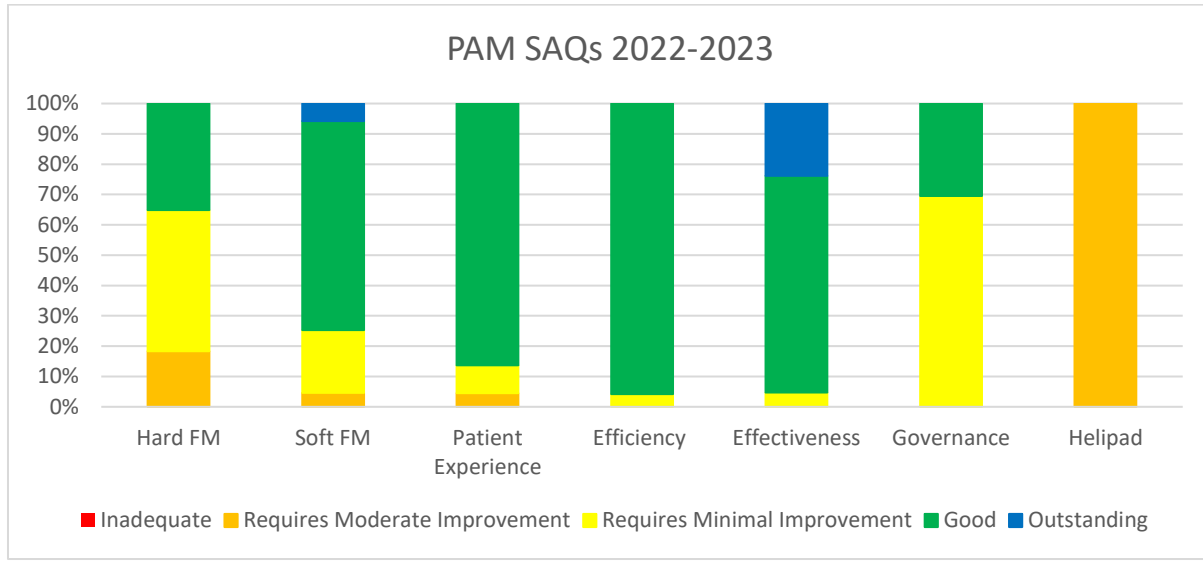
Annual Review

Annual reviews will be conducted to continue the review cycle.

We will continue to attend the National PAM User Group.

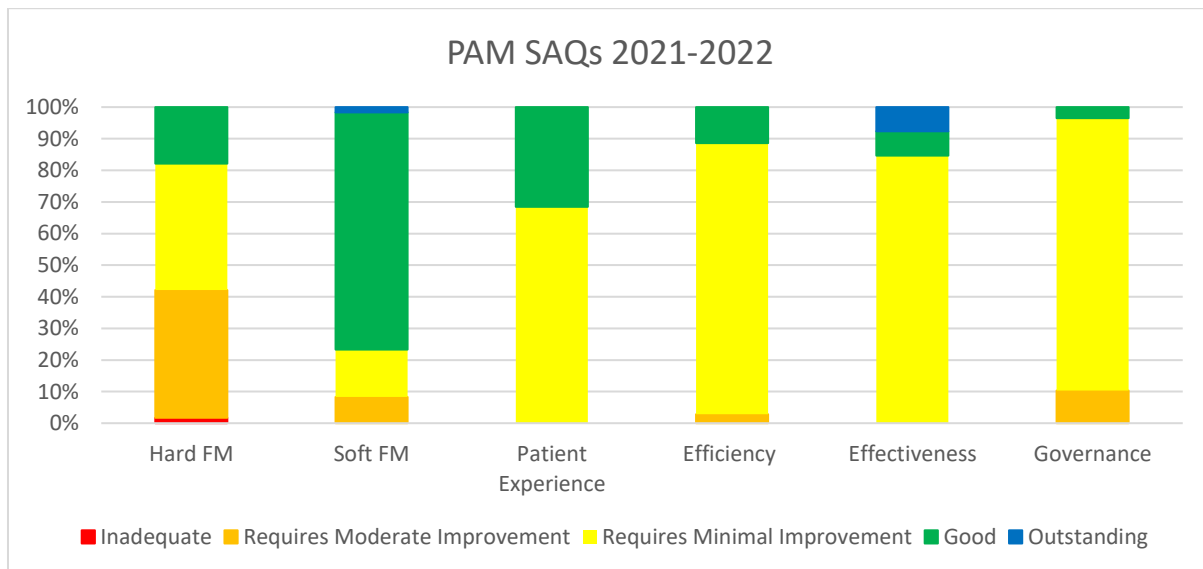
ESNEFT PAM Results 2022/23

Overall Score = 'Requires Minimal Improvement'



ESNEFT PAM Results 2021/22

Overall Score = 'Requires Minimal Improvement'



This year demonstrates improvement across all domains other than the new domain for this year which is Helipad. Due to all domains having 'requires minimal' and 'requires moderate' scores, we have scored the assessment overall as 'requires minimal improvement'.

Our top key focus areas will be Helipad, Hard FM, Soft FM and Patient Experience.

The initial focus will be further development of:

- Policies and Procedures
- Risk Assessments
- Estates Maintenance

- Training and Development
- Helipad evidence
- Financial Pressure
- Document Management
- Roles and Responsibilities
- Cleaning Standards
- Food Standards

The action plan is currently being developed and will be overseen by the appropriate specialist groups and reported through our DMT from September 2023.

The EFM Business Performance and Governance Team will be conducting a Peer Review with Whittington Hospital in London, starting in October 2023. The scope of the review will be a deep dive into each domain and shared learning.

Conclusions

The NHS PAM tool provides evidence of continuous improvement within the Estates and Facilities as well as a good indication of areas where future improvement and development can be obtained.

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.

Next Steps

PAM actions will be discussed and evidenced at the relevant meetings e.g. Fire Strategy Meeting, Medical Gas Safety Group, Water Safety Group, and Asbestos Management Meeting etc. Updates will be provided to Estates and Facilities DMT meetings to provide assurance and feed into the PAM assessment for 2023/24.

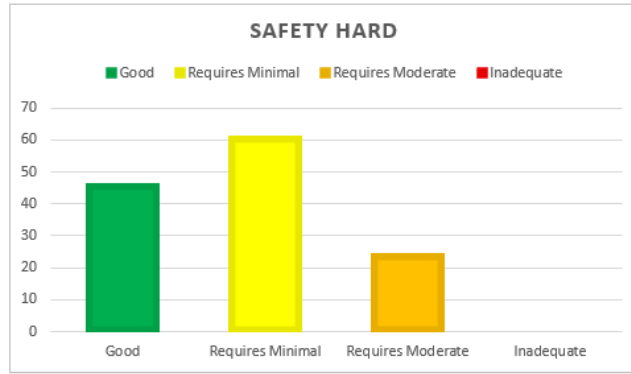
Recommendations

The Trust Board are requested to acknowledge the 2022/23 PAM assessment findings and continuous improvement that has been made towards achieving compliance across the Estates and Facilities Directorate ahead of submission to NHS E&I on 8th September.

Appendix – detailed overview of each domain

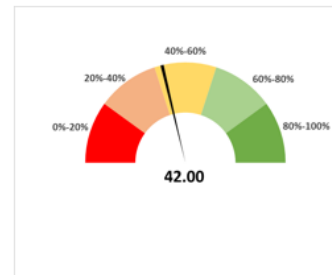
Safety Hard Results

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
SH2	Design, Layout and Use of Premises
SH3	Estates and Facilities Document Management
SH4	Health & Safety at Work
SH5	Asbestos
SH6	Medical Gas Systems
SH7	Natural Gas and specialist piped systems
SH8	Water Systems
SH9	Electrical Systems
SH10	Mechanical Systems e.g. Lifting Equipment
SH11	Ventilation, Air Conditioning and Refrigeration Systems
SH12	Lifts, Hoists and Conveyance Systems
SH13	Pressure Systems
SH14	Fire Safety
SH15	Medical Devices and Equipment
SH16	Resilience, Emergency and Business Continuity Planning
SH17	Safety Alerts
SH18	Externally Supplied Estate
SH19	Contractor Management for Soft and Hard FM Services
SH20	Healthcare Safety Investigation Branch



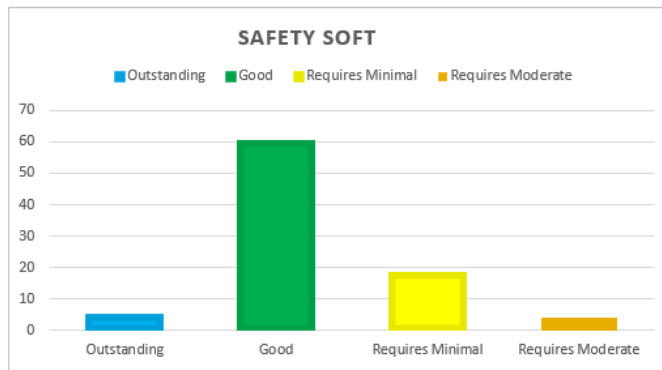
Safety Hard	
Outstanding	0
Good	46
Requires Minimal Improvement	61
Requires Moderate Improvement	24
Inadequate	0
Total	131
Requires Minimal	

Current Level of compliance
42%



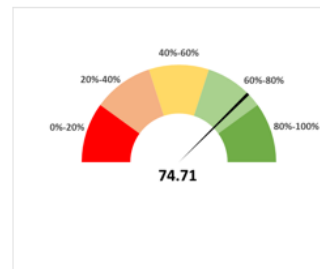
Safety Soft Results

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
SS8	Pest Control
SS9	Portering Services
SS10	Estates IT and BIM Systems



Safety Soft	
Outstanding	5
Good	60
Requires Minimal Improvement	18
Requires Moderate Improvement	4
Inadequate	0
Total	87
Good	

Current Level of compliance
74.71%



Effectiveness Results

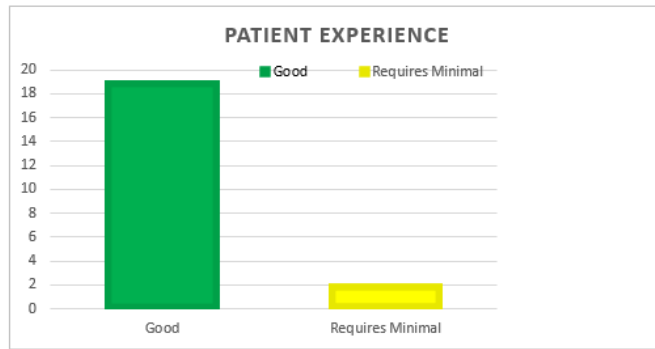


Efficiency Results



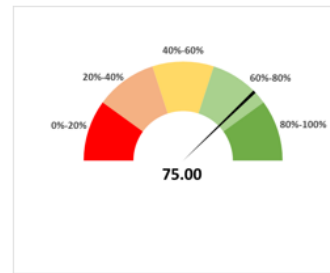
Patient Experience Results

SAQ code	Self-Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
P1	Engagement and Involvement
P2	Condition, appearance, maintenance and privacy and dignity perception
P3	Cleanliness
P4	Access and Car Parking
P5	Grounds and Gardens
P6	NHS Catering Standards



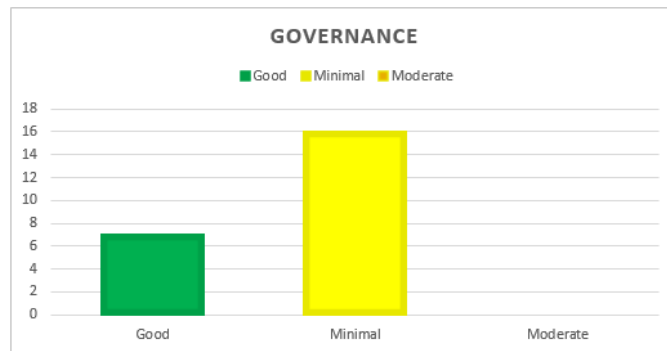
Patient Experience	
Outstanding	0
Good	19
Requires Minimal Improvement	2
Requires Moderate Improvement	1
Inadequate	0
Total	22
Good	

Current Level of compliance
75%



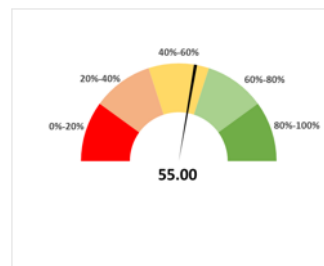
Governance Results

SAQ code	Self-Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
G1	Governance Process
G2	Leadership and Culture
G3	Professional Advice



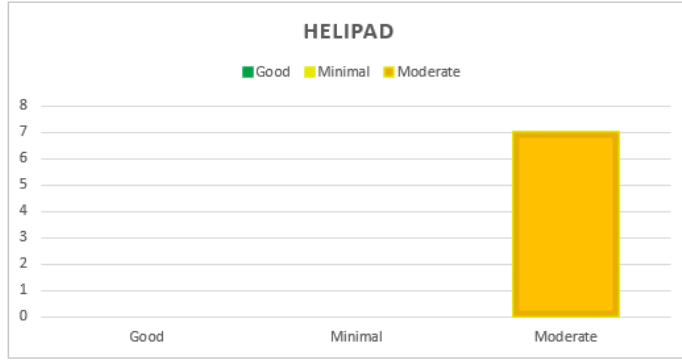
Governance	
Outstanding	0
Good	7
Requires Minimal Improvement	16
Requires Moderate Improvement	0
Inadequate	0
Total	23
Requires Minimal	

Current Level of compliance
55%



Helipad Results

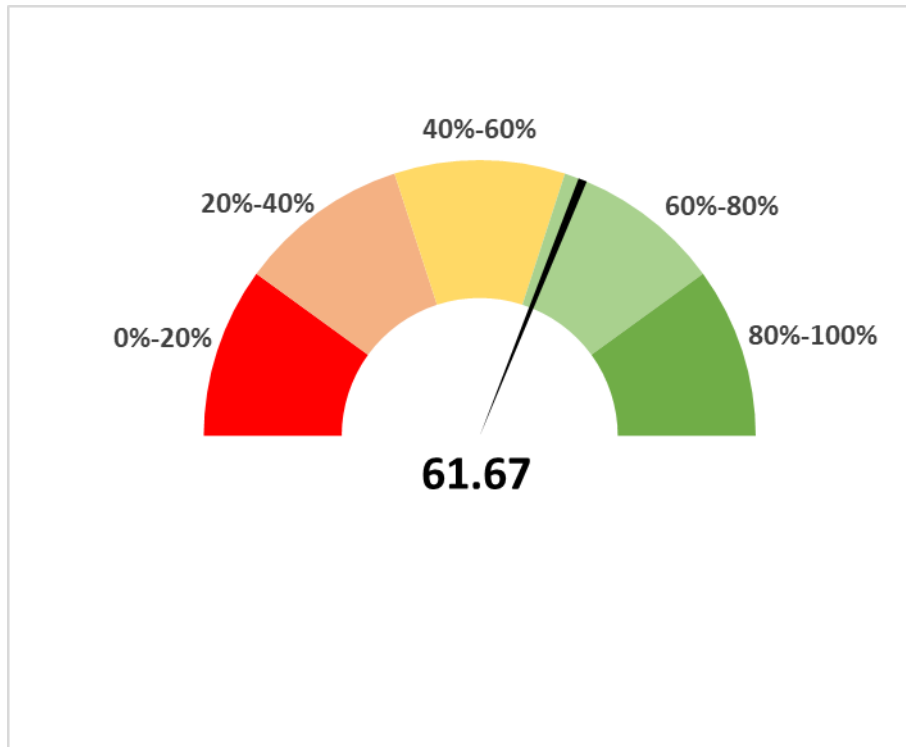
SAQ code	Self-Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
H1	Planning, implementation and maintenance



Helipad	
Outstanding	0
Good	0
Requires Minimal Improvement	0
Requires Moderate Improvement	7
Inadequate	0
Total	7
Requires Moderate	



Overall Level of Current Compliance for all Domains



Total Actions

Actions Identified	Total
Actions identified against a score of outstanding	0
Actions identified against a score of good	29
Actions identified against a score of requires minimal improvement	45
Actions identified against a score of requiring moderate improvement	21
Actions identified against a score of inadequate	0
Total Actions for 2022-2023	95

Premises Assurance Model (PAM) 2022/23- Improvements

Below are some examples of improvements and achievements over the past twelve months:

- Healthcare Technical Memorandum (HTM) Sub Committee Groups have been restructured and restarted for each HTM Group and are also attended by the appropriate Authorising Engineers (AEs).
- Annual AE Reports are produced, report summaries and actions plans are shared and discussed at EFM DMT including the relevant Sub Committees. Findings are also shared with Trust oversight committees, e.g. Health and Safety Committee, Infection Control Committee etc.
- Responsible Person (RP), Authorised Person (AP) and Competent Person (CP) training is currently being reviewed to ensure staff are appropriately appointed.
- Permit to Work process is currently being reviewed and updated
- Fire Risk Assessments are on trajectory and the Team have access to new software with Zetasafe which will reduce the administration time when completing assessments
- Fire Safety Team have completed HTM 05 course and NEBOSH - Fire Safety.
- Fire Marshal Training has been redeveloped and has been launched.
- Reviewed and revised EBME processes
- Successful recruitment campaign to fill Estates Operational vacancies
- Completion of Breast Care Centre at Ipswich Hospital
- Creation and opening of Discharge Lounge at Ipswich Hospital
- Improvements to Ophthalmology Outpatient Department and FEMTO Laser in Ophthalmology Day Case Unit at Ipswich
- LINAC replacement in Radiotherapy at Ipswich Hospital
- Surgical Assessment Unit (SAU) at Ipswich Hospital
- Modular CT Scanner at Ipswich Hospital to support demand
- First phases of Child Health Development at ED / UTC major capital schemes Clinical space development at Bluebird Lodge
- Completion of major ED STP scheme at Colchester including Resus improvements, staff improvements and new Paediatric Emergency Department
- Creation of Mental Health Assessment Area in ED at Colchester
- Commencement on site of Elective Orthopaedic Centre
- Improvements to existing discharge lounge at Colchester Hospital
- Creation of Post-Operative Care Unit (POCU) in Boxted Ward at Colchester
- Reinforcement works to enable additional robotic surgery in Main Theatres
- Additional locations added to the pneumatic tube system at Colchester Hospital
- Refurbishment of all the bathrooms in Stroke Unit, Colchester Hospital
- First phases of Community Diagnostic Centre at Clacton Hospital
- PLACE and Place Lite reinstated following Covid.

