



Department
of Health



The NHS Premises Assurance Model

Revised and Updated 2016

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Author: Department of Health, Finance, Commercial & NHS Directorate, Productivity & Efficiency Division, Estates & Facilities Efficiency Team
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Contact details: Estates & Facilities Efficiency Team Productivity & Efficiency Division Department of Health 1N10 Quarry House Quarry Hill Leeds LS2 7UE

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The NHS Premises Assurance Model

Revised and Updated 2016

Prepared by

The Estates & Facilities Efficiency Team in the Department of Health

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Executive summary

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 24.3million m² which is the equivalent of nearly 3,500 football pitches and costs £8.3 billion per annum to run.

This estate and its related services are both integral to the delivery of high quality clinical care, and also the third largest cost to the NHS after staff and drugs and the largest single asset controlled by the NHS with a value of £42.6 billion. Therefore, it is essential that it 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.

The 2016 NHS PAM has been developed in conjunction with the NHS and represents a refreshed and updated version of the previous model that reflects changes in policy, strategy, regulations and technology. The most important change is that the NHS PAM has been updated to support the NHS Constitution right:

“You have the right to be cared for in a clean, safe, secure and suitable environment.”

The main benefits of the NHS 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.

For previous versions of the NHS PAM, both the Self Assessment Questions (SAQs) and Metrics have been updated and published at the same time. Please note that the Metrics previously provided as part of the NHS PAM have been superseded by the Dashboards developed as part of the Efficiency & Productivity Programme to improve management of the estate and will be provided as this programme is delivered.

NHS PAM 2016

1. Introduction.

1.1 The NHS PAM has been updated to:

- Reflect feedback from users,
- Incorporate relevant reference to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and
- Incorporate relevant reference to the CQC Guidance for Providers on meeting the Regulations

1.2 Full details of the changes to the 2016 NHS PAM are detailed in annex B. The major changes from the version previously published are:

- The 2016 NHS PAM does not include Metrics as these are superseded by the Dashboards developed as part of the Efficiency & Productivity Programme to improve management of the estate,
- The Safety Domain has been split into two (Hard and Soft) and
- Simplified 'standard' prompt questions within the safety domain

2. Background

2.1 Every NHS organisation has a unique combination of patient needs, priorities, requirements and resources, including its Estates & Facilities (E&F) services. Therefore, there cannot be a single overall approach to the provision of its E&F that produces optimal result for all the NHS. However, **all** NHS patients, visitors and staff have the right to receive an appropriate level of service. The NHS is committed to provide services in line with the NHS Constitution right "to be cared for in a clean, safe, secure and suitable environment."

2.2 NHS Boards have a responsibility to hold their own organisation to account and to account to the public about their performance, providing assurance on E&F matters in the process. The specialist nature of E&F can, however, make it difficult for Boards to do this. The NHS PAM has therefore been developed to provide this assurance for Boards on a consistent national basis. This assurance can then be used more widely and be provided to Commissioners, Regulators, the public and other interested stakeholders.

2.3 It is important to note that although the NHS PAM covers a wide range of issues, it is not intended to be a comprehensive insight into an NHS provider's E&F or their operational management. The model bridges the gap between the NHS Boards and the operational detail of its day to day E&F operations. The model can be used as a prompt for further investigation and to stimulate better-informed dialogue as to how the premises can be more efficiently used, more effectively managed, and make a contribution to the overall strategic objectives of the organisation.

2.4 In creating the NHS PAM, there is no intention on the part of the Department of Health (DH) to disadvantage any organisation in any way whatsoever. DH welcomes comment and input from NHS providers and individuals in all healthcare sectors regarding the development of the NHS PAM in support of other sectors, private, charitable and public,

to deliver a consistent level of assurance and performance improvement across their E&F services.

3. Before you start using the NHS PAM

- 3.1 The NHS PAM covers both estates (the physical fabric of buildings) and facilities (the services that are directly linked to the estate i.e. food, cleaning etc.). Although the NHS PAM includes security questions, it is important to note this area is the responsibility of NHS PROTECT and not the Department of Health.
- 3.2 This version of the NHS PAM has been designed for use by any NHS provider. They can readily identify any SAQs as 'not applicable' if this is the case e.g. where the site has no piped medical gases. The NHS PAM is not currently applicable to GPs and Dental Practitioners.
- 3.3 The SAQ workbook has the option to select two financial years as a basis for comparison. This can be used in two ways; to look back historically and chart the progress from a previous assessment or to chart an aspirational action plan for the organisation to aim for. The latter is particularly useful if used in conjunction with 'capital cost to achieve compliance' data so the impact of the investment can be illustrated.
- 3.4 **Before using the NHS PAM, several questions need to be considered by each NHS organisation:**
- 3.5 **What happens with contracted out services?** The SAQs are relevant regardless of who or how the particular service/area is provided. Where these are contracted out the organisation should work with their contractors to seek the necessary assurance and evidence to support the self-assessment.
- 3.6 **Do I need to involve departments other than estates?** The NHS PAM covers both hard and soft FM services and is ultimately about measuring compliance and providing assurance on these areas. You also need to test the views of the hospital staff that use the estates and facilities. A multi-disciplinary approach is advocated.
- 3.7 **Which of your sites/facilities/buildings/hospitals is it going to apply to?** Does it apply to all your estate or just part of it? If not all of your estate is being covered, then this needs to be stated explicitly to your Board to avoid misunderstandings. In addition, the reasons for its lack of applicability needs to be recorded.
- 3.8 **How will it be approved within your organisation, once it is completed?** Local ownership of the completed NHS PAM is important, otherwise no action or advantage will be obtained from using it. We would suggest that once completed, it should be formally presented to your Board for approval. This approach is advised if you intend to use it as evidence for the Care Quality Commission (CQC) or other external stakeholder. The Board can decide whether it wishes the document to remain private or be made available in the public domain but in line with government policy, open and transparency is advocated. DH does not collect completed NHS PAM workbooks, though feedback on their content, format and presentation is always welcome.
- 3.9 **How will areas that are identified as needing action/work be handled?** An important function of the NHS PAM is to identify where actions are required. These actions may

involve changes to systems or investment in buildings or new equipment. Analysis of the outcome of the NHS PAM should be undertaken and an action plan compiled.

3.10 **When will the NHS PAM be undertaken and over what time frame will it apply?**

The timing of completion of the NHS PAM is important as it needs to fit the internal management process of the NHS organisation to ensure that, for instance, the actions that result from its use are included in operational and financial plans. However, problems with the NHS E&F can occur at short notice and therefore, regular reviews of areas of risk may be required.

3.11 **Who will complete the NHS PAM?** While the NHS PAM is targeted at E&F staff, the relationship between E&F and other operational areas, including clinical is critical. It is therefore important that non-E&F staff are involved in completing the NHS PAM to ensure that a full understanding of the risks identified by the NHS PAM are obtained.

3.12 Annex A details an approach adopted by one NHS provider who has embraced the use of the NHS PAM. We highly recommend NHS Trusts read this section as it includes many key pointers based on actual experience broken down into the following key stages :

- Stage 1: Set up
- Stage 2: Assessment Preparation
- Stage 3: NHS PAM Self-Assessment
- Stage 4: Organisation Feedback and Reporting
- Stage 5: Monitoring
- Stage 6: Annual Reassessment

Annex B provides a detailed list of changes from the previous version of the NHS PAM.

3.13 NHS providers are encouraged to join regional networks through such bodies as Healthcare Estates & Facilities Management Association (HEFMA) and Institute of Healthcare Engineering and Estate Management (IHEEM) that are now being instigated to promote a consistent approach to NHS PAM, assist with learning and the sharing of best practice and establish networks for peer review.

4. IT information

4.1 The self-assessment workbook spreadsheet contains graphical outputs illustrating the results from the NHS providers self-assessment. This spreadsheet is not protected against amendment, so local reporting can be developed.

4.2 These spreadsheets have been developed to be used in Excel 2010. Some of their functions may not be fully available in earlier versions of Excel.

5. Using the Self-Assessment Questions

5.1 The NHS PAM SAQs are grouped into five Domains, which are broken down into individual SAQs 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)
- Patient Experience
- Efficiency
- Effectiveness
- Organisational Governance

5.2 The first four Domains cover the main areas where estates and facilities impacts 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 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 processes to ensure actions are taken where required.

5.3 SAQs have been developed to cover all major areas where the E&F of the NHS impact on safety and clinical services. However, it is recognised that some of the questions may not apply to all NHS trust and site types. Therefore, individual SAQs and indeed individual prompt questions can be identified as 'not applicable'. Where questions are identified as 'not applicable' the rationale behind this decision should be noted in the free text fields. Each Domain has an individual worksheet within the SAQ workbook, as well as individual results worksheets.

5.4 Each Domain includes a list of the SAQs and against each SAQ is the sub, Prompt, questions that need to be rated using the 'drop down' menu on the following scale:

- **Not applicable:** this prompt question does not apply to your organisation/site or is not applicable by virtue of the responses given in the other prompt questions e.g. there is no need to prepare an action plan where full compliance has been identified.
- **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.
- **Requires 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.

5.5 The scoring for the safety Domain is different for other Domains. Specific questions within this Domain have been defined as critical and if the answer to these is "Inadequate", then the whole Domain will have an overall score of "Inadequate".

5.6 The scores/rating on individual prompt questions is averaged up to provide a rating for the 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 NHS providers own view of compliance.

5.7 In rating/scoring the prompt questions users should consider the content of the following two columns within the SAQ excel workbook:

- Evidence should demonstrate:
- Relevant guidance and legislation:

5.8 The **Evidence** column contains the expectation that the 'approach' as in the policies, procedures, working practices etc. is *understood, operationally applied, adequately recorded, reported on, audited and reviewed*. The NHS providers should satisfy themselves that they can demonstrate that this is the case if asked to do so. The column also lists some suggestions as to what relevant evidence may be but this is not considered exhaustive and far more detail will be contained within the relevant guidance documents.

5.9 This also links to the **Relevant guidance and legislation** column. The evidence should demonstrate that any relevant legislation and guidance listed against the SAQ has been complied with within the policies, procedures etc. Once again the legislation and guidance listed should not be considered as exhaustive with guidance such as HTMs and HBNs providing a more definitive list of guidance and legislation relevant to that SAQ than is listed in the NHS PAM. The majority of DH guidance, including estates and facilities guidance is available from:

<https://www.gov.uk/government/publications?departments%5B%5D=department-of-health>

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

<https://www.gov.uk/government/collections/health-technical-memorandum-disinfection-and-sterilization>

5.10 The **Capital cost to achieving compliance** figure provides the link to Monitor and the NHS Trust Development Authorities strategic planning frameworks. The intention is that any capital costs associated with reaching compliance can be identified against individual areas and provide additional granularity to the NHS organisations three and five year plans.

5.11 The **Revenue consequences of achieving compliance** figure is entirely optional but the suggestion is that this can be used to again provide additional granularity to the revenue figures that the NHS organisation provides via the annual Estates Return Information Collection (ERIC). **User notes** is a free text field but it is suggested should include any further explanation to the users ratings and also details of where the evidence is stored and available if required. The user notes cell within the excel file can be 'split' or 'merged' to suit the user's needs i.e. splitting the cell allows users to include a separate entry against each prompt question.

5.12 Annex A provides a suggested six-stage approach to undertaking the self-assessment and post assessment actions have been devised. These should be read in conjunction with the FAQs that have been ordered into the same six stages. Each stage is described below. In addition, Annex C provides a case study where NHS PAM has been used on an actual scheme at a Trust to integrate Estates and Facilities Services

6 Frequently Asked Questions

1. Legal Questions
Q1.1 What is the legal status of the NHS PAM?
The NHS PAM is not a legal instrument or requirement of legislation. It is an assessment tool that analyses the evidenced opinions of the completing organisation, and as such it is not legally binding or enforceable.
Q1.2 How confidential is the information that I am inputting into the NHS PAM?
Trusts will decide locally who to share the NHS PAM SAQ responses with. Currently, the NHS PAM mechanisms are explicitly configured to maintain confidentiality of the SAQs between providers – i.e. no provider is given access to any other providers' SAQ results.
Commissioners who undertake EU-compliant procurement exercises automatically engage the Public Contracts Regulations (PCR) 2006. Regulation 43 of the PCR imposes a duty of confidentiality on commissioners in relation to the information provided by bidders/contractors that has been designated as confidential. Therefore, any SAQ information that a provider designates as confidential and which is shared with a commissioner as part of a tender process will, by law, remain confidential.
Individual NHS providers may choose to make SAQ results available to regulating authorities. Regulators may also request SAQ results from individual NHS providers. It is important to note that the statutory obligation for public bodies to comply with the Freedom of Information Act 2000 requests overrides any contractual duty of confidentiality except where such compliance breaches the commercial confidentiality of the owner of the information to be disclosed.
As part of the Efficiency & Productivity Programme, completed NHS PAM SAQs may be examined as part of the discussion regarding the NHS providers situation.
Q1.3 Who owns the NHS PAM?
The NHS PAM has been developed by the NHS in association with the DH. The model is managed, developed and may be licensed by the DH. The Intellectual Property rights in the NHS PAM software are owned by the DH.
Q1.4 Will the NHS PAM be accessible to the general public?
The blank NHS PAM is made readily available to the general public through the DH website. Once completed by yourselves, you will be responsible for any publication or sharing of it.
Q1.5 Does the NHS PAM override any other Trust legal responsibilities?
No.
Q1.6 Can I modify or change the NHS PAM?
You should not change the structure or questions in the NHS PAM as it will then be inconsistent nationally. The NHS PAM is intended as a 'living' document and as such should be updated to reflect any changes that impact on the self-assessment. It is recommended that you keep it under a quarterly review.

Q1.7 Are there any intellectual property or data protection issues?
The intellectual property rights in the NHS PAM are owned by the DH. The Data Protection Act applies only to personal data (people), and therefore does not pertain in the case of the NHS PAM. Patents will also not apply to the NHS PAM. When the NHS PAM is made available for completion and use on the internet it will be copyrighted to the DH and will also be subject to its own terms and conditions of use.
Q1.8 Are there any Freedom of Information issues?
NHS providers are bound to meet individuals' requests for information in the same way as any other public body under the Freedom of Information Act 2000. The Re-use of Public Sector Information Regulations 2005 (SI 2005 No 1515) also allows members of the public to apply for information provided under the Freedom of Information Act 2000. The PSI regulations govern how the information can be re-used. Responding to a Freedom of Information request does not confer an automatic right of re-use. Re-use raises copyright and licensing issues that usually require permission from the copyright owner.
Q1.9 Are there any implications for users on self-assessment/self-declaration?
Self-declaration is where an individual or representatives of an organisation sign off a document to say that the contents are correct to the best of their knowledge. Problems occur when information is incorrect and the degree of inaccuracies can affect the outcome of the process as a whole. The NHS PAM SAQ responses are not legally enforceable.
Q1.10 Will the NHS PAM apply to NHS Foundation Trusts and independent sector providers?
The Self-Assessment element of the NHS PAM is designed to apply to all NHS providers including Foundation Trusts and independent sector providers.
Q1.11 Is the NHS PAM likely to be an extra burden on Trusts?
After the work of the initial completion of the NHS PAM in the first year, it is anticipated that future input will be minimal. NHS providers will subsequently review and update their existing NHS PAM results utilising and inputting data and information that they already have available or collect.
Q1.12 I would like to feedback my experience and comments on the NHS PAM. How do I go about this?
Comments and feedback are welcome. Please send all comments and feedback to pamhelpdesk@dh.gsi.gov.uk
Q1.13 Are there any issues around self-incrimination?

<p>There are no legal implications for self-incrimination associated with the NHS PAM as it is a management tool and non-compliance is not a criminal offence. The DH can give no assurance on the status of individual elements within the NHS PAM, and any queries regarding these should be pursued with the relevant body (Health & Safety Executive, etc.).</p>
<h2>2. Use of the NHS PAM</h2>
<h3>Q2.1 What are the restrictions of use for the NHS PAM?</h3>
<p>The NHS PAM is intended as a universal and consistent model for use by all NHS providers including Acute, Mental Health and Independent Sector Providers. GP and Dental practices are excluded from the NHS PAM as it has not been developed to incorporate their facilities/services.</p>
<h3>Q2.2 May Commissioners see the NHS PAM evidence from trusts?</h3>
<p>Provision of the NHS PAM to Commissioners is up to the NHS providers and Commissioners themselves. The NHS PAM can assist in developing dialogue with Clinical Commissioning Groups on estates and facilities matters to help inform and frame discussions on investment needs and priorities.</p>
<h3>Q2.3 How does the use of NHS PAM provide assurance on the safety and suitability of E&F services?</h3>
<p>The way in which the self-assessment is undertaken and subsequently adopted locally will greatly influence the level of assurance that can be drawn from the use of the NHS PAM.</p> <p>The practical guide in Annex A includes a number of steps that help ensure the self-assessment is robust in the first instance. By its nature the organisation governance domain will, in part, provide an indicator of assurance as this measures the extent of a board oversight of estates and facilities issues. Following the self-assessment assurance will be increased by:</p> <ul style="list-style-type: none"> • Embedding the NHS PAM compliance framework within job descriptions, training and roles and responsibility • Agreement and review of the NHS PAM assessment by its Board • Scrutiny and dialogue with commissioners on the NHS PAM assessment • Scrutiny of the NHS PAM by the NHS TDA and Monitor (where relevant) • The level and role of audit within the NHS PAM process • If the NHS PAM has formed the basis for a CQC inspection • If the self-assessment or parts of it has been independently verified or peer reviewed • The level which the self-assessment is consistent with patient feedback
<h3>Q2.4 How does the NHS PAM relate to the NHS Constitution, 'fundamental standards' and CQC requirements?</h3>
<p>The NHS constitution includes the 'right to be cared for in a clean, safe, secure and suitable environment. Moreover, the NHS Constitution Handbook goes on to say:</p> <p><i>'In practical terms this means that in addition to complying with specific legal requirements that are set out in health and safety legislation and the law relating to negligence, healthcare providers should:</i></p>

- *have robust assurance arrangements in place to provide and maintain high standards of safety, security and suitability for their premises and equipment at all times.*
- *make sure that organisations and individuals with responsibility for the safety of premises and equipment are appropriately governed, adequately trained and qualified, apply the correct protocols and follow best practice guidance.'*

This right is based on the specific fundamental standards of safe care and treatment, premises and equipment, set out in regulations 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.'

The NHS PAM is therefore a means for providers to ensure they ' have robust assurance arrangements in place to provide and maintain high standards of safety, security and suitability for their premises and equipment at all times'.

Q2.5 Is the NHS PAM endorsed and used by regulators?

A recurring question is how using the NHS PAM will assist with CQC inspections relating to estates and facilities services. A key reference point for the CQC is the estates and facilities standards and requirements in *Health and Social Care Act 2008 (Regulated Activities), Regulations 2014'*, and the CQC Guidance for providers on meeting these regulations. Additionally providers will have to meet requirements of other enforcement bodies and regulators.

The NHS PAM captures these estates and facilities standards and requirements and breaks them down into a series of SAQs covering specific technical areas e.g. water safety and electrical safety. This provides a structured framework to self-assess and measure compliance with each of the requirements. Ultimately it is up to regulators how they conduct their inspection but a robust NHS PAM assessment and resolving issues identified will put the organisation in a strong position to demonstrate estates and facilities' compliance.

The SAQ workbook includes a sheet that cross references the requirements in the above legislation and CQC guidance with the relevant parts of the NHS PAM.

Further details on 'compliance of the estates' and the use of the NHS PAM can be found in '*Health Building Note 00-08 Part A: Strategic framework for the efficient management of healthcare estates and facilities'*.

The NHS PAM has been endorsed by the Institute of Healthcare Engineering and Estate Management (IHEEM) and the Health Estates Facilities Management Association (HEFMA)

Q2.6 How will it be approved within your organisation, once it is completed?

The completed self-assessment should be formally presented to your Board for review and approval. This approach is advised if you intend to use it as evidence for the CQC or other external stakeholder organisation. Additionally a number of committees may need to be consulted prior to presenting to the board.

Consideration will be needed on when the action plan resulting from the NHS PAM

assessment will also be presented to the Board.

The Board can decide whether it wishes the completed NHS PAM to remain private or be made available in the public domain but openness in line with government policy on transparency is advocated.

Q2.7 What happens with contracted out services?

We believe the SAQs are relevant regardless of who or how the particular service/area is provided. Where these are contracted out the organisation should work with its contractors to seek the necessary assurance and evidence to support the self-assessment.

Q2.8 What about leased accommodation and accommodation such as PFI and LIFT?

The size and usage of buildings and accommodation used but not owned by NHS providers can vary significantly. There are two main parts of the NHS PAM that can apply in these instances:

Ensuring the premises is safe and suitable for the activity. SH19: With regard to ensuring estates and facilities services are safe and suitable when the organisation is not directly responsible for providing these services can the organisation evidence the following? The extent to which an organisation should go to satisfy this requirement will be proportionate to the size of the building/accommodation and services being provided by it. In the case of larger site and those providing diagnosis and treatment services a full NHS PAM safety assessment may be appropriate and this should be carried out collaboratively with the building provider, such as may be the case for LIFT, PFI and NHS Property Services. This helps both parties demonstrate a transparent and open approach to managing risks.

- **Ensuring suitable contractual arrangements are in place and effectively managed** The effectiveness domain is structured around the best practice detailed in HBN 00-08 in relation to managing the estate including leases etc. The organisation should be able to identify they have a robust approach to assess premises for suitability and manage risks as well as having a clear understanding of their obligations under any lease.

Where sites and spaces occupied are relatively small and not used for carrying out patient interventions the level of risk will be lower. Providers still have to ensure they are complying with their statutory obligations and it will be their choice how they do this based on local circumstances. A number of organisations are developing an approach based on the statutory safety SAQs and reduced set of prompt questions.

Q2.9 Do I need to involve departments other than estates?

The NHS PAM covers both hard and soft FM services and is ultimately about measuring compliance and providing assurance on these areas. You also need to test the views of the hospital staff that use the estates and facilities. A multi-disciplinary approach is therefore recommended.

Q2.10 Which of your sites/ facilities/ buildings/ hospitals is it going to apply to?

It is particularly worthwhile to consider how multiple sites will be assessed. Aspects of the assessment may apply across all sites e.g. policies and procedures but some aspects are likely to require a site specific assessment, particularly for the safety domain. Also if the organisation owns and manages the sites in question or leases them, this may also dictate if part of the assessment is required at site level. Consistency will also be more of an issue with multiple sites and operational teams. You should record any services or building not covered by the assessment and the reason why it has been excluded.

Q2.11 When will the NHS PAM be undertaken and over what time frame will it apply?

The timing of completion of the NHS PAM is important as it needs to fit the internal management process of the NHS organisation to ensure that, for instance, the actions that result from its use are included in operational, financial and strategic plans. It is also recommended that the model is updated to reflect any changes to operational procedures, changes in legislation or how services are provided e.g. outsourcing. A light touch quarterly review may be appropriate followed by a more comprehensive yearly review/reassessment.

Q2.12 How long will it take to complete NHS PAM and what are the resource implications?

This depends on the size of the NHS provider, its estate and where it is starting from in terms of estates and facilities compliance. This will also directly impact on the type of resources the trust will need to complete the assessment.

Most of the information and evidence will be held within the organisation. It is a matter of assessing and cross referring this against the NHS PAM structure. For NHS providers with good systems in place to demonstrate compliance completing a PAM assessment will be more a co-ordination and consistency exercise. For more challenged NHS providers the process will be more comprehensive and require a more detailed review of their compliance systems and processes.

The safety domain is the largest and therefore the most time consuming of the domains to complete.

Once the initial assessment has been conducted and any improvements to processes and procedures undertaken maintaining and reassessing the NHS PAM will be considerably less time consuming. The aim should be to embed compliance within individual roles and ultimately the organisation structure.

Q2.13 How does the NHS PAM rating/scoring system align with the CQC rating system?

The NHS PAM 2016 uses the same rating system as the NHS PAM 2014. This is broadly comparable to the CQC new approach to inspecting and rating care services which is based on a four point rating system as follows:

- Outstanding
- Good
- Requires improvement

- Inadequate

The NHS PAM uses the same rating system apart from using two levels of ‘requires improvement’

- Requires minimal improvement: the impact on people who use services, visitors or staff is low.
- Requires moderate improvement: the impact on people who use services, visitors or staff is medium.

The NHS PAM working group felt that splitting out the ‘requires improvement’ in this way would help NHS Providers to prioritise when improvements are needed. Additionally 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. The CQC will review a range of evidence and indicators as well as their own professional judgement when making a rating at hospital or service level.

Q2.14 how does NHS PAM link with operational management of estates and facilities’ services?

Operational management, Health and Safety and assuring compliance are all inter linked and overlapping activities. Ensuring your estate and facilities’ services are safe and comply with relevant legislation and guidance is a key part of an organisations governance but also a necessity of sound and efficient operational management

Q2.15 What is suitable evidence?

We do not believe in assembling evidence unless there has been a clear instruction to do this e.g. as requested by the CQC as part of pre-inspection intelligence. Operational management, Health and Safety, and assuring compliance are all inter linked and overlapping activities. The approach with the NHS PAM is that the assessment should reflect the operational reality. Thus evidence would be available and easily accessible from within operational systems if needed.

The main pieces of evidence can be readily inferred from the individual prompt questions.

This the evidence should demonstrate the approach (policies, procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed. Staff should be able to demonstrate that they are aware of a particular policy/procedure relevant to their roles and responsibilities. In addition to the above maintenance records, test certificates, building certificates, safety reports, audits, and training plans are all relevant.

Q2.16 Why have the detailed prompt sheets in earlier versions of the NHS PAM been removed?

The detailed prompt sheets provided a ‘checklist’ against key publications that users felt were beneficial in ensuring a robust and consistent assessment. However this only covered a small number of relevant publications, created potential confusion over the level of detail within the NHS PAM model and would have required significant further development. This level of extra detail is already available in a number of commercial systems and a number of professional bodies and NHS trusts are considering developing a suite of detailed prompt sheets. These will be made produced as and

when produced but any trust that wished to be involved or wishes to provide some templates should contact the NHS PAM helpdesk.

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NHS PAM Working Group

Alison McCree	Health Estates Facilities Management Association National Secretary & North representative
Jacqui Grimwood	Health Estates Facilities Management Association Eastern and Midlands representative
Ian Hinitt	Institute of Healthcare Engineering & Estate Management representative
Peter Bowers	Health Estates Facilities Management Association South representative
Justin Pereira	Health Estates Facilities Management Association London representative
Simon Sharp	Association of Healthcare Cleaning Professionals representative
Andrew Jones	Association of Healthcare Cleaning Professionals representative
Philip Shelley	Hospital Caterers Association representative
Andy Jones	Hospital Caterers Association representative
Stephen Tyldsley	Bolton NHS Foundation Trust
Howard Timms	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Peter Aldridge	Leeds Teaching Hospital NHS Trust

Annex A – A suggested six stage approach to undertaking the self-assessment and post assessment using the 2016 NHS PAM

The following practical guide case study has been provided by Jacqui Grimwood, Estate Development Manager, West Suffolk NHS Foundation Trust based on its own experience and approach to adopting the NHS PAM'

NHS PAM Self-Assessment: Stage 1: Set up	
Task	Details
1.1 Existing compliance process	<p>NHS providers who use the model have found it beneficial to focus initially on their current processes for estates and facilities compliance. Comparing their approach with the NHS PAM allows the organisation to identify strengths and weakness in their current processes.</p> <p>Indications are that existing compliance processes can underpin the requirements of the NHS PAM and have synergy with the safety domain but do not always extend to the other four NHS PAM domains. Thus the NHS PAM is still likely to be beneficial even where robust compliance systems are considered to exist. Where the organisation feels their current approach is sound and comprehensive this can be explained and cross referred to within the relevant parts of the NHS PAM.</p> <p>NHS providers may alternatively wish to adopt the NHS PAM approach in its entirety to address significant weaknesses within their current processes.</p> <p>Understanding where the organisation currently is in relation to compliance will provide a good indication of the time and resources needed to conduct the NHS PAM assessment.</p>
1.2 Trust sign up to Process	<p>Trust buy-in</p> <p>Senior managers and directors whose responsibilities are covered by the NHS PAM should be committed and signed up to the process before commencing any work.</p> <p>Organisation Board and Committee Interface</p> <p>The level of board oversight and scrutiny of the self-assessment is a key part of the level of assurance that the NHS PAM model will provide.</p> <p>Engaging with the NHS providers board and relevant committees at an early stage is recommended. Identifying a board member willing to champion the model would be advantageous. This should also assist in presenting the self-assessment findings and proposed action plans to the NHS providers Board and relevant committees later in the process.</p>
1.3 Agree format and process	<p>Agree process/approach</p> <p>The organisation can utilise the process/approach described in this guide and supplement/amend based on local circumstances. Defining and agreeing the approach at an early stage helps to ensure a consistent and robust self-assessment process.</p> <p>Produce Draft Plan</p> <p>An initial plan should be produced that identifies the key dates and also the process/approach to be followed. This may include roles and responsibilities, organograms, governance and reporting arrangements, indicative timetable and who will be involved.</p>

NHS PAM Self-Assessment: Stage 1: Set up	
	<p>Patient Involvement</p> <p>The NHS providers current processes for patient involvement are part of the NHS PAM self-assessment. Additionally patient feedback is a key part of the evidence to consider when undertaking the self-assessment and as such you would expect consistency between the two.</p> <p>Additional patient involvement in the NHS PAM self-assessment is recommended to add robustness. This is particularly true of the patient experience domain. It is recognised that some parts of the model cover complex technical areas on which active patient input is impractical.</p>
1.4 Identify Leads and specialist experts	<p>The NHS PAM is split into five domains and will involve people from across the organisation. Each domain should have a nominated lead to own and drive that part of the self-assessment. There may also be the need to identify specialist experts to take ownership of individual self-assessment questions, particularly within the safety domain due to the diverse range of technical areas covered.</p> <p>Early adopters of the model have embedded the standard NHS PAM compliance process within job descriptions and staff roles to promote ownership and consistency.</p>
1.5 Briefing	<p>It is important to brief nominated leads and specialist experts to ensure a common understanding and promote consistency. This can be best achieved by means of a single group briefing session where possible.</p> <p>The briefing should include:</p> <ul style="list-style-type: none"> • Overview of agreed process • Mechanics of the self-assessment • Assembling/availability of relevant evidence • Assembling/availability of relevant guidance • Assembling/availability relevant policies/procedures/working practises • Links between policies, guidance and evidence • Workshop planning/format • Scoring
Stage 2: Assessment Preparation	
Task	Details
2.1 Evidence	<p>A fundamental part of the whole NHS PAM assessment is being able to produce suitable evidence that supports the NHS providers self-assessment. This evidence is what the CQC are likely to scrutinise during any inspection. The expectation is that evidence is the NHS providers every day policies, procedures, working practices, records etc. relating to estates and facilities services.</p> <p>As a general principle the approach defined in the policies, procedures, working practices etc. should demonstrate that:</p> <ol style="list-style-type: none"> 1. They comply with relevant guidance and legislation. 2. Are understood,

NHS PAM Self-Assessment: Stage 1: Set up	
	<ol style="list-style-type: none"> 3. Operationally applied, 4. Adequately recorded, 5. Reported on, 6. Audited and reviewed.
2.2 Review PAM domain Self-assessment and prompt questions	<p>Rating/scoring the actual self-assessment questions/prompt questions can be viewed in two distinct stages.</p> <ol style="list-style-type: none"> 1. Prior to the workshop (see stage 3) leads may want to undertake a pre workshop assessment and then use this as the basis for discussion and challenge at the workshop. This approach will be particularly relevant for the safety domain that contains a large degree of specialist technical knowledge. 2. It is recommended that the rating/scoring is formally agreed in a workshop, particularly where input is required from across the NHS providers. Experience suggests this leads to a far more robust and transparent assessment. <p>It may be appropriate to break the safety domain down into a number of smaller workshops or plan it over a number of days. This will be influenced by the individuals involved with the relevant SAQ areas and also the type and level of challenge you wish to bring into the process.</p>
2.3 Source and print reference documents	<p>The leads will need to consider the relevant evidence and documentation that will be reviewed and considered at the workshop. It may be advisable to have a trial run of some SAQs ahead of this to help define what documents are considered relevant, again to promote a consistent approach.</p> <p>A particular consideration is demonstrating how the current practices comply with relevant legislation and guidance and if there is a consistent understanding across the organisation.</p>
2.4 Evidence storage	<p>The NHS PAM assessment covers a broad range of diverse areas. Most of the evidence supporting the self-assessment will be held within the NHS providers existing operational processes and systems. The evidence therefore is not stored in the NHS PAM SAQ excel workbook. Instead the workbook 'notes' column is used to identify the relevant evidence and where it is stored and accessible. It is particularly important to be able to access the relevant evidence in the case of a CQC inspection. Evidence will also need to be available during the scoring workshop.</p> <p>Some NHS providers have found it beneficial to set up a central NHS PAM evidence repository to facilitate ease of access. This is entirely an individual NHS providers choice with ease of access and managing changes and updates to the evidence being key considerations.</p>
Stage 3: NHS PAM Assessment	
Task	Details
3.1 Domain workshops	A separate workshop for each domain has proved effective in producing an honest, transparent and robust assessment. It is

NHS PAM Self-Assessment: Stage 1: Set up	
	<p>considered beneficial to hold the governance domain at the end.</p> <p>The safety domain is the largest domain bringing together a diverse range of technical areas. Covering all this in one workshop is unlikely. The domain could be split up and covered in two or three separate sessions. Looking at the individuals involved against specific safety SAQs may naturally lend itself to dividing the domain up.</p> <p>The format of the workshop is for relevant leads to present their pre-assessment and explain their rationale for arriving at the proposed rating/score. They should explain and present the relevant evidence providing a clear explanation of how this links to the question and their proposed rating.</p> <p>The workshop should encourage an open discussion where people can challenge the rationale and rating. This is not intended to catch people out but to help ensure the assessment is robust, accurate, transparent and open to scrutiny.</p> <p>Any relevant notes on discussions and agreement can be added to the free text cells in the NHS PAM workbook.</p>
3.2 Action Plan	The vast majority of NHS PAM assessments will lead to at least some form of actions. These should be detailed and noted as you go through the domain workshop. Actions can be relatively straightforward such as updating policies through to items requiring significant investment. Actions may also need inclusion in risk management and business planning processes where relevant.
3.3 Agree action plan	Agreeing action owners and allocating responsibilities and timescales for actions is essential to provide clarity on how actions will be taken forward and concluded and should be agreed at the workshop.
3.4 Identify evidence and collate	The relevant evidence will have been collated and discussed during the workshop. It is sensible to review this in light of the workshop discussions and note any changes that have been made as a result.
3.5 Store evidence in repository	Any alterations to the evidence should be reflected in the evidence repository, where relevant, for completeness.
Stage 4: Organisation Feedback	
Task	Details
4.1 Update organisation risk register	<p>Presenting the main findings of the NHS PAM assessment to the relevant committees and ultimately organisation board needs careful consideration and will vary dependent on the size and structure of the organisation.</p> <p>The NHS PAM assessment is likely to identify a number of risks. Some of these risks are likely to require escalation to the NHS providers overall risk register.</p>
4.2 Incorporate any financial implications into business planning	<p>Some actions resulting from the NHS PAM assessment will have financial implications. These need to be incorporated into the NHS providers business planning cycle.</p> <p>It is also worth noting that Monitor and the NHS Trust Development Authority have both indicated anticipated capital expenditure from NHS PAM assessments should align with the NHS providers three and five year business plans.</p>
4.3 Prepare report and presentation	Either the existing reporting built into the NHS PAM can be used or the results extracted and used to draft a specific local report. However, care needs to be taken to ensure that any such report is

NHS PAM Self-Assessment: Stage 1: Set up	
	complete and takes into account all relevant elements of the assessment.
4.4 Present at risk committee	As the NHS PAM assessment is likely to provide additional organisational risk it is advocated that these are presented to the NHS providers risk committee in advance of presenting to the board.
4.5 Present at Scrutiny committee	Similarly once the risk committee has been consulted presenting to the NHS providers scrutiny committee is advisable.
4.6 Present at NHS providers board	The final stage of feedback will be to present to the NHS providers main board. As highlighted in stage 1 'buy in' from a board member or non-executive director ensures productive discussion and identify ultimate board approval of the key actions arising.

Stage 5: Monitoring	
Task	Details
5.1 Ongoing monitoring of action plan	Following agreement and sign off the action plan should be actively monitored to ensure corrective action is undertaken. NHS providers have used their corporate risk reporting software to manage this process and any resulting risks. This can automate monitoring and progress reporting.
5.2 Corporate risk committee	The NHS providers corporate risk committee will have to be kept briefed and updated based on the number and scale of the risks identified. This will include monitoring progress and implementation of action plans as well as escalating any risks where necessary.
5.3 Update at NHS providers Board	The expectation is the NHS providers board are kept updated at least annually on the NHS PAM assessment and resulting action plan. This maybe more frequently where significant risks and issues have been identified during the NHS PAM assessment. Following the first board NHS PAM presentation it may be appropriate that updates are included within the annual estates and facilities report to the board.

Stage 6: Annual Reassessment	
Task	Details
6.1 Annual assessment	Obviously NHS PAM is not a one off assessment. The frequency of re-assessment will dependent on individual circumstances. It is recommended that the NHS PAM is undertaken at least annually. This is likely to be less time consuming than the original assessment. The NHS PAM assessment should reflect significant changes that are made in between assessment. Ratings/scorings and evidence will also changes as actions identified are undertaken. It is therefore appropriate to have a process to review and agree changes to ratings/scoring more frequently than waiting for the annual review e.g. quarterly. This ensures the NHS PAM assessment reflects the current state of compliance and efficiency and makes the annual re-assessment more straightforward.

Annex B: changes between NHS PAM 2014 and 2016			
1	General changes		
1.1	Board report macro and associated Powerpoint has been removed. Feedback from users was this was seldom used with the preference for tailored reports based on other graphs and charts in the workbook.		
1.2	The SAQ now appears at the top of the prompt questions in lieu of a separate column. SAQs identified with the green shading. Change to improve appearance and reduce number of columns.		
1.3	Revenue and Capital Costs are now entered under the 'Costed Action Plan' prompt question against each SAQ in lieu of separate columns. This was to reduce the number of columns in the workbook.		
1.4	Column headings: evidence column note amended slightly to reflect evidence should be available within operational systems.		
1.5	SAQs: notes added against a number of SAQs to clarify scope of question and possible overlap with other questions.		
1.6	Soft FM questions have been grouped together with the safety domain now split into two distinct sections, soft FM and Hard FM & Combined.		
2	Safety Domain		
2.1	Safety Prompt question changes		
2.11	Safety prompt 3 wording changed to remove duplication with prompt question 1		
	<table border="1"> <tr> <td>3) Statutory Requirements and Guidance Has there been a review of all relevant Statutory requirements and guidance, a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?.</td> <td>3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?</td> </tr> </table>	3) Statutory Requirements and Guidance Has there been a review of all relevant Statutory requirements and guidance, a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?.	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?
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2.12	Safety prompt 2 (roles and responsibilities) 'competent' added to wording of question to align with wording in CQC 'guidance to providers'		
2.13	Safety prompt 4 (maintenance) contained two questions in one. The part relating to records etc. is now dealt with as a new SAQ (SH3) and taken out of prompt 4.		
	<table border="1"> <tr> <td>4) Maintenance, Record Keeping and Asset Register Are assets, equipment and plant adequately maintained with all relevant records (maintenance manuals, procedures, test certificates, etc.) available, up to date and kept in an appropriate manner including, where relevant, an up to date asset register?</td> <td>4: Maintenance Are assets, equipment and plant adequately maintained?</td> </tr> </table>	4) Maintenance, Record Keeping and Asset Register Are assets, equipment and plant adequately maintained with all relevant records (maintenance manuals, procedures, test certificates, etc.) available, up to date and kept in an appropriate manner including, where relevant, an up to date asset register?	4: Maintenance Are assets, equipment and plant adequately maintained?
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2.14	Safety prompt 5 (training). Development added to wording for completeness.		
2.15	Safety Prompt 6 (resilience) Business continuity replaces 'contingency planning' to reflect recognised terminology.		

Annex B: changes between NHS PAM 2014 and 2016	
2.16	Prompt 6) Building and Maintenance work prompt removed, included with SAQ SH18 Contractor Management
2.2	Safety SAQ changes to numbering and other changes
	NHS PAM 2014
	NHS PAM 2016
	S1. Asset Management and Maintenance
	SH1: the Estates and Facilities Operational Management
	S2. The Design and Layout of Premises
	SH2: The Design, Layout and Use of Premises
	New SAQ for 2016
	SH3. Estates and Facilities Document Management
	S3. Health & Safety at Work
	SH4: Health & Safety at Work
	S4. Catering Services
	SS1: Catering Services
	S5. :Asbestos
	SH5: Asbestos
	S6. Medical Gas Systems
	SH6: Medical Gas Systems
	S7. Natural Gas and Other Non-Medical Piped Gas Systems
	SH7: Natural Gas and specialist piped systems
	S8. Water Systems
	SH8: Water Safety Systems
	S9. Electrical Systems
	SH9: Electrical Systems :
	S10. Mechanical Systems e.g. Lifting Equipment
	SH10: Mechanical Systems and Equipment e.g. Lifting Equipment
	S11. Ventilation Systems
	SH11: Ventilation, Air Conditioning and Refrigeration Systems
	S12. Lifts
	SH12: Lifts, Hoists and Conveyance Systems
	S13. Pressure Systems
	SH13: Pressure Systems
	S14. Decontamination Processes
	SS2: Decontamination Processes
	S15. Fire Safety
	SH14: Fire Safety
	S16. Waste Management
	SS3: Waste and Recycling Management
	S17. Cleanliness and Infection Control
	SS4: Cleanliness and Infection Control
	S18. Laundry and Linen Services
	SS5: Laundry and Linen Services
	S19. Medical Devices and Equipment
	SH15: Medical Devices and Equipment
	S20. Security Management
	SS6: Security Management
	S21. Resilience, Emergency and Contingency Planning
	SH16: Resilience, Emergency and Business Continuity Planning
	S22. Transport Services
	SS7: Transport Services and Access Arrangements
	Access arrangements added to SAQ previously part of E5.
	S23. Pest Control
	SS8: Pest control
	S24. Premises and Equipment issues identified in all relevant Safety-Related Reporting Systems. e.g. 'never events', MHRA, DH and NHS England safety reporting systems.
	SH17: reporting and implementing estates and facilities issues within Safety-Related Systems.
	reporting' added to SAQ also
	S25. Contractor Management
	SH18: Contractor Management
	S26. Undertaking New Build and Refurbishment Works?
	SAQ removed and included with SH18

Annex B: changes between NHS PAM 2014 and 2016		
	S27. Safety and Suitability of Premises and Services, when the organisation is not responsible for the premises in which the care, treatment and support is delivered	SH19: ensuring estates and facilities services are safe and suitable when the organisation is not directly responsible for providing these services
3	Patient Experience Domain	
	P1. involve patients, the public and Commissioners in shaping estates and facilities services, as well as gathering and using their experiences of estates and facilities services?	P1: ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff Prompt questions changes to align with CQC KLOE W4
	P2. ensure that patients, staff and visitors perceive that the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory?	P2: ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory Prompt Q3 removed as covered in P1
	P3. ensure that patients, staff and visitors perceive cleanliness to be satisfactory?	P3. ensuring ensure that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory Prompt Q3 removed as covered in P1
	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?	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 some prompts removed as duplicated with SS1 Prompt Q3 removed as covered in P1
	P5. ensure that access and car parking arrangements meet the reasonable needs of patients, staff and visitors and are effectively managed at all times?	P5. ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors Prompt Q3 removed as covered in P1
	P6. ensures that safe, effective Portering Services are provided that meet the needs of patients and the organisation, consistent with all relevant guidance and legislation?	SS9: Portering Services
	P7. ensure that the Telephony & Switchboard service is provided efficiently, professionally and courteously within agreed target response times?	SS10: Telephony and Switchboard
4	Efficiency	
4.1	Efficiency Prompt question changes	
	Prompt questions for SAQs F1 to F4 changed to align with specific areas of HBN 00-08	
	Old SAQs F1 to F4 Prompt 4) Maintaining levels of quality and safety deleted and now covered by F5 Prompt 1	

Annex B: changes between NHS PAM 2014 and 2016																	
	Old SAQs F1 to F4 Prompt 5) Flexibility now covered by F3 Prompt 3																
	Old SAQs F1 to F4 Prompt 7) Innovation now covered by F5 Prompt 3 to 5																
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Annex B: changes between NHS PAM 2014 and 2016		
	E3. acquisition and disposals of freehold and leasehold land and premises and ensures surplus land and premises are proactively disposed of	E3. well-managed robust approach to management of land and property
	E4. have a well-managed robust approach to the management of land and property?	Included in E2 and SH1
	E5. have effective transport and access arrangements?	Included in SS7
	E6. have a well-managed annually updated board approved sustainable development management plan?	E4. well-managed annually updated board approved sustainable development management plan Prompt questions completely changed to align with SDU SDMP guidance.
6	Governance	
6.1	The governance section has been simplified and aligns with the CQC KLOW 'well led' section.	
6.2	Changes to prompt Questions for OG1	
SAQ	OG1. ensure its Estates and Facilities staff and functions are embedded in its vision and culture and that they are focused on patient care and engagement with patients, their carers and staff?	E1. a clear vision and a credible strategy to deliver good quality Estates and Facilities services
	1. Is there a clear and inspiring vision for Estates and Facilities, which is focused on patient care and wellbeing?	E1.1. Vision and Values A clear vision and a set of values, with quality and safety the top priority?
	2. Is there evidence that engaged stakeholders (staff, patient groups, Clinical Commissioning Groups) are involved in the development of Estates and Facilities values, vision, culture and strategies?	E1.3 Development The vision, values and strategy has been developed with staff and other stakeholders?
	3. Do Estates and Facilities staff say the vision is being enacted effectively and is enabling and supporting them in their work.	E1.4 Vision and Values Understood Staff know and understand what the vision and values are?
	4. Does the organisation provide evidence that it acts on Estates and Facilities concerns and complaints and learns from them?	Patient Experience P1
	5. Do Estates and Facilities leaders at all levels have a process for engagement with staff, to improve performance?	G2.4. Leaders are visible and approachable. G2.2. Leaders have the capacity, capability, and experience to lead effectively.

Annex B: changes between NHS PAM 2014 and 2016		
	6. Is there a process in place for the Estates and Facilities leadership team, at all levels, to encourage and reward innovation?	
	7. Does the organisation support a culture of openness, honesty and candour, in particular in encouraging Estates and Facilities staff to speak out and in sharing information and concerns with patients, stakeholders and potentially the media in line with local policies.	G2.9. The culture encourages candour, openness and honesty.
	8. Does the organisation promote a culture where bullying or harassment is not tolerated.	G2.7. Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority.
	9. Are mechanisms in place to support Estates and Facilities staff and promote their wellbeing.	G2.10. There is a strong emphasis on promoting the safety and wellbeing of staff. G2.6 Staff feel respected and valued.
	OG2. have in place a governance framework for all aspects of Estates and Facilities functions that is transparent, coherent, complete, clear, well understood and fully functioning?	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?
	1. Can the organisation ensure that there is a clearly documented governance framework for estates and facilities that can be articulated by staff at all appropriate levels?	
	2. Can the organisation articulate the constituent elements of the governance framework e.g. a) structures (Board and Committees), b) the role of key Estates and Facilities individuals and demonstrate how they are intended to work together to underpin strong leadership, a positive culture and effective management.	G1.1. There is an effective governance framework to support the delivery of the Estates and Facilities strategy and good quality services?
	3. Is Estates and Facilities effectively integrated within the overall clinical, financial and organisational governance framework.	G1.5. There is a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information?

Annex B: changes between NHS PAM 2014 and 2016		
	4. Is the organisation able to assure itself that the information is of the right type, quality, is robust, and is integrated into the Estates and Facilities governance arrangements, which allows accessible, complete and accurate decision making?	G1.7. There are effective arrangements in place to ensure that the information used to monitor, report (including regional and national data collections) and manage quality and performance is accurate, valid, reliable, timely and relevant (including PFI and non PFI costs) and action is taken when issues are identified.
	5. Does the governance framework make clear how the organisation will work with any 3 rd party Estates and Facilities service providers and their governance?	G1.3. Working arrangements with partners and third party providers are effectively managed?
	6. Is there provision for regular internal reviews and evaluation of the Estates and Facilities governance framework and arrangements?	G14. The governance framework and management systems are regularly reviewed and improved?
	7. Is there provision for regular external reviews and evaluation of the Estates and Facilities governance framework and arrangements?	
	8. Does the governance framework have in place timely arrangements for measuring and monitoring Estates and Facilities quality and for escalating issues, where needed, to the board?	G1.6: There are comprehensive assurance system and service performance measures, which are reported and monitored, and action taken to improve performance
SAQ	OG 3. Is there a clear and well-functioning system of Estates and Facilities accountability where individuals understand their responsibilities and are able to effectively account for their decisions, actions, behaviours and performance against objectives?	
	1. Is there clarity about who is accountable and responsible for making specific Estates and Facilities decisions, especially decisions about the provision, safety and adequacy of the Estates and Facilities provided and is this aligned to risk?	G1.2. Staff are clear about their roles and understand what they are accountable for?
	2. Is this captured in a scheme of delegation (or equivalent) and reflected in staff job descriptions?	Part of G1.2 and safety SAQ prompt 2
	3. Is the organisation able to give assurance that there are no gaps or overlaps in responsibility?	
	4. Do individual Estates and Facilities staff at all levels know what they are responsible for?	

Annex B: changes between NHS PAM 2014 and 2016		
	5. Are Estates and Facilities staff held to account and take action for the management of specific risks and making specific safety decisions.	
	6. Are individual Estates and Facilities staff in control of what they are responsible for and can they explain the limit of their authority?	
	7. Are the skills and capabilities of Estates and Facilities staff aligned with their level of responsibility and authority?	
	8. Are Estates and Facilities staff encouraged to and take active part in continuous improvement and professional development?	Safety SAQ prompt 5
	OG4. have an effective estates and facilities risk management strategy that integrates within the overall clinical, financial and organisational risk management strategy and gives assurance that Estates and Facilities risks are being identified, proactively controlled and mitigated?	
	1. Does the organisation have a clearly defined risk management strategy and policy which is agreed and regularly reviewed by the Board?	G1.9. There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions?
	2. Does the organisation have defined and agreed processes and procedures for identifying and mitigating risks, including peer reviews and alignment?	G1.10. There is alignment between the recorded risks and what people say is 'on their worry list'?
	3. Does the organisation have clearly defined roles and responsibilities, including a risk escalation path?	safety SAQ prompt 2
	4. Are Estates and Facilities staff provided with the appropriate level of training for risk identification and management with the organisational wide risk register?	safety SAQ prompt 3 & 5
SAQ	OG5. have a clearly defined Board approved Estates and Facilities strategy that is aligned to clinical and service strategy which is focussed on patient care?	E1. a clear vision and a credible strategy to deliver good quality Estates and Facilities services
	1. Does the Estates and Facilities strategy identify the current clinical service baseline position?	E1.2 Strategy A robust, realistic strategy for achieving the priorities and delivering good quality

Annex B: changes between NHS PAM 2014 and 2016		
	2. Does the Estates and Facilities strategy comprehensively identify the current Estates and Facilities baseline position? e.g. physical condition, statutory compliance, functional suitability, space utilisation, quality, environmental and risk.	estates and facilities services?
	3. Does the Estates and Facilities strategy make reference to the future service model?	
	4. Does the Estates and Facilities strategy identify the future estates and facilities model and is this integrated with the service model?	
	5. Does the Estates and Facilities strategy identify the preferred option for estates and facilities change and how this will be achieved?	E1.6 Progress Progress against delivering the strategy is monitored and reviewed?
	OG6. ensure that the Estates and Facilities leadership within the organisation is effective, visible and is maintained and developed?	G2: 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?
	1. Is there a Board development programme that includes Estate and Facilities in place for Governors and non-executive directors?	G2.1. Leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis.
	2. Do Estates and Facilities leaders at every level assure safe, high quality, compassionate care as their priority?	G2.8. Is the culture centred on the needs and experience of people who use services?
	3. Do Estates and Facilities leaders at every level help set clear, challenging, measurable improvement objectives for all departments teams and staff, focused to support patient care?	G2.3. Leaders understand the challenges to good quality estates and facilities services and can identify the actions needed to address them.
	4. Do Estates and Facilities leaders at every level promote continuous development of skills of staff?	safety SAQ prompt 5
	no comparable 2014 question	G2.5. Leaders encourage appreciative, supportive relationships among staff.

Annex B: changes between NHS PAM 2014 and 2016		
	OG 7. ensure that the Board has access to professional advice on all matters relating to Estates and Facilities assurance and linked to Regulators and Inspectors requirements.	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?
	prompt questions unchanged	

Annex C – Bolton NHS Foundation Trust – Case Study: Integration of Estates and Facilities Services

TRUST OVERVIEW

Organisation/Trust Type: ACUTE - MEDIUM
 Number of Beds: 669
 Total E&F Running Costs: £21,255,091
 Total Income: £284,273,000

TOTAL FLOOR AREA RELATED TO CASE STUDY Full Site Implementation

SAVINGS MADE TO DATE: None – Scheme being Developed

CONTINUAL

TIMESCALE FOR FUTURE SAVINGS: FROM: October 2016 ongoing

POTENTIAL FUTURE SAVINGS (est. over 5 years) £2,930,000 based on £586K per annum saving

INVESTMENT NEEDED: Capital already confirmed as part of Department of Health Loan / PDC for Improvements to Trust Estate and IT

During September 2015 the Department of Health confirmed the investment of £30m for Bolton NHS Foundation Trust to fund improvements in both Estates and Information Technology (IT).

Around £23.5m will be invested in Estates and Energy projects over the next three years.

The trust is developing a fully integrated Estates & Facilities model which is planned to be implemented over the next 18 months. The Estates & Facilities team along with colleagues from Finance, Workforce, clinical colleagues and the Trust Executives undertook a workshop in November 2015 to understand what a future integrated Estates & Facilities model would look like. The Workshop used a Lean Project Methodology approach. The trust gained national recognition for its Bolton Improving Care System which incorporated Lean Thinking approaches. This good practice will be utilised throughout the workshop and Project.

The NHS Premises Assurance Model was imperative to develop a governance structure for Estates & Facilities that could be developed into a dashboard providing information regarding quality and performance of the estate that the trust occupies and the services that Estates & Facilities provide.

The trust believes the Premises Assurance Model provides a governance framework that engages Estates & Facilities staff and clinical colleagues in understanding where the trust has gaps in meeting quality standards, identifying what is needed and developing a route map to achieve full compliance.

It is important that the new Premises Assurance dashboard is used to provide performance and quality data as the new integrated model is rolled out over the next 18 months to ensure all changes that are implemented have a positive impact.

As part of the Estates improvements there will be a requirement to reduce the footprint of Catering Services on the Royal Bolton Hospital site to facilitate the expansion of Endoscopy services in the current Staff Restaurant Complex.

The existing Main Patients Kitchen needs to accommodate both the patient and staff catering requirements and provide accommodation for a new restaurant. This can only be achieved by changing the Catering Service from Traditional Production to a Fresh Cook Chill approach

Regeneration is planned to be undertaken at Ward Level – thus reducing the Catering Template and potential catering workforce.

In October 2016 the outsourced Cleaning and Portering Service expires. The contract is currently with ISS Facilities Services. Over the past three years there have been issues with both the Cleaning and Portering Service and during September to November 2014 the Very High Risk areas and High Risk areas did not achieve the National Standards of Cleanliness scores (98% and 95%) with disparities between Trust Audit scores and ISS Audit Scores. Although work has been undertaken that has rectified this issue, there is now an opportunity to review the provision of this service.

WHAT ARE THE EXPECTED BENEFITS? i.e.: direct efficiency savings £, workforce saving time/£, quality improvement, safety improvement, patient experience

- Reduced Estates and Facilities Workforce Cost (reduced Workforce due to redesign and improved Efficiencies – Due to workforce age profile this can be achieved by Natural Wastage and not redundancy).
- Reduced Estates and Facilities Operating Cost.
- Improved Service Efficiency due to integrated approach.
- Improved Patient Safety – Improved Cleaning, Maintenance and Security services
- Improved Patient Experience measured by regular Patient Survey focused on Estates and Facilities Services.
- Service Quality Improvement measured through improved PLACE performance.

WHAT ARE THE LESSONS LEARNT/OBSTACLES TO SUCCESSFUL IMPLEMENTATION? i.e.: timescales, contractual issues, funding

Scheme under Development will update as project progresses.

HOW WILL YOU MEASURE SUCCESS/SAVINGS?

- Reduced Estates and Facilities Operating Cost.
- Service Quality Improvement measured through improved PLACE performance.
- Patient Experience through surveys pre and post project implementation.

ADDITIONAL SUPPORTING INFORMATION: i.e.: methodology, stakeholder engagement, next steps

OJEU Tender for procurement of the Catering Cook Chill Service launched in November with final decision in February 2016.

CONTACT FOR FURTHER DETAILS:

Stephen Tyldsley – Divisional Director of Operations, Estates and Facilities
Stephen.Tyldsley@boltonft.nhs.uk

Tele No – 01204 390801