The NHS Premises Assurance Model (NHS PAM)

Revised and updated February 2020

NHS England and NHS Improvement

Contents

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 24.3 million m^2 which is the equivalent of 3,400 football pitches.

This 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.

> "Assurance provides evidence and confidence for NHS trust boards and other interested parties that those actions needed to keep the NHS estate and facilities safe, effective, efficient and of high quality will actually occur."

The 2019 NHS PAM provides this assurance in conjunction with the NHS and represents a refreshed and updated version of the previous model. It reflects changes in policy, strategy, regulations and technology. The most important change is that the NHS PAM has been updated to support this NHS constitution right:

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

In addition to supporting this NHS constitution right, 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.

Annex C provides a glossary of terms and organisations used in this document.

If you have any queries related to this document, please contact us at: nhsi.nhsPremisesAssuranceModel@nhs.net

Updates and errata for the NHS PAM will be published on the NHS Collaboration Hub. It is strongly suggested all users regularly visit the hub for these updates. To do this, please email NHSI.efmportalsubmissions@nhs.net.

NHS PAM 2019

Introduction

1. The NHS premises assurance model (PAM) has been updated to:

    *   reflect feedback from users
    *   incorporate amendments identified by the NHS PAM working group
    *   incorporate changes to the strategy for the NHS estate as set out in relevant guidance ie the NHS Long Term Plan
    *   reflect the letter *NHS Estates and Facilities – Premises Assurance*, sent on 15 March 2018 to directors of estates.

Background

2. The NHS PAM has been developed to provide a nationally consistent basis for assurance for trust boards, on regulatory and statutory requirements relating to their estate and related services, and this NHS constitution right:

> "To be cared for in a clean, safe, secure and suitable environment."

This assurance can then be used more widely and be provided to commissioners, regulators, the public and other interested stakeholders.

3. The NHS PAM bridges the space between NHS boards and the operational detail of its day-to-day estates and facilities 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 contribute to the overall strategic objectives of the organisation.

4. There is no intention by creating the NHS PAM to disadvantage any organisation in any way. We welcome comment from organisations and individuals across the healthcare sectors regarding the development of the NHS PAM including private, charitable and public, to deliver a consistent level of assurance and performance improvement across their estates and facilities services.

5. The NHS PAM is held and maintained by the NHS England and NHS Improvement, NHS Estates team. A user group made up of NHS trusts, regional colleagues and the Care

Quality Commission (CQC) and other users oversees changes to the NHS PAM. Changes and updates to the NHS PAM will be approved by this group and implemented such that they will minimise problems for the NHS.

Before you start using the NHS PAM

6. Annex A details a six-stage approach adopted by one NHS provider which has embraced the use of the NHS PAM. We highly recommend NHS trusts read this section and the frequently asked questions, as it includes many key pointers based on actual experience, broken down into the following key stages:

- setup
- assessment preparation
- NHS PAM self-assessment
- organisation feedback and reporting
- monitoring and peer review
- annual reassessment.

7. The NHS PAM is not currently applicable to primary care providers, eg GPs and dental practitioners, or to NHS trusts that provide social care services.

8. 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). These bodies are now being working hard to promote a consistent approach to NHS PAM, assist with learning and the sharing of best practice and establish networks for peer review.

Using the self-assessment questions

9. The NHS PAM self-assessment questions (SAQs) are grouped into five 'domains'; these are then broken down into individual SAQs, and into further 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.

10. The first four domains cover the main areas where estates and facilities impact on safety and efficiency. The organisational governance domain acts as an overview of how the other four domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the domains are reported to the NHS boards and embedded within internal governance processes to ensure actions are taken where required.

11. SAQs have been developed to cover all major areas where the estates and facilities 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 individual prompt questions can be 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.

F1: With regard to having a well-managed approach to performance management of the estate and facilities operations can the organisation evidence the following?	Applicable	Applicable	HBN 00-08 Part A Section 2
1: Analysing Performance A process in place to analyse estates and facilities services and costs and if these continue to meet clinical and organisational needs?	Not applicable	Not applicable	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;

12. Each domain includes a list of the SAQs and against each SAQ are the 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; eg there will be different approaches to SAQs based on whether mental health or acute services are provided on the site.

  Care needs to be taken in using this response, as failure to apply it properly can lead to significant issues, especially in respect of the safety domain – eg on a mainly acute site, there may be a small amount of mental health services provided. Information on why this applies should be recorded in the comments column.

- **Outstanding:** compliant with no action required, 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.

A scoring criteria matrix is provided at Annex D with examples of how each of these ratings can be interpreted.

13. The scores/rating on individual prompt questions is averaged 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 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.**

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

- Evidence should demonstrate:

1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Business plans.
1. Space utilisation studies and monitoring of usage. 2. Response to NHS Long Term Plan of reduction to 30% non clinical space.
1. Market testing and cost benchmarking of contracts. 2. Land and property sale receipts. 3. Commercial Strategy or agreements such as letting of space for retail use.

- Relevant guidance and legislation:

1. Developing an Estate Strategy document 2. Health Building Note 00-08 3. Health building Note 00-08: Land and Property Appraisal 4. Strategic Health Asset Planning & Evaluation (SHAPE) tool 5. RICS UK Commercial Real Estate Agency Standards. 6. RICS Guidance Notes- Real Estate disposal and acquisition. 7. Assets in Action 8. Monitor: The asset register and disposal of assets: guidance for providers of commissioner requested services 9. Monitor: Strategy development: a toolkit for NHS providers 10. Monitor: Developing strategy What every trust board member should know

15. 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 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 more detail will be contained within the relevant guidance documents.

16. This also links to the relevant guidance and legislation column. The evidence should demonstrate that any relevant legislation and guidance listed against the SAQ complies with the policies, procedures etc. Again, the legislation and guidance listed should not be considered as exhaustive, with guidance such as health technical memoranda (HTM) and health building notes (HBNs) providing a more definitive list of guidance and legislation

relevant to that SAQ than is listed in the NHS PAM. Most relevant guidance, including estates and facilities guidance is available from:

- www.gov.uk/government/publications?departments%5B%5D=department-of-health
- www.gov.uk/government/collections/health-building-notes-core-elements
- www.gov.uk/government/collections/health-technical-memorandum-disinfection-and-sterilization

17. The capital cost to achieving the compliance figure provides the link to the trust's estates strategy, business plan and budget. The intention is that any capital costs associated with reaching compliance can be identified against individual areas, and will provide additional granularity to the NHS organisation's three-and five-year plans.

18. The SAQ workbook has the option to select two financial years as a basis for comparison, though reporting on the spreadsheet is currently limited to one year. This can be used in two ways: to look back historically and chart the progress from a previous assessment; or to chart an 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 that the impact of the investment can be illustrated.

19. The revenue consequences of achieving the compliance figure is optional; the suggestion is this can be used to 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 we suggest you include any further explanation to the user's 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 – eg splitting the cell allows users to include a separate entry against each prompt question.

Frequently asked questions

Legal questions

Q1.1 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. However, with the online version, NHS England and NHS Improvement will be able to undertake analyses of the data provided by trusts, to provide national information on the completeness of data and areas of concern.

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 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 ongoing work of NHS England and NHS Improvement, completed NHS PAM SAQs may be examined as part of the discussion regarding the NHS provider's situation.

Q1.2 Who owns the NHS PAM?

The NHS PAM was developed by the NHS with support from the Department of Health and Social Care. The model is currently managed, developed and may be licensed by NHS England and NHS Improvement. The Intellectual Property rights in the NHS PAM software are owned by NHS England and NHS Improvement.

Q1.3 Will the NHS PAM be accessible to the general public?

The blank NHS PAM is made readily available to the general public through the NHS England and NHS Improvement website. Once completed by yourselves, you will be responsible for any publication or sharing of it.

Q1.4 Does the NHS PAM override any other trust legal responsibilities?

No.

Q1.5 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. However, 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 at least a quarterly review.

Q1.6 Are there any intellectual property or data protection issues?

The intellectual property rights in the NHS PAM are owned by NHS England and NHS Improvement. The Data Protection Act applies only to personal data (people), and therefore does not apply 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 NHS England and NHS Improvement and will also be subject to its own terms and conditions of use.

Q1.7 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.

Q1.8 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. The NHS PAM SAQ responses are not legally enforceable.

Q1.9 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.

Q1.10 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 resource 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.

Q1.11 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 nhsi.nhsPremisesAssuranceModel@nhs.net

Q1.12 Are there any issues around self-incrimination?

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. NHS England and NHS Improvement 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 and Safety Executive, etc).

Use of the NHS PAM

Q2.1 What are the restrictions of use for the NHS PAM?

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. Primary care organisations, including GP and dental practices, are not covered by the NHS PAM as it has not been developed to incorporate their facilities/services.

Q2.2 Who should complete the NHS PAM within the trusts?

While the NHS PAM is targeted at estates and facilities staff, the relationship between estates and facilities and other operational areas, including clinical is critical. Therefore, it is important that other staff are involved in completing the NHS PAM to ensure that a full understanding of the risks identified by the NHS PAM are obtained.

Q2.3 Which of your services/sites/facilities/buildings/hospitals is it going to apply to?

If all your estate is not 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 to allow users of your completed NHS PAM to understand its limitations.

Q2.4 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 resulting from its use are included in operational and financial plans. However, problems with the NHS estates and facilities can occur at short notice and therefore, regular reviews of areas of risk may be required.

Q2.5 How should 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 expect that once completed, it – or an appropriate extract of it – should be formally presented to your board for approval. This approach is advised if you intend to use it as evidence for the CQC or another external stakeholder.

The board can decide whether it wishes the document to remain private or be made available in the public domain. However, this should be in line with government policy where openness and transparency is advocated. We do not collect completed NHS PAM workbooks, though feedback on their content, format and presentation is always welcome.

Q2.6 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. This should then be implemented through the estates business plan for future years.

Q2.7 Do I need to involve my local clinical commissioning group (CCG)/integrated care system (ICS)/sustainability and transformation partnership (STP)?

Given the importance of the NHS estate to the provision of high-quality clinical care and the importance of the relationship between trusts and local regional organisations eg CCGs, ICSs and STPs, it is suggested that trusts provide them with the outcomes of their annual NHS PAM board report. In addition, specific issues identified by the NHS PAM, where appropriate, should be raised with the appropriate local organisation to support decision making.

Q2.8 How does the use of NHS PAM provide assurance on the safety and suitability of estates and facilities services?

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.

The practical guide in Annex A includes several 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 measure supports the extent of board oversight of estates and facilities issues. Following the self-assessment assurance will be increased by:

- 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 NHS England and NHS Improvement (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.

Q2.9 How does the NHS PAM relate to the NHS Constitution, 'fundamental standards' and CQC requirements?

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:

"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:

- 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 regulation 15 off the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014".

The NHS PAM is 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.

Q2.10 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 the *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 eg 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 resolution of any 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)

Q2.11 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 another external stakeholder organisation. Additionally, several committees may need to be consulted prior to presenting to the board eg finance.

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.

Q2.12 What happens with contracted out services or accommodation provided by organisations other than the trust itself eg PFI or NHS Property Services?

All the SAQs are relevant regardless of who provides a particular service/area, and how it is provided. Where these are contracted out, the organisation should work with their contractors to ensure that all such contracts are managed consistently with existing guidance and standards and seek the necessary assurance and evidence to support the self-assessment.

This includes all forms of contracting out, by whatever type or name it is called, including PFI sites, NHS Property Services, Community Health Partnership, Joint Ventures, local authority and where the trust has transferred all or part of its services to a 100%, or otherwise, owned subsidiary.

Q2.13 How are trust mergers/re-organisations handled?

Ideally all trusts should have completed NHS PAMs and post-merger, trusts should produce combined NHS PAM reports for the year of merger, then a single holistic report prepared. For clarity, trusts may wish to analyse the differences between the pre and post-merger approaches to NHS PAM completion and provide this with the post-merger report to promote clarity of understanding.

Q2.14 Do I need to involve departments other than estates?

The NHS PAM covers both hard and soft facilities management 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 estate and its facilities. A multi-disciplinary approach is recommended.

Q2.15 Which of your sites/facilities/buildings/hospitals is it going to apply to?

Consider how multiple sites will be assessed. Aspects of the assessment may apply across all sites eg policies and procedures, but some 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 buildings not covered by the assessment and the reason why it has been excluded.

Q2.16 When will the NHS PAM be undertaken and over what time frame will it apply?

It is expected that the NHS PAM will be updated annually and approved by the trust's board. The timing of completion of the NHS PAM is important as it needs to fit the internal management process of the NHS organisation concerned 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 eg outsourcing. A light touch quarterly review may be appropriate followed by a more comprehensive yearly review/reassessment.

Q2.17 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 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 other NHS providers the process will be 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.

Q2.18 How does the NHS PAM rating/scoring system align with the CQC rating system?

The NHS PAM 2019 uses the same rating system as the NHS PAM 2014. This is broadly comparable to the CQC's 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 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, in addition to its own professional judgement when confirming a rating at hospital or service level.

Q2.19 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 organisation's governance, and a necessity of sound and efficient operational management.

Q2.20 Should we undertake a peer review of our NHS PAM?

Undertaking a peer review of a completed NHS PAM will identify potential issues with its completion and promotes consistency nationally across the NHS. However, peer reviews can be resource intensive and therefore consideration needs to be given to the value of undertaking a peer review every year.

Q2.21 What is suitable evidence?

We do not believe in assembling evidence unless there has been a clear instruction to do this eg as requested by the CQC as part of pre-inspection intelligence. The NHS PAM assessment should reflect the operational reality. Therefore, 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. Suggestions are provided. However, these need to be considered locally in terms of existing systems and processes.

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.

Q2.22 How do we cost the actions that need to be taken as a result of the NHS PAM?

Capital investment, including VAT, fees and decanting costs, should be calculated based on implementation at the earliest practical opportunity. Revenue costs should be calculated, including estimates for inflation, for the period until the identified issue will be mitigated.

Q2.23 What do we do with the costs of implementing the actions identified in the NHS PAM?

These costs should be provided to the trust board with the NHS PAM report to allow them to understand the costs of action, and the financial consequences of not undertaking them. Where such actions are agreed, the related costs should be included in future budgets to fund the agreed actions. Where actions are not agreed, the capital costs not committed, they should be included in backlog maintenance and critical infrastructure risk figures.

Annex A

A suggested six stage approach to undertaking the self-assessment and post assessment using the 2019 NHS PAM

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

Stage 1: Set-up

1.1. Existing compliance process

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.

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. Therefore, 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.

NHS providers may alternatively wish to adopt the NHS PAM approach in its entirety to address significant weaknesses within their current processes. 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.

1.2. Trust sign-up to process

Trust buy-in

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.

Organisation board and committee interface

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.

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 provider's board and relevant committees later in the process.

1.3. Agree format and process

Agree process/approach

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.

Produce a draft plan

An initial plan should be produced that identifies the key dates and the process/approach to be followed. This may include roles and responsibilities, organograms, governance and reporting arrangements, indicative timetable and who will be involved.

Patient involvement

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.

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.

1.4. Identify leads and specialist experts

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.

Early adopters of the model have embedded the standard NHS PAM compliance process within job descriptions and staff roles to promote ownership and consistency.

1.5. Briefing

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.

The briefing should include:

- 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 practices
- links between policies, guidance and evidence
- workshop planning/format
- scoring.

Stage 2: Assessment preparation

2.1. Evidence

A fundamental part of the NHS PAM assessment is being able to produce suitable evidence that supports the NHS provider's self-assessment. This evidence is what the CQC is likely to scrutinise during any inspection. It is expected that this evidence will be the NHS provider's everyday policies, procedures, working practices, records, etc relating to estates and facilities services.

As a general principle the approach defined in the policies, procedures and working practices should demonstrate:

- they comply with relevant guidance and legislation
- are understood
- operationally applied
- adequately recorded
- reported on
- audited and reviewed.

2.2. Review PAM domain self-assessment and prompt questions

Rating/scoring the actual self-assessment questions/prompt questions can be viewed in two distinct stages:

- 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.

- It is recommended that the rating/scoring is formally agreed in a workshop, particularly where input is required from across a variety of areas of the NHS provider. Experience suggests this leads to a far more robust and transparent assessment.

It may be appropriate to break the safety domain down into several smaller workshops or plan it over a few days. This will be influenced by the individuals involved with the relevant SAQ areas and the type and level of challenge you wish to bring into the process.

2.3. Source and print reference documents

The leads will need to consider the relevant evidence and documentation that will be reviewed and considered at the workshop.

It is 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.

Consider demonstrating how the current practices comply with relevant legislation and guidance and if there is a consistent understanding across the organisation.

2.4. Evidence storage

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 provider's existing operational processes and systems.

The evidence 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.

Some NHS providers have found it beneficial to set up a central NHS PAM evidence repository to facilitate ease of access. This is an individual NHS provider's choice with ease of access and managing changes and updates to the evidence being key considerations.

Stage 3: NHS PAM assessment

3.1. Domain workshops

A separate workshop for each domain has proved effective in producing an honest, transparent and robust assessment. It is considered beneficial to hold the governance domain at the end.

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 lend itself to dividing the domain up.

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.

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.

Any relevant notes on discussions and agreement can be added to the free text cells in the NHS PAM workbook.

3.2. Action plan

Most 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, eg 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 considering 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

4.1. Update organisation risk register

Presenting the main findings of the NHS PAM assessment to the relevant committees and organisation board needs careful consideration and will vary depending on the size and structure of the organisation.

The NHS PAM assessment is likely to identify several risks. Some of these risks are likely to require escalation to the NHS provider's overall risk register.

4.2. Incorporate any financial implications into business planning

Some actions resulting from the NHS PAM assessment will have financial implications. These need to be incorporated into the NHS provider's business planning cycle.

It is also worth noting that NHS England and NHS Improvement has indicated that anticipated capital expenditure from NHS PAM assessments should align with the NHS provider's three and five-year business plans.

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 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 provider's 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 provider's scrutiny committee is advisable.

4.6. Present at NHS provider's board

The final stage of feedback will be to present to the NHS provider's main board. As highlighted in stage 1, 'buy in' from a board member or non-executive director ensures productive discussion as well as support for the delivery of any required actions.

Stage 5: Monitoring

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 provider's 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 provider's board

The expectation is the NHS provider's board are kept updated at least annually on the NHS PAM assessment and resulting action plan. This may be 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

6.1. Annual reassessment

Obviously, NHS PAM is not a one-off assessment. The frequency of re-assessment will depend upon 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.

NHS England and NHS Improvement expect the NHS PAM to be updated and presented to the trust board for approval at least annually. Based on discussions with NHS trusts, the appropriate timing for this is expected to be between May/June. NHS England and NHS Improvement, or other organisations, will therefore be expected to request information from NHS trust SAQs in July.

The NHS PAM assessment should reflect significant changes that are made in between assessment. Ratings/scorings and evidence will also change 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: Glossary

- Assurance – As it relates to the NHS PAM "Assurance provides evidence and confidence that actions needed to keep the NHS estate and facilities safe, effective, efficient and of high quality actually occur to NHS trust boards and other interested parties".
- Backlog maintenance – backlog maintenance represents the capital funding needed to bring a building up to an appropriate condition in terms of safety and quality. It is broken down into four risk types: high, significant, medium and low.
- Care Quality Commission (CQC) www.cqc.org.uk/
- Clinical commissioning groups (CCGs) www.england.nhs.uk/ccgs/
- Community Health Partnerships www.communityhealthpartnerships.co.uk/home
- Critical Infrastructure Risk (CIR) – This is the high and significant risk backlog maintenance and represents the capital funding needed to eliminate safety and resilience risks to an NHS building.
- Estates and Facilities Management (EFM) services – These are the services related to the construction, maintenance and running of NHS buildings:

  - Backlog maintenance/hospital repairs
  - Fire Safety Inc. ACM Cladding
  - Decontamination of surgical instruments
  - Defects and failure reporting
  - Design of healthcare facilities
  - NHS Car parking
  - NHS Estates and Facilities Efficiency and Productivity
  - Sustainability and Transformation Partnerships (STPs) for estates
  - Cleaning
  - Laundry and linen
  - Hospital food
  - Premises assurance
  - Mixed Sex Accommodation (MSA)
  - Surplus NHS land and disposals
  - Estates Subsidiary Companies
  - Guidance and standards for the NHS Estates and Facilities
  - Sustainability in the NHS
  - Waste including Clinical and Hazardous waste
  - Sustainability and transformation Partnership (STPs) schemes
  - Single rooms
  - Primary Care estates

- Health & Safety Executive (HSE) www.hse.gov.uk/
- Healthcare Estates & Facilities Management Association (HEFMA) www.hefma.co.uk/
- Independent sector providers – These are private sector healthcare companies that are contracted by the NHS in the provision of healthcare or in the support of the provision of healthcare.
- Institute of Healthcare Engineering and Estate Management (IHEEM) www.iheem.org.uk/
- NHS Long Term Plan www.longtermplan.nhs.uk/
- NHS Property Services Ltd www.property.nhs.uk/
- Private Finance Initiative (PFI) – A PFI way of creating 'public–private partnerships' (PPPs) where private firms are contracted to complete and manage public projects.
- Piped medical gases – These systems deliver gases, eg oxygen, needed for clinical services through a pipeline system.

Annex C: Scoring matrix

The matrix below sets out examples of the relationship between the scoring for example SAQs and the relative local situation that could apply.

Note: These are for guidance only and need to consider other relevant issues and risks eg the size of the site.

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
1: Policy and procedures Does the organisation have a current, approved policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	All documents approved by appropriate body All documents have at least 6 months currency All documents have at last 6 months' currency All documents feature appropriate internal/external standards and metrics All documents express roles and responsibilities of key duty holders All documents express arrangements that enable compliance with and implementation of the document's contents All documents are subject to at least 3-yearly review	Policy available and in date Local procedures in use and good levels of assurance available Policy is known well internal of estates. Policy has limited knowledge outside of estates and used as basis for corporate meetings	Policy available / requires minor changes Local procedures in use and limited assurance Policy has limited knowledge within estates Policy has little knowledge outside of estates by limited staff	Draft policy available / out of date policy Limited local procedures Reliant on historic processes Policy not known outside of Estates	No policy available Limited local procedures Reliant on historic processes

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
2: Roles and responsibilities Does the organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	Internal estates staff communication on structure changes through engagement Structure diagram for team is known outside of estates published on intranet Job descriptions up to date Excellent records of appointments for specialist posts Appraisal at/above trust target levels Training matrix for specialist roles completed across all areas and training up to date Full appointments of APs, CPs and AEs Duty holders aware of responsibilities and met with trust AEs	Staff made aware of department structure through team brief/engagement Structure diagram for team is known outside of estates by key group directors Job descriptions up to date Good records of appointments for specialist posts Appraisal within 5% of Trust target levels Training matrix for specialist roles completed across all areas and training at approx. 80% or planned dates At least enough appointments to support delivery of on call provision of APs, CPs and AEs	Limited internal staff awareness for roles and responsibilities Structure diagram for team but not known outside of estates Job descriptions require minor changes Limited records of appointments for specialist posts Appraisal not at trust target levels Limited training matrix for specialist roles Limited appointments of APs, CPs and AEs	Limited awareness of roles and responsibilities Out of date structure diagram for team Job descriptions review identified No records of appointments for specialist posts No appraisal information No training matrix for specialist roles	No structure diagram for team Job descriptions not relevant to service provision No records of appointments for specialist posts No appraisal information No training matrix for specialist roles

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
3: Risk assessment: Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	All significant risks are subject to suitable and sufficient risk assessment All risk assessments identify key hazards All risk assessments identify those at risk of harm/damage/loss All risk assessments evaluate likelihood and severity of risk appropriately (initial, current & target) All risk assessments record controls in place All risk assessments record actions associated with additional controls All actions are in-date All reviews are in-date Amber and red risk ratings feature on the corporate report. Directorate risk register red risk ratings feature on the trust risk register	Risk assessments available and covering all estates HTMs as minimum plus issue specific risk No more than 5% of actions overdue No more than 5% of risk reviews overdue Local risk/corporate risk entries that have costed actions for improvement Risk assessments that have been on risk register for more than 1 year with no reduction in net risk score Risk register reviewed monthly Project risk registers available and reviewed Risk adjusted backlog available, costed and trust board aware	Risk assessments available and covering all estates HTMs as minimum No more than 10% of actions overdue No more than 10% of risk reviews overdue Local risk/corporate risk entries that have limited costed actions for improvement Risk assessments that have been on risk register for more than 1 year with no reduction in net risk score Project risk registers available Risk adjusted backlog available from desk top review	Limited risk assessments available and not covering all estates HTMs as minimum No more than 20% of actions overdue No more than 20% of risk reviews overdue Local risk/corporate risk entries that do not have costed actions for improvement Risk assessments that have been on risk register for more than 2 years with no reduction in net risk score Risk adjusted backlog surveys in progress	No risk assessments on local or corporate risk register No risk adjusted backlog surveys More than 20% of risk actions overdue More than 20% of risk reviews overdue

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
4: Maintenance Are assets, equipment and plant adequately maintained?	Planned preventative maintenance (PPM) schedules signed off by trust at board level 95% plus compliance with PPM and audited Asset register up to date and signed off with relevant service variations 95% plus compliance with reactive tasks and audited Monthly report displays all agreed variation and mitigations Risk register entries for any issues raised	PPM schedules available for current year Limited assurance for PPM schedules achieving 90% or less Limited asset register information which is under review Asset information in various forms but known management arrangement Monthly reports available on key performance indicators (KPIs)	PPM schedules available in draft for current year Limited assurance for PPM schedules achieving with 80% or less Desktop asset register information which is under review Asset information held in various locations and not co-ordinated Monthly reports available	Out of date PPM schedules Partial assurance for PPM schedules with less than 80% compliance Partial asset register information Partial assurance for performance on reactive and PPM performance	No PPM schedules No assurance for reactive/PPM completion No clear asset register for plant and equipment

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
5: Training and development Does the organisation have an 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?	Specific, measurable, achievable, realistic and timely (SMART) objectives developed and achieved. All align to job descriptions (JDs) and reviewed as part of appraisals Mandatory training 100% and well managed in team Certificates electronically against electronic staff record (ESR) Training needs identified and all in date Funding approved for training and reviewed annually for increase or changes in legislation Risk register entry and updated monthly Accredited managers training completed for 2019/20 to Band 5 level	SMART objectives available and align to JDs Certificates held for assurance on personal files and shared drive Training needs identified with phased approach to implementation Funding approved for training Risk register entry and updated monthly Risk register entry for training Accredited managers training planned for 2019/20 to Band 5 level	SMART objectives not fully align to JDs Paper copies of certificates held on an individual basis Training needs identified with phased approach to implementation Risk register entry for training Staff identified and booked on to the accredited managers course	Limited SMART objectives available to support personal development review (PDR) process Partial collation of training records for in house or Skanska staff Insufficient funding for training requirements No awareness for accredited managers training	No SMART objectives to JDs No training records for trust staff for specialist roles No training records for Skanska staff No funding budget line for specialist training

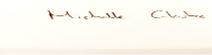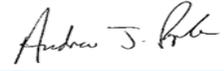| Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
6: Resilience, emergency and business continuity planning Does the organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Major incident plan approved and known by all staff Written local procedures for major incident that are in date and reviewed annually Incident reviews and feedback post all incidents with developed action plans that are funded Procedure tests within estates, Skanska and trust with developed action plans that are funded Desktop tests with staff using key subject scenarios on a yearly basis Staff trained as part of induction and included on ESR	Major incident plan approved and known by key staff Written local procedures for major incident and in-date for review Incident reviews and feedback post all incidents with developed action plans Procedure tests within estates, Skanska and trust Desktop tests with staff Staff trained as part of induction	Major incident plan approved but not widely known Written local procedures for major incident Incident reviews and feedback Procedure tests within team only	Major incident plan in draft form Local historic procedures (non - written) Feedback following incidents	No major incident plan No action plans No testing of procedures

Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
7: Review process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	KPIs are subject to annual review at Corp. directorate level Key action plans subject to annual review at Corp. Directorate level Self-assessment via NHSE/I PAM standard Compliance audited internally	Department internal review with divisional oversight Review with director lead Limited risk identification and escalation Trust methodology for review on annual basis Use of NHSE/I PAM document on an annual basis Action plans Progress demonstrated through Risk Management Committee Progress demonstrated through corporate review Staff ownership for review process	Department internal review with divisional oversight Limited risk identification and escalation Trust methodology for review on annual basis Progress demonstrated internally through governance meeting and internal communications	Department internal review only Partial risk identification and no escalation Locally developed risk methodology Limited exposure of review process outside of senior team	No review process in place

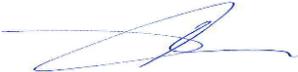| Work Areas	Outstanding	Good	Minimal Improvement	Moderate Improvement	Inadequate
8: Costed action plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Costed plans developed using tendered schedule of rates or multiple company quotes or via framework or provided with benchmarking from third party supplier. Official Journal of the European Union tenders	Costed plans developed using tendered schedule of rates or multiple company quotes or via framework or provided with benchmarking from third party supplier such as Project Co.	Costed plans developed using schedule of rates or single company quotes or provided with benchmarking	Plans that have been calculated using high level cost development	No costed plans

Annex D: Acknowledgements

The NHS Estates team of NHS England and NHS Improvement would like to thank the members of the NHS PAM Working Group who have made a significant contribution to the development of the 2019 NHS PAM and those individuals who provided feedback on their use of the previous NHS PAM.

PAM volunteer	Job title	Organisation	Electronic signature
Graham Needler	Estates & Facilities Policy & Compliance Officer	Rotherham NHS Foundation Trust	
Mark Green	Head of Information & Governance Estates, Facilities & Development	Hull University Teaching Hospitals NHS Trust	
Sean Tyler	Head of Compliance	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	
Jessica White	Estates & Facilities Quality and Innovation Manager	Royal United Hospitals Bath NHS Foundation Trust	
David O'Donnell	Estates Quality Manager, Estates Department	Royal United Hospitals Bath NHS Foundation Trust	
Darius Kaminskas	Estates Compliance Officer	Barts Health NHS Trust	
Carrie-Ann Cruickshank	EFM Compliance Manager & EPRR Practitioner	East Suffolk and North Essex NHS Foundation Trust	
Michael Fuller	Head of EPRR and Estates Assurance	East Suffolk and North Essex NHS Foundation Trust	
Greg Niccol	Head of Compliance, Estates and Facilities	Mid and South Essex University Hospitals Group	
James Turner	Head of Fire Safety, Estates & Facilities	Mid and South Essex University Hospitals Group	

Genna Bulley	Performance Quality Manager	The Newcastle upon Tyne Foundation Trust	
Bharat (Baz) Lad	Statutory & Compliance Information Manager	University Hospitals of Leicester NHS Trust	
Jim Goatley	Head of Technical Services	NHS Property Services Ltd	
Michelle Clarke	Health, Safety, Risk and Security Manager	Royal National Orthopaedic Hospital NHS Trust	
Vincent Tennison	Estates and Facilities Information & Compliance Manager	Northern Lincolnshire and Goole NHS Foundation Trust	
David Moss	Managing Director	Airedale General Hospital	
Steve Lawley	Deputy Director of Estates, Contract and Commercial Management	Sandwell and West Birmingham Hospital Trust	
Richard Best	Head of Estates	Worcestershire Health and Care NHS Trust	
Phil Platt	Compliance Manager, EFP Division	Royal Stoke University Hospital	
Sheila Simcox	Deputy Governance & Compliance Manager, EFP Division	Royal Stoke University Hospital	
Karen Payne	Estates Information Manager	Northamptonshire Healthcare NHS Foundation Trust	
David Hambidge	Deputy Director Estates and Facilities	Dorset HealthCare University NHS Foundation Trust	
Shelley Lynch	Efficiency Project Manager	South Tees Hospital NHS Foundation Trust	
Andrew J Pople	Estates Systems Manager	Mersey Care NHS Foundation Trust	
David Low	P21+/P22 Performance Manager, Commercial Directorate	Department of Health and Social Care	
Marcus Powling	Estates and Facilities Development Officer	West Suffolk NHS Foundation Trust	

Jacquie Grimwood	Estates and Facilities Development Officer	West Suffolk NHS Foundation Trust	
Steve Gladwin	Energy and Compliance Manager	Northern Devon Healthcare NHS Trust	
Hardev Sagoo	Deputy Director of Estates	The Royal Marsden NHS Foundation Trust	
John Baker	Director	NIFES Consulting Group	