



Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(25)139

Name of Meeting	Trust Boards-in-Common	
Date of the Meeting	Thursday, 14 August 2025	
Director Lead	Emma Sayner - Group Chief Fina	ancial Officer
Contact Officer / Author	Tom Myers – Group Director of Es	states, Facilities and
	Development	
	Thomas Doo - Head of Safety and	
Title of Report	Premises Assurance Model 2024	– 2025 – Executive Summary
Executive Summary	The NHS Premises Assurance Momanagement tool driven by NHS I provide a nationally consistent appremises performance through the seven domains and comprising of provide the assessment structure. The Trust Board is requested to a	England and is designed to proach to evaluating the ne co-ordinated approach across f self-assessment questions that
Dealers alleformed a	PAM report for 2024 – 2025	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	Performance Estates and Finance Estates, Facilities and Developme Estates, Facilities and Developme	ent Governance
Financial Implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s)	✓ Approval	☐ Information
required	☐ Discussion	☐ Review
	☐ Assurance	☐ Other – please detail below:



Group Directorate of Estates, Facilities and Development Annual PAM Reports

1st April 2024 to 31st March 2025



1.0 Executive summary

1.1 Background -

- 1.1.1 The NHS Premises Assurance Model (PAM) is a mandatory management tool driven by NHS E (NHS England) and is designed to provide a nationally consistent approach to evaluating the premises performance through the co-ordinated approach across seven domains and comprising of self-assessment questions that provide the assessment
 - 1. Safety Hard (Estates) x22 assessment categories
 - 2. Safety Soft (Facilities) x10 assessment categories
 - 3. Organisational Governance x3 assessment categories
 - 4. Patient Experience x6 assessment categories
 - 5. Effectiveness x4 assessment categories
 - 6. Efficiency x5 assessment categories
 - 7. Helipad x1 assessment category*

- 1.1.2 Additionally, there are two areas of the PAM which specifically look at Government Office documents and systems:
 - FM Maturity (FMS 001: Management Services)
 - FM Maturity (FMS 002: Asset Data) (optional last reporting year)

For each criterion, a self-assessment judgement is selected based on risk:

- Outstanding
- Good
- Requires minimal improvement.
- Requires moderate improvement.
- Inadequate
- Not Applicable
- 1.1.3 The submission is required to be completed by September 2025.
- 2.0 HUTH (Hull University Teaching Hospitals) Summary
- 2.1 There has been a slight increase in those rated as "Inadequate", this is in relation to specifically Anti-Ligature and Safety in other Premises. These are currently being addressed but more progress is required in ensuring that services that are being

^{*} Tiered response levels with Yes/No qualifying questions



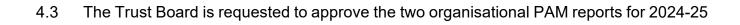
relocated are done so after Heads of Terms, and/or rental/leasing agreements have been confirmed.

- 2.2 In addition the SAQ (Standard Assessment Questions) for Decontamination has been considered as Not Applicable for this period as responsibility for this services was transferred into the care groups and outside of E,F& D. Also, the SAQ for Martyn's Law was not considered for the period stated as the legislation was not passed until late March 2025 and the SAQ set was not finally published until May 2025. This will, however, be included within the 2025-26 period.
- 3.0 NLaG (Northern Lincolnshire & Goole) Summary
- 3.1 For the Safety Hard there has been a slight increase in "outstanding" as the qualifying elements for this has been clarified by the National User Group. There has also been some movement from "good" to "requires minimal improvement" as there is a realignment within the E,F & D (Estates, Facilities & Development) Directorate as part of the Group working processes being implemented.
- 3.2 With the Safety Soft SAQ's there have been increases in both "outstanding" and "good" elements as the implementation of the National Standards progresses.

4.0 Recommendations

- 4.1 There are specific areas for each partner organisations which are detailed in the separate reports. However across the two organisations there are some common elements. These are:
 - Fire Safety appointment of a suitable Authorising Engineer(Fire) [AE(Fire)] due
 to be implemented in 25-26 period with a combined audit report to ensure a
 consistent approach. Resources available also need to be reviewed to ensure
 that processes are strengthened and the services are aligned across both
 organisations.
 - Operational Management there is a need to update the Computer Aided Facilities Management (CAFM) system across both organisations. This is due to be addressed within the 25-26 period as a tender across the Group is due to be completed and implemented within that period.
- 4.2 The independent review of PAM is currently different in each organisation and this may give rise to an inconsistent approach and level of assurance in some areas. However, this should be considered as how to address as part of the E,F&D restructure that will be implemented in 25-26.







Estates and Facilities Premises Assurance Model 2024-2025 End of Year Report

Hull University Teaching Hospitals NHS Trust

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Purpose

The purpose of this report is to provide an end-of-year summary of the main findings when completing the mandatory NHSE 2024-25 Premises Assurance Model (PAM), which is required to have Trust Board¹ oversight/sign off.

Background Information

Regulated by NHSE, the PAM is a national, mandatory standardised approach to self-assessing assurance levels within Estates, Facilities & Development². Through the coordinated engagement with both internal and external stakeholders, there are seven domains comprising of 53 self-assessment questions that provide the assessment structure:

- 1. Safety Hard (Estates) x22 assessment categories
- 2. Safety Soft (Facilities) x10 assessment categories
- 3. Organisational Governance x3 assessment categories
- 4. Patient Experience x6 assessment categories
- 5. Effectiveness x4 assessment categories
- 6. Efficiency x5 assessment categories
- 7. Helipad x1 assessment category

Additionally, there are two areas of the PAM which specifically look at Government Office documents and systems:

- FM Maturity (FMS 001: Management Services)
- FM Maturity (FMS 002: Asset Data) (optional last reporting year)

Contained within each domain are:

- Self-assessment questions (SAQ's) which are answered through a series of sub-questions based on NHSE set criterion.
- National Metrics: a standardised method of determining levels of adherence to healthcare and government legislation requirements with regards to Estate and Facilities. The judgement metrics are:
 - Outstanding
 - Good
 - Requires Minimal Improvement
 - Requires Moderate Improvement
 - Inadequate
 - Not Applicable

The exception is the H1 domain, Helipad, which is piloting the YES/NO method of response coming away from the perspective style of rating. Although NLaG does not have a helipad and therefore does not answer this domain it is pertinent to note that it is anticipated that that the YES/NO methodology will feature in the whole collection if the pilot proves successful.

Working in partnership:

United by Compassion: Driving for Excellence

¹ 'Trust Board' is NHSE terminology, and the intent is that HUTH equivalent is the NHS Humber Health Partnership Cabinet act in the capacity of HUTH Board.

² Although categorised as *Estates, Facilities & Development* departments/services are assessed which do not sit within Estates, Facilities & Development in the structure of HUTH

Late May 2025, NHSE made Trusts aware of the final, yet unapproved SAQ definitions of the 2024/25 PAM. In addition to the Helipad feedback methodology change, it included two additional SAQ's, together with change of grouping for the BIM/PSTN SAQ being moved from the Safety Soft to the Safety Hard domain. The two new SAQ's are:

- SH20 Mortuaries
- SS10 Terrorism (Protection of Premises) Act 2025 Martyn's Law

The view of the EF&D senior management team that the SAQ's have been provided beyond the end of March 2025 and therefore will only be considered in the 2025/26 submission and not addressed as part of the 2024/25 rating submission.

HUTH has undertaken the PAM since 2018/19, HUTH's Estates, Facilities & Development Directorate has actively engaged in the PAM self-assessment process with the EF&D Information & Governance team facilitating the process. Additionally, the Trust is represented at a national level consulting every quarter at the NHSE Premises Assurance User Group.

The PAM programme has only recently become a mandatory requirement appearing for the first time in the 2021 NHS Standard Contract.

Hull University Teaching Hospitals NHS Trust's PAM Model

HUTH's annual self-assessment usually commenced in November 2024 concluding early June 2025 with an annual report. The period between April and August enables internal and external reporting to be completed. The PAM sessions were conducted with the SAQ Leads and subject matter experts at facilitated workshops.

The existing model has been presented previously, and is deemed suitable for the organisation, resulting in transparent and credible assurances.

Inherently, the self-assessment process is a subjective process, and no physical evidence is collected. It is understood by the SAQ Leads that any external enquiries or audits would require production of any evidence to support their self-assessment ratings.

Additionally, national guidance such Health Technical Memorandums (HTM) and Trust policy requirements also inform the level of assurance for the operational teams.

The outcome of the PAM self-assessment process is presented at the EF&D Group Governance & Assurance meeting for approval, prior to seeking Board approval to submit the return to NHSE. It is intended that from the 2024/25 PAM all relevant actions will be discussed and progress towards completion will be monitored at the Technical/Operational Sub Groups. This integration with the Sub-Groups is evolving.

As the PAM is near the end of the 7th year of the current model and upon review, the delivery model is assessed as fit for purpose and delivers a meaningful self-assessment within the confines of the national mandated process. It should be

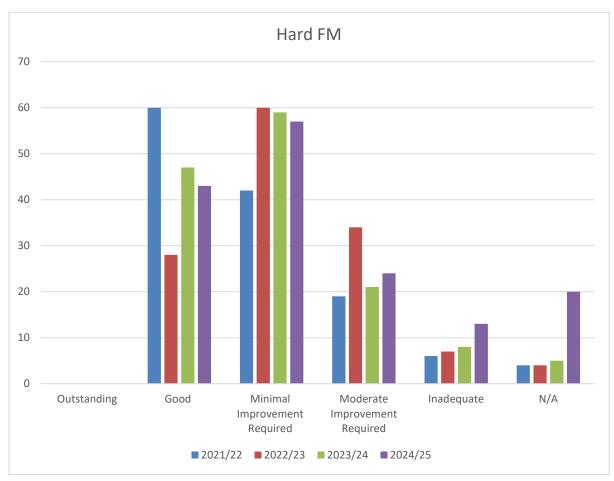
further noted that individual self-assessment questions are subject to scrutiny annually and may change.

2024-25 Estates and Facilities PAM Summary of Findings

The charts below capture the end of year comparisons that visually represents the judgements for the EF&D primary service provision (Hard and Soft FM) domains of Estates, Facilities & Development against each standardised question set. Appendix 1 provides the full data capture for each domain.

Graphical illustration of the displacement of judgements for both Estates (SH1 to SH22) (SH20 was not assessed; SH22 was identified as N/A)) and Facilities (SS1 to SS1.10 (SS10 removed)).

Figure 1 - Safety Hard - Comparison for 21/22 - 24/25 period



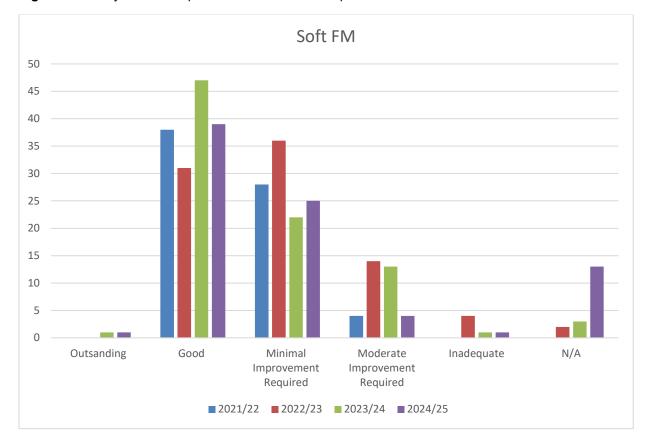


Figure 2 - Safety Soft - Comparison for 21/22 - 24/25 period

Figure 1 (Safety Hard) shows a slight decrease in the self-assessment rating of Good and Minimal Improvement Required. There has been an increase in the Moderate Improvement Required. There is an increase in the Inadequate rating that is due to the self-assessment of the Anti-Ligature SAQ with professional input from the Consultant Nurse (Mental Health). The variation is accredited to the evolving Group model and the evolving alignment of systems and processess between the South and North Bank Trusts.

There is one SAQ in the Safety Hard domain which has been been self-assesed as being Inadequate throughout. This is SH18 Safety in Other Premises. This is when HUTH operates out of premises not owned by the Trust and is typical of 'outreach clinical services'. The weakness in assurance is considered an organisational issue and not solely isolated to EF&D. It has been self-assessed as part of the PAM as the Property Services resides within the EF&D directorate. The root cause is due mainly to Health Groups occupying facilities in other 'landlord's premises', in order to deliver services close to the patient. However, this is invariably undertaken without any Heads of Terms, lease or rental agreement being put in place. This has the potential to put HUTH staff at risk, as they may be unaware of local procedures and arrangements, e.g. fire alarms and evacuation, health and safety arrangements, lone working, key handling, etc. Whilst some progress has been achieved it is considered not significant enough to change the PAM ratings.

The increase in the Not Applicable (N/A) ratings is attributable to, in the main, the S20 Mortuaries SAQ's which was not self-assessed in 2024/25 due the late inclusion and SH22 PSTN Shutdown, which was not assessed as this is seen as an IT lead.

For the Safety Soft (see figure 2) there has also been a change in the level of assurance provided, due mainly to the SS2 standard (Decontamination) now being considered N/A, as the delivery responsibility for the service is with the Care Groups. Additionally, SS10 Terrorism Prevention (Martyn's Law) has not been self-assessed in 2024/25 due the late inclusion.

The removal of the SS2 Decontamonation SAQ and the late inclusion of SS10 Terrorism Prevention (Martyn's Law), has impacted on the ratio of the other PAM ratings for Safety Soft domain.

Figure 3 - 24/25 SAQ Outcome Safety Hard

	P&P	R&R	RA	Mtce	T&D	EPRR	Review
SH1	3	3	2	3	2	2	3
SH2	2	2	3	3	3	2	2
SH3	4	3	3	3	0	3	4
SH4	4	3	4	0	4	3	4
SH5	2	3	4	0	3	2	3
SH6	3	3	3	4	2	3	2
SH7	3	2	3	3	3	3	2
SH8	4	3	3	3	3	2	2
SH9	4	4	3	4	3	3	2
SH10	4	4	4	3	3	2	2
SH11	3	3	3	3	2	2	2
SH12	4	3	3	2	2	2	2
SH13	3	4	2	2	3	2	3
SH14	4	4	4	3	3	2	2
SH15	2	4	4	3	3	2	3
SH16	3	2	2	4	3	0	2
SH17	3	2	2	0	2	2	0
SH18	5	5	5	5	5	5	5
SH19	3	2	2	3	3	3	3
SH20	0	0	0	0	0	0	0
SH21	5	4	5	5	5	5	5
SH22	0	0	0	0	0	0	0
Average	3	3	3	3	3	3	3

Figure 4 - 24/25 SAQ Outcome Safety Soft Working in partnership: Hull University Teaching Hospitals NHS Trust Northern Lincolnshire and Goole NHS Foundation Trust

SS1	2	3	2	3	3	3	2
SS2	0	0	0	0	0	0	0
SS3	4	3	3	2	4	2	3
SS4	3	3	2	2	2	2	2
SS5	3	3	2	2	2	2	2
SS6	2	2	2	3	2	3	4
SS7	5	3	2	2	2	2	3
SS8	3	2	3	2	3	2	3
SS9	3	3	2	2	1	2	2
SS10	0	0	0	0	0	0	0
Average	3	2	2	2	2	2	2

<u>Figures 3 and 4</u> Areas of Good Practice

- There has been an improvement on the general Estates & Facilities Management (SH1) domain.
- Electrical Systems (SH9) has also improved in a number of areas, in line with a number of other engineering disciplines.
- In the Safety Soft domain (SS1) Catering, has improved its ratings against the national standards and the increased framework requirements.
- The rating of Outstanding was recommended for the (SS9) Portering Services training and development process and the linking of Safe Systems of Work staff 'sign off'as read and understood. This maintains records for the Portering Service management team with embedded alerts when staff are about to expire.
- The Governance framework (G1) has decreased slightly whilst it is evident that
 there is a group wide monthly Governance & Assurance Group established,
 improved risk register identifying controls and gaps and actions to mitigate the risk.
 There is a transitional approach to the use and implementation of Group approved
 documentation.
- Patient Experience continues to self-assess in the lower ratings as this is
 historically strong on PALCE audits but not as robust on other patient feedback
 opportunities. The directorate is working with the Patient Experince lead to collect
 feedback on EF&D services and once this has become embedded, we will reach
 out to our nursing colleagues in order to understand if the ACE process offers
 further robustness to patient and staff feedback on EF&D services.

Key Areas for Improvements

- Safety in Other Premises (SH18) has remained as Inadequate throughout, for the second consecutive year. This is despite some works progressing in the year however it was considered not to impact on the current ratings. This is seen as a Trustwide risk and has been included on the Trust Operational Risk Register (Risk ID 4312).
- Asbestos Management (SH5) has deteriorated since the last annual review and is attributable to a number of issues, to the lack of information uploaded onto the Trust Asbestos Register and future process, completion of the robust risk assessment on the Asbestos Register and the inclusion of known asbestos abatement works on the Backlog Maintenance register.
- Fire Safety has also seen a slight deterioration, which is attributed to the
 appointment of an AE (Fire) conducting their initial audit. This has introduced a
 challenge into the current processes within the Fire Safety Team. Work is required
 to strengthen the team and the processes.
- Policies and procedural documents are required for all relevant SAQ areas in the Safety Hard and the Safety Soft domains.
- The review process in the Safety Hard and the Safety Soft domains are on the whole 'Good', consideration should be given to independent reviews. Currently some services reviews are conducted by the staff within the services, which does not demonstrate impartiality.

Conclusion

Completed in isolation of any verification process, the very nature of self-assessment is a subjective process at best. However, the EF&D Information and Governance team acts semi-independently of the main Estates, Facilities & Development departments and offer an element of impartiality that challenges the validity of the assessment judgements as part of the validation process. The team cannot be seen to be semi-independent of all services as it currently reports to the Head of Operational Estates.

Work was undertaken in 2024/25 to establish the policy frameworks within the EF&D directorate. An action plan was established and is the responsibility of service leads to deliver in 2025/26.

Further works were undertaken to determine the appointment of Authorised Engineer appointments across the Group. Alignment is being considered at the appointment stages of all new AE appointments and based upon capacity and experience there is an emphasis on joint appointments where appropriate.

Below are the report recommendations for improvement:

Recommendations

- Align, where practical all AE appointments across the Group.
- Strengthen the number of Policy and Procedural documents for all technical/operational services.
- Create comprehensive suite of Standard Operating Procedures (SOPs) for all disciplines.
- Consider how independent reviews/audits might be strengthened in areas where there is no external audits/monitoring.

Working in partnership: Hull University Teaching Hospitals NHS Trust Northern Lincolnshire and Goole NHS Foundation Trust • Strengthen the patient and staff feedback of EF&D services.

Mark Green

Head of Information & Governance

June 2025

Appendix

1 - National Premises Assurance Model SAQ Reference Worksheets



Instructions: NHS Premises Assurance Model 2023: Please also read the separate NHS PAM Guidance Document

Purpose and structure of this file	This file contains Self-Assessment Questions that help evaluate the way your organisation/site manages its estate and facilities in 5 Domains. Although the Safety Domain is notionally split between hard and soft Facility Management (FM) services some questions within the 'Combined and Hard FM' supply to both sections. These questions should be assessed across both hard and soft FM e.g. the SAQ relating to Health and Safety is within the 'Safety: Combined and Hard FM' but clearly applies to soft FM also. A number of other relevant sheets are also provided
How to complete it	The way to use this file is to fill in the 5 worksheets with yellow tabs, which include the domain self-assessment questions (SAQs). Year 1
Results	The "Summary' sheets show graphically the results of the NHS PAM self-assessment. - The 'summary' one shows the ratings at the domain level. It includes the average rating and the distribution of SAQ ratings for the 5 domains (i.e. the % of SAQs that obtain a rating of "Outstanding", the % of SAQs that obtain a rating of "Good", etc.) - The other 5 red 'Results' sheet detail the average rating and the distribution of the prompt questions ratings for each SAQ within the domain. This allows the user to see which SAQs are driving the results of the domains.

Annual changes may be required in line with updates to guidance and legislation, you can find an overview of the latest changes listed below. Changes for 2025:
There has been updates to the HBN and HTM guidance, the links within the spreadsheet remains up to date, but please familiarise yourself with the latest publications: https://www.england.nhs.uk/estates/complete-list-of-publications-related-to-nhs-estates/ Please also note there has been some technical bulletins published this year these can be found: https://www.england.nhs.uk/estates/netb/ Safety Hard •Legislation & guidance updates - link provided •SH20 - Mortuary question added •SH22 - Addition of a question here (previously SS10 - BIM/PSTN) Safety Soft •Legislation and guidance updated (link provided) The previous SS10 (BIM/PSTN) is now moved under safety hard as SS22, this question is also slightly updated within SS22.7. •There is a new SS10 - Terrorism (Protection of Premises) Act 2025 •SS3 -guidance added: 9. NHS England » NHS clinical waste strategy Efficiency
-F3 - Wording added - "(Please note - Building Standard is mandatory for certain projects)" -F5 Guidance updated - 8.Greener NHS » Delivering a net zero NHS, 9. NHS Estates Net Zero Carbon Delivery Plan Report, 10. Net Zero Guidance plan Effectiveness
-E1 - Guidance updated - Greener NHS » Delivering a net zero NHS, . NHS Estates Net Zero Carbon Delivery Plan Report, . Net Zero Guidance plan E2 - Evidence updated - 3. Refer to ICS infrastructure strategy guidance the guidance includes reference to local area energy plans and local nature recovery strategies, which will support town planning. *E4 - Guidance updated - 4. NHS Climate Change Risk Assessment tool, 5. Health and climate adaptation report 2025 Governance
-G1 - Guidance updated - 8. NHS England » Green plan guidance Helipad - This question has been replaced with a new set Please note these questions appear in a different format to the rest of the current questions, with yes/no answers. The answers will be scored based on the assurance provided. This fits in with the approach to be taken next year. •Contact details requested for the appointed person regarding Terrorism (Protection of Premises) Act 2025. Contact details requested for 'Food' and 'Linen and laundry' Annual Online version of the SAQs: Please note due to year on year reporting within Tableau the new questions may be reflected with a different number. Changes

Site Name:	
Year	

SAQNo. S																										
	Self-Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Costed Action Plans														Capital cost to consequences of achieve compliance (E) Revenue consequences of achieving compliance (E)	Notes
Set Estates and Earlifein Com	inerational Management	Hard FM - Safety	Amirable	1 Description minimal into	1 Secures minimal into	2 Good	3 Securios minimal imp	2 Good	Planning 2 Good	1 December minimal imp	Not applicable														(E) compliance (E)	
SIQ Design. Layout and Use of	e of Premises	Hard FM - Safety	Applicable	2.Good	2. Good	3. Requires minimal imp	3 Requires minimal imp	2. Requires minimal imp	2. Good	2. Good	Not spolicable														0 Revenue	
SAQ No. S	Self-Assessment Question (SAQ) Subject	Domain	Applicable?	Document Management System in Place	2. Approval of documents	3. Review of documents	4: Availability of documents	5. Legibility of Documents	6: Document Control	7. Obsolescence	8. Costed Action Plans														Capital cost to Revenue consequences of achieve (IC)	Notes
SH3 Estates and Facilities Doc	ocument Management	Hard FM - Safety	Applicable	4. Requires moderate in	Requires minimal imp	3. Requires minimal imp	3. Requires minimal imp	Not applicable	3. Requires minimal imp	4. Requires moderate in	Not applicable														0 compliance is	
SAQNo. S	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	Maintenance	4. Training and Development	5. Resilience, Emergency & Business Continuity	6. Review Process	7. Costed Action Plans														Capital cost to consequences of achieve compliance (E) Revenue consequences of achieving compliance (E)	Notes
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SHS Asherton		Hard FM - Safety Hard FM - Safety	Applicable	2. Good	1 Requires minimal imp	4. Requires moderate in	provement	Requires minimal implications	2.Good	Requires minimal imp	Not applicable														0 Revenue	
s	Self Assessment Question (SAQ) Subject		Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	9. Costed Action Plans														Capital cost to Revenue consequences of achieve (f) compliance (f)	
SHS Medical Gas Systems		Hard FM - Safety Hard FM - Safety	Applicable	Requires minimal imp	Requires minimal imp	Requires minimal imp	4. Requires moderate in	2. Good	Planning 1. Requires minimal imp	2. Good	Not applicable															
	Self Assessment Question (SAQ) Subject		Applicable?	1. Policy &	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Costed Action Plans														Capital cost to Revenue consequences of achieve (t)	
,		Hard FM - Safety	Applicable?	Procedures	Responsibilities	3. Risk Assessment	4. Maintenance	Development	Business Continuity	7. Review Process	Plans														achieve compliance achieving (f)	
SH7 Natural Gas and specials: SHB Water Safety Systems	list piped systems	Hard FM - Safety Hard FM - Safety	Applicable Applicable	Requires minimal imp Requires moderate in	Good Requires minimal impl	Requires minimal imp Requires minimal imp	Requires minimal imp Requires minimal imp	Requires minimal imp Requires minimal imp	3. Requires minimal imp	2. Good 2. Good	Not applicable Not applicable											+			0 0	
SHS Bedrical Systems SH10 Machanical Systems and	of Environment	Hard FM - Safety Hard FM - Safety	Applicable Applicable	4. Requires moderate in 4. Requires moderate in	4. Requires moderate in 4. Requires moderate in	Requires minimal imp Pequires moderate in	4. Requires moderate in	Requires minimal imp Requires minimal imp	3. Requires minimal imp	2. Good 2. Good	Not applicable														0 0	
SH11 Ventilation, Air Condition	oning and Refrigeration Systems	Hard FM - Safety	Applicable	3. Requires minimal imp	1. Requires minimal imp	Requires minimal imp	3. Requires minimal imp	Requires minimal imp	2. Good	2. Good	Not applicable														0 0	
SH13 Pressure Systems	VALUE OF THE PARTY	Hard FM - Safety	Applicable	3. Requires minimal imp	4. Requires moderate in	2. Good	2. Good	2. Requires minimal imp	2. Good	2. Recuires minimal imp	Not applicable															
	Self Assessment Question (SAQ) Subject			1. Policy &	2. Roles and Responsibilities	3. Governance	4. Enforcement	5. Risk Assessment	6. Maintenance	7. Training and Development	8. Resilience, Emergency & Business Continuity	2. Review Process	10. Costed Action													
SH14 Dre-Safety		Hard EM - Salato	Applicable?	4 Depuires moderate in	4 Secures moderate in	2 Good	2 Gowl	4 Demokra moderate in	1 Banuina minimal inc	1 Decretes minimal imp	Planning 2 Good	2 Good	Not somicable													
SH15 Medical Devices and Equi	sulprent	Hard FM - Safety Hard FM - Safety Hard FM - Safety	Applicable	2. Good 3. Booking minimal imp	4. Requires moderate in	4. Requires moderate in	3. Requires minimal imp	3. Requires minimal imp	2. Good	2. Requires minimal imp	Not applicable														0 0	
SH17 Safety Alerts	and agenting Controlly Patricia	Hard FM - Safety	Applicable	3. Requires minimal imp	2. Good	2. Good		Not applicable	2.Good	2. Good	Not applicable															
SAO No.19	Self Assessment Question (SAQ) Subject	Hard FM - Safety Domain		1. Policy &	2. Roles and	3.Contract Expiry	4. Risk Assessment		6 Contractor	7. Resilience, Emergency & Business Continuity	8. Review Process	9 Costed Arrive													Capital cost to Revenue	Notes
3AQ No.19 S	serr Assessment Question (SAQ) Subject	Domain	Applicable?		Responsibilities	3.Contract Expiry	4. Risk Assessment	5. Maintenance	6. Contractor Compliance	Business Continuity	8. Review Process										1	1			Capital cost to Revenue consequences of achieve compliance (E)	Notes
SH19 Contractor Management	et for Soft and Hard FM services Self Assessment Question (SAQ) Subject	Hard FM - Safety Domain	Applicable	Requires minimal imp Policy & Procedures	2. Good	2. Good	3. Requires minimal imp	2. Requires minimal imp	1. Requires minimal imp	1. Requires minimal imp	1. Requires minimal inc	Not applicable	10. Waste	11. Body storage &	12. PM with	13. Waste disposal	14. Costed action								0 0	
SIG0 SIG0	was versament classical (24/1) project	Hard FM - Safety	Not applicable Not applicable	Procedures	2. Security 0	3. Funeral Directors	4 HTA (Human Tissue A	S. Existing facilities 0	6. Future demand	7. Body transfer for Pos 0	S. Entrances & Location 0	9. Care, safety and seco	Management 0	delivery point	forenalca	reem	plan									
Serial Debut engagement Kedus	educe have be hotore in another 1800 regards to self-bases rate associated with the built.	warm rate						4 Samon and	4.0	Not confinite																
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SAQ No.21 5	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1: Policy	2: Roles and Responsibilitie	KISK ASSESSMENT	- maintenance	5: Training	w. Review Process	Heamence	8. Costed Action Plans					1	1				1			1	Capital cost to Revenue consequences of achieve compliance (E) achieving achieving compliance (E)	Notes
SIG2 States IT and Build	ddine information Management (BIM) systemsPlease confirm you?	Hard FM - Safety	Not applicable	Not spolicable									17 Frend	-												
SAQ No. S	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8.Food Standards: Board Director	9.Food Standards: Strategy	10.Food Standards: Distition	11.Food Standards: Safety Specialist	12.Food Standards: Workfreen	13.Food Standards:Matrix	14.Food Standards: Waste	15.Food Standards: 24/7 Restaurant	16.Food tandards: 247	17.Food 18.Food Randards: 24/7 Vending Standards: machines Retail	19.Food I/7 Standards: Cold Vendin	20. Foo Standard	d 21.Food s: Standards:	22. Costed Action Plans	Capital cost to consequences of achieve compliance (C) compliance (C) compliance (C)	Notes
SS1 Catering services		Soft FM - Safety	Applicable	2. Good	1. Requires minimal into	2. Good	3. Requires minimal inte	1. Requires minimal inc	Planning	2. Good	2. Good	4. Requires moderate in	1. Requires minimal inco	2.Good	1. Requires minimal income	2. Requires minimal im-	2. Good	2. Good	Café	machines Retail	Cold Vendin	Smart Frid	ges From home 3. Require min	Not applicable		
SAQ No. S	Self Assessment Question (SAQ) Subject	Domain		1. Policy & Procedures	2. Roles and Beanomibilities	3. Risk Assessment		5. Training and	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Costed Action													-,,	Capital cost to Revenue consequences of achieve compliance (C)	Notes
SAQ No. S	Self Assessment Question (SAQ) Subject	Domain	Applicable?	Procedures	Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	Business Continuity	7. Review Process	8. Costed Action Plans														achieve compliance consequences of achieving (C)	Notes
SS2 Decontamination process SS3 Waste and Decorber 15-	ess Senarement	Soft FM - Safety Soft FM - Safety	Not applicable Applicable	Not applicable 4. Requires moderate to	Not applicable 1. Requires minima*:	Not applicable 1. Requires minimal im-	Not applicable 2. Good	Not applicable 4. Requires moderate in	Not applicable 2. Good	Not applicable 1. Requires minimal to	Not applicable Not applicable														0 0	
SAQ No.554 S	Self Assessment Question (SAQ) Subject	Domain		1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Cleaning Standards 2021: Star Ratings	9. Cleaning Standards 2021: Charter	10. Cleaning	11.Cleaning	12: Costed Action Plans										Capital cost to achieve compliance (C) Revenue consequences of achieving compliance (C)	Notes
2MG W0:224	sea vireirment disenso (swd) arelect	Domain	Applicable?	Procedures	Responsibilities	3. Risk Assessment	4. Maintenance	Development	Business Continuity Planning	7. Review Process	Standards 2021: Star Ratings	Standards 2021: Charter	10. Cleaning Standards 2021: Matrix	11.Cleaning Standards 2021: 95%	Plans										achieve compliance achieving (C) compliance (C)	NOSEL
SS4 Ceanliness and infection	on Control	Soft FM - Safety	Applicable	3. Requires minimal imp	1. Requires minimal imp	2.Good	2. Good	2. Good	5. Resilience.	2. Good	2. Good	2. Good	1. Requires minimal imp	7. Good	Not applicable											
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SAQ No.	Self Assessment Question (SAQ) Subject	Domain. Helioard	Applicable?	1: Compliance Assessment and Policy Review: Adherence to CAP1264 and Downwash Helipad Considerations in the Treat	2: Roles and Responsibilities	3: Risk Assessment and Mitigation Strategies for Helipad and Estate	4: Resilience, Emergency & Business Continuity Planning	5: Risk assessment- Regulatory Differences between Ground- Based and Elevated Helipads	6: Resilience, Emergency & Business Continuity Planning	7: Review Process	8. Collaboration	10. Costed Action Plans													1	Capital cost to achieve compliance (E)	Revenue consequences of achieving compliance (C)	Notes
SAQ No.	Self Assessment Question (SAQ) Subject	Domain	Confirmation of Safe Helipad Operations	2. How many primary HMLS does the trust have operating?	4. How many secondary HMLS does the trust utilise?	4. Who is the Accountable Manager (AM) for your MHLS?	5. AM Email address	6. AM Telephone number	7. AM Job Title	S. Hisspital Operations Manual (HOM)	Risk Assessment and Mitgation Strategies for Helipad and Estates	10. Where Coast Guard Search and Rescue (SAR) landings take place on the HHLS.	11. Resilience, Emergency & Business Continuity Planning.	12: Review Process	13. Collaboration	9. Costed Action Plans	Capital cost to achieve desired improvements/outcomes											
FM MF FM01		FM Maturity Framework																								13286	MREFI	
SAQ No.	Self Assessment Question (SAQ) Subject		Q1 - What level of location hierarchy is asset data captured against?	Q2 - Is there a consistent data specification aligned to the FM asset data standards (4.2)?	Q3 - How consistently is the data specification applied across the estate?	Q4 - What is the level of coverage of assets in the asset register data?	Q5 - How complete is the data captured against assets in the asset register?	Q5 - Is a full asset verification exercise required to update the asset register (5.1)?	Q7 - What regular sample surveys exist for on-going asset verification (5.2)?	Q5 - What processes are in place for change controllapprovals for adding, removing or changing an asset (5.317	Q9 - What processes are in place for data quality checks (5.4)?	Q10 - What processes are in place for data update assurance (5.5)?	Q11 - What governance is in place to support data assurance and quality (5.6)?	Q12 - What level of documentation exists for the these data quality processes and governance (5.7)?	Q13 - Is the data contractually owned by the organisation (6.1)?	Q14 - What level of access does the organisation have to the data in the asset management systems (6.2)?	Q15 - What level of access management exists for controlling user privileges (6.3)?	Q16 - Do the asset management systems provide the flexibility to accommodate the data standards (7.1)?	Q17 - Do the asset management systems allow interoperability of asset data (7.2)?	management sy	219 - Do the ratems meet ata security equirements (7.4)?	Q20 - Do the systems meet data backup management requirements (7.5)?	management information reports and dashboards are	Q22 - How does asset data inform decisions relating to contract sanagement (8.2)?	decisions relating to mandatory and statutory	decisions relating to Planned	Q25 - How does asset data inform decisions relating to investment Prioritisation (2.5)?	Q26 - What is the capacity of the teams working with asset data (0.1)?
FM MF FM02		FM Maturity Framework																								12288	MESSI	
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Domain	SAQs -Not applicable	Sub-SAQs -Not applicable	1. Outstanding	2. Good	3. Requires minimal improvement	Requires moderate improvement	5. Inadequate	Total No.
Hard FM - Safety	1	30	0	42	58	27	9	13
Soft FM - Safety	3	19	- 1	41	27	4	- 1	7
Patient Experience	0	6	0	5	10	7	0	2
Efficiency	0	5	0	12	10	4	0	2
Effectiveness	0	- 4	0	7	13	2	0	2
Governance	0	1	0		1	12	0	2
Helipad	0		0	0	0	0	0	





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840	E. Training and Development Dani the Organization have an up-to-date training and development plans in place receiving all relevant mine and exponentials of date, that mech all safety, solvitoid and quality requirements?	Norwyskudde	Not applicable	that on trading and health at a soft and is assist baseds and control to take, including safe use of plant, service and less		
	responsibilities of shall, that meets all safety, increasal and quality regularments.)	-	1	Newholm of autilisate haring, instruction, supervisite and reformation translate all employers to methods possible ji parties are sent and an haring an automatic and automatic and automatic action and activities this, including sale use of just, services and tender of parties and sent activities this, including sale use of just, services and tenderpoly. Taking nearly analysis for all saled and alternatives records. Taking nearly analysis for all saled and alternatives records. Taking nearly analysis for all saled and alternatives records. Taking nearly analysis for all saled and alternatives records. Taking nearly analysis for all saled and alternatives records.		
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		The organisation r	e organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of						
NHS Premises Assurance Model: Safety Domain (Soft FM)			the estate meet appropriate levels of safety to provide premises that supports are delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.						
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments			
Ref.	SAOs in green shaded cells can be rated NIA in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.				
SS1	SS1: With regard to Catering Services can the organisation evidence the following?	Applicable	Applicable	This SAQ covers the safety aspects of catering and food with SAQ PE4 looking at patient feedback on food. Note: This applies to all food sources on-site including commercial and charitable outlets.					
SS1	Policy & Procedures Does the Organisation have a current, approved Policy, Food Safety Management System and an underpinning set of procedures that comply with relevant legislation and published guidance?	Requires moderate improvement	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;					
SS1	 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? 	Requires moderate improvement	Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;					
SS1	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? Has the organisation documented all processes and procedures in an approved HACCP document?	2. Good	2. Good	Food Standards Agency ratings and Normental Health Officer reports. Read Freedom and included in local risk register; Reads reviewed and included in local risk register; Miligation strategies for areas of risk identified. Review and inclusion of risk in for Tust risk registers; Nutritional screening programme identifying patients at risk form malarution and dehydration. Rallergens screening.					
SS1	4: Maintenance Are assets, equipment and plant adequately maintained, regularly and monitored to ensure equipment relating to temperature control is functioning correctly?	3. Requires minimal improvement	3. Requires minimal improvement	Preventativa/cornective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, custanding works, equipment down-time etc. Planned preventative maintenance system in place; Quality control/inspection records					
SS1	S. Training and Development Does the Organisation have as up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, isochnical and quality requirements including level 2 hygiene for all food handlers and HACCP at the appropriate level for supervisors and Managers?	Requires moderate improvement	3. Requires minimal improvement	 Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and sovid hazards and control the risks, including safe use of plant, service and test reports; Ziraining needs analysis for all staff and attendance records: 					
SS1	Resilience, Emergency & 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?	3. Requires minimal improvement	3. Requires minimal improvement	Assessment undertaken of resilience risks both direct and indirect. Second of the control of the contr	Food Hygiene (England) Regulations 2008. Control of Substances Hazardous to Health 2002 Snod Safely A 1990 (Amended Regulations 2004) 4. HSG (98) 20 -Management of Food Hygiene & Food Services in the National Health Service.				
SS1	7: Review Process Is there a robust regular review process to assure compliance and effectiveness of relevant standards, policies and procedures which includes sampling and testing where required?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;	 NHS Code of Practice for the manufacture, distribution and supply of tood, ingredients and food related products. Regulation EC 852/2004 on the hygiene of foodstuffs. Food Service at Ward Level with Healthcare food and Beverage Service Standards – a guide to ward level services – 2007 				
SS1	8. Food Standards (No.1) Organisations should have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.	Requires moderate improvement	2. Good	Documented and readily available	 Compliance with Healthcare Commission Core Standard 14 (Food) Health Az 2006 Code of Practice for Prevention and Control of Health Care Associated Infections (Department of Health 2006) revised January 2008 To Food Salety(England) Regulations 2005 				
SS1	Food Standards (No 2) Organisations should have a food and drink strategy.	Requires moderate improvement	Requires moderate improvement	Documented and readily available	Tool Safety (Temperature Control) Regulations 1995 C.OC Guidance for providers on meeting the regulations Tiel Hazards have been considered for any catering service NHS 10 Key Characteristics of Good Nutrition and Hydration British Dietetic Association's Nutrition and Hydration Digest	Guidance for Food Standard no 8 If patient/staff/visitors are not present 24/7,			
SS1	10. Food Standards (No.3) Organisations should consider the level of input from a named food service dietitian to ensure choices are appropriate.	3. Requires minimal improvement	3. Requires minimal improvement	Documented and readily available Minutes of nutritional steering group available Name and details of distillant from contacts page Documented evidence of details involvement in menu engineering	16. British Detectic Association guidelines 17. The MLST Toldk (Mahurifuni Universal Screening Tool) 18. National standards for healthcare food and drink 19. National standards for healthcare food and drink 19. Food Review https://www.legislation.gov.uk/ucksi/2006/14/contents/made https://www.legislation.gov.uk/ucksi/2004/2990/contents/made https://www.legislation.gov.uk/ucksi/2004/2990/contents/made https://www.legislation.gov.uk/ucksi/2004/390/contents/made	approach this question as having a food provision for 100% of the time they are on site. If the type of food service is not present within your trust, put not applicable, however you cannot put not applicable for all 7 Food Standard No. 3 questions as you should be working to provide a 24/7 offering for your staff of one of these types			
SS1	Food standards (No. 4) Organisations should nominate a food safety specialist and this person should chair a food safety group	2. Good	2. Good	Documented and readily available Influence of food safety group available Si redence of food safety and transagement and safety system Si redence of food safety audit management and safety system Si redence of food safety and transagement and safety system Si redence of the safety saf	providen/regulationsenforcement/regulation-14-meeting-nutritional- lyndration-needs https://www.gov.uk/government/publicationalthe-health-and-social-cere- https://www.gov.uk/government/publicationalthe-health-and-social-cere- health-guidance.https://www.legislation.gov.uk/uki/9705/2509Gordenterls/made https://www.legislation.gov.uk/uki/9705/2509Gordenterls/made https://www.cqc.org.uk/guidance-providen/regulations https://www.eqdand.nbs.uk/settasehabt-technical-memorandal https://www.engdand.nbs.uk/settasehabt-technical-memorandal https://www.engdand.nbs.uk/settasehabt-technical-memorandal https://www.engdand.nbs.uk/settasehabt-technical-memorandal https://www.engdand.nbs.uk/settasehabt-technical-memorandal https://www.engdand.nbs.uk/settasehabt-technical-memorandal	of food service If your trust operates 24/7 services but the food provision operates only daytime hours, the maximum score should be requires minimal improvement			
SS1	12. Food Standards (No.5) Organisations invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by orders and food service teams in the provision of safe food and drink, services, including training report, matrices or other evidence of chef, catering and nurse training including L2 food safety.	3. Requires minimal improvement	3. Requires minimal improvement	Documented and readily available training matrices' and training programme available on ESR	specialist-group/nutrition-and-hydration-digest.html https://www.bau.k.com/professional/practice/practice_guidance/home https://www.bapen.org.uk/screening-and-must/must/must-toolkit/the- must-tiself https://www.bapen.org.uk/must-and-self-screening/must-toolkit/				
SS1	13 Food Standards (No.6) Crigamisations are able to demonstrate that they have an established training matrix and a learning and development programme for all staff movelor in healthcare food and drink services.	3. Requires minimal improvement	Requires minimal improvement	Documented and readily available training matrices' and training programme available on ESR	https://www.england.nhs.uk/long-read/national-standards-for-healthcare- food-and-drink/ https://www.gov.uk/government/publications/independent-review-of- nhs-hospital-food				

	NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation p				
_	■ Back to instructions			enance and use of facilities, premises and equipmen		
Ref.	SAQPrompt Questions SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	the drop down	2023-24 2024-25 Evidence (examples listed below) Rate the prompt question by using the drop down menus in the columns below columns below applied, adequately recorded, reported on, audited an reviewed.		Relevant guidance and legislation The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	Comments
SS1	14 Food Standards (No. 7) Organisations are able to monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meels, a full waste strategy including food waste	2. Good	2. Good	Documented and readily available Evidence provided of involvement of waste management measurements and systems S. Evidence food is included within waste management strategy Completed ERIC return inline with this		
SS1	15 Food Standards (no. 6) NS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demorphism, You have 2 4 hour resistaurant.	2. Good	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	16.Food Standards (no. 6) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demorpation. You have a 24 hour calls	2. Good	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	17.Food Standards (no. 6) NSS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demonsplants. You have a hot vending services.	2. Good	3. Requires minimal improvement	Documented and readily available with analysis of why this is appropriate		
SS1	18.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have retail services	3. Requires minimal improvement	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	19.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have cold vending	2. Good	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	20.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have smart fridges	2. Good	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	21.Food Standards (no. 6) NHS organisations are able to demonstrate that they have nutritional, healthy 24.7 food service provision, which is appropriate for their demorpsylts. You have staff provision for storage and healting of bod brought from home.	2. Good	3. Requires minimal improvement	Documented and readily available with analysis of why this is appropriate		
SS1	22: 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.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NNS PAM and other assessments. NNS PAM and other assessments. Beard and relevant committees. 3. Inclusion of investment of cleher Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance	£0				
SS2	Revenue consequences of achieving compliance SS2: With regard to Decontamination Processes can the organisation evidence the following?	£0 Applicable	Not applicable	Management, operation and maintenance of decontamination equipment and processes covering the decontamination of surgical equipment, linen, dental equipment and tissible endoscopes. As set out in the HTM 01 Suite 01-06		
SS2	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	Not applicable	Policy and procedures relevant to E&F services relevant to the trustrate: Regular assessment of policies and procedures; Quality manual and supporting processes.		
SS2	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?	4. Requires moderate improvement	Not applicable	1. Trust management structure/organogram for this area: 2. Job descriptions including roles and responsibilities; 3. Key refevant Objectives for the period; 4. Trust management structure for decontamination of Sappointment letter for XE_ job descriptions e.g., decontamination lead. SSD manager, Endiscopy Unit of Carlon Company of the Carlon Company of Carlon Company of Carlon	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting service provider must be—15(1)(d) properly used, 15(1)(e) properly maintained 2. CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be—15(1)(d) properly used, 15(1)(e) properly maintained, and 3. Health Technical Memorandum/1-01A, B, C, D, E 4. Health Technical Memorandum/1-01A, B, C, D, E; 7. ISO 9001 8. ISO13465 9. Estate/MHRA allers 10. Medical Device Directive.	
SS2	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	3. Requires minimal improvement	Not applicable	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;	11. Revision to the Medical Devices Directive. 12. CXC Guidance about complinence - Guidance about compliance Essential standards of quality and safety 13. GS1 coding. 14. NHS Operating Framework 15. Medical Devices Regulations (MDR) 2002. 16. BS EN DIS 13485.	

	NHS Premises Assurance Model: Safety Domain (Soft FM)	the estate meet a	ppropriate levels	pee for Estates, Facilities and its support services that the of safety to provide premises that supports the delivery or perance and use of facilities, premises and equipme	e design, layout, build, engineering, operation and maintenance of of improved clinical outcomes. The SAQs collectively provide nt keep people safe.	
	SAQ/Prompt Questions	2023-24		Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated NIA in which case prompt question scores are ignored. Refer to 'prompt guidance sheet for further guidance.		uestion by using		The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	Sommens
SS2	4: Maintenance Are assets, equipment and plant adequately maintained?	3. Requires minimal improvement	Not applicable	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality corriblinspection vasilier disinfectors and dying cabinets. 5. Permits a vork for sanche angierens. Service consciss. PM dockets and maintenance instructions 6. Permit to work system.	17. Executive Letter EL(98)5 18. Decontamination Services Agreement. 19. Decontamination Services Agreement. 19. Districts. 20. Kirby, E. (Distriction, J. Vassey, M., Dennis, M., Comwall, M., Moladon N. et al. (2012). Biosasay stunnex L. 21. IHEEM ARCID register. 22. Institute of Decontamination Sciences (IDSc). 23. Institute of Healthcare Engineering and Estate Management (IHEEM). 24. ESAC-Preport. 25. MHRA's Managing medical devices: guidance for healthcare and social services organisations' and sciences organisations' and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA Medical devices conformity assessment and the CE MARCA M	
SS2	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, sechnical and quality requirements?	3. Requires minimal improvement	Not applicable	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own sately and health at work and to such lazards and control the fisits, control to the supervision of	28. JAG Guidance for endoscopy 29. BS EN ISO 15883 (weshers – surgical and endo) 30. BS EN ISO 285 (stellizera) 31. BS EN ISO 1862 (driying cabinets endo) https://www.legislation.gov.uk/ukdsi/2014/9780111117813/contenstbs://www.cqc.crg.uk/files/guidance-providers-meeting-regulations NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England > Health technical memoranda NHS England Sylvation of Health technical memoranda NHS England Sylvation of Health technical memoranda NHS England Sylvation of Health technical memoranda NHS England Sylvation of Health technical memoranda SIO - ISO 9000 family — Gualify management integration of Health technical memoranda SIO - ISO 9000 family — Gualify management SIO - ISO 9000 family	
SS2	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and lested with the appropriately trained staff?	2. Good	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plains developed and reviewed; 3. Every response and business continuity plains appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plains. 5. Business Continuity plains for SSD and Endoscopy 6. Test reports for efficacy of plains. 7. Training records for staff following testing	https://www.gov.uk/guidance/medical-devides-conformily- assessment-and-the-ce-mask. https://www.gov.uk/government/consultational-consultation-on-the- future-regulation-of-medical-device-in-th-the-united-dangdom classes-consultational-government-on-the-united-dangdom dec. 2011_upotate.pdf https://www.gov.uk/government/publications-the-operating- https://www.gov.uk/government/publications-the-operating- atmeneus/-ch-o-th-en-th-en-digulation- the-publication-dangdom-publication-dangdom-publication- management-be-regulation-gov.uk/uk/siz/20/20/216 (Content-dangdom- purposes/tracked-changes https://assest.publishing.service.gov.uk/government/uploads/syste mulploads/attachment_dasfiles/76/18/E/Guidance_on_the_In_Vtr o_Deportors_fededDevelors_Districted-publishing_service_publishing_ser	
SS2	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	Not applicable	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Internal and external audit reports 4. Use of ISO 9001 and ISO13485 can be 5. AE audit of Trust policy and processes 6. INEEM JAG audit report and contificate 7. Significant fidings from Authorising Engineer reports and action plans.	https://www.heem.org.uk/HEEM.Authonsing-Engineer- Decordaminishon-Register https://www.ists-uk.co.uk/ https://www.ists-uk.co.uk/ https://www.heem.org.uk/ https://www.pounishomen.dos.inde/7141.4f*requently_eaked_quess mulpinodisitationment_datafiled27141.4f*requently_eaked_quess https://www.pou.uk/guidance/imedical-devices https://www.pou.uk/guidance/imedical-devices-conformsy- assessement-and-the-o-emast- files_if/www.bag.org.uk/dicincal-resource/guidance-on- ititys_if/www.bag.org.uk/dicincal-resource/guidance-on- ter-pounishom-on-order-pounishom-order	
SS2	8: Costed Action Plans If any ratings in this SAQ are "nadequate" or "requires moderate or minor improvement" are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Zevidence of Seculation to Trust Board and relevant committees; Inclusion of Revestment to deliver Actions in future budgets as appropriate; A Assessment of effect of prior identified investment;	https://www.theigo.go.gu/k/ https://linko.phisgrous.com/froucide/tail?pid=00000000033353 1968/cnethev=380644207058/keyword=iso134658matchtpse=86. networkp366eve=26.pid=070(Colywit-BBRD0.ABASI3-1). Leb TMTTImz46VFa_w25042/faiigiOB6iymwYHF2wdVH4KCLDE PDNMaAsEFEAL ws-EB https://inhop.beigroup.com/ProductDetail?pid=000000000030278 577 #r-1set*/VSbpsediles*/S20yeurements*/20and*/20the.of/s 20ah/X20ass1%20bc/323 lttps://www.sico.org/slandard55290.html	
	Capital cost to achieve compliance	£0	£0			
	Revenue consequences of achieving compliance	£0	£C			
SS3	SS3: With regard to Waste and Recycling Management can the organisation evidence the following?	Applicable	Applicable	The scope of this SAQ may gross over into Effectiveness Question E4 (SDMP)		
SS3	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guildeniard?	Requires moderate improvement	Requires moderate improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
SS3	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?	Requires moderate improvement	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		

		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of						
	NIO FIGURES Assurance model. Safety Dollani (Soft 1 m)	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide						
	■ Back to instructions	assurance that the	design, mainte	nance and use of facilities, premises and equipmen	nt keep people safe.			
	SAC/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			

				enance and use of facilities, premises and equipme	if improved clinical outcomes. The SAQs collectively provide nt keep people safe.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
SS3	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;		
SS3	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; Quality control/inspection records	1. Washe Electrical and Electronic Equipment Regulations 2006 2 Pollution Prevention and Control (England and Wales) Regulations 2000 3. Environment Act 1999 4. Environmental Protection Act 1990 5. Health Technical Memorandum 07-01; Safe Management of Healthcare Waste 6. Health and Social Care Act 2008 (Regulated Activities) Regulations	
SS3	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?	Requires moderate improvement	Requires moderate improvement	 Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and such ascend hazards and controt the risks, including safe use of plant, service and test reports; Training needs analysis for all staff and attendance records: 	2014 . COC Guidance for providers on meeting the regulations 8. COC Provider Handbooks 9. NSE England • NSE denical waste strategy NSE England • NSE denical waste strategy https://www.legislation.gov.uk/uks/2006/1288/contents/made https://www.legislation.gov.uk/uks/2010/1781/contents/made https://www.legislation.gov.uk/uks/2019/1781/contents https://www.legislation.gov.uk/uks/2019/09/3/contents	
SS3	6: Resillence, Emergency & 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?	3. Requires minimal improvement	2. Good	Assessment undertaken of resilience risks both direct and indirect. Emergency response and business continuity plans developed and reviewed; Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Records of Testing and responses of actual incidents collated, assessed and used to update risk and plans.	https://www.england.nhs.uk/estates/heath-technical-menoranda/ https://www.england.no.gv.uk/ukia2/04/786/11111763 (Stonetes https://www.cpc.org.uk/files/guidanoe-providers-meeting-regulations https://www.cpc.org.uk/files/guidanoe-providers-meeting-regulations https://www.cpc.org.uk/files/guidanoe-providers-bedfing-guidanoe- vices provider handbook, march.15. update 0.1 pdf https://www.england.nhs.uk/estates/hhs-cinical-weste-strategy/	
SS3	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	3. Requires minimal improvement	3. Requires minimal improvement	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;		
SS3	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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NNS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	03				
SS4	SS4: With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following?	Applicable	Applicable	This SAQ covers the safety aspects of cleaning and infection control. SAQ PE3 looks at patient feedback relating to cleanliness.		
SS4	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
SS4	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?	3. Requires minimal improvement	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period; 4. Framework of responsibility at trust level, linking into departmental responsibilities.		
SS4	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	3. Requires minimal improvement	2. Good	Risks reviewed and included in local risk register; Mitgation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;		
SS4	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; 3. Quality control/inspection records		
SS4	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, sechnical and quality requirements?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health a twork and to avoid hazards and control the risks, including safe use of plant, service and test reports; Training needs analysis for all staff and attendance records: Use of NHS England Cleaning Manual	1. Health and Care Act 2022 (Health Suital) Note 0-049) Infection control in the built environment 3. Association Oxed 0-049) Infection control in the built environment 3. Association of Healthcare Cleaning Professionals (AHCP) (2009) Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 4. National infection prevention and control manual (NIPCM) for England 5. Health Building Note 04-01) Adult in-patient facilities: planning and design	

The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintithe estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively pro-					
assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.					

	■ Back to instructions	the estate meet ap assurance that the				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	uestion by using menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
SS4	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have realisence, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect. As indirect, response and business continuity plans developed and reviewed. A Regular testing of Emergency response and business continuity plans appropriate to identified risk levels: Records of retaining and responses of actual incidents collated, assessed and used to update risk and plans.	E. CDC Guidance for providers on meeting the regulations 7. COC Provider Handbooks 8. National Standards of Healthcare Cleanliness 2021 9. NHS Cleaning Manual (on the E-F thu since 2021, to be published on web March 2024) 1. https://www.neglantlon.gov.uk/ukpga/2022/31/contents 2. https://www.neglantlon.gov.uk	(For SS8 and 9 - Although the mandatory requirement is to display in patient facing arease, a Trust may choose to display in other areas so this is capturing evidence where trusts are improving standards for staff - it is best practice to share this information wider)
SS4	7: Review Process is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;	manual-njorm-for-england' 5. https://www.england.nb.uk/publication/adult-in-patient-facilities- planning-and-design-hbn-04-01/ 687. https://www.epc.org.uk/guidance-providers/regulations 8. https://www.england.nb.uk/publication/national-standards-of-healthcare-clearlineses-2021/	
SS4	8. Cleaning Standards 2021 Can you evidence that Star ratings are Displayed in patient facing areas?	2. Good	2. Good	Audit evidence Publicly displayed and available	9. Hub not yet published	
SS4	Cleaning Standards 2021 As a minimum has 95% of the estate achieved a star rating of 4° or above, following their technical audits, in FR categories 1 – 4?	2. Good	2. Good	Documented and readily available Publicly displayed and available Reviewed annually		
SS4	10. Cleaning Standards 2021 Have you undertaken efficacy sudits in a minimum of 95% in each FR categories 1 – 47	Requires moderate improvement	3. Requires minimal improvement	Audit evidence Reported to Board quarterly		
SS4	Cleaning Standards 2021 Do you have evidence that audits scoring 3" stars or below are following an escalation and review process?	2. Good	2. Good	Audit evidence Reported to Board quarterly		
SS4	12: Costed Action Plans If any orange in the SAQ are 'Inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compilarize? Costs can be entered below.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NNSF APM and other assessments; Evidence of secalation to Trust Board and relevant committees; Inclusion of investment of other Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	03				
SS5	SSS: With regard to Laundry and Linen Services can the organisation evidence the following?	Applicable	Applicable	There may be some cross over with this SAQ and SS4.		
SS5	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
SS5	 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? 	3. Requires minimal improvement	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		
SS5	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;		
SS5	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance is gresponse times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; 3. Quality controllinspection records	(HTM 01-04) Decontamination of linen for health and social care Department of health Uniforms and workware: Guidance on uniform Immunisation against infectious disease: The Green Book' HSE (1999) Management of Health and Safety at Work Regulations. London: Stationery Office	
SS5	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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health a twork and to avoid hazards and control the risks, including safe use of plant, service and test reports; and the safety of the safety	HSE (2002) Control of Substances Hazardous to Health Regulations. London: Substoney Office Health and Care Act 2022 6. COC Guidance for providers on meeting the regulations C. T. COC Provider Hardbooks The Testile Services Association 1. https://www.england.nhu.ki/publication/decontamination-of-linen-for-nealth-and-social-care-htm-01-04/ 2. https://www.england.nhu.ki/publication/uniforms-and-workween-for-nealth-and-social-care-htm-01-04/ 2. https://www.england.nhu.ki/publication/uniforms-and-workween-for-nealth-and-social-care-htm-01-04/ 2. https://www.england.nhu.ki/publication/uniforms-and-workween-for-nealth-and-social-care-htm-01-04/ 3. htm-01-04/ 3.	

	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.

NHS Premises Assurance model: Safety Domain (Soft FM) ◀◀ Back to instructions			the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments		
Ref.	SAQs in green shaded cells can be rated NIA in which case prompt quastions scores are ignored. Refer to 'prompt guidance sheet' for further guidance.	Rate the prompt of the drop down columns	uestion by using menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
SS5	6: Resilience, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect, and indirect, or segones and business continuity plans developed and reviewed. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; A Records of testing and responses of actual incidents collated, assessed and used to update risk and plans;	Tripps://www.gov.uncjoverrimerucosecursimmunisasuci-sigamse-infectious-disease-the-green-book A. https://www.hse.gov.ul/cpubra/her13.pdf A. https://www.hse.gov.ul/cpubra/her13.pdf A. https://www.hse.gov.ul/cpubra/her13.pdf A. https://www.cqc.org.uk/gouldance-providers/regulations B. https://www.cqc.org.uk/gouldance-providers/regulations B. https://ksa-uk.org/healthcare/			
SS5	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;				
SS5	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.	Not applicable	Not applicable	Action plans to identify Capital and Resenue investment should address areas of non compliance identified in the NNS PAM and other assessments. Evidence of escalation to Trust Board and relevant committees. Inclusion of investment to deliver Actions in future budgets as appropriate, Assessment of effect of prior identified investment;				
	Capital cost to achieve compliance	£0	£0					
	Revenue consequences of achieving compliance	£0	£0					
SS6	SS6: With regard to Security Management can the organisation evidence the following?	Applicable	Applicable	This SAQ relates only to the Physical Security infrastructure and labour related to the security of NHS facilities and not fraud or cybersecurity.				
SS6	t: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trustable. 1. The trustable control of policies and procedures; 2. Identified and allocated resources are stipulated in the policy 4. The organisation has in place a security management strategy as a standarde document or a part of a policy statement. 5. Evidence of a Security Policy, Violence and Aggression Control of the Control of the Control of the Control of the Control of the dissemination of they and vital information ag security affects. The organisation has clear policies and procedures in place for the security of all medicines and controlled drugs.				
SS6	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?	2. Good	2. Good	Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Dojecthes for the period; 4. Board normalised executive with the responsibility for 4. Board normalised executive with the responsibility for 5. Norminand Collisidation and Accredited Security Management Specialist to oversee and undertake the delivery of the bit Image of security management work- xeatemal/internal. 6. Evidence of internal (including capital development) and astemal liaison and involvement in local and national groups and with agency partners also to be included in job descriptions.	Counter-Terrorism and Border Security Act 2019 National Counter Terrorism Security Office guidance Human Rights Act 1998 Criminal Procedure and Investigations Act 1996 Guidance Terrorism The Surveillance Commissioners Office			
SS6	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Riaks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers; Risks identified include those related to; Violent and aggressive individuals Premises suitably: Lone working arrangements. Evidence of Security assessment programme	6. General Data Protection Regulations 2018 7. Criminal Justice and Immigration Act 2008 8. Criminal Law Act 1967 9. Following the principle of NHS Protect - Standards for providers 2017-18 Fraud, briberly and corruption 10. Health and Salely at work act 1972 11. Updated - NHSS Protect - Standards for providers 2017-18 Fraud, briberly and Contract 2023 Service condition 24—11. Updated - NHSS Potenter Tare 2023 Service condition 24—120 Fraud Authority (Earth Anti-ox) (Anti-oxide Contract 2023 Service Condition 24—120 Fraud Authority (Earth anti-oxide Contract 2023 Service Condition 24—120 Fraud Authority (Earth anti-oxide 2024 Service Condition 24—120 Fraud Authority (Earth anti-oxide 2024 Act 2008 (Regulated Activities) Regulations 12. Page 2024 and COS Cultifactions for providers on meeting the regulations 15. OCD Provider Handbooks 15. OCD Provider Handbooks			
SS6	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	3. Requires minimal improvement	Prevental/velcorrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; 3. Quality controllyprection records 4. Evidence of security involvement in new builds. 5. Evidence of a managed and maintained security access control system.	aware of updates) https://www.legislation.gov.uk/ukpga/1098/25/contents https://www.legislation.gov.uk/ukpga/2019/3/contents/emacted https://www.gov.uk/government/latest*/departments*/s58%5D=national- counte-ferrorinar-accustry-office https://www.npcc.police.uk/			

	NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation p	provides assurano propriate levels	ce for Estates, Facilities and its support services that the of safety to provide premises that supports the delivery of	design, layout, build, engineering, operation and maintenance of improved clinical outcomes. The SAQs collectively provide	
	■ Back to instructions			enance and use of facilities, premises and equipme		
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Re	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
ss	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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of 2. Training needs analysis for all staff and attendance records. S. Evidence of the promotion of security awareness via multiple mediums 4. Evidence of the resolution of security awareness via thorse based on a training needs analysis which is monitored, resultated and retrieved as resedut. S. Evidence of series security training commensurate with duties based on a training needs analysis which is monitored, resultated and retrieved as resedut. S. Evidence of series security training commensurate with duties based on a training needs analysis which is monitored, resultated and retrieved are needed.	https://www.legislation.gov.uk/ukpga/1968/25/contents https://www.legislation.gov.uk/ukpga/1968/25/contents https://www.legislation.gov.uk/ukpga/1968/44/Guide_to_the_Regulation_of_Surve launce_pdf l	
ss	Resilience, Emergency & 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?	2. Good	3. Requires minimal improvement	Assessment undertaken of resilience risks both direct and indirect: Emergency response and business continuity plans developed and reviewed; Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Records of testing and responses of actual incidents Records of testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents Se testing and responses of actual incidents September 1 actual incidents Se testing and responses of actual incidents Section 1 actual incidents Section 1 actual incidents Section 1 actual incidents Section 1 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual incidents Section 2 actual inci	46d774ee3970097009705834159483785200929970CUhinowen/107 WTPp67025303690/w1)0046044_pa04ALCQQqu/V2hdulLCB/BT0IkK thatWalc_DXVCl6Mn095309705000970570570570540648990hulLCB/BT0IkK thatWalc_DXVCl6Mn095309705705009770547054064990hulLCB/BT0IkK thatWalc_DXVCl6Mn09530970500970570547054064990hulLCB/BT0IkK thatWalc_DXVCl6Mn0950970990hulLCB/BT0IkK ders_on_meeting_the_regulations_final_01_pd ders_on_meeting_the_regulations_fina	
ss	7: Review Process s there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	4. Requires moderate improvement	Requires moderate improvement	Annual reviews of standards, policies and procedures documented: Collegist of reviews and their inclusion in Action Plans; Demonstration that risks dentified through assessment are sufficiently under do enable miligation and response Annual report to board in relation to security management Evidence of work plan and ongoing review and update of the process o		
ss		Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of excelation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment or defect of one roll dentified investment:		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
ss		Applicable	Applicable	SAQ covers feet management and transport of goods and services on and between sites. It excludes patient transport apart from the management of taxi services. Related patient experience is covered in SAQ PS. Access arrangements may also be covered under SH2. This includes car parking.		
ss	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	5. Inadequate	5. Inadequate	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
ss	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?	3. Requires minimal improvement	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		
ss	2: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;		
ss	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g., response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; Quality control/inspection records	Health Technical Memorandum 07-03: Transport Management and Car Parking Research Establishment BRE - BREEAM Travel Plan documentation. Net Zero Travel & Transport Strategy	
ss	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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to sucid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	https://www.england.nhs.uk/estates/health-technical-memoranda/ https://kb.treeamcon/knowledgebase/trasport-assessments-and- transport-statements/ https://www.england.nbs.uk/long-read/net-zero-travel-and-transport- stratesy/ https://www.england.nbs.uk/long-read/net-zero-travel-and-transport- stratesy/ https://www.england.nbs.uk/long-read/net-zero-travel-and-transport- stratesy/ https://www.england.nbs.uk/long-read/net-zero-travel-and-transport- stratesy-travel-and-trave	

			The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide				
	■ Back to instructions	assurance that the	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation		
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt que the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
	S. Resillence. Emergency & Business Continuity Planning			Assessment undertaken of resilience risks both direct and indirect; Emergency response and business continuity plans	Procurement-Guide.pdf		

L	■ Back to instructions	◄ Back to instructions assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments	
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
SS7	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staf?	2. Good	2. Good	. Assessment undertaken of resilience risks both direct and indirect. 2. Emergine segonise and business continuity plans 2. Emergine risk ender the segonise and resilience continuity plans appropriate to identified risk levels; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	Procurement-Guide paf		
SS7	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	3. Requires minimal improvement	3. Requires minimal improvement	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;			
SS7	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.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of excatation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment or defect of prior identified investment;			
	Capital cost to achieve compliance	£0					
	Revenue consequences of achieving compliance	£0					
SS8	SS8: With regard to Pest Control can the organisation evidence the following?	Applicable	Applicable				
SS8	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trustistate; Regular assessment of policies and procedures; Preventative/corrective strategies, demonstration of documented process and procedure whereby non-compliance is letnified and remediation strategies are developed and delivered.			
SS8	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?	2. Good	2. Good	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;			
SS8	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	3. Requires minimal improvement	Risks reviewed and included in local risk register; Mitgation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;			
SS8	4: Maintenance Are assets, equipment and plant adequately maintained?	3. Requires minimal improvement	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/inspection records	1. Public Health Act 1961 2. Control of Pollution Act 1974 3. Health and Seleys Work Act 1974		
SS8	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, sechnical and quality requirements?	3. Requires minimal improvement	3. Requires minimal improvement	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to excit hazards and control the risks, including safe use of plant, service and test reports. Timeng needs analysis for all staff and attendance records.	4. The Poisons Act 1972 5. The Control of Substances Hazardous to Health Regulation 1988 6. Control of Pesticides Regulations 1988 6. Control of Pesticides Regulations 1980 7. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 8. CCC Guidance for providers on meeting the regulations https://www.legislation.gov/ub/ub/pg/Eliz29-4.01044/contents https://www.legislation.gov/ub/ub/pg/Eliz29-4.01044/contents https://www.legislation.gov/ub/ub/pg/Eliz29-4.01044/contents https://www.legislation.gov/ub/ub/pg/Eliz29-4.01044/contents https://www.legislation.gov/ub/ub/pg/Eliz29-4.01044/contents		
SS8	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and lested with the appropriately trained staff	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect and indirect or section of the control	https://www.logialation.gov.uk/ubpg/1974/37/contents https://www.logialation.gov.uk/ubpg/1972/66 https://www.logialation.gov.uk/ubpg/1972/66 https://www.logialation.gov.uk/us/1988/150/contents/made https://www.logialation.gov.uk/us/1986/150/contents/made https://www.squalation.gov.uk/us/1986/1510/contents/made https://www.squalation.gov.uk/us/1974/170111117613/contents https://www.squalation.gov.uk/us/1974/170111117613/contents https://www.squalation.gov.uk/us/1974/170111117613/contents		
SS8	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	3. Requires minimal improvement	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans; Records of poets infestation, COSHH data sheets for petitiodes, records of bat placement etc. Occumented evidence of sudits and reviews to support compliance.			
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			

	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide	
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.	

	the estate ■ ■ Back to instructions ■ ssurance		e estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide surrance that the design, maintenance and use of facilities, premises and equipment keep people safe.			
F	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQPrompt Questions SAQs in green shaded cells can be rated NIA in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	uestion by using menus in the	Evidence (examples listed below) Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	Relevant guidance and legislation The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	Comments
SS8	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed coated action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the study of the compliance of the complia		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
	Revenue consequences of achieving compliance	LU	EU			
SS9	SS9: with regard Portering Services can the organisation evidence the following?	Applicable	Applicable	In line with local organisational portfolio for this area.		
SS9	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trustiste; Regular assessment of policies and procedures; Pedient transfer policy; Infection control procedures and training.		
SS9	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?	3. Requires minimal improvement	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		
SS9	Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust is registers; Review and inclusion of risks into Trust is registers; Review and inclusion of risks into Trust is registers; Review and inclusion of risks into Trust is registered.		
SS9	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; A Usually controllrispection records Training matrix available	1. Health & Safety at Work Act 1974 2. Management of Health & Safety at Work Regulations 1988 3. COC Provider Handbooks Vision 1988 3. COC Provider Handbooks 1984 https://www.legislation.gov.uk/uk/pga1974/37/contents https://www.legislation.gov.uk/uk/pga1974/27/contents/made	
SS9	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?	1. Outstanding	1. Outstanding	Provision of sufficient training, instruction, supervision and information to enable all emptypees to contribute and information to enable all emptypees to contribute social hazards and control the risks, including safe use of plant, service and test reports. 2. Training needs analysis for all staff and attendance records: 3. Manual handling training	https://www.cqc.org.uk/sites/default/files/20150325_sec_residential_ser/ vices_provider_harbdock_march_15_update_0f_pdf To note we are working on guidance for portering which will be available for reference neat year, covering: T-echnology and equipment - Policy - Working with clinical teams	
SS9	6: Resilience, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect: Emergency response and business continuity plans developed and reviewed: Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Records of Testing and responses of actual incidents collated, assessed and used to update risk and plans.		
SS9	7: Review Process is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans; Evidence of patient involvement and feedback. Patient Feedback considered and actioned		
SS9	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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NMS PAM and other assessments; E. Evidence of escalation to Trust Board and relevant committees; I. inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
	revenue consequences of achieving compliance	EU	, EU	1		

N	HS Premises Assurance Model: Patient Experience Domain	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public in the development of services and the monitoring of performance.						
	■ Back to instructions	я в ве ченеруплент от зетилез ана вте птотволя у от реголивание.						
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	e the prompt question by g the drop down menus in the columns below Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.		The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
P1	P1: With regards to ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff can your organisation evidence the following?	Applicable	Applicable	P1 replicates the CQC Provider handbooks KLOE R4 and assesses your processes for patient involvement, compliments and complaints				
P1	Views and Experiences Are people's views and experiences gathered and acted on to shape and improve the services and culture?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Review of the Patient Led Assessment of the Care Environment (PLACE) results and implementation of the outcomes;				
P1	Engagement Are people who use services, those close to them and their representatives actively engaged and involved in decision making?	3. Requires minimal improvement	3. Requires minimal improvement	Engagement process and methodology Friends and Family Test Patient Advice and Liaison Service (PALS)	Data Protection Act 1998 Freedom of Information Act 2000 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: CQC Guidance for providers on meeting the regulations CQC Provider Handbooks			
P1	Staff Engagement Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?	3. Requires minimal improvement	3. Requires minimal improvement	Surveys and questionnaires Focus Groups Sa Engagement feedback influencing services developments and improvements	NHS England Transforming Participation in Health and Care – September 2013 The Kings Fund Research Paper; Patient Engagement and Involvement The Kings Fund Research Paper; The Quality of Patient Engagement and Involvement in Primary Care 2010			
P1	Prioritisation Do leaders prioritise the participation and involvement of people who use services and staff?	Requires moderate improvement	4. Requires moderate improvement	Governance and process for dealing with feedback	https://www.legislation.gov.uk/ukpga/1998/29/contents https://www.legislation.gov.uk/ukpga/2000/36/contents https://www.legislation.gov.uk/ukds/2014/9780111117613/contents https://www.co.cr.gu.k/filles/jouldance-providers-meeting-regulations			
P1	Value Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?	Requires moderate improvement	4. Requires moderate improvement	Adherence to confidentiality policy Feedback to stakeholders and patients	https://www.cqc.org.uk/sites/default/files/20150325_asc_residential_services_provider_handbook_march_15_upddlate_01.pdf https://www.england.nhs.uk/2013/09/trans-part/ https://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement			
P1	6: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement			
	Capital cost to achieve compliance	£0						
	Revenue consequences of achieving compliance	£0	£0					

N	HS Premises Assurance Model: Patient Experience Domain	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public						
	■ Back to instructions	in the developme	ent of services an	d the monitoring of performance.				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
P2	P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues on condition, appearance, maintenance and P&D. Safety aspects are dealt with in the safety domain.				
P2	PLACE Assessment The organisation has completed the PLACE assessment relating to the care environment (estate) and estates related privacy and dignity issues, for all relevant sites and published a local improvement plan.	3. Requires minimal improvement	4. Requires moderate improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services 7evelopments and improvements 8. Adherence to confidentiality policy 9. Feedback to stakeholders and patients 10. Complaints Procedure 11. Diversity considerations	1. NHS England: Delivering same sex accommodation guidance. Responsibility transferred to NHSE/l in 2017. The DHSC guidance was revised and published in 2019. 2. Patient Led Assessments of the Care Environment (PLACE). 3. Health Ombudsman Care and Compassion' report 4. National In-patient survey 5. Commission for dignity in Care for older people 'delivering dignity' report 6. Patient Association guidance and advice 7. Joint Commistee on Human Rights 'The Human Rights of Older People in healthcare'			
P2	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction with the estate and related privacy and dignity issues and is action taken on the results?	3. Requires minimal improvement	4. Requires moderate improvement	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Monthly reporting of breaches of mixed-sex accommodation guidance Meetings and dialogue with CQC identifying improvements	8. CQC Provider Handbooks https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/ https://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/ https://www.ombudsman.org.uk/publications/care-and-compassion https://www.org.org.uk/publications/surveys/surveys https://www.nhsconfed.org/resources/2012/06/delivering-dignity-securing-dignity-in-care-for-older-people-in- hospitals-and-care#:text-hospitals%20and%20careDelivering%20Dignity%3A%20Securing%20dignity%20in%20care%20for,people%20in%20hospitals%20and %20care&xet-Delivering%20Dignity%20is%20the%20final,underlying%20causes%20of%20poor%20care. https://publications.parilament.uk/pai/t200607/jiselect/tirights/166/166i.pdf			
P2	3: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.pacierd-association.org.ukv-algest naz-calegorypoints-growing-association.org.ukv-algest pack-algest naz-calegorypoints-growing-association.org.ukv-algest naz-calegorypoints-growing-association-grow			
	Capital cost to achieve compliance	£0						
	Revenue consequences of achieving compliance	£0	£0					

N	HS Premises Assurance Model: Patient Experience Domain	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public						
	■ Back to instructions	in the development of services and the monitoring of performance.						
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
P3	P3: With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues on cleanliness. Safety aspects of cleanliness are covered in the safety domain.				
P3	PLACE Assessment The organisation has completed the PLACE assessment relating to cleanliness for all relevant sites and published a local improvement plan.	2. Good	4. Requires moderate improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 9. Diversity considerations				
P3	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the cleanliness and is action taken on the results?	3. Requires minimal improvement	2. Good	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Meetings and dialogue with CQC identifying improvements	Health and Social Care Information Centre: Patient Led Assessments of the Care Environment (PLACE) https://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/			
P3	3. Cleaning Schedules Are Cleaning Schedules publicly available?	3. Requires minimal improvement	2. Good	Reviews of policy stating where schedules are available compared with actual checking of availability.				
P3	4: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;				
	Capital cost to achieve compliance	£0]			
	Revenue consequences of achieving compliance	£0	£0					

				tient experience is an integral part of service provision and is reflected in th d the monitoring of performance.	ne way in which services are delivered. The organisation will involve patients and members of the public	
=		2023-24		I		
Ref	SAQ/Prompt Questions SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	be rated N/A in which case prompt Rate the prompt question by Levidence in operational systems should demonstrate the approach to the prompt question by Levidence in operational systems should demonstrate the approach to the prompt question by Levidence in operational systems should demonstrate the approach. The cuidence should demonstrate compliance with the requirement of the prompt question by Levidence and the prompt question by Levidence in operational systems should demonstrate the approach.		Relevant guidance and legislation The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
P4	P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements		
P4	PLACE Assessment The organisation has completed the PLACE assessment relating to access and car parking for all relevant sites and published a local improvement plan.	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations	NHS patient visitor and staff car parking principles 2022 Health Technical Memorandum 07-03 (2006): NHS car parking management	
P4	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patiest and visitors satisfaction of the service provided and is action taken on the results?	4. Requires moderate improvement	3. Requires minimal improvement	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Meetings and dialogue with CQC identifying improvements	2. Health Technical Memorandum 07-03 (2006): NHS car parking management 3. Car Parking Code of Practice 4. Healthcare Travel Cost Scheme 1tps://www.ou.klgovernment/publications/nhs-patient-visitor-and-staff-car-parking-principles 1tps://www.england.nhs.uk/estates/health-technical-memoranda/Private Parking Code of Practice - GOV www.gov.uk) 1ttps://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/	
P4	3: 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.	y ratings in this SAQ are 'inadequate' or 'requires moderate or or improvement' are there risk assessed costed action plans in Not applicable Not applicable Not applicable Not applicable Not applicable				
	Capital cost to achieve compliance	£0				
P5	Revenue consequences of achieving compliance P5: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements	The Occupiers Liability Act 1957 (amended 1984) The Health and Safety at Work Act 1974 The Health and Safety at Work Act 1974 The Management of health and safety at Work Regulations 1999	
P5	PLACE Assessment The organisation has completed the PLACE External areas assessment relating to Grounds and Gardens for all relevant sites and published a local improvement plan.	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations 11. The local improvement plan is included within the Green Plan.	4. Provision and Use of Work Equipment Regulations 1998 5. Control of Substances Hazardous to Health (COSHH) Regulations 2002 6. Personnel Protective Equipment at Work Regulations 1992 7. Management of Health and Safety at Work Regulation 1999 approved code of practice 8. Workplace, Health, Safety and Welfare Regulations 1992 approved code of practice and guidance 9. Work Equipment Provision and use of Work Equipment Regulations 1998 10. First Aid at Work, Health and Safety Regulations 1998 11. Hand-Arm Vibration 12. Corporate Mansiaughter and Corporate Homicide Act 2007 13. RIDDOR 2013 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 14. Working at Height Regulations 2005 15. BS ISO 15799:2003 Soil quality - guidance on eco-toxicological characterization ofsoils and soil materials 16. BS 3882:1994 Specification for topsoil 17. BS 6031:1981 Code of practice for earthworks 18. BS 7562-4:1992 Planning, design and installation of irrigation schemes guide to water resources 19. BS 4428:1998 guide of practice for general landscape operations (excluding hard surfaces) AMD 6784 20. BS 3882:1994 specification for topsoil and AMD 9939 21. BS 33936-1:1992 Nursery stock specification for propara and willows 22. BS 33936-51986 nursery stock specification for propara and willows 23. BS 33936-10:1990 nursery stock specification for ground cover plants 24. BS 7370-51991 rounder maintenance recommendations for maintenance	

NI	S Premises Assurance Model: Patient Experience Domain			ient experience is an integral part of service provision and is reflected in that the monitoring of performance.	e way in which services are delivered. The organisation will involve patients and members of the public
	■ Back to instructions		ent or services and	the monitoring of performance.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	apt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
P5	Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	2. Good	3. Requires minimal improvement	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Monthly reporting of breaches of mixed-sex accommodation guidance Meetings and dialogue with CQC identifying improvements	25. BS 3998-1989 recommendations for tree work and AMD 6549 Horticulture 26. BS EN 12579-2000 Soil improvers and growing media - sampling 27. BS EN 12579-2000 Soil improvers and growing media - determination of pH Turf 28. BS 3969-1998 Recommendations for turf for general purposes 39. BS 4428-1999 Code of practice for general landscape operations14 (excluding hard surfaces). 30. Horticultural Trades Association guidelines on plant handling and establishment 31. BS 1129 Specification for portable timber ladders, steps, trestles and lightweight stagings British Standards Institution - HS 2037 Specification for portable aluminium ladders, steps, trestles and lightweight stagings British Standards Institution 32. BS EN 131 Ladders (Specification for terms, types, functional sizes; Specification for requirements, testing, marking; User instructions; Single or multiple hinge-joint ladders) British Standards Institute https://www.legislation.gov.uk/ukpga/194/37/contents https://www.legislation.gov.uk/ukpga/194/37/contents https://www.legislation.gov.uk/ukspa/194/37/contents/made https://www.legislation.gov.uk/uksi/1999/3242/contents/made
P5	3: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.legislation.gov.uk/ukpga/2007/19/contents https://www.legislation.gov.uk/uksu/2005/735/contents/made https://www.legislation.gov.uk/uksu/2005/735/contents/made https://shop.bsigroup.com/ProductDetail/?pid=0000000000001382025#;~-text=BS%203882%3A1994%20spec ifies%20requirements.in;%20stiw%20topsoil%20or%20subsoil. https://shop.bsigroup.com/ProductDetail/?pid=000000000000000000000000000000000000
P5	Capital cost to achieve compliance	£0	£0		https://shop.bsigroup.com/ProductDetail/?pid=00000000001635045 https://landingpage.bsigroup.com/LandingPage/Series?UPI=BS%20EN%20131
P5	Revenue consequences of achieving compliance	£0	£0		maps/minimigrage.sorg/sup/contr/candingl ago/contest of 1-20 /820E17/920101

1	IHS Premises Assurance Model: Patient Experience Domain ■ Back to instructions			tient experience is an integral part of service provision and is reflected in th d the monitoring of performance.	e way in which services are delivered. The organisation will involve patients and members of the public
Ξ	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Re		Rate the pron	npt question by down menus in mns below	Evidence (examples listed below) Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
Pé	P6: How does your organisation/site ensure that NHS catering standards are provided effectively and efficiently?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with Catering Services and also complying with Regulation 14. Safety aspects of food and catering are dealt with in the safety domain.	
Pee	Policy & Procedures Does the organisation have in place a policy for healthcare catering which is aligned to current National Standards for Healthcare Catering which has been reviewed via an MDT process within the last 3 years?	4. Requires moderate improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Internal structure to consider and action feedback 4. Adherence to confidentiality policy 5. Feedback to stakeholders and patients 6. Complaints Procedure 7. Benchmarking, KPIs and peer comparison process 8. Meetings and dialogue with CQC identifying improvements 9. Public/patient information e.g. handbooks, pre visit information	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 2. CQC Guidance for providers on meeting the regulations 3. National Specifications for healthcare cleanliness 2007 4. PAS:5748 5. NHS Estates (2000) Reducing food Waste in the NHS Department of Health. Better Hospital Food 6. Hospital Catering Association – Protected Mealtimes 7. Council of Europe Resolution food and nutritional Care in hospitals NHS England – 10 Key Characteristics of Good Nutritional Care in hospitals 2006 8. Food Service at Ward Level with Healthcare food and Beverage Service Standards – a guide to ward level services – 2009 9. Water for Health – Hydration Best Practice Toolkit for Hospitals and Healthcare 10. NHS Executive Hospital catering delivering a quality service. 11. NHS Code of Practice for the manufacture, distribution and supply of food, ingredients and food related
Pf	Regulation Does the organisation have a food and drink strategy as defined in the NHS Standard Contract	4. Requires moderate improvement	4. Requires moderate improvement	Review of relevant Policies and Procedures. Nutritional screening programme identifying patient at risk from malnutrition and dehydration	products. 12. Improving Nutritional Care – a joint action plan from the department of health and nutrition summit stakeholders 13. HCA Ward Service guide 14. British Dialectic Association Improving Outcomes through Food and Beverage Services Nutritional & Hydration digest 15. Sustainable procurement: the GBS for food and catering services
Pé	Choice The organisation provides a choice of nutritious and appetising food and hydration, in sufficient quantities to meet patients needs	4. Requires moderate improvement	3. Requires minimal improvement	Review of relevant Policies and Procedures.	Official Government Buying Standards (GBS) for food and catering services* 16. NHS Standards Contract 17. The NHS Hospital Food Review 2020 18. British Association for Parenteral and Enteral Nutrition - Mainutrition Screening Tool 19. Public Health England - Healthier and More Sustainable Catering Nutrition Principles
Pé	Equality issues Food and hydration meets any reasonable requirements arising from Equality issues e.g. from a patients religious or cultural background	2. Good	2. Good	Diversity considerations as set out in Policies and Procedures.	A Toolkit to Support the Development of a Hospital Food and Drink Strategy CQC Provider Handbooks https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents
Pé	5. Information Patients have accessible information about meals and the arrangements for mealtimes, access to snacks and drinks throughout the day and night and to have mealtimes that are reasonably spaced and at appropriate times.	3. Requires minimal improvement	3. Requires minimal improvement	Patient, visitor and staff charter	https://www.cqc.org.uk/files/guidance-providers-meeting-regulations https://www.gov.uk/government/news/hospital-cleaning-revised-specification-published https://www.bsigroup.com/en-Gd/about-bsimedia-centre/press-releases/2014/december/Standard-for- providing-a-clean-and-safe-hospital-environment-is-revised/ Reducing waste in the NHS: an overview of the literature and challenges for the nursing profession - PubMed (rihi.gov)
Pé	Ratient Led Assessment of the Care Environment (PLACE) Assessment The organisation has completed the PLACE assessment relating to catering services for all relevant sites and published a local improvement plan.	2. Good	2. Good	Completed PLACE assessments reviewed and actioned; PLACE training records	http://www.hospitalcaterers.org/publications/ https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/ https://www.hospitalcaterers.org/publications/ https://www.choiceforum.org/docs/dohplan.pdf http://www.hospitalcaterers.org/publications/ https://www.hospitalcaterers.org/publications/ https://www.bda.uk.com/uploads/assets/c2/4296fe-8b4d-4626-aeebb6cf2d92fccb/NutritionHydrationDigest.pdf
Pf	7. Other Assessments Is there a system/process in place, additional to PLACE assessments, to measure patients satisfaction with the service provided and is action taken on the results?	3. Requires minimal improvement	3. Requires minimal improvement	Engagement process and methodology Surveys and questionnaires Focus Groups Engagement feedback influencing services developments and improvements	https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services https://www.england.nhs.uk/nhs-standard-contract/ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929234/in dependent-review-of-nhs-hospital-food-report.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/H ospital-food_Panel_May_2016.pdf https://www.malnutritionselfscreening.org/self-screening.html https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-
Pé	Legal Standards Has the organisation complied with the estates related legally binding standards as detailed in the NHS Standard Contract	4. Requires moderate improvement	Requires moderate improvement	Review of policies and procedures to ensures compliance.	food-to-adults https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499745/To olkit_Feb16.pdf https://www.cqc.org.uk/sites/default/files/20150325_asc_residential_services_provider_handbook_march_15_update_01.pdf
Pé	9: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; I. Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0	£0 £0		

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	SAQ/Prompt Questions
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.
P1	P1: With regards to ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff can your organisation evidence the following?
P1	Views and Experiences Are people's views and experiences gathered and acted on to shape and improve the services and culture?
P1	Engagement Are people who use services, those close to them and their representatives actively engaged and involved in decision making?
P1	Staff Engagement Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?
P1	Prioritisation Do leaders prioritise the participation and involvement of people who use services and staff?
P1	Value Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?
D1	6: 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.
	Capital cost to achieve compliance



	■ ■ Back to instructions	l
	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P2	P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?	
P2	PLACE Assessment The organisation has completed the PLACE assessment relating to the care environment (estate) and estates related privacy and dignity issues, for all relevant sites and published a local improvement plan.	
P2	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction with the estate and related privacy and dignity issues and is action taken on the results?	
P2	3: 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.	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	

	■ Back to instructions	
	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P3	P3: With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?	
Р3	PLACE Assessment The organisation has completed the PLACE assessment relating to cleanliness for all relevant sites and published a local improvement plan.	
P3	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the cleanliness and is action taken on the results?	
P3	3. Cleaning Schedules Are Cleaning Schedules publicly available?	
РЗ	4: 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.	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



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	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P4	P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?	
P4	PLACE Assessment The organisation has completed the PLACE assessment relating to access and car parking for all relevant sites and published a local improvement plan.	
P4	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	
P4	3: 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.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	
P5	P5: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?	
P5	PLACE Assessment The organisation has completed the PLACE External areas assessment relating to Grounds and Gardens for all relevant sites and published a local improvement plan.	



SAQ/Prompt Questions	Comments
SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	
3: 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.	
Capital cost to achieve compliance	
Revenue consequences of achieving compliance	
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. 2. Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results? 3. 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. Capital cost to achieve compliance



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	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P6	P6: How does your organisation/site ensure that NHS catering standards are provided effectively and efficiently?	
P6	Policy & Procedures Does the organisation have in place a policy for healthcare catering which is aligned to current National Standards for Healthcare Catering which has been reviewed via an MDT process within the last 3 years?	
P6	Regulation Does the organisation have a food and drink strategy as defined in the NHS Standard Contract	
P6	Choice The organisation provides a choice of nutritious and appetising food and hydration, in sufficient quantities to meet patients needs	
P6	Equality issues Food and hydration meets any reasonable requirements arising from Equality issues e.g. from a patients religious or cultural background	
P6	S. Information Patients have accessible information about meals and the arrangements for mealtimes, access to snacks and drinks throughout the day and night and to have mealtimes that are reasonably spaced and at appropriate times.	
P6	Patient Led Assessment of the Care Environment (PLACE) Assessment The organisation has completed the PLACE assessment relating to catering services for all relevant sites and published a local improvement plan.	
P6	7. Other Assessments Is there a system/process in place, additional to PLACE assessments, to measure patients satisfaction with the service provided and is action taken on the results?	
	8. Legal Standards Has the organisation complied with the estates related legally binding standards as detailed in the NHS Standard Contract	
	9: 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.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	



	NHS Premises Assurance Model: Efficiency Domain The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements.					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	the drop dow	n manus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
F1	F1: With regard to having a well-managed approach to performance management of the estate and facilities operations can the organisation evidence the following?	Applicable	Applicable	HBN 00-08 Part A Section 2		
F1	Analysing Performance A process in place to analyse estates and facilities services and costs and if these continue to meet clinical and organisational needs?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	CQC Guidance For Providers KLOE Health Building Note 00-08 Developing an Estate Strategy Estates Return Information Collection Patient Lead Assessments of the Care Environment (PLACE)	
F1	Benchmarking A process in place to regularly benchmark estates and facilities costs?	3. Requires minimal improvement	3. Requires minimal improvement	Ongoing review of costs on a consistent basis that measures progress against established baseline position Benchmarking including the use of metrics and KPIs from suitable sources including: Estates Return Information Collection (ERIC) Contract/Service Level agreement KPIs Estate Strategy KPIs Energy and sustainability targets Cost Improvement Plan targets NHS Model Hospital	6. In patient Survey 7. NHS Premises Assurance Model Metrics Dashboard - RICS Real Estate 8. ISO 55000/01/02 Asset Management 2004 ISO 55000:2014 Asset management — Overview, principles and terminology" Assessment framework for healthcare services showing changes from 2015 (cqc.org.uk) https://www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08 https://www.gov.uk/government/publications/developing-an-estate-strategy https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection https://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/https://nhssurveys.org/surveys/survey/02-adults-inpatients/	
F1	3: 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. Capital cost to achieve compliance		Not applicable 0 £0		https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/https://www.iso.org/standard/55088.html	
	Revenue consequences of achieving compliance	£	03			

NHS Premises Assurance Model: Efficiency Domain	The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements.		
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Ref. SAQ/Prompt Questions SAQs in green shaded cells can be rated N/A in which case prompt question by using question scores are ignored. Ref. SAQs in green shaded cells can be rated N/A in which case prompt question by using the drop down menus in the columns below Ref. SAQs in green shaded cells can be rated N/A in which case prompt question by using the drop down menus in the columns below Relevant guidance and legislation The evidence should demonstrate compliance with the requirements in relevant legislation and guidance. The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
Ref. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Rate the prompt question by using the drop down menus in the columns below the drop down menus in the columns below the drop down menus in the columns below the drop down menus in the columns below fraction the prompt question by using the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed. The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
F2 improved efficiency in running estates and facilities services can the organisation evidence the following and is this in line with the ICS infrastructure strategy?	
1: Business Planning An effective and efficient estate and facilities business planning process in place? 4. Requires moderate improvement improvemen	
2: Estate Optimisation An effective and efficient process in place to ensure estate optimisation and space utilisation? 4. Requires moderate improvement moderate improvement	
3: Commercial Opportunities An effective and efficient process in place to identify and maximise benefits from commercial opportunities from land and property that support the main business of the NHS? 2. Good 2. Good 3. 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.	
4: Partnership working F2 An effective and efficient process in place to investigate and implement improvements through partnership working? 1. CQC Guidance For Providers KLOE 2. Health Building Note 00-08 - The efficient management of healthcare estates and facilities Health Building Note 00-08 Part B: Supplementary information for Part A 3. Developing an Estate Strategy	
5: New Technology An effective and efficient process in place to maximise the benefits from new technologies? 1. New Technology and Innovation - examples of product design or system implementation 2. IT strategy. 1. New Technology and Innovation - examples of product design or system implementation 2. IT strategy. 3. Solventials data data to distinct or distinct or distinct of the control o	
6: PFI and LIFT contracts An effective and efficient process in place to achieve value for money from existing PFI and LIFT contracts? 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps. 1. Date and outcome of PFI/PPP reviews and next steps.	
7: Other contracts An effective and efficient process in place to achieve value for money from existing other contracts? 1. Market testing and cost benchmarking of contracts. https://improvement.nhs.uk/resources/model-hospital/https://www.iso.org/standard/55088.html	
8. Property An effective and efficient process in place to record and managing property interest and leases held 3. Requires minimal improvement impr	
F2 Secondary Plans A robust methodology for identifying the delivery and implications of cost improvement plans 2. Good Secondary Secon	
10. 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. Not applicable Not applicable Not applicable 1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
Capital cost to achieve compliance £0 £0	
Revenue consequences of achieving compliance £0 £0	

NHS Premises Assurance Model: Efficiency Domain	NHS Premises Assurance Model: Efficiency Domain The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically						
■ Back to instructions			organisational requirements.				
SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments		
SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt the drop dow		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	Gomments		
F3: With regard to improved efficiencies in capital							
procurement, refurbishments and land management can the organisation evidence the following?	Applicable	Applicable	HBN 00-08 Part A Section 4.0				
Capital Procurement Capital procurement and refurbishment projects progressed in line with local standing orders and financial instructions and relevant procurement guidance, HM Treasury and DHSC and NHSE guidance.	2. Good	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;				
Capital project management Processes and procedures that ensure there are robust processes for the management of projects during construction including change control and lessons learnt/benefits realisation once projects are completed.	2. Good	3. Requires minimal improvement	Project governance documentation in line with capital management Track how many projects are delivered on time or late and track that these were delivered within budget Lessons learnt/benefits realisation and evidence of applying learning to subsequent projects				
3 Capital Procurement Efficiencies Capital procurement and refurbishment projects that actively seek efficiency such as through cost benchmarking, Building Information Modelling and repeatable designs?	2. Good	2. Good	Ongoing review of costs on a consistent basis that measures progress against established baseline position	3. Estates Return Information Collection (ERIC) 4. Building Cost information Service 5. Government Construction Strategy 6. ProCure22/ProCure23 guidance 7. Naylor Review: 8. Lord Carter Review: 9. NHS Long Term Plan: 10. NHS Net Zero Building Standard 11. Estates Net Zero Carbon Delivery Plan (NZCDP) 1. https://www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08 2. https://model.nhs.uk/ 3. https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection 4. https://www.rics.org/uk/products/data-products/bcis-construction/ 5. https://procure22.nhs.uk/ and https://procure22.nhs.uk/p23/ 7. https://procure22.nhs.uk/ and https://procure22.nhs.uk/p23/ 7. https://www.gov.uk/government/publications/naylor-review-government-responses*-taet=The%20Naylor%20review%20was%20a,response%20capitalises%20on%20those%20opportunities. 8. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals 9. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals 9. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals 9. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals 9. https://www.england.nhs.uk/publication/nhs-net-zero-building-standard/ 11. https://www.england.nhs.uk/publication/nhs-net-zero-building-standard/ 11. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117	2. NHS Model Health System 3. Estates Return Information Collection (ERIC) 4. Building Cost information Service		
Flexibility Capital procurement and refurbishment projects that actively seek flexible designs to accommodate changes in services?	2. Good	3. Requires minimal improvement	Consideration of innovative design and building options e.g. "New for Old".				
5. Identification and disposal of surplus land An effective and efficient process for the identification and disposal of surplus land?	2. Good	3. Requires minimal improvement	Benchmarking including the use of metrics and KPIs from suitable sources Surplus land identified in Annual Surplus Land Return, STP/ICS Estate Strategy, and EPIMS and shared through One Public Estate.				
6.Net Zero Carbon Do the Capital Procurement Capital procurement and refurbishment projects include plans to meet national NHS net zero carbon targets?	2. Good	3. Requires minimal improvement	Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Guidance) The organisation considers the NHS Net Zero Building Standard when undertaking construction and refurbishment projects (Please note - Building Standard is mandatory for certain projects)				
7: 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.	Not applicable	Not applicable	committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate;				
5 A s 6 D P 7 If m	. Identification and disposal of surplus land an effective and efficient process for the identification and disposal of arrplus land? . Net Zero Carbon to the Capital Procurement Capital procurement and refurbishment rojects include plans to meet national NHS net zero carbon targets? : Costed Action Plans any ratings in this SAQ are 'inadequate' or 'requires moderate or ninor improvement' are there risk assessed costed action plans in	. Identification and disposal of surplus land an effective and efficient process for the identification and disposal of urplus land? 2. Good urplus land? 2. Good urplus land? 2. Good urplus land? 2. Good urplus land? 3. Net Zero Carbon to the Capital Procurement Capital procurement and refurbishment rojects include plans to meet national NHS net zero carbon targets? 3. Good urplus land? 4. Good urplus land? 5. Good urplus land? 6. Net Zero Carbon land land land land land land land lan	Improvement Identification and disposal of surplus land an effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land? In effective and efficient process for the identification and disposal of surplus land. In effective and efficient process for the identification and disposal of surplus land. 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In effective and efficient process for the identification and efficient process for the identification and efficient pro	improvement improv	improvement options e.g. New for Oid Identification and disposal of surplus land officient process for the identification and disposal of urplus land? I. Benchmarking including the use of metrics and minimal improvement of the identification and disposal of urplus land? I. Benchmarking including the use of metrics and shared through One Public Estate Strategy, and EPIMS and shared through One Public Estate. I. Site Level Heat decarbonisation plans (targets in Delivery Plan (NZCDP) I. Site Level Heat decarbonisation plans (targets in Delivery Plan (NZCDP) I. Site Level Heat decarbonisation plans (targets in Delivery Plan (NZCDP) II. Site Level Heat decarbonisation plans (targets in Delivery Plan (NZCDP) III. Site Level Heat decarbonisation plans (targets in Delivery Plan (NZCDP) III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Couldance) III. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Couldance) III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation requirement within Green Plan Couldance III. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero Building Standard) III. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero Building Standard) III. 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	NHS Premises Assurance Model: Efficiency Domain		•	nce that space, activity, income and operational organisational requirements.	costs of the estates and facilities provide value for money, are economically	
	■ Back to instructions					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	the drop dow	question by using on menus in the ns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
	Revenue consequences of achieving compliance	£I	D £0			
F4	F4: With regard to having well-managed and robust financial controls, procedures and reporting relating to estates and facilities services can the organisation evidence the following?	Applicable	Applicable			
F4	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	Health Building Note 00-08 - The efficient management of healthcare estates and facilities NHS Standing Financial Instructions -These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by us.	
F4	2: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	3. Requires minimal improvement	2. Good	Internal Audits Financial controls and scheme of delegation Business Case procedure and Capital regime	3. Audit Commission Report 2004 - Achieving first-class financial management in the NHS 4. The Public Contracts Regulations 2015 5. The Bribery Act 2010 - Guidance (publishing.service.gov.uk)	
F4	3. Board reporting and contracting Is there comprehensive and regular reporting relating to estates and facilities services to the trust board highlighting performance, risks and issues. Are contracts in place for all estates and facilities services, documenting requirements with appropriate ability to terminate or manage poor performance and defined change control arrangements.	3. Requires minimal improvement	2. Good	Board reports Do you have robust change control and review of costs Contracts in place for all services with appropriate provisions for cost control and service incentivisation	6. Leading the fight against NHS Fraud, organisational strategy 2017-2020 -Standards for NHS Providers 2020-21 Fraud, bribery and corruption January 2020 7. HFMA Finance training modules https://www.england.nhs.uk/estates/health-building-notes/https://www.england.nhs.uk/publication/standing-financial-instructions/http://www.wales.nhs.uk/documents/FinanceinNHS_Report.pdf https://www.legislation.gov.uk/uksi/2015/102/contents/made https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832011/bribery-act-2010-guidance.pdf https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Providers_2020_v1.3.pdf https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance	
F4	4: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance	£	0£0			

	NHS Premises Assurance Model: Efficiency Domain			nce that space, activity, income and operational co organisational requirements.		
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	·	Rate the prompt questhe drop down me columns be	estion by using nenus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood,	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
	Revenue consequences of achieving compliance	£0	£0			
F5	F5: With regard to ensuring Estates and Facilities services are continuously improved and sustainability ensured can the organisation evidence the following?	Applicable	Applicable	SAQ taken from CQC KLOE W5. Prompt 6 can be cross referred to SAQ F1 and Patient Experience SAQs		
F5	Quality and Sustainability When considering developments to estates and facilities services or efficiency changes (including derogations from standards and guidance), is the impact on quality and sustainability and net zero carbon targets assessed, understood and monitored, before, during and after the development?	moderate mo	Requires oderate iprovement		CQC Guidance For Providers KLOE Health Building Note 00-08 The efficient management of healthcare estates and facilities Developing an Estate Strategy	
F5	Financial Pressure Are there examples of where financial pressures have negatively affected estates and facilities services?	minimal mo		1. Estates Incidents impacting on clinical care- ERIC returns, & feedback to EFM Division to NHS England and NHS Improvement.	4. Estates Return Information Collection (ERIC) 5. NHS Model Health System 6. Department of Health Ruilt Environment Key Performance Indicators (KPIs)	
F5	3. Continuous Improvement Do leaders and staff strive for continuous learning, improvement and innovation?	minimal mir	Requires inimal iprovement		Net Zero Guidance plan Assessment framework for healthcare services showing changes from 2015 (cqc.org.uk) https://www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08	
F5	4. Quality Improvements Are staff focused on continually improving the quality of estates and facilities services?	minimal mir	Requires inimal provement	PLACE scores; 2. Inclusion of quality assessments in Costed Action	https://www.gov.uk/government/publications/developing-an-estate-strategy https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns- information-collection https://model.nhs.uk/ https://improvement.nhs.uk/resources/model-hospital/ https://www.gov.uk/government/statistics/key-performance-indicators https://www.iso.org/standard/55088.html https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance https://www.foru.gov.uk/government/statistics/key-performance-indicators https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance https://gbr01.safelinks.protection.outlook.com/?url=https://s3A%2F%2F	
F5	Recognition Are improvements to quality and innovation recognised and rewarded?	2. Good 2. 0	Good	Staff suggestion scheme. Staff awards and recognition.		
F5	6. Use of Information Is information used proactively to improve estates and facilities services?	moderate mo	Requires oderate iprovement		www.england.nhs.uk%2Fgreenernhs%2Fa-net-zero-nhs%2F&data=05%7C02%https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://future.nhs.uk/connect.ti/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/long-read/green-plan-guidance/ https://tuture.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ https://www.england.nhs.uk/long-read/green-plan-guidance/	
F5	7: 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.		ot applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance		£0		<u> </u>	

ı	NHS Premises Assurance Model: Effectiveness Domain	The organisation pr	ovides assurance that	at it's premises and facilities are functionally suitable. sustainable and effective in suppor	ting the delivery of improved health outcomes.		
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	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation		
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		uestion by using the n the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
E1	E1: With regard to having a clear vision and a credible strategy to deliver good quality Estates and Facilities services can the organisation evidence the following and is this inline with the ICS infrastructure strategy?	Applicable	Applicable	SAQ is taken from CQC KLOE W1 and covers the estates and other related strategies as described in HBN 00-08 Part B section 2. Prompt 3 can be linked to SAQ PE1. Operational management is covered in SAQ S01			
E1	Vision and Values A clear vision and a set of values, with quality and safety the top priority?	2. Good	2. Good	Estates Strategy and related documents;	Developing an Estate Strategy document Health Building Note 00-08 The efficient management of healthcare estates and facilities Health building Note 00-08 The efficient management of healthcare estates and facilities (part A): Land and Property		
E1	Strategy A robust, realistic strategy for achieving the priorities and delivering good quality estates and facilities services?	3. Requires minimal improvement	3. Requires minimal improvement	Documentary evidence relevant to the prompt questions e.g. document articulating the vision such as mission statement	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		
E1	3. Development The vision, values and strategy has been developed with staff and other stakeholders?	3. Requires minimal improvement	3. Requires minimal improvement	Regular discussions/meetings/exchanges with interested parties; Integration of these discussions into Strategies and Visions/Values;	8. Healthcare providers: asset register and disposal of asset 9. Strategy development: a toolkit for NHS providers 10. Developing strategy What every trust board member should know 11Greener NHS » Delivering a net zero NHS		
E1	4. Vision and Values Understood Staff know and understand what the vision and values are?	3. Requires minimal improvement	2. Good	Feedback from staff to quantify their understanding of visions, values and strategy e.g. staff survey results;	12. NHS Estates Net Zero Carbon Delivery Plan Report 13. Net Zero Guidance plan https://www.gov.uk/government/publications/developing-an-estate-strategy		
E1	5. Strategy Understood Staff know and understand the strategy and their role in achieving it?	3. Requires minimal improvement	3. Requires minimal improvement	Feedback from staff to quantify their understanding of visions, values and strategy e.g. staff survey results;	https://www.england.nhs.uk/estates/health-building-notes/ https://shapeatlas.net/ https://shapeatlas.net/ https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/ https://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real-estate/uk-		
E1	Progress Progress against delivering the strategy is monitored and reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	Staff, Patient and stakeholder engagement and feedback Analysis of relevant complaints;	commercial-real-estate-agency-1st-edition-rics.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144216/Assets_in_ Action.pdf https://www.gov.uk/government/publications/healthcare-providers-asset-register-and-disposal-of-assets https://www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers		
	7: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	пот аррисаріе	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.gov.uk/government/publications/strategy-development-a-guide-for-nhs-foundation-trust-boards https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F% https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ https://www.england.nhs.uk/long-read/green-plan-guidance/		
E1	Capital cost to achieve compliance	£0	£0				
EI	Revenue consequences of achieving compliance	£C	ĐĐ				

	Ni	HS Premises Assurance Model: Effectiveness Domain	The organisation pro	ovides assurance tha	at it's premises and facilities are functionally suitable, sustainable and effective in support	ing the delivery of improved health outcomes.
	■ Back to instructions				<u> </u>	
		SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
R	ef.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt que drop down menus in	estion by using the the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
E	2 1	E2: With regard to having a well-managed approach to town planning can the organisation evidence the following?	Applicable	Applicable	SAQ measures compliance with HBN 00-08 Part B Section 3.0.	
E		Local Planning An effective and efficient process to participate in Local Planning matters?	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
E	2	Neighbourhood Planning An effective and efficient process to participate in Neighbourhood planning matter?	2. Good	2. Good	Involvement in town planning issues. Appropriate action when land and/or property is subject to compulsory purchase powers or potential or actual applications for registering as a town or village green	
E	2	3. Planning Control An effective and efficient process to participate in planning control process?	3. Requires minimal improvement	3. Requires minimal improvement	Involvement in town planning issues Trusts should be engaged with their ICBs regariding the local plan process. ICBs, alongside NHSE, are statutory consultees on local plans (but not planning applications). Refer to ICS infrastructure strategy guidance the guidance includes reference to local area energy plans and local nature recovery strategies, which will support town planning.	Health Building Note 00-08: The efficient management of healthcare estates and facilities Health building Note 00-08: The efficient management of healthcare estates and facilities - Part A Land and Property Appraisal Health Technical Memorandum 05 Fire code Estates Net Zero Carbon Delivery Plan
E	2	4. Special Interests An effective and efficient process to manage special interests (e.g. conservation areas, listed buildings etc.)?	2. Good	2. Good	The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings Preventing third parties gaining inappropriate rights over land and property Management of easement agreements Management of tenancy and other contractual arrangements Where non-NHS facilities are used for NHS patients, that policies to ensure NHS standards regarding the built environment are adopted and implemented	5.Health Technical Memorandum 07-02 6. Net Zero Travel & Transport Strategy https://www.england.nhs.uk/estates/health-building-notes https://www.england.nhs.uk/estates/health-building-notes/ https://www.england.nhs.uk/estates/health-technical-memoranda/ https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/
E	_	5. Enforcement An effective and efficient process to deal with any enforcement procedures served on the organisation?	4. Requires moderate improvement	4. Requires moderate improvement	Has there been any enforcement actions from the Local Planning Authority in the year and, if so, whether these have been satisfactorily resolved	
E	. 1	6: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
		Capital cost to achieve compliance				
		Revenue consequences of achieving compliance	£0	£0		

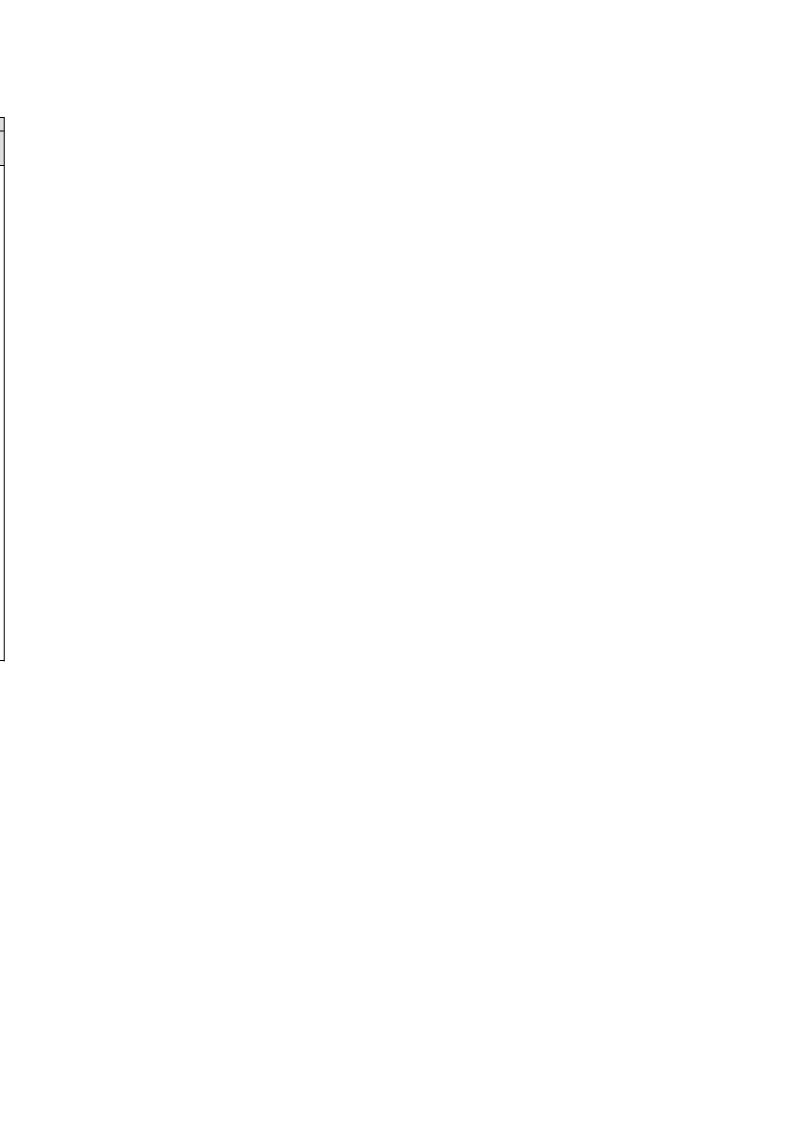
	NHS Premises Assurance Model: Effectiveness Domain					
The organisation provides assurance that it's premises and faciliti				at it's premises and facilities are functionally suitable, sustainable and effective in supporti	ng the delivery of improved health outcomes.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		estion by using the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
E3	E3: with regard to having a well-managed robust approach to management of land and property can the organisation evidence the following?	Applicable	Applicable	SAQ measures compliance with HBN 00-08 Part B Section 4.0 to 8.0		
E3	1: Disposal of land and property An effective and efficient process for the disposal of freehold/leasehold land and property?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Evidence of a short and long term estate strategy supporting clinical, financial and investment objectives. 4. Evidence of optimising utilisation of accommodation across the estate, the Sustainability and Transformation Partnership and Integrated Care Organisation footprint and with One Public Estate partners. 5. Evidence of masterplans for large sites which identify areas for retention, development and disposal 6. Involvement of District Valuer 7. Demonstration of re-investment of income. 8. Maintenance of an up-to-date and accurate property asset register 9. All statutory obligations to be identified and met 10. Preventing third parties gaining inappropriate rights over land and property 11. Management of easement agreements 12. Appropriate action when land and/or property is subject to compulsory purchase powers or potential or actual applications for registering as a town or village green 13. Where non-NHS facilities are used for NHS patients, that policies to ensure NHS standards regarding the built environment are adopted and implemented 14. The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings	Health Building Note 00-08 - The efficient management of healthcare estates and facilities Health Building Note 00-08: The efficient management of healthcare estates and facilities - Part A Land and roperty Appraisal RICS UK Commercial Real Estate Agency Standards. RICS Guidance Notes- Real Estate disposal and acquisition. Assets in Action Real estate management - 3rd edition, October 2016" Healthcare providers: asset register and disposal of asset Estates Net Zero Carbon Delivery Plan	
E3	2: Granting of Leases An effective and efficient process for the granting of leases?	2. Good	2. Good	Management of leases, tenancy and other contractual arrangements	https://www.england.nhs.uk/estates/health-technical-memoranda/ https://www.england.nhs.uk/estates/health-building-notes/	
E3	3: Acquisition of land and property An effective and efficient process for the acquisition of freehold/leasehold land and property?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3 Evidence of a short and long term estate strategy supporting clinical, financial and investment objectives. 4. Evidence of optimising utilisation of accommodation across the estate, the Sustainability and Transformation Partnership and Integrated Care Organisation footprint and with One Public Estate partners. 5. Evidence of masterplans for large sites which identify areas for retention, development and disposal 6. Involvement of District Valuer 7. Maintenance of an up-to-date and accurate property asset register 8. All statutory obligations to be identified and met 9. Preventing third parties retaining inappropriate rights over land and property 10. Management of easement agreements 11. The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings 12. Consideration of mandatory energy efficiency ratings.	https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/ https://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real-estate-agency-1st-edition-rics.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144216/Assetaction.pdf https://shapeatlas.net/ https://shapeatlas.net/ https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/uk-commercial-real-estate/gency/ https://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real-estate/real-estate-management-3rd-edition-rics.pdf https://www.gov.uk/government/publications/healthcare-providers-asset-register-and-disposal-of-assets	
E3	4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance? Capital cost to achieve compliance	£0				
	Revenue consequences of achieving compliance					

	NHS Premises Assurance Model: Effectiveness Domain	The organisation pr	ovides assurance the	at it's premises and facilities are functionally suitable, sustainable and effective in supporti	ng the delivery of improved health outcomes
	■ Back to instructions	The organisation pr	Ovides assurance lik	are promises and racinites are idiretionally suitable, sustainable and enective in support	ng the delivery of improved mealth editionies.
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		uestion by using the n the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
E4	E4: With regard to having a suitable Sustainability approach in place and being actioned.	Applicable	Applicable		
E4	1: Green Plan / Sustainability Strategy Has your Green Plan been approved by Board and submitted to the ICS / ICB	2. Good	3. Requires minimal improvement	1. The Green Plan / Sustainability Strategies published on the Trust's website and has been updated within the last 3 years 2. The organisation tracks its progress using the Green Plan Support Tool 3. The Green Plan / Sustainability Strategy names an executive lead for sustainability 4. The Green Plan / Sustainability Strategy states progress against carbon emission reduction targets in line with the 'Delivering a net zero NHS report' 5. Alignment with STP/ICS estates strategy; 6. Green Plan is published on the Trust's website & has been updated within the last 3 years 7. Green plan states progress against carbon emission reduction targets in line with national NHS net zero targets.	1. Greener NHS » Delivering a net zero NHS 2. NHS Estates Net Zero Carbon Delivery Plan Report 3. Net Zero Guidance plan 4. Net Zero Travel & Transport Strategy https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/ 1. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 2. https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ 3. https://www.england.nhs.uk/long-read/green-plan-guidance/ 4. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117
E4	2: Energy Is your energy usage, including heat, managed to fully deliver sustainability and effectiveness, and includes plans to meet national NHS net zero carbon targets?	3. Requires minimal improvement	3. Requires minimal improvement	1. The organisation has evidence of TM44 Air Conditioning System Assessments 2. Organisations which qualify for the EU Emissions Trading Scheme (EUETS) have an EUETS assessor and can demonstrate relevant annual reporting systems 3. Organisations with Combined (Cooling) Heat and Power Plant (CHP/CCHP) have a CHP Quality Assurance (CHPQA) Certificate for Climate Change Levy (CCL) exemption for each unit installed 4. The organisation has a current energy efficiency policy 6. Evidence that utility bills are checked and validated before payment 7. The organisation has rolled out smart metering across the estate, or has a programme to roll out within the next 3 years 9. Monthly meter readings are taken and recorded, and automated readings validated physically 10. The organisation employs a dedicated (spends > 50% of their time working on energy management activities) energy manager / responsible person for energy 11. The Organisation is compliant to HTM 07-02; Making Energy work in Healthcare 12. The organisation has plans in place to implement the actions outlined in the Estates Net Zero Carbon Delivery Plan Technical Annex. 13. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Guidance)	1. CIBSE TM44: Inspection of Air Conditioning Systems 2. EU Emissions Trading System 3. Combined Heat and Power Quality Assurance Programme 4. Making energy work in healthcare (Health Technical Memorandum 07-02) 5. ISO 50001 Energy Management 6. Estates Net Zero Carbon Delivery Plan (NZCDP) 7. NZCDP Technical annex 1. https://www.cibse.org/AirConditioning_1 2. https://www.gov.uk/guidance/chpqa-guidance-notes 4. https://www.gov.uk/guidance/chpqa-guidance-notes 4. https://www.england.nhs.uk/estates/health-technical-memoranda/ 5. https://www.iso.org/iso-50001-energy-management.html 6. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 7. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=151919557#
E4	3: Waste Are effective systems in place to minimise waste production and effectively dispose of it?	3. Requires minimal improvement	3. Requires minimal improvement	1.The organisation has a current waste management and minimisation policy 2.The organisation's Dangerous Goods Safety Advisor (DGSA) has reported within the last 12 months 3.The organisation can evidence completion of Pre-acceptance Audits? 4.The Trust can demonstrate processes to fulfil their Duty of Care for waste 5.The organisation holds regular contract review meetings 6.The organisation can evidence record receipt and review of monthly progress reports 7.The organisation holds regular operational meetings 8.The organisation conducts monthly independent audits of the service 9.The organisation maintains statutory waste records (disposal notes, destruction certificates) and compliance audits 10.The organisation can evidence staff waste 11.The organisation employs a dedicated (spends > 50% of their time working on waste management activities) waste manager / responsible person for waste 12.The organisation is compliant with HTM 07-01; Safe Management of Healthcare Waste 13. The organisation is compliant with the Clinical Waste Strategy 14. The organisation is compliant with the 20:20:60 split of Alternative Treatment, Incineration (clinical waste) and Offensive Waste volume	1. HTM 07-01; Safe Management of Healthcare Waste 2. NHS Clinical Waste Strategy 1. https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ 2. https://www.england.nhs.uk/publication/nhs-clinical-waste-strategy/

	NHS Premises Assurance Model: Effectiveness Domain	The every instinct on the	wides essurence the	at itte anguinge and facilities are functionally suitable anguingle and affective in compatiti	and the delivery of improved health systems
	■ Back to instructions	i ne organisation pro	ovides assurance tha	at it's premises and facilities are functionally suitable, sustainable and effective in supporti	ng the delivery of improved health outcomes.
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt que drop down menus in	estion by using the the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
E4	4: Air Pollution Does your Trust have policies and procedures in place to control air pollution and an overview of these procedures is included within the Green Plan?	2. Good	3. Requires minimal improvement	1.The organisation has completed the Clean Air Hospitals Framework Tool 2.The organisation has a Clean Air policy including anti-idling 3.The organisation has an action plan for tackling air pollution from its buildings 4. The organisation has an action plan for tackling air pollution from its own vehicles and those that visit the organisation's site(s) 5.The organisation keeps an FGAS register 6.The organisation has a plan for migrating to Zero Emission Vehicles 7. The organisation has an action plan to meet air pollution targets in the Long Term Plan	1. Clean Air Hospital Framework 2. Fluorinated gas (F gas): guidance for users, producers and traders 3. NHS Long Term Plan https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/air-pollution/ https://www.globalactionplan.org.uk/clean-air-hospital-framework/ https://www.gov.uk/government/collections/fluorinated-gas-f-gas-guidance-for-users-producers-and-traders
E4	5.: Travel & Transport Can the organisation evidence an effective and efficient process to ensure staff commuting, patient & visitor travel, and the organisation's own fleet are sustainable and meet the relevant guidance?	4. Requires moderate improvement	4. Requires moderate improvement	1. The organisation has a sustainable travel plan. 2. Zero emissions vehicles are integrated into procurement practices - in-line with Net Zero Travel & Transport strategy. 3. A staff travel survey is completed at least every 24 months. 4. The organisation has a parking policy covering staff, patient & visitor travel. 5. The organisation provides secure bike storage, changing facilities and good quality on and off-site walking and cycling routes. 6. The organisation considers sustainable transport, flexible working and route planning/optimisation in its business travel (or similar) policy. 7. The organisation reports to the Greener NHS Fleet Data Collection	Net Zero Travel & Transport Strategy https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/ 2. Health Technical Memorandum 07-03 NHS Car parking management, environment and sustainability 3. Delivering a Net Zero NHS https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/ https://energysavingtrust.org.uk/wp-content/uploads/2020/10/EST0018-001-EV-Guide-for-Fleet-Manager-WEB.pdf https://www.r-e-a.net/wp-content/uploads/2020/03/Updated-UK-EVSE-Procurement-Guide.pdf
E4	6.: Water Are water services efficiently and effectively delivered?	3. Requires minimal improvement	3. Requires minimal improvement	1.The organisation has a water efficiency policy 2.Monthly meter readings are taken and recorded, and automated readings validated physically 3. The organisation has plans in place to implement the actions outlined in the Estates Net Zero Carbon Delivery Plan Technical Annex.	1. Estates Net Zero Carbon Delivery Plan (NZCDP) 2. NZCDP Technical annex 1. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 2. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=151919557
E4	7.: Climate Change Adaptation Are risk assessments of the effects of climate change risk assessment and mitigation action implemented and include references to overheating, flooding and extreme weather events?	4. Requires moderate improvement	3. Requires minimal improvement	Carbon Delivery Plan Technical Annex.	1. Estates Net Zero Carbon Delivery Plan (NZCDP) 2. HBN 00-07 Resilience planning for the healthcare estate 3. Flood Risk Toolkit 4. NHS Climate Change Risk Assessment tool 5. Health and climate adaptation report 2025 1. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 2. https://www.england.nhs.uk/publication/resilience-planning-for-nhs-facilities-hbn-00-07/ 3. https://tabanalytics.data.england.nhs.uk/#/views/FloodRiskToolkit/TitlePage?=null&:iid=3 4.https://www.england.nhs.uk/publication/climate-adaptation-resources/ 5.https://www.england.nhs.uk/publication/health-and-climate-adaptation-reports/
E4	8.: Procurement Is all relevant procurement consistent with NHS England's net zero and sustainable procurement policies?	3. Requires minimal improvement	3. Requires minimal improvement	1.The organisation takes account of the NHS Net Zero Supplier Roadmap and reports against compliance with this through the quarterly Greener NHS data collection. 2.The organisation considers the NHS Net Zero Building Standard when undertaking construction and refurbishment projects.	1. NHS Net Zero Supplier Roadmap 2. Greener NHS quarterly data collection 3. Applying net zero and social value in the procurement of NHS goods and services (building on PPN06/20) 4. Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works (aligning to PPN06/21) 5. Evergreen Sustainable Supplier Assessment 6. NHS Net Zero Building Standard 1. https://www.england.nhs.uk/greenernhs/get-involved/suppliers/ 2. https://future.nhs.uk/sustainabilitynetwork/view?objectID=40822960 3. https://www.england.nhs.uk/greenernhs/publication/applying-net-zero-and-social-value-in-the-procurement-of-nhs-goods-and-services/ 4. https://www.england.nhs.uk/long-read/carbon-reduction-plan-requirements-for-the-procurement-of-nhs-goods-services-and-works/ 5. https://www.england.nhs.uk/nhs-commercial/central-commercial-function-ccf/evergreen/ 6. https://www.england.nhs.uk/publication/nhs-net-zero-building-standard/
E4	9: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?		Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
E4	Capital cost to achieve compliance	03 03			
L4	Revenue consequences of achieving compliance	£U	į žl	Л	

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E1	E1: With regard to having a clear vision and a credible strategy to deliver good quality Estates and Facilities services can the organisation evidence the following and is this inline with the ICS infrastructure strategy?	
E1	Vision and Values A clear vision and a set of values, with quality and safety the top priority?	
E1	Strategy A robust, realistic strategy for achieving the priorities and delivering good quality estates and facilities services?	
E1	3. Development The vision, values and strategy has been developed with staff and other stakeholders?	
E1	4. Vision and Values Understood Staff know and understand what the vision and values are?	
E1	5. Strategy Understood Staff know and understand the strategy and their role in achieving it?	
E1	Progress Progress against delivering the strategy is monitored and reviewed?	
	7: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
E1	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E2	E2: With regard to having a well-managed approach to town planning can the organisation evidence the following?	
E2	Local Planning An effective and efficient process to participate in Local Planning matters?	
E2	Neighbourhood Planning An effective and efficient process to participate in Neighbourhood planning matter?	
E2	3. Planning Control An effective and efficient process to participate in planning control process?	
E2	4. Special Interests An effective and efficient process to manage special interests (e.g. conservation areas, listed buildings etc.)?	
E2	5. Enforcement An effective and efficient process to deal with any enforcement procedures served on the organisation?	
E2	6: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



	◀ ■ Back to instructions	
	SAQ/Prompt Questions	Comments
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E3	E3: with regard to having a well-managed robust approach to management of land and property can the organisation evidence the following?	
E3	1: Disposal of land and property	
E3	2: Granting of Leases An effective and efficient process for the granting of leases?	
E3	3: Acquisition of land and property An effective and efficient process for the acquisition of freehold/leasehold land and property?	
E3	4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance? Capital cost to achieve compliance Revenue consequences of achieving compliance	



	Dack to instructions	Comments		
	SAQ/Prompt Questions	Comments		
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.			
E4	E4: With regard to having a suitable Sustainability approach in place and being actioned.			
E4	1: Green Plan / Sustainability Strategy Has your Green Plan been approved by Board and submitted to the ICS / ICB			
E4	2: Energy Is your energy usage, including heat, managed to fully deliver sustainability and effectiveness, and includes plans to meet national NHS net zero carbon targets?			
E4	3: Waste Are effective systems in place to minimise waste production and effectively dispose of it?			



	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
L4	4: Air Pollution Does your Trust have policies and procedures in place to control air pollution and an overview of these procedures is included within the Green Plan?	
E4	5.: Travel & Transport Can the organisation evidence an effective and efficient process to ensure staff commuting, patient & visitor travel, and the organisation's own fleet are sustainable and meet the relevant guidance?	
	6.: Water Are water services efficiently and effectively delivered?	
- 4	7.: Climate Change Adaptation Are risk assessments of the effects of climate change risk assessment and mitigation action implemented and include references to overheating, flooding and extreme weather events?	
E4	8.: Procurement Is all relevant procurement consistent with NHS England's net zero and sustainable procurement policies?	
	9: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
E4	Capital cost to achieve compliance	
E4	Revenue consequences of achieving compliance	



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				ional governance and assurance processes to er	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop de	opt question by own menus in the is below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
G1	G1. With regard to ensuring the Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and managed, can the organisation evidence the following?	Applicable	Applicable	SAQ is taken from CQC KLOE W2.	
	Framework There is an effective governance framework to support the delivery of the Estates and Facilities strategy and good quality services?	3. Requires minimal improvement	4. Requires moderate improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
G1	2. Roles Staff are clear about their roles and understand what they are accountable for?	4. Requires moderate improvement	4. Requires moderate improvement	Governance Structure Annual Plan/Programme Board Structure chart Committee terms of reference and minutes	
G1	3. Partners Working arrangements with partners and third party providers, e.g. PFI, are effectively managed?	2. Good	2. Good	Local sustainability and transformation partnership plans	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations CQC Guidance for providers on meeting the regulations
	Framework The governance framework and management systems are regularly reviewed and improved?	2. Good	3. Requires minimal improvement	Estate Strategy Standing Orders	NHS Constitution and Handbook to the NHS Constitution NHS Long Term Plan Quality Governance in the NHS Gov.uk - Quality governance in the NHS - A guide for provider boards
G1	5: Assurance There are comprehensive assurance system and service performance measures, which are reported and monitored, and action taken to improve performance	3. Requires minimal improvement	2. Good	Signed-of processes and procedures documentation, including risk register.	6. Monitor Code of Governance for Foundation Trusts 7. NHS TDA Delivering High Quality Care 8. NHS England » Green plan guidance 9. Monitor: Risk Assessment Framework for NHS Foundation Trusts 10. HSE five steps to risk assessment - INDG163 (rev 4) 06/11
G1	6. Monitoring 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).	4. Requires moderate improvement	4. Requires moderate improvement	Audit reports, peer and external reviews.	11. Developing strategy What every trust board member should know 12. Modern Slavery Act 2015 13. Public Services (Social Value) Act 2012 https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents https://www.cqc.org.uk/files/guidance-providers-meeting-regulations
G1	7. Audit There is a systematic programme of internal audit, which is used to monitor quality and systems to identify where action should be taken?	4. Requires moderate improvement	4. Requires moderate improvement	Surveillance Programme Audit Programme	https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for- england https://www.longtermplan.nhs.uk/ https://www.gov.uk/government/publications/quality-governance-in-the-nhs-a-guide-for- provider-boards
G1	Mitigation There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	2. Good	2. Good	management. 2. Corporate, current risk register in place, with an identifiable owner.	https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance Foreword: https://www.england.nhs.uk/wp-content/uploads/2013/10/keogh-qual- ltr.pdfhttps://gbr01.safelinks.protection.outlook.com/?url=https://s3A%2F% https://www.england.nhs.uk/long-read/green-plan-guidance/ https://www.gov.uk/government/publications/risk-assessment-framework-raf https://www.hse.gov.uk/pubns/INDG163.pdf https://www.gov.uk/government/publications/strategy-development-a-guide-for-nhs-
	9. Alignment There is alignment between the recorded risks and what people say is on their worry list'?	3. Requires minimal improvement	3. Requires minimal improvement	Evidence risks are passed into corporate risk	foundation-trust-boards https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted https://www.legislation.gov.uk/ukpga/2012/3/enacted
	10: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
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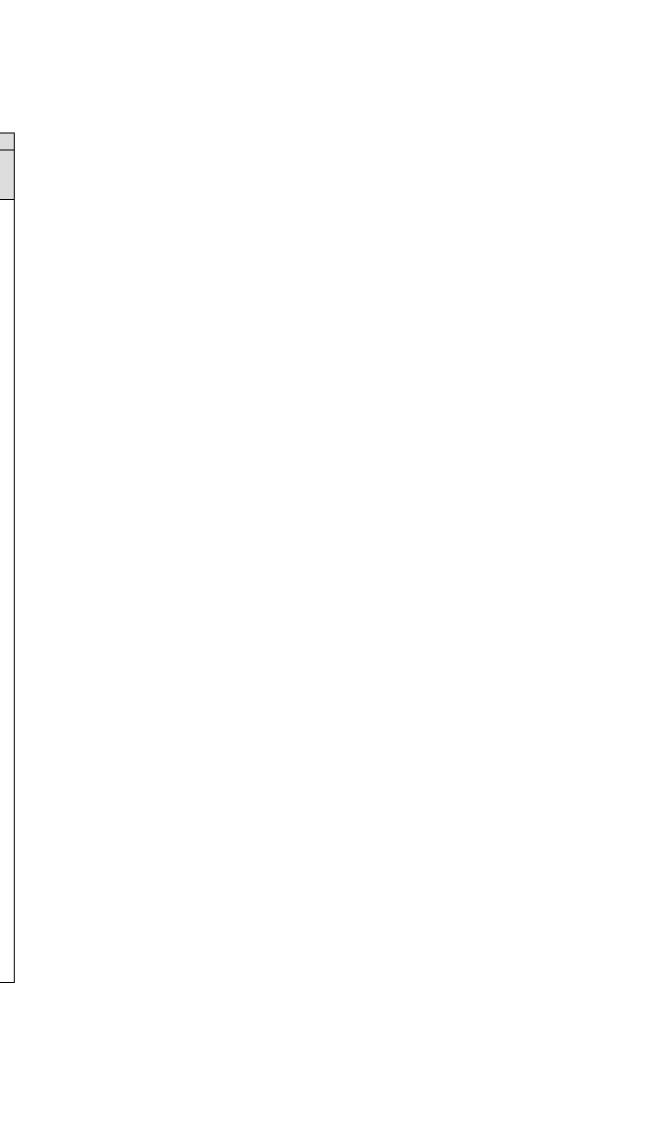
■ Back to instructions

	■ ■ Back to Instructions	INTIO BOAIUS AIIC	i embedded in im	ternal governance and assurance processes to er	isure actions are taken where required.
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
G2	G2: With regard to ensuring the Estates and Facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality estates and facilities services can the organisation evidence the following?	Applicable	Applicable	SAQ is taken from CQC KLOE W3.	
G2	Effectiveness Leaders have the skills, knowledge, experience and integrity that they need and have the capacity, capability, and experience to lead effectively – both when they are appointed and on an ongoing basis.	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Job specification and competencies	
G2	Challenges Leaders understand the challenges to good quality estates and facilities services and can identify the actions needed to improve.	4. Requires moderate improvement	4. Requires moderate improvement	Local and national staff surveys and feedback	
G2	3. Visibility Leaders are visible and approachable.	3. Requires minimal improvement	3. Requires minimal improvement	Organograms and structure charts	
G2	4. Relationships Leaders encourage appreciative, supportive relationships among staff.	Requires moderate improvement	4. Requires moderate improvement	Local and national staff surveys and feedback	
G2	5. Respect Staff feel respected and valued.	Requires moderate improvement	4. Requires moderate improvement	Local and national staff surveys and feedback	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations
G2	6. Behaviours Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority.	2. Good	4. Requires moderate improvement	Performance reviews Local and national staff surveys and feedback	CQC Guidance for providers on meeting the regulations CQC Regulation 20: Duty of candour (FS) NHS Long Term Plan Conduct for NHS Managers NHS Constitution and Handbook to the NHS Constitution
G2	7. Culture Is the culture centred on the needs and experience of people who use services?	4. Requires moderate improvement	4. Requires moderate improvement	Local and national staff surveys and feedback The organisation demonstrates that it undertakes a process to identify lessons from events and incidents, with a robust process for implementing the learning into new or amended organisational policy, procedure or ways of working	7. NHS complaints procedure in England SN / SP / 5401 24.01.14 "8. ISO 10002:2004 Quality management — Customer satisfaction — Guidelines for complaints handling in organizations" 9. NHS whistleblowing procedures in England SN06490 13.12.13 10. Public Interest Disclosure Act 1998 https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents https://www.cqc.org.uk/files/guidance-providers-meeting-regulations https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-
G2	8. Honesty The culture encourages candour, openness and honesty.	4. Requires moderate improvement	4. Requires moderate improvement	Local and national staff surveys and feedback	candour https://www.longtermplan.nhs.uk/ https://www.nhsemployers.org/~/media/Employers/Documents/Recruit/Code_of_conduct_for
G2	9. Safety & Wellbeing There is a strong emphasis on promoting the safety, health and wellbeing of staff.	4. Requires moderate improvement	4. Requires moderate improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Job specification and competencies	_NHS_managers_2002.pdf https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for- england https://www.england.nhs.uk/contact-us/complaint/
G2	10. Healthier workplace Promoting a healthier NHS workplace through cutting access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff.	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	https://www.iso.org/standard/35539.html https://www.england.nhs.uk/ourwork/whistleblowing/ https://www.gov.uk/government/publications/the-public-interest-disclosure-act
G2	11. Collaboration Staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality estates and facilities services.	4. Requires moderate improvement	4. Requires moderate improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
G2	12: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	03		1
	Revenue consequences of achieving compliance	£0	£0		

■ Back to instructions

	■ ■ Back to Instructions	NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where required.					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation		
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop do	pt question by own menus in the s below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
G3	G3: With regard to ensuring that the Organisations Board has access to professional advice on all matters relating to Estates and Facilities services can the organisation evidence the following?	Applicable	Applicable				
G3	Professional advice The organisation has adequately identified its requirements for Estates and Facilities related professional advice?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;			
G3	In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks?	2. Good	2. Good	Documented list of advisors Transparent process to appoint suitable advisors Suitable qualifications and experience of advisors			
G3	3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge?	3. Requires minimal improvement	2. Good	Documented list of advisors Transparent process to appoint suitable advisors Suitable qualifications and experience of advisors			
G3	4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable		Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;			
	Capital cost to achieve compliance						
	Revenue consequences of achieving compliance	£0	£0				

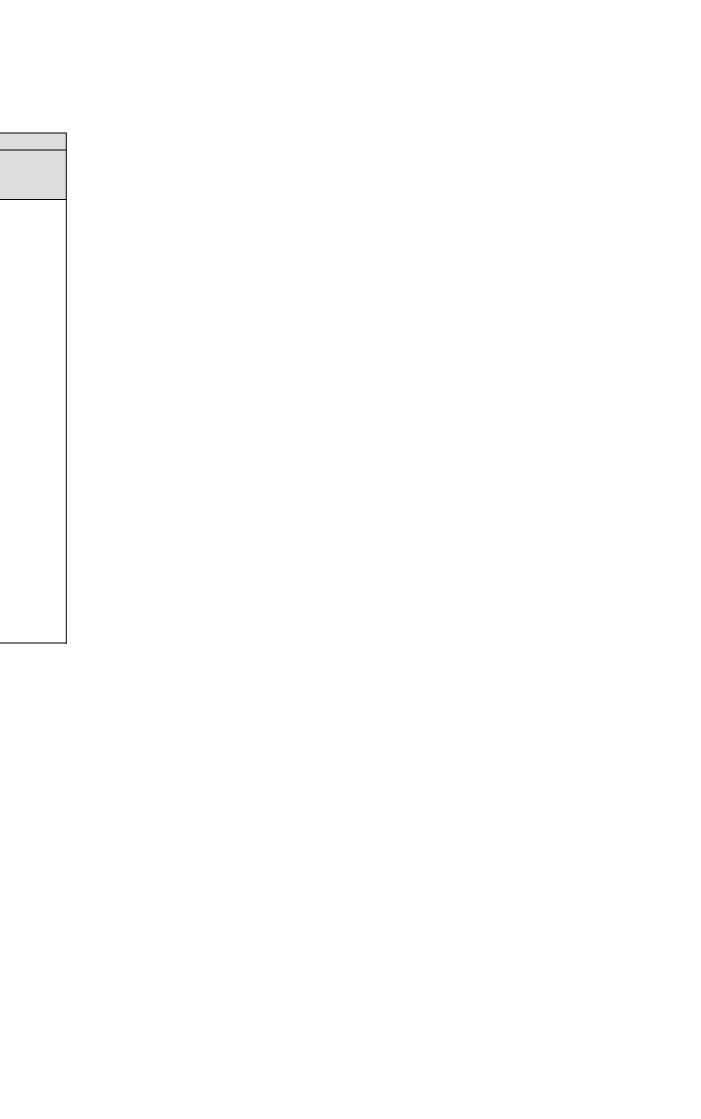
	SAQ/Prompt Questions	Comments
Re	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
G1	G1. With regard to ensuring the Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and managed, can the organisation evidence the following?	
G1	1. Framework There is an effective governance framework to support the delivery of the Estates and Facilities strategy and good quality services?	
G1	2. Roles Staff are clear about their roles and understand what they are accountable for?	
G1	3. Partners Working arrangements with partners and third party providers, e.g. PFI, are effectively managed?	
G1	The governance framework and management systems are regularly reviewed and improved?	
G1	5: Assurance There are comprehensive assurance system and service performance measures, which are reported and monitored, and action taken to improve performance	
G1	6. Monitoring 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).	
G1	7. Audit There is a systematic programme of internal audit, which is used to monitor quality and systems to identify where action should be taken?	
G1	8. Mitigation There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
G1	9. Alignment There is alignment between the recorded risks and what people say is 'on their worry list'?	
G1	10: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



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Staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality estates	G	Prom unhe	noting a healthier NHS workplace through cutting access to ealthy products on NHS premises, implementing food standards,	
	G	Staff const	f and teams work collaboratively, resolve conflict quickly and structively and share responsibility to deliver good quality estates	
12: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance? Capital cost to achieve compliance	G	If the minor	e organisation/site has any inadequate or requires (moderate or or) improvement ratings in this SAQ, are there risk assessed ed action plans in place to achieve compliance?	
Revenue consequences of achieving compliance				



Ref. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. 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? 1. Professional advice The organisation has adequately identified its requirements for Estates and Facilities related professional advice? 2. In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks? 3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4. Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minute) inprovement ratings in this SAQ, are there risk assessed		SAQ/Prompt Questions	Comments
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If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed	G3	Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of	
costed action plans in place to achieve compilance?	G3	If the organisation/site has any inadequate or requires (moderate or	
Capital cost to achieve compliance Revenue consequences of achieving compliance			



How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations. How the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where

	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case	Rate the prom	pt question by	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited	The evidence should demonstrate compliance
	prompt question scores are ignored.		down menus in	evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	with the requirements in relevant legislation and guidance.
н1	Confirmation of Safe Helipad Operations The Trust must demonstrate that it has established processes to ensure the safe and efficient operation of its helipad in accordance with CAP 1264 guidance 1. Does your NHS organisation have a Hospital Helipad Landing Sites (HHLS)? If the answer is "No", then no further answers on this Domain are required. If the answer is "Yes" all the SAQ below must be answered.	un soum	Yes		https://www.caa.co.uk/cur-work/publications/documents/content/cap1264/
H1	How many primary HHLS does the trust have operating? (Primary HHLS are directly controlled by the NHS organisation).		1		
H1	How many secondary HHLS does the trust utilise? (Secondary HHLS are those not directly controlled by the NHS organisation, but used regularly.)		1		
Н1	4. Who is the Accountable Manager (AM) for your HHLS? - Name		David May	Job Description and annual appraisal.	
H1	5. AM Email address		davidmay1@nh s.net		
H1	6. AM Telephone number		01482 468011		
Н1	7. AM Job Title		Deputy Head of Facilities (Logistics)		
н1	8. Hospital Operations Manual (HOM) Do you have an up-to-date and approved HOM for all your sites? It is owned by the Accountable Manager (AM) and can be delegated to the HHLS Responsible Person (RP) where required and sets the standards, procedures and best practise of the Heliports Operation and Maintenance		Yes		CAP 1264 Chapter 1 HOM Template provided by NHS England.
н1	Risk Assessment and Mitigation Strategies for Helipad and Estates is there an up-to-date Risk Assessment in place, undertaken by a competent person alongside the Responsible Person/Accountable Manager? HHLS Risk Assessment be carried out annually or sooner if a reportable incident or near miss occur.		Yes	Risk assessment and related documentation.	CAP 1264 Chapter 3.
н	 Where Coast Guard Search and Rescue (SAR) landings take place on the HHLS. Have you provided a signed letter from your Chief Executive confirming responsibility for the safety of the site in the appropriate format? 		no		NHS England
н1	11. Resillence, Emergency & Business Continuity Planning. Are the HHLS integrated into the Organisation's resilience, emergency, business continuity and escalation plans both for the organisation itself and for the region?		Yes		
Н1	12: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?		no		
Н1	13. Collaboration Has the organisation in undertaking the risk assessment processes collaborated with helipad users, fire and rescue services re pre-determined site attendance and police with regard to safety & security (in particular terrorism threat) and staff members whose role includes receiving patients from/transferring a oatlent to, a helicoteer.		Yes		
н1	14. 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.		no	Detailed Action Plans: Outlining investments needed for compliance with the NHS Premises Assurance Model (PAM), including specific steps, timelines, and responsible parties. Financial Documentation and Risk Assessments: Detailed cost estimates and risk assessments for areas needing improvement. Board and Committee Escalation Evidence: Documentation showing board-level awareness and action plan discussions. Budget Inclusion Proof and Prior Investment. Assessment: Evidence of budgetary allocation for actions and analysis of the impact of previous investments. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement. Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	

			Capital Cost Analysis and Legislative Alignment.	
			Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	
			Post-Implementation Review Plan: Outline for evaluating helipad performance and impact after implementation.	
			Revenue Implications of NHS Helipad Improvements	
н	Capital cost to achieve desired improvements/outcomes	no	Cost-Benefit Analysis and Comparative Case Studies: Financial analysis of improvements and case studies from similar healthcare facilities.	
			Regulatory Compliance and Projected Revenue Impact Reports: Documentation on compliance with laws and projected revenue changes.	
			Stakeholder Feedback and Performance Metrics: Input from various stakeholders and clear metrics for evaluating improvement outcomes.	
			Risk Analysis and Sustainability Assessments: Financial risk identification and assessments of long term sustainability.	
Н1	Revenue consequences of achieving desired improvements/outcomes	no		

To Replace the below

	SAQ/Prompt Questions	2022-23	2023-24	Evidence (examples listed below)	Relevant guidance and legislation
R	f. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	npt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
н	H1. Confirmation of Safe Helipad Operations and Evidencing Planning and Implementation Practices: Can the organisation confirm they have processes in place to safely maintain the operation of their helipad? The Trust must demonstrate that it has established processes to ensure the safe and efficient operation of its helipad. This includes evidencing the planning and implementation of the helipad, with clearly defined responsibilities about quality, performance, and risk management. The organisation should also be able to evidence the planning and implementation of a helipad with clear responsibilities for quality, performance and risks, can the organisation evidence the following?	Not applicable	Not applicable	Documented Safety Protocols and Procedures These documents should detail safety protocols for helipad operations, including emergency procedures, maintenance schedules, and guidelines for safe landings and take-offs. **Maintenance Records Regular helipad maintenance is essential. Logs and records must show consistent inspections and upkeep to required standards. **Training Records of Personnel Ensure all helipad personnel, ground staff, and emergency teams, are trained and qualified. Training records must confirm staff adherence to current safety practices and procedures. **Risk Assessment Documentation Ensure all helipad personnel, ground staff, and emergency teams, are trained and qualified. Training records must confirm staff adherence to current safety practices and procedures. **Risk Assessment Documentation but regular risk assessments for helipad operations, identifying and mitigating potential hazards. **Quality and Performance Monitoring Records Documentation should demonstrate the monitoring and evaluation of helipad operations, including incident logs, response times, and corrective actions taken. **Quality and Performance Monitoring Records Documentation should demonstrate the monitoring and evaluation of helipad operations, including incident logs, response times, and corrective actions taken. **Quality and Performance Monitoring Records Documentation operational manuals confirming procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for	
н	1. Compliance Assessment and Policy Review: Adherence to CAPT264 and Downwash Helipad Considerations in the Trust: Policy, Procedures and Compliance: is the organisation compliant and does the organisation have a current, approved policy and an underprinning set of procedures that comply with CAPT264? The Trust should have a responsible person able to demonstrate and a documented evidence/policy in relation to Downwash helipad factors and considerations within the Trust.	Not applicable	1. Outstanding	CAP1264 Compliance and Operations: The Trust must have documentation proving its helipad design and operations comply with CAP1264 standards. This includes assessing the helipad's layout, safety features, and protocols. Approved Helipad Policy: A regularly reviewed helipad policy, in line with CAP1264 guidelines, should be established. It should encompass emergency procedures, maintenance, and staff training. Documented Evidence/Policy for Downwash Considerations: Downwash Factors Records and analyses are needed to manage helicopter downwash, a key safety concern in helipad design and operations, in accordance with CAP1264. Responsibility and Documentation Appoint a responsibile preson or team knowledgeable in CAP1264 to oversee helipad operations. Their role includes managing documentation related to downwash, including risk assessments, mitigation strategies, and staff training. Regular Audits and Reviews Conduct Requent audits one surve the Trust's helipad policies and procedures remain compliant with CAP1264. These should review downwash management and adapt to changes in helicopter technology or operational practices.	

н	2. Roles and Responsibilities Ensuring Qualified Personnel and Clear Governance Does the Organisation have appropriately qualified, trained, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? When developing the policy and procedures have you consulted with internal and external stakeholders? The Trust should have a responsible person and a documented evidence/policy in relation to general helipad factors and considerations within the Trust.	Not applicable	1. Outstanding	Governance Structure Documentation This should outline the overarching framework within which helipad operations are conducted. It includes details on decision making processes, accountability and how different roles within the organisation contribute to helipad management. Organisational Structure Chart This chart should visually represent the hierarchy and reporting lines relevant to helipad operations. It clarifies who is responsible for what, ensuring that roles and responsibilities are clearly defined and understood. Post Profiles and Training Records Detailed job descriptions for each role involved in helipad operations, along with records of individual training, are crucial. These profiles should include specific qualifications, competencies, and experience required for each position. Training records prove that staff members have been adequately trained for their roles. Evidence of Training and Development Documentation should be provided to show that all staff involved in helipad operations have received proper training. This includes training that meets safety, technical, and quality requirements. Evidence may include certificates, course completion records, and ongoing professional development logs. Specific Training Certifications For instance, the CAA training for Hospital Helipad - Aviation Awareness. This specialised training, offered by the UK Civil Aviation Authority (CAA), ensures that staff is aware of aviation-specific considerations and safety practices related to helipad operations.			
				To ensure comprehensive compliance, the Trust should have a designated responsible person who can present and manage these documents. This individual should be well-versed in the operational aspects of the helipad and the regulatory environment. They should also be capable of liaising with both internal and external stakeholders to ensure that all policies and procedures are up-to-date, effective, and widely understood. Regular consultations with stakeholders, including emergency services, aviation experts, and hospital staff, are vital for maintaining a safe and efficient helipad operation.			
н	Risk Assessment and Mitigation Strategies for Helipad and Estates In relation to this, has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	Not applicable	Not applicable	Documentator history Assessment region? This should include a comprehensive risk assessment of the helipad and surrounding estate. The report should detail identified risks, the likelihood of occurrence, potential impact, and the scoring methodology used to prioritise risks. Mitigation Strategies and implementation Evidence Documentation should be provided showing the specific risk mitigation strategies that have been applied. This could include engineering controls, procedural changes, training programs, or any other relevant measures. Evidence of implementation might include records of changes made, training completed, or equipment installed. Regular Review and Update Records Compliance requires not just a one-time assessment but ongoing monitoring and reassessment of risks. Documentation should show how often the risk assessment is reviewed and updated and how mer risks or changes in the environment are incorporated. Alignment with Civil Aviation Authority Standards Evidence should be presented that the organisation's risk assessment and mitigation strategies are in line with the Civil Aviation Authority's Standards for helicopter Evidence should be presented that the organisation's risk assessment and mitigation strategies are in line with the Civil Aviation Authority's Standards for helicopter Evidence should be presented that the organisation's risk assessment and mitigation strategies are in line with the Civil Aviation Authority's Standards for helicopter Evidence of the helipad and related facilities can provide evidence of compliance. These reports should detail the findings of the audits, any non-compliances identified, and how these were addressed. Incident and Accident Records Records of any incidents or accidents related to the helipad should be maintained. This includes how these incidents were investigated and what measures were taken to provent recurrence. Stakeholder Consultation Records Documentation of consultations with stakeholders, including hospital staff, emergency services, and av			
	Risk assessment - Regulatory Differences between Ground-Based and Elevated Helipads When conducting fire risk assessments and ensuring compliance with relevant guidelines for NHS helipads, please confirm the Trust understands the distinct regulatory considerations for ground-based and elevated helipads.		5. Inadequate	Ground-Based Helipads Accessibility. Ground-based helipads typically offer easier access to emergency services and fire-fighting equipment. This accessibility needs to be factored into the risk assessment and militigation strategies. Surrounding Environment The assessment must consider the immediate environment around the helipad, including the types of surfaces (grass, concrete, etc.) and nearby structures or natural features that might influence fire risk. Elevated Helipads (such as on rooftops) Structural Integrity Elevated Helipads require careful assessment of the building's structural integrity to support the helipad's weight, especially during fire emergencies. Evacuation Routes Special attention must be given to evacuation routes and emergency access, as elevated helipads may present more challenges in these areas compared to ground-based helipads. Wind and Weather Conditions Elevated helipads are more exposed to wind and other weather elements, which can impact fire behaviour. This must be considered in the fire risk assessment. Fire Suppression System Due to their location, elevated helipads may require specialised fire suppression systems that are effective at higher elevations and in potentially limited spaces. In both cases, the NHS Trust should ensure compliance with the Civil Aviation Authority's standards (CAP 1264) and incorporate specific guidelines for each type of helipad into their overall fire risk management strategy. Regular training, emergency drills, and clear documentation are crucial components of this strategy, regardless of the helipad type.			

Possible updates to follow 2023/24

Н1	5. NHS Helipad Fire Risk Assessment and Compliance Guidelines Has there been a specific fire risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? Has this assessment taken into account the helipad and the potential healthcare buildings in its curtilage in addition the Trust should have a responsible person and a documented evidence/policy in relation to Fire risk regarding helipad factors and considerations within the Trust.	Not applicable	Specific Fire Risk Assessment for the Helipad Area The NHS Trust should conduct at thorough fire risk assessment specifically for the helipad area. This assessment should consider all potential fire hazards associated with helicopter operations, including flut, electrical systems, and potential ignition sources. The assessment should also consider the unique characteristics of the helipad, such as its location, size, and proximity to healthcare buildings and other infrastructure. Regular Review and Update of the Fire Risk Assessment The fire risk assessment should not be a one-time activity. It needs to be regularly reviewed and updated to reflect any changes in the operating environment, new helicopter models, or changes in surrounding infrastructure. Regular reviews ensure that any new risks are identified and mitigated promptly. Risk Mitigation Strategies Based on the findings of the fire risk assessment, the Trust should implement appropriate risk mitigation strategies. These might include fire suppression systems, emergency response plans, and safely protocols for fuel handling and storage. The effectiveness of these miligations strategies should be regularly tested and evaluated. Documentation and Policy The Trust should maintain comprehensive documentation of the fire risk assessment process, including the findings, decisions made, and actions taken. This documentation serves as evidence of compliance with relevant guidelines and legislation. There should also be a clear policy outlining the responsibilities and procedures related to fire risk management at the helipad. Responsibility and Training The Trust should diseignate a responsible person or team to oversee fire safety at the helipad. This individual or team should have the necessary training and expertise in fire risk and straining and expensibility and training The Trust should diseignate a responsible person or team to oversee fire safety at the helipad. This individual or team should have the necessary training and expertise in fire ris	
Н1	Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans withh have ben't formulated and tested with the appropriately trained staff in relation to helipad and the estate.	2. Good	Business Continuity Audit Reports for Helipads: These reports analyse an organization's capacity to maintain operations amidst major disruptions like natural disasters or cyber attacks, with a focus on helipad operations and continuity measures. Trust's Incident Response Plan for Helipads: A detailed plan outlining response procedures for incidents impacting the helipad, including emergency medical situations and natural disasters. Committee/Group Terms of Reference: Document detailing the responsibilities of the committee overseeing the helipad's emergency and business continuity plans, including test frequency, scope, and review processes. Corporate Risk Register for Helipad Operations: A comprehensive list of risks related to helipad operations, detailing the nature, likelihood, impact, and mitigation measures for each risk, regularly updated and maintained by an assigned owner. Board-Approved Risk Management Strategy: A strategy document outlining the approach to managing helipad risks, aligning with the organization's broader risk management policies, and subject to periodic review. Board-Signed Incident Response and Business Continuity Plans: Documents detailing emergency response and continuity strategies for the helipad, indicating organizational commitment to preparedness and safety. Stakeholder Collaboration in Risk Assessment and Meeting Records: Documentation evidencing collaboration with stakeholders, including helipad users, emergency services, and staff, in risk assessment processes, and minutes from meetings discussing safety, security, and operational procedures. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement.	
Н1	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures? 8. Collaboration	1. Outstanding	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Receiving, checking and authorising invoices for payment for additional services; 4. Monitoring Contractors' approach to receiving defeats. 5. Proceim softy and dispute prevention and preceiving and expecting and expecting and expecting and received a	
Н1	Has the organisation in undertaking the risk assessment processes collaborated with helipad users, fire and rescue services repreciterimed site attendance and police with regard to safely & security (in particular terrorism threat) and staff members whose role includes receiving patients from/transferring a patient to, a helicopter	3. Requires minimal improvement		
Н1	9. 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. Not applicable place to achieve compliance?	1. Outstanding	Detailed Action Plans: Outlining investments needed for compliance with the NHS Premises Assurance Model (PAM), including specific steps, timelines, and responsible parties. Financial Documentation and Risk Assessments: Detailed cost estimates and risk assessments for areas needing improvement. Board and Committee Escalation Evidence: Documentation showing board-level awareness and action plan discussions. Budget Inclusion Proof and Prior Investment Assessment: Evidence of budgetary allocation for actions and analysis of the impact of previous investments. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement. Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	
Н1	Capital cost to achieve desired improvements/outcomes £0	93	Capital Cost Analysis and Legislative Alignment Detailed Cost-Benefit Analysis: Breakdown of costs and benefits of helipad improvements, including patient care and operational efficiency. Post-Implementation Review Plan: Outline for evaluating helipad performance and impact after implementation. Revenue Implications of NHS Helipad Improvements	

Ref.	Revenue consequences of achieving desired improvements/outcomes		£0	Cost-Benefit Analysis and Comparative Case Studies: Financial analysis of improvements and case studies from similar healthcare facilities. Regulatory Compliance and Projected Revenue Impact Reports: Documentation on compliance with laws and projected revenue changes. Stakeholder Feedback and Performance Metrics: Input from various stakeholders and clear metrics for evaluating improvement outcomes. Risk Analysis and Sustainability Assessments: Financial risk identification and assessments of long term sustainability.		
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This one!

Facilities Management (FM) Maturity

This section has been added as part of a wider Government estate process, NHSE Trusts are asked to support the wider property function across government

			Scoring	1	2	3+		
		Q1 How integrated is facilities management - Soft Services?	3+	Soft services is devolved around the organisation without a central "controlling mind".	A central team exists that manage a range of core buildings directly but are not fully integrated	Soft services is integrated with a clear centre of expertise with delivery coordinated centrally		
			Scoring	1	2	3+		
Integrated	Integrated Leadership	Q2. How integrated is facilities management - Hard Services?	3+ Scoring	Hard services is devolved around the organisation without a central "controlling mind".	A central team exists that manage a range of core buildings directly but are not fully integrated	Hard services is integrated with a clear centre of expertise with delivery coordinated centrally 3+		
		Q3. How integrated is Property Leadership?	3+	FM works in a silo, reactive to demand with little engagement with wider property leadership	FM links in some what with construction, design and asset management teams, but gaps remain.	leadership across the wider property function is integrated and aligned. Total cost of ownership is considered and understood across all aspects of asset lifecycle.		
			Scoring	1	2	3	4	5
	CAFM	Q4. How integrated are your FM Management IT Systems?	3	No CAFM, basic spreadsheets or similar used to monitor and manage FM.	Several systems in use, e.g. asset management system, CAFM, finance system, supplier system. Limited or no integration. Multiple versions of the truth.	A combination of systems are used between departments and suppliers, but a recognised master system is in place, showing one version of the truth.	An integrated CAFM is in use holding all but financial data, which is held in corporate finance system.	Organisation has a single, integrated CAFM system holding a single version of the truth, with other key systems feeding into a master system.
			Scoring	1	2	3	4	5
	Partnership & Transparency	Q5 - How closely does FM management work with the FM delivery organisation(s)?	3	Minimal, adversarial relationship	Weekly or monthly meeti	Regular, joint meetings held taking both a backwards look at performance and a forward look at opportunity for improvement and upcoming changes	Genuine partnership, both sides work in an open and honest way to improve service delivery, built on trust. Very little discussion on poor performance or penalties.	A fully open and trusting relationship, working both ways to improve performance and value
			Scoring	1	2	3+		
Collaborative		Q6 - How strategic and effective are supplier relationships?	3+	Supplier relationships are transactional only.	A supplier relationship model (SRM) is in place (See CCS)	Open and honest conversations about what can be done both sides to improve outcomes. Service plans are jointly developed with each party inputting to one another. Topics such as profit, overheads, investment and supplier sustainability are openly discussed. An effective SRM model is in place.		
			Scoring	1	2	3+		
		Q7 - How transparent is FM delivery between the management organisation and delivery organisation?	3+	No transparency regarding performance or cost.	Data held by supplier but	Organisation has real time access to key data in a transparent and open way and is regularly audited.		
			Scoring	1	2	3+		
		Q8 - Does the FM team collaborate outside of the management organisation?	3+	Little engagement with wider government departments, occasional attendance at events or key meetings.	Actively involved in cross	In addition to formal cross gov groups, work closely with equals and leadership in other government departments to share best practice and go develop solutions, driving continuous improvement and innovation.		
			Scoring	1	2	3	4+	
	ı		Ocorning	1		3	71	

	Compliance	Q9 - How effective is your hard compliance management approach? Q10 - How effective is your soft compliance management	3 Scoring	Limited compliance monitoring. Majority of compliance sits supplier side with little departmental oversight. Different approaches used in different approaches used in different politiques or parts of the organisation. No agreed, defined specification or policy. Limited compliance monitoring. Majority of compliance sits supplier side with fittle departmental oversight. Different approaches	Most compliance activity is done supplier side and suppliers retain key info. Key risk items are held by department for oversight. Compliance data is regularly validated. 2 Most compliance activity is done supplier side and suppliers retain key info. Key risk items are held by deeatment for held by deeatment for held by deeatment for	Able to evidence compliance on high risk items (Asbestos, Water, Fixed Wring, Fire, Gas, Lifts). Wider compliance held client side but regularly validated with robust QA. Able to evidence compliance on high risk items (security, risk assessments, data). Wider compliance held wider compliance held wider compliance held wider compliance held wider compliance held wider compliance held wider compliance held wider compliance held wider compliance held security risk assessments, data).	Able to prove compliance. Compliance reporting and monitoring is done in a regular basis, data is complete. Governance in place to ensure continued compliance and spot potential risks. Department has full visibility of compliance data and is validated through robust QA. 4+ Able to prove compliance. Compliance reporting and monitoring is done in a regular basis, data is complete. Governance in place to ensure	5
		approach?		used in different buildings or parts of the organisation. No agreed, defined specification or policy.	oversight. Compliance data is regularly validated.	client side but regularly validated with robust QA.	continued compliance and spot potential risks. Department has full visibility of compliance data and is validated through robust QA.	
Delivery Excellence	Standards and Best Practice	Q11 - How well standardised is FM management in line with industry best practice? (E.g. ISO)	Scoring 3+	1 No use or monitoring of standards and industry best practice. No feedback mechanism in place for service users, demand organisation or service provider to gaue user satisfaction. Outdated or inflexible specifications used, requiring complex and slow change control.	Use of some industry standards, but less maturity on other aspects	3+ Full awareness of standards and industry best practice. Strong understanding of how to meet standards within scope of service agreement. Incentivisation and robust monitoring in place to ensure standards are met.		
	Standards and Best Practice		Scoring	1	2	3+	,	
		Q12 - How well standardised is FM delivery in line with industry best practice? (E.g. SFG20, CCS)	3+	No use or monitoring of standards and industry best practice. No feedback mechanism in place for service users, demand organisation or service provider to gauge user satisfaction. Outdated or inflexible specifications used, requiring complex and slow change control.	Use of some industry standards, such as SFG20 but less maturity on other aspects.	Full awareness of standards and industry best practice. Strong understanding of how to meet standards within scope of service agreement. Incentivisation and robust monitoring in place to ensure standards are met.	Department has full visibility of compliance data and is validated	
		Q13 - How well defined are FM roles and responsibilities within Hard Services?	Scoring 3+	Duplication of services or gaps through unclear supplier responsibilities. Siloed, focused on single function etc. Poorly trained staff (undertaking tasks outside of their service scope).	2 Suppliers work in clearly defined roles, understand their responsibilities. Well trained staff, multi- skilled staff understand their scope and deliver to high standard. Quality monitoring in place, monitoring of performance metrics.	3+ Clearly defined roles and responsibilities. KPI's used to track performance. Customer feedback captured. "business as usual" to drive continuous improvement in service delivery.		
	Defined Roles	Q14 - How well defined are FM roles and responsibilities within Soft Services?	Scoring 3+	Duplication of services or gaps through unclear supplier responsibilities. Siloed, focused on single function etc. Poorly trained staff (undertaking tasks outside of their service scope).	2 Suppliers work in clearly defined roles, understand their responsibilities. Well trained staff, multi-skilled staff understand their scope and deliver to high standard. Quality monitoring in place, monitoring of performance metrics.	3+ Clearly defined roles and responsibilities. KPI's used to track performance. Customer feedback captured. "business as usual" to drive continuous improvement in service delivery.		
			Scoring	1	2	3	4+	
	Enabling	Q15 - How flexible is FM to changing business needs?	3	FM works on fixed price o	Part fixed, part variable a	Work in partnership with suppliers to continually improve support for changing business objectives.	Supplier is engaged in the organisations service and strategy planning and understands their role. They work in partnership to proactively deliver change.	
	l		Scoring	1	2	3	4+	

Strategic	FM Strategy	Q16-How strategic is FM?	3	No FM strategy or service plan. FM is delivered in a reactive way.	Basic FM strategy and ser	FM Strategy in place, con	Long-term vision of what good EM Ooks like and how to get there. Consideration for external impact (e.g. sustainability) fully embedded into delivery model with robust monitoring and reporting in place. Horizon scanning undertaken including undertaken including strategic risk management. Strategy fully aligned with aims and values of department?	
			Scoring	1	2	3		
	Governance	Q17 -Do you have effective FM governance in place?	3	No management/minimal management. Risk poorly allocated.	Following recognised governance, for example RICS Public sector asset management guide or functional standard on governance.	Clear, best in class and effective governance arrangements in place. Understood by organisation with clear roles and responsibilities.		
			Scoring	1		3	4+	
	Intelligent Client	Q18 -Do you have a clear definition and recognised Intelligent client function?	3	The ICF is dispersed without a clear, recognised function.		A recognised intelligent client function is in place, with defined roles and responsibilities, recognised by the wider organisation and has the capabilities and capacity required to be effective.	A highly effective ICF is in place with it's value recognised at an organisational level.	
			Scoring	1	2	3+	in place with it's value recognised at an	
		Q19 - Is an effective client department in place?	3+	No recognisable client department, a number of individuals within the organisation may be responsible for various aspects	An identifiable client department is in place, acting as a conduit between the wider organisation and the delivery organisations to maximise value.	A strong and effective client department is in place, with centralised oversight of all aspects of FM.		
				1	2	3+		
Intelligent	Control Levers	Q20 -How well do you understand the levers to improve performance?	3+	A basic understanding of levers available in the contract, primarily performance failure driven	A good understanding of commercial, financial and quality control levers and their impact of performance	Regular, demonstrable use of all types of control levers to drive continuous improvement		
			Scoring	1	2	3+		
	Management structure	Q21 - Is there sufficient management, capability and capacity to be effective? Are roles clear?	3+	Unclear roles and responsibilities, disjoined management with FM and property spread over multiple departments, devolved FM model - no "corporate landlord".	A defined, central FM team undertaking most FM duties, but with some aspects still devolved.	Clearly defined roles and responsibilities, appropriate capacity and capability to effectively discharge duties in a timely manner. Centralised "Centre of expertise" and an effective corporate landlord in place.		
			Scoring	1	2	3+		
	Forward Planning	Q22 - How proactive is FM service delivery in your organisation?	3+	Reactive works only, failure driven.	Short term planning - next financial year only.	Accurate condition data driving an FMR based on risk and asset criticality, long term view and whole life costing.		

Facilities Management (FM) Maturity

This section has been added as part of a wider Government estate process, NHSE Trusts are asked to support the wider property function across government

			Scoring	1	2	3+		
	Hierarchy	Q1 - What level of location hierarchy is asset data captured against?	3+	Asset level data is captured against the site and building it is in.	Asset level data is captured against the site, building, floor and location it is in.	Asset level data is captured against the site, building, floor, location and system it is in.		
			Scoring	1	2	3	4	5
Data Structure	Data Specification	Q2 - Is there a consistent data specification aligned to the FM asset data standards (4.2)?	3	No defined data specification for FM asset data.	Defined data specification for FM asset data is not aligned to the data standard (4.2.1).	for FM asset data is consistently aligned to the data standard (4.2.1).	Defined data specification for FM asset data is consistently aligned to the data standard for 'core' (4.2.1) and inconsistently aligned to 'non-core' fields (4.2.2).	Defined data specification for FM asset data is consistently aligned to the data standard for 'core' (4.2.1) and 'non-core' fields (4.2.2).
			Scoring	1	2	3+		
		Q3 - How consistently is the data specification applied across the estate?	3+	No defined data specification for FM asset data.	The data specification is inconsistently applied across the estate.	The data specification is consistently applied across the estate.		
			Scoring	1	2	3+		
		Q4 - What is the level of coverage of assets in the asset register data?	3+	The asset data covers some assets in some estates.	The asset data covers all assets in some estates but only some assets in other estates.	The asset data covers all assets in all estates.	4	
			Scoring	1	2	3	4	5
	Coverage and Completeness	Q5 - How complete is the data captured against assets in the asset register?	3	Data is not captured against assets for the 'core fields' in the data standard (4.2.1).	Data is captured against some assets for the 'core fields' in the data standard (4.2.1).	Data is captured against all assets for the 'core fields' in the data standard (4.2.1).	Data is captured against all assets for the 'core ields' in the data standard (4.2.1) and some assets for the	Data is captured against all assets for the 'core fields' in the data standard (4.2.1) and all assets for the 'non- core fields' in the data standard (4.2.2).
			Scoring	1	2	3+		
		Q6 - Is a full asset verification exercise required to update the asset register (5.1)?	3+	Data is out of date or incomplete and requires a full asset verification exercise.	Data is out of date or incomplete for parts of the estate and requires a targeted asset verification exercise.	Data is up to date and complete. An asset verification exercise is not currently required.		
	Audit		Scoring	1	2	3	4	5
		Q7 - What regular sample surveys exist for on-going asset verification (5.2)?	3	No / limited sample surveys.	Inconsistent and ad-hoc sample surveys for some of the estates.	Consistent and regular sample surveys for all estates. There is a defined methodology to logically work through the all estates over time.	Sample surveys with verifications utilising digital enablers to increase the speed and coverage of surveys in some parts of the estate.	Sample surveys with verifications utilising digital enablers to increase the speed and coverage of surveys in all estates.
			Scoring	1	2	3	4	5
		Q8 - What processes are in place for change control/approvals for adding, removing or changing an asset (5.3)?	3	No / limited processes in place.	Inconsistent processes exist covering some parts of the estate.	Consistent processes exist covering all estates with clear responsibilities for approvals and tracking of changes.	Partially automated processes with frequent updates to change log.	Automated processes across all estates with close to real-time updates to change log.
			Scoring	1	2	3	4	5

Data Assurance & Quality Data Quality Control Data Quality Contr	using data kalgorithms tax algorithms, business rules, quality control dashboards and user feedback. 4
Q10 - What processes are in place for data update assurance (5.5)? Scoring 1 2 3 No / limited processes in place. Scoring 1 2 3 A dedicated asset data quality governance in place to support data assurance and quality (5.)? A dedicated asset data quality governance in place to support data assurance and quality (5.)? Scoring 1 A dedicated asset data quality governance in place to support data assurance and quality (5.)? Scoring 1 A dedicated asset data quality governance in place to support data assurance and quality (5.)? A dedicated asset data quality governance in place to support data assurance and quality (5.)? Scoring 1 A dedicated asset data quality governance in place to support data assurance and quality of the sais or without the required attendees. Scoring 1 Consistent and regular processes with using processes with using processes with read place to support data assurance in formal group for asset of the quality governance and quality governance. Scoring 1 Q12 - What level of documentation exists for the these data quality processes and governance. No / limited documented items for processes and governance which are applied on an ad-hoc processes and governance which are applied on an ad-hoc place in the estate. No / limited documented items for processes and governance which are applied on an ad-hoc place in the estate. Scoring 1 Consistent and regular processes with are processes with the required attendees. A dedicated asset data quality governance are asset data quality governance are asset data quality governance are asset data quality governance are asset data quality governance. Scoring 1 2 3+ Consistent documentation exists which the organisation destate. Sistent which are applied on an ad-hoc basis across one parts of the estate. The organisation does not contractually woms the data for some data storesplants to setate. The organisation contractually woms the data for some data storesplants to setate.	automated sising controls g erroneous entifying data uality update g parts of the tate. 4 5 Along with the dedicated asset data quality group/board, there are additional sub-bujes with the liers.
On-what processes are in place for data update assurance (5.5)? Scoring 1 2 3 No / limited processes set is uning minimal data quality checks covering some parts of the estate. Scoring 1 2 3 A dedicated asset data-quality governance of informal group for asset data quality (5.)? A dedicated asset data-quality governance of informal group for asset data quality (5.)? Scoring 1 2 3 A dedicated asset data-quality governance of unity of the estate of the elevant attendees. Scoring 1 2 3 A dedicated asset data-quality governance of unity of the elevant attendees. Scoring 1 2 3 A dedicated asset data-quality governance of unity of the elevant attendees. Scoring 1 2 3 A dedicated asset data-quality governance of unity of the elevant attendees. Some documentation exists which the organisation does not contracturally own the data on an ad-boc processee said update to subgroup of the estate. Some documentation exists which the organisation does not contractually own the data on a d-boc processee situsing minimal data quality checks overing all update logs overing all estates. A dedicated asset data-quality governance of unity of the set of quality governance of unity of the set of processes and the governance and governance. Some documentation exists which the organisation does not contractually own the data or an ad-boc processee and the governance which are applied on an ad-boc powernance and updated on a regular basis. Scoring 1 2 3+ The organisation does not contractually owns the data for some data stores/parts of estate. The organisation contractually owns the data for some data stores/parts of estate.	Automated processes using controls gerroneous gerroneous entifying data auality update g parts of the tate. 4 5 Along with the dedicated asset data quality governance group/board, there are additional subupliers. Along with the dedicated asset data quality governance group/board, there are additional subupliers and crossorganisational governance
Q11 - What governance is in place to support data assurance and quality (5.)? Consistent documentation exists for the these data quality processes and governance (5.6)? Consistent documentation exists for the these data quality processes and governance (5.6)? Consistent documentation exists for the these data quality processes and governance (5.6)? Consistent documentation exists which the organisation does not contractually owned by the organisation (6.1)? Consistent documentation exists which the organisation does not contractually own the data. Consistent documentation exists which the organisation contractually owns the data for some data storesystens of the estate. Consistent documentation exists which the organisation contractually owns the data for some data storesystens to estate.	he dedicated asset data quality governance group/board, there are additional sub- ups with the suppliers and cross- organisational governance
A declared asset data quality governance group/board exists but meets on an irregular basis or without the required attendees. Scoring	he dedicated tata quality group/board, there are additional subups with the bliers. asset data quality governance group/board, there are additional subups with suppliers and crossorganisational governance
Ownership Scoring 1 2 3+ No / limited documentation exists related to processes and governance. No / limited documentation exists related to processes and governance which are applied on an ad-hoc basis across some parts of the estate. Some documentation exists which the organisation applies for these processes and the governance across all estates. This documentation is reviewed and updated on a regular basis. Scoring 1 2 3+ Consistent documentation exists related to processes and the governance across all estates. This documentation is reviewed and updated on a regular basis. The organisation does not contractually owns the data for some data stores/parts of estate. The organisation contractually owns the data for some data stores/parts of estate.	
Ownership Ownership	
Ownership Q13 - Is the data contractually owned by the organisation (6.1)? 3+ The organisation does not contractually own the data for some data stores/parts of estate. The organisation contractually owns the data for some data stores/parts of estate.	
Ownership Q13 - Is the data contractually owned by the organisation (6.1)? 3+ The organisation does not contractually own the data for some data stores/parts of estate. The organisation to contractually owns the data for some data stores/parts of estate.	
Scoring 1 2 3 4	
	4 5
Data Ownership and Access Data Ownership and Access to the data (e.g. data extracts tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts across and tables/extracts a	ktop tool or APIs for some in data in via desktop tool or automated APIs for all
Scoring 1 2 3+	
Q15 - What level of access management exists for controlling user privileges (6.3)? 3+ No / limited access management privileges. No / limited access management privileges. Some access management privileges exist across some data stores/parts of the estate. These are inconsistently applied. These are inconsistently applied. Controlled.	
Scoring 1 2 3+	
Flexibility Q16 - Do the asset management systems provide the flexibility to accommodate the data standards (7.1)? Systems with limited flexibility to accommodate the data standards. Systems with some flexibility to partially accommodate the data standards for some data stores/parts of the estate. Systems with some flexibility to partially accommodate the data standards for some data stores/parts of the estate.	

	3+		
	Systems with nteroperability between all systems and data is transferable in COBie format.		
Scoring 1 2	3	4	5
Data Systems One of the asset management systems sync to a common data platform (7.3)? No common data platform exists but data from some data stores/parts of the estate are stored. Data sources are updated on an ad-hoc basis.	Common data platform kists where data from all ata stores/all estates are tored. Data sources are updated on a regular basis.	Common data platform exists where data from all data stores/all estates are aggregated using desktop tools and databases. Data sources are updated frequently.	Common data platform exists where data from all data stores/all estates are aggregated using automated APIs (applications). Data sources are updated in real-time.
Scoring 1 2	3+		
Q19 - Do the systems meet data 3+ minimum requirements data security requirements security requirements and security requirements and security requirements are security requirements.	All systems meet data security requirements across all estates.		
Management Scoring 1 2	3+		
Q20 - Do the systems meet data backup management requirements 3+ No systems meet data backup management requirements are minimum requirements arcors some of the systems meet data backup management requirements arcors some of the systems meet data backup management requirements are minimum requirements.	All systems meet data backup management requirements. Backup processes are on a regular basis.		
Scoring 1 2	3	4	5
Management Information Management Information Management Information Management Information Mo / ad hoc reporting and dashboarding to support Mashboards are used for EM asset	Standard reporting and interactive dashboards penerated regularly with reliable processing and calculations.	Standard reporting and interactive dashboards generated from frequently updated data via robust data pipelines.	Ability to create bespoke customisable reports to answer the latest business questions.
Scoring 1 2	3	4	5
management (8.2)? decision making. impact decision making.	Data insights are generated and used to lake informed decisions.	Robust and repeatable processes for generating insights and acting upon these.	Predictive and prescriptive analytical techniques used to create forward-looking insights to inform decisions.
Scoring 1 2	3	4	5
	Data insights are generated and used to	Robust and repeatable processes for generating insights and acting upon	Predictive and prescriptive analytical techniques used to create forward-looking
and statutory compliance (8.3)? decision making. impact decision making.	ake informed decisions.	these.	insights to inform decisions.
decisions relating to mandatory 3 available to inform but with limitations that ge			
decisions relating to mandatory and statutory compliance (8.3)? Scoring 1 Q24 - How does asset data inform decisions relating to Planned 3 available to inform decision making. but with limitations that impact decision making. The property of the p	ake informed decisions.	these.	decisions.

		Q25 - How does asset data inform decisions relating to Investment Prioritisation (8.5)?	3	None / limited insights available to inform decision making.	Some insights generated but with limitations that impact decision making.	Data insights are generated and used to make informed decisions.	Robust and repeatable processes for generating insights and acting upon these.	Predictive and prescriptive analytical techniques used to create forward-looking insights to inform decisions.
			Scoring	1	2	3	4	5
	Capacity	Q26 - What is the capacity of the teams working with asset data (9.1, 9.2)?	3	No dedicated teams/informal teams.	Dedicated team exists within the organisation covering some parts of the estate. Individuals do not have assigned responsibilities and accountabilities.	Identified individuals with responsibilities and accountabilities to manage, monitor and generate required reports/insights from FM asset data.	Along with the dedicated team, there are additional sub-teams consisting individuals from the suppliers.	Along with the dedicated team, there are additional sub-teams consisting individuals from the suppliers and crossorganisational data team.
			Scoring	1	2	3	4	5
Team Capacity and Capability	Capability	Q27 - What is the capability of the teams working with asset data (9.3)?	3	No dedicated personnel/informal teams.	Team with some FM and data/technical understanding.	Team with good FM and data/technical understanding. Ability to extract, transform, load and report data to generate required reports and insights.	Team with the ability to create robust and repeatable data processes along interactive dashboard to support in generating insights.	Team with the ability to use predictive and prescriptive analytical techniques used to create forward-looking insights.
			Scoring	1	2	3	4 Frequent pieces of training focusing on better understanding and	5
		Q28 - What training is provided for teams working with asset data (9.4)?	3	No / limited training provided.	Inconsistent and ad-hoc pieces of training exist focusing on basic understanding and only the necessary parts of the processes. They are partially in line with the Government Property Profession career framework.	Consistent and regular pieces of training exist focusing on all the necessary processes. They are in line with the Government Property Profession career framework.		Frequent pieces of training focusing on upskilling in advanced analytical and automation skills.
			Scoring	1	2	3+		
	Training	Q29 - What training materials exists relating to asset data (9.5)?		No training and guidance material for asset data and processes.	Some training and guidance material exist related to asset data and processes covering some parts of the estate. These are reviewed and referred to on an ad-hoc basis.	Consistent training and guidance material exist covering onboarding, quality and audit processes, etc. for all estates. These are reviewed and referred to on regular basis.		
			Scoring	1	2	3	Along with the dedicated team, there are additional sub-teams consisting individuals from the suppliers. A Team with the ability to create robust and repeatable data processes along interactive dashboard to support in generating insights. A Frequent pieces of training focusing on better understanding and upskilling in extended processes and tools used within the organisation. A Consistent knowledge sharing exists between different organisations on a regular basis. Some	5
		Q30 - What knowledge sharing exists relating to asset data (9.6)?	3	No / limited knowledge sharing in place.	Some knowledge sharing exists within the organisation and some irregular knowledge sharing exists between organisations.	Consistent knowledge sharing exists between different organisations on a regular basis.	sharing exists between different organisations on a regular basis. Some knowledge sharing with suppliers on an irregular	Consistent knowledge sharing exists between different organisations. Consistent knowledge sharing with suppliers on a regular basis.

Section	Area	Question	Add Details
All	Contact details	1. Identify Lead for:	
	Cortact details	Insert name for board representative	Emma Sayner,, Chief Financial Officer
All		1.a Insert contact details	emma.sayner@nhs.net
		O Identify I and for linear and legendary	Tom Myers, Group Director of Estates, Facilities &
Linen and laundry	Contact details	Identify Lead for linen and laundry: Insert name of board representative and contact details	Development
		insert name of board representative and contact details	tom.myers2@nhs.net
Linear and Jaconday	Contoot dotaile	3. Identify Lead for linen and laundry:	Caroline Gorman, Hotel Services Manager
Linen and laundry	Contact details	Insert name of competent persons and contact details	caroline.gorman2@nhs.net
	0	3. Identify Lead for linen and laundry:	Zara Ridge, Head of Facilities
Linen and laundry	Contact details	Insert name of authorised persons and contact details	zara.ridge@nhs.net
Food	Contact details	1. Identify Lead for food:	Emma Sayner,, Chief Financial Officer
Food	Contact details	Insert name for board representative and contact details	emma.sayner@nhs.net
Facili	On the state that the	2. Identify Lead for food:	Michael James
Food	Contact details	Insert name for Competent Persons and contact details	michael.james17@nhs.net
Food	Contact details	2. Identify Lead for:	
Food	•	Insert name of catering dietitian	Unappointed.
Food	Contact details	2a. Contact details of the dietitian	N/A.
Food	Contact details	2b Indicate if this is in house in-house, from an FM provider or an	
1 000	Contact dotaile	external contract (including NHS Supply Chain)	N/A.
F	0 4 4 - 4 - 4 - 4 -	3. Identify Lead for:	Mark Richardson, RFS Consulting
Food	Contact details	Organisations must nominate a food safety specialist. Provide details of person or company supplying service	indik kicharason, ki s consulting
		Medical gas committee: Board Executive responsible for medical	Tom Myers, Group Director of Estates, Facilities &
Medical Gas	Contact details	gasses	Development
Medical Gas	Contact details	5. Authorised Engineer	Unappointed, out to tender
Medical Gas	Contact details	6. Authorised Person	Neil Kaye, Head of Engineering
Terrorism	Cortact details	O. Authorised Ferson	iven kaye, flead of Engineering
(Protection of		Please provide contact details; name, job title and contact email, of	
Premises) Act	Contact details	the appointed Accountable Officer in relation to this	N/A
2025			
Terrorism			
(Protection of	Contact details	Please provide contact details; name, job title and contact email, of	N/A
Premises) Act	Contact details	the organisation's Board appointed Designated Individual(s) for	1V/A
2026		relevant premises?	

NHS PAM Safety Prompt Question Guidance Sheets

■ Back to instruction

This sheet supplements the 'generic' prompt questions contained within NHS PAM safety domain. It provides key references from the following documents that users should consider when undertaking their assessment of the relevant prompts:

1. Health and Safety Executive publication HSG 65 'Managing for health and safety'

2. The Care Quality Commission Provider Handbooks Appendix A 'Key Lines of Enquiry'

3. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Associated CQC guidance

Extracts from HSG 65 primarily relate to H&S regulations so may not be strictly relevant in all instance. However the advice may still be useful. HSG 65 'Managing for health and safety' is available from:

nttp://www.hse.gov.uk/pubns/priced/hsg65.pdf.
Similarly some references from the regulations and CQC guidance, particularly around training and development, may relate primarily to clinical and clinical support staff but again they still may be useful

1: Policy & Procedures

Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?

1.1 HSG 65 page 21:

Policies should be designed to meet legal requirements, prevent health and safety problems, and enable you to respond quickly where difficulties arise or new risks are introduced.

1.2 Regulations and CQC Guidance

15(1)d
The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used.

15(1)d&e

All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided

1.3 Regulations and CQC Guidance	CQC KLOE
15(1)d • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation.	S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?
17(2)(e) Where relevant, the provider should also seek and act on the views of external bodies such as fire, environmental health, royal colleges and other bodies who provide best practice guidance relevant to the service provided.	E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).
	E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).

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 underst

2.1 HSG 65

HSG 65 page 11)

he Management of Health and Safety at Work Regulations 1999 require employers to put in place arrangements to control health and safety risks. As a minimum, you should have the processes and rocedures required to meet the legal requirements, including:

- ensuring there is adequate and appropriate supervision in place;
 access to competent health and safety advice, for example see the Occupational Safety and Health Consultants Register (OSHCR) at www.hse.gov.uk/oshcr;

HSG 65 page 17:

The competence of individuals is vital, whether they are employers, managers, supervisors, employees or contractors, especially those with safety-critical roles (such as plant maintenance engineers). It ensures they recognise the risks in their activities and can apply the right measures to control and manage those risks.

2.2 Regu

15(1)d&e

• Providers must make sure that staff and others who operate the equipment are trained to use it appropriately.

18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

2.4 Regulations and CQC Guidance	CQC KLOE
	E3.1. Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on

3: Risk Assessment
Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?

3.1 HSG

HSG 65 Page 27)

What the law says on assessing risks
The law states that a risk assessment must be 'suitable and sufficient', i.e. it should show that:

The law states that a risk assessment must be 'suitable and sumcient, i.e. it snouio snow ural.

a proper chock was made;

a you asked who might be affected;

a you dealt with all the obvious significant risks, taking into account the number of people who could be involved;

a the precautions are reasonable, and the remaining risk is low;

a you involved your workers or their representatives in the process.

The level of detail in a risk assessment should be proportionate to the risk and appropriate to the nature of the work. Insignificant risks can usually be ignored, as can risks arising from routine activities associated with life in general, unless the work activity compounds or significantly alters those risks.

Your risk assessment should only include what you could reasonably be expected to know – you are not expected to anticipate unforeseeable risks.

HSG 65 page 14)
Leaders, at all levels, need to understand the range of health and safety risks in their part of the organisation and to give proportionate attention to each of them. This applies to the level of detail and effort put into assessing the risks, implementing controls, supervising and monitoring.

HSG 65 page 13)
The risk profile of an organisation informs all aspects of the approach to leading and managing its health and safety risks.

HSG 65 page 13)

to be byegy in the control of the co es the risks will be tangible and immediate

3.2 Regulations and CQC Guidance

15(1)c: • Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service.

17(2)(b)

Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service

17(2)(b)
Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service 17(2)(b)

riders must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.

17(2)(b)

Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.

17(2)(b)

Note: In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students

CQC KLOE

3.3 Regulations and CQC Guidance

13(1) ace

'There should be regular health and safety risk assessments of the premises (including grounds) and equipment.
The findings of the assessments must be acted on without delay if improvements are required.

S4.4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with

national guidance? Are risks managed positively? S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of weather, or disruption to staffing? W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?

17(2)(b) assess, monitor and mitigate the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

4: Maintenance Are assets, equipment and plant adequately maintained? 4.1 Regulations and CQC Guidance

15(1)d

Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation

15(1)d&e

All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided

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?

5.1 HSG 65

HSG 65 page 11) The Management of Health and Safety at Work Regulations 1999 require employers to put in place arrangements to control health and safety risks. As a minimum, you should have the processes and procedures required to meet the legal requirements, including:

a ensuring there is adequate and appropriate supervision in place;

access to competent health and safety advice, for example see the Occupational Safety and Health Consultants Register (OSHCR) at www.hse.gov.uk/oshcr;

3.2 Regulations and CQC Guidance

18(2) Persons employed by the service provider in the provision of a regulated activity must 18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

Prowiders must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.

Where appropriate, staff must be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised.

Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. Other mandatory training, as defined by the provider for their role.

Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support

Other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector.

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

Other mandatory training, as defined by the provider for their role.

Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support

Other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

18(2)(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and Providers must support staff to obtain appropriate further qualifications that would enable them to continue to perform their role. Providers must not act in a way that prevents or limits staff from obtaining further qualifications that are appropriate to their role.

18(2)(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and Providers must support staff to obtain appropriate further qualifications that would enable them to continue to perform their role

Providers must not act in a way that prevents or limits staff from obtaining further qualifications that are appropriate to their role

4.3 Regulations and CQC Guidance

Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

Staff should be supported to make sure they are can participate in:

E3.2. How are the learning needs of staff identified?
E3.3. Do staff have appropriate training to meet their learning needs?
E3.4. Are staff encouraged and given opportunities to develop?

S3.2. Do staff receive effective mandatory training in the safety systems, processes and practices?

Statutory training.
Staff should receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

E3.5. What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)

E3.6. How is poor or variable staff performance identified and managed? How are staff supported to improve?

6: Resilience, Emergency & 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?

6.1 CQC KLOE

S5.2. What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?

S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?

7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures? 7.1 Regulations and CQC Guidance

17(2)(f)

roviders must ensure that their audit and governance systems remain effective 7.2 Regulations and CQC Guidance CQC KLOE

17(2)a Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological

E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to do how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).

8: Costed Action Plan

If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?

References to risk asses sment and management are details under prompt 3 abov

8: Scoring
Scoring should be based on the following

Self-assessment rating	% to score in given area
Not applicable: This prompt question does not apply to the trust e.g. Mental Health trusts do not use Medical Gases;	
Outstanding: Compliant with no action required, plus evidence of high-quality services and innovation. This Score is likely to be rarely applied.	100%
Good: compliant no action required.	85% or above
Requires minimal improvement: The impact on people who use services, visitors or staff is low.	66% to 85%
Requires moderate improvement: The impact on people who use services, visitors or staff is medium.	45% to 65%
Inadequate	45% or less

◄ ■ Back to instructions

This sheet shows the relationship and link between the NHS PAM SAQs and:

- 1. Relevant parts of the 'Health and Social Care Act 2008 (Regulated Activities) Regulations 2014'
- 2. Associated CQC guidance to providers on meeting the Regulations3. CQC provider Handbooks Annex A: Key Lines of Enquiry

3. CQC provider Handbooks Affrex A. Key Lines of Enquiry	DAM Def
Regulations (bold text) CQC Guidance (non-bold text), CQC KLOE (bold italics)	PAM Ref.
Regulation 14: Meeting nutritional and hydration needs (FS)	
CQC KLOE: E1.4. How are people's nutrition and hydration needs assessed and met?	
14(1) The nutritional and hydration needs of service users must be met.	
Providers must include people's nutrition and hydration needs when they make an initial assessment of their care, treatment and support needs and in the ongoing review of these. The assessment and review should include risks related to people's nutritional and hydration needs. Providers should have a food and drink strategy that addresses the nutritional needs of people using the service.	SS1
14(2) Paragraph 1 applies where—	
(a) care or treatment involves— the provision of accommodation by the service provider, or an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or (b) the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.	SS1
Providers must meet people's nutrition or hydration needs wherever an overnight stay is provided as part of the regulated activity or where nutrition or hydration are provided as part of the arrangements made for the person using the service.	
14(3) But paragraph (1) does not apply to the extent that the meeting of such nutritional or hydration needs would— (a) result in a breach of regulation 11, or (b) not be in the service user's best interests	NA
14(4)(a) receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,	
Nutrition and hydration assessments must be carried out by people with the required skills and knowledge. The assessments should follow nationally recognised guidance and identify, as a minimum: requirements to sustain life, support the agreed care and treatment, and support ongoing good health dietary intolerances, allergies, medication contraindications how to support people's good health including the level of support needed, timing of meals, and the provision of appropriate and sufficient quantities of food and drink.	SS1 should demonstrate following the Nutrition & hydration assessment but assessment is not part of PAM
Nutrition and hydration needs should be regularly reviewed during the course of care and treatment and any changes in people's needs should be responded to in good time. A variety of nutritious, appetising food should be available to meet people's needs and be served at an appropriate temperature. When the person lacks capacity, they must have prompts, encouragement and help to eat as appropriate.	SS1
Where a person is assessed as needing a specific diet, this must be provided in line with that assessment. Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain. Action must be taken without delay to address any concerns. Staff must follow the most up-to-date nutrition and hydration assessment for each person and take appropriate action if people are not eating and drinking in line with their assessed needs. Staff should know how to determine whether specialist nutritional advice is required and how to access and follow it.	NA
Water must be available and accessible to people at all times. Other drinks should be made available periodically throughout the day and night and people should be encouraged and supported to drink. Arrangements should be made for people to receive their meals at a different time if they are absent or asleep when their meals are served. Snacks or other food should be available between meals for those who prefer to eat 'little and often'.	SS1

14(4)(b) receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional,	NA
14(4)(c) the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background, and	
People should be able to make choices about their diet. People's religious and cultural needs must be identified in their nutrition and hydration assessment, and these needs must be met. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the person, to allow them to make informed choices about their requirements. When a person has specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met. Every effort should be made to meet people's preferences, including preference about what time meals are served, where they are served and the quantity.	SS1
14(4)(d) if necessary, support for a service user to eat or drink	NA
Regulation 15: Premises and equipment (FS)	
15(1) All premises and equipment used by the service provider must be— 15(1)(a) clean, CQC KLOE S3.5. How are standards of cleanliness and hygiene maintained?	
 Premises and equipment must be kept clean and cleaning must be done in line with current legislation and guidance. Premises and equipment should be visibly clean and free from odours that are offensive or unpleasant. 	
Providers should: Use appropriate cleaning methods and agents. Operate a cleaning schedule appropriate to the care and treatment being delivered from the premises or by the equipment. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified. Operate action without delay when any shortfalls are identified.	Safety SAQ SS4
current legislation and guidance. CQC KLOE S3.9. Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	Safety SAQ SS3
15(1) All premises and equipment used by the service provider must be— 15(1)(b) secure,	Safety SAQ SS6
Security arrangements must make sure that people are safe while receiving care, including:	
CQC KLOES3.4. Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?	Safety SAQ SS6
o Protecting personal safety, which includes restrictive protection required in relation to the Mental Capacity Act 2005 and Mental Health Act 1983. This includes the use of window restrictors or locks on doors, which are used in a way that protects people using the service when lawful and necessary, but which does not restrict the liberty of other people using the service. CQC KLOE E1.7. Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?	Safety SAQ SS6
o Protecting personal property and/or money. o Providing appropriate access to and exit from protected or controlled areas.	
o Not inadvertently restricting people's movements. o Providing appropriate information about access and entry when people who use the service are unable to come and go freely and when people using a service move from the premises as part of their care and treatment.	
o Using the appropriate level of security needed in relation to the services being delivered. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Guidance for providers on meeting the regulations March 2015 57	Safety SAQ SS6

	7 1
• If any form of surveillance is used for any purpose, the provider must make sure that this is done in the best interests of people using the service, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance on the use of surveillance is available on CQC's website.	
15(1) All premises and equipment used by the service provider must be—	
15(1)(c) suitable for the purpose for which they are being used,	
Premises must be fit for purpose in line with statutory requirements and should take	
account of national best practice.	Safety SAQ SH2
CQC KLOE S3.7. Does the design, maintenance and use of facilities and premises	1
keep people safe?	
Premises must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. There must be sufficient equipment to provide the service.	Safety SAQ SH2 & SH15
Adequate support facilities and amenities must be provided where relevant to the service being provided. This includes sufficient toilets and bathrooms for the number of people using the service, adequate storage space, adequate seating and waiting space.	Safety SAQ SH2
People's needs must be taken into account when premises are designed, built, maintained, renovated or adapted. Their views should also be taken into account when possible.	Patient Experience SAQ P1
People should be able to easily enter and exit premises and find their way around easily and independently. If they can't, providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance.	Safety SAQ SH2 & Patient Experience SAQ P6
• Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service.	Safety SAQ SH2
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
The premises and equipment used to deliver care and treatment must meet people's	
needs and, where possible, their preferences. This includes making sure that privacy,	Safety SAQ SH2
dignity and confidentiality are not compromised.	,
• Reasonable adjustments must be made when providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010.	Safety SAQ SH15
15(1) All premises and equipment used by the service provider must be—	
15(1)(d) properly used,	
15(1)(e) properly maintained, and	Safety prompt
• Providers must make sure that they meet the requirements of relevant legislation so that	questions 1,4 & 7
premises and equipment are properly used and maintained. See Annex A for relevant	for each technical
legislation.	area e.g. electrical
CQC KLOE S3.7. Does the design, maintenance and use of facilities and premises	safety
keep people safe?	
S3.8. Does the maintenance and use of equipment keep people safe?	
• The provider's Statement of Purpose and operational policies and procedures for the	Safety SAQ SH2 &
delivery of care and treatment should specify how the premises and equipment will be	SH15
used.	
Any change of use of premises and/or equipment should be informed by a risk	
assessment and providers must make appropriate alterations to premises and equipment	
where reasonably practical. Where this is not possible, providers should have appropriate	
contingency plans and arrangements to mitigate the risks to people using the service.	Safety SAQ SH2
Alterations must be in line with current legislation and guidance.	
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and	
managing risks, issues and mitigating actions?	
• There should be regular health and safety risk assessments of the premises (including	
grounds) and equipment. The findings of the assessments must be acted on without delay	SH4 & safety SAQ
if improvements are required.	prompt 3
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and	·
managing risks, issues and mitigating actions?	
• There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.	Safety SAQ SH1 & Safety SAQ prompt 4
Provide the provider of production of production.	

• Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.	Safety SAQ SH1 & Safety SAQ prompt 4
 S3.8. Does the maintenance and use of equipment keep people safe? All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided. 	Safety SAQ SH15
S3.8. Does the maintenance and use of equipment keep people safe?	
 Providers must make sure that staff and others who operate the equipment are trained to use it appropriately. 	Safety SAQ SH15 & Safety SAQ prompt 2&5
15(1) All premises and equipment used by the service provider must be— 15(1)(f) appropriately located for the purpose for which they are being used.	
• When planning the location of premises, providers must take into account the anticipated needs of the people who will use the service and they should ensure easy access to other relevant facilities and the local community.	Patient Experience SAQ P1
 Facilities should be appropriately located to suit the accommodation that is being used. This includes short distances between linked facilities, sufficient car parking that is clearly marked and reasonably close, and good access to public transport. 	Safety SAQ SH2
Equipment must be accessible at all times to meet the needs of people using the service. This means it must be available when needed, or obtained in a reasonable time so as not to pose a risk to the person using the service. Equipment includes chairs, beds, clinical equipment, and moving and handling equipment.	Safety SAQ SH15
S3.8. Does the maintenance and use of equipment keep people safe?	
15(2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.	
 Providers must comply with guidance from the Department of Health about the prevention and control of infections: Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. 	Safety SAQ SS4
S3.6. Are reliable systems in place to prevent and protect people from a healthcare-	1
*Where applicable, premises must be cleaned or decontaminated in line with current legislation and guidance, and equipment must be cleaned, decontaminated and/or sterilised in line with current legislation and guidance and manufacturers' instructions. Equipment must be cleaned or decontaminated after each use and between use by different people who use the service.	Safety SAQ SS4
• Ancillary services belonging to the provider, such as kitchens and laundry rooms, which are used for or by people who use the service, must be used and maintained in line with current legislation and guidance. People using the service and staff using the equipment should be trained to use it or supervised/risk assessed as necessary.	Safety SAQ SS1, SS4 & SH10
W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
 Multiple use equipment and devices must be cleaned or decontaminated between use. Single use and single person devices must not be re-used or shared. All staff must understand the risk to people who use services if they do not adhere to this. 	Safety SAQ SS2 &
W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
Regulation 16: Receiving and acting on complaints (FS)	Patient Exp SAQ P1
R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?	
to improve the quality of care? 16(1) Any complaint received must be investigated and necessary and proportionate	
action must be taken in response to any failure identified by the complaint or investigation.	P1

People must be able to make a complaint to any member of staff, either verbally or in writing. All staff must know how to respond when they receive a complaint. Unless they are anonymous, all complaints should be acknowledged whether they are written or verbal. Complainants must not be discriminated against or victimised. In particular, people's care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf. Appropriate action must be taken without delay to respond to any failures identified by a complaint or the investigation of a complaint. Information must be available to a complainant about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint. Information should include the internal procedures that the provider must follow and should explain when complaints should/will be escalated to other appropriate bodies. Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the provider should cooperate with any independent review or process.	P1
16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.	P1
Information and guidance about how to complain must be available and accessible to everyone who uses the service. It should be available in appropriate languages and formats to meet the needs of the people using the service. Providers must tell people how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested. When complainants do not wish to identify themselves, the provider must still follow its complaints process as far as possible. Providers must have effective systems to make sure that all complaints are investigated without delay. This includes: Undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include professional regulators or local authority safeguarding teams. Making sure appropriate investigations are carried out to identify what might have caused the complaint and the actions required to prevent similar complaints. When the complainant has identified themselves, investigating and responding to them and where relevant their family and carers without delay.	P1
Providers should monitor complaints over time, looking for trends and areas of risk that may be addressed. Staff and others who are involved in the assessment and investigation of complaints must have the right level of knowledge and skill. They should understand the provider's complaints process and be knowledgeable about current related guidance. Consent and confidentiality must not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding. Complainants, and those about whom complaints are made, must be kept informed of the status of their complaint and its investigation, and be advised of any changes made as a result. Providers must maintain a record of all complaints, outcomes and actions taken in response to complaints. Where no action is taken, the reasons for this should be recorded. Providers must act in accordance with Regulation 20: Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.	P1
16(3) The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of— (a) complaints made under such complaints system, (b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and (c) any other relevant information in relation to such complaints as the Commission may request.	P1

CQC can ask providers for information about a complaint; if this is not provided within 28 days of our request, it may be seen as preventing CQC from taking appropriate action in relation to a complaint or putting people who use the service at risk of harm, or of receiving care and treatment that has, or is, causing harm. The 28-day period starts the day after the request is received.	P1
Regulation 17: Good governance (FS)	
W2.6. Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? W2. Does the governance framework ensure that responsibilities are clear and that quality, performance and risks are understood and managed? 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider must have a process in place to make sure this happens at all times and in response to the changing needs of people who use the service.	The NHS PAM designed to be used as a syste that meets this requirement
The system must include scrutiny and overall responsibility at board level or equivalent.	Governance domain
17(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—	domain
In Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. The audits should be baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and should, where possible, include the experiences people who use the service. The systems and processes should be continually reviewed to make sure they remain fit for purpose. Fit for purpose means that: systems and processes enable the provider to identify where quality and/or safety are being compromised and to respond appropriately and without delay, providers have access to all necessary information.	that meets this requirement
17(2)(a) 2. Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken.	
W2.7. Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? W5.6. How is information used proactively to improve care?	G1.7
17(2)(a) 3. Providers should have effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service, know the results of reviews about the quality and safety of the service and any actions required following the review.	NA
17(2)(a) 4. Providers should actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service. Providers must be able to show how they have: analysed and responded to the information gathered including taking action to address issues where they are raised, and used the information to make improvements and demonstrate that they have been made	Patient Experie SAQ P1
	1
W4. How are people who use the service, the public and staff engaged and involved? Providers must seek professional/expert advice as needed and without delay to help them	

	_
17(2)a Providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.	PE domain and action plan prompt under each SAQ
Subject to statutory consent and applicable confidentiality requirements, providers must share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these must be made without delay.	Safety SAQ SH17
17(2)a Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors.	Safety SAQ
E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).	prompt Question 1
17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;	
S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? S4.4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?	
S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?	
17(2)(b) Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service.	Safety SAQ prompt question 3
17(2)(b) Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.	& G1.9 & G1.10
17(2)(b) Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.	
17(2)(b) Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate. Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.	
17(2)(b) Note: In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students.	
17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;	NA
17(2)(d) maintain securely such other records as are necessary to be kept in relation to—	
(i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity;	
Records relating to people employed and the management of regulated activities must be created, amended, stored and destroyed in accordance with current legislation and guidance.	
Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated	
Activities) Regulations 2014. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information.	

Regulation 20: Duty of candour (FS)	G2.9			
	NA			
18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, S3.2. Do staff receive effective mandatory training in the safety systems, processes	Safety SAQ prompt question 5: See 'prompt guidance sheet'			
	See 'prompt guidance sheet'			
persons must be deployed in order to meet the requirements of this Part.	Safety SAQ prompt question 2:			
	see also 'prompt guidance sheet'			
17(3) The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—-	NA			
17/2)/f)	prompt question 7, SAQ G1.8 & G1.4			
ntormation rotorrod to in clin-naradranne (a) to (o)	Safety SAQ			
17(2)(e) mprovements should be made without delay once they are identified, and the provider should have systems in place to communicate how feedback has led to improvements.				
, , , , , , , , , , , , , , , , , , , ,	Patient Experience SAQ P1			
17(2)(e) Providers should actively encourage feedback about the quality of care and overall nvolvement with them. The feedback may be informal or formal, written or verbal. It may be from people using the service, those lawfully acting on their behalf, their carers and others such as staff or other relevant bodies.				
not contravene the Data Protection Act 1998. 17(2)(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;				
Systems and processes must support the confidentiality of people using the service and				
issues and mitigating actions? Records must be kept secure at all times and only accessed, amended or destroyed by beople who are authorised to do so. Information in all formats must be managed in line with current legislation and guidance.				
planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents. W2.9. Are there robust arrangements for identifying, recording and managing risks,	Safety SAQ SH3			



Estates and Facilities Premises Assurance Model 2024-2025 End of Year Report

Northern Lincolnshire & Goole NHS Foundation Trust

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Purpose

The purpose of this report is to provide an end-of-year summary of the main findings of completing the mandatory NHSE 2024-25 Premises Assurance Model (PAM), which is required to have Trust Board oversight/sign off.

Background Information

Regulated by NHSE, the PAM is a national, mandatory standardised approach to self-assessing assurance levels within Estates, Facilities¹ and Development (EF&D). Through the coordinated engagement with both internal and external stakeholders, there are seven domains comprising of 53 self-assessment categories that provide the assessment structure:

- 1. Safety Hard (Estates) x22 assessment categories
- 2. Safety Soft (Facilities) x10 assessment categories
- 3. Patient Experience x6 assessment categories
- 4. Efficiency x5 assessment categories
- 5. Effectiveness x4 assessment categories
- 6. Governance x3 assessment categories
- 7. Helipad x1 assessment categories

Additionally, there are a small number of new sections for 2024-25 of the assurance model which specifically look at:

- FM Maturity (FMS 001: Management Services)
- FM Maturity (FMS 002: Asset Data) (optional last reporting year)

Contained within each domain are:

- Self-assessment questions (SAQ's) which are answered through a series of sub-questions based on NHSE set criterion.
- National Metrics: a standardised method of determining levels of adherence to healthcare and government legislation requirements regarding Estates,
 Facilities and Development. The judgement metrics are:
 - Outstanding
 - o Good
 - Requires Minimal Improvement
 - Requires Moderate Improvement
 - Inadequate
 - Not Applicable

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¹ Although categorised as *Estates and Facilities*, departments/services are assessed which do not sit within Estates and Facilities in the structure of NLaG.

The exception is the H1 domain, Helipad, which is piloting the YES/NO method of response coming away from the perspective style of rating. Although Northern Lincolnshire & Goole (NLaG) does not have a helipad and therefore does not answer this domain it is pertinent to note that it is anticipated that the YES/NO methodology will feature in the whole collection if the pilot proves successful.

Late May 2025, NHSE made Trusts aware of the final, yet unapproved SAQ definitions of the 2024/25 PAM. In addition to the Helipad feedback methodology change, it included two additional SAQ's, together with a change of grouping for the BIM/PSTN SAQ being moved from the Safety Soft to the Safety Hard domain. The two new SAQ's are:

- SH20 Mortuaries
- SS10 Terrorism (Protection of Premises) Act 2025 Martyn's Law

The view of the EF&D senior management team is that because the SAQ's have been provided beyond the end of March 2025 they will therefore only be considered in the 2025/26 submission and not addressed as part of the 2024/25 rating submission.

NLaG was one of the first voluntary adopters of PAM and for the past 10 years, NLaG's EF&D Directorate has actively engaged in the PAM self-assessment process with the E&F Safety and Statutory Compliance team facilitating the process. Additionally, the Trust is represented at a national level, consulting every quarter at the NHSE Premises Assurance Model development steering group.

The PAM programme has only recently become a mandatory requirement, appearing for the first time in the 2021 NHS Standard Contract.

Northern Lincolnshire and Goole NHS Foundation Trust's PAM Model

NLaG's annual self-assessment commences each September and concludes at the end of March in the following calendar year. The period between April and August enables internal and external reporting to be completed.

The existing model has been presented previously, and is deemed suitable for the organisation, resulting in transparent and credible assurances.

This model was devised to best utilise the significant resources required to complete a 360° self-assessment. Therefore, a full stakeholder review is conducted every other year with a management desk-top review being carried out in the interim years.

Inherently, the self-assessment process is a subjective process therefore, underpinning this process is an annual programme of internal auditing activities conducted by the EF&D Safety and Statutory Compliance team. Utilising the PAM

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Northern Lincolnshire and Goole NHS Foundation Trust

Safety Hard (Estates) and Safety Soft (Facilities) self-assessment categories; a risk-based approach is employed to direct auditing activities to maximise targeted resource allocation. The primary objective is to determine assurance levels from suggested evidence provided by EF&D departments as to their justifications of:

Not Applicable (grey)

•	Inadequate (red)	[<45%]
•	Requires Moderate Improvement (amber)	[45-65%]
•	Requires Minimal Improvement (yellow)	[66-85%]
•	Good (green)	[>85%]
•	Outstanding (blue)	[100%]

Additionally, national guidance such as Health Technical Memorandums (HTM) and Trust policy requirements also inform the audit scope for their operational accuracy. Findings of internal audit reports are summarised each month at the EF&D Governance meeting group along with PAM completion progress as well as the progress made against improvement actions that are identified from each self-assessment session.

As the PAM is near the end of the 7th year of the current model and upon review, the delivery model is assessed as fit for purpose and delivers a meaningful self-assessment within the confines of the national mandated process.

2024-25 Estates and Facilities PAM Summary of Findings

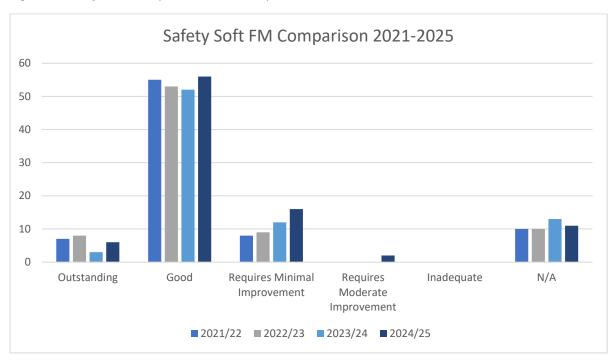
The charts below capture the end of year comparisons that visually represents the judgements for the EF&D primary service provision (Hard and Soft FM) domains of EF&D against each standardised question set. Appendix 1 provides the full data capture for each domain.

Graphical illustration of the displacement of judgements for both Estates (SH1 to SH22) (SH20 was not assessed; SH22 was identified as N/A)) and Facilities (SS1 to SS1.10 (SS10 removed)).



Figure 1 - Safety Hard - Comparison for 2021 - 24 period





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For Safety Hard (figure 1) shows a slight increase in "outstanding" from the previous year as the criteria for this has been further clarified by the National User Group and this is reflected in the trend seen. The number of "good" has seen a decrease from the previous years, "requires minimal improvement" has also seen an increase in trend consecutively over the last 4 years, this has been mainly attributed to the Directorate realigning its objectives as a Group structure with Hull University Teaching Hosptial as well as varying opinions from individuals from the multistakeholder workshops. For those requiring moderate improvement, there is an increase compared to the previous year. The "inadequate" rating has seen a downwards trend compared to previous years as the domain leads work through actions identified in previous years.

For Safety Soft (figure 2) there has been an increase in "outstanding" and "good" from the previous year. This is due to a number of elements including the introduction of National Standards requiring additional input which have now yet been implemented. There has however been an increase in requires "minimal" and "moderate" improvement this year, this is attributed to SS1 food standard SAQ querying if the Trust has 24/7 retail and restaurant catering facilities which is currently not part of the Trusts overall objectives.

Figure 3 - 24/25 SAQ Outcome Safety Hard

	Policy	R&R	RA	Maint	T&D	EPRR	Review	Average
SH1	3	2	2	4	3	3	2	3
SH2	3	3	3	3	3	3	2	3
SH3	3	2	2	2	2	2	2	2
SH4	3	3	3	NA	2	2	2	3
SH5	2	2	2	NA	2	2	2	2
SH6	3	3	2	2	2	3	2	2
SH7	3	3	2	2	2	4	3	3
SH8	2	3	2	3	3	3	2	3
SH9	3	3	2	4	3	3	2	3
SH10	4	4	3	3	4	3	2	3
SH11	2	2	3	2	3	4	2	3
SH12	2	3	2	2	3	2	2	2
SH13	3	3	3	4	3	3	3	3
SH14	3	3	3	4	4	4	2	3
SH15	2	3	2	2	2	NA	2	2
SH16	2	2	2	3	2	NA	2	2
SH17	2	2	2	2	2	2	2	2
SH18	1	1	2	3	2	3	2	2
SH19	2	3	2	3	NA	2	2	2
SH20	NA	NA	NA	NA	NA	NA	NA	
SH21	3	3	2	NA	NA	NA	3	3
SH22	NA	NA	NA	NA	NA	NA	NA	
Average	3	3	2	3	3	3	2	

Figure 4 - 24/25 SAQ Outcome Safety Soft

	Policy	R&R	RA	Maint	T&D	EPRR	Review	Average
SS1	2	2	1	3	3	2	2	2
SS2	2	3	2	2	2	2	2	2
SS3	1	2	2	1	3	2	3	2
SS4	2	2	2	2	2	2	2	2
SS5	2	3	2	3	2	2	3	2
SS6	1	2	2	2	2	2	2	2
SS7	2	2	3	2	2	2	2	2
SS8	2	3	2	3	3	3	2	3
SS9	2	2	2	2	2	2	2	2
SS10	NA	NA	NA	NA	NA	NA	NA	
Average	2	2	2	2	2	2	2	

Figures 3 and 4 show the scoring for each SAQ within the different domains and the average scores for the entire domain. This shows which element in each domain needs to be improved. Those with a score of 4 or above should be seen as priority to address.

Key Considerations

- This year was a full-stakeholder review, the coming year will see the domain lead review recommence as per the embedded cycle.
- Some SAQs have been updated, or introduced, which has seen a limited change in terms of year-on-year comparison.
- Maintenance in Safety Hard (Estates) is improving as full asset reviews have been undertaken over the past number of years and work is well underway to implement a new asset management system and Planned Preventative Maintenance (PPM) regime as part of the Directorates Computer Aided Facilities Management (CAFM) upgrade strategy which will give considerably more accurate reporting.

Areas of Good Practice

- Generally, there has been a slight shift to the positive in Safety Hard.
- SH15 (Medical Devices) has seen a minor improvement from the last annual review
 where maintenance has moved from *Inadequate* to *Requires Moderate Improvement* with a supported business case for additional staffing.
- SH8 (Water Safety Systems) has also improved in a number of areas, in line with a number of other engineering disciplines.
- SS1 (Catering), SS3 (Waste) and SS4 (Cleanliness) have all seen improvement
 this year, which is attributed to a slight drop in previous year(s) due to the release
 of relevent guidance/standards in those areas in the recent years, and work being
 undertaken to implement new practices, which are now well underway, or already
 fully embedded.
- Mature review process and monitoring processes are continuing to be undertaken across all sector specialisms supported by dedicated EF&D internal auditing programme and risk and governance provision.

Key Areas for Improvement

- SH1 (Operational Management) has seen a downwards trend from the previous year that has been mainly attributed to the need to update the computer aided facilities management system (CAFM), this is being addressed as part of the CAFM Project Board with a view to procure a new Group wide system by the end of 2025.
- SH2 (Design, Layout and Use of Premises) has deteriorated since the last annual review which is attributed to a number of issues such as the need for training in some areas, the need for Capital Project Management policies to be implemented and the challenges with interfacing new projects with existing legacy maintenance issues.
- SH14 (Fire Safety) has also seen a decline from the previous year, this has been attributed to the need to address the findings relevant to the Trust from the Grenfell enquiry and the continued monitoring of the performance of the GDH Fire alarm (Risk 3361)
- SS8 (Pest Control) has declined from Good to Requires Minimal improvement, this was mainly attributed to concerns highlighted around the maintenance of areas that could allow ingress of pests such as drainage systems and that there is no formal business continuity plan in place.

Conclusion

Completed in isolation of any verification process, the very nature of self-assessment is a subjective process at best. However, the EF&D Safety and Statutory Compliance Department acts independently of the main EF&D Departments and offer an impartiality that challenges the validity of the assessment judgements as part of the validation and auditing process. There is therefore a level of assurance that standardisation across all Self-Assessment Questions (SAQs) due to standardisation provided by the facilitators; some of whom are either actively, or recently involved with other Trusts' PAM process.

The Estates department and its Safety Hard assessment are continuing to work with ageing infrastructure resulting in a mixed judgement of "Good" and "Requires Minor Improvement" across the Estates provision.

The Facilities department and its Safety Soft assessment continue to benefit from longevity of key roles being in post for a sustained period, bringing with them the accompanying knowledge and experience. There is a clear overall judgement of 'Good' assurance levels across the Facilities provision.

Working in partnership:

Hull University Teaching Hospitals NHS Trust Northern Lincolnshire and Goole NHS Foundation Trust

Recommendations

- Complete the current implementation of a Group Estates asset data-capture to improve asset management and maintenance with progress monitored through the Estates meeting structure (action continued from previous reports)
- Assign PPMs to all Estates Assets, to ensure compliance with statutory obligations.
 (action continued from previous reports).
- Create comprehensive suite of Standard Operating Procedures (SOPs) for all engineering disciplines. Water SOPs have recently been reviewed, however some areas, such as MGPSs remain in need of attention².
- Align, where practical, all Authorised Engineer appointments across the Group.

Thomas Doo Head of Safety and Statutory Compliance

Appendix 1 Premises Assurance Model SAQ



Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust

² SOPs feature at safety groups/sub-groups for oversight.

Instructions: NHS Premises Assurance Model 2023: Please also read the separate NHS PAM Guidance Document

Purpose and structure of this file	This file contains Self-Assessment Questions that help evaluate the way your organisation/site manages its estate and facilities in 5 Domains. Although the Safety Domain is notionally split between hard and soft Facility Management (FM) services some questions within the 'Combined and Hard FM' supply to both sections. These questions should be assessed across both hard and soft FM e.g. the SAQ relating to Health and Safety is within the 'Safety: Combined and Hard FM' but clearly applies to soft FM also. A number of other relevant sheets are also provided
How to complete it	The way to use this file is to fill in the 5 worksheets with yellow tabs, which include the domain self-assessment questions (SAQs). Year 1 Year 2 The assessment can be for one or two years if comparisons are required. 2023-24 2024-25
Results	The "Summary' sheets show graphically the results of the NHS PAM self-assessment. - The 'summary' one shows the ratings at the domain level. It includes the average rating and the distribution of SAQ ratings for the 5 domains (i.e. the % of SAQs that obtain a rating of "Outstanding", the % of SAQs that obtain a rating of "Good", etc.) - The other 5 red 'Results' sheet detail the average rating and the distribution of the prompt questions ratings for each SAQ within the domain. This allows the user to see which SAQs are driving the results of the domains.

Annual changes may be required in line with updates to guidance and legislation, you can find an overview of the latest changes listed below. Changes for 2025:
There has been updates to the HBN and HTM guidance, the links within the spreadsheet remains up to date, but please familiarise yourself with the latest publications: https://www.england.nhs.uk/estates/complete-list-of-publications-related-to-nhs-estates/ Please also note there has been some technical bulletins published this year these can be found: https://www.england.nhs.uk/estates/netb/ Safety Hard •Legislation & guidance updates - link provided •SH20 - Mortuary question added •SH22 - Addition of a question here (previously SS10 - BIM/PSTN) Safety Soft •Legislation and guidance updated (link provided) The previous SS10 (BIM/PSTN) is now moved under safety hard as SS22, this question is also slightly updated within SS22.7. •There is a new SS10 - Terrorism (Protection of Premises) Act 2025 •SS3 -guidance added: 9. NHS England » NHS clinical waste strategy Efficiency
-F3 - Wording added - "(Please note - Building Standard is mandatory for certain projects)" -F5 Guidance updated - 8.Greener NHS » Delivering a net zero NHS, 9. NHS Estates Net Zero Carbon Delivery Plan Report, 10. Net Zero Guidance plan Effectiveness
-E1 - Guidance updated - Greener NHS » Delivering a net zero NHS, . NHS Estates Net Zero Carbon Delivery Plan Report, . Net Zero Guidance plan E2 - Evidence updated - 3. Refer to ICS infrastructure strategy guidance the guidance includes reference to local area energy plans and local nature recovery strategies, which will support town planning. *E4 - Guidance updated - 4. NHS Climate Change Risk Assessment tool, 5. Health and climate adaptation report 2025 Governance
-G1 - Guidance updated - 8. NHS England » Green plan guidance Helipad - This question has been replaced with a new set Please note these questions appear in a different format to the rest of the current questions, with yes/no answers. The answers will be scored based on the assurance provided. This fits in with the approach to be taken next year. •Contact details requested for the appointed person regarding Terrorism (Protection of Premises) Act 2025. Contact details requested for 'Food' and 'Linen and laundry' Annual Online version of the SAQs: Please note due to year on year reporting within Tableau the new questions may be reflected with a different number. Changes

NHS Premises Assurance Model (NHS PAM)

Trust	Northern Lincolnshire and Goole NRG Foundation Trust
Site Name:	Northern Lincolnshire and Goole NRS Foundation Trust
Year	2024/2025

SAQ No.	Self-Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Costed Action Plans															Capital cost to achieve compliance (f) R	tevenue equences of	Notes
SH1 SH2	States and Farillies Operational Management Hard FM - Safety Design Langual and Use of Premiers Hard FM - Safety	a.	olirable 2 ot applicable 2	1. Good 1. Requires minimal imp	Responsibilities 2. Good 1. Requires minimal imp	2. Good 1. Requires minimal imp	Requires moderate in Requires minimal imp	Requires minimal imp Requires minimal imp	Planning Planning A Requires minimal imp	2. Good 2. Good	Not applicable Not applicable															0	equences of chieving rollance (D)	
SAQ No.	Self-Assessment Question (SAQ) Subject Display and Carillian Decument Management Hard CM., Safety	Domain	Applicable?	1. Document Management System in Place	2. Approval of documents	3. Review of documents	4: Availability of documents	5. Legibility of Documents	6: Document Control	7. Obsolescence	8. Costed Action Plans																tevenue equences of chieving spliance (D)	Notes
SAQ No.	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	Maintenance	4. Training and Development	5. Resilience, Emergency & Business Continuity	6. Review Process	7. Costed Action Plans															Capital cost to conse achieve compliance (£)	tevenue equences of chieving	Notes
5H4 5H5	Need FM - Safety at Work Asheston Hard FM - Safety Self Assessment Question (SAC) Subject	ja ja	ot applicable solicable	1. Policy & Procedures	2. Roles and Responsibilities	Requires minimal imp Good	4 Maintenance	2. Good 2. Good 5. Training and Development	2. Good 2. Good 6. Resilience, Emergency & Business Continuity	2. Good 2. Good	Not applicable Not applicable 9. Costed Action Plans															Capital cost to achieve compliance (f)	0 0 tevenue eguences of	
5145	Hard FM - Safety Medical Gas Systems Hard FM - Safety	, and the second	Application /	I. Requires minimal imp	1. Requires minimal imp	2. Good	2. Good	2. Good	3. Requires minimal imp	2. Good	Not applicable															0	equences of chieving soliance (D) Cevenue	
597	Self Assessment Question (SAQ) Subject Hand FM - Safety Natural Cas and specialist placed systems Hand FM - Safety Water Safety Systems Hand FM - Safety		Applicable?	Policy & Procedures Requires minimal imp	Roles and Responsibilities Requires minimal imp	Risk Assessment Good	4. Maintenance 2. Good	5. Training and Development 2. Good	Emergency & Business Continuity Planning	7. Review Process 3. Requires minimal im	8. Costed Action Plans Not spokeble															Capital cost to achieve compliance (f) Comm	equences of chieving chieves (f)	
SHE SHE SHED SHEE	Section Systems Hard FM - Safety Mechanical Systems and Equipment Hard FM - Safety Hard FM - Safety Hard FM - Safety Hard FM - Safety	24 24 24 24	colcable 2 colcable 3 colcable 4 colcable 2	I. Good I. Requires minimal imp I. Requires moderate in I. Good	Requires minimal imp Requires minimal imp Requires moderate in Cood	Geod Requires minimal imp Requires minimal imp	Requires minimal imp Requires moderate in Requires minimal imp Requires minimal imp	4. Repuires moderate in	Requires minimal imp Requires minimal imp Requires minimal imp Requires moderate im	2. Good 2. Good 2. Good 2. Good	Not applicable Not applicable Not applicable Not applicable															0	0	
5H12 5H13	URs. Hotels and Conveyance Systems Hard FM - Safety Pressure Systems Hard FM - Safety Self Assessment Question (SAC) Subject	No.	colicable 2 colicable 3	1. Requires minimal imp	Requires minimal imp Requires minimal imp Release and Responsibilities	Geod Requires minimal imp	2. Good 4. Requires moderate in	Requires minimal imp Requires minimal imp	2. Good 3. Requires minimal imp	Geod Requires minimal im Training and Development	Not applicable Not applicable 8. Resilience, Emergency & Business Continuity		10 Control Action													0		
SH14	Self Assessment Question (SAQ) Subject Bac Saley	As a	solicable?	1. Policy & Procedures	Responsibilities 1. Requires minimal imp 1. Requires minimal imp	3. Governance	Enforcement Good Requires moderate in	Risk Assessment Requires minimal imp	6. Maintenance	Development 4. Requires moderate i	Business Continuity Planning 4 Requires moderate in Not applicable	2. Review Process 2. Good	10. Costed Action Plans Not socicable													0		
SH16 SH17 SH18	Besilierze, Ergergency and Business Continuity Planning Hard FM - Selety Softey Aberts Hard FM - Selety Hard FM - Selety Hard FM - Selety Hard FM - Selety	Ac Ac	colicable 2 colicable 2 colicable 2	t. Good t. Good L. Outstanding	2 Good 2 Good 1 Outstanding	Requires minimal imp Good Outstanding	Requires minimal imp Requires minimal imp	2. Good 2. Good 2. Good	2. Good 2. Requires minimal imp	2. Good 2. Good 2. Good	Not applicable Not applicable															0	0	
SAQ No.19	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3.Contract Expiry	4. Risk Assessment	5. Maintenance	6. Contractor Compliance	7. Resilience, Emergency & Business Continuity Planning	8. Review Process	9 Costed Action Plans														Capital cost to conse achieve compliance (f)	tevenue equences of chieving seliance (f)	Notes
SH20 SH20	Self-Assessment for Self and Hard FM services Hard FM - Safety	Domain As	opicable solicable	1. Policy & Procedures	Requires minimal imp Security Not unplicable	2. Funeral Directors Not applicable	4 HTA (Human Tissue A Not applicable	5. Existing facilities Not applicable	6. Future demand	Good Body transfer for Po Not applicable	2. Good 8. Entrances & Location Not applicable	Not applicable 9. Care, safety and sec	10. Waste Management Not applicable	11. Body storage & delivery point	12. PM with forensics	13. Waste disposal room	14. Coated action plan										· ·	
5021	2023 Televid consequent feelings been believed to under Min regards of them color consequent with the Ministry Name of	No	ot applicable 3	I. Requires minimal imp	3. Requires minimal imp	2. Good	Not applicable	Not applicable	3. Requires minimal imp	Not applicable																Control cont to R	Revenue	
SAQ No.21	Self Assessment Question (SAQ) Subject Self Assessment Question (SAQ) Subject Self Assessment Question (SAQ) Subject Self Assessment Question (SAQ) Subject Self Assessment Question (SAQ) Subject	Domain 5	Applicable?	l: Policy	2: Roles and Responsibilitie 4. Requires moderate in	Risk Assessment Requires moderate in	4: Maintenance 4: Requires moderate in	5: Training 4. Requires moderate in	6: Review Process Not applicable	7: Resilience 4. Recuires moderate	8. Costed Action Plans Not applicable																equences of chieving soliance (C) eREF1	Notes
SAQ No.	Self Assessment Question (SAQ) Subject Caterine services Self FM - Safety	Domain .	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	Maintenance Requires minimal imp	5. Training and Development	6. Resilience, Emergency & Business Continuity Planning 2. Good	7. Review Process	8.Food Standards: Board Director	9.Food Standards: Strategy	10.Food Standards: Distition	11.Food Standards: Safety Specialist 2.Good	12.Food Standards: Workforce	13.Food Standards: Matrix 2. Good	14.Food Standards: Waste	15 Food Standards: 24/7 Restaurant	16.Food Standards: 247 Café	17.Food Standards: 24/7 Vending machines	18.Food Standards: 24/7 Retail	19.Food Standards: Cold Vending 2. Good	20. Food Standards: Smart Fridges Not spolicable	21.Food Standards: From home	12. Coated Action Plans (ot scolizable	0	AREF1 Revenue equences of chieving nollance (C)	Notes
SAQ No.	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity Planning	7. Review Process	8. Costed Action Plans														7	Capital cost to schieve compliance (f)	tevenue equences of chieving	Notes
552 553 SAQ No.554	Decortamination occess Soft RM - Safety Waste and Recording Management Soft RM - Safety Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Policy & Procedures	2. Requires minimal imo 2. Good 2. Roles and Responsibilities	2. Good 2. Risk Assessment	1. Outstanding 4. Maintenance	2. Good 2. Recurres minimal imp 5. Training and Development	2 Good 2 Good 6 Resilience, Emergency & Business Continuity	Review Process	Not applicable Not applicable 8. Cleaning Standards 2021: Star Ratings	9. Cleaning Standards 2021: Charter	10. Cleaning Standards 2021: Matrix	11.Cleaning Standards 2021: 95%	12: Costed Action Plans											Capital cost to achieve compliance (f) com	0 Revenue equences of chieving soliance (ID)	Notes
SS4 SAQ No.	Cleanliness and infection Control Soft EM - Safety Self Assessment Question (SAQ) Subject	Domain .	Applicable 7	1. Policy & Procedures	2. Good 2. Roles and	2. Good 3. Risk Assessment	2. Good 4. Maintenance	2. Good 5. Training and Development	Planning 2 Good 5 Resilience, Emergency & Business Continuity	2. Good 7. Review Process	Ratings 1. Outstanding 8. Coasted Action Plans	Charter 1. Outstanding	Matrix 2. Good	96% 2. Good	Not applicable												Revenue equences of chieving	Notes
555 556	Jauretra and Linest Services Soft TM - Softwy Sonarth Management Soft TM - Softwy Transcort Soft Soft Software Soft TM - Softwy Soft TM - Softwy Soft TM - Softwy Soft TM - Softwy	R ₂	oplicable 2	Procedures Description Dubtanding	Responsibilities 1. Requires minimal imp 2. Good	2. Good 2. Good	Requires minimal imp Good	2. Good 2. Good	Planning Planning 2. Good 2. Good	Recuires minimal im Good	Plans Not applicable Not applicable															(E) as	crieving unliance (f) 0	
557 558 559		Ac Ac	opicable 2 opicable 2	I. Good I. Good I. Good	Good Requires minimal imp Good	Requires minimal imp Good Good	Good Requires minimal imp Good	Good Requires minimal imp Good	2. Good 3. Requires minimal imp 2. Good	2. Good 2. Good 2. Good	Not applicable Not applicable Not applicable															0	0	
SAQ No.	Self Assessment Question (SAQ) Subject SSLID With page of the Exercision (Security of Engineer).	Domain Ag	pplicable	1: Policy	1.2: Policy	1.3: Policy	2 Roles & Responsibilities	3 Roles & Responsibilities																		AREFI	MRCF1	
5510 5AQ No. P1	Incom as Martyn's Law can the creanisation evidence the followine? Soft FM - Safety	Domain .	Applicable?	1. Views and Experiences	2. Engagement	Staff Engagement	4. Prioritisation	sood 5. Value	6: Costed Action Plans																		tevenue equences of chieving	Notes
P1 SAQNo.	Ensurement and involvement Self Assessment Question (SAQ) Subject Patient Experience	Domain	ot applicable Applicable?	1. PLACE Assessment	2. Good 2. Other Assessments	4. Requires moderate in 3. Cleaning Schedules	2. Good 4. Coated Action Plans	2. Good	Not applicable																	Capital cost to	Revenue equences of chieving nollance (D	Notes
92 93	Condition, accessance, maintenance and orivery and distribute conception Patient Experience Describers Patient Experience	E ₂	mirable 2	I. Good I. Good	2 Good 2 Good	1. Outstanding	Not applicable Not applicable																			(E) com	notience (E) 0 0	
P4 P5	Access and Car Parking Patient Experience Grounds and Gardens Patient Experience	As a	rolicable rolicable 2	L Good	1. Outstanding 2. Good		Not applicable Not applicable		6. PLACE																	Capital cost to	0 0 tevenue	
SAQ No.	Self Assessment Question (SAQ) Subject Catering services Patient Superience	Domain .	Applicable?	1. Policy & Procedures	2. Regulation 2. Good	3. Choice 2. Good	4. Equality issues	5. Information 2. Good	6. PLACE Assessment 2. Good	7. Other Assessments 1. Outstanding	8. Legal Standards 2. Good	9: Costed Action Plans Not applicable															Revenue equences of chieving antianne (C)	Notes
SAQ No.F1	Self Assessment Question (SAQ) Subject Derformance management (Miciency	Domain	Applicable?	1: Analysing Performance	2: Benchmarking	3: Costed Action Plans Not spolicable																					tevenue equences of chieving reliance (D)	Notes
SAQ No.	Self Assessment Question (SAQ) Subject Improving efficiency - running Efficiency	Domain A	Applicable?	1: Business Planning I. Requires minimal imp	2: Estate Optimisation 1. Requires minimal imp	3: Commercial Opportunities 2. Good	4: Partnership working 2. Good	5: New Technology 4. Requires moderate in	6: PFI and LIFT contracts Not applicable	7: Other contracts	8. Property	Cost Improvement plans Requires minimal im	10: Coated Action Plans Not applicable														Revenue equences of chieving indiance (C)	Notes
SAQ No. F3	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Capital Procurement.	2. Capital Project Management	3. Capital Procurement Efficiencies	4. Flexibility	5. Identification and disposal of surplus land	6: Net zero carbona	7: Costed Action Plans																achieve compliance ac	Revenue equences of chieving spliance (IC)	Notes
SAQ No.F4	Interesting efficiency - capital Efficiency Self Assessment Question (SAQ) Subject	Domain	Applicable?	1: Policy & Procedures	2. Good 2: Review Process	2. Good 3: Board Reporting & Contracting	4: Costed Action Plans	z. 4000	. 4000	and separable																Capital cost to conse achieve compliance (E) com	Cevenue equences of chieving polisnce (C)	Notes
SAQ No.	Financial controls Efficiency Self Assessment Question (SAQ) Subject	Domain ,	Applicable 7	1. Quality and Sustainability	2. Good 2. Financial Pressure	3. Continuous Improvement	Not applicable 4. Quality Improvements	5. Recognition	6. Use of Information	7: Coated Action Plans																Capital cost to conse (f)	Cevenue equences of chieving	Notes
SAQ No.	Continuous improvement Ifficiency Self Assessment Question (SAQ) Subject	Domain	Applicable?	I. Prouins minimal ime	2. Strategy	3. Development	Resultes minimal imp Vision and Values Understood	5. Strategy Understood	6. Progress	Not scolicable 7: Coated Action Plans																	tevenue equences of chieving soliance (D)	Notes
SAQ No.	Vision and strategy Effectiveness Self Assessment Question (SAQ) Subject	Domain .	Applicable 7	1. Local Planning	2. Neighbourhood Planning	Requires minimal imp Planning Control	Special Interests	5. Enforcement	2. Requires minimal imp 6: Costed Action Plans	Not applicable																	tevenue equences of chieving	_
SAQ No.	Town planning Effectiveness Self Assessment Question (SAQ) Subject	Domain	Applicable?	1: Disposal of land and property	2: Granting of Leases	2: Acquisition of land and property	4: Costed Action Plans	2. Good	Not applicable																	Camital cost to	tevenue equences of chieving	Notes
E3 SAQ No.E4	Land and Procenty management Iffectiveness Self Assessment Question (SAQ) Subject	Domain	Applicable?	1: Green Plan / Sustainability Strategy	2. Good 2: Energy	2. Good 3: Waste	Not applicable 4: Air Pollution	5.Travel & Transport	6.Water	7. Climate Change Adaptation	8. Procurement	9: Costed Action Plans															tevenue equences of chieving	Notes
SAQ No.	Sustainability (Hectiveness Self Assessment Question (SAQ) Subject	Domain	Applicable?	1. Framework	Requires minimal imp Reles	2. Good 3. Partnera	Requires minimal imp 4. Framework	Requires minimal imp S: Assurance	3. Requires minimal irro 6. Monitoring	4. Requires moderate 7. Audit	2. Good 8. Mitigation	Not applicable 2. Alignment	10: Costed Action Plans													0	tevenue equences of chieving soliance (D)	Notes
SI SAQ No.	Governance process Governance Self Assessment Question (SAQ) Subject	Domain	Applicable 7	1. Effectiveness	Requires minimal imp Challenges	2. Good 3. Visibility	2. Good 4. Relationships	Respect Respect	2. Good 6. Behavioura	Requires minimal im 7. Culture	2. Good 8. Honesty.	Requires minimal im Safety & Wellbeing	Not applicable 10. Healthier workplace	11. Collaboration	12: Costed Action Plans												tevenue of chievenue of chieving and chievenue	Notes
62	Leadership and culture Governance	As a	opikable 3	I. Requires minimal imp	2. Good	2. Good	2. Good	4. Requires moderate in	4. Requires moderate in	Requires minimal im	Requires minimal irre	2. Good	4. Requires moderate in	2. Good	Not applicable												chieving indiance (II) devenue equences of chieving indiance (II)	
SAQ No.	Self Assessment Question (SAQ) Subject Professional advice Governance	pomain .	Applicable?	1. Professional advice	2. In-house advisors 2. Good	External advisors Good	4: Costed Action Plans Not spokeble																			Capital cost to conse achieve compliance (f) com	chleving nollance (D)	Notes

SAQ No.	Self Assessment Question (SAQ) Subject	Domain	Applicable?	1: Compliance Assessment and Policy Review: Adherence to CAP1264 and Downwash Helipad Considerations in the Trust this year reflected in Table	2: Roles and Responsibilities	3: Risk Assessment and Mitigation Strategies for Helipad and Estate	4: Resilience, Emergency & Business Continuity	5: Risk assessment Regulatory Differences between Ground- Based and Elevated Helipads	6: Resilience, Emergency & Susiness Continuity Planning	7: Review Process	8. Collaboration	10. Coated Action Plans														Capital cost to achieve compliance (E)	Revenue consequences of achieving compliance (£)	Notes
SAQ No.	Self Assessment Question (SAQ) Subject	Domale	Confirmation	2. How marry primary HMLS does the trust have operating?	4. How many	4. Who is the Accountable Manager (AM) for your HHLS?	5. AM Email address	6. AM Telephone number	7. AM Job Title	S. Hospital Operations Manual (HDM)	Risk Assessment and Mitgation Strategies for Helipad and Estates	10. Where Coast Guard Search and Rescue (SAR) landings take place on the HNLS.	11. Resilience, Emergency & Business Continuity Planning.	12: Review Process	13. Collaboration	2. Costed Action Plans	Capital cost to achieve desired improvements/outcomes											
FM MF FM00		FM Maturity Framework																								13288	MREFI	
SAQ No.	Self Assessment Question (SAQ) Subject		Q1 - What level of location hierarchy is asset data captured against?	Q2 - Is there a consistent data specification aligned to the FM asset data standards (4.2)?	Q3 - How consistently is the data specification applied across the estate?	Q4 - What is the level of coverage of assets in the asset register data?	us - now complete	Q5 - Is a full asset verification exercise required to update the asset register (5.1)?	Q7 - What regular sample surveys exist for on-going asset verification (5.2)?	Q5 - What processes are in place for change controllapprovals for adding, removing or changing an asset (5.317	Q9 - What processes are in place for data quality checks (5.4)?	Q10 - What processes are in place for data update assurance (5.5)?	Q11 - What governance is in place to support data assurance and quality (5.6)?	Q12 - What level of documentation exists for the these data quality processes and governance (5.7)?	Q13 - Is the data contractually owned by the organisation (6.1)?	Q14 - What level of access does the organisation have to the data in the asset management systems (5.2)?	Q15 - What level of access management exists for controlling user privileges (6.3)?	management systems provide the flexibility to accommodate the	Q17 - Do the asset management systems allow interoperability of asset data (7.2)?	Q18 - Does the asset management a systems sync to a common data platform (7.3)?	Q19 - Do the systems meet data security requirements (7.4)?	Q20 - Do the systems meet data backup management requirements (7.5)?	management da information do reports and dashboards are used for FM man	es asset ass a inform scisions lating to m	decisions relating to nandatory and statutory	decisions relating to Planned	Q25 - How does asset data inform lecisions relating to investment Prioritisation (8.5)?	Q26 - What is the capacity of the teams working with asset data (9.1)?
FM MF FM22		FM Maturity Framework																								13258	#R251	
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Domain	SAQs -Not applicable	Sub-SAQs -Not applicable	1. Outstanding	2. Good	Requires minimal improvement	Requires moderate improvement	5. Inadequate	Total No.
Hard FM - Safety	3	24	3	67	53	19	0	14
Soft FM - Safety	0	11	6	55	16	2	0	
Patient Experience	- 1	6	4	17	0	1	0	
Efficiency	0	6	0	16		1	0	
Effectiveness	0	4	0	15	6	1	0	
Governance	0	1	0	12		1	0	
Helipad	0	0	0	0	0	0	0	





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Г				soliment. 2 Description programs and headware sensionly plans the solity of a soliton of the sol		
				7. National real real processioners bendest over all sites receiving with solid top exercises.		
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				commisses. 3. Inclusion of investment in delicer Arriers in false inalgets on appropriate. 4. Accommisses of effective other destribut investment.		
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■ Back to instructions	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.					
NHS Premises Assurance Model: Safety Domain (Soft FM) The organisation provides assurance for Elatates, Facilities and its support services that the design, layout, build, engineering, operation and mainten the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAGS collectively provide						

	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments	
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
SS1	SS1: With regard to Catering Services can the organisation evidence the following?	Applicable	Applicable	This SAQ covers the safety aspects of catering and food with SAQ PE4 looking at patient feedback on food. Note: This applies to all food sources on-site including commercial and charitable outlets.			
SS1	Policy & Procedures Does the Organisation have a current, approved Policy, Food Safety Management System and an underpinning set of procedures that comply with relevant legislation and published guidance?	1. Outstanding	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;			
	 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? 	2. Good	2. Good	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;			
	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed? Has the organisation documented all processes and procedures in an approved HACCP document?	3. Requires minimal improvement	1. Outstanding	Food Standards Agency ratings and Nonmental Health Officer reports. Realth reviewed and included in local risk register; Miligiation strategies for areas of risk identified; Merit and the strategies for th			
	4: Maintenance Are assets, equipment and plant adequately maintained, regularly and monitored to ensure equipment relating to temperature control is functioning correctly?	3. Requires minimal improvement	3. Requires minimal improvement	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, ourstanding works, equipment down-time etc. Planned preventative maintenance system in place; Quality control/inspection records			
	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 including level 2 hyglene for all food handlers and HACCP at the appropriate level for supervisors and Managers?	3. Requires minimal improvement	3. Requires minimal improvement	 Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to accord hazards and control the risks, including safe use of plant, service and test reports; Training needs analysis for all staff and attendance records: 	Food Hyglene (England) Regulations 2006. Control of Substances Hazardous to Health 2002 Siroos Safely Act 1990 (Amended Regulations 2004) 4, HSO (89) 20 Almangement of Food Hyglene & Food Services in the		
SS1	6: Resillence, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect: 2. Emergency response and business continuity plans developed and reviewed: 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of retireng and responses of actual incidents collated, assessed and used to update risk and plans.			
SS1	 Review Process In the a robust regular review process to assure compliance and effectiveness of relevant standards, policies and procedures witch includes sampling and testing where required? 	1. Outstanding	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;	5. NHS Code of Practice for the manufacture, distribution and supply of food, ingredients and food related products. 6. Regulation EC 852/2004 on the hygiene of foodstuffs. 7. Cod Service at Ward Level with Healthcare food and Beverage Service Standards – a guide to ward level services – 2007		
SS1	 Food Standards (No.1) Organisations should have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item. 	3. Requires minimal improvement	2. Good	Documented and readily available	 Compliance with Healthcare Commission Core Standard 14 (Food) Health Act 2006 Code of Practice for Prevention and Control of Health Care Associated Infections (Department of Health 2006) revised January 2008 Food Salety(England) Regulations 2005 		
SS1	Food Standards (No.2) Cigamisations should have a food and drink strategy.	2. Good	2. Good	Documented and readily available	11. Food Safety (Temperature Control) Regulations 1995 12. COC Guidance for providers on meeting the regulations 13. Fire Hazards have been considered for any catering service 14. NHS 10 Key Characteristics of Good Nutrition and Hydration 15. British Dietetic Association's Nutrition and Hydration Digest	Guidance for Food Standard no 8 If patient/staff/visitors are not present 24/7,	
SS1	10. Food Standards (No.3) Organisations should consider the level of input from a named food service dietitian to ensure choices are appropriate.	2. Good	2. Good	Documented and readily available Mnutes of nutritional steering group available Name and details of dietains from contacts page widened and details in the nutrition of the steering available and details in mohement in menu engineering	1.0 crisis Ludesic. Associator is Nutrition and in-programon tugest 1.1 crisis Ludesic. Associator is Nutrition and in-programon tugest 1.1 The MUST Trouble (Maharution tumberal Sciencing Tool) 1.8 National standards for healthcare food and drink 1.1 The MUST Trouble (Maharution Ludesic) 1.8 National standards for healthcare food and drink 1.1 The MUST Trouble (Maharution Ludesic) 1.8 Food Review 1.1 The National Science of the National Science of the National Science of the National Science of the National Science of the National Science of the National Science of the National Science of the National Science of the Science of t	approach this question as having a food provision for 100% of the time they are on site. If the type of food service is not present within your trust, put not applicable, however you cannot put not applicable for all 7 Food Standard Mo. 8 questions as you should be working to provide a 24/17 offering for your staff of one of these types	
SS1	Food standards (No. 4) Organisations should nominate a food safety specialist and this person should chair a food safety group	2. Good	2. Good	Documented and toadly analibile Whitener food askey group nailable S. Evidence of Bood askey group nailable S. Evidence of Bood sakey audit management and sakey system 4 A Bood sakey group, to include relevant leads should be set up, this should also pick up catciones from 5. Mandatory training should include an appropriate level of food hygiener braining trail employees working with and serving bod, this should be completed at least once every 3 years.		of food service If your trust operates 24/7 services but the food provision operates only dayline hours, the maximum score should be requires minimal improvement	
SS1	12. Food Standards (No.5) Organisations invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by ches and tood service teams in the provision of safe food and drink services, including training report, matrices or other evidence of chef, catering and nurse training including 1.2 food safety.	2. Good	3. Requires minimal improvement	Documented and readily available training matrices' and training programme available on ESR	imps://www.boz.uk.com/spectaiste/pups-encoder/intersordersew/spectalist-group/nuttition-and-hydration-digest-harin https://www.bda.uk.com/professional/practice/practice_guidance/home https://www.bapen.org.uk/screening-and-must/must/must-toolkit/the- must-tiself https://www.bapen.org.uk/must-and-self-screening/must-toolkit/		
SS1	13 Food Standards (No.6) Organisations are able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.	2. Good	2. Good	Documented and readily available training matrices' and training programme available on ESR	https://www.dopland.nlns.uk/long-read/national-standards-for-healthcare- food-and-drink/. https://www.gov.uk/government/publications/independent-review-of- nhs-hospital-food		

	NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation p	orovides assuran	ce for Estates, Facilities and its support services that the	design, layout, build, engineering, operation and maintenance of	
			ppropriate levels e design, maint	of safety to provide premises that supports the delivery of enance and use of facilities, premises and equipment	f improved clinical outcomes. The SAQs collectively provide nt keep people safe.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated NIA in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt of the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
SS1	14. Food Standards (No. 7) Organisations are able to monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals, a full waste strategy including food waste	2. Good	2. Good	Documented and readily available Evidence provided of involvement of waste management measurements and systems S. Evidence food is included within waste management strategy Completed ERIC return inline with this		
SS1	15.Food Standards (no. 8) NNS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demorpsylbr. You have a 24 hour restaurant.	3. Requires minimal improvement	Requires moderate improvement	Documented and readily available with analysis of why this is appropriate		
SS1	16.Food Standards (no. 6) NRS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have a 24 hour calls	3. Requires minimal improvement	3. Requires minimal improvement	Documented and readily available with analysis of why this is appropriate		
SS1	17.Food Standards (no. 6) NRS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have a hot wording services.	3. Requires minimal improvement	3. Requires minimal improvement	Documented and readily available with analysis of why this is appropriate		
SS1	18.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have retail services	3. Requires minimal improvement	Requires moderate improvement	Documented and readily available with analysis of why this is appropriate		
SS1	19.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have cold vending	3. Requires minimal improvement	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	20.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demographic. You have smart fridges	3. Requires minimal improvement	Not applicable	Documented and readily available with analysis of why this is appropriate		
SS1	21.Food Standards (no. 8) NHS organisations are able to demonstrate that they have nutritional, healthy 24/7 food service provision, which is appropriate for their demorphist. You have safet provision for storage and healting of food trought from home.	2. Good	2. Good	Documented and readily available with analysis of why this is appropriate		
SS1	22: 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.	2. Good	Not applicable	Action plans to identify Capital and Revenue investment should address west of non compliance identified in the NMS PAM and other addressions and the reduced of the Capital Capi		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	13				
SS2	SS2: With regard to Decontamination Processes can the organisation evidence the following?	Applicable	Applicable	Management, operation and maintenance of decontamination equipment and processes covering the decontamination of surgicial equipment, limen, dental equipment and flexible endoscopes. As set out in the HTM 01 Suite 01-08		
SS2	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trustfalle; Regular assessment of policies and procedures; Quality manual and supporting processes.		
SS2	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?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period; 4. Trust management structure for decontamination 5. Appointment lettle for AE, job descriptions e.g. decontamination lead, SSD manager, Endoscopy brit contamination lead, SSD manager, Endoscopy brit 6. Appointment letter for APD; 7. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards.	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and COC Guidance for providers on meeting the regulations (1) (All premises and equipment used by the service provider nust be—15(1)(d) properly used, 15(1)(e) properly maintained 2. COC Guidance for providers on meeting the regulations 15(1). All premises and equipment used by the service provider must be—15(1)(d) properly used, 15(1)(e) properly maintained, and 3. Health Technical Meronandumol 3014, B. C. D. E. 4. Health Technical Meronandumol 3015, B. C. D. E. 7. ISO 9001 8. ISO 1348 9. Estate/NHRA alerts 10. Medical Devices Directive.	
SS2	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;	Revision to the Medical Devices Directive. CQC Guidance about compliance - Guidance about compliance Essential standards of quality and safety 13. GS1 coding. I.A. NHS Operating Framework. Medical Devices Regulations (MDR) 2002. I.B. SE NR SIO 13485.	

	NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation the estate meet a	provides assuran	ce for Estates, Facilities and its support services that the of safety to provide premises that supports the delivery or senance and use of facilities, premises and equipme	e design, layout, build, engineering, operation and maintenance of of improved clinical outcomes. The SAQs collectively provide	
F						
	SAQ/Prompt Questions	2023-24		Evidence (examples listed below) Evidence in operational systems should demonstrate the	Relevant guidance and legislation	Comments
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt of the drop down columns	uestion by using menus in the below	approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
SS2	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality corribinspection records 4. Validation reports for vesibre disinfectors and drying statistics. 5. Plemits to work for service engineers. Service contracts. PPM dockets and maintenance instructions 6. Permit to work system	17. Executive Letter (1995). 17. Executive Letter (1995). 18. Executive Letter (1995). 19. In-vitro Diagnostic Devices Directive. 19. In-vitro Diagnostic Devices Directive. 20. Kirty, E.; Dickinson, J., Vassey, M., Dennis, M., Comwell, M., Miceo N. et al. (2012). Biossasy stunnex L. 21. IHEEM AECIJ (1995). 22. Institute of Decontamination Sciences (IDSc). 23. Institute of Healthcare Engineering and Estate Management (IHEEM). 24. ESAC-Preport. 25. MFRA's Managing medical devices: guidance for healthcare 26. MFRA's Managing medical devices: guidance for healthcare 26. MFRA's Managing medical devices: guidance for healthcare 26. MFRA's Medical devices: conformity assessment and the CE matri. 27. BSG Guidance for flexible endoscopy	
SS2	S. 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?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute postwiety to their own seldy and health at work and to avoid hazards and control the relies, including sale use of plant, service and test reports, including sale use of plant, service and test reports. 3. Training needs analysis, staff unlaring matrix for SSDIE-indoscopy and Estates Teams. Specialist training with setteral providers. Soop cleaning training the setteral providers. Soop cleaning 4. Competency documents for endoscopy technicians 6. Competency documents for endoscopy technicians 6. Competency documents for contractors required to work on discontamination equipment. 6. Agency staff – fused include matrix of assessment of competency etc?	28. JAG Guldance for endoscopy 29. BSE NIS O 1583 (washes – surgical and endo) 30. BSEN ISO 285 (settlizers) 31. BSE NISO 285 (settlizers) 31. BSE NISO 14602 (dinying cabinets endo) https://www.legislation.gov.uk/ukosi/2014/9780111117613/contens bitps://www.legislation.gov.uk/ukosi/2014/9780111117613/contens bitps://www.legislation.gov.uk/ukosi/2014/9780111117613/contens bitps://www.legislation.gov.uk/ukosi/2014/9780111117613/contens bitps://www.legislation.gov.uk/ukosi/2014/9780111117613/contens self-sized-index-ind	
SS2	Resilience, Emergency & Business Continuity Planning Does the Organisation have esilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	2. Good	2. Good	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business community plans appropriate to identified risk leads of the properties of the pr	https://www.gov.uk/guidence/medical-devices-conformity- assessement-and-the-ce-mair. https://www.gov.uk/government/consultation-cn-the- https://www.gov.uk/government/consultation-cn-the- https://www.gov.uk/government/consultation-cn-the- full-medical-med	
SS2	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented: 2. Outputs of reviews and their inclusion in Action Plans; 3. Internal and external audit reports 4. Use of ISO 9001 and ISO13485 can be 5. AE audit of Trust policy and processes 6. INEEM JAC audit report and certificate 7. Significant indings from Authorising Engineer reports and action plans.	http://wprints.gla.ac.uk/75539.ir/T5539.pdf https://www.heem.org.uk/HEEA-Muhdraing-Engineer- Decorriammaton-Regaier https://www.heem.org.uk/ https://www.heem.org.uk/ https://www.heem.org.uk/ https://www.heem.org.uk/ https://www.heem.org.uk/ https://www.heem.org.uk/ https://www.heem.org.uk/ government/publications/managing-medicat- devices https://www.heem.org.uk/ https	
ssa	8: Costed Action Plans If any ratings in this SAQ are "nadequate" or 'requires moderate or minor improvement" are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Zevidence of Seculation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.htgip.org.u/i https://inhop.bigroup.com/ProduciDelai?pid=00000000303S3 1986/oranitv=386044230705/kis-yword=ion13485/kmiachthyp=58. hetworts-glode-over-28.gcid=c/00(Cybu+HSBRDOAHSA1S3- Lleb Thirt Turn-48VFa_w2Ch42fatig OB9/wmYHF2wdV+KCLOE PDNaAsaFEAL_w.uCb PDNaAsaFEAL_w.uCb PDNaAsaFEAL_w.uCb https://inhop.bigroup.com/ProductDelai/Ppid=00000000003278 571 #r-tbest*/X20ped(files*X20cyulements\%20and\%20the.of\% 20ah%20lesst\%2060\%20. https://www.sco.org/standards55280.html	
	Capital cost to achieve compliance	£C	03			
	Revenue consequences of achieving compliance	93	£0			
SS	SS3: With regard to Waste and Recycling Management can the organisation evidence the following?	Applicable	Applicable	The scope of this SAQ may gross over into Effectiveness Question E4 (SDMP)		
SS	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	1. Outstanding	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
SS	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?	3. Requires minimal improvement	2. Good	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		

	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of						
	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide						
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.						
SAO/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			

	the estate meet appropriate levels of safety to provide premises that supports the delivery of Improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.							
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments		
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
SS3	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;				
SS3	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	1. Outstanding	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-lime etc. Z. Planned preventative maintenance system in place; Quality control/inspection records	1. Wasle Electrical and Electronic Equipment Regulations 2006 2. Pollution Prevention and Control (England and Wales) Regulations 2000 3. Environment Act 1995 4. Environmental Protection Act 1990 5. Health Technical Memorandum 07-01; Safe Management of Healthcare Waste 6. Health 17 Social Care Act 2008 (Regulated Activities) Regulations			
SS3	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?	2. Good	3. Requires minimal improvement	 Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including self-use of plant, service and lest reports. Training needs analysis for all staff and attendance records: 	2014 . COC Guidance for providers on meeting the regulations 8. COC Provider Handbooks 9. NHC England - NHC Glinical vasets strategy https://www.legislation.gov.ukiusi/2006/3289/contents/made https://www.legislation.gov.ukiusi/2006/3289/contents/made https://www.legislation.gov.ukiusi/2006/3289/contents/made https://www.legislation.gov.ukiusi/2006/3289/contents/ https://www.legislation.gov.uki			
SS3	6: Resillence, Emergency & Business Continuity Planning Does the Organisation have realisence, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect; Emergency response and business continuity plans developed and reviewed; Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	Imput view england into use-estate/near-rectificies-retirible and imput view england more useful view england in the political view of the political view open gradient providers menting regulations this political view open gradients and view open gradients where the political view open gradients where the political view open gradients are the political view of the politic			
SS3	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	3. Requires minimal improvement	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;				
	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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments. Evidence of escalation to Trust Board and relevant committees: Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;				
	Capital cost to achieve compliance Revenue consequences of achieving compliance	03						
SS4	SS4: With regard to Cleanliness and Infection Control applying to Premises and Facilities can the organisation evidence the following?	Applicable	Applicable	This SAQ covers the safety aspects of cleaning and infection control. SAQ PE3 looks at patient feedback relating to cleanliness.				
SS4	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;				
SS4	2: Roles and Responsibilities Does the Chganisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	Trust management structure/organogram for this area; Jub descriptions including roles and responsibilities; S. Key relevant Objectives for the period; 4. Framework of responsibility at furst level, linking into departmental responsibilities.				
SS4	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;				
SS4	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g., response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/inspection records				
SS4	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?	3. Requires minimal improvement	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plint, service and test reports; Training needs analysis for all staff and attendance records; Use of NHS England Cleaning Manual	1. Health and Care Act 2022 (Health Bulled) Note 0-0-9) Infection control in the built environment 3. Association Oxed 0-0-9) Infection control in the built environment 3. Association of Healthcare Cleaning Professionals (AHCP) (2009) Colour Coding 1-hospital Cleaning Materials and Equipment Safer Practice Notice 15 Practice Notice 15 4. National infection prevention and control manual (NIPCM) for England 5. Health Building Note 04-01) Adult in-patient facilities: planning and design			

NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.

NHS Premises Assurance Model: Safety Domain (Soft FM)			The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide						
	■ Back to instructions			nt keep people safe.					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments			
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns	menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.				
SS4	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and lested with the appropriately trained staff?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect. The control of the	6. CDC Guidance for providers on meeting the regulations 7. CDC Provider Inarhabooks 8. National Standards of Healthcare Cleaniness 2021 8. Net Cleaning Manual (on the EH hub since 2021, to be published on web filters 2026) 9. Net Cleaning Manual (on the EH hub since 2021, to be published on web filters 2026) 1. https://www.eiglaistion.gov.uk/ukpga/2022/31/contents 2. https://www.eiglaistion.gov.uk/ukpga/2022/31/contents 2. https://www.eiglaistion.gov.uk/ukpga/2022/31/contents 3. https://www.eiglaisti	(For SS8 and 9 - Although the mandator requirement is to display in patient falor areas, a Trust may choose to display in other areas so this is capturing evidence where trusts are improving standards for staff - it is best practice to share this information wider)			
SS4	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;	manual-nipom-for-england/ 5https://www.negland.nb.u/bjublication/adult-in-patient-facilities- planning-and-design-thon-04-01/ 687. https://www.ncp.org.u/bjuddance-providers/regulations 8https://www.england.nbs.u/bjublication/national-standards-of- healthcare-cleanliness-2021/				
SS4	Cleaning Standards 2021 Can you evidence that Star ratings are Displayed in patient facing areas?	1. Outstanding	1. Outstanding	Audit evidence Publicly displayed and available	9. Hub not yet published				
SS4	Cleaning Standards 2021 As a minimum has 55% of the estate achieved a star rating of 4" or above, following their technical audits, in FR categories 1 – 4?	2. Good	1. Outstanding	Documented and readily available Publicly displayed and available Reviewed annually					
SS4	Cleaning Standards 2021 Have you undertaken efficacy audits in a minimum of 95% in each FR categories 1 – 4?	2. Good	2. Good	Audit evidence Reported to Board quarterly					
SS4	Cleaning Standards 2021 Do you have evidence that audits scoring 3* stars or below are following an escalation and review process?	2. Good	2. Good	Audit evidence Reported to Board quarterly					
SS4	12: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; A. Assessment of effect of prior identified investment;					
	Capital cost to achieve compliance	£0							
	Revenue consequences of achieving compliance	£0	£	0					
SS5	SSS: With regard to Laundry and Linen Services can the organisation evidence the following?	Applicable	Applicable	There may be some cross over with this SAQ and SS4.					
SS5	 Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance? 	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;					
SS5	 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? 	2. Good	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;					
SS5	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;					
SS5	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	3. Requires minimal improvement	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding words, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Qualify control/inspection records	(HTM 01-04) Decontamination of linen for health and social care Department of health Uniforms and workware Guidance on uniform and workware professe for He's employees Title Guidance on uniform and workware professe for He's He's He's He's He's He's He's He's				
SS5	S. Training and Development Does the Organisation have on 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?	1. Outstanding	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health a stork and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for at staff and attendance records. 3. Training matrix available	5. HSE (2002) Control of Substances Hazardous to Health Regulations. London: Stationey Office Health and Care Act 2022 6. CGC Guidance for providers on meeting the regulations 7. CGC Provided Hendhocks 8. The Textile Services Association 1. https://www.england.nhs.uk/publication/decontamination-of-linen-for-health-and-social-care-thm-01-04/ 2. https://www.england.nhs.uk/publication/uniforms-and-workwear-publication/services-and-workwear-publication-for-firen-for-health-and-social-care-thm-01-04/ 2. https://www.england.nhs.uk/publication/uniforms-and-workwear-publications/uniforms-and-workwear-publi				

	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.

	NHS Premises Assurance Model: Safety Domain (Soft FM)	ce for Estates, Facilities and its support services that the	design, layout, build, engineering, operation and maintenance of						
			he estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.						
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments			
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt of the drop down columns	uestion by using menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.				
SS5	6: Resilience, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect: Section of the control of the control of the 2. Emerging response and business continuity plans Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Records of testing and responses of actual incidents collated, assessed and used to update risk and plans;	S. niusz. Jinww.gov.uncjoventremucunaumsminimisauori-agamse- intectious-disease-the-green-book. 4. https://www.hse.gov.ulkjouhshirol.13.pdf 5. https://www.hse.gov.ulkjouhshirol.23.pdf 6thtps://www.hsejasiatori.gov.ulkoushir 6thtps://www.hsejasiatori.gov.ulkoushirol. 6thtps://www.hsejasiatori. 6thttps://www.hsejasiatori. 6thttps://www				
SS5	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	3. Requires minimal improvement	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;					
SS5	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.	Not applicable	Not applicable	Action plans to identify Capital and Resenue investment should address areas of non compliance identified in the NNS PAM and other assessments. Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; A. Assessment of effect of prior identified investment;					
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0	£0						
SS6	SS6: With regard to Security Management can the organisation evidence the following?	Applicable	Applicable	This SAQ relates only to the Physical Security infrastructure and labour related to the security of NHS facilities and not fraud or cybersecurity.					
SS6	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidancer?	2. Good	1. Outstanding	Policy and procedures relevant to E&F services relevant to the trasfate: Regular assessment of policies and procedures; Regular assessment of policies and procedures are serviced as a standardore document or as part of a policy statement. S. Evidence of a Security Policy, Violence and Aggression Policy. Policy. Regular assessment of the special violence and policies and procedures in place for year of the procedure in place for the security of all medicines and controlled drugs.					
SS6	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?	2. Good	2. Good	Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period; 3. Key relevant Objectives for the period; 5. Key relevant objectives for the period; 5. Key relevant objectives for the seasons of the objective of the seasons of the seasons of the objective of the seasons of the se	1. Counter-Terrorism and Border Security Act 2019 2. National Counter Terrorism Security Office guidance 4. Criminal Procedure and Investigations Act 1996 5. Guidance from the Surveillance Commissioners Office				
SS6	Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Relac reviewed and included in local risk register; Mitigation statespies for areas of tesk identified; Review and inclusion of risks into Trust risk registers; Resident and aggressive individuals registers; Violent and aggressive individuals remained in the remained include those related to; Violent and aggressive individuals - Permises suitability - Lone working arrangements. - Evidence of Security assessment programme	6. General Data Protection Regulations 2018 7. Criminal Justice and Immigration Act 2008 8. Criminal Law Act 1967 9. Following the principle of NHS Protect - Standards for providers 2017-18 Fraud, bribery and corruption 10. Health and Salety at work act 1974. 11. Updated - NHSS Net Net 1974. 11. Updated - NHSS Net Net Net 1974. 12. Health and Social Care Act 2008 (Regulated Activities) Regulations 244 12. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and COZ Guidence for providers on meeting the regulations 13. OCD Provider Handbooks 13. OCD Provider Handbooks 14. Marhyn's Law Currently under consultation - 8 is important to be				
SS6	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventalive/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-lime etc. 2. Planned preventative maintenance system in place; 3. Quality control/inspection records 4. Evidence of security involvement in new builds. 5. Evidence of a annaged and maintained security access control system.	aware of updates) https://www.legislation.gov.uk/ukpga/1996/25/contents https://www.legislation.gov.uk/ukpga/2019/3/contents/enacted https://www.out/governmenuflates/*departments%:58%5D=national- counter-terrorism-security-office https://www.negislation.gov.uk/ukpga/1998/42/contents				

	NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation p	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide					
	■ Back to instructions			enance and use of facilities, premises and equipme				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments		
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt q the drop down columns		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
SS6	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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of 2. Training needs analysis for all staff and attendance records. S. Evidence of the promotion of security awareness via multiple mediums 4. Evidence of the resolution of security awareness via thorse based on a training needs analysis which is monitored, resultated and retrieved as resedut. S. Evidence of series security training commensurate with duties based on a training needs analysis which is monitored, resultated and retrieved as resedut. S. Evidence of series security training commensurate with duties based on a training needs analysis which is monitored, resultated and retrieved as resedut. S. Evidence of series security training commensurate with duties based on a training needs analysis which is monitored, resultated and retrieved are needed.	https://www.legislation.gov.uk/ubpga/1966/25/contents https://www.legislation.gov.uk/ubpga/1966/25/contents https://www.legislation.gov.uk/ubpga/1966/25/contents https://www.legislation.gov.uk/ubpga/2016/14/contents https://www.legislation.gov.uk/ubpga/2016/4/contents https://www.legislation.gov.uk/ubpga/2016/4/contents https://www.legislation.gov.uk/ubpga/2016/4/contents https://www.legislation.gov.uk/ubpga/2016/4/contents https://dc.nhs.uk/resources/downloads/standards/Fraud_Standards_fo_ [providers_2017-11/6.gdf https://www.legislation.gov.uk/ubpga/1974/37/contents https://dc.nhs.uk/resources/downloads/standards/Fraud_Standards_fo_ Providers_2017-11/6.gdf https://www.legislation.gov.uk/ubpga/1974/37/contents ders_gov_meeting_the_regulations_final_01.pdf ders_gov_meeting_the_gov_meeting_the_gov_meeting_the_gov_meeting_the_gov_meeting_th			
SS6	Resilience, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect. Emergency response and business continuity plans developed and reviewed; Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; continuity plans are developed to include the second of the	46d7T4ee3%7C0%7C0%7C0%334159483785200299%7CUhincomsh767 TMPFpCC25a058gw/lipidAcMu4_pAdmAc.ClQqlv2/YaldkiCU.BTIBlist Hallwist_CDVCI6Mn0%5D%7C300%7C0%TC%7C%2deates0vmDVJT hallwist_CDVCI6Mn0%5D%7C300%7C0%TC%7C%2deates0vmDVJT hallwist_CDVCi6Mn0%5D%7C300%7C0%TC%7C3deates0vmDVJT ders_on_meeting_the_regulations_final_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus/talesdefabilities20150325_acc_readential_ser_vices_provider_handbook_march_15_update_01.pdf https://www.pccisus.html.ncm.ncm.ncm.ncm.ncm.ncm.ncm.ncm.ncm.ncm			
SS6	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented: Outputs of reviews and their inclusion in Action Plans; Demonstration that risks dentified through assessment are sufficiently under do enable militagion and response Annual report to board in relation to security management Evidence of work plan and ongoing review and update of the procedure				
SSE	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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of excatation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of one roll dentified investment:				
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0						
SS		Applicable	Applicable	SAQ covers feet management and transport of goods and services on and between sites. It excludes patient transport apart from the management of taxi services. Related patient experience is covered in SAQ PS. Access arrangements may also be covered under SH2. This includes car parking.				
ss	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;				
ss	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?	3. Requires minimal improvement	2. Good	Trust management structurelorganogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;				
ss	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	Risks reviewed and included in local risk register; Mitigation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;				
SS	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g., response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; Quality control/inspection records	Health Technical Memorandum 07-03: Transport Management and Car Parking Research Establishment BRE - BREEAM Travel Plan documentation. Net Zero Travel & Transport Strategy			
SS	S. 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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to sucid hazards and control the risks, including safe use of plant, service and test reports. 2. Training needs analysis for all staff and attendance records:	https://www.england.nbs.uk/lestates/health-technical-memoranda/ https://kb.treeamcon/knowledgebase/transport-assessments-and- transport-statements/ https://www.england.nbs.uk/long-read/het-zero-travel-and-transport- stratesy/ https://www.england.nbs.uk/long-read/het-zero-travel-and-transport- stratesy/ https://www.england.nbs.uk/lestates/https://www.england.nbs.uk/ 101-EV-Zulade-bot-Freet-Manage-WEB-pdf 101-EV-Zulade-bot-Freet-Manage-WEB-pdf			

■■ Back to instructions	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.
NHS Premises Assurance Model: Safety Domain (Soft FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide

	■ Back to instructions	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated NIA in which asso pront quastions scores are ignored. Refer to 'prompt guidance sheet' for further guidance.	Rate the prompt q the drop down columns	uestion by using menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	OVIIII/10HIS
SS7	6: Reallience, Emergency & Business Continuity Planning Does the Organisation have reallence, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect. Emergency response and business continuity plans developed and reviewed. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	Procurement-Guide pdf	
SS7	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans;		
SS7	8: Costed Action Plans If any natings 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address sees of non compliance identified in the NHS PAM and other assessments; Evidence of excalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
SS8	SS8: With regard to Pest Control can the organisation evidence the following?	Applicable	Applicable			
SS8	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trustable; Regular assessment of policies and procedures; Preventable/corrective strategies, demonstration of documented process and whereby non-compliance is less entitled and remediation strategies are developed and delivered.		
SS8	 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? 	2. Good	3. Requires minimal improvement	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		
SS8	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Miligation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers;		
SS8	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	3. Requires minimal improvement	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/inspection records	1. Public Health Act 1961 2. Control of Pollution Act 1974 3. Health and Salety at Work Act 1974	
SS8	5. Training and Development Does the Organisation have as 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?	2. Good	3. Requires minimal improvement	 Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of 2. Training needs analysis for all staff and attendance records: 	4. The Poisons Act 1972 5. The Control of Substances Hazardous to Health Regulation 1988 6. Control of Pesticides Regulations 1988 6. Control of Pesticides Regulations 1989 7. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 8. CCC Guidance for providers on meeting the regulations https://www.legislation.gov.uk/ubags/Eliz29-4 (1044/contents) https://www.legislation.gov.uk/ubags/Eliz29-4 (1044/contents)	
SS8	Resillence, Emergency & Business Continuity Planning Does the Organisation have realisence, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately basined staff?	2. Good	3. Requires minimal improvement	Assessment undertaken of resilience risks both direct and indirect. Z. Emergency response and business continuity plans developed and reviewed. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels. Regular testing and responses of actual incidents collated, assessed and used to update risk and plans.	https://www.legislation.gov.uk/upga/1974/37/contents https://www.legislation.gov.uk/upga/1972/66 https://www.legislation.gov.uk/upga/1972/66 https://www.legislation.gov.uk/usi/1988/1567/contents/made https://www.sigislation.gov.uk/usi/1988/150/contents/made https://www.cqc.org.uk/files/guidance-providers-meeting-regulations	
SS8	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans; Outputs of reviews and their inclusion in Action Plans; Description of their inclusion COSHH data sheets for pestidade, records of pati placement etc. Documented evidence of sudits and reviews to support compliance.		

	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of
	the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide
■ Back to instructions	assurance that the design, maintenance and use of facilities, premises and equipment keep people safe.

	■ Back to instructions			f improved clinical outcomes. The SAQs collectively provide at keep people safe.		
F	SAQ/Prompt Questions	2023-24	2024-25	enance and use of facilities, premises and equipment Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SALPYrompt questions SAQs in green shaded cells can be rated NIA in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt of the drop down columns	uestion by using menus in the	Evidence (examples listed below) Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	Rerevant guicance and registation The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	Comments
SS8	8: Costed Action Plans If any natings 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address ense of non compline identified in the NSS PAM and other assessments. Evidence of secalation to Trust Board and relevant committees. Inclusion of Investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
	Revenue consequences of achieving compliance	EU	, Et			
SS9	SS9: with regard Portering Services can the organisation evidence the following?	Applicable	Applicable	In line with local organisational portfolio for this area.		
SS9	Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trustistic; Regular assessment of policies and procedures; Patient transfer policy; Infection control procedures and training.		
SS9	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?	2. Good	2. Good	Trust management structure/organogram for this area; Job descriptions including roles and responsibilities; Key relevant Objectives for the period;		
SS9	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk miligation strategies applied and regularly reviewed?	2. Good	2. Good	Risks reviewed and included in local risk register; Mitgation strategies for areas of risk identified; Review and inclusion of risks into Trust risk registers; Review and necession of risks may be received and exposure to harmful substances and bodily fluids.		
SS9	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. Planned preventative maintenance system in place; Qualify controllinspection records Tanining matrix available.	1. Health & Safety at Work Act 1974 2. Management of Health & Safety at Work Regulations 1988 3. COC Provider Handbooks https://www.legislation.gov.uk/ukpga/1974/37/contents https://www.legislation.gov.uk/ukpga/1988/1/22/2contents/made	
SS9	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?	2. Good	2. Good	Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their one safety and health a stock and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records: 3. Manual handling training	https://www.cqc.org.uk/sites/default/files/20150325_sec_residential_ser/ vices_provider_harbook_march_15_youthe_0f_pot To rode we are working on guidance for portering which will be available for reference neat year, covering: ————————————————————————————————————	
SS9	8: Resilience, Emergency & 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?	2. Good	2. Good	Assessment undertaken of resilience risks both direct and indirect: Emergency response and business continuity plans developed and reviewed: Regular testing of Emergency response and business continuity plans appropriate to destinate directive developed. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.		
SS9	7: Review Process is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Annual reviews of standards, policies and procedures documented; Outputs of reviews and their inclusion in Action Plans; Evidence of patient involvement and feedback. Patient Feedback considered and actioned		
SS9	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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NNS PAM and other assessments; E. Evidence of escalation to Trust Board and relevant committees; I. inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
	revenue consequences of achieving compliance	1 20	- E	1		

N	HS Premises Assurance Model: Patient Experience Domain				e way in which services are delivered. The organisation will involve patients and members of the public
	■ Back to instructions	in the developme	ent of services and	d the monitoring of performance.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	npt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
P1	P1: With regards to ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff can your organisation evidence the following?	Applicable	Not applicable	P1 replicates the CQC Provider handbooks KLOE R4 and assesses your processes for patient involvement, compliments and complaints	
P1	Views and Experiences Are people's views and experiences gathered and acted on to shape and improve the services and culture?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Review of the Patient Led Assessment of the Care Environment (PLACE) results and implementation of the outcomes;	
P1	Engagement Are people who use services, those close to them and their representatives actively engaged and involved in decision making?	2. Good	2. Good	Engagement process and methodology Friends and Family Test Patient Advice and Liaison Service (PALS)	Data Protection Act 1998 Freedom of Information Act 2000 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: CQC Guidance for providers on meeting the regulations S. CQC Provider Handbooks
P1	Staff Engagement Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?	3. Requires minimal improvement	4. Requires moderate improvement	Surveys and questionnaires Focus Groups Sac Engagement feedback influencing services developments and improvements	NHS England Transforming Participation in Health and Care – September 2013 The Kings Fund Research Paper; Patient Engagement and Involvement The Kings Fund Research Paper; The Quality of Patient Engagement and Involvement in Primary Care 2010
P1	Prioritisation Do leaders prioritise the participation and involvement of people who use services and staff?	2. Good	2. Good	Governance and process for dealing with feedback	https://www.legislation.gov.uk/ukpga/1998/29/contents https://www.legislation.gov.uk/ukpga/2000/36/contents https://www.legislation.gov.uk/ukds/2014/978011117613/contents https://www.co.cor.gu.k/files/quidance-providers-meeting-regulations
P1	Value Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?	2. Good	2. Good	Adherence to confidentiality policy Feedback to stakeholders and patients	https://www.cqc.org.uk/sites/default/files/20150325_aso_residential_services_provider_handbook_march_15_update_01.pdf https://www.england.nhs.uk/2013/09/trans-part/ https://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement
P1	6: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement
	Capital cost to achieve compliance	£0			
	Revenue consequences of achieving compliance	£0	£0		

N	HS Premises Assurance Model: Patient Experience Domain			ient experience is an integral part of service provision and is reflected in that the monitoring of performance.	e way in which services are delivered. The organisation will involve patients and members of the public
	■ Back to instructions	iii alo dovolopiiii	5.11 G1 G0.11000 G11	a tro monitoring or performance.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	apt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
P2	P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues on condition, appearance, maintenance and P&D. Safety aspects are dealt with in the safety domain.	
P2	PLACE Assessment The organisation has completed the PLACE assessment relating to the care environment (estate) and estates related privacy and dignity issues, for all relevant sites and published a local improvement plan.	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services 7evelopments and improvements 8. Adherence to confidentiality policy 9. Feedback to stakeholders and patients 10. Complaints Procedure 11. Diversity considerations	1. NHS England: Delivering same sex accommodation guidance. Responsibility transferred to NHSE/l in 2017. The DHSC guidance was revised and published in 2019. 2. Patient Led Assessments of the Care Environment (PLACE). 3. Health Ombudsman 'Care and Compassion' report 4. National In-patient survey 5. Commission for dignity in Care for older people 'delivering dignity' report 6. Patient Association guidance and advice 7. Joint Committee on Human Rights 'The Human Rights of Older People in healthcare'
P2	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction with the estate and related privacy and dignity issues and is action taken on the results?	2. Good	2. Good	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Monthly reporting of breaches of mixed-sex accommodation guidance Meetings and dialogue with CQC identifying improvements	8. CQC Provider Handbooks https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/ https://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/ https://www.ore.org.uk/publications/surveys/surveys- https://www.hosconfec.org/resources/2012/06/delivering-dignity-securing-dignity-in-care-for-older-people-in- hospitals-and-careff:text=hospitals%20and%20careDelivering%20Dignity%3A%20Securing%20dignity%20in%20fora.people%20in%20hospitals%20and %20care&text=Delivering%20Dignity%20bl/sub/sub/sub/sub/sub/sub/sub/sub/sub/sub
P2	3: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.patienra-association.org.uk/sites/default/files/20150325_asc_residential_services_provider_handbook_march_15_update_01.pdf
	Capital cost to achieve compliance	£0			
	Revenue consequences of achieving compliance	£0	£0		

N			ensures that par	ient experience is an integral part of service provision and is reflected in th	e way in which services are delivered. The organisation will involve patients and members of the public
	■ Back to instructions		ent of services an	d the monitoring of performance.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Re	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	apt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
P3	P3: With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues on cleanliness. Safety aspects of cleanliness are covered in the safety domain.	
P3	PLACE Assessment The organisation has completed the PLACE assessment relating to cleanliness for all relevant sites and published a local improvement plan.	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 9. Diversity considerations	
P3	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the cleanliness and is action taken on the results?	2. Good	2. Good	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Heating and staff charter Meetings and dialogue with CQC identifying improvements	Health and Social Care Information Centre: Patient Led Assessments of the Care Environment (PLACE) https://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/
P3	3. Cleaning Schedules Are Cleaning Schedules publicly available?	2. Good	1. Outstanding	Reviews of policy stating where schedules are available compared with actual checking of availability.	
P3	4: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0]
	Revenue consequences of achieving compliance	£0	£0	I	

NHS Premises Assurance Model: Patient Experience Domain The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and meministry to the development of services and the monitoring of performance.					e way in which services are delivered. The organisation will involve patients and members of the public	
	■ Back to instructions					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	apt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
P4	P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements		
P4	PLACE Assessment The organisation has completed the PLACE assessment relating to access and car parking for all relevant sites and published a local improvement plan.	2. Good	1. Outstanding	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations	NHS patient visitor and staff car parking principles 2022 Health Technical Memorandum 07-03 (2006): NHS car parking management	
P4	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patiest and visitors satisfaction of the service provided and is action taken on the results?	2. Good	1. Outstanding	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Meetings and dialogue with CQC identifying improvements	Car Parking Code of Practice Healthcare Travel Cost Scheme Healthcare Travel Costs-Scheme-Hitcs/	
P4	3: 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.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0				
P5	Ps: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements	The Occupiers Liability Act 1957 (amended 1984) The Health and Safety at Work Act 1974 The Management of health and safety at Work Regulations 1999	
P5	PLACE Assessment The organisation has completed the PLACE External areas assessment relating to Grounds and Gardens for all relevant sites and published a local improvement plan.	Not applicable	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Engagement process and methodology 4. PLACE training and trust results 5. Internal structure to consider and action feedback 6. Engagement feedback influencing services developments and improvements 7. Adherence to confidentiality policy 8. Feedback to stakeholders and patients 9. Complaints Procedure 10. Diversity considerations 11. The local improvement plan is included within the Green Plan.	4. Provision and Use of Work Equipment Regulations 1988 5. Control of Substances Hazardous to Health (COSHH) Regulations 2002 6. Personnel Protective Equipment at Work Regulation 1992 7. Management of Health and Safety at Work Regulation 1999 approved code of practice 8. Workplace, Health, Safety and Welfare Regulations 1992 approved code of practice and guidance 9. Work Equipment Provision and use of Work Equipment Regulations 1998 10. First Aid at Work, Health and Safety Regulations 1998 11. Hand-Arm Vibration 12. Corporate Mansiaughter and Corporate Homicide Act 2007 13. RIDDOR 2013 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 14. Working at Height Regulations 2005 15. BS ISO 15799:2003 Soil quality - guidance on eco-toxicological characterization ofsoils and soil materials 16. BS 3882:1994 Specification for topsoil 17. BS 6031:1981 Code of practice for earthworks 18. BS 7562-4:1992 Planning, design and installation of irrigation schemes guide to water resources 19. BS 4428:1998 guide of practice for general landscape operations (excluding hard surfaces) AMD 6784 20. BS 3882-1994 Specification for topsoil and AMD 9938 21. BS 3936-1:1992 Nursery stock specification for propara and willows 22. BS 3936-6:1995 nursery stock specification for pround cover plants 24. BS 3703-6:1991 on ursery stock specification for ground cover plants 24. BS 3730-1:1991 on ursery stock specification for ground cover plants 24. BS 7370-3:1991 or cound smallenance recommendations for maintenance *	

	S Premises Assurance Model: Patient Experience Domain		organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public the development of services and the monitoring of performance.				
	■ Back to instructions	in the developme	ent of services and	the monitoring of performance.			
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation		
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	apt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
P5	Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	3. Requires minimal improvement	2. Good	Surveys and questionnaires Focus Groups Benchmarking, KPIs and peer comparison process Patient, visitor and staff charter Monthly reporting of breaches of mixed-sex accommodation guidance Meetings and dialogue with CQC identifying improvements	25. BS 3998-1989 recommendations for tree work and AMD 6549 Horticulture 26. BS EN 12579-2000 Soil improvers and growing media - sampling 27. BS EN 12579-2000 Soil improvers and growing media - determination of pH Turf 28. BS 3969-1998 Recommendations for turf for general purposes 39. BS 4428-1999 Code of practice for general landscape operations14 (excluding hard surfaces). 30. Horticultural Trades Association guidelines on plant handling and establishment 31. BS 1129 Specification for portable timber ladders, steps, trestles and lightweight stagings British Standards Institution - BS 2037 Specification for portable aluminium ladders, steps, trestles and lightweight stagings British Standards Institution 32. BS EN 131 Ladders (Specification for terms, types, functional sizes; Specification for requirements, testing, marking; User instructions; Single or multiple hinge-joint ladders) British Standards Institute https://www.legislation.gov.uk/ukpga/194/37/roontents https://www.legislation.gov.uk/ukpga/199/3242/contents/made https://www.legislation.gov.uk/uks/l999/3242/contents/made https://www.legislation.gov.uk/uks/l998/3242/contents/made		
P5	3: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.legislation.gov.uk/ukpga/2007/19/contents https://www.legislation.gov.uk/uks/2005/735/contents/made https://www.legislation.gov.uk/uksi/2005/735/contents/made https://shop.bsigroup.com/ProductDetail/pid=000000000001382025#;~-text=BS%203882%3A1994%20spec ifies%20requirements.in%20stiw%20topsoil%20or%20subsoil. https://shop.bsigroup.com/ProductDetail/pid=000000000000000000000000000000000000		
P5	Capital cost to achieve compliance	£0	£0		https://shop.bsigroup.com/ProductDetail/?pid=00000000001635045 https://landingpage.bsigroup.com/LandingPage/Series?UPI=BS%20EN%20131		
P5	Revenue consequences of achieving compliance	£0	£0		The particular page of the pag		

N	HS Premises Assurance Model: Patient Experience Domain ■ ■ Back to instructions		The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public in the development of services and the monitoring of performance.				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation		
Ref		Rate the pron	npt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.		
P6	P6: How does your organisation/site ensure that NHS catering standards are provided effectively and efficiently?	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with Catering Services and also complying with Regulation 14. Safety aspects of food and catering are dealt with in the safety domain.			
P6	Policy & Procedures Does the organisation have in place a policy for healthcare catering which is aligned to current National Standards for Healthcare Catering which has been reviewed via an MDT process within the last 3 years?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Internal structure to consider and action feedback 4. Adherence to confidentiality policy 5. Feedback to stakeholders and patients 6. Complaints Procedure 7. Benchmarking, KPIs and peer comparison process 8. Meetings and dialogue with CQC identifying improvements 9. Public/patient information e.g. handbooks, pre visit information	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 2. CQC Guidance for providers on meeting the regulations 3. National Specifications for healthcare cleanliness 2007 4. PAS:5748 5. NHS Estates (2000) Reducing food Waste in the NHS Department of Health. Better Hospital Food 6. Hospital Catering Association – Protected Mealtimes 7. Council of Europe Resolution food and nutritional Care in hospitals NHS England – 10 Key Characteristics of Good Nutritional Care in Hospitals 2006 8. Food Service at Ward Level with Healthcare food and Beverage Service Standards – a guide to ward level services – 2009 9. Water for Health – Hydration Best Practice Toolkit for Hospitals and Healthcare 10. NHS Executive "Hospital catering delivering a quality service." 11. NHS Code of Practice for the manufacture, distribution and supply of food, ingredients and food related		
P6	Regulation Does the organisation have a food and drink strategy as defined in the NHS Standard Contract	2. Good	2. Good	Review of relevant Policies and Procedures. Nutritional screening programme identifying patient at risk from malnutrition and dehydration	products. 12. Improving Nutritional Care – a joint action plan from the department of health and nutrition summit stakeholders 13. HCA Ward Service guide 14. British Dialectic Association Improving Outcomes through Food and Beverage Services Nutritional & Hydration digest 15. Sustainable procurement: the GBS for food and catering services		
P6	Choice The organisation provides a choice of nutritious and appetising food and hydration, in sufficient quantities to meet patients needs	2. Good	2. Good	Review of relevant Policies and Procedures.	Official Government Buying Standards (GBS) for food and catering services* 16. NHS Standards Contract 17. The NHS Hospital Food Review 2020 18. British Association for Parenteral and Enteral Nutrition - Malnutrition Screening Tool 19. Public Heath England - Healthler and More Sustainable Catering Nutrition Principles		
P6	Equality issues Food and hydration meets any reasonable requirements arising from Equality issues e.g. from a patients religious or cultural background	2. Good	2. Good	Diversity considerations as set out in Policies and Procedures.	A Toolkit to Support the Development of a Hospital Food and Drink Strategy COC Provider Handbooks https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents		
P6	S. Information Patients have accessible information about meals and the arrangements for mealtimes, access to snacks and drinks throughout the day and night and to have mealtimes that are reasonably spaced and at appropriate times.	2. Good	2. Good	Patient, visitor and staff charter	https://www.cgc.org.uk/files/guidance-providers-meeting-regulations https://www.gov.uk/government/news/hospital-cleaning-revised-specification-published https://www.bsigroup.com/en-GB/about-bsi/media-centre/press-releases/2014/december/Standard-for- providing-a-clean-and-safe-hospital-environment-is-revised/ Reducing waste in the NHS: an overview of the literature and challenges for the nursing profession - PubMed (rini; nov)		
P6	Ratient Led Assessment of the Care Environment (PLACE) Assessment The organisation has completed the PLACE assessment relating to catering services for all relevant sites and published a local improvement plan.	2. Good	2. Good	Completed PLACE assessments reviewed and actioned; PLACE training records	http://www.hospitalcaterers.org/publications/ https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/ http://www.hospitalcaterers.org/publications/ https://www.choiceforum.org/docs/dohplan.pdf http://www.hospitalcaterers.org/publications/ https://www.bda.uk.com/uploads/assets/c/24296fe-8b4d-4626-aeebb6cf/2d92fccb/NutritionHydrationDigest.pdf		
P6	7. Other Assessments Is there a system/process in place, additional to PLACE assessments, to measure patients satisfaction with the service provided and is action taken on the results?	2. Good	1. Outstanding	Engagement process and methodology Surveys and questionnaires Focus Groups Engagement feedback influencing services developments and improvements	https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services https://www.england.nhs.uk/nhs-standard-contract/ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929234/in dependent-review-of-nhs-hospital-food-report.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/H ospital_Food_Panel_May_2016.pdf https://www.mainutritionselfscreening.org/self-screening.html https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-these-food-government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-		
P6	Legal Standards Has the organisation complied with the estates related legally binding standards as detailed in the NHS Standard Contract	Not applicable	2. Good	Review of policies and procedures to ensures compliance.	flood-to-adults https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499745/To olkit_Feb_16.pdf https://www.cqc.org.uk/sites/default/files/20150325_asc_residential_services_provider_handbook_march_15_update_01.pdf		
P6	9: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;			
	Capital cost to achieve compliance Revenue consequences of achieving compliance	£0 £0					

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	SAQ/Prompt Questions
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.
P1	P1: With regards to ensuring engagement and involvement on estates and facilities services from people who use the services, public and staff can your organisation evidence the following?
P1	Views and Experiences Are people's views and experiences gathered and acted on to shape and improve the services and culture?
P1	Engagement Are people who use services, those close to them and their representatives actively engaged and involved in decision making?
P1	Staff Engagement Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?
P1	Prioritisation Do leaders prioritise the participation and involvement of people who use services and staff?
P1	Value Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?
D1	6: 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.
	Capital cost to achieve compliance



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	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P2	P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?	
P2	PLACE Assessment The organisation has completed the PLACE assessment relating to the care environment (estate) and estates related privacy and dignity issues, for all relevant sites and published a local improvement plan.	
P2	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction with the estate and related privacy and dignity issues and is action taken on the results?	
P2	3: 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.	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	

	■ Back to instructions	
	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P3	P3: With regard to ensuring that patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory can your organisation evidence the following?	
Р3	PLACE Assessment The organisation has completed the PLACE assessment relating to cleanliness for all relevant sites and published a local improvement plan.	
P3	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the cleanliness and is action taken on the results?	
P3	3. Cleaning Schedules Are Cleaning Schedules publicly available?	
РЗ	4: 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.	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



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	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P4	P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?	
P4	PLACE Assessment The organisation has completed the PLACE assessment relating to access and car parking for all relevant sites and published a local improvement plan.	
P4	Other Assessments Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	
P4	3: 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.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	
P5	P5: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?	
P5	PLACE Assessment The organisation has completed the PLACE External areas assessment relating to Grounds and Gardens for all relevant sites and published a local improvement plan.	



SAQ/Prompt Questions	Comments
SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	
3: 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.	
Capital cost to achieve compliance	
Revenue consequences of achieving compliance	
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. 2. Other Assessments Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results? 3: 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. Capital cost to achieve compliance



	■ ■ Back to Instructions	
	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
P6	P6: How does your organisation/site ensure that NHS catering standards are provided effectively and efficiently?	
P6	Policy & Procedures Does the organisation have in place a policy for healthcare catering which is aligned to current National Standards for Healthcare Catering which has been reviewed via an MDT process within the last 3 years?	
P6	Regulation Does the organisation have a food and drink strategy as defined in the NHS Standard Contract	
P6	Choice The organisation provides a choice of nutritious and appetising food and hydration, in sufficient quantities to meet patients needs	
P6	Equality issues Food and hydration meets any reasonable requirements arising from Equality issues e.g. from a patients religious or cultural background	
P6	S. Information Patients have accessible information about meals and the arrangements for mealtimes, access to snacks and drinks throughout the day and night and to have mealtimes that are reasonably spaced and at appropriate times.	
P6	Patient Led Assessment of the Care Environment (PLACE) Assessment The organisation has completed the PLACE assessment relating to catering services for all relevant sites and published a local improvement plan.	
P6	7. Other Assessments Is there a system/process in place, additional to PLACE assessments, to measure patients satisfaction with the service provided and is action taken on the results?	
	8. Legal Standards Has the organisation complied with the estates related legally binding standards as detailed in the NHS Standard Contract	
	9: 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.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	



	NHS Premises Assurance Model: Efficiency Domain ■ ■ Back to instructions		•	nce that space, activity, income and operational corganisational requirements.		
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt of the drop down column	n menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
	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		
F1	Analysing Performance A process in place to analyse estates and facilities services and costs and if these continue to meet clinical and organisational needs?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	CQC Guidance For Providers KLOE Health Building Note 00-08 Developing an Estate Strategy Estates Return Information Collection Patient Lead Assessments of the Care Environment (PLACE)	
F1	2: Benchmarking A process in place to regularly benchmark estates and facilities costs?	Not applicable		Ongoing review of costs on a consistent basis that measures progress against established baseline position Benchmarking including the use of metrics and KPIs from suitable sources including: Estates Return Information Collection (ERIC) Contract/Service Level agreement KPIs Estate Strategy KPIs Energy and sustainability targets Cost Improvement Plan targets NHS Model Hospital	. Patient Lead Assessments of the Care Environment (PLACE) . In patient Survey . NHS Premises Assurance Model Metrics Dashboard - RICS Real Estate . ISO 55000/01/02 Asset Management 2004 ISO 55000:2014 .sset management — Overview, principles and terminology" .ssessment framework for healthcare services showing changes from 2015 (cqc.org.uk) .ttps://www.gov.uk/government/publications/the-efficient-management-of-healthcarestates-and-facilities-health-building-note-00-08 .ttps://www.gov.uk/government/publications/developing-an-estate-strategy .ttps://digital.nhs.uk/data-and-information/publications/statistical/estates-returnsformation-collection .ttps://improvement.nhs.uk/resources/patient-led-assessments-care-environment-place/ .ttps://inhssurveys.org/surveys/survey/02-adults-inpatients/	
F1	3: 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. Capital cost to achieve compliance	2. Good	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future	https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/https://www.iso.org/standard/55088.html	
	Revenue consequences of achieving compliance	£0	£0		-	

NHS Premises Assurance Model: Efficiency Domain	he organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, at	re economically	
■ Back to instructions	sustainable and meet clinical and organisational requirements.		
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	■ Back to instructions	sustainable and meet clinical and organisational requirements.				
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Re	f. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		n menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
F2	F2: With regard to having a well-managed approach to improved efficiency in running estates and facilities services can the organisation evidence the following and is this in line with the ICS infrastructure strategy?	Applicable	Applicable	HBN 00-08 Part A Section 3		
F2	Business Planning An effective and efficient estate and facilities business planning process in place?	Not applicable	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Business plans.		
F2	Estate Optimisation An effective and efficient process in place to ensure estate optimisation and space utilisation?	Not applicable	3. Requires minimal improvement	Space utilisation studies and monitoring of usage. Response to NHS Long Term Plan of reduction to 30% non clinical space.		
F2	3: Commercial Opportunities An effective and efficient process in place to identify and maximise benefits from commercial opportunities from land and property that support the main business of the NHS?	Not applicable	2. Good	Market testing and cost benchmarking of contracts. Land and property sale receipts. Commercial Strategy or agreements such as letting of space for retail use.		
F2	4: Partnership working An effective and efficient process in place to investigate and implement improvements through partnership working?	Not applicable	2. Good	Partnership Working, i.e. One Public Estate	CQC Guidance For Providers KLOE Health Building Note 00-08 - The efficient management of healthcare estates and cilities Health Building Note 00-08 Part B: Supplementary information for Part A Developing an Estate Strategy Estates Return Information Collection (ERIC) NHS Premises Assurance Model Metrics ISO 55000/01/02 Asset Management 2004	
F2	5: New Technology An effective and efficient process in place to maximise the benefits from new technologies?	Not applicable	4. Requires moderate improvement	New Technology and Innovation - examples of product design or system implementation IT strategy.		
F2	6: PFI and LIFT contracts An effective and efficient process in place to achieve value for money from existing PFI and LIFT contracts?	Not applicable	Not applicable	Date and outcome of PFI/PPP reviews and next steps.	Assessment framework for healthcare services showing changes from 2015 (cqc.org.uk) https://www.england.nhs.uk/estates/health-building-notes/ https://www.gov.uk/government/publications/developing-an-estate-strategy https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection	
F2	7: Other contracts An effective and efficient process in place to achieve value for money from existing other contracts?	Not applicable	2. Good	Market testing and cost benchmarking of contracts.	https://improvement.nhs.uk/resources/model-hospital/ https://www.iso.org/standard/55088.html	
F2	8. Property An effective and efficient process in place to record and managing property interest and leases held	Not applicable	2. Good	1. Asset/Estate Terrier		
F2	Cost Improvement plans A robust methodology for identifying the delivery and implications of cost improvement plans	Not applicable	3. Requires minimal improvement	Regular and accurate submission of CIPs Monitoring of progress of delivery		
F2	10. 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance					
	Revenue consequences of achieving compliance	£0	£0			
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	NHS Premises Assurance Model: Efficiency Domain			nce that space, activity, income and operational corganisational requirements.	osts of the estates and facilities provide value for money, are economically	
	■ ■ Back to instructions					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		question by using n menus in the as below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
F3	F3: With regard to improved efficiencies in capital procurement, refurbishments and land management can the organisation evidence the following?	Applicable	Applicable	HBN 00-08 Part A Section 4.0		
F3	Capital Procurement Capital procurement and refurbishment projects progressed in line with local standing orders and financial instructions and relevant procurement guidance, HM Treasury and DHSC and NHSE guidance.	Not applicable	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
F3	Capital project management Processes and procedures that ensure there are robust processes for the management of projects during construction including change control and lessons learnt/benefits realisation once projects are completed.	Not applicable	2. Good	Project governance documentation in line with capital management Track how many projects are delivered on time or late and track that these were delivered within budget Lessons learnt/benefits realisation and evidence of applying learning to subsequent projects	Health Building Note 00-08, The efficient management of healthcare estates and	
F3	3 Capital Procurement Efficiencies Capital procurement and refurbishment projects that actively seek efficiency such as through cost benchmarking, Building Information Modelling and repeatable designs?	Not applicable	2. Good	Ongoing review of costs on a consistent basis that measures progress against established baseline position	facilities Health Building Note 00-08 Part B: Supplementary information for Part A 2. NHS Model Health System 3. Estates Return Information Collection (ERIC) 4. Building Cost information Service 5. Government Construction Strategy	
F3	Flexibility Capital procurement and refurbishment projects that actively seek flexible designs to accommodate changes in services?	Not applicable	2. Good	Consideration of innovative design and building options e.g. "New for Old".	6. ProCure22/ProCure23 guidance 7. Naylor Review: 8. Lord Carter Review: 9. NHS Long Term Plan: 10. NHS Net Zero Building Standard 11. Estates Net Zero Carbon Delivery Plan (NZCDP) 1. https://www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08 2. https://model.nhs.uk/ 3. https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection 4. https://www.gov.uk/government/publications/government-construction-strategy 6. https://procure22.nhs.uk/ and https://procure22.nhs.uk/p23/ 7. https://procure22.nhs.uk/ and https://procure22.nhs.uk/p23/ 8. https://www.gov.uk/government/publications/naylor-review-government-response#:~text=The%20Naylor%20review%20was%20a,response%20capitalises%20on%20those%20opportunities. 8. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals 9. https://www.longtermplan.nhs.uk/ 10. https://www.england.nhs.uk/publication/nhs-net-zero-building-standard/ 11. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117	
F3	5. Identification and disposal of surplus land An effective and efficient process for the identification and disposal of surplus land?	Not applicable	2. Good	Benchmarking including the use of metrics and KPIs from suitable sources Surplus land identified in Annual Surplus Land Return, STP/ICS Estate Strategy, and EPIMS and shared through One Public Estate.		
F3	6.Net Zero Carbon Do the Capital Procurement Capital procurement and refurbishment projects include plans to meet national NHS net zero carbon targets?	Not applicable		Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Guidance) The organisation considers the NHS Net Zero Building Standard when undertaking construction and refurbishment projects (Please note - Building Standard is mandatory for certain projects)		
F3	7: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance	£0	£0			

	NHS Premises Assurance Model: Efficiency Domain		•		costs of the estates and facilities provide value for money, are economically	
	■ Back to instructions	sustainable and	meet clinical and	organisational requirements.		
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	the drop dow	question by using n menus in the ns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
	Revenue consequences of achieving compliance	£(£0			
F4	F4: With regard to having well-managed and robust financial controls, procedures and reporting relating to estates and facilities services can the organisation evidence the following?	Applicable	Applicable			
F4	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	Health Building Note 00-08 - The efficient management of healthcare estates and facilities NHS Standing Financial Instructions -These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by us.	
F4	2: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	Internal Audits Financial controls and scheme of delegation Business Case procedure and Capital regime	3. Audit Commission Report 2004 - Achieving first-class financial management in the NHS 4. The Public Contracts Regulations 2015 5. The Bribery Act 2010 - Guidance (publishing.service.gov.uk) 6. Leading the fight against NHS Fraud, organisational strategy 2017-2020 -Standards for	
F4	3. Board reporting and contracting Is there comprehensive and regular reporting relating to estates and facilities services to the trust board highlighting performance, risks and issues. Are contracts in place for all estates and facilities services, documenting requirements with appropriate ability to terminate or manage poor performance and defined change control arrangements.	Not applicable	2. Good	Board reports Do you have robust change control and review of costs Contracts in place for all services with appropriate provisions for cost control and service incentivisation	6. Leading the fight against NHS Fraud, organisational strategy 2017-2020 -Standards for NHS Providers 2020-21 Fraud, bribery and corruption January 2020 7. HFMA Finance training modules https://www.england.nhs.uk/estates/health-building-notes/https://www.england.nhs.uk/publication/standing-financial-instructions/http://www.legislation.gov.uk/uksi/2015/102/contents/made https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832011/bribery-act-2010-guidance.pdf https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Providers_2020_v1.3.pdf https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance https://gbr01.safelinks.protection.outlook.com/?url=https://s2F	
F4	4: 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.	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
F4	Capital cost to achieve compliance	£0	£0	Assessment of effect of prior identified investment;	_	

	NHS Premises Assurance Model: Efficiency Domain			nce that space, activity, income and operational coorganisational requirements.		
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt qu the drop down n columns I	uestion by using menus in the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood,	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
	Revenue consequences of achieving compliance	£0	£0			
F5	F5: With regard to ensuring Estates and Facilities services are continuously improved and sustainability ensured can the organisation evidence the following?	Applicable	Applicable	SAQ taken from CQC KLOE W5. Prompt 6 can be cross referred to SAQ F1 and Patient Experience SAQs		
F5	Quality and Sustainability When considering developments to estates and facilities services or efficiency changes (including derogations from standards and guidance), is the impact on quality and sustainability and net zero carbon targets assessed, understood and monitored, before, during and after the development?	2. Good m	s. Requires ninimal mprovement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Action from surveys and feedback. Backlog Risk Assessment, impact assessment and mitigation and action plan.	CQC Guidance For Providers KLOE Health Building Note 00-08 The efficient management of healthcare estates and facilities Developing an Estate Strategy	
F5	Financial Pressure Are there examples of where financial pressures have negatively affected estates and facilities services?	minimal m	s. Requires ninimal mprovement	and NHS Improvement	8. Developing an Estate Strategy 1. Estates Return Information Collection (ERIC) 1. Estates Return Information Collection (ERIC) 1. NHS Model Health System 1. Department of Health Built Environment Key Performance Indicators (KPIs) 1. ISO 55000/01/02 Asset Management 2004 1. Greener NHS » Delivering a net zero NHS 1. NHS Estates Net Zero Carbon Delivery Plan Report 1. NHS Estates Net Zero Carbon Delivery Plan Report 1. Net Zero Guidance plan 1. Assessment framework for healthcare services showing changes from 2015 (cqc.org.uk) 1. https://www.gov.uk/government/publications/the-efficient-management-of-healthcare- 1. instance of the strategy 1. Estates and facilities health-building-note-00-08	
F5	3. Continuous Improvement Do leaders and staff strive for continuous learning, improvement and innovation?	2. Good 2.	. Good			
F5	Quality Improvements Are staff focused on continually improving the quality of estates and facilities services?	2. Good m	s. Requires ninimal mprovement	PLACE scores;	https://www.gov.uk/government/publications/developing-an-estate-strategy https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns- information-collection https://model.nhs.uk/	
F5	Recognition Are improvements to quality and innovation recognised and rewarded?	2. Good 2.	. Good	Staff suggestion scheme. Staff awards and recognition.	https://improvement.nhs.uk/resources/model-hospital/ https://www.gov.uk/government/statistics/key-performance-indicators https://www.iso.org/standard/55088.html https://www.hfma.org.uk/online-learning/bitesize-courses/detail/nhs-finance https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2F	
F5	6. Use of Information Is information used proactively to improve estates and facilities services?	2. Good m	s. Requires ninimal mprovement		www.england.nhs.uk%2Fgreenernhs%2Fa-net-zero- nhs%2F&data=05%7C02%https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId =155202117 https://future.nhs.uk/connect.ti/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/long-read/green-plan-guidance/ https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ https://www.england.nhs.uk/long-read/green-plan-guidance/	
F5	7: 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.			Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance Revenue consequences of achieving compliance		£0		<u> </u>	

ı	IHS Premises Assurance Model: Effectiveness Domain	The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.						
	■ Back to instructions							
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation			
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		uestion by using the n the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.			
E1	E1: With regard to having a clear vision and a credible strategy to deliver good quality Estates and Facilities services can the organisation evidence the following and is this inline with the ICS infrastructure strategy?	Applicable	Applicable	SAQ is taken from CQC KLOE W1 and covers the estates and other related strategies as described in HBN 00-08 Part B section 2. Prompt 3 can be linked to SAQ PE1. Operational management is covered in SAQ S01				
E1	Vision and Values A clear vision and a set of values, with quality and safety the top priority?	2. Good	2. Good	Estates Strategy and related documents;	Developing an Estate Strategy document Health Building Note 00-08 The efficient management of healthcare estates and facilities Health building Note 00-08 The efficient management of healthcare estates and facilities (part A): Land and Property			
E1	Strategy A robust, realistic strategy for achieving the priorities and delivering good quality estates and facilities services?	3. Requires minimal improvement	2. Good	Documentary evidence relevant to the prompt questions e.g. document articulating the vision such as mission statement	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			
E1	3. Development The vision, values and strategy has been developed with staff and other stakeholders?	2. Good	3. Requires minimal improvement	Regular discussions/meetings/exchanges with interested parties; Integration of these discussions into Strategies and Visions/Values;	8. Healthcare providers: asset register and disposal of asset 9. Strategy development: a toolkit for NHS providers 10. Developing strategy What every trust board member should know 11Greener NHS » Delivering a net zero NHS			
E1	4. Vision and Values Understood Staff know and understand what the vision and values are?	2. Good	2. Good	Feedback from staff to quantify their understanding of visions, values and strategy e.g. staff survey results;	12. NHS Estates Net Zero Carbon Delivery Plan Report 13. Net Zero Guidance plan			
E1	5. Strategy Understood Staff know and understand the strategy and their role in achieving it?	3. Requires minimal improvement	2. Good	Feedback from staff to quantify their understanding of visions, values and strategy e.g. staff survey results;	https://www.gov.uk/government/publications/developing-an-estate-strategy https://www.england.nhs.uk/estates/health-building-notes/ https://shapeatlas.net/ https://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/ https://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real-estate/uk-			
E1	Progress Progress against delivering the strategy is monitored and reviewed?	2. Good	3. Requires minimal improvement	Staff, Patient and stakeholder engagement and feedback Analysis of relevant complaints;	commercial-real-estate-agency-1st-edition-rics.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144216/Assets_in_ Action.pdf https://www.gov.uk/government/publications/healthcare-providers-asset-register-and-disposal-of-assets https://www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers			
	7: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	https://www.gov.uk/government/publications/strategy-development-a-guide-for-nhs-foundation-trust-boards https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F% https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ https://www.england.nhs.uk/long-read/green-plan-guidance/			
L 1	Capital cost to achieve compliance	£0	£0					
E1	Revenue consequences of achieving compliance	£0	£0					

	NHS Premises Assurance Model: Effectiveness Domain	The error is -41-	avideo escurre "	at its annual and facilities are for a time the contribution of th	ing the delivery of improved health systems	
	■ Back to instructions	The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in support		at it's premises and facilities are functionally sultable, sustainable and effective in support	ng the delivery of improved health outcomes.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		uestion by using the n the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
E2	E2: With regard to having a well-managed approach to town planning can the organisation evidence the following?	Applicable	Applicable	SAQ measures compliance with HBN 00-08 Part B Section 3.0.		
E2	Local Planning An effective and efficient process to participate in Local Planning matters?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;		
E2	2. Neighbourhood Planning An effective and efficient process to participate in Neighbourhood planning matter?	2. Good	2. Good	Involvement in town planning issues. Appropriate action when land and/or property is subject to compulsory purchase powers or potential or actual applications for registering as a town or village green		
E2	3. Planning Control An effective and efficient process to participate in planning control process?	2. Good	2. Good	Involvement in town planning issues Trusts should be engaged with their ICBs regariding the local plan process. ICBs, alongside NHSE, are statutory consultees on local plans (but not planning applications). Refer to ICS infrastructure strategy guidance the guidance includes reference to local area energy plans and local nature recovery strategies, which will support town planning.	Health Building Note 00-08: The efficient management of healthcare estates and facilities Health building Note 00-08: The efficient management of healthcare estates and facilities - Part A Land and Property Appraisal Health Technical Memorandum 05 Fire code Estates Net Zero Carbon Delivery Plan	
E2	4. Special Interests An effective and efficient process to manage special interests (e.g. conservation areas, listed buildings etc.)?	2. Good	2. Good	The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings Preventing third parties gaining inappropriate rights over land and property Management of easement agreements Management of tenancy and other contractual arrangements Where non-NHS facilities are used for NHS patients, that policies to ensure NHS standards regarding the built environment are adopted and implemented	5.Health Technical Memorandum 07-02 6. Net Zero Travel & Transport Strategy https://www.england.nhs.uk/estates/health-building-notes https://www.england.nhs.uk/estates/health-building-notes/ https://www.england.nhs.uk/estates/health-technical-memoranda/ https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/	
E2	5. Enforcement An effective and efficient process to deal with any enforcement procedures served on the organisation?	2. Good	2. Good	Has there been any enforcement actions from the Local Planning Authority in the year and, if so, whether these have been satisfactorily resolved		
E2	6: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
	Capital cost to achieve compliance £0 £0 Revenue consequences of achieving compliance £0 £0					

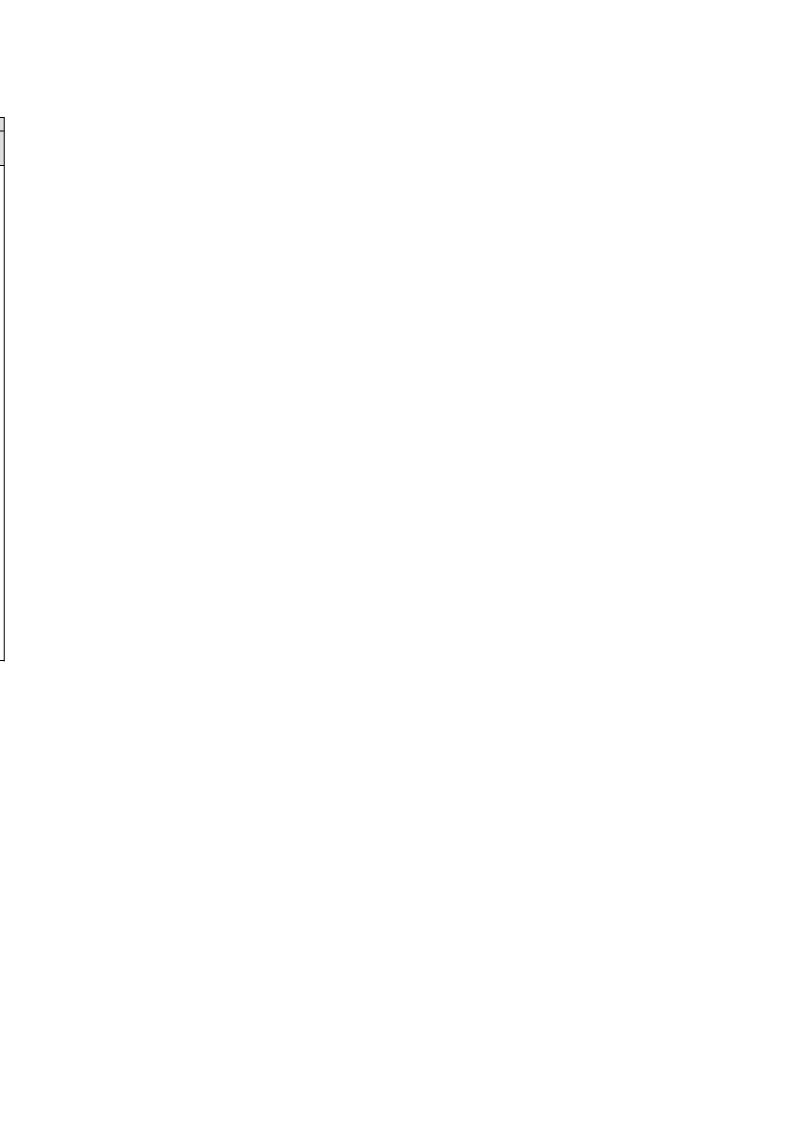
NUO Promises Assumes Madel Effectivenes Pomeir					
NHS Premises Assurance Model: Effectiveness Domain ■ ■ Back to instructions	The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting		at it's premises and facilities are functionally suitable, sustainable and effective in supporting	g the delivery of improved health outcomes.	
SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt que drop down menus in	estion by using the	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
E3: with regard to having a well-managed robust approach to management of land and property can the organisation evidence the following?	Applicable	Applicable	SAQ measures compliance with HBN 00-08 Part B Section 4.0 to 8.0		
1: Disposal of land and property E3 An effective and efficient process for the disposal of freehold/leasehold land and property?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Evidence of a short and long term estate strategy supporting clinical, financial and investment objectives. 4. Evidence of optimising utilisation of accommodation across the estate, the Sustainability and Transformation Partnership and Integrated Care Organisation footprint and with One Public Estate partners. 5. Evidence of masterplans for large sites which identify areas for retention, development and disposal 6. Involvement of District Valuer 7. Demonstration of re-investment of income. 8. Maintenance of an up-to-date and accurate property asset register 9. All statutory obligations to be identified and met 10. Preventing third parties gaining inappropriate rights over land and property 11. Management of easement agreements 12. Appropriate action when land and/or property is subject to compulsory purchase powers or potential or actual applications for registering as a town or village green 13. Where non-NHS facilities are used for NHS patients, that policies to ensure NHS standards regarding the built environment are adopted and implemented 14. The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings	1. Health Building Note 00-08 - The efficient management of healthcare estates and facilities 2. Health Building Note 00-08: The efficient management of healthcare estates and facilities - Part A Land and Property Appraisal 3. RICS UK Commercial Real Estate Agency Standards. 4. RICS Guidance Notes- Real Estate disposal and acquisition. 5. Assets in Action 6. Real estate management - 3rd edition, October 2016" 7. Healthcare providers: asset register and disposal of asset 8. Estates Net Zero Carbon Delivery Plan	
E3 2: Granting of Leases An effective and efficient process for the granting of leases?	2. Good	2. Good	Management of leases, tenancy and other contractual arrangements	https://www.england.nhs.uk/estates/health-technical-memoranda/ https://www.england.nhs.uk/estates/health-building-notes/	
3: Acquisition of land and property An effective and efficient process for the acquisition of freehold/leasehold land and property?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3 Evidence of a short and long term estate strategy supporting clinical, financial and investment objectives. 4. Evidence of optimising utilisation of accommodation across the estate, the Sustainability and Transformation Partnership and Integrated Care Organisation footprint and with One Public Estate partners. 5. Evidence of masterplans for large sites which identify areas for retention, development and disposal 6. Involvement of District Valuer 7. Maintenance of an up-to-date and accurate property asset register 8. All statutory obligations to be identified and met 9. Preventing third parties retaining inappropriate rights over land and property 10. Management of easement agreements 11. The identification of all listed buildings, conservation areas, registered parks and gardens, burial grounds and war memorials, and policies to deal with the specific requirements of these land and buildings 12. Consideration of mandatory energy efficiency ratings.	ttps://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/ ttps://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real-estate/ ommercial-real-estate-agency-1st-edition-rics.pdf ttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144216/Assets_ir ction.pdf ttps://shapeatlas.net/ ttps://shapeatlas.net/ ttps://www.rics.org/uk/upholding-professional-standards/sector-standards/real-estate/uk-commercial-real-estate- gency/ ttps://www.rics.org/globalassets/rics-website/media/upholding-professional-standards/sector-standards/real- state/real-estate-management-3rd-edition-rics.pdf ttps://www.gov.uk/government/publications/healthcare-providers-asset-register-and-disposal-of-assets	
4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance? Capital cost to achieve compliance	£0				
Capital cost to achieve compliance Revenue consequences of achieving compliance					

	NHS Premises Assurance Model: Effectiveness Domain					
◀ ■ Back to instructions		The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting			ng the delivery of improved health outcomes.	
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	Rate the prompt q	uestion by using the in the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
E4	E4: With regard to having a suitable Sustainability approach in place and being actioned.	Applicable	Applicable			
E4	1: Green Plan / Sustainability Strategy Has your Green Plan been approved by Board and submitted to the ICS / ICB	2. Good	2. Good	1. The Green Plan / Sustainability Strategies published on the Trust's website and has been updated within the last 3 years 2. The organisation tracks its progress using the Green Plan Support Tool 3. The Green Plan / Sustainability Strategy names an executive lead for sustainability 4. The Green Plan / Sustainability Strategy states progress against carbon emission reduction targets in line with the 'Delivering a net zero NHS report' 5. Alignment with STP/ICS estates strategy; 6. Green Plan is published on the Trust's website & has been updated within the last 3 years 7. Green plan states progress against carbon emission reduction targets in line with national NHS net zero targets.	1. Greener NHS » Delivering a net zero NHS 2. NHS Estates Net Zero Carbon Delivery Plan Report 3. Net Zero Guidance plan 4. Net Zero Travel & Transport Strategy https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/ 1. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 2. https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ 3. https://www.england.nhs.uk/long-read/green-plan-guidance/ 4. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117	
E4	2: Energy Is your energy usage, including heat, managed to fully deliver sustainability and effectiveness, and includes plans to meet national NHS net zero carbon targets?	2. Good	3. Requires minimal improvement	1. The organisation has evidence of TM44 Air Conditioning System Assessments 2. Organisations which qualify for the EU Emissions Trading Scheme (EUETS) have an EUETS assessor and can demonstrate relevant annual reporting systems 3. Organisations with Combined (Cooling) Heat and Power Plant (CHP/CCHP) have a CHP Quality Assurance (CHPQA) Certificate for Climate Change Levy (CCL) exemption for each unit installed 4. The organisation has a current energy efficiency policy 6. Evidence that utility bills are checked and validated before payment 7. The organisation has rolled out smart metering across the estate, or has a programme to roll out within the next 3 years 9. Monthly meter readings are taken and recorded, and automated readings validated physically 10. The organisation employs a dedicated (spends > 50% of their time working on energy management activities) energy manager / responsible person for energy 11. The Organisation is compliant to HTM 07-02; Making Energy work in Healthcare 12. The organisation has plans in place to implement the actions outlined in the Estates Net Zero Carbon Delivery Plan Technical Annex. 13. Site Level Heat decarbonisation plans (targets in Delivering a Net Zero NHS report and heat decarbonisation requirement within Green Plan Guidance)	1. CIBSE TM44: Inspection of Air Conditioning Systems 2. EU Emissions Trading System 3. Combined Heat and Power Quality Assurance Programme 4. Making energy work in healthcare (Health Technical Memorandum 07-02) 5. ISO 50001 Energy Management 6. Estates Net Zero Carbon Delivery Plan (NZCDP) 7. NZCDP Technical annex 1. https://www.cibse.org/AirConditioning_1 2. https://ec.europa.eu/clima/policies/ets_en 3. https://www.gov.uk/guidance/chpqa-guidance-notes 4. https://www.england.nhs.uk/estates/health-technical-memoranda/ 5. https://www.iso.org/iso-50001-energy-management.html 6. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 7. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=151919557#	
E4	3: Waste Are effective systems in place to minimise waste production and effectively dispose of it?	2. Good	2. Good	1.The organisation has a current waste management and minimisation policy 2.The organisation's Dangerous Goods Safety Advisor (DGSA) has reported within the last 12 months 3.The organisation can evidence completion of Pre-acceptance Audits? 4.The Trust can demonstrate processes to fulfil their Duty of Care for waste 5.The organisation holds regular contract review meetings 6.The organisation can evidence record receipt and review of monthly progress reports 7.The organisation holds regular operational meetings 8.The organisation conducts monthly independent audits of the service 9.The organisation maintains statutory waste records (disposal notes, destruction certificates) and compliance audits 10.The organisation can evidence staff waste 11.The organisation employs a dedicated (spends > 50% of their time working on waste management activities) waste manager / responsible person for waste 12.The organisation is compliant with HTM 07-01; Safe Management of Healthcare Waste 13. The organisation is compliant with the Clinical Waste Strategy 14. The organisation is compliant with the 20:20:60 split of Alternative Treatment, Incineration (clinical waste) and Offensive Waste volume	1. HTM 07-01; Safe Management of Healthcare Waste 2. NHS Clinical Waste Strategy 1. https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ 2. https://www.england.nhs.uk/publication/nhs-clinical-waste-strategy/	

NHS Premises Assurance Model: Effectiveness Domain		The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.				
	■ Back to instructions					
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation	
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		n the columns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.	
E4	4: Air Pollution Does your Trust have policies and procedures in place to control air pollution and an overview of these procedures is included within the Green Plan?		3. Requires minimal improvement	1.The organisation has completed the Clean Air Hospitals Framework Tool 2.The organisation has a Clean Air policy including anti-idling 3.The organisation has an action plan for tackling air pollution from its buildings 4. The organisation has an action plan for tackling air pollution from its own vehicles and those that visit the organisation's site(s) 5.The organisation keeps an FGAS register 6.The organisation has a plan for migrating to Zero Emission Vehicles 7. The organisation has an action plan to meet air pollution targets in the Long Term Plan	Clean Air Hospital Framework 2. Fluorinated gas (F gas): guidance for users, producers and traders 3. NHS Long Term Plan https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/air-pollution/ https://www.globalactionplan.org.uk/clean-air-hospital-framework/ https://www.gov.uk/government/collections/fluorinated-gas-f-gas-guidance-for-users-producers-and-traders	
E4	5.: Travel & Transport Can the organisation evidence an effective and efficient process to ensure staff commuting, patient & visitor travel, and the organisation's own fleet are sustainable and meet the relevant guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. The organisation has a sustainable travel plan. 2. Zero emissions vehicles are integrated into procurement practices - in-line with Net Zero Travel & Transport strategy. 3. A staff travel survey is completed at least every 24 months. 4. The organisation has a parking policy covering staff, patient & visitor travel. 5. The organisation provides secure bike storage, changing facilities and good quality on and offsite walking and cycling routes. 6. The organisation considers sustainable transport, flexible working and route planning/optimisation in its business travel (or similar) policy. 7. The organisation reports to the Greener NHS Fleet Data Collection	Net Zero Travel & Transport Strategy https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/ 2. Health Technical Memorandum 07-03 NHS Car parking management, environment and sustainability 3. Delivering a Net Zero NHS https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/ https://energysavingtrust.org.uk/wp-content/uploads/2020/10/EST0018-001-EV-Guide-for-Fleet-Manager-WEB.pdf https://www.r-e-a.net/wp-content/uploads/2020/03/Updated-UK-EVSE-Procurement-Guide.pdf	
E4	Water Are water services efficiently and effectively delivered?	Not applicable	3. Requires minimal improvement	The organisation has a water efficiency policy Monthly meter readings are taken and recorded, and automated readings validated physically The organisation has plans in place to implement the actions outlined in the Estates Net Zero Carbon Delivery Plan Technical Annex.	Estates Net Zero Carbon Delivery Plan (NZCDP) NZCDP Technical annex https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=151919557	
E4	7.: Climate Change Adaptation Are risk assessments of the effects of climate change risk assessment and mitigation action implemented and include references to overheating, flooding and extreme weather events?	4. Requires moderate improvement	4. Requires moderate improvement	1.The organisation has a climate change adaptation risk assessment on the Trust risk register 2.The organisation reports on estate related events, such as extreme weather events including flooding, heatwave and cold winter events 3. The organisation has plans in place to implement the actions outlined in the Estates Net Zero Carbon Delivery Plan Technical Annex.	1. Estates Net Zero Carbon Delivery Plan (NZCDP) 2. HBN 00-07 Resilience planning for the healthcare estate 3. Flood Risk Toolkit 4. NHS Climate Change Risk Assessment tool 5. Health and climate adaptation report 2025 1. https://future.nhs.uk/Estates_and_Facilities_Hub/view?objectId=155202117 2. https://www.england.nhs.uk/publication/resilience-planning-for-nhs-facilities-hbn-00-07/ 3. https://tabanalytics.data.england.nhs.uk/#/views/FloodRiskToolkit/TitlePage?=null&:iid=3 4. https://www.england.nhs.uk/publication/climate-adaptation-resources/ 5. https://www.england.nhs.uk/publication/health-and-climate-adaptation-reports/	
E4	8.: Procurement Is all relevant procurement consistent with NHS England's net zero and sustainable procurement policies?	3. Requires minimal improvement	2. Good		1. NHS Net Zero Supplier Roadmap 2. Greener NHS quarterly data collection 3. Applying net zero and social value in the procurement of NHS goods and services (building on PPN06/20) 4. Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works (aligning to PPN06/21) 5. Evergreen Sustainable Supplier Assessment 6. NHS Net Zero Building Standard 1. https://www.england.nhs.uk/greenernhs/get-involved/suppliers/ 2. https://future.nhs.uk/sustainabilitynetwork/view?objectID=40822960 3. https://www.england.nhs.uk/greenernhs/publication/applying-net-zero-and-social-value-in-the-procurement-of-nhs-goods-and-services/ 4. https://www.england.nhs.uk/long-read/carbon-reduction-plan-requirements-for-the-procurement-of-nhs-goods-services-and-works/ 5. https://www.england.nhs.uk/nhs-commercial/central-commercial-function-ccf/evergreen/ 6. https://www.england.nhs.uk/publication/nhs-net-zero-building-standard/	
E4	9: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?		Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;		
E4 E4	Capital cost to achieve compliance					
⊏4	Revenue consequences of achieving compliance	£0	I £0	/1		

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E1	E1: With regard to having a clear vision and a credible strategy to deliver good quality Estates and Facilities services can the organisation evidence the following and is this inline with the ICS infrastructure strategy?	
E1	Vision and Values A clear vision and a set of values, with quality and safety the top priority?	
E1	Strategy A robust, realistic strategy for achieving the priorities and delivering good quality estates and facilities services?	
E1	3. Development The vision, values and strategy has been developed with staff and other stakeholders?	
E1	4. Vision and Values Understood Staff know and understand what the vision and values are?	
E1	5. Strategy Understood Staff know and understand the strategy and their role in achieving it?	
E1	Progress Progress against delivering the strategy is monitored and reviewed?	
	7: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
E1	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E2	E2: With regard to having a well-managed approach to town planning can the organisation evidence the following?	
E2	Local Planning An effective and efficient process to participate in Local Planning matters?	
E2	Neighbourhood Planning An effective and efficient process to participate in Neighbourhood planning matter?	
E2	3. Planning Control An effective and efficient process to participate in planning control process?	
E2	4. Special Interests An effective and efficient process to manage special interests (e.g. conservation areas, listed buildings etc.)?	
E2	5. Enforcement An effective and efficient process to deal with any enforcement procedures served on the organisation?	
E2	6: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



SAQ/Prompt Questions	Comments
	Comments
SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E3: with regard to having a well-managed robust approach to management of land and property can the organisation evidence the following?	
1: Disposal of land and property An effective and efficient process for the disposal of freehold/leasehold land and property?	
2: Granting of Leases An effective and efficient process for the granting of leases?	
3: Acquisition of land and property An effective and efficient process for the acquisition of freehold/leasehold land and property?	
4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance? Capital cost to achieve compliance	
	approach to management of land and property can the organisation evidence the following? 1: Disposal of land and property An effective and efficient process for the disposal of freehold/leasehold land and property? 2: Granting of Leases An effective and efficient process for the granting of leases? 3: Acquisition of land and property An effective and efficient process for the acquisition of freehold/leasehold land and property? 4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?



	Back to instructions		
	SAQ/Prompt Questions	Comments	
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.		
E4	E4: With regard to having a suitable Sustainability approach in place and being actioned.		
E4	1: Green Plan / Sustainability Strategy Has your Green Plan been approved by Board and submitted to the ICS / ICB		
E4	2: Energy Is your energy usage, including heat, managed to fully deliver sustainability and effectiveness, and includes plans to meet national NHS net zero carbon targets?		
E4	3: Waste Are effective systems in place to minimise waste production and effectively dispose of it?		



NHS Premises Assurance Model: Effectiveness Domain

■ Back to instructions

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
E4	4: Air Pollution Does your Trust have policies and procedures in place to control air pollution and an overview of these procedures is included within the Green Plan?	
E4	5.: Travel & Transport Can the organisation evidence an effective and efficient process to ensure staff commuting, patient & visitor travel, and the organisation's own fleet are sustainable and meet the relevant guidance?	
E4	6.: Water Are water services efficiently and effectively delivered?	
E4	7.: Climate Change Adaptation Are risk assessments of the effects of climate change risk assessment and mitigation action implemented and include references to overheating, flooding and extreme weather events?	
E4	8.: Procurement Is all relevant procurement consistent with NHS England's net zero and sustainable procurement policies?	
E4	9: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
E4	Capital cost to achieve compliance	
E4	Revenue consequences of achieving compliance	



■ Back to instructions

	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Polevant quidance and logislation
	SAQ/Prompt Questions	2023-24	2024-25	` ' '	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop do	pt question by own menus in the s below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
G1	G1. With regard to ensuring the Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and managed, can the organisation evidence the following?	Applicable	Applicable	SAQ is taken from CQC KLOE W2.	
G1	Framework There is an effective governance framework to support the delivery of the Estates and Facilities strategy and good quality services?	2. Good	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
G1	Roles Staff are clear about their roles and understand what they are accountable for?	2. Good	3. Requires minimal improvement	Governance Structure Annual Plan/Programme Board Structure chart Committee terms of reference and minutes	
G1	3. Partners Working arrangements with partners and third party providers, e.g. PFI, are effectively managed?	2. Good	2. Good	Local sustainability and transformation partnership plans	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations CQC Guidance for providers on meeting the regulations
G1	Framework The governance framework and management systems are regularly reviewed and improved?	2. Good	2. Good	Estate Strategy Standing Orders	NHS Constitution and Handbook to the NHS Constitution NHS Long Term Plan Quality Governance in the NHS Gov.uk - Quality governance in the NHS - A guide for provider boards
G1	5: Assurance There are comprehensive assurance system and service performance measures, which are reported and monitored, and action taken to improve performance	2. Good	3. Requires minimal improvement	Evidence of walkarounds Signed-of processes and procedures documentation, including risk register. Signed-off roles and responsibilities documentation.	6. Monitor Code of Governance for Foundation Trusts 7. NHS TDA Delivering High Quality Care 8. NHS England » Green plan guidance 9. Monitor: Risk Assessment Framework for NHS Foundation Trusts 10. HSE five steps to risk assessment - INDG163 (rev 4) 06/11
G1	6. Monitoring 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).	2. Good	2. Good	Audit reports, peer and external reviews.	Developing strategy What every trust board member should know Modern Slavery Act 2015 Public Services (Social Value) Act 2012 https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents https://www.cqc.org.uk/files/guidance-providers-meeting-regulations
G1	7. Audit There is a systematic programme of internal audit, which is used to monitor quality and systems to identify where action should be taken?	2. Good	3. Requires minimal improvement	Surveillance Programme Audit Programme	https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for- england https://www.longtermplan.nhs.uk/ https://www.gov.uk/government/publications/quality-governance-in-the-nhs-a-guide-for- provider-boards
G1	8. Mitigation There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	2. Good	2. Good	Job descriptions and training records for risk management. Corporate, current risk register in place, with an identifiable owner. Signed-off risk management strategy by the Board	https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance Foreword: https://www.england.nhs.uk/wp-content/uploads/2013/10/keogh-qual- ltr.pdfhttps://gbr01.safelinks.protection.outlook.com/?url=https:%3A%2F% https://www.england.nhs.uk/long-read/green-plan-guidance/ https://www.gov.uk/government/publications/risk-assessment-framework-raf https://www.hse.gov.uk/pubns/INDG163.pdf https://www.gov.uk/government/publications/strategy-development-a-guide-for-nhs-
G1	9. Alignment There is alignment between the recorded risks and what people say is 'on their worry list'?	2. Good	3. Requires minimal improvement	Evidence risks are passed into corporate risk register and actions taken, do not simply disappear without action	foundation-trust-boards https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted https://www.legislation.gov.uk/ukpga/2012/3/enacted
	10: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
G1				1.7 tecesiment of enest of prior technical investment,	
G1	Capital cost to achieve compliance	£0	£0	·	

■ Back to instructions

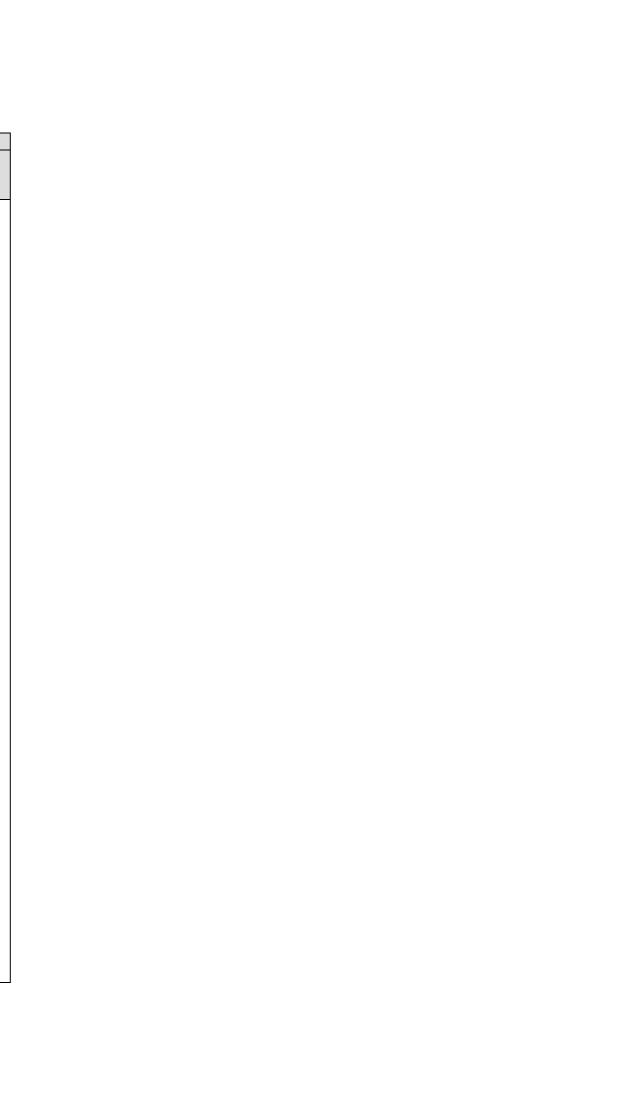
	Back to instructions	THI TO BOAIGS AIR		ternal governance and assurance processes to er	isute actions are taken where required.
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Rei	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop do	pt question by own menus in the s below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
G2	G2: With regard to ensuring the Estates and Facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality estates and facilities services can the organisation evidence the following?	Applicable	Applicable	SAQ is taken from CQC KLOE W3.	
G2	Effectiveness Leaders have the skills, knowledge, experience and integrity that they need and have the capacity, capability, and experience to lead effectively – both when they are appointed and on an ongoing basis.	3. Requires minimal improvement	3. Requires minimal improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Job specification and competencies	
G2	Challenges Leaders understand the challenges to good quality estates and facilities services and can identify the actions needed to improve.	2. Good	2. Good	Local and national staff surveys and feedback	
G2	3. Visibility Leaders are visible and approachable.	3. Requires minimal improvement	2. Good	Organograms and structure charts	
G2	4. Relationships Leaders encourage appreciative, supportive relationships among staff.	2. Good	2. Good	Local and national staff surveys and feedback	
G2	5. Respect Staff feel respected and valued.	3. Requires minimal improvement	4. Requires moderate improvement	Local and national staff surveys and feedback	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations
G2	6. Behaviours Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority.	3. Requires minimal improvement	4. Requires moderate improvement	Performance reviews Local and national staff surveys and feedback	CQC Guidance for providers on meeting the regulations CQC Regulation 20: Duty of candour (FS) NHS Long Term Plan Conduct for NHS Managers NHS Constitution and Handbook to the NHS Constitution
G2	7. Culture Is the culture centred on the needs and experience of people who use services?	2. Good	3. Requires minimal improvement	Local and national staff surveys and feedback The organisation demonstrates that it undertakes a process to identify lessons from events and incidents, with a robust process for implementing the learning into new or amended organisational policy, procedure or ways of working	7. NHS complaints procedure in England SN / SP / 5401 24.01.14 "8. ISO 10002:2004 Quality management — Customer satisfaction — Guidelines for complaints handling in organizations" 9. NHS whistleblowing procedures in England SN06490 13.12.13 10. Public Interest Disclosure Act 1998 https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents https://www.cqc.org.uk/files/guidance-providers-meeting-regulations https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-
G2	8. Honesty The culture encourages candour, openness and honesty.	2. Good	3. Requires minimal improvement	Local and national staff surveys and feedback	candour https://www.longtermplan.nhs.uk/ https://www.nhsemployers.org/~/media/Employers/Documents/Recruit/Code_of_conduct_for
G2	9. Safety & Wellbeing There is a strong emphasis on promoting the safety, health and wellbeing of staff.	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures; Job specification and competencies	_NHS_managers_2002.pdf https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for- england https://www.england.nhs.uk/contact-us/complaint/
G2	10. Healthier workplace Promoting a healthier NHS workplace through cutting access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff.	4. Requires moderate improvement	4. Requires moderate improvement	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	https://www.iso.org/standard/35539.html https://www.england.nhs.uk/ourwork/whistleblowing/ https://www.gov.uk/government/publications/the-public-interest-disclosure-act
G2	11. Collaboration Staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality estates and facilities services.	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
G2	12: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable	Not applicable	Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance				
	Revenue consequences of achieving compliance	03	03		

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	Back to instructions	IN IO DOALGS ALL	r embedded iir iin	ternal governance and assurance processes to en	isure actions are taken where required.
	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop do	pt question by own menus in the s below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
G3	G3: With regard to ensuring that the Organisations Board has access to professional advice on all matters relating to Estates and Facilities services can the organisation evidence the following?	Applicable	Applicable		
G3	Professional advice The organisation has adequately identified its requirements for Estates and Facilities related professional advice?	2. Good	2. Good	Policy and procedures relevant to E&F services relevant to the trust/site; Regular assessment of policies and procedures;	
G3	In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks?	2. Good	2. Good	Documented list of advisors Transparent process to appoint suitable advisors Suitable qualifications and experience of advisors	
G3	3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge?	2. Good	2. Good	Documented list of advisors Transparent process to appoint suitable advisors Suitable qualifications and experience of advisors	
G3	4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	Not applicable		Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; Evidence of escalation to Trust Board and relevant committees; Inclusion of investment to deliver Actions in future budgets as appropriate; Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance				
	Revenue consequences of achieving compliance	£0	£0		

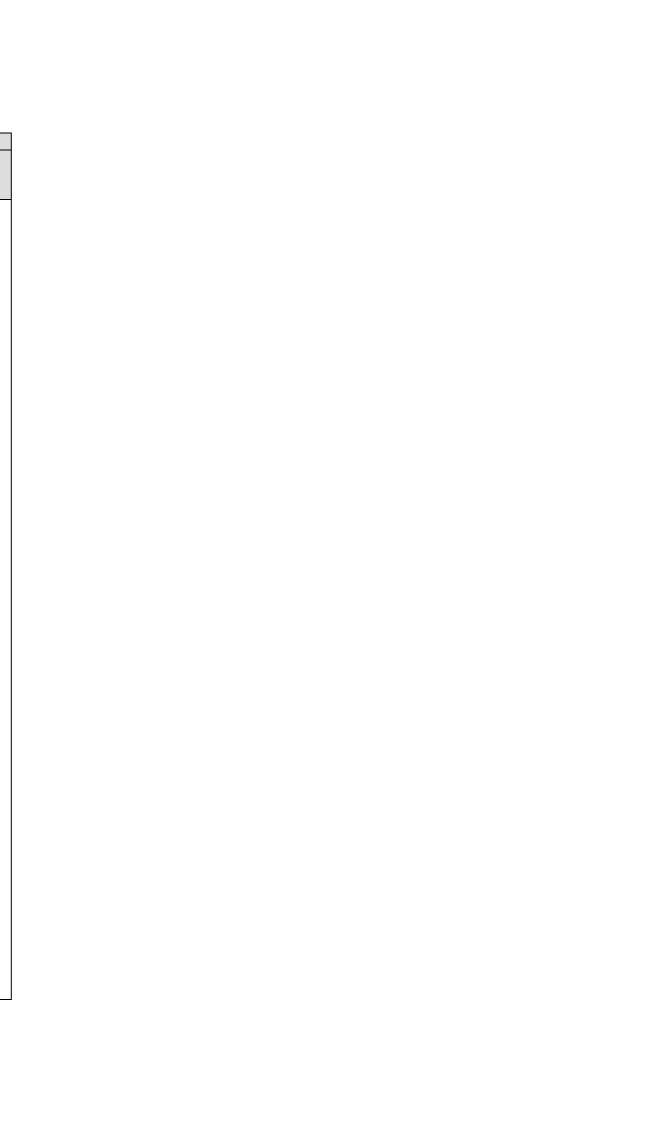
◄ ■ Back to instructions

	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
G1	G1. With regard to ensuring the Estates and Facilities governance framework has clear responsibilities and that quality, performance and risks are understood and managed, can the organisation evidence the following?	
G1	Framework There is an effective governance framework to support the delivery of the Estates and Facilities strategy and good quality services?	
G1	2. Roles Staff are clear about their roles and understand what they are accountable for?	
G1	Partners Working arrangements with partners and third party providers, e.g. PFI, are effectively managed?	
G1	Framework The governance framework and management systems are regularly reviewed and improved?	
G1	5: Assurance There are comprehensive assurance system and service performance measures, which are reported and monitored, and action taken to improve performance	
G1	6. Monitoring 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).	
G1	7. Audit There is a systematic programme of internal audit, which is used to monitor quality and systems to identify where action should be taken?	
G1	8. Mitigation There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
G1	9. Alignment There is alignment between the recorded risks and what people say is 'on their worry list'?	
G1	10: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
	Capital cost to achieve compliance	
	Revenue consequences of achieving compliance	



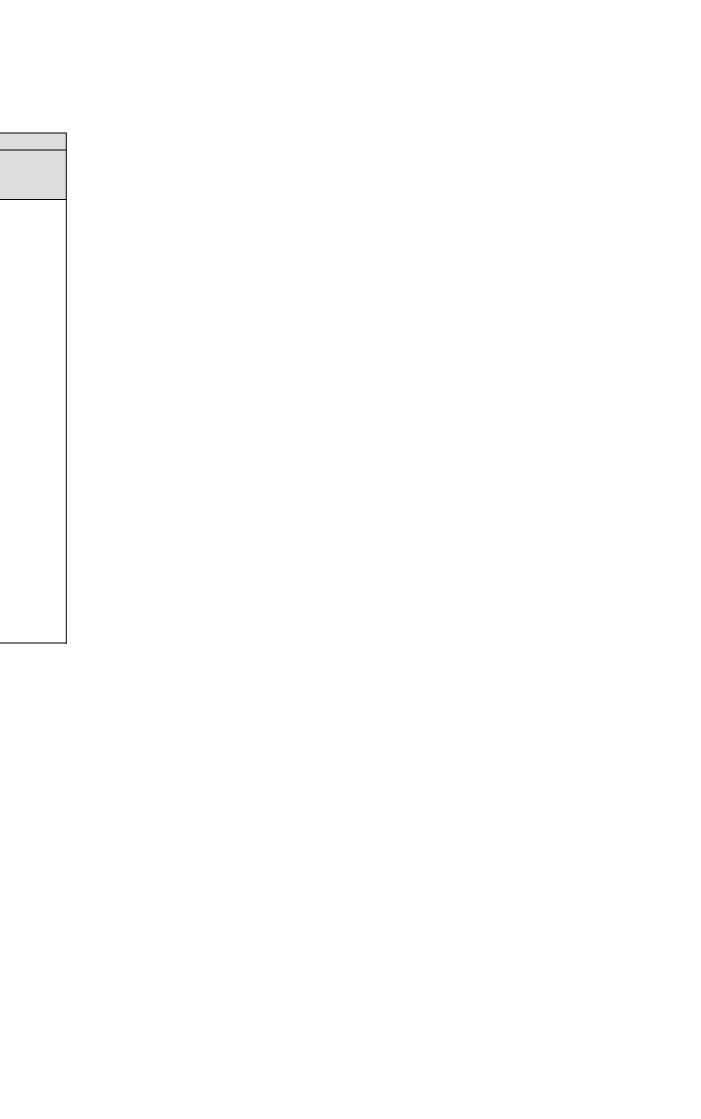
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	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	
G2 e	G2: With regard to ensuring the Estates and Facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality estates and facilities services can the organisation evidence the following?	
G2 L	Effectiveness Leaders have the skills, knowledge, experience and integrity that they need and have the capacity, capability, and experience to lead effectively – both when they are appointed and on an ongoing basis.	
G2 L	Challenges Leaders understand the challenges to good quality estates and facilities services and can identify the actions needed to improve.	
	3. Visibility Leaders are visible and approachable.	
	Relationships Leaders encourage appreciative, supportive relationships among staff.	
	5. Respect Staff feel respected and valued.	
G2 A	6. Behaviours Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority.	
G2 Is	7. Culture Is the culture centred on the needs and experience of people who use services?	
	8. Honesty The culture encourages candour, openness and honesty.	
G2 T	9. Safety & Wellbeing There is a strong emphasis on promoting the safety, health and wellbeing of staff.	
G2 F	10. Healthier workplace Promoting a healthier NHS workplace through cutting access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff.	
G2 S	11. Collaboration Staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality estates and facilities services.	
C2 If	12: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	
	Stands someoqueness of administring compliance	



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Ref. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. 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? 1. Professional advice The organisation has adequately identified its requirements for Estates and Facilities related professional advice? 2. In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks? 3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4. Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minute) inprovement ratings in this SAQ, are there risk assessed		SAQ/Prompt Questions	Comments
has access to professional advice on all matters relating to Estates and Facilities services can the organisation evidence the following? 1. Professional advice The organisation has adequately identified its requirements for Estates and Facilities related professional advice? 2. In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks? 3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minimum professional place) in this SAQ, are there risk assessed	Ref	OAQ3 in green shaded cells can be rated N/A in which case prompt	
The organisation has adequately identified its requirements for Estates and Facilities related professional advice? 2. In-house advisors Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks? 3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed	G3	has access to professional advice on all matters relating to Estates and Facilities services can the organisation	
Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate pre-employment checks? 3. External advisors Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4. Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed	G3	The organisation has adequately identified its requirements for Estates	
Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of suitably qualified staff with the appropriate skills and knowledge? 4: Costed Action Plans If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed	G3	Where Estates and Facilities related professional advice is provided in house mechanisms are in place to ensure the appointment of suitably	
If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed	G3	Where Estates and Facilities related professional advice is provided externally mechanisms are in place to ensure the appointment of	
costed action plans in place to achieve compilance?	G3	If the organisation/site has any inadequate or requires (moderate or	
Capital cost to achieve compliance Revenue consequences of achieving compliance			



How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations. How the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where

	SAQ/Prompt Questions	2023-24	2024-25	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case	Rate the pron	npt question by	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited	The evidence should demonstrate compliance
11011	prompt question scores are ignored.		down menus in	evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	with the requirements in relevant legislation and
Н1	Confirmation of Safe Helipad Operations The Trust must demonstrate that it has established processes to ensure the safe and efficient operation of its helipad in accordance with CAP 1264 guidance 1. Does your NHS organisation have a Hospital Helipad Landing Sites (HHLS)? If the answer is "No", then no further answers on this Domain are required. If the answer is "Yes" all the SAQ below must be answered.	the colu	Yes		quidance. https://www.caa.co.uk/cur- work/publications/documents/content/cap1264/
н1	How many primary HHLS does the trust have operating? (Primary HHLS are directly controlled by the NHS organisation).		1		
Н1	How many secondary HHLS does the trust utilise? (Secondary HHLS are those not directly controlled by the NHS organisation, but used regularly.)		1		
Н1	4. Who is the Accountable Manager (AM) for your HHLS? -		Free Text	Job Description and annual appraisal.	
H1	5. AM Email address		Free Text		
H1	6. AM Telephone number		Free Text		
H1	7. AM Job Title		Free Text		
Н1	8. Hospital Operations Manual (HOM) Do you have an up-to-date and approved HOM for all your sites? It is owned by the Accountable Manager (AM) and can be delegated to the HHLS Responsible Person (RP) where required and sets the standards, procedures and best practise of the Heliports Operation and Maintenance		Yes		CAP 1264 Chapter 1 HOM Template provided by NHS England.
Н1	Risk Assessment and Mitigation Strategies for Helipad and Estates is there an up-to-date Risk Assessment in place, undertaken by a competent person alongside the Responsible Person/Accountable Managor? HILS Risk Assessment be carried out annually or sooner if a reportable incident or near miss occurs.		no	Risk assessment and related documentation.	CAP 1264 Chapter 3.
н1	10. Where Coast Guard Search and Rescue (SAR) landings take place on the HHLS. Have you provided a signed letter from your Chief Executive confirming responsibility for the safety of the site in the appropriate format?		no		NHS England
Н1	11. Resilience, Emergency & Business Continuity Planning. Are the HHLS integrated into the Organisation's resilience, emergency, business continuity and escalation plans both for the organisation itself and for the region?		no		
н1	12: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?		no		
Н1	13. Collaboration Hast he organisation in undertaking the risk assessment processes collaborated with helipad users, fire and rescue services re pre-determined site attendance and police with regard to safety & security (in particular terrorism threat) and staff members whose role includes receiving patients from/transferring a patient to a helicotier.		no		
Н1	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.		по	Detailed Action Plans: Outlining investments needed for compliance with the NHS Premises Assurance Model (PAM), including specific steps, timelines, and responsible parties. Financial Documentation and Risk Assessments: Detailed cost estimates and risk assessments for areas needing improvement. Board and Committee Escalation Evidence: Documentation showing board-level awareness and action plan discussions. Budget Inclusion Proof and Prior Investment. Assessment: Evidence of budgetary allocation for actions and analysis of the impact of previous investments. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement. Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	

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			Capital Cost Analysis and Legislative Alignment.	
			Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	
			Post-Implementation Review Plan: Outline for evaluating helipad performance and impact after implementation.	
			Revenue Implications of NHS Helipad Improvements	
н	Capital cost to achieve desired improvements/outcomes	no	Cost-Benefit Analysis and Comparative Case Studies: Financial analysis of improvements and case studies from similar healthcare facilities.	
			Regulatory Compliance and Projected Revenue Impact Reports: Documentation on compliance with laws and projected revenue changes.	
			Stakeholder Feedback and Performance Metrics: Input from various stakeholders and clear metrics for evaluating improvement outcomes.	
			Risk Analysis and Sustainability Assessments: Financial risk identification and assessments of long term sustainability.	
Н1	Revenue consequences of achieving desired improvements/outcomes	no		

To Replace the below

	SAQ/Prompt Questions	2022-23	2023-24	Evidence (examples listed below)	Relevant guidance and legislation
R	f. SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored.	using the drop	npt question by down menus in nns below	Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
н	H1. Confirmation of Safe Helipad Operations and Evidencing Planning and Implementation Practices: Can the organisation confirm they have processes in place to safely maintain the operation of their helipad? The Trust must demonstrate that it has established processes to ensure the safe and efficient operation of its helipad. This includes evidencing the planning and implementation of the helipad, with clearly defined responsibilities about quality, performance, and risk management. The organisation should also be able to evidence the planning and implementation of a helipad with clear responsibilities for quality, performance and risks, can the organisation evidence the following?	Not applicable	Not applicable	Documented Safety Protocols and Procedures These documents should detail safety protocols for helipad operations, including emergency procedures, maintenance schedules, and guidelines for safe landings and take-offs. **Maintenance Records Regular helipad maintenance is essential. Logs and records must show consistent inspections and upkeep to required standards. **Training Records of Personnel Ensure all helipad personnel, ground staff, and emergency teams, are trained and qualified. Training records must confirm staff adherence to current safety practices and procedures. **Risk Assessment Documentation Ensure all helipad personnel, ground staff, and emergency teams, are trained and qualified. Training records must confirm staff adherence to current safety practices and procedures. **Risk Assessment Documentation but regular risk assessments for helipad operations, identifying and mitigating potential hazards. **Quality and Performance Monitoring Records Documentation should demonstrate the monitoring and evaluation of helipad operations, including incident logs, response times, and corrective actions taken. **Quality and Performance Monitoring Records Documentation should demonstrate the monitoring and evaluation of helipad operations, including incident logs, response times, and corrective actions taken. **Quality and Performance Monitoring Records Documentation operational manuals confirming procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for safe helipad operation. **Quality and Performance operational manuals outlining procedures and responsibilities for	
н	1. Compliance Assessment and Policy Review: Adherence to CAPT264 and Downwash Helipad Considerations in the Trust: Policy, Procedures and Compliance: is the organisation compliant and does the organisation have a current, approved policy and an underprinning set of procedures that comply with CAPT264? The Trust should have a responsible person able to demonstrate and a documented evidence/policy in relation to Downwash helipad factors and considerations within the Trust.	Not applicable	1. Outstanding	CAP1264 Compliance and Operations: The Trust must have documentation proving its helipad design and operations comply with CAP1264 standards. This includes assessing the helipad's layout, safety features, and protocols. Approved Helipad Policy: A regularly reviewed helipad policy, in line with CAP1264 guidelines, should be established. It should encompass emergency procedures, maintenance, and staff training. Documented Evidence/Policy for Downwash Considerations: Downwash Factors Records and analyses are needed to manage helicopter downwash, a key safety concern in helipad design and operations, in accordance with CAP1264. Responsibility and Documentation Appoint a responsibile preson or team knowledgeable in CAP1264 to oversee helipad operations. Their role includes managing documentation related to downwash, including risk assessments, mitigation strategies, and staff training. Regular Audits and Reviews Conduct Requent audits on ensure the Trust's helipad policies and procedures remain compliant with CAP1264. These should review downwash management and adapt to changes in helicopter technology or operational practices.	

					Governance Structure Documentation
					This should outline the overarching framework within which helipad operations are conducted. It includes details on decision making processes, accountability and how different roles within the organisation contribute to helipad management.
		Roles and Responsibilities Ensuring Qualified Personnel and Clear Governance			Organisational Structure Chart This chart should visually represent the hierarchy and reporting lines relevant to helipad operations. It clarifies who is responsible for what, ensuring that roles and responsibilities are clearly defined and understood.
		Does the Organisation have appropriately qualified, trained, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? When developing the policy and procedures have you consulted with			Post Profiles and Training Records Detailed job descriptions for each role involved in helipad operations, along with records of individual training, are crucial. These profiles should include specific qualifications, competencies, and experience required for each position. Training records prove that staff members have been adequately trained for their roles.
н	11	internal and automal atakahaldara?	Not applicable	1. Outstanding	Evidence of Training and Development Documentation should be provided to show that all staff involved in helipad operations have received proper training. This includes training that meets safety, technical, and quality requirements. Evidence may include certificates, course completion records, and ongoing professional development logs.
		evidence/policy in relation to general nelipad ractors and considerations within the Trust.			Specific Training Certifications For instance, the CAA training for Hospital Helipad - Aviation Awareness. This specialised training, offered by the UK Civil Aviation Authority (CAA), ensures that staff is aware of avaiton-specific considerations and safety practices related to helipad operations.
					To ensure comprehensive compliance, the Trust should have a designated responsible person who can present and manage these documents. This individual should be well-versed in the operational aspects of the helipad and the regulatory environment.
					They should also be capable of liaising with both internal and external stakeholders to ensure that all policies and procedures are up-to-date, effective, and widely understood. Regular consultations with stakeholders, including emergency services, aviation experts, and hospital staff, are vital for maintaining a safe and efficient helipad operation.
					Upcumented risk Assessment regort This should include a comprehensive risk assessment of the helipad and surrounding estate. The report should detail identified risks, the likelihood of occurrence, potential impact, and the scoring methodology used to prioritise risks.
					Mitigation Strategies and Implementation Evidence Documentation should be provided showing the specific risk mitigation strategies that have been applied. This could include engineering controls, procedural changes, training programs, or any other relevant measures. Evidence of implementation might include records of changes made, training completed, or equipment installed.
		Risk Assessment and Mitigation Strategies for Helipad and			Regular Review and Update Records Compliance requires not just a one-time assessment but ongoing monitoring and reassessment of risks. Documentation should show how often the risk assessment is reviewed and updated and how new risks or changes in the environment are incorporated. Alignment with Civil Avaidon Authority Standards
		Estates In relation to this, has there been a risk assessment undertaken			Evidence should be presented that the organisation's risk assessment and mitigation strategies are in line with the Civil Aviation Authority's Standards for helicopter landing areas at hospitals, as detailed in CAP 1264. This might include a comparative analysis or a compliance checklist.
н	"	and any necessary risk mitigation strategies applied and regularly reviewed?	Not applicable	Not applicable	Audit and inspection Reports Regular audits or inspections of the helipad and related facilities can provide evidence of compliance. These reports should detail the findings of the audits, any non-compliances identified, and how these were addressed.
					Incident and Accident Records Records of any incidents or accidents related to the helipad should be maintained. This includes how these incidents were investigated and what measures were taken to prevent recurrence.
					Stakeholder Consultation Records Documentation of consultations with stakeholders, including hospital staff, emergency services, and aviation experts, can provide evidence of a thorough and inclusive risk assessment process.
					Training Record Evidence of training provided to relevant staff in helipad operations and safety can demonstrate commitment to risk mitigation. Emergency Response Plan
					A documented emergency response plan specific to helipad operations should be available, detailing procedures for various potential emergencies.
					Ground-Based Helipads Accessibility: Ground-based helipads typically offer easier access to emergency services and fire-fighting equipment. This accessibility needs to be factored into the risk assessment and mitigation strategies.
					Surrounding Environment The assessment must consider the immediate environment around the helipad, including the types of surfaces (grass, concrete, etc.) and nearby structures or natural features that might influence fire risk.
					Elevated Helipads (such as on rooftops)
		Risk assessment - Regulatory Differences between Ground- Based and Elevated Helipads			Structural Integrity Elevated helipads require careful assessment of the building's structural integrity to support the helipad's weight, especially during fire emergencies.
		When conducting fire risk assessments and ensuring compliance with relevant guidelines for NHS helipads, please confirm the Trust understands the distinct regulatory considerations for ground- based and elevated helipads.		5. Inadequate	Evacuation Routes Special attention must be given to evacuation routes and emergency access, as elevated helipads may present more challenges in these areas compared to ground-based helipads.
		·			Wind and Weather Conditions Elevated helipads are more exposed to wind and other weather elements, which can impact fire behaviour. This must be considered in the fire risk assessment.
					Fire Suppression System Due to their location, elevated helipads may require specialised fire suppression systems that are effective at higher elevations and in potentially limited spaces.
					In both cases, the NHS Trust should ensure compliance with the Civil Aviation Authority's standards (CAP 1264) and incorporate specific guidelines for each type of helipad into their overall fire risk management strategy.
					Regular training, emergency drills, and clear documentation are crucial components of this strategy, regardless of the helipad type.

Possible updates to follow 2023/24

Н1	5. NHS Helipad Fire Risk Assessment and Compliance Guidelines Has there been a specific fire risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? Has this assessment taken into account the helipad and the potential healthcare buildings in its curtilage in addition the Trust should have a responsible person and a documented evidence/policy in relation to Fire risk regarding helipad factors and considerations within the Trust.	Not applicable	Specific Fire Risk Assessment for the Helipad Area The NHS Trust should conduct at thorough fire risk assessment specifically for the helipad area. This assessment should consider all potential fire hazards associated with helicopter operations, including flue, electrical systems, and potential ignition sources. The assessment should also consider the unique characteristics of the helipad, such as its location, size, and proximity to healthcare buildings and other infrastructure. Regular Review and Update of the Fire Risk Assessment The fire risk assessment should not be a one-time activity. It needs to be regularly reviewed and updated to reflect any changes in the operating environment, new helicopter models, or changes in surrounding infrastructure. Regular reviews ensure that any new risks are identified and mitigated promptly. Risk Mitigation Strategies Based on the findings of the fire risk assessment, the Trust should implement appropriate risk mitigation strategies. These might include fire suppression systems, emergency response plans, and safely protocols for fuel handling and storage. The effectiveness of these mitigations strategies should be regularly tested and evaluated. Documentation and Policy The Trust should maintain comprehensive documentation of the fire risk assessment process, including the findings, decisions made, and actions taken. This documentation serves as evidence of compliance with relevant guidelines and legislation. There should also be a clear policy outlining the responsibilities and procedures related to fire risk management at the helipad. Responsibility and Training The Trust should designate a responsible person or team to oversee fire safety at the helipad. This individual or team should have the necessary training and expectate in fire risk and know how to responsible person or team to oversee fire safety at the helipad. This individual or team should have the necessary training and expectate in fire risk and know how to respond in an emergency. Compliance with	
Н1	Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans withh have ben formulated and tested with the appropriately trained staff in relation to helipad and the estate.	2. Good	Business Continuity Audit Reports for Helipads: These reports analyse an organization's capacity to maintain operations amidst major disruptions like natural disasters or cyber attacks, with a focus on helipad operations and continuity measures. Trust's Incident Response Plan for Helipads: A detailed plan outlining response procedures for incidents impacting the helipad, including emergency medical situations and natural disasters. Committee Group Terms of Reference: Document detailing the responsibilities of the committee overseeing the helipad's emergency and business continuity plans, including test frequency, scope, and review processes. Corporate Risk Register for Helipad Operations: A comprehensive list of risks related to helipad operations, detailing the nature, likelihood, impact, and mitigation measures for each risk, regularly updated and maintained by an assigned owner. Board-Approved Risk Management Strategy: A strategy document outlining the approach to managing helipad risks, aligning with the organization's broader risk management policies, and subject to periodic review. Board-Signed Incident Response and Business Continuity Plans: Documents detailing emergency response and continuity strategies for the helipad, indicating organizational commitment to preparedness and safety. Stakeholder Collaboration in Risk Assessment and Meeting Records: Documentation evidencing collaboration with stakeholders, including helipad users, emergency services, and staff, in risk assessment processes, and minutes from meetings discussing safety, security, and operational procedures. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement.	
Н1	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures? 8. Collaboration	1. Outstanding	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Receiving, checking and authorising involces for payment for additional services; 4. Menticring Contractor's approach to receiving defeats. 5. Problem solving and dispute prevention and presolution where issues exist. 6. Problem solving and dispute prevention and presolution where issues exist. 7. This grant additional paypropriate contractor and information management systems to record and manage the performance of the Sub-Contractors; 7. This grant additional paypropriate contractor and information management systems to record and manage the performance of the Sub-Contractors; 7. This grant additional paypropriate contractor is a record of the system of the systems to record and manage the performance of the Sub-Contractors; 7. The grant additional paypropriate contractors and incidents, with a robust process for implementing the learning into new or amended organisations of popular procedure or vegors of verified by the systems of the paypropriate paypropriate payments and incidents, with a robust process for implementing the learning into new or amended organisations to record process or a record of the payment of	
Н1	Has the organisation in undertaking the risk assessment processes collaborated with helipad users, fire and rescue services repreciberatines dist alternatione and police with regard to safely & security (in particular terrorism threat) and staff members whose role includes receiving patients from/transferring a patient to, a helicopter	3. Requires minimal improvement	-	
H1	9. 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. Not applicable place to achieve compliance?	1. Outstanding	Detailed Action Plans: Outlining investments needed for compliance with the NHS Premises Assurance Model (PAM), including specific steps, timelines, and responsible parties. Financial Documentation and Risk Assessments: Detailed cost estimates and risk assessments for areas needing improvement. Board and Committee Escalation Evidence: Documentation showing board-level awareness and action plan discussions. Budget Inclusion Proof and Prior Investment Assessment: Evidence of budgetary allocation for actions and analysis of the impact of previous investments. Compliance Tracking and Stakeholder Communication: Systems for monitoring action plan progress and evidence of stakeholder engagement. Legal and Regulatory Compliance Documents: References to documents guiding NHS helipad operations and safety standards.	
Н1	Capital cost to achieve desired improvements/outcomes £0	£0	Capital Cost Analysis and Legislative Alignment Detailed Cost-Benefit Analysis: Breakdown of costs and benefits of helipad improvements, including patient care and operational efficiency. Post-Implementation Review Plan: Outline for evaluating helipad performance and impact after implementation. Revenue Implications of NHS Helipad Improvements	

Ref.	Revenue consequences of achieving desired improvements/outcomes		£0	Cost-Benefit Analysis and Comparative Case Studies: Financial analysis of improvements and case studies from similar healthcare facilities. Regulatory Compilance and Projected Revenue Impact Reports: Documentation on compliance with laws and projected revenue changes. Stakeholder Feedback and Performance Metrics: Input from various stakeholders and clear metrics for evaluating improvement outcomes. Risk Analysis and Sustainability Assessments: Financial risk identification and assessments of long term sustainability.		
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This one!

Facilities Management (FM) Maturity

This section has been added as part of a wider Government estate process, NHSE Trusts are asked to support the wider property function across government

			Scoring	4	2	3+		
		Q1 How integrated is facilities management - Soft Services?	2	Soft services is devolved around the organisation without a central "controlling mind".	A central team exists that manage a range of core buildings directly but are not fully integrated	Soft services is integrated with a clear centre of expertise with delivery coordinated centrally		
			Scoring	1	Integrated 2	centrally 3+		
Integrated	Integrated Leadership	Q2. How integrated is facilities management - Hard Services?	2	Hard services is devolved around the organisation without a central "controlling mind".	A central team exists that manage a range of core buildings directly but are not fully integrated	Hard services is integrated with a clear centre of expertise with delivery coordinated centrally		
			Scoring	1	2	3+		
		Q3. How integrated is Property Leadership?	2	FM works in a silo, reactive to demand with little engagement with wider property leadership	FM links in some what with construction, design and asset management teams, but gaps remain.	leadership across the wider property function is integrated and aligned. Total cost of ownership is considered and understood across all aspects of asset lifecycle.		
			Scoring	1	2	3	4	5
	CAFM	Q4. How integrated are your FM Management IT Systems?	2	No CAFM, basic spreadsheets or similar used to monitor and manage FM.	Several systems in use, e.g. asset management system, CAFM, finance system, supplier system. Limited or no integration. Multiple versions of the truth.	A combination of systems are used between departments and suppliers, but a recognised master system is in place, showing one version of the truth.	An integrated CAFM is in use holding all but financial data, which is held in corporate finance system.	Organisation has a single, integrated CAFM system holding a single version of the truth, with other key systems feeding into a master system.
			Scoring	1	2	3	4	5
		Q5 - How closely does FM management work with the FM delivery organisation(s)?	1	Minimal, adversarial relationship	Weekly or monthly meeti	Regular, joint meetings held taking both a backwards look at performance and a forward look at opportunity for improvement and upcoming changes	Genuine partnership, both sides work in an open and honest way to improve service delivery, built on trust. Very little discussion on poor performance or penalties.	A fully open and trusting relationship, working both ways to improve performance and value
			Scoring	1	2	3+		
Collaborative	Partnership & Transparency	Q6 - How strategic and effective are supplier relationships?	1	Supplier relationships are transactional only.	A supplier relationship model (SRM) is in place (See CCS)	Open and honest conversations about what can be done both sides to improve outcomes. Service plans are jointly developed with each party inputting to one another. Topics such as profit, overheads, investment and supplier sustainability are openly discussed. An effective SRM model is in place.		
			Scoring	1	2	3+		
		Q7 - How transparent is FM delivery between the management organisation and delivery organisation?	2	No transparency regarding performance or cost.	Data held by supplier but	Organisation has real time access to key data in a transparent and open way and is regularly audited.		
			Scoring	1	2	3+		
		Q8 - Does the FM team collaborate outside of the management organisation?	1	Little engagement with wider government departments, occasional attendance at events or key meetings.	Actively involved in cross	In addition to formal cross gov groups, work closely with equals and leadership in other government departments to share best practice and go develop solutions, driving continuous improvement and innovation.		
			Scoring	1	2	3	4+	
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Q9 - How effective is your hard compliance management approach? 2 Different approachs used in different buildings or parts of the organisation. No agreed, defined specification or policy. 4 departmental oversight. Different approaches info. Key risk items are included in the proposed	o evidence iance on high risk (Asbestos, Water, Wiffing, Fire, Gäs, Wiffing, Fire, Gäs, Wider compliance ient side but riy validated with O.A. CA. CA. Compliance, Compliance is place to ensure comitiuned compliance and spot potential risks. Department has full visibility of compliance data and is validated through robust (O.A.
Compliance Scoring 1 2	3 4+ 5 Able to prove
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Scoring 1 2	3+
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Scoring 1 2	3+
	y defined roles sponsibilities.
or gaps through unclear supplier responsibilities sufficient of single for sponsibilities. Q13 - How well defined are FM roles and responsibilities within toles and responsibilities within toles and responsibilities. Siliced, focused on single function etc. Well trained staff, multi-skilled staff understand their scope and deliver their scope and deliver to high standard. Quality monitoring in glace, monitoring of performance metrics.	mance. Customer kck captured. ess as usual" to onthinous evement in service yy.
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Strategic	FM Strategy	Q16 -How strategic is FM?	2	No FM strategy or service plan. FM is delivered in a reactive way.	Basic FM strategy and ser	FM Strategy in place, con	Long-term vision of what good FM looks like and how to get there. Consideration for external impact (e.g. sustainability) fully embedded into delivery model with robust monitoring and reporting in place. Horizon scanning undertaken including strategic risk management. Strategy fully aligned with aims and values of department?	
			Scoring	1	2	3 Clear, best in class and		
	Governance	Q17 -Do you have effective FM governance in place?	2	No management/minimal management. Risk poorly allocated.	Following recognised governance, for example RICS Public sector asset management guide or functional standard on governance.	effective governance arrangements in place. Understood by organisation with clear roles and responsibilities.		
			Scoring	1		3	4+	
	Intelligent Client	Q18 -Do you have a clear definition and recognised Intelligent client function?	1	The ICF is dispersed without a clear, recognised function.		A recognised intelligent client function is in place, with defined roles and responsibilities, recognised by the wider organisation and has the capabilities and capacity required to be effective.	A highly effective ICF is in place with it's value recognised at an organisational level.	
			Scoring	1	2	3+		
		Q19 - Is an effective client department in place?	2	No recognisable client department, a number of individuals within the organisation may be responsible for various aspects	An identifiable client department is in place, acting as a conduit between the wider organisation and the delivery organisations to maximise value.	A strong and effective client department is in place, with centralised oversight of all aspects of FM.		
				A basic understanding of	2 A good understanding of	Regular, demonstrable		
Intelligent	Control Levers	Q20 -How well do you understand the levers to improve performance?	1	levers available in the contract, primarily performance failure driven	commercial, financial and quality control levers and their impact of performance	use of all types of control levers to drive continuous improvement		
			Scoring	1	2	3+ Clearly defined roles		
	Management structure	Q21 - Is there sufficient management, capability and capacity to be effective? Are roles clear?	2	Unclear roles and responsibilities, disjoined management with FM and property spread over multiple departments, devolved FM model - no "corporate landlord".	A defined, central FM team undertaking most FM duties, but with some aspects still devolved.	and responsibilities, appropriate capacity and capability to effectively discharge duties in a timely manner. Centralised "Centre of expertise" and an effective corporate landlord in place.		
			Scoring	1	2	3+		
	Forward Planning	Q22 - How proactive is FM service delivery in your organisation?	1	Reactive works only, failure driven.	Short term planning - next financial year only.	Accurate condition data driving an FMR based on risk and asset criticality, long term view and whole life costing.		

Facilities Management (FM) Maturity

This section has been added as part of a wider Government estate process, NHSE Trusts are asked to support the wider property function across government

			Scoring	1	2	3+		
	Hierarchy	Q1 - What level of location hierarchy is asset data captured against?	3+	Asset level data is captured against the site and building it is in.	Asset level data is captured against the site, building, floor and location it is in.	Asset level data is captured against the site, building, floor, location and system it is in.		
			Scoring	1	2	3	4	5
Data Structure	Data Specification	Q2 - Is there a consistent data specification aligned to the FM asset data standards (4.2)?	3	No defined data specification for FM asset data.	Defined data specification for FM asset data is not aligned to the data standard (4.2.1).	Defined data specification for FM asset data is consistently aligned to the data standard (4.2.1).	Defined data specification for FM asset data is consistently aligned to the data standard for 'core' (4.2.1) and inconsistently aligned to 'non-core' fields (4.2.2).	Defined data specification for FM asset data is consistently aligned to the data standard for 'core' (4.2.1) and 'non-core' fields (4.2.2).
			Scoring	1	2	3+		
		Q3 - How consistently is the data specification applied across the estate?	3+	No defined data specification for FM asset data.	The data specification is inconsistently applied across the estate.	The data specification is consistently applied across the estate.		
1			Scoring	1	2	3+		
		Q4 - What is the level of coverage of assets in the asset register data?	3+	The asset data covers some assets in some estates.	The asset data covers all assets in some estates but only some assets in other estates.	The asset data covers all assets in all estates.		
			Scoring	1	2	3	4	5
	Coverage and Completeness	Q5 - How complete is the data captured against assets in the asset register?	3	Data is not captured against assets for the 'core fields' in the data standard (4.2.1).	Data is captured against some assets for the 'core fields' in the data standard (4.2.1).	(4.2.1).	Data is captured against all assets for the 'core fields' in the data standard (4.2.1) and some assets for the 'non-core fields' in the data standard (4.2.2).	Data is captured against all assets for the 'core fields' in the data standard (4.2.1) and all assets for the 'noncore fields' in the data standard (4.2.2).
			Scoring	1	2	3+		
		Q6 - Is a full asset verification exercise required to update the asset register (5.1)?	3+	Data is out of date or incomplete and requires a full asset verification exercise.	Data is out of date or incomplete for parts of the estate and requires a targeted asset verification exercise.	Data is up to date and complete. An asset verification exercise is not currently required.		
	Audit		Scoring	1	2	3	4	5
		Q7 - What regular sample surveys exist for on-going asset verification (5.2)?	3	No / limited sample surveys.	Inconsistent and ad-hoc sample surveys for some of the estates.	Consistent and regular sample surveys for all estates. There is a defined methodology to logically work through the all estates over time.	Sample surveys with verifications utilising digital enablers to increase the speed and coverage of surveys in some parts of the estate.	Sample surveys with verifications utilising digital enablers to increase the speed and coverage of surveys in all estates.
1			Scoring	1	2	3	4	5
		Q8 - What processes are in place for change control/approvals for adding, removing or changing an asset (5.3)?	3	No / limited processes in place.	Inconsistent processes exist covering some parts of the estate.	Consistent processes exist covering all estates with clear responsibilities for approvals and tracking of changes.	Partially automated processes with frequent updates to change log.	Automated processes across all estates with close to real-time updates to change log.
1			Scoring	1	2	3	4	5
Data Assurance & Quality	Data Quality Control	Q9 - What processes are in place for data quality checks (5.4)?	3	No / limited processes in place.	Inconsistent and ad-hoc processes exist using basic checks covering some parts of the estate.	Consistent and regular processes exist using checks based on business rules covering all estates.	Partially automated processes using data quality check algorithms and data quality dashboards.	Automated processes using real-time data quality check algorithms, business rules, quality control dashboards and user feedback.

			Scoring	1	2	3	4	5
		Q10 - What processes are in place for data update assurance (5.5)?	3	No / limited processes in place.	Inconsistent and ad-hoc processes exist using minimal data quality checks covering some parts of the estate.	Consistent and regular processes exist using verification tools and update logs covering all estates.	Partially automated processes using controls for flagging erroneous records, identifying data and high-quality update logs covering parts of the estate.	Automated processes using controls for flagging erroneous records, identifying data and high- quality update logs covering all estates.
			Scoring	1	2	3	4	5
	Governance	Q11 - What governance is in place to support data assurance and quality (5.)?	3	No / limited governance / informal group for asset data quality.	A dedicated asset data- quality governance group/board exists but meets on an irregular basis or without the required attendees.	A dedicated asset data- quality governance group/board exists, which meets regularly with all the relevant attendees.	Along with the dedicated asset data quality governance group/board, there are additional subworking groups with the suppliers.	Along with the dedicated asset data quality governance group/board, there are additional subworking groups with suppliers and crossorganisational governance board/group.
			Scoring	1	2	3+		
		Q12 - What level of documentation exists for the these data quality processes and governance (5.6)?	3+	No / limited documented items for processes and governance.	Some documentation exists related to processes and governance which are applied on an ad-hoc basis across some parts of the estate.	Consistent documentation exists which the organisation applies for these processes and the governance across all estates. This documentation is reviewed and updated on a regular basis.		
			Scoring	1	2	3+		
	Ownership	Q13 - Is the data contractually owned by the organisation (6.1)?	3+	The organisation does not contractually own the data.	The organisation contractually owns the data for some data stores/parts of estate.	The organisation contractually owns the data for all estates.		
			Scoring	1	2	3	4	5
Data Ownership and Access	Accessibility	Q14 - What level of access does the organisation have to the data in the asset management systems (6.2)?	3	No / limited access to the data (e.g. data extracts requested via email to FM provider).	Access to some data tables/extracts across some data stores/parts of the estate.	Access to all data tables/extracts across all data stores/all estates and manually extract the required data.	The ability to access data in via desktop tool or automated APIs for some data stores/parts of estate.	The ability to access data in data in via desktop tool or automated APIs for all data stores/all estates.
	,		Scoring	1	2	3+		
		Q15 - What level of access management exists for controlling user privileges (6.3)?	3+	No / limited access management privileges.	Some access management privileges exist across some data stores/parts of the estate. These are inconsistently applied.	Access management privileges exist across all data stores/all estates. These are consistently applied and tightly controlled.		
			Scoring	1	2	3+		
i l		O16. Do the coset management		Systems with limited	Systems with some flexibility to partially	Systems with flexibility to fully accommodate the		
	Flexibility	Q16 - Do the asset management systems provide the flexibility to accommodate the data standards (7.1)?	3+	flexibility to accommodate the data standards.	accommodate the data standards for some data stores/parts of the estate.	data standards for all data stores/all estates.		
	Flexibility	systems provide the flexibility to accommodate the data standards	3+ Scoring	flexibility to accommodate the data standards.	standards for some data stores/parts of the estate.	data standards for all data stores/all estates.		
	Flexibility	systems provide the flexibility to accommodate the data standards		flexibility to accommodate the data standards. 1 Systems with limited interoperability between systems.	standards for some data	data standards for all data stores/all estates.		5

Data Systems Data Systems Data Systems Data Does the asset management systems sync to a common data platform (7.3)? Scoring O19 - Does the systems sync to a common data platform (7.3)? Scoring O19 - Do the systems meet data asset data shored as a stored data formal and stored as a data shored data formal and stored as a data shored data formal and stored dat
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Management 2020 - Do the systems meet data backup management requirements 3+
O20 - Do the systems meet data backup management requirements (7.5)? Scoring 1 2 3 3 4 5 Management Information Management Information Management Information Management Information O21 - What types of management Information information information profits and dashboards are used for FM asset data (8.1)? Scoring 1 2 3 3 4 5 Ability to create be used from data gathered point in time. Scoring 1 2 3 4 4 5 Scoring 1 2 3 4 4 5 None / limited insights available to inform decision making. Scoring 1 2 3 4 4 5 Some of the systems meet data backup management requirements across some data to ackup management requirements across some data suches/parts of the estate. Backup processes are on a regular basis. Standard reporting and interactive dashboards generated from data gathered point in time. Scoring 1 2 3 4 5 Some insights are generated but with limitations that impact decision making. Scoring 1 2 3 4 5 Some insights are generated and used to make informed decisions relating to mandatory and statutory compliance (8.3)? Scoring 1 2 3 4 5 Some insights are generated but with limitations that impact decision making. Scoring 1 2 3 4 6 Some insights are generated but with limitations that impact decision making. Scoring 1 2 3 4 6 Some insights are generated and used to make informed decisions. Scoring 1 2 3 4 6 5 Robust and repeatable processes for generating insights and acring upon these of the with limitations that impact decision making. Scoring 1 2 3 4 6 5 Some insights are generated and used to make informed decisions. Insights are generated and used to make informed decisions. Insight and generated processes for generating insights and acring upon these.
Management Information Q21 - What types of management information reports and dashboarding to support the use of FM asset data (8.1)? Scoring 1 2 3 4 Goundard reporting and dashboards are used for FM asset data (8.1)? Scoring 1 2 3 4 Goundard reporting and dashboards generated from data generated from data generated from data pipelines. Q22 - How does asset data inform decisions relating to contract management (8.2)? Scoring 1 2 3 4 5 Some insights are generated and used to make informed decisions. Scoring 1 2 3 4 Foliative dashboards generated from data generated from data generated from data generated from data generated from data generated from data generated from data generated from data pipelines. Scoring 1 2 3 4 Foliative and presenting insights and acting upon these. Predictive and presenting insights to informed decisions. Scoring 1 2 3 4 5 Some insights or generated but with limitations that impact decision making. Some insights generated but with limitations that impact decision making. None / limited insights available to inform decisions relating to mandatory and statutory compliance (8.3)? None / limited insights available to inform decision making. None / limited insights available to inform decision making. None / limited insights available to inform decision making. None / limited insights available to inform decision making. Insights and acting upon the second presentated but with limitations that impact decision making. Robust and repeatable processes for generating processes for generating processes for generating insights and acting upon the second presentated and used to make informed decisions. Robust and reporting and interactive dashboards generated from data generated from data served the latest to a second presentated from data served the latest to a second presentated from data served the latest to a second presentated from data served the latest to a second presentated from data served the latest to a second presentated from data served the latest to a second
Management Information information reports and dashboards are used for FM asset data (8.1)? No / ad hoc reporting and dashboarding to support the use of FM asset data.
Q22 - How does asset data inform decisions relating to contract management (8.2)? Data Usage Data Usage Data insights are decision relating to management (8.3)? Data Usage Data insights are decision making. Some insights generated but with limitations that impact decision making. Some insights generated but with limitations that impact decision making. Data insights are generated and used to make informed decisions. Robust and repeatable processes for generating insights and acting upon these. Predictive and predictive
Q22 - How does asset data inform decisions relating to contract management (8.2)? Scoring 1 2 3 None / limited insights available to inform decision making. Scoring 1 2 3 A predictive and predictive and generated but with limitations that impact decision making. Scoring None / limited insights available to inform decision making. Scoring None / limited insights available to inform decision making. Scoring None / limited insights are generated but with limitations that impact decision making. Some insights generated but with limitations that impact decision making. Robust and repeatable processes for generating insights and acting upon these. Robust and repeatable processes for generating insights and acting upon these. Robust and repeatable processes for generating insights and acting upon these. Robust and repeatable processes for generating insights and acting upon these. Predictive and predictive and predictive and predictive and statutory compliance (8.3)? Insights Insights
Data Usage Q23 - How does asset data inform decisions relating to mandatory and statutory compliance (8.3)? None / limited insights available to inform decision making. None / limited insights available to inform decision making. Some insights generated but with limitations that impact decision making. Robust and repeatable processes for generating insights and acting upon these. Predictive and predict
Data Usage Q23 - How does asset data inform decisions relating to mandatory and statutory compliance (8.3)? None / limited insights available to inform decision making. None / limited insights available to inform decision making. Some insights generated but with limitations that impact decision making. Some insights generated but with limitations that impact decision making. Insights ROBUST and repeatable processes for generating insights and acting upon tinsights to inform decisions.
Scoring 1 2 3 4 5
Q24 - How does asset data inform decisions relating to Planned Preventative Maintenance (8.4)? None / limited insights available to inform decision making. None / limited insights Some insights generated but with limitations that impact decision making. Robust and repeatable processes for generating insights and acting upon these. Robust and repeatable processes for generating insights and acting upon these.
deutsions.
Scoring 1 2 3 4 5

	Capacity	Q26 - What is the capacity of the teams working with asset data (9.1, 9.2)?	3	No dedicated teams/informal teams.	Dedicated team exists within the organisation covering some parts of the estate. Individuals do not have assigned responsibilities and accountabilities.	Dedicated team exists within the organisation covering some parts of the estate. Individuals have clear with responsibilities and accountabilities. Identified individuals with responsibilities and accountabilities to manage, monitor and generate required reports/insights from FM asset data.	Along with the dedicated team, there are additional sub-teams consisting individuals from the suppliers.	Along with the dedicated team, there are additional sub-teams consisting individuals from the suppliers and crossorganisational data team.
			Scoring	1	2	3	4	5
	Capability	Q27 - What is the capability of the teams working with asset data (9.3)?	3	No dedicated personnel/informal teams.	Team with some FM and data/technical understanding.	Team with good FM and data/technical understanding. Ability to extract, transform, load and report data to generate required reports and insights.	Team with the ability to create robust and repeatable data processes along interactive dashboard to support in generating insights.	Team with the ability to use predictive and prescriptive analytical techniques used to create forward-looking insights.
			Scoring	1	2	3	4	5
Team Capacity and Capability		Q28 - What training is provided for teams working with asset data (9.4)?	3	No / limited training provided.	Inconsistent and ad-hoc pieces of training exist focusing on basic understanding and only the necessary parts of the processes. They are partially in line with the Government Property Profession career framework.	Consistent and regular pieces of training exist focusing on all the necessary processes. They are in line with the Government Property Profession career framework.	Frequent pieces of training focusing on better understanding and upskilling in extended processes and tools used within the organisation.	Frequent pieces of training focusing on upskilling in advanced analytical and automation skills.
			Scoring	1	2	3+		
	Training	Q29 - What training materials exists relating to asset data (9.5)?	3+	No training and guidance material for asset data and processes.	Some training and guidance material exist related to asset data and processes covering some parts of the estate. These are reviewed and referred to on an ad-hoc basis.	Consistent training and guidance material exist covering onboarding, quality and audit processes, etc. for all estates. These are reviewed and referred to on regular basis.		
			Scoring	1	2	3	4	5
		Q30 - What knowledge sharing exists relating to asset data (9.6)?	3	No / limited knowledge sharing in place.	Some knowledge sharing exists within the organisation and some irregular knowledge sharing exists between organisations.	Consistent knowledge sharing exists between different organisations on a regular basis.	Consistent knowledge sharing exists between different organisations on a regular basis. Some knowledge sharing with suppliers on an irregular basis.	Consistent knowledge sharing exists between different organisations. Consistent knowledge sharing with suppliers on a regular basis.

Section	Area	Question
All	Contact details	1. Identify Lead for:
	Contact details	Insert name for board representative
All		1.a Insert contact details
Linen and laundry	Contact details	Identify Lead for linen and laundry: Insert name of board representative and contact details
Linen and laundry	Contact details	Identify Lead for linen and laundry: Insert name of competent persons and contact details
Linen and laundry	Contact details	Identify Lead for linen and laundry: Insert name of authorised persons and contact details
Food	Contact details	Insert name for board representative and contact details
Food	Contact details	Identify Lead for food: Insert name for Competent Persons and contact details
Food	Contact details	Identify Lead for: Insert name of catering dietitian
Food	Contact details	2a. Contact details of the dietitian
Food	Contact details	2b Indicate if this is in house in-house, from an FM provider or an external contract (including NHS Supply Chain)
Food	Contact details	Identify Lead for: Organisations must nominate a food safety specialist. Provide details of person or company supplying service
Medical Gas	Contact details	Medical gas committee: Board Executive responsible for medical gasses
Medical Gas	Contact details	5. Authorised Engineer
Medical Gas	Contact details	6. Authorised Person
Terrorism (Protection of Premises) Act 2025	Contact details	Please provide contact details; name, job title and contact email, of the appointed Accountable Officer in relation to this

Add Details Emma Sayner, Chief Financial Officer emma.sayner@nhs.net Tom Myers, Group Director of Estates, Facilities & Development tom.myers2@nhs.net Karl Cliff, Facilities Services Manager SGH & GDH, karl.cliff@nhs.net, Michelle Smith, Facilities Service Manager DPOW, michelle.smith18@nhs.net Kieth Fowler, Associate Director Of Facilities Services and Sustainability, keithfowler@nhs.net Emma Sayner, Chief Financial Officer emma.sayner@nhs.net Kieth Fowler, Associate Director Of Facilities Services and Sustainability, keithfowler@nhs.net Unappointed N/A N/A Mark Richardson, RFS Consulting Tom Myers, Group Director of Estates, Facilities & Development Mark Milne HAC Medical Gas Gareth Scott, Senior Estates Manager N/A

NHS PAM Safety Prompt Question Guidance Sheets

■ Back to instruction

This sheet supplements the 'generic' prompt questions contained within NHS PAM safety domain. It provides key references from the following documents that users should consider when undertaking their assessment of the relevant prompts:

1. Health and Safety Executive publication HSG 65 'Managing for health and safety'

2. The Care Quality Commission Provider Handbooks Appendix A 'Key Lines of Enquiry'

3. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Associated CQC guidance

Extracts from HSG 65 primarily relate to H&S regulations so may not be strictly relevant in all instance. However the advice may still be useful. HSG 65 'Managing for health and safety' is available from:

nttp://www.hse.gov.uk/pubns/priced/hsg65.pdf.
Similarly some references from the regulations and CQC guidance, particularly around training and development, may relate primarily to clinical and clinical support staff but again they still may be useful.

1: Policy & Procedures

Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?

Policies should be designed to meet legal requirements, prevent health and safety problems, and enable you to respond quickly where difficulties arise or new risks are introduced.

1.2 Regulations and CQC Guidance

15(1)d
The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used.

15(1)d&e

All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided

1.3 Regulations and CQC Guidance	CQC KLOE
15(1)d Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation.	S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?
	E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).
	E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).

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 underst

2.1 HSG 65

HSG 65 page 11)

he Management of Health and Safety at Work Regulations 1999 require employers to put in place arrangements to control health and safety risks. As a minimum, you should have the processes and rocedures required to meet the legal requirements, including:

- procedures required to meet the legal requirements, including:

 a ensuring there is adequate and appropriate supervision in place;

 access to competent health and safety advice, for example see the Occupational Safety and Health Consultants Register (OSHCR) at www.hse.gov.uk/oshcr;

HSG 65 page 17:

The competence of individuals is vital, whether they are employers, managers, supervisors, employees or contractors, especially those with safety-critical roles (such as plant maintenance engineers). It ensures they recognise the risks in their activities and can apply the right measures to control and manage those risks.

2.2 Regul

15(1)d&e

• Providers must make sure that staff and others who operate the equipment are trained to use it appropriately.

18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

2.4 Regulations and CQC Guidance	CQC KLOE
18(1) Guidance: Providers must deploy sufficient numbers of suitab qualified, competent, skilled and experienced staff to make sure tha they can meet people's care and treatment needs and therefore me the requirements of Section 2 of these regulations (the fundamental standards).	E3.1. Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on

3: Risk Assessment
Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?

3.1 HSG

HSG 65 Page 27)

What the law says on assessing risks
The law states that a risk assessment must be 'suitable and sufficient', i.e. it should show that:

The law states that a risk assessment must be 'suitable and sumcient, i.e. it snouio snow ural.

a proper chock was made;

a you asked who might be affected;

a you dealt with all the obvious significant risks, taking into account the number of people who could be involved;

a the precautions are reasonable, and the remaining risk is low;

a you involved your workers or their representatives in the process.

The level of detail in a risk assessment should be proportionate to the risk and appropriate to the nature of the work. Insignificant risks can usually be ignored, as can risks arising from routine activities associated with life in general, unless the work activity compounds or significantly alters those risks.

Your risk assessment should only include what you could reasonably be expected to know – you are not expected to anticipate unforeseeable risks.

HSG 65 page 14)
Leaders, at all levels, need to understand the range of health and safety risks in their part of the organisation and to give proportionate attention to each of them. This applies to the level of detail and effort put into assessing the risks, implementing controls, supervising and monitoring.

HSG 65 page 13)
The risk profile of an organisation informs all aspects of the approach to leading and managing its health and safety risks.

HSG 65 page 13)

to be byegy in the control of the co es the risks will be tangible and immediate

3.2 Regulations and CQC Guidance

15(1)c: • Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service.

17(2)(b)

Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service

17(2)(b)
Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service. 17(2)(b)

riders must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.

17(2)(b)

Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.

17(2)(b)

Note: In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students

CQC KLOE

3.3 Regulations and CQC Guidance

13(1) ace

'There should be regular health and safety risk assessments of the premises (including grounds) and equipment.
The findings of the assessments must be acted on without delay if improvements are required.

S4.4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with

national guidance? Are risks managed positively? S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of weather, or disruption to staffing?

W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? 17(2)(b) assess, monitor and mitigate the risks relating to the health

4: Maintenance

safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; Are assets, equipment and plant adequately maintained?

4.1 Regulations and CQC Guidance

15(1)d
Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation

15(1)d&e

All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided

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?

5.1 HSG 65

HSG 65 page 11) The Management of Health and Safety at Work Regulations 1999 require employers to put in place arrangements to control health and safety risks. As a minimum, you should have the processes and procedures required to meet the legal requirements, including:

a ensuring there is adequate and appropriate supervision in place;

access to competent health and safety advice, for example see the Occupational Safety and Health Consultants Register (OSHCR) at www.hse.gov.uk/oshcr;

3.2 Regulations and CQC Guidance

18(2) Persons employed by the service provider in the provision of a regulated activity must 18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

Prowiders must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.

Where appropriate, staff must be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised.

Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. Other mandatory training, as defined by the provider for their role.

Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support

Other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector.

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

Other mandatory training, as defined by the provider for their role.

Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support

Other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

18(2)(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and Providers must support staff to obtain appropriate further qualifications that would enable them to continue to perform their role. Providers must not act in a way that prevents or limits staff from obtaining further qualifications that are appropriate to their role.

18(2)(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and Providers must support staff to obtain appropriate further qualifications that would enable them to continue to perform their role

Providers must not act in a way that prevents or limits staff from obtaining further qualifications that are appropriate to their role

4.3 Regulations and CQC Guidance

Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

E3.2. How are the learning needs of staff identified?
E3.3. Do staff have appropriate training to meet their learning needs?
E3.4. Are staff encouraged and given opportunities to develop?

Staff should be supported to make sure they are can participate in: Statutory training.
Staff should receive regular appraisal of their performance in their role

S3.2. Do staff receive effective mandatory training in the safety systems, processes and practices? E3.5. What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and

from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

mentoring, clinical supervision and revalidation.)

E3.6. How is poor or variable staff performance identified and managed? How are staff supported to improve?

6: Resilience, Emergency & 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?

6.1 CQC KLOE

S5.2. What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?

S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?

7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?

7.1 Regulations and CQC Guidance

17(2)(f)

roviders must ensure that their audit and governance systems remain effective

7.2 Regulations and CQC Guidance CQC KLOE 11(z)a Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological

E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to de how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).

development or other factors. 8: Costed Action Plan

If the organisation/site has any inadequate or requires (moderate or minor) improvement ratings in this SAQ, are there risk assessed costed action plans in place to achieve compliance?

References to risk assessment and management are details under prompt 3 above

8: Scoring
Scoring should be based on the following

Self-assessment rating	% to score in given area
Not applicable: This prompt question does not apply to the trust e.g. Mental Health trusts do not use Medical Gases;	
Outstanding: Compliant with no action required, plus evidence of high-quality services and innovation. This Score is likely to be rarely applied.	100%
Good: compliant no action required.	85% or above
Requires minimal improvement: The impact on people who use services, visitors or staff is low.	66% to 85%
Requires moderate improvement: The impact on people who use services, visitors or staff is medium.	45% to 65%
Inadequate	45% or less

◄ ■ Back to instructions

This sheet shows the relationship and link between the NHS PAM SAQs and:

- 1. Relevant parts of the 'Health and Social Care Act 2008 (Regulated Activities) Regulations 2014'
- 2. Associated CQC guidance to providers on meeting the Regulations3. CQC provider Handbooks Annex A: Key Lines of Enquiry

3. CQC provider Handbooks Affrex A. Key Lines of Enquiry	DAM Def
Regulations (bold text) CQC Guidance (non-bold text), CQC KLOE (bold italics)	PAM Ref.
Regulation 14: Meeting nutritional and hydration needs (FS)	
CQC KLOE: E1.4. How are people's nutrition and hydration needs assessed and met?	
14(1) The nutritional and hydration needs of service users must be met.	
Providers must include people's nutrition and hydration needs when they make an initial assessment of their care, treatment and support needs and in the ongoing review of these. The assessment and review should include risks related to people's nutritional and hydration needs. Providers should have a food and drink strategy that addresses the nutritional needs of people using the service.	SS1
14(2) Paragraph 1 applies where—	
(a) care or treatment involves— the provision of accommodation by the service provider, or an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or (b) the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.	SS1
Providers must meet people's nutrition or hydration needs wherever an overnight stay is provided as part of the regulated activity or where nutrition or hydration are provided as part of the arrangements made for the person using the service.	
14(3) But paragraph (1) does not apply to the extent that the meeting of such nutritional or hydration needs would— (a) result in a breach of regulation 11, or (b) not be in the service user's best interests	NA
14(4)(a) receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,	
Nutrition and hydration assessments must be carried out by people with the required skills and knowledge. The assessments should follow nationally recognised guidance and identify, as a minimum: requirements to sustain life, support the agreed care and treatment, and support ongoing good health dietary intolerances, allergies, medication contraindications how to support people's good health including the level of support needed, timing of meals, and the provision of appropriate and sufficient quantities of food and drink.	SS1 should demonstrate following the Nutrition & hydration assessment but assessment is not part of PAM
Nutrition and hydration needs should be regularly reviewed during the course of care and treatment and any changes in people's needs should be responded to in good time. A variety of nutritious, appetising food should be available to meet people's needs and be served at an appropriate temperature. When the person lacks capacity, they must have prompts, encouragement and help to eat as appropriate.	SS1
Where a person is assessed as needing a specific diet, this must be provided in line with that assessment. Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain. Action must be taken without delay to address any concerns. Staff must follow the most up-to-date nutrition and hydration assessment for each person and take appropriate action if people are not eating and drinking in line with their assessed needs. Staff should know how to determine whether specialist nutritional advice is required and how to access and follow it.	NA
Water must be available and accessible to people at all times. Other drinks should be made available periodically throughout the day and night and people should be encouraged and supported to drink. Arrangements should be made for people to receive their meals at a different time if they are absent or asleep when their meals are served. Snacks or other food should be available between meals for those who prefer to eat 'little and often'.	SS1

14(4)(b) receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional,	NA
14(4)(c) the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background, and	
People should be able to make choices about their diet. People's religious and cultural needs must be identified in their nutrition and hydration assessment, and these needs must be met. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the person, to allow them to make informed choices about their requirements. When a person has specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met. Every effort should be made to meet people's preferences, including preference about what time meals are served, where they are served and the quantity.	SS1
14(4)(d) if necessary, support for a service user to eat or drink	NA
Regulation 15: Premises and equipment (FS)	
15(1) All premises and equipment used by the service provider must be— 15(1)(a) clean, CQC KLOE S3.5. How are standards of cleanliness and hygiene maintained?	
 Premises and equipment must be kept clean and cleaning must be done in line with current legislation and guidance. Premises and equipment should be visibly clean and free from odours that are offensive or unpleasant. 	
Providers should: Use appropriate cleaning methods and agents. Operate a cleaning schedule appropriate to the care and treatment being delivered from the premises or by the equipment. Monitor the level of cleanliness. Take action without delay when any shortfalls are identified. Make sure that staff with responsibility for cleaning have appropriate training.	Safety SAQ SS4
Domestic, clinical and hazardous waste and materials must be managed in line with current legislation and guidance. CQC KLOE S3.9. Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	Safety SAQ SS3
15(1) All premises and equipment used by the service provider must be— 15(1)(b) secure,	Safety SAQ SS6
Security arrangements must make sure that people are safe while receiving care, including a	
including: CQC KLOES3.4. Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?	Safety SAQ SS6
o Protecting personal safety, which includes restrictive protection required in relation to the Mental Capacity Act 2005 and Mental Health Act 1983. This includes the use of window restrictors or locks on doors, which are used in a way that protects people using the service when lawful and necessary, but which does not restrict the liberty of other people using the service. CQC KLOE E1.7. Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?	Safety SAQ SS6
o Protecting personal property and/or money. o Providing appropriate access to and exit from protected or controlled areas.	
o Not inadvertently restricting people's movements. o Providing appropriate information about access and entry when people who use the service are unable to come and go freely and when people using a service move from the premises as part of their care and treatment.	
o Using the appropriate level of security needed in relation to the services being delivered. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Guidance for providers on meeting the regulations March 2015 57	Safety SAQ SS6

T	٦ ١
• If any form of surveillance is used for any purpose, the provider must make sure that this is done in the best interests of people using the service, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance on the use of surveillance is available on CQC's website.	
15(1) All premises and equipment used by the service provider must be—	
15(1)(c) suitable for the purpose for which they are being used,	
Premises must be fit for purpose in line with statutory requirements and should take	0 ((0 0 0 0 0 0
account of national best practice.	Safety SAQ SH2
CQC KLOE S3.7. Does the design, maintenance and use of facilities and premises	
keep people safe?	
• Premises must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. There must be sufficient equipment to provide the service.	Safety SAQ SH2 & SH15
Adequate support facilities and amenities must be provided where relevant to the service being provided. This includes sufficient toilets and bathrooms for the number of people using the service, adequate storage space, adequate seating and waiting space.	Safety SAQ SH2
People's needs must be taken into account when premises are designed, built, maintained, renovated or adapted. Their views should also be taken into account when possible.	Patient Experience SAQ P1
People should be able to easily enter and exit premises and find their way around easily and independently. If they can't, providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance.	Safety SAQ SH2 & Patient Experience SAQ P6
• Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service.	Safety SAQ SH2
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
The premises and equipment used to deliver care and treatment must meet people's	
needs and, where possible, their preferences. This includes making sure that privacy,	Safety SAQ SH2
dignity and confidentiality are not compromised.	
• Reasonable adjustments must be made when providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010.	Safety SAQ SH15
15(1) All premises and equipment used by the service provider must be—	
15(1)(d) properly used,	
15(1)(e) properly maintained, and	Safety prompt
• Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant	questions 1,4 & 7 for each technical
legislation.	area e.g. electrical
CQC KLOE S3.7. Does the design, maintenance and use of facilities and premises	safety
keep people safe?	
S3.8. Does the maintenance and use of equipment keep people safe? • The provider's Statement of Purpose and operational policies and procedures for the	
delivery of care and treatment should specify how the premises and equipment will be used.	Safety SAQ SH2 & SH15
Any change of use of premises and/or equipment should be informed by a risk assessment and providers must make appropriate alterations to premises and equipment where reasonably practical. Where this is not possible, providers should have appropriate contingency plans and arrangements to mitigate the risks to people using the service. Alterations must be in line with current legislation and guidance.	Safety SAQ SH2
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and	
managing risks, issues and mitigating actions?	
• There should be regular health and safety risk assessments of the premises (including grounds) and equipment. The findings of the assessments must be acted on without delay if improvements are required.	SH4 & safety SAQ prompt 3
CQC KLOE W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	P.Ompt 0
• There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.	Safety SAQ SH1 & Safety SAQ prompt 4

• Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.	Safety SAQ SH1 & Safety SAQ prompt 4
 S3.8. Does the maintenance and use of equipment keep people safe? All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided. 	Safety SAQ SH15
S3.8. Does the maintenance and use of equipment keep people safe?	
 Providers must make sure that staff and others who operate the equipment are trained to use it appropriately. 	Safety SAQ SH15 & Safety SAQ prompt 2&5
15(1) All premises and equipment used by the service provider must be— 15(1)(f) appropriately located for the purpose for which they are being used.	
• When planning the location of premises, providers must take into account the anticipated needs of the people who will use the service and they should ensure easy access to other relevant facilities and the local community.	Patient Experience SAQ P1
 Facilities should be appropriately located to suit the accommodation that is being used. This includes short distances between linked facilities, sufficient car parking that is clearly marked and reasonably close, and good access to public transport. 	Safety SAQ SH2
Equipment must be accessible at all times to meet the needs of people using the service. This means it must be available when needed, or obtained in a reasonable time so as not to pose a risk to the person using the service. Equipment includes chairs, beds, clinical equipment, and moving and handling equipment.	Safety SAQ SH15
S3.8. Does the maintenance and use of equipment keep people safe?	
15(2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.	
 Providers must comply with guidance from the Department of Health about the prevention and control of infections: Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. 	Safety SAQ SS4
S3.6. Are reliable systems in place to prevent and protect people from a healthcare-	
*Where applicable, premises must be cleaned or decontaminated in line with current legislation and guidance, and equipment must be cleaned, decontaminated and/or sterilised in line with current legislation and guidance and manufacturers' instructions. Equipment must be cleaned or decontaminated after each use and between use by different people who use the service.	Safety SAQ SS4
• Ancillary services belonging to the provider, such as kitchens and laundry rooms, which are used for or by people who use the service, must be used and maintained in line with current legislation and guidance. People using the service and staff using the equipment should be trained to use it or supervised/risk assessed as necessary.	Safety SAQ SS1, SS4 & SH10
W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
• Multiple use equipment and devices must be cleaned or decontaminated between use. Single use and single person devices must not be re-used or shared. All staff must understand the risk to people who use services if they do not adhere to this.	Safety SAQ SS2 &
W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?	
Regulation 16: Receiving and acting on complaints (FS)	Patient Exp SAQ P1
R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?	
16(1) Any complaint received must be investigated and necessary and proportionate	
action must be taken in response to any failure identified by the complaint or investigation.	P1

People must be able to make a complaint to any member of staff, either verbally or in writing. All staff must know how to respond when they receive a complaint. Unless they are anonymous, all complaints should be acknowledged whether they are written or verbal. Complainants must not be discriminated against or victimised. In particular, people's care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf. Appropriate action must be taken without delay to respond to any failures identified by a complaint or the investigation of a complaint. Information must be available to a complainant about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint. Information should include the internal procedures that the provider must follow and should explain when complaints should/will be escalated to other appropriate bodies. Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the provider should cooperate with any independent review or process.	P1
16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.	P1
Information and guidance about how to complain must be available and accessible to everyone who uses the service. It should be available in appropriate languages and formats to meet the needs of the people using the service. Providers must tell people how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested. When complainants do not wish to identify themselves, the provider must still follow its complaints process as far as possible. Providers must have effective systems to make sure that all complaints are investigated without delay. This includes: Undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include professional regulators or local authority safeguarding teams. Making sure appropriate investigations are carried out to identify what might have caused the complaint and the actions required to prevent similar complaints. When the complainant has identified themselves, investigating and responding to them and where relevant their family and carers without delay.	P1
Providers should monitor complaints over time, looking for trends and areas of risk that may be addressed. Staff and others who are involved in the assessment and investigation of complaints must have the right level of knowledge and skill. They should understand the provider's complaints process and be knowledgeable about current related guidance. Consent and confidentiality must not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding. Complainants, and those about whom complaints are made, must be kept informed of the status of their complaint and its investigation, and be advised of any changes made as a result. Providers must maintain a record of all complaints, outcomes and actions taken in response to complaints. Where no action is taken, the reasons for this should be recorded. Providers must act in accordance with Regulation 20: Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.	P1
16(3) The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of— (a) complaints made under such complaints system, (b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and (c) any other relevant information in relation to such complaints as the Commission may request.	P1

CQC can ask providers for information about a complaint; if this is not provided within 28 days of our request, it may be seen as preventing CQC from taking appropriate action in relation to a complaint or putting people who use the service at risk of harm, or of receiving care and treatment that has, or is, causing harm. The 28-day period starts the day after the request is received.	P1
Regulation 17: Good governance (FS)	
W2.6. Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? W2. Does the governance framework ensure that responsibilities are clear and that quality, performance and risks are understood and managed? 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider must have a	The NHS PAM designed to be used as a syste that meets this requirement
process in place to make sure this happens at all times and in response to the changing needs of people who use the service.	Governance
The system must include scrutiny and overall responsibility at board level or equivalent.	domain
17(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—	
1. Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. The audits should be baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and should, where possible, include the experiences people who use the service. The systems and processes should be continually reviewed to make sure they remain fit for purpose. Fit for purpose means that: systems and processes enable the provider to identify where quality and/or safety are being compromised and to respond appropriately and without delay, providers have access to all necessary information.	that meets this requirement
17(2)(a) 2. Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken.	G1.7
W2.7. Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? W5.6. How is information used proactively to improve care?	
17(2)(a) 3. Providers should have effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service, know the results of reviews about the quality and safety of the service and any actions required following the review.	NA
17(2)(a) 4. Providers should actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service. Providers must be able to show how they have: analysed and responded to the information gathered, including taking action to address issues where they are raised, and used the information to make improvements and demonstrate that they have been made	Patient Experie SAQ P1
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W4. How are people who use the service, the public and staff engaged and involved?	

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17(2)a Providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.	PE domain and action plan prompt under each SAQ
Subject to statutory consent and applicable confidentiality requirements, providers must share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these must be made without delay.	Safety SAQ SH17
17(2)a Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors.	Safety SAQ
E1.1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).	prompt Question 1
17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;	
S3.1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? S4.4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?	
S5.1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?	
17(2)(b) Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service.	Safety SAQ prompt question 3 & G1.9 & G1.10
17(2)(b) Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.	
17(2)(b) Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.	
17(2)(b) Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate. Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.	
17(2)(b) Note: In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students.	
17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;	NA
17(2)(d) maintain securely such other records as are necessary to be kept in relation to—	
(i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity;	
Records relating to people employed and the management of regulated activities must be created, amended, stored and destroyed in accordance with current legislation and guidance.	
Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated	
Activities) Regulations 2014. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information.	

Regulation 20: Duty of candour (FS)	G2.9	
	NA	
18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, S3.2. Do staff receive effective mandatory training in the safety systems, processes	Safety SAQ prompt question 5: See 'prompt guidance sheet'	
	See 'prompt guidance sheet'	
persons must be deployed in order to meet the requirements of this Part.	Safety SAQ prompt question 2:	
	see also 'prompt guidance sheet'	
17(3) The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—-	NA	
17/2\/f\	prompt question 7, SAQ G1.8 & G1.4	
ntormation rotorrod to in clin-haradranne (a) to (b)	Patient Experience SAQ P1	
17(2)(e) mprovements should be made without delay once they are identified, and the provider should have systems in place to communicate how feedback has led to improvements.		
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17(2)(e) Providers should actively encourage feedback about the quality of care and overall nvolvement with them. The feedback may be informal or formal, written or verbal. It may be from people using the service, those lawfully acting on their behalf, their carers and others such as staff or other relevant bodies.		
not contravene the Data Protection Act 1998. 17(2)(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;		
Systems and processes must support the confidentiality of people using the service and		
issues and mitigating actions? Records must be kept secure at all times and only accessed, amended or destroyed by beople who are authorised to do so. Information in all formats must be managed in line with current legislation and guidance.		
planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents. W2.9. Are there robust arrangements for identifying, recording and managing risks,	Safety SAQ SH3	