

HPSS	Controls Assurance Standard	Buildings, Land, Plant and Non-medical Equipment
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BUILDINGS, LAND, PLANT AND NON-MEDICAL EQUIPMENT

Standard

Estates are managed so as to provide a safe, efficient and effective environment of care.

Overview

To deliver a modern DHPSS, assets are required that are in the right place, in the right condition, of the right type and which will be able to respond appropriately to existing and future service needs.

Organisations have a statutory responsibility for the management of their assets. The physical environment is an important factor in the patient and client care experience. An effective and well-run physical environment will help ensure that patients, clients, staff and visitors are safe and comfortable.

Management of buildings, land, plant and non-medical equipment has to be set in the context of delivering services to the local community along with the other agencies involved in the wider health economy.

The estate represents a significant asset value and has substantial revenue cost implications. Good management will not only minimise risk but may lead to releasing of resource to direct health use.

Assessment Guidance

HPSS organisations vary significantly in size and in the nature of the services they deliver. It follows that that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

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This approach will ensure that the assessment has no unfairly detrimental effect on the organisation's overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation's business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HPSS organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

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KEY REFERENCES

The Construction Design and Management Regulations (Northern Ireland) 1995 No 209

Health and Safety Display Screen Equipment Regulations (Northern Ireland) No 513

Lifting Operations and Lifting Regulations (Northern Ireland) 1999 No 304 made 29 June 1999

Management of Health and Safety at Work Regulations (Northern Ireland) 2000 No 388

Manual Handling Operations (Northern Ireland) 1992 No 535

Personal Protective Equipment at Work Regulations (Northern Ireland) 1993 SRI No 20

Provision and Use of Work Equipment Regulations (Northern Ireland) 1999 No 305

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 No 455

Health & Safety at Work (Northern Ireland) Order 1978

Workplace (Health, Safety and Welfare) Regulations 1993 No 37

National Audit Office (2002) *The management of surplus property by Trusts in the NHS in England*. ISBN 0102914648 The Stationery Office, London

NHS Estates (1999) *Developing an estate strategy: Modernising the NHS*. The Stationery Office, London

NHS Estates (2001) *Estatecode – Essential guidance on estates and facilities management*. The Stationery Office, London

NHS Estates (1993) *Estatecode – Strategic Asset Management*. The Stationery Office, London – no longer in print – issued under Management Executive, Estates Services Directorate PEL(95)28

NHS Estates (1993) *Estatecode – Estate Investment Planning*. The Stationery Office, London – no longer in print – issued under Management Executive, Estates Services Directorate PEL(95)28

NHS Estates (1993) *Estatecode – Analysis of Estate Performance*. The Stationery Office, London – no longer in print – issued under Management Executive, Estates Services Directorate PEL(95)28

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NHS Estates (1993) *Estatecode – Asset Maintenance*. The Stationery Office, London – no longer in print – issued under Management Executive, Estates Services Directorate PEL(95)28

NHS Estates (1993) *Estatecode – Environments for quality care*. The Stationery Office, London – no longer in print – issued under Management Executive, Estates Services Directorate PEL(95)28

Lands Transaction Handbook

NHS Estates (1996) *An exemplar estate strategy* The Stationery Office, London – no longer in print – issued under HSS Executive PEL(97)19

NHS Estates *Health Technical Memorandum HTM 2010*

NHS Estates *Health Technical Memorandum HTM 2020*

NHS Estates *Health Technical Memorandum HTM 2021* NHS Estates *Health Technical Memorandum HTM 2022*

NHS Estates *Health Technical Memorandum HTM 2030*

NHS Estates (2002) *New environmental strategy for the National Health Service* The Stationery Office, London

NHS Estates (2001) *Sustainable development in the NHS*. The Stationery Office, London

HSS (PPM) 3/02 Corporate Governance: Statement on Internal Control

HSS (PPM) 6/02 AS/NZS 4360: 1999 – Risk Management

HSS (PPM) 8/02 Risk Management in the Health and Personal Social Services

HSS (PPM) 10/02 Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation

HSS (PPM) 13/02 Governance in the HPSS: Risk Management

HSS (PPM) 5/03 Governance in the HPSS: Risk Management and Controls Assurance

HSS (PPM) 8/04 Governance in the HPSS: Controls Assurance Standards – Update

DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and HSS

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DAO (DFP) 25/2003 – Statement of Internal Control

Standards Australia (1999) *Risk Management AS / NZS 4360:1999*.
Standards Association of Australia. Strathfield NSW.

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INDEX OF BUILDINGS, LAND, PLANT AND NON-MEDICAL EQUIPMENT CRITERIA

Criteria 1, 2 & 3 (Accountability)

Board level responsibility for buildings, land, plant and non-medical equipment is clearly defined and there are clear lines of accountability throughout the organisation, leading to the Board.

A suitably qualified professional has been designated to manage the estate.

The organisation has a Board-approved estate strategy for the management of its buildings, land, plant and non-medical equipment that meets the requirements of its business plan and service strategy.

Criteria 4, 5, & 6 (Processes)

All activity relating to buildings, land, plant and non-medical equipment is undertaken in accordance with the organisation's estate policy and procedures.

An annual review is undertaken to assess the capacity and capability of the estate to meet the needs of the organisation and legislative requirements.

The organisation's asset base is managed systematically, based on an agreed approach.

Criteria 7, 8, 9, 10 & 11 (Capability)

All property management issues are evaluated, considered and dealt with to achieve optimum utilisation, financial control and stakeholder satisfaction.

The risk management process contained within the Risk Management standard is applied to HPSS estates.

The organisation has access to up-to-date legislation and guidance relating to HPSS estates.

Staff receive training and instruction on the safe operating and maintenance of HPSS estates and facilities commensurate with their roles and responsibilities.

HPSS estates personnel have the skills and capability to undertake their responsibilities in accordance with the Health and Safety at Work (Northern Ireland) Order 1978.

Criteria 12 & 13 (Outcomes)

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Key indicators capable of showing improvements in the management of HPSS estates and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

Criterion 14 (Monitoring and Review)

The system in place for managing HPSS estates, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Criterion 15 (Internal Audit)

The Board should seek independent assurance that an appropriate and effective system of managing buildings, land, plant and non-medical equipment is in place and that the necessary level of controls and monitoring are being implemented.

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CRITERION 1

Board level responsibility for buildings, land, plant and non-medical equipment is clearly defined and there are clear lines of accountability throughout the organisation, leading to the Board

INFORMATION

Source

- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO(DFP) 25/2003 – Statement of Internal Control
- Standards Australia (1999) Risk Management AS / NZS 4360:1999. Standards Association of Australia. Strathfield NSW.
- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation

Guidance

Ultimately, the Board and the Chief Executive take responsibility for a safe, efficient and effective environment of care, which is represented in large part by buildings, land, plant, and non-medical equipment.

To demonstrate that there is Board-level commitment and organisational involvement in buildings, land plant, and non-medical equipment, the organisation should be able to produce an organisational chart that describes how the buildings, land, plant, and non-medical equipment management are organised.

The chart should show the lines of accountability from line staff to estates staff and management and, ultimately, to the Board.

Similarly, the important functions of each group represented in the table of organisation should have a clear definition of roles in order to demonstrate accountability for the work required within buildings, land, plant, and non-medical equipment.

Examples of Verification

- Accountability arrangement charts
- Board minutes
- Job descriptions

Links with other standards

All standards (generic criterion)

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CRITERION 2

A suitably qualified professional has been designated to manage the estate.

Source

- HTM 2010
- HTM 2030
- HTM 2020
- HTM 2021
- HTM 2022

Guidance

A HPSS estate is a complex and diverse environment, and the skills required to manage it within the legislation, and with limited resources, demand that Boards are appropriately advised on estate issues. This will be achieved by having access to and using an estate-qualified professional.

Increasingly, different aspects of the estate management require access to qualified personnel to meet statutory/mandatory requirements.

An organisation will need to satisfy itself that it can both meet its mandatory requirements and is receiving appropriate advice.

Examples of Verification

- Appointment of qualified estates professional
- Job description or details of alternative arrangements in place.

Links with other standards

Decontamination
Human Resources

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CRITERION 3

The organisation has a Board-approved estate strategy for the management of its buildings, land, plant and non-medical equipment that meets the requirements of its business plan and service strategy.

Source

- National Audit Office (2002) *The management of surplus property by Trusts in the NHS in England*. ISBN 0102914648 The Stationery Office, London
- NHS Estates (1999) *Developing an estate strategy: Modernising the NHS*. The Stationery Office, London

Guidance

For a HSS organisation to develop an outline strategy for its estate it needs first to draw together the various resources which represent the provision of health care in its local community.

The strategy should be clearly written and should include, but not be limited to:

- Planning guidance
- Service Framework
- Opportunities for new technology
- Government Initiatives

Management of the estate covers a wide variety of plant and equipment and involves a number of different skills, each having their own specific range of risks. To meet these risks and to be able to demonstrate sound management within the constraints of a raft of legislation, it is necessary to have clear operational policy and procedures. Therefore the strategy will also cover the common issues such as:

- Roles and responsibilities
- Compliance with HASAW
- Infection control
- Decontamination
- Development control plan

The estate strategy is a high level document looking forward 3 to 5 years reflecting the issues above, and is concerned with the development of the estate to meet local needs, its cost in use, organisational constraints affecting the estate and capital investment decisions.

A robust estate strategy is essential to ensure that there are high quality, appropriately located buildings, which are in the right condition to facilitate the delivery of desired patient care services.

The strategy should include in one document:

- The organisation's existing estate, its condition and performance.

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- Comprehensive estate investment programme including all capital expenditure proposals which reduce risk to the organisation.
- Environmental risk assessment.
- Development control plans for each site.
- Summary of proposed disposal and acquisitions.
- Clear indication on how the implementation of policy through the strategy will deliver improvements to estate performance and ultimately patient care.
- Clear indication of the resources required to meet the plan.
- Maintenance plan.
- Contribution towards achievement of local and national targets.

Examples of Verification

- Documented Board approved estates strategy considering the issues above
- Evidence of consultation with key stakeholders
- Current Development Control Plans with timetables for review and refinement
- Investment programme agreed and underwritten by the Board for rolling three-year plan.

Links with other standards

None

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CRITERION 4

All activity relating to buildings, land, plant and non-medical equipment is undertaken in accordance with the organisation's estate policy and procedures.

Source

- Health and Safety Display Screen Equipment Regulations (Northern Ireland) No 513
- Health & Safety at Work (Northern Ireland) Order 1978.
- Management of Health & Safety at Work Regulations (Northern Ireland) 2000 No 388
- Manual Handling Operations (Northern Ireland) 1992 No 535
- Personal Protective Equipment at Work Regulations (Northern Ireland) 1993 SRI No 20
- Provision and Use of Work Equipment Regulations (Northern Ireland) 1999 No 455
- Workplace (Health, Safety and Welfare) Regulations 1993 No 37
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO (DFP) 25/2003 – Statement of Internal Control

Guidance

The policy and procedures underpin operational facets of the strategy and should provide clear guidance and direction to staff in carrying out specific tasks and maintenance to buildings, plant and equipment. This applies equally to directly employed or contractor staff. Some examples could be:

- Working at heights
- Working in confined spaces
- Permit to work systems
- High voltage systems
- Piped medical gasses
- Woodworking machines
- Hot working
- Good housekeeping

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The needs of the Workplace Equipment Regulations are also required to be assessed, and arrangement put in place to meet them, these may include:

- Register of all equipment
- Protocol for safe use of each type of equipment
- Maintenance requirements

In addition the operational policy will provide guidance to staff in relation to minimum maintenance requirements where specific risks have been identified which can only be controlled by a strategy of timely checking and maintenance, e.g. safe hot water and surface temperatures.

Examples of Verification

Documented policy and procedures

Links with other standards

Health and Safety Management
Fire Safety

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CRITERION 5

An annual review is undertaken to assess the capacity and capability of the estate to meet the needs of the organisation and legislative requirements.

Source

- NHS Estates (2001) *Estatecode – Essential guidance on estates and facilities management*. The Stationery Office, London
- NHS Estates (1993) *Estatecode – Strategic Asset Management*. The Stationery Office, London– issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1996) *An exemplar estate strategy* The Stationery Office, London– issued under HSS Executive PEL(97)19

Guidance

To be able to meet the changing needs of the HPSS an organisation will require up to date information on the condition, suitability and life expectancy of its buildings, land, plant and non medical equipment. In particular the organisation will look at whether an asset meets the service demands and is currently in compliance with legislation.

Risk in the estate can arise from a number of different areas, such as:

- Statutory non-compliance
- Unsuitable use leading to failure of service
- Obsolete or worn out equipment causing failure
- Poor investment plans
- Inadequate maintenance
- Development of service beyond the capability of the assets
- Poor identification of hazardous materials e.g. asbestos

Capacity and capability should be reviewed and any potential risk clearly identified to the Board.

The development and upkeep of a database containing all the relevant information will permit informed decision-making.

Examples of Verification

- An annual review with recommendations on the capacity and capability of the estate has been carried out and submitted to the Board
- A gap analysis identifying the shortcomings, and the impact of time, cost, and risk is stated for each issue
- Recommendations are prioritised and links to the estates strategy identified
- Database is in place and regularly updated.

Links with other standards

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None

CRITERION 6

The organisation's asset base is managed systematically, based on an agreed approach.

Source

- NHS Estates (1999) *Developing an estate strategy: Modernising the NHS*. The Stationery Office, London
- NHS Estates (2001) *Estatecode – Essential guidance on estates and facilities management*. The Stationery Office, London
- NHS Estates (1993) *Estatecode – Estate Investment Planning*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1993) *Estatecode – Analysis of Estate Performance*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1993) *Estatecode – Asset Maintenance*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1993) *Estatecode – Environments for quality care*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- Lands Transaction Handbook

Guidance

Asset management is concerned with the whole life cycle cost of asset ownership. Buildings, plant and equipment are intensively used and suffer a commensurate level of wear and tear in addition to their inherent deterioration. The assets must be kept in a condition, which reflects their function, utilisation and remaining serviceable life. It is therefore essential to have a systematic, planned approach to the management of the physical assets.

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There are three essential components:

1. A complete inventory of the organisation's asset base should be maintained.
2. The inventory should be analysed and prioritised on the basis of its risks to the delivery of care, service, and statutory requirements; and
3. Based on priorities, a realistic maintenance plan is in place and complied with to ensure the operability of assets and the safety of people.

Without a complete and up-to-date asset register, estates professionals will be unable to assess and prioritise preventive maintenance and replacement schedules.

Examples of Verification

- Maintenance plan in existence.
- Presence of an asset register and estates inventory.
- Life cycle costs, reliability, and performance data.
- Board minutes showing presentation and acceptance

Links with other standards

None

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CRITERION 7

All property management issues are evaluated, considered, and dealt with to achieve optimum utilisation, financial control and stakeholder satisfaction

Source

- NHS Estates (2001) *Estatecode – Essential guidance on estates and facilities management*. The Stationery Office, London
- NHS Estates (1993) *Estatecode – Analysis of Estate Performance*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1993) *Estatecode – Environments for quality care*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28

Guidance

In most organisations providing HPSS services property issues are managed through the estates function. With matters of property, there is increasing pressure to simultaneously meet patient and staff expectations for suitable and comfortable physical space while also responsibly managing the space as a limited asset. Organisations must demonstrate that their property management and planning activities give due attention to achieving stakeholder satisfaction within the context of financial limitations.

The management of physical space and its attributes is highly conducive to measurement because it is quantifiable in terms of square metre, utilisation, and cost. Many organisations may choose to select this as a performance measurement target.

Examples of Verification

- Performance indicators demonstrating optimum utilisation, expenditure, and patient and user satisfaction
- Documented surveys of patient and user satisfaction

Links with other standards

None

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CRITERION 8

The risk management process contained within the Risk Management standard is applied to HPSS estates.

Source

- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

The risks associated with the management of land, buildings, plant and non-medical equipment can be systematically identified using a number of approaches including:

- Review of adverse incidents related to the estate
- Review of safety notices, etc.
- Inspections and assessments of assets described in this standard
- Review of audit reports
- Workshops with staff
- Consultation with users

The following risk management elements should be in place:

- All identified risks should be documented as part of a “risk register” and systematically assessed and prioritised
- Risk treatment plans should be developed and implemented (in order of priority and alongside other risk treatments which are necessary to deal with the wider risks faced by the organisation, where appropriate) in order to minimise risk
- Risk and the effectiveness of implemented risk treatments should be monitored and reviewed on a continuous basis
- Senior management and the Board should be informed of any significant risks and associated risk treatment plans
- All relevant staff and other relevant stakeholders should receive information on systems in place to minimise risks associated with using the assets described in this standard
- Where appropriate, staff training should be undertaken, including those on fixed term contracts.

Good records need to be maintained at all times.

Examples of Verification

- Risk register
- Risk treatment plans
- Staff training/ information log
- Correspondence and meetings with stakeholders

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Links with other standards

None

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CRITERION 9

The organisation has access to up-to-date legislation and guidance relating to HPSS estates.

Guidance

Access to legislation and guidance is essential for the organisation to carry out the statutory duties imposed upon it by law and mandatory duties imposed by DHSSPS.

As a minimum, those involved in the management of buildings, land, plant and non-medical equipment should have access to the key references listed on the front page of this standard. There are many sources of information on legislation and estates guidance, including books and, through subscriptions to specialist information providers, CD-ROMs containing the full text.

Examples of Verification

- Library
- CD-ROMs

Links with other standards

All standards (generic criterion)

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CRITERION 10

Staff receive training and instruction on the safe operating and maintenance of HPSS estates and facilities commensurate with their roles and responsibilities.

Source

- Health and Safety Display Screen Equipment Regulations (Northern Ireland) No 513
- Health & Safety at Work (Northern Ireland) Order 1978.
- Management of Health & Safety at Work Regulations (Northern Ireland) 2000 No 388
- Manual Handling Operations (Northern Ireland) 1992 No 535
- Personal Protective Equipment at Work Regulations (Northern Ireland) 1993 SRI No 20
- Provision and Use of Work Equipment Regulations (Northern Ireland) 1999 No 455
- Provision and Use of Work Equipment Regulations (Northern Ireland) 1999 No 455

Guidance

Due to the diversity of the needs in maintaining and operating the estate and the requirements of legislation, a structured training programme should be developed and implemented. This criterion covers training for both estates personnel and for frontline staff.

Some of the drivers of the training needs are:

- Legislative Change
- Risk Assessments
- New Equipment
- New Technology
- Continuing Professional Development (CPD)
- Approved Codes Of Practice (ACOPs)
- Statutory/mandatory training
- Role change

Clear records of all training should be maintained and a regular review of potential changes carried out. With scarce resources a prioritisation system for allocation of training will need to be implemented related to the key risks faced by the organisation.

Examples of Verification

- Training programme developed, reviewed and prioritised.
- Records of individuals' training.

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Links with other standards

Human Resources

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CRITERION 11

HPSS estates personnel have the skills and capability to undertake their responsibilities in accordance with the Health and Safety at Work (Northern Ireland) Order 1978.

Source

- Health & Safety at Work (Northern Ireland) Order 1978.

Guidance

An analysis of the skills and capability needed by the organisation to comply with statutory and mandatory requirements should be carried out and a competency programme should be devised to achieve these needs.

For the organisation to meet the basic requirements of the Health and Safety at Work Order it will be necessary to analyse what skills are required among estates and facilities personnel to safely maintain and operate the estate. These skills may not necessarily exist in-house but the organisation will need to be able to access appropriate staff to discharge its responsibilities in meeting its service needs.

This analysis, together with an assessment of individual performance, should be reviewed at least annually.

Examples of Verification

- Skills matrix/matrices developed.
- Analyse skills available within the organisation workforce.
- Arrangements in place to match gaps in capability.
- Personal development plans
- Annual review evidence.

Links with other standards

None

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CRITERION 12

Key indicators capable of showing improvements in the management of HPSS estates and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

Source

- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO (DFP) 25/2003 – Statement of Internal Control

Guidance

An essential component of managing buildings, land, plant and non-medical equipment is the establishment of performance targets in relation to risk against which the performance of the estate can be monitored and measured. Several estates/facilities benchmarking schemes are in operation and provide a range of indicators.

Appropriate measures may be:

- Improvement in the quality of the operational estate over time.
- Improvement in statutory compliance, reduction in risk.
- Improvement in the availability of assets to deliver clinical and non-clinical services.
- Adverse incidents arising out of Estates.

Achieving these targets will not only involve estate professionals and the Board, but requires understanding and support from the whole organisation.

Examples of Verification

- Risk indicators agreed with the Board
- Improvements set and agreed
- Monitoring in progress
- Regular updates to all staff.

Links with other standards

All standards (generic criterion)

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CRITERION 13

The organisation benchmarks itself against other organisations.

Source

- NHS Estates (1999) *Developing an estate strategy: Modernising the NHS*. The Stationery Office, London
- NHS Estates (2001) *Estatecode – Essential guidance on estates and facilities management*. The Stationery Office, London
- NHS Estates (1993) *Estatecode – Strategic Asset Management*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1993) *Estatecode – Analysis of Estate Performance*. The Stationery Office, London – issued under Management Executive, Estates Services Directorate PEL(95)28
- NHS Estates (1996) *An exemplar estate strategy* The Stationery Office, London — issued under HSS Executive PEL(97)19

Guidance

Meaningful assessment indicators are desirable in facilitating improvement and reducing risk. All estates departments should be engaged in development and use of key indicators for their own internal performance, but they should also maximise the value of such measures by comparing themselves against like organisations, whether those are other Trusts or others who measure similar processes. These are often referred to as internal and external "statistical" benchmarking.

The term "benchmarking" is often misconstrued as the activity of measurement, when it is actually much more involved than that. Self-assessment is merely the first step in benchmarking. Actual "process" benchmarking involves using the insights provided by meaningful data to identify and partner with "high-performing" organisations or departments with whom there would be mutual benefit derived from collaboration.

Statistical benchmarking is important as a filter for identifying best practice opportunities in healthcare, but the hands-on work of process benchmarking is where organisations will experience the value from a great deal of measurement activity.

Examples of Verification

- Documented analysis of key parameters that could form the basis of benchmarking
- Documented identification of suitable comparator organisations who excel in the management of buildings, land, plant and non-medical equipment
- Documented identification of the key areas to be compared and benchmarked.
- Completed Estates Returns

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Links with other standards

None

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CRITERION 14

The system in place for managing HPSS estates, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Source

- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO (DFP) 25/2003 – Statement of Internal Control

Guidance

If management of the estate is to be successful, it is essential that a quality control system exists to monitor and review estates. Adoption of such a system in an organisation implies a pro-active approach concerned with setting standards and continual improvement of service. Development of a system requires the input of a wide range of stakeholders.

Whilst the key requirement is to meet the service needs of the organisation, the impact of external drivers must also be included when considering quality if the system is to achieve maximum benefit. Organisations will need to ensure that they have in place effective processes to evaluate the relative risks, costs and benefits of these impacts.

A quality control/monitoring and review system would include a number of elements:

- Statement of a quality policy
- Outline of objectives and responsibilities
- Development of a quality structure including documentation, records and audit.
- Design and specification of service delivery.
- System for review, adjustment and corrective action.
- System for customer assessment.

Examples of Verification

- Records of meetings with stakeholders
- Quality initiatives agreed and commenced
- Quality system in place
- Objectives set and communicated to stakeholders.

Links with other standards

All standards (generic criterion)

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CRITERION 15

The Board should seek independent assurance that an appropriate and effective system of managing buildings, land, plant and non-medical equipment is in place and that the necessary level of controls and monitoring are being implemented.

Source

- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control, and
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO (DFP) 25/2003 – Statement of Internal Control

Guidance

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission.

The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the Board.

- Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical.

More specific assurance for this standard may be gained from visits by:

- Health & Safety Executive
- DHSSPS Health Estates
- Authorised persons

Examples of Verification

- Schedule of planned reviews
- Copy of reports

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- Committee minutes
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff involved in the review.

Links with other standards

All standards (generic criterion)