East Suffolk and North Essex NHS Foundation Trust

Trust Board

Report Summary

Date of meeting: September 2026	
Title of Document: Premises Assurance Model (PAM) Assessment 2025/26	
To be presented by: Doug Ward, Director of Estates & Facilities	**Authors:** Carrie-Ann Cruickshank, Assistant Director of Estates & Facilities (Property, Risk, Governance & Support Services) Sallyanne Wright: EFM Compliance Lead
1. Status: For Assurance / Information	
2. Purpose: To provide the Board with assurance on the outcome of the 2025/26 NHS Premises Assurance Model assessment, explain the material change to the national scoring methodology, and set out the risk-based improvement, monitoring and escalation arrangements ahead of submission to NHS England by 28 September 2026.	
Relates to:	
Strategic Objective	Excellent care: safe, suitable premises are integral to high-quality care. Developing staff: PAM identifies competency, training and role-accountability requirements.
Operational performance	The 2025/26 PAM assessment reports overall compliance of 57.35% “Requires Minimal Improvement”. Improvement will be monitored through action closure, exceptions and residual risk.
Quality and equality impact	Safe, clean, secure and suitable premises support patient and staff safety and experience. Equality implications will continue to be considered through delivery of individual improvement actions.
Legal, Regulatory, Audit	PAM provides a structured assessment of compliance with relevant estates and facilities legislation, standards and guidance. The 2025/26 methodology is binary and evidence-based; non-compliance will be managed and escalated through the Trust risk framework.
Finance	Compliance gaps may require revenue or capital investment. Prioritisation will be informed by statutory obligation, safety risk, existing controls and affordability. Financial pressure is identified as a key improvement consideration.
Governance	Assessment involved Subject Matter Experts, Safety Groups and Authorising Engineers. Actions will be monitored through relevant E&F safety groups and Directorate governance, with material exceptions escalated through Trust governance routes.
NHS policy/public consultation	The 2025/26 national PAM collection introduces a fundamental change from graded maturity assessment to binary evidenced

	compliance. Submission is due to NHS England by 28 September 2026.
Accreditation/Inspection	PAM supports assurance against the standards and evidence that may be relevant to regulatory inspection and statutory compliance.
Anchor institutions	The condition, safety and sustainability of the Trust estate supports ESNEFT's role as a major local employer and provider of essential public services.
ICS/ICB/Alliance	The return is part of the national NHS premises assurance process. Material estate risks may also have implications for system resilience and service continuity.
Board Assurance Framework (BAF) Risk	Relevant estate and facilities risks should be linked to the BAF and/or corporate risk register where thresholds for escalation are met. The PAM percentage is not itself a risk score.
Other	The new binary methodology means direct comparison with prior-year PAM percentage scores is not appropriate, as detailed in the Summary section below.

3. Summary:

NHS PAM is kept updated to support the NHS Constitution right "You have the right to be cared for in a clean, safe, secure and suitable environment".

The 2025/26 collection represents a fundamental change of methodology. Previous returns were assurance based, using a graded (outstanding/ good/ requires minimal improvement/ requires moderate improvement/ inadequate) self-assessment of maturity. The 2025/26 return is compliance based, with binary yes/no responses to scored questions. A standard is either met, with evidence available, or it is not.

Under the new scoring treatment there is no partial credit. Unanswered scored questions count as zero, and only a genuine "not applicable" response removes a question from the calculation. Numeric and free-text responses are captured for context and do not contribute to the compliance score.

Expected impact on the Trust's reported position

The removal of the graded scale means the amber middle ground no longer exists. Positions previously reported as amber will now report as non-compliant unless the standard is fully met and evidenced. A question that would previously have been rated as requiring only minimal improvement, for example a position that is 95% compliant, will this year be answered "No" and will score in the same way as a position that is 0% compliant.

The Trust should therefore expect a materially higher proportion of red results in 2025/26, even where nothing on the ground has changed. NHS England has advised trusts nationally to expect this effect. It is a function of the methodology, not an indication of deterioration in the condition or management of the estate.

Results that reflect reality provide the Board with a stronger basis for assurance than graded results that reflect optimism. An accurate compliance position will also allow investment to be prioritised by compliance, risk and national benchmarking, returning the model to one of its original purposes: directing capital and maintenance funding to where the assurance gaps are largest.

NHS England's expectation: a pragmatic and honest return

NHS England has set out how it expects trusts to approach completion. Where a question asks whether the Trust is compliant or specifies a numerical requirement the Trust does not meet, the expectation is that this is reported accurately. In the national PAM User Group, NHS England has stated:

"We do want a pragmatic approach where we are asking if you are compliant, but where our leads have requested a specific number and trusts are not in line, it is important for us to see this, so that we can either support trusts in achieving it or adjust our internal targets next year to make these more aligned to what is happening on the ground. We do understand concerns around looking non-compliant in areas, but please be assured trends will be picked up, especially where the majority of trusts are not compliant because the view is that the request is unreasonable or overly cautious. But we do need to see this rather than gloss over and have similar issues again next year."

The implication for the Trust is that an accurate "no" serves a purpose both at local and national level: attracting support and/or correcting an unrealistic target in future years. Where a majority of trusts return the same non-compliance, NHS England has confirmed this will be read as a signal about the standard itself rather than a failing of individual organisations

The Board can take assurance from the structured and multidisciplinary approach used to complete the assessment. Existing arrangements include HTM sub-committee groups attended by the appropriate Authorising Engineers, annual Authorising Engineer reports, action plans arising from those reports and routine review of outstanding actions. Findings are also shared through relevant Trust oversight committees, including Health and Safety and Infection Control governance routes.

Completion of the assessment is therefore the starting point for improvement rather than an end point. The strength of future assurance will depend on demonstrable closure of material actions and evidence that residual risks are understood and accepted at the appropriate level.

4. Recommendations / Actions

The Board is asked to:

1. Note the overall 2025/26 PAM compliance score of 57.35% "Requires Minimal Improvement".
2. Note the fundamental change in national PAM methodology and that direct comparison with previous percentage scores is not appropriate.
3. Note that progress against the PAM improvement plan will be monitored through appropriate Trust governance arrangements, with material risks, overdue actions and exceptions escalated in accordance with the Trust risk management framework.
4. Note the planned submission of the 2025/26 PAM return to NHS England by 28 September 2026.

Domains and Scoring Methodology

The PAM Self-Assessment Questions are split into 5 Domains and each SAQ contains several prompt questions requiring yes/no answers.

Domain	Total number of Self Assessment Questions (SAQs)	Total number of Prompt questions
Safety Hard	23	312
Safety Soft	8	146
Estate Competency	12	168
Helipad	1	10
Patient Experience	4	17
Total	48	653

Domain Scores

Domain	Section Compliance Score
Safety Hard	65.72%
Safety Soft	57.14%
Estate Competency	67.03%
Helipad	15.38%
Patient Experience	81.48%

Colour Key - Question Compliance
Outstanding (100%)
Good (85-99%)
Requires Minimal Improvement (41-84%)
Requires Moderate Improvement (21-40%)
Inadequate (0-20%)

Mortuary Security - Fuller Inquiry

In accordance with our provider obligations, comprehensive CCTV monitoring is in place in both mortuaries and at the entry and exit points to the mortuary departments.

In addition to the above, the arrangements for access control to the mortuaries and body stores require the use of controlled entry and exit systems. Going forward, access will be limited to specifically designated individuals with swipe-card access. This will prevent unauthorised access and will also provide a record of the time each person enters and exits the mortuary.

The PAM section for the mortuary covered by Estates is compliant.

Improvement Plan

During the last year there have continued to be a significant number of managerial changes which are ongoing.

Our top focus for this year will be on the following areas:

- Financial Pressures
- Helipad CAP1264 standards compliance
- Training and Development
- Policies and Procedures
- Risk Assessments
- Estates Maintenance
- CAFM system