

Board of Directors
Item number: 18
Date: 24 September 2025

Confidential/public paper:	Public
Report Title:	Premises Assurance Model (PAM) 2024/25 Assessment Report
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Vision and values:	The Premises Assurance Model (PAM) supports the Trust' to deliver safe, high-quality, person-centred care (we are inclusive) within environments that are compliant, efficient and sustainable (we work together)
Purpose:	The purpose of this report is to provide assurance on the Trust's 2024/25 Premises Assurance Model (PAM) assessment, confirm compliance with the NHS Standard Contract, set out the improvement and governance framework for Estates and Facilities moving forward, and seek approval for submission to NHS England by 30 September 2025.
Executive summary:	<p>The Trust's 2024/25 Premises Assurance Model (PAM) assessment has resulted in an overall rating of Requires Minimal Improvement.</p> <p>Under PAM guidance, this rating indicates that the impact on service users, staff and visitors is considered to be low. Most standards are being met, and any identified gaps do not present a material risk to safety, quality or compliance, but require structured improvement and monitoring.</p> <p>Contextually it is important to recognise that this relates to compliance with basic standards of estate management only and is separate from other lenses through which our estate is considered such as PLACE or CQC expectations regarding fixed ligature anchor points. As such our ambition and commitment to continued improvements to our environments, and to our service users and staffs experience of them should not be lessened.</p> <p>The process undertaken to gather and analyse data necessary to make the PAM submission has been robust and shows improvement year on year. It involves check and challenge and undergoes an external verification process of any unusual data reported prior to being finalised.</p> <p>The further development of the process will include summarising the learning and improvement opportunities and using these as factors in our capital planning and Estates and Facilities team business plan. We will then be able to report on progress on an annual basis.</p> <p>Completion of PAM is a mandatory requirement under the NHS Standard Contract. The Board is therefore asked to note this outcome and approve submission of the 2024/25 assessment to NHS England by 30TH September 2025.</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	x	No		
Deliver Outstanding Care	Yes	x	No		
Great Place to Work	Yes	x	No		
Reduce inequalities	Yes		No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The PAM monitors compliance with statutory and regulatory requirements, particularly those outlined in NHS Health Technical Memoranda (HTMs). It strengthens Estates and Facilities governance, aligns with financial sustainability objectives, and supports the Trust's Green Plan initiatives.	
BAF and corporate risk/s:	<p>BAF. 0030</p> <p>There is a risk of failure to maintain and deliver on the SHSC Green Plan, caused by lack of robust plans capability and capacity to deliver targets required resulting in potential to lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.</p> <p>BAF.0032</p> <p>There is a risk that our estate does not enable the delivery of our strategic priorities and meet the quality and safety needs of our service users and appropriate working environment for our staff caused by failure to effectively reflect requirements resulting in suboptimal effectiveness, efficiency, experience and quality of care.</p>
Any background papers/ items previously considered:	This is the first time the paper has been received
Recommendation:	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> 1. Note for assurance the Trust's overall PAM outcome of <i>Requires Minimal Improvement</i>, which reflects a broadly compliant position with low impact on service users. 2. Approve the submission of the 2024/25 PAM assessment to NHS England by 30th September 2025. 3. Endorse the strengthened improvement and governance framework.

Board of Directors
Premises Assurance Model 2024/25 Summary Report
September 2025

1. Purpose of the report

Completion of the NHS Premises Assurance Model (PAM) is a mandated annual requirement under the NHS Standard Contract. This paper presents a summary of the Trust's 2024/25 self-assessment outcomes and provides assurance on the safety, compliance and effectiveness of Estates and Facilities. It seeks approval for submission to NHS England by 30th September 2025. A supporting report, which contains a detailed breakdown of assessment methodology and results, is available as a supplement to this report.

2. Background

The PAM provides a nationally consistent framework for NHS trusts to assess the safety, compliance and performance of their estates and facilities. Completion is mandatory and enables benchmarking across the NHS.

For the Trust, PAM acts both as an assurance mechanism, demonstrating to regulators, commissioners and the Board that safe and compliant systems are in place, and as a continuous improvement tool, highlighting risks and investment priorities. The model is structured around six domains: Organisational Governance, Safety Hard FM, Safety Soft FM, Patient Experience, Effectiveness and Efficiency and is completed by answering self-assessment questions (SAQs) for each domain.

3. Assessment Process

PAM is underpinned by a procured digital system called Quiqcare compliance, which is a live web-based platform. Evidence, ratings and improvement actions are completed by subject matter experts, supported by the Compliance Team.

For the purpose of the mandated annual submission, the SAQs were formally reviewed and updated between 21st July and 29th August 2025. Each domain lead completed the SAQs and uploaded supporting evidence directly into Quiqcare, either independently or with assistance from the Compliance Team.

All submissions were reviewed through a series of "check and challenge" sessions. This ensured consistency, transparency and accuracy in the ratings, and created a clear audit trail for both internal and external scrutiny.

A fuller description of the methodology, including evidence requirements, scoring criteria and governance arrangements, is provided in the supporting report (Appendices A–I, prepared by the Technical Support Manager).

4. Assessment Outcomes

The Trust's overall PAM outcome for 2024/25 is **Requires Minimal Improvement**. While most domains were assessed as *Good*, several areas showed the need for minimal or moderate improvements.

This rating reflects the NHS PAM scoring matrix, where “Requires Minimal Improvement” falls within a range of 66–85%. Based on this banding, the overall impact on service users is considered to be low. Most standards are being met, and any identified gaps are not significantly affecting the safety, quality or experience of care.

It should be noted that, while the scoring ratings generated through PAM provide a useful indication of performance, they should not be interpreted as a definitive measure of legal compliance or overall safety. Instead, PAM serves as a transparent and consistent framework that enables organisations to reflect on their own practices, identify areas for improvement, and engage in informed discussions about risk, governance, and service quality

Domain-by-domain results, together with trend data and charts, are provided in the supporting report (Appendices B–G).

5. Improvement Framework and Governance

PAM itself functions as the Trust’s improvement framework. Every area rated below *Good* generates targeted actions within Quiqcare. These actions are allocated to subject matter experts and overseen by established Estates and Facilities governance groups including the Operational Fire Safety Group, Electrical Safety Group, Mechanical Safety Group, Water Quality Group, ACoP Safety Group and the Operational Health and Safety Group.

To strengthen assurance going forward, the Compliance Team will implement a quarterly review of all SAQs rated below *Good*. Progress will be monitored in the Quiqcare system and incorporated into the quarterly Compliance Report submitted to the Compliance, Risk and Governance Group (CRAG) and the Estates, Facilities and Operational Governance Group (EFOG). This will ensure that PAM is not only an annual submission requirement but also a live, ongoing improvement framework with continuous oversight.

Oversight will be maintained through an annual PAM report presented to EMT and the Trust Board highlighting progress, improvements and developments made over the preceding 12 months.

A summary of all questions rated as requiring minimal or moderate improvement is provided in Appendix I.

6. Recommendation

The Board is asked to:

1. **Note** for **assurance** the Trust’s overall PAM outcome of *Requires Minimal Improvement*, which reflects a broadly compliant position with low impact on service users.
2. **Approve** the submission of the 2024/25 PAM assessment to NHS England by 30th September 2025.
3. **Endorse** the strengthened improvement and governance framework detailed in section 5.