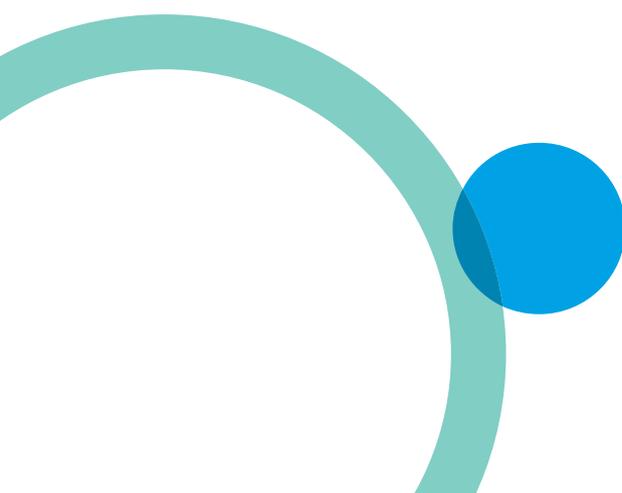


# **NHSScotland**

## **Estates Asset Management**

Property Appraisal Manual

February 2021



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**Disclaimer**

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# 1. Introduction

It is essential that the land and property assets of the NHS Estate in Scotland positively contribute to the delivery of healthcare services.

In order to develop a Property Asset Management Strategy (PAMS), or Regional Asset Management Strategy (RAMS), it is necessary to carry out an appraisal of the existing land and property as a baseline assessment of the current NHS Estate. This includes all property owned and leased by NHSScotland, as well as independently owned GP premises etc.

By taking stock of the existing estate, future investment priorities can be identified together with opportunities for rationalisation.

In view of the size and diverse geographical locations of the NHS Estate in Scotland, it is important that the method of appraisal and the information gathered is carried out and recorded in a consistent manner to enable the performance of each Asset or Board results to be monitored, presented and compared in a coherent, equitable and meaningful way.

NHSScotland currently uses three software systems to assess the current condition of the property estate in Scotland, The Estates Asset Management System (EAMS), the Capital Planning System (CPS) and Statutory Compliance Audit and Recording Tool (SCART).

EAMS is the national data collection system for all NHSScotland properties. It is a high-level strategic tool to assess the current condition of the property assets and identify backlog maintenance costs. Health Boards enter data into the system, which provides real time performance and enables them to establish where investment is needed and how well assets are performing to support services. The information collected informs an action plan forming part of the comprehensive property strategy for the NHS in Scotland.

The CPS collects its base information from EAMS at least three times a year. As part of the Scottish Capital Investment Manual (SCIM) Strategic Assessment process; the CPS enables Health Boards to formally score and subsequently prioritise all their competing investment needs. The system also enables Boards to analyse and demonstrate all property or proposed property lifecycle investment requirements over the full life of those assets to inform longer term investment planning.

SCART is the web based risk assessment tool developed by Health Facilities Scotland (HFS) to allow NHS Boards to record and measure their level of compliance and ongoing development against a range of aspects of legal and best practice guidance measures.

**Note:** The Estates Asset Management System is primarily a high-level strategic tool rather than an operational tool.

## 1.1 Purpose

NHSScotland and HFS, work with the 14 NHSScotland Territorial Boards and eight National Health Boards and Support Organisations, in maintaining the Estates Asset Management System for the NHS estate in Scotland. The system informs the Boards of the quantity, condition, compliance, functionality, utilisation, and quality of their Estate and complies with the requirements of the Scottish Government's Policy for Property and Asset Management in NHSScotland CEL 35 (2010).

The appraisal of the existing estate, in terms of its condition and performance, is a fundamental requirement for the management of the estate and the development of a comprehensive property strategy for the NHS in Scotland. This requires knowledge of the areas, volumes, use, physical condition and compliance of the buildings, engineering systems and external works of the property portfolio.

The appraisal identifies various issues that need to be considered such as backlog maintenance, poor functional suitability and space utilisation, together with non-compliance with health technical standards and health and safety legislation.

Establishing the current condition and performance of the estate assists with the development of Boards property strategies by identifying poorly performing buildings that may be better off being re-developed or disposed of. This enables the production of robust capital and revenue investment programmes that can be prioritised within the NHSScotland national investment programme.

To enable the consistent recording of this information and obtain a national picture of the portfolio, National Services Scotland (NSS) has entered into a Framework Agreement with a Software Supplier for the provision of an Estates Asset Management System (EAMS) covering both the software and support for the system.

In summary, this agreement requires EAMS to:

- record the condition and performance of the existing property assets;
- quantify the costs of rectifying backlog maintenance;
- identify the risks associated with the condition, compliance and suitability of the property assets to enable prioritisation of the main issues.

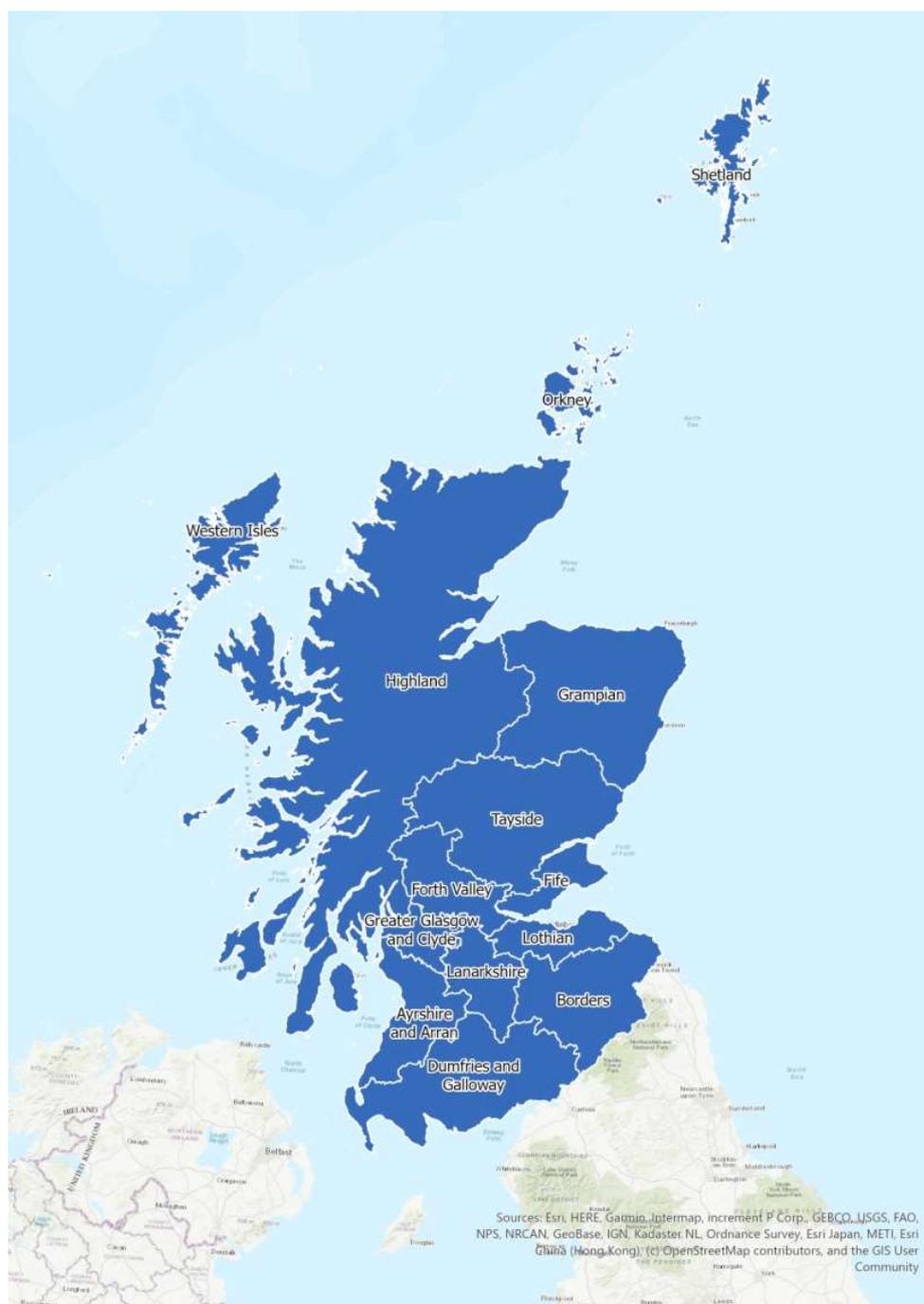
To assist with the implementation and population of the EAMS, HFS appoints a 'Survey Partner' for each year of the Estates Asset Management Project. The 'Survey Partner' becomes an integral part of the team and assists the Boards with the collection of some of the survey data on a prioritised basis. The Scottish Government Health & Social Care Directorates (SGHSCD) require Boards to survey properties on a 5 yearly rolling programme, with a recommendation that at least 20 % of data is refreshed per year.

This Manual has been prepared to provide guidance on the methodology to be used to ensure a standard and consistent approach is adopted across all Boards.

## 2. General Information and Structure

### 2.1 The NHS Estate in Scotland

The NHS in Scotland covers 14 territorial Board areas as well as eight National NHS Boards as outlined below.



**Table 2.1: NHSScotland Health Boards**

<b>NHSScotland Health Boards</b>		
<b>EAST REGION</b>	<b>NORTH REGION</b>	<b>NATIONAL BOARDS</b>
NHS Borders	NHS Western Isles	National Waiting Times Centre Board
NHS Fife	NHS Grampian	NHS 24
NHS Lothian	NHS Highland	NHS Education for Scotland
<b>WEST REGION</b>	NHS Orkney	Healthcare Improvement Scotland
NHS Ayrshire and Arran	NHS Shetland	Public Health Scotland
NHS Dumfries and Galloway	NHS Tayside	The State Hospitals Board for Scotland
NHS Forth Valley		Scottish Ambulance Service
NHS Greater Glasgow and Clyde		National Services Scotland
NHS Lanarkshire		

In addition, there are numerous independent GP and Dental Practices, Pharmacies and Opticians forming part of the Primary Care estate. While many of these facilities are not owned by the NHS, they need to be incorporated into the overall strategic planning process. For third party owned premises such as Dental Practices, Pharmacies and Opticians it is not anticipated that full condition information is required.

## 2.2 Estate Hierarchy

### 2.2.1 Coding and Descriptions

The appraisal of the NHS estate in Scotland generates a significant volume of survey data and to enable analysis at a variety of levels, it is therefore necessary for the survey information to be structured logically.

Information on the condition and suitability of elements and sub-elements of the estate are linked to the asset. This is achieved by adopting a consistent method and hierarchy of coding.

### 2.2.2 Asset Hierarchy

The following levels of hierarchy are adopted in EAMS:

- Level zero - The NHS in Scotland  
This includes all land and buildings in ownership or occupation by the NHS in Scotland.
- Level one - NHS Board / Organisation  
This covers all land and buildings owned or occupied by a specific Board or organisation.

- Level two - Site level  
This details all land and buildings owned or occupied at a specific geographical location. The site may contain a number of buildings or blocks.
- Level three - Block level (physical block)  
This covers each physical block on each site. Generally, a block equates to a building. However, in certain circumstances it may be helpful to sub-divide a building into a number of blocks. For example, where a building has a number of wings or where a modern extension has been added to an older building, it may assist to differentiate the different forms of construction and condition by identifying the extension and the original building as separate blocks.
- External areas are also collectively treated as a separate block.
- Level four - Location level (Floor level)  
This is a list of the floors within a block. e.g.:  
Ground Floor  
  
First Floor  
  
Sub-basement  
  
Information should also include Gross Internal Area (GIA) and Gross External Area (GEA)
- Level five - Room Level  
This is a sub-set of a floor and is internal, e.g.:  
First floor  
  
X-Ray department  
  
Office 3  
  
Information may also be collected against departments or a group of rooms and entered against what is called 'pseudo' rooms i.e. the room record is being used simply as a representation of that department or area and does not tie to the physical structure in the same way as individual room records do.
- Level five may also be used for room level data when the internal spaces within a block are defined by their allocated room reference.

## 2.2.3 Location Code Directory

It is important that the condition data is linked to the asset as a whole or the relevant part of the asset.

The Location Code Directory has been in common use throughout the NHS estate since the 1970s and continues to be used for EAMS, but in a modified format.

The Location Code Directory is held by Public Health Scotland and lists the unique 5-character code for each location, made up of an alpha-prefix, usually referring to a Health Board, followed by a 3-digit serial number and ending with an alpha-suffix representing the type of location.

The system is web based and is updated when new codes / locations are requested. The system includes all NHS properties at site level but it does not currently go down to block level.

Table 2.2.3 summarises the Location Code Directory coding method:

**Table 2.2.3 Location Code Directory coding method**

Prefix	Health Board	Suffix	Original Description	Description
A	Ayrshire and Arran	H	NHS Hospital	NHS Hospital
B	Borders	J	Joint User Hospital	Joint User Hospital or Suffix-J Hospital
C	Argyll and Clyde (see note below)	K	Contractual Hospital	Contractual Hospital or Suffix-K Hospital
F	Fife	M	Non-NHS Maternity	Non-NHS Maternity
G	Greater Glasgow (now Greater Glasgow and Clyde)	N	Non-Institutional	Non-Institutional
H	Highland	P	Prison	Prison
L	Lanarkshire	R	Home for the Elderly	Home for the Elderly
N	Grampian	S	Other Home	Other Home
R	Orkney	V	Non-NHS Non-Maternity	Private Hospital or Private Nursing Home
S	Lothian	A	Admin Office	Health Service Administrative Office
T	Tayside	B	Health Centre	Health Centre, most GP Surgery Locations
V	Forth Valley	C	Clinic	Clinic Premises, etc.
W	Western Isles	E	Extra-Mural Clinic	Extra-Mural Clinic
Y	Dumfries and Galloway	L,-Q,-W	School	School

Prefix	Health Board	Suffix	Original Description	Description
Z	Shetland	T	-	Miscellaneous Premises
D	Nationally Based Locations			
E	Outwith Scotland			
X	Common Services Agency, etc.			

**Note:** The former Argyll and Clyde properties have been allocated geographically between NHS Greater Glasgow and Clyde and NHS Highland. As a result, both Boards have sites prefixed with C.

When a location closes, its code is not re-allocated to another location to avoid confusion. A new code must therefore be used for new properties. The coding for new properties can be obtained by completing a form, which can be accessed at <https://www.isdscotland.org/Products-and-Services/Data-Definitions-and-References/National-Reference-Files/SMR-Reference-Files/>.

In addition, direct access to the directory is available at <https://www.isdscotland.org/Products-and-Services/Data-Definitions-and-References/National-Reference-Files/>.

All NHS Boards should ensure their existing property lists are using the relevant codes. Any properties missing from the Boards' lists or which have not been coded correctly will need to be added and properly coded.

It will be necessary for the Boards to extend the coding of their property lists to include each block at each site.

### 2.2.4 Site Reference Number

EAMS uses the existing Location Code (described above) as the unique Site Reference Number (SRN) to identify each site and the name by which the site is known.

### 2.2.5 Block Codes

All blocks / buildings on each site need to be identified by means of a unique block reference number and the name by which the block is known.

Where Boards already have reference numbers for blocks, these may be retained if so desired.

The use of Block '00' for the site and external areas on a site require to be used by all Boards. It should however be noted that not all sites will have a Block '00', e.g. a GP Premises located in a row of shops.

Where there are no existing reference numbers, the following codes are suggested to identify the blocks:

- 00 the site and external areas
- 01 first building on site
- 02 second building on site
- 03 and so on.....

### 2.2.6 Example

<u>Site</u>	<u>Block</u>	<u>Building Code</u>
Aberdeen Royal Infirmary (N101H)	Mathew Hay Building (3C)	N101H-3C

In this example, the Building Code suffix suggests an extension to the original block, i.e. “3C” would be the second extension, as “3A” would be the original block (previously “03”) and “3B” would be the first addition.

## 3. Minimum dataset of baseline information

### 3.1 General Information at National Level (level 0)

EAMS is driven by the territorial and national Boards, which are responsible for uploading and maintaining their information to allow analysis and reporting at National, Board, Site and Block levels. Therefore, collection of data is on a 'bottom up' basis and only limited 'general information' is held at National level on NHSScotland as a whole.

### 3.2 General Information at Board Level (level 1)

The software contains a text box to enable each NHS Board to provide general information about the Board including population, territorial coverage and which Local Authorities the Board covers.

### 3.3 General Information at Site Level (level 2)

The following minimum information is required for each NHS Board at site level to identify all land and buildings:

Term	Example
Name of the NHS Board	NHS Board
SRN based on national site code	Q123H
Site Name	A Hospital
Site Address	Hospital Street
Town	Edinburgh
Postcode	EH12 3AB
UPRN	1234567891
Contact Name	A. Another
Contact Number	0131 123 4567
Contact Email	a.another@nhs.net

### 3.3.1 Type of Site

The NHS estate in Scotland comprises a variety of site types and the following codes are to be used for grouping purposes:

Number	Site Type	Number	Site Type	Number	Site Type
01	Acute Hospital	21	Health Centre	43	Pharmacy
02	Children's Hospital	22	Clinics (including Day Hospitals and Resource Centres)	44	Optician
03	Maternity Hospital	23	Offices	51	Care Home
04	Specialist Hospital	24	Support Facilities	91	Non NHS functions
05	Mental Health Hospital	25	Staff Residential Accommodation	98	Non-Operational
06	Community Hospital	26	Patient Residential Accommodation	99	Other
07	Older People Hospital	41	GP Practice		
08	Multi Service Hospital	42	Dental Practice		

### 3.3.2 Status of Each Site

The NHS estate in Scotland requires to be further categorised for each site (land) with reference to the following options:

Categories	
Occupied	Terminated
Vacant	Demolished
Surplus	Delete Data
Sold	Leased
Surrendered	Under Construction

If leased, “Leased” should be included for both the site status and block status, i.e. Block 00, Block 01, Block 02, etc. should be marked in the system as “Leased”.

### 3.3.3 Requirement of Each Site

The requirement of each site forming the NHS estate in Scotland requires to be defined in terms of whether it is regarded as being essential or non-essential using a ‘flag’ in the software.

**Essential Property:** Property considered necessary for a Holding Bodies operational purposes beyond a 5-year service provision planning horizon.

**Non-essential Property:** Property not considered necessary for a Holding Bodies operational purposes beyond a 5-year service provision planning horizon.

Categories
<ul style="list-style-type: none"> <li>Retained</li> </ul>
<ul style="list-style-type: none"> <li>Expected to be sold:</li> </ul>
Within 3 years
Within 3-5 years
Over 5 years

### 3.3.4 Quantitative Data for Sites

Details of the total area and breakdown by user is required for all sites against the following categories:

#### Land area

- site area for each site owned or occupied by the NHS Board (hectares).

#### Valuation of sites (recorded against block 00)

Details of the last valuation of all land, including:

- land value, and;
- date of valuation.

#### Details of the last valuation of all sites including:

- net book value, and;
- date of valuation.

### 3.4 General Information at Block Level (level 3)

The following information is required for each block on each site:

Term	Example
Block Number	01
Block Name	Main Building
GIA	308.50m <sup>2</sup>
Floor Area	277.00m <sup>2</sup>

Where block information is already available within EAMS, this should be reviewed to ensure the data is current. Any missing or incorrect data should be provided / updated.

#### 3.4.1 Types of Block

The type of each block on the site should be identified from the following list:

Number	Block Type	Number	Site Type	Number	Block Type
01	Acute Hospital	21	Health Centre	43	Pharmacy
02	Children's Hospital	22	Clinics (including Day Hospitals and Resource Centres)	44	Optician
03	Maternity Hospital	23	Offices	51	Care Home
04	Specialist Hospital	24	Support Facilities	91	Non NHS functions
05	Mental Health Hospital	25	Staff Residential Accommodation	97	Multi-Storey car park
06	Community Hospital	26	Patient Residential Accommodation	98	Non-Operational
07	Older People Hospital	41	GP Practice	99	Other
08	Multi Service Hospital	42	Dental Practice		

## Tenure of block

The NHS estate in Scotland is in a variety of ownerships and the following categories have been identified:

Tenure Types
Owned (by Health Board)
Leased (by Health Board)
PFI / NPD
HUB
Third Party Ownership
Third Party Ownership - GP Owned (GP owns the property)
Third Party Ownership - GP Leased (GP Leases Property from another 3 <sup>rd</sup> party)
Endowment

### 3.4.2 Status of Block

The NHS estate in Scotland requires to be further categorised for each block with reference to the following options:

Categories	
Occupied	Terminated
Vacant	Demolished
Surplus	Delete Data
Sold	Leased
Surrendered	Under Construction

As previously mentioned, if leased, “Leased” should be included for both the site status and block status, i.e. Block 00, Block 01, Block 02, etc. should be marked in the system as “Leased”.

### 3.4.3 Requirement of Block

The requirement of the blocks forming the NHS estate in Scotland requires to be defined in terms of whether they are regarded as being essential or non-essential using a ‘flag’ in the software (described in [Section 3.3.3](#)). In addition, the block use

should be defined in terms of whether it is regarded as being clinical or non-clinical.

**Clinical:** All blocks where clinical treatment is delivered to patients covering primary and acute care, both in and out patient care. Where a small element of the block provides clinical treatment to patients then this block is deemed to be clinical.

**Non-clinical:** All blocks where no clinical treatment to patients is delivered. This will include engineering and other support areas that are essential to the delivery of clinical services.

This requires to be further detailed in relation to the future expectation for each block in terms of the following categories:

Categories
<ul style="list-style-type: none"> <li>Retained</li> </ul>
<ul style="list-style-type: none"> <li>Expected to be sold:</li> </ul>
Within 3 years
Within 3-5 years
Over 5 years

### 3.4.4 Historic Listing

Details of whether the buildings (blocks) are listed under planning legislation require to be defined in terms of the following categories:

Categories	Definition
Category A	Buildings of special architectural or historic interest which are outstanding examples of a particular period, style or building type (Historic Environment Scotland website)
Category B	Buildings of special architectural or historic interest which are major examples of a particular period, style or building type (Historic Environment Scotland website).
Category C	Buildings of special architectural or historic interest which are representative examples of a period, style or building type (Historic Environment Scotland website)
Not Listed	n / a
Conversation Areas	Liaise with Local Authority

These should be checked to determine their accuracy if provided or if missing by checking the Historic Environment Scotland website or with the local authority.

### 3.4.5 Age of Block

The year of construction of each building at block level requires to be assessed.

Where the actual year of construction is not known, then an informed estimate of the likely year of construction is required.

### 3.4.6 Area of Blocks

Details of the total area and breakdown by user are required for all blocks against the following categories:

- **GIA** – Gross Internal Area (m<sup>2</sup>) whole **block** areas broken down by floor level. Gross Internal Area is the area of a building measured to the internal face of the perimeter walls at each floor level.
- **IFA** – This is how the system calculates an overall floor area. Internal Floor Area (m<sup>2</sup>) for individual **room** areas broken down by floor level. Internal Floor Area is the area within a room measured to the internal face of the perimeter walls at each room.
- **NIA** – Definition can vary depending on use of property / space. Refer to RICS website.

## 3.5 Six Facets

All land and buildings forming the NHS estate in Scotland require to be ranked at block level in terms of the following facets including a brief description of the main issues:

- facet 1: physical condition;
- facet 2: statutory compliance;
- facet 3: environmental management;
- facet 4: space utilisation;
- facet 5: functional suitability, and;
- facet 6: quality.

Further guidance on the six facets appraisal is described in [Section 4](#).

## 3.6 Information Maintained by NHS Boards

Each NHS Board currently maintains its own property list for the land and the buildings under its control. In order to develop a PAMS, a comprehensive property asset register for the entire NHS estate in Scotland is required. The property asset register should include all premises currently used in the support and delivery of healthcare services irrespective of ownership. This should include independent contractor premises such as - GP's, Dental, Pharmacy and Ophthalmology services with the following minimum information held on EAMS:

- the Site Reference Number (SRN) – quoted in accordance with the guidance given in this Property Appraisal Manual;
- site names and addresses;
- block / building names and addresses;
- building / block gross internal area floor sizes;
- building / block build year;
- building / block tenure;
- building / block status;
- building / block essential / non-essential;
- building / block use
- building / block historic listing;
- land / site area.

Where fresh survey appraisals are also going to be held and are being commissioned through the Survey Partner, the above information plus the following requires to be provided to the Survey Partner by the NHS Boards:

- existing site plans detailing names and numbers of buildings;
- existing floor plans for each building to be appraised;
- room and space referencing currently in use;
- access to existing reports e.g. Equality Act (2010) / asbestos register / fire risk assessment;
- contact names and numbers of key estates personnel to arrange access (at site and block levels), and;
- contact names and numbers of key personnel to arrange interviews.

### **3.7 CAD Drawings and Layout Drawings**

Building plans and elevations at block level are extremely useful when carrying out property appraisal surveys to ensure that all parts of the land and buildings have been inspected where practicable and to identify where access is not available.

Ideally, NHS Boards will have CAD plans or layout drawings (as a minimum) for each site and these will be used to identify each block on the site. Additional drawings may also be available for the blocks on each site, i.e. services and schematics. It is accepted that any drawings which are available will be in a variety of formats and that they may not always be an accurate reflection of the current arrangements of the building.

On the larger more complex sites, it will be beneficial for the NHS Boards to show the boundaries of individual blocks, particularly where there are several within a physical building.

## 4. Appraisal Data

### 4.1 Appraisal Methodology

#### 4.1.1 Basis of Appraisal

The property assets of the NHS estate in Scotland should be assessed against the six facets listed in [Section 3.5](#) (Six Facets).

Through a combination of on-site appraisal and interviews with key stakeholder with the intention of providing robust information on which strategic decisions will be made on the future management, development and performance of the estate and to form part of the baseline position for a PAMS.

Asset information such as descriptions of the materials, design and forms of construction of properties are also required for the Boards to collect and hold within the EAMS.

The aim of the appraisal is to assess the cost and risk level of any works required to return the estate to a physical condition B; i.e. satisfactory condition with evidence of only minor deterioration and a statutory compliant condition as well as assess the lifecycle period and lifecycle replacement cost for each asset.

#### 4.1.2 Levels of Appraisal

The appraisal for each of the six facets, can be carried out to various levels, as outlined below:

**Table 4.1.2: Levels of Appraisal of the Six Facets**

Facet	Levels of Appraisal	Recommended Appraisal Level
Physical Condition	<ul style="list-style-type: none"> <li>level 1 - a desktop review by the assigned property manager / estates personnel with a good understanding of the general condition of the estate and any improvement requirements;</li> <li>level 2 - a combination of on-site visual inspection of each block and interviews with key estates personnel, and;</li> <li>level 3 - a detailed inspection at room level to identify the condition of the elements and sub-elements sufficient to prepare planned maintenance and cyclical replacements.</li> </ul>	<p>The recommended appraisal level is level 2.</p> <p>The properties prioritised/selected for the national exercise will be appraised at level 2. However, Boards may wish to consider appointing a Survey Partner or allocating their own resources to carry out level 3 inspections if these are desired.</p>
Statutory Compliance	<ul style="list-style-type: none"> <li>level 1 - an indication from the responsible NHS Board estates personnel that appropriate controls are in place to manage compliance with relevant legislation;</li> </ul>	<p>The recommended appraisal level is level 2.</p>

Facet	Levels of Appraisal	Recommended Appraisal Level
	<ul style="list-style-type: none"> <li>level 2 - a desktop style review of any identified outstanding items and interview of key NHS Board personnel;</li> <li>level 3 - a detailed on-site compliance check of all aspects of statutory compliance.</li> </ul>	
Environmental Management	<ul style="list-style-type: none"> <li>See <a href="#">Section 4.2.3</a>.</li> </ul>	The recommended level of appraisal does not apply to this facet.
Space Utilisation	<ul style="list-style-type: none"> <li>level 1 - a desktop review by an estates and / or service manager with a good understanding of the general usage of the estate;</li> <li>level 2 - a combination of on-site visual inspection of each department together with discussions with users and consideration of acceptable space standards by an estates and / or service manager;</li> <li>level 3 - a room by room assessment to identify the level of occupation of each room throughout a typical working day.</li> </ul>	<p>The recommended level of appraisal is level 2.</p> <p>Those Boards which have CAD drawings available may decide to carry out a detailed appraisal at level 3.</p>
Functional Suitability	<ul style="list-style-type: none"> <li>level 1 - the desktop review by an NHS Board estates and / or service manager with a good understanding of the general functionality of the accommodation;</li> <li>level 2 - a combination of on-site visual inspection of each department and discussions with users about the three elements of functionality based on a broad assessment;</li> <li>level 3 - a detailed on-site inspection of each department against this specific level of functionality related criteria based on a detailed assessment.</li> </ul>	The recommended level of appraisal is level 2.
Quality	<ul style="list-style-type: none"> <li>level 1 - a desktop review by an NHS estates and / or service manager with a good understanding of the general quality of the available accommodation based on a broad assessment;</li> <li>level 2 - a combination of on-site visual inspection of each department and discussions with users about the three elements of quality (see <a href="#">Section 4.2.6</a>) based on a detailed assessment;</li> <li>level 3 - a detailed assessment based on site inspection of each department against the specific set of quality related criteria.</li> </ul>	The recommended level of appraisal is level 2.

#### 4.1.2 Ranking Protocols

As part of the appraisal, a subjective judgement requires to be made of the current

condition / performance of the elements and sub-elements of certain facets and a ranking assigned, generally based on a grading of A-D for Physical Condition, Functional Suitability and Quality Facets as outlined in [Section 4.2](#).

## 4.2 Appraisal of the Six Facets

### 4.2.1 Physical Condition

- **A** – Excellent / as new condition (generally less than 2 years old) and expected to perform as intended over its expected lifespan;
- **B** – Satisfactory condition with evidence of only minor deterioration and element / sub-element is operational and performing as intended;
- **C** – Poor condition, with evidence of major defects with elements / sub-elements remaining operational but is currently in need of major repair, or;
- **D** – Unacceptable condition, element / sub-element non-operational or about to fail, replacement is necessary.

### 4.2.2 Statutory Compliance

The standard ranking protocol above does not apply to Statutory Compliance as this is not deemed appropriate due to statutory items being classed as either compliant or non-compliant, therefore risk assessment is used to assess individual items. The ranking protocol to be adopted is as follows:

**Y** – Yes the element is compliant

**N** – No the element is not compliant

### 4.2.3 Environmental Management

Each NHSScotland Board's energy and water data (and associated greenhouse gas emissions) is already recorded using the national eSight Tool. This covers all Hospitals, Health Centres, Clinics and Other sites. In addition, Boards should have an Environmental Management System for ensuring environmental compliance. Boards should also have an overall Sustainability Action Plan, based on the NHSScotland Sustainability Assessment Toolkit, to improve overall sustainability performance, and this will include actions relating to environmental management.

To avoid duplication, the requirements for this facet are limited to inputting existing record information.

### 4.2.4 Space Utilisation

Space utilisation appraisal of the block is required to be carried out at department / room level and assigned a rank in accordance with the following definitions:

**E** – Empty or grossly underused at all times (excluding temporary closure)

**U** – Underutilised; utilisation could be significantly increased;

**F** – Fully Utilised; a satisfactory level of utilisation, or;

**O** – Overcrowded; overloaded and facilities generally stretched.

#### 4.2.5 Functional Suitability

The appraisal of functional suitability is essential in measuring the performance of a building against the outcomes it was designed to meet. In an NHS context it can demonstrate how a building can assist or hinder a clinical service to carry out its function. A survey is required with an on-site inspection of each department including a detailed interview with the head of each department, each element should then be scored against current Health Building Notes, Technical Memorandum, Building Standards and current clinical requirements with the following criteria:

**A** – very satisfactory, ideal accommodation, meets all modern health care requirements, no change needed;

**B** – satisfactory, meets health care standards of its time, with only minor change needed to meet modern requirements;

**C** – not satisfactory and does not meet the minimum health care requirements with significant change needed, or;

**D** – unacceptable in its present layout / design, does not meet health care requirements with major change needed.

#### 4.2.6 Quality

The appraisal of quality should be carried out by a detailed on-site inspection of each department including a detailed interview with the head of each department. The assessment should be based upon the following three elements:

##### **Amenity**

- Does the facility / accommodation offer / attract a pleasing area for patients and staff in terms of privacy, dignity, comfort, working conditions, signposting?

##### **Comfort engineering**

- Does the facility / accommodation offer an acceptable environment? Is it well lit, adequately heated and cooled, noise and odour free?

##### **Design**

- Is the internal / external environment attractively designed in terms of good colour schemes, well furnished, enhanced by art, plants, landscaping, views, etc.?

The assessment of the three elements should be scored with the following criteria:

- A** – a facility of excellent quality;
- B** – a facility of satisfactory quality with only general quality improvements required;
- C** – a facility of less than satisfactory quality with investment needed, or;
- D** – a facility of poor quality with significant investment needed.

### 4.3 Remedial Action

Remedial actions are only required for costed items with a remaining life of between 0 and 4 years.

The recommended remedial action should be selected from the following options:

- redecorate;
- overhaul / repair;
- replace; and
- further investigation required.

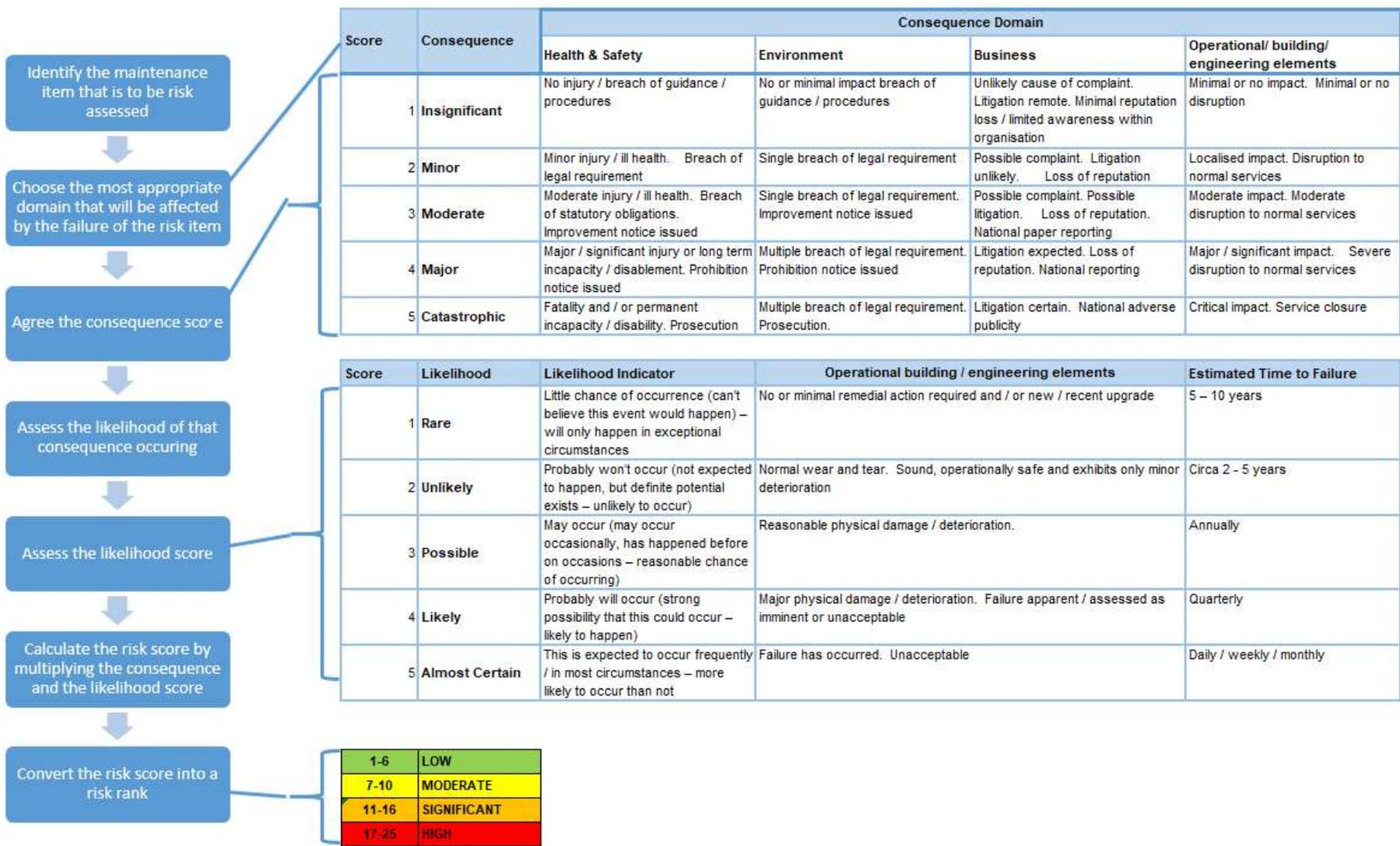
Additional text should be provided to aid interpretation and capture any relevant information, where necessary. The use of “further investigation required” should be limited to those instances where it is impossible to determine the full extent of the problem, e.g. structural cracking or a rot outbreak. In these instances, separate lines should be added for the specialist survey, and the repair, which may take the form of a provisional sum.

## 4.4 Risk Based Methodology

### 4.4.1 Risk Assessment

It is necessary to carry out risk assessments of all elements and sub-elements with a remaining life of less than 5 years in order to prioritise urgent works as necessary and aid in programming future investment for the estate. Risk assessments of future life cycle cost replacements, i.e. where the remaining life is 5 years or greater, are not required.

Risks should be assessed according to the likelihood that the risk will be realised and the potential adverse consequence that might arise from the risk occurring. This will produce a final risk score and ranking for each sub-element. The risk assessment process is outlined as follows:



## 4.5 Appraisal aggregation

### 4.5.1 Producing an Overall Rating

As detailed earlier, the objective of the exercise is to ensure that the estate as an asset supports healthcare service delivery by providing the right facilities, in the right place, at the right time.

The purpose of the appraisal is to establish what it will cost to return the NHS estate in Scotland to an acceptable standard and to identify opportunities for adaptation and rationalisation as a baseline assessment for developing a PAMS.

To ensure the consistency of the appraisal across the entire estate, the six facet approach has been adopted. The use of an asset management database, allows large amounts of data to be stored, manipulated and interrogated easily. This enables output reports to be generated summarising the performance across the estate.

The appraisal is however, dependent on subjective assessment, based on the ranking of each element and sub-element of the six facets and this requires a pragmatic approach, based upon observation and interviews with knowledgeable NHS estate personnel.

### 4.5.2 Physical Condition

For physical condition, the condition of each sub-element requires to be assessed and assigned a category based on the ranking protocol.

The range of ranks of each of the sub-elements should then be considered and a pragmatic approach adopted to arrive at an aggregated category ranking for each element.

The range of ranks assigned to each of the building and engineering elements should then in turn be considered and an aggregated rank established for the building and engineering elements at block level.

Finally, an overall assessment of the physical condition at block level should be assessed by combining the aggregated rankings for the building and engineering elements.

### 4.5.3 Statutory Compliance and Environmental Management

As ranking protocols do not apply to these two facets, appraisal aggregation is not relevant.

### 4.5.4 Space Utilisation, Functional Suitability and Quality

For these three facets, a pragmatic approach is required to arrive at an aggregate category ranking of each facet at site and block level (level 3).

## 4.6 Backlog Maintenance

The backlog data is collected against various facets with costs recorded against them. This therefore includes the 20 building and engineering elements and sub-elements as part of the Physical Condition surveys. Appendix 2 contains details of the building and engineering elements and sub-elements.

It is necessary to establish the baseline for the assets to enable their performance to be analysed before creating a prioritised action plan. As such, the appraisal comprises of an assessment of the following primary data components:

- Asset type;
- Component type; and
- Date of installation / remaining life.

## 4.7 Costs

### 4.7.1 Cost of Identified Remedial / Upgrading Works (backlog maintenance costs)

Backlog maintenance costs are those required to bring any estate assets that are below acceptable standards, up to an acceptable physical condition, condition B with 5 or more years remaining life or statutory compliance, which do not comply with mandatory fire safety requirements and statutory safety legislation to a compliant status.

Backlog maintenance costs are required to be expressed as works costs (i.e. base costs to undertake works) and these will exclude:

- professional fees;
- value added tax;
- contingencies;
- risk;
- decanting;
- temporary services to other areas;
- overtime / out of hours working, and;
- disruption.

Costs should reflect current prices as at the most recent inflationary review of the assessed year. Previous costs will require to be updated annually using Building Cost Information Service (BCIS) cost indices. Guidance on updating aged cost data is given in Appendix 3.

Costs are updated on an annual basis.

### 4.7.2 Assessment of Costs

Having identified the nature of the remedial works and the anticipated life remaining, it is necessary to estimate the cost of each work item. To facilitate this, the total sub-element quantity / area should be measured, calculated and noted, together with the relevant percentage that is assessed as being defective.

Prices should then be calculated using the relevant guidance provided in: the Schedule of Rates for Fabric and Engineering (Appendix 4); the Schedule of Rates for Statutory Items (Appendix 5); GP Schedule of Rates - Statutory – Fabric Items (Appendix 6); and GP Schedule of Rates – Statutory – Engineering Items (Appendix 7).

## 4.8 Avoidance of Double Counting

Where the physical condition and / or the functional suitability results in a breach of statutory or safety requirements, the defects should be recorded against statutory only, to avoid the risk of double cost counting. The life cycle item (where appropriate, e.g. installation of additional ventilation) should however be reported in the Physical Condition with a condition rating of B, and a remaining life equal to the life cycle period. This will ensure the life cycle replacement is included, as this is not required under statutory.

### 4.8 1 De Minimis Threshold for Costs

All backlog maintenance costs and remedial/upgrading costs are indicative only. There will be a de-minimis threshold of £100.00 for individual items of disrepair subject to the following:

- where there is a recurrent defect giving rise to a number of defects similar in nature but otherwise isolated then these should be grouped and the aggregated cost applied against the de-minimis threshold;
- items that represent a health and safety risk should be recorded as for other items of disrepair regardless of cost.

Minor day-to-day maintenance and minor routine works (e.g. inspection; servicing; cleaning; etc.) shall be excluded from the survey, however where this affects the condition of the building, e.g. gutters are blocked with vegetation growth, a single event item may be reported. This would likely be condition C with a remaining life of 0 years, and a life cycle period of 0 years.

## 4.9 Life Cycle Cost for Elements / Sub-elements

The remaining life and life cycle replacements of the estate will be assessed on the basis of the same 20 building and engineering elements and sub-elements as utilised in the Physical Condition surveys (see Appendix 2).

To carry out capital planning effectively, it is necessary to establish the baseline for the assets to enable their performance to be analysed before creating a prioritised action plan.

As mentioned earlier, the appraisal comprises an assessment of the following primary data components:

- Asset type;
- Component type;
- Data of installation / remaining life.

## 4.10 Remaining Life of Sub-elements

The remaining life of each sub-element is required to be estimated and expressed in years. This should be judged based on a consideration of the following information:

- the age of the sub-element, if known;
- the date of construction of the building, if known;
- the date of installation of the building services, if known, and;
- evidence of deterioration.

For items where the standard life expectancies result in items failing within 5 years, their service life can remain as 5 years if the following criteria and supporting information are in place (a note should be provided in the survey information to this effect):

- remains safe and fit for purpose;
- continues to meet or exceed minimum performance requirements;
- that documented evidence demonstrates that the regular work done to keep the sub-element in good or minimum condition by fixing unscheduled breakdown and routine scheduled, preventative and predictive operations are mitigated against the risk of breakdown, and;
- that assures service performance.

The remaining service life of a sub-element requires to be validated and verified at the Board's Asset Review meeting. It should be noted that re-surveys will take place within the next 5 years, or earlier, if required by the Board.

In practice, it is extremely difficult to assess accurately the remaining life of sub-elements and components. Where the age of the sub-element is not clear, judgement is required to make a 'best estimate' when compared with standard typical life expectancies as referred to in the Schedule of Rates included in Appendix 4.

## 4.11 Life Cycle Data

### 4.11.1 Levels of Appraisal

The appraisal for Life Cycle will be assessed as the following:

- Until a full life cycle survey has been carried out, use of lifecycle models prepared by the CPS supplier (VFA Accruent) will be allocated at block level depending on use / type of block;
- On-site visual inspection at block level to identify the condition of the elements and sub-elements at component / system level to assess remaining life and life

cycle replacements based on cost / m<sup>2</sup> of gross internal floor area or area of the element / sub element;

- A detailed inspection at room level to identify the condition of the elements and sub-elements at component / system level to assess remaining life and life cycle replacements. This would include site measurements to calculate the gross internal floor areas and quantities of the sub-elements and components.

NHS NSS's objective is to have full lifecycle costing records available based on observed information at component / system level for all of the estate. However, the interim position is to create 'Academic' life cycle models at block level based on costs / m<sup>2</sup> of gross internal floor area / GIA.

These models will subsequently be updated and overwritten once more accurate observed information is available through on-site visual surveys.

The EAMS contains a cell for "Life cycle" in addition to the remaining life cell. The life cycle replacement for all elements and sub-elements needs to be assessed in addition to the assessment of their remaining life and irrespective of their current condition.

The start dates of the life cycle in the model are based on the date of construction but these will need to be adjusted to reflect the current condition of the buildings to reflect where each element / sub element is in its typical life expectancy. This will allow the frequency of the cycles to be adjusted accordingly.

The CPS allows for adjustment of the lifetime for those systems that have had works completed within the Backlog Maintenance 5 year period.

Any costed items where a life cycle period is not appropriate allows for adjustment of the lifetime for those systems that have had works completed within the Backlog Maintenance 5 year period.

#### **4.11.2 Ranking Protocol**

There is no ranking protocol to be applied to Capital Planning.

The appraisal will include life cycle periods and replacement costs projected forward over the anticipated lifespan of the asset.

Once the baseline information has been established the data should be populated into toolkit templates provided by the software supplier. The toolkits can be accessed at: <http://eams.3istudio.com/>. In addition, there are some toolkits specific to Independent GP Premises (see [Section 7](#)). These can be requested from HFS.

On completion of a lifecycle survey, EAMS should be updated to show that this has occurred by ticking the 'lifecycle assess' box provided in the Property Details tab of the system.

### 4.11.3 Academic Life Cycle Models

For the interim, high level Academic Life Cycles Models, detailed information on the actual design and materials of construction is not required as the model is based on generic cost rates and the Gross Internal Floor Area / GIA of the assets at Block Level dependent on the type of block.

### 4.11.4 On-Site Assessment at Block Level of the Component / Systems

This level of analysis is used for assessing the comparable costs of different choices of systems, elements or components for detailed cost planning purposes and requiring an on-site visual inspection of each block.

For carrying out the more detailed component / system level life cycle costing, basic Asset Register information needs to be gathered for the various buildings at Block Level identifying the form and materials of construction of the elements and sub-elements, so that the appropriate life cycle can be based on the actual construction of the buildings. For example, the life expectancy of a pitched or slated roof will be different from that of a flat roof with a bituminous felt covering.

### 4.11.5 Date of Construction

The date of construction is used by the CPS for calculating the starting point for the various life cycles of the elements / sub elements.

As described earlier, the date of construction of each building at Block level requires to be assessed. Where the actual year of construction is not known, age band categories are given for guidance purposes however, EAMS requires a specific year of construction to be entered in the system.

### 4.11.6 Remaining Life of Sub-elements at Component / System Level

The remaining life of each sub-element requires to be estimated and expressed in years. As with backlog this should be judged based on a consideration of the following information:

- the age of the sub-element, if known;
- the date of construction of the building, if known;
- the date of installation of the building services, if known;
- evidence of deterioration.

An assessment of the remaining life for all elements and sub-elements “Locations” within the Blocks is required and expressed in years. This will be an estimate of the typical life for each type of element / sub-element / component.

A “Location” within a Block is a free text description picked from a generic list to aid data entry such as “Whole Block”, “Basement”, “Roof”, “Front Elevation”, “Department”, etc.

For the avoidance of doubt, it is expected that the Physical Condition survey and the life cycle be recorded on the same line of data on the toolkit spreadsheet, although separate lines may be utilised where appropriate.

#### 4.11.7 Quantity / Areas

A key element of the EAMS and the CPS is the GIA as all costs relate to a rate / m<sup>2</sup> of GIA as detailed below.

As the floor area data in the CPS will be imported from EAMS any amendments to the floor area should be made within EAMS and not within the CPS.

In EAMS, a backlog or lifecycle “quantity” can be an area, a volume or a count and, if required, can be uploaded from the Block GIA.

To carry out a detailed measured survey exercise of the entire NHSScotland Estate is the responsibility of each individual Board. Where this has not been achieved a workable compromise is for the Surveyor to adopt a pragmatic approach to assess the gross internal floor area at block level. If the Surveyor considers there is significant difference between the provided Gross Internal Area and the actual Gross Internal Area for each block then the Surveyor should assess the Gross Internal Area at block level, through a combination of the following means:

- Where available, using Promap or Google Maps / Google Earth / Bing Maps to establish the footprint of the building to enable a Polyline area to be calculated and multiplied by the number of floors to establish the gross external area, modified by a reduction percentage appropriate to the age and form of construction of the Block to arrive at a GIA;
- Carrying out a desk study of any available scaled floor plan drawings to calculate approximate quantities for the components, sub components and services installations;
- Where record information cannot be gained from a desktop study, carrying out additional spot checks of dimensions and quantities on site.

Note: this will not include for carrying out a full measured survey to establish gross internal floor areas or elemental quantities.

This approach will not identify the respective areas of different types of floor coverings or between flat and pitched roof coverings and will only provide high level area information.

#### 4.11.8 Rates / Cost Information

Backlog maintenance costs and life cycle replacement costs are assessed by the Surveyor and uploaded into EAMS as described earlier.

#### 4.11.9 Condition Grade

Each sub-element shall be assigned a condition grade.

The external fabric elements 01 structure, 02 external fabric and 03 roof should be assessed for the whole block.

The external fabric element 06 external grounds and gardens should be assessed against block level ‘00’, as well as individual blocks where private gardens or courtyards are present.

The internal fabric elements 04 internal fabric and 05 internal fixtures and fittings should be assessed for each specified block.

The engineering services 07-20, inclusive, should be assessed for the entire installation on a whole building basis. In cases where the whole building has been split into more than one block, the engineering services elements should be assessed and recorded against the first block level '01' in the list of blocks for that building.

#### **4.11.10 Remaining Life**

The remaining life of the item in years. As a guide, any items condition C or below would be expected to have a remaining life of 0 as they are not operating as intended. The Survey Process

## 5. The Survey Process

### 5.1 Recommended Appraisal Level

The properties prioritised / selected for survey through the national framework will be appraised at level 2. However, Boards may wish to consider appointing a Surveyor or allocating their own resources to carry out level 3 inspections if these are desired.

### 5.2 Interviews with Key Estates Personnel

Collectively and corporately, NHS organisations retain a significant amount of data relevant to the survey process, not least the in-depth knowledge possessed by individual estates personnel.

Historical condition and performance information associated with individual sites and blocks have also been collected over a number of years.

As part of the appraisal process, it will be necessary to conduct interviews with key personnel at various levels of each Board, including:

- NHS Board level - Director responsible for estates and facilities;
- site level - General Manager;
- block (building level) - person in charge, and;
- location level - person in charge at department level.

The appraisals will identify the works that are needed at the time of survey or which will become due within 5 years of the survey date, priority coded by risk assessment and costed in accordance with this guidance document. In addition, all sub-elements should have a life cycle period and life cycle costs allocated.

It is anticipated that the statutory compliance and environmental management facets will primarily be desktop exercises, collating existing information previously collected or currently in the course of being collected by the Boards.

### 5.3 Notes

Information about the nature and location of the required rectification work should be entered in the 'notes' section.

The purpose of the note is to inform those reading the post-survey reports on the nature and scope of the remedial works.

The narrative will not extend to a schedule of works clause and it is accepted that further post-appraisal site visits will be required in order to prepare appropriate schedules of work and/or specifications.

## 5.4 Digital Photographs and Documents

### 5.4.1 Requirements

As part of the appraisal of the NHS estate, representative photographs in digital format are required for each property.

The number of photographs required for each sub-element, location, block and site will vary according to the size, complexity and condition of the asset. However, every costed item should have a photo (except where duplicates exist).

The minimum requirement for photographs is as follows:

- a photograph of the front or main elevation of each block;
- a photograph that relates to an item of specific remedial or upgrading work against each sub-element.

### 5.4.2 Photograph Format

Each photograph should be stored as an individual JPG file and be no greater than 150kB in size with a resolution of 150 pixels per inch (recommended size 640 x 480 pixels). Each JPG file should be named in accordance with the following convention;

A – B – C – D – E

where;

- A Site code e.g. 'T504B';
- B Block code e.g. '01';
- C the text 'FABRIC' for 'building condition' or 'M&E' for 'engineering services';
- D Unique (per block) three digit photograph reference (assigned by the surveyor) e.g. '002', and;
- E file extension i.e. 'jpg'.

Example: T504B-01-FABRIC-002.jpg

### 5.4.3 Authority / Permission

Check whether specific permission is required prior to taking photographs on any NHS site.

### 5.4.4 Sensitivity

Care should be taken to ensure that any photographs taken as part of this exercise must not include patients, children, visitors or staff.

## 5.5 Survey structure

### 5.5.1 The Appraisal Process

As described earlier the purpose of the building appraisal is to collect information on the current condition and performance of the NHS estate in Scotland. To achieve consistency of approach in data collection and reporting, each building asset is being ranked against the six facets to enable the overall condition of the NHS estate in Scotland to be assessed.

A pragmatic approach is required to the process of collecting data and the output represents a 'snapshot' in time at a strategic high level. Detailed inspections and reports are out with the scope of this document.

The appraisals will be carried out either by in-house estates staff or by a survey partner team to ensure consistency of approach, the systems and procedures set out in this Property Appraisal Manual will be followed.

### 5.5.2 Scope of Inspection

The surveys will include a visual, non-disruptive examination of the accessible building fabric and building services including external areas but they will not include those parts of the structure or its services which are built in, covered up and made inaccessible in the normal course of construction, fitting out or occupation.

The building appraisals will generally be undertaken from ground level but where safe access is available, will also inspect flat and pitched roof areas of the estate and any void areas.

The appraisal of the building services will include plant rooms, energy centres and other restricted areas where access can be made available by the appropriate authorised Board personnel at the date of inspection.

Where surveyors are unable to gain safe means of access, any areas not inspected will be highlighted in the report, although these should still be costed to ensure the integrity of the life cycle data.

As part of the property summary to be prepared for each site, the survey will identify any areas of the estate which require further investigation.

Where practicable, will also identify the need for further specialist examinations or tests where these are considered necessary.

### 5.5.3 Urgent Issues

During the course of inspection, if the appointed surveyor identifies any health and safety issues which require urgent or emergency action to be taken, the relevant contact point within the Board will be contacted immediately by telephone and email.

### 5.5.4 In-house Survey Methodology

The various steps to be followed to roll-out the survey phase are summarised as follows:

### 5.5.5 Preparation

- distribute copies of the Property Appraisal Manual;
- deliver in-house staff training on the survey procedures to be adopted to ensure consistency;
- export and review the existing data in EAMS;
- prepare a prioritised survey inspection programme;
- allocate the property list to the surveyor, by discipline (building, engineering);
- ascertain the availability of record information;
- notify staff within areas being surveyed; check restrictions e.g. meal times, doctor's rounds etc.
- Receive and check drawings including Site / block codes, block age and GIA, etc.

### 5.5.6 Survey Phase

- confirm access arrangements on a phased basis;
- carry out the data capture and appraisals of the property portfolio;
- monitor access arrangements and progress of the survey programme;
- provide regular progress reports to the survey organiser / manager or client, and;
- verification and validation meetings.

### 5.5.7 Report Phase

- populate database or spreadsheets with survey data and carry out costing exercise;
- prepare executive summary for each site;
- carry out final audit for technical consistency and costing;
- meet with local estates personnel to review the data so they can verify and sign off (as applicable), and;
- issue signed off data to the local estates personnel (as applicable) and software supplier for them to input this into EAMS.

## 5.6 The Survey Partner Process

CEL 35 (2010) recommends that each property should be re-surveyed every five years. Any data over 5 years old should be considered 'Aged'.

As part of this process, Scottish Government provides annual funding to facilitate a proportion of the surveys and in doing so, HFS periodically appoints a Survey Partner, to carry out Physical Condition (Level 2) and Statutory Compliance (Level 2) surveys. This call-off allows Boards to directly appoint the Survey Partner for any further surveys.

### 5.6.1 Management and Coordination

For the purposes of management and co-ordination of the survey exercise by the Survey Partner, a Board point of contact is required to facilitate the inductions,

inspection visits and the verification of final data collected.

### 5.6.2 Training Provided to Survey Partner

In-house induction sessions must be organised locally for the various members of the survey teams to explain the systems and procedures that require to be followed to ensure a consistent approach to data collection, input, costing and reporting.

This must include worked examples of the various proforma data collection sheets and discussion of the condition **indicators** that should be considered during the on-site appraisal process.

The Survey Partner must be aware of local policies and procedures relative to the Survey process. This will normally be carried out by the Board's specific induction training - at which point access to asbestos registers must be made available and details of the signing in / out process of each site.

At the request of the individual Board, the Surveyor would be required to provide evidence of certification for all staff such as:

- Asbestos awareness training;
- Disclosure certification for patient areas;
- Any other relevant certification.

A formal programme for the survey process must then be agreed between the parties, the initial start date being fixed. It is accepted that it will be difficult to accurately identify all start and finish dates at each site thereafter but any changes must be agreed with the Board's representative to allow check and confirmation that the areas will be available for survey.

### 5.6.3 Access for Inspections

Client contact details must be provided by the relevant NHS Board.

The Board's survey coordinators will be responsible for arranging access to the relevant sites / blocks allocated to them and for making the necessary arrangements for surveyor attendance, in advance of the date of inspection. In doing so, the programme should be submitted to the NHS Board within a minimum of two weeks before the planned surveys being carried out.

Following completion of the site / block inspection, the Board's survey coordinator must be responsible for completing the property return sheet to ensure that all sections of the property have been inspected and the relevant digital photograph recorded, prior to leaving the site.

Pro-forma checks sheets, including a proforma for Urgent Issues, is provided in Appendix 8.

## 5.7 Arranging Access

### 5.7.1 Access Arrangements

A key issue for the smooth execution of the survey phase of this project is to ensure

that continuity of inspection can be provided for the survey teams.

Arranging access for smaller buildings may be relatively straightforward. However, for more complex sites such as Acute Hospitals where there is a variety of buildings and departments, the arrangements for access need to be carefully coordinated.

The Survey Partner teams will be multi-disciplined. Due to the different types of inspections carried out, surveyors and engineers work at different rates and they may not visit the various buildings at the same time.

It will therefore be necessary for each Board to provide the Survey Partner with an appropriate letter of authority, a detailed list of contact names, telephone numbers and email addresses down to block level to enable access for the inspections to be arranged. It is recognised that some Boards have access protocols in place which will assist the survey partner in gaining unrestricted access.

Additional arrangements will be required where properties are currently vacant to ensure that keys can be made available as and when required.

To secure continuity of inspection, a designated member of the Survey Partner team will act as access coordinator, responsible for contacting the person in charge of each site/building/department prior to the proposed inspection dates to make appropriate arrangements for site access and inductions for the inspection.

Any difficulties in arranging access to individual sites will be referred to the appropriate NHSScotland Board representatives for resolution.

Special arrangements may be necessary for certain facilities e.g. mental health.

### **5.7.2 Survey Hours**

Survey teams will carry out the majority of the inspections during normal business hours, 8.30am to 5.00pm, Monday to Friday or as agreed with the Client.

It is expected that the survey teams will discuss and agree access requirements with the person in charge at each site, building and department which have been instructed to be surveyed.

## **5.8 General Health and Safety**

### **5.8.1 Geographical Considerations**

The NHS estate in Scotland is diverse with locations ranging from the Borders to the Highlands and Islands.

Properties located on the Western and Northern islands present their own unique challenges, both in terms of carrying out inspections and the impact the severe marine weather conditions have on the physical condition of property assets located on remote, exposed sites. Additionally, the local architecture often sets these assets apart from the 'norm' e.g. black house thatched roof construction on Tiree, Lewis and Harris.

Survey and travelling arrangements will require to be flexible and adaptable when

scheduling visits to these locations and staff may become 'storm' or 'fog' bound on the islands, despite the best intentions of the ferry or flight operators – either outgoing or incoming.

### **5.8.2 Site Vetting**

During the course of the appraisals, it is likely that the survey teams will come into contact with young and / or vulnerable people during the course of the commission.

The NHSScotland Boards and the appointed Survey Partner have responsibilities to ensure the welfare and protection of vulnerable people and to ensure the suitability of individuals who may have access to vulnerable people.

### **5.8.3 Staff Identification**

All survey team members will carry an ID pass with a current passport photograph and these will be made available for checking by the person in charge at each site prior to commencement of the inspection.

The ID pass will be in addition to any visitor passes which may also require to be worn on any of the sites.

### **5.8.4 Security**

On arriving at each property, survey teams will report to the person in charge and obtain any site specific safety briefing and discuss and agree any reasonable operational requests.

Thereafter, the survey teams will work safely, observing and complying with all safety signs and fire safety procedures.

Prior to leaving the site, survey teams will advise the person in charge of their departure.

### **5.8.5 Site Induction / Passports to Work**

Where necessary, survey teams will undertake site inductions and obtain any necessary passports to work to ensure that they are aware of the guidance available on working within wards, etc.

### **5.8.6 Access to Site**

Access to the various properties will be arranged in advance.

It will be necessary for the Survey Teams to liaise with the occupiers of the buildings and departments.

### 5.8.7 Surveying Safely

The Health and Safety at Work etc. Act 1974 places duties on employers, to take reasonable measures to ensure the safety of employees. Employees, in turn, have similar responsibilities to take care of their own safety.

Discharging these responsibilities involves a process of risk assessment in which hazards or events likely to lead to harm are identified and then assessed in terms of the likelihood of the event occurring and the severity of the harm which would result.

Having identified a hazard and assessed the risk involved, working methods will require to be considered and, if necessary, a safe method of work and method statement for the activity documented.

It may be necessary to obtain site specific information e.g. about specific hazards on site. This information should be obtained from the relevant key personnel at each NHS Board.

A generic risk assessment has been prepared and this is included as Appendix 9. Each member of the survey team will be responsible for modifying the assessment for the specific site being inspected and thereafter for complying with the method statement and safe system of work procedure.

Further specific guidance 'Surveying safely: your guide to personal safety at work' is issued by The Royal Institute of Chartered Surveyors and can be found on their website [www.rics.org](http://www.rics.org).

### 5.8.8 Personal Protection Equipment (PPE)

Survey teams must be equipped with appropriate PPE e.g. high visibility vests, etc.

Survey teams should be provided locally with gowns / overalls or other clothing where these are required to access specific parts of buildings.

### 5.8.9 Suspected Asbestos Containing Materials (ACMs)

Where an asbestos management plan is available for the premises, the survey team must refer to this prior to carrying out their inspection.

If during the course of the inspection any additional suspect asbestos materials are identified, these must be included in the property summary with recommendations for further investigation.

### 5.8.10 Arrangement for Inspection of 'Difficult Areas'

Inspections of certain parts of the estate such as Intensive Care Units, Operating Theatres, Neo-natal and Children Wards will be subject to access restrictions.

It will be necessary for the survey teams to liaise with the individual NHSScotland Board representatives to discuss and agree the steps necessary to minimise any potential access problems to these areas.

### 5.8.11 Method Statements

A generic risk assessment has been prepared and is included as Appendix 9.

Each Survey Team member will be responsible for modifying the assessment to meet the specific requirements of each site being inspected and, thereafter, to comply with the method statement and safe system of work procedure.

### 5.8.12 First Aid

All Survey Teams must carry a first aid kit when visiting unoccupied properties.

### 5.8.13 Working Safely

Observe and comply with all safety signs.

Consider other people e.g. do not create a trip hazard.

Practice good housekeeping.

Ensure suitable and sufficient safety equipment and PPE are available.

Use all equipment and PPE properly.

### 5.8.14 Tools and Equipment

All Survey Teams must carry sectional surveyor's ladders.

All Survey Teams must carry mobile telephones to maintain contact.

## 5.9 Quality Assurance Procedures

Quality assurance audits must be carried out at regular intervals to check and review the collected survey data.

The Survey Team coordinators must carry out quality assurance audits at regular intervals to check and review the collected survey data prior to data input stage, post data input stage and prior to transferring to Software Provider. The project director must also carry out additional random checks at data input stage.

As a minimum requirement, quality checks are required at the following stages:

**Table No 5.9: Quality check requirements**

Action	Actioned By
Confirm access arrangements	Access Co-ordinator
Check all data has been collected on completion of inspection	Survey Team Leader
Carry out random checks of data collection sheets	Survey Co-ordinator
Review data collection sheets prior to input and refer any omissions or queries to the Survey Team	Data Input Team
Check data input is complete	Survey Co-ordinator
Verify costing exercise including any rogue items	Costing Co-ordinator
Carry out random checks of costing	Costing Co-ordinator
Check all information is complete prior to passing to Software Supplier	Survey Co-ordinator
Random checks of data prior to submission to Client	Project Director

In the event that any potential or actual failure in performance is identified, the project director must ensure that the details are recorded and that corrective and preventative action is taken.

### **5.9.1 Transport and Accommodation**

Where necessary, the survey coordinators must liaise with the project administrator to ensure that suitable travel arrangements are in place for the conduct of the survey phase of the commission.

To ensure efficient and effective implementation of the survey phase, it is anticipated that it must be more cost effective for overnight accommodation to be arranged for any sites in excess of 1½ hours travel time from the appointed Survey Partner's named base office.

Prior agreement from the client should be obtained before any accommodation is booked if costs are to be reimbursed directly.

### **5.9.2 Progress Report**

The Survey Partner's team lead must provide the client with regular progress reports, each survey coordinator must be responsible for providing weekly progress reports confirming the current status of the inspections of the sites / blocks allocated to them.

### **5.9.3 Progress Verses Programme**

Each of the survey coordinators must be responsible for ensuring that their teams maintain progress on the inspection of the properties allocated to them.

Close co-ordination will be required with the project director and access coordinator to ensure that any changes in the inspection dates of the properties are referred to the client for agreement and to ensure that access can be provided.

## **5.10 Survey Data and Collection**

### **5.10.1 Data Collection**

The proforma data collection sheets have been prepared for each of the six facets.

Copies of the proformas are included as Appendix 10. Note – the legislation and guidance referred to in the proformas should be checked against the relevant toolkit or successor.

Once the data is collected, particular sub-elements should then be risk assessed in accordance with [section 4.4.1](#).

### **5.10.2 Validation**

Due to the nature of the appraisal of the six facets, it is impossible to make the assessments objective, as there is no absolute measure of the correct answer for a site / block in terms of its condition, function or statutory compliance. Consequently, much of the appraisal work will rely on the subjective assessment of the survey team using their professional judgement.

To help improve the objectivity of the assessments, it may be helpful to consider the

following:

- what record information is available (desktop review)?
- what evidence is apparent on the condition / compliance of the elements / sub-elements (on site appraisal)?
- what is the opinion of the users / estates staff (interviews of key personnel)?
- in the case of major issues, is it worth obtaining a further opinion (peer review)?

## 5.11 Data Input

### 5.11.1 Data Input Options

Existing record information and data collected from fresh appraisals can be imported into EAMS by any of the following means:

- direct input into the software portal by the Board;
- importing into the system;
- via an intermediate Excel spreadsheet for uploading by the software provider.

### 5.11.2 Survey Partner Data

On returning to the office, the findings of the survey will be inputted into the relevant Excel spreadsheet (Toolkit). On completion of data input, the populated Toolkit (in draft) will be sent to the Board to be validated. The Board's survey coordinator must be responsible for checking that all of the relevant information for each site / block has been locally verified prior to the Survey Partner submitting for data input.

Once the Board is in agreement, the data should then be forwarded by email to the software provider for importing into EAMS. The software provider will also administer the archiving of existing data as instructed by the Board. The software provider require, approximately, 2 to 3 weeks to import the data into the system.

## 5.12 Data Update Process

It should be noted that as the survey partner data is uploaded by the software provider, all previous data held for the block will be overwritten and archived (so the data can be retrieved if required). It is imperative that the local estates staff are happy that new data set contains all previous backlog, etc. that has not been addressed which will otherwise be lost.

## 6. Documentation

### 6.1 Requirements

As part of the appraisal of the NHS estate, representative photographs in digital format are required for each property.

The number of photographs required for each sub-element, location, block and site will vary according to the size, complexity and condition of the asset. However, every costed item should have a photo (except where duplicates exist).

The minimum requirement for photographs is as follows:

- a photograph of the front or main elevation of each block;
- a photograph that relates to an item of specific remedial or upgrading work against each sub-element.

# 7. Survey Process – Independent GP Premises

## 7.1 Background

All Health Boards must include GP owned premises and premises leased by GPs from private landlords in their PAMS. Health Boards, in conjunction with Health and Social Care Partnerships (HSCPs), must take an active approach to the management of the whole of their GP estate.

Independent GP Premises (GP owned and GP leased premises) should be inspected to assist GPs to manage their premises and to allow Health Boards to manage their primary care estate better. GP premises surveys should include Physical Condition (Building and Engineering) Level 2, and Statutory Compliance. In addition, some further information should be gathered. The suggested approach to carry out surveys of independent GP Surveys is outlined below:

## 7.2 Physical Condition (Building and Engineering) - Level 2

The standard methodology outlined in [section 4.2.1](#) should be followed however the Surveyor should consider how to record GP premises with multiple practices i.e. for example, there can be a number of properties with multiple GP practices within each block. Surveys are to be recorded at practice level where appropriate, and the survey report should therefore be split into “Locations” per block. The “Location” field within the “06. Appraisal Information” Toolkit should be utilised to record names of practices. Where there are common areas within blocks which were utilised by more than one practice - these should be recorded in the “Location” field within the “06. Appraisal Information” Toolkit as “Whole Block”.

In instances where it was not possible to record “Locations” at practice level, if the boundaries are not clear or the information is not provided, the survey data should be recorded at “Whole Block” level.

Where elements and sub elements are applicable to the block as a whole e.g. structure, external fabric, roof, etc; these should be recorded against the “Location” field within the “06. Appraisal Information” Toolkit as “Whole Block”.

## 7.3 Statutory Compliance

While the recommended appraisal level is Level 2, the GP Premises surveys capture more information than is required in a Level 2 survey, but is not as detailed as a Level 3 survey.

The surveys should be carried out using the following methodology:

A visual / physical survey of the statutory compliance elements for each property.

The surveys;

- Combination of on-site visual / physical inspections and where appropriate, interviews with key GP staff to determine if any there is any existing information available;
- On a block by block basis (building). Statutory elements and sub-elements would apply to the building as a whole however, if there are multiple GP practices within a single block and they held information separately, then this should be recorded accordingly on the “06. Appraisal Information” Toolkit utilising the “Location” field;
- Covers all listed elements and sub-elements. Each of the statutory elements and sub elements are to be appraised and assigned a rank (where appropriate) dependent on its compliance as defined in [section 4.2.2](#).

A bespoke set of questions has been prepared specifically for the GP Survey exercise. This highlighted the elements and sub-elements that are expected to be present within a GP premises (See Appendix 11). The elements identified in the bespoke question are to be physically surveyed as an absolute minimum. Any other Statutory Compliance elements which were apparent to the surveyors when undertaking the surveys are to be assessed and recorded on the toolkit as required.

Where a sub-element is assessed as non-compliant, the cost to return the sub-element to be compliant was to be identified and risk assessed. Costs are provided in Appendices 4, 6 and 7. Details on risk assessment criteria are in Appendix 9.

Where a sub-element relates to records e.g. risk assessment / inspection records, if these are not available, then the assumption should be that these assessments have not been carried out. A cost for this to be carried out should be allowed for and risk assessed as appropriate. See Appendices 4, 6 and 7 for standard costs.

**Note:** Where the physical condition results in a breach of statutory or safety requirements, the defects are to be recorded against statutory only, to avoid the risk of double cost counting.

The life cycle item (where appropriate, e.g. installation of additional ventilation) are to be recorded in the Physical Condition with a condition rating of B, and a remaining life equal to the remaining life cycle period. This ensures that the life cycle replacement is included, as this is not required under Statutory Compliance.

- **Equality Act (2010) - Please note: this is not a full access audit; this is a high level visual inspection only.** Where a sub-element is deemed as non-compliant with regards to the Equality Act (2010), a cost is included where remedial works are required to ensure compliance e.g. lift installation, ramp provision, etc. however these may be physically impossible to install due to space limitations, etc. The Surveyor is to ascertain whether an access audit was in place for the property and if not, allow a cost for arranging this.
- **Infection Control - Healthcare Associated Infection (HAI) Level 4 - Please note: A high level HAI audit is to be carried out in Clinical Rooms only.** This should be recorded accordingly at room level on the “06. Appraisal Information” Toolkit utilising the “Location” field.

A photograph is to be taken that relates to an item of specific remedial or upgrading work against each sub-element (where appropriate). Refer to [section 5.4](#) for details

on photograph file type, naming conventions, permissions etc.

All Statutory Compliance survey data is to be recorded on “06. Appraisal Information” Toolkit as required.

## 7.4 Additional Information to be Gathered

- provision of gross internal floor area (GIFA) (m<sup>2</sup>)
- Floor Information:
  - Floor information to be populated in accordance with the toolkit guidance in “04. Floor Information” toolkit. Each floor should be given a Level Number and a Description e.g. Level 0 - Ground Floor.
- Room Information:
  - Provision of net internal area (NIA) (m<sup>2</sup>) for each room – For the purposes of this survey, no small recesses or bespoke projections, etc. are required to be measured and recorded, only the overall approximate area based on primary dimensions. This information is to be recorded on “05. Room Information” toolkit in the “Room Area (m<sup>2</sup>)” field. **Note:** A unique room number is required for each room in the Block and populated on the “05. Room Information” toolkit in the “Room Number” field.

If rooms do not have physical room number on doors, or the information is not available, then the Surveyor is expected to formulate a numbering convention in agreement with the NHS Board and / or GP Premises practice manager.

The Floor Level required to be populated on this toolkit in the “Floor Level” field.

- Provision of the “use” of each room from the following list:

- Clinical - Consultation - Dedicated GP
- Clinical - Consultation - Nurse
- Clinical - Treatment - Phlebotomy
- Clinical - Treatment - Podiatry
- Clinical - Treatment - Physiotherapy
- Clinical - Treatment - AHP
- Clinical - Treatment - Health Visitors / District Nurses
- Clinical - Treatment - Counselling
- Clinical - Treatment - Maternity Services
- Clinical - Treatment - General
- Clinical - Consultation - General purpose
- Administrative - Server rooms / IT
- Administrative - Staff Welfare area
- Administrative - Toilets
- Administrative - Pantry area
- Administrative - Office space
- Administrative - Records
- Public - Reception and Awaiting Room
- Public - Access Toilets

Public - Toilets  
Miscellaneous – General

- Purpose Built GP Premises

Information on the GP property is to be recorded on “03. Block Information” toolkit in relation to:

Is building a purpose built surgery – YES / NO

Is building a converted residential property – YES / NO

## 7.5 Life Cycle Information

Refer to [section 4.11](#).

## 7.6 The Survey Process

The GP Survey process follows [Section 5](#) however there are some differences in terms of arranging access. The following methodology should be used for arranging access to these premises and the survey protocol adopted:

### Access arrangements

**On a rolling programme, 4 weeks before survey** - Survey Partner Access Team Leader is required to write to all in scope GP Properties (or practices where there was multiple occupancy) introducing and confirming:

- Survey Partner details;
- How and when they would arrange access, and;
- Pool of Surveyors likely to undertake survey.

**On a rolling programme, 3 weeks before survey** - Survey Partner Access Team Leader is required to telephone all the in scope GP Properties (or practices where there was multiple occupancy) nearer to the survey date to agree and confirm:

- Survey date(s);
- Surveyor(s) undertaking Survey;
- When they would arrive at GP Properties (or practices where there was multiple occupancy);
- How long the survey was expected to take, and;
- Formally confirm in writing all details above direct with property.

**On a rolling programme, 1 week before survey** - Access Team Leader is required to telephone all in scope GP Properties (or practices where there was multiple occupancy) to reconfirm:

- Survey date(s);
- Surveyor(s) undertaking Survey;

- When they would arrive at GP Properties (or practices where there was multiple occupancy), and;
- How long the survey was expected to take.

If at any stage of attempting to arrange or gain access, is refused / not possible, the Survey Partner is to contact the Survey Partner Project Manager who would thereafter contact the NHS Health Board contact. A list of contacts is to be provided to the appointed Survey Partner.

## 7.7 Survey Protocol

Upon arrival at the site, the Surveyor(s) the protocol detailed below:

- Surveyor(s) arrives on site and makes contact with GP Property Representative. **Note:** There may be more than one practice within a property, therefore access arrangements are required to be made with each practice.
- Surveyor(s) displays all Identification and a Scottish Government authorised laminated letter to GP Property Representative.
- If access refused / not possible, Surveyor(s) makes contact with Survey Partner Project Manager. The Survey Partner Project Manager thereafter should contact the NHS Health Board representative.
- If standard signing-in procedure exists within GP practice, Surveyor(s) to follow standard signing-in procedure upon accessing the GP Property.
- Surveyor(s) undergo GP Property formal induction re survey protocol etc.
- Following permission from GP Property Representative, Surveyor(s) commences survey process.
- Survey Partner follows in-house protocol for surveyors working on site.
- Building Surveyor inspects all GP Property fabric elements.
- Mechanical & Electrical (M&E) Engineer inspects all GP Property M&E elements.
- Statutory elements will be surveyed by appropriate Surveyor(s).
- Surveyor(s) takes photographs as required, following survey protocols as described in the Property Appraisal Manual.
- Surveyor(s) makes contact with GP Property Representative at end of each working day.
- If standard signing-out procedure exists within GP practice, Surveyor(s) must comply with this prior to departing GP Property.
- If Surveyor returns to Property for additional days, Surveyor follows standard access procedures.
- Surveyor(s) makes contact with GP Property Representative at end of Survey.
- Surveyor completes Survey.
- Surveyor(s) formally confirms to Survey Partner Project Manager survey status at end of working day.

## 8. Software Provider Matters

### 8.1 Estates and Asset Management System

#### 8.1.1 Overview

The guidance set out by the NHSScotland Property Appraisal Manual herein and the information contained in the EAMS database is primarily entered and viewed within the ESTATE Manager module. EAMS has three modules which are used by NHSScotland; ESTATE Manager, Estate Terrier and Risk Manager.

Risk Manager, like ESTATE Manager, is mandatory per CEL 11 (2011) and is where Boards must record Fire Risk Assessments for their estate.

Estate Terrier is used to store property transaction information such as title information, leases, missives and planning information. It can also act as a diary reminder for events in relation to transactions.

#### 8.1.2 EAMS Support

HFS provide further information and support for the development of these modules.

Estate and Asset Management System (EAMS)

Provider: 3i Studio

Contact: Charles Barrett, Project Manager

Home Page: <http://eams.3istudio.com/>

#### 8.1.3 Risk Manager

The Fire (Scotland) Act 2005, as amended, and the Fire Safety (Scotland) Regulations 2006 are applicable to all NHSScotland healthcare premises and compliance is based on a fire safety risk assessment regime.

As it was mandatory for all NHSScotland Holding Bodies to use EAMS to hold property and asset management data for all their sites, the Fire & Risk Management module was developed to hold Fire Risk Assessment information in a consistent and available form across all Holding Bodies. Risk Manager must be utilised as the primary means of meeting of fire risk assessment requirements, in the context of strategic and operational management of fire safety matters.

Fire risk assessments are the main function of Risk Manager, with the question sets to be used set out within the module. A secondary function is a link to ESTATE Manager, where an item that is non-compliant can be given a cost and added to backlog maintenance.

The other key function in the module must be used to record data on actual fire safety performance outcomes, such as fire alarm incidents, unwanted fire signals (UFAS), and primary and secondary fire incidents. Again, this is to ensure consistency in the general reporting of fire-related incidents throughout NHSScotland.

### 8.1.4 Estate Terrier

The Estates Terrier module is designed to support Boards by holding property transaction information and title information. The main guidance document covering NHSScotland property transactions is the Property Transaction Handbook and it does not mandate the use of a specific database in holding property information.

The advantage in using Estate Terrier is that all NHSScotland Holding Bodies through the mandated use of the ESTATE Manager module, will be viewing the same basic property site information. As well as property site information, valuation information will be populated in the EAMS database as documented herein ([Section 3.3](#) General information at site level (level two)) and can be viewed both in ESTATE Manager and Estate Terrier.

## 8.2 Capital Planning System

### 8.2.1 Overview

The CPS allows more sophisticated analysis of the core data in EAMS. The CPS uses a measure called the Facility Condition Index (FCI) that puts the backlog costs into context. CPS can be used assess future lifecycle costs and can be used as a planning tool for investment decision making.

### 8.2.2 CPS Support

HFS can provide further information and support on using the CPS.

Provider: VFA Accruent

Contact: Ray Dufresne, Senior Solution Architect

Home Page: <https://facility.vfafacility.com/facility/login.jsp?SiteID=5931&debug>

VFA.facility® is a web-based Capital Planning and Management Software (CPMSTM) system that enables NHSScotland to have a central, easily accessible source of information about property assets. It provides users with the tools to effectively manage, maintain and utilise that information in the creation of capital plans and budget predictions.

## 8.3 SCART

### 8.3.1 Overview

Provider: Storm

Contact: Statutory Compliance Manager (HFS)

Home Page: <http://www.scart.scot.nhs.uk/>

SCART is the web-based risk assessment tool developed by HFS to allow NHS Boards to record and measure their level of compliance and ongoing development against a range of aspects of legal and best practice guidance measures.

The tool itself is based around 39 Estates and Facilities topics, each of these topics

have question sets, which upon answering SCART indicates the risk associated with each answer to that question. Risks identified are amalgamated into action plans to help Boards monitor and manage their position. The action plans also identify costs in relation to those actions identified and allow Boards to prioritise expenditure where necessary to improve compliance.

The use of SCART can help with recording and provide evidence relating to Health Boards' current position with regard to statutory compliance, illustrating the severity of the risk associated with non-compliance, producing action plans to help manage or mitigate non-compliance risks and produce information which can be used to alert the NHS Board to statutory compliance risks and in turn enable them to prioritise tasks or pieces of work depending on the outstanding risk.

The Survey Partner / in-house surveyor should request / refer to all relevant information, including existing statutory data in EAMS and any available SCART Action Plans. In addition, Boards should have a mechanism in place to ensure any EAMS items picked up during the SCART surveys are transferred to EAMS and costed as required.