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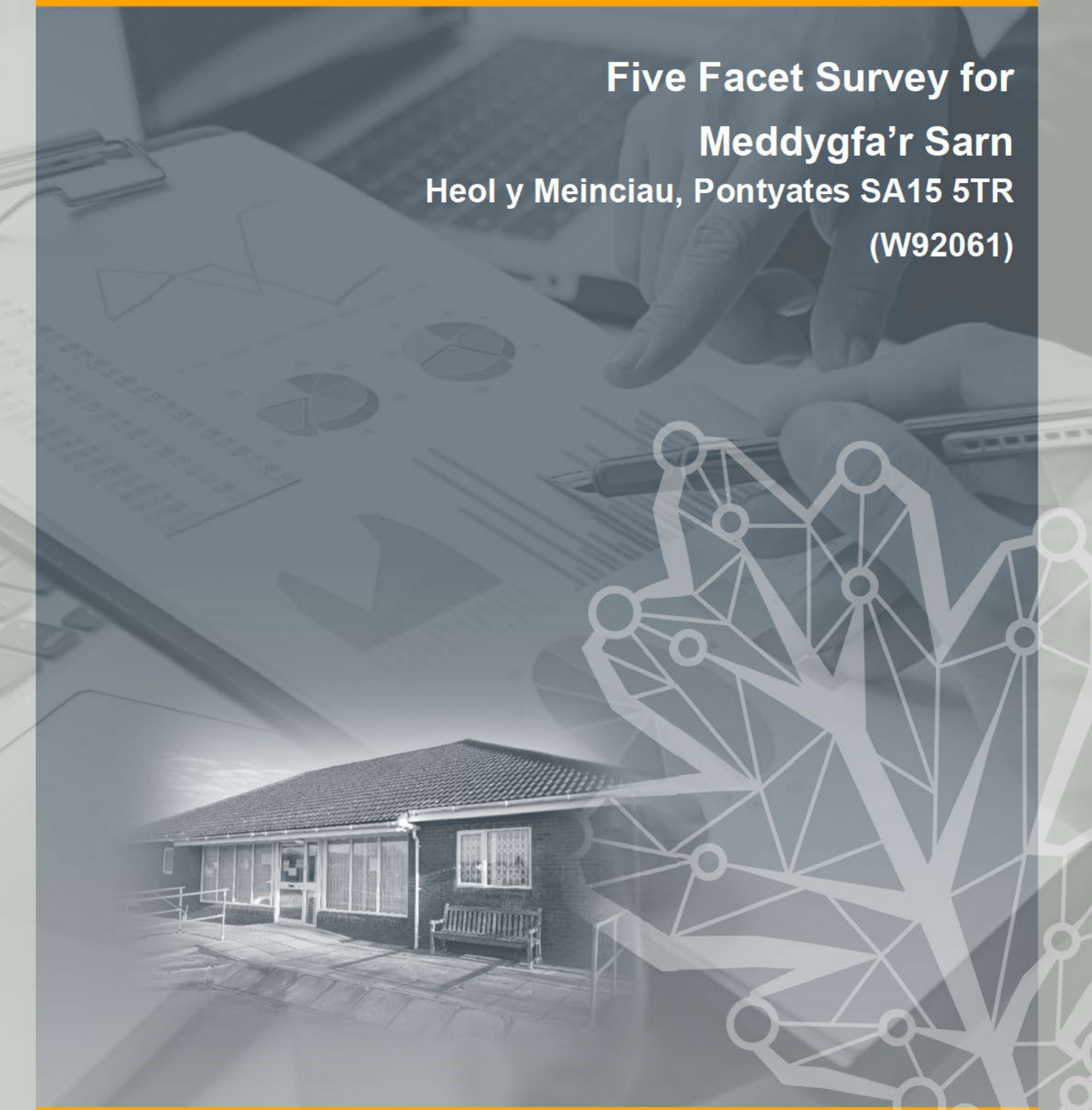
AVISON YOUNG

Five Facet Survey for Meddygfa'r Sarn

Heol y Meinciau, Pontyates SA15 5TR

(W92061)



Report Issued: December 2021

Contents

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Introduction

Oakleaf were commissioned by Hywel Dda University Health Board to carry out a Five Facet Survey at Meddygfa'r Sarn. The surveys undertaken within this study relate to conditions prevailing on site on the 23rd November 2021.

Oakleaf Surveying Ltd specialise in surveying and analysing estates and buildings within the public sector. Our core business is the collection, analysis and reporting of corporate asset information. This information forms the foundation for the compilation of corporate 'Asset Plans', the provision of 'compulsory performance indicators' returns and the economic, effective and efficient management and maintenance of asset portfolios.

The Five Facet survey is the core information required by NHS EstateCODE. This comprises a combination of five separate surveys:

Facet 1 – Physical Condition Survey (inc M&E)

A risk-based survey providing practical information for assessing building stock condition. Covers 23 separate elements.

Facet 2 – Functional Suitability Review

Assesses the appropriateness of the function/facility in relation to the activities taking place in a department or building.

Facet 3 – Space Utilisation Review

Assesses the physical use of the building, identifying low use, empty and overcrowded rooms.

Facet 5 – Statutory Compliance Review

An assessment of statutory requirements necessary to carry out an estate rationalisation review, the elements of this audit carry a mandatory requirement in that Duty Holders have a legal obligation to ensure that their premises are compliant. This audit identifies the extent to which the facilities comply with these statutory regulations.

A review of Statutory Compliance was carried out by Oakleaf whilst on site.

Facet 6 – Environmental Management Review

An assessment of the policies and procedures at the practice relating to the management of Water Consumption, Energy Usage, Waste Control and Procurement (if applicable).

Risk Adjusted Backlog Methodology

(As taken from A Risk-Based Methodology for Establishing and Managing Backlog (2004))

Backlog costs and associated risk rankings should be combined to produce a risk-adjusted backlog figure for comparative purposes and as a driver for the eradication of high-risk sub-elements and buildings with short remaining lives.

Organisations should use the results of the following formula to benchmark progress made towards eliminating backlog risk and to inform investment decisions to ensure occupied healthcare assets are safe and in an acceptable condition. This should be calculated for each building/block.

$$\text{Risk-adjusted backlog (£)} = \frac{\text{Non-critical backlog}}{\text{Remaining life of building/block}} + \text{Safety-critical backlog}$$

Where:

- Non-critical backlog (£) = Total backlog cost relating to low and moderate risk sub-elements for the building/block.
- Remaining life (years) = Remaining life of the building/block
- Safety-critical backlog (£) = Total backlog cost relating to significant and high risk sub-elements for the building/block.

The risk-adjusted backlog formula is based on the premise that the eradication of safety-critical backlog will have a greater impact on the risk-adjusted figure than non-critical backlog (and hence will focus attention on reducing high- and significant-risk sub-elements). Similarly, the higher the remaining life of each building/block, the longer the period in which the lower-risk sub-elements can be addressed and therefore the lower the risk-adjusted backlog figure.

An example of how to calculate risk-adjusted backlog is as follows:

Trust A has two sites (X and Y).

Site X has two buildings (Block 1 and Block 2).

Block 2 has a risk-adjusted backlog figure of:	£85,000
Site Y has a risk-adjusted backlog figure of:	£250,000

Block 1 has the following backlog and remaining life figures:

• Estimated remaining life =	30 years
• Sum of all high risk backlog sub-elements =	£15,000
• Sum of all significant risk backlog sub-elements =	£30,000
• Sum of all moderate risk backlog sub-elements =	£200,000
• Sum of all low risk backlog sub-elements =	£400,000
Total backlog cost =	£645,000

Then:

Risk-adjusted backlog for Block 1:

$$= \frac{(£200,000 + £400,000) + (£15,000 + £30,000)}{30}$$

= £20,000 + £45,000

= £65,000

Total risk-adjusted backlog for site X:

= Block 1 + Block 2

= £65,000 + £85,000

= £150,000

Total risk-adjusted backlog for trust:

= Site X + Site Y

= £150,000 + £250,000

= £400,000

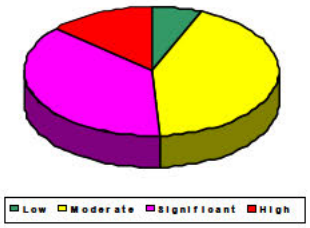
PROPERTY SUMMARY
MEDDYGFA'R SARN

BUILDING REMAINING LIFE: 40 YRS

Facet 1 - Condition

Total Backlog Cost: **£47,550** **Total Budget Cost (10yr):** **£94,750**

Risk Adjusted Backlog	Backlog Costs			
	Low	Moderate	Significant	High
£24,930	£3,000	£20,200	£17,950	£6,400



Facet 2 - Functional Suitability

Building Score: *82 % of elements satisfactory or better*

Note: Based on percent of questions answered (not floor area).

Facet 3 - Space Utilisation

100% spaces/rooms were included

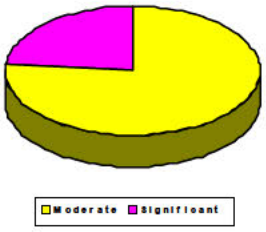
Spaces Under-utilised **0 %**

Facet 5 - Statutory Compliance

Condition: D

Total Backlog Cost **£21,675**

Risk Adjusted Backlog	Backlog Costs			
	Low	Moderate	Significant	High
£5,490	£0	£16,600	£5,075	£0



Facet 6 - Environmental Management

Energy Performance:

Condition: NP

FACET 1 – PHYSICAL CONDITION SURVEY (INC M & E) METHODOLOGY

Each element is given a condition Grade.

A: Good **B**: Satisfactory **C**: Poor **D**: Bad

If the item has a remaining life of less than ten years it is also given a cost to either repair or replace the item.

Each item which has been given a cost has also been given a risk score, the overall risk score is calculated from the 'consequence' and 'likelihood' of failure (see Risk Assessment Matrix below).

Each building has been appraised under the following categories:

BUILDING
A) Physical Structure
B) External Fabric
C) Internal Fabric
D) Roof
F) External Works

MECHANICAL
H) Drainage
I) Heating System
J) Steam System
K) Vent & Air Conditioning
L) Medical Gases
M) Hot/ Cold Water
N) Lifts
O) Medical Systems
P) Lightning Protection

ELECTRICAL
R) Electrical
V) Fire Systems
W) Telecoms & Security
X) Fuel Storage

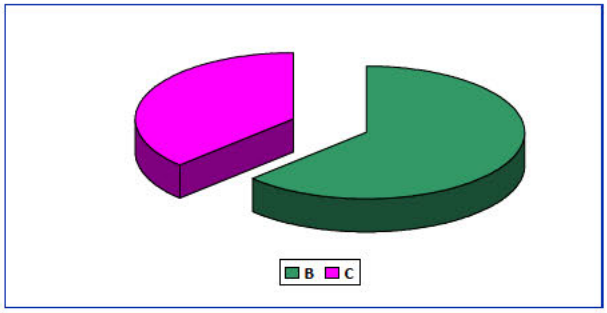
NHS EstateODE Risk Assessment Matrix

SCORE RANGE	RISK RANKING
1–6	LOW
7–10	MODERATE
11–16	SIGNIFICANT
17–25	HIGH

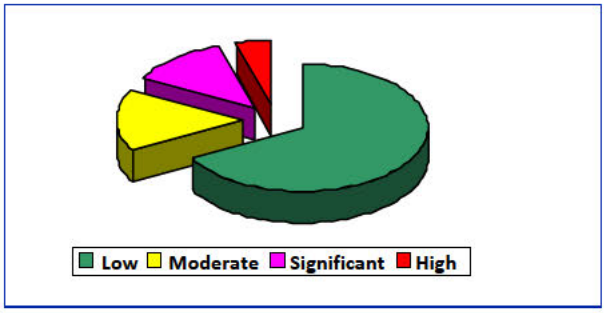
						PROBABILITY OF FAILURE				
					Rating	1	2	3	4	5
					Failure descriptors	RARE	UNLIKELY	POSSIBLE	LIKELY	CERTAIN
						None or minimal remedial action required and/or new/recent upgrade. Estimated time to failure may be circa > 10 yrs	Normal wear and tear. Sound, operationally safe and exhibits only minor deterioration. Estimated time to failure may be circa < 10 yrs	Reasonable physical damage/ deterioration. Reassignment of life may be acceptable based on technical tests or residual robustness. Estimated time to failure may be circa < five yrs	Major physical damage/ deterioration. Failure apparent/ assessed as imminent or unacceptable built environment. Not appropriate to reassign life. Estimated time to failure may be circa < one yr	Failure occurred. Unacceptable built environment. Not appropriate to reassign life. Estimated time to failure may be circa < six months
	SEVERITY		Health & safety	Environment	Business	Operational/ building/ engineering element	**Fire/statutory** Complies with mandatory fire safety requirements and statutory safety legislation.	**Fire/statutory** Complies with mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature	**Fire/statutory** Known contravention of one or more requirements – which falls short of "B".	**Fire/statutory** Dangerously below "B"	**Fire/statutory** Dangerously below "B"
POTENTIAL CONSEQUENCES	Rating	Descriptor									
	1	INSIGNIFICANT	No injury/breach of guidance/ procedures	No or minimal impact breach of guidance/ procedures.	Unlikely cause of complaint. Litigation remote. Minimal reputation loss/ limited awareness within organisation.	Minimal or no impact. Minimal or no disruption.	1	2	3	4	5
	2	MINOR	Minor injury/ill health (first aid or self-treatment). Breach of legal requirement.	Breach of legal requirement.	Possible complaint. Litigation unlikely. Loss of reputation (widespread internal awareness).	Localised impact. Disruption to normal services.	2	4	6	8	10
	3	MODERATE	Moderate injury/ill health statutory obligations. Improvement notice issued.	Single breach of legal requirement. Improvement notice issued.	Possible complaint. Possible litigation. Loss of reputation. National paper reporting.	Moderate impact. Moderate disruption to normal services.	3	6	9	12	15
	4	MAJOR	Major/significant injury or long-term incapacity/disablement. Prohibition notice issued.	Multiple breach of legal requirement. Prohibition notice issued.	Litigation expected. Loss of reputation National reporting.	Major/significant impact. Severe disruption to normal services.	4	8	12	16	20
	5	CATASTROPHIC	Fatality and/or permanent incapacity/ disability. Prosecution.	Multiple breach of legal requirement. Prosecution.	Litigation certain. National adverse publicity.	Critical impact. Service closure.	5	10	15	20	25

FACET 1 - CONDITION SURVEY SITE SUMMARY
W92061 - MEDDYGFAR SARN

Breakdown of Condition Grades



Total Cost by Risk



Backlog Maintenance Works

Total remedial work required for the BUILDING and M&E Elements. These figures are exclusive of Prelims, Profit, Contingency, Fees, Expenses and VAT and have not been adjusted for regional variance.

Building	£39,800
M&E	£7,750
Backlog Total Cost	£47,550

Budget for Future Maintenance Works

Total remedial work likely to be required within a 10 year period for the BUILDING and M&E Elements. These figures are exclusive of Prelims, Profit, Contingency, Fees, Expenses and VAT and have not been adjusted for regional variance.

Building	£78,300
M&E	£16,450
Budget Total Cost	£94,750

Combined Total Costs	**£142,300**
Risk Adjusted Backlog	**£24,930**

Breakdown by Risk

Note:- Costs are based on a combination of: BCIS Dilapidations Guide 2019, BCIS Minor Works 2019 and SPONS Architects and Builders Price Book 2019.

		Low	Moderate	Significant	High	Risk Adjusted
Building	Backlog	£3,000	£20,200	£10,200	£6,400	£17,180
	Budget	£78,300	£0	£0	£0	£1,958
M&E	Backlog	£0	£0	£7,750	£0	£7,750
	Budget	£13,900	£2,550	£0	£0	£411
Total	**Backlog**	£3,000	£20,200	£17,950	£6,400	£24,930
	Budget	£92,200	£2,550	£0	£0	£2,369
		£95,200	£22,750	£17,950	£6,400	£27,299

FACET 1 - LIST OF HIGH AND SIGNIFICANT RISK ITEMS

C - Building - Internal Fabric

Carpet to the Offices: Requires replacement with contract quality carpet. Cost allows for like for like replacement of the existing floor finish.

Cost: £4,000

Significant Risk

Vinyl sheet floor to the Treatment Room: Requires replacement. Cost allows for like for like replacement of the existing floor finish.

Cost: £3,000

Significant Risk

F - Building - External Works

Concrete steps to the rear: Require replacement. Cost allows for replacement.

Cost: £3,200

Significant Risk

Concrete paving slabs: Are damaged and uneven. Cost allows for replacement.

Cost: £6,400

High Risk

I - Engineering - Heating Systems

Grundfos pump to the Boiler Room requires replacement. Cost allows for replacement.

Cost: £450

Significant Risk

Ideal gas boiler to the Boiler Room is lifecycle expired. Cost allows for replacement.

Cost: £4,000

Significant Risk

V - Engineering - Fire Systems

Smoke head detectors require replacement. Cost allows for replacement.

Cost: £2,100

Significant Risk

Heat detectors require replacement. Cost allows for replacement.

Cost: £300

Significant Risk

Call points require replacement. Cost allows for replacement.

Cost: £300

Significant Risk

Sounders require replacement. Cost allows for replacement.

Cost: £600

Significant Risk

FACET 1 - CONDITION SURVEY DETAIL REPORT

Section: 1 - Building

00 - Additional Elements

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Equality Act Compliance	NA	0	0	0	0	2021	£0	Does the practice comply with the Equality Act, including suitable and sufficient parking facilities? No. Please refer to Access Audit for further details.
02 - Adaptability of Layout	NA	0	0	0	0	2021	£0	Is adaptability of layout available to suit social distancing requirements in the event of a pandemic? Some adaption possible.
03 - Review of LDP Plans	NA	0	0	0	0	2021	£0	Following review of LDP plans, are there any issues which may affect the practice in future? Yes. It is understood there is a large hosing development proposed.
04 - Teaching Practice	NA	0	0	0	0	2021	£0	Is the practice a teaching practice? Yes, this is a teaching practice.

A - Building - Physical Structure

Location: *External Site & Grounds*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
05 - Sheds	C	0	1	5	5	2021	£2,000	Timber shed: Requires replacement. Cost allows for replacement.

B1 - Building - External Fabric

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Masonry	B	50	0	0	0	2071	£0	Brick - cavity wall: In reasonable condition. No works likely to be required.
05 - Doors	B	14	0	0	0	2035	£0	Aluminium doors: In reasonable condition. No works likely to be required.

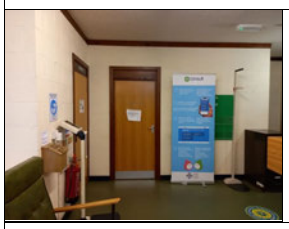
B2 - Building - External Fabric

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Windows	B	14	0	0	0	2035	£0	PVCu windows: In reasonable condition. No works likely to be required.

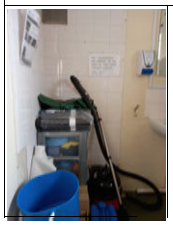
C - Building - Internal Fabric

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Decorations	B	3	1	3	3	2024	£4,000	Redecoration is required as part of a regular maintenance schedule. Cost allows for two coats of emulsion and includes gloss work.
								
02 - Ceiling	B	15	0	0	0	2036	£0	Textured coated ceiling: In reasonable condition. No works likely to be required.
03 - Floor	C	0	3	5	15	2021	£4,000	Carpet to the Offices: Requires replacement with contract quality carpet. Cost allows for like for like replacement of the existing floor finish.
								
03 - Floor	C	0	3	5	15	2021	£3,000	Vinyl sheet floor to the Treatment Room: Requires replacement. Cost allows for like for like replacement of the existing floor finish.
								
03 - Floor	B	3	2	3	6	2024	£26,000	Vinyl sheet floor: Requires replacement within the maintenance schedule. Cost allows for like for like replacement of the existing floor finish.
								
04 - Condition of Internal Walls	B	15	0	0	0	2036	£0	Wall tiles: In reasonable condition. No works likely to be required.

C - Building - Internal Fabric

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
05 - Fixed Units	C	0	2	5	10	2021	£5,000	Sinks: Require replacement. Cost allows to upgrade conforming to modern standards.
								
05 - Fixed Units	C	0	2	5	10	2021	£200	Base units and sink to the Treatment Room: Require replacement of the handles. Cost allows to replace the handles.
								
05 - Fixed Units	C	0	2	5	10	2021	£5,000	Kitchen units to the Kitchen: Are damaged. Cost allows to upgrade conforming to modern standards.
								
05 - Fixed Units	B	10	2	1	2	2031	£30,000	Reception desk: In reasonable condition, but likely to require replacement within the extended maintenance period. Cost allows to upgrade conforming to modern standards.
06 - Sanitary Fittings	C	0	2	5	10	2021	£10,000	WC / basin to the Accessible / Patient WC: Require replacement. Cost allows to upgrade conforming to modern standards.
								
06 - Sanitary Fittings	C	0	1	5	5	2021	£1,000	Staff WC: Damaged noted from the shower. Cost allows for removal of the shower.
								

C - Building - Internal Fabric

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
07 - Internal Doors	B	15	0	0	0	2036	£0	Timber veneer internal doors: In reasonable condition. No works likely to be required.

D - Building - Roof - Pitched

Location: *Roof*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Covering	B	14	0	0	0	2035	£0	Concrete tiled covering: In reasonable condition. Cost allows for replacement.
04 - Fascias/ Soffits/Bargeboards	B	14	0	0	0	2035	£0	PVCu fascia / soffit: In reasonable condition. No works likely to be required.
08 - Guttering	B	6	2	2	4	2027	£2,400	PVCu rainwater goods: In reasonable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

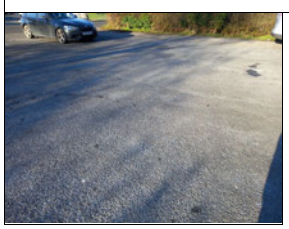
09 - Down Rainwater pipes	B	6	2	2	4	2027	£1,200	PVCu rainwater goods: In reasonable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

F - Building - External Works

Location: *External Site & Grounds*

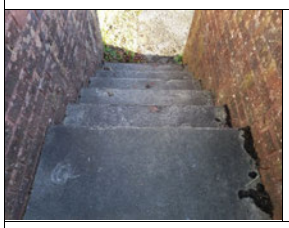
	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
06 - Roads	B	8	2	2	4	2029	£2,800	Tarmac road: In reasonable condition, but likely to require resurfacing within the extended maintenance period. Cost allows for resurfacing.

07 - Car Parks	B	8	2	2	4	2029	£9,500	Tarmac car parks: In reasonable condition, but likely to require resurfacing within the extended maintenance period. Cost allows for resurfacing.



F - Building - External Works

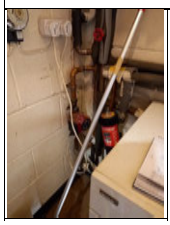
Location: *External Site & Grounds*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
08 - Paths	C	0	4	5	20	2021	£6,400	Concrete paving slabs: Are damaged and uneven. Cost allows for replacement.
								
11 - Steps/Ramps	C	0	3	5	15	2021	£3,200	Concrete steps to the rear: Require replacement. Cost allows for replacement.
								
12 - Miscellaneous	B	8	2	2	4	2029	£2,400	Galvanised tube handrail: In reasonable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.
								

Section: 2 - Engineering

I - Engineering - Heating Systems

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Heat Emitters	B	15	0	0	0	2036	£0	Steel panel radiators in serviceable condition. No works likely to be required.
02 - Heating Boilers	C	0	3	5	15	2021	£4,000	Ideal gas boiler to the Boiler Room is lifecycle expired. Cost allows for replacement.
								
04 - Pumps	C	0	3	5	15	2021	£450	Grundfos pump to the Boiler Room requires replacement. Cost allows for replacement.
								

M - Engineering - Hot/Cold Water

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Local Water Heaters	B	6	2	2	4	2027	£1,200	Redring water heaters in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.
01 - Local Water Heaters	B	8	2	2	4	2029	£1,500	Triton water heaters in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

R - Engineering - Electrical

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
04 - Lighting Installation	B	6	2	2	4	2027	£7,800	T5 strip lighting in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.
04 - Lighting Installation	B	15	0	0	0	2036	£0	Pendant lights in serviceable condition, but likely to require replacement within the maintenance schedule. No works likely to be required.
04 - Lighting Installation	B	15	0	0	0	2036	£0	LED ceiling lights in serviceable condition. No works likely to be required.

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
03 - Distribution Boards	B	20	0	0	0	2041	£0	Single phase 20 way distribution board in serviceable condition. No works likely to be required.
04 - Lighting Installation	B	6	2	2	4	2027	£800	LED flood lights in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.
04 - Lighting Installation	B	6	2	2	4	2027	£600	Circular fluorescent lights in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

R - Engineering - Electrical

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
05 - Emergency Lighting	B	8	4	2	8	2029	£2,550	Emergency lights in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

V - Engineering - Fire Systems

Location: *00 - Ground Floor*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
04 - Fire Main/Zone Panel	B	10	4	1	4	2031	£2,000	Fire alarm main panel in serviceable condition, but likely to require replacement within the extended maintenance period. Cost allows for replacement.

Location: *Whole Block*

	Cond.	Rem Life	Consqn	Likehd	Risk	Year	Cost to B	Notes
01 - Sounders	C	0	3	5	15	2021	£600	Sounders require replacement. Cost allows for replacement.
02 - Call Points	C	0	3	5	15	2021	£300	Call points require replacement. Cost allows for replacement.
03 - Fire Detection	C	0	3	5	15	2021	£2,100	Smoke head detectors require replacement. Cost allows for replacement.
03 - Fire Detection	C	0	3	5	15	2021	£300	Heat detectors require replacement. Cost allows for replacement.

Block Total: ***£142,300***

FACET 2 – FUNCTIONAL SUITABILITY REVIEW METHODOLOGY

The Functional Suitability of a property is not necessarily dependent on the quality of the accommodation provided. It is more to do with the appropriateness of the facility to the activities taking place within it.

The scoring used has been produced by a combination of interview with a building occupant/premises manager and the skill and experience of the auditor, in guidance and explanation of the questions with this staff member. It is of course an opinion, and should not be taken on face value only. Extremes of scoring should be viewed as indicative of a problem, or excellence, and the audit taken in context with other factors.

Functional Suitability Survey Methodology

This audit comprises the following Functional Suitability questions:

Internal Space Relationships
A1) Internal Function Relationships: Are key functional relationships suitably placed? Are the walking distances satisfactory between all functions e.g. Waiting Rooms near Consulting Rooms etc.

A2) Security: Is there adequate security for the premises? e.g. doors easily controlled, observed, adequate lockup areas for drugs, equipment etc. Protected escape at reception counter if applicable.

A3) Separation of Male/Female Facilities: Is there adequate separation of the male and female facilities? e.g. Changing, Locker Rooms, Showers and WC facilities.

Support Facilities
B1) Provision of Accommodation: Is there a good balance of the type of rooms/facilities for the function? Size of rooms, type of rooms/areas, sufficient WCs, Changing, Rest Rooms and Sluice Rooms.

B2) Quality Assurance:
A) How does the accommodation provide a suitable environment to deliver a quality service at present?
B) Future service changes or capacity issues may affect the above answer for better or worse.

B3) Disabled Facility: Is there suitable provision for disabled persons? This will include visitors and the physically, visually and aurally disabled.

B4) Storage Facility
Is there adequate storage capacity?

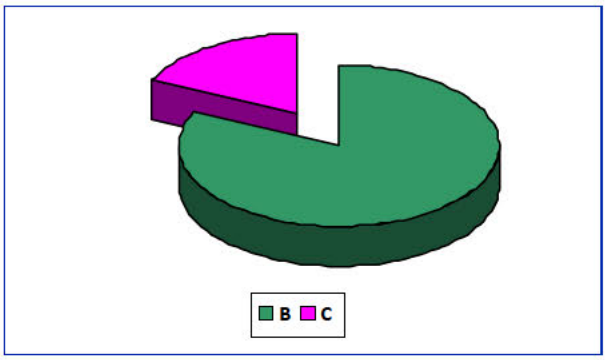
Location
C1) Location of Premises: Are the premises suitably located i.e. easy to reach, near public transport and the position within the catchment area?

C2) Access: Is the premises easily negotiated by staff/public? i.e. signage, easy to move around through corridors, stairs and doorways.

C3) Associated Car Parking Satisfactory: For staff, clients, patients and visitors.

FACET 2 - FUNCTIONAL SUITABILITY SUMMARY

Element Scores by Grade



The Gradings

- A - Very satisfactory, no change needed
- B - Satisfactory, minor change needed
- C - Not satisfactory, major change needed
- D - Unacceptable in its present condition

Comparison of Elements Audited

= *below Benchmark*

Element	Score	Conclusion
Critical Dimensions	B	Acceptable
Access to Premises	B	Acceptable
Premises easily negotiated	B	Acceptable
Suitable Location	B	Acceptable
Associated Car Parking	B	Acceptable
Provision of Accommodation	B	Acceptable
Seating and Waiting	B	Acceptable
Separation of Male/Female Facilities	B	Acceptable
Storage Facilities	B	Acceptable
Security of Premises	C	Improvement req'd
There is no lighting to the staff car park. No CCTV.		
Disabled Facilities	C	Improvement req'd
See Access Audit.		

FACET 3 – SPACE UTILISATION REVIEW METHODOLOGY

A Space Review has been carried out which included both site visitation and brief interviews with informed staff, usually the senior manager at the premises.

Space - General
Spare Capacity has been quantified in a clear and concise format which will enable ready identification of its availability.

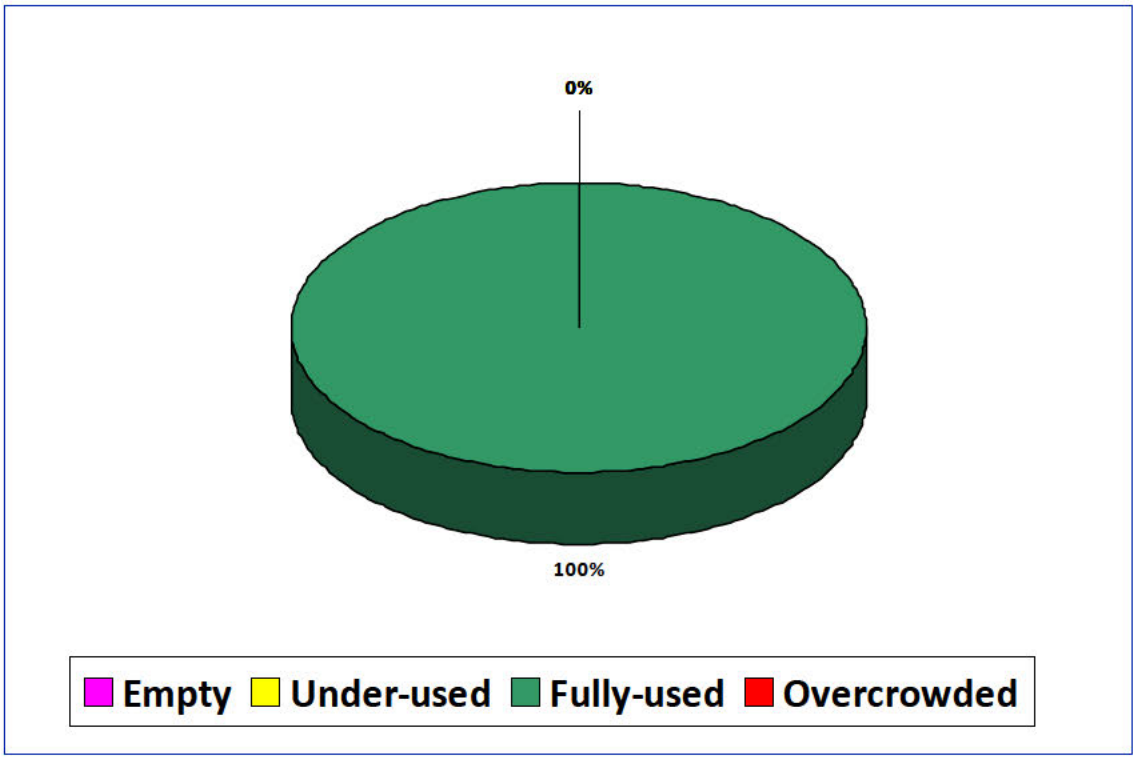
The review identifies:

E = Empty
U = Under-Capacity
F = Fully Used
O = Over-Capacity

Using the Information
It is important that the Space-Use information is not viewed simply in isolation. Excess Spare Capacity represents revenue money which is being wasted. Careful consideration of the nature of the job function may suggest opportunities for improved utilization.

FACET 3 - SPACE UTILISATION SUMMARY
001 - MAIN BUILDING

Overall Space Use as %



General Overview

- Blocks surveyed: 1
- 100% of spaces/rooms were included
- Fully-used Rooms: 100%
- Overcrowded Rooms: 0%
- Under-used Rooms: 0%
- Empty Rooms: 0%

Comments

- Both clinical and non-clinical areas are fully used.

FACET 5 – STATUTORY COMPLIANCE REVIEW METHODOLOGY

Oakleaf's responsibilities as an auditor have been limited to auditing the following:

- Legionella Risk Assessments are valid and suitable, Lab testing and Log books are complete.
- DDA Accessibility Audits are valid and suitable.
- Asbestos Surveys, Register, policies and procedures are in place.
- Fire Safety – Fire Risk Assessment is suitable and current.
- Aspects of the Health and Safety at work act covering:

    - Safety Glazing.
    - Safety of floors and traffic routes.
    - The risk of falling and risks from falling objects.
    - Adequacy of lighting.
    - Gas Safety.
    - Safety of lifts and hoists.
    - Compliance with COSHH.
    - Plant room safety.
    - Electrical Safety.

The audit has been carried out by conducting a series of interviews and visual inspections on site.

This took the form of questions/answers and a walk around the premises, based on the pro-forma survey sheets used by Oakleaf.

The reporting of the results therefore takes into consideration all of the aspects involved in a full survey.

Oakleaf have developed specific pro-formas that relate to each aspect of the regulations. This approach ensures that every aspect of the regulations is covered for each area visited.

This audit comprises: Statutory Requirements (Inc COSHH, and Health & Safety at Work Act).

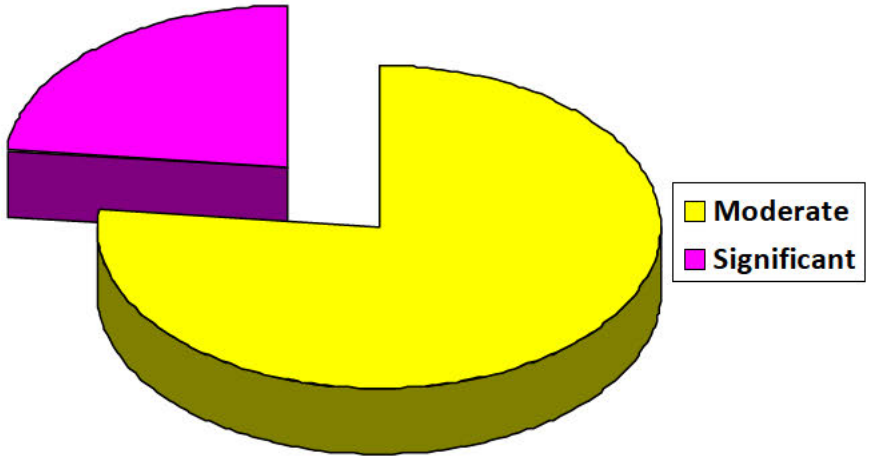
Each Practice has been given a score for Statutory Compliance. These are added together to give an overall score and associated grade.

A - A building which complies with all statutory requirements and relevant guidance.
B - A building where action will be needed in the current plan period to comply with relevant guidance and statutory requirements.
C - A building which falls short of B.
D - Areas which are dangerously below B standard.

FACET 5 - STATUTORY COMPLIANCE SUMMARY
001 - MAIN BUILDING

Overall Risk Grade: D	Total Cost: £21,675
This block scores an overall risk grade of D because it has items classed as High Risk.	

Total Risk Score by Cost



Costs by Risk

Low	Moderate	Significant	High
£0	£16,600	£5,075	£0

FACET 5 - LIST OF HIGH RISK ITEMS
001 - MAIN BUILDING

01 Presence of Asbestos

1.05 Is a knowledgeable person available on each site who can explain the contents of the register and its implications?

Cost: No Cost

There are no individuals at this site trained in the understanding of the Asbestos Survey and its associated documentation. It is recommended that a staff member be trained to have an understanding of the contents of the Asbestos Survey.

FACET 5 - DETAIL REPORT
001 - MAIN BUILDING

01 Presence of Asbestos

Criteria	Comments	
1.01 Has an exhaustive and fully comprehensive Asbestos Survey been carried out by a competent person (Management Survey) or can it be proved that no ACMs were used in the construction of the building and has a Materials Risk Assessment been produced?	*A fully comprehensive Asbestos Survey has been carried out.*	✓
1.02 Has the client completed its Priority Risk Assessment?	*A Priority Risk Assessment has been undertaken using the information contained within the Asbestos Survey.*	✓
1.03 Has the client got a management plan and procedures for managing the known incidents of ACMs?	*There is an identified management action plan or procedures for managing the Asbestos Containing Materials (ACMs) identified in the Asbestos Survey.*	✓
1.04 Is a comprehensive Asbestos Register made available at each building (not just the Materials Risk Assessment)?	*The Asbestos Register is suitably located to the building surveyed.*	✓
1.05 Is a knowledgeable person available on each site who can explain the contents of the register and its implications?	*There are no individuals at this site trained in the understanding of the Asbestos Survey and its associated documentation. It is recommended that a staff member be trained to have an understanding of the contents of the Asbestos Survey.*	Cost: No Cost **High Risk**
1.06 Are procedures actually implemented and regularly reviewed?	*Suitable procedures have been implemented to manage the known Asbestos Containing Materials (ACMs) and are fully documented.*	✓

01 Presence of Asbestos (cont.)

Criteria	Comments	
1.07 Are annual re-check surveys undertaken (as a minimum) if there are known ACMs on site? Is this new information incorporated in the Asbestos Register and re-issued with the old information being archived?	*The condition of known Asbestos Containing Materials (ACMs) is not assessed on an annual basis. It is recommended that a competent individual be tasked with assessing the condition of Asbestos Containing Materials (ACMs) and documenting the findings, at least on an annual basis. Cost allows for re-inspection of known ACMs. No re-inspection since the original survey undertaken.*	Cost: £250 **Significant Risk**
1.08 Is regular asbestos awareness training given to all relevant personnel and is this recorded in a permanent record?	*It is recommended that regular Asbestos awareness training is given to all relevant personnel and recorded in a permanent record. This is only required should Asbestos Containing Materials (ACMs) be identified in the Asbestos Survey. 1No. required.*	Cost: £75 **Significant Risk**

02 Adequacy of Lighting

Criteria	Comments	
2.01 Does visual observation indicate that lighting levels are adequate for safe working and movement?	*Light levels are appropriate throughout the site.*	✓

03 Falls & Falling Objects

Criteria	Comments	
3.05 Is any person likely to be struck by a falling object (from building/poorly stacked or stored items etc)?	*No items of risk were noted during the survey visit. The Practice should however continue to monitor items of risks such as loose roof tiles, items stacked at high level, loose floor finishes and manage in line with Health & Safety Policies.*	✓

05 Safety Glazing

Criteria	Comments	
5.01 Has a Glazing Audit been carried out on the premises and is glazing marked in accordance?	*It is recommended that a Glazing Audit be carried out to determine risks relating to glass installed. This identifies the suitability of existing precautions, where glazing is of high risk and any remedial actions that may be required.*	Cost: £1,000 **Significant Risk**

07 Floors and Traffic Routes

Criteria	Comments	
7.01 Are floor finishes sound and free from wear and tear?	*The building condition survey has identified areas of flooring that are unsafe and require replacing to reduce the risk of tripping. Some of the vinyl floor welds have failed. Infection control risk. See Condition Facet for details and cost.*	Cost: £0 **Significant Risk**

11 Compliance with COSHH Regulations

Criteria	Comments	
11.01 Do you have a COSHH policy document that identifies precautions in your health and safety plan?	*No COSHH policy has been provided to identify precautions to the health and safety plan.*	Cost: £1,500 **Moderate Risk**

11 Compliance with COSHH Regulations (cont.)

Criteria	Comments	
11.02 Are COSHH risk assessments current and available?	*No COSHH risk assessments have been undertaken.*	Cost: £500 **Moderate Risk**
11.03 Has someone been given responsibility for COSHH compliance?	*No suitable person has been given responsibility for COSHH compliance.*	Cost: No Cost **Moderate Risk**
11.04 Are arrangements in place to ensure that no work is undertaken that may involve exposure to hazardous substances prior to COSHH assessment/training being completed?	*No arrangements are in place to ensure that no work is undertaken that may involve exposure to hazardous substances prior to COSHH assessment/training being completed.*	Cost: £1,500 **Significant Risk**

12 Compliance with Equalities Act 2010

Criteria	Comments	
12.01 Has all necessary remedial work been carried out in order to comply with the Equalities Act 2010?	*An Access Audit has been carried out by Oakleaf. Cost allows for remedial works, as detailed in the separate Access Audit.*	Cost: £14,600 **Moderate Risk**
12.02 Are staff given disability discrimination training and are they aware how to spot 'hidden disabilities'?	*Further to the Access Audit staff have been trained in Disability Awareness.*	✓

15 Hot Water Outlets

Criteria	Comments	
15.01 Are mixer taps installed to "risk" areas (see HGN '"Safe" hot water and surface temperatures' for advice on provision of thermostatic mixing valves for hot water outlets) and are they maintained? (If No, quantity required)	*Install thermostatic mixing valves to hot water services in all clinical areas. 1No. required.*	Cost: £200 **Significant Risk**

15 Hot Water Outlets (cont.)

Criteria	Comments	
15.02 If not are "Danger Hot Water" signs posted"? Do you have a policy?	*Install 'Danger Hot Water' signs to all areas with hot water services that do not have a thermostatic mixing valve fitted.*	Cost: £50 **Significant Risk**

16 Surface temperatures of heating devices

Criteria	Comments	
16.01 Are low surface temperature radiators or radiator guards installed and is pipework boxed in?	*Heat emitters and associated hot water pipe work were found to be missing covers or guards to protect individuals from burning. Suitable low surface temperature (LST) covers should be installed to all public areas. Approximately 8No. required.*	Cost: £2,000 **Significant Risk**

17 Electrical Safety

Criteria	Comments	
17.01 Is regular testing carried out on portable appliances?	*Portable Appliance Testing (PAT) has been carried out and is rechecked on an annual basis. This will ensure that any new or imported electrical items are safe for usage by staff and members of the public.*	✓
17.02 Are 5 year periodic testing checks (or such a test period as has been risk assessed) carried out?	*To ensure that all electrical installations are fit and safe for usage 5 yearly periodic checks are carried out by a suitably qualified Electrical Engineer.*	✓
17.03 Are appropriate safety notices installed?	*Safety notices are installed to electrical switch rooms and other high risk areas.*	✓
17.04 Are Control and Electric panels locked?	*Control and Electrical panels were found to be suitably locked at the time of survey.*	✓

18 Cold Water Storage/ Hot Water Storage/ Legionella

Criteria	Comments	
18.01 Has a Legionella Risk Assessment been carried out?	*A Legionella Risk Assessment has been carried out identifying all potential risks relating to the water systems within the building. Risks relate to water storage (tanks etc) and areas where water is unintentionally heated (unlagged heating pipes).*	✓
18.02 Is a log book available?	*A Legionella Log Book is provided on site.*	✓
18.03 Is maintenance carried out?	*Suitable maintenance of water systems is carried out.*	✓

19 Ventilation Standards/ Air Quality Indicators

Criteria	Comments	
19.01 Are adequate means of ventilation provided?	*Adequate means of ventilation is provided at the premises.*	✓

21 Fire

Criteria	Comments	
21.01 Has a Fire Risk Assessment been carried out?	*A Fire Risk Assessment has been carried out and this should identify all risks contained within the building and any compensating measures required to ensure the safety of all building users in the event of fire.*	✓
21.02 Have steps been taken to reduce the risk of fire as detailed in the Fire Risk Assessment?	*The findings of the Fire Risk Assessment have been implemented.*	✓

FACET 6 – ENVIRONMENTAL MANAGEMENT REVIEW METHODOLOGY

For all elements the Auditor has formed an opinion and ranked each item of the element in accordance with EstateCODE comparing the element to latest codes of practice. It should be noted that a BREEAM Assessment has **not** been carried out at this premises.

The average overall condition of each element is estimated to be in one of four categories as below: -

A = Very satisfactory, no change needed.
B = Satisfactory, minor change needed.
C = Not satisfactory, change needed.
D = Unacceptable.

A – Energy Efficiency
The energy efficiency survey will utilise AutoCAD drawings available for each building. Should these not be available then no survey will be carried out for that building.

Energy bills will be provided by the Client or a DEC rating for each building will be collected whilst on site, and the annual consumption will be calculated. These will then be converted to GJ and the building volume will be calculated and ranked on the following usage per unit volume:

GJ per 100 cubic metres	
Condition A	35-55
Condition B	56-65
Condition C	66-75
Condition D	76-100
Condition DX	100 +

B – Water Consumption
Using the available strategic information the Auditor will complete the proforma, which gives a score ranking the element in accordance with EstateCODE.

C – Waste Management
Using the available strategic information and policy documents, waste contracts and bills, the Auditor will complete the proforma, which will give a score ranking the element in accordance with EstateCODE.

D – Transport Management
Using the available strategic information and policy documents, vehicle contracts and bills the Auditor will complete the proforma; this gives a score ranking the element in accordance with EstateCODE.

A = Very satisfactory, no change needed.
B = Satisfactory, minor change needed.
C = Not satisfactory, change needed.
D = Unacceptable.

For all elements the Auditor has formed an opinion and ranked each item of the element in accordance with EstateCODE comparing the element to latest codes of practice.

FACET 6 - ENVIRONMENTAL MANAGEMENT SUMMARY
001 - MAIN BUILDING

Procurement

■ The Procurement Strategy is considered appropriate for the site.	**Cat: B**

Energy Performance

■ Energy data not provided to create an accurate energy rating. 12 months energy bills data is required to calculate an accurate energy rating. No EPC for this site.	**Cat: NP**

Water Consumption

■ No water consumption policy was available.	**Cat: C**

Waste Management

■ There is a responsible person for waste management at the site.	**Cat: B**

Transport Management

■ No transport management strategy was available.	**Cat: C**

APPENDIX 1 - EXCLUSIONS

Structure

The Condition Survey is **not** intended as a full structural survey. No load tests or assessment of the actual loadings have been made. No investigations have been made to ascertain the type or condition of the foundations or that no high alumina cement concrete or calcium chloride additive was used in the construction, unless specifically noted.

The Survey takes the form of a visual inspection only. Parts of the structure which were concealed, covered up or made inaccessible in the course of construction have not been opened up as part of this survey and we are unable to report that these parts are free from rot, decay or other defects.

We have not carried out tests in respect of asbestos based products, or other deleterious material therefore no assurance can be given as to the presence or otherwise.

No investigations, analysis of strata or subsoils or exposure of foundations to the main structure were undertaken as part of this survey, therefore we are unable to confirm the depth, condition or stability of the foundations or subsoils.

Rainwater Goods and Roof Clearance

All rainwater goods / gutters / outlets / hopper heads / discharge shoes etc, should be cleaned out on a minimum yearly basis. This will ensure rapid and efficient collection and dispersal of rainwater from the building envelope, to minimise damage by rainwater ingress.

This report assumes that appropriate levels of gutter, roof and rainwater goods clearance is carried out.

Fire Precautions

The survey has **not** considered the resistance of the building to fire, the operation and adequacy of extinguishers, the adequacy of means of escape or of the fire precautionary or alarm systems. The survey has not inspected or considered fire compartmentation of the building(s) and the requirements of the Fire Risk Assessment as required under the Regulatory Reform Order 2005, as these are items dealt with by others and fall outside the scope of our report.

Electrical

THIS INSPECTION DOES NOT REPLACE THE NEED TO CARRY OUT ALL STATUTORY TESTS REQUIRED TO MEET BUILDING AND USAGE COMPLIANCE.

The electrical services to the building/s identified within this report have been visually inspected only, i.e. no covers have been removed, nor has any circuit testing been carried out. This visual inspection does not replace the need for a full electrical periodic test and inspection, which should be carried out to comply with, and to the relevant time frequency identified within the relevant British Standard and/or HSE requirement.

Fire alarms, emergency lighting, lifts etc. to the building/s identified within this report again have been visually inspected only. This visual inspection does not replace the need for a full test and inspection, which should be carried out to comply with, and to the relevant time frequency identified by, the relevant British Standard and/or HSE requirement.

Defects identified within all reports should be rectified within the timescales identified within each report.

Mechanical Systems

The survey takes the form of a visual inspection only. This visual inspection does not replace the need for a full test and inspection to boilers, calorifiers and pressure vessels, which should be carried out to comply with, and to the relevant time frequency identified by, the relevant British Standard and/or HSE requirement.

This survey does not replace a Legionella Risk Assessment which should be carried out regularly whether or not the survey has identified risk which would fall under that assessment.

APPENDIX 2 – SUMMARY OF STATUTORY REGULATIONS

Oakleaf have compiled the following summary of selected Statutory Regulations in order to guide the Practice through the relevant regulations.

These are for general information only and do not relate to the specific results of your survey, which are reported on in the main body of this document.

Please note that these summaries are intended only to give a 'broad overview of understanding' of the Statutory Regulations and are not intended to be a substitute for them. The responsibility to comply with all the details of the Statutory Regulations remains with the Responsible Person (Statutory Duty Holder).

STATUTORY REGULATIONS - ASBESTOS

The regulations that apply:

Control of Asbestos Regulations (CAR): 2012, MDHS 100 – Methods for the Determination of Hazardous Substances – Surveying, Sampling and Assessment of Asbestos-Containing Materials, HSE – HSG227 – A Comprehensive Guide to Managing Asbestos in Premises.

If you own, occupy, manage or have responsibilities for premises you have: a legal duty to manage the risk from this material; or a duty to co-operate with whoever manages that risk. This guidance will help you decide how to identify, assess and manage any asbestos-containing materials (ACMs) on your premises. A good strategy to manage these materials will help you prevent risk to workers or others who may use the premises.

If you are an employer, you already have a legal duty to prevent the exposure of your employees to asbestos, or if this is not possible to reduce it to the lowest possible level. There is a duty to manage asbestos under the Control of Asbestos Regulations: 2006. This requires you to manage the risk from asbestos by: finding out if there is asbestos in the premises, its amount and what condition it is in; presuming materials contain asbestos, unless you have strong evidence that they do not; making and keeping an up-to-date record of the location and condition of the Asbestos Containing Materials (ACMs) or presumed ACMs in your premises.

Although you may appoint a competent person to carry out all or part of the work to meet the requirements of this new duty, you will have to be involved in the final assessment of the potential risk. In particular, it is you who will know how the premises are used and what disturbance is likely to occur. The section 'Assess the potential risk from the ACMs' contained in HSG227 provides advice on doing this.

The responsibility for complying with the duty to manage the potential risk remains yours. You need to find out if asbestos is present.

ACMs may be present if the building was constructed or refurbished before blue and brown asbestos were banned in 1985. In many cases ACMs, such as asbestos gaskets, ropes and other textiles were used up to 1992 and asbestos cement was used up until 1999.

You need to do all that you reasonably can to find them. Asbestos was not finally banned from use in all building materials until 1999 so any buildings that were constructed or refurbished prior to this date will probably contain asbestos. It is therefore necessary to have a survey carried out by a competent person to establish any potential locations. This should be conducted according to MDHS 100 – Methods for the Determination of Hazardous Substances – Surveying, Sampling and Assessment of Asbestos-Containing Materials.

When the extent, location and type of any ACMs are known these should be recorded in the 'Materials Risk Assessment'. It is the responsibility of the Responsible Person to then complete the Priority Risk Assessment in accordance with HSG227. This will determine the degree of risk of the ACMs present based on their location, the space use and the likelihood that they may be disturbed.

This will form the basis of your 'Asbestos Management Plan'. An 'Asbestos Register' should then be made available to all those who may need to work on the premises in terms of maintenance or who would be likely to come in contact with it. It is important to have an individual based at the premises who has detailed knowledge of the ACMs to identify any entry limitations, risk or restrictions that the ACMs may present and to explain the Asbestos Register as necessary.

While it is not a legal requirement it is good practice and a wise precaution (should your building be constructed post 1999) that a letter of confirmation is sought from the main contractor to confirm that no ACMs were used in the construction of the building.

STATUTORY REGULATIONS - ADEQUACY OF LIGHTING

The regulations that apply:

HSC Approved Code of Practice – Workplace Health, Safety and Welfare Regulations 1992 – Regulation 8. Also, HSE Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. Minimum requirements for display screen equipment workstations are contained in the Annex to EEC Council Directive 90/270/EEC(a). For guidance on lighting types see also CIBSE Lighting Guide LG3: 2001 and BSEN 12464-1:2002.

The adequacy of lighting covers: Artificial lighting, Natural Lighting and Emergency Lighting.

Artificial Lighting

Specifically lighting that is suitable for use with Visual Display Terminals (VDTs) should not produce glare or disturbing reflections on the screen. Typically, the lighting should be fitted with an appropriate diffuser. The earlier regulations had stipulated Category 2 luminaires as a default but this requirement has now been replaced with BS compliant lighting. See CIBSE LG3 for specific lighting types.

Natural lighting

The individual should have the ability to personalize their working arrangement and position their VDT so that it faces away from direct natural light. Individuals should be able to control natural lighting locally with blinds or other diffusers as required.

Aspects covered:

Artificial Lighting	Natural Lighting	Emergency lighting
Type	Suitability	Type
Suitability	Light levels	Suitability
Positioning	Adequacy of lighting	Light levels
Light levels	Lighting control	Coverage
Coverage	Glare	Locations
Sufficiency		
Glare		
Lighting control		

HSE document 'Lighting at Work – HSG38' is also useful in identifying risks and developing best practice.

STATUTORY REGULATIONS – SAFETY GLAZING

The regulations that apply:

British Standard BS 6262-4, The Building Regulations Approved Document Part 'N' and the HSC Approved Code of Practice – Workplace Health, Safety and Welfare Regulations 1992 – Regulation 14.

The responsible person has a duty to ensure that the safety of building users is not put at risk by the breakage of glazing materials, so that such materials either if they break, break safely, or are not by their nature capable of being broken.

The regulations identify critical locations in all internal and external walls. Typically, this 'zone' covers all glazing in doors to a height of 1,500mm from the floor to 300mm either side of the door. Also, any glazing in the zone up to 800mm from the floor. The suitability of the glazing is based on the glass thickness, glass type, surface treatment, air gap and pane size. This also includes opening windows adjacent to circulation routes and louvre windows.

If a pane in the critical zone does not carry the BS symbol, then the regulations consider that it is non-compliant. It will be necessary to either apply a safety film or replace it with a compliant pane.

We recommend a complete assessment is carried out by a competent person to establish the degree of risk. This includes:

- Protection against impact
- Manifestation of glazing (for disabled people)
- Safe operation of windows, skylights & ventilators etc.
- Safe access for cleaning
- Safe opening and closing
- Disabled access (vision panels)
- Shower doors and panels
- Bath splash panels
- Glass tables
- Mirrors
- Glazed conservatories
- Greenhouses
- Glass panels
- Other glass components

STATUTORY REGULATIONS - COMPLIANCE WITH COSHH

The regulations that apply:

HSE – Control of Substances Hazardous to Health Regulations:2002, HSE – HSG 97 – A step by step guide to COSHH assessment, the Management of Health and Safety at Work Regulations 1999.

COSHH is not a bureaucratic exercise but is intended to reduce the potential hazard (ill health or injury) likely to be caused by exposure to hazardous substances. The heart of the regulations revolve around risk assessment, planning for risk reduction, education and awareness.

Risk assessments will need to be conducted by either competent individuals or a team of competent members depending on the size and complexity of the organisation. It is important to involve employees in this process as they will have the most direct knowledge of how work is carried out. It is vital to know what really happens, rather than how it should happen, so that the real degree of hazard can be determined.

Hazardous substances include: gases, vapours, liquids, fumes, dusts and solids (can be part of a mixture of materials). Consider also what micro-organisms may be present (including microscopic eggs and larval stages of some larger parasites). These substances should either be recognized through knowledge of the process, from previous experience or from HSE guidance notes.

Exposure limits can be found in HSE – EH40 – Occupational exposure limits.

Once the degree and extent of the exposure risk is determined remedial measures are to be put in place to reduce the risk. If maximum exposure limits are identified for certain processes, then monitoring records must be kept (i.e. X-Ray).

A detailed knowledge of the potential hazard items within an organisation should include planning for accidental exposure. All staff should be made aware of the potential risks, safe exposure limits and potential accidental risks. Safety measures should be put in place to reduce risks of accidental exposure.

Detailed COSHH information sheets should be held in the organisation for each substance in use listing the hazards, degree of risk, exposure limits and medical procedures for accidental exposure.

COSHH safety notices should be prominently displayed as well as central access to COSHH knowledge.

All procedures should be contained in a comprehensive COSHH policy (and precautions) and all staff should be trained in its content and implementation.

STATUTORY REGULATIONS - DISABILITY DISCRIMINATION

The regulations that apply:

Equalities Act 2010, Disability Discrimination Act 1995, Disability Rights Commission – The Duty to Promote Disability Equality: Statutory Code of Practice 2005. British Standard – BS8300:2001 – Design of buildings and their approaches to meet the needs of disabled people – Code of Practice. The Chronically Sick and Disabled Persons Act 1970 (and 1976 Amendment). Also the Building Regulations Approved Document Part 'M' – Access to and use of buildings.

Disability Discrimination Act

Types of disability included:

- Wheelchair Users
- Limited Mobility
- Limited Dexterity
- Visual Impairment
- Audible Impairment
- Limited Comprehension

An Access Audit should be undertaken by a competent assessor to determine the extent to which adjustment is required to make the service accessible.

All physical barriers should have been removed by October 2004.

Disability Equality Scheme

The Disability Equality Scheme (DES) came into full effect 5th December 2006. This has changed the status of the DDA.

- Put DDA on the same footing as the Race Relations Act 1976.
- All bodies covered by the RRA are now covered by DES.

At the heart of the duty is a need to involve disabled people in prioritising the equality initiatives.

The Duty comprises:

General Duty

Specific Duty

General Duty comprises 6 parts:

1. Promote equality of opportunity
2. Eliminate discrimination
3. Eliminate harassment
4. Promote positive attitudes
5. Encourage participation

6. Take steps to take account for disabled people's disabilities – even if it means more favourable treatment than for other people

1. Equality of Opportunity

By 2025 disabled people should have full opportunities and choices and be respected equal members in society.

Poverty, disadvantage and social exclusion experienced by the disabled is not the inevitable result of impairments or medical conditions but attitudinal and environmental barriers.

2. Eliminate Discrimination

In respect of provision of goods, facilities and services the Act has an ***'anticipatory'*** duty.

i.e. to make adjustments in advance of disabled people attempting to use or access the service. This is a change in the regulations – prior to this it was acceptable to make adjustments retrospectively. This new duty means that the service provider must EXPECT that a disabled person will want to use their service and to make adjustment in anticipation (not after the event).

3. Eliminate Harassment

Harassment is a broad concept:

Direct verbal abuse through to comments that make an individual feel uncomfortable, intimidated or degraded.

4. Positive Attitudes

Not just the removal of demeaning stereotypes or the absence of representation.

Now to be positively portrayed in government publicity and the media.

Meaning that they must carry a higher priority of importance in decision making processes.

5. Encourage participation

Public authorities must encourage participation of the disabled in public life.

Public authorities will not be allowed to identify and prioritise equality initiatives UNLESS disabled people have been involved in the process.

May need to include Advocates to represent certain groups.

6. Take account of people's disabilities

This may mean treating them MORE FAVOURABLY than other people!

Positive discrimination is not prohibited.

Under the Act only the disabled are protected against discrimination. There is no law to protect the able bodied against discrimination.

Impact Assessment

All decisions must include Impact Assessments to demonstrate that real benefits have been achieved.

Must be included in a Disability Equality Scheme

Must cover all 'Polices and Practices'.

Must consider all possible equality impacts on an activity.

Involve disabled people in the assessment, publish the results and monitor to ensure any adverse impact.

Action Plan (prioritised)

This will be publicly available and should include a statement of the steps that will be taken during the period covered by the Scheme (reviewed every 3 years).

It should:

- Reflect the priorities of disabled people (through involvement).
- Reflect the priorities of the authority.
- Evidence of where problems and priorities lie.
- Specific outcomes to be achieved with timetable.
- Measurable indicators.
- Lines of accountability.

Evidence

The Action Plan must include 'evidence' that effort is being made to make the service accessible to disabled people – (or this will be viewed as discrimination).

It should include:

- Access Audit
- Staff surveys
- Customer surveys
- Feedback from network groups
- Analysis of complaints
- Research
- Information on numbers of disabled using buildings prior to adaptation and after (to benchmark progress).
- Involvement of disabled people
- Research in relation to similar authorities
- Commissioned qualitative research specifically to inform the development of the Action Plan

Implementation

Once barriers to equality have been identified the authority will need to address them (or consider alternative methods of overcoming them if alteration is not practical or reasonable).

Annual Reporting

First Annual Report to be issued no later than 1 year from first Equality Scheme.

It should include:

- Steps taken over the year to eliminate discrimination or promote equality of opportunity.
- Results of information gathering.
- What has been done with the information and what actions will be taken as a result.

Enforcement

The Disability Equality Scheme will be enforced (policed) by the Equality and Human Rights Commission.

For non-compliance:

Stage 1 – Claim to the High Court for a judicial review.

Stage 2 – EHRC serves compliance notice requiring action within 28 days. If not actioned EHRC will apply for County Court Order.

Stage 3 – If not actioned - Contempt of Court.

STATUTORY REGULATIONS - SIGNAGE

The regulations that apply:

Disability Discrimination Act 1995, the Regulatory Reform (Fire Safety) Order.

Advisory documents:

JMU and the Sign Design Society – Sign Design Guide (a guide to inclusive signage) – Peter Barker and June Fraser, Wayfinding – Effective wayfinding and signage systems – Guidance for Healthcare Facilities – Produced for NHS Estates by Collette Miller and Davis Lewis at Information Design Unit Ltd – 1999.

It is important not to think of 'signage' merely as written text on a sign. Signage needs to be visual, textured, tactile and audible and include aspects such as colour contrast, text or symbol size, location, light level, sentence case etc. It needs to work in conjunction with the design of the building as a whole to include landmarks or significant features to aid in wayfinding.

Consider signage as a composite scheme

- Signage and wayfinding work in partnership.
- Develop a coordinated approach.
- Include decoration to ensure colour contrast of floors/walls and walls/ceilings.
- Colour contrast all fixtures and fittings – especially doors, handles and handrails/grabrails.
- Staff awareness is critical.

Consider the needs of the Disabled

- Wheelchair User – sees signs from seated position.
- Visually impaired – needs high visibility/good colour contrast. May read by touch, lighting is critical.
- Deaf person – denied sound communication so visual is critical.
- Limited comprehension – needs symbols or pictograms.

Consider Optical Illusions or disturbing patterns

- Avoid tonal contrast being seen as a 'hole' or 'step' – Paint whole wall or use textured flooring the SAME colour as surrounding.

Consider textured signage to define the functions taking place

- For those who have visual impairment but who are unable to read Braille.

Consider tactile signage

- 19,000 Braille readers in UK
- Should be used as part of a tactile sign.
- Side Indents assist readers.
- Convenient angle is 15 to 30 degrees from horizontal.
- Height = 1,000mm high from floor

Consider audible signage

- For those who have hearing impairments.

Consider Pictograms

- For those who have limited comprehension or those who do not read English.

Consider the signage *'journey'*

- From the point of arrival progressing to the destination.

Train staff

- Avoid handmade or computer-generated signs (these often confuse more than help).

STATUTORY REGULATIONS - MAINTENANCE AND OPERATION

The regulations that apply:

The Electricity at Work Regulations, the Regulatory Reform (Fire Safety) Order.

Cupboards containing electrical switchgear should be kept – shut and locked. This is to ensure that they are not tampered with and to avoid risk to vulnerable people.

Where an electrical distribution board is located in a cupboard under the stairs – this should be a fire resisting enclosure as the stairs will be a fire escape route. This is especially the case if the stairs are timber, these will need to be under drawn with a fire resisting material. The enclosure should be fitted with a FR30 door and kept locked.

Safety Signs

Hazard signs should be fitted to the doors warning of any hazard within the space. Information signs should be installed next to switchgear to advise on how to assist someone who has been electrocuted.

Guard Rails

Usually this will normally be a case that guard rails exist or they need to be installed. However, in many instances where there are no exposed moving parts this will just be recorded as Non-applicable (N/A).

STATUTORY REGULATIONS – HOT WATER OUTLETS

The regulations that apply:

Water Supply (water fittings) Regulations 1999, HTM 04-01 Control of Legionella hygiene 'safe' hot water, cold water and drinking water systems.

Mixer taps are not adequate unless fitted with blending valves. It is the patients (users) that should be risk assessed and not the installation (building) in order to determine whether they will be at risk. A reasonable cross section of the users should be assessed to determine/justify whether they would be at risk if blending valves were not installed to the premises.

The Health Technical Memorandum that relates to this area - HTM 04-01 Control of Legionella hygiene 'safe' hot water, cold water and drinking water systems specifically states that thermostatic valves should be fitted and regulated to provide a water output at 41°C.

STATUTORY REGULATIONS – SURFACE TEMPERATURE OF HEAT EMITTING DEVICES

The regulations that apply:

Disability Discrimination Act 1995, the Management of Health and Safety at Work Regulations 1999 & Workplace Health, Safety and Welfare Regulations 1992.

The Health and Safety at Work Regulations place a duty of care on the responsible person to protect their workers. The requirement for ensuring that heat emitting devices operate at safe temperatures applies as much to the work place as to waiting rooms and corridors.

The DDA also requires that disabled people are not discriminated against. Where suitable provision is made for able bodied people equal and equivalent provision must be made for disabled people. Many people lose their sense of feeling in their extremities when they contract diseases such as Diabetes etc. It is important therefore to provide either covers to radiators or to install Low Surface Temperature radiators to ensure that they are not burned.

There is also a responsibility to provide a safe working environment under the Workplace Health, Safety and Welfare Regulations. It is often the case that children are put at risk from low level heating pipes in corridors and waiting areas because they tend to play on the floor.

Many heating systems are operated at high temperatures – this is especially true of installations where there are convector heaters or storage radiators.

STATUTORY REGULATIONS - LEGIONELLA

The regulations that apply:

Health and Safety at Work Act 1974, Control of Substances Hazardous to Health 2002, Approved Code of Practice (ACoP) L8 – The Control of Legionella Bacteria in Water Systems, Water Supply (water fittings) Regulations 1999, HTM 04-01 Control of Legionella hygiene 'safe' hot water, cold water and drinking water systems, British Standard BSEN 806-2:2005.

Standard to meet:

'ACoP L8' Part 1 Section 23, Page 6.

"A suitable and sufficient assessment is required to identify and assess the risk of exposure to Legionella bacteria from work activities and water systems on the premises and any necessary precautionary measures".

It is important that the person, whom the responsibility falls upon (Statutory Duty Holder) to undertake the Risk Assessments, has access to competent help in conducting the Risk Assessment.

A Legionella Risk Assessment is required regardless of the services within the building; it is the responsibility of the trained Legionella Risk Assessor to determine the risk present and any further actions regardless of how insignificant the actions may be.

Not all buildings assessed will require further actions; the assessor may determine that the risk is sufficiently low enough to warrant no necessary planned maintenance. A building must not be assumed as a low risk unless a sufficient Risk Assessment has been completed and the findings of the assessment published.

An assessment should consider and evaluate the means by which Legionella bacteria may be prevented; or, risk of exposure to Legionella bacteria be controlled if prevention is not completely practicable.

It is recommended that a Legionella Risk Assessment or Review is undertaken every 2 years (ACoP L8 Para 38) or when the assessment may become invalid i.e. when changes to the water system or its use occur, when there are changes to the usage of the building in which the water system is installed, when the availability of new information regarding control measures or risks occurs, when the current monitoring programme shows the Scheme of Precautions to be failing and when there is a case of Legionnaires' Disease associated with the system. A Legionella Risk Assessment or Review must include a site inspection and result in the issue of a new Risk Assessment.

A Legionella Risk Assessment should be concise and be constructed as such to allow the Responsible Person sufficient information to account for changes to the current control measures, or remedial actions to be undertaken to further improve or advise on the most appropriate control measures.