NHS National Services Scotland

NHSScotland Property Appraisal Manual

Scottish Health Technical Note 00-01

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NHSScotland Assure
Quality in the healthcare environment

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1. Introduction

1.1. It is essential that the land and property assets of the NHS estate in Scotland positively contribute to the delivery of healthcare services. It is therefore necessary to hold up-to-date appraisals of the existing land and property as a baseline assessment of the estate. This includes all property owned and leased by NHSScotland, as well as independently owned General Practitioner (GP) premises, and so on.

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

1.3. 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 to be monitored, presented and compared in a coherent, equitable and meaningful way. This includes but is not limited to the annual collection of Property and Smarter Offices data for the NHSScotland State of Assets and Facilities Report (SAFR).

1.4. NHSScotland currently uses two software systems to assess the current condition of the property estate in Scotland: the Strategic Asset Management System (SAMS) and the Statutory Compliance Audit and Risk Tool (SCART).

1.5. SAMS is the national data collection system for all NHSScotland properties which holds information on appraisals, leases, terrier, and fire risk assessments. It is a high-level strategic tool used to assess the current condition of property assets and identify backlog maintenance costs. Health boards enter data into the system, which provides real time performance data and enables them to establish where investment is needed and how well assets are performing to support services. The information collected informs action plans which can form part of a comprehensive property strategy for NHSScotland. The Capital Planning module within SAMS 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. It is noted that SAMS is primarily a high-level strategic tool rather than an operational tool.

1.6. SCART is the web-based risk assessment tool developed by Health Facilities Scotland (HFS) in support of, and on the request of NHS boards. The management of the tool now sits with NHSScotland Assure. SCART allows boards to record and measure their level of compliance and ongoing development against a range of aspects of legal and best practice guidance measures.

1.7. NHSScotland Assure work with boards in maintaining SAMS for the estate. SAMS records board information on the quantity, condition, compliance, functionality, utilisation, and quality of their estate. This information supports Boards to comply with the requirements of the Scottish Government's Policy for Property and Asset Management in NHSScotland Chief Executive Letter (CEL) 35 (2010).

1.8. Appraisal of the estate provides robust information on the approach to strategic infrastructure planning and investment across NHSScotland and is supported by the Director's Letter (DL) (2024) 02 of 12 February 2024: NHS SCOTLAND: Whole System Infrastructure Planning. This outlines the requirement for each board to prepare and submit to Scottish Government a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan.

Purpose

1.9. 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. This requires knowledge of the areas, volumes, use, physical condition and compliance of the buildings, engineering systems and external works of the property portfolio.

1.10. 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.

1.11. Development of boards' property strategies assists with establishing the current condition and performance of the estate by identifying poorly performing buildings that may be more appropriate to be redeveloped or disposed of. This enables the production of robust capital and revenue investment programmes that can be prioritised within the NHSScotland national investment programme.

1.12. To enable the consistent recording of this information and to obtain a national overview of the portfolio the Property Appraisal Manual outlines how property information should be recorded and managed.

1.13. To assist with the collection of property information, NHSScotland Assure appoints a Survey Partner for each fiscal year. The Survey Partner becomes an integral part of the team and assists boards with the collection of survey data on a prioritised basis. The Scottish Government Health and Social Care Directorates (SGHSCD) require boards to survey properties on a five yearly rolling programme, with a recommendation that at least 20% of data is refreshed per year. The national programme does not capture 20% of the data each year therefore boards are required to carry out their own surveys or appoint a Survey Partner to meet this policy requirement.

1.14. 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.

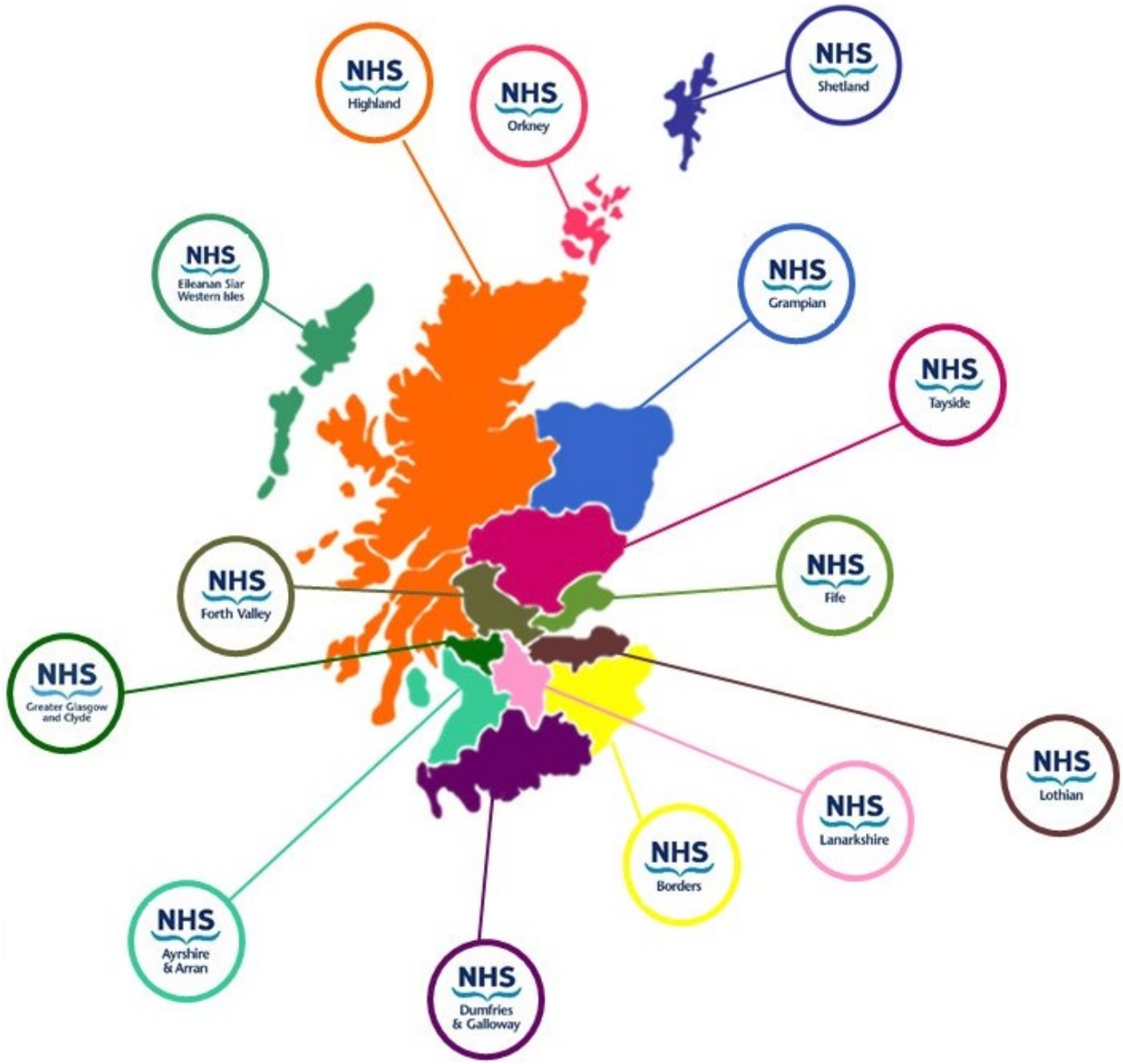
Note 1: This manual will be subject to further updates and review in line with future developments.

2. General information and structure

The NHS Estate in Scotland

2.1. The NHS in Scotland covers fourteen Territorial board areas, as outlined below, as well as eight National NHS boards.

Figure 2.1 - Map of Territorial NHS boards in Scotland



2.2. All territorial boards are split geographically into regions as outlined below.

Table 2.1 - NHSScotland health boards

Region/ National boards	Health boards
East region	• NHS Borders • NHS Fife • NHS Lothian
West region	• NHS Ayrshire & Arran • NHS Dumfries & Galloway • NHS Forth Valley • NHS Greater Glasgow and Clyde • NHS Lanarkshire
North region	• NHS Western Isles • NHS Grampian • NHS Highland • NHS Orkney • NHS Shetland • NHS Tayside
National boards	• National Waiting Times Centre Board • NHS 24 • NHS Education for Scotland (NES) • Healthcare Improvement Scotland (HIS) • Public Health Scotland • The State Hospitals Board for Scotland • Scottish Ambulance Service • National Services Scotland (NSS)

2.3. In addition, there are numerous independent General Practitioner (GP), 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 any premises which are utilised for the delivery of primary care and are not owned or leased by a health board, these are referred to as third party ownership. For third party owned premises such as Dental Practices, Pharmacies and Opticians, it is not anticipated that full condition information is required. Detailed condition information has begun to be captured for independent GP's, with National Surveys for Physical Condition and Statutory compliance having been carried out.

Estate hierarchy

Coding and descriptions

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

2.5. Information on the condition and suitability of the 20 Building and Engineering Elements and Sub-Elements of the estate are linked to the asset. Elements relate to the building/ engineering systems, and these are subsequently broken down into related Sub-Elements. Use of Elements and Sub-Elements therefore help achieve a consistent method and hierarchy of coding.

Asset hierarchy

2.6. The following levels of hierarchy are adopted in the Strategic Asset Management System (SAMS):

- **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:
    - within SAMS, Site Groups can be created to allow boards to group Sites together by Division. An example of how the Site Group structure can be set up is as follows:
        - NHS estate (owned, leased, Private Finance Initiative (PFI)/ Non-profit distributing public private partnership (NPD)/ Public private partnerships (PPP))
        - GP - third party estate
        - Dental - third party estate
        - Ophthalmology - third party estate
        - Pharmacy - third party estate
        - Disposals
- **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, for example:
    - Ground Floor
    - First Floor
    - Sub-Basement

Information should also include Gross Internal Area (GIA) and Gross External Area (GEA).

- **level five** - room level - within SAMS, departments can be created to allow boards to group rooms together by their department use:
    - this this is a sub-set of a Floor and is internal, for example:
        - First Floor
        - X-Ray Department
        - Office 3

2.7. Information may also be collected against departments or a group of rooms and entered against what is called a 'pseudo' room, such as 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.

2.8. Level five may also be used for Room level data when the internal spaces within a Block are defined by their allocated room reference.

Location code directory

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

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

2.11. 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 (for example F716H).

2.12. The Location Code Directory is web based and is updated when new Site codes/ locations are requested.

2.13. Table 2.2 and Table 2.3 summarises the Location Code Directory coding method.

Table 2.2 - Location Code Directory coding method - prefix

Prefix	Health Board
A	NHS Ayrshire & Arran

Prefix	Health Board
B	NHS Borders
C	Argyll and Clyde (see Note 2 below)
F	NHS Fife
G	Greater Glasgow (now NHS Greater Glasgow and Clyde)
H	NHS Highland
L	NHS Lanarkshire
N	NHS Grampian
R	NHS Orkney
S	NHS Lothian
T	NHS Tayside
V	NHS Forth Valley
W	NHS Western Isles
Y	NHS Dumfries & Galloway
Z	NHS Shetland
D	Nationally Based Locations
E	Outwith Scotland
X	Common Services Agency, and so on

Table 2.3 - Location Code Directory coding method - suffix

Suffix	Original description	Description
H	NHS Hospital	NHS Hospital
J	Joint User Hospital	Joint User Hospital or Suffix-J Hospital
K	Contractual Hospital	Contractual Hospital or Suffix-K Hospital
M	Non-NHS Maternity	Non-NHS Maternity
N	Non-Institutional	Non-Institutional
P	Prison	Prison
R	Home for the Elderly	Home for the Elderly
S	Other Home	Other Home
V	Non-NHS Non-Maternity	Private Hospital or Private Nursing Home
A	Admin Office	Health Service Administrative Office
B	Health Centre	Health Centre, most GP Surgery locations

Suffix	Original description	Description
C	Clinic	Clinic Premises, and so on
E	Extra-Mural Clinic	Extra-Mural Clinic
L, Q, W	School	School
T	No original description	Miscellaneous Premises

Note 2: 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”.

2.14. When a location closes and in order to avoid confusion, its code is not re-allocated to another location. 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 on the Public Health Scotland website.

2.15. In addition, direct access to the directory is available on the Public Health Scotland website. Reference file enquiries can be directed to phs.referencefiles@phs.scot.

2.16. All boards should ensure their existing property lists use 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.

2.17. Boards must extend the coding of their property lists to include each Block on each Site.

Site reference number

2.18. SAMS 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.

Block codes

2.19. All Blocks on each Site need to be identified by means of a unique Block Reference Number and the name by which the Block is known.

2.20. Where boards already have reference numbers for Blocks, these may be retained if so desired.

2.21. The use of Block ‘00’ for the Site and external areas on a Site was required to be used by all boards within the legacy Estates Asset Management System (EAMS). SAMS has an additional level to store Site data however there is a continued requirement to record Block ‘00’.

It should however be noted that not all Sites will have a Block '00', for example a GP Premises located in a row of shops.

2.22. Where there are no existing reference numbers, the following codes are suggested to identify the Blocks:

- 00 Site and external areas
- 01 first building on Site
- 02 second building on Site
- 03 and so on

2.23. In the example below, the Building Code suffix suggests an extension to the original Block, such as ''3C'' would be the second extension, as ''3A'' would be the original Block (previously "03'') and ''3B'' would be the first addition.

- **Site** - Aberdeen Royal Infirmary (N101H)
- **Block** - Mathew Hay Building (3C)
- **Building Code** - N101H-3C

Floor, area and room codes

2.24. Further information on floor, area and room codes can found within paragraphs 7.10 to 7.13.

3. Minimum dataset of baseline information

Key performance indicators - premises

3.1. The Key Performance Indicators set out in Chief Executive Letter (CEL) 35 (2010) for Premises are recorded at Block level and are broken down into the following categories:

- age profile
- functional analysis
- essential and non-essential holdings (as defined in the NHSScotland Property Transaction Handbook - A Handbook for Managers and Advisors)
- physical condition
- statutory compliance
- functional suitability
- space utilisation
- backlog maintenance
- environmental performance
- office accommodation

General information for asset hierarchy

3.2. The following sections will outline the minimum dataset for each level within the Asset Hierarchy.

General information at National level (level 0)

3.3. The Strategic Asset Management System (SAMS) 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.

General information at Board level (level 1)

3.4. At present, there is no minimum dataset at board level.

General information at Site level (level 2)

3.5. The following minimum information is required for each NHS board at Site level to identify all land and buildings.

Table 3.1 - General information at Site level

Term	Example
Name of the NHS board	NHS board
Site Reference Number (SRN) based on national Site code	Q123H
Site Name	A Hospital
Site Address	Hospital Street
Town	Edinburgh
Postcode	EH12 3AB
Unique Property Reference Number (UPRN)	1234567891
Contact Name	A. Another
Contact Number	0131 123 4567
Contact Email	a.another@nhs.scot

This information should be recorded at Block level (level 3).

Type of Site

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

Table 3.2 - Site types

Number	Site type
01	Acute Hospital
02	Children's Hospital
03	Maternity Hospital
04	Specialist Hospital
05	Mental Health Hospital
06	Community Hospital
07	Older People Hospital
08	Multi Service Hospital
21	Health Centre
22	Clinics (including Day Hospitals and Resource Centres)
23	Offices
24	Support Facilities
25	Staff Residential Accommodation

Number	Site type
26	Patient Residential Accommodation
41	General Practitioner (GP) Practice
42	Dental Practice
43	Pharmacy
44	Optician
51	Care Home
91	Non NHS functions
97	Multi-Storey car park

Status of each Site

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

Table 3.3 - Status of Site

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

If a Site is leased, ‘‘Leased’’ should be included for both the Site status and Block status, for example Block 00 and Block 01, Block 02 and so on and should be marked in the system as ‘‘Leased’’.

Requirement of each Site

3.8. The Requirement of each Site forming the NHS estate in Scotland must be defined in terms of whether it is regarded as being essential or non-essential using a field in the software.

A tick box within Location Information in Terrier within SAMS is used to record whether a Site is essential or non-essential.

Essential property: property considered necessary for a board's operational purposes beyond a 5-year service provision planning horizon.

Non-essential property: property not considered necessary for a board's operational purposes beyond a 5-year service provision planning horizon.

3.9. This requires to be further detailed in relation to the future expectation for each Site in terms of the following categories.

Table 3.4 - Site essential property categories

Categories
To be retained

• Expected to be sold:
  • within 3 years
  • within 3 - 5 years
  • over 5 years

Quantitative data for Sites

3.10. Details of the total area and breakdown is required for all Sites against the following categories:

- **land area**
  - Site area for each site owned or occupied by the board (hectares)
- **valuation of Sites (recorded against block 00)**
  - details of the last valuation, including:
  - asset valuation
  - land value
  - date of valuation
- **details of the last valuation of all Sites including**:
  - net book value
  - date of valuation

General information at Block level (level 3)

3.11. The following information is required for each Block on each Site.

Table 3.5 - General information at Block level

Term	Example
Block Number	01

Term	Example
Block Name	Main Building
Gross Internal Area (GIA)	308.50m^2
Floor Area	277.00m^2

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

Types of Block

3.12. The type of each Block on the Site should be identified from the following list.

Table 3.6 - Types of Block

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

Number	Block type
98	Non–Operational
99	Other

Tenure of Block

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

Table 3.7 - Block ownership types

Tenure types
Owned (by health board)
Leased (by health board)
Private Finance Initiative (PFI)/ Non-profit distributing public private partnership model (NPD)
HUB
Third Party Ownership
Third Party Ownership - GP Owned (GP owns the property)
Third Party Ownership - GP Leased (GP Leases Property from another third party)
Endowment

Status of Block

3.14. The NHS estate in Scotland requires to be further categorised for each Block with reference to the following options.

Table 3.8 - Block status

Categories
Delete Data
Demolished
Leased
Occupied
Sold
Surplus
Surrendered

Categories
Terminated
Under Construction
Vacant

Requirement and clinical function of Block

3.15. 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 field in the software (described in paragraph 3.8).

3.16. In addition, 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 outpatient care. Where a small element of the Block provides clinical treatment to patients, 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

3.17. This requires to be further detailed in relation to the future expectation for each Block in terms of the following categories.

Table 3.9 - Block essential status

Categories
Retained

• Expected to be sold:
  • within 3 years
  • within 3 - 5 years
  • over 5 years

Historic listing

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

Table 3.10 - Listed building status

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)

Categories	Definition
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	Not applicable
Conversation Areas	Liaise with Local Authority

3.19. Historic Listings should be checked to determine their accuracy by checking the Historic Environment Scotland website or with the Local Authority.

Age of Block

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

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

Area of Blocks, floors and rooms

3.21. The below standard measurement definitions are required for all Blocks within the estate:

- **Gross External Area (GEA)** - Gross External Area (m2) whole Block areas broken down by floor level. GEA is the area of a building measured to the external face of the perimeter walls at each floor level.
- **GIA** - Gross Internal Area (m2) whole Block areas broken down by floor level. GIA is the area of a building measured to the internal face of the perimeter walls at each floor level.
- **Internal Floor Area (IFA)** - This is how the system calculates an overall floor area. IFA (m2) for individual room areas broken down by floor level. IFA is the area within a room measured to the internal face of the perimeter walls at each room. IFA at floor and Block level is the sum of the total room IFA for those areas.
- **Net Internal Area (NIA)** - Net Internal Area (m2) is the usable area within a building measured to the internal face of the perimeter walls at each floor level, including areas occupied by non-structural walls subdividing areas of sole occupancy. NIA covers all areas which are used for a specific purpose. NIA excludes those parts of buildings which enable them to function such as toilets, lifts, plant rooms, and so on. NIA is used in the measurement of offices and other business spaces, including in areas relating to NHSScotland State of Assets and Facilities Report (SAFR) Smarter Offices.

Six facets

3.22. All land and buildings (Blocks) 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
- facet 6: quality

Further guidance on the six facets appraisal is described in Section 5.

Information maintained by NHS boards

3.23. Each NHS board currently maintains its own property asset register for the land and the buildings under its control in line with the requirements of CEL 35 (2010). 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 SAMS.

- the SRN - quoted in accordance with the guidance given in this Property Appraisal Manual
- Site names and addresses
- Block names and addresses
- Block GIA floor sizes
- Block build year
- Block tenure
- Block status
- Block essential/ non-essential
- Block use
- Block historic listing
- Land/ Site area

3.24. Where survey appraisals are going to be held and are commissioned through a Survey Partner, the above information plus the following information requires to be provided to the Survey Partner by the boards:

- contact names and numbers of key estates personnel to arrange access (at Site and Block levels)

- contact details of key personnel to arrange interviews
- existing Site plans detailing Block names and numbers
- existing floor plans for each building to be appraised
- room and space referencing currently in use
- access to existing reports, for example Equality Act (2010)/ Asbestos Register/ fire risk assessment

Fire risk assessments and action plans

3.25. It is mandated in the Fire Safety Policy for NHSScotland that boards must use the NHSScotland 'fire safety management system' as the primary means of recording fire risk assessments, fire incidents and unwanted fire alarm signals (UFAS).

3.26. Scottish Health Technical Memorandum (SHTM) 86: Fire Risk Assessment Version 6, August 2023 provides guidance on fire risk assessments in healthcare premises and other buildings occupied by NHS staff. The question set within the document is replicated on the fire safety management system. Action plans must have a named person who is responsible for ensuring that work is completed. The named person should ensure that costs are included in the correct statutory compliance facet of SAMS.

3.27. Section 9 provides further information on the Fire Safety Management System in SAMS.

4. Terrier

Overview

4.1. The Terrier module within the Strategic Asset Management System (SAMS) holds information at both Site and Block level. A significant amount of the minimum dataset for Sites and Blocks is held within Terrier, including:

- location information
- geographical data (for example, longitude and latitude)
- legal tenure
- valuations and charges
- construction data
- acquisitions and disposals
- planning constraints

Note 3: Section 11 contains details on use of the Leases module in SAMS.

Minimum data set

4.2. The information outlined within paragraph 3.5 and 3.10 is the minimum dataset that boards must record within Terrier.

Good practice

4.3. As with all datasets, accurate and up to date data is essential. The following information is recommended to be maintained in addition to the minimum dataset outlined above:

- images: at least one clear photograph of the front elevation
- external spaces and car parks (for example car parking type and areas)
- occupancy
- construction data: basic information on structure and construction
- tenure: list details of any Burdens, Wayleaves or Servitude
- planning constraints: for example; Listed Building status and Tree Preservation Orders

Geographical location information

4.4. It is recommended that geographical information for Blocks is recorded. For example, within Terrier latitude and longitude can be recorded, this creates a location pin within the

mapping in SAMS. The Block location pins can also be positioned via the map manually within SAMS.

Reports

4.5. Standard reports are available within the ‘Reports and Exports’ module and allow the reporting/ exporting of Terrier information in portable document format (PDF), Microsoft Excel (XLXS) or Microsoft Word (DOCX) formats.

5. Appraisal data

Appraisal methodology

Basis of appraisal

5.1. The property assets of the NHS estate in Scotland should be assessed against the six facets listed in paragraph 3.22 (Six facets).

5.2. Through a combination of on-site appraisal and interviews with key stakeholders' robust information is gathered on which strategic decisions will be made on the future management, development, and performance of the estate. In turn, the appraisals will support decision making as part of Whole System Infrastructure Planning.

5.3. 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 Strategic Asset Management System (SAMS).

5.4. 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. An example of an appraisal defect description could be 'satisfactory condition with evidence of only minor deterioration'. The appraisal also aims to capture statutory compliance, lifecycle, remaining life, and replacement cost for each asset.

Levels of appraisal

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

Table 5.1 - Levels of appraisal

Facet	Levels of appraisal	Recommended appraisal level
Physical Condition	• **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 • **level 2** - a combination of on-site visual inspection of each Block and interviews with key estates personnel • **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	The recommended appraisal level is level 2. The Blocks 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.

Facet	Levels of appraisal	Recommended appraisal level
Statutory compliance	• **level 1** - an indication from the responsible NHS board estates personnel that appropriate controls are in place to manage compliance with relevant legislation • **level 2** - a desktop style review of any identified outstanding items and interview of key NHS board personnel • **level 3** - a detailed on-site compliance check of all aspects of statutory compliance	The recommended appraisal level is level 2.
Environmental management	See paragraph 5.8, Environmental Management.	The recommended level of appraisal does not apply to this facet.
Space Utilisation	• **level 1** - a desktop review by estates and/ or service manager with a good understanding of the general usage of the estate • **level 2** - a combination of on-site visual inspection of each department together with discussions with users and consideration of acceptable space standards by estates and/ or service manager • **level 3** - a room by room assessment to identify the level of occupation of each room throughout a typical working day	The recommended level of appraisal is level 2. Those boards which have Computer Aided Design (CAD) drawings available may decide to carry out a detailed appraisal at level 3.
Functional suitability	• **level 1** - the desktop review by NHS board estates and/ or service manager with a good understanding of the general functionality of the accommodation • **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 • **level 3** - a detailed on-site inspection of each department against this specific level of functionality related criteria based on a detailed assessment	The recommended level of appraisal is level 2.

Facet	Levels of appraisal	Recommended appraisal level
Quality	• **level 1** - a desktop review by NHS estates and/ or service manager with a good understanding of the general quality of the available accommodation based on a broad assessment • **level 2** - a combination of on-site visual inspection of each department and discussions with users about the three elements of quality (see paragraph 5.11 and 5.12 Quality) based on a detailed assessment • **level 3** - a detailed assessment based on site inspection of each department against the specific set of quality related criteria	The recommended level of appraisal is level 2.

Appraisal of the six facets

Ranking protocols

5.6. 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 below.

Physical condition (facet 1)

- 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
- D - unacceptable condition, Element/ Sub-Element non-operational or about to fail, replacement is necessary

Statutory compliance (facet 2)

5.7. 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

Environmental management (facet 3)

5.8. 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 (EMS) for ensuring environmental compliance and that all aspects and impacts are managed appropriately, as per their policy. This can be recorded using the National EMS platform, namely Rio EMS. 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 (but not limited to) environmental management, waste, transport and active travel, greenspace and biodiversity and adaptation.

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

Space utilisation (facet 4)

5.9. 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
- O - overcrowded; overloaded and facilities generally stretched

Functional suitability (facet 5)

5.10. 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 (HBNs), Health Technical Memorandums (HTMs), Scottish Health Technical Memorandums (SHTMs), Building Standards and current clinical requirements with the following criteria:

- A - very satisfactory, ideal accommodation, meets all modern healthcare 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 healthcare requirements with significant change needed

- D - unacceptable in its present layout/ design, does not meet healthcare requirements with major change needed

Quality (facet 6)

5.11. 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, and so on

5.12. 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
- D - a facility of poor quality with significant investment needed

Appraisal aggregation

Producing an overall rating

5.13. As detailed above, 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.

5.14. 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.

5.15. To ensure the consistency of the appraisal across the entire estate, the Six Facet approach has been adopted. The use of SAMS, 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.

5.16. 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.

Physical condition

5.17. 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 Site level (level 2) and Block level (level 3).

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.

Statutory compliance and environmental management

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

Space utilisation, functional suitability and quality

5.19. For these three facets, a pragmatic approach is required to arrive at an aggregate category ranking of each facet at Site level (level 2) and Block level (level 3) which fairly represents the performance of the estate in the support of health care.

Remedial action

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

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

- redecorate
- overhaul/ repair
- replace
- further investigation required

5.22. 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, for example structural cracking or a rot outbreak. In these instances, separate lines should be added for the specialist survey, and the repair, which may be recorded as a provisional cost.

Risk based methodology

Risk assessment

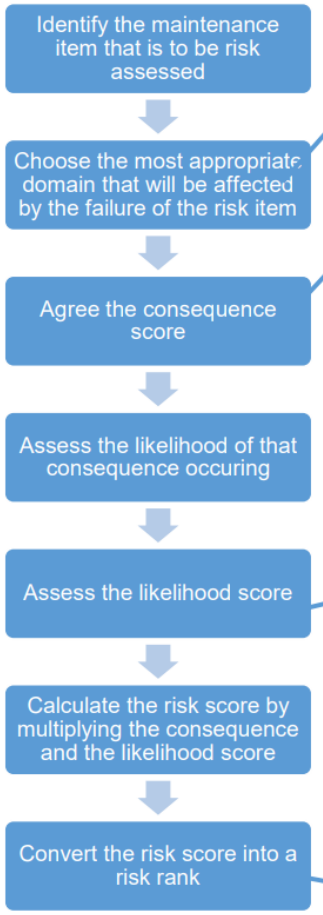
5.23. It is necessary to carry out risk assessments of all Elements and Sub-Elements with a remaining life of less than 5 years in order to prioritise urgent works as necessary and aid in programming future investment for the estate. Risk assessments of future lifecycle cost replacements, where the remaining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

5.24. 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.

5.25. Where the remaining life is greater than 5 years, a risk assessment is not required. Instead, the score of 0 “Assessed” should be used for Likelihood and Consequence, to acknowledge that there is no risk associated with this item.

5.26. The risk assessment process is outlined as follows:

Figure 5.1 - Risk scoring matrix



Score	Consequence	Consequence Domain			
		Health & Safety	Environment	Business	Operational/ building/ engineering elements
0	Assessed	No risk identified. Remaining life of element is over 5 years.			
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
2	Minor	Minor injury / ill health. Breach of legal requirement	Single breach of legal requirement	Possible complaint. Litigation unlikely. Loss of reputation	Localised impact. Disruption to normal services
3	Moderate	Moderate injury / ill health. Breach of 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
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
5	Catastrophic	Fatality and / or permanent incapacity / disability. Prosecution	Multiple breach of legal requirement. Prosecution.	Litigation certain. National adverse publicity	Critical impact. Service closure

Score	Likelihood	Likelihood Indicator	Operational building / engineering elements	Estimated Time to Failure
0	Assessed	No risk identified. Remaining life of element is over 5 years.		
1	Rare	Little chance of occurrence (can't believe this event would happen) – will only happen in exceptional circumstances	No or minimal remedial action required and / or new / recent upgrade	5 – 10 years
2	Unlikely	Probably won't occur (not expected to happen, but definite potential exists – unlikely to occur)	Normal wear and tear. Sound, operationally safe and exhibits only minor deterioration	Circa 2 - 5 years
3	Possible	May occur (may occur occasionally, has happened before on occasions – reasonable chance of occurring)	Reasonable physical damage / deterioration.	Annually
4	Likely	Probably will occur (strong possibility that this could occur – likely to happen)	Major physical damage / deterioration. Failure apparent / assessed as imminent or unacceptable	Quarterly
5	Almost Certain	This is expected to occur frequently / in most circumstances – more likely to occur than not	Failure has occurred. Unacceptable	Daily / weekly / monthly

0	ASSESSED
1-6	LOW
7-10	MODERATE
11-16	SIGNIFICANT
17-25	HIGH

Backlog maintenance

5.27. The backlog data is collected against the Physical Condition and Statutory Compliance facets. This includes the 20 Building and Engineering Elements and Sub-Elements as part of the Physical Condition surveys. Appendix A contains details of the Building and Engineering Elements and Sub-Elements. In addition, Appendix B outlines the Statutory Compliance question set headings in line with Statutory Compliance Audit and Risk Tool (SCART).

5.28. 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
- date of installation/ remaining life
- lifecycle

5.29. Minor day-to-day maintenance and minor routine works (such as inspection; servicing; cleaning; and so on) shall be excluded from the survey, however where this affects the condition of the building, for example, 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 lifecycle period of 0 years.

Costs

Cost of identified remedial/ upgrading works (backlog maintenance costs)

5.30. 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.

5.31. All costs are required to be expressed as works costs (such as 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
- disruption

5.32. 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. Costs are updated on an annual basis.

Guidance on updating costs

5.33. Any data over 5 years old should be regarded as 'aged'.

5.34. Any costs associated with the aged data will be historic. While the costs can be updated to current level using the indices produced by the BCIS, it must be recognised that there are inherent dangers in updating the costs using this method as this may not reflect further deterioration in the condition of the fabric or installations.

5.35. To facilitate updating using BCIS Cost Indices, the age of the existing cost information must be uplifted to Q1 of the current year.

5.36. Following updating of aged costs to current costs (such as at Q1 2024), a further manual adjustment will require to be made to reflect the increase in costs due to further deterioration through the passage of time in addition to rebasing of the cost. In certain circumstances, it may be preferable to re-inspect the Sub-Element to assess the current cost rather than rely on rebasing of costs using indices.

5.37. Within SAMS, the inflation uplift of costs will be managed by NHSScotland Assure on an annual basis and should be applied to the Rate field.

Assessment of costs

5.38. 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.

5.39. Prices should then be calculated using the relevant guidance provided in:

- the Schedule of Rates for Fabric and Engineering (Appendix C)
- the Schedule of Rates for Statutory Items (Appendix D)

See below an example of how a cost for replacement Boiler Plant of a Health Centre may be calculated, using either area served or number of units.

Table 5.2 - 9.01 Boiler Plant - Cost example

Sub-Element	Quantity Measure Method	Unit	Rate
Boiler Plant - 21 Health Centre/ 22 Clinics (including Day Hospitals and Resource Centres)/ 41 General Practitioner (GP) Practice/ 42 Dental Practice/ 43 Pharmacy/ 44 Optician	% of Gross Internal Area (GIA)	m^2	£39.10
Boiler plant - 40 kilowatt (kw)	Number of boilers	Number	£6,993.00

5.40. There are two costing methodologies within the Schedule of Rates. Firstly, is a cost by m2, where the GIA of a Block or area may be used to calculate the Total Cost. Secondly, costing may be calculated by the number of units of an item, for example. Only one no. units may be required which may be used to calculate the Total Cost.

Cost example:

- 100% of GIA in m2, 400 x £39.10 = £15,640.00
- No. of boilers, 2 x £6,933.00 = £13,866.00

Avoidance of double counting

5.41. 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 lifecycle item (where appropriate, for example 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 lifecycle period. This will ensure the lifecycle replacement is included, as this is not required under Statutory.

De Minimis threshold for costs

5.42. 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

Lifecycle

5.43. Lifecycle information is collected against the Physical Condition facet. This includes all Building and Engineering Elements and Sub-Elements as listed in Appendix A.

5.44. A lifecycle appraisal cost is recorded where a Physical Condition Element or Sub-Element is condition ranked A or B (excellent or satisfactory), and there is a remaining life of 1 year or higher.

5.45. There may be both Lifecycle and Backlog costs for any of the Elements or Sub-Elements within any given Block. This may happen where only a portion of an Element has become a C (poor) condition, whereas the remainder of the Element is still within a B (satisfactory) condition. This may come as a result of more intensive use in some areas leading to differing rates of deterioration, or from partial repairs being carried out.

5.46. For the avoidance of doubt, it is expected that the Physical Condition survey and the lifecycle be recorded on the same line of data on the toolkit spreadsheet (see paragraph 6.80 to 6.82 for further information on toolkits), although separate lines may be utilised where appropriate.

5.47. For more information on how Lifecycle information should be assessed, refer to Section 8.

Management of appraisal data

5.48. Boards are required to record and update their Estate appraisal information on a continual basis to reflect where capital and/ or major maintenance work has been undertaken, as outlined within Chief Executive Letter (CEL) 35 (2010).

5.49. Appraisal data is used to support strategic decisions on the future management, development and performance of the estate at local and national levels. This data can be used to inform boards Whole System Infrastructure Plans and Business Continuity Plans, as set in Director's Letter (DL) (2024) 02 of 12 February 2024: NHS SCOTLAND: Whole System Infrastructure Planning.

5.50. It is therefore important that boards ensure the data recorded within SAMS is up to date and reflective of the true estate condition.

5.51. Examples of good practice which boards should consider as part of this management of Appraisal data are noted below:

- regular meeting with Estates and Capital Planning to update Condition ratings and Risk Scores against Backlog Maintenance and Lifecycle appraisals
- conduct annual gap analysis to fill in gaps in data
- annual archive appraisal data, prior to inflationary cost uplifts
- regular reviews of data quality, such as checking for Condition B items with Remaining Life of 0

6. The survey process

Background

6.1. As outlined in Chief Executive Letter (CEL) 35 (2010), full condition surveys of property assets should be carried out at least once every 5 years and reviewed/ updated as necessary between this period. Full surveys may be required at lesser internals, depending on need. It is however recommended that a rolling programme of surveys is adopted to enable the estate to be re-surveyed every 5 years. Boards are also required to update Estate data where capital and/ or major maintenance work has been undertaken.

Recommended appraisal

6.2. Boards may allocate their own resources or appoint a surveyor to carry out inspections. The properties prioritised/ selected for surveys through the National Survey Programme will be typically appraised at level 2.

Interviews with key estates personnel

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

6.4. Historical condition and performance information associated with individual Sites and Blocks have also been collected over a number of years.

6.5. 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
- Location level - person in charge at department level

6.6. 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 Property Appraisal Manual. In addition, all Sub-Elements should have a lifecycle period and lifecycle costs allocated.

6.7. 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 boards.

Remedial action and comments

6.8. Information about the nature and location of any required rectification work should be entered in the 'remedial action' and 'comments' sections within the appraisal record.

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

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

Digital photographs and documents

Requirements

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

6.10. 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 must have an associated photo (expect where duplicates exist).

6.11. 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

Photograph format

6.12. Each photograph should be stored as an individual JPG file. There is an upload limit of 500MB within the Strategic Asset Management System (SAMS) so photographs should be appropriately scaled to meet this limit (recommended size 800 x 600 pixels). Each JPG file should be named in accordance with the following convention:

A - B - C - D - E

where:

- A - Site code, for example 'F716H'
- B - Block code for example '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) for example '002'
- E - file extension such as JPEG, for example F716H-01-FABRIC-002.jpg

Authority/ permission

6.13. It is the responsibility of the surveyor to check and have confirmed by board estates staff whether specific permission is required prior to taking photographs on any NHS Site.

Sensitivity

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

Survey structure

The appraisal process

6.15. The purpose of the building appraisal is to collect information on the current condition and performance of the estate. To achieve consistency of approach to data collection and reporting, each building asset is ranked against the six facets to enable the overall condition of the estate to be assessed.

6.16. 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 outwith the scope of this document.

6.17. Appraisals will be carried out either by in-house Estates staff, Survey Partner or a board-appointed surveyor, to ensure consistency of approach that the systems and procedures set out in this Property Appraisal Manual are followed.

Scope of inspection

6.18. 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/ or made inaccessible in the normal course of construction, fitting out or occupation.

6.19. Building appraisals will generally be undertaken from ground level but, where safe access is available, will also inspect flat and pitched roof areas and any void areas.

6.20. 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.

6.21. 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 lifecycle data.

6.22. 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, the survey will

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

Survey methodology

6.23. The various steps to be followed to roll-out surveys are summarised as follows:

- **Preparation Phase**
    - distribute copies of the Property Appraisal Manual to all surveying staff
    - deliver in-house staff training on the survey procedures to be adopted to ensure consistency
    - export and review the existing data in SAMS
    - prepare a prioritised survey inspection programme
    - allocate the property list by discipline (building, engineering) to the surveyor
    - ascertain the availability of record information
    - notify local board contact of areas planned to be surveyed and check restrictions, for example mealtimes, doctor's rounds, and so on
    - receive and check drawings including Site/ Block codes, Block age and Gross Internal Area (GIA), and so on
- **Survey Phase**
    - confirm access arrangements, and on a phased basis (if applicable)
    - 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
    - verification and validation meetings
- **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)
    - issue signed off data to the local estates personnel (as applicable) prior to data upload into SAMS

The Survey Partner process

6.24. CEL 35 (2010) recommends that each property should be re-surveyed every 5 years. Any data over 5 years old is therefore considered to be aged.

6.25. As part of this process, Scottish Government provides annual funding to facilitate a proportion of the surveys and in doing so, NHSScotland Assure periodically appoints a Survey Partner, to carry out Physical Condition (level 2) and Statutory Compliance (level 2) surveys.

Note 4: NHS boards will be required to review and update their estate information on a continual basis where capital and/ or major maintenance work has been undertaken, and where data has become aged.

Route to market

6.26. Every three years, a High Level Information Pack (HLIP) is issued by NHSScotland Assure to suppliers on the NHSScotland Lead Advisor Framework, to provide prospective Consultant Lead Advisors ('Survey Partners') with information regarding the annual programme for surveys and associated consultancy services across NHSScotland boards. The commission is for Lead Advisor services across a defined scope of works, with the HLIP providing the Survey Partner with details of the scope of the project. NHSScotland Assure appoint the Survey Partner under the NHSScotland Lead Advisor Framework to deliver this project using the New Engineering Contract (NEC) 4 Professional Services Contract Option A.

6.27. Annually, Blocks are allocated to a Phase of the National Survey Programme following a period of consultation with all boards and prioritisation by the Asset Management and Capital Programme Board (as per governance arrangements).

6.28. In addition, the appointment of a Survey Partner allows boards to directly appoint the Survey Partner for any of the services noted in the HLIP. Appointments can therefore be made independently by boards under their own Standing Financial Instructions and under the terms and conditions of the Survey Partner appointment.

Note 5: Advice should be sought from NHSScotland Assure before entering into a call-off agreement

Management and coordination

6.29. 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.

Training provided to Survey Partner

6.30. 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.

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

6.32. 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.

6.33. At the request of the individual board, the surveyor must provide evidence of certification for all staff such as:

- asbestos awareness training
- disclosure certification for patient areas
- any other relevant certification

6.34. 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.

Access for inspections

6.35. Client contact details must be provided by the relevant NHS board.

6.36. Boards' 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 board within a minimum of two weeks before the planned surveys being carried out.

6.37. 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.

6.38. Pro forma check sheets, including a proforma for Urgent Issues, are provided in Appendix E.

Arranging access

Access arrangements

6.39. A key issue for the smooth execution of a survey phase is to ensure that continuity of inspection can be provided for the survey teams.

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

6.41. Survey Partner teams are likely to 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.

6.42. 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 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.

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

6.44. 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.

6.45. Any difficulties in arranging access to individual Sites will be referred to the appropriate board representative/s for resolution.

6.46. Special arrangements may be necessary for certain facilities, for example mental health.

Survey hours

6.47. Survey teams will carry out the majority of the inspections during normal business hours, within 8am to 5.00pm, Monday to Friday, or as agreed with the Client.

6.48. 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.

General health and safety

Geographical considerations

6.49. Properties located in remote areas 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. Survey and travelling arrangements are required to be flexible and adaptable when scheduling visits to such Sites.

Site vetting

6.50. 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. All surveyors must comply with board access requirements.

6.51. 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.

Staff identification

6.52. All survey team members will carry an identity pass (with photograph, name, and company stated) and these will be made available for checking by the person in charge at each Site prior to commencement of the inspection.

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

Security

6.53. 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. Surveyors must receive a fire safety induction in advance of commencing any surveys, so that they are aware of the procedures that should be taken in the event of fire, including safe exit routes.

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.

Site induction/ passports to work

6.54. Where necessary, surveyors 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, and so on.

Access to Site

6.55. Access to the various properties will be arranged in advance.

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

Surveying safely

6.56. 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.

6.57. 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.

6.58. 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.

6.59. It may be necessary to obtain Site specific information, for example about specific hazards on Site. This information should be obtained from the relevant key personnel at each board.

6.60. A generic risk assessment has been prepared and this is included as Appendix F. 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.

6.61. Further specific guidance 'Surveying safely' is issued by The Royal Institution of Chartered Surveyors (RICS) and can be found on their website.

Personal Protective Equipment (PPE)

6.62. Surveyors must be equipped with appropriate PPE, for example high visibility vests, and so on.

Surveyors must be provided with appropriate gowns/ overalls or other clothing where these are required to access specific parts of buildings.

6.63. Any specific PPE to be worn may be requested at any time by board personnel; via the National Survey Programme mini competition HLIP, the annual Block survey prioritisation programme, or at any time by board Estates personnel.

Suspected Asbestos Containing Materials (ACMs)

6.64. Surveyors must refer to the asbestos management plan where one is available for the premises, prior to carrying out inspections.

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

Arrangement for inspection of 'difficult areas'

6.66. 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.

6.67. It will be necessary for surveyors to liaise with board representatives to discuss and agree the steps necessary to minimise any potential access problems to these areas.

Urgent issues

6.68. During the course of inspection, if the surveyor identifies any health and safety issues which require urgent or emergency action to be taken, relevant board personnel will be contacted immediately in person and, if unavailable in person, by telephone and in any case by email following initial verbal contact, to ensure a written record.

Method statements

6.69. Each surveyor will be responsible for modifying their assessments to meet the specific requirements of each Site being inspected and, thereafter, to comply with method statements and safe system of work procedure.

First aid

6.70. All surveyors must carry a first aid kit when visiting unoccupied properties.

Working safely

6.71. Surveyors must at all times:

- observe and comply with all safety signs
- consider other people, for example 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

Tools and equipment

6.72. All survey teams must carry sectional surveyors ladder.

6.73. All surveyors must carry mobile telephones to maintain contact.

Quality assurance procedures

6.74. In line with the requirements of the HLIP:

- quality assurance audits must be carried out at regular intervals to check and review the collected survey data
- survey team coordinators must carry out quality assurance audits to check and review the collected survey data prior to transferring completed toolkits to SAMS
- the Project Director must also carry out additional random checks at data input stage

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

Table 6.1 - 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
Random checks of data prior to submission to Client	Project Director
Verify costing exercise including any rogue items	Costing Co-ordinator
Carry out random checks of costing	Costing Co-ordinator
Random checks of data prior to submission to Client	Project Director
Check all information is complete prior to uploading to SAMS	Survey Co-ordinator
Upload of data to SAMS	Survey Co-ordinator

Note 6: as of February 2024, the above list is subject to review.

6.76. 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.

Progress report

6.77. 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.

Progress versus programme

6.78. Survey coordinators are responsible for ensuring that their teams maintain progress on the inspection of the properties allocated to them.

6.79. 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.

Survey data

Toolkits - data import and export

6.80. Survey data may be captured on proforma data collection sheets however the data is required to be transferred to the appropriate Toolkit for upload into SAMS.

6.81. Toolkits can be utilised to collect survey information for the NHSScotland six facets. These toolkits are available in SAMS. Existing data toolkits or blank toolkits can be exported to a Microsoft Excel spreadsheet, via Reports and Exports within SAMS. Once appraisal data is added to the toolkit, data can then be imported into SAMS. This functionality can be made directly available to the Survey Partner.

6.82. As SAMS does not automatically archive data, boards should consider keeping a copy of existing data prior to overwriting with new data that is planned to be imported.

Validation

6.83. 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 surveyors using their professional judgement.

6.84. 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 further opinion (peer review)?

6.85. To help improve the objective assessment of condition, the Survey Partner will issue draft survey findings to boards. Boards must review and verify these findings before they are uploaded to SAMS. This verification exercise may involve key personnel, including local Estates teams and managers, to ensure that the survey findings are a fair representation on the condition of the estate. Data verification meetings are a key deliverable requirement of the Survey Partner, prior to upload of data.

Data input and update process

Data input options

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

- direct input into the software portal by the board
- importing into the system via Toolkit

Survey Partner data

6.87. Upon conclusion of surveys, the survey findings will be input into the relevant Excel spreadsheet (Toolkit). On completion of data input, the populated Toolkit will be sent to the board in draft 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.

6.88. Once the board is in agreement, the data must then be imported into SAMS, as agreed. A copy of existing data should be exported/ archived prior to upload of new survey data.

6.89. It should be noted that as the Survey Partner data is uploaded via the toolkit into SAMS. All previous data held for a Block will be overwritten and archived. It is imperative that local Estates staff are happy that new data set contains all previous backlog, and so on that has not been addressed which will otherwise be lost.

Note 7: The data upload process is currently under review.

Any other surveyor

6.90. While it is recommended that boards appoint the National Survey Programme Survey Partner to carry board-appointed surveys, boards are entitled to procure their own surveyors to undertake any surveys, in accordance with this Property Appraisal Manual.

7. Space/ room data and CAD drawings

Introduction

7.1. The Strategic Asset Management System (SAMS) has the capability of producing detailed reports based on the space data recorded within the system. Ideally this should be generated from and reporting through to drawings held within the FileStore. However, it is appreciated that it is not always possible to hold detailed drawing information for all buildings within an Estate.

Therefore, the following minimum data should be recorded within SAMS to allow more high-level reporting to occur.

Space/ room

7.2. Block level data should be broken down to floor and then room level data where possible. A minimum of floor level information should be recorded in SAMS.

7.3. The minimum area information required as part of SAMS for each Block on each Site is:

Table 7.1 - Minimum Block area measurements

Term	Example
Block Number	01
Block Name	Main Building
Gross Internal Area (GIA)	308.50m^2
Internal Floor Area (IFA)	277.00m^2

7.4. A key dataset of SAMS is GIA as many costs relate to a rate/m^2 of GIA.

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

7.6. Where possible this should then be taken down to room level information, where each room is measured to produce a more detailed area breakdown.

Drawings

7.7. 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.

7.8. Ideally, boards will have AutoCAD plans or layout drawings (as a minimum) for each Site and these will be used to identify each Block on the Site. 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.

7.9. On the larger more complex Sites, it will be beneficial for the boards to show the boundaries of individual Blocks, particularly where there are several within a physical building.

Areas - floor levels, GIA, room numbering

Floor levels

7.10. Floor levels form part of the overall code for a building and form a unique reference to the relevant floor in a Site.

Table 7.2 - Floor level codes example

Site code	Block code	Floor code	Floor Description
F716H	01	00	Ground Floor
F716H	01	01	First Floor

Areas

7.11. Details of the total area and breakdown by user are required for all Blocks against the categories found within paragraph 3.21.

Room numbering

7.12. All rooms should be given a unique identification to be used within SAMS to identify the space, doing so will allow for graphical reports to be created to find and compare various aspects of a Site such as clinical versus non-clinical.

7.13. In the example below, F716H is the Site code or Site Reference Number (SRN), 01 is the Block code and 00 is the floor of the Block. The unique reference for rooms should start at 001 for each floor level and continue numbering sequentially. 001, 002 and so on. Where alterations to rooms occur a new room number should be assigned rather than splitting the number as 001A and 001B.

Table 7.3 - Room numbering codes example

Site code	Block code	Floor code	Room code
F716H	01	00	001
F716H	01	00	002

Good practice

7.14. When managing a library of drawings, it is considered good practice to have larger Sites attached as an External Reference (XREF) into the drawing within AutoCAD. This will reduce the overall number of changes required to be made, as this is only required once, and this update will cascade through to the linked drawings.

7.15. Consistency of layer naming within drawings is important and Boards are encouraged to adopt a set naming convention across all drawings. Below is a list of recommended Layers to use:

- polyline
- gross area
- doors
- wall
- windows
- fire
- boundary
- titleblock
- viewports

7.16. Polylines should be created by using the polyline tool within AutoCAD, selecting each corner of the room and closing off to ensure 1 solid line, this will allow for the use of tools such as the Micad linking tool to connect the rooms to SAMS.

8. Capital planning

Overview

8.1. The Strategic Asset Management System (SAMS) Capital Planning module supports boards to effectively manage, maintain and report on their property assets. The module is made up of a series of dashboards for interactive reporting.

8.2. The Capital Planning module is a reporting platform which links to key datasets including Property Appraisal information. This can be used by boards and nationally to strategically plan, forecast and scenario plan the impact of maintenance budgets and inflation on the long-term costs of the estate.

Lifecycle modelling

8.3. Lifecycle modelling is a method of projecting the whole life cycle of building fabric and engineering Elements within a Block, and can support with decision-making relating to the operation, maintenance and strategic planning.

8.4. Lifecycle models are developed within SAMS using captured Physical Condition information, which is set out within Section 5. These models identify when Block Elements and Sub-Elements are due to come to the end of their anticipated life, and the associated costs. These models are represented graphically and numerically, with costs aligned to the year in which Elements are due to expire.

Levels of appraisal

8.5. Lifecycle appraisal will follow the methodology set out within paragraph 5.43 to 5.47 and be assessed as the following:

- 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 lifecycle replacements based on cost/m2 of Gross Internal Area (GIA) 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 lifecycle replacements. This would include Site measurements to calculate GIA and quantities of the Sub-Elements and components
- within an appraisal survey, there is a field for “Lifecycle” in addition to the “Remaining Life” field. The Lifecycle 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

8.6. The start dates of the lifecycle 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 or Sub-Element is in its typical life expectancy. This will allow the frequency of the cycles to be adjusted accordingly.

8.7. Any costed items where a Lifecycle period is not appropriate, for example those set out within paragraph 5.27 to 5.29 will occur once within a Lifecycle model and not reoccur.

Cost for Elements/ Sub-Elements

8.8. Remaining life and lifecycle replacements will be assessed on the basis of the same Building and Engineering Elements and Sub-Elements as utilised in the Physical Condition surveys (see Appendix A).

8.9. 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.

8.10. As referenced in paragraph 5.27 to 5.29, the appraisal comprises an assessment of the following primary data components:

- element type
- sub-element type
- date of installation/ remaining life
- lifecycle

8.11. Backlog maintenance costs and lifecycle replacement costs are assessed by the surveyor and uploaded into SAMS as described earlier.

Lifecycle of Sub-Elements

8.12. The lifecycle of all Elements and Sub-Elements are outlined within the Schedule of Rates (see Appendix C) and is expressed in years. Where there are multiple types of material and design for any given Sub-Element, the lifecycle may differ. The surveyor who is responsible for carrying out an appraisal must use the lifecycle figures as set out within this document.

8.13. Lifecycle is a mandatory field within any Physical Condition appraisal. This field is used within a Lifecycle Model to project what year the future cost of an Element or Sub-Element will re-occur.

Remaining life of Sub-Elements

8.14. The remaining life of each Element and Sub-Element is required to be estimated and expressed in years. This will be an estimate of the typical life for each type of Element/ Sub-Element and 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

8.15. For Sub-Elements where the standard life expectancies would 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
- will continue to meet or exceed minimum performance requirements over a minimum of the forthcoming 5 years
- that documented evidence demonstrates that the regular work done to maintain 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
- service performance is continually assured

8.16. The remaining service life of a Sub-Element requires to be validated and verified at boards' Asset Review meetings. It should be noted that re-surveys will take place within the next five years, or earlier, if required.

8.17. In practice, it can be difficult to accurately assess 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 C and Appendix D.

On-site assessment at Block level of the component/ systems

8.18. On-site Assessment at Block level 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.

8.19. For carrying out the more detailed component/ system level lifecycle 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 lifecycle can be based on the actual construction of the buildings, for the example, the life expectancy of a pitched and slated roof will be different from that of a flat roof with a bituminous felt covering.

8.20. Please note that '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' and so on.

Quantity/ area

8.21. Block GIA is a key metric that is recorded within SAMS, this is especially relevant to the Capital Planning module as most costs relate to a rate/m2 of GIA as detailed below.

8.22. Within a Physical Condition appraisal, a backlog or lifecycle 'quantity' can be an area, a volume or a count and, if required, can be referenced from the Block GIA.

8.23. It is the responsibility of each individual board to carry out detailed measured surveys of their estate. Where this has not been achieved, a board should seek a workable compromise for the surveyor to adopt a pragmatic approach to assess GIA at Block level. If the Surveyor considers there is significant difference between the provided GIA and the actual GIA for each Block, then the surveyor should assess the GIA at Block level through a combination of the following means:

- where available, using web-based mapping technology 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 (GEA), modified by a reduction percentage appropriate to the age and form of construction of the Block to arrive at a GIA
- carrying out a desktop study of any available scaled floor plan drawings to calculate approximate quantities for the Elements, Sub-Elements 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 8: this will not include for carrying out a full measured survey to establish GIA or elemental quantities.

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

Condition grade

8.25. As part of any Physical Condition appraisal, every Sub-Element must be assigned a condition grade, as set out within paragraph 5.6.

8.26. The external fabric Elements 01 Structure, 02 external Fabric and 03 Roof should be assessed for the whole Block.

8.27. The Site 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.

8.28. The internal fabric Elements 04 Internal Fabric and 05 Internal Fixtures and Fittings should be assessed for each specified Block and location.

8.29. 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.

8.30. For the avoidance of doubt, it is expected that the Physical Condition survey and the lifecycle be recorded on the same line of data on the toolkit spreadsheet, although separate lines may be utilised where appropriate. As a guide, any items which are Condition C or below would be expected to have a remaining life of 0 as they are not operating as intended.

9. Fire safety management system

Overview

9.1. The Strategic Asset Management System (SAMS) has the facility to record fire risk assessments, fire incidents and unwanted fire alarm signals (UFAS). It can be utilised to analyse data trends to inform improvements in processes that will reduce the instance of fire and UFAS. This element of the system has been named as the 'Fire Safety Management System'. Although it is an individual component of SAMS, it is fully integrated within the system as a whole, therefore, information input onto the fire safety element can be accessed and transferred into other portals by users with the requisite permission levels. An example of the cross functionality is fire safety question sets, templates and reports are automatically populated with the name of building, Block number, address, and region.

9.2. The fire safety management system is a functional tool with the facility to record information and analyse data trends. This will assist fire safety advisors and Health Board managers to inform improvements in processes that will reduce the instance of fire, UFAS and address issues arising from fire risk assessments.

Risk assessments

9.3. Fire risk assessments of all NHSScotland premises are undertaken by boards fire safety advisors. They assess fire risks and the potential impact of a fire event using the guidance in Scottish Health Technical Memorandum (SHTM) 86: Fire risk assessment. The assessment data and action plans are recorded in the Fire Safety Management System in SAMS.

Unwanted fire alarm signals and fire incidents

9.4. These are recorded on SAMS. Data gathering and analysis is vital as it is used to determine trends which ascertain actions for improvement. SAMS has the facility to produce reports on time of incident, location, cause, and so on. The action plan to address deficiencies is recorded in SAMS and if actions are not addressed within a defined timescale, an assigned person is notified. The system generates reminders to the assessor prior to the timescale for completion.

Backlog maintenance

9.5. Backlog maintenance is input under the Statutory Compliance facet by the person with budgetary control after discussion with the fire safety advisor, therefore removing the possibility of double counting.

Dashboards and reports

9.6. The Fire Risk Assessment module is accessible via SAMS. The system can generate bespoke reports for Fire Risk Assessments, Fire incidents and UFAS. This can be done at a local and national level.

10. Asbestos

10.1. Health and Safety Guidance (HSG)227: A comprehensive guide to Managing Asbestos in premises and HSG264: Asbestos: The survey guide provides guidance on managing asbestos in non-domestic premises.

10.2. The information captured during inspections is recorded within the Asset Hierarchy levels, at Block level (level 3) for externals and room level (level 5) for internals. Boards who have linked space data with AutoCAD drawings within the Strategic Asset Management System (SAMS) can generate interactive thematic risk reporting for impacting risk evaluation.

10.3. Documents such as surveys and clearance certificates can be filed and published using the FileStore.

10.4. The diary functionality within the module may be used to create alerts for inspections.

Note 9: The Asbestos module within SAMS can be activated for boards at an additional cost. This would be required to be arranged by the board directly with Software Supplier. The Asbestos module can provide high level intuitive insights on compliance as well as detailed reports on data.

11. Leases

Overview

11.1. NHS boards are encouraged to utilise the Leases module in the Strategic Asset Management System (SAMS) where practicable and to align with the requirements of the NHSScotland Property Transactions Handbook and/ or the Scottish Public Finance Manual (as applicable). The Leases module has an extensive diary function that can be both scheduled and automated to produce notifications of important events, for example Rent Reviews, Break Clauses and International Financial Reporting Standards (IFRS) 16 reporting requirements.

Minimum data set in SAMS

11.2. At present, there is no minimum data set for the Leases module.

11.3. Where a Lease, Licence or Other Agreement is documented, then the system requires a reference code to be added. It is recommended that the reference code is assembled using a combination as follows:

- **hypothetical example** - F716H/01/LeaseIn/01 - The Lease code should be assembled to reflect the level of floor/ room being leased, such as if the whole Site is leased the code will only include F716H. If it was leased to room level the code would read F716H/01/G1/001
- **good practice** - The leases module offers a range of functionality to enable NHS boards to document Lease, Licence or Other Agreements. Good practice would be for NHS boards to use this as their primary depository for Lease information and this in turn will maximise the benefits of the diary function. The diary will automatically create notifiable events if data is entered to generate rent reviews, leases renewals and so on. The notifications can be automated to email at a period defined in advance by the User

Reporting

IFRS16

11.4. All NHS boards must now report leases that are governed by IFRS 16. Within SAMS there is a specific report (Leases IFRS 16 Status) that will collate the relevant data on either portable document format (PDF) or excel formats for distribution.

Note 10: The IFRS 16 report is subject to potential future development.

Valuation report

11.5. The standard Valuation Report available in SAMS captures information detailing Site areas, Site asset valuations and the land values.

Lease information report

11.6. This report gives general information regarding all leases and licences in place. It contains information such as premises, lease commencement/ expiry, rent payments and tenants and so on.

12. Documentation

Overview

12.1. Documents can contain a range of useful information which boards may need to access as part of the management of the estate, this can include photographs, drawings, lease documents, titles, and so on. These key documents can be stored within Strategic Asset Management System (SAMS) as a copy, and published to any level, for example board, Site, Block, and so on.

12.2. Documents can be accessed via Portals, where a user of SAMS can be granted access based on location (for example Site or Block) or the discipline of a document (for example: fire risk assessments).

The FileStore

12.3. The FileStore is the location where all documents are held within SAMS. As with any document storage, the FileStore should be clearly structured and managed, to ensure that documents are easily accessible.

An example of how NHS boards may wish to structure the folders within the SAMS FileStore is below:

- appraisal data - NHS
- appraisal data - Survey Partner
- compliance:
    - asbestos
    - fire
    - fixed electrical installations
    - and so on
- drawings
- excel documents
- Site photos
- and so on

Within each of these folders, NHS boards may decide to create sub-folders for each Site, to allow files to be easily located.

Publishing documents

12.4. Any document within the FileStore can be published to a specific location, for example at Site or Block level. This allows read only users to access documents by location.

Document naming

12.5. There is no fixed requirement for a naming convention to be used within SAMS. However, NHS boards should consider establishing a document coding system for any files stored within SAMS which makes these files easily identifiable and searchable.

Photographs

12.6. As part of the appraisal of the NHS estate, representative photographs in digital format are required for each property (see paragraph 6.9 to 6.14).

AutoCAD drawings

12.7. SAMS has a built in CAD viewer, and drawings can be published to Sites at floor level and viewed within the Information Portals module. If drawings are published as an “as built” drawing, then graphical reports can be created, for example breakdown of clinical and non-clinical spaces.

13. Systems

Strategic Asset Management System (SAMS)

Overview

13.1. NHSScotland utilises SAMS to record and manage estate information including fire data. Support details are included below.

SAMS support

13.2. NHSScotland Assure provide further information and support for the development of the system and its modules:

NHSScotland Assure Support

Email Address: NSS.DEandAMTeam@nhs.scot

13.3. In addition, support is available from the Software Provider, Micad:

System Support

Provider: Micad

Support Phone No.: +44 (0)1619 279 573

Helpdesk Link: Submit a request - NHSScotland (zendesk.com)

System Integrations

Note 11: System Integrations will be included in the future as integrations are progressed.

Statutory Compliance Audit and Risk Tool (SCART)

Overview

Provider: Storm id

Contact: Statutory Compliance Manager (NHSScotland Assure)

Health Facilities Scotland (HFS) SCART website

13.4. SCART is the web-based compliance assurance, monitoring and 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.

13.5. The tool itself is based around Estates and Facilities related topic Question sets (currently 39), which upon answering SCART will provide assurance of compliance and/ or indicate

the current residual risk associated with each answer to that question. Outstanding 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 SAMS and any available SCART Action Plans. In addition, boards should have a mechanism in place to ensure any SAMS items picked up during the SCART surveys are transferred to SAMS and costed as required.

Abbreviations

ACM: Asbestos Containing Materials

BCIS: Building Cost Information Service

CAD: Computer Aided Design

CEL: Chief Executive Letter

DL: Director's Letter

EAMS: Estates Asset Management System

EMS: Environmental Management System

GEA: Gross External Area

GIA: Gross Internal Area

GP: General Practitioner

HBN: Health Building Note

HFS: Health Facilities Scotland

HIS: Healthcare Improvement Scotland

HLIP: High Level Information Pack

HSG: Health and Safety Guidance

HTM: Health Technical Memorandum

IFA: Internal Floor Area

IFRS: International Financial Reporting Standards

Kw: Kilowatt

NEC: New Engineering Contract

NES: NHS Education for Scotland

NIA: Net Internal Area

NPD: Non-profit distributing public private partnership model

NSS: National Services Scotland

PDF: portable document format

PFI: Private Finance Initiative

PIA: Programme Initial Agreement

PPE: Personal Protective Equipment

RICS: Royal Institution of Chartered Surveyors

SAFR: NHSScotland State of Assets and Facilities Report

SAMS: Strategic Asset Management System

SCART: Statutory Compliance Audit and Risk Tool

SGHSCD: Scottish Government Health and Social Care Directorates

SHTN: Scottish Health Technical Note

SHTM: Scottish Health Technical Memorandum

SRN: Site Reference Number

UFAS: Unwanted Fire Alarm Signals

UPRN: Unique Property Reference Number

XREF: External Reference