GOSH CCC
The Frontage Building -

Feasibility appraisal for re-use/demolition

20/05/2022

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S2 P01

Great Ormond Street Hospital for Children NHS Foundation Trust

A.1 Document Control

A.1.1 Document Details

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P08				
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Contents

Introduction

The Children's Cancer Centre at Great Ormond Street Hospital (GOSH CCC)

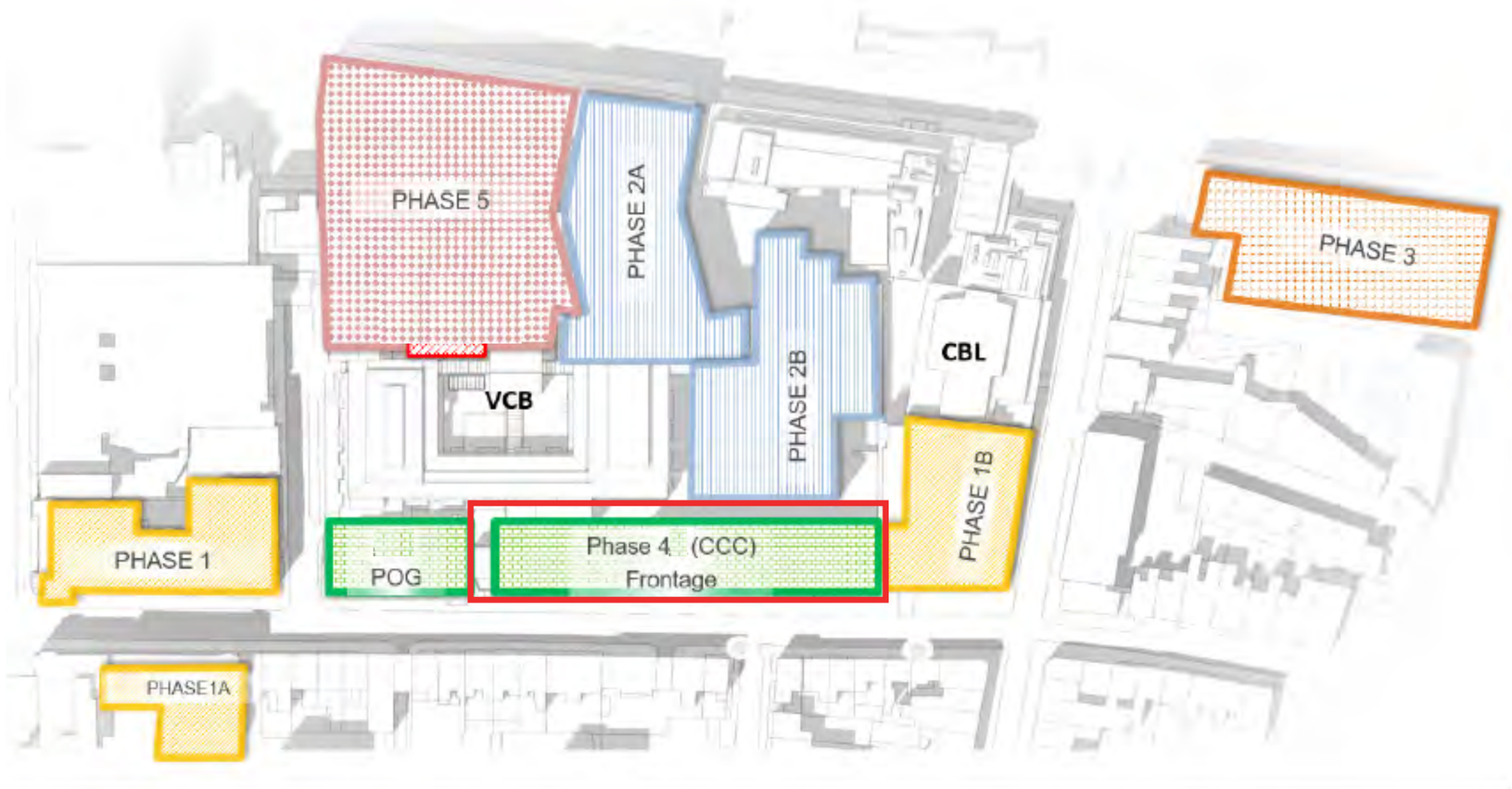
The Phase 4 Frontage Building Site

Phase 4 of the redevelopment Masterplan at Great Ormond Street Hospital is located on the main frontage of the hospital site, along Great Ormond Street itself.

The site is occupied by a mid century building known as The Frontage Building that is principally used for outpatient clinics. The site is neighboured to the west by a Victorian building that is now used for administrative purposes (The Paul O'Gorman Building, 1890) and to the east by the Octav Botnar Wing Building (2006) that includes an orthopaedic inpatient unit, a medical day care centre and the Harris International Patient Centre.

The Frontage Building Site is proposed to deliver all of the essential elements and functions of the Great Ormond Street Hospital Children's Cancer Centre (GOSHCCC) as well as provide a new main entrance to the hospital.

The purpose of this report is to appraise the feasiblity of re-using the existing Frontage Building to accommodate the proposed GOSHCCC. It assesses the compatibility of the project brief with the existing building, includes summary findings of feasibility studies and outline business cases carried out by the Hospital Trust that have ultimately informed the Phase 4 design brief, and contains architectural and engineering appraisals of the existing building in the context of the design brief.



Redevelopment Masterplan drawing taken from the GOSHCCC design brief

Executive Summary

A New Building on the Phase 4 Site

Proposals for a new CCC and Main Entrance on the Phase 4 site represent a new building project. Whilst the existing Frontage Building has been assessed for its potential re-use, extension and reconfiguration, multi-faceted review suggests an incompatibility between re-use and the briefed accommodation requirements of the CCC.

The existing Frontage Building provides 5,806m2 of principally outpatient clinic space. The existing main entrance footprint (space between the Frontage Building and Paul O'Gorman Building) equates to 157m2.

Proposals for Phase 4 (Frontage Building Site) seek to provide over 18,288m2 of accommodation for the Children's Cancer Centre including a new Main Entrance to the Hospital. This represents an increase of 12,325m2, more than three times the quantum of accommodation currently provided. The existing Frontage Building therefore provides significantly less space than is required for the proposed CCC, a factor that is key in our assessment of the existing building for re-use.

Assessment summary:

- Additional and extended floor levels would be required to meet the briefed area requirements. The briefed areas requirements represent a building over ten storeys that maximise the footprint of the site as opposed to the existing five storey building that leaves space to the north and west of the site.
- To achieve the required additional floor levels above the existing, significant structural strengthening would be required. The creation of new basement levels below the existing building's piled foundations is not feasible without demolishing the existing.
- In addition, the building's current use (outpatient clinics/non-acute care inpatients) means that the existing structure is not designed for briefed functions that impose heavy loads or have strict vibration criteria (Theatres/Imaging facility).
- A relatively tight existing structural grid and constrained floor-ceiling heights provide layout and future flexibility constraints. These constraints would be compounded by a requirement to strengthen the existing building structure.
- Spatial constraints limit the area efficiency of required services distribution strategies. With limited space between floor levels, horizontal distribution of services will be limited if at all feasible, ultimately requiring more area for rising services.
- The existing building envelope would require replacement to meet accommodation needs and sustainability/building performance targets.
- New protected cores would be required to facilitate an acceptable fire strategy. Current stair and lift cores are not sufficiently sized or specified and only serve the five storeys of the existing building.
- Misalignment of existing building floor levels would precludes level connection to the wider hospital, a key component of the brief and a feature that enables functional efficiencies.

The requirements for a leading clinical building for children's cancer treatment can be specifically addressed in new proposals that offer sustainable and efficient use of the land that the Frontage Building currently occupies.

The Existing Frontage Building in red with proposed massing dashed over

The Frontage Building

The Frontage Building

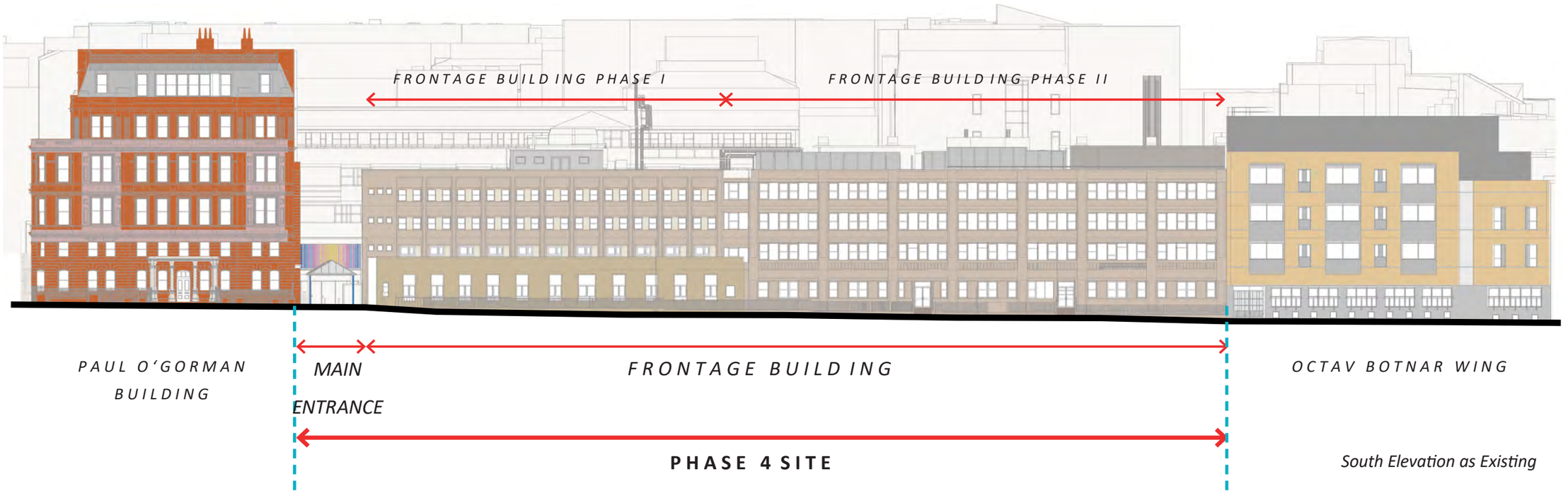
Today's Frontage building is comprised of two phases of development occurring between the 1950's and 1960's. The first phase replaced the Astor Building which had been designed by Charles Barry Jr's son, Charles and adjoined the Paul O'Gorman Building. The second phase followed in 1968 and saw the demolition of the remaining Georgian terrace to this section of the street.

The buildings replaced the varied north terrace of Great Ormond Street with a uniform and repetitive facade that steps back from Great Ormond Street above its street level storey. The building footprint leaves space to the west adjacent to the Paul O'Gorman building, which forms the main entrance to the Hospital today. To the north, open space is maintained between the Frontage Building and the larger clinical buildings on the hospital island site.

The two phases of Frontage Building development are consistent in their buff brick material finish and generally in height and mass. The buildings provide five storeys of internal accommodation. One of these levels is set below the street and benefits from a light well condition along the full length of the building footprint. Access to flat roof areas is provided by stair cores that project a level above the roof. External garden amenity space has been created above the second phase of the Frontage building.

Differences between the two phases of development are expressed in alternative fenestration and vertical bay arrangements, and through a bespoke structural strategy that replaced conventional columns with fin walls around hollow riser volumes in Phase 2.

A downwards sloping of the street towards the east means that existing access to the Frontage Building from Great Ormond Street is stepped. Inclusive access is maintained only through connection to the hospital's main reception area within the Variety Club Building to the north. Above the entrance level, the Frontage Building is disconnected from its neighbours. Furthermore, internal floor levels do not align with the horizontal platforms of care that prevail across the hospital island site.



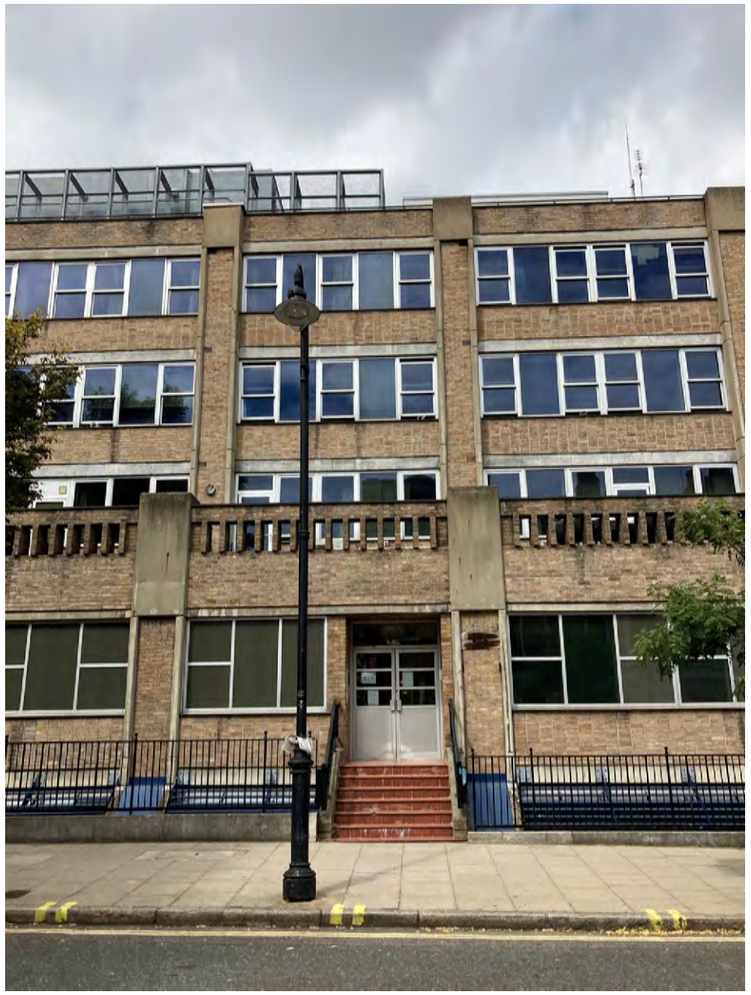
South Elevation as Existing

Aerial View of the first phase of the Frontage Building taken c.1967

The demolition of the remaining Georgian terrace to make way for the second phase of the Frontage Building 1968

Second phase Frontage building construction, 1968 (note alternative vertical structral strategy with fin walls creating hollows for services)

Great Ormond Street Hospital Main Entrance today - the gap site between the Frontage and Paul O'Gorman Buildings



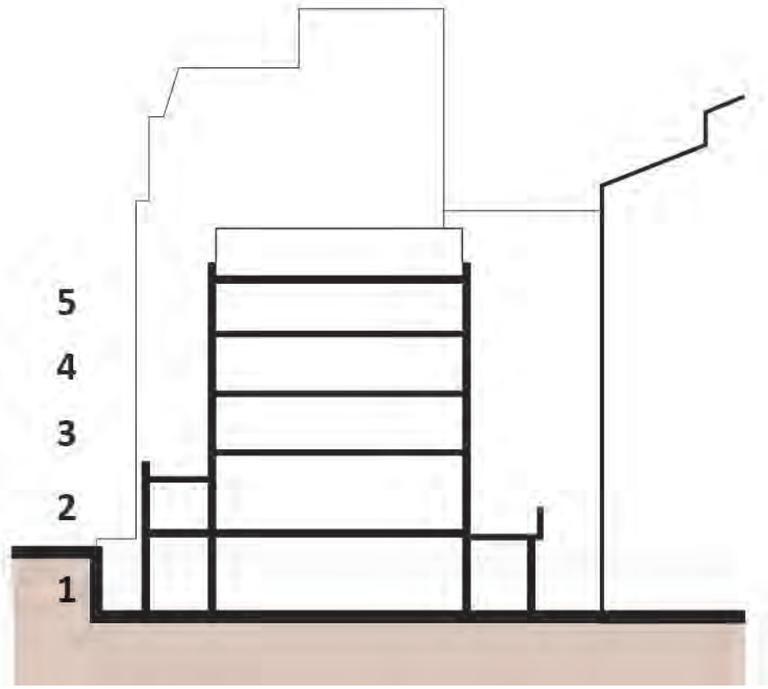
Stepped access and blanked windows to the existing Frontage Building

The plan and section drawings on this page illustrate the Frontage Building today, as a largely independent block with limited connectivity to the wider hospital. The building mass is physically separate from its neighbouring hospital buildings to the north and west, with physical connection limited to the north west at the entrance level.

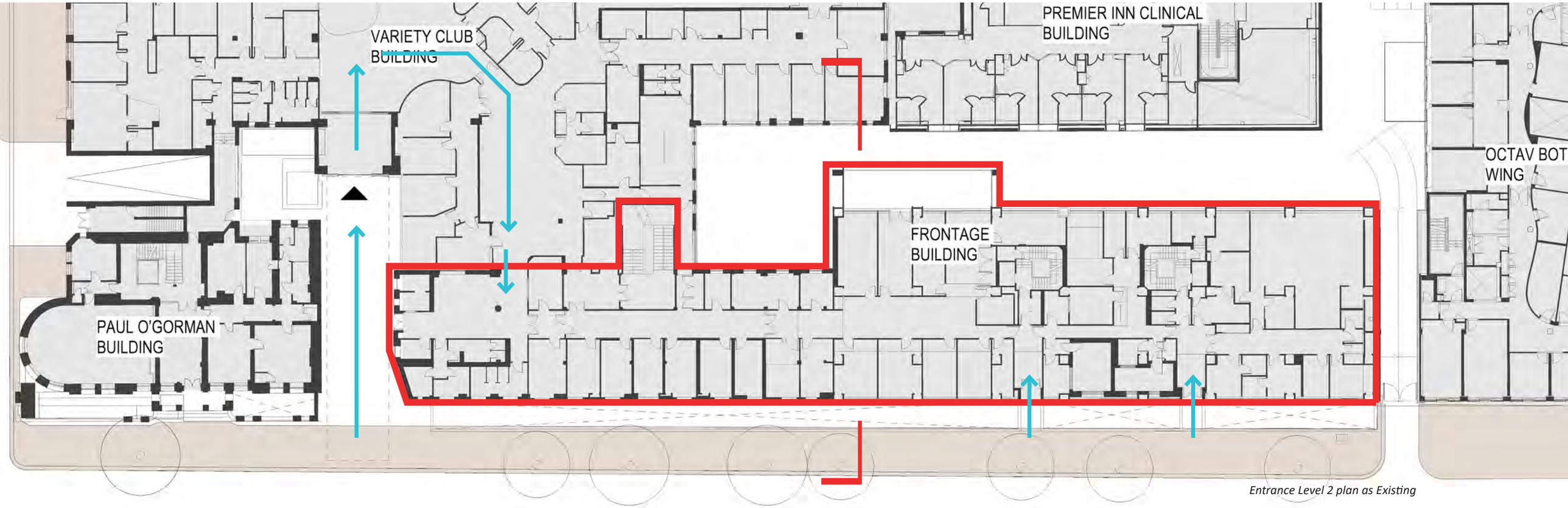
Internal layouts are comprised of cellular, single aspect spaces, with central double loaded corridor routes that run west-east. Corridor spaces are without daylight and make for repetitive environments. Rooms facing the street are anonymous from outside, with many of the windows blanked out either to facilitate internal functions or to provide privacy. This lack of activity facing the street prevents Great Ormond Street from being able to project a positive and welcoming identity for young people and their families.

The section diagram demonstrates a change in level between the street on the left hand side of the image and the entrance (Level 2) on the other side of the lightwell. Connections to Great Ormond Street are therefore achieved through stepped bridges across the lightwell that enter directly into constrained circulation spaces in Phase 2 of the Frontage Building. The building facade above Level 2 is set further back from the street in a departure from neighbouring buildings and lcoal precedent.

The outline of the neighbouring Paul O'Gorman Building is illustrated in the background of the Frontage Building, with the Variety Club Building to the right hand side. Both of these buildings are larger than the current Frontage Building and relate to an institutional scale that prevails across the hospital island site. The reduced scale of the Frontage Building, in addition to its physical separation from them, reinforces a sense that it does not belong to Great Ormond Street Hospital and its island site.

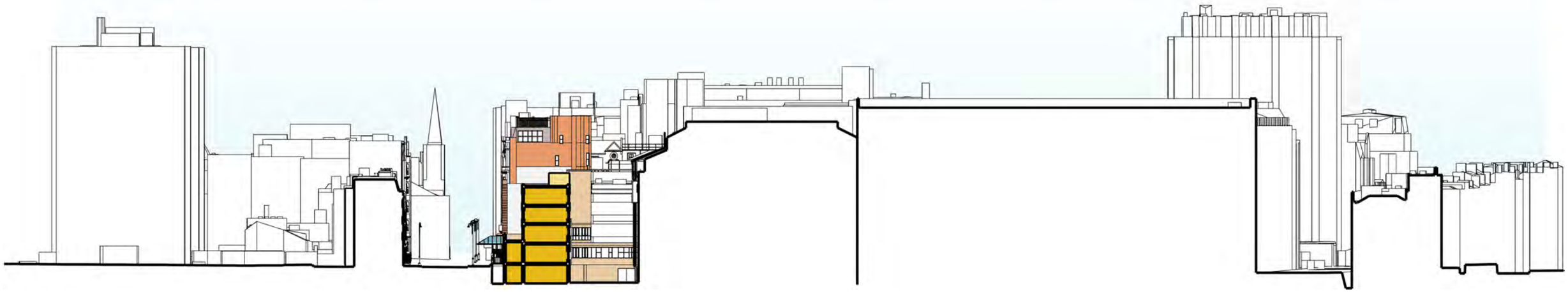


Sketch section through the Frontage Building

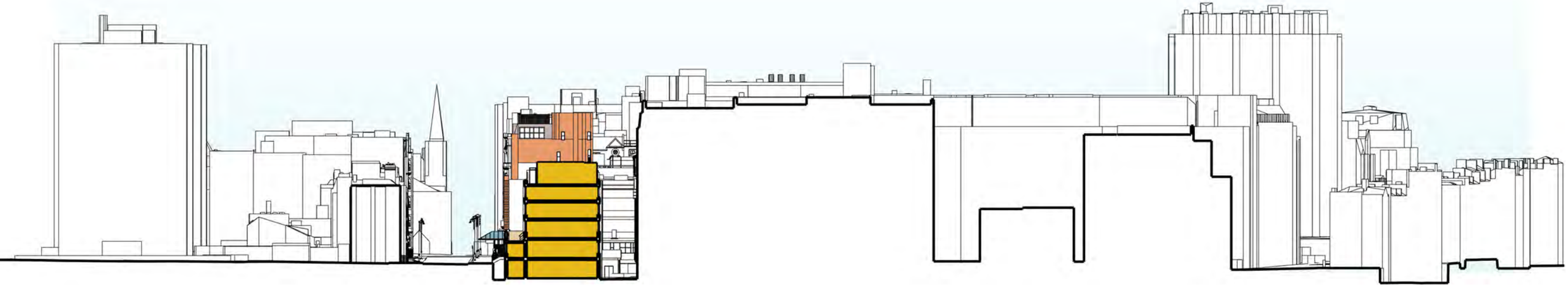


Entrance Level 2 plan as Existing

The Frontage Building



Site Section through the Existing Frontage Building and Variety Club Building



Site Section through the Existing Frontage Building and Premier Inn Clinical Building

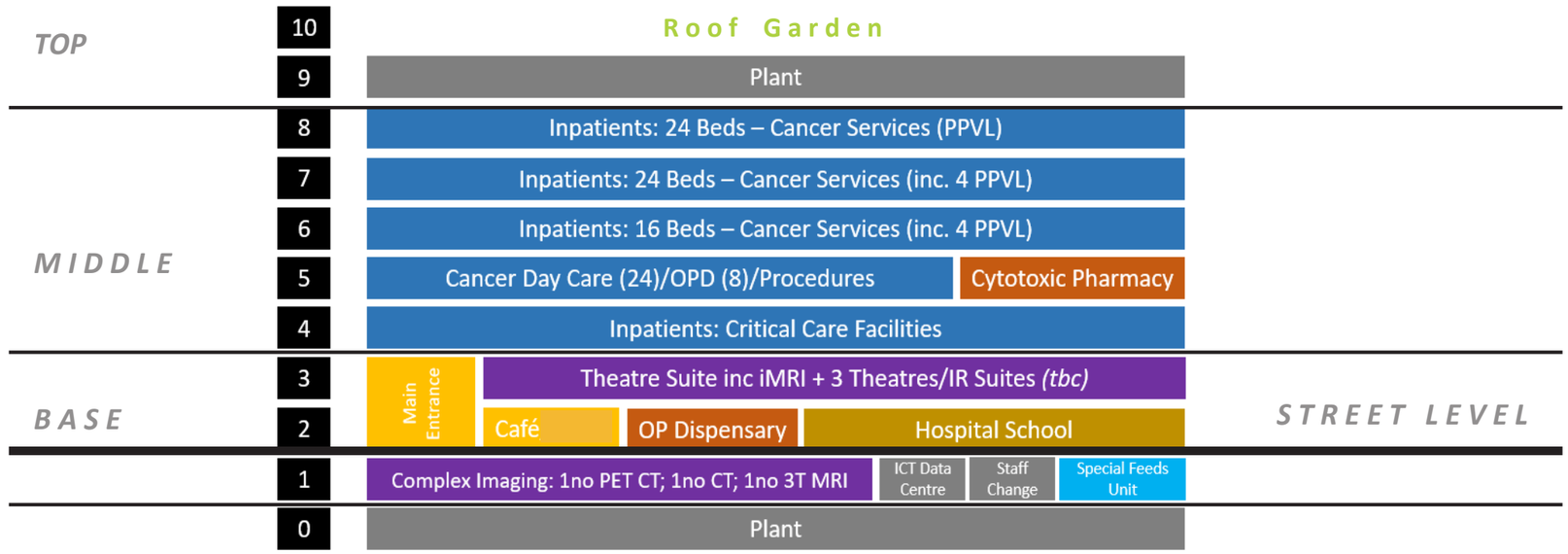
The Project Brief

The Project Brief

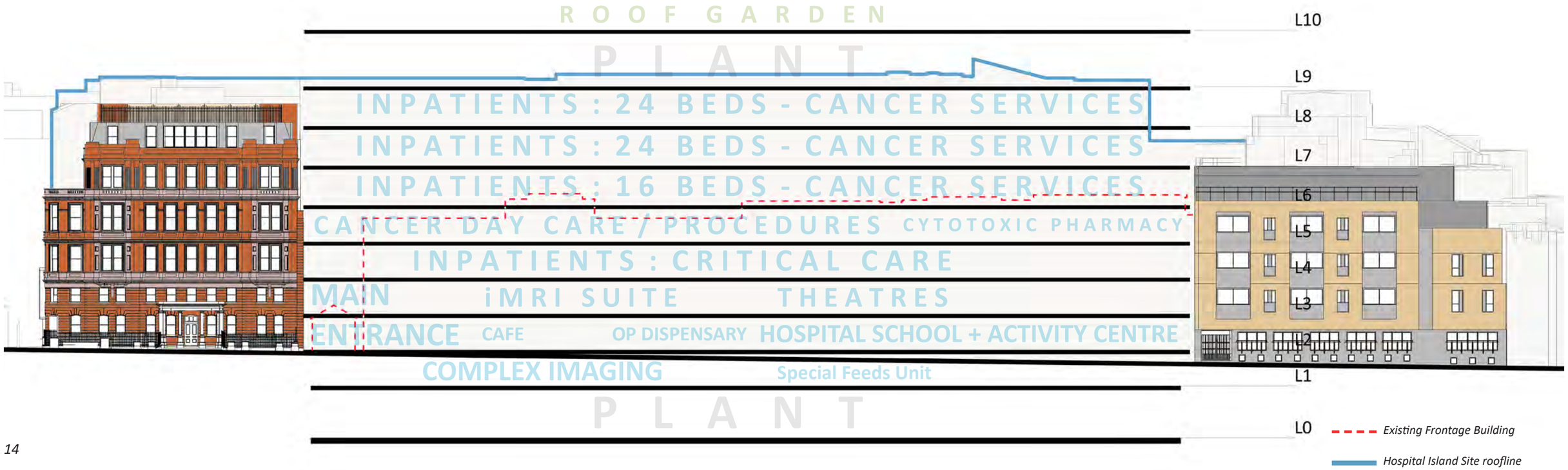
The agreed functional content for the CCC is presented in the stacking diagram to the right.

The proposed Schedule of Accommodation (SoA) utilises the Phase 4 site over 10 storeys (Level 0-Level 9). Two of these storeys are below street level, which is known as Level 2 on the GOSH site. Seven storeys of clinical accommodation are proposed above street level, with a setback plant room above. Level 10 provides an external roof garden amenity for use of the wider hospital, fulfilling the hospital's commitment to prioritising roof space for gardens and the provision of access to external green spaces that is a recurring theme in the design brief for the CCC.

The diagram below illsutrates how the stacking of the project brief requirements relate to the existing Frontage Building in terms of scale. The existing Frontage Building outlined in red. The proposed schedule of accommodation representing a building approximately twice as high, with additional development below ground and utilising the full footprint of the phase 4 site. A building that provides 18,288m2 as opposed to the existing Frontage Building that provides 5,806m2.



Functional content for the CCC



GOSH Feasibility Process

The Frontage Building – Optioneering
Context

It is recognised at present that many of the Trust's older buildings are no longer fit for purpose and are unable to effectively support the world leading paediatric healthcare that GOSH endeavors to provide.

One such building is the 1950's Frontage Building. The Care Quality Commission (CQC) report of GOSH in 2016 stated that:

'Where the trust had completed a refurbishment or rebuild, the facilities were modern, extremely child friendly and conducive to excellent patient care and dignity. There remained some wards, not yet refurbished, rebuilt or relocated where the environment was less good.'

The CQC also noted in this 2016 report that GOSH should:

'ensure early improvements in the environments of wards which have not been refurbished, rebuilt or relocated'.

Demolition verses Refurbishment of the Frontage Building

The currently fully occupied Frontage Building at Great Ormond Street Hospital comprises office accommodation and two floors of clinical services, it is currently fully occupied.

The clinical areas of the building are of a very poor quality and in many areas do not meet modern space or regulatory standards. The clinical environment is poor and the inpatient research facility in the basement, had to be urgently relocated in 2021 due to a fox infestation. The office accommodation in the building is generally located in repurposed outpatient areas and despite some remedial works completed in recent years remains of a poor standard and is inefficient both in occupancy terms as well as energy performance.

Current Condition of the Frontage Building

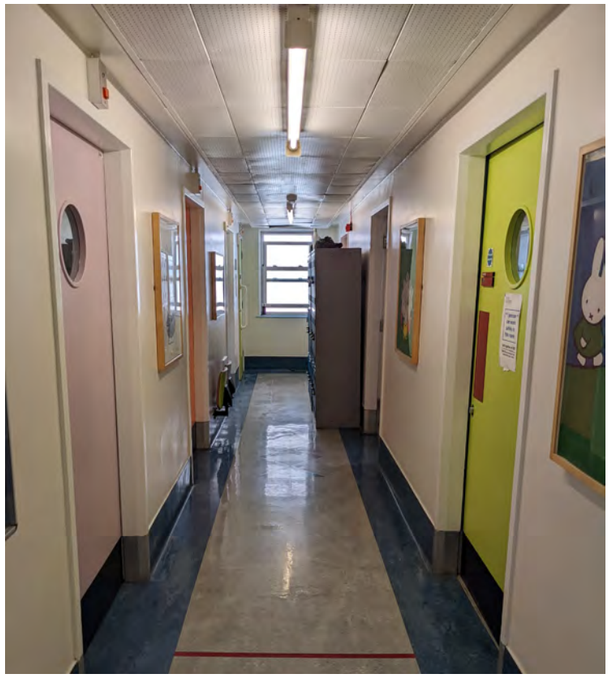
A six facet survey of the Frontage Building was carried out by Ingleton Wood in 2018 which included a physical condition survey of the building fabric and mechanical and electrical services, space utilisation and an environmental management audit. This detailed survey work was undertaken to inform the Trust of the building quality, backlog maintenance requirements and investment and asset strategies as well as overall condition and compliance. The results of this survey are appended to this report.

This survey established a number of significant elements of work required to bring the building up to a satisfactory standard. The ten year maintenance plans, including the existing backlog maintenance liabilities for the Frontage Building show that £15.6m is required to be spent on this building in order to address statutory requirements. Fundamentally, this will not improve the functional suitability of the space, which will remain poor.

Some Key significant work required on the Frontage Building includes:

- Replacement of the hot water system pumps within the next 5 years;
- Replacement of corroded pipe work throughout the building;
- Replacement of fuse boards in the low voltage switch room to ensure they comply with current British Standards;
- Replacement of the lighting system in the building with LEDs to create a more energy efficient solution;
- Other remedial repair work required in a building of this age including flooring, walls and ceiling repair and replacement.

In addition to the work listed above, the Frontage Building has very restrictive floor plates and ceiling heights that are too small and too low to support modern care delivery and present significant issues making health, safety and infection control standards difficult to maintain. The restrictive structure and low ceiling heights make it unfeasible to use the Frontage Building for acute inpatient care or to install modern diagnostic equipment. It is therefore completely unsuitable, even with significant reconfiguration, for critical services such as children's cancer.



Dated and inefficient light fittings

ad hoc electrical services -
replacement of fuse boards required to compy with British Standards

The Children's Cancer Centre

The proposed CCC which will be created on the site of the Frontage Building is larger than the current building (tripling the floorspace on site). The need to increase the size of the building is driven by the clinical demand and capacity requirements for an increased bed base predominately for the hospital's cancer inpatient services as well as additional support services including theatres and imaging.

GOSH also needs new equipment and technology to treat rare cancers more effectively which in themselves are space hungry purpose designed spaces.

Work was undertaken in 2019 for the Outline Business Case to understand if the proposed functional content of the CCC could be provided within the existing GOSH estate. Although, this was deemed theoretically possible, there were significant operational issues including a number of double decant and in areas triple decanting required to free up areas on the main site that can could potentially be refurbished to develop the planned services. Due to the level of intervention required and the associated moves needed, the cost of this work would exceed £150m. Fundamentally, this strategy would not create any additional capacity on the main island site which would in effect landlock GOSH and create significant issues with future redevelopment phases due to no future decant space being available.

Extending the Frontage Building

The foundations of the Frontage Building are smaller than the proposed footprint of the CCC with the proposals for the CCC also requiring excavation to a level below the current structure. The existing building foundations are therefore not suitable for use as part of the CCC project.

A full survey of the Frontage Building will be carried out to ascertain which of the existing materials from the building can be reused within the scope of the CCC project, reused externally or recycled. As part of GOSH's commitment to sustainability, the Trust aims to maximise the reuse of materials and minimise wastage wherever possible and ensure the principles of the GOSH Clean Air Hospital Framework and Climate Emergency are considered at all stages of the redevelopment programme. The Trust are signed up to a sustainable exchange service whereby unwanted furniture and equipment is donated to charities, social enterprises, small businesses and individuals in need. At present through an initial pre-demolition audit we have identified doors, sanitaryware and ceiling tiles as a starting point for materials that can be reused.

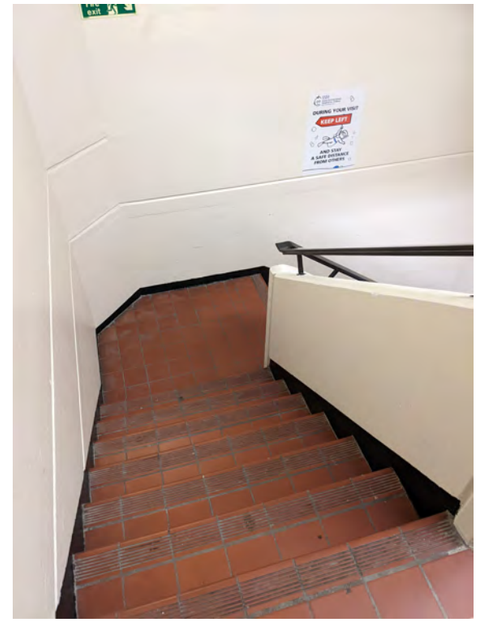
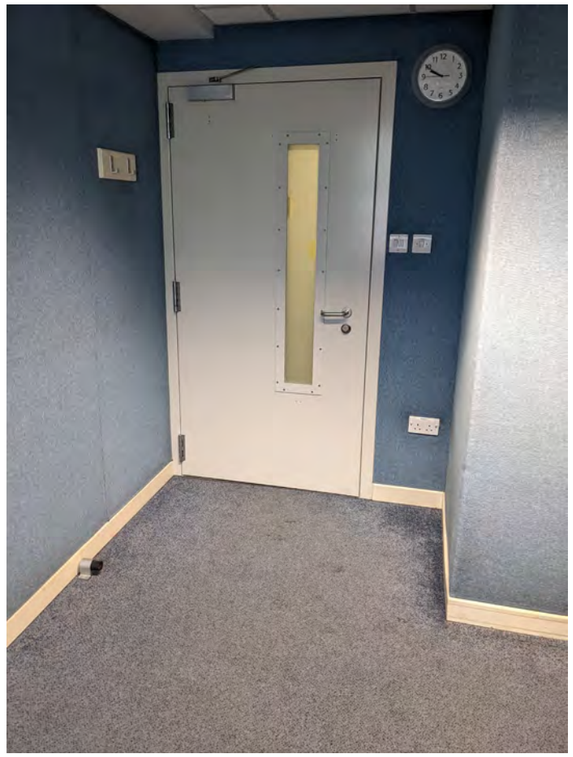
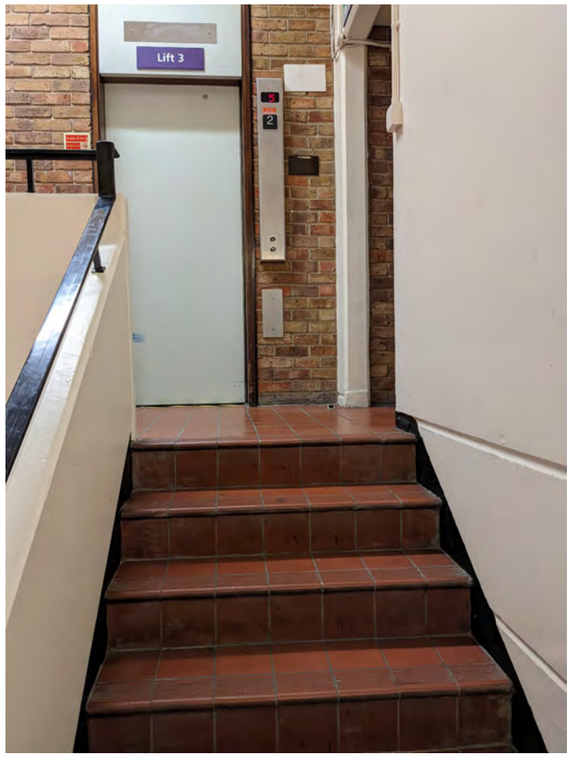


Image of narrow stairs unsuitable for bed movement

Central corridors without access to daylight





restricted headroom limits spaces to office based use

facilities not compliant with current regulations

poorly performing building fabric in need of repair

Architectural assessment

The Frontage Building

The existing Frontage Building comprises five storeys of internal accommodation and has an accessible flat roof that houses tank rooms and a small garden amenity space. The existing plan drawings on the following pages are accompanied by a brief description of the existing layouts and how the buildings are accessed.

Level 1

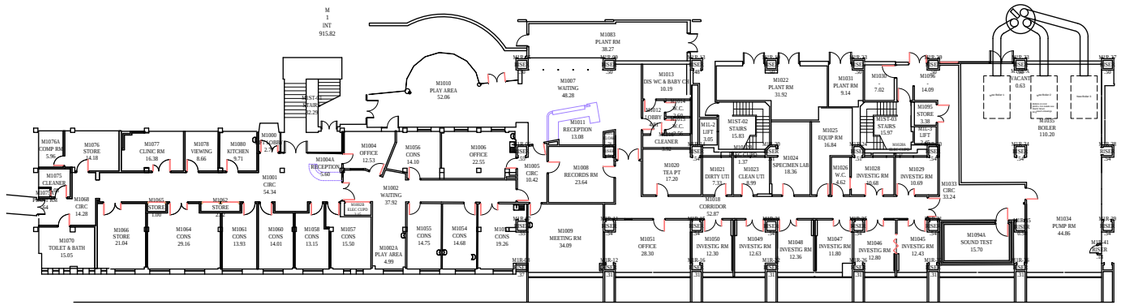
This level of accommodation is set a storey below the street level, with south facing cellular accommodation benefitting from windows onto a street light well and north facing rooms benefitting from some daylight received through the gap between the Frontage building and neighbouring Premier Inn Clinical Building to the north east. Plant rooms occupy the north eastern end of the plan. A central north facing wait and play areas provide connection to both Phases of the Frontage building development. The first phase of the development benefits from a single stair core with associated lift that projects north of the main building footprint. The second phase of the development has two stair cores, each with an adjacent lift. The cellular spaces that line the north and south are predominantly consult rooms to the west and investigation rooms to the east with relevant support spaces such as office, stores and utility spaces.

Level 2

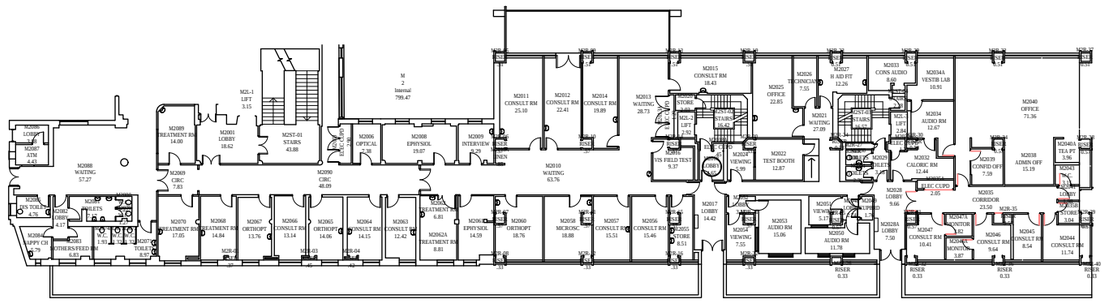
The street and main entrance level matches the footprint of Level 1 and follows a similar arrangement of cellular rooms lining the north and south of the footprint. Level access is provided through the hospitals main reception area in the Variety Club Building to the north west. This level represents the only internal physical connection back to the wider hospital campus. Secondary stepped access is provided to the second phase of development from Great Ormond Street. The central circulation corridor opens up to create a waiting area upon entrance from the main reception area and an open plan office area is provided to the north east of the plan, providing an alternative to the prevailing individual office building block.

Level 3

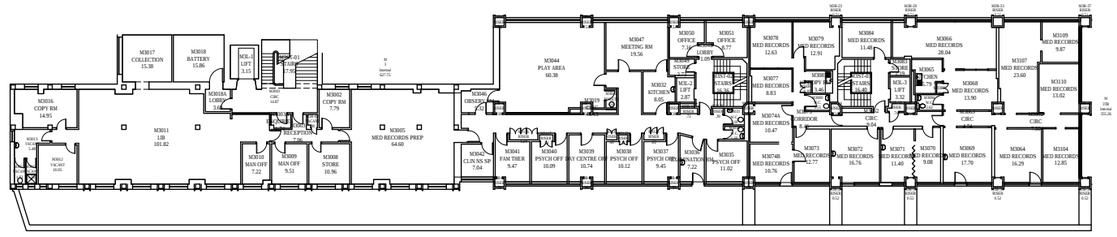
The first level above the street steps back by over three metres and in doing so creates a terrace space facing onto Great Ormond Street. It also reduces the internal area of the building from this level up.
In a departure from the continuous corridor connections across the two phases, this floor plate is segregated, with the eastern section of Phase 2 of the development maintained for medical record purposes.



Level 1



Level 2 (Street and entrance level)



Level 3

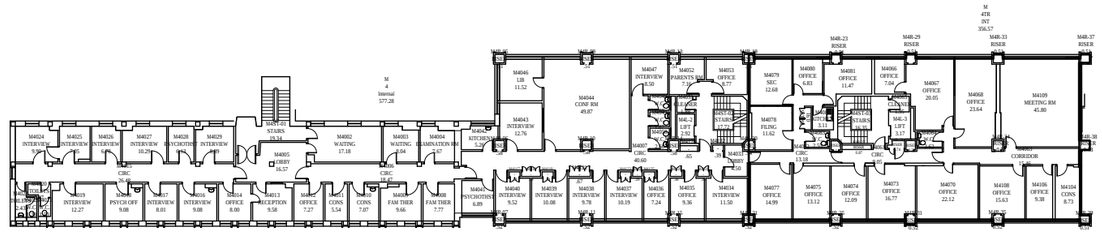
Level 4
The accommodation at Level 4 is predominantly office type, re-establishing a cellular arrangement and a continuous central corridor that connects the building from the west to the east. The deeper plan of the second phase provides the opportunity for larger spaces to the north, such as meeting rooms, whilst maintaining the consistent corridor route.

Level 5
Representing the top internal floor level, the arrangement matches Level 4 and is focused on spaces for staff. Larger open plan spaces are provided to enable gym and lounge spaces. Each of the stair cores provides access to the roof level above.

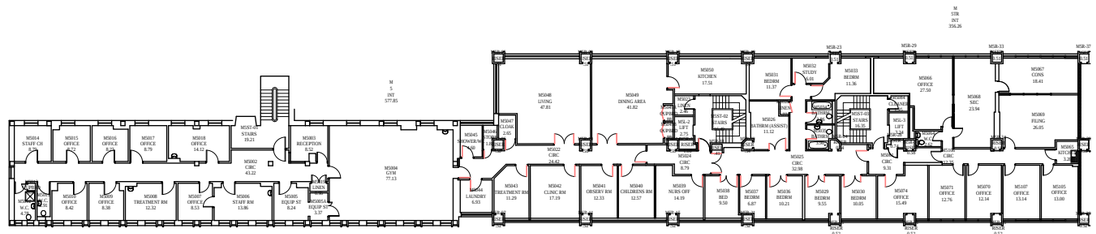
Level 6
Stair and lift cores rise a storey above the roof level and plant spaces adjoin these volumes which are all set back from the building's edge. A small enclosed garden space is located adjacent to the central stair core.

Accessibility

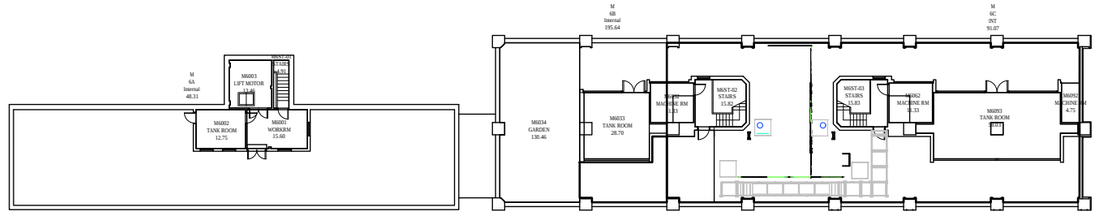
The Frontage Building is compromised in terms of accessibility and is poorly connected to the wider hospital. The above summary demonstrates that the only level access into the building from street level is via the hospital's main reception area to the north west of the building. This also represents the only internalised connection opportunity to the wider hospital for patients and visitors. Above Level 2, the building sits independently from the wider hospital campus and does not benefit from efficiencies of co-location of functions that is promoted across the majority of the island site through the 'horizontal platforms of care model'. GOSH has adopted a 'horizontal platforms of care model' that it aims to develop and build upon with each successive phase of the redevelopment masterplan. The model aims to achieve logical collocation of services to make wayfinding easier for families and establish better clinical adjacencies to improve efficiency and ensure patient safety. The functional content in the brief for the CCC is consistent with this model. Floor levels in the Frontage Building above Level 2 are misaligned with the main hospital, precluding realistic future connection.



Level 4



Level 5

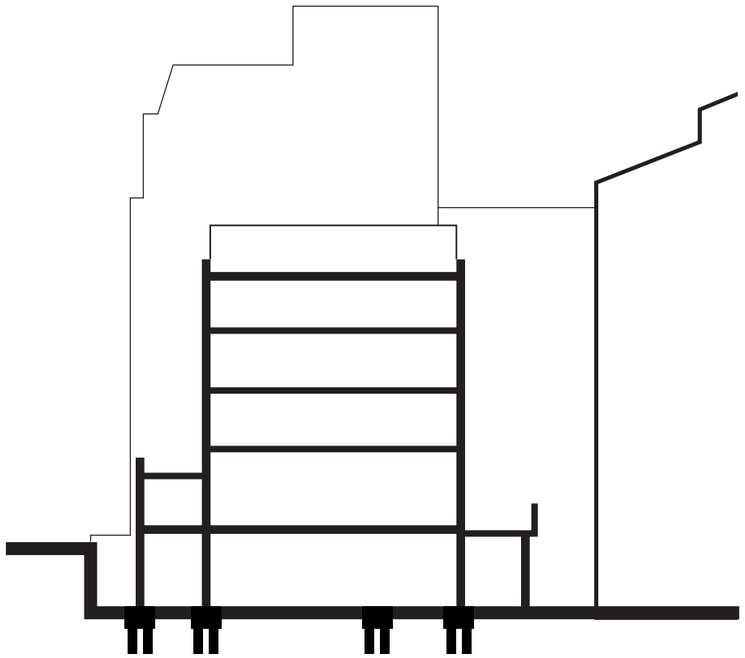


Level 6 (roof)

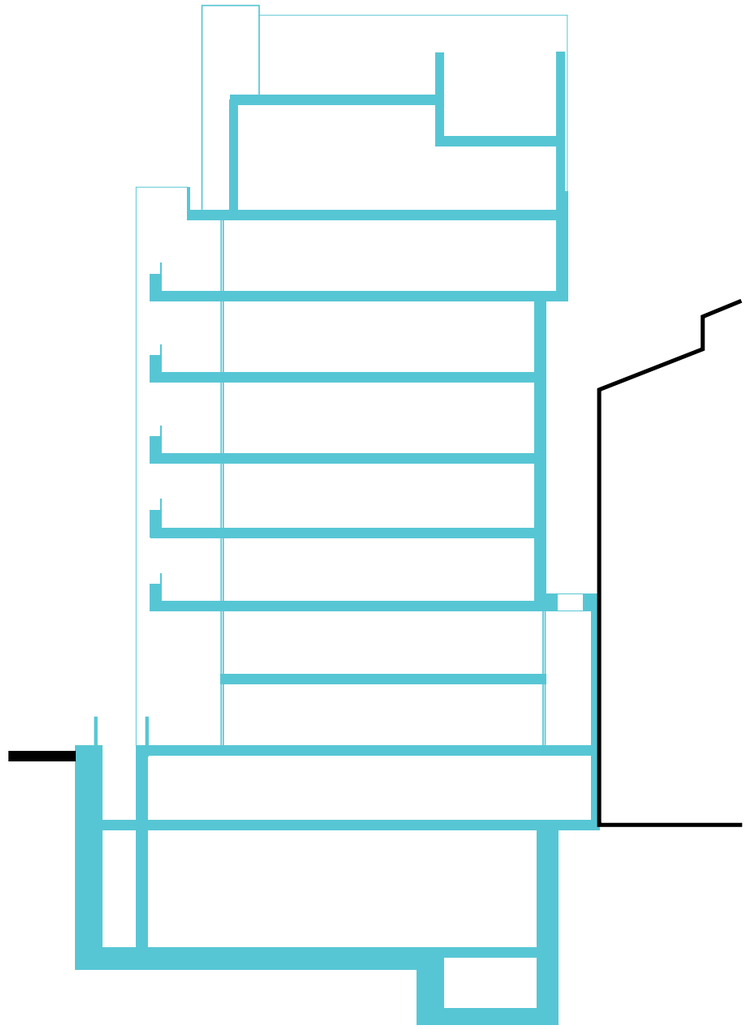
Area

The total gross internal floor area of the existing Frontage Building totals 5,806m2. This is more than three times less than the area required to meet the needs of the design brief and accommodation schedule for a new CCC.

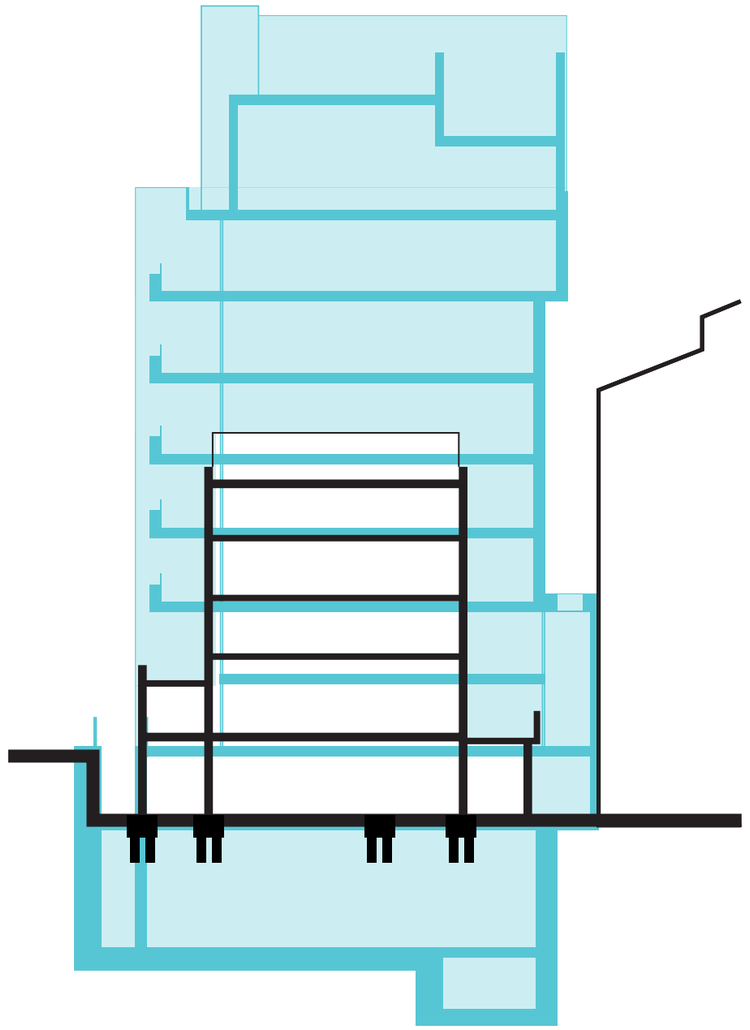
The section diagrams on this page illustrate the increase in accommodation required on the site and show how the retention of the existing Frontage Building would inhibit this.



The existing Frontage Building



The proposed CCC Building



Overlay highlihgting additional development requirements in blue (note also floor level misalignment)

Space constraints

On the basis that the existing Frontage Building's envelope cannot accommodate the spatial requirements of the proposed CCC and notwithstanding the fact that floor slab levels do not align with the wider hospital campus, a review of the existing primary structure has been carried out to understand whether column locations could be compatible with proposed layouts. The existing structural grid is relatively tight, as illustrated in the diagrams on this page. With maximum open spans of approximately six metres (ignoring the requirement for any strengthening works), it would not be possible to optimally plan the briefed functions for the CCC.

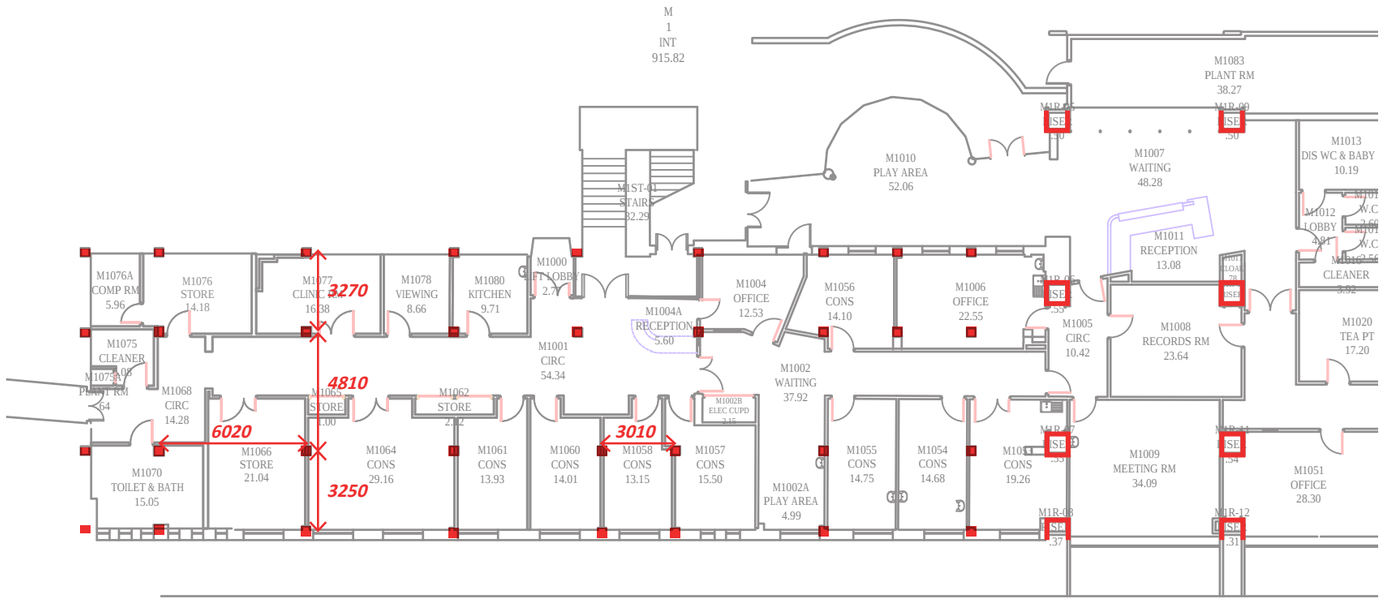
In addition, stair cores are not designed to regulatory standards or sizes. Existing lift provision is unsuitable. The proposed scheme requires 6no. lifts, three of which will be sized for bed movement and others providing modern evacuation and fire fighting standards. Stair and lift cores are to be formed in a protected lobbied arrangement and would represent a new addition to any scheme that sought to re-use

Fire Strategy

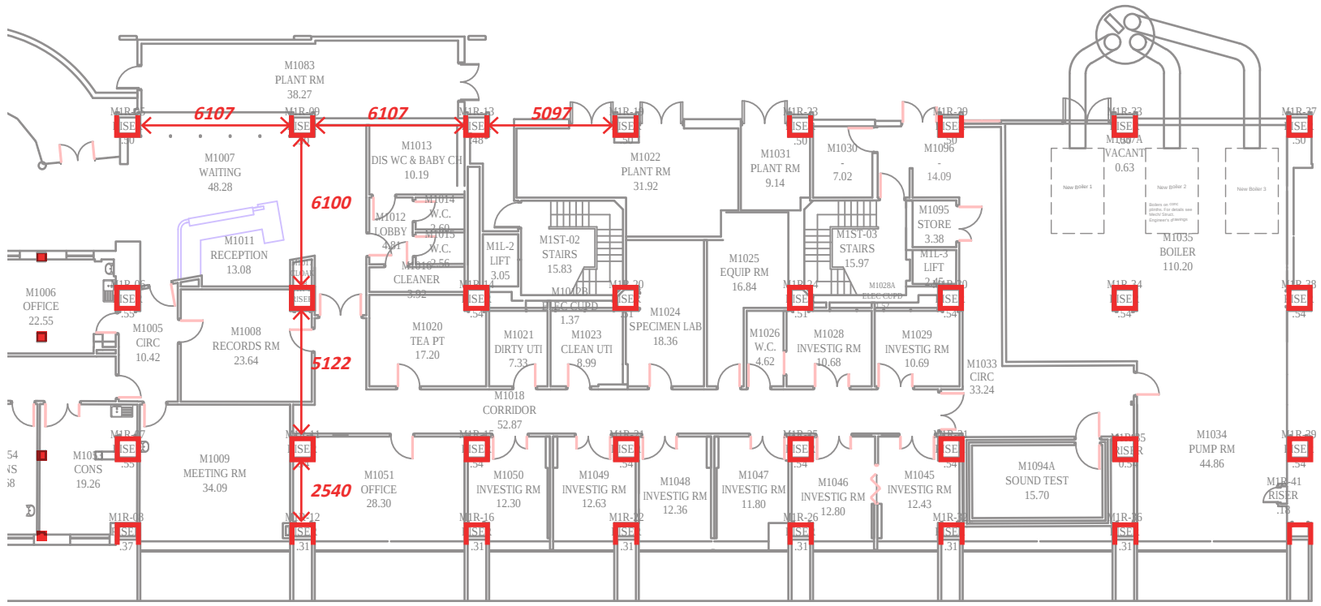
In addition to required stair core and lift capacities, the issue of floor level misalignment and lack of connectivity to the wider hospital campus prevents the ability to develop a fire strategy based on horizontal evacuation which is the common strategy for hospitals and in particular inpatient environments such as those proposed at the CCC. Without wider connection to the hospital island site, the proposed building would be required to be highly compartmentalised, potentially segregating accommodation.

Envelope performance

The mid-century construction represents inefficient envelope performance. A new building envelope provides the opportunity to meet NHS Net Zero benchmark targets for U-Values and G-Values and to design in appropriate proportions of glazing to ensure comfortable internal conditions and minimise heating and cooling loads.



Phase 1 of the existing Frontage Building - columns highlighted in red



Phase 2 of the existing Frontage Building - structural fin walls highlighted in red

Contextual Response

The existing mid-century Frontage Building occupies the majority of the proposed site for the CCC. Whilst in some ways its design appears to reference the Georgian terrace opposite, in its scale, the use of brick as primary external material, and an attempt to reference plot bays with the use of vertical piers between window openings, the overriding impression is of an anonymous building that provides no clue that it represents a children's hospital. Furthermore, it is commonly acknowledged as being poorly suited to the functional demands of a modern hospital.

It is clad in bricks, but their tone and quality are at odds with the material of the terraces opposite. Its lower two floors respect the traditional street edge but the 2 metre setback at third floor level and above departs from local precedent and creates an awkward relationship with the building it adjoins to the east. The modularity and repetition of the facade that relents for the full length of the Frontage Building picks up on none of the variety that enriches the surrounding area.

The gap between the western end of the Frontage Building and the Paul O'Gorman Building, which serves as today's main entrance to the hospital, is also a significant departure from precedent in two ways: firstly, its interruption in the continuity of the terrace and secondly, its underplaying of the entrance as a recessive space rather than a positive marker, for example the porch of PO'G.

Architectural Summary

To meet the briefed requirements for the CCC on the Phase 4 site, a building with more than three times the internal floor area of the current Frontage Building is required. This renders the existing building's poor performing building envelope redundant and offers the opportunity to replace it with something that is energy efficient and that can establish a positive and welcoming identity for the hospital.

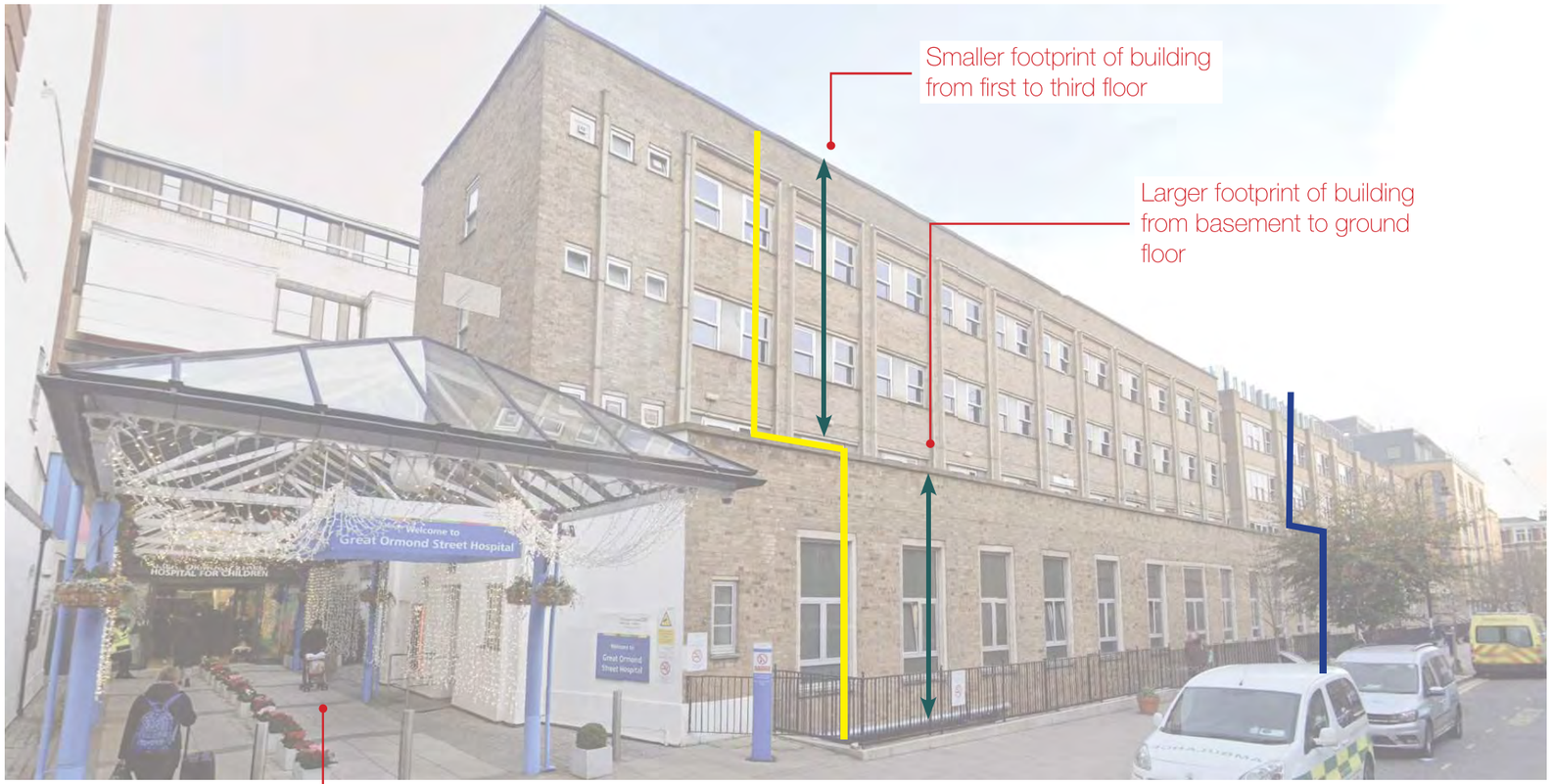
The existing structural frame has been designed for a building that is substantially smaller than the proposal. Its relatively tight grid of columns would become further constrained with strengthening to enable extension above. Extension into the ground to form an additional basement level is not feasible below the existing piled foundations without the removal of what is there, defeating the objective of retention or re-use.

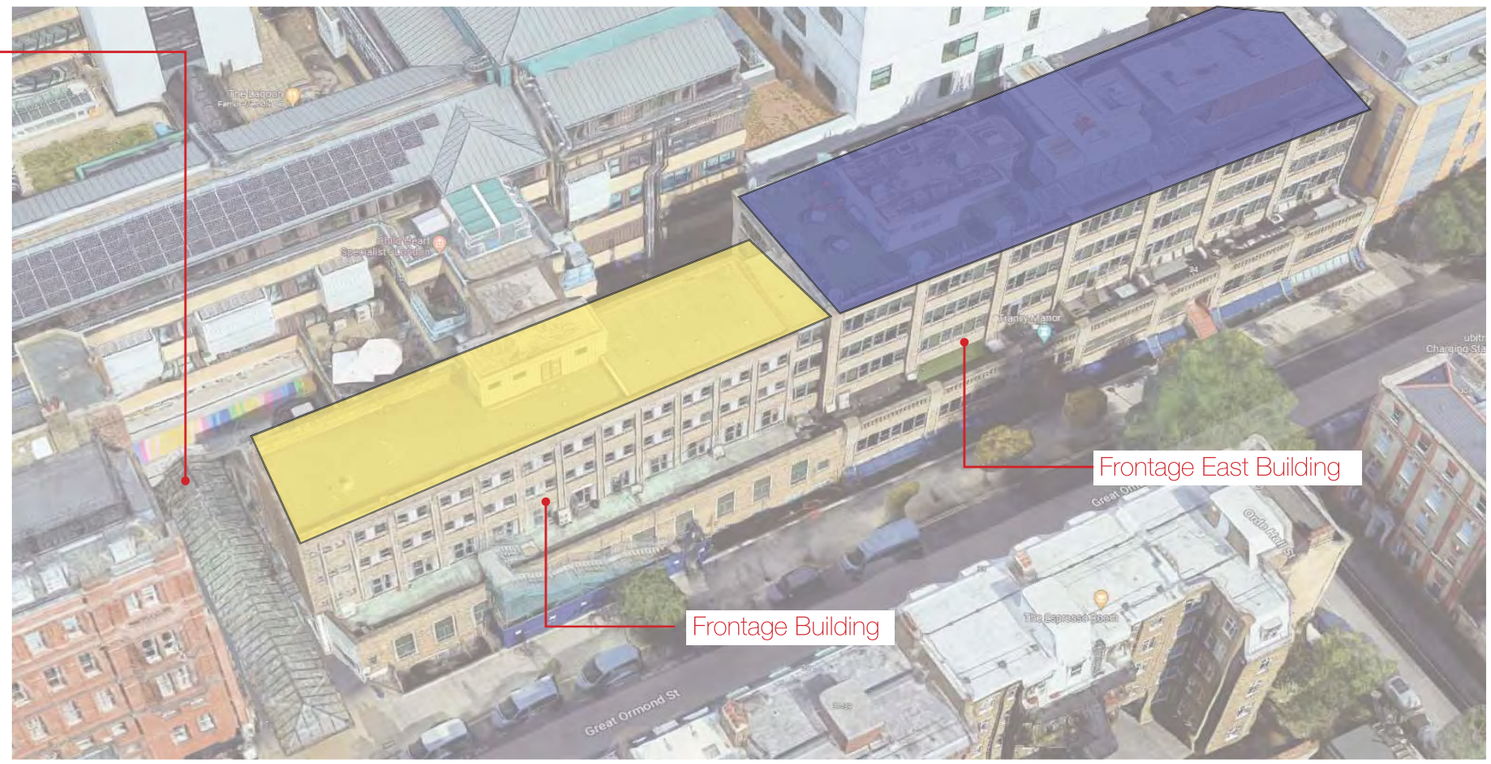
Floor levels do not align with those of the wider campus and are too constrained in height to enable the servicing that the clinical environments for treating cancer require. This all suggests an incompatibility between the existing building frame and the proposals for a new CCC on the Phase 4 Frontage Building site.

This places emphasis on a sensitive deconstruction of the existing building to re-use and recycle fixtures, fittings and materials off-site in response to the Frontage Building's pre-demolition audit and local authority expectations for recycling or re-using content with a minimum 85% diversion of waste from landfill. The replacement building provides the opportunity to make the maximum use of the site with a building that is well connected to the existing hospital and ultimately enables the provision of a national resource for children with rare and difficult-to-treat cancers.

Structural assessment

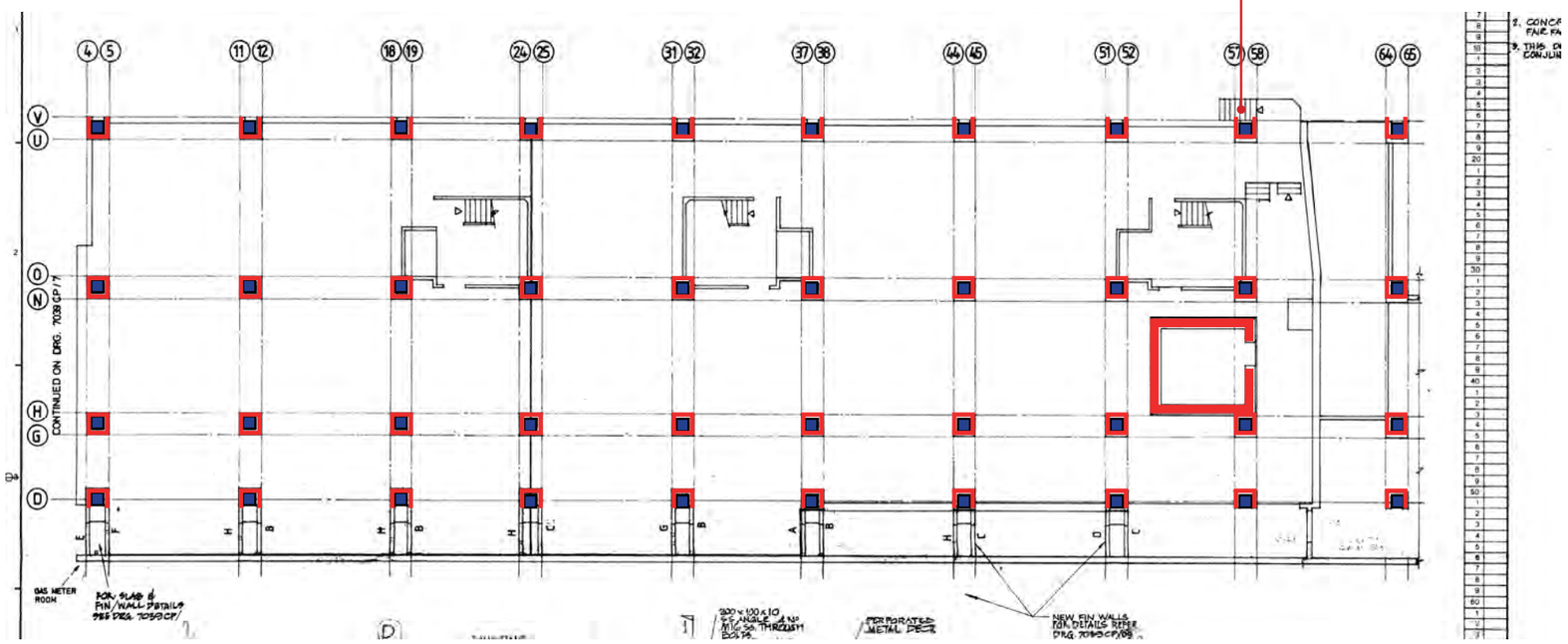
Frontage Building - 3D Views





Frontage Building - Archive Plans

Basement Plan - Frontage



Basement Plan - Frontage East

NOTES

- Existing structure assumed to be a concrete frame in both parts of the building. Ribbed slab assumed in older part of building but slab construction in Frontage East unknown.

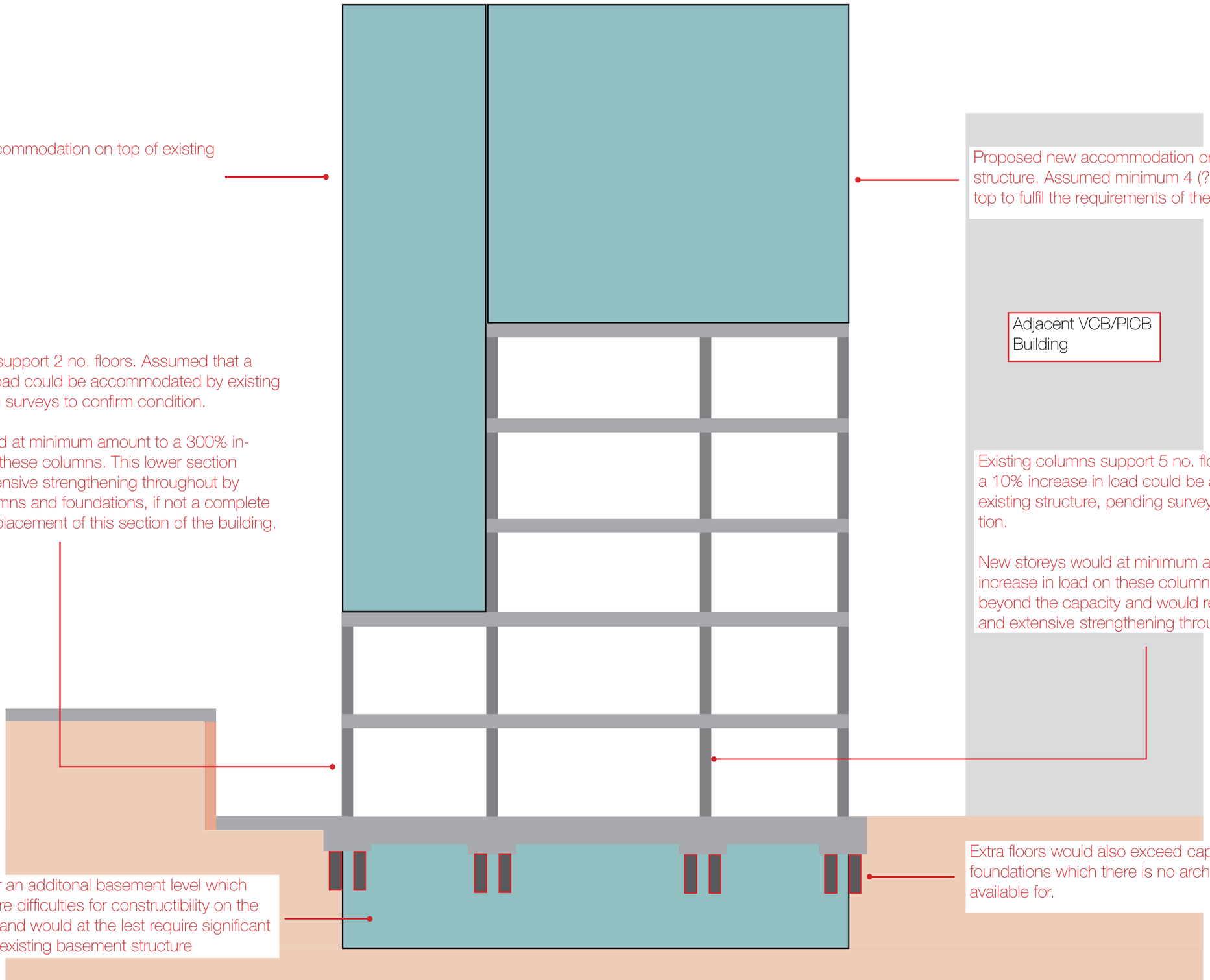
- Assumed there is no capacity in existing slabs for imaging equipment with much heavier loading. Also that existing slab structure would likely not fulfil strict vibration criteria for theatre spaces and ward rooms.

Frontage Building - Proposed Basement

Proposed new accommodation on top of existing structure.

Existing columns support 2 no. floors. Assumed that a 10% increase in load could be accommodated by existing structure, pending surveys to confirm condition.

New storeys would at minimum amount to a 300% increase in load on these columns. This lower section would require extensive strengthening throughout by adding more columns and foundations, if not a complete demolition and replacement of this section of the building.



Brief also calls for an additonal basement level which would pose severe difficulties for constructibility on the constrained site, and would at the lest require significant demolition of the existing basement structure

Proposed new accommodation on top of existing structure. Assumed minimum 4 (?) extra floors on top to fulfil the requirements of the brief

Adjacent VCB/PICB Building

Existing columns support 5 no. floors. Assumed that a 10% increase in load could be accommodated by existing structure, pending surveys to confirm condition.

New storeys would at minimum amount to a 80% increase in load on these columns, which would be beyond the capacity and would require significant and extensive strengthening throughout.

Extra floors would also exceed capacity of existing foundations which there is no archive information available for.

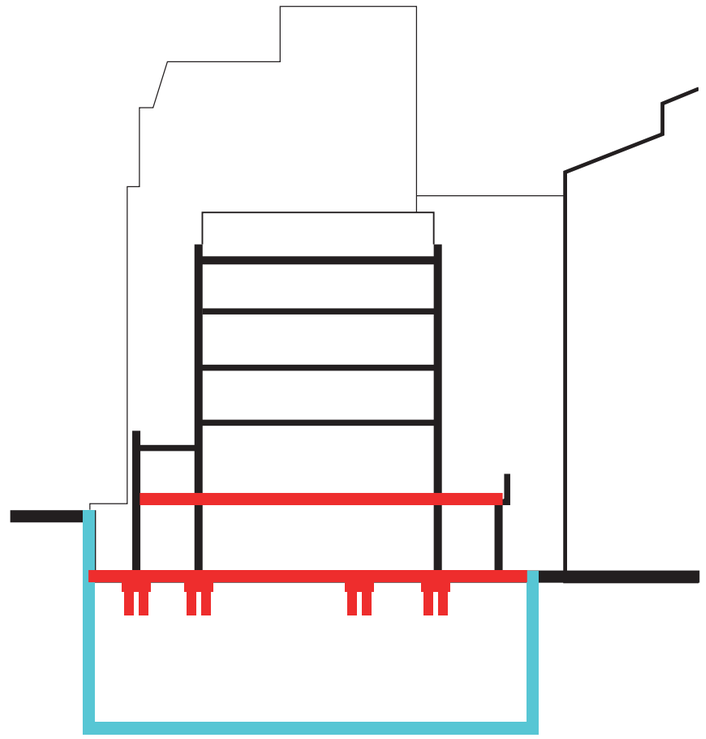
Existing Building retention carbon calculations

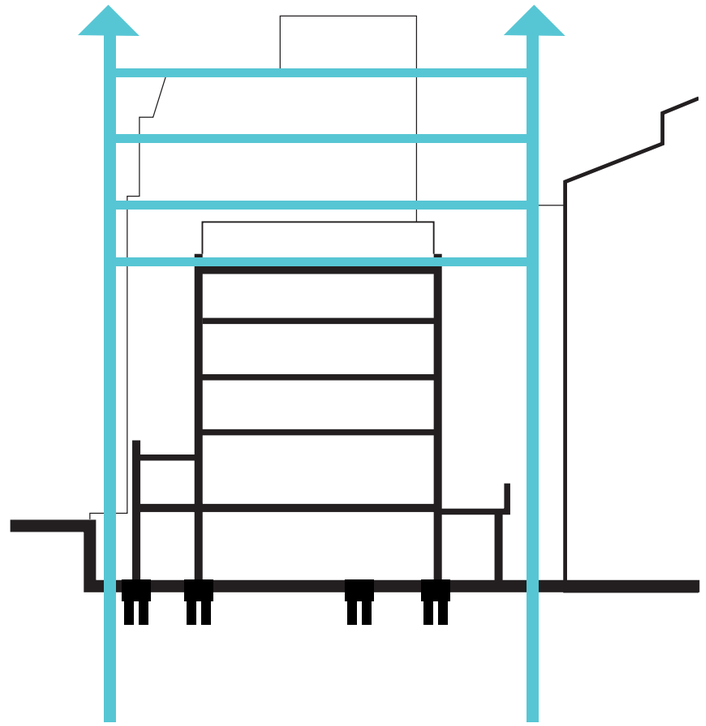
The impracticality of re-using the existing building from a structural perspective makes it impossible to realistically build a scenario where the existing building is retained and sufficient additional accommodation is provided to meet the design brief in order to compare it to the new proposed building in terms of Whole Life Carbon calculations.

This is based on the following physical constraints:

1) Forming a new basement below the existing piled one is not possible. The piles would need to be extended to accommodate a new basement below, which would effectively mean installing new piled foundations around the existing and to do this would likely require demolition of the existing floors at Levels 1 and 2 (and then reconstruction of these floors).

2) There is insufficient space on the site to install new structure around the existing Frontage Building to enable the support for additional storeys above. This would require large truss structures to span over the existing structure, requiring column support and foundations that would unlikely fit between the Frontage Building and hospital buildings to the north and would encroach onto Great Ormond Street to the south.





Summary

Summary

The existing Frontage Building has occupied Great Ormond Street for between sixty and seventy years. Since this time, the clinical demand at Great Ormond Street Hospital for Children has significantly increased. This demand has been met with substantial development of the hospital island site with new, larger purpose built clinical accommodation that responds to modern day space needs for patient treatment and the technologies that enable it.

Phase 4 represents the next step in the hospital's redevelopment plan. The phased redevelopment masterplan has been developed through consultation with London Borough Camden through the DCP masterplanning process.

Prior to establishing the design brief for a new building on the Phase 4 site, the Trust commissioned a review of the existing Frontage Building accommodation and its capacity for refurbishment. It is recognised that many of the Trust's older buildings are no longer fit for purpose and are unable to effectively support the world leading paediatric healthcare that GOSH endeavors to provide.

The Care Quality Commission report of GOSH in 2016 concluded that areas of the hospital that has not been rebuilt or refurbished require early improvements.

Work was undertaken in 2019 for the Outline Business Case to understand if the proposed functional content of the CCC could be provided within the existing GOSH estate. Although, this was deemed theoretically possible, there were significant operational issuesand complexities including multiple decants to enable required refurbishments. This represented extensive and expensive intervention and would result in compromised adjacencies and functionality. Fundamentally, this strategy would not create any additional capacity on the main island site which would in effect landlock GOSH and create significant issues with future redevelopment phases due to no future decant space being available.

The need to increase the size of the existing Frontage Building is driven by the clinical demand and capacity requirements for an increased bed base predominately for the hospital's cancer inpatient services as well as additional support services including theatres and imaging.

GOSH also needs new equipment and technology to treat rare cancers more effectively which in themselves are space hungry purpose designed spaces.

To meet the briefed requirements for the CCC on the Phase 4 site, a building with more than three times the internal floor area of the current Frontage Building is required. This precludes re-use of the existing building's envelope, which in any case is poor performing in terms of thermal comfort and contributes to high heating energy demands.

The existing structural frame has been designed for a building that is substantially smaller than the proposal. Its relatively tight grid of columns would become further constrained when considering strengthening proposals in order to enable extension above. This erodes useable space, providing poor space efficinecies and an incompatibility with planned spaces. An inability to fit briefed accommodation on a specific floor level risks failing to match the existing hospital's horizontal platforms and a taller building (note pressures on height based on local context and the fact that the Frontage Site exists within a LVMF viewing corridor from Primrose Hill).

Extension into the ground to form an additional basement level is not feasible below the existing piled foundations without the removal of what is there, defeating the objective of retention or re-use.

Floor levels do not align with those of the wider campus and are too constrained in height to enable the servicing that the clinical environments for treating cancer require. This all suggests an incompatibility between the existing building frame and the proposals for a new CCC on the Phase 4 Frontage Building site.

Based on the above factors, it becomes impossible to realistically build a scenario where the existing building is retained and sufficient additional accommodation is provided to meet the design brief in order to compare it to the new proposed building in terms of Whole Life Carbon calculation.

Proposals for the new CCCC involve a sensitive deconstruction of the existing Frontage Building to re-use and recycle fixtures, fittings and materials off-site in response to the Frontage Building's pre-demolition audit and local authority expectations for recycling or re-using content with a minimum 85% diversion of waste from landfill. A new replacement building provides the opportunity to:

- Make the maximum use of the site,
- be well connected to the existing hospital,
- provide an extremely energy efficient building envelope,
- integrate building services to facilitate modern healthcare environments and technologies,
- establish a generous structural grid offering flexibility and future reconfiguration opportunities,
- project a positive image for the hospital on Great Ormond Street
- provide a national resource for children with rare and difficult to treat cancers.

Appendices

a) **Frontage Building 6 Facet Report by Ingleton Wood**

Ingleton Wood

Billericay
Cambridge
Colchester
Hertford
London
Norwich

www.ingletonwood.co.uk

Six Facet & CQC Survey Report
Frontage Building

Great Ormond Street Hospital
Great Ormond Street
London WC1N 3JH

Author: Robert Thompson
Checked by: Christopher Mabbutt
Date: January 2017
Status: P1

Ingleton Wood

CONTENTS:

SIX FACET SURVEY

SIX FACET SURVEY

INTRODUCTION

Ingleton Wood LLP were commissioned by Great Ormond Street Hospital to carry out a Six Facet Survey on their premises.

This comprises a combination of six separate surveys:

Facet 1 – Physical Condition Survey (inc M&E)
A risk based survey providing practical information for assessing building stock condition. Covers 23 separate elements.

Facet 2 – Functional Suitability Review
Assesses the appropriateness of the function / facility in relation to the activities taking place in a department or building.

Facet 3 – Space Utilisation Review
Assesses the physical use of the building, identifying low use, empty and overcrowded rooms.

Facet 4 – Quality Audit
Based on factors which relate to the quality of the internal spaces when assess. Enables premises to be judged and compared with one another. It determines those that are most and least pleasant for both staff and visitors.

Facet 5 – Statutory Compliance Review
An assessment of statutory requirements necessary to carry out an estate rationalisation review, the elements of this audit carry a mandatory requirement in that Duty Holders have a legal obligation to ensure that their premises are compliant. This audit identifies the extent to which the facilities comply with these statutory regulations.

Facet 6 – Environmental Management Review
An assessment of the policies and procedures at the practice relating to the management of Water Consumption, Energy Usage, Waste Control and Procurement (if applicable).

The following report contains a summary of the information that Ingleton Wood collected, how the information is used and, where possible, gives each survey a grade.

Please note that Facet 6 has been completed using the information available and received from Great Ormond Street Hospital.

PROPERTY SUMMARY

Property Name: Frontage Building

Facet 1 - Condition

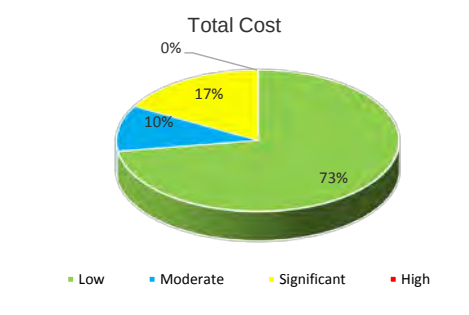
Condition: B

Total Backlog Cost: £ 261,000.00

Total Budget Cost (5yr): £ 833,500.00

Risk Adjusted Backlog	
£	123,450.00

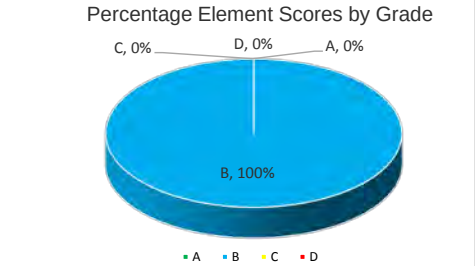
Backlog Costs (£,000)			
Low	Moderate	Significant	High
-	62,000.00	112,000.00	-



Facet 2 - Functional Suitability

Condition: B

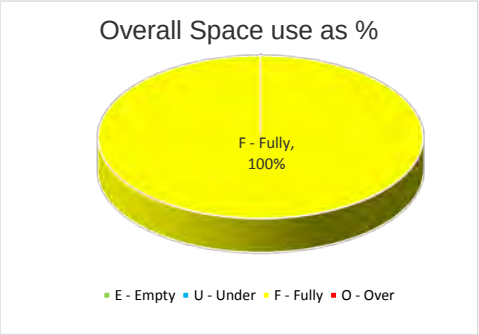
Building Score: Satisfactory, minor change needed



Facet 3 - Space Utilisation

124 space/rooms were included

Space Under-utilised **0%**



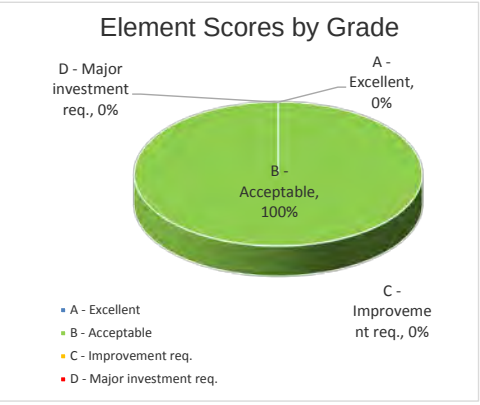
Facet 4 - Quality Audit

Condition: B

Building Score:

100% of Elements Satisfactory or better

0% of Elements require minor or major investment.



FACET ONE

1.0 FACET 1 : CONDITION SURVEY (INC. M&E) METHODOLOGY

1.1 Survey Methodology

Each element is given a condition Grade A, B, C, CX, D or DX. If the item has a remaining life of less than five years it is also given a cost to either repair or replace the item. It should be noted that the costs are indicative and based on likely lifecycle expectancy of the individual building components. There is no statutory requirement to carry out these works and should be considered advisory only. Each item which has been given a cost has also been given a risk score, the overall risk score is calculated from the 'consequence' and 'likelihood' of failure (see Risk Assessment Matrix below).

Each building has been appraised under the following categories:

BUILDING
A) Physical Structure
B) External Fabric
C) Internal Fabric
D) Roof
E) Internal Fixtures Fittings
F) External Works
G) Gardens

MECHANICAL & ELECTRICAL
H) Drainage
I) Heating Systems
J) Steam Systems
K) Vent Air Conditioning
L) Medical Gases
M) Hot/Cold Installation
N) Lifts
O) Main Plant (Boilers/Calorifiers)
P) Main Plant (Mechanical)
Q) Lightning Protection

ELECTRICAL
R) Electrical
V) Fire Alarms
W) Telecoms

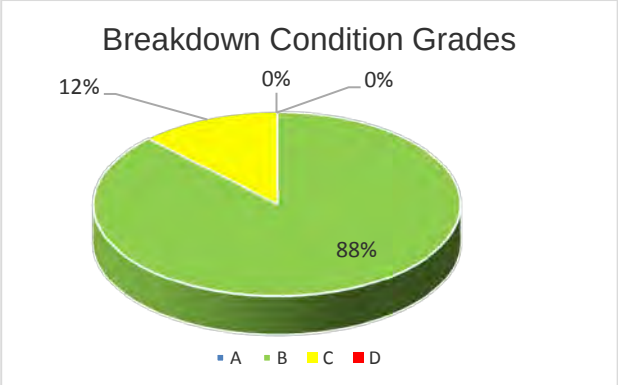
1.2 NHS EstateCODE Risk Assessment Matrix

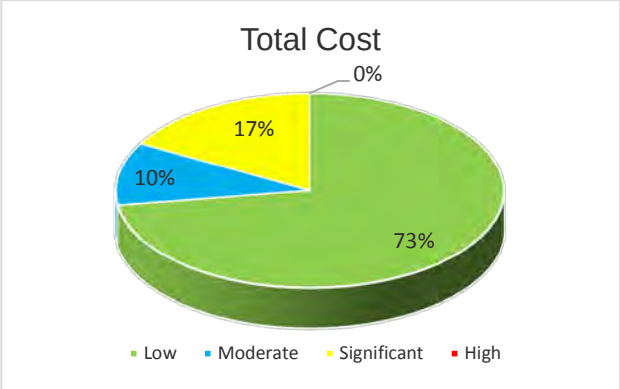
SCORE RANGE	RISK RANKING
1–6	LOW
7–10	MODERATE
11–16	SIGNIFICANT
17–25	HIGH

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

FACET 1 : CONDITION SURVEY SUMMARY

Breakdown of Condition Grades





Backlog Maintenance Works

Total remedial work required for the building and M&E Elements

	£,000.00
Building	£ 150,000.00
M&E	£ 111,000.00
Backlog Total Cost	£ 261,000.00

Budget for Future Maintenance Works

Total remedial work likely to be required within a 5 year period for the BUILDING and M&E Elements

	£,000.00
Building	£ 415,000.00
M&E	£ 157,500.00
Budget Total Cost	£ 572,500.00

Combined Total Costs	**£ 833,500.00**
Risk adjusted backlog	£ 123,450.00

Breakdown by risk

		Low	Moderate	Significant	High	Risk adj.
Building	Backlog	£ -	£ -	£ 100,000.00	£ -	£ 2,000.00
	Budget	£ 335,000.00	£ -	£ -	£ -	£ 6,700.00
M&E	Backlog	£ -	£ 62,000.00	£ 12,000.00	£ -	£ 1,480.00
	Budget	£ 166,000.00	£ 10,500.00	£ 5,000.00	£ -	£ 3,630.00
Total	**Backlog**	£ -	£ 62,000.00	£ 112,000.00	£ -	£ 3,480.00
	Budget	£ 501,000.00	£ 10,500.00	£ 5,000.00	£ -	£ 10,330.00
		£ 501,000.00	**£ 72,500.00**	**£ 117,000.00**	**£ -**	**£ 13,810.00**

FACET 1 : PHYSICAL CONDITION SURVEY REPORT FORM					
FORM REFERENCE:	62611			**DATE:**	8th January 2018
SURVEYED BY:	Robert Thompson / Pablo Casuso	**BUILDING AGE:**	50	**TRUST NAME:**	Great Ormond Street Hospital
OVERALL AREA (m²):	6,500	**REMAINING LIFE:**	50	**SITE NAME:**	Frontage Building
		NUMBER OF FLOORS:	5	Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH	

CATEGORIES:
A. New.
B. Sound and exhibits only minor deteriorations.
C. Operational but major repair or replacement will be needed soon (ie. within 3 years).
D. Runs a serious risk of imminent breakdown.

NOTES:
1. Only assets that are designated below condition B require cost and risk assessment.
2. The list of sub-elements shown is not exhaustive. Add or delete as circumstances dictate.
3. The identification of sub-elements that are assessed to remain in condition B for more than 5 years is optional. Examples have been shown should organisations wish to record such assets.

BUILDING	CONDITION RANK	BUDGET COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT: CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	PHOTOGRAPH
1. STRUCTURE									
FOUNDATIONS	B	20	10					Low	Foundations were not visible during the inspection and no intrusive investigations were undertaken. Basement areas and external walls were however inspected and no evidence of structural movement to structure or foundations was apparent. Walls are of facing bricks common with the age of the building. There is some evidence of stepped cracking around window openings in localised areas and deterioration due to general weathering. The structure of the building comprises a reinforced concrete frame. The visible condition indicates cracking to concrete work due to oxidisation of steel rebars in localised areas. (Price included in section 2). Floors are suspended reinforced concrete with a mixture of plastered and suspended ceiling to these areas. The finish is generally in a satisfactory condition. The roof construction where visible is similar to the floor construction, with a concrete deck and a felt roof covering. One area of the roof has been converted into a roof garden. It is noted from the inspection that there is no evidential sign of movement or collapse. There was also no indication of roof leaks internally.
WALLS								Low	
FRAME	B	15	10					Low	
FLOOR	B	20	10					Low	
ROOF	B	20	10					Low	

FACET 1 : PHYSICAL CONDITION SURVEY REPORT FORM

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					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK
2. EXTERNAL FABRIC								
WALLS & FINISHES	C			100	4	4	16	Sig
WINDOWS	B			50	3	3	9	Mod
DOORS	B	5	10					Low
AUTOMATIC DOOR	B	5	10					Low
EXTERNAL TIMBER / PVCu DETAIL	B	5	10					Low
DECORATION	B	5	10					Low

Walls comprise of brickwork with a reinforced concrete frame to all facades. The visible brickwork is in satisfactory condition with minor indications of weathering evident. There are some areas of stepped cracking above windows reveals to localised areas. Some rebars to the concrete frame have been exposed due to oxidisation and expansion of the steelwork. This has caused areas of the concrete to crack and spall. Works to make good these items will require the erection of a scaffold.
Given the size and location of the building it is recommended that such works be undertaken as one. Should these items be undertaken separately the budget cost will be significantly higher. Windows are of an aluminium powder coated construction and are generally of fair condition; some windows are exhibiting draughts and can cause clinical rooms to become cold a budget price has been allowed to remedy this issue.

3. ROOFS								
COVERINGS - Pitch								
COVERINGS - Flat	B	10	10					Low
DRESSING TO INTERNAL VENTS								Low
ROOF LIGHTS								
RAIN WATER GOODS	B	5	10					Low
ROOF INSPECTION	B	10	10					

A visual inspection undertaken from an adjacent roof indicated that coverings comprise of a bitumen membrane system and a roof terrace/play area. It is noted form the inspection that there is no evidential sign of movement or collapse to these areas.

FACET 1 : PHYSICAL CONDITION SURVEY REPORT FORM

FORM REFERENCE:	62611			**DATE:**	8th January 2018
SURVEYED BY:	Robert Thompson / Pablo Casuso	**BUILDING AGE:**	50	**TRUST NAME:**	Great Ormond Street Hospital
OVERALL AREA (m²):	6,500	**REMAINING LIFE:**	50	**SITE NAME:**	Frontage Building
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					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK
4. INTERNAL FABRIC & FIXTURES								
WALLS & FINISHES	B	40	20					Low
CEILINGS	B	10	20					Low
FLOOR COVERINGS (Carpet)	B	30	20					Low
FLOOR COVERINGS (Vinyl)	B	30	20					Low
DOORS	B	60	10					Low
CLINICAL ROOM UNIT FURNITURE	B	15	10					
WC FITTINGS	B	10	30					Low
RECEPTION COUNTER	B	10	10					
DECORATION	B	10	20					Low

Walls are a combination of solid masonry studwork and lightweight partitioning. A combination of finishes are present including studwork and plastered brickwork. The plastered finishes to solid walls are exhibiting impact damage to many areas due to suspected trolley use. A significant number of door frames are also suffering from impact damage. Generally these are minor defects and can be remedied as part of a future redecoration programme.
The ceiling consists of painted plasterboard, inlet tiled and metal perforated suspended ceiling. Most areas can be painted over within the next five years however making good should be anticipated in the medium term as part of any future redecoration work.
A budget cost has been provided for this, including tiled areas. Ceiling tiles vary in age and we have noted that around 60% are dated and are of poor appearance, however there is only limited damage to old tiles and as such only costing for localised replacement has been provided.
Solid walls are those to the external and main structure core.

The building structure is generally open plan and links a number of other buildings. Partitions, both studwork and system, are in fair condition but offer limited resistance to smoke and fire. It is noted to these areas that there is no evidence of smoke seals around doors and non compliance with BS476. Although glazing exhibited safety markings and seals, where noted to doors in most areas the partition systems are generally dated. In the long term, upgrading with modern partition should be considered and in the short term the building should be reviewed for fire spread and fire plan updated.

FACET 1 : PHYSICAL CONDITION SURVEY REPORT FORM			
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OVERALL AREA (m²): 6,500	**REMAINING LIFE:** 50		**SITE NAME:** Frontage Building
	NUMBER OF FLOORS: 5		Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH

	CONDITION RANK	BUDGET COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT				
					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
									The floor coverings throughout are vinyl and carpet sheet tiles, these are in a varying condition. Carpet tiles to office areas are generally heavily soiled throughout. Additionally, some junctions between carpet and vinyl flooring are of poor condition. Generally, clinical bedroom areas are in a good condition. WC fittings are in generally good condition.
5. EXTERNAL BUILDING WORKS									Overall external areas are of good condition. The entrance is generally through the main reception.
DRAINAGE	B	10	10					Low	
ROADS / CAR PARKS	B	10	10					Low	
PATHS	B	10	10					Low	
BLOCK / PAVED AREAS	B	10	10					Low	
TARMAC AREAS	B	10	10					Low	
CONCRETE AREAS	B	10	10					Low	
WALLS	B	10	10					Low	
FENCING / GATES	B	10	10					Low	

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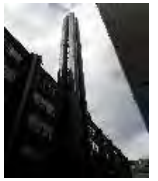
					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK
ENGINEERING								
6. ENERGY CENTRE SYSTEMS								
BOILER PLANT	C		5	5	4	3	12	Sig
FLUES - SEPARATE	B		10					Low
CONTROLS / METERS	B		5	3	3	3	9	Mod
								Low
7. HEATING SYSTEMS								
PIPEWORK	C		5	4.5	3	3	9	Mod
HEAT EMITTERS								Low
INSULATION	B		5	3	3	3	9	Mod
HEATING PUMPS	B	1.5	10					

LTHW for this building is generated in Plantroom M1035 (Level 1) and then distributed to this building and others adjacent to Frontage. 3No. Hoval Boilers were installed in 2006. Flues run externally and rise above roof level (approximately 35m) Building. One of the three boilers has been decommissioned and isolated for unknown reasons. The other two boilers are in good condition, both externally and internally.
Boiler plant has dedicated controls in this plantroom that comprise BMS panel, inverters, relays and all the necessary items to control the plant. Controls are relatively modern and appear in good working condition. It is assumed that this boiler communicates with other plantrooms in Great Ormond Street.
There are a few smaller plantrooms in this building that contain some of the Medical Gas plant and Ventilation.



Heating is supplied generally via a mixture of old column and panel radiators which are generally in fair condition, although they are old and deteriorated. Some of these radiators are fitted with TRVs and some not. TRVs do normally fail after several years of service. It is assumed that some will need replacement in the next years.

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				CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	

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					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK
8. HOT & COLD WATER SYSTEMS								
POTABLE CW TANKS	B		5	1.5	3	3	9	Mod
DHW HEADER TANKS	C			12	4	3	12	Sig
GENERAL HEADER TANKS								Low
WATER TREATMENT PLANT								Low
H & C DISTRIBUTION (LOCAL)	C			20	3	3	9	Mod
H & C MAIN DISTRIBUTION [SITE]	C			8	3	3	9	Mod
PUMPS	C			4	3	3	9	Mod
SANITARY WARE	B		5	1	3	3	9	Mod
SANITARY FITTINGS	B		5	1	3	3	9	Mod
INSULATION	B		5	2	3	3	9	Mod
ANCILLARY - VALVES / CONTROLS	C			30	3	3	9	Mod
								Low

Cold Water Tanks and break tanks for heating and chilled water systems have been identified in this building. The age of the tanks could not be ascertained but the condition of the tanks is generally fair or good as the rest of the water tanks seen in Great Ormond Street Hospital. Some maintenance works may be required to maintain these tanks in good working condition.
Hot water is generated centrally in Nurse Home level 1 plantroom via LTHW plate heat exchangers and stored in 2No hws buffer vessels. These Hot Water Cylinders are very old and present signs of previous leaks. Hot water primary and secondary pumps circulate hot water around the building. These pumps have reached their life expectancy and will require replacement in the short term.
DHWS plate heat exchangers are also reaching life expectancy. Although they appear to be in working condition, they will need replacement within the next 5 years.
Hot and cold water distribution is in copper pipework from the incoming mains, cold water down service and hot water flow and return. There is evidence of minor leaks in the plantroom but it is assumed this has been rectified. Pipework is generally in good condition but there are some places where pipework is very corroded and the risk of failure is high. A number of pipework sections will need replacement or remedial works to maintain the system in good working order.
Valves and controls were observed to be in fair condition in some areas but old, damaged and corroded in other areas. Some TMVs, IVs and DRVs need replacement.
Sanitaryware is in fair condition, to modern standard and in working order at time of inspection.

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					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
9. VENTILATION SYSTEMS									
VENTILATION PLANT	B	1	10					Low	There is a local BMS Control Panel in level 1 Nurses Home plantroom that controls all the plant equipment for the hot water generation/distribution throughout the Nurse's Home. This panel appears to be old and obsolete although is still in operation. Will need to be upgraded when the rest of the plant is replaced.
EXTRACT FANS	B	1	10					Low	There are dedicated Ventilation Plantrooms in Level 10 (Roof) which contain several Air Handling Units that feed general areas of the building.
DISTRIBUTION	B	3	10					Low	The AHUs are fitted with LTHW, CHW, inverters and HEPA filters. These units are relatively modern and from visual inspection they are generally in good condition.
ROOM SPLIT CHILLERS / COMPRESSORS								Low	There is also local dirty extract via Local Fume Extractors/Fans that are generally in good condition.
CHILLERS / COOLING SYSTEMS	B	2	10					Low	Ductwork is generally insulated and appear to be in fair condition. All the ductwork is distributed to all floors through several risers.
CONTROLS	B	2	10					Low	
INSULATION	C			3	3	3	9	Mod	There is a dedicated chiller plantroom in level 10. It is comprised by 2No. Carrier Chillers, pumps, pressurisation unit, expansion and associated ancillaries. The condition of this plant is good and it is suspected to be relatively modern. Chilled Water pipework runs externally in level 10 to connect into chillers. External pipework and insulation is in poor condition.
									There are also several VRF condensers in the roof that provide heating and cooling to different areas in the building. This plant was installed in 2007 and therefore still has 10 years of serviceable life.

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									The air is distributed into rooms via different types of grilles and diffusers. Air valves are generally installed in WC's and Wet Rooms. Most of the air outlets are in good condition. However it would be recommended to test and clean the system regularly. A Trend BMS Control panel which controls the ventilation plant is located in level 10. It is relatively modern and appears to be in good condition.
10. MEDICAL GAS PIPELINE SYSTEMS									
MEDICAL AIR PLANT	B		5	3	2	2	4	Low	There is a dedicated AGS plant in level 10 and comprising compressors, receivers and associated ancillaries. The equipment was installed in 2006 and is in relatively good condition. The building is fed with oxygen, medical air (4bar) and medical vacuum. Pipework run generally exposed and painted. Medical gas pipework appear to be old but in fair condition. It would be recommended to carry out regular test to monitor the condition of the system. It is suspected that plant for this gases is within an adjacent building, either Morgan Stanley, Variety Club or Nurses Home. AVSU panels have been identified in the building and are in good condition visually.
11. LIFTS & HOISTS									
PASSENGER	B	3	10					Low	2no lifts working as intended.
GOODS	B	3	10					Low	
HOISTS	B	3	10					Low	
CONTROL PANEL	B	3	10					Low	

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12. FIXED PLANT/EQUIPMENT									
								Low	N/A
13. ELECTRICAL SYSTEMS									
WIRING SYSTEMS	B	10	10					Low	Wiring is generally within three part dado trunking. Sockets appear to be in working order however connections have not been tested. All portable appliances require regular PAT testing. Internal luminaires are mainly florescent type, either recessed within the grid or ceiling mounted fluorescent tube lights. Emergency luminaires are present, which require testing.
WIRING SYSTEMS - BONDING	B	5	10					Low	
DISTRIBUTION BOARDS	B	15	10					Low	
SWITCHGEAR	B	15	10					Low	
LUMINAIRES - INTERNAL	B	20	10					Low	
LUMINAIRES - EXTERNAL	B	10	10					Low	
LUMINAIRES - EMERGENCY	B	15	10					Low	
LIGHTNING CONDUCTORS	B	5	10					Low	
LUMINAIRES - EMERGENCY [CORRIDORS]	B	10	10					Low	
14. ALARMS & DETECTION SYSTEMS									
FIRE ALARM WIRING SYSTEM	B		5	5	3	4	12	Sig	Fire alarm system in visibly good condition, maintained by Service Contract. No reported issues with the security system.
SECURITY SYSTEMS	B		5	5	3	4	12	Sig	

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15. COMMUNICATION SYSTEMS								
DEDICATED COMMS ROOM?	B	5	10					Low
TELEPHONE SYSTEMS	B	5	10					Low
DATA SYSTEMS	B	5	10					Low
STRUCTURED CABLING	B	5	10					Low
PANIC ALARM SYSTEMS	B	5	10					Low
BUILDING MANAGEMENT SYSTEM	B	5	10					Low
16. MISCELLANEOUS								
ELECTRONIC ROOM BOOKING AND DISPLAY								Low
FACET 1 : PHYSICAL CONDITION : TOTAL		573		261				

Cooms room area was not accessed at the time of inspection.

Ingleton Wood

FACET TWO

2.0 FACET 2: FUNCTIONAL SUITABILITY REVIEW METHODOLOGY

2.1 Survey Methodology

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

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

This audit comprises the following Functional Suitability questions:

Internal Space Relationships

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

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

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

Support Facilities

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

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

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

B4) Storage Facility: Is there adequate storage capacity?

Ingleton Wood

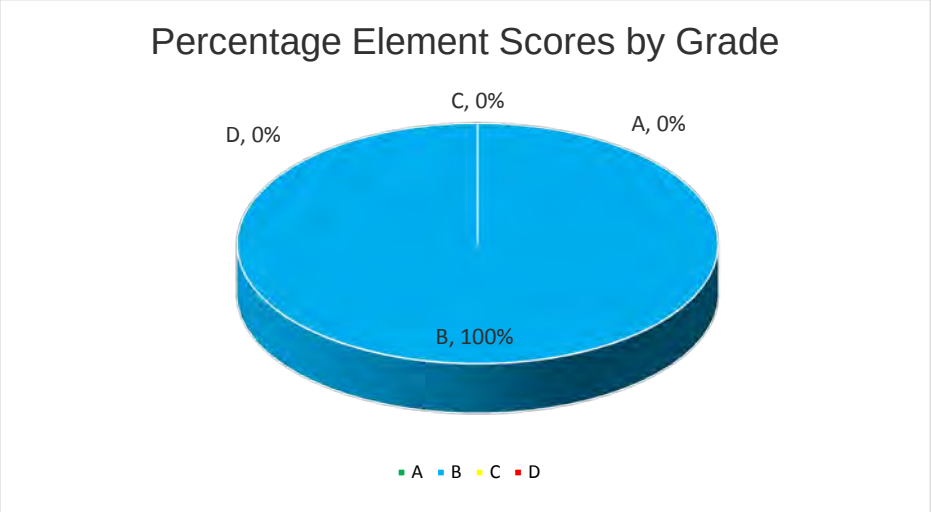
Location

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

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

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

FACET 2 : CONDITIONAL SUITABILITY SURVEY



The Gradings

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

Comparison of Elements of Audited.

FACET 2 : FUNCTIONAL SUITABILITY SURVEY REPORT FORM

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CATEGORIES:
A. New.
B. Satisfactory, minor change needed
C. Not satisfactory, major change needed.
D. Unacceptable in it's present condition.
X. Total re-build or relocation needed

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FUNCTIONAL SUITABILITY	CONDITION RANK	BUDGET COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)
1. CLINICAL ROOMS				
SIZE OF ROOM (13 SQ M ?)	B		5	
SUFFICIENT VENTILATION	B	20	10	
FLOOR COVERINGS (Vinyl?)	B	30	5	
HAND-WASH SINK (elbow operated lever action taps)	B	10	5	
EXAMINATION LAMP				
SUFFICIENT STORAGE IN ROOMS	B	5	5	
WALL-MOUNTED SHARPS BIN BRACKET	B	5	5	
SUFFICIENT STORAGE (GENERAL OUTSIDE ROOMS)	B	5	5	
PANIC ALARM SYSTEM TO ALL ROOMS AND RECEPTION?	B	15	5	
OBSERVATION OF PATIENTS	B		5	
ACOUSTIC PROPERTIES/PRIVACY	B	15	5	

Clinical rooms are generally a sufficient size within clinical areas, however most areas used for office spaces are at capacity. Hand wash basins are in working order, however some are not compliant with current HTM standards and would recommend replacement.
Vinyl floor covering generally has various staining and scuffs and requires cleaning.

PHOTOGRAPH

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X. Total re-build or relocation needed

NOTES:
1. Only assets that are designated below condition B require cost and risk assessment.

FUNCTIONAL SUITABILITY	CONDITION RANK	BUDGET COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)		PHOTOGRAPH
2. WAITING AREAS						
SUFFICIENT SIZE ?	B		5		The waiting areas are sufficient in size, ventilation and lighting. There are a limited number of chairs at the time of inspection however, it was particulary busy with patients and their families. Generally the chairs are of good condition however some were exhibiting holes to the fabric. Patient information and signage is clear and understandable. Access and Doc M pack facilities are installed within the main building.	 
SUFFICIENT VENTILATION	B	10	5			
CHAIRS OF GOOD DESIGN (SOME HIGHER WITH ARMS)	B	10	5			
WIPE CLEAN CHAIRS	B	5	5			
PATIENT INFORMATION SYSTEMS?	B	5	5			
SEPARATION OF MALE/FEMALE FACILITIES						
PROVISION OF ACCOMMODATION						
DISABLED FACILITIES	B	5	5			
3. OUT OF HOURS WORKING						
SUFFICIENT EXTERNAL LIGHTING	B	5	5		Most office areas are access controlled and working at the time of inspection. Parking is limited to spaces outside the main entrance, mainly for ambulance and drop offs.	
ACCESS CONTROL	B	1	5			
DOOR ENTRY INTERCOM	B	1	5			
ASSOCIATED PARKING						
ACCESS TO PREMISES	B	5	20			
FACET 2 : FUNCTIONAL SUITABILITY : TOTAL						

FACET THREE

3.0 FACET 3: SPACE UTILISATION REVIEW METHODOLOGY

3.1 Survey Methodology

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

Space – General

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

The review identifies:

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

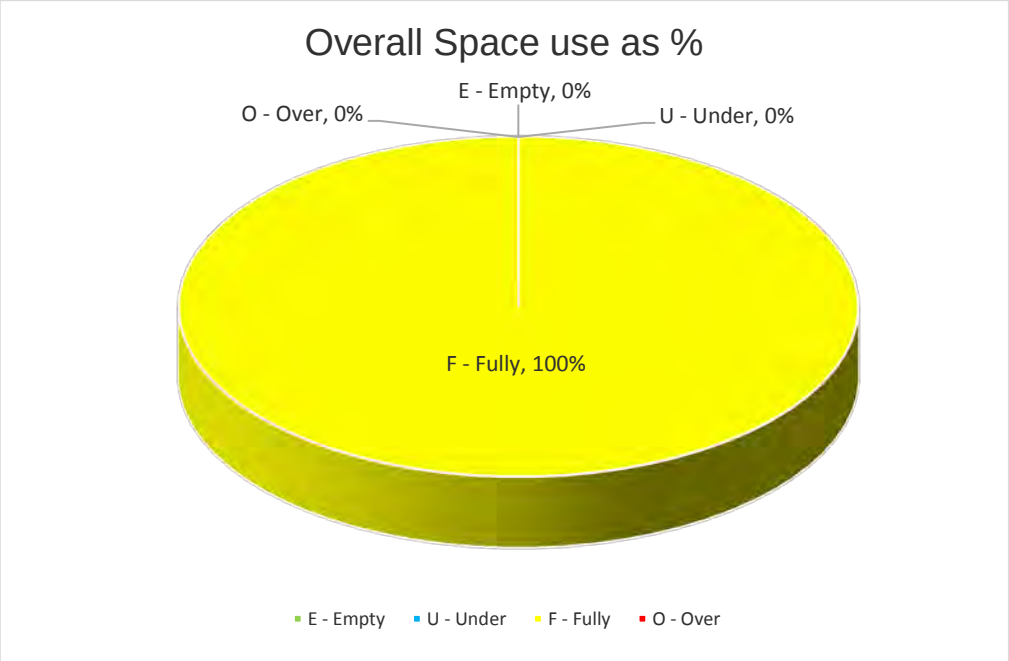
Using the Information

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

It is, of course, an opinion by a Building Surveyor with knowledge of healthcare buildings and the relevant HTMs and DoH Guidance but is not a Clinician's view.

FACET 3 : SPACE UTILISATION SURVEY

Overall Space use as a %



General Overview :

1	block was surveyed
124	spaces/rooms were included
124	- fully-used rooms
0	- overcrowded rooms
0	- Under-used rooms
0	- empty rooms

FACET 3 : SPACE UTILISATION SURVEY REPORT FORM

FORM REFERENCE:	62611			**DATE**	8th January 2018
SURVEYED BY:	Robert Thompson / Pablo Casuso	**BUILDING AGE:**	50	**TRUST NAME:**	Great Ormond Street Hospital
OVERALL AREA (m²):	6,500	**REMAINING LIFE:**	50	**SITE NAME:**	Frontage Building
		NUMBER OF FLOORS:	5	Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH	

CATEGORIES:
E. Empty or grossly under-used at all times.
U. Under used - Generally under used. Utilisation could be significantly increased.
F. Fully used - A satisfactory level of utilisation.
O. Overcrowded - Overcrowded, overloaded and facilities generally stretched.

NOTES:
1. Costs given to improve situation.

SPACE UTILISATION	No. of rooms	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)
1. SPACE UTILISATION					
WAITING AREAS	4	F		5	
NUMBER OF CLINICAL ROOMS	63	F		5	
BACK OFFICE SPACE	29	F		5	
CLINICAL STORAGE	10	F		5	
PATIENT NOTES STORAGE	18	F		5	
TOTAL ROOMS	124				
OVERCROWDED ROOMS					
UNDER-USED ROOMS					
EMPTY ROOMS					
FULLY USED ROOMS	124	F		5	
TOTAL ROOMS	124				
FACET 3 : SPACE UTILISATION : TOTAL					

At the time of inspection the majority of rooms were in use and the estimation of likely use was taken into account. From our initial visit, it seems that the space provided currently meets the demand.

PHOTOGRAPH

FACET FOUR

4.0 FACET 4: QUALITY AUDIT METHODOLOGY

4.1 Survey Methodology

As with the Functional Suitability Review, the scoring of this audit is subjective by a Building Surveyor (perhaps even more so), and the results should be taken into context with other aspects of the premises.

Ingleton Wood have undertaken a Quality Audit of your site to establish the Quality of the premises. This audit comprises three elements:

A: Amenity
B: Comfort Engineering
C: Design Appearance

A: Amenity

This reviews whether the premises offer an attractive or pleasing area for patients and staff. It quantifies:

1) Well-Functioning Entrance/Reception
2) Dignity
3) Comfort
4) Working Conditions
5) Storage Provision
6) Safety and Security
7) Signposting

B: Comfort Engineering

This reviews whether the premises offer an acceptable environment for patients and staff. It quantifies:

1) Light Levels
2) Adequacy of Heating and Cooling
3) Temperature Control/Ventilation
4) Noise Levels
5) Odour Levels

C: Design Appearance

This reviews whether the premises offer an attractive or pleasing interior/exterior for patients and staff. It quantifies:

1) Colour Scheme
2) Furnishings
3) Art
4) Planting (internal/external)
5) Views
6) Natural Daylight
7) First Impressions

4.2 Category Criteria

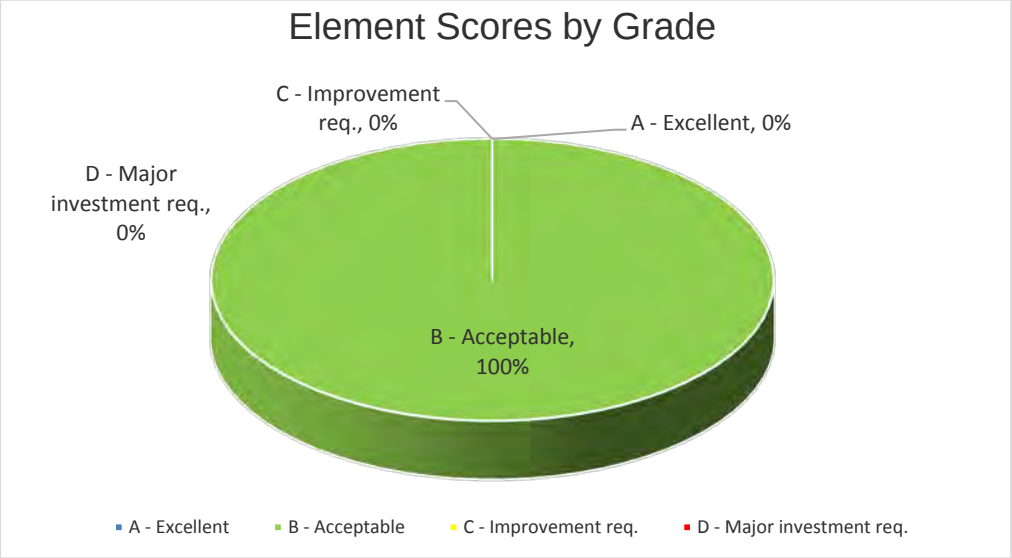
Each item has been categorised and ordered. This enables a straightforward comparison to be made and clearly shows any facilities which are falling below an acceptable/reasonable standard.

It is important that the categories are not simply considered in isolation as they are intended as a strategic planning tool to quantify the long term quality standards of the accommodation in relation to the current usage only.

Category	Comment
A	A facility of excellent quality.
B	A facility requiring general maintenance investment only.
C	A less than acceptable facility requiring capital investment.
D	A very poor facility requiring major capital investment or replacement.

FACET 4 : QUALITY SUMMARY

% Element Scores by Grade



The Results

A - Facility of excellent quality
B - Facility requiring general maintenance investment only
C - Less than acceptable facility requiring capital investment
D - Very poor facility requiring major capital investment

FACET 4 : QUALITY SURVEY REPORT FORM

FORM REFERENCE:	62611		**DATE:** 8th January 2018
SURVEYED BY:	Robert Thompson and Pablo Casuso	**BUILDING AGE:** 50	**TRUST NAME:** Great Ormond Street Hospital
OVERALL AREA (m²):	6,500	**REMAINING LIFE:** 50	**SITE NAME:** Frontage Building
		NUMBER OF FLOORS: 5	Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH

CATEGORIES:
A. a facility of excellent quality.
B. a facility requiring general maintenance investment only.
C. a less than acceptable facility requiring capital investment.
D. a very poor facility requiring significant capital investment or replacement
x..Supplementary rating to C or D to indicate that nothing but a total rebuild or relocation will suffice

NOTES:
1. Costs given to improve situation.

QUALITY	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)
1. QUALITY				
LOCATION	B		10	
ACCESS	B	5	20	
SIGNAGE	B	2	5	
ENTRANCE	B	2	5	
WAITING AREAS	B	1	5	
CORRIDORS	B	5	5	
COMFORT ENGINEERING - LIGHT LEVELS	B	2	5	
COMFORT ENGINEERING - ADEQUACY OF HEATING & COOLING	B	2	5	
COMFORT ENGINEERING - TEMPERATURE CONTROL/ VENTILATION	B	5	5	
COMFORT ENGINEERING - NOISE LEVELS	B	5	10	
COMFORT ENGINEERING - ODOUR LEVELS	B	5	10	
GENERAL FEEL - Colour scheme, furnishings, art, planting, views, natural daylight, first impressions	B	10	5	
FACET 4 : QUALITY : TOTAL				

Emergency exit and wayfinding signage is present and clear.
The site location is not reported as an issue for train and bus routes. Level pedestrian access, lifts and staircases within the building. Lighting levels are adequate.
Heating and cooling throughout is adequate.
The general feel is modern and sufficient in clinical and waiting areas however office spaces could benefit from improvement.

PHOTOGRAPH

FACET FIVE

5.0 FACET 5: STATUTORY COMPLIANCE REVIEW METHODOLOGY

5.1 Survey Methodology

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

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

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

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

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

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

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

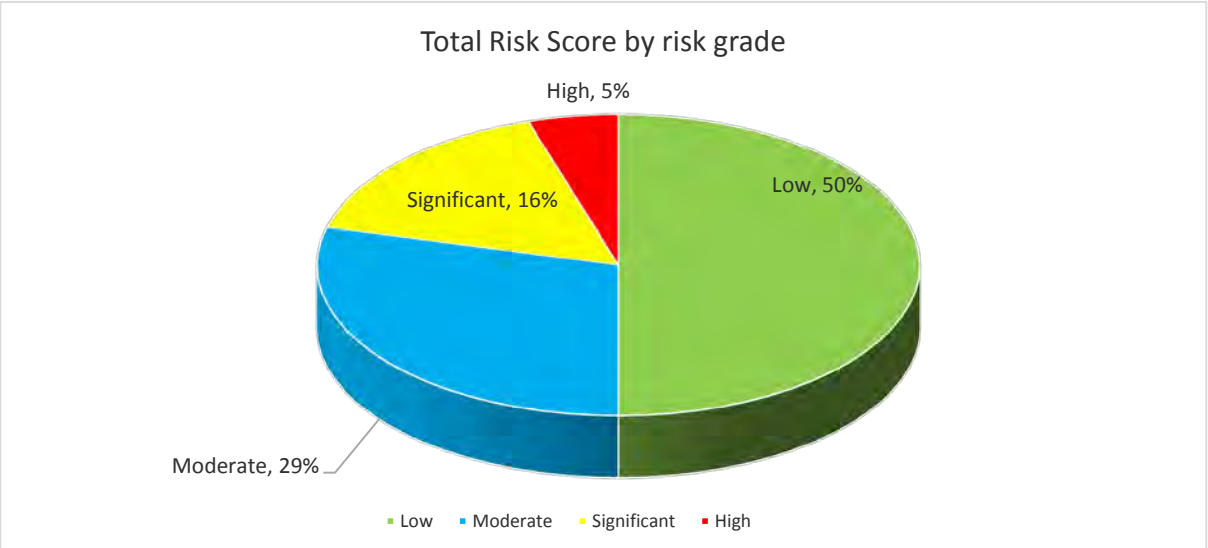
Each Practice has been given a score for Statutory Compliance. These are added together to give an overall score and associated grade.

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

FACET 5 : FIRE HEALTH AND SAFETY SUMMARY

Overall Risk Grade: **D** **Total Cost: (in £000's)** **£ 123,000.00**

Note: If items are high risk then this will override the grade to D as the block has items that are high risk.



Cost by Risk:

	Low	Moderate	Significant	High	
Fire Safety	£ -	£ 80,000.00	£ 38,000.00	£ -	
Statutory Safety	£ -	£ -	£ 5,000.00	£ -	
	£ -	£ 80,000.00	£ 43,000.00	£ -	£ 123,000.00

FACET 5 : STATUTORY SAFETY SURVEY REPORT FORM

FORM REFERENCE:	62611			**DATE:**	8th January 2018
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		NUMBER OF FLOORS:	5		Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH

CATEGORIES:
A. Building complies with all statutory requirements and guidance.
B. Building where action will be required to comply with statutory requirements & guidance.
C. Building with known contravention of one or more standards which falls short of B.
D. Building areas which are dangerously below B standard.
x..Supplementary rating to C or D to indicate that nothing but a total rebuild or relocation will suffice

NOTES:
1. Only assets that are designated below condition B require cost and risk assessment.
2. The list of sub-elements shown is not exhaustive. Add or delete as circumstance dictate.
3. The identification of sub-elements that are assessed to remain in condition B for more than 5 years is optional. Examples have been shown should organisations wish to record such assets.

STATUTORY SAFETY	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT: CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK		PHOTOGRAPH
1. ELECTRICAL SERVICES - SUPPLY & DISTRIBUTION									Sockets were generally provided either by trunking or wall mounted connections. Limited repairs required, minor renewal around sockets and mastic to trunking. Sockets were not tested upon inspection, however they were in use during the inspection so are assumed to be in working order. Access lighting was deemed sufficient for the types of work undertaken in the area.	
DISTRIBUTION BOARD STANDARDS								Low		
IMPENDING CHANGES								Low		
ADEQUACY OF PROVISION (SOCKET OUTLETS)	B	5	10					Low		
WORKING SPACE, ACCESS & LIGHTING	B	5	10					Low		
2. ASBESTOS									No Asbestos Survey, Register or Plan were available on site.	
ASBESTOS SURVEY	D		2		5	4	20	High		
ASBESTOS REGISTER	D		2		5	4	20	High		
ACTION PLAN	D		2		5	4	20	High		

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	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT				
					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
3. CONTROL OF LEGIONELLAE									
COLD WATER STORAGE	C				3	3	9	Mod	Limited control of legionella/water surveys, reports, registers or records presented on site at time of inspection. Removable hoses noted to showers to be removed after each use.
HOT WATER STORAGE	C				3	3	9	Mod	
HOT WATER STORAGE MODS	C				3	3	9	Mod	
PIPEWORK INSTALLATION	C				3	3	9	Mod	
PIPEWORK INSULATION	C				3	3	9	Mod	
VENTILATION PLANT	C				3	3	9	Mod	
4. HEALTH & SAFETY AT WORK ACT									
LIGHTING (ADEQUACY OF PROVISION)	B		5	5	3	3	9	Mod	Lighting levels throughout are generally adequate, part on PIRs and part switches. Access to the roof is via staircase. It is unclear when the ventilation was last tested or cleaned, regular cleaning including extracts is required.
FALLS & FALLING OBJECTS	B		5	5	3	3	9	Mod	
LADDERS	B	5	10				0	Low	
SAFETY GLAZING	B	5	10				0	Low	
GAS SAFETY	B	5	10				0	Low	
BOILERS SAFETY	B	5	10				0	Low	
VENTILATION STANDARDS (AIR QUALITY) CLEANING	B		5	5	3	3	9	Mod	
FLOORS & TRAFFIC ROUTES	B	15	10				0	Low	

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	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT				
					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	CATEGORIES: A. Building complies with all statutory requirements and guidance. B. Building where action will be required to comply with statutory requirements & guidance. C. Building with known contravention of one or more standards which falls short of B. D. Building areas which are dangerously below B standard. x..Supplementary rating to C or D to indicate that nothing but a total rebuild or relocation will suffice NOTES: 1. Only assets that are designated below condition B require cost and risk assessment. 2. The list of sub-elements shown is not exhaustive. Add or delete as circumstance dictate. 3. The identification of sub-elements that are assessed to remain in condition B for more than 5 years is optional. Examples have been shown should organisations wish to record such assets.
5. FOOD HYGIENE									
KITCHEN	B	10	15				0	Low	Kitchen/food breakout areas are in varying condition however are in good condition.
6. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) REGULATIONS									
STORAGE	D			1	5	3	15	Sig	No COSHH data or file presented on site.
VENTILATION	D			1	5	3	15	Sig	
SAFE HANDLING	D			1	5	3	15	Sig	
SIGNS & SIGNALS	D			1	5	3	15	Sig	
RISK ASSESSMENTS	D			1	5	3	15	Sig	

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	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT				
					CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
7. DISABILITY DISCRIMINATION ACT									
EXTERNAL APPROACH PATHWAYS	B	5	10				0	Low	External approach is generally level via main entrance. The main reception counter is compliant with induction loop and a low level counter for wheelchair users. Internal spaces are of an adequate size, although a number of doors are particularly heavy and pose difficulties operating. Most areas are fitted with a Doc M Pack facility, although fittings are aged it would benefit from ongoing maintenance.
EXTERNAL APPROACH LEVEL	B	5	10				0	Low	
EXTERNAL APPROACH RAMP	B	5	10						
MAIN ENTRANCE DOOR	B	20	10				0	Low	
RECEPTION COUNTERS	B	5	10						
HORIZONTAL & VERTICAL CIRCULATION	B	5	10				0	Low	
INTERNAL SPACES	B	10	10				0	Low	
SANITARY FACILITIES	B	15	10				0	Low	
8. PRESSURE SYSTEMS									
WRITTEN SCHEME OF EXAMINATION							0	Low	N/A

CATEGORIES:
A. Building complies with all statutory requirements and guidance.
B. Building where action will be required to comply with statutory requirements & guidance.
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9. EQUIPMENT IN CONFINED SPACES									CATEGORIES: A. Building complies with all statutory requirements and guidance. B. Building where action will be required to comply with statutory requirements & guidance. C. Building with known contravention of one or more standards which falls short of B. D. Building areas which are dangerously below B standard. x..Supplementary rating to C or D to indicate that nothing but a total rebuild or relocation will suffice NOTES: 1. Only assets that are designated below condition B require cost and risk assessment. 2. The list of sub-elements shown is not exhaustive. Add or delete as circumstance dictate. 3. The identification of sub-elements that are assessed to remain in condition B for more than 5 years is optional. Examples have been shown should organisations wish to record such assets.
ACCESS - (IN & OUT)	B	2	10				0	Low	
ENVIRONMENT TEMPERATURE	B	2	10				0	Low	No large equipment was seen to be used in these areas. We have assumed adequate temperature is maintained.
VENTILATION	B	2	10				0	Low	
SAFE SYSTEMS OF WORK PROVISION	B	2	10				0	Low	
10. SAFE TEMPERATURES									
HOT WATER OUTLETS	B	2	10				0	Low	
SURFACE TEMPERATURES OF HEATING DEVICES	B	15	10				0	Low	Hot water outlets fitted with Thermostatic Mixing Values. Some heaters have been fitted with LST covers. Some LST covers have become loose and exposed pipes are evident.
HEALTH & SAFETY : TOTAL		**150**		**20**					

FACET 5 : STATUTORY SAFETY SURVEY REPORT FORM

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FIRE SAFETY	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT: CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	PHOTOGRAPH
1. COMPARTMENTATION									
INTERNAL SPACES	C			20	5	3	15	Sig	No observations above the ceiling tiles were undertaken at the time of inspection due to the amount of conduit and pipework throughout the building. We would recommended undertaking a fire stopping audit to confirm walls are suitably built to structural soffits and penetrations are correctly compartmented/fire stopped. Costs allowed for inspection only.
ROOF SPACES/VOIDS	C			5	5	3	15	Sig	
ELECTRICAL POSITIONS	B		5	5	3	3	9	Mod	
PLANT RISERS							0	Low	
2. FIRE DOORS									
FIRE DOOR SETS TO CIRCULATION SPACES	C			30	3	3	9	Mod	Fire doors are generally installed throughout. All are in satisfactory condition. As previously stated fire stopping is recommended to confirm that walls are suitably built to structural soffit. Furthermore, a fire risk assessment should be undertaken.
FIRE HAZARD ROOMS	B		5	1	3	3	9	Mod	
ROOF SPACES/VOIDS	B		5	5	3	3	9	Mod	

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3. MEANS OF ESCAPE									Emergency escape signage is clear and adequate. The Fire Risk Assessment is not present on site. It is strongly advised to have this on site and regularly undertaken. Emergency lighting is present, although no record of testing evident. Surface finishes are to an acceptable standard. Emergency escape to level 2 is via stairs leading to the front of the building, this requires attention.
SIGNS AND SIGNALS	B	5	15				0	Low	
SURFACE FINISHES	B		5	10	3	3	9	Mod	
EMERGENCY LIGHTING	B		5	10	3	4	12	Sig	
EMERGENCY EXIT	C			50	3	3	9	Mod	
FIRE EXTINGUISHERS	B		5	5	3	3	9	Mod	
4. ALARMS & DETECTION SYSTEMS									Fire alarm testing is to be carried out and recorded on a weekly basis. Service records of fire alarm panels are to be present on site and Fire Risk Assessment recommendations are to be fully implemented.
SYSTEM - Fire Alarms	B	10	10				0	Low	
PANELS	B	10	10				0	Low	
DETECTORS	B	10	10				0	Low	
5. TEXTILES & FURNITURE									Textiles and furniture are generally to a modern standard.
TEXTILES - CURTAINS/BEDDING ETC	B		5	5	3	3	9	Mod	
FURNISHINGS	B		5	5	3	3	9	Mod	

CATEGORIES:
A. Building complies with all statutory requirements and guidance.
B. Building where action will be required to comply with statutory requirements & guidance.
C. Building with known contravention of one or more standards which falls short of B.
D. Building areas which are dangerously below B standard.
x..Supplementary rating to C or D to indicate that nothing but a total rebuild or relocation will suffice

NOTES:
1. Only assets that are designated below condition B require cost and risk assessment.
2. The list of sub-elements shown is not exhaustive. Add or delete as circumstance dictate.
3. The identification of sub-elements that are assessed to remain in condition B for more than 5 years is optional. Examples have been shown should organisations wish to record such assets.

FACET 5 : STATUTORY SAFETY SURVEY REPORT FORM

FORM REFERENCE:	62611			**DATE:**	8th January 2018
SURVEYED BY:	Robert Thompson and Pablo Casuso	**BUILDING AGE:**	50	**TRUST NAME:**	Great Ormond Street Hospital
OVERALL AREA (m²):	6,500	**REMAINING LIFE:**	50	**SITE NAME:**	Frontage Building
		NUMBER OF FLOORS:	5		Great Ormond Street Hospital NHS Trust, GOSH Estates and Facilities, Mezzanine Floor, 40 St. Bernard Street, London, WC1N 3JH

	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT: CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
6. STORAGE OF FLAMMABLE SUBSTANCES									
LIQUIDS							0	Low	Assessment of such areas was not available at the time of inspection.
GASES							0	Low	
OTHER							0	Low	
7. COMPLIANCE WITH FIRECODE									
SURVEY COMPLETE /UP-TO-DATE	C			10	4	4	16	Sig	Fire Risk Assessment should be undertaken and all recommendations to be carried out immediately.
ACTION PLAN IN PLACE	C			3	4	4	16	Sig	
FIRE : TOTAL		**35**		**164**					
FACET 5 : FIRE AND H&S : TOTAL		**185**		**184**					

CATEGORIES:
A. Building complies with all statutory requirements and guidance.
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NOTES:
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FACET SIX

6.0 FACET 6: ENVIRONMENTAL MANAGEMENT REVIEW METHODOLOGY

6.1 Survey Methodology

For all elements the Auditor has formed an opinion and ranked each item of the element in accordance with EstateCODE comparing the element to latest codes of practice. It should be noted that a BREEAM Assessment has not been carried out at these premises. The average overall condition of each element is estimated to be in one of four categories as below:

A - Very satisfactory, no change needed.
B – Satisfactory, minor change needed.
C – Not satisfactory, change needed.
D – Unacceptable.
DX – Unacceptable.

A: Energy Efficiency

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

GJ per 100 cubic metres	
Condition A	26-46
Condition B	47-56
Condition C	57-66
Condition D	67-86
Condition DX	87+

Energy bills would be required to calculate an accurate energy rating as above. Rating given is based only against DEC rating (where available and provided) and not as above. Full calculation would only be undertaken if KW/h energy use available for the building.

B: Water Consumption

Using the available strategic information the Auditor will give a score ranking the element in accordance with EstateCODE.

C: Waste Management

Using the available strategic information and policy documents, waste contracts and bills, the Auditor will give a score ranking the element in accordance with EstateCODE.

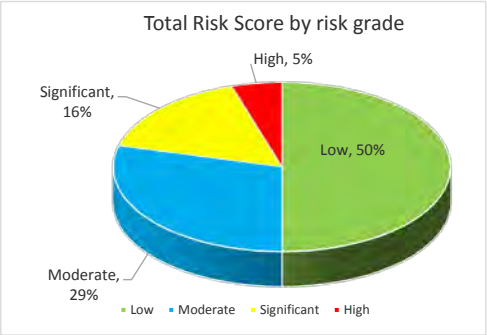
D: Transport Management

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

Facet 5 - Statutory Compliance

Condition: D

Total Backlog Cost £ 123,000.00



Risk Adjusted Backlog
£ 187,700.00

Backlog Costs (£,000)			
Low	Moderate	Significant	High
-	80,000.00	43,000.00	£ -

Facet 6 - Environmental Management

Procurement:	Condition:	0
Energy Performance:	Condition:	0
Water Consumption:	Condition:	0
Waste Management:	Condition:	0
Transport Management:	Condition:	0

FACET 6 : ENVIRONMENTAL MANAGEMENT SURVEY REPORT FORM

FORM REFERENCE:	62611			**DATE:**	8th January 2018
SURVEYED BY:	Robert Thompson and Pablo Casuso	**BUILDING AGE:**	50	**TRUST NAME:**	Great Ormond Street Hospital
OVERALL AREA (m²):		**REMAINING LIFE:**	50	**SITE NAME:**	Frontage Building
		NUMBER OF FLOORS:	5		

	CONDITION RANK	COST TO MAINTAIN IN CONDITION B (£'000)	ASSESSED PERIOD TO REMAIN IN CONDITION B (YEARS)	BACKLOG COSTS - CURRENT & IMPENDING (£'000)	CURRENT & IMPENDING BACKLOG RISK ASSESSMENT: CONSEQUENCE SCORE	LIKELIHOOD SCORE	OVERALL RISK SCORE	RISK RANK	
ENVIRONMENTAL MANAGEMENT									**PHOTOGRAPH**
1. ENVIRONMENTAL MANAGEMENT									
PROCUREMENT							0	Low	
ENERGY PERFORMANCE							0	Low	
WATER CONSUMPTION							0	Low	No information Provided.
WASTE MANAGEMENT							0	Low	
TRANSPORT MANAGEMENT							0	Low	
FACET 6 : ENVIRONMENTAL MANAGEMENT : TOTAL									

CATEGORIES:
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