Safe and Suitable Premises Policy

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1. Introduction

Holy Cross Hospital is committed to maintaining buildings and facilities that are clean, safe, fit for purpose, and supportive of the hospital's clinical functions. The Leadership team is responsible and will ensure buildings are regularly assessed and upgraded, with patient safety, infection prevention, and operational continuity at the core of all premises-related decisions. Reasonable adjustments will be made to support individual patient needs and to uphold the principles of equality, dignity, and accessibility as set out in the Equality Act 2010. This policy will be reviewed every three years or sooner if there are significant changes in legislation, regulatory guidance, or operational requirements.

2. Purpose

To describe the framework by which the hospital ensures that buildings, fixed installations, and key equipment are maintained to a safe and functional standard. This supports patient dignity, operational continuity, infection control, and Caregivers' wellbeing

3. Objectives of this Policy or Procedure

- **Ensure statutory and technical compliance:** Maintain the premises in line with relevant statutory requirements and NHS technical standards, including HTM 04-01 (Safe Water), HTM 05-02 (Fire Safety in Healthcare Premises), and other applicable guidance.
- **Provide a safe, accessible, and dignified environment:** Design, maintain, and audit the estate to ensure physical environments promote safety, dignity, privacy, and ease of access for all users, including patients with complex needs and mobility limitations.
- **Identify, assess, and mitigate environmental risks:** Proactively monitor for hazards related to fire, water, structural integrity, and access. Conduct regular risk assessments, maintain up-to-date logs, and promptly act on identified issues.
- **Facilitate effective maintenance and capital planning:** Implement a robust Planned Preventative Maintenance (PPM) programme supported by digital logging, statutory inspection schedules, responsive repairs, and forward-looking capital investment planning.
- **Support regulatory and quality standards:** Ensure that environmental infrastructure underpins high-quality patient care, Caregivers' wellbeing, and organisational readiness for external scrutiny and regulatory assurance.

4. Policy Statement

Holy Cross Hospital is committed to maintaining buildings and facilities that are clean, safe, fit for purpose, and supportive of the hospital's clinical functions. The Leadership Team will take responsibility and will ensure buildings are regularly assessed and upgraded, with patient safety, infection prevention, and operational continuity at the core of all premises-related decisions. This policy supports compliance with CQC Regulation 15: Premises and Equipment, ensuring that all premises are safe, suitable, and maintained to a standard that supports the delivery of high-quality care

5. Scope

This policy applies to the entire physical infrastructure of Holy Cross Hospital, including buildings, grounds, ventilation, plumbing, electrical systems, fire safety systems, and associated equipment. It is applicable to estates, maintenance, clinical and support teams, and all contractors operating within the site.

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6. Responsibilities

- **Chief Executive:** Holds overall accountability for ensuring the Safe and Suitable Premises Policy is implemented effectively across the organisation. Provides strategic leadership to ensure that premises standards align with patient safety, quality improvement, and operational goals.
- **Director of Patient Services and Director of Therapies:** Jointly responsible for ensuring that patient care needs are incorporated into all aspects of estate management, including building design, refurbishments, and environmental improvements. Advocates for dignity, privacy, accessibility, and therapeutic environments in line with clinical priorities.
- **Director of Operations:** Leads on estate compliance, including statutory inspections, contractor oversight, planned maintenance strategy, and assurance compliance with NHS England Guidance e.g. HTM/HBN. Oversees external surveys, service contracts, and risk escalation for all facilities-related issues.
- **Maintenance Team:** Delivers the Planned Preventative Maintenance (PPM) programme, manages emergency maintenance requests, logs repairs, and undertakes safety-critical checks across the estate. Ensures routine inspections are completed and statutory compliance documentation is maintained.
- **All Caregivers:** Are responsible for identifying and reporting facilities-related issues that could impact safety, infection control, accessibility, or therapeutic value. Contribute to patient-led assessments (PLACE) and environmental improvement initiatives.
- **Contractors and Service Providers:** All external parties working on site are required to comply with relevant legislation and hospital protocols, including health and safety induction, safeguarding awareness, and infection prevention controls. Contractors must report defects, hazards, or near misses, and work within the risk-assessed scope agreed with the Maintenance Team.

7. Definitions

Premises: All buildings, structures, plant, and fixed installations within the hospital estate, including associated services such as ventilation, electrical systems, plumbing, and fire safety infrastructure.

- PPM (Planned Preventative Maintenance): A proactive maintenance strategy involving scheduled inspections, servicing, and minor repairs to prevent equipment failure and ensure statutory compliance.
- HTM (Health Technical Memoranda): Authoritative guidance documents published by NHS England that set standards for the design, operation, and maintenance of healthcare estates.
- HBN (Health Building Note): Technical guidance issued by NHS England outlining best practices in the design and layout of healthcare facilities.
- PLACE (Patient-Led Assessments of the Care Environment): Annual patient-focused reviews of hospital environments that assess standards of cleanliness, food, privacy, dignity, and overall environment.
- LOLER (Lifting Operations and Lifting Equipment Regulations 1998): Regulations requiring that lifting equipment is safe to use, maintained, and inspected regularly.
- PUWER (Provision and Use of Work Equipment Regulations 1998): Regulations ensuring that work equipment is safe, maintained, and suitable for its intended use.

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- ACoP L8: Approved Code of Practice for the control of Legionella bacteria in water systems.

8. Policy or Procedure Implementation

- **Premises Condition Surveys and PLACE Assessments:** An external condition survey is commissioned periodically and completed by a qualified building surveyor to assess the external fabric of the estate. In addition, ongoing internal condition checks are embedded within the Planned Preventative Maintenance (PPM) schedule and are monitored routinely by the Facilities Team. PLACE assessments are conducted annually to assess patient-focused aspects including cleanliness, privacy, dignity, food, and environment. 15 Steps Challenge walk rounds may be used to complement these assessments.
- **Statutory and Insurer-Mandated Inspections:** Integrated into the maintenance strategy and coordinated via the Maintenance Management System. These include:
    - LOLER and PUWER compliance for lifting and work equipment
    - Asbestos re-inspections
    - Legionella sampling as per ACoP L8 and HSG274
    - PAT testing, pressure vessel checks, and lightning protection system testing
    - Fixed wiring and emergency lighting tests, flat roof inspections, and catering ductwork cleaning
    - Annual gas safety inspections of all gas appliances and emergency shut-off points
    - Drain and gutter clearance (minimum twice yearly) with camera inspection as required
    - Window restrictor and glazing safety checks per HSIS5/6 and HBN 00-10 Part D
    - Radiator guard and hot surface protection inspections
- **Use of Professional Advisors:** Qualified surveyors, engineers, or technical consultants are commissioned to inform projects, compliance reviews, or where internal expertise requires supplementing. Findings support strategic estate planning.
- **Integrated Record-Keeping and Task Management:** A digital log (PPM planner, maintenance log, and MMS) tracks all planned and reactive maintenance tasks, defects, inspections, and remedial actions. Records are reviewed weekly within the maintenance team and escalated monthly to the Facilities Lead and quarterly to the Senior Leadership Team.
- **Risk Escalation:** Premises-related risks identified through maintenance checks, audits, or Caregiver reports are escalated through the Director of Operations. Issues are logged, risk-assessed, and discussed at governance meetings with mitigation actions tracked and monitored. Contingency planning includes scenarios for loss of power, water, heating, or access due to weather or infrastructure failure.

Sustainability and Climate Resilience

The policy supports wider sustainability commitments in the Green Plan (2025–2028), including:

- Selection of sustainable building materials
- Use of solar PV (Photovoltaic)and LED lighting
- Flood risk management (see BCP and Flood Risk Assessment in Business Continuity Plan)
- Measures to reduce overheating
- Waste segregation arrangements.

9. Regulatory Requirements/ References

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- Health and Safety at Work etc. Act 1974
- Regulatory Reform (Fire Safety) Order 2005
- Equality Act 2010
- Control of Asbestos Regulations 2012
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:
  - • Regulation 15: Premises and Equipment
  - • Regulation 12: Safe Care and Treatment
  - • Regulation 9: Person-Centred Care
  - • Regulation 17: Good Governance
- HTM 04-01: Safe Water
- HTM 05-01 and 05-02: Fire Safety
- HTM 07-01: Waste Management
- HTM 03-01: Ventilation
- HTM 08-03: Nurse Call Systems
- ACoP L8: Legionella Prevention
- CIBSE LG2: Healthcare Lighting
- PUWER, LOLER Regulations

10. Evaluation Measures

- Routine annual premises audits against regulatory requirements. (Appendix 3)
- PPM log reviews and contractor performance checks
- Six monthly User Checks of area (Microsoft Form)
- Caregiver incident reporting (e.g. slips, trips, water/electrical faults)
- PLACE & 15 Steps assessments
- Annual ventilation system inspection, testing, and cleaning carried out by competent contractors
- Legionella risk assessments undertaken every two years by qualified specialists
- Annual audit of the medical gas pipeline system by the Authorising Engineer (MGPS)
- Annual external waste audit to assess segregation, compliance, and opportunities for improvement.
- Leadership Rounds (fortnightly)
- Audit results and remedial actions tracked and reviewed in governance meetings

11. Related Documents

- Maintenance Policy
- Major Utilities Failure Policy
- Grounds Maintenance Policy
- Waste Disposal Policy
- Housekeeping Policy
- Security Policy
- Infection Prevention and Control Policy
- Fire Safety Policy
- Water Safety Policy & Plan
- Risk Management Strategy
- Visiting Policy

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12. Appendices

Appendix 1: Equality Impact Assessment

To be considered and where judged appropriate, completed and attached to any policy

document when submitted to the appropriate committee for consideration and approval.

Policy Title	Safe and Suitable Premises Policy

		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	No differential impact anticipated. All patients, visitors, and Caregivers access hospital premises under the same standards of safety, dignity, and accessibility. Translation services and culturally appropriate signage are available where required.
	Gender reassignment	No	No impact identified. Premises standards apply equally to all users. Inclusive facilities (e.g., gender-neutral toilets where feasible) are considered in refurbishment and new builds.
	Marriage & civil partnership	No	No adverse impact. Facilities include accessible parking, rest areas, and maternity support facilities where appropriate.
	Pregnancy & maternity	No	No adverse impact. Facilities include accessible parking, rest areas, and maternity support facilities where appropriate.

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	Ethnic origins (including gypsies and travelers)	No	No differential impact anticipated. All patients, visitors, and Caregivers access hospital premises under the same standards of safety, dignity, and accessibility. Translation services and culturally appropriate signage are available where required
	Nationality	No	No differential impact anticipated. All patients, visitors, and Caregivers access hospital premises under the same standards of safety, dignity, and accessibility. Translation services and culturally appropriate signage are available where required
	Sex	No	No impact identified. Premises standards apply equally to all users. Inclusive facilities (e.g., gender-neutral toilets where feasible) are considered in refurbishment and new builds.
	Culture	No	Neutral to positive impact. Quiet spaces and multi-faith facilities are supported within site planning. Premises adaptations are considered to respect cultural needs (e.g., dietary preparation areas, modesty screens).
	Religion or belief	No	Neutral to positive impact. Quiet spaces and multi-faith facilities are supported within site planning. Premises adaptations are considered to respect

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			cultural needs (e.g., dietary preparation areas, modesty screens).
	Sexual orientation	No	
	Age	No	Positive impact expected. The policy emphasises compliance with Equality Act 2010 and HTM/HBN standards to ensure accessibility, including lifts, level access, handrails, clear signage, and dementia-friendly design features.
	Disability- both mental and physical impairments	No	Positive impact expected. The policy emphasises compliance with Equality Act 2010 and HTM/HBN standards to ensure accessibility, including lifts, level access, handrails, clear signage, and dementia-friendly design features.
2.	Is there any evidence that some groups are affected differently?	No	No direct evidence, though ongoing PLACE assessments and patient/carer feedback are used to identify emerging issues (e.g., accessibility for neurodiverse patients).
3.	Is the impact of the policy/guidance likely to be negative?	No	No. The policy sets out to reduce inequality by embedding accessibility and dignity into estates management.
4.	If so can the impact be avoided?	N/A	Not applicable.
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	Not applicable.

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6. >--	Can we reduce the impact by taking different action?	Yes	The hospital commits to reviewing patient/carer feedback, Equality & Diversity committee input, and new guidance on inclusive design to continuously improve the estate.
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	None identified.

This policy supports equality of access and dignity by ensuring that all premises, equipment, and facilities are safe, suitable, and inclusive. The EIA will be revisited alongside each three-year policy review or sooner if service user feedback highlights barriers.

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Appendix 2: Hospital Environment and Facilities Compliance Assessment

Section	Criteria for Assessment	Arrangements in Place	Reference
Access in and out of buildings	Level ground, accessible surfaces, door width, automatic doors, clear access	By observation and periodic inspection. Maintained under contract.	Equality Act 2010
Access between floors	Stairs safe; two wheelchair-suitable lifts	Lifts maintained by contractor; LOLER inspection; alarm tested monthly	LOLER, HTM 08-02
Asbestos	No asbestos exposure risk; information to contractors	Certified asbestos-free; monitored via policy	Control of Asbestos Regs 2012, HSG 227
Circulation areas inside buildings	Obstruction-free; safe surfaces; lighting; fire safety; doors; floors	PLACE audits; annual fire risk assessment; weekly door checks; emergency lighting PPM	HTM 05-01, HTM 05-02, Fire Policy, Housekeeping Standards Manual
Clinical Waste	Controlled removal; segregation; traceability	Caregiver training; waste audit; tagging system	HTM 07-01, Waste Management Regulations and Policy
Fire Safety	Safe structure; alarm and detection; means of escape; Caregivers training	Risk assessment; regular drills; induction training; fire doors checked	HTM 05-01, HTM 05-02, Fire Policy
Electricity	Safe installations; PAT testing; cable management; surge protection	5-year checks; PAT annually; contractor-led maintenance	Electricity at Work Regs, Electrical Policy
Energy Efficiency	Design and use of energy-saving measures	Solar panel monitoring; natural light and ventilation where possible	Sustainability Policy & Plan Green Plan

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Section	Criteria for Assessment	Arrangements in Place	Reference
Equipment forming part of building fixtures	Equipment used as designed; in patient areas, inspected and maintained by trained persons	PPM or external contract in place (boilers, generator). See FM database	PUWER Regulations, Equipment Monitoring Policy
Foul drains and sewers	Drains laid by competent persons; inspected for blockages or damage	In-house checks twice yearly, camera inspection periodically	Building Maintenance Policy
Gas Safety	Gas installations safe and maintained; emergency valves in place	Quarterly inspections by Gas Safe engineers; catering/laundry covered by specialist contractors	Gas Safety Policy
Glazing (windows)	Secure installation; safety glass/film; visible manifestations on doors	Restrictors, safety glazing maintained per HBN 00-10 and HSIS5	Workplace H&S Regs, HBN 00-10 Part D, HSIS5
Heating	Suitable indoor temperatures maintained; prevention of overheating	Blinds/louvres on south- and west-facing windows	Building Maintenance and Thermal Comfort assessment
Hot surfaces	Radiators in patient areas guarded or labelled to prevent burns	Low surface temperature covers or warning signage in place	HSIS6
Infection Prevention	Compliance with infection control policies and hygiene standards	See Infection Prevention Policy	HFN 30
Lightning Protection	Lightning protection systems fitted, tested, and maintained to prevent damage to buildings, equipment, and occupants.	Annual inspection and testing by competent contractor; re-testing after structural or roof works; remedial works logged in PPM system; site plans maintained.	BS EN 62305, Statutory Inspection Schedule, Maintenance Policy.
Lighting	Sufficient and appropriate lighting in all areas, incl. emergency lighting	Quarterly checks by electrical contractor; PLACE audits	CIBSE LG2 (2019)
Major Utilities Failure	Continuity of critical services during mains failure. Backup generators and uninterruptible power supplies (UPS)	Monthly generator load tests; quarterly UPS functional checks; annual full-discharge test; contingency plans linked to	BS EN 50171, Major Utilities Failure Policy, Business Continuity Plan.

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	maintained and tested.	BCP. Records logged in PPM system.	
Medical Gases (MGPS)	Medical gas pipeline systems and cylinder stores maintained to ensure safety, continuity of supply, and compliance with HTM standards.	Annual Authorising Engineer (MGPS) audit; Competent Person (MGPS) routine maintenance; cylinder storage secure and ventilated; area and master alarms tested; permit-to-work controls in place for all contractors; emergency drills for shutdown/valve closure.	HTM 02-01 (Medical Gas Pipeline Systems), Oxygen Safety Policy, Gas Safety Regulations.
Noise	Noise control embedded in design and management of works	Work impact risk-assessed by Director of Ops; works scheduled around patient care	HSE INDG362
Nurse Call	Effective system for patient/Caregivers communication in emergencies	System maintained and checked. Policy in place	HTM 08-03
Privacy and Dignity	Room design and facilities support privacy, access, hygiene and dignity	Operational Standards Manual; signage and visitor policy in place	Housekeeping, Security, Visiting Policies
Roads and Paths	Safe, smooth, lit and separate from pedestrian areas; gullies maintained	Extreme weather provisions in place incl. salt and equipment	Extreme Weather Policy
Roofs, Gutters and Downpipes	Maintained to protect building and users; no falling hazards	Annual and 2-year inspections; linked to insurance/weatherproofing	Maintenance Policy
Security	Secure access for authorised persons; safeguarding patient property	Alarms, door phones, visitor ID, audits and controlled keys	Security Policy
Smoking	No-smoking enforced indoors; risks to health, fire and hygiene mitigated	Designated outdoor shelter; signs and Caregivers awareness	Smoke-Free Workplace Regs 2005
Ventilation	Adequate ventilation to ensure comfort and air quality	Fan and duct maintenance; fire-linked shutdown; forced ventilation in key areas	HTM 03-01
Visitors	Facilities support comfort and privacy for visitors	Leaflets, signage, outdoor and communal areas available	Visiting Policy, Senses Garden Guide

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Water	Safe, clean water supply; legionella controls; scald prevention	ACOP L8 RA, temperature logs, chlorination, signage, drinking water access	HTM 04-01, Water Safety Policy
Windows	Restrictors, shading, maintenance, secure opening, locking as required	PPM schedule; compliance with safety regs	HSIS5, HBN 00-10
Waste Collection	Bins locked and clean; waste securely stored pre-collection	Daily observation; annual audit by external provider	HTM 07-01, Environment Act 2021, Waste Disposal Policy

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Appendix 3 Audit Tool – Safe and Suitable Premises

(Relates to Safe and Suitable Premises Policy 2025, CQC Reg 15, HTMs, HBNs, statutory guidance)

Governance

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Are quarterly reports on estates compliance provided to Leadership Team?			

Premises Condition & Surveys

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Last external condition survey undertaken and actions logged?			
Annual PLACE assessments completed and reported?			
15 Steps Challenge or equivalent walkarounds undertaken?			

Planned Preventative Maintenance (PPM) & Records

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
PPM system in place with evidence of completed and outstanding tasks?			

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Remedial actions tracked and closed in required timescales?			
Weekly team reviews documented?			

Statutory & Insurer Inspections

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
LOLER inspections up to date?			
Asbestos re-inspections completed and asbestos register current?			
Legionella sampling and water risk assessments in place (ACoP L8, HSG274)?			
PAT testing current?			
Gas safety inspections completed?			
Fixed wiring, emergency lighting, and lightning protection certificates available?			
Roofs inspected and cleared as per policy?			
Window restrictors, checked?			
Catering ductwork, pressure vessels, etc. inspected?			

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Access, Circulation & Environment

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Entrances and exits accessible, level, safe, compliant with Equality Act?			
Lifts maintained, alarm tested, LOLER certificates available?			
Circulation areas free from obstruction, lit, flooring safe?			
Roads/paths safe, lit, and maintained in extreme weather?			
Privacy, dignity, and visitor facilities maintained?			

Fire Safety

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Fire risk assessment current and actions completed?			
Fire alarms, detection, extinguishers tested and maintained?			
Fire drills undertaken and recorded?			
Fire doors inspected?			
Staff fire training current?			

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(record % compliance)			

Utilities & Critical Systems

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Evidence of contingency planning for major utilities failure (power, water, heating)?			
Backup generator and UPS tested?(monthly/quarterly/annual)?			
Business continuity plans linked to utilities failure?			

Mechanical & Electrical Safety

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Boilers, generator, lifts, medical gas pipeline systems maintained?			
Nurse call system checked and records available?			
Ventilation systems inspected and cleaned annually?			
Lighting adequate, emergency lighting functional?			

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	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Lightning protection inspected annually and after roof works?			

Infection Prevention & Waste

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Premises compliant with Infection Prevention & Control policy?			
Clinical waste segregated, tagged, and removed securely?			
External waste duty of care audit completed annually?			
Expired/contaminated stock disposed of correctly?			

Water Safety

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Legionella risk assessment completed within last 2 years?			
Weekly flushing and temperature monitoring records up to date?			
Chlorination/cleaning records maintained?			

Medical Gases (MGPS)

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	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Annual Authorising Engineer audit completed?			
Competent Person maintenance and alarm checks recorded?			
Cylinder storage secure, ventilated, labelled?			
Permit-to-work controls in place?			
Emergency drills for valve isolation undertaken?			

Health, Safety & Accessibility

Audit Question	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Premises free from hazards (slips, trips, falls, and obstructions)?			
Handrails, signage, dementia-friendly design features in place?			
Noise levels risk-assessed during works?			
Patient feedback/complaints reviewed and acted on?			

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Sustainability & Climate Resilience

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Energy saving measures in place (LED, solar PV, insulation)?			
Climate resilience features in place (flood, overheating, storm resilience)?			
Waste segregation and recycling monitored?			

Documentation & Evidence

	Compliant (Y/N/Partial)	Evidence / Findings	Action Required / Responsible / Timescale
Maintenance logs, inspection certificates accessible and current?			
Record of Incident/near miss reporting linked to estates issues?			

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