

# Briefing note: reinforced autoclaved aerated concrete (RAAC)

3 January 2023, Version 1

## Background

1. Following a safety alert published by The Standing Committee on Structural Safety (SCOSS) in 2019 – Failure of Reinforced Autoclaved Aerated Concrete (RAAC) Planks – in the same year NHS England wrote to all trusts asking them to review their estate to determine if it contained RAAC.
2. In March 2022, the Institution of Structural Engineers (IStructE) published updated national guidance providing identification and remediation solutions for RAAC. As such, NHS England is requesting that all organisations assess their estates portfolio and assure themselves that none of the buildings that they occupy on either a freehold or leasehold basis contain RAAC.
3. An NHS estates portfolio should include any building from which NHS care or commissioned services are delivered, or where NHS staff are based. This includes primary care facilities (such as dentistry, optometrists, GP surgeries and community care facilities), specialist commissioned services, mental health provision and independent sector providers.

## What is RAAC?

4. This is a lightweight cementitious material. It is aerated and has no coarse aggregate, meaning the material properties and structural behaviour differ significantly from ‘traditional’ reinforced concrete.
5. RAAC has been used in building structures in the UK and Europe since the late 1950s, most commonly as precast roof panels in flat roof construction, but occasionally in pitched roofs, floors and wall panels in both loadbearing and non-loadbearing arrangements.

6. RAAC may be found in a variety of types of buildings including, but not confined to, schools, offices, hospitals and health centres. Therefore, in the interest of patient safety it is important to establish if RAAC is present in any building where NHS services are delivered so the risk can be assessed, and appropriate mitigations undertaken.

### **Implication for primary care estate**

7. Although more commonly identified in larger premises such as schools and hospitals, it is possible that the issue may exist in smaller premises where NHS services are delivered.
8. However, the topic is relatively unknown and it may be that the owner of the building – be they provider or third party landlord – has not inspected the premises with particular regard to identifying or surveying for RAAC. It is necessary to write to all commissioners and providers to bring the topic and potential issue to their attention and ask that they undertake the exercise to survey the premises regarding RAAC.
9. The letter has been provided to support primary care commissioners and GP contractors with understanding their responsibilities regarding RAAC, with practical information and guidance on RAAC and the implications it may have on the delivery of primary care services in general practice premises.
10. The letter explains what actions need to be taken to identify RAAC and how to respond at a local level if RAAC is identified. Information resources to support this process has been provided in the advice note.