

Space Utilisation and Allocation Policy

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Name of Responsible Committee/Individual:	Space Utilisation Panel (SUP)
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

First Revision 30 September 2015 to 06 June 2016

Précis of Changes;

- Addition of 'Space Allocation Policy Guidance Note as Appendix 5
- Amended NHS Horizons to 'The Estates and Facilities Directorate
- Space Manager responsibilities added to matrix)
- New section "Space Allocation Process" added
- Addition of reference to the new 'Principles & Process for Wayfinding etc.
- Reference made to 'Change of Clinical Use'
- References to the Reconfiguration Board added into matrix
- Space Utilisation Panel make-up amended to include new members.
- UoL charges amended to reflect recovery of 'pass through costs'
- References to the Reconfiguration Board and Space Manager added in to the 'Accountability' section
- Membership structure revised
- Quorum definition revised
- Policy title amended
- Added new section on Change of Use and Risk Assessment at 6.10.2
- Application Forms amended to reflect requirement to revise 'Risk Assessments'

KEY WORDS

Space Utilisation, Accommodation, Offices

SUMMARY

The allocation and use of space is critical to the working of any Hospital Trust. The Space Utilisation and Allocation Policy sets out how this allocation will occur so that resources within UHL are used to the best advantage of the Trust.

The Policy should be read in conjunction with;

The Space Allocation Policy Guidance Note (June 2015) which is included as appendix 5.

And, where appropriate;

The Wayfinding 'Signage, Colours, Finishes and Corporate Identity' Policy Guidance Note (September 2015)

1. INTRODUCTION

- 1.1. The Trust faces significant pressures in respect of the allocation, occupancy and utilisation of space for both clinical and non-clinical functions.
- 1.2. Future service sustainability; reducing the cost of our real estate; the adoption of flexible working patterns; and the implementation of new information technological solutions will fundamentally change the Trust's working practices.
- 1.3. The Estate Transformation Plan (ETP) identifies the future priorities for investment and the need to address backlog maintenance. A key requirement underpinning this strategy is the need to ensure that the existing estate utilisation is optimised and where appropriate consider alternative configurations of the estate that can release critical resources to support future patient care.
- 1.4. The Development Control Plan provides the guide to the rationalisation of the UHL Property Portfolio in the coming years and will underpin the interpretation, and aims of this policy.

2. POLICY AIM

- 2.1. The key objective of this Space Utilisation and Allocation Policy is to ensure the appropriate occupancy and utilisation of the University Hospitals of Leicester (UHL) estate resources to the benefit of patient care.
- 2.2. This policy will provide: the necessary framework for the management of space across UHL (excluding living accommodation; but inclusive of onsite on-call rooms).
- 2.3. The policy not only drives future efficiency in the utilisation of estate but seeks to appropriately meet the diverse needs of our service population and workforce.
- 2.4. The policy will provide the framework for:
 - the control of change of use of space
 - the allocation of space by service or CMG
 - enable the Trust to offer flexibility in the utilisation of its estate to reflect changes in service provision
 - Optimise estate utilisation to deliver the Trust's Clinical and Operational transformation.
 - addressing both suitability and affordability of the Trust estate
 - ensuring staff with a disability are not disadvantaged
 - encourage and share innovation and new ways of working that deliver flexibility in working arrangements and thus space requirements

3. SCOPE

- 3.1. This policy applies to all staff, stakeholders, contractors and other services and third parties who occupy/seek allocation of space with the Trust.
- 3.2. This policy will be applied to all new requests and re-provision of workplace space.
- 3.3. Decisions will be based on a set of clearly defined criteria centered on the functional requirements of a role, taking into account any reasonable adjustments for staff with a disability'.

4. DEFINITIONS

4.1 Reasonable Adjustments as follows:

'Employers are required to make reasonable adjustments to any of their provisions, criteria or practices that place a disabled person at a particular disadvantage compared to non-disabled persons. This is a mandatory duty under the Equality Act 2010 that can require an employer to do things for a disabled person that it would not have to do for others'.

4.2 Red Lined Area:

'The physical space/area which is occupied by a specific service, or services and recorded as such, following the space utilisation survey of the UHL estate in Autumn 2014 including subsequent changes as authorised by the Space Utilisation Panel (or its successor) and can be readily identified by outlining/shading on a drawing. (For the avoidance of doubt this can, on occasion, involve areas occupied by more than one service.)'

5 ROLES & RESPONSIBILITIES

Position	Role & Responsibilities
Chief Executive	<p>The Chief Executive has overall responsibility to provide a safe working environment, ensuring compliance with the requirements of The Health and Safety at Work Act 1974, any subsequent amendments, and the requirements of this policy. The Chief Executive has overarching responsibility for all aspects of the Estate, including the management and control of assets; and overall responsibility for the safety of any patient, visitor or contractor whilst they are on Trust premises.</p> <p>The Chief Executive has overall responsibility for the Trust and the quality and utilisation of space within. This responsibility is delegated to the Director of Estates and Facilities.</p>
Directors	<p>All Directors (Executive and non-executive) have Corporate responsibility to provide a safe working environment under Health & Safety Legislation. The Directors are responsible for exercising the Trust duty of care and shall ensure adequate arrangements are in place via their designated deputies for implementing this policy and associated 'safe systems of work' within their respective Directorate.</p>
Chief Operating Officer	<p>The Chief Operating Officer is responsible for assessing the estate impact on operational service delivery and the future occupancy and utilisation of space in accordance with delivering the Trust Clinical Strategy. The Director is responsible for (but not limited to):</p> <ul style="list-style-type: none"> • promoting the policy • encouraging CMGs to consider new ways of working and supporting those managers tasked with implementing the policy.
Clinical Representative (Associate Medical Director)	<p>The clinical representative will regularly review the accommodation needs against the Trust's Clinical Strategy and make proposals for reconfiguration of clinical accommodation in line with this strategy in line with this policy. Any such proposals will be subject to the relevant CMG approval process (see CMG management team section below).</p>

Position	Role & Responsibilities
Director of Strategy	The Director of Strategy has responsibility for an estates strategy which delivers the clinical strategy of the Trust. The execution of this strategy is delivered through the Capital Developments team and the estates service (Estates & Facilities) and the Corporate Landlord function.
Director of Estates and Facilities	<p>The Director of Estates and Facilities will assume the Corporate Landlord role for the Trust and ensure delivery of the Trust estate strategy by effective space management and controls.</p> <p>and will provide the translation of the estate strategy into measurable deliverables and specifically support the future optimisation of the estate. This will include:</p> <ul style="list-style-type: none"> • technical assessment and capability in reviewing the current estate occupancy and utilisation • options for maximising the estate occupancy and utilisation and its functionality; including options for the alternative provision of infrastructure and non-clinical support space off site • input to the development of business cases that consider alternative use of space • monitoring of the space occupancy and utilisation; • provision of cost base analysis
CMG Management Team	<p>All managers are accountable for implementing and monitoring the policy within their specific area of responsibility and for ensuring premises are maintained to appropriate standards. Where change is required, however minor, CMG Managers must ensure that:</p> <ul style="list-style-type: none"> • There is a case for change that is robust and cost effective in accordance with the Trust's Integrated Business Plan and Business Case Framework; • Revenue and capital funding is available to facilitate the change • Risk assessments in relation to the accommodation changes are carried out by the service manager in conjunction with estates and clearly documented (fire, workplace, safety, working practices, safety etc) • There is an operational policy that shows how the service will operate within the premises including named individuals with day to day control of the premises, health and safety, fire wardens and first aiders

	<ul style="list-style-type: none"> • A Workforce Impact Assessment has been completed • Equality Impact Assessment has been completed; • The process for requesting additional accommodation is fully implemented • The change request forms are completed (even if it is to change one room to an alternative use)
Position	Role & Responsibilities
All Employees	<p>All employees have an individual responsibility for the management of the accommodation that they work in or occupy. The Health and Safety at Work Act places a duty on employees to:</p> <ul style="list-style-type: none"> • Co-operate with the Trust's management in the implementation of the policy • Report any deficiencies/defects to their line manager • Report any area of under-utilisation or overcrowding to their line manager • Maintain a safe environment and safe working practices
Space Utilisation Panel	<p>The Space Utilisation Panel (SUP) ensures appropriate and equitable management of the allocation and monitoring of space in line with the Trust's priorities. The membership of the Panel will be:</p> <ul style="list-style-type: none"> • Managing Director The Estates & Facilities Management Collaborative (Leicester, Leicestershire & Rutland) (Chair) • Head of Estates Transformation and Property • Space Manager • Major Projects Technical Director • Representative from Reconfiguration Board • Chief Operating Officer/Head of Operations • Deputy Director of Finance • Clinical Representative • Senior Medical Representative • Senior Nursing representative • Senior Human Resources Management Team (SHRMT) Representative • University of Leicester Space Team Representative • Car Park Manager (by request) • Space Planner (by request)

	<ul style="list-style-type: none"> Space Analyst (by request) <p>Other required/interested/petitioning parties (by request)</p>
Position	Role & Responsibilities
Space Manager	<p>The Space Manager will have Delegated Authority to act as proxy for, and in the absence of the Estates Director in respect of;</p> <ol style="list-style-type: none"> Corporate Landlord Responsibility Determining cases which are subject to deadlock Making recommendations to the Trust Board in respect of 'space related matters' Other matters to be confirmed <p>The foregoing list is not exhaustive but rather, indicative of the levels of delegated authority.</p> <p>If the Space Manager is unsure of his authority he will refer to a senior member of the Space Utilisation Panel, or the Chief Executive to avoid any likelihood of acting 'Ultra Vires'</p>

6 SPACE ALLOCATION PROCESS

(This section should be read in conjunction with the 'space allocation policy guidance notes which are included as appendix 5)

- 6.1 Space within UHL boundaries, irrespective of historical usage, is owned by the Trust. All accommodation within the trust whether owned or leased is the property of the Trust. As space is vacated within a CMG or Corporate Directorate, the decision about how the space will be used remains that of the Trust.
- 6.2 Space within a CMG or corporate functions 'red lined area' shall be the responsibility of that function to effectively manage that space to the principles of this policy. Internal space movements within the agreed 'red lined area' will be the responsibility of that function to manage directly and will not require approval by the Space Utilisation Panel (SUP). In order to maintain the database integrity, in respect of space utilisation data, CMGs and Corporate Functions should complete the SUP Change of Use of Demised Space at appendix 1.

- 6.3 CMG's and corporate functions requiring additional space outside their agreed 'red lined area' will require Space Utilisation Panel (SUP) approval.
- 6.4 CMG's and corporate functions requiring less space within the 'redlined area' shall immediately notify the Space Utilisation Panel (SUP) Policy reference 8.9.1.
- 6.5 The Trust legacy of single offices in many of its buildings is no indication that a member of staff requires a single office to discharge his/her duties; multiple use of office space must be considered alongside flexible working hours in order to achieve a real, on-going reduction in the footprint and cost of property occupation.
- 6.6 The role of the SUP is determined in the Terms of Reference outlined in **appendix 2.** and the Space Allocation Policy Guidance Notes outlined in **appendix 5.**
- 6.7 The SUP will review all space change requests in accordance with local and national priorities, compliance with regulatory standards, impact on service delivery and development, impact on estate strategy, QIPP plan, affordability and availability of capital investment (if required) and risk. It will consider other matters for consideration when allocating space such as storage requirements for confidential data and whether a particular job role was suitable for hot-desking as part of the application process. There will be no change in accommodation or its use without the permission of this Panel or The Space Manager under his delegated authority.
- 6.8 Future service developments with a defined space impact will be required to submit an application to the SUP as part of the development of their Outline Business Case within the Capital Approvals Process.
- 6.9 Any conversion of space will not commence until approval is received from the SUP, business cases (as appropriate) are approved by the Commercial Executive and/or Executive Team and Trust Board and capital resources are approved by the Trust's Capital Group.

6.10 Accommodation

6.10.1 Ownership of Accommodation

- i) The Trust itself is ultimately the owner of the estate and as such has the ultimate responsibility to allocate space as it sees fit for the delivery of its service. The Estates & Facilities Directorate is appointed as the 'Corporate Landlord' to document, control and manage the utilisation of the estate.

ii) In principle Clinical Management Groups (CMG's) and other corporate functions have allocated space which can be defined within a 'red lined area'.

iii) The Trust intends to develop service line reporting with the ultimate outcome of charging Clinical Management Groups (CMG's) and other corporate functions for the accommodation they occupy. When this is agreed, this policy will be updated to reflect the impact of the change.

iv) The Trust will formalise the occupancy arrangements of third party occupiers which will be defined within a 'red lined area'.

6.10.2 Change of Use Clinical and Non-Clinical Space

i) In the case of changes to, or provision of new' Clinical Space all works must be approved, in advance, by a, relevant, Senior Clinician and a Strategic Project Manager of Senior Capital Projects manager who will confirm reference to all relevant HBNs, Policies, Strategic direction and planning etc. This is in an effort, as far as practicable, to eliminate any errors or omissions of essential equipment and infrastructure during completion of the project

ii) In circumstances where consent is granted for a change of use of existing accommodation it falls to the requestor (CMG, Service etc.) to review the existing Risk Assessment for the area to be changed and ensure that changes in risk are recorded and appropriate action taken.

iii) These risks may include, if space devoted to clinical use, items such as 'Anti-Ligature measures' 'Window restrictors' etc..

N.B. This list is not exhaustive and all risks must be re-considered

6.10.3 Office Accommodation

i) As office accommodation occupies a high percentage of Trust space (circa 34% of net useable area) it is necessary to establish some firm principles for allocation and utilisation of office space. This is especially important in delivery of the estate strategy and clinical reconfiguration of services across the three hospital sites.

ii) The Trust recognises that providing office accommodation is expensive and new more mobile and flexible ways of working will enable the Trust to reduce the proportion of space currently used as offices. When considering change, managers will be expected to demonstrate new ways of working such as hot-desking, mobile working and shared use of accommodation (Space) management.

6.10.4 Principles of Office Usage and Allocation

i) The Trust via this SUP policy has defined work styles as follows:

Work Style	Summary	Space impact
Fixed	At desk for 60 – 100% of the day; 5 days a week. Fixed IT; inappropriate to work from home; seldom travel	Permanent desk required
Outward facing	At desk (or hot desk) for 40 – 60 % of the day; regularly at meetings for long periods. Able to deliver roles in a mobile capacity using voice and data	Hot desk
Fixed flexible	Works for less than a fixed full time week, role similarities as outward facing but using desk for less than 50% of the week	Hot desk
Nomadic flexible	Seldom at the desk, usually in meetings or clinical areas; can deliver role in a mobile capacity	Hot desk

ii) Office space will be allocated depending on the work style necessitated for the individual role. This will include reasonable adjustments for staff with a disability.

iii) Hot desk facilities will be made available as appropriate to support staff working remotely.

6.10.5 Office Accommodation – Generic

i) It is recognised that most offices will not be located within purpose built environments and therefore the office solution will be a pragmatic approach to the utilisation of the retained estate.

ii) The SUP will allocate space on the basis of applying the principles above.

iii) Where an office is within a new build area it will be based on an open plan principle with defined meeting and break-out spaces. Space will be designed to:

- Address privacy and dignity issues
- Provide future flexibility enabling teams/groups to adapt to meet changing working practice
- Maximise usage and organisation of space to improve efficiency and storage.

iv) Any member of staff can work in an open plan environment and no member of staff will have the right to an individual office (unless specifically advised by Occupational Health).

v) Only those staff with a routine clinical need to be immediately available to their clinical base will have offices in prime clinical space. This will be the only exception. The final decision will rest with the SUP.

6.10.6 Office Accommodation – Medical Staff

(The following section represents the position that will need to be adopted in order to deliver the UHL Estates Strategy 2014-19)

i) Consultant medical staff may be required to share office space at a minimum of two people per office, space permitting. Where appropriate, Consultants may share a specialty team base.

ii) Where possible, Consultant workspace will be located in close proximity to their main site of work but not necessarily adjacent or within their specialty clinical space.

Where consultants work on more than one site they will have access to generic hot desks on the second site.

iii) Junior medical staff, including specialist registrars will use the Clinical Education Centres and suitable multi-disciplinary space provided for all staff within clinical areas. This is subject to the provision of appropriate site based clinical education facilities.

6.10.7 Clinical Accommodation

i) Where there is a significant change in a clinical service due to new ways of working, an increase or decrease in activity levels or change in service contract, then the under/over utilisation of clinical space must be reported using the Accommodation (Space) Change Request Form (**appendix 3**).

6.10.8 UHL Research & Development Space

i) UHL Research & Development space is managed in accordance with this Space Utilisation and Allocation Policy and recommendations or requests for future space requirements will need to be supported and signed by the Director of Research & Development.

ii) As a matter of principle, all research and development proposals or business cases shall identify and cost the accommodation requirements associated with its delivery. Evidence of these considerations shall be included with any application made to the SUP.

6.10.9 University Accommodation

- i) A baseline review of University accommodation will be established and underpin all future developments.
- ii) University requests for space above the baseline agreement will be assessed in accordance with this Space Utilisation and Allocation Policy.
- iii) Additional space will be charged on a cost recovery basis to be agreed in advance.

6.10.10 Surplus Accommodation

- i) Where a building or department is identified as surplus to requirements the Accommodation (Space) Change Request Form (**appendix 3**) must be submitted to the SUP.
- ii) A department or service vacating premises as part of an agreed decommissioning plan will be responsible for ensuring that all rooms within the premises are cleared (i.e. of furniture, paper, records and all rubbish and left clear clean - particularly in respect of vacated clinical areas/wards). Plans for vacating space and disposal of equipment will need to be agreed as part of any change in use of space. Any cost associated with the disposal of waste materials and redundant equipment and furniture, and for the rendering safe of any space under 9.10.3, will be required to be built into the business case for change.
- iii) The Estates and Facilities Department ensure that any vacated accommodation is left safe and secure and, where appropriate, services disconnected and sealed until disposed of or put into alternative use.
- iv) The Estates and Facilities Department will, with guidance, support and assistance from the The Space Manager and his team, keep up to date records of space occupancy through the annual 6 facet survey and ensure that this data held on The Estates CAFM System is updated on a regular basis.

6.10.10 Accommodation for Non-Trust Staff

- i) The Trust does not generally provide accommodation for non-Trust staff unless one or more of the following apply:
 - it generates income over and above expenditure
 - it is part of an integrated service with external agencies managed by the Trust or is a necessary part of service delivery

- the provision of accommodation has been approved by the Executive Team
- there is an inter-trust Service Level Agreement signed by the Chief Executive; or
- there is a formal lease, licence or occupation agreement.

7 APPEALS AGAINST SUP DECISIONS

- 7.1 In the event that an applicant is unhappy with the outcome of the SUP they may appeal to the Executive Team.
- 7.2 The appeal must include the original application, the outcome of the SUP and reasons for the appeal.
- 7.3 The Executive Team will decide on whether the original decision was valid and make recommendations on how to proceed.

8 EDUCATION AND TRAINING REQUIREMENT

- 8.1 There are no formal training requirements associated with this policy, however there is a requirement to cascade the requirements of this policy to all level within the organisation.
- 8.2 The better understanding for the reasons for space utilisation is needed and to change the culture of the Trust in respect of space use where it has previously been seen as 'space is a free good'

9 PROCESS FOR MONITORING COMPLIANCE

- 9.1 The SUP will review this Space Utilisation and Allocation Policy and ensure that it meets the requirements of the Trust, as necessary and a formal review will be undertaken every two years to ensure compliance with any key changes in the Trust organisational structure or property portfolio.
- 9.2 The SUP will work in partnership with the Capital Developments team and Executive Committees to ensure consistency of approach and a coordinated approach to the future asset base of the Trust.

9.3 The audit criteria for this policy and the process to be used for monitoring compliance are given in the table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Speed of decision making and feedback from the SUP	SUP Chair	Monthly update on requests	Quarterly	To the SUP and escalated to the ET if needed	SUP lead for actions to be contacted. Monthly update at SUP meeting	
Impact on space occupancy and utilisation across UHL	SUP Chair	Bi-annual report run from MiCAD	6 mthly	To the SUP and escalated to the ET if needed	Update to all CMGs on current utilisation rates and space allocation on a bi-annual basis	
Review of appeals against the SUP decisions	Executive Team	Minutes/notes from the ET meetings	Annually	To the ET	P&G Committee to advise dependent upon Results of Monitoring	
Quarterly SUP reports to the Executive Team	SUP Chair	Quarterly Report	Quarterly	To the ET	Progress and Controls	

10 EQUALITY IMPACT ASSESSMENT

- 10.1 All SUP applications will be asked to include an Equality Impact Assessment, where appropriate.
- 10.2 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 10.3 As part of its development, this policy and its impact on equality have been reviewed. A reasonable adjustment will be taken into account when space is allocated.

11 SUPPORTING DOCUMENTS AND KEY REFERENCES

Not applicable.

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 12.2 A review of the policy will be undertaken by the SUP on a bi-annual basis.

13 SPACE UTILISATION PANEL – CHANGE OF USE NOTIFICATION - APPENDIX 1

UHL Space Utilisation Panel Notification of Change of Use of space within the 'Red-Lined' Area of the Service			
Date Submitted:			
CMG		Department	
Notified by		Contact Details	
Type of Notification	Change of Use of Existing Space		
Define if space primary clinical or non-clinical support infrastructure			
<p>Details of Notification – include specific details on the service function; existing space occupied by the function/ service; room numbers/identifiers where appropriate; specific service requirements and functionality of the space changed. Outline the proposed adaptation of the defined space and future adaptability.</p>			
<p>Define Any Equipment Requirements that may impact on the environmental/space requirements.</p>			
<p>Reconsider Risk Assessment – If this request involves a change of use please confirm that you have reconsidered the Risk Assessment for the space, and what action has been taken / is to be taken, as a result.</p>			
<p>Identify any 'Special Requirements' – e.g. cleaning; availability of space for 'out of hours' services; key clinical service dependencies</p>			
<p>Outline Timescales for Delivery</p> <p>When is space change to take effect/...../.....</p> <p>If not a permanent change, how long will the change be effective for?</p> <p>0-6 months <input type="checkbox"/></p> <p>6-12 months <input type="checkbox"/></p> <p>1-2 years <input type="checkbox"/></p> <p>2-5 years <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>			
What is the main use of the space now?		What will be the main use of the space following the proposed change?	
Clinical <input type="checkbox"/>	Office <input type="checkbox"/>	Education <input type="checkbox"/>	Research <input type="checkbox"/>
Storage <input type="checkbox"/>	Other <input type="checkbox"/>	Clinical <input type="checkbox"/>	Office <input type="checkbox"/>
		Education <input type="checkbox"/>	Research <input type="checkbox"/>
		Storage <input type="checkbox"/>	Other <input type="checkbox"/>
		Other <input type="checkbox"/>	

Clinical Impact – this to describe any clinical adjacencies or requirement to move to improve other clinical opportunities.	
Does the scheme fit in with the Trust’s Strategic Direction; Clinical Strategy and Estate Transformation Plan?	
No <input type="checkbox"/>	
Yes <input type="checkbox"/>	
If yes, please explain how	
Office request only – does it comply with the Workplace Space Requirements Policy?	
No <input type="checkbox"/>	
Yes <input type="checkbox"/>	
Is there an expected cost benefit?	
What will be the income benefit to the CMG/Trust per year?	
No Cost benefit <input type="checkbox"/>	From £250,000 to £1m <input type="checkbox"/>
Up £100,000 <input type="checkbox"/>	Over £1m <input type="checkbox"/>
From £100,000 to £250,000 <input type="checkbox"/>	
Financial Analysis – includes source of funding for any refurbishment costs; equipment.	
Staff with a disability –	
Does this impact on staff with a disability	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, is the accommodation suitable	No <input type="checkbox"/> Yes <input type="checkbox"/>
Additional Supporting Information – include alignment to the CMG IBP/Trust Strategic Direction; Future Configuration of Services and a marked up drawing identifying the location of the space required.	
Authorisation	
Division Approval	
I confirm that this proposal is in accordance with the delivery of the Division’s Business Plan and that any additional costs will be charged to my Division.	
CMG Manager	Date
Divisional Director	Date
Divisional Manager	Date
Completed forms to be returned to: supapplications@uhl-tr.nhs.uk	
SUP Reference	SUP Approval Number

Please note the following considerations should be made in the completion of the change notification:

- The existing accommodation including tenure, its functional suitability (including compliance with statutory guidance/regulations) and space utilisation and scope for change
- The aspiration of those requesting the accommodation
- The requirements of the future Clinical Reconfiguration of services; the clinical sequencing of moves; service co-location; and the Estates Transformation Strategy
- Opportunities that change offers e.g. flexible working arrangements
- Impact on workforce
- Environmental Impact e.g. carbon footprint, travel plan etc
- New proposed location - availability (lease or owned, heads of terms, the market)
- Revenue and Capital requirements including where applicable a cost benefit analysis; all future developments will need to be considered as part of the Trust's revised capital approvals process. Divisions will need to demonstrate to the Commercial Executive the ability to address the revenue impact of any future changes and developments
- Impact on any existing service agreement, contract, lease, licence, workforce including contracted staff
- Telephone and IT Requirements
- Future opportunities/needs of the Trust – will this enable future changes or expansion

Please ensure that this document, once completed, is submitted to the Space Utilisation Panel immediately, by email to supapplications@uhl-tr.nhs.uk.

Requests for follow up information, progress reports etc. can be made by email to supapplications@uhl-tr.nhs.uk or stuart.turner@uhl-tr.nhs.uk

Or call, in the first instance:

Stuart Turner Space Manager
Tel: 01162 586 266
Mobile: 07950 844 947

Aim

The role of the SUP is to proactively manage the allocation and use of space and ensure that the use of available space is maximised. The SUP will also ensure that there is an equitable allocation of space which reflects the priorities of the Trust and maximises the use of the Trust's assets.

Responsibilities

- Review requests for additional space in accordance with the Space Utilisation and Allocation Policy and determine the most effective way of dealing with the request.
- Ensure that any request for space is in accordance with The Trust Clinical Strategy and takes account of the impact on other services.
- Continually challenge the need for additional space and champion new ways of working which reduce the need for space e.g. office sharing, desk sharing, working from home.
- Ensure the equitable allocation of available space.
- Ensure that the use of existing space is optimised.
- Determine the need to undertake space utilisation studies.
- Review the Space Utilisation and Allocation Policy.

Accountability

The SUP is accountable to the Executive Team and is required to work in partnership with the Reconfiguration Board, Capital Development Team, the Commercial Executive and the Trust's Capital Group.

The Managing Director of The Estates & Facilities (Leicester, Leicestershire & Rutland) (Corporate Landlord), or the Space Manager, will chair the SUP and manage the allocation of space to ensure that available space is maximised.

Membership

Membership of the Panel will comprise of:

- Managing Director The Estates & Facilities Management Collaborative (Leicester, Leicestershire & Rutland) (Chair)
- Head of Estates Transformation and Property
- Space Manager
- Major Projects Technical Director
- Representative from Reconfiguration Board
- Chief Operating Officer/Head of Operations
- Deputy Director of Finance
- Clinical Representative
- Senior Medical Representative
- Senior Nursing representative
- Senior Human Resources Management Team (SHRMT) Representative
- University of Leicester Space Team Representative (by request)
- Car Park Manager (by request)
- Space Planner (by request)
- Space Analyst (by request)
- Other required/interested/petitioning parties (by request)

Quorum

A quorum of at least three Trust/The Estates & Facilities (Leicester, Leicestershire & Rutland) members is required, one of whom must be the Chief Operating Officer, Managing Director of Estates and Facilities, Deputy Director of Estates and Facilities, Head of Estates Transformation and Property, or Head of Operations.

Frequency of meetings

Meetings of the SUP will be programmed at quarterly intervals (January, April, July and October). This frequency will be reviewed and adjusted as appropriate. (There will be a documented mechanism for decisions which need to be taken between these quarterly meetings.)

Authority/Decision Making

Each Trust member of the SUP is accountable, both jointly and individually, for the decisions of the Panel as a corporate body. The Panel's authority is in line with the Trust Board Delegated limits.

Scope

Beyond the arrangements described above the SUP may also be asked to consider/take decisions on issues requested of it by other management forums e.g. Trust Executive, particularly where there are significant financial and/or corporate implications/risks. However, decision making should take place at the most appropriate level within the delegated limits defined in the Trust's scheme of delegation.

Agenda

Agendas will be agreed, and circulated in advance, by the SUP Chair. Agenda Items will be notified to the Space Utilisation Manager at least five working days prior to the next meeting. Any items received after this date will be carried forward to the next subsequent meeting date.

Conflict of Interest

Panel members should declare any conflict of interest and should the Chair decide that a conflict of interest exists the member will leave the meeting for the duration of the relevant item.

UHL Space Utilisation Panel Request for Accommodation/Change of Use/Relinquishing Space outside the 'Red-Lined' area of the Service			
Date Submitted:			
CMG		Department	
Requested by		Contact Details	
Type of Request – please select	<i>Additional Space Required</i>	<i>Change of Use of Existing Space</i>	<i>Release of Space</i>
Define if space primary clinical or non-clinical support infrastructure			
<p>Details of Request – include specific details on the service function; existing space occupied by the function/ service; room numbers/identifiers where appropriate; specific service requirements and functionality of the space required/released. Outline the proposed adaptation of the defined space and future adaptability.</p>			
<p>Define Any Equipment Requirements that may impact on the environmental/space requirements.</p>			
<p>Reconsider Risk Assessment – If this request involves a change of use please confirm that you have reconsidered the Risk Assessment for the space, and what action has been taken / is to be taken, as a result.</p>			
<p>Identify any 'Special Requirements' – e.g. cleaning; availability of space for 'out of hours' services; key clinical service dependencies</p>			
<p>Outline Timescales for Delivery – identify if this is in support of a defined service development/business case</p>			
<p>When is space needed for/...../..... If not a permanent change, how long is space needed for? 0-6 months D 6-12 months D 1-2 years D 2-5 years D Other (please specify) D</p>			

What is the main use of the space required?			
Clinical	<input type="checkbox"/>	Research	<input type="checkbox"/>
Office	<input type="checkbox"/>	Storage	<input type="checkbox"/>
Education	<input type="checkbox"/>	Office	<input type="checkbox"/>
Clinical Impact – this to describe any clinical adjacencies or requirement to move to improve other clinical opportunities.			
Does the scheme fit in with the Trust’s Strategic Direction; Clinical Strategy and Estate Transformation Plan			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, please explain how			
Office request only – does it comply with the Workplace Space Requirements Policy			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Is there an expected cost benefit?			
What will be the income benefit to the CMG/Trust per year?			
No Cost benefit	<input type="checkbox"/>	From £250,000 to £1mill	<input type="checkbox"/>
Up £100,000	<input type="checkbox"/>	Over £1mill	<input type="checkbox"/>
From £100,000 to £250,000	<input type="checkbox"/>		
Financial Analysis – includes source of funding for any refurbishment costs; equipment.			
Staff with a disability –			
Does this impact on staff with a disability	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, is the accommodation suitable	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
Additional Supporting Information – include alignment to the CMG IBP/Trust Strategic Direction; Future Configuration of Services and a marked up drawing identifying the location of the space required.			
Authorisation			
Division Approval			
I confirm that this proposal is in accordance with the delivery of the Division's Business Plan and that any additional costs will be charged to my Division.			
CMG Manager		Date	
Divisional Director		Date	
Divisional Manager		Date	
Completed forms to be returned to: supapplications@uhl-tr.nhs.uk			
SUP Reference		SUP Approval Number	

Please note the following considerations should be made in the completion of the request for accommodation:

- The existing accommodation including tenure, its functional suitability (including compliance with statutory guidance/regulations) and space utilisation and scope for change
- The aspiration of those requesting the accommodation
- The requirements of the future Clinical Reconfiguration of services; the clinical sequencing of moves; service co-location; and the Estates Transformation Strategy
- Opportunities that change offers e.g. flexible working arrangements.
- Impact on workforce
- Environmental Impact e.g. carbon footprint, travel plan etc
- New proposed location - availability (lease or owned, heads of terms, the market)
- Revenue and Capital requirements including where applicable a cost benefit analysis; all future developments will need to be considered as part of the Trust's revised capital approvals process. Divisions will need to demonstrate to the Commercial Executive the ability to address the revenue impact of any future changes and developments
- Impact on any existing service agreement, contract, lease, licence, workforce including contracted staff
- Telephone and IT Requirements
- Future opportunities/needs of the Trust – will this enable future changes or expansion

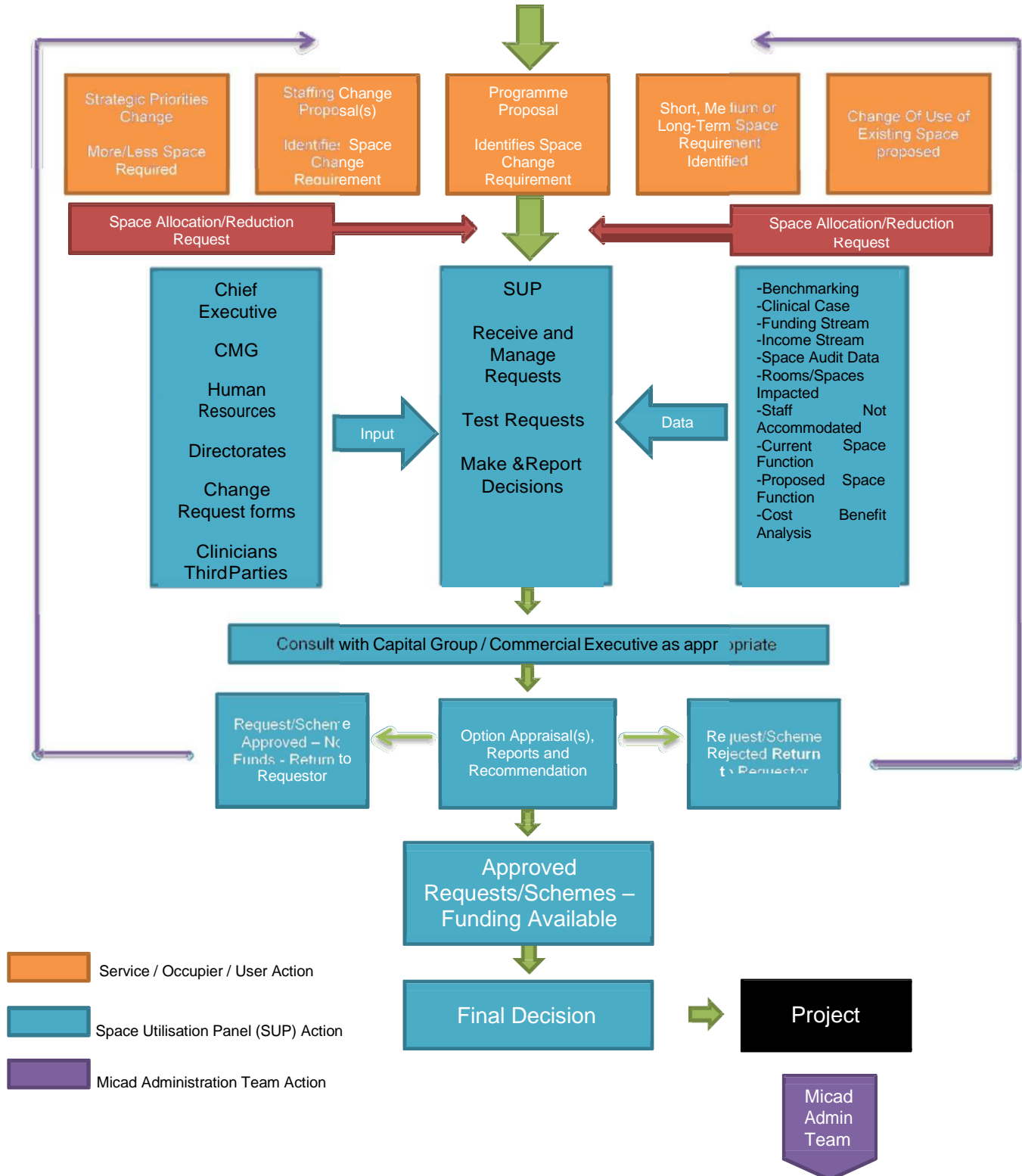
Please ensure that this document, once completed, is submitted to the Space Utilisation Panel immediately, by email to supapplications@uhl-tr.nhs.uk.

Requests for follow up information, progress reports etc. can be made by email to supapplications@uhl-tr.nhs.uk or stuart.turner@uhl-tr.nhs.uk.

Or call, in the first instance:

Stuart Turner Space Manager
Tel: 01162 586 266
Mobile: 07950 844 947

UHL SPACE CHANGE PLANNING PROCESS (Overview)



UNIVERSITY HOSPITALS OF LEICESTER

PRINCIPLES & PROCESS FOR ALLOCATION OF ACCOMMODATION

1. Introduction

UHL has identified the requirement, and stated its clear intent, to reduce the physical footprint the of estate it occupies and to use the estate it keeps, more effectively

The Trust faces significant maintenance backlog costs and, clearly, operating from less accommodation / a smaller footprint will improve its efficiency.

An outline estate rationalisation programme aimed, inter-alia at reducing poor quality accommodation, and repatriation of clinical space, is now in progress. . Additionally, in order to deliver direct clinical care there needs to be both more intensive use of non-clinical accommodation and targeted use of outpatient accommodation and a commitment to '3 session days', in the future.

Management allocation and reorganisation of all accommodation in the Trust is managed by the Space Utilisation Panel delivered by the Space Manager and his Team (under delegated authority), and acting on decisions approved by the Executive Directors Team and ratified where appropriate by the Trust Board.

The Trust occupies a wide variety of office accommodation and will require to do so for many years. A pragmatic approach will have to be taken as moves need to take place. Many people will remain in their current offices, shared or individual, for some time. Other occupiers may be moved / relocated, by necessity, to support required change.

Building on the recent Data Collection Exercise, a project will commence, during the first quarter of 2015 to review all accommodation. Offices and meeting rooms in particular, will be reviewed to bring more equity into the situation, and thus, all space users can expect to be challenged about use and occupancy levels etc.

Technological advances mean that for most people a fixed desk or PC or a dedicated single office will not be essential. (This is outlined in the Space Utilisation and Allocation Policy.)

The main priority has to, and will, be the creation of the best clinical accommodation possible. In a large number of instances this will mean that a considerable amount of current office accommodation will need to be converted/revert to clinical accommodation.

Offices for individual clinical teams will be grouped together wherever practical but there will be a wide requirement for 'Cross Site' working making use of the 'Hospital Hopper' service, as appropriate.

One of the ways accommodation will be used more efficiently is by completely changing the way we use meeting rooms. Currently, for example, there are bookings for meeting rooms held by individual departments, many of them are unknown to the majority of potential users and few of them are used effectively. Other than those which are within clearly defined ward areas or designated to a speciality, meeting rooms will not be known by the specialty name but will be known by location/number.

We will instigate a central system whereby all meeting/training bookings will be centrally managed and some current meeting rooms may be converted into multi occupancy offices, or clinical space where appropriate.

2. Key principles

- These principles apply to everyone working within UHL and are mirrored / expanded within the adopted Space Utilisation and Allocation Policy.
- Every member of staff is entitled to have an appropriate environment in which to fulfil their role properly, and safely.
- No member of staff should expect to have a single office.
- The majority of clinical office space will not necessarily be adjacent to the clinical area. The only exception to this is for any member of staff who may have a disability which affects either their mobility or their ability to share accommodation with another individual.
- Each individual will be able to access a Trust networked PC, and a telephone to facilitate their work.
- A secure space in which to keep papers etc. may also be provided.
- Office accommodation is not a reflection of status within the organisation (but of the requirements of the job).
- Confidentiality will be expected from every member of staff working in the same area and Information Governance principles must be observed.
- Each clinical area should have access to at least one, multidisciplinary area.
- Each clinical area should have access to an adjacent handover/hot office/MDT space to use on occasions during the day.
- Bookable accommodation will be available in which to have confidential conversations with individuals, patients and other members of staff when required or for periods when intense concentration is required.
- In addition, general meeting rooms will be available for booking.
- Within working hours, administrative work must be undertaken within Trust premises unless prior permission is given by the relevant manager.
- Booking of meeting spaces with consequent failure to use will be recorded and referred upwards, if necessary. (Repeated failures may result in reduced ability to book space.
- Occupancy of Trust accommodation does not imply 'ownership'. The allocation of accommodation can only be made via the Space Manager, in his role as Agent for the Corporate Landlord, in accordance with the Space Utilisation and Allocation Policy, and this Guide.

3. Space Manager and Space Utilisation Panel Terms of Reference

The Space Manager, within The Estates & Facilities acts as Corporate Landlord, under Delegated Authority, in the management and allocation of all Trust accommodation.

The role is discharged through the Space Manager and Space Utilisation Panel in accordance with the Space Utilisation and Allocation Policy, which is established and available on InSite:

- To manage the allocation and use of all Trust accommodation.
- To ensure equity in the disposition of Trust accommodation
- To act as a filter for accommodation requests by either individuals or clinical teams to ensure that they do not impact upon other areas and to make decisions.
- To oversee the maintenance of the Trust accommodation register.
- To receive and consider requests from Divisions/Directorates for clinical accommodation.
- To advise CMGs and Executives on the viability of major clinical reorganisations of Trust accommodation.
- The Space Utilisation panel will meet approximately quarterly or as required.
- Anyone wishing to change their accommodation should obtain the requisite form from InSite and submit as described in the Policy.

4. General principles

- When a Directorate vacates accommodation, it relinquishes all rights over the accommodation and cannot re-occupy or trade it and it will revert to Landlord control.
- Directorates have no rights to re-use accommodation they previously occupied if an "interim" occupier moves out.
- If a Directorate receives charitable donations to upgrade/improve accommodation, charitable investment does not tie the accommodation to a particular Directorate or commit the Trust to the future re-provision of that accommodation.
- Management / negotiation of leases and licences, or third party accommodation occupancy, for whatever reason, will be dealt with by the Property Management Team within The Estates & Facilities. The Space Manager and Space Utilisation Panel will agree the principle of third party occupancy.
- No other NHS organisations can exchange or change the use of any accommodation occupied (e.g. patient area to offices), in the Trust without approval of the SUP and appropriate amendments to the lease / licence.
-

5. Procedure for securing rooms reverting to Corporate Landlord control (The Estates & Facilities)

When a room is vacated and has not been re-allocated by the Space Manager / Space Utilisation Panel it will revert to Landlord control. In these circumstances, the following procedures will apply:

1. The outgoing occupants should arrange for any rubbish/defective furniture/equipment to be disposed of (If not completed the premises will be cleared by the Space Management Team and the cost charged to the outgoing occupant.)
2. Door keys to be returned to the Space Manager (or new locks / keys will be sourced and charged to the outgoing occupant).
3. The Space Management Team will lock the area or issue instructions to IFM for it to be locked
4. A sign will be fitted to the door which states that the room/ward/department is now unavailable for occupation.
5. The following details will be placed on the Vacant Accommodation Register:
 - Location of room/ward/department
 - Room/space number
 - Floor areaTo allow interested parties to apply for space(s) using the relevant forms from InSite.

Darryn Kerr – Director of Estates and Facilities
Stuart Turner – Space Manager

June 2016