



SPACE UTILISATION POLICY

This procedural document supersedes: Space Utilisation Policy – CORP/FAC 10 v.1.

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version)	Howard Timms, Deputy Director of Estates and Facilities	
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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 2	November 2021	 Revised to reflect Trust teaching hospital status Revised to reflect new Divisional Structures Revised to reflect new Estates and Facilities Management structure Revised to reflect change of reporting from Site Utilisation Group to Estates & Facilities Committee Revised Appendix 1. Space Application Form Revised Appendix 2. Capital Project Journey Flow Chart Reference to Trust Agile Working Policy Reference to impact of Covid Safe working and HSE risk assessments Reference to back-office off-site options 	K Edmondson-Jones H Timms
		This is a new Policy and Procedural document please read in full.	K Edmondson-Jones H Timms

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1. INTRODUCTION

This policy outlines the way that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (The Trust) manages, allocates and reports usage of space to maximise the utilisation of space and accommodation and release funds that can be better spent elsewhere in the organisation.

Accommodation and premises costs are one of the largest costs any organisation has to bear. Costs of accommodation are directly proportional to the amount and type of space occupied.

2. PURPOSE

The purpose of this policy is to formalise the way the Trust makes decisions about the use of space for Clinical and Non Clinical purposes across Doncaster Royal Infirmary (DRI), Mexborough and Montagu Hospital (MMH), Bassetlaw Hospital and other Trust sites in context of the Estate Strategy and Site Development Plans.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive is the accountable officer and has overall responsibility for the Trust premises and the allocation of space and accommodation. These duties are delegated to the Director of Estates and Facilities.

3.2 Director of Estates and Facilities

The Director of Estates and Facilities is accountable to the Director of Finance, Chief Executive and Trust Board. The Director of Estates and Facilities is responsible for the ownership and allocation of space within the Trust and the development of a policy for the utilisation of space and accommodation and the associated procedures. The Director of Estates and Facilities will ensure a Space Utilisation Group is established in order to ensure space is used in line with the terms of this policy.

3.3 Deputy Director of Estates and Facilities

The Deputy Director of Estates and Facilities is responsible for assisting the Director of Estates and Facilities with managing space and accommodation within the Trust. The Deputy Director of Estates and Facilities will attend the Space Utilisation Group to oversee the implementation of this policy as required.

3.4 All Directors, Divisional General Managers and Managers

All Directors, Divisional Directors, Divisional General Managers are responsible for ensuring the adherence to and awareness of the compliance with this policy in their areas of responsibilities and influence. They are also responsible for ensuring that space is only used for the purpose or function for which it is designated and prohibit its misuse, e.g. using a store room as an office or a bathroom as a store. They should also ensure maximum utilisation of space is considered in all business planning activities including the extending of the working day and flexible working options for staff.

3.5 All Other Staff

All other staff have responsibility to cooperate with their line manager and the Estates and Facilities Directorate in the implementation and compliance of this policy. If staff have any issues regarding space this should be dealt with in the first instance with their line manager. The Trust Health and Safety and Fire Safety Advisors can also provide advice and assistance when required in the completion of Space request form appendix 1.

4. PROCEDURE / ACTIONS

4.1 Principles of Space Allocation

Space will be allocated and reallocated purely for the use of divisions and directorates to reflect the nature of work done and not the grade, seniority or job title of individual staff, e.g. offices will not be owned by a member of staff, manager, division or directorate.

Space is a finite resource and can only be allocated where sufficient and appropriate space exists, no process should be undertaken in areas that are not suitable for the reason of gaining leverage or access to vacant areas.

Space will be designed to ensure it meets appropriate, safe and secure standards for work whilst retaining as much flexibility as possible.

Space will be allocated for the use of an individual, division, departments on the understanding that changes of use or allocation must be approved by the Space Utilisation Group. The allocated user must undertake a risk assessment before occupying a space to highlight any risk to occupation and use.

As a principle, all space is returned to the Director of Estates and Facilities when requested to do so or when vacated.

It is the responsibility of Divisions and Directorates to identify solutions where space issues exist and space is insufficient.

Request for Space should be forwarded to the Space Utilisation Group using the Space/Accommodation Request Form. (See Appendix 1).

When allocation of space has been approved by the Space Utilisation Group all projects will follow the Capital Project Flow Chart (See Appendix 2).

5. SPECIFIC USES

5.1 Clinical Space

The term Clinical Space covers a vast range of spaces from operating theatres to examination rooms. To make specific rules around type and size would be impractical in a policy document. The NHS as a whole issues various guidance documents, Health Building Notes (HBNs), and design guides which will be used to assess space allocation needs for various clinical spaces. To assist with the increased utilisation some spaces will be allocated to multiple users e.g. Outpatients etc. Clinical space (subject to business need) will in most cases be given priority over office space.

5.2 Office Space

Changes in work patterns and technology have led to alternative concepts of office space and accommodation. The impact of Covid-19 on safe working environments is an evolving picture at the time of this update, however, previous to this it was generally understood that fixed or personal office spaces are seldom used efficiently as they are left unoccupied when the user is away. More efficient methods are open plan, hot-desking or small bookable offices that offer multi-disciplinary occupancy, allowing users to log on to any PC, and have telephone calls directed automatically to a local telephone. This, along with flexible working patterns which allow home working and wireless connectivity, add to the ability to use flexible workspaces. This policy will work in tandem with, and support, the Trust Agile Working Standing Operating Procedure.

Opportunities to work in partnership across the PLACE to ensure space utilisation is maximised will be explored with the potential to use for back-office services where it is deemed appropriate.

Any new refurbished office space and accommodation will be designed with the presumption for open plan layout for most administrative purposes with the consideration of using bookable offices as an approved alternative. Any non-bookable offices will only be approved by work content not grade seniority or job title.

Provision of meeting and interview rooms will be provided to allow private conversation that cannot be made in open plan spaces.

Allocation of floor space to be in accordance with the Workplace Health Safety and Welfare Regulations and the Working with Display Screen Equipment Regulations and for the remainder of 2021/22 in line with HSE Covid-19 Safe Working Environment Risk Assessments.

Storage of documents should be kept to a minimum with local storage being provided either electronically or within personal cabinets in a storage area.

All bookable offices and open plan workstations need to be kept clear of documents, papers, etc, when logging off to allow space for other users, to ensure data security and protect information governance. Any items left at the end of the working day will be removed and disposed of by the Facilities Team.

6. MONITORING COMPLIANCE AND EFFECTIVNESS

The provision and type of space and accommodation will be reported via Estates and Facilities Key Performance Indicators. Audits and reviews will be undertaken periodically and to The Space Utilisation Group.

	Who will carry out	How often	How Reviewed/
What is being Monitored	the Monitoring		Where Reported to
1) Clinical Space Direct Patient Care or Patient Services	Estates and Facilities Directorate	Six Monthly	Estates and Facilities Reported to Space Utilisation Group
2) Non Clinical Space Does not provide direct Patient Care or Patient Services			
3) Circulation / Common Space			
4) Residential Accommodation			
5) Leased Space			
6) Plant Area Space			
7) Unverified Space			

7. **DEFINITIONS**

Open Plan – Spaces containing multiple workstations that can be used for hot-desking.

Hot-desking – A system or increase in the utilisation of workstations. Users have no allocated workstation but use the first available. The system allows users to then access IT and telephones in that space as if they had an allocated workstation.

Bookable Offices – Small cellular or shared offices that are allocated for a specific team or group that can be booked and shared on an as-an-when basis.

RIBA – Royal Institute of British Architects.

PLACE - Bassetlaw or Doncaster where we work in partnership with other organisations for example other health and care providers, voluntary sector, local authority

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 3)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Health and Safety Policy - CORP/HSFS 1
Display Screen Equipment Policy - CORP/HSFS 12
Flexible Working Policy - CORP/EMP 48
Fair Treatment for All Policy - CORP/EMP 4
Equality Analysis Policy - CORP/EMP 27D

10. CONSULTATION

Consultation has taken place and includes the Executive Team, Corporate Investment Committee, Trust Operations Group, Divisions, Directorates and Partnership Forum.

11. DISSEMINATION

Dissemination is via Space Utilisation Group, Estates and Facilities Committee, Divisional or Directorate meetings, and the Trust extranet.

12. IMPLEMENTATION

Implementation of this policy will be via a communication plan involving the Estates and Facilities Committee meeting, Space Utilisation Group, Divisions and Divisional and Directorate meetings and the Trust extranet.

13. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

14. REFERENCES

Workplace Health Safety and Welfare Regulations 1992 L24

Work with Display Screen Equipment (DSE) 1992 L26

British Institute of Facilities Management Best Practice Guide - Space Planning

Shared Working Environment BT Workstyle

Operational Efficiency Programme: Property May 2009 – HM Treasury

Innovations in Healthcare Design – SM 1995

Efficiency Standard for Office Space – A Report for Office Government Commerce – IPD Occupiers

November 2007

APPENDIX 1 – SPACE / ACCOMODATION REQUEST FORM

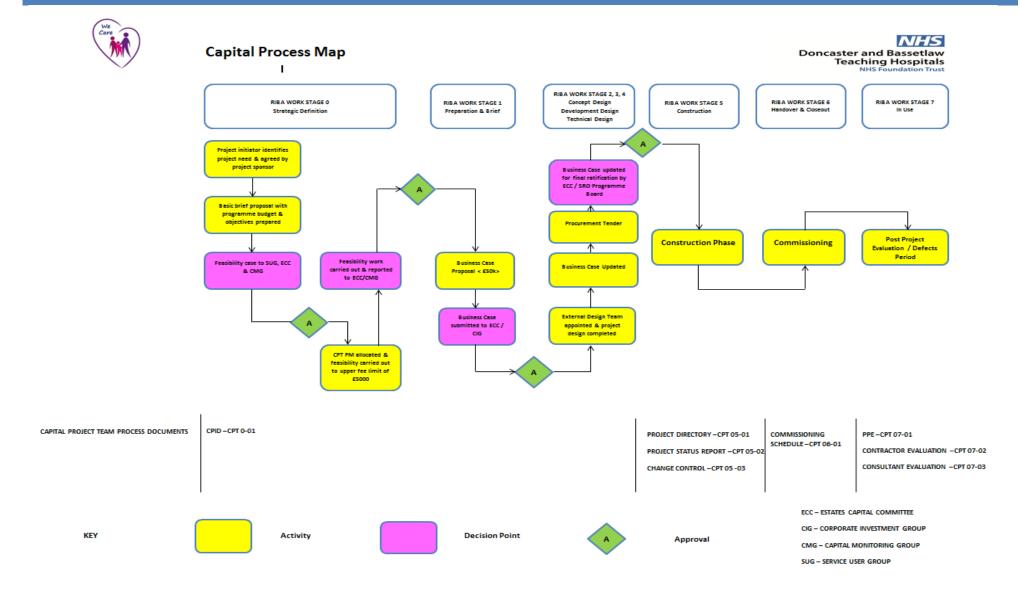




Space Utilisation Group				
	SPACE / ACCOMMODATION REQUEST FORM			
Requested by: Name:				
Title:				
	Ext. No:			
	Date:			
	Division / Directorate:			
Please confirm infor	mation below:			
Does this Request a	pply to:			
Business Case				
Clinical Space				
Non Clinical Space				
Leased Space				
Office Space				
Relocation				
Service Expansion				
New Appointment				
Date Space required	l:			
From:	То:			
=	ccommodation Required: (you must identify the space you wish to use, the will not identify space on behalf of applicants):			

Have all other options of space efficiencies b	peen explored : YES / NO
Details of any Space / Accommodation which	h will be vacated:
Details of discussions with any other Division	ns / Directorates:
Proposal agreed by all parties affected as be	low:
Name:	Date:

APPENDIX 2 - CAPITAL PROJECT JOURNEY FLOW CHART



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/	[Division	Assessor (s)	New or Existing Service or	Date of Assessment		
Strategy	Estates	and Facilities	Howard Timms	Policy? Existing	01.10.21		
1) Who is responsible for this pol	1) Who is responsible for this policy? Name of Division/Directorate: - Estates and Facilities						
2) Describe the purpose of the se	rvice / function	on / policy / project	/ strategy? Who is it intend	ed to benefit? What are the inte	ended outcomes?		
To formalise the way the Trust	makes decision	ons about the use o	of space for Clinical and Nor	n Clinical purposes across all site	es.		
3) Are there any associated object	tives? Legislat	tion, targets nation	al expectation, standards: - A	All in accordance with HSE spac	e requirements		
4) What factors contribute or det	ract from ach	ieving intended out	tcomes? - Lack of onsite Spa	ace			
5) Does the policy have an impac	t in terms of a	ge, race, disability,	gender, gender reassignme	ent, sexual orientation, marriag	e/civil partnership,		
maternity/pregnancy and relig	gion/belief? De	etails: [see Equality	Impact Assessment Guidano	ce] - No			
 If yes, please describe of 	current or plan	ned activities to ac	ddress the impact [e.g. Mon	itoring, consultation] –			
6) Is there any scope for new mea	asures which v	would promote equ	uality? [any actions to be tal	ken] - No			
7) Are any of the following group	s adversely af	fected by the policy	y? - No				
Protected Characteristics	Affected?	Impact					
a) Age							
b) Disability							
c) Gender							
d) Gender Reassignment							
e) Marriage/Civil Partnership							
f) Maternity/Pregnancy							
g) Race							
h) Religion/Belief							
i) Sexual Orientation							
8) Provide the Equality Rating of the service / function /policy / project / strategy — tick (✓) outcome box							
Outcome 1 ✓ Outcome 2		ome 3	Outcome 4				
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.							
Date for next review: April 2024							
Checked by: Kirsty Edmondson Jones Date: 01.10.21							