

SPACE UTILISATION AND ALLOCATION POLICY

POLICY

Reference	<i>E&F/001</i>		
Approving Body	<i>Estates Governance Group</i>		
Date Approved	<i>3 February 2022</i>		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	<i>yes</i>		
Issue Date	<i>February 2022</i>		
Version	<i>Version 2</i>		
Summary of Changes from Previous Version	<i>Update to new Policy Template</i>		
Supersedes	<i>Version 1</i>		
Document Category	<i>Estates and Facilities</i>		
Consultation Undertaken	<i>Space Management Group, Estates Governance, Executive Team, Wider Operational Teams</i>		
Date of Completion of Equality Impact Assessment	<i>16th February 2022</i>		
Date of Environmental Impact Assessment (if applicable)	<i>16th February 2022</i>		
Legal and/or Accreditation Implications	<i>N/A</i>		
Target Audience	<i>All staff, stakeholder, contractors and other services and third parties who occupy/ seek allocation of space within the Trust or within third party properties.</i>		
Review Date	<i>February 2025</i>		
Sponsor (Position)	<i>Associate Director of Estates & Facilities</i>		
Author (Position & Name)	<i>Head of Estates & Facilities, Mark Jackson</i>		
Lead Division/ Directorate	<i>Strategic Planning and Commercial Development</i>		
Lead Specialty/ Service/ Department	<i>Property / Space Management</i>		
Position of Person able to provide Further Guidance/Information	<i>Head of Estates and Facilities</i>		
Associated Documents/ Information	Date Associated Documents/ Information was reviewed		
<i>Trust Estate Strategy</i>	<i>01/07/2021</i>		
<i>Template control</i>	<i>June 2020</i>		

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	EXECUTIVE SUMMARY	3
3.0	POLICY STATEMENT	3
4.0	DEFINITIONS/ ABBREVIATIONS	4
5.0	ROLES AND RESPONSIBILITIES	4
6.0	APPROVAL	8
7.0	DOCUMENT REQUIREMENTS	8
8.0	MONITORING COMPLIANCE AND EFFECTIVENESS	12
9.0	TRAINING AND IMPLEMENTATION	13
10.0	IMPACT ASSESSMENTS	13
11.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	13
12.0	APPENDICES	13

APPENDICIES

<i>Appendix 1</i>	<i>Equality Impact Assessment</i>	14
<i>Appendix 2</i>	<i>Application Process – Space Request Flow Chart</i>	16
Appendix 3	Application Process - Request Form	17
Appendix 4	Application Process - Email Templates	19
Appendix 5	Capital Planning Group – Terms Of Reference	21
Appendix 6	Space Management Group – Terms Of Reference	27

1.0 INTRODUCTION

This policy sets out Sherwood Forest Hospitals NHS Foundation Trust (Trust) approach to space utilisation and allocation. The policy covers Trust owned and Third-Party properties where the Trust has an interest.

The Trust faces significant pressures in respect of the allocation, occupancy and utilisation of space for both clinical and non-clinical functions and as such needs to ensure that all space is appropriately utilised via robust request and process and management procedure.

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.

A key requirement for the Trust is the need to ensure that utilisation of the existing estate is optimised, and where appropriate, consider alternative configuration of the estate in order to release critical resources to support future patient care, alignment with local strategic objectives and national priorities such as the Carter Agenda (as defined within the report prepared by Lord Carter around operational efficiencies) and Sustainable Transformation Plan (STP) integration.

Due consideration needs to be given to the PFI relationship in existence throughout the term of such relationship and any decisions made need to be in line with any contractual agreement in place from time to time.

2.0 EXECUTIVE SUMMARY

The primary objective of this policy is to ensure a robust management system for the effective control of accommodation throughout the Trust, ensuring the maximum optimisation and control of the Trust estate whilst providing the most appropriate estate in the most appropriate area.

3.0 POLICY STATEMENT

A key objective of this Space Utilisation and Allocation Policy is to ensure the appropriate occupancy and utilisation of the Trust estate to the benefit of patient care and realisation of value for money.

This policy will provide the necessary framework for the management of space across the Trust. The policy not only drives future efficiency in the utilisation of the estate but also seeks to appropriately meet the ongoing dynamic and diverse requirements of our service population and workforce.

The policy will provide the framework for:

- overall management of space;
- the control of change of use of space;
- the allocation of space to Service, Division or third party;
- enablement for the Trust to offer flexibility in the utilisation of its estate to reflect changes in service provision;
- the addressing of suitability and affordability of the Trust estate;
- ensuring all staff are treated equally in terms of accessibility across the estate; and innovative and new ways of working that deliver flexibility in working arrangements are actively shared

4.0 DEFINITIONS/ ABBREVIATIONS

Identified Area: The physical space / area occupied by a specific service, services, third party or function and recorded as such, including subsequent changes as authorised by the Space Management Group 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.) This is maintained in Micad.

Micad: A web-based Computer Aided Facilities Management (CAFM) system that holds live space management information based on CAD floor plans.

Staff: All employees of the Trust including those managed by a third-party organisation on behalf of the Trust

Third-Party: An organisation (or a representative of such organisation) which is not a Trust organisation

Trust: Sherwood Forest Hospitals NHS Foundation Trust

5.0 ROLES AND RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive has overall responsibility for the provision of 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 over-arching 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.

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 Strategic Planning & Commercial Development.

5.2 Directors

All Directors (Executive and Non-Executive) have Corporate responsibility to provide a safe working environment under Health & Safety Legislation. 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.

5.3 Chief Operating Officer

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 the Trust Operational Plan. The Chief Operating Officer is responsible for (but not limited to):

- promoting the policy;
- encouraging Divisional Managers to consider new ways of working and supporting those managers tasked with implementing the policy; and
- ensuring that third party occupancy of Trust space is appropriately provided and governed

5.4 Clinical Representatives

The clinical representatives will regularly review the accommodation needs of the Services against the Trusts Operational Plan and make proposals for reconfiguration of clinical accommodation in line with this strategy and in conjunction with this policy. Any such proposals will be subject to the relevant application and approval process (Process Flow Chart at Appendix 2 / Process Request Form Appendix 3).

5.5 Head of Estates and Facilities

The Head of Estates and Facilities will assume the Corporate Landlord role for the Trust and will:

- Ensure delivery of the Trust Estate Strategy by effective space management and control;
- Provide the translation of the estate strategy into measurable deliverables, specifically supporting the future optimisation of the estate.

This will include:

- technical assessment and capability in reviewing the current estate occupancy and utilisation;
- options for maximising the estate occupancy and utilisation and its functionality;
- support for development of business cases considering alternative use of space;
- monitoring of space occupancy and utilisation;
- provision of cost base analysis

5.6 Divisional Management Teams

All managers are accountable for implementing and monitoring the policy within their specific area of responsibility. Where change of use is required, **however minor**, Divisional Managers must ensure that:

- Extra space is not taken without sanction from the Space Management Group;
- There is a case for change that is evidence based, robust and cost effective;
- Title: Space Utilisation and Allocation Policy Version: 1.0 Issued: April 2018 Page 6 of 29

- Revenue and capital funding (and subsequent recurrent 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, 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;
- Equality Impact Assessment has been completed;
- The process for requesting additional accommodation is fully implemented and utilised;
- The change request forms are completed (for the avoidance of doubt to include all aspects ranging from a simple change of use of a space to full change requiring works)

5.7 All Employees

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:

- Co-operate with the Trust's management in the implementation of the policy;
- Report any deficiencies / defects via the Trust Maintenance reporting process;
- Report any area of under-utilisation or overcrowding to their line manager;
- Maintain a safe environment and safe working practices

5.8 Space Management Group

The Space Management Group (SMG) ensures appropriate and equitable management of the monitoring, allocation of space and the consideration of space requests in line with Trust priorities. The membership of the Group will be:

- Head of Estates and Facilities (Chair);
- Senior Estates Manager
- Property Manager (Deputy Chair);
- Senior Capital Project Manager;
- Head of Strategic Planning;
- Commercial Services Manager;
- Health & Safety Manager;
- Divisional Manager or Deputy/Assistant General Manager or Divisional Business Manager;
- Divisional Business Accountant;
- Divisional Senior Medical Representative – nominated by Division;
- Divisional Senior Nursing representative – nominated by Division

Other required/interested/petitioning parties (by request)

The role of the SMG is determined in the Terms of Reference outlined in **Appendix 6** and the Space Allocation Procedural Flow Chart outlined in **Appendix 2**.

The SMG will review all new or space change requests in accordance with local and national priorities, compliance with regulatory standards, impact on service delivery and development, impact on estate strategy, the Trust Operational 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 suitability of job roles for hot-desking as part of the application and decision-making process. There will be no change in accommodation or its use without considered and evidence-based sanction from this Group.

Future service developments with a defined space impact will necessitate the submission of an application to the SMG as part of the development of their Business Case within the Capital approvals process

Any conversion of space or occupancy of space will not commence until approval is received from the SMG, business cases (as appropriate) and capital resources are approved in line with the Trusts Scheme of delegation

Where areas have become unoccupied and are to remain unoccupied for a period of time (to be assessed at SMG), they must be locked down and maintenance (e.g. water flushing etc.) carried out in accordance with Trust policy.

5.9 Capital Planning Group

The role of the Capital Planning Group (CPG) is to facilitate good decision-making in the allocation of capital resources available to the Trust, and ensure that this aligns with the strategic objectives of the organisation.

To co-ordinate the commercial development of the Trust through oversight of its engagement with competitive tenders and other routes for income generation.

The Capital Planning Group (CPG) is an executive committee, accountable to the Executive Team and with a reporting line to the Finance Committee and has executive powers, as evidenced in the Trust's Standing Financial Instructions along with those delegated to it in this policy.

The role of the CPG is determined in the Terms of Reference outlined in **Appendix 5** and the Space Allocation Procedural Flow Chart outlined in **Appendix 2**.

5.10 Property Manager

The Property Manager will have Delegated Authority to act as proxy for, and in the absence of the Head of Estates & Facilities;

- Corporate Landlord Responsibility;
- Annual Utilisation Survey Review;
- Determining cases which are subject to deadlock;
- Making recommendations to the Executive Team in respect of 'space related' matters;
- Maintenance of Micad;
- Make Space Allocation returns to the Department of Health as necessary;
- Maintain accurate record of Leases and Licenses for third party occupation of space and Trust occupation within third party space; and
- Other property or space related matters as required.

The foregoing list is not exhaustive but rather, indicative of the levels of delegated authority.

5.11 Capital Projects Manager

The Capital Projects Manager will be responsible for providing information relating to integration with the Capital Plan and for providing information to inform the space alteration / change request process relating to the provisional cost of any such request.

5.12 Senior Estates Manager

The Trust Senior Estates Manager will be responsible for ensuring that space remains compliant and any future space changes are completed to a compliant standard in line with national and Trust Policies and statutory standards relating to any alterations made.

5.13 Other Trust Stakeholders (Fire / Governance / Security / Infection Prevention and Control etc.)

Representatives of appropriate Trust Stakeholder Departments will be responsible for the preparation and supply of appropriate Risk Assessments to inform decision making processes and compliance with national and Trust Policies and statutory standards relating to space occupancy.

6.0 APPROVAL

The Space Utilisation and Allocation Policy was approved at the Estates Governance Group on the 18th April 2018. The policy was consulted with the Space Management Group, Estates Governance, Executive Team Meeting, Wider Operational Teams.

7.0 DOCUMENT REQUIREMENTS

Space within Trust boundaries, irrespective of historical usage, is “owned” centrally by the Trust meaning that all accommodation and space within the Trust (whether owned or leased) is the property of the Trust.

As space is vacated within a Division, Corporate function or by a Third Party, the decision about how the space will be used remains that of the Trust and will be decided on an informed basis by the Space Management Group and escalated to the Capital Planning Group for further consideration / action as required.

Space within a Division, Corporate function or Third Party ‘Identified area’ shall be the responsibility of that Division, function or Third Party to effectively manage in line with the principles of this policy. Internal space movements within the agreed ‘identified area’ will be the responsibility of that Division or function to manage directly and will not require approval by the SMG unless this involves a change of use/function of a room.

Any change of use or function of rooms will need to be brought to the SMG in the first instance via the prescribed application route. Any Third-Party Occupancy will be managed by the SMG.

Divisions, Corporate functions or Third Parties requiring additional space outside their agreed ‘Identified area’ will require SMG approval and the formal request procedure will need to be followed in line with the flow chart as detailed at **Appendix 2**.

Divisions, Corporate functions or Third Parties requiring less space within the 'identified area' will not unnecessarily retain that space and shall immediately notify the SMG.

As a result of the current design of the estate, the Trust has many single offices in its buildings. This is no indication that a member of staff requires a single office to discharge his/her duties. Multiple occupancy of office space must be considered alongside flexible working hours to achieve the most cost effective and efficient use of the estate (in line with Health and Safety Provision relating to the safe use of space in place from time to time).

7.1 Accommodation

7.1.1 Ownership of Accommodation

- i. As defined above, the Trust is ultimately the owner of the estate and as such has the decisive responsibility to allocate space as it sees fit for the delivery of its service. The Head of Estates and Facilities is appointed as the 'Corporate Landlord' to document, control and manage the utilisation of the estate.
- ii. In principle, Divisions and other corporate functions have allocated space within which to operate and deliver their service or function defined within an 'identified area'.

7.1.2 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 the relevant Divisional General Manager and the Senior Capital Projects Manager who will confirm reference to all relevant Health Building Notes (HBN), 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 (Division, 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' "Infection Prevention and Control measures" etc.
- iv. Change of space from Clinical to Non-Clinical will require robust justification based upon evidential information as to the specific requirement to ensure that local and national priorities and work streams are appropriately taken into consideration in any decision made by the SMG;
- v. Change of use from Clinical to Non-Clinical will be rejected by the SMG should substantial evidence to justify such change not be provided.

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

7.1.3 Office Accommodation

- i. As office accommodation occupies a high percentage of Trust space, it is necessary to establish firm principles for allocation and utilisation of office space.
- 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.

7.1.4 Principles of Office Usage and Allocation

i. The Trust (via this 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 solutions	Hot Desk / Workspace Sharing
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 / Workspace Sharing
Nomadic Flexible	Seldom at the desk, usually in meetings or clinical areas; can deliver role in a mobile capacity	Hot Desk / Workspace Sharing

- 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 or complex needs. It is viewed that Divisional General Managers will apply these principles when allocating office space within their Identified Areas;
- iii. The SMG will allocate space based on application of the principles above;
- 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 as to the geographical positioning of a service will rest with the SMG.

7.1.5 Office Accommodation – Medical Staff

- i. Consultant medical staff will be required to share office space;
- ii. Where possible, Consultant workspace will be located in close proximity to their main site of work but not necessarily adjacent to or within their specialty clinical space;
- iii. Where consultants work on more than one site they will be expected to have access to generic hot desks on the second site.
- iv. Junior medical staff will be expected to use suitable multi-disciplinary space provided by Divisional Managers within their Identified Areas for all staff within clinical areas.

7.1.6 Clinical Accommodation

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 to the SMG.

7.1.7 Surplus Accommodation

Where a building or area of the Trust estate is identified as surplus to requirements, the Space Management Group must be notified, and the space locked down for consideration of future use.

7.1.8 Accommodation for Third-Party Staff

The Trust will not generally provide accommodation for Third-Party staff unless one or more of the following criterion 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 or license in place to appropriately govern the terms of occupancy.

7.1.9 Appeals against SMG Decisions

If an applicant is unhappy with the outcome of the SMG they may appeal to the SMG in the first instance. The SMG will reconsider the decision and report the same to the applicant.

If an applicant is unhappy with the reconsidered decision of the SMG they may appeal to the Executive Team.

The appeal must include the original application, the outcome of the SMG and reasons for the appeal.

The Executive Team will decide on whether the original decision was valid and make recommendations to the SMG on how to proceed.

7.1.10 Space Use Monitoring

As all decisions around reconfiguration / rationalisation will be strictly evidence based, to provide robust evidential data to support strategic space decision making, room utilisation studies will be implemented across the Trust estate from time to time. Studies will be either physical or remote in nature, utilising remote space utilisation monitors as the preferred option to record utilisation data.

The data collated over a period will be used for analytical purposes and the monitors are not intended to monitor the use of space by specific individuals. The actual use of space or meeting room tables is the type of data which will be collected and analysed.

Appropriate Risk Assessments will be completed and Communications shared via Trust Bulletins prior to any period of monitoring and appropriate signage will be displayed within spaces subject to such monitoring.

Findings will be shared once data has been analysed.

8.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored	Responsible Individual	Process for Monitoring e.g. Audit	Frequency of Monitoring	Responsible Individual or Committee/ Group for Review of Results
(WHAT – element of compliance or effectiveness within the document will be monitored)	(WHO – is going to monitor this element)	(HOW – will this element be monitored (method used))	(WHEN – will this element be monitored (frequency/ how often))	(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Speed of decision making and feedback from the SMG	SMG Chair	Satisfaction Audit	Quarterly	To the SMG and escalated to the Executive Team if needed
Impact on space occupancy and utilisation across SFHFT	SMG Chair Senior Estates Manager	SMG Audit (Continuous)	Six Monthly	SMG
Review of appeals against SMG decisions	SMG Chair Executive Team	Audit	Quarterly	COO / DCOO
SMG reports to the Executive Team	SMG Chair	Status Reports	Quarterly	SMG

9.0 TRAINING AND IMPLEMENTATION

There are no formal training requirements associated with this policy, however there is a requirement to cascade the requirements of this policy to all levels within the organisation.

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 space may have previously considered a “free good”.

The SMG 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.

Should any interim alteration be required to ensure that the policy supports the Trust the SMG will consider and recommend such alteration as required to maintain relevance and validity of this Policy.

10.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment

11.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Lord Carter of Coles NHS Review (Operational Efficiencies)

Related SFHFT Documents:

- Trust Estates Strategy

12.0 APPENDICES

- Appendix 1 Equality Impact Assessment
- Appendix 2 Application Process - Space Request Flow Chart
- Appendix 3 Application Process - Request Form
- Appendix 4 Application Process - Email Templates
- Appendix 5 Capital Planning Group – Terms Of Reference
- Appendix 6 Space Management Group – Terms Of Reference

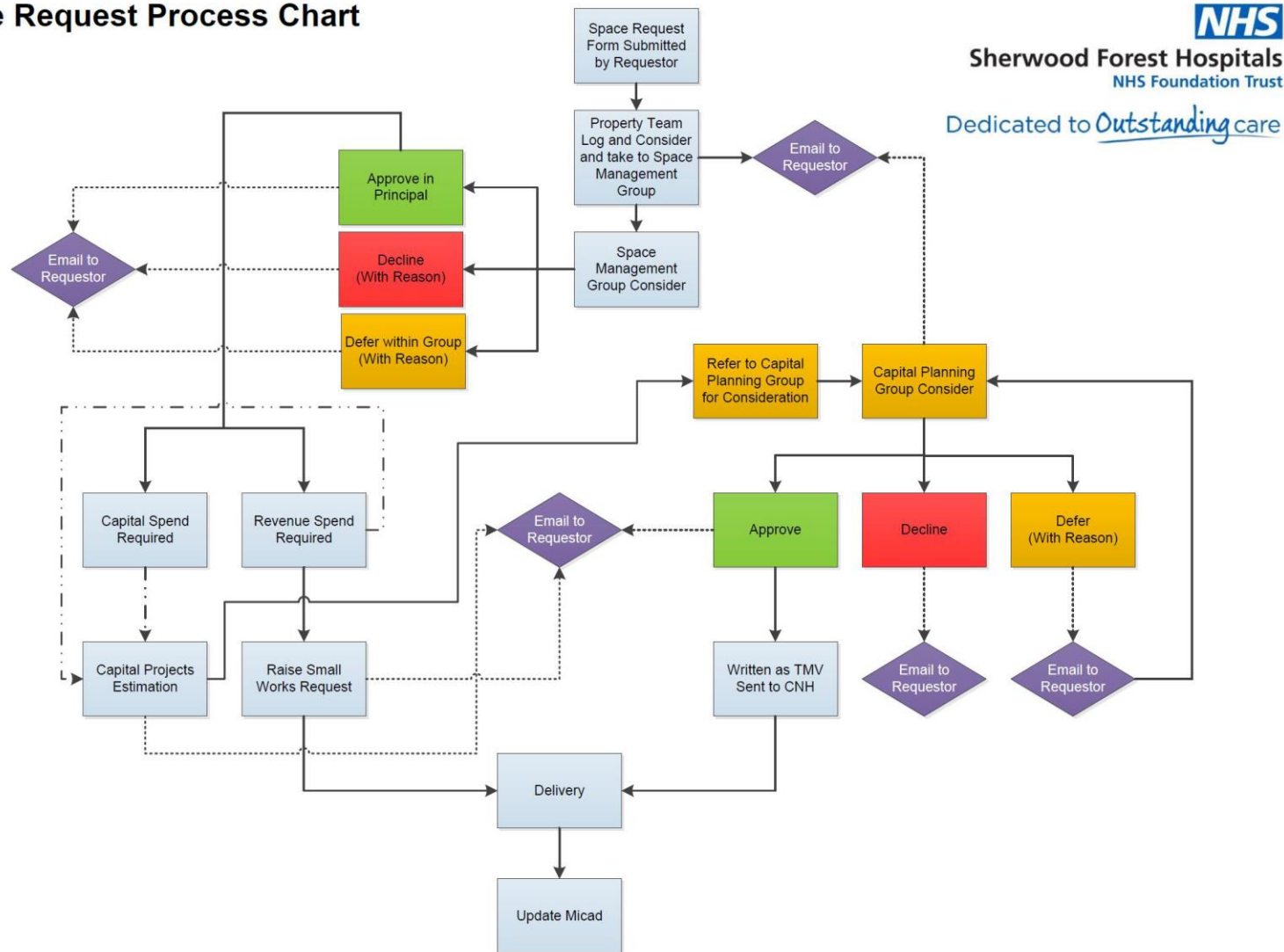
APPENDIX 1 EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Space Utilisation and Allocation Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 16th February 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	Availability of this policy in languages other than English	Alternative versions can be created on request	None
Gender	None	N/A	None
Age	None	N/A	None
Religion	None	N/A	None
Disability	Visual accessibility of this document	Use of technology by end user. Alternative versions can be created on request	None
Sexuality	None	N/A	None
Pregnancy and Maternity	None	N/A	None
Gender Reassignment	None	N/A	None
Marriage and Civil Partnership	None	N/A	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	None
What consultation with protected characteristic groups including patient groups have you carried out? None for this version			
What data or information did you use in support of this EqIA? Trust policy approach to availability of alternative versions			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? None			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here) , please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Head of Estates and Facilities			
Signature: BEN WIDDOWSON			
Date: 16th February 2022			

APPENDIX 2 –APPLICATION PROCESS – SPACE REQUEST FLOW CHART

Space Request Process Chart



NHS
Sherwood Forest Hospitals
NHS Foundation Trust
Dedicated to *Outstanding* care

APPENDIX 3 - APPLICATION PROCESS - REQUEST FORM

Example Page 01 (Guidance Notes)



Sherwood Forest Hospitals
NHS Foundation Trust

Dedicated to *Outstanding care*

GUIDANCE NOTES:

Please read the guidance notes below and complete the form on the **REQUEST FORM TAB** with as much information to help us to understand your requirements in the first instance, ensuring that you have provided supporting documentary evidence or photographs of the issues where possible. To access the **Property Request Form** please click the link in the box below identified by the mouse icon.

PLEASE DO NOT COMPLETE THE FORM BELOW - GUIDANCE ONLY - CLICK THE RED BAR TO ACCESS THE FORM FOR COMPLETION	
CLICK HERE TO ACCESS THE REQUEST FORM	
Department: <i>THE DEPARTMENT YOU BELONG TO</i>	Location: <i>YOUR CURRENT LOCATION (USING ROOM NUMBERS)</i>
Date of Request: <i>THE DATE OF COMPLETION OF THE FORM</i>	Completed By: PLEASE TELL US YOUR NAME
Request Register Number:	PROPERTY TEAM TO COMPLETE
Description of Project and needs to be met:	WHAT ARE YOU REQUESTING?
Objectives of Proposal:	WHAT DO YOU WISH TO ACHIEVE?
Is the proposal consistent with the Trust's strategic objectives and the service / divisional annual plan?	YES / NO
Possible impact on the Trust if the proposal is not carried out:	PLEASE TELL US THE IMPACT YOU PERCEIVE TO THE TRUST IF YOUR REQUEST IS NOT CARRIED OUT
What other options are available to the Department?	ARE ANY OTHER OPTIONS AVAILABLE TO YOU?
Additional requirements:	DOES YOUR REQUEST INCLUDE ANY ADDITIONAL REQUIREMENTS (I.E ANYTHING MORE THAN YOU HAVE NOW)?
What is the estimated cost?	WHAT IS THE ESTIMATED COST IMPLICATION OF YOUR REQUEST?
Has funding been approved?	HAS ANY FUNDING BEEN APPROVED AT THE TIME OF COMPLETING THE FORM?
Timescales:	WHAT IS YOUR REALISTIC TIMESCALE?
Is the project consistent with the Trust's Estates Strategic Development Plan?	YES / NO

If you require any support or assistance please do not hesitate to contact the Property Team.

Janice.Herbert@sfh-tr.nhs.uk

Property Manager

marc.watson2@nhs.net

Property Advisor

Project Guidance

It is the department's own responsibility to co-ordinate moves and identify costs

Here are some suggestions. This list is for guidance only, your department may have other specific requirements which you will need to consider, eg specialist equipment.

Nominate a Project Manager to co-ordinate the move from your department

Project Manager to liaise with other departments involved if applicable and raise requests via Medirest and/or NHS helpdesks

IT and telephones

Log a request on both NHS and Medirest Helpdesks to relocate IT and telephones identifying the equipment to be moved and socket references both old and new, include the date of the move. There may be a cost involved. Notify the Switchboard if personnel/ extension numbers change.

Moving Furniture

Coordinate move with other departments if applicable - make sure the area you are moving to is vacated
Check that the furniture you are taking fits into the new accommodation. Office moves can be logged as a planned task for porters on the Medirest helpdesk.
Identify any new furniture, desks, filing cabinets and raise orders with Procurement checking delivery dates will coincide with the move date.
Identify any surplus furniture and determine if this is to be skipped or re-used elsewhere
Label all furniture/equipment clearly eg move to room number xxx

Files/Filing Cabinets

If the filing cabinet can be locked it may be able to be moved without the need to empty. If however the files need to be packed check that you have sufficient packing crates. These should be packed and clearly

Shelving/Noticeboards

Check what shelving and notice boards will remain in the area you are moving to. Taking shelving and notice boards with you and/or new will require a request to the Medirest helpdesk for a planned task for the

Security

Please pass on any digi lock door codes and keys to the next occupier if applicable or to the Estates and Facilities team, contact janice.herbert@sfh-tr.nhs.uk
Additional keys/new digi locks in the new area will be a call to the Medirest Helpdesk for Estates and there will be charge
Make sure your swipe access cards are updated to the new area, contact Dawn.barnes@sfh-tr.nhs.uk

Communication

Let others know your new location, especially Goods Receipt, Post Room, pay services etc
Consider if permanent signage is required - there will be a cost to this unless laminated door signs only

Clean and Tidy

Please leave the vacated area clean and tidy - this may require a request to the Medirest helpdesk for the area to be vacuumed etc.

INFORMATION GOVERNANCE

CHECK THE AREA BEFORE YOU LEAVE AND ENSURE THAT THERE IS NO PATIENT OR STAFF IDENTIFIABLE INFORMATION LEFT. DISPOSE OF ALL UNNECESSARY FILES APPROPRIATELY. CONTACT THE IG DEPARTMENT IF IN DOUBT:
Jacquie.Morley@sfh-tr.nhs.uk extension 6335

Example page 02 (form for completion)

Dedicated to Outstanding care

SPACE REQUEST REGISTRATION FORM

[CLICK TO RETURN TO GUIDANCE NOTES](#)



Title of Project:	
Department:	Location:
Date of Request:	Completed By:
Request Register Number:	
Description of Project and needs to be met:	
Objectives of Proposal:	
Is the proposal consistent with the Trust's strategic objectives and the service / divisional annual plan?	
Possible impact on the Trust if the project is not carried out:	
What other options are available to the Department?	
Additional requirements:	
What is the estimated cost?	
Has funding been approved?	
Timescales:	
Is the project consistent with the Trust's Estates Strategic Development Plan?	

Please attach any relevant evidence in support of the request (Surveys / H&S Audit / PLACE Outcome etc)

Date submitted to Space Management Group _____

Decision of Space Management Group _____

Space Management - 2017

APPENDIX 4 - APPLICATION PROCESS - EMAIL TEMPLATES

Property Request | INITIAL REGISTRATION:

Dear

Space Request Reference Number:

Thank you for your space issue request. As you can imagine, we do receive a number of such requests and as such have devised a process to support the management of requests to ensure we take into account all such requests and strategically plan the same going forward. Our aim is to support you in relation to your request and such support will need to consider:

- Space availability;
- Investment required;
- Horizon planning (taking account of larger scale Capital plans etc);
- The requirements as submitted by others.

Your request has been added to our Register of Requests and allocated the reference number above. We would ask that you please quote this reference number in all communication with us.

Following on from your application to **[MOVE FROM / EXTEND / DOWNSIZE / ALTER / OTHER]** the space you occupy within **[ADD DETAIL]** we write to advise that your request has been logged and will be processed in line with Trust policy.

Your request has been prioritised as **[HIGH / MEDIUM / LOW]** as a result of **[ADD JUSTIFICATION DETAIL]** and will be considered in line with that prioritisation (please do bear in mind that the prioritisation we adopt is not a reflection of your specific request as all requests are taken seriously rather we take the below factors into consideration (in alphabetical order):

- Health and Safety Impact;
- Patient Experience;
- Security Impact;
- Staff Welfare;
- Any other factor advised at the time of or subsequent to your request

NEXT STEPS:

Your request will be:

1. Added to the central Register of Requests;
2. Discussed within the Property Management team initially to apply an initial prioritisation / consider potential opportunities / consider capital investment requirement and investment band;
3. Taken to the Property Management Group monthly meetings to discuss on a wider basis and consider / update the above at point 2 if required;
4. Taken back to subsequent Property management Group meetings should an immediate solution not be available;
5. Managed in line with an outcome from the above at point 3

COMMUNICATION:

In order to keep you updated as to progress you can expect further email or telephone communication from us as we move through the request process. We will email following each Property Management Group meeting to update you as to the outcome and next steps. Should your requirements alter, your need intensify or you wish to discuss further please just let me know.

Kind regards
[NAME]
[POSITION]

Property Request | UPDATE

Dear

Space Request reference Number:

Following on from the Trust Space management Group meeting I write to provide an update as to the progress of your request.

Your request was discussed and it was decided that (delete as required):

- **FURTHER INFORMATION IS REQUIRED TO PROGRESS YOUR REQUEST AS DETAILED BELOW;**
- **A POTENTIAL SOLUTION IS AVAILABLE FOR CONSIDERATION – WE WILL CONTACT YOU TO ARRANGE FOR YOU TO VIEW;**
- **YOUR REQUEST HAS BEEN REPRIORITISED DUE TO**
- **WE HAVE DEFERRED YOUR REQUEST AND IT WILL BE CONSIDERED AT THE NEXT PROPERTY GROUP MEETING ON DUE TO**
- **YOUR REQUEST HAS BEEN CANCELLED DUE TO**
- **OTHER [SPECIFY]**

Further Information:

[ADD FURTHER INFORMATION DETAIL]

NEXT STEPS:

Your request will be:

1. Actioned following your viewing and accepting the space and costs (if offered);
2. Held until the next meeting on **[ADD DATE]** and you will be updated thereafter (if deferred);
3. Managed in line with an outcome from the above at point 2; (if deferred)
4. Removed from the Register of requests (if cancelled)

Should your requirements alter, your need intensify or you wish to discuss further please just let me know.

Kind regards

[NAME]

[POSITION]

APPENDIX 5 - CAPITAL PLANNING GROUP – TERMS OF REFERENCE

Capital Planning Group

Terms of Reference

1. Purpose of Group

- 1.1 To facilitate good decision-making in the allocation of capital resources available to the Trust, and ensure that this aligns with the strategic objectives of the organisation.
- 1.2 To co-ordinate the commercial development of the Trust through oversight of its engagement with competitive tenders and other routes for income generation.
- 1.3 The Capital Planning Group (CPG) is an executive committee, accountable to the Executive Team and with a reporting line to the Finance Committee and has executive powers, as evidenced in the Trust's Standing Financial Instructions along with those delegated to it in these terms of reference.

2. Membership

- 2.1 Membership of the Group will include an executive lead and a range of senior staff. The core membership will be:

Function Required	Who	Membership
Board Sponsor	Director of Strategic Planning & Commercial Development	Chair
Strategic Planning	Head of Strategic Planning	Standing Member
Commercial Services	Head of Commercial Services	Standing Member
Commercial Services	Commercial Services Business Support Manager	Standing Member
Finance	Financial Planning , Management Accounting and Costing Manager	Standing member
Finance	Deputy Chief Financial Officer	Standing Member
Finance	Head of Financial Services	Standing Member
Operations	Deputy Chief Operating Officer	Standing Member
Project Management Office	Head of PMO	Standing Member
Procurement	Head of Procurement	Standing Member
Medical Physics Manager	MEMD	Standing Member
Clinical	Deputy Chief Nurse Operations	Standing Member
Clinical Lead	Clinical Director/Consultant	Standing Member
Clinical Lead	Clinical Director/Consultant	Standing Member
General Manager	Surgery – GM	Standing Member
General Manager	D&O – GM	Standing Member
Charitable Support	Community Involvement Manager	Standing Member
ICT	Acting Director of NHIS	In Attendance
Estates and Facilities	Senior Capital Projects Manager	In Attendance
Administration Support	SPCD Support Secretary	Corporate support

- 2.2 Additional members will be invited as required by the CPG's work programme and to present service change and developments to the CPG.
- 2.3 When members are unable to attend they must send a nominated Deputy who has delegated authority to participate in the decision making of the group.
- 2.4 It is expected that members will attend at least 80% of scheduled meetings.

3. Remit

3.1 Business Planning

- 3.1.1 Ensure that the forward work plan of CPG is aligned with the outputs of the Annual Planning process.
- 3.1.2 Ensure that the in year service developments presented at CPG are prioritised in conjunction with the forward plan and the service developments identified as part of the Annual Planning cycle.

3.2 Business Cases

- 3.2.1 Ensure all business and service developments are in line with the strategic direction of the organisation as defined through the Annual Plan and prioritised within the Divisional Planning process
- 3.2.2 Ensure that all cases with significant revenue consequences are referred for consideration/approval of revenue implications by the Executive Team;
- 3.2.3 Prioritise all outline cases/proposals (capital) into the 3 designated categories to enable timely development and implementation:

Category 1 = Proceed immediately

Category 2 = Completion of a concise and/or full business case

Category 3 = No further action

- 3.2.4 Where necessary, a fast-track process outside of the meeting schedule will be followed for business cases identified by the CPG as requiring immediate action.
- 3.2.5 Establish short-life task groups to ensure delivery on specific business cases
- 3.2.6 Ensuring that all business cases have made best use of service improvement techniques to deliver high quality care and value for money.
- 3.2.7 Support the development of full business cases providing advice and guidance to individual teams.
- 3.2.8 Establish a programme of Post Project Evaluations following agreement of the PPE date and key performance measures as part of the Case of Need/Business Case Development.
- 3.2.9 For non-complex service developments and changes, CPG may approve, reject or recommend for ratification from the Case of Need stage.
- 3.2.10 It is the role of the CPG to review and scrutinise all case of need and business cases associated with all service change and development to approve, reject or recommend for ratification. Approval of or ratification of individual business cases will be in accordance with the Scheme of Delegation, to:

Capital	
Capital Planning Group	Up to £100,000
Executive Team	Up to £250,000
Finance Committee	Up to £1000,000
Board of Directors	Over £1000,000

- 3.2.11 Provide regular updates and progress reports to the Finance Committee or report to the Board of Directors when approval of business case or case of need require ratification, in accordance with the Scheme of Delegation
- 3.2.12 CPG will retain a log of all business cases and case of need presented at CPG and approved or rejected, and will retain a register of rejected cases to enable them to be revisited should funding become available, priorities change, business planning intentions are not delivered or there is slippage in the capital programme or capital contingency allocation.

3.3 Tenders

- 3.3.1 Receive Tender Risk Assessments from both clinical and non-clinical services for any potential business offered through formal procurement processes by CCGs or other agencies.
- 3.3.2 To agree and support the project management approach to the bid development
- 3.3.3 Receive complete bid submissions for evaluation prior to approval and sign-off.
- 3.3.4 Where timescales do not allow for the presentation of the final submission to the CPG. Then agreement on the sign-off process required will be given as part of the bid development programme.

3.4 Commercial Strategy Development

- 3.4.1 Receive regular update reports on the Trust's wider strategic and partnership work, national strategy and policy, and related market intelligence.
- 3.4.2 Receive and discuss draft corporate, business and service strategy prior to recommendation to Executive Team or the Board of Directors.

3.5 Service Change and Commercial Opportunities

- 3.5.1 Review and challenge service developments, changes, and commercial opportunities identified by the divisions for implementation within their delegated authority. Ensuring all opportunities have been assessed in accordance with the Service Change and Commercial Opportunities Guidance

3.6 Approvals

- 3.6.1 CPG will approve service developments where capital funding is required and forms part of or is to be included in the annual capital programme
- 3.6.2 CPG will approve service developments where capital funding is required and funding is available within the capital contingency for allocation by CPG
- 3.6.3 3.6.4 CPG will approve service developments where funding has been identified from Charitable Funds before the service development is presented to the Charitable Fund Committee
- 3.6.5 In all cases approval or approval for ratification will only be given if the business cases have been properly scrutinised and the associated developments meet the Trust Strategy, Annual Plan, Commissioners intentions, Financial Assessment, Benefits Realisation, Divisional priorities and cross Divisional and departmental sign off are clearly identified.

4. Frequency of Meetings

- 4.1 The Group will meet on a monthly basis. The meetings will be on first week of each month, dates will be forward to standing members of the group and made available on the intranet.

5. Agenda Setting

- 5.1 An agenda setting process will be initiated 10 working days prior to the meeting by Commercial Services
- 5.2 To assist in this process:
 - A forward work programme will be developed and reviewed at each meeting
 - An action tracker will be circulated within 5 working days of each meeting.
- 5.3 Papers should be submitted to the Commercial Services Team no later than 7 working days before the meeting to allow due consideration of each item.
- 5.4 The agenda and papers will be sent to all members 5 working days before the meeting. Attendees required to attend CPG to present papers will be notified of the time on the agenda.

6. Quorum

- 6.1 The Group will be considered quorate when over 75% of its core membership is present. In the event of all members being present and a tie occurring upon a voting matter that requires resolution, the chair will have a second and casting vote.

7. Accountability / Reporting Arrangements

- 7.1 The Group will be accountable to the Business Assurance Committee. The minutes/notes of the meeting will be submitted to the next Business Assurance Committee meeting by the Chair of the Group.
- 7.2 The CPG will consider the findings of Internal Audit Reports relevant to the operation of the Committee.
- 7.3 All members will be asked to ensure wider circulation of the minutes/notes to their Directorates to promote wide involvement and inclusion.
- 7.4 The Chair will provide a verbal update as necessary to any other forum in the interests of the Commercial Development of the organisation.

8. Review Date

- 8.1 These terms of reference will be reviewed every 2 years to ensure the Group is delivering against its purpose and remit.

Capital Planning Group - Rules of Operation

1 Submitting documents to CPG

- 1.1 Requests for inclusion on the CPG Agenda are sent to *katie.towndrow@nhs.net* a response is sent to the applicant and the Clinical/Executive Director and General Manager which includes the Business Planning Register number.
- 1.2 Outline Proposal/Tender Documents/Business Cases are submitted to *katie.towndrow@nhs.net* at least 7 working days in advance of the meeting at which they are due to be discussed.
- 1.3 Divisional Management Team representatives are required to attend CPG meetings to discuss divisional Outline Proposal or Anticipated Tender documents, to confirm how the Outline Proposal/Anticipated Tender fits with the Divisional Strategy.
- 1.4 Divisional Clinical Directors or Business Managers attend CPG meetings to present their Risk Analysis Documents/Business Cases. Clinical Directors/General Managers and Executive Directors/Deputies may invite other staff to support the presentation at their discretion.

2 Advice and Support

- 2.1 Advice, guidance and support in developing proposals, business cases, tender risk assessments, and tender submissions are available from the commercial services team in the Directorate of Strategic Planning & Commercial Development.

3 Communication

- 3.1 Papers for CPG meetings will be made available to CPG members and their secretaries.
- 3.2 Minutes of CPG meetings will be made available to CPG members and their secretaries
- 3.3 A report of each CPG meeting will be sent to the Hospital Management Board monthly.

4 Proposal and Business Case Acceptance Criteria

- 4.1 Proposals and Business Cases will only be approved to progress to CPG where they meet one of the following criteria:
 - A proposal must provide a clear indication that it will be cash releasing, financially neutral, or an invest-to-save opportunity. A Business Case must clearly demonstrate that the preferred option is financially neutral or cash releasing, or show an agreed source of funding for any required investment and provide robust evidence that it will result in sufficient cost savings, to cover that investment.

- In exceptional cases CPG may consider proposals which require investment if they have an overwhelming case of need which demonstrates that the investment is either:
- Essential for statutory/legal compliance or to achieve a designation standard
- Essential to mitigate or manage a significant risk to patient or public safety

5 Appeals Process

- 5.1 Where Outline Proposals/Tender Documents/Business Cases have not been supported or agreed by CPG, the minutes of the meeting will provide details of the reasons for that decision.
- 5.2 Should the Clinical/Executive Director want to appeal against any decision made by CPG they are required to write to the Director of Strategy & Commercial Development setting out the reasons for the appeal.
- 5.3 The Clinical/Executive Director will be invited to the Capital Planning Group to present their case for appeal.
- 5.4 If the Clinical Director/Executive Director is still not satisfied, the final appeal will be to the Executive Team.

APPENDIX 6 - SPACE MANAGEMENT GROUP – TERMS OF REFERENCE

Space Management Group Terms of Reference

Purpose:

The purpose of the Space Management Group is to ensure and support efficient and effective use of space across the Trust estate. This is realised via robust space management via receipt and consideration of formal space requests from internal departments or external third party bodies and subsequent decision making around allocation and ongoing monitoring of the use of space within any building controlled by the Trust. This includes but is not limited to King's Mill Hospital, Newark Hospital and occupied wards at Mansfield Community Hospital.

Through proactive and effective allocation and robust management of space within the hospital environment, the group can enable clinical departments to realise innovative service development and efficient operation and service delivery with the estate as a key enabler. Proactive and flexible use of space is critical to the provision of a safe, effective and efficient environment from which to deliver healthcare services and to inform the Trust Estate Strategy and Capital Development Plan from an evidence based perspective.

Reporting arrangements:

The Space Management Group is responsible to the Executive Team, via a quarterly activity report.

Quoracy:

The quorum necessary for the transaction of business shall be the Chair or Deputy Chair and at least three of the core members. These must include the Senior Estates Manager (Hard FM), Head of Strategic Planning, Health & Safety Manager and either the Senior Capital Projects Manager or Estates Property Manager. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group.

It is expected that members attend a minimum of 3 meetings per year. There is an expectation that where a core member cannot attend that they nominate a deputy. This representative should have delegated decision making responsibility.

Majority:

A course of action requires support from the Hard FM Group chair, and more than 50% of the group members who attended the meeting.

Core Membership

- Head of Estates & Facilities (Chair)
- Senior Estates Manager – Hard FM (Deputy Chair)
- Senior Capital Projects Manager
- Head of Strategic Planning
- Commercial Services Manager
- Health & Safety Manager
- Divisional representation – Nominated Business Manager
- Estates Property Manager

By invitation

- Others as relevant for strategic discussions and / or presenting proposals for space requests.

In Attendance

- Estates Administration and Audit Officer (Minutes)

Function of the Group:

1. To ensure comprehensive and accurate records of space and its allocation are maintained.
2. To develop, implement and thereafter manage a transparent application process for departments or external third-party bodies seeking additional / new space as part of their service development plans / organisation goals.
3. To maintain a central register of space requests.
4. To ensure requests for space are appropriately vetted and prioritised (considering alignment to Divisional Strategic Plans / Trust Policies / Estates Strategy).
5. To recommend major re-allocation of space within the Hospital for clinical or support function use, supporting the Trust strategic objectives and to inform Capital Planning Strategy around potential development of existing or the creation of new space to fulfil space requirements.
6. To ensure space utilisation surveys of space are undertaken as appropriate, considering functional suitability to inform both better use of space or potential decommissioning or change of use of buildings.
7. Ensure that space utilisation fulfils the minimum space requirements as required by the HSE.
8. To formulate a space standard for non-clinical space (initially) and support development of a Trust agile working policy.

Frequency of Meetings:

Meetings will take place monthly. The Chairperson of the group will call extraordinary meetings as required.

Timing of Meetings:

The meetings will be set a year in advance.

Agenda and Papers:

Agenda and papers will be published three working days in advance of the meeting. Agenda items should be sent through to the Estates Property Manager one week prior to the date of each monthly meeting for inclusion on the agenda. In normal circumstances, no papers will be tabled at the meeting.

Terms of Reference Documentation Control:

Author:	Ben Widdowson – Head of Estates and Facilities
Approved by:	Peter Wozencroft - Director of Strategic Planning & Commercial Development
Approved On:	16 th November 2017
Review Date:	15 th November 2018