# Accommodation and Space Management Policy

<table>
<thead>
<tr>
<th>Author:</th>
<th>Head of Technical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Director, Planning, Property and Performance</td>
</tr>
<tr>
<td>Endorsing Body:</td>
<td>Human Resources Forum</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Planning &amp; Performance Resource Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>December 2019</td>
</tr>
<tr>
<td>Version Number:</td>
<td>2</td>
</tr>
<tr>
<td>Review Date:</td>
<td>December 2022</td>
</tr>
<tr>
<td>Designated Person</td>
<td>Director PSSD</td>
</tr>
</tbody>
</table>
## CONTENTS

<table>
<thead>
<tr>
<th>No</th>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Consultation and Distribution Record</td>
<td>4</td>
</tr>
<tr>
<td>ii)</td>
<td>Change Record</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td><strong>Aims, Purpose and Outcomes</strong></td>
<td>6</td>
</tr>
<tr>
<td>2.1</td>
<td>Aims</td>
<td>6</td>
</tr>
<tr>
<td>2.2</td>
<td>Purpose</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td><strong>Scope</strong></td>
<td>6</td>
</tr>
<tr>
<td>3.1</td>
<td>Who is the Policy intended to Benefit or Affect</td>
<td>7</td>
</tr>
<tr>
<td>3.2</td>
<td>Who are the Stakeholders</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td><strong>Principle Content</strong></td>
<td>7</td>
</tr>
<tr>
<td>4.1</td>
<td>Principles for Different Types of Accommodation</td>
<td>7</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Accommodation</td>
<td>7</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Ownership of Accommodation</td>
<td>7</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Change of Use Clinical and Non-Clinical Accommodation</td>
<td>7</td>
</tr>
<tr>
<td>4.1.4</td>
<td>Office Accommodation</td>
<td>8</td>
</tr>
<tr>
<td>4.1.5</td>
<td>Clinical Accommodation</td>
<td>8</td>
</tr>
<tr>
<td>4.1.6</td>
<td>Multi-user Clinical Accommodation</td>
<td>9</td>
</tr>
<tr>
<td>4.1.7</td>
<td>Training/Meeting Rooms</td>
<td>9</td>
</tr>
<tr>
<td>4.1.8</td>
<td>Flexible Working/Mobile Working</td>
<td>9</td>
</tr>
<tr>
<td>4.1.9</td>
<td>Accommodation for Non-NHSL Staff</td>
<td>9</td>
</tr>
<tr>
<td>4.1.10</td>
<td>Management of Surplus Accommodation</td>
<td>9</td>
</tr>
<tr>
<td>4.2</td>
<td>Notification of Proposed Change</td>
<td>10</td>
</tr>
<tr>
<td>4.3</td>
<td>Project Management</td>
<td>11</td>
</tr>
<tr>
<td>4.4</td>
<td>Change to Site Plans</td>
<td>11</td>
</tr>
<tr>
<td>4.5</td>
<td>Property Information Plate Number</td>
<td>11</td>
</tr>
<tr>
<td>4.6</td>
<td>Property Strategy Group</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td><strong>Roles and Responsibilities</strong></td>
<td>12</td>
</tr>
<tr>
<td>5.1</td>
<td>Accountabilities and Responsibilities</td>
<td>12</td>
</tr>
<tr>
<td>5.1.1</td>
<td>The Chief Executive</td>
<td>12</td>
</tr>
<tr>
<td>5.1.2</td>
<td>The Executive Director</td>
<td>12</td>
</tr>
<tr>
<td>5.1.3</td>
<td>The Director of PSSD</td>
<td>12</td>
</tr>
<tr>
<td>5.1.4</td>
<td>Property Strategy Group</td>
<td>12</td>
</tr>
<tr>
<td>5.1.5</td>
<td>NHSL Senior Management</td>
<td>13</td>
</tr>
<tr>
<td>5.1.6</td>
<td>Managers (Department Managers/Health &amp; Social Work Managers etc)</td>
<td>13</td>
</tr>
<tr>
<td>5.1.7</td>
<td>Property Sub - Groups</td>
<td>14</td>
</tr>
<tr>
<td>5.1.8</td>
<td>Property and Support Services Division (PSSD)</td>
<td>14</td>
</tr>
<tr>
<td>5.1.9</td>
<td>Property Service Manager</td>
<td>14</td>
</tr>
<tr>
<td>5.1.10</td>
<td>The Technical Services Manager (CAD/ EAMS)</td>
<td>14</td>
</tr>
<tr>
<td>5.1.11</td>
<td>Staff</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td><strong>Resource Implications</strong></td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td><strong>Communication Plan</strong></td>
<td>15</td>
</tr>
</tbody>
</table>
8. Quality Improvement – Monitoring and Review
   8.1 Monitoring Compliance and Effectiveness
   8.2 Review

9. Equality and Diversity Impact Assessment

10. Summary or Frequently Asked Questions (FAQs)

11. References

Appendix 1 NHSL Property Strategy Group Governance
Appendix 2 Allocation Process Map
## CONSULTATION AND DISTRIBUTION RECORD

<table>
<thead>
<tr>
<th>Contributing Author / Authors</th>
<th>• Head of Technical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Process / Stakeholders:</td>
<td>• Director, Planning, Property and Performance</td>
</tr>
<tr>
<td></td>
<td>• Director of PSSD</td>
</tr>
<tr>
<td></td>
<td>• Deputy Director PSSD (Operations)</td>
</tr>
<tr>
<td></td>
<td>• Deputy Director PSSD (Projects and Assurance)</td>
</tr>
<tr>
<td></td>
<td>• Head of Planning and Development</td>
</tr>
<tr>
<td></td>
<td>• Head of Finance</td>
</tr>
<tr>
<td></td>
<td>• Employee Director</td>
</tr>
<tr>
<td></td>
<td>• Divisional HR Director</td>
</tr>
<tr>
<td></td>
<td>• Head of Infection Prevention and Control</td>
</tr>
<tr>
<td></td>
<td>• Director of Information and Digital Technology</td>
</tr>
<tr>
<td></td>
<td>• Director of Communications</td>
</tr>
<tr>
<td></td>
<td>• Director of Hospital Services UHM</td>
</tr>
<tr>
<td></td>
<td>• Director of Hospital Services UHW</td>
</tr>
<tr>
<td></td>
<td>• Director of Hospital Services UHH</td>
</tr>
<tr>
<td></td>
<td>• Head of South Health &amp; Social Care Partnership – (HSCP)</td>
</tr>
<tr>
<td></td>
<td>• Head of North Health &amp; Social Care Partnership – (HSCP)</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager Coatbridge</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager North</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager Bellshill</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager Airdrie</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager Motherwell</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Social Work Manager Wishaw</td>
</tr>
<tr>
<td></td>
<td>• Unit General Manager Kilbride/Rutherglen/Cambuslang</td>
</tr>
<tr>
<td></td>
<td>• Unit General Manager Bellshill/Motherwell</td>
</tr>
<tr>
<td></td>
<td>• Unit General Manager Hamilton/Clydesdale</td>
</tr>
<tr>
<td></td>
<td>• Head of Organisational Development</td>
</tr>
<tr>
<td></td>
<td>• Public Partnership Forum Representative (PPF)</td>
</tr>
<tr>
<td></td>
<td>• Property Service Manager</td>
</tr>
<tr>
<td>Distribution:</td>
<td>• Health &amp; Social Work Managers</td>
</tr>
<tr>
<td></td>
<td>• Directors of Hospital Services</td>
</tr>
<tr>
<td></td>
<td>• NHS Lanarkshire Intranet: Firstport</td>
</tr>
<tr>
<td>Date</td>
<td>Author</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| 19/11/19  | Head of Technical Services    | Updated Title page, Updated Sect 5 Accountabilities & Responsibilities (Job Titles)  
Updated Section 6 Resource Implication  
Updated Section 9 Equality and Diversity Impact Assessment  
Updated Appendix 1  
Changed Appendix 2 title to Notification of Proposed Change Process Map  
Changed paragraph 4.1 title to Principles for Different Types  
Inserted Statement “All Health Building Notes should be in conjunction with the relevant parts of the Scottish Health Technical Memorandum series”  
Inserted paragraph 4.1.3 Change of Use Clinical and Non-Clinical Accommodation  
Changed paragraph 4.2 Notification of Proposed Change.  
5.1.6 Managers (Department Managers/Health & Social Work Managers etc)  
Inserted “Individual Department Managers to resolve space issues within their exiting accommodation footprint”; and inserted “NB. This requirement is mandatory as the fire precautions, structural and design standards differ depending on the use of a room or building”  
Inserted role 5.1.9 The Technical Services Manager (CAD/EAMS)  
Updated References to include NHSL Space Allocation and Change of Use Procedure  
Inserted Paragraph under 4.2 “The following forms are part of NHSL Space Allocation and Change of Use Procedure:  
- Space Allocation Request Form;  
- Office Reconfiguration Form; and  
- Change of Use Risk Control Form;  
which are found on Firstport.  
Inserted 5.1.7 Property Sub - Groups | 2            |
1. Introduction

The Board continues to face pressures regarding the allocation and reallocation of accommodation and space within NHS Lanarkshire (NHSL) in relation to the need for clinical, office and general working space.

The Accommodation and Space Management Policy is fundamental to NHS Lanarkshire’s Healthcare Strategy. This policy aims to ensure that NHSL achieves the most efficient estate possible while ensuring that the accommodation is appropriate to meet the needs of all patients, staff and visitors.

The policy has been developed to provide a clear and coherent framework for decision making regarding the utilisation of NHSL’s property. The responsibility for the management of accommodation and space provision, allocation and prioritisation lies with the Property Strategy Group (PSG) and any changes to the use of space or occupancy need to be approved by the PSG.

2. Aims, Purpose and Outcomes

2.1 Aim

The aim of this policy is to provide a framework for the corporate and strategic management of all accommodation in order to ensure the use of the available space is fit for purpose, and complies with statutory & non-statutory recommended standards.

The policy supports the principles contained in Healthcare Strategy and is intended to maximise use of all available space, encourage innovation and new ways of working.

It will also enable NHSL to use space more effectively and reduce the size of the estate where possible. This will allow for the older, inefficient buildings to be vacated and declared surplus.

2.2 Purpose

Within NHSL the allocation and re-allocation of clinical, offices and working space between departments for all types of use has the potential to lead to conflicting demands. Therefore a policy and system for the management of accommodation and space changes according to need is required. This policy describes this system, which has been agreed by the PSG for use within NHS Lanarkshire.

The purpose of this policy is to provide a method of managing accommodation and space within NHSL, allocating and re-allocating accommodation and space changes between Departments in order to ensure that the space is efficiently and effectively used with the aim of achieving optimally sized and configured estate.

3. Scope

This policy applies to all members of staff (regardless of occupation or grade), located on any of NHSL Properties. It is also extended to staff working out of sites leased by NHS Lanarkshire.

Every employee of the NHSL has an obligation to ensure that the available resources are effectively utilised and this principle applies equally to the use of accommodation. In order to comply with this policy, all staff must be aware of the lines of communications and levels of responsibilities which exist to ensure that all matters of accommodation allocation are dealt with efficiently and effectively.
3.1 Who is the Policy intended to Benefit or Affect?
NHSL staff, patients and partner agencies

3.2 Who are the Stakeholders?
NHSL staff, service users, carers, contractors and partner agencies

“NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about Data Protection legislation and how we process your information, please visit the Data Protection legislation Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our current Data Protection legislation Notice.”

4. Principle Content

4.1 Principles for Different Types of Accommodation

4.1.1 Accommodation

NHSL aims to provide accommodation that is fit for purpose, meet NHSL service delivery goals, and meet the aspiration of the users, in addition to complying with statutory, professional requirements, guidelines and non-statutory standards.

All Health Building Notes should be read in conjunction with the relevant parts of the Scottish Health Technical Memorandum series.

NHSL recognises the important role that accommodation plays in promoting cultural changes and developing new and more effective ways of working.

Furthermore providing flexible accommodation that facilitates sharing resources and encourages team working is a key objective of NHSL.

4.1.2 Ownership of Accommodation

NHSL occupies different types of accommodation and leases parts of property to third parties under a number of different occupancy agreements.

All accommodation is provided for the benefit of NHSL and no member of staff, team or department “own” their accommodation. NHSL is required to manage their estate in an efficient and effective manner and all staff must be prepared to relocate if it is judged to be of benefit to the organisation.

The PSG is responsible for the allocation/reallocation of accommodation and has the final decision.

In order to meet the needs and priorities of NHSL and to ensure that the use of the estate is maximised to its full potential, the PSG may relocate individuals, teams, department or service.

4.1.3 Change of Use Clinical and Non-Clinical Accommodation

In the case of changes to or provision of new clinical space all works must be approved in advance by a relevant; Senior Clinician, Head of Planning and the Deputy Director Projects & Assurance 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 change.
Accommodation and Space Management policy

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

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

Any change of use or change of clinical activity in a space is to undergo the process described in this policy and managed by the appropriate project group.

4.1.4 Office Accommodation

NHSL recognises that providing office accommodation that facilitates improved communications, more efficient use of space and increased flexibility is essential to improving the effectiveness of NHSL. There is a need to balance the desire for privacy with the need for easy internal communications. There is also an acknowledgement that traditional office accommodation no longer suits modern working practices which rely heavily on team working and greater fluidity in the use of space.

Open plan offices will be considered the norm of provision. Where these are provided, the NHSL will ensure that the necessary IT and telephony is available and that there are sufficient spaces available for quiet working and private meetings.

NHSL will adhere to Statutory, NHS or professional requirements and guidelines.

The desk to staff ratio for peripatetic staff (transient or mobile staff) will be 3:5

A peripatetic staff member is someone who routinely works in multiple locations. This includes members of staff that works away from their designated work base on a regular basis. (for example a staff member who travels from location to location attending meetings or providing a service; eg Community Nursing, HR advisors, Consultants etc).

Staff members whose work patterns mean they do not fully utilise a desk or office (which is below 50%) will be required to use designated touch down areas where available or share a desk/office.

4.1.5 Clinical Accommodation

Due to the age of the estate not all clinical accommodation meets current standards. A change in the way clinical care is delivered is often not matched by a corresponding change in the accommodation provided. This may result in an over or under provision of accommodation or the provision of accommodation that is no longer functionally suitable.

Where there is a significant change in a clinical service due to new ways of working, an increase/decrease in demand, the allocation process (Appendix 2) shall be followed, in order to trigger a review of the accommodation.

Clinical accommodation reviews should be carried out when:-

- Room usage is below 80% occupancy;
- Increase in service demand requires more space;
• Existing space does not meet statutory, NHS or professional requirements;
• Existing service provision is to cease.

When a review is required, the process for change procedures highlighted in this policy is to be used and managed by the PSG. Any requirements for change to clinical accommodation should be considered as part of the annual business planning process and reported to PSSD for consideration within the annual capital programme.

Any change of use or change of clinical activity in a space is to undergo the process described in this policy and managed by the appropriate project group.

4.1.6 Multi-user Clinical Accommodation

Multi-user clinical accommodation within NHSL is classed as generic consultation/exam and treatment rooms designed for use by multi-disciplinary services.

Multi-user rooms are normally allocated on a sessional basis as follows:

- Morning sessions
- Afternoon sessions
- Evening/Twilight sessions

Bookings are to be made through the appropriate system.

4.1.7 Training/Meeting Rooms

All training/meeting rooms within NHSL are considered a shared resource. The appropriate system manages the booking and monitoring of training/meeting room usage.

4.1.8 Flexible Working/Mobile Working

As part of the NHSL’s objective to improve the working lives of staff flexible working patterns and mobile working should be considered if appropriate to the role the individual performs.

For guidance on occasional mobile working please refer to the NHSL’s Home Working Policy that can be found in the Human Resource section of the NHSL’s document library of the intranet.

4.1.9 Accommodation for Non-NHSL Staff

NHSL occupies different types of accommodation and leases party of the property to 3rd parties.

Accommodation for non-NHSL staff/Departments can be allocated for operational reasons, although this will not be considered unless space is available and may be chargeable were appropriate.

Allocation will be subject to PSG approval.

4.1.10 Management of Surplus Accommodation

Where a building or part of a building is declared surplus to requirements, responsibility for the management of the area will transfer to the Property Support Services Division (PSSD) after all information governance records been retracted.

PSSD will undertake a risk assessment to determine the measures that need to be put in place to ensure the building remains secure and continues to comply with relevant statutory and non-statutory standards. This will include regular inspections of the building by a representative from PSSD.
Accommodation and Space Management policy

Any use of a building, or part of a building, declared surplus to requirements, however temporary, must be approved by the PSG. Unauthorised use of these buildings or areas is not permitted. It is the responsibility of the relevant Site Director/General Manager/ Head of Health/ Health & Social Work Manager to ensure that their staff member(s) do not occupy any such areas without PSG approval.

4.2 Notification of Proposed Change

Accommodation, space management and room allocation is a continuous process, at departmental and service level.

All requests for space, change of use, bids for or requests for additional space by departments, whether they involve building alterations or not, will be managed under this policy.

The PSG will optimise the use of accommodation or space and ensure building/room allocations are based on clinical need and corporate objectives.

Any department requesting changes in accommodation must use the process outlined in Appendix 2 and a space allocation request form will need to be completed. It should be accompanied by a statement of business need, especially where funding is required from outside the departmental budget.

All new Business Cases must submit any changes in accommodation utilisation to the PSG prior to seeking approval.

The request should be sent to the Property Service Manager and will be acknowledged in writing within 5 working days. The PSG will consider the request at their next meeting.

Where necessary, in conjunction with the Departmental Manager, Senior Fire Advisor Health and Safety, IPCT and PSSD will be requested to carry out a feasibility study to determine any potential constraints to the proposal.

PSG will consider:

- How the proposal fits into the Property Asset Management Strategy.
- How the proposal fits into the Healthcare Strategy
- The feasibility of the proposal
- Alternative options for satisfying the requirement
- Whether Capital or Revenue funding will be required

PSG will recommend whether:

- The proposal is approved
- there is better alternative and
- the proposal needs to become the subject of a Capital Project

Once a change has been agreed, details of the move will be passed to the Property Service Manager, who, along with the Manager requesting the change will manage all aspects of the move. The proposing Department will need to meet all capital and revenue costs under £5,000.

Where a clinical space forms part of the required changes then the change of use risk control assessment will need to be completed by the department proposing the change, supported by the assigned Project Manager.

Where the changes only involve non-clinical, office space, then the office reconfiguration form will need to be completed.
The following forms are part of NHSL Space Allocation and Change of Use Procedure:

- Space Allocation Request Form;
- Office Reconfiguration Form; and
- Change of Use Risk Control Form;

which are found on Firstport.

Where capital costs over £5,000 are incurred to facilitate the new arrangements or where there are significant revenue consequences associated with the accommodation, it will be necessary to compile a robust business case to support the new arrangements.

PSG will not support any accommodation moves unless they have been authorised through this process.

Where space falls vacant as a result of the changes and there is no like for like replacement, the availability of the space must be reported to the PSG by the internal project sponsor/project manager.

The PSG will then consider the priorities for re-deployment of this accommodation.

4.3 **Project Management**

Once a case has been approved the project will be passed to the appropriate Project Manager for completion.

An action plan, or project initiation document, which covers all aspects of the project including a decanting plan if required, will be produced.

If the proposal requires minor alterations to building, the initiator applicant will send it to PSSD for design and costing.

The applicant will inform the Property Service Manager on completion of the project so that space allocation records can be up-dated.

4.4 **Change to Site Plans**

Any changes to the site plans that are made, including, but not limited to, change of use, fire strategy, ventilation, electrical and water safety will be communicated to the Technical Services Manager (CAD/ EAMS) to ensure the maintenance of site and building plans.

4.5 **Property Information Plate Number**

All physically delineated spaces (e.g. rooms, offices, wards, clinics, rooms, theatres etc.) will be labelled with an assigned PIP number.

4.6 **Property Strategy Group**

The PSG will manage this policy, dealing with change requests and project managing agreed objectives to optimise the estate and reduce costs where appropriate.

Property Strategy Group’s Governance arrangements are set out in Appendix 1.
5. **Roles and Responsibilities**

5.1 **Accountabilities and Responsibilities**

All staff has an obligation to ensure that the available resources are effectively utilised and this principle applies equally to the use of accommodation. In order to comply with this policy, all staff must be aware of the lines of communications and levels of responsibilities which exist to ensure that all matters of accommodation allocation are dealt with efficiently and effectively.

5.1.1 **The Chief Executive**

The Chief Executive has the overall responsibility for the NHS Lanarkshire premises and the allocation of space and accommodation. These duties are delegated to the Executive Director; Director of Planning, Property and Performance.

5.1.2 **The Executive Director**

Director of Planning, Property and Performance is responsible on behalf of the NHSL Board, for promoting and the implementation of the policy, encouraging staff to consider new ways of working and supporting those managers tasked with implementing the policy.

This includes ensuring that all properties are utilised and managed effectively. They will ensure financial resources are available, based upon an assessment of priorities, by the use of this policy.

5.1.3 **The Director of PSSD (PSG Chair)** is responsible for reviewing the utilisation of the estate and for monitoring the implementation of the Accommodation and Space Management Policy. The use of accommodation is an important priority for NHSL and all accommodation will be managed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of NHSL.

The Director of PSSD is responsible for implementing the policy at an operational level. This includes accessing accommodation requirements and advising on strategic issues relating to the estate.

The Director of PSSD is assisted by the members of the PSG.

5.1.4 **Property Strategy Group** is responsible for overseeing the allocation of space in line with clinical, service and estates strategies, to ensure an equitable allocation of space which reflects the NHSL’s overall priorities. All fully completed Requestor forms will be presented to the PSG along with recommendations made by the Property Manager relating to the allocation of space.

It will base its judgments on the merits of the proposal in relation to the service strategy and clinical priorities, how it matches with the Healthcare Strategy and any capital and revenue consequences.

A decision will then be made by the PSG as to whether or not a request is approved or declined.
5.1.5 NHSL Senior Management

All Chief Accountable Officers, Directors, Site Directors, General Managers and Heads of Health are responsible for ensuring the 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.

Senior Management to resolve space issues within their exiting accommodation footprint.

5.1.6 Managers (Department Managers/Health & Social Work Managers etc)

All Managers are responsible for the implementation and monitoring of this policy within their specific area of responsibility, ensuring that:

- all accommodation is reviewed on a regular basis, in line with the guiding principles of occupation outlined in this policy;
- risk assessments in relation to accommodation and health and safety in the workplace regulations are carried out, recorded and reviewed regularly;
- accommodation management procedures and safe working practices resulting from them are produced, documented & implemented for their area;
- additional members of staff are not recruited until appropriate workspace/office space is identified;
- any underused/relinquished/vacated accommodation is brought to the attention of the Director of PSSD and/or Property Service Manager;
- any business case presented to Corporate Management Team to justify the appointment of new staff should clearly identify the accommodation needs/requirements of said member/s of staff;
- the process for requesting additional accommodation is fully implemented;
- any space issues are resolved within their exiting accommodation footprint; and
- the change of use of any space e.g. from a store to an office is reported to the Property Service Manager.

NB. This requirement is mandatory as the fire precautions, structural and design standards differ depending on the use of a room or building.
5.1.7 Property Sub - Groups are responsible for the specific accommodation/space issues relating to their hosted services within their property footprint and;

- To resolve space issues within their exiting accommodation footprint;
- develop and recommend proposals to support the Healthcare Strategy priorities and present these to PSG;
- sponsor applications to PSG for additional funding (CIG approved) to support new or re-designed space enhancements;
- ensure all necessary documentation such as Business Case; Risk Assessments etc are completed and submitted appropriately;
- evaluate and make recommendations to PSG for refurbishment or space changes that includes new or re-designed of department’s allocated space;
- ensure that PSG are aware of any service impacts of funding decisions and that recommendations to PSG are transparent and consistent.

Property Strategy Group’s Governance arrangements are set out in Appendix 1.

5.1.8 Property and Support Services Division (PSSD)

The Property and Support Services Division will maintain records on current allocation of space to departments and services on their electronic property management system. This information will be made available to any department or service on request.

The PSSD will make this information available to Finance Managers to enable the inclusion of department space charging in the annual budget setting process.

5.1.9 Property Service Manager will work with Departments or Services to facilitate moves as required by the PSG.

Once a case has been approved the project will be passed to the Property Service Manager for completion.

An action plan, which covers all aspects of the project including a decanting plan if required, will be produced.

If the proposal requires minor alterations to building, the initiator/applicant will send a request to PSSD Project Management Team for design and costing.

The applicant will inform the Property Service Manager on completion of the project so that space allocation records can be up-dated.

5.1.10 The Technical Services Manager (CAD/ EAMS) is responsible for providing and maintaining property drawings and ensuring that EAMS and CAFM records of the NHSL relating to layout and design.

The Technical Services Manager (CAD/ EAMS) is responsible for maintaining the PIP numbering database and for managing the creation, recording and labelling of new and change of use spaces with the appropriate PIP number.
5.1.11 Staff

All staff have an individual responsibility for the management of the accommodation that they are occupy. This responsibility places an obligation on staff to;

- Co-operate with the NHSL management in the implementation of the procedure,
- report any deficiencies/defects to their line manager; and
- report any area of under-utilisation to their line manager.

6. Resource Implications

This policy is primarily related to the property and space management. Failure to meet regulatory standards could lead to imposition of financial penalties, patient harm and reputational damage.

7. Communication Plan

Following endorsement by the Corporate Management Team the policy will be displayed on the NHSL’s intranet (Firstport).

A clear communication will be sent to managers to make them aware that the policy has been issued and that they are responsible for cascading the information to their staff members, including staff members who do not have regular access to email.

The policy will be communicated as follows:

- The interpreting and translating page on Firstport
- All Senior managers will be briefed on the policy

8. Quality Improvement - Monitoring and Review

8.1 Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Regular reviews of accommodation in-line with this policy are to be carried out. This process does not have the authority to move Services around the site, even if it is within their Department structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Individual Department Managers are to conduct regular reviews of accommodation under their management. Individual Department Managers to resolve space issues within their exiting accommodation footprint.</td>
</tr>
<tr>
<td>Tool</td>
<td>A database has been created, allocating every room within NHSL to a cost centre. Accommodation has been classified into defined areas, dependant on their role. Categories are as follows: Patient Occupied – An area used for the treatment of patients Peripheral patient activity - area required to support the treatment of patients Non-patient - No direct patient activity carried out Using the information on their individual area and details on occupation rates contained within this policy.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Reviews should take place on an annual basis.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Any discrepancies on occupation rates are to be reported to the PSG.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Recommendations will be made by the PSG.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified within this policy. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>
8.2 Review

The policy will be reviewed after the closing date or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Scottish Government) NHSL Board Decision, or request by staff side or management.

The PSG will review this Policy every three years, or when circumstances dictate.

9. Equality and Diversity Impact Assessment

This policy meets NHS Lanarkshire’s EDIA. Document B has been completed and a copy has been sent to hina.sheikh@lanarkshire.scot.nhs.uk

10. Summary or Frequently Asked Questions (FAQs)

There is no requirement for an FAQ’s list to be read in conjunction with this Policy.

11. References

a. The Scottish Government Health & Social Care Directorate’s, (SGHSCD),

b. Capital Planning and Asset Management Division’s Policy CEL 35 (2010),


d. NHSScotland Property Transactions Handbook 2011 CEL 08 (2011)


f. NHSL Space Allocation and Change of Use Procedure
Appendix 1: NHSL Property Strategy Group Governance

- Corporate Management Team (CMT)
- Property Sub Committee (PAMS)
- Disposal and Acquisition Sub Committee
- Acute DMT
- Primary Care Property Sub-Group i.e. Practitioners (GMS)
- North HSCP Operational and Professional Group
- UHH Property Sub-Group
- UHW Property Sub-Group
- UHM Property Sub-Group
- North HSCP Sub-Group
- South HSCP Senior Management Team
- South HSCP Joint Property Group
Appendix 2: Notification of Proposed Change Process Map

START
User identifies change in ‘Space’ (accommodation) requirements and completes a Requestor Form

Change of Use Identified
(Change of Use Risk Control Form)

New Space Identified
(Space Allocation Request Form)

Internal changes of space within Departments Footprint
(Space Allocation Request Form)

Change of Use Identified
(Change of Use Risk Control Form)

Requestor Form completed and submitted to Property Services Manager (PSM)

Form Incomplete

User fully completes form and returns to PM

Cost code identified on Requestor form is valid & has funds available

Yes

Request Approved

User advised of reasoning for decision

PSG identifies that further info is required, prior to being represented

No

Request Aborted

Request presented to Property Strategy Group (PSG) for decision by applicant

Work rationalised in line with original budget

Sponsor (budget holder) identifies additional funding

Change in scope of works & increased cost

Sign off not agreed – Amendment to drawings required

Other parties sign-off plans (e.g. Fire Advisor, Maintenance, etc)

Project Handover Documentation and import toolkits completed and issued

Project Team appointed

Plans produced and users agree & Sign off

Tenders Returned – Contractor appointed

Tender packs prepared and issued

Update Space & Usage Information record on CAFM/EAMS Systems supplied to PSM and Technical Services Manager CAD/EAMS

Area handed over to requesting user.

END