Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

SPACE UTILISATION AND ALLOCATION POLICY

	POLICY

Reference	E&F/021
Approving Body	Estates Governance Group
Date Approved	08/05/2025
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
X		

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Date of Environmental Impact Assessment (if applicable)	29/04/2025
Legal and/or Accreditation Implications	N/A
Target Audience	All staff, stakeholder, contractors, and other services and third parties who occupy/ seek allocation of space within the Trust or within third party properties.
Review Date	08/08/2028
Sponsor (Position)	Chief Financial Officer Director of Estates & Facilities
Author (Position & Name)	Space & Utilisation Manager
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Property/Space Management
Position of Person able to provide Further Guidance/Information	Head of Estates and Facilities

Associated Documents/ Information		Date Associated Documents/ Information was reviewed

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APPENDICIES

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 in 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 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

2.1 Scope
   i.   This policy applies to all staff, stakeholders, contractors, and other services including third parties who occupy/seek allocation of space within Trust premises.

ii. This policy will be applied to all new requests and re-provision of workplace space.

iii. Decisions will be based on a set of clearly defined criteria centred on the functional requirements of a role, considering any reasonable adjustments for staff with a disability.

3.0 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

SMUG: Space Management and Utilisation Group

PFI: Private Finance Initiative

SLA: Service Level Agreement

PID: Project Initiation Document

CROG: Capital Resource Oversight Group

Overcrowding: The presence of more people or things in a space than is comfortable, safe, or permissible by law or Health and Safety regulations.

4.0 ROLES AND RESPONSIBILITIES

4.1 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.

4.2 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.

4.3 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.

4.4 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 3/Process Request Form Appendix 4).

4.5 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

4.6 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 Utilisation Group;

- There is a case for change that is evidence based, robust and cost effective;
- 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)

4.7 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, including reporting any area of under-utilisation or overcrowding to their line manager, maintain a safe environment and safer working practices.

4.8 Space Management Utilisation Group

The Space Management Utilisation Group (SMUG) 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 Panel will comprise of:
- The Operational Head of Estates & Facilities
- Space & Utilisation Manager
- Deputy Director of Finance
- Clinical Representative
- Senior Medical Representative
- Senior Nursing Representative
- Senior Human Resources Representative
- Senior Estates and Facilities Representative
- Other required/interested/petitioning parties (by request)

The role of the SMUG is determined in the Terms of Reference outlined in **Appendix 5** and the Space Allocation Procedural Flow Chart outlined in **Appendix 3**.

The SMUG 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 SMUG 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 SMUG, 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 (SMUG), they must be locked down and maintenance (e.g., water flushing etc.) carried out in accordance with Trust policy.

5.0 APPROVAL

The Space Utilisation and Allocation Policy was approved at the Estates Governance Group on the 1st of May 2025. The policy was consulted with the Space Management Utilisation Group, Estates Governance, Executive Team Meeting, Wider Operational Teams.

6.0 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 Utilisation Manager and escalated to the Estates and Facilities Governance Members, 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 SMUG in the first instance via the prescribed application route. Any Third-Party Occupancy will be managed by the SMUG.

Divisions, Corporate functions, or Third Parties requiring additional space outside their agreed 'Identified area' will require SMUG approval and the formal request procedure will need to be followed in line with the flow chart as detailed at **Appendix 3**.

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

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).

6.1 Accommodation

6.1.1 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'.

6.1.2 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, 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 SMUG;
    v.   Change of use from Clinical to Non-Clinical will be rejected by the SMUG should substantially evidence to justify such change is not provided. N.B. This list is not exhaustive, and all risks must be considered / re-considered as required.

6.1.3 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.

6.1.4 Principles of Office Usage and Allocation

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

6.1.5 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.

6.1.6 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 SMUG.

6.1.7 Other Accommodation

Research & Development, Educational space is managed in accordance with this Space Utilisation and Allocation Policy and recommendations or requests for future space requirements will need to be supported and signed by the Division.

6.1.8 Surplus Accommodation

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

6.1.9 Accommodation for Third-Party Staff

The Trust will not generally provide accommodation for Third-Party staff unless one or more of the following criteria 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.

6.1.10 <u>Space Applications</u>

All Divisions/Directorates/Departments/Services requiring or relinquishing (SFH or off site accommodation) must notify the Space Management Group. Applications for new additional accommodation / space must be made on the Application form (**Appendix 4)**; Applications for Change of Use/Vacation of space must be made on Application form (**Appendix 4**).

These requests must be approved through the Divisions/Directorates/Departments/Services Governance process for that service and PID for any request requiring Capital Investment. In these instances when PID are required SMUG may give approval subject to CROG being agreed. Once CROG approved it is the responsibility of the requester to initiate the project and update Space Management Group once works are completed to ensure MiCad updated.

All requests must be emailed to the name contained within the Request form. They will be recorded and tracked on the Space Request Tracker and reviewed on a monthly basis with feedback given within 14 days of the scheduled meeting.

Any approval of additional space or de allocation will be notified to the Space and Utilisation Manager to update the SFH MiCad system.

A flow map of this process is appended at **Appendix 3**.

If successful, the requester is responsible for ensuring the move is completed to its entirety.

Room usage must not be changed without approval of the SMUG. In addition prior to submission to the SMUG, approval must be sought from the Trust's Fire Safety Manager, Trust Health and Safety Manager and Infection Control Team.

6.1.11 Appeals against SMUG Decisions
If an applicant is unhappy with the outcome of the SMUG, they may appeal to the SMUG in the first instance. The SMUG will reconsider the decision and report the same to the applicant.
If an applicant is unhappy with the reconsidered decision of the SMUG, they may appeal to the Executive Team within three months of the rejection.

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

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

6.1.12 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.

6.1.13 Space Charging
Space will not be charged on a rental basis and the allocation and apportionment of space overhead costs will be decided by Finance informed by Space allocation accounts. These costs will include energy, maintenance and other operating costs referred to as Premises Costs in Income and Expenditure accounts.

The Trust will progressively move to a building-by-building allocation and apportionment of Premises Costs which will enable Divisions to inform strategic decisions on their long-term space planning and utilisation.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

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

8.0 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 SMUG 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 SMUG will consider and recommend such alteration as required to maintain relevance and validity of this Policy.

9.0 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

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

Evidence Base:
Lord Carter of Coles NHS Review (Operational Efficiencies)
Workplace, (Health Safety and Welfare) Regulations 1992

Related SFHFT Documents:
Trust Estates Strategy
Hot Desking Protocol & Policy

11.0 APPENDICES
- Appendix 1 Equality Impact Assessment
- Appendix 2 Environmental Impact Assessment
- Appendix 3 Application Process - Space Request Flow Chart
- Appendix 4 Application Process - Request Form

APPENDIX 1- EQUALITY IMPACT ASSESSMENT FORM (EIA)

EIA Form Stage One:

Name EIA Assessor: Emily Martell	Date of EIA completion: 29/4/2025
Department: Estates Development	**Division: Estates and Facilities**

Name of service/policy/procedure being reviewed or created: Space Allocation Policy

Name of person responsible for service/policy/procedure: Space and Utilisation Manager

Brief summary of policy, procedure or service being assessed: How the Trust manages space including the Space requesting process.

Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations,

Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	No	• 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. • Ensuring workforce is safe for all colleagues. • Ensures appropriate and equitable management of the monitoring, allocation of space and the consideration of space requests in line with Trust priorities • Conversations taken place between colleagues/service users/anyone directly affected by space movements to ensure discrimination/barriers will be prevented All Space Requests must be approved by Divisional Managers. Requests are discussed with staff directly affected by any moves so any issues including the risk of discrimination or potential barriers with moving can be mitigated. Divisional Managers ensure an EIA is completed when a change of use is required, this allows impact to be measured for each space change. Health and safety at work and also fire safety team are involved with all space requests and are present at monthly SMUG meetings in order to ensure we adhere to policy and procedure. SMUG ensures appropriate and equitable management of the monitoring, allocation of space and the consideration of space requests in line with Trust priorities. The steps outlined here are seen to mitigate the risk of discrimination or barriers for colleagues with disability in relation to the managements of space and space management processes at the Trust.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	Yes	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No		
Socio-Economic Factors (i.e. living in a poorer neighbour hood /social deprivation)	No		

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out? None

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? No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

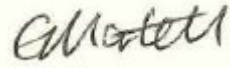| Positive			Negative			
~~High~~	~~Medium~~	~~Low~~	Nil	~~Low~~	~~Medium~~	~~High~~

If you identified positive impact, please outline the details here:
Neither positive or negative impact

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	None	

Gender	None	
Age	None	
Religion	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	

| Signature: |
| --- |
| *Elliott (signature)* |
| *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form* |
| **Date: 29/4/2025** |

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce, and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider.	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	None
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g., lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.)	No	None
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g., dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g., modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	None
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example, use of a furnaces; combustion of fuels, emission, or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	None
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	None
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours, or other relevant stakeholders)?	No	None

APPENDIX 3 – APPLICATION PROCESS – SPACE REQUEST FLOW CHART
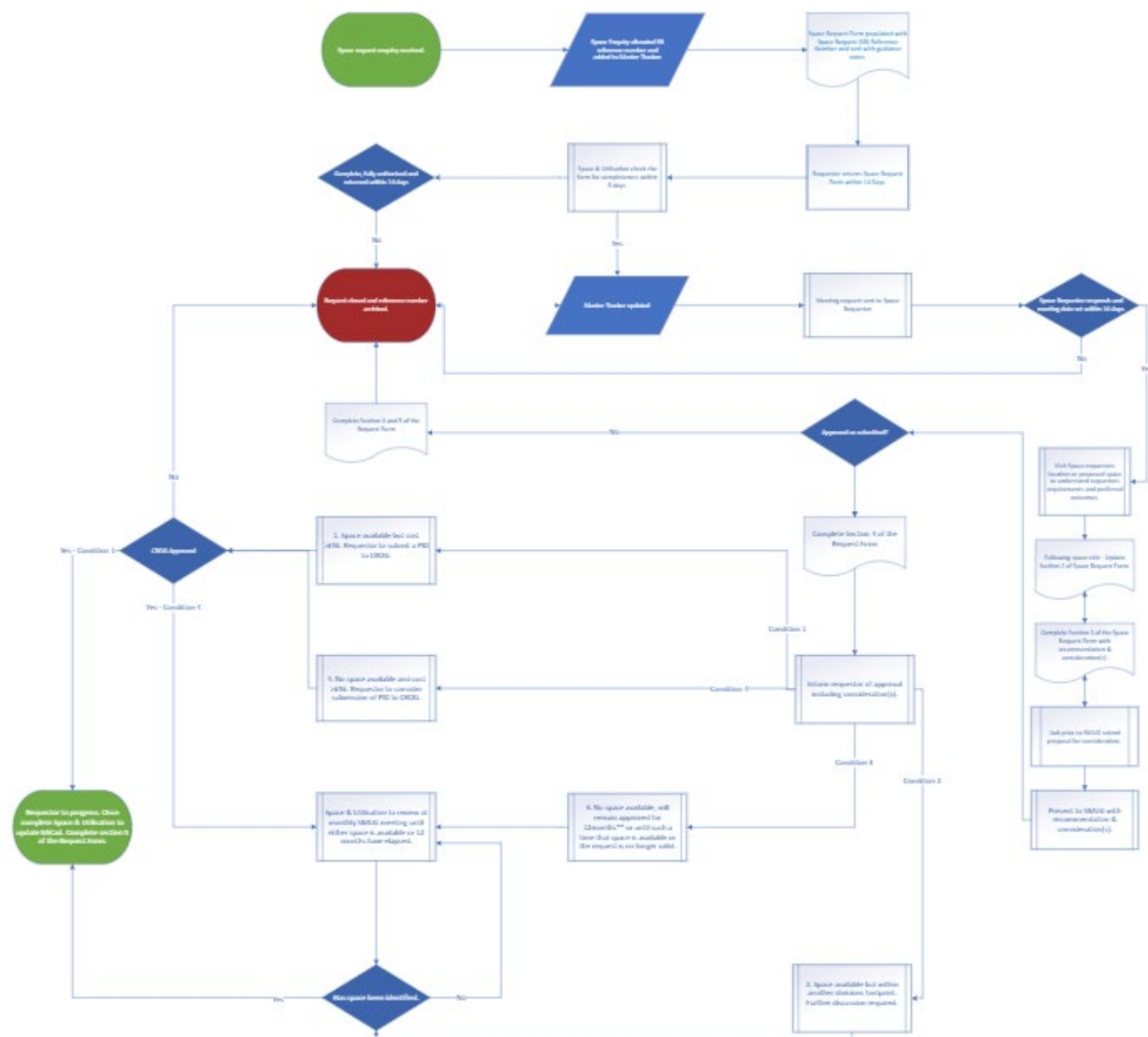
APPENDIX 4 - APPLICATION PROCESS - REQUEST FORM

Estates and Facilities - Space & Utilisation Management

Space Request Form

Space Request Reference Nr:	
Section 1 - Initial Enquiry (To be completed by the requestor)	
Date:	
Requestor Name:	
Site:	
Contact Details:	
Department:	
Division:	
Department Manager:	
Divisional Manager:	
Type of request:	
RAG Status (See table)	

Authorisation:			
Department Manager:		**Date:**	
Divisional Manager:		**Date:**	

Rationale

Describe in detail the rationale of this request. Include specific details of what is required and what the desired outcome would be. (Delete red text once box completed).

Timeframe

See RAG table to the right prior to completing this box and please align these timeframe to the RAG status selected. (Delete red text once box completed).

Location

Please Select From Drop Down	

Where is your current location, please include room numbers and area.
If you have a proposed location please include the room numbers, area and site, please be clear whether this is:
a) existing space within your department,
b) existing space within your division,
c) other available space.
Why has this space been selected as a potential location? Please include rationale: E.g. Size of space, existing provisions, location or proximity to department or other members of the team.
(Delete red text once box completed).

Use

How is the proposed space going to be utilised? Will the proposed space be for clinical or non-clinical services? Are you aware if the proposed space fit for purpose or will it require adaption. (Delete red text once box completed).

Cost benefit
Is there a cost benefit to the trust/division, If so what will this be and will it be from internal or external funds. (Delete red text once box completed).

Cost
Is there an approved budget, if so what is the value and what is the budget code this move will be charged too. (Delete red text once box completed).

Duration
Is this a permanent or temporary space request. If temporary what is the likely duration the space or use of the space will be required and is there a likelihood of future linked space requests. If this is a permanent space request then please factor in known future impacts. e.g. changes in staffing levels, new equipment or changes in service provision.(Delete red text once box completed).

Impact
Are you aware whether this space request will impact any other services or departments? Are there any other team moves or relocation of stores required to facilitate this space request? (Delete red text once box completed).