Accommodation and Space Policy

This Policy describes the process for accommodation and space allocation within the Trust

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Contents

Policy on a page

Leicestershire Partnership NHS Trust has a wide range of teams and services operating from many properties making up our overall estate.
Some of these are owned by the Trust, some are leased, either formally or informally. The properties offer a wide range of accommodation, which are, in the main, purpose built for their current use.

The Trust will adhere to the policy, guidance and principles contained in HBN 00-08 Part A (The efficient management of healthcare estates and facilities) and Part B (supplementary information) published 2014 to manage the estate.

The Trust has developed an Estates Strategy which envisages further reviews and changes to the Trust's property profile over the coming years. This means many staff, teams, departments and services may find themselves in different accommodation from what they currently occupy.

Any property occupied by the Trust costs money, whether owned by the Trust or not. Currently, around 10% of the Trusts overall income is required to operate and maintain the estate (not including capital spending) - any money spent on property detracts from what can be spent on services, so the Trust has an obligation to ensure it operates the most efficient utilisation of the estate it occupies (i.e. seeks to maximise utilisation of all assets held) and will continually review whether different configurations of estate can release resources.

To facilitate effective management of that change, the Trust requires a framework covering how decisions on the allocation and alteration (both physical and cosmetic) of accommodation are made, and the principles that govern those decisions. This policy provides that framework.

This policy aligns with national NHS estates guidance, including Health Building Notes relating to efficient estate management, and supports organisational assurance requirements under the NHS Premises Assurance Model.

Summary and aim

It is the intention of this policy to provide a framework for the management of all accommodation to ensure the most efficient utilisation of space available within Hospitals, Health Centres and all team and office bases.

The policy will support and be supported by the Estates Strategy so that fit for purpose accommodation can be provided and to ensure that all space is not over or under-utilised.

The policy will also support and be supported by the Trust Agile Working Policy version 4.

Target audience

This policy is aimed at all Trust staff but particularly team managers and those involved in making decisions on how services use space.

Training

There is no specific training requirement identified within this policy but generic Information Governance and Display Screen Equipment E-Learning is relevant.

Key requirements

To make sure that all requests to use space are referred to the Strategic Property Group via Business Managers if from internal clinical directorates or directly to the Property Surveyor or Property and Space Manager if from outside the Trust or from an enabling directorate.

Introduction and Purpose

This policy seeks to provide a framework for the management of all accommodation to ensure the most efficient utilisation of space available within Hospitals, Health Centres and all team and office bases.

Policy Requirements and Objectives

Details of the principles and core standards relating to the policy, and the objectives.

Process

1.0 Organisational Responsibilities

All staff are responsible for complying with the organisations' arrangements for the management of accommodation, including the implementation of local management controls. To comply with this policy staff must be aware of the lines of communication (and levels of responsibility) which exist to ensure accommodation is managed effectively and efficiently.

To ensure that all accommodation is managed efficiently within the Trust, the following organisational responsibilities have been allocated.

1.1 Director with Responsibility for Estates and Property Management

The Director with responsibility for estates and property management is the Group Deputy Director of Estates and Facilities.

This responsibility covers all matters relating to accommodation management and includes ensuring that all properties are utilised and managed effectively.

The use of accommodation is an important priority for the Trust and all accommodation will be managed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

The Director with responsibility will ensure that financial resources are made available to support this policy based upon a risk assessment of priorities.

The Director is assisted by the Estates and Facilities Management Team, the Strategic Property Group (SPG) and the Estates and Medical Equipment Group (EMEG).

The Space and Property Manager, Property Surveyor and Property Officers will have overall responsibility for the administration and management of accommodation and they are members of the SPG which reports into EMEG.

1.2 Management of Services

The SPG will have overall responsibility for formulating, oversight and monitoring of this policy.

The Space and Property Manager, Property Surveyor and the Property Officers have responsibility to implement this policy and will facilitate and coordinate all aspects of accommodation management in conjunction with the appropriate managers.

1.3 Space and Property Manager, Property Surveyor and Property Officers

Space and Property Manager/Property Officers are responsible for :

- Effective space utilisation and operational site services within designated premises.
- Support to ensure space occupied is suitable and sufficient for the needs of the service in accordance with directorate service development initiatives.
- Identify through inspections and audits validity of occupancy and that appropriate risk assessments have been undertaken.
- Managing and assisting the moves of staff between locations.

Property Surveyor is responsible for:

- The formalisation of legal documentation for all third-party occupations within the LPT portfolio.
- The completion of sessional licences for all third parties within the LPT portfolio.
- Seeking landlord approval to alter leasehold premises.
- The acquisition of freehold or leasehold premises.
- The disposal of surplus freehold and leasehold assets.

1.4 Appropriate Managers

All Trust managers are responsible for ensuring compliance with this policy within their specific service/department, ensuring that:

- Risk assessments in relation to accommodation are carried out, recorded and reviewed regularly.
- Accommodation management procedures and safe working practices resulting from them are produced, documented and implemented for their area.
- Arrangements regarding accommodation are included in induction and regular refresher training for all staff.
- They undertake regular monitoring of accommodation and record their findings.
- Ensure all staff receive local induction to the area and premises (See local/site induction arrangements).
- Ensure that rooms that are allocated to the service are used efficiently and if no longer required are released or sessions released to the SPG to be reallocated, de-commissioned, sold or surrendered as appropriate.
- Reference to the Trust Agile Working Policy version4.

1.5 Employees

Each employee or agent of the Trust has an individual responsibility to:

- Co-operate with the Trusts management in the implementation of this policy.
- Report any accommodation issues to their supervisor/ manager. Undergo appropriate training as required.
- To ensure room bookings that are not needed are cancelled in a timely way to ensure efficient use.

1.6 Patients and Visitors

Patients and visitors will be advised of all procedures in place for accommodation management and will be expected to comply with all reasonable requests.

2.0 Decision Making

Decisions on the location of staff, teams, departments or services and the allocation of accommodation to them are the responsibility of the SPG in conjunction with Directors, Associate Directors and Service Managers.

The SPG will develop proposals for the teams and services concerned, with the aim of forging the best marriage of:

- Trust values and goals
- Service aspirations.
- Statutory, NHS or professional requirements
- Effective site utilisation
- Effective operation both for clinical and support services. Cost.
- Compromise with other competing requirements.
- The allocation of office space is subject to the completion of an Agile and Blended Working Agreement- As set out in the Agile and Blended Working Policy.

The SPG will review all areas with broad representation so that all competing requirements and priorities can be identified and considered. HR input may be required in some circumstances.

In making decisions, the SPG will consider safety, statutory compliance and the suitability of the patient environment, in line with national NHS estates assurance expectations. Decisions may require input from Infection Prevention and Control, Fire Safety, Security and ligature/environmental risk specialists where relevant.

As most estate alterations, reconfigurations and moves require significant funding, all proposed alterations and moves will need to be consistent with the Trust's overall Estates Strategy and 3 year capital plan.

Managers must ensure compliance with all relevant Trust policies referenced in this document and completion of associated assessments or approvals where required.

Equality, accessibility and reasonable adjustments will be considered in line with Trust and NHS equality policies.

3.0 Accommodation

The Trust aims to provide fit for purpose accommodation that is safe and secure and meets all statutory, NHS and professional guidelines and requirements.

For the purposes of this policy:

Utilisation refers to the proportion of time that a room or space is actively used for its intended purpose during normal operational hours. Utilisation may be assessed using room booking data, utilisation audits, space reviews or service activity information.

Occupancy refers to the extent to which a room or space is in use relative to its designed or agreed capacity.

Utilisation and occupancy may be assessed using a range of methods, including room booking system reports, utilisation studies, space audits or service activity reviews, depending on the nature of the accommodation.

3.1 Ownership of Accommodation

The Trust occupies a varied number of properties with different tenancy and ownership arrangements. All properties are a corporate asset and no service, department, team or staff member has ownership of any allocated accommodation, space or room.

All accommodation is allocated by SPG properties (and rooms within properties) should only be occupied with the express agreement of SPG.

Teams or departments that solely occupy a specific building, floor or unit/space, and who do not fully utilise that accommodation, will be expected to share that space with other Trust teams or staff, or be relocated to ensure effective use of Trust accommodation. Good utilisation will vary for different uses but in clinical spaces services should aim to be using the space for at least 75% of each normal working day.

If a space is identified as being under-utilised the team using the space will be given two months to improve the level of usage. If this cannot be achieved the space will either be reallocated, if not being used at all or will be required to be shared with other services to improve levels of utilisation.

Members of staff, teams, departments or services that move into space not allocated to them may find themselves summarily removed – in such cases the relevant service/department will be required to bear any costs associated with reinstatement.

It should be noted that there may well be Health &Safety reasons (which may not be immediately obvious) why properties/rooms should not be

occupied and therefore occupation (without prior agreement) may represent a serious Health &Safety risk to occupants.

Other than SPG, no Trust staff member is authorised to offer accommodation or space within Trust properties to any other organisation/body or to allow other organisations/bodies to use Trust accommodation/spaces (even informally or infrequently).

3.2 Changes to Accommodation

To best meet the needs and priorities of the Trust, and the services it provides, SPG may relocate individuals, teams, departments or services, or re-allocate any of the accommodation they occupy.

Staff, teams, departments and services are expected to make a case for any accommodation changes they require through the relevant Directorate Business Manager. Requests will be put to the SPG (via the Accommodation Change Request MS Form https://forms.office.com/e/FUQG3qmgCF) for decision. Where necessary, decisions will be deferred to EMEG and potentially to higher decision-making Committees or Boards as required.

Where a new demand for accommodation is identified, a request should be made via the Accommodation Change Request MS Form.

The following principles will be applied when considering estate alterations, reconfigurations and moves and the allocation of space to staff, teams, departments and services:

- The reviewer/s must be objective.
- Compliance with other Trust strategies, plans or policies. Compliance with statutory, NHS or professional requirements or guidelines.
- The relative priority of competing calls on the same space.
- Clinical service needs will generally be given priority over other Trust functions, providing it relates to direct patient contact.
- Location – priority will be given to locating locality support services close to the clinical services they support. Trust-wide support services may be located in any suitable Trust estate, subject to the consideration of

demonstrable close working relationships with related teams or departments.
- Financial implications of the proposed change/alteration.
- Whether or not the change facilitates/supports other initiatives (new ways of working, CIPS, potential disposals etc..).
- Whether or not the change creates a void/cost pressure. Whether or not capital funding is required.
- The Checklist for Managers (Checklist for Managers (Appendix Two)) should be completed by the service to assess if the change in accommodation will be suitable for their service.

3.3 Administrative Accommodation

Administrative accommodation will be configured to make the most effective use of properties available to the Trust:

- Agile and Hybrid/Blended working will be considered as 'standard practice' unless there are sound reasons why this cannot be adopted.
- Open plan offices will be considered the normal provision.
- Single offices will only be supplied where absolutely required for the post or where there are specific individual circumstances which require the Trust to provide individual accommodation as a reasonable adjustment to comply with the requirements of the Equality Act.
- Factors such as background noise suppression and adequate meeting space (casual or formal) will be considered when planning open plan offices.
- Administrative services should not use potential clinical space without due consideration.

Members of staff whose work patterns mean that they do not fully utilise a desk or office, may be required to hot-desk, or share a desk and/or office.

Agile working practices will be adopted in line with the Trust Agile Working Policy – this will also mean that staff may not be allocated a specific desk and/or office to work from. Staff should follow Trust DSE principles when working agile or hot-desking.

Since the first Covid 19 lockdown the Trust has adopted hybrid / blended working from home as an effective way of remote working. It is envisaged that all staff based in non-patient facing / administrative offices will work to some degree in a hybrid/blended manner. In these circumstances the affected desk will be available to be shared.

Desks should not be personalised to facilitate shared usage and should be left clean and tidy at the end of each days use.

3.4 Clinical Accommodation

All clinical accommodation has been specifically designed and built for its existing use and has been allocated on this basis.

Where there is a significant change in service through decreased demand or a requirement to develop the service further, a request should be made via the Accommodation Change Request MS Form (https://forms.office.com/e/FUQG3qmgCF) to trigger a review of the allocation of accommodation.

When service managers are considering the expansion or creation of a new team due regard must be given as to how that expansion can be accommodated within their existing space allocation. If this is not possible further discussion with Trust Finance teams will be required to secure sufficient funds to meet the expanded property need. Only after this issue has been resolved should new staff positions be advertised.

Clinical accommodation reviews should be carried out by managers periodically or when a known change occurs, for example:

- Room usage is below 75% occupancy.
- Allocation of space does not provide sufficient space for increased service demand.
- Existing space does not meet the requirements of Statutory, NHS or professional requirements.
- Existing service provision is to cease.

3.5 Patient Treatment Areas

The ageing condition of some of the estate means that not all patient treatment areas are fit for purpose in relation to current requirements/guidelines. It is for this reason that regular reviews need to be carried out to ensure that the privacy and dignity of patients is maintained and

that where possible single sex accommodation is achieved. See Policy for Privacy & Dignity of Adult Patients.

Where there is a significant change in service through decreased demand or a requirement to develop the service further a request should be made via the Accommodation Change Request MS Form (https://forms.office.com/e/FUQG3qmgCF) to trigger a formal review of the allocation and provision of accommodation.

Formal reviews of patient treatment areas should be carried out by the Directorate Business Managers in conjunction with the service leads when:

- Usage is regularly below 50% occupancy.
- Allocation of space does not provide sufficient space for increased service demand.
- Existing space does not meet the requirements of Statutory, NHS or professional requirements.
- Existing service provision is to cease.

In all instances the Review of Accommodation below is to be followed.

4.0 Review of Accommodation

The Space and Property Manager/Property Officers will undertake accommodation reviews (including space utilisation studies) on a regular basis to ensure that the Trust is maximising its resources and to ensure that the demands of services are being met.

The outputs of these reviews may result in SPG re-allocating space or relocating teams to alternative accommodation.

The senior member of a team or department will be expected to act as the key point of liaison between their team, department or service. They will be expected to:

- Ensure that they fully participate in any work looking at estate utilisation or accommodation that might affect their staff, team, department or service.
- That the factors they wish considered in any decision making by the SMT & SPG are factual and objective.
- That any such decisions on relocation or re-allocation of accommodation are co-operated with in a timely and effective way.

The senior member of the team or department will be expected to be the main channel of communication. They will be expected to:

- Communicate decisions regarding accommodation changes fully to their team, including any briefing or guidance regarding the changes which may be perceived by staff to impact on their working environment, terms and conditions or other aspect of their working life. Communicate any information to their staff/team regarding the process and timescales for the decision-making and implementation of any options for accommodation changes that may affect them.
- Ensure that the views of their team/department are collated and represented in any forum or meeting where options for accommodation changes are being discussed, or in any written submissions made in respect of the consideration of such options.
- The Human Resources department will assist by providing briefing materials and ensuring that the person acting as the point of liaison/communication for a team/department is kept up to date with any decisions or considerations.

5.0   Alterations to Accommodation

Staff, teams, departments and services must not change or plan to change the accommodation they use through moving accommodation, altering accommodation (structurally or cosmetically) expanding into empty accommodation, or swapping an area of occupation with another service without the consultation and approval of the SPG (assisted by their Directorate Business Managers).

Changes to accommodation profiles can often impact on lease/tenancy agreements, statutory compliance considerations, cause Health & Safety risks and may conflict with other plans for the space and/or have financial implications,
SPG may also seek views from Infection Prevention and Control, Safety and EPPR Team, Capital Programme Managers and professional advisors with the Estates and Facilities team prior to making a recommendation or decision. The SPG must be notified of changes in service that will result in space becoming vacant (ideally 6 months in advance) so that:

- Arrangements can be made to terminate leases (if possible). Plans can be made to re-allocate the space.

- Any cost savings through non-occupancy can be secured (Rates, Utilities, etc.).
- Appropriate plans can be made to co-ordinate the closure of the accommodation in a timely manner and arrange for storage to be made available for furniture and files.

The Trust may keep space empty to facilitate future accommodation changes. If a member of staff, team, department or service feels they could use empty space they should make a request to use the space to the SPG via their Business Manager representative.

6.0 Accommodation for Non-Trust Staff

The Trust does not generally provide accommodation for non-Trust staff, teams or services, unless:
- The members of staff are part of a joint or integrated team.
- The team or service, and their accommodation requirements, have been approved by the Trust Board, SMT and the accommodation is paid for. In such instances a formal and suitable tenancy agreement will be required.

7.0 Policy Monitoring and Review

To facilitate the monitoring of this policy managers at all levels are responsible for the ongoing monitoring of accommodation usage in their service / department / area of responsibility.

Accommodation reviews will be reported through the SMT via Directorate Business Manager/Premises Manager for Enabling and reported to SPG.

This policy shall be reviewed at a minimum frequency of bi-annually. It should also be reviewed when substantial changes occur in the organisational structure of LPT or the property portfolio.

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

- Lead Executive Director – Chief Finance Officer
- Decision Making Board - Executive Management Board

- Group level 1 and 2 – Strategic Property Group and Estates and Medical Equipment Group
- Policy Team – Members of the Strategic Property Group
- Policy Authors – Property Surveyor and members of the Strategic Property Group
- Operational leads – Property and Space Manager and Land and Premises Officer
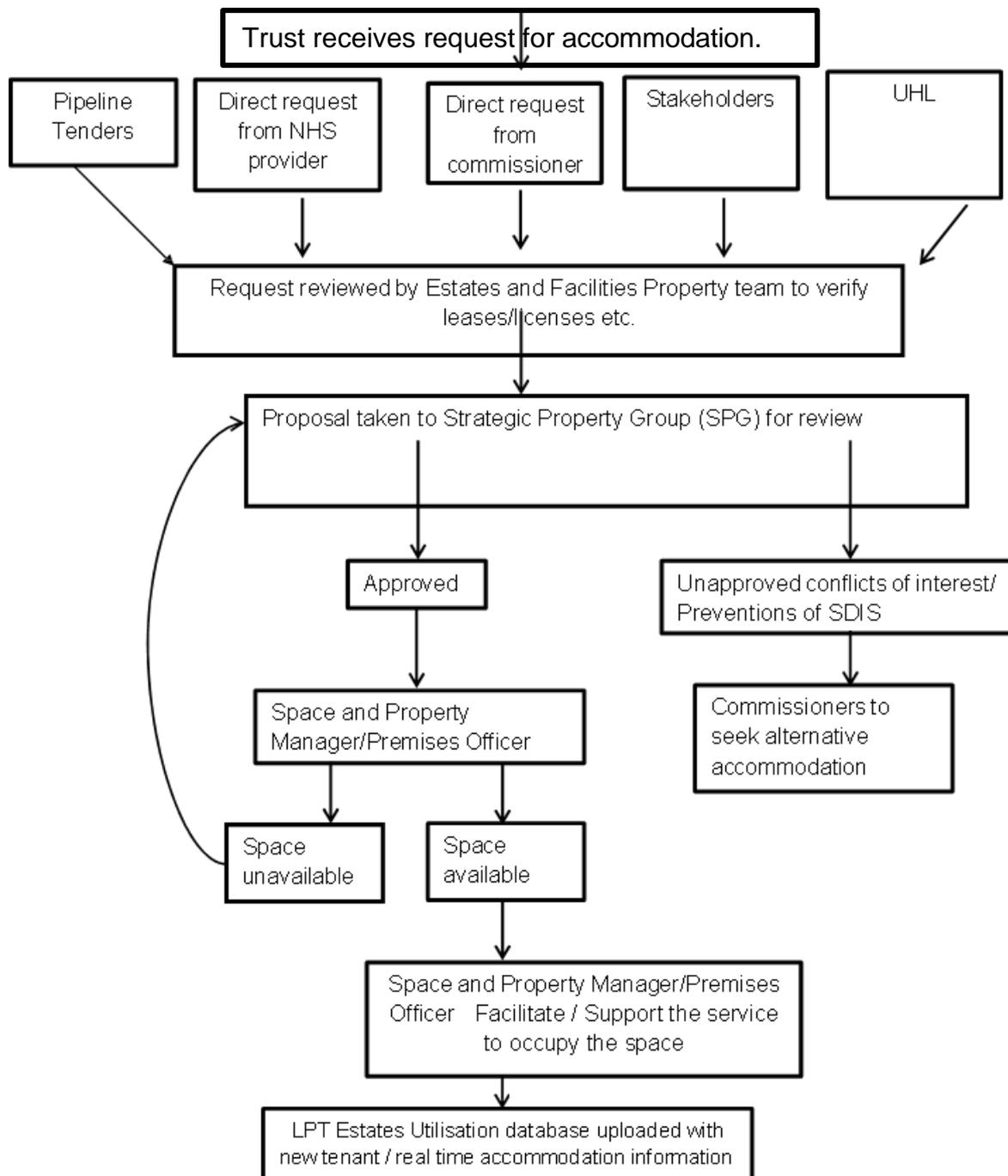
Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One - Accommodation Requests from Commissioners/External Stakeholders either within our premises or wishing to occupy LPT premise.

Trust receives request for accommodation.

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Pipeline        Direct request    Direct request    Stakeholders        UHL
Tenders         from NHS          from
                provider          commissioner
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Request reviewed by Estates and Facilities Property team to verify leases/licenses etc.

Proposal taken to Strategic Property Group (SPG) for review

Approved

Unapproved conflicts of interest/ Preventions of SDIS

Space and Property Manager/Premises Officer

Commissioners to seek alternative accommodation

Space unavailable

Space available

Space and Property Manager/Premises Officer   Facilitate / Support the service to occupy the space

LPT Estates Utilisation database uploaded with new tenant / real time accommodation information

Appendix Two - Checklist for Managers to consider prior to relocation / moving (in or out) Checklist for Managers to consider prior to relocation / moving (in or out)

	Issue for Consideration	Comment
1	**Electrical infrastructure at new location – what is required? what is in in-situ? is it in the right place? e.g. electrical outlets and lighting. Is there capacity on the existing circuits? Consider wall sockets is there enough for the amount of equipment required for the room.**	
2	**IT Infrastructure at new location – what is required? what is in place? e.g. data outlets, wireless, telephones etc. – consider lead in time for new network connections**	
3	**Storage - is there sufficient storage space? Is the storage space appropriate – size, shape, suitable access to if above ground floor level - stairs/lift etc.**	
4	**Suitability for work activities - consider the impact if you are changing the use of space to be suitable for your work activities i.e. patients in a space previously only occupied by staff (clinical to non-clinical or vice versa - IPC), access control and room requirements specific to patient group etc e.g. fixed ligature points** **Guidance can be found in the Violence Prevention and Reduction Policy, Appendix B – Risk Assessment Environmental Guidance notes on environmental considerations when assessing the suitability of an area to promote a safe environment for staff and patients. Suitable blinds /privacy film in place.**	
5	**Hours of operation – what hours will the service be operating and what impact will this have on the existing users. Consider access, security, lone working, on site fixed alarms/response/lighting (internal and external) etc.**	
6	**Support services - is there sufficient support services i.e. meeting rooms, reception services etc.?**	

7	Welfare facilities - is there sufficient welfare facilities i.e. staff kitchen, wc's, changing facilities, lockers?	
8	Meet and greet facilities – how will you manage patients, staff and visitors arriving at the building/department etc. reception services/access control systems/ hours service operational etc.	
9	Car parking arrangements – what impact to patients, staff etc., any disability requirements etc., drop off or pick up point requirements etc.	
10	Deliveries – NHS supply chain / Royal Mail / Portering etc. Procurement may need to change or issue new requisition points. Suppliers will need to know the new location etc. Contact the Procurement Team for further support	
11	Traffic management i.e. vehicle access, parking etc. Review access and egress including parking arrangements for staff and visitors – consider security, lighting, disability, shrubbery etc. Advice is available Security Management Advisor at **lpt.lptsecurity@nhs.net**	
12	Support space - is there sufficient support space i.e. dirty / clean utility	
13	Lease / licence / service charge (what's included)?	
14	Agreement to relocation – has this been received from Directorate Business Managers and Strategic Property Group	
15	ICS (CCG) / public consultation and/or engagement	

16	Existing contracts – list not exhaustive. Have the contracts been cancelled or relocated or new put in place depending on situation.
	   a. Sanitary provision in toilets
	   b. Photocopier
	   c. Waste streams e.g. sharps disposal, confidential, clinical, household, pharmaceutical
	   d. Water coolers / vending
	   e. Utilities
	   f. IFM contract variations (cleaning &	

	maintenance, security/lock & unlock, catering) g. **Equipment servicing and maintenance** h. **Alarm monitoring, alarm maintenance – both security and fire** i. **Lighting (internal and external) for hours of service delivery**	
17	**Water – by moving in / out is there a need for water management programs i.e. flushing regimes**	
18	**Thermal comfort** **Ventilation – natural or mechanical air circulation (appropriate air changes for the work activity). Opening windows but not more than 100 mm** **Heating/pipes work – do radiators/pipes need covers/to be enclosed to prevent scalds/burns, are the radiators working, are they in the right place?**	
19	**Security and Lone Working** **Have you undertaken a security walk through of the location to identify any risks and consider appropriate mitigation measures? Have you reviewed the Risk Criteria Tool for Lone Working as this will guide you through several risk considerations and mitigation options?** **What are the locking / unlocking arrangements? Who will be an emergency key holder?** **Advice can be obtained from the Security Management Advisor - lpt.lptsecurity@nhs.net**	
20	**CCTV requirements, access control, maintenance. Advice is available from local Security Management Advisor – lpt.lptsecurity@nhs.net**	
21	**IT Move/Removal of Equipment forms – agree with IT moving support**	
22	**Redundant furniture – Contact LPT Estates and Facilities to make arrangements**	
23	**Fixed and mobile medical device(s) – need to be relocated, does it/do they need to be decontaminated prior to transfer?** **Transfer or new contracts for medical device servicing and maintenance contracts**	

	Examples include but not limited to plinth, bladder scanner, sphygs, pumps, beds. Medical Devices transfer form can be found in the Medical Devices Policy and should be sent to Medical Devices Asset Manager once transfer is complete. Please contact **lpt.medicaldeviceteam@nhs.net** for advice and support	
24	**Removals and crate deliveries – timely booking and place to store crates empty and full.**	
25	**Business Continuity & Incident Response Plans – current plans will need to be updated to reflect the change in environment / service delivery change and identify alternative location(s)/site(s) for service delivery. lpt.emergencyplanning@nhs.net**	
26	**First Aid and Fire – Need to review first aid and fire arrangements i.e. first aiders, first aid box(es) and fire wardens/coordinators?**	
27	**Fire risk assessment (FRA) – does it need to be reviewed? In contrast to the previous occupiers, if the answer to any of the following five questions is "Yes", then inform the Fire Safety Assurance Officer** 1. **Has there been any significant change of work practices identified?** 2. **Has there been any significant change in staffing levels?** 3. **Has there been any significant change to times of working? e.g. night working** 4. **Has there been any structural or material alteration to the premises?** 5. **Has there been any near miss or significant fire?**	
28	**Local Fire Procedure – All staff to undertake the Local Fire Safety Induction and the manager to retain the completed form**	
29	**Site Induction – All staff to have site induction by manager to include as a minimum fire procedures, welfare e.g. toilets, changing facilities, drinking water, facilities for rest/eating meals, security, lone working, who and how to report issues/concerns/defects/incidents, first aid, hours**	

	site/building is open to and from and signing in/out arrangements, alarm response procedures, gritting arrangements, management of contractors (direct or indirect), designated or restricted areas, car parking and use of any drop off/pick up area(s)(this list is not exhaustive)	
30	Ulysses System Changes – Complete the pro-forma which can be accessed via the Ulysses web home page to ensure the system is updated to reflect the relocation. Contact **lpt.risk@nhs.net** for advice and support	

State any other site specific information (e.g. hours of opening, reception availability, keys or fob access process, car parking, living with Covid local procedures):

Remedial Action Plan

Question No	Actions Required	By Who (Name)	By When (Date)	Completed Yes/No

Relocation / moving (in or out Checklist and action plan completed by - Name		**Signature**		**Date**	

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Manager or equivalent – Name		Signature		Date	

Appendix Three: Governance

Version control and summary of changes

Version number	Date	Description of key change
Version number	**Date**	**Comments (description change and amendments)**
V1	September 2014	New Policy
V2	September 2016	Amended policy
V3	October 2023	Amended policy
V4	October 2025	Amended policy

Responsibilities

Responsibility	Title
Executive Lead	*Paul Sheldon*
Policy Author	*Steve Woodier*
Advisors	*Keith Duncan and Adam Lovack*
Policy Expert Group	*Strategic Property Group*

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Finance and Performance Committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*EMEG*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
To meet monthly and submit notes and action logs level 2 group	EMEG
% of sites with utilisation review completed in last 12 months	Via surveys by Property Team reported to SPG

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
% of relocations completed with Appendix Two checklist fully signed off	Via surveys by Property Team reported to SPG

Training Requirements

No new training is introduced by this policy; however, managers must ensure that all relevant mandatory and role-specific training (including IG, DSE, fire safety, lone working and site induction) is up to date and refreshed as required to support compliance.

References

- Health Building Note 00-08: Policy and operational management (NHS England)
- LPT Agile and Blended Working Policy (v4)
- LPT Privacy and Dignity Policy
- LPT Violence Prevention and Reduction Policy
- LPT Fire Safety Policy