



NHS Estate Optimisation Guide

How to get the most out of
your healthcare spaces



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Aside from funding, one of the biggest challenges that NHS leaders face in meeting changing community needs, is providing the right mix of places and spaces.

Realising the ambitions of the three shifts will rely both on how much we can improve the system, partnerships between organisations, and how far (and quickly) we can transform the places and spaces we'll need to deliver the right levels of care.

These include multi-purpose, drop-in places on your local high street. Spaces adapted and flexed to meet growing demand for GPs. Offices reconfigured to meet new kinds of neighbourhood care delivery. Old, empty spaces transformed to support cutting-edge diagnostics and prevention. And fully digital and sustainable spaces.

Arguably, the first few years of the 10 Year Plan will be needed to lay the foundation of long-term reform. As some roles will shift and evolve over time, such as estate strategy transitioning from ICBs to providers, it's vital that more leaders take this opportunity to understand the steps necessary to make the most of their buildings.

Lack of data and expertise

We know from our recent **Space Optimisation survey*** that almost 9 out of 10 NHS leaders have a low-medium awareness of current space utilisation across their estate. Over half stated they lacked the right data to make optimal decisions, while a third lack the expertise to make the right changes to their estate.

With the sweeping reforms ahead, these issues are at risk of getting worse.

About this guide

With this **NHS Estate Optimisation Guide**, we provide you with a simple framework to help you best approach the process, and advise you on what to look out for. We'll help you know where to start, how best to assess space demand and

property supply, the value of monitoring space utilisation, and ultimately, what to do about your space(s).

As part of the NHS, we know the challenges of using your spaces in the right way. That's why we're sharing some practical advice to get the most out of every step – from getting the right data and involving the right stakeholders to understanding utilisation and making the most of your optimisation options.

The process of space optimisation is often as revelatory as it is transformative. In some cases, it may show that the buildings you think are in constant use are actually only **40%**** utilised. In others, you may find that significant savings made through lease negotiations, transforming office spaces, or even disposals, could fund a significant part of your future plans. Above all, it's only by knowing the opportunities of your buildings that you will best meet your local community demands.

Of course, while this guide shares the main steps involved in assessing your spaces and your options, it's not intended to be linear.

Thanks to our experts

To help tackle the challenges identified in our recent Space Optimisation survey, colleagues from teams across NHS Property Services (NHSPS) have shared their insights, including: Estate Strategy, Property & Policy, NHS Open Space, Capital Project Management and Finance.

We've also had great insight from Jenny O'Donnell – Infrastructure, Capital, Estates and Sustainability Lead, Strategic Estates and Infrastructure Team, NHS Lancashire and South Cumbria Integrated Care Board, and Vissy Plati – Senior Designer, Ryder Architecture.

Get in touch

Over half of NHS leaders (**55%***) told us the lack of 'in-house capacity to manage change to spaces and deliver' was one of their biggest challenges to optimising spaces. Don't worry, you're not alone.

If you have any questions or want to discuss how NHSPS can help you make the best of your space, please do get in touch with our Customer Service Centre who will point you in the right direction.

Simon Taylor

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NHS Property Services

June 2025

*Space Optimisation Survey Feb-Mar 2025 – 21
leaders from across the NHS

**Based on NHS Open Space Space Utilisation research,
which has found some spaces up to 40% underutilised



The background is a vibrant green with several large, overlapping, organic shapes in various shades of green. Three solid green circles of different sizes are scattered across the composition. The overall aesthetic is clean, modern, and energetic.

Chapter 01

Setting yourself up for success



Introduction

Property is often an organisation's biggest expense, along with people. This is unsurprising for the NHS, with over 10,000 buildings spanning an estimated 25 million m². With that in mind, it's a collective priority to make the most of existing properties and move more quickly to a leaner, greener estate.

Optimising spaces can mean more services being delivered under one roof. Not only does this add value to the health system while reducing costs. But it can also improve the patient experience and help support more efficient, collaborative and sustainable ways of working.

On the other hand, some spaces could be released if they're surplus to commissioning requirements. Supporting very real – and stretching – cost saving objectives.

But how much of your space is underutilised? What spaces could be better optimised to meet community needs?

Many people assume that most NHS spaces are well used, but they lack the data to back this up. In fact, through a number of our own utilisation studies, we've found spaces are often around only **40%**** utilised or less.

This chapter will guide you in how to get started and outline the ingredients you need for success. From defining your problem, outcomes and long-term strategy, to timescales and getting all your key stakeholders on board.

Utilisation vs optimisation



Utilisation refers to how much a specific space is being used at a particular moment in time.



Optimisation refers to making the best or most effective use of the available estate.

Why is it so challenging to improve your spaces?

85%* of estate leaders that we recently surveyed said they had a **low (32%*)** or **medium (55%*)** awareness of space utilisation across the estate that they own and/or occupy.

Why? In short, there are many factors and data points which can make the process complex – if not outright daunting. That's why knowing what buildings to focus on is critical.

Ideally, ICBs and trusts need to optimise properties that are in a good condition, well-located to meet community needs, supported by the relevant workforce, and cost-effective to modify and manage.

However, identifying these properties and starting an optimisation project presents a lot of challenges.

There's a lack of credible data

With so many short-term operational and financial pressures demanding attention, it's getting harder to create a long-term, strategic view of your estate. This is especially the case when gathering accurate data, and developing projections for usage can be seen as expensive and time-consuming. Indeed, **55%*** of those surveyed said a lack of complete data to make informed decisions was their biggest challenge in optimising space. But failing to do so will always be detrimental in the long run and hinder your ability to make the most impact with space optimisation decisions ahead of time.

Budgets have never been tighter

91%* of estates leaders chose an answer relating to lack of capital/revenue/budget when it comes to challenges in assessing and optimising their space. This is no surprise, especially as organisations are under more pressure than ever before to cut costs. So it's difficult to fund change projects, even if they will deliver savings and efficiencies in the long run.

The commissioning process is complicated

It's difficult for any organisation to move functions and locations, and even more so in healthcare. Funding approaches can often create barriers to moving services. And while place-based commissioning offers some flexibility, ongoing legacy contracts can make it hard to incentivise providers to move and benefit the NHS system as a whole. Plus, patient access and how well the space fits into the community also need to be taken into account.

Utilisation is variable

Determining how a building or space is being used – and therefore where the best opportunities lie – can be complex. This is especially true for healthcare spaces with dynamic occupancy – fluctuating as services change throughout the week and over time – and where multiple landlords, varied lease agreements, or even no formal agreements are in place.

In-house teams often don't have capacity or the level of specialised expertise

Over **one-third (36%*)** of estate leaders told us they don't have the expertise within their own organisations to assess how space is being used and to make further changes.

ICBs and trusts are understandably focused on commissioning and delivering clinical services for patients and don't always have the time or skills to deal with analysing and optimising their estate.



How do you ready yourself for success?

1. Clarify your goals

Set the brief – clearly. Define what good looks like at the beginning by clarifying your ideal outcome. Are you driving cost savings, transformation, or both? Are you aiming for a certain percentage of utilisation? Is there a pressing need to deliver more, or new, services to meet changing local population health needs? Or do you simply need to rationalise your estate?

2. Categorise your estate

Portfolio planning and categorising your estate into Core, Flex or Tail is helpful. “Core” are essential buildings that are critical to delivering long-term services. “Flex” are buildings that are currently providing unique access to services but may not be needed in the long term and “Tail” are sub-optimal buildings that should be phased out when alternative estate is available.

At NHSPS, we guide our customers through this process to define what category suits their estate best. Another important consideration in this process is a building’s condition and maintenance regime, as that could prove to be a liability to its use in the long term.

3. Create a ‘live’ scoping document. For example, a project inception document (PID)

If you’re looking at your whole estate at a system level, start by creating a scoping document that looks across your primary care, acute and community properties. This will help outline the scale of the challenge and allow you to look holistically at how you better utilise space and unlock value.

It’s at this point you also need to consider your key criteria. Do you have a certain budget you have to stay within? Do you have a specific deadline that will dictate your timeframes? Are there certain spacial requirements that are most important e.g. flexibility of space/a combination of clinical and office space required. You need to decide what your priority factors are. This will help prioritise your options later in the process.

As a live plan, you may often revise targets, expectations and benefits as you learn more about your estate and utilisation.



4. Set up governance

Having the right governance structure in place will mean a more coordinated approach, involving the right stakeholders in developing a plan with appropriate milestones. But the structure you take should be tailored to the scale and complexity of the opportunity. In this case, when NHS Lancashire and South Cumbria ICB sought to improve its own estate utilisation, it set up:

- An overarching Space Utilisation Group with key people from relevant directorates.
- Smaller Strategic Infrastructure/Estates Groups (SIG) covering different geographical footprints, including place-based leads and representatives from various councils, trusts and Primary Care Networks (PCNs). These local groups focus on service planning and transformation, and the impact on the estate.
- An Acute Property Management Group to review Core, Flex and Tail and the space utilisation programmes in each trust, which will then be signed off at the SIG.
- A Primary Care Capital Group or a similar group providing capital planning for trusts as part of a system finance group.
- If a Primary Care Capital Group or similar isn't appropriate, an Infrastructure Investment Group may be formed covering the whole ICS for a whole system approach to capital and investment planning.

This is best in class for a full estate review. As we said above, tailor this for the size of your space and estate review.

5. Create guidance

Create some guidance and policies around how you should utilise and manage space (e.g., NHS Open Space) and work collaboratively to bring some uniformity and structure, and help make faster decisions. This extends to how to report, too, so that it's done in the same way across teams and organisations.

If you don't know where to start, look online to see what NHS England (NHSE) policies are out there and how other ICBs and trusts have approached different programmes and schemes. Reach out – don't reinvent the wheel.

6. Gather and organise your data

A lack of complete, quality data is one of the biggest barriers to optimising spaces, according to **55%*** of estate leaders.

Gathering and bringing order to your data from different sources has to be a priority. It not only clarifies the way forward, but also builds credibility with your stakeholders when you put forward your business case.

The data points you should have to set yourself up for success include planning information, clarity on leases such as lease terms, floor areas, lease expiry and break clause dates, the services that are in each building, what each space can be used for, what it's currently being used for, as well as how much you're paying for each space.

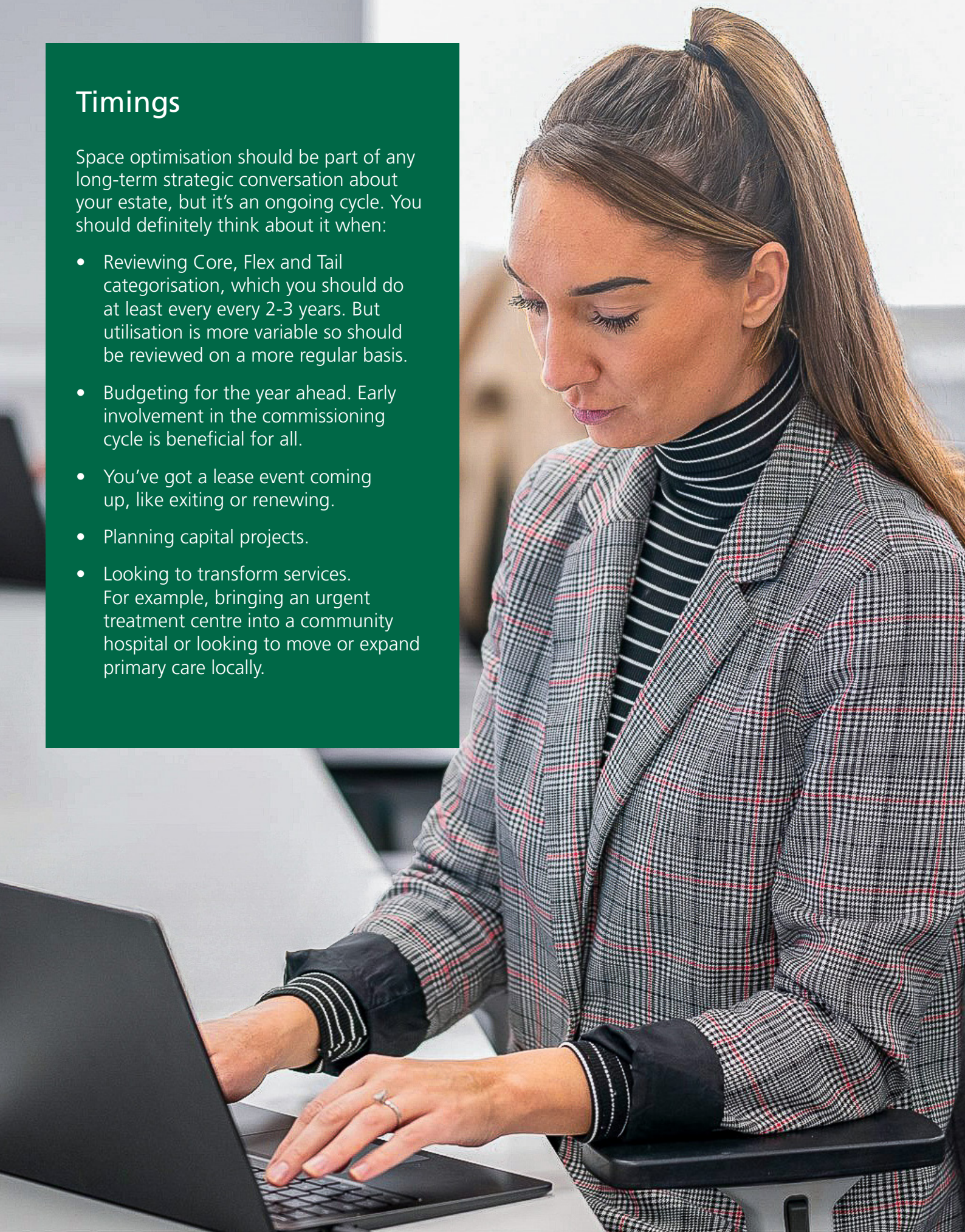
Working through lots of data from a variety of different spreadsheets can be challenging. That's why you should start now and look at how to create a document system or invest in a platform to consolidate all relevant data in one place.



Timings

Space optimisation should be part of any long-term strategic conversation about your estate, but it's an ongoing cycle. You should definitely think about it when:

- Reviewing Core, Flex and Tail categorisation, which you should do at least every 2-3 years. But utilisation is more variable so should be reviewed on a more regular basis.
- Budgeting for the year ahead. Early involvement in the commissioning cycle is beneficial for all.
- You've got a lease event coming up, like exiting or renewing.
- Planning capital projects.
- Looking to transform services. For example, bringing an urgent treatment centre into a community hospital or looking to move or expand primary care locally.



Key stakeholders

Stakeholder engagement, right from the start, is absolutely essential. You need support from all organisations involved to make sure you are all aligned on objectives and roles. Clear communication throughout the process is vital to help you stay on track and make quick, smart decisions. As well as setting up a governance structure, we recommend you engage with:

Organisational boards

It's almost impossible to implement significant change without high level support, especially when it comes to needing funding approvals. So, make sure you have a strong board that understands and supports the clinical strategy – and engage key decision makers early.

Property owners and landlords

Both play a crucial role in adapting and changing the use of space. Understanding any challenges and opportunities from the property owners' perspective around their future estate strategies and their legal responsibilities, is essential. They also hold key information around property conditions, costs and potential expansion or disposal options.

Commissioners and providers/users

It's important to understand the operational needs of healthcare providers and ensure that any newly-optimised space will meet local care priorities and requirements. This can be undertaken in a number of ways, and where the support of a Healthcare Planner can prove invaluable in asking the right questions to best convert the space.

Patients

Of course, it's vital to acknowledge and engage the people who'll be using the space, to ensure that any proposed changes are practical, accessible and beneficial. See if there are patient groups you can link in with. Most practices will have a Patient Participation Group and trusts may have a Patient Forum or similar volunteer group you can link in with via the Patient Advice and Liaison Service (PALS).





Five key insights

- 1. Keep a long-term strategic view in mind.** Thinking ahead will help you make the most of any space in your portfolio and put it to best use in the long term. Don't be shy when categorising Core, Flex and Tail as part of that – and especially don't be scared of the Tail. Ideally, you should take the time to perform a strategic asset review no more than once a year.
- 2. Set up the appropriate governance structures.** By taking a coordinated approach to the utilisation of your estate and service planning – and formally involving all relevant stakeholders – you'll set yourself up for success. Set these up as soon as possible, clearly define their scope and if needs be, develop and agree supporting policies. This sort of structured and consistent approach to decision making will help you make smarter, faster, decisions.
- 3. Sort your data out.** Without the right quality and depth of data you can't make the best decisions. People are naturally resistant to change, especially if it comes with the need to move work location or use space differently. This is where you need clear and impactful data to help you build a compelling narrative that explains why you are looking to make space-related changes. Start analysing your data sources now: Do you know where to find relevant information? Where are the gaps? How can you keep all the data in one place and in a consistent format?
- 4. Be challenging and commit to the journey.** Reviewing and optimising your estate is not a straightforward process, so be prepared to invest time and effort in having difficult conversations, making hard decisions and facing setbacks. Be committed, brave and bold, and you'll achieve your goals.
- 5. Don't be afraid to ask for help.** As part of the NHS, we know the challenges of using your space in the right way and wanting it to be more flexible, too. We take a proactive, data-driven approach to looking across your whole estate. We can help you understand how your buildings are being used, so you can plan for the space you need now and in the future. Whether you believe your space is too big, too small, or just not being put to good use, there's always an option to make it work for you.



Find out more:

[NHS Property Services | Estate optimisation and space utilisation.](#)



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Chapter 02

Assessing space demand and property supply factors



Introduction

Once you've defined and scoped out your project, you need to look at a multitude of factors to understand the current property and community landscape. We do this by looking at demand and supply.

By this, we mean assessing space demand, such as changes in population, and reviewing local property supply, such as building condition. By assessing these factors, you'll get a clear understanding of the current landscape and be able to conduct a thorough diagnostic assessment to highlight where the issues lie.

This is where the ever-changing NHS landscape is a consideration. The NHS estate is evolving in response to three key shifts – moving care from hospitals to the community, embracing digital transformation, and shifting from treatment to prevention. For example, we need to consider things like:

- The growing demand for integrated neighbourhood hubs
- How well set up our estate is for digital advancements
- The need for more wellbeing and social hubs

Assessing space demand and property supply relies on collaboration between a range of healthcare and property experts across the health and social care sector, and access to data and information from a variety of sources. It's a time-consuming process, so it's no surprise that over **one-third (36%*)** of estate leaders said they don't have the capacity to assess how space is being used. But it is necessary to make the best long-term decisions.

In this chapter, you'll learn what factors you need to assess – and where you can source the necessary information – to create a clear picture of your estate. And how much time you need to set aside for this part of the process.

And remember, your estate is underutilised for a reason, so be prepared to be critical and honest. Be ready to challenge your own – and your colleagues' – assumptions, to truly understand where the issues lie so that you can make changes.



Definition of space demand and property supply



Space demand refers to how much and what type of space is required to provide services to support local healthcare demands, both now and in the future.



Property supply refers to the quantity and quality of your estate and the specific properties and spaces available, both existing and alternative.

The process of assessing space demand and property supply

Patient needs come first. So, always start with assessing local population healthcare and workforce demands to properly understand space requirements. This exercise would largely be led by the ICB who has a deep, cross-sector understanding of local healthcare and workforce issues, and prevailing policy.

You should then start to discuss and assess the local property supply. This is an exercise we'd suggest being led by your estate advisors or property owners who will have the eye and technical expertise for assessing spaces at property suitability to meet service needs.

The process of understanding space requirements and property opportunities is iterative. And depending on the circumstances, you might choose to undertake utilisation monitoring at this point. See chapter three for more information on how to do this and the value add.

It can take significant time depending on the size and complexity, to assess demand and supply. A clear strategy, objectives and stakeholder alignment can speed this process up.



Assessing space demand

You need to assess space demand factors to ensure service strategy and healthcare requirements have been robustly reviewed.

Demand can be influenced by a range of factors from prevailing policies, such as decentralisation and community-focused healthcare, to specific local service requirements. To fully understand the space required – both now and in the future – you may consider the following factors:

	Considerations	Where to source the info
Prevailing policy	What is the Department of Health prioritising? Consider national programmes and funding initiatives like the push for community diagnostic centres and integrated neighbourhood hubs.	NHSE/DHSC
ICB/operational business strategy	<p>Whatever you decide to do with your estate needs to align to your ICB strategy. This can be tricky when 41%* of estate leaders said there was a lack of joined up commissioning and space strategy.</p> <p>You need to consider things like: is the organisation going to grow? What are the workforce plans and what's the impact on the space they need? What income do you have to fund any changes? What are the commissioning intentions?</p>	ICB
Commissioning and service strategy/intentions	<p>You need to take into account what services are required to support the local population's health needs, and if they are in the best location for the patients.</p> <p>Any changes to local services might impact the wider/broader service strategies within the ICB. It's important you discuss and assess these before any changes are implemented.</p>	Populations health management data insights, and local trust policies and strategies. Specifically, a clinical strategy will help with this.
Key service requirements	Healthcare demand differs across different clinical specialties. For example, GPs might have a 10-15 minute appointment model. While physiotherapists might see patients for 30 minutes the first time, and then an hour after that. And group sessions might involve 30 people at once for two hours. This means that each of these services may need a different type of room.	Speak to clinicians to get a detailed understanding of the requirements of each service and the nuances between them.

	Considerations	Where to source the info
Place/locality based requirements	<p>These are collaborations in local areas to improve health and care services by working together. Involving NHS, local government, the voluntary sector and other local organisations to jointly plan and deliver services will help address health inequalities.</p> <p>Look at population, demographics, housing and strategic ambitions.</p>	System partners inc. ICB and local Councils. And regeneration development plans.
Population and/or demographic change	<p>Demand can fluctuate based on future population need. For example, is there going to be a new housing development in the area? Or maybe a new care home?</p> <p>From our experience, not everyone that moves into an area registers with a new, local GP. Many are loyal to the one by their old home. So take that into consideration.</p>	Public Health teams, Fingertips, practice level profiles on SHAPE.

Challenge assumptions

Different stakeholders may hold conflicting opinions – or assumptions – on how well used a space is, what is needed in a space and how much space is even required. This can make trying to get to an agreed demand position tricky.

Indeed, **45%*** of estate leaders said that ‘poor collaboration – connecting commissioners, managers and occupiers of space so that there is a shared understanding of actual usage/vacant space’ is one of their biggest challenges in this process.

This is where you can create different scenarios and run the ‘what if’ test: ‘What if we think we need 500m²/750m²/1000m²?’ How does that

change your supply options; can you make it work on the smaller footprint, potentially using vacant and underutilised space?

Don’t be afraid to challenge the assumptions behind your space requirements. For example, a request for 1000m² space could potentially be reduced to 500-700m² using digital solutions and new flexible working patterns.

This is when we’d recommend undertaking utilisation monitoring to gather accurate data to evidence your challenge. Read chapter three for more information on this process.



Assessing property supply

You need to assess property supply factors to ensure the availability of key data, opportunities and any property constraints have been considered and captured.

Gather data from a range of sources covering the obvious, such as the general condition of the property, to the more technical, like lease agreements. You need to build a full profile of your property and/or estate to fully understand where the issues lie. Key to this are:

	Considerations	Where to source the info
General property condition	<p>55%* of estate leaders told us that the existing condition/ configuration of their estate and/or lease flexibility was their biggest challenge in optimising spaces.</p> <p>Bringing a property in line with current standards can impact costs, so when you're looking at whether you can reuse it, consider whether it's cost effective to do so.</p> <p>Also check things like if the rooms sizes are functional and compliant. And are the correct room ventilation requirements met? Will it meet IPC standards for the service?</p>	<p>Compliance certification</p> <p>NHS standard survey</p> <p>Health Building Notes (HBN)</p> <p>Health Technical Memorandum (HTM)</p> <p>Planning regulations</p> <p>Trust-specific requirements</p>
Size/capacity of property	<p>Consider whether the floor space fits your patient list needs. But don't assume that you can only work with the property supply you currently have, in its current state. Think about what else you can do with it – can you reconfigure it or extend it? Can you lease another floor or wing?</p>	<p>Site and building plans and site inspection.</p>
Location factors	<p>It's important to establish the search area. Is this linked to a specific neighbourhood or will it service a wider catchment area? Assess the immediate environment quality, security and accessibility, including public transport and car parking. How does your current property supply link to prevailing policies like creating more neighbourhood hubs?</p>	<p>Site visits and general site assessments. Use SHAPE – geospatial mapping and transport and travel times. And commissioner requirements.</p>
Neighbouring services/property	<p>What other health, wellbeing and local authority services are within close proximity? Nearly one in five (18%*) of estate leaders said they weren't aware of public sector estate availability, but are there opportunities for space sharing?</p>	<p>Site visits, general site assessments, and estate advisor database/ mapping tools.</p>
Building operations	<p>Find out what hours the property operates during weekdays and weekends, as this could impact what services are provided if they have specific needs.</p>	<p>Speak to the centre's manager or local facilities team, as these will be building/site specific. And check planning approval, lease documentation and maintenance agreements.</p>

	Considerations	Where to source the info
Cost profile	Gather information on rent, service charge and facilities management. Can a service afford the ongoing costs? Could you consider doing three sessions a day instead of two?	Property advisor
Tenure/holding arrangements	Gather all documents and data on terms, length, conditions, covenants and sessional space. Is there a lease event coming up that could trigger an optimisation project?	Property advisor
Voice/vacant space	Find out how much vacant space there is in a building. Is it one room or is it an entire floor or wing? Are there some rooms that are used but only for a few hours or days a week? Tangible data on how people are using the building can help any space project.	Utilisation monitoring

Be aware of time

The occupancy profile of your estate or property is not static – it needs to be continuously reviewed to account for seasonal fluctuations and changes in service delivery and property conditions.





Five key insights

- 1. Start with assessing demand.** It can be tempting to look at your estate first to see where you can make efficiencies, but to put the patient first, you need to start the process by assessing what the local population and clinical strategy and provider needs are. Only by doing that, can you make decisions about space that will stand the test of time.
- 2. Consider future changes.** To get the best future view of your estate, look beyond current population needs. You need to speak to local planners and get access to development plans. Build this into your assessment but be realistic so that you can get the funding you need. Refer to Health Building Notes to guide you on this. Looking to the future also means considering new strategic directions, like the three shifts. You need to make decisions about your spaces that are going to support new models and system priorities.
- 3. Gather as much data as possible.** You need to gather information from various sources from your current lease to local transport plans, to make informed decisions. For the best assessment, undertake utilisation monitoring. Read chapter three for a step-by-step guide on how to set one up. The success of your recommendations in your business case later in the process relies on data-led decisions.
- 4. Engage extensively and challenge assumptions.** Effective assessment of demand and supply relies on collaboration between healthcare and property experts across the health and social care sector, to create a full picture. Don't be scared to challenge each other and stress-test the underlying assumptions. The assessment and inputs may determine a certain amount of space to deliver your service. But do you really need that much space? Are there new ways of working and digital solutions? Do you have the data to back it up? Keep an open mind throughout this assessment process and be confident in challenging your colleagues to make sure you make the correct decisions down the line.
- 5. Invest time.** Conduct a thorough assessment of space demand and property supply. Don't rush this process as you will have to build a strong case for change later down the line and success there lies in the robustness of the data and analysis you conduct at this stage.



Find out more:

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Chapter 03

Understanding your estate through utilisation monitoring



Introduction

One-third (33%*) of estate leaders reported low awareness of their space utilisation, selecting: ‘we have a limited or little understanding of how our space is being used; we can’t measure it and seldom make changes to space allocation’.

Utilisation monitoring can provide you with detailed analytics to help you better understand how your estate is being used, and then identify trends and realise space optimisation opportunities. You can monitor a room, building, or an entire estate to gain a snapshot or ongoing utilisation intelligence.

The benefits are clear: you can identify opportunities for improving estate usage, operational efficiencies and cost reductions, and increase the volume of vital healthcare services delivered to the heart of local communities. But knowing what type of monitoring to undertake – and when – is crucial to success.

Utilisation monitoring is at its most effective when you are firstly wanting to understand how your space is being used (time-bound studies), and then want to performance manage your optimisation solutions (ongoing monitoring). However, you may choose to monitor utilisation as part of your space demand assessment as mentioned in chapter two, to strengthen your property/portfolio review.

For any utilisation monitoring to be a success, you need to identify the data you want to collect, get stakeholders on board early and select the right type of method.

This chapter will walk you through the steps involved in utilisation monitoring – from choosing the right solution to tips on the range of methods you can employ to gather data. You’ll also get insight on how to analyse those outputs to help you make informed decisions to optimise your estate.

Choosing the right utilisation monitoring solution

Understanding your objective is essential to successful utilisation monitoring and influences the solution you choose. From the very beginning, it’s important to be clear about the questions or challenges you’re addressing, and the outcomes you want to achieve. This will help you to decide on the right solution, and will form the basis of a business case and its forecasted benefits.

Time-bound studies are an excellent way to get clear utilisation data over a fixed period of time to answer a specific tactical or strategic question. For instance, you may want to understand the utilisation of three buildings to see if you could consolidate their operations into a smaller footprint.

Broadly, we recommend that a minimum of three months is required to gather sufficient data on how space is being used and to identify any patterns.

If you have a bit more time, 6-12 months is ideal to give you a detailed, authentic account of the space over different time periods. This is because the way a space is used can fluctuate, depending on the time of year.

Ongoing monitoring is mainly used in space deemed core to an organisation's operations and is a valuable tool for achieving optimisation. This kind of monitoring allows you to understand how space is being used and then constantly monitor performance. NHSPS has been using ongoing monitoring on 215 NHS Open Space rooms since 2019, which has improved utilisation rates by over 100% and reduced redundant space by 10%.

Delivering successful utilisation monitoring

Data: quality, accuracy, volume

When setting up your utilisation monitoring, agree the data you wish to collect and the benefits of doing so. The amount of data you gather, its quality and accuracy will have a significant impact on the quality of the analysis you will be able to do. And the better the analysis, the easier it will be to find genuine space optimisation solutions that drive value.

And you agree – **over half (55%*)** of estate leaders surveyed said the lack of complete data was hindering their ability to optimise space.

Of course, we understand that capacity, cost, and time pressures may limit the variety of data you can collect, and compromises may need to be made.

While we have seen studies that just collect data on whether a room is being used, you'll get much deeper insights if you overlay this with the property and user data mentioned in chapter two.

Data you should collect can include space type (clinical/non-clinical), room type, tenants and tenant type. By using dashboards, you'll be able to identify property and customer trends that are vital to identifying space optimisation solutions. See the 'Analysis and outputs' section later in this chapter for more on this.

One key thing to be aware of is that colleagues may challenge the data being provided as sometimes it can be quite different to perception. So, it's important that you choose a reliable type of data collection. We recommend using movement sensors over walkarounds as they provide clear and constant data of room usage.

Get stakeholders on board

As with any project, you need to gain senior stakeholder approval to undertake utilisation monitoring. This can be especially difficult when budgets are tight. Indeed, **41%*** of NHS leaders told us they don't have the budget to assess space.

You therefore need to develop a strategic proposal setting out the potential financial and operational opportunity, supported by examples of cases where there has been a return on investment (ROI).

The budget required will be different depending on the solution you choose and depth of data you collect and analyse. To manage costs and help you make your case, you could undertake initial cheaper utilisation monitoring to provide a high-level portfolio view and then conduct detailed utilisation monitoring on specific properties.

Keep in mind that some stakeholders may not like the idea of analysing space usage – especially onsite teams. This may mean their initial reaction is to be protective of their current designated areas, leading to resistance. If this is the case, you're not alone.

In fact, **68%*** of estate leaders said that 'occupier' resistance to potential changes was one of the biggest barriers in optimising spaces.

To achieve stakeholder trust and buy-in, identify your audience – this might include operational teams, onsite colleagues and other occupiers – and develop a solid communications plan to explain the overall benefits, manage expectations and address concerns.

However you decide to communicate, make sure you explain the process, the benefits to them as an individual, to patients and customers, and

ultimately to the wider NHS system. Provide the opportunity for them to ask questions. What you want to tell them may not be what really matters to them on a personal level. And finally, keep stakeholders engaged and up to date throughout the monitoring process and on the findings.

Choosing the right type of data collection

As well as knowing the type of data you need, there are lots of different ways to collect it, ranging from the basic to the more high-tech, and you may use more than one of these during your monitoring to get in-depth data insight for your analysis.

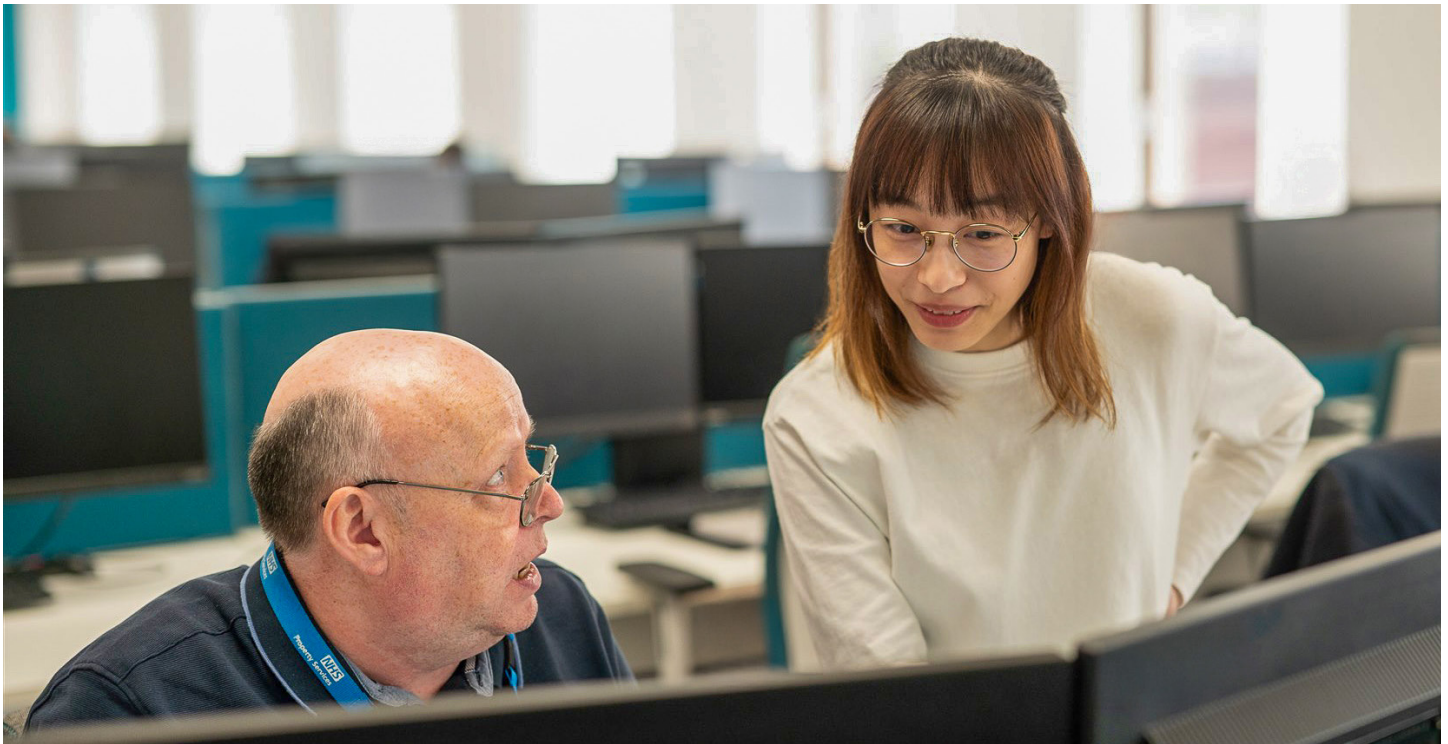
However, the good news is that depending on your objectives, budget, timeframes, and scale of the monitoring, there should be something to suit everyone.



We've selected a few options below as examples to give you an idea of what's available:

Method	Definition	Costs	Pros	Cons
Walkaround	Involves physically checking rooms at intervals.	Personnel cost.	<p>Flexible: Can conduct at times that suit you.</p> <p>Human insight: Captures qualitative data like behaviour.</p>	<p>Reliability: High potential for inaccuracies due to human error.</p> <p>Snapshot data: Provides only a short-term view.</p> <p>Labour-intensive: Requires significant time and effort.</p> <p>Time-bound: Open to challenge on the period of the study.</p>
WiFi triangulation	Estimates the number of devices in a room connected to WiFi.	Depends on the WiFi network quality.	<p>Wide coverage: Utilises existing WiFi infrastructure.</p> <p>Non-intrusive: Does not require physical sensors.</p> <p>Scalability: Can cover large areas with multiple access points and is a low-cost option.</p>	<p>Dependability: Requires good WiFi in the building.</p> <p>Accuracy: Less accurate in buildings with many rooms and walls. And can't pinpoint specific spaces (just floors and potentially, areas).</p> <p>Lack of control: People may not connect to WiFi.</p>
Desk sensors	<p>Devices that are typically placed under a desk, that monitor desk occupancy and usage in a workplace.</p> <p>They help track when a desk is occupied and for how long.</p>	Sensor/hub/installation/maintenance and support (optional).	<p>High accuracy: Provides precise data on desk usage.</p> <p>Real-time data: Offers continuous monitoring.</p> <p>Scalability: Can be deployed across large areas.</p>	<p>Privacy concerns: Colleagues may think these are intrusive, so requires clear communication.</p> <p>Limited scope: If you don't have a desk in the space, these can't monitor bigger areas.</p>

Method	Definition	Costs	Pros	Cons
Area sensors	<p>Devices that detect the presence of objects within a defined area by emitting and receiving light beams.</p> <p>These can be placed in open spaces to track occupancy.</p>	Sensor/hub/installation/maintenance and support (optional).	<p>Scalability: Monitors entire rooms and areas.</p> <p>High accuracy: Can achieve detailed spatial data.</p> <p>Versatility: Suitable for various environments.</p>	Privacy: May raise concerns about surveillance.
Movement sensors	<p>Devices that detect occupancy based on motion.</p> <p>These sensors can include infrared sensors, ultrasonic sensors, or motion detectors.</p> <p>These are more scientific and seen as best practice in collecting reliable data.</p>	Sensor/hub/installation/maintenance and support (optional).	<p>Energy efficiency: Often low power consumption.</p> <p>Real-time data: Provides real-time data.</p> <p>Versatility: Suitable for various environments with various lighting conditions.</p> <p>Long-term: can provide long-term data and trends once installed.</p>	<p>Privacy: May raise concerns about surveillance.</p> <p>Line of sight: Requires clear visibility to function properly.</p>



Outputs and analysis

Analysing your data to identify trends and optimisation opportunities is one of the most important steps in undertaking utilisation monitoring. Success is often driven by the quality of outputs and expertise of the team doing the analysis.

You can analyse the data independently to meet your initial objectives, or layer it with your space demand and property supply findings to develop a wider space optimisation strategy, which we will discuss in chapter four.

NHSPS utilisation study outputs and analysis



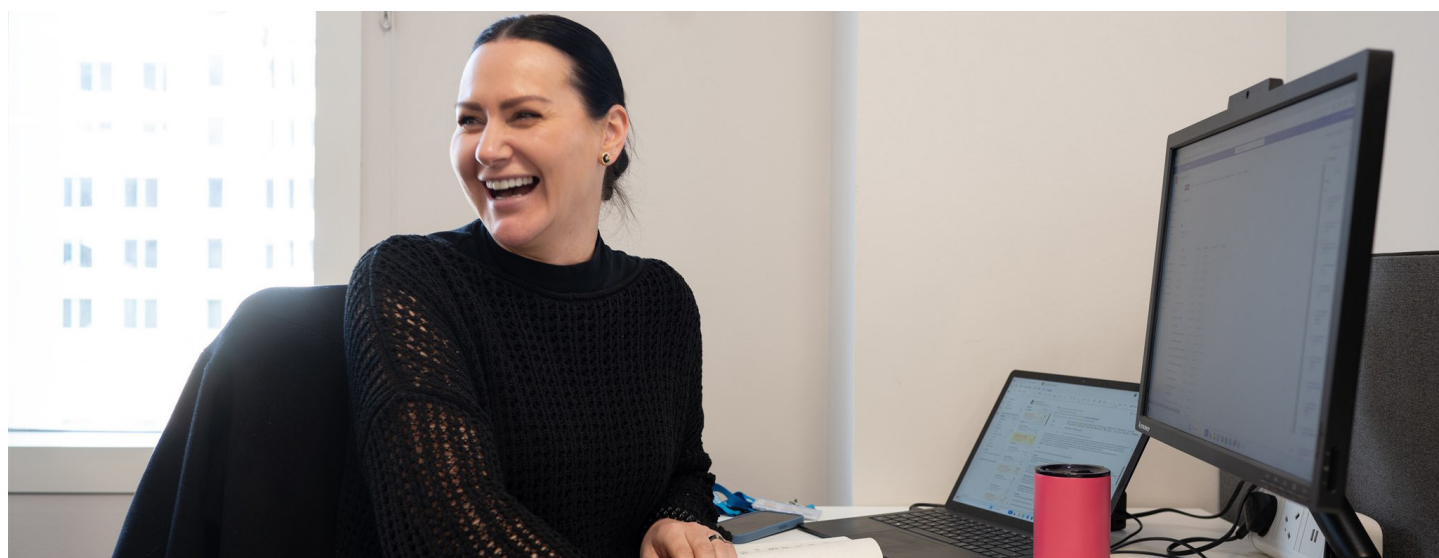
We use NHS Open Space's reporting outputs to analyse both time-bound and ongoing utilisation monitoring. Some examples include:

Time-bound studies

We provide a wide range of time-bound studies for NHSPS and other NHS organisations, offering it as a fully-managed turnkey solution.

Through dashboards, you can collect and analyse room and desk motion sensor data and overlay it with customer and property data. By taking this approach, you can then see the data at a room, property and portfolio level.

Through various studies, we have delivered significant optimisation value, such as enabling a GP to relocate to a medical centre without the need for a £1.5m extension. And relocating a trust to new premises, enabling the former premises to be disposed of and an annual operational saving of c£400k.

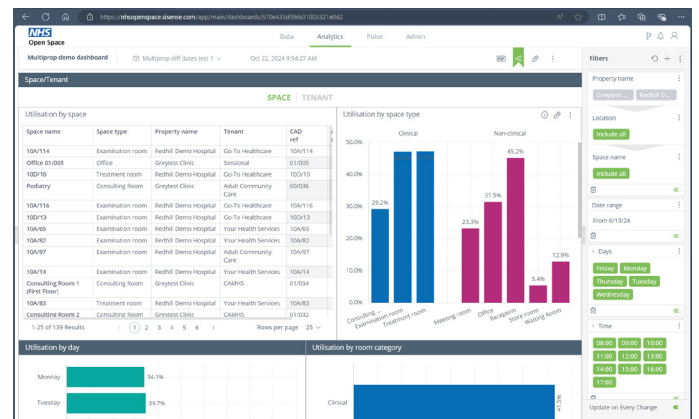
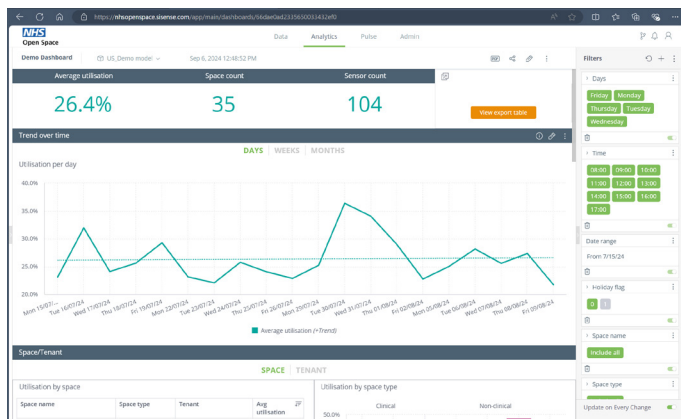


Ongoing monitoring

We've been using ongoing monitoring at NHSPS since 2019, collecting and analysing room motion sensor data and overlaying it with customer, booking, property and financial data.

By doing so, you can track property and financial data at a room, building and portfolio level. This type of monitoring can increase the usage of space, deliver more services locally within the heart of communities, shape ICB strategies, and inform ICBs and trusts on estate provision for clinical commissioning and service relocation.

This approach has enabled us to drive optimisation by 100% and unlock £38.5m for the NHS.



Find out more:

[www.property.nhs.uk/
openspace](http://www.property.nhs.uk/openspace)



Five key insights

- 1. Set clear objectives.** Have a clear understanding of what your end goal is, such as cost reduction or service relocation. Then you can conduct monitoring that truly meets your needs in terms of the data you need.
- 2. The quality of your analysis depends on the data you gather.** Use your objectives to guide you on which data is most useful to collect. The more quality data collected and validated, the better the outputs and analysis that can be produced to help you find the most effective space optimisation solution.
- 3. Communicate early.** Involve stakeholders from the beginning and clearly explain the benefits of undertaking monitoring to get ahead of concerns and gather support, especially with your onsite teams. Maintaining clear communication and managing expectations are vital throughout the entire process.
- 4. Optimisation is an ongoing project.** Ongoing utilisation not only allows you to understand your estate, but provides vital, regular intel as you drive optimisation. This allows you to review the impact of any changes you make and identify further areas for optimisation.
- 5. Ask for help.** NHSPS has proven success in utilisation monitoring and implementing solutions to drive optimisation. Our end-to-end service means we can work with you to create a bespoke solution that meet your objectives. Our estate strategy experts can help you take this data and create portfolio-wide optimisation solutions, which we will cover in chapter four.



Find out more:

[NHS Property Services | Estate optimisation and space utilisation.](#)





Chapter 04

Assessing the data and reviewing your options



Introduction

Once you've gathered data from your space demand and property supply review, and your utilisation study, the real value comes when you bring all this together and consider your estate opportunities. So that you can then decide how you're going to improve your space.

Agreeing a way forward can be a challenge. Especially with a range of data points from multiple sources, numerous stakeholders with different interests, and a multitude of optimisation options to choose from.

For this to be a success, you need to bring order to the process, and review your original objectives and key criteria.

Crucially, spend time mapping your data and bringing all your stakeholders together to analyse the outputs right from the start. And then narrow down your options to one or two that you review against your objectives as well as time and cost pressures.

In this chapter, we cover how to review the data that you've gathered, identify the best options(s) to solve your space optimisation challenge and create a compelling business case to help you get your scheme across the approvals line.

Optimisation opportunities

The data you've gathered from your utilisation monitoring tells you how a building is being used. Once you have that data, you need to layer on the factors that are influencing that utilisation – your space demand and property supply factors.

That's why, to get the most actionable insights, we recommend you map the data points, like room usage and type, from your utilisation monitoring against the factors from chapter two. This includes the condition of the property, service requirements, and the demographic of the community, as well as against financial data like rent, rates and service charges.

This helps in getting a true understanding of how different spaces are used and by whom – and what they cost – to help you see where efficiencies can be made. This also gives you the facts to challenge assumptions about space utilisation.

For some optimisation projects, depending on the scale and scope, it might be useful to run one or two workshops. This allows you to undertake a collaborative review of your analysis to discuss the space issues, challenge each other, ask why there is vacant or underutilised space, and explore the opportunities.

In our experience, these workshops are most successful when you have good representation of commissioners, occupiers/providers, property representatives and advisors/consultants, to bring a wide breadth of knowledge and perspective to the issue.

A diagnostic review to understand why a property or space is under occupied or underutilised might consider the following factors:

Factors	Issue
Service demand	Is there a lack of demand for services in the area/locality? Are there workforce challenges?
Space location	Are there known issues with location such as the environment, security, transport or catchment?
Space type	Does the current configuration or layout of space hinder service delivery?
Space condition	Is the facility non-compliant with standards? Is it poor quality or not pleasant for staff and patients? Does it have physical accessibility issues such as no ramps or disabled facilities?
Alternative local supply	Are there other facilities nearby that are preferred because they are cheaper or better quality? Is there more capacity than needed?
Cost	Is the cost of rent, service charge and operating costs high or perceived to be expensive?



Balancing different drivers

Once you've a good understanding of the reasons behind poor occupancy and/or utilisation, start identifying and reviewing the options which might be available to improve it.

Depending on the scope, there may be two or three clear options, or a range of hybrid options for larger property or estate review.

When assessing your options and which is the best fit to achieve your objectives, you might consider the following key criteria.

Key criteria

Costs

Affordability is likely to be a top priority. You need to get a full picture of the funding implications for each of your shortlisted options as early as possible. You should consider one-off costs and ongoing costs over a multi-year period.

Capital: Look into all the funding options available to you. Make sure you can secure the budget for the level of work and associated costs, including the costs associated with potential temporary accommodation.

Revenue: Be mindful of your building running costs including rent, service charge and facilities management.

Over two-thirds (**68%***) of NHS leaders said that 'cost/budget needed to optimise (capital and/or revenue)' was one of their biggest challenges to optimising spaces. Get expert insight into a range of different funding sources available to you, including tips on how to unlock funding in our guide to [NHS Estate Funding](#).

Timelines

Do you have certain timeframes that you have to work towards/are restricted by? The speed to which you need to find a solution could dictate which option you go for.

You should fully understand factors such as lease conditions, expirations and deadlines that you may need to adhere to which could mean you have to choose the quicker optimisation option if you need to relocate services. Or, it could mean you have time to extract more benefits by taking a more complex longer-term option.

Scope out any refurbishment/reconfiguration/relocation works that may be required. This could be the difference between a project that takes six months and six years.

Over half (**55%***) of survey respondents said they don't have the in-house capacity to manage change to spaces and deliver. If strict timeframes are part of the issue, consider collaborating with a strategic estates partner like NHSPS. We have an end-to-end service offer to help you with all of your estate needs.

Space requirements

It might be that the option you choose is based on specific service and space requirements. For example, its size, location, accessibility, quality and type (clinical vs office or other). Do you need to have a particular quality of space or different types of spaces under one roof?

Is flexibility important? You might need flexibility in the future to extend or reduce your space. Could you take separate leases for each floor instead of one lease for all floors? This might enable you to right-size in the future if needed.

Finally, consider the impact of technology. Over half (**55%***) of estate leaders think that technology is going to be one of the biggest external factors impacting space utilisation in the future. This is especially true for office space where hybrid patterns prevail.

Other constraints to consider

Legal

From a legal perspective, you need to consider property ownership or occupancy issues and address any constraints relating to this early in the process.

Utilities

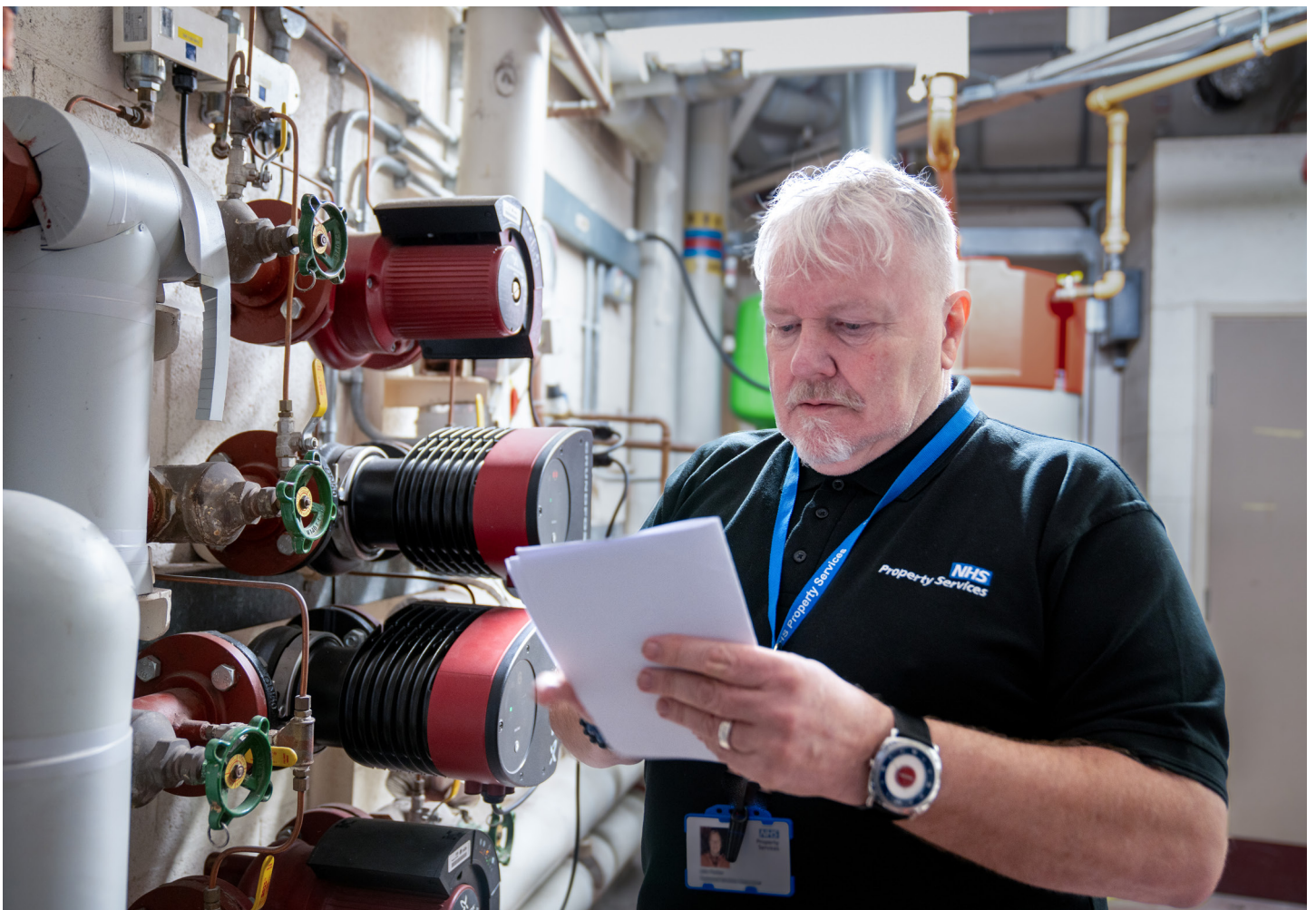
You need to understand your utility supply requirements for your new or changed space. Especially if you're developing an energy-intensive use such as a community diagnostic centre, where you might have an MRI scanner. Verify the availability and timing of utility supplies, especially electric, to avoid delays in project implementation.

Planning permission

Review planning permissions early on. Even if you are planning minor alterations, it may still trigger a need for an application. Factor in the time required for public consultation and stakeholder engagement in your planning timeline.

Consultation and engagement

NHS providers and commissioners need to consider whether any changes might trigger the need for public consultation or engagement to relocate a service.



Optimisation options

In this section, we outline some of the options that might be available to you. Your options might include a combination of these e.g., part refurbishment/part disposal. And will, of course, be dependent on whether you own or lease the site/property.

Refurbish or reconfigure your space

Minor or major refurbishment or reconfiguration could make better use of occupied space or bring your space back into use to meet local healthcare needs. For example, if you've got some vacant or underused space and you don't know what to do with it, or if there's new or expanding service needing additional space. Costs may be avoided if there's an option to reallocate spaces to existing occupiers based on a reassessment of their requirements.

Best use case:

- Core or Flex properties in good condition
- Growing/changing local healthcare needs
- Vacant or underutilised space

Top tips:

- 1. Build flexibility into your plans.** Create spaces that could accommodate a range of services to maximise utilisation throughout the week. And think long-term too. Over time, you may need more or less space, so if you choose to refurbish an existing building but you think you may need more space in the future, is there an opportunity to extend?
- 2. Think sustainably.** Refurbishing is a chance to help meet net zero goals. Can you replace the old boiler with a heat pump? Can you install LEDs across the whole property, even if you're refurbishing a room or two? If you're already on site, can you make other smart technology and energy efficiency adaptations?

- 3. Secure funding early:** These types of projects can be very stop-start, so make sure you understand the funding available to you to implement your preferred solution (i.e. the capital and revenue affordability envelope).



Case study

Three GP practices and a community services provider in Belmont Health Centre needed more space for their 20,000 (and growing) patients. We held the headlease, which had **30%** vacant space at a cost of £110,000 per year to North West London ICB. We helped the ICB unlock £1.6m of capital to reconfigure and refurbish the building, increasing consulting rooms from 24 to 29, providing a new reception and colleague facilities, and improving accessibility. Now there's no vacant space, overall costs for the NHS have been saved, and more patients can be seen. Read the full case study [here](#).



Consolidation

If you've multiple underutilised properties nearby each other, you might be able to consolidate services. This can lead to significant cost savings by reducing the operational costs associated with several properties. Also, healthcare providers can better utilise their existing space, avoiding the need for costly extensions or new builds.

Best use case:

- Core or Flex properties in good condition
- Growing/changing local healthcare needs
- Underutilised estate in close proximity to each other

Top tips:

1. **Look beyond your estate.** If you don't have the property you need, speak to your ICB and OPE partners. Does the local authority have space? What about local universities?
2. **Be mindful of service co-location.** Consider other users in the building. You might need more discrete space for some services.

3. **Consider your leases.** Plan well in advance to exit leased properties. Keep an eye on lease breaks or end dates, and start planning 18-24 months beforehand to ensure you can consider options, negotiate, secure approvals, complete works, and deal with dilapidations.



Case study

Crocus GP Surgery needed to relocate as their lease on their long-term home was due to expire, and the listed building they resided couldn't be adapted to support the growing population. We relocated them to an empty wing of nearby Saffron Walden Community Hospital and used other underutilised space in the hospital. This tripled the amount of space the practice had, allowing them to see more patients. Resulting in improved access to a range of services for patients in one central, modern health hub. Read the full case study [here](#).



Flexible, bookable space

You can increase usage across your estate by making spaces more flexible, and even, bookable. The right room booking platform can help open up spaces to a wider range of services. This not only helps optimise your property, but can improve your estate data and generate new income from third parties for the NHS.

Best use case:

- Evidence of local services requiring flexible bookable space
- Rooms suitable for multiple users – not specialist space
- Good central locations for neighbourhood or locality

Top tips:

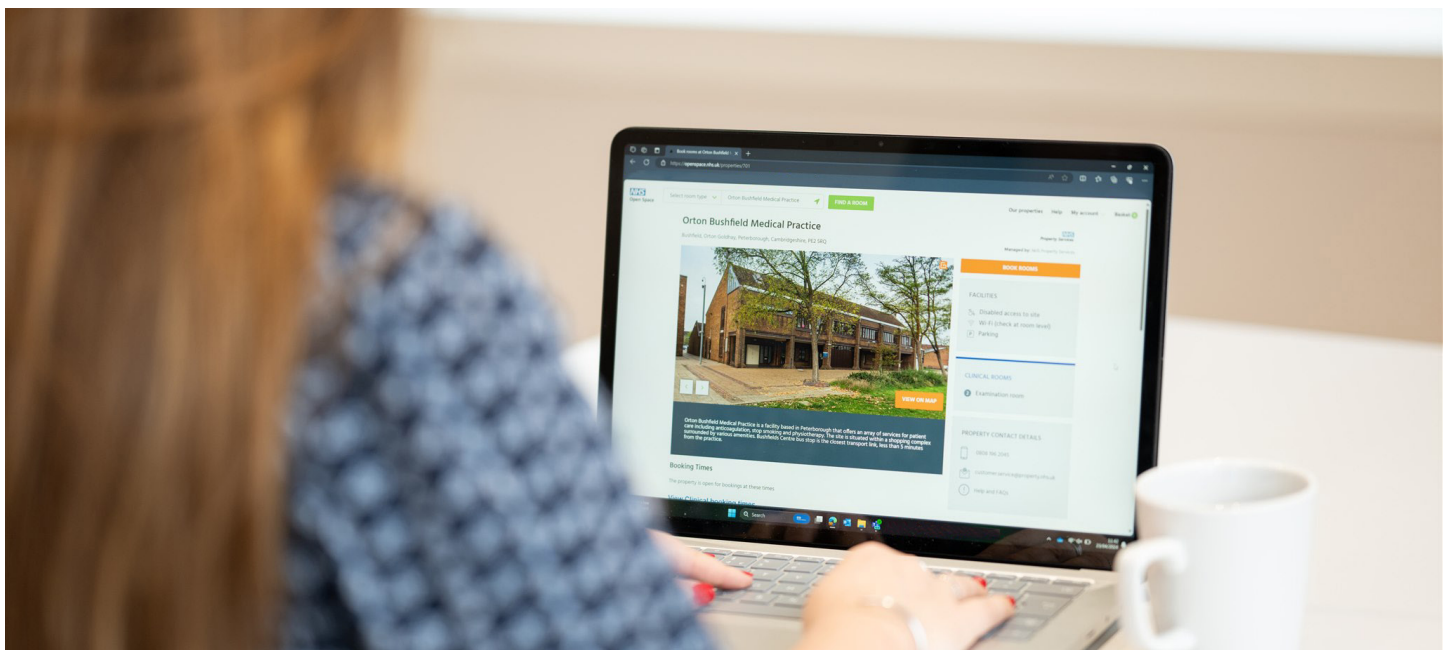
1. **Standardise your space.** Make your rooms consistent so that users know what they are getting and that it will meet their needs.
2. **Embrace technology.** Use technology to maximise the ease of booking, provide you with management information, and truly understand utilisation.

3. **Change booking habits.** Use the data to understand where rooms are booked and not used. Explore reasons and release space for other clinicians. You will find significant savings through small changes in clinical and admin staff approach.



Case study

Greater Manchester Mental Health NHS Foundation Trust (GMMH) was reliant on a manual room booking process which meant spaces were not being booked efficiently. For example, clinical spaces were being booked for full-day sessions, even when only an hour was needed. We onboarded GMMH's bookable spaces onto NHS Open Space. This drove **21%** cost efficiency through increased space utilisation and **32%** cost savings. Read the full case study [here](#).



Review and negotiate your lease

Optimising your estate comes down to getting the most value possible from the space you have. Another way to add value – if you are leasing space – is through lease negotiations. By taking a strategic approach to lease management, you can find and act on opportunities to reduce costs, increase flexibility, release value and improve the quality of your estate.

Best use case:

- Property space considered core long-term requirement
- You have 18-24 months before your lease event
- A requirement to generate cost savings or reduce void space

Top tips:

- 1. Think flexibly.** Demands on space will change over time, so be clever with your lease negotiations. For example, separate leases for different floors or wings in a building would give you the opportunity to exit/amend the terms for parts of spaces, as and when you need.
- 2. Drive value from a longer-term lease.** Agreeing to a longer-term lease could get you a better incentive from a landlord like capital investment to refurbish or reconfigure your property, and thus deliver more/different services.

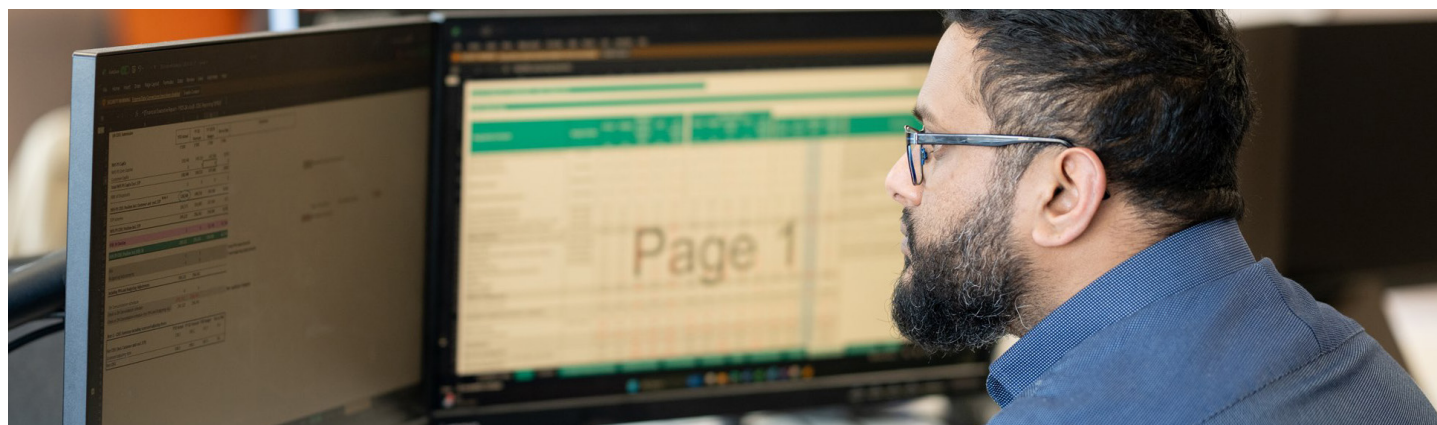
- 3. Engage early.** The earlier you can negotiate with your landlord, the easier it should be to structure a transaction that is most beneficial to you and those using the building. We recommend that you plan for any potential negotiations at least 18 months in advance, even 24 months if you can.



Case study

Herefordshire and Worcestershire ICB had three lease events coming up in January 2021. We conducted a strategic review and found all three buildings were underutilised and should be consolidated into one building. We negotiated a favourable lease at Kirkham House in Worcester, securing landlord concessions for refurbishment works, and provided advice on exiting the two other leases. The ICB moved to a modern, right-sized, flexible HQ in Worcester, reduced their dilapidations liability and eliminated vacant space across their estate, and at the same time, made occupational cost savings. Read the full case study [here](#).

Read chapter four in our '[NHS Estate Funding](#)' guide for more detailed information on lease negotiations.



Disposing of your space

Disposing of all or part of your vacant freehold or long-leasehold property could eliminate costs of vacant space that is deemed surplus to requirements. Not only does this reduce ongoing maintenance costs, statutory works and/or environmental investment, but you could raise capital for property development to meet your needs elsewhere, or free up funds to reinvest in the NHS.

Best use case:

- Already categorised as a Tail property (or Flex pending the review)
- Already has a significant amount of vacant space
- Significant and costly backlog maintenance, statutory works or environmental investment required

Top tips:

- 1. Carefully consider how you will separate your disposal site from any estate to be retained.** This is important if it's a partial site disposal. Determine the access rights you will need to the site and if there are any shared services, as well as the functionality, size, shape of the estate you need to retain.
- 2. De-risk your property before initiating the sale process.** Consider the environmental, planning and legal due diligence to understand a property's constraints and potential impact on the sale value, and the actions to address these issues. Futureproofing the site and working up solutions ensures it's most attractive to buyers. For example, is there asbestos, is the building listed, are there any issues with the title ownership? What could the site be used for in the future, where is the most valuable demand? The preparations, if required, can take 10-15 months before the marketing phase starts.

- 3. Create a communications plan.** Do this as early as possible. Demonstrate the benefits of selling the property to all stakeholders and community members.



Case study

After the principal occupier vacated 3 Caxton Road, an office in Preston which NHSPS owned, we found it underutilised (**85%** below capacity) with surplus costs of £250,000 per year. We worked with North of England Care System Support – the remaining, sole occupier – to move their office onto a smaller footprint in nearby Falcon House. Consequently, we sold 3 Caxton Road for over £1.5m, reinvesting the proceeds into the Lancashire and South Cumbria health economy. This project released 2,081sqm, delivering £1.9m in savings to the NHS over five years. Read the full case study [here](#).

Read chapter six in our '[NHS Estate Funding](#)' guide for more detailed information on property disposal and reinvestment.



Develop your business case

Once you've assessed your options, you need to develop your business case.

Here, you will tell a compelling story about your space's current position, showcase the viable solutions for the future, map this against a cost analysis and weave these arguments together to make a clear case for change.

You can get more detailed information about [building a successful business case in our guide](#).





Five key insights

- 1. Map existing data on property usage.** For the most thorough review, supplement your utilisation study with existing documentation of property usage, including up-to-date information on tenants and room types. This will ensure that your analysis reflects the true usage of the space and will give you much deeper insights to spot opportunities that will help you achieve your objectives.
- 2. Align strategy to Core, Flex and Tail.** The options(s) you choose may largely be driven by your Core, Flex, Tail categorisation, as you don't want to waste valuable time and resources. For example, refurbishing a property that could end up being too expensive to run but you hadn't done your property due diligence (Tail). This is why it's so important to do this mapping earlier on in the process (see chapter one).
- 3. Prioritise cost and funding.** Affordability is a critical factor when assessing options for space optimisation, especially given recent cost-cutting targets. When reviewing your options, consider both one-off costs and ongoing expenses over a multi-year period. Explore various funding sources and secure the budget early to ensure continuity and reduce the likelihood of project delays.
- 4. Develop flexible spaces.** A good strategy should always have flexibility built in to consider future needs and potential changes. Consider options that can be easily reconfigured or repurposed to accommodate evolving requirements. This might include modular furniture, movable partitions, and multi-functional areas. Think about your lease negotiations to support potential extensions or even shrinking over time. Planning for flexibility ensures that your spaces remain adaptable and can continue to meet the needs of your organisation over time.
- 5. Leverage technology.** Implementing smart building technologies to manage room utilisation and energy consumption can help you optimise the use of your spaces around the clock and improve operational efficiency.



Find out more:

[NHS Property Services | Estate optimisation and space utilisation.](#)



About NHS Property Services

NHS Property Services provides strategic estates services to help NHS organisations deliver the best patient care. Every day, we work hand in hand with Integrated Care Boards, Trusts, and GP practices across England to help them better assess, adapt and maintain around **3,000 buildings** - (approximately 10% of the NHS estate) safely and sustainably.

As **part of the NHS**, we know how it works and understand the challenges our customers face. Whether that's negotiating funding or keeping buildings compliant, we help our customers navigate the system more easily. Last year, we **unlocked more than £150m** for them to reinvest or reimagine their spaces.

With over **5,500 experts**, our local teams make the real difference by understanding individual estates and communities. Looking after thousands of NHS buildings means we've seen the full range of estates projects that our NHS needs. In fact, we've **completed over 330 refurbishments or new builds** in recent years - each one giving us new insights and ideas to help transform estates while keeping costs down and patients safe.

From estate strategy to town planning and cleaning, through to selling inefficient assets and reinvesting the proceeds, our **end-to-end service can support every life stage of an NHS building**. Saving significant costs and removing the hassle of managing multiple providers, so our customers can spend more time **delivering the best patient care**.

Because we're part of the NHS, every penny stays within the health system and is reinvested across the NHS. That way we can continue to focus on delivering brilliant service and building an NHS estate that's fit for the future.





Contributors:

This guide was created by experts from a range of teams at NHS Property Services. Each of whom have a wealth of experience in assessing and adapting spaces for customers across the NHS - including ICBs and trusts.

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