

# Conflicting requirements of clinical and corporate spaces pose major challenge for FM and NHS space planners

9 months ago



Technology fragmentation is costing NHS Trusts both money and efficiency, while the unique difference between clinical and corporate workforce requirements is hampering NHS efforts to make its existing workspace work harder. That's according to the findings of a new virtual NHS seminar hosted by workplace solutions provider [HubStar](#).

With the NHS estate already one of the largest publicly owned property portfolios in Europe, the virtual seminar examined the mounting challenge of how to make existing NHS spaces work smarter without the budget for major investments.

The insightful online discussion included three senior leaders from NHS property and estates departments: Leigh Whitbred from NHS South West London ICB, Philip Boorman from Sussex Partnership NHS Foundation Trust, and David Mander from Royal Berkshire NHS Foundation Trust.

The event was chaired by Joe Harris, Director of Business Development at [HubStar](#), a leader in advanced workplace technology designed to enhance the day-to-day operational needs of hospitals and healthcare facilities.

The virtual seminar found that technology fragmentation is prevalent across the NHS, with key tools such as space booking, access control, motion sensors, and Wi-Fi analytics rarely fully integrated—even in the same building.

As Philip Boorman from Sussex Partnership NHS Foundation Trust told the online attendees: "We're very

good at reinventing the wheel in the NHS. We'll have one system for booking, another for workplace management, another for sensors, but none of these systems talk to each other."

The attendees heard that this technology fragmentation is leading to higher costs because NHS Trusts are unable to save money on bundled technology solutions or platforms. Additionally, siloed data means there is no unified view of space utilization. Incompatible booking systems are also preventing Trusts from sharing underutilized spaces with neighbouring NHS services, resulting in inefficient space management.

The seminar heard that the NHS can no longer afford to treat space as an unlimited resource. With Trusts like Royal Berkshire operating on 'island sites' with no room to expand, and others facing 15-year delays on new hospitals, it is now critical for the NHS to get more from its existing spaces.

The virtual seminar also heard that NHS Trusts face a significant space planning challenge because of the unique difference between clinical and corporate space requirements.

"The NHS hasn't got a lot of money to spend on lots of tech or collaboration spaces, or on lots of interesting ways to help people work flexibly and remotely," Sussex Partnership's Philip Boorman said. "So we're trying to make our buildings work harder, for less money, while also giving people better spaces in the office. But in the clinical environment, it's a whole different ball game."

The unpredictability of each clinical day makes traditional space planning models inadequate. Clinical teams need immediate access to specialized equipment, confidential spaces for patient discussions, and flexible space scheduling around patient care. This requires space utilization targets and measurement approaches that are substantially different from corporate areas.

David Mander of the Royal Berkshire NHS Foundation Trust told the virtual seminar: "At present, if we need extra space we have to buy more space externally because there is no more space available on site. But we know that if we could use a space on site better, and more efficiently, it would save us money."

The virtual seminar heard how it was becoming increasingly vital to design both corporate and clinical spaces for activity-based working. This would involve creating spaces for different types of work, such as confidential meeting pods for sensitive discussions, collaboration areas for team meetings, and drop-in spaces for flexibility.

Royal Berkshire's David Mander said: "I think the answer lies in accepting that we have to design our space in a way that makes it more flexible for future use. We need to be able to work the space differently and more flexibly in the future, while still making sure consulting space or clinical space is available and accessible. But it's a real challenge."