

Corporate Workspace Policy

Summary of Changes

NEW	Previous

BC Cancer	Corporate Workspace Policy November 9, 2018 v2.0	Corporate Workspace Policy April 1, 2012
	Appendix A: Workspace Request Process November 9, 2018	
	Appendix B: Workspace Design Principles and Guidelines November 9, 2018	Appendix B: Workspace Design Guidelines April 1, 2012
	Appendix C: Workspace Allocation Criteria November 9, 2018	Appendix A. Workspace Allocation / Assignment Recommendations April 1, 2012
	Appendix D: Allocation of New Space: Evaluation Principles November 9, 2018	
	Site specific	Appendix C. BCCA Space Request Form

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 1 of 6

1. Introduction

1.1. Purpose

As space is a limited resource, the development of space policies that promote the optimum use of BC Cancer sites is imperative. The purpose of these policies is to meet the following goals:

- Efficiency ensure the optimum use of current and future space.
- Flexibility build flexibility that allows for changing needs in the present and future.
- Equity ensure that the policies are applied equitably and consistently across all work environments for all types of staff.
- Fiscal Responsibility ensure that space solutions create the best value for BC Cancer's operating and capital budgets and meet long range needs.
- Sustainability ensure a safe, healthy and functional work environment that promotes employee wellness

1.2. Application of the BC Cancer Space Policy

This policy applies to all staff, including hospital/facility based physicians and researchers, and addresses all planning and decision-making processes related to space allocation for Programs and Services of BC Cancer located in owned and leased spaces.

1.3. Exceptions

This policy excludes client facing clinical space and wet lab research space.

The BC Cancer Provincial Space Committee, a subset of the BC Cancer Executive, will provide leadership and guidance in determining whether there are any exceptions to the application of the BC Cancer Corporate Space Policy.

2. Policy

2.1. Policy Statement

Work space for BC Cancer staff will be allocated according to the principles outlined in this Policy

2.2. Space Policy Principles

Decisions regarding the allocation/assignment, design and management of workspaces will be made in an equitable and transparent manner, using the principles, procedures and guidelines described in this policy. BC Cancer will strive, over time, to achieve an equitable allocation/assignment of workspace in instances when historical space assignments do not comply with this policy. The following principles apply to the allocation/assignment, design and management of workspace:

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 2 of 6

Space is a Corporate Asset

Space is a limited, corporate asset; BC Cancer can, at its discretion, reclaim and re-allocate space as deemed necessary to meet the changing needs and priorities of the organization. Therefore, the allocation of space, including furniture, should not be considered permanent to the individual or the program.

Sustainability

BC Cancer recognizes the importance of providing a quality work environment. Efforts will be made to provide a safe, healthy and functional work environment that promotes employee wellness.

Privacy and Confidentiality

In accordance with the PHSA Privacy and Confidentiality Policy, in relation to patient personal health information, assignment of any type of workspace assumes that all staff are held to the same level of confidentiality, therefore, confidentiality among all staff is assumed in all cases.

Workspace Allocation/Assignment

Space will be allocated based on factors such as work function, activities and adjacency requirements rather than on title or remuneration/grid level and historical precedent. Clinical services will take priority over non-clinical services in obtaining or retaining space at the cancer centres.

Optimization

Assignment of more than one workspace will not be permitted. In the event that staff works across multiple BC Cancer sites, general-use space such as a shared, touch-down workspace will be available at the secondary site. Priority for dedicated workspaces will be given to those staff who will be physically based and are present at a BC Cancer site for a minimum of 0.6 FTE where possible.

Where appropriate, space sharing will be encouraged.

See Appendix C - Workspace Allocation Criteria

Workspace Design

Functionality – accommodations will be provided to support functional, social and environmental work requirements based on best practices. Whenever appropriate, open and shared workspaces will promoted in planning workspaces.

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 3 of 6

Standardization

When appropriate, working environments (such as workstations) will be standardized across and within sites to achieve uniformity, and will adhere to Provincial Heath Services Authority (PHSA) standards (e.g., space finishing). Existing space that does not presently meet these guidelines will remain as is, until such time as these are renovated or expansion of services is required.

Flexibility

Recognizing that work functions are constantly changing and evolving, workspace will support scalability, flexibility and technological integration. See Appendix B for Workspace Design Guidelines.

Fiscal Responsibility

The utilization of workspace will be managed to align with the short- and long term-fiscal goals of BC Cancer. Costs associated with acquisition of new space or improvements to existing space need to be funded within approved operating or capital budgets; that is to say that all new programs and initiatives need to have a "space" budget.

3. Governance

The Executive Director, Cancer Strategy and Capital Redevelopment has overall responsibility for space planning and allocation within BC Cancer. The Executive Director will chair the BC Cancer Provincial Space committee.

Regional Centres: The Senior Director of Regional Operations and Regional Medical Director have responsibility for space oversight at their respective facility.

The BC Cancer Research Centre: The Senior Director of Research Operations will have responsibility for space oversight at the Research Centre and associated sites¹.

The Coordinator, Space planning and Leased sites will have oversight over all other provincial office space and will act as liaison between the BC Cancer provincial office, regional centres and research centres on matters related to this policy.

3.1. The Senior and Medical Directors are responsible for:

Assessing space-related requests (e.g., renovations, requests for additional space) and approving those requests that fall under local mandate.

¹ Eg. Genome Sciences Centre, Deeley Centre

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 4 of 6

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.

Ensuring space related funding is associated with new programs and initiatives. In some instances, bringing forward a space related request to the BC Cancer Provincial Space Committee seeking approval on a recommendation or funding consideration, as the case may be;

Incorporating space standards as outlined in this policy into their planning and demonstrating that space standards are being adhered to and workflow is efficient and effective so as to enable the development and optimization of workspace;

Supporting effective work-function analysis to develop clear understandings of functional space requirements; and managing work and change initiatives to align with this policy.

3.2. BC Cancer Provincial Space committee is responsible for:

Reviewing space requests that have been submitted by a Senior Director or

Providing governance for overarching workspace strategies and initiatives and supporting organizational enablers.

4. References

- Providence Health Corporate Space Policy, April 2013
- FH Workspace Policy, September 2010
- Revised IHA Space Guidelines, December 2013
- Space guidelines Administrative Workspace, Fraser Health, May 2010
- Government Office Space Standards, Province of BC, December 10, 2008
- Government of Canada Workplace 2.0 fit-up standards, April 2012
- CWHC Redevelopment Project Office Space Guidelines, March 2009

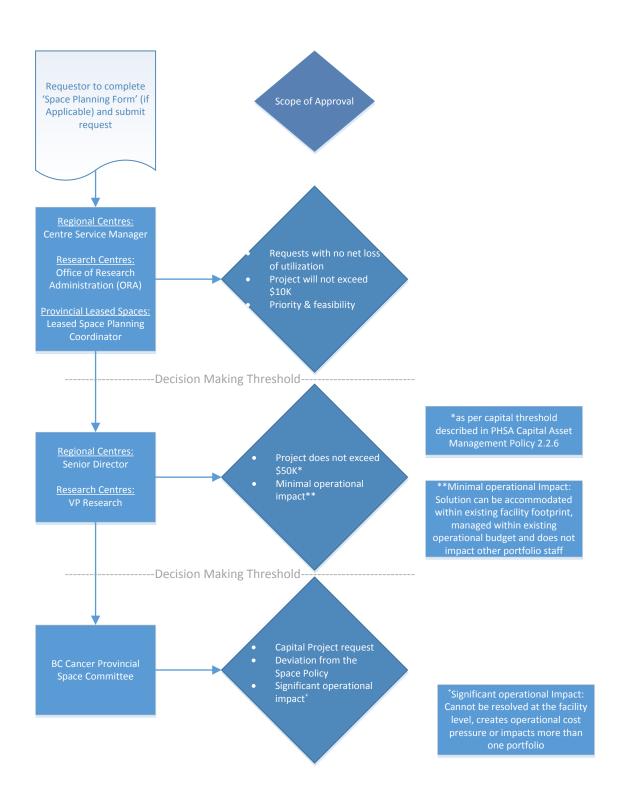
5. Appendices

- A. Workspace Request Process
- B. Workspace Design Guidelines
- C. Workspace Allocation Criteria
- D. Evaluation Principles: Allocation of New Space

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 5 of 6



Appendix A: Workspace Request Process





Appendix B: Workspace Design Principles and Guidelines

Individual workspace allocations/assignments will be determined on the basis of functional space requirements, the priorities of the organization, and the total space and budget available.

Existing space that does not presently meet these guidelines will remain as is until such time as these are renovated or expansion of services is required.

In general, the following design guidelines will be followed for new Tenant Improvement or Construction spaces:

Individual Workspace:

- Standard allocation of workspace will be in an open workspace environment which has the most efficient use of space and often the highest amount of shared natural light
- Consideration for private or shared office space would be considered only if the individual meets the allocation criteria:
 - O REFER TO APPENDIX C WORKSPACE ALLOCATION CRITERIA
- Existing tenant improvements and assets will be re-used or refurbished wherever possible and whenever appropriate.

Functional Planning:

- Space will be allocated in a way that promotes collaboration and synergies.
 Programs/services that perform functions/activities that require similar functionality of space, equipment and/or technical support should have space in close proximity to one another and share support facilities. Likewise, close proximity among clinical and non-clinical units benefiting from proximal space to promote work function, will be promoted wherever appropriate and feasible.
- Wherever possible, planning should consolidate dispersed Business Units into a location that maximizes operating efficiencies and promote internal communication.
- Appropriate collaboration, breakout spaces, and individual telephone rooms will be provided in close proximity to open workspaces.
- Where possible, consideration of gathering spaces and nourishment station(s) should be made available to staff in order to promote social connectivity, engagement, as well as information and idea sharing.

Office Environment:

- All BC Cancer staff will be held to the same level of confidentiality in all types of workspaces, therefore confidentiality among all staff is assumed.
- Planning should take into account optimal work environments and functional adjacencies.
- Areas will be reviewed to ensure efficient layouts and repurpose ineffective space.
- Access to natural daylight for all employees is optimal, but not a given. Priority for direct natural light will be considered for staff with who spend a majority of their day at their desk.
- Way finding and paths of egress will follow BC Building code.
- Non-BC Cancer tenants will be grouped efficiently to conform to this policy.

Revised: 09-NOV-2018



Appendix C: Workspace Allocation Criteria

Net Area Type of Work-space **Workspace Allocation Criteria** Information below is based on 6x6, L-shaped desks or bench style "The Net Area" of a room is the total floor area of the room available to the assigned occupant or use. "Area" is indicated as a range as the variation in workspace would depend on the purpose and function of its use

• Supervision of staff and/or occasional confidential meetings is not sufficient to qualify for this type of workspace as the provision of meeting rooms and other enclosed workspaces would be a more efficient and functional solution. All BC Cancer staff are held to the same level of confidentiality involving personal health information, General therefore, confidentiality amongst providers is assumed **Principles** · Workspace will be allocated based on work function / role and will not be attributed based on title or remuneration/grid level ** When office is not in use, it should be made available on an as needed basis to be used as a touchdown, Dedicated meeting room or shared between another employee for the time the dedicated employee is not scheduled to enclosed workspace • The individual is a minimum of a 0.60 FTE "Private Office' The individual is physically based and present at the worksite and not at alternate workspace(s), such as clinical positions, home office, etc. a majority (70%) of the individuals professional time: Evidence can be provided that the daily activities of the individual requires a high degree of unscheduled Criteria 9.5 - 11 confidentiality within the individual's office. For example; with clients and clients' family, other staff and 80 - 200trainees or visitors (including mediation, negotiation, litigation, counseling, human resource management, or other sensitive situations); Unscheduled confidentiality is critical to functions performed and breakout space is not readily available or • Alternate space is provided to support the work environment and allow for private conversations and small group meetings (e.g., phone booths, breakout rooms, etc.). General · Workstation may be assigned to a specific work function or position that can be filled by different individuals Principles (i.e., depending on a rotating staff schedule) and as a result, the workspace is not assigned to an individual, An individual does not qualify for an enclosed office and meets the requirements described below: General • The individual is a minimum of a 0.60 FTE (Individuals less than 0.60 FTE will be considered for shared Criteria workspaces) • Workspace is used intermittently, but at a minimum of 50% of the individual's professional time. • Individual's functional activities include concentrated multi-source paper work, compiling information, reading, writing, analyzing, calculating and referencing multiple sources of material. Dedicated Dedicated Multi-task paper intensive work, telephone work, keyboarding, filing, sorting documents, handling mail, Individual Workspaces: editing, operating equipment, scheduling, receiving visitors. 36 - 48 6.0 workspace: Type 1 Size of assigned workspace would be dependent on purpose and/or function. Open or Shared Typical assignment for managerial, or administrative support staff that remain at their desk the majority of enclosed the day • Individual does not have a dedicated workspace assigned in an alternate location Dedicated Workspace can be used intermittently, but at a minimum of 50% of the individual's professional time, 30 - 48 Workspaces: allowing for meetings and work done outside of the workspace. 4.5 Type 2 Size of assigned workspace would be dependent on purpose and/or function. Typical assignment for general staff, such as technical, clerical, call centre functions In the event the individual qualifies for a private enclosed workspace but does not meet the FTE criteria, Shared 30 - 48shared Enclosed area assigned per enclosed workspaces are considered in the following curcumstances: 4.5 Workspaces: occupant It will be assumed the workspace is shared with other users Individuals do not have assigned alternate workspaces • Unassigned open workspaces for individuals who require access to workspace (e.g. email access) during a visit, or temporary transition • The majority of these individual's times is spent in alternate workspace such as an alternate workspace site Unassigned Open Workspaces or in a clinical setting. 20 2.5 (Touchdown) Workspace may include basic equipment (computer, phone). Space cannot be claimed for long term use. Typical assignment would include staff with assigned alternate workspaces, residents, students, visiting consultants or administrative staff. Support spaces: All Private offices, meeting rooms, boardrooms, Phone room and soft seating areas are allocated as impromptu and bookable Breakout space collaboration zones when readily available Project rooms / For a brief private personal telephone call, to participate in a teleconference, as well by individuals that intermittently require 1 per 10 30 SF Privacy room people Designed to host lengthy presentations, training, planning Rooms 1 per 25 120 SF Meeting rooms are managed and booked for specific time allotments people Placed throughout the floor plate add additional choices and changes of atmosphere to enhance collaboration and 1 seat per 5 Soft seating 10 SF information sharing people



Appendix D: Allocation of new space: Evaluation Principles

Urgency

- How many and what type of workstations are being requested? Is this permanent or temporary? What other amenities are required? (i.e. conference room, reception area, break room etc. – can list these in an appendix)
- When is the new space required?
- If the request for new space is deferred or declined, what will the impact be?
- What funding commitments are in place to for the new hires?

Strategic Alignment / Benefit

- How will obtaining this space align with the BC Cancer's strategic priorities?
- What benefits to the organization or the department will be realized by obtaining new or additional space?

Funding Commitment

 Does the department have the associated funding to support the leased costs of this space?

Suitability

- What proximity is required to the BC Cancer campus?
- Workflow: What services/programs/teams are required to be in close proximity for this team to successfully deliver on its mandate?
- Patient interaction: Does this program see patients?
- Is there a necessity or ability to consolidate distributed team members/programs with this move?

Functional Adjacencies

- Are there workgroups that provide similar functions where co-location could realize efficiencies?
- What 'shared' needs do the work groups have that would benefit from close proximity?

Revised: 09-NOV-2018

Last page of document

First Issued:	01-APR-2012		
Last Reviewed:	07-NOV-2018		
Approving Body:	BC CANCER EXECUTIVE		
Final Sign Off:	Name	Title	Date Signed
	STEPHANIE ALDRIDGE	Executive Director – Cancer Strategy & Capital Development	09-NOV-2018
Revised By:	Name	Dept.	НО
	Christine Rempel	Project Manager - Cancer Strategy & Capital Redevelopment	BC Cancer
Owner(s):	Stephanie Aldridge	Executive Director Cancer Strategy & Capital Development	BC Cancer
Posted Date:		'	-
Version:	v2.0		
Revision:	Name of Reviser	Description	Date

Released:	09/NOV/2018	Next Review:	09/NOV/2023	
				Page 6 of 6