



ARCHITECTS FOR HEALTH

GUIDANCE AND STANDARDS

THE FUTURE OF HBN'S/HTM'S

Paul Mercer & Carole Crane - Architects for Health - EuHPN, Turin 2017

NHS BUILDINGS IN CONTEXT

NHS Major building programme started with Enoch Powell's Hospital Plan, (1962) it set out an equitable and strategic approach to modernising NHS infrastructure which has largely been forgotten in recent years. Standards, guidance and procedures we use today were originally conceived as tools to deliver the NHS Plan.



BACKGROUND

- The first (Hospital) Building Notes (HBN's) were published in 1961.
- The form and content have changed over the years but the publication of new and revised Building Notes has continued.
- They have informed and set standards for all NHS hospital developments.
- They have been influential across the world and often are an essential component of a brief for an overseas hospital.

FIRST HEALTH BUILDING NOTES - STRUCTURE

There were three introductory documents:

1. HBN1 Buildings for the Hospital Service
2. HBN2 The Cost of Hospital Buildings
3. HBN 3 The District General Hospital

Plus one for each Hospital Department which provided:-

- i. Scope
- ii. General consideration with diagrams showing working relationships of rooms
- iii. List of rooms
- iv. Description of rooms
- v. Engineering services

DEPARTMENTAL HEALTH BUILDING NOTES - APPENDICES

Later guidance covering hospital departments included:

- Schedules of Basic Accommodation with areas and numbers of spaces:
- Particular requirements of each department: e.g. for the Accident & Emergency Department
- The method of calculating patient load in a 3 hour peak period.

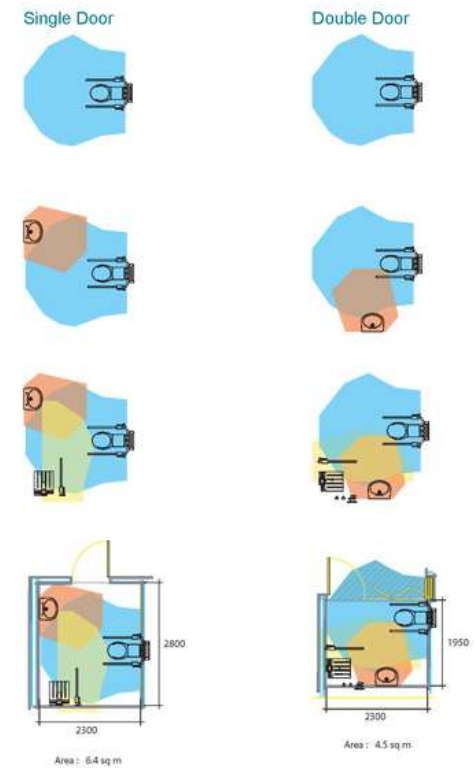
Each Departmental Building Note was issued with:-

- Schedule of Departmental Cost Allowances in the form of Appendix E to Hospital Building Note No. 2

HEALTH BUILDING NOTES - EVOLVING

This format changed over the years to include:

- operational policies and options
- workload studies
- workflow studies
- a range of sizes
- ergonomic information



HEALTH BUILDING NOTES - EVOLVING



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DESIGN BRIEFING SYSTEM

A series of documents for use in conjunction with Building Notes to help with:-

- user requirements for a departmental design brief.
- a checklist to help guide a project team
- organisational and planning options
- generation of a list of activity spaces or rooms.

At one stage some were issued jointly with the departmental Building Note.

HEALTH BUILDING NOTES - NOW

Described as follows:

- A series of publications that set the Department of Health's best practise standards in the planning and design of healthcare facilities.
- Health building notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

Titles in the series are viewable from DH Estates & Facilities Division's publication list

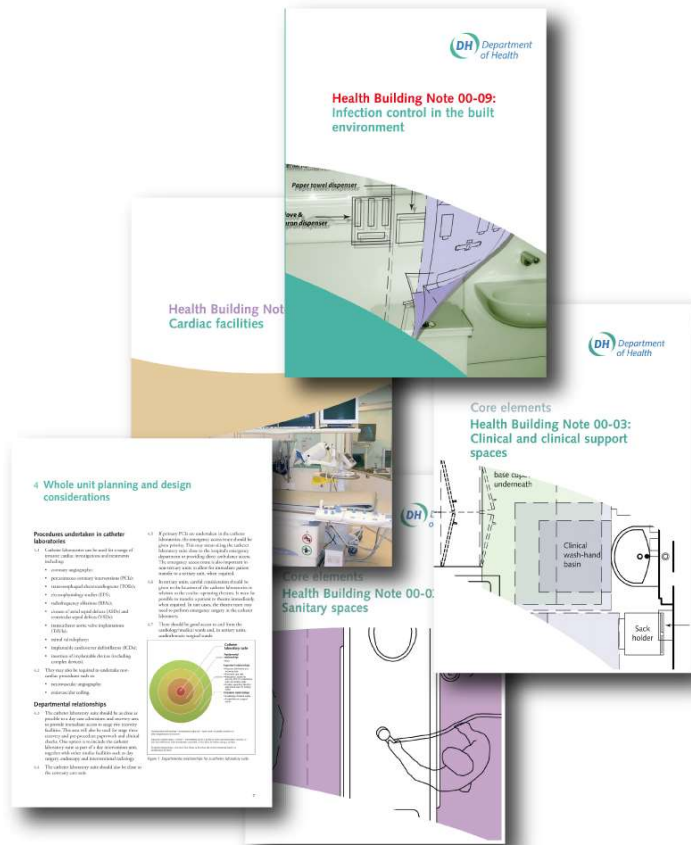
<https://www.gov.uk/government/publications/complete-list-of-nhs-estates-related-guidance>

HEALTH BUILDING NOTES - NOW

They provide information to support the briefing and design processes for individual projects in the NHS building programme.

- They inform project teams about accommodating specific department or service requirements.
- HBN recommendations are reflected in the cost guidance promulgated by the Department as a benchmark for demonstrating value for money in business cases.
- They are used in the management of the investment process, particularly at business case stages
- As the quality element of VfM benchmarks, they underpin the economic case for investment.

HEALTH BUILDING NOTES - NOW



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HEALTH TECHNICAL MEMORANDA (HTM)

- Publications which give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.
- These focus on healthcare-specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle.
- The Health Technical Memorandum series provides best practice engineering standards and policy.

HEALTH TECHNICAL MEMORANDA (HTM)

Publications set healthcare specific standards for:-

- Building components - such as windows and sanitary ware
- Design and operation of engineering services, such as medical gas installations and fire safety requirements.
- Recommendations reflected in the cost guidance promulgated by the Department as a benchmark for demonstrating value for money in the Business Case.
- FIRECODE titles of the HTM series contain requirements on Trusts that are mandatory.

HTM's are supported by other technical guidance, such as the Model Engineering Specifications.

INTERNATIONAL CONTEXT

EuHPN carried out a survey in 2011. Conclusion:-

"The practice of hospital design has been very profoundly affected by the NHS reform, the devaluation of design guidance and lowering of standards, the acceptance of standard departmental plans and the imposition of new forms of procurement using Business Plans and PFI. We are also beginning to see the design and construction of a variety of hybrid health care facilities especially in non-acute, primary and community health services as a result of policy vacuums and the new freedoms permitted to NHS Trusts and GPs"

ARCHITECTS FOR HEALTH ROUND TABLE 2016

Key points assembled from the day:-

- DH Guidance is referred to (HBN's and HTM's) in the NHS Constitution and is hence embedded in the strategic goals of the NHS.
- The DH badge on guidance is valued the world over.
- Guidance is used as a standard and basis for legal cases
- Unanimous agreement that guidance should be continued.
- Guidance should be supported by evidence.
- Post Occupancy Evaluation should be an integral part of projects.

ARCHITECTS FOR HEALTH ROUND TABLE 2016

Key points:-

- Inputs to guidance should reflect international practice where relevant and not be parochially wedded to UK.
- Refurbishment and upgrades should have appropriate guidance.
- Resources across the UK (England, Scotland, Wales and NI) could be pooled.
- Integration with procurement systems is important.
- Guidance development should link in to the Carter efficiency work.
- Consensus from across the healthcare design and construction industry is vital.

ARCHITECTS FOR HEALTH ROUND TABLE 2016

Recommendations for action:-

- That the “badge” of the Department of Health should be retained on guidance material and hence,
- DH should retain an overview.
- That a pan-industry stakeholder group be established to give advice and consult on future direction, content and management of guidance: and that the stakeholder group be widened across the full spectrum of interests to ensure that clinical, nursing, patient and carer interests are fully represented.
- That a small core group be established under the overview of DH, to take responsibility for a programme of work as supported by and in consort with the wider stakeholder group.

ARCHITECTS FOR HEALTH ROUND TABLE 2016

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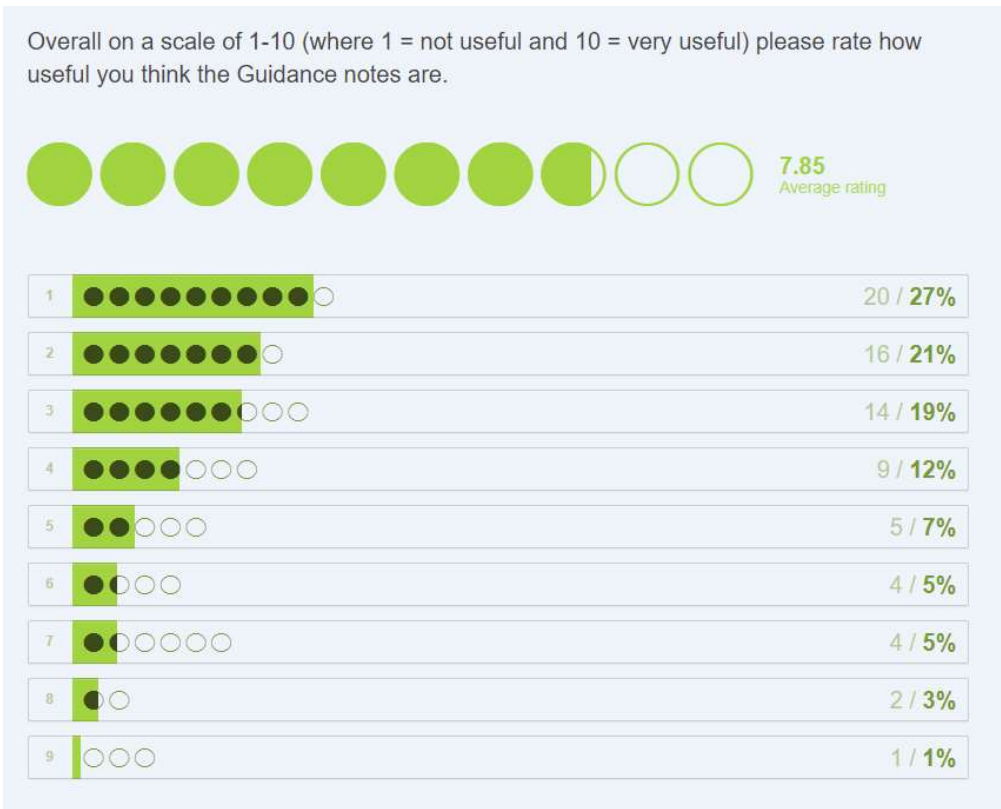
- That the core group and the stakeholder group should be transparent and open in working with the wider healthcare design and construction industry.
- That guidance henceforth be predicated on robust post occupancy evaluation and evidence based outcomes: and that a standardised methodology for conducting post occupancy assessments be urgently devised and introduced.
- The future plan should be realistically costed and transparently run.

ARCHITECTS FOR HEALTH MEMBERS SURVEY 2017

Survey was open to all throughout the summer.

- Responses received from architects, engineers, health planners, clinicians, nurses, researchers, health and safety advisors.
- 69% of the respondents were in Private practice, 19% from NHS, and 12% other.
- 54% design/build side, 37% client/briefing side, and 9% other.
- Well over half of the respondents confirmed that HBNs were referred to if there were contract or derogation issues.
- They were considered to be of value when derogation became a contract confliction.

ARCHITECTS FOR HEALTH MEMBERS SURVEY 2017



The Summary

There is clearly some work to be done before a much higher percentage of design team members rate the Building Guidance Notes worthy of 99% “very useful” rating.

When asked for comments these were some of the responses.....

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"I am unhappy that the new HBN contains less useful dimensions. Often I need to see old HBN 40 to design FM spaces."

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“The system and suite of guidance is increasingly poorly matched to the decision sequence for planning and realising UK health infrastructure.”

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“I refer to them only because the client insists on compliance.”

“The guidance should be a single volume with no more than a dozen sections and should be funded by DH and because it would be a much scaled down guidance, should be available to all as a download, free of charge.”

ARCHITECTS FOR HEALTH MEMBERS SURVEY 2017

“Succinct, informative HBNs and HTMs are very useful at all levels of briefing and design development. However it should also be made very clear that these are guidance documents and that deviation from these is sometimes necessary for innovation and achieving best value.”

“Recently much of the specific technical guidance in HBNs / HTMs has been removed in favour of generic guidance - much of which is contradictory. However, many healthcare trusts insist contractually that ALL guidance must be complied with”.

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"All of the HBN's should be combined into one searchable document arranged according to clinical area/specialty. This will eliminate the needless repetition of information throughout the HBN documents".

“Guidance must remain, but be subject to a regular refreshing, with evidence based approach to identifying case studies/exemplars/best practice/ lessons learnt and actual outcomes”.



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