Architects for Health
Collective comments on
HBN 00-03 Clinical and clinical support spaces
4th April 2023 v4

Approach
This commentary is not a line-by-line review of the HBN but draws out key aspects of the draft which Architects for Health would wish to be considered.

The commentary below broadly follows the sequence of sections in the HBN draft but there are some topics which apply broadly across the draft HBN as a whole and indeed, across the development of HBNs mor widely.

Format
It is considered important to produce a cohesive, convincing and consistently formatted document which will sit alongside its sibling HBNs. The current graphic, format and orientation are poor.

Photographs of exemplary completed spaces
Some illustrations of good examples would be helpful where these enhance the narratives. These need to be sought out methodically.

Pages 2 and 3
Notes and queries for reviewers
It is surprising that there remain many areas yet to be finalised and the request for reviewers to provide input may not produce meaningful feedback. From past experience, blanket invitations for comments as part of technical engagement produces very little response as the process of fully assessing long drafts is very time consuming – which many busy relevant professionals have insufficient time to do. The users of the guidance note need to be told what is current and what is to be expected of their response to a design issue (whether for clinical process or building). There is no need for a history of what has gone before

More appropriately, experts with knowledge relevant to the 'unknowns' should be approached and commissioned to provide input.

Page 5
Preface
Lines 149 to 155 are unnecessary.

Page 5

Project derogations from the Technical Guidance

Overall, this section relates to business case development and approval than design. It could be said that as such, it has no place in this document: business case development will doubtless change over time and this section should be substituted with a signpost link to relevant business case guidance. This has always been the stated aim by AfH following from our initial discussions with Michael Rope.

At a wider level, derogations as a process had become a sub-culture within capital projects which consumes considerable resources of time and cost. Future development of HBNs should strive towards a new culture where derogations are considerably reduced or even eliminated.

Further discussion of this is given below see Key discussion points.

Within this section, the terms 'guidance' and 'standards' are used interchangeably and this is also further discussed below in Key discussion points.

Three lines in this section (166 to 168) indicate hotlinks to other sources and these are very broad in scope. The substantive point is one of currency and continued relevance, which is vital for the continued credibility of these guides.

Lines 158-161

"It is therefore critical that they are designed
and constructed to the highest and most appropriate technical standards and guidance".

Firstly, the highest standards and guidance may not be the most appropriate.

Secondly, we need a critical discussion and agreement on the difference between guidance and standards. See Key discussion points below.

Lines 175 and 176

Albeit that this entire section relates to business case development and approval, this statement seems harsh and at odds with premises expressed elsewhere in the HBN.

Page 6

Sustainability and Net Zero Carbon targets

This section is undoubtedly important but will not stand the test of time as the text will become historic within a short space of time.

A link to the relevant and current guidance elsewhere is preferred.

Page 7
Executive summary
Should also include the key messages about this HBN as noted in this paper.

Lines 208 and 209
"New emphasis on standardisation and repeatability of room sizes" The principles of these concepts are laudable but must be tempered by what is achievable within the context of each project. See Key discussion points.

Line 224 This is but one of a number of references to the expected later inclusion of text relating to digital considerations.

Digital transformation is a largely poorly understood topic and will have a seismic impact on estates and facilities design and operation. Expert input will be needed and will probably need to be updated very frequently. This probably deserves a separate volume which could be updated by a permanent team on a regular basis

Page 15
Introduction to Health Building Note (HBN) 00-03
Lines 477-484
Stating the obvious. Who would do anything else?

Scope of this guidance
Line 488 – mentions that the document is valid for England only. Thiis is a key message for the Executive Summary.

Lines 496 to 500
"The indicative room layouts represent example layout solutions to convey key planning principles and ergonomic activity spaces based on best
practice, not specific recommendations. Actual requirements should be determined on an individual project basis without compromising ergonomic activity spaces or layout principles."

This statement appears to give designers a free hand in developing room layouts suitable for each project, providing the ergonomic principles are achieved. See also Key discussion points.

Evidence base
Surprised that there is no mention of advice being provided by clients, architects, healthcare planners or project managers, all of whom habitually take a great interest in the contents of HBNs.

Section 2 pp 16 to 25

Standardisation and planning principles Far too much "so what?" information. All this could be stated in far fewer words.
See below at Key discussion points.

Page 17 Line 597

Reference to the Fibonacci series is pretentious. Remove. It will annoy anyone who has done any kind of maths or plant biology.
The Illustrations on pages 18 and 29 are quite useful.

Page 20 Lines 613-615

Block ratio. This seems out of place and not supported by any supplementary data. If these suggested ratios are taken as gospel by the business case gurus, life could get very difficult.

Page 20 Lines 616-620

"Deviation from the required areas can be accepted to accommodate alternative construction systems, structure and services: any negative impacted deviations should be kept to a minimum. For example, longer, narrower rooms can often not accommodate the ergonomic activity space needed.

This appears to open up the opportunity for designers to be freed from exacting room sizes and predetermined dimensions, providing ergonomics are achieved. See Key discussion points.

Page 20 Line 621 et seq

Adapting existing buildings
This section seems surprisingly short considering that a great deal of NHS projects are adaptations.
What is meant by 'planning redundancy'? Please define.

Page 20 Line 626

"assemblies" and "elements" – please define.
NB This HBN calls itself a 'core element'.

Pages 21-25 inc

Much, if not all of this content, is relevant to most healthcare patient environments and ass such, could be extracted and placed in an overarching document, with a link from many associated guides.

Page 21 Line 661 on – Grid hierarchy

There seems little value in including a discussion on various grid options as elsewhere, there is clear flexibility for designs to be adapted to local design decisions on this.

Line 725 – the use of the word ‘bible’ is highly charged. Suggest alternative language.

The language about discrimination is poor. It states ‘The 2010 Equality Act makes discrimination against disabled people illegal’ but the Equality Act is about much more than ‘disabled people’. In its current wording, this is poor. It is suggested that aa specialist on the Equality Act is commissioned to assist. Simple and essential statements signposting the reader would be sufficient.

Section3-8 inclusive
Detailed review of these sections of the HBN has not been carried out and Architects for Health has no opinion on the accuracy or completeness of the information provided in this HBN

Our review has found the following for comment and these have been picked out as samples – not a full review.

Lines 864 - 867. Stating the obvious.

Some of the suggested layouts have outward opening doors which, if sited on a busy corridor, could pose a safety risk.

Some of the information on sizing spaces is useful and can be interpreted by the design team to meet the needs of the brief.

Some of the room example layouts are dire but the types of seating units are useful.
Many of the room layout pages contain a deal of irrelevant and duplicated text

Lines 1556 and 1557 Page 49 Room sizing ratios.
Reference here to absolute room sizes should be tempered with content elsewhere in this HBN allowing acceptable variation.

Generally, there seems to be too much repetition.
Particularly, the blue text headed ‘considerations.’ This duplicates the narrative under ‘design considerations’ earlier in the section.

Line 902 reception desk. The word NOT is probably a mistake. “Reception desks SHOULD be near the entrance.” it would be better to recommend sufficient space is allocated for queuing and for passing.

Self-check-in should be complaint with the Equality Act too akin to reception desks

Waiting areas
The tables on P35 and P36 are useful but maybe four examples not required.

It would be helpful to include a statement to advise designers that this is a 'starting point' for dialogue.

We await further information on the likely impact of digital measures which will affect waiting spaces requirements.

The photo examples used for waiting areas very misleading. They don't connect to the guidance – they have lots of space around them.
Natural light is mentioned importantly: however, none of the images have natural lighting.

Reference to WC accommodation to support waiting areas in 00-02 is not made.

Page 44 – information Resource Centre.
The example layout is very poor and images would highlight this.
Is it even relevant to this HBN?

Page 78 on
Some dubious layouts. Clinical flows are useful.

Sections 7 and 8
We question the inclusion of example room layouts more suited for ward/bedded areas? Eg A whole floor regen kitchen, ward clean supply, ward dirty utility etc.
Together with so much "so-what" text.

Sizing tables and flow diagrams are, however, useful.

Sections 9 and 10
Generic clinical support spaces: administration space and meeting rooms
Page 120 – 161
Move to another separate document or use BCO guidelines.

Section 11
Pages 162 - 192
Standard ergonomics for generic rooms. Probably the most useful section of the HBN. Will these diagrams be available as downloadable CAD files for insertion into designs?

References and Hyperlinks p 194 on

These need to be kept up to date and that will require an ongoing commitment from the centre to provide a regular updating service. (Permanent team required) Otherwise, the document will quickly lose its credibility and become less useful overall.

Key discussion points

As noted above, the draft HBN includes some principles relating to room sizes and dimensions which free designers from the restrictive approach in earlier documents, where room sizes were seen as an absolute.

The caveat to this approach is the expectation that relevant ergonomics will be observed and the draft HBN includes considerable data in this regard.

There will of course be future debate as to how flexibly room dimensions will be acceptable and we should trust in the integrity, creativity and professionalism of clinical teams, design teams in this regard.

Providing this approach becomes fully fledged, the need for derogations will disappear – at least for the range of spaces covered by this draft HBN. We look forward to the principles of flexibility being incorporated into all future space planning guidance and maybe a blanket addendum to all currently released HBNs to provide consistency across the design of the healthcare estate.

Much is also made in the draft HBN of the relevance of standardisation and repeatability. Certainly, within any specific design, that is a wise objective and could lead to many economic and health benefits. However, the likelihood of complete consistency across disparate designs is small as design teams will produce their own local appropriate solutions. It remains to be seen to what degree standardisation happens across the service.

There are somewhat confusing messages in the air at the moment as core HBNs are updated – which is to be commended – but alongside the development of some particular design criteria being promoted by both P23 and the New Hospitals Programme. There is a case here for coalescing these three initiatives and avoiding confusion and indeed, lack of standardisation even further.

<u>Guidance and Standards</u>

There is longstanding and unresolved confusion as to the use of these terms and we recommend that some work is instigated to clarify the situation.

HBNs have historically been referred to as guidance notes and the use of those words implies that the user/designer has some flexibility.

Standards on the other hand are inflexible and should be adhered to if a given design objective is to be achieved – such as the compliance with a given British Standard for example.

Currently, where HBN guidance is used as a basis for design, if there are deviations of any sort, there are two likely consequences. Firstly, the expectation by those evaluating the proposal that the 'guidance' is in fact 'the standard' and should be fully adopted and, secondly, that a complex and expensive process of derogations comes into play.

The interpretation of the draft HBN 00-03 as noted above gives us the belief that, providing ergonomic activities are achieved, designers have the flexibility to create a building that answers the requirements of the client brief and provides a credible and flexible patient pathway and efficient process flow.

The often-used requirement set out in some design briefs that the proposal 'shall comply with all aspects of NHS guidance' should be replaced with a more appropriate expectation that there is flexibility in the dimensional and area data in HBNs providing ergonomic criteria are achieved.