Welcome to our fifth update on progress towards the replacement for Belford Hospital.

We've previously reported that between now and the end of the calendar year, one of the key areas of work for the project is to develop the service model from the principles set out in the Initial Agreement, to the detail we need to start planning the building, staffing and other changes that will be needed to support them: form, after all, follows function.

The Initial Agreement set out proposed changes in service which include:

- A new and refreshed model of what a Rural General Hospital can and should deliver, referred to as the 'Core RGH Model';
- Development of an Intensive Rehabilitation Service, a mix of in-patient and out-patient services depending on travel distance, which aims to reduce the time spent in hospital by adopting a more focussed approach to rehabilitation, or pre-habilitation, and to help people live at home and independently for longer;
- Increasing the amount of elective surgery delivered locally.

To develop these principles, a series of up to five workshops are being set up for fourteen different topics, covering everything from wards and theatres, to facilities management and pharmacy.

The workshops involve staff from local teams and from other areas in Highland, to ensure we're picking up on differences in practice from elsewhere and reflecting the close relationships RGH services have with Raigmore and with community-based teams. This process is also being carried out in Caithness and we'll cross-check at the end of the workshops to ensure that we're consistent in our approach and that our populations can expect equality of services.

The initial workshops will confirm the status quo, ensuing that staff agree with things like activity data, and helping us understand and record the challenges they currently face.

The second workshop will look at what's changing and will impact the service in future. This includes demographic factors such as an aging population, but also things like digital technology or the requirement to meet carbon reduction commitments. For example, electronic patient records will need less storage space, or a move to re-useable equipment rather than single-use will reduce waste but require separate clean and dirty storage areas.

The third and fourth workshops will then look at agreeing the model of service delivery for each department, including how patients and staff will move through a department, what spaces will be needed, and how they should inter-relate. This will all be signed off at the fifth and final workshop.

There has been a lot of work done in the past on a service model and we've understandably been asked why we need to look at this again. While previous work will give us a good starting point, the last few years have seen big changes in healthcare: the Covid pandemic has had huge implications in terms of how we control infection within hospitals, but it's also led to a seismic change in remote consultations and acceptance of digital technologies, such as QR codes, in everyday life. The sustainability agenda has become much more prominent, and there have been big changes in NHS Highland's management structure too, with RGHs now reporting into the acute directorate alongside Raigmore, rather than being managed by geographical area. Importantly though, this is also about ensuring the current staff are engaged in the design process, are able to feed in up-to-date information and have ownership of the decisions made; and so far, the feedback from staff has been positive.

We'll be able to engage in more detail about what these changes could mean for people early in 2023 and would like to hear how you want to be involved in the process. Let us know what topics you are interested in and preferred contact methods, or raise general questions or comments by contacting the NHS Highland Feedback team <u>Nhshighland.feedback@nhs.scot</u> or 01463 705997, or our project email address on nhsh.nhshighlandestatesprojects@nhs.scot.

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