Public Services Delivery Scotland

Architecture & Design Scotland
Ailtearachd is Dealbhadh na h-Alba

NHS Scotland Design Assessment Process (NDAP)

Lochaber Hospital: Fort William, for NHS Highland (HL09) Outline Business Case (OBC) Stage Report

NDAP Report HL09_OBC
Version 1 - April 2026

NHS Scotland Assure

Scottish Government
Riaghaltas na h-Alba

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Preface

The NHS Scotland Design Assessment Process (NDAP) supports NHS Boards to match design standards to their investment aims, objectives and expectations through independent and self-assessment. The process describes the link between a project's business objectives and the necessary quality and technical requirements of its building development, drawing on subject matter experts from Architecture and Design Scotland, across NHS Scotland Assure and beyond to review compliance with NHS Scotland guidance, policy and statutory requirements across the following areas:

- Architecture and spatial design
- Building services and engineering
- Clinical functionality and service delivery
- Decontamination
- Design Quality
- Energy performance and carbon
- Equality
- Facilities management and operational readiness
- Fire safety
- Infection prevention and control
- Landscape and external environment
- Safety and CDM
- Cost and procurement
- Sustainability

This assessment may be used in correspondence with the Local Authority Planning Department as evidence of consultation with A&DS **provided the report is forwarded in its entirety**. A&DS request that they be notified if this is being done to allow preparation for any queries from the local authority; please e-mail info@ads.org.uk . If extracts of the report are used in publicity, or in other manners, A&DS reserve the right to publish or otherwise circulate the whole report.

Any Design Assessment carried out by NHS Scotland Assure and/or Architecture and Design Scotland shall not in any way diminish the responsibility of the designer to comply with all relevant Statutory Regulations or guidance that has been made mandatory by the Scottish Government.

1. Project overview

Initial agreement overview

1.1. In October 2021, the NHS board provided an Initial Agreement (IA) submission comprising an NHS Scotland Design Assessment Process (NDAP) Design Statement and IA stage Achieving Excellence Design Evaluation Toolkit (AEDET) for assessment. This submission was reviewed and supported by NDAP and as part of this Scottish Government have decided to progress the development of this individual project.

1.2. Within the agreed IA this project was described as follows:

"Full replacement of the existing Belford Hospital with a facility that enables enhanced service provision... to meet the requirements of new and emerging models of care."

1.3. Further information from the IA is noted in the two sections below.

Service/ clinical requirements overview

1.4. The service requirements are described as follows:

- ensure a flexible service that supports delivery of services locally wherever possible, and which can adapt to the unique and changing needs of the population in a remote and rural locality which is recognised as The Outdoor Capital of the UK
- develop a sustainable service which can meet changing demand and demographics; attracts staff groups which are difficult to recruit and enhances sustainability of services to allow improved training, and more collaboration with other local agencies
- ensure the services can incorporate improvements in technology and innovation and make best use of this to benefit patients and staff
- provide a modern and compliant facility which meets the requirements for care provision and patient expectations. The facility should enable health service re-design to provide a 21st century model of care; meet all Healthcare-associated infections (HAI) guidance and aspire to net-zero carbon commitments

Project brief

1.5. The key design principles underpinning the project are:

- provide services that will be easily and safely accessible
- improve clinical effectiveness through the development of new service models
- provide an environment that supports the service models, clinical effectiveness and integrated service provision
- provide a clinical environment which promotes the building users' health and wellbeing
- ensure that the new facilities reflect local and wider community needs
- to provide facilities that are efficient, sustainable and flexible to support service provision in the future
- provide a facility which patients and staff can be proud of

Brief development

1.6. Through OBC stage, the high-level brief has remained broadly unchanged while the design has been substantially developed. A Section 42 planning application increased the permitted site area and GIFA from 8,500m² to 12,400m², with an additional 1,000m² energy centre, and the site plan was finalised with improved car parking, drop-off, landscaping and EV charging. Key internal changes included a replanned Emergency Department for improved daylighting, draught lobbies to Renal and SACT areas, revised sanitary provision, and an On-Call area redesign to provide daylight to all bedrooms, while repeatable room types and interior finishes were refined at Stage 3. The structural strategy was coordinated with the architectural design, fixing floor-to-floor heights at 4.85m with in-situ RC flat slabs, and metal panel cladding was selected as the preferred external wall system. The design was progressed in accordance with the SDaC Guide (SHTN 02-01 v1 2023), with the NHS board electing to retain the previous version than adopt the 2025 update. The Energy Centre was developed as two buildings housing plant, FM facilities, fuel storage and vehicle charging, designed in accordance with relevant HSE separation guidance.

2. NDAP: progress to date

2.1. The project has previously been assessed by NHS Scotland Design Assessment Process (NDAP) at Initial Agreement (IA) stage in November 2021 and at interim Outline Business Case (OBC) in May 2025.

2.2. At IA the project was supported, and the range of recommendations were focused on minor improvements to the design statement to set an appropriate standard for the facility. It was also noted that the project team should develop the project's net-zero, Sustainability and Equality benchmarks, to better reflect the aims of NHS Scotland policy and the Scottish Government.

2.3. At interim OBC, design information was reviewed at RIBA Stage 2 level, submitted prior to the Scottish Government-instructed project freeze, with NDAP providing commentary focused on site selection and layout ahead of the board completing its own internal review. Given the interim nature of the report, recommendations were not cross-referenced to SCIM Design Statement benchmarks or rated as Essential or Advisory, and it was noted that the full OBC review would apply the latest versions of all relevant standards and guidance, including forthcoming issues of SHTM 82 and SHTN 02-01.

2.4. Current Stage Engagement at end of OBC is summarised in Table 2.1.

Table 2.1 - OBC stage engagement and dates

Engagement	**Date**
Interim OBC submission (site appraisal)	08 April 2025
Interim OBC NDAP report	02 June 2025
Interim OBC NDAP update	27 November 2025
Ongoing touchpoint meetings	Monthly from May 2025 - ongoing
OBC Submission	02 February 2026
OBC Submission Review Workshops	February-March 2026
Achieving Excellence Design Evaluation Toolkit (AEDET) Session	13 February 2026

3. NDAP: stage findings

3.1. The project demonstrates a strong level of design development for Outline Business Case (OBC) stage. All 36 inpatient bedrooms are single en-suite rooms, reflecting a clear commitment to patient dignity and infection control. The inclusion of two operating theatres with windows, dedicated Rural Same Day Urgent Treatment service (RSDUT) / Same Day Emergency Care (SDEC) provision, and a well-considered mortuary segregation all reflect a clinically informed brief. The three-courtyard strategy brings daylight effectively into the plan and offers a variety of therapeutic benefits. The H-shaped inpatient department, which enables bedrooms to be shared flexibly between the two wards, demonstrates thoughtful long-term planning for adaptability and resilience. The NHS board's engagement of independent consultants to conduct Climate-Based Daylight Modelling (CBDM) also reflects a technically engaged project team at this stage. Finally, the NHS board's engagement with the NHS Scotland derogation process ahead of formal publication is noted positively.

Summary of Key Findings

3.2. The Key Findings have been categorised using the three key drivers from The Healthcare Quality Strategy for NHS Scotland (2010). These are:

- **Person-centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication and shared decision-making
- **Safe** - There will be no avoidable injury or harm to people from healthcare, advice or support they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times
- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Table 3.1 - Key findings

Theme	Summary of findings
Person Centred (PC)	While the site selection and development has been well documented and discussed, a coordinated wayfinding strategy spanning site approach from the A82 and A830, parking, bus stop, main entrance hierarchy and consideration for first-time or stressed visitors is required to mitigate the issues that have been raised by NHS Scotland Design Assessment Process (NDAP) around the site choice and relationship to the proposed Science, Technology, Engineering, and Mathematics (STEM) building. Courtyard and terrace spaces are welcomed and incorporated effectively into the design, however, to best take advantage of these spaces requires formal design development. External 'Room Data Sheets' should be produced for each space, defining intended users, activities, dementia-friendly requirements and occupancy. Courtyard planting, art and design integration need further development including consideration alongside the privacy strategy such as their facing bedrooms above. The aim of free access for patients and visitors should be embedded in operational policy and Health and Safety (H&S) / Healthcare-associated infections (HAI) documentation and staff training.
Safe (SA)	Several interconnected Emergency Department (ED) layout issues relate to safety of both staff and patients: isolation and safe holding, sightlines from staff bases to treatment areas, the walk-in entrance zone, Resus and the Place of Safety layout. These should be progressed as a single coordinated ED design review with operational clinical input. The resus suite requires a formal documented review to confirm the clinical brief and infection prevention and control (IPC) requirements including any need for isolation, donning and doffing provision. All decisions should be recorded through the Healthcare Associated Infection-System for Controlling Risk In the Built Environment (HAI-SCRIBE) process. This review is time-critical; changes to resus layout after Stage 3 could carry significant cost and programme implications. The Place of Safety layout requires scenario testing to evidence compliant fire escape routes and safe management of disruptive incidents and lockdown.

Theme	Summary of findings
	A review of wet services and drainage routing above critical clinical and infrastructure spaces including Resus, Computed Tomography (CT), Pharmacy and Core IT nodes is required. Risks should be designed out where possible and, where unavoidable, mitigated and recorded within the Construction (Design and Management) (CDM) and HAI-SCRIBE golden thread prior to Stage 3 completion.
Effective (EF)	Sustainability recommendations form a critical point in the next stage of design development, beginning with adoption of the latest Scottish Health Technical Note (SHTN) 02-01 Sustainable Design and Construction (SDaC) (2025) targets, which then informs the energy hierarchy review. Once this hierarchy is established, and anticipated energy demand reduced, the role of bio propane could be reconsidered. Heating, Ventilation, and Air Conditioning (HVAC) setback strategy and continued Climate Based Daylight Modelling (CBDM) and overheating refinement will also impact on overall energy demand and should be prioritised. Given this is a new greenfield build, there is an opportunity to achieve exemplary net-zero performance.

Assessment Status

3.3. Following an assessment of this project and considering the recommendations noted above and within the Recommendations Appendix, the project is currently **SUPPORTED** by the design assessment team.

3.4. This position is representative of the point in time this assessment has been undertaken and has relied upon the evidence submitted by the NHS board.

3.5. To maintain a status of supported, the Board is asked to submit a written commitment to progress the designs in accordance with the recommendations in this report, including timescales for any amended information, to nss.architecturedesignsupport@nhs.scot by 08 May 2026. If a response is not received by this date, the status will be revised to **unsupported** and the report referred to the CIG.

3.6. The NDAP team looks forward to continuing to support the project through its next stage and encourages early engagement to ensure design development is well-placed ahead of the next formal assessment.

Appendix A Recommendations

Table A.1 - E-Essential, A-Advisory

Reference	Level	Recommendation	Related objective
HL09-OBC-001	**E**	As noted in the Interim/ Early Outline Business Case (OBC) Report, it is essential that clear wayfinding, including directional signage is employed from both the A82, A830 and active travel routes, to ensure those visiting the facility for the first time are clear and confident which route to take. We therefore recommend that the NHS board progress engagement with Highland Council and Highlands and Islands Transport Partnership (HITRANS), regarding the Transport to Health, Integrated Transport Plan, and ensure there is effective directional signage as part of the town planning process and to evidence Design Statement (DS)1.1 and DS1.2 benchmarks.	DS 1.1 and DS 1.2
HL09-OBC-002	**E**	As part of the overall site wayfinding strategy, we recommend that the Board ensures that this extends from the site entrance to accessible parking bays to ensure that these are clearly identifiable to reflect the benchmarks of DS 1.1 and adhere to the feedback received from the access panel regarding colour specification and legibility.	DS 1.1
HL09-OBC-003	**A**	We welcome the intended purchase proposal of the Science, Technology, Engineering, and Mathematics (STEM) Centre car park and note it provides control over access and wayfinding, prevents detrimental adjacent development, and offers potential community, biodiversity, and green space opportunities on an interim basis. We recommend the NHS board progress with this proposal and confirm once purchased.	N/A

Reference	Level	Recommendation	Related objective
HL09-OBC-004	**E**	We recommend that the NHS board review the patient and visitor journey at various times during the day and night, to ensure clarity of main entrance from near and far approach by all travel modes, particularly for first time or stressed users. Route from the proposed bus stop location to the main entrance and to Emergency Department (ED) entrance to be clear, with suitable shelter from weather and seating options. Evidence by user views, showing the developed design with appropriate hierarchy of multiple of entry points, fully meets the benchmarks of DS 1.2 and Health Building Note (HBN) 00-01.	DS 1.2 HBN 00-01
HL09-OBC-005	**A**	Given the Energy Centre and Facilities Management (FM) Service Yard are in a relatively prominent location and clearly visible from the road, we encourage the NHS board to develop a screening strategy including investigating soft landscaping options to minimise the visual impact of this area and returning/ L-shaped fence lines to narrow the view angle into the service yard. In addition, we recommend that the vehicle barrier is set further back from the road edge to allow service vehicles to wait away from the road.	N/A
HL09-OBC-006	**A**	We recognise there are limited Green Factor opportunities from large greenspace or biodiversity interventions on this site. We welcomed discussion of the potential for biodiversity corridors to connect the hospital campus to its adjacent wildlife rich landscapes. We recommend the development of a landscape response that borrows wildlife from adjacent sites, by incorporating a north-south corridor as a minimum and ideally also an east-west corridor to follow an active travel route (Scottish Health Technical Note (SHTN) 02-01).	SHTN 02-01

Reference	Level	Recommendation	Related objective
HL09-OBC-007	**E**	We welcome the introduction of entrance threshold lobbies to provide weather and maintenance protection at all public and staff entrances and recommend that the board conduct local wind modelling to enable designs to be developed and evidence delivery on DS1.1 DS1.2 and compliance with British Standard (BS)8300 and NHS Guidance. We would draw the NHS board's attention to statements such as the guidance that matting should extend "at least six metres" Scottish Health Technical Memorandum (SHTM) 61. We note that the north-west entry does not have a defined lobby and is currently open to the central bed lifts and recommend that the NHS board consider the introduction of an additional set of doors to improve draught protection. Where there is no or limited entrance canopy (HBN 00-01), then mitigating lobby design should be developed to evidence free and easy user access, with space from which they can watch approaching weather and vehicles whilst protected.	DS 1.1 and DS 1.2 SHTM 61 HBN 00-01
HL09-OBC-008	**E**	We recommend that the NHS board develop a wayfinding strategy for the main entrance area addressing equality of access, toilet signage, sanctuary space identification and ceiling-mounted directional signage compatible with the baffle ceiling treatment to ensure the benchmarks of DS1.3 can be met and in line with Health Technical Memorandum (HTM) 65 and HBN 08-02.	DS 1.3 HTM 65 HBN 08-02

Reference	Level	Recommendation	Related objective
HL09-OBC-009	**E**	We recommend that dedicated locations be identified within the main entrance atrium zone for health promotion and information displays. This should include evidence that opportunities for displays, information and art 'which can signpost to Third Sector organisations, peer support and provide local information for those unfamiliar with the area' are provided as per the DS1.4 benchmarks. Alongside health promotion the displays should also provide live information on bus, bike hire and weather. An integrated interior design proposals should be confirmed within the Royal Institute of British Architects (RIBA) Stage 4 finishes, furniture, equipping, IT and art packages.	DS 1.4
HL09-OBC-010	**A**	We discussed whether it would be beneficial for the reception to have passive overview of a wider area of the main entrance and atrium, including waiting and approach to toilets. We recommend that the Board review the solid return wall currently shown on the visual of the main entrance/ reception and considers enhancing clearer sightlines to and from the reception, for example through incorporating glazed or set-back partitions.	N/A
HL09-OBC-011	**E**	We recommend that the NHS board review the low wall which currently separates the café seating from the circulation space to create a more significant separation whilst still visually linking zones. For example, taller vertical louvres or glass screening, could offer a wider range of seating and privacy options for users, per DS1.5 benchmarks.	DS 1.5
HL09-OBC-012	**E**	We welcomed the cafe which the NHS board explained would not be shuttered even if the servery is un-manned out-of-hours. We also welcomed the ED walk-in lobby vending, which would always be available to the public, the staff rest with pantry provision on each floor available at all times and the three staff on-call suites. We recommend for wellbeing (SHTN 02-01) that the NHS board confirm free drinking water is always available, as a minimum in or near the main entrance. We also recommend	SHTN 02-01

Reference	Level	Recommendation	Related objective
		the review of vending provision to evidence healthy food options are accessible both for any staff on an un-anticipated shift and for any carers or visitors who may stay overnight such as on the ward.	
HL09-OBC-013	**A**	We queried the location of the Sanctuary Space in the busiest part of the building, and the NHS board clarified this was a deliberate choice to ensure it is easily accessible, well used and has a direct connection the courtyard. We recommend the Board review the layout of the sanctuary space to consider whether a more discreet sanctuary access/ egress route, rather than directly off the main thoroughfare, would outweigh the benefits of passive security and reception oversight of the current layout. We also recommend that the NHS board confirm that the acoustic performance of the sanctuary enclosure will mitigate any disturbance from the central location.	N/A
HL09-OBC-014	**A**	We recommend the NHS board review the pitch and comfort of the main public stair and evidence this review, with reference to NHS GG&C's Parkhead Hub as an example of a gentle three-part staircase that significantly improves user experience and equality for a wide range of users, including elderly and infirm patients.	N/A
HL09-OBC-015	**E**	We welcome the statement that all lifts and corridors adhere to HBN 00-04 and note the provision of four lifts designed for bed movement and one public atrium lift for wheelchair and scooter movement which provides resilience for both escape and equality access. We recommend NHS board review and develop lift designs, including requesting lift modelling to evidence waiting times are reasonable and movement tracking to evidence clashes, derogations and mitigations, particularly for the central twin lifts which open directly onto the corridor at the patient transfer entrance and opposite mortuary entry. We would draw attention to the statements in HBN 00-04 such	HBN 00-04

Reference	Level	Recommendation	Related objective
		as 6.18 "Where bed lifts are also to be used for general traffic, the lift car will require handrails" and 6.19 "Lifts should not open onto corridors". We would also ask that the NHS board pay particular attention to the guidance contained in Figure 28 requiring a clear space of >3370mm in front of the lift door for bed turning.	
HL09-OBC-016	**E**	The Outpatients sub-wait and adjacent area has proved difficult to achieve natural daylight and the design team have chosen to prioritise natural daylight for three consulting rooms, where staff are present all day, rather than the sub-wait, where patients are typically present for a short duration, which we understand. However, there are opportunities to further enhance daylight and views within the building. An example of this is the layout around circulation space OP901, where a rearrangement of the rooms could allow for a window to the courtyard to be created in store OP007, enhancing future adaptability and resilience. Alternatively, swapping sub-wait OP026 and store OP007 and allowing for a window to the courtyard from the waiting area could enhance the waiting area and bring borrowed light to the corridor. We recommended the NHS board develop the layout for this area further to fully evidence their DS1.5 and DS3.3 benchmarks.	DS 1.5 and DS 3.3
HL09-OBC-017	**E**	We queried aspects of the ED walk-in entrance area, including sightlines from and to the reception area and resulting passive observation of entry, vending, security and the waiting area. Also the waiting layout and capacity, which appears particularly impacted by the Accessible WC and its position on the external wall. We recommend that the NHS board develop the layout of this key zone to ensure that all functional aspects have been optimised and accord with the guidance in Scottish Health Planning Note (SHPN) 22.	SHPN 22

Reference	Level	Recommendation	Related objective
HL09-OBC-018	**E**	We welcome the provision of the location of a Place of Safety immediately at the ED walk-in entrance and its associated external safe space. However, when presented by the design team, it was unclear how escape from the unit functions in the event of a fire or disruptive incident. We recommend further scenario testing to develop this layout and consideration of the adjacent triage and reception or security office, to potentially operate as a multi-functional suite. The suite should be a therapeutically and psychologically safe environment. This should also include development of operational procedures for safe management and resilience, such as fire, aggression, infection or lockdown.	HBN 00-03 SHTM 81
HL09-OBC-019	**E**	We recommend that the NHS board fully review the proposed two-bay resus suite with associated scrub sinks. As a part of this review, consider and record the anticipated types, length, volume and risks of cases, such as transfer waits. Include any requirement for a suspected infection isolation such as respiratory or measles; any need for donning/ doffing; any need for chemical or other decontamination; likelihood for little-used sink and basin outlets; in addition consider any sustainability/ adaptability (SHTN 02-01) benefits from a demountable or partial wall between the bays and of windows to outside or into lobby. (SHPN 22; HBN 15 series) The decision rationale, including evidence of Infection prevention and control (IPC) and clinical team discussions, should be recorded formally in the Healthcare Associated Infection-System for Controlling Risk In the Built Environment (HAI-SCRIBE) process (Scottish Health Facilities Note (SHFN) 30).	SHTN 02-01 SHPN 22 HBN 15 SHFN 30

Reference	Level	Recommendation	Related objective
HL09-OBC-020	**E**	We welcome the provision of the dedicated Rural Same Day Urgent Treatment service (RSDUT)/ Same Day Emergency Care SDEC) area but raised concerns that the route from the ED walk in entrance to the RSDUT passes through the majors treatment area, which has open treatment bays with curtains. We recommend that the NHS board review operational procedures and patient access routes to the RSDUT in line with guidance in HBN 15-02 and consider alternative to curtains in ED treatment bays, such as the glass partitions recommended in NHS England's Repeatable Room ED. We recommend improved user privacy and dignity, as well as part of SHFN 30 HAI-SCRIBE infection control consideration for ED patient isolation/ holding pre-transfer.	HBN 15-02 SHFN 30
HL09-OBC-021	**E**	We welcome the compact ED layout and discussed ensuring a psychological safe/ supportive environment with clear sightlines between the ED staff bases and the treatment areas. We noted several electrical and IPS cupboards blocking a key visual connection to ED014. We recommend the NHS board develop both the ED and SDEC/ RSDUT layouts, to improve direct visibility and perceived safety for both staff and patients. Visual and acoustic privacy for both patients and visitors should be a key part of these reviews, per HBN 00-01, SHPN 22 and HBN 15-02.	HBN 00-01 SHPN 22 HBN 15-02.
HL09-OBC-022	**A**	We welcomed the overall layout and function of the ED and during the workshops noted several areas where refinement could offer efficiencies and functional improvements. We acknowledge that there will be further design development during the next stages and recommend that as part of this development the NHS board consider the following: map and improve key user, FM and sensitive flows; evidence views to and from the ED walk-in entry lobby; plaster room (ED018) access and sub-wait including views to and from ED ambulance entry lobby; RSDUT/ SDEC (ED024-028) access/ egress routes and sub-wait including views to and from bed bays and daylight; access and layout	N/A

Reference	Level	Recommendation	Related objective
		efficiency/ adaptability of support suite and dead-end corridor (ED031 -ED042); access to and from interview room (ED023) including for bereavement/ mortuary.	
HL09-OBC-024	**E**	We request documented evidence confirming IPC endorsement of the decision not to include for this service/ facility any lobbied isolation suites, such as HBN 04-01 Supp1's PPVL type. We recommend IPC review and record (SHFN 30 – HAI-SCRIBE) proposals for the safe holding pathway and placement location(s) for a range of patients, such as in ED or elsewhere awaiting transfer, including any PPE donning/ doffing provision.	HBN 04-01 Supp1 SHFN 30
HL09-OBC-025	**E**	We welcome the discretion and segregation of the mortuary and body store. We recommend the NHS board review the mortuary's security design and operational policies, for CCTV viewing body stores, access and egress record-keeping and governance with regular reporting and reviews. (SHPN 16-01). We draw the NHS board's attention to the Scottish Government's new policy letter Director Letter (DL)(2026)05 following publication of the second part of the Fuller Inquiry report.	SHPN 16-01 DL(2026)05
HL09-OBC-026	**A**	We welcome the provision of discrete staff entrances to allow staff to enter the building without distraction or disruption and recommend that the NHS board review wayfinding and flow psychology to encourage consistent use of this entrance and ensure that desire lines do not form that result in staff preferring shortcuts through clinical areas.	N/A
HL09-OBC-027	**A**	We recommend that the NHS board review and strengthen sightlines providing staff and patient psychological support and passive security. For example, in the Computed Tomography (CT) imaging suite layout opening off corridor RA901, the corners of RA016 partitions could be chamfered to provide passive oversight of the CT sub-waiting area from the CT control room.	N/A

Reference	Level	Recommendation	Related objective
HL09-OBC-028	**A**	We appreciate the two X-Ray rooms differ in equipment requirements; however we recommend that the NHS board investigate the further development of all imaging changing rooms to encourage consistency in pass-through style layouts and contribute to accessibility, resiliency and future adaptation.	N/A
HL09-OBC-029	**A**	We welcome the provision of a single-person renal dialysis/ treatment room and recommend that the NHS board review the entrance sequence and consider adding corridor doors (such as a positive pressure lobby), for improved infection control and resilience, whilst retaining room sightlines via an enhanced observation window.	N/A
HL09-OBC-030	**E**	We recommend that the NHS board initiate the development of an arts and artwork integration strategy at the earliest opportunity to ensure this is well integrated into the overall design proposals and meets the benchmarks of DS 1.2, 1.5 and 3.3.We encourage early engagement with local artists, schools and community groups following Aviemore and National Treatment Centre (NTC) precedents. Identify and prioritise key interventions, such as via courtyard Room Data Sheets (RDS), where Art will be relied upon to deliver key service outcomes. For example, we encourage early integrated proposals for courtyard artwork, lighting integration and glazing manifestation and also recommend consideration of the opportunity to use art as a rehabilitation device or devices for play such as landscape installations (East Lothian Community Hospital is an example of this).	DS 1.2, DS 1.4 & DS 3.3
HL09-OBC-031	**A**	We recommend that the NHS board review the eighteen single patient bedrooms with a touchpoint alcove configuration. The review should confirm that their layout achieves the same quality standards as the NHS Scotland Repeatable Room including for	N/A

Reference	Level	Recommendation	Related objective
		accessibility such as hoist and wheelchair manoeuvring, ensuite access and the bin and curtain track positions for infection control and therapeutic value.	
HL09-OBC-032	**E**	We discussed the 18 bedrooms facing into courtyards, all of which have less than the recommended 18m separation for privacy. To mitigate this, we recommend that the NHS board develop a design strategy for internal courtyard facing bedrooms without compromising patient/ user experience and retaining external therapeutic views in line with the benchmarks of DS 1.8. We recommend an integrated approach, including landscape, art and lighting strategies. The design may include but not be reliant solely on glass manifestation. Evidence outputs should include realistic 3D views from patient and visitor perspectives, at different seasons and times.	DS 1.8
HL09-OBC-033	**A**	We recommend that the NHS board consider provision of swing-free arms on bedroom fire door closers, given their accessibility, equipment transfer and particularly psychological support benefits in-use. This review should consider all fire doors, but as a minimum we recommend swing-free closers for a proportion of bedrooms, such as the designated two enhanced suites.	N/A
HL09-OBC-034	**A**	It was explained by the NHS board that all 36 single patient bedrooms had increased in length by around 300mm during design development from that in NHS Scotland Repeatable Room design, as a result of an earlier exploration of using prefabricated bathroom pods. The NHS board later stated wall panels in NHS Scotland Repeatable Room was also being considered. We recommend that the NHS board investigate whether the 300mm length, or width for wall panels, could be recovered per bedroom and whether the resultant reduction in area would represent meaningful cost savings.	N/A

Reference	Level	Recommendation	Related objective
HL09-OBC-035	**A**	We welcome the use of the Repeatable Rooms layouts as the starting point for the design of all 36 single patient bedrooms suites. However, we recommend that the NHS board review their various layouts against the NHS Scotland Repeatable Room and consider opportunities such as reconfiguring the curtain track to an L-shape to park neatly behind the door.	N/A
HL09-OBC-036	**A**	We further recommend that the ensuite also be reviewed against the NHS Scotland Repeatable Rooms quality standards including adding a shelf for hidden disabilities near the WC. We would also ask that the NHS board consider whether a recessed shelf near shower is preferable, their proposal for shower screen/ curtain to reduce water splashing; and whether self-harm safeguarding is required, such as reduced ligature ensuite with removable equipment.	N/A
HL09-OBC-037	**E**	We welcome the Place of Safety and discussed the potential for safely holding patients awaiting onward transfer. We recommend that the NHS board review their acute ward's safe-guarding requirements for comorbidity patients requiring both physical and mental interventions. Then consider opportunities, adaptation and location for ligature reduction specification bedroom(s) and ensuite(s), to provide greater flexibility and resilience. (HBN 00-07)	HBN 00-07
HL09-OBC-038	**A**	We queried the operational status of external terraces and courtyards and whether they would always be freely accessible to patients and visitors. It was confirmed that this is the intention, and we therefore recommend that the NHS board embed free terrace access in the golden thread of operational policy, record this in Health and Safety (H&S) and Healthcare-associated infections (HAI) documentation and include in staff training, to ensure terrace access is not treated as a discretionary decision by individual staff.	N/A

Reference	Level	Recommendation	Related objective
HL09-OBC-039	**E**	We recommend that the NHS board develop an acoustic mitigation strategy for the Maternity department, reviewing enhanced door ratings, acoustic drop seals, absorbent finishes, acoustic artwork panels, and potential additional corridor doors. This should be part of holistic facility wide acoustic (from SHTM 08-01, HBN 08-02, HBN 09-02) considerations, from strategy, location and details, such as conclusion of the discussion with NHSH and IPC on drop seal inclusion.	SHTM 08-01 HBN 08-02 HBN 09-02
HL09-OBC-040	**E**	We welcome the resilience offered by the provision of two operating theatres and the inclusion of windows. The NHS board explained that the clinical use is low in volume and limited to simpler day procedures and endoscopies, to suit rural hospital needs and available support and that lay-up takes place in theatre. We recommend that the NHS board provide current and projected activity for each theatre, to enable confirmation of applicable Guidance (such as SHPN 36 Part1, HBN 26, HBN 10-01, SHTM 03-01 and SHTM 86).	DS 1.9 SHPN 36 part1 HBN 26 HBN 10-01 SHTM 03-01 SHTM 86
HL09-OBC-041	**E**	We recommend that the NHS board further develop the theatres and day unit layout to optimise daylight penetration, privacy, accessibility and adaptability in line with the objectives and benchmarks of DS 1.9. Related to this, the NHS board should review fire compartmentation, lockdown, IPS/ UPS, Electrical cupboards, and all storage needs. The provisions should be scenario tested with users to ensure access and future resilience as part of early next stage review to rationalise and optimise department layout.	DS 1.9
HL09-OBC-042	**E**	We discussed the NHS board's brief, derogations and change control process and welcomed the NHS board's statement that this seemed to mostly align with NHS Scotland Derogation Guidance. We recommend that the NHS board now implement	SHTN 00-06

Reference	Level	Recommendation	Related objective
		NHS Scotland - Derogation Identification and Management Guidance (SHTN 00-06) (published 30 March 2026). This implementation should include a change control process with regular review at each RIBA stage for new or updated standards or NHS Guidance (Scottish Capital Investment Manual (SCIM); SHTN 00-06).	
HL09-OBC-043	**A**	We welcome the detailed expansion strategy and recommend that the NHS board test the various scenarios for compatibility with the fire strategy, effect on access routes, and buildability and record this exercise in the HAI-SCRIBE and Construction (Design and Management) (CDM) documentation.	N/A
HL09-OBC-044	**A**	We also welcome the 'H-shaped' inpatients department which enables bedrooms to be shared between the two wards in the centre of the plan. We recommend review and scenario testing of this design and note that additional corridor doors could further support this adaptability, whilst retaining independent ward boundaries in the event of a lockdown for either infection or security incidents.	N/A
HL09-OBC-045	**E**	We welcome that the NHS board has followed the guidance from SHTN 02-01 in setting sustainability targets, however given the stage of the project, the importance of striving for effective net-zero targets and the opportunities offered by the creation of a new building on a greenfield site, we recommend that the Board adopt the latest 2025 SHTN 02-01 SDaC (NHSScotland Sustainable Design and Construction (SDaC) Guide (SHTN 02-01) | National Services Scotland) targets (or the NHS England alternative as described in the guidance).	SHTN 02-01
HL09-OBC-046	**E**	We also recommend that the NHS board review their energy hierarchy approach to move towards an increasingly passive design to reduce or eliminate overall heating load, including Low Temperature Hot Water (LTHW)/ u/ floor heating and consider point	SHTN 02-01

Reference	Level	Recommendation	Related objective
		of use water heating in lieu of Domestic Hot Water (DHW)/ Boilers. As a result of the review, the NHS board should then reconsider their primary energy source and investigate the possibility of a fully electric solution accommodated by the grid.	
HL09-OBC-047	**E**	Following the implementation of the above sustainability recommendations, we recommend the NHS board reconsider the use of Bio propane as the primary energy source for the project and review its suitability instead as an alternative resilience solution. Whilst current conversion factors and rules on allocation of embodied carbon from manufacturing processes for by products are favourable for Bio-propane, these could be made more accurate in the future changing to Energy content allocation or economic allocation which would dramatically increase the carbon footprint conversion factors. Selecting Bio-Propane as a primary energy source without considering these issues and the future impact on achieving net zero targets is a risk to the credible route map that the NHS board have selected to comply with policy.	DL(2021)38
HL09-OBC-048	**E**	We recommend that the NHS board identify critical Heating, Ventilation and Air Conditioning (HVAC) systems, develop operational hours and setback strategies and review and scenario test the ventilation provision to optimise sustainability, adaptability and further refine Energy Use Intensity (EUI) estimates. Such a review should confirm if HVAC is always necessary, particularly targeting any higher complexity but low activity or non-24-hour areas.	SHTN 02-01
HL09-OBC-049	**E**	We welcome the NHS board's engagement of independent consultants to conduct Climate-Based Daylight Modelling (CBDM) analysis. We recommend that the Board continue refinement of their modelling, overheating analysis, and void/ cold water temperature assessment and confirm whether secondary circulation or chilling is required.	SHTN 02-01

Reference	Level	Recommendation	Related objective
HL09-OBC-050	**A**	We welcome the NHS board's current approach to align security design and early operational planning and recommend that the NHS board confirm the relevant Martyn's Law Tier, as Standard or Enhanced (typically +800 capacity) as this is expected to be formalised in Scotland in the near future and will likely impact on the relevant security planning. Furthermore, we recommend ensuring the golden thread of security, lockdown and major incident planning is maintained by tying these into the design, CDM process and the Soft Landings programme. NHS England's NHS Estates Technical Bulletin 2025-01 may prove useful as an example of good practice.	N/A
HL09-OBC-051	**A**	We welcome single-user spaces approach for equality, as far as practical. We recommend that the NHS board undertake a review of WCs, Staff Changing and any shared gender and disability room provision at the next stage, in relation to the forthcoming update of the UK Equality Commission's Guidance Publication - which was reported as now due from May 2026 onwards.	N/A
HL09-OBC-052	**A**	We welcome the provision of the ground floor staff rest and offices suite (FM001, FM010, FM021, FM024-26). We recommend the configuration of this suite be reviewed for efficiency, accessibility, wellbeing and future adaptability. This review should consider locating the staff rest space adjacent to WCs with easy courtyard access and consider offices co-location, standardisation and reorganisation as open-plan, or if still required, with a demountable partition between.	N/A

Reference	Level	Recommendation	Related objective
HL09-OBC-053	**E**	In the discussion of waste hold and cleaners' room (Domestic Services Room (DSR) numbers and locations we welcomed the efficiency of provision but noted that some holds and DSRs are shared across departments or even across the public atrium. We recommend that the Board review and scenario test effective and efficient FM support room provision, particularly for infection (SHFN 30) or security incident department lockdowns, to ensure resilience (HBN 00-07) and future adaptability (SHTN 02-01). Effective provision could be evidenced by mark-ups indicating how a lockdown of each ward and the maternity unit can occur independently of each other.	SHFN 30 HBN 00-07 SHTN 02-01
HL09-OBC-054	**E**	We recommend that the NHS board review the typical Dirty Utility room layout sheet and equipment specification. The current services arrangement positions a macerator near the door which is convenient for staff carrying soiled items but at a distance from the vertical stack of the soil pipe. SHPN 04-01 requires a close adjacency to the soil pipe and that the macerator waste should be positioned to be flushed by the room's most-used outlet. This review should also consider future adaptability and the sustainability case for swapping the macerator with a bed pan disposal unit (SHTN 02-01).	SHPN 04-01 SHTN 02-01
HL09-OBC-055	**E**	We recommend that the NHS board review risks from wet services and drainage directly above critical infrastructure, such as Core IT Nodes, Resus, Pharmacy, CT, X-Ray (HBN 00-07 Resilience; SHFN 30 HAI-SCRIBE). The Board should initially identify and prioritise their critical clinical or support space infrastructure, particularly those with no back up, or with little or no resilience. The review should include mark-ups of services above these, followed by scenario testing and risk management/ CDM logs. We recommend critical risks be designed-out, and where un-avoidable, residual risks should be mitigated and recorded in HAI-SCRIBE and CDM as part of the golden thread with operational policies developed to manage in-use risk.	HBN 00-07 SHFN 30

Reference	Level	Recommendation	Related objective
HL09-OBC-056	**A**	We recommend that the NHS board review the partition between the large FM store (FM013) and Core IT node (PL145) and confirm whether the stepped layout can be rationalised to provide a more regular, efficient, resilient and adaptable footprint.	N/A
HL09-OBC-057	**E**	We recommend that the NHS board review and confirm the facility's overall storage requirements. Such a review could include linear metres required, dirty and clean provision and a proximity matrix or similar. The review should include consideration of optimal functionality for each related suite of rooms, with a zone-wide equipment-loaded plan. The review should evidence user engagement and agreement on overall resilience (HBN 00-07).	HBN 00-07
HL09-OBC-058	**E**	We recommend that the NHS board review the floor-to-roof height for the standalone plant/ FM building. This building currently matches the main hospital floor-to-floor height, and the review should evidence that the proposed scale is efficient, resilient and adaptable for both the current and any projected function. (SHTN 02-01).	SHTN 02-01
HL09-OBC-059	**A**	We recommend that the NHS board develop Room Data Sheets (or equivalent) for each key external courtyard and terrace space. These should clearly define briefing requirements including activities, opening hours, occupancy range, and any specific user vulnerabilities or operational functions such as bed movement, cafe seating, shelter requirements, and age-friendly features. As part of this exercise the NHS board should further develop and share courtyard planting proposals, including tree species assessment — with consideration given to birch and/or fastigiate hornbeam — noting expected mature heights relative to upper floor bedroom windows and the implications for the privacy strategy for inpatient courtyard rooms. Reference images of proposed species should be included. In parallel, Courtyards 01 and 03 should be explored further	N/A

Reference	Level	Recommendation	Related objective
		in section to consider whether glazing, open rails or a reduced parapet height could replace the current solid parapet arrangement, to maximise daylight penetration and improve outlook whilst retaining the safety rationale. The Board should then evidence through integrated design proposals that the briefs established by the Room Data Sheets are being met across landscape, structure and planting.	
HL09-OBC-060	**E**	We recommend that biodiversity enhancement measures are utilised within internal courtyards (bird feeders, insect habitats) to contribute to both biodiversity targets and to enhance therapeutic experiences and views for courtyard-facing bedrooms and rehab and staff terraces (SHTN 02-01).	SHTN 02-01
HL09-OBC-061	**E**	We welcome the provision of the external terrace at First Floor/ Level 01 and recommend that the NHS board further develop proposals for this area to include shelter provision and potential for outdoor rehabilitation equipment as per the benchmarks of DS1.10.	DS 1.10
HL09-OBC-062	**A**	We welcome the materiality and colour palette for the facade elevations and believe the feature green coloured panels used in large scale recesses work particularly well with the copper patina aluminium cladding. We therefore recommend the NHS board review the usage of this during the design development and suggest using the green for the spandrel panels in the curtain glazing at the main entrance rather than the current proposed light grey to help articulate this area and identify the main entrance and support wayfinding.	N/A
HL09-OBC-063	**A**	We queried the absence of visible signage on the elevations and whether any integrated signage was planned. It was confirmed that this had been considered but it was felt that in a rural setting large signage felt out of context and the building would be identifiable	N/A

Reference	Level	Recommendation	Related objective
		without it. Whilst we agree that large signage/ lettering may not always be appropriate, we would note that visitors/ tourists who do not know the area should not be disadvantaged. We therefore recommend that the NHS board are cognisant of this and ensure that first-time user clear wayfinding and signage if added, be well integrated and complimentary to the overall building design.	

Abbreviations

AEDET:	Achieving Excellence Design Evaluation Tool – part of SCIM/ NDAP
BS:	British Standard
CBDM:	Climate Based Daylight Modelling
CDM:	Construction (Design and Management)
CT:	Computed Tomography – diagnostic imaging
DHW:	Domestic Hot Water – building hot water supply
DL:	Director Letter
DS:	Design Statement – part of SCIM/ NDAP
DSR:	Domestic Services Room
ED:	Emergency Department
EUI:	Energy Use Intensity – a measure of a building's energy consumption per unit of floor area (kWh/m²/year)
EV:	Electric Vehicle
FM:	Facilities Management
GFA:	Gross Floor Area
H&S:	Health and Safety
HAI:	Healthcare Associated Infection
HAI-SCRIBE:	Healthcare Associated Infection – System for Controlling Risk in the Built Environment – the NHS Scotland assessment process evaluating infection control risks arising from construction or refurbishment works
HBN:	Health Building Note
HITRANS:	Highlands and Islands Transport Partnership
HSE:	Health and Safety Executive
HTM:	Health Technical Memorandum
HVAC:	Heating, Ventilation and Air Conditioning
IA:	Initial Agreement - part of SCIM.
IPC:	Infection Prevention and Control

LTHW:	Low Temperature Hot Water
NDAP:	NHS Scotland Design Assessment Process – part of SCIM.
NHSH:	NHS Highland
NTC:	National Treatment Centre
OBC:	Outline Business Case - part of SCIM.
PPVL:	Positively Pressurised Ventilated Lobby
PSD:	Public Services Delivery – part of NHS Scotland
RC:	Reinforced Concrete
RDS:	Room Data Sheet
RIBA:	Royal Institute of British Architects
RSDUT:	Rural Same Day Urgent Treatment service
SACT:	Systemic Anti-Cancer Therapy
SCIM:	Scottish Capital Investment Manual
SDaC:	Sustainable Design and Construction – NHS Scotland Assure framework/guidance on sustainability in construction
SDEC:	Same Day Emergency Care
SHPN:	Scottish Health Planning Note
SHTM:	Scottish Health Technical Memorandum
SHTN:	Scottish Health Technical Note
SME:	Subject Matter Expert
STEM:	Science, Technology, Engineering, and Mathematics
UPS:	Uninterrupted Power Supply