Lochaber Redesign:
Community Stakeholder Update

September 2025


Balfour Beatty

NHSH Project Structure

Lochaber Programme Board
Chair: Louise Bussell, Programme SRO

Katherine Sutton, Deputy SRO (Service)

Richard MacDonald, Deputy SRO (Infrastructure)

Lochaber Service Delivery Group
S&T-led

Lochaber Infrastructure Delivery Group
Capital Projects - led

Service Workstreams:
- Clinical/ Service Design/ Workforce Planning
- Soft Landings & Service Commissioning
- Public Health/ Service Planning
- People & Culture
- Communications & Engagement

Infrastructure Workstreams:
- Contract Management: LA & PSCP
- Technical Brief, Design & Construction Quality
- Assurance: SDaC; KSAR & NDAP
- ehealth & Digital
- Equipping & Technical Commissioning
- Hard & Soft FM
- Legal and Statutory Matters

Programme Workstreams:
- Programme Management
- Business Case
- Offsite Accommodation & Transport

Lochaber Stakeholder Group

Remobilisation & Progress

- Formal restart in April
- Design Team remobilised, including the same firms and most of the same personnel.
- NHSH Team remobilised, including focussed Infrastructure Delivery and Service Delivery Teams
- Engagement with NHS Scotland Assure
- Review of project brief
- Review of RIBA Stage 2 Concept Design
- Development of RIBA Stage 2 Concept Design to better align with brief
- NHSH approval of RIBA Stage 2 Concept Design
- Commencement of RIBA Stage 3 (Spatial Coordination)

Programme

- Jan 2026 Stage 3 Design Complete
- May 2026 Outline Business Case
- Feb 2027 Stage 4 Design Complete
- July 2027 Full Business Case
- Q3 2027 Construction Starts

Construction is estimated at approx. 2 years plus up to 6 months for handover, commissioning and relocation of services from current Belford Hospital, however this will be confirmed when the design is more fully developed.

RIBA Plan of Work 2020

The RIBA Plan of Work organises the process of briefing, designing, delivering, maintaining, operating and using a building into eight stages. It is a framework for all disciplines on construction projects and should be used solely as guidance for the preparation of detailed professional services and building contracts.

Stage Boundaries:

Stages 0-4 will generally be undertaken one after the other.

Stages 4 and 5 will overlap in the **Project Programme** for most projects.

Stage 5 commences when the contractor takes possession of the site and finishes at **Practical Completion**.

Stage 6 starts with the handover of the building to the client immediately after **Practical Completion** and finishes at the end of the **Defects Liability Period**.

Stage 7 starts concurrently with Stage 6 and lasts for the life of the building.

Planning Note:

Planning Applications are generally submitted at the end of Stage 3 and should only be submitted earlier when the threshold of information required has been met. If a **Planning Application** is made during Stage 3, a mid-stage gateway should be determined and it should be clear to the project team which tasks and deliverables will be required.
See *Overview* guidance.

Procurement:

The RIBA Plan of Work is procurement neutral – See *Overview* guidance for a detailed description of how each stage might be adjusted to accommodate the requirements of the **Procurement Strategy**.

ER Employer's Requirements

CP Contractor's Proposals

	0 Strategic Definition	1 Preparation and Briefing	2 Concept Design	3 Spatial Coordination	4 Technical Design	5 Manufacturing and Construction	6 Handover	7 Use
	Projects span from Stage 1 to Stage 6; the outcome of Stage 0 may be the decision to initiate a project and Stage 7 covers the ongoing use of the building.							
Stage Outcome at the end of the stage	The best means of achieving the **Client Requirements** confirmed If the outcome determines that a building is the best means of achieving the **Client Requirements**, the client proceeds to Stage 1	**Project Brief** approved by the client and confirmed that it can be accommodated on the site	**Architectural Concept** approved by the client and aligned to the **Project Brief** The brief remains "live" during Stage 2 and is derogated in response to the **Architectural Concept**	Architectural and engineering information **Spatially Coordinated**	All design information required to manufacture and construct the project completed Stage 4 will overlap with Stage 5 on most projects	Manufacturing, construction and **Commissioning** completed There is no design work in Stage 5 other than responding to **Site Queries**	Building handed over, **Aftercare** initiated and **Building Contract** concluded	Building used, operated and maintained efficiently Stage 7 starts concurrently with Stage 6 and lasts for the life of the building
Core Tasks during the stage **Project Strategies** might include: – **Conservation** (if applicable) – **Cost** – **Fire Safety** – **Health and Safety** – **Inclusive Design** – **Planning** – **Plan for Use** – **Procurement** – **Sustainability** See *RIBA Plan of Work 2020 Overview* for detailed guidance on **Project Strategies**	Prepare **Client Requirements** Develop **Business Case** for feasible options including review of **Project Risks** and **Project Budget** Ratify option that best delivers **Client Requirements** Review **Feedback** from previous projects Undertake **Site Appraisals** No design team required for Stages 0 and 1 Client advisers may be appointed to the client team to provide strategic advice and design thinking before Stage 2 commences.	Prepare **Project Brief** including **Project Outcomes** and **Sustainability Outcomes**, **Quality Aspirations** and **Spatial Requirements** Undertake **Feasibility Studies** Agree **Project Budget** Source **Site Information** including **Site Surveys** Prepare **Project Programme** Prepare **Project Execution Plan**	Prepare **Architectural Concept** incorporating **Strategic Engineering** requirements and aligned to **Cost Plan**, **Project Strategies** and **Outline Specification** Agree **Project Brief Derogations** Undertake **Design Reviews** with client and **Project Stakeholders** Prepare stage **Design Programme**	Undertake **Design Studies**, **Engineering Analysis** and **Cost Exercises** to test **Architectural Concept** resulting in **Spatially Coordinated** design aligned to updated **Cost Plan**, **Project Strategies** and **Outline Specification** Initiate **Change Control Procedures** Prepare stage **Design Programme**	Develop architectural and engineering technical design Prepare and coordinate design team **Building Systems** information Prepare and integrate specialist subcontractor **Building Systems** information Prepare stage **Design Programme** Specialist subcontractor designs are prepared and reviewed during Stage 4	Finalise **Site Logistics** Manufacture **Building Systems** and construct building Monitor progress against **Construction Programme** Inspect **Construction Quality** Resolve **Site Queries** as required Undertake **Commissioning** of building Prepare **Building Manual** Building handover tasks bridge Stages 5 and 6 as set out in the **Plan for Use Strategy**	Hand over building in line with **Plan for Use Strategy** Undertake review of **Project Performance** Undertake seasonal **Commissioning** Rectify defects Complete initial **Aftercare** tasks including light touch **Post Occupancy Evaluation**	Implement **Facilities Management** and **Asset Management** Undertake **Post Occupancy Evaluation** of building performance in use Verify **Project Outcomes** including **Sustainability Outcomes** Adaptation of a building (at the end of its useful life) triggers a new Stage 0
Core Statutory Processes during the stage: Planning Building Regulations Health and Safety (CDM)	Strategic appraisal of **Planning** considerations	Source pre-application **Planning Advice** Initiate collation of health and safety **Pre-construction Information**	Obtain pre-application **Planning Advice** Agree route to **Building Regulations** compliance Option: submit outline **Planning Application**	Review design against **Building Regulations** Prepare and submit **Planning Application** See ***Planning Note*** for guidance on submitting a **Planning Application** earlier than at end of Stage 3	Submit **Building Regulations Application** Discharge pre-commencement **Planning Conditions** Prepare **Construction Phase Plan** Submit form F10 to HSE if applicable	Carry out **Construction Phase Plan** Comply with **Planning Conditions** related to construction	Comply with **Planning Conditions** as required	Comply with **Planning Conditions** as required
Procurement Route Traditional	Appoint client team	Appoint design team			Tender / Appoint contractor			Appoint **Facilities Management** and **Asset Management** teams, and strategic advisers as needed
Design & Build 1 Stage					ER / CP / Appoint contractor			
Design & Build 2 Stage			ER	Pre-contract services agreement	CP / Appoint contractor			
Management Contract Construction Management			Appoint contractor					
Contractor-led			ER	Preferred bidder	CP / Appoint contractor			
Information Exchanges at the end of the stage	**Client Requirements** **Business Case**	**Project Brief** **Feasibility Studies** **Site Information** **Project Budget** **Project Programme** **Procurement Strategy** **Responsibility Matrix** **Information Requirements**	**Project Brief Derogations** Signed off **Stage Report** **Project Strategies** **Outline Specification** **Cost Plan**	Signed off **Stage Report** **Project Strategies** Updated **Outline Specification** Updated **Cost Plan** **Planning Application**	**Manufacturing Information** **Construction Information** **Final Specifications** Residual **Project Strategies** **Building Regulations Application**	**Building Manual** including **Health and Safety File** and **Fire Safety Information** **Practical Completion** certificate including **Defects List** **Asset Information** If **Verified Construction Information** is required, verification tasks must be defined	**Feedback** on **Project Performance** **Final Certificate** **Feedback** from light touch **Post Occupancy Evaluation**	**Feedback** from **Post Occupancy Evaluation** Updated **Building Manual** including **Health and Safety File** and **Fire Safety Information** as necessary

Core RIBA Plan of Work terms are defined in the *RIBA Plan of Work 2020 Overview* glossary and set in **Bold Type**.

Further guidance and detailed stage descriptions are included in the *RIBA Plan of Work 2020 Overview*.

RIBA Architecture.com

RIBA Stage 2: Concept Design

- Reviewed by Clinical Stakeholders pre-pause, limited review this year acknowledging new stakeholders.
- Reviewed by Technical Stakeholders: 678 comments/ clarifications across Architectural, MEP, Civil & Structural packages
- National Design Assessment Process (NDAP) Report complete and clarification ongoing.
- Development of architectural layout to improve daylighting, adjacencies, future flexibility.

RIBA Stage 2: Concept Design

- Flows animation Lochaber Hospital - Flows on Vimeo
- Aerial view Lochaber Hospital - Orbital on Vimeo

RIBA Stage 3: In progress

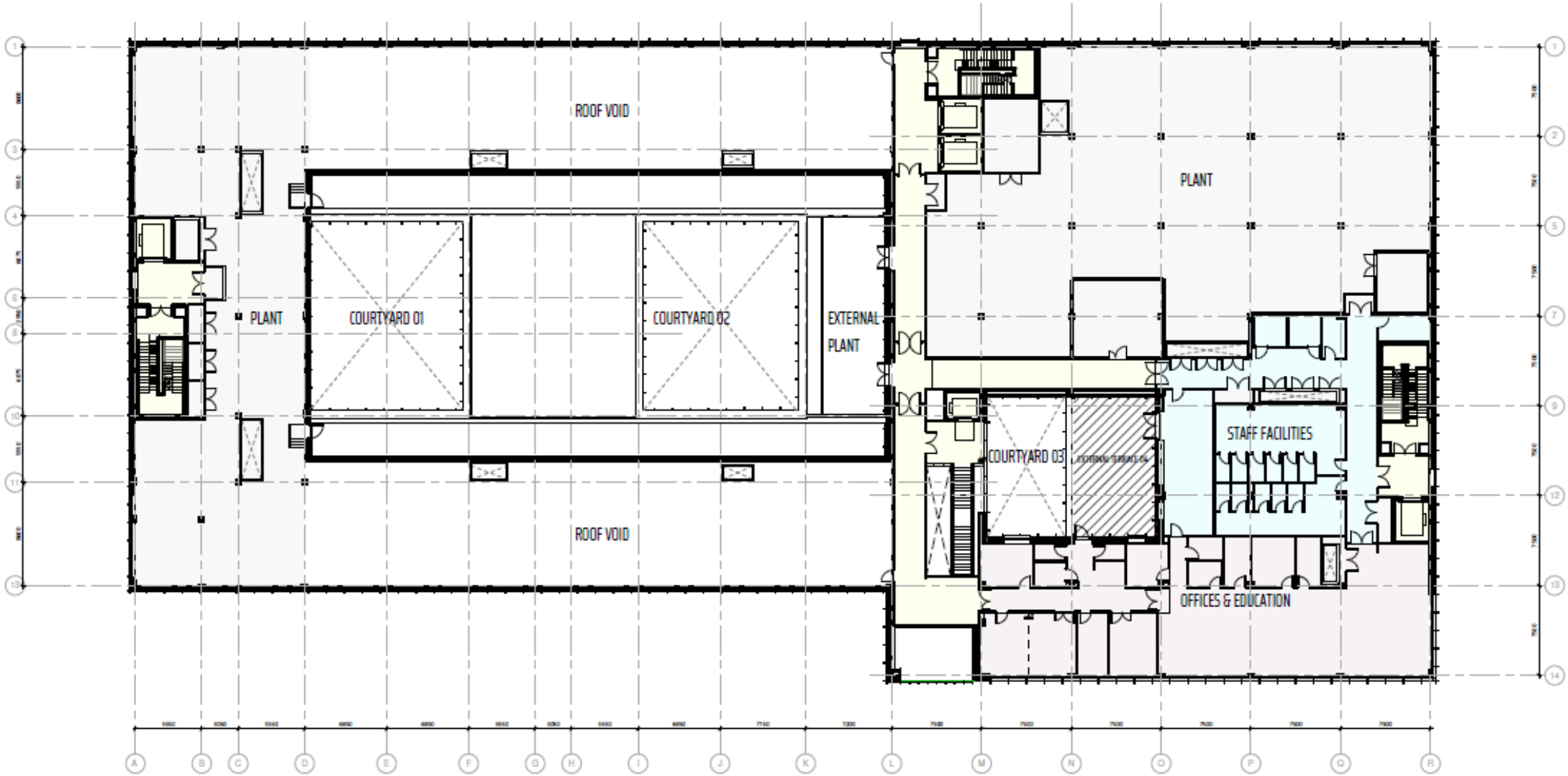
- Section 42 amendment to Planning in Principle to reflect increase in hospital GIFA from 2015 estimate.
- Parking numbers and layout proposals.
- NDAP engagement
- Clinical Risk Assessment - complete
- Medical Gases Review - complete
- Review of Hand Washing Sinks
- Finalisation of Digital Strategy
- Finalisation of Security Strategy
- Development of Expansion Strategy

Ground Floor

First Floor


INPATIENT AREA - ACUTE WARD
COURTYARD 01
COURTYARD 02
INPATIENT AREA - REHABILITATION WARD
DAY UNIT, THEATRES & ENDOSCOPY
COURTYARD 03
LABORATORY
MATERNITY
SCOPE OF CONSOLIDATION

Second Floor



Site Plan (under review)

- Review of parking numbers and external site requirements ongoing
- Engagement with STEM Centre around phasing of car park and site layout may lead to adjustment of red line boundary.
- Landscaping proposals to be developed to maximise greenspace.

Lochaber Redesign Project
Service Delivery
Lochaber Stakeholders Group

September 2025

NHS Highland
na Gàidhealtachd

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Emergency Department

The Emergency Department (ED) is staffed and equipped to provide high level emergency care to the residents of Lochaber. ED also provides support to all in hospital and community through its triage mechanisms.

What are we proposing?

- Continue to provide the same high standard of **Emergency Health Care** that the Belford Hospital is renowned for within the Scottish Trauma Network.
- Create a **high quality, modern environment** for the provision of Acute & Unscheduled Care, including **a compliant and comfortable Place of Safety** for people requiring support with mental health care needs, as well as an enhanced environment for patients of all ages and their families and carers.
- **Co-location** of Emergency Department, Minor injuries unit and primary care out of hours service will allow us to quickly direct patients to the appropriate care service. Reducing patient wait times and speeds up diagnosis.
- **SDEC (Same Day Emergency Care**). The new SDEC service combines rapid testing and assessment with close links to community-based services avoiding unnecessary admission to hospital for patients who can be more effectively managed at home.

Above: One of the current resus rooms in the Belford

Above: A modern resus room

How is it different to what we have and why?

The new facilities will provide an enhanced environment with adequate space to enable staff to work more efficiently and effectively, reducing patient waiting times. Facilities such as the multi use plaster room will be located so that they can be accessed efficiently by the Emergency Department, Virtual Fracture Clinic & Outpatients Department. Separate entrances for Ambulance & Self Presenting patients providing improved patient dignity. Central Administrative area which serves all the associated services within ED.

Acute Inpatient Ward

Inpatient Department provides care to those requiring overnight care and who would be inappropriate to remain at home. This supports close monitoring of patients and access to the full multi-disciplinary team supporting discharge planning.

What are we proposing?

- **24 single rooms** with en-suite WCs in one acute inpatient ward.
- **Day Case (DC) unit will be separate** and provided as part of integrated theatres unit, reducing current conflicts in bed demand.
- Shared spaces with the rehab unit to optimise use of resources. Consistent room design allowing for flexibility between acute and rehabilitation ward as demand fluctuates.
- Ward layout designed to **optimise visibility and maximise the use of technology** in patient monitoring.
- **Patient accessible Wi-Fi**.

Above: One of the current multi-bedded ward rooms

Above: A single inpatient en-suite bedroom within a new NHSH hospital

How is it different to what we have now and why?

- When required, higher levels of observation and care will be delivered in single rooms, using monitoring technology and ensuring visibility rather than within a multi-bed unit. This will allow skilled clinical teams to provide the same level of enhanced care as currently delivered in a multi-bed space, but with greater flexibility in room use as well as improved privacy and dignity for patients and families.

- An improved environment for patients, with single rooms providing increased privacy, dignity and safety as well as flexibility for visiting family and less disrupted rest. These will be supplemented by high quality communal spaces and spaces for families, as well as right-sized, modern support spaces to help staff care for patients more effectively.

- MDT (Multidisciplinary Team) available to provide full in-reach support. For example, physiotherapy, OT, Dietician, social work all providing rapid 360-degree review. Single rooms provide a space to deliver treatment without the patient having to move repeatedly.

- Elimination of shared toilet facilities improves infection prevention and control.

- Increase from 19 to 24 beds.

Rehabilitation Ward

Rehabilitation will be delivered on a continuum model from prevention, supportive self-management and pre-habilitation to specialist practitioner intervention to optimise physical, mental and social wellbeing. We will work in partnership with people to support their needs using an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.

What are we proposing?

To best meet the needs of our Patients, rehabilitation will be offered across all care settings from primary care, where we can support the prevention of health deterioration by early interventions, through to the hospital setting where we will support patients through all phases of their in-patient stay including discharge and their care needs following discharge.

As part of this continuum offer, the 14-bedded rehab unit will deliver:

- Specialist rehabilitation interventions will be delivered by an Allied Health Professions team including Dietetics, Physiotherapy, Podiatry, Occupational Therapy, Speech and language therapy with support from Pharmacy and Psychology as required.

Above: Current physiotherapy room

Above: Example of a modern physiotherapy room

How is it different to what we have and why?

- Rehabilitation, as a unified approach involving all the ward team members, to provide a robust service to ensure a comprehensive approach for our Patients.
- A whole team approach to encourage and support our Patients involving family, friends and volunteers, as well as skilled professionals to participate as fully as they are able in all activities of daily living.
- Rehabilitation will be based on a partnership with our Patients, agreeing goals with Patients, our ward teams, and those who support them at the heart of their care.
- An improved environment will provide opportunities for both focussed intervention and rehabilitation as part of daily living to promote independent activity.

Theatres/ Endoscopy & Day Surgery

An adaptable Theatre/ Endoscopy/ Day-case unit to meet patient need in the Lochaber RGH environment.

What are we proposing?

- An increase from **one to two fully compliant theatres**, each with an anaesthetic room, will enable access for emergency surgical patients without interrupting/ cancelling elective (planned) surgical lists.
- **Integrated theatres and day case unit**, independent of Inpatient facilities, encompassing elective day case activity and Endoscopy activity.
- 24-7 access for emergency surgery when required.
- Provision of a 8-space Day Case (DC) unit, separate from the inpatient ward, will **reduce current conflicts in bed demand**. This is supported by the seated discharge lounge.
- Integration of the team and flexible capacity within a **state-of-the-art facility** will allow a flexible patient-focused approach, better meeting demand.

Above: A day case bay within Belford Hospital

Above: An example of a theatre within NTC Highland

How is it different to what we have now and why?

- Increased theatre capacity would allow for more efficient use of the facilities and **increased activity to be delivered locally**.
- Ability to perform emergency surgery at the same time as elective, maximising the new layout for patient benefit reducing disruption to planned activity.
- Second theatre provides resilience under maintenance periods.
- Separation of the day-case unit and inpatient ward will reduce conflicting demands on beds and likelihood of elective activity cancellation.

Renal / SACT / Infusions

A specialist multi-disciplinary environment meeting the needs of those requiring day case Renal Therapy and for those requiring day-case infusion, including Chemotherapy.

What are we proposing?

- **Dedicated spaces** for both Renal and SACT (Chemotherapy)

Renal Dialysis

- Proposal to expand to **a 6 day a week** service.
- Patient led care planning promoting self care with the ultimate aim to **dialyse in own home.**

SACT (Chemotherapy)/ Infusions

- More space to allow for increased number of treatments as evidenced by the growing number of referrals for infusions from GPs and other specialties over recent years.
- Scope to allow for increased range of treatments. For example, day case blood transfusion.

Above: One of the SACT/ Renal bays within the current SACT/Renal unit

Above: An example therapeutic space for delivery of either Renal or Chemotherapy

How is it different to what we have now and why?

- Dedicated space ensures flexibility to provide more treatments locally. Fewer patients travelling to Raigmore Hospital.
- Appropriate equipment storage and dedicated treatment preparation areas allows staff to work more effectively.
- Enhanced purpose-built environment for patients for both Renal and SACT.

Outpatients

Outpatient department (OP) a mixture of clinics booked for patients to be seen locally. The department provides expert care for those with planned attendance who do not require an overnight stay. This could include a virtual fracture clinic, consultant review or blood sampling.

What are we proposing?

- Retaining a mixture of clinics, delivered by both resident and visiting Specialty Clinicians, for example a respiratory physician seeing a patient with asthma.
- **Introduction of online booking** will allow patients to book a time that suits them. Patient follow up appointments arranged flexibly around patient need/ condition and presentation.
- Concentration of all Outpatient level activity to one area within the hospital, featuring flexible use clinical spaces alongside high-quality waiting areas.
- **Hybrid Outpatient appointment** approach, including virtual and telephone conversations, as well as face to face consultations.

Above: Current Outpatient Clinic Room

Above: An outpatient waiting area within a new NHSH facility

How is it different to what we have and why?

- Physical capacity in terms of the type and number of rooms will be more closely aligned to demand.
- Enhanced environment for both patients and their relatives, for example waiting spaces with access to outside space and café.
- Flexible accommodation to support evolution of new services and treatments within a single outpatient department.
- Increased self-management and patient-initiated returns gives patients more control over their treatment.
- Optimal use of digital health systems and applications to support patient service access and information management/ communications.

Maternity

Midwifery led Maternity Service providing care to all expectant mothers in the Lochaber area with specialist input from Raigmore teams where required. Provision of care for low-risk births locally.

What are we proposing?

- Lochaber midwifery-led model of care will continue, working collaboratively with the wider NHS team whilst providing care within the hospital and care in community settings and people's homes across Lochaber.
- The new hospital will provide an **improved environment and experience** for patients and families.
- **Introduction of obstetric ultrasound scanning** locally will improve the level of early pregnancy care provided locally.
- New facility will provide **space for parenting/ ante-natal classes**, providing a sustainable and reliable service for new and expectant parents.

Above: Current birth room

Above: Example of a modern birth room

How is this different to what we have now and why?

- Will meet modern specifications, offering enhanced privacy and dignity with a more relaxed parent/patient focused environment.
- Scanning and obstetric clinic within unit will provide immediate access to further investigations. (E.g CTG/BP monitoring) and reduce the need for travel to Inverness, and the associated time and costs to families.
- The new facilities will enable the midwifery team to better deliver Best Start principles alongside the integrated care team in local community hubs.
- Additional single room and dedicated consulting space added.

Radiology

The Radiology Service uses medical imaging to guide clinical decision making and treatment for patients in the Lochaber area. There are a number of 'Modalities' under Radiology, for example, Ultrasound Scanning and CT scanning.

What are we proposing?

- An enhanced multi-disciplinary team model, including increased local input from the consultant Radiologist Service.
- Extension of core hours which supports greater access to patients across a 24- hour period. At peak times for the emergency department, radiology can provide improved support and quicker diagnosis for patients.
- Digitally enabled services. Allowing rapid diagnosis and information sharing allowing all clinicians to have immediate access to results, supporting improved patient care.
- Providing facilities for visiting mobile services, such as an MRI scanner.
- Utilisation of new technology to bring services into the community, for example, portable ultrasound scanner.

Above: One of the current X-Ray rooms in the Belford

Above: A newly handed over NHSH X-Ray room

How is this different to what we have and why?

- Ability to offer more diagnostic services and host visiting services so fewer people will need to travel to Inverness or even into Fort William.
- All supported by the new digital infrastructure. Giving clinicians greater access to digital diagnostic tools and results.
- Alignment of core working hours will support the Improved SDEC (Same day emergency care) service.

Laboratories

Local testing of samples/ specimens to obtain information about an individual's health allowing for diagnosis, prevention and treatment of disease. Supporting clinical teams in decision making.

What are we proposing?

- An improved lab environment which supports increased efficiency with additional space for personnel, meeting the requirements for modern lab standards.
- Both lab facilities and **POC testing** (Point of care testing is bedside diagnostics, for example blood sugar testing) facilities will be maintained/ enhanced.
- Lab based services, maintaining routine blood sciences and transfusion activities including microbiology, supporting diagnostic management for patients
- Enhancement of Point of Care routine bedside testing, for example, blood sugar monitoring.
- On-call system is currently under review

Above: Current laboratory

Above: Example of a modern laboratory

How is this different to what we have now and why?

- Better supported by **digital health systems**. Allowing rapid diagnosis and information sharing allowing all clinicians to have immediate access to results, supporting improved patient care.
- Increased availability of POC testing. Right test in the right place at the right time to support clinical decision making and patient flow.
- Enhanced environment and introduction of Point of Care Testing will optimise sample transportation, meaning faster results.
- Supports increased same day emergency care activity due to being able to provide rapid diagnostic testing for patients.

Pharmacy

Providing Pharmaceutical support to patients within the hospital environment and providing pharmacy support to the Vaccine Teams across Lochaber and Argyll & Bute.

What are we proposing?

- Improved team working as part of the wider NHS Highland Acute pharmacy network. Working as collaborative partners across NHSH acute.
- Optimising use of diverse skill sets across various roles in the Pharmacy Team e.g. checking technician, med rec, prescribing etc. RGH staff working to the "top of their licence" and achieving optimal, cost-effective outcomes from medicines use. Providing a high level of pharmacy input for both Inpatients and Outpatients
- Undertake the distribution and supply activities of pharmacy for the RGH. Operate the vaccine centre for the Lochaber region.
- Optimising working as integrated MDT alongside acute colleagues & maximising use of staff time to support clinical value adding activities such as medication reviews.
- Flexible evolution of use of technology as expectations change.

Above: A room within the current pharmacy department

Above: An example of a modern pharmacy department

How is it different to what we have now and why?

- Service provision better matched to demand, with earlier involvement in the patient pathway, e.g. from ED onwards through to discharge, supporting frailty and providing the optimal level of value/ input.
- Adequate purpose designed space will allow efficient storage and dispensing of medication. Timely medication supply (e.g. Discharge planning at admission, near patient dispensing); access to pre-pack medication for supply out-of-hours.
- Identification and responding to medicines-related admissions; early discharge planning.
- Services delivered efficiently, making optimal use of diversified skill mix in the team, with all team members working at the topmost level of their clinical training.

Non-Clinical Admin & Office

Essential support function to all staff providing healthcare and patients/ families using the hospital.

What are we proposing?

- People who work together across disciplines, co-located to support collaboration.
- Hot desks throughout the clinical areas of the hospital allowing bases for visiting staff and clinicians.
- Open plan modern office spaces, supported by appropriate meeting and private breakout spaces providing an enhanced and flexible work environment.
- Aim to remove physical paperwork and move towards an EPR (Electronic patient record) which will improve information sharing.
- A fit-for-purpose, multi-use Education Room. Enhancing opportunities for training while reducing external facility usage and optimising Clinicians' time.

Above: One of the current offices within the Belford

Above: An example of an open plan office space within NHSH

How is it different to what we have now and why?

- Hot desks within clinical areas allow staff and clinicians to be closer to the patients.
- Improved Laptop access for all
- Co-location of all those using non-clinical based office environments in a centralized area, promoting collaboration as opposed to current segregated offices.
- Digital strategy supporting the service, including Electronic records - will eliminate the need for a physical medical records store.
- Education facilities -Improved utilisation to support ongoing staff development.

Community Services

Rehabilitation will be delivered on a continuum model from prevention, supportive self-management and pre-habilitation to specialist practitioner intervention to optimise physical, mental and social wellbeing. We will work in partnership with people to support their needs using an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.

What are we proposing?

- We plan to support **care closer to home**, improve outcomes and improve the experience of everyone including staff, volunteers and carers. Services and workforce will be about supporting people to stay in their community
- **Introduction of rehabilitation service** to provide services more holistically to better meet the needs of people locally making good use of digital technology to maintain independence. We will continue to work with our primary care partners to improve the health of our community
- **Expansion of palliative care service** out of Care Homes and include more outreach to community to make the care more accessible and increase choice.
- More engagement with **3rd sector and voluntary services** to aid prevention and engage with Housing to look at innovative solutions for care closer to home
- Engagement on the **Joint Strategic Plan for the Highland Partnership** so that communities can have their say on how services are provided

Above: Local care model diagram.

Above: Example of a modern palliative care bedroom.

How is it different to what we have now and why?

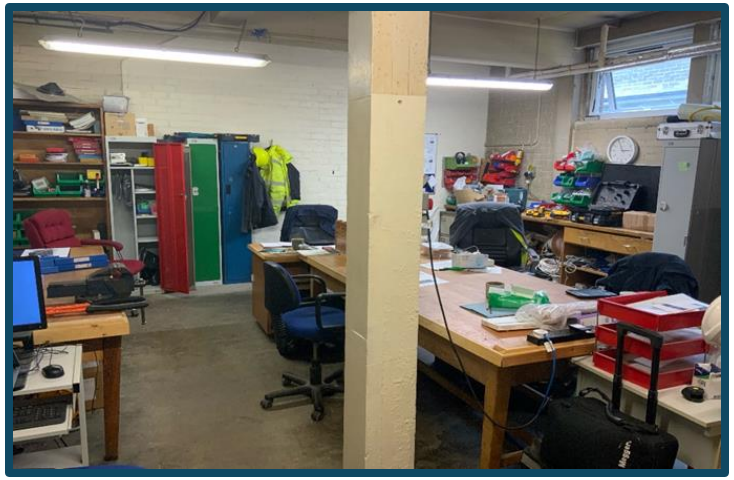
- We will ensure our services work well together in an integrated way and are responsive to the needs of individuals You will receive care and support that you need to remain at home for as long as possible
- Public services are facing financial pressure and there is growing demand for support. We will support people to take positive lifestyle choices and to listen and engage with our workforce
- A focus on a holistic rehabilitation approach where different services work together rather than an individual service approach should ensure better person-centered care and treatment
- Palliation and end of life care has always been provided in Care Homes: Invernevis House has been trialing a dedicated space for this with space for relatives, to assist people dying at home or in a more homely environment
- Recruitment and projected demographics of the area show we will have more people in need of services in the future with less people able to deliver those services. We aim to work with housing associations to look at better supporting those who need some level of care in the future.
- To progress the Community Redesign workstreams of Living Well and Waiting well, Single point of Access to services, Intermediate Care offerings, Frailty and Multidisciplinary working.

Hard Facilities Management/ Estates

On site management of Plant, Equipment and Grounds of NHSH Facilities. The local Estates Team are responsible for the maintenance of the hospital site as well as twenty-two other NHSH sites within Lochaber with central support from Raigmore.

What are we proposing?

- Maintaining Estates Hub based in Hospital covering the other Lochaber NHS Highland sites.
- Modernise Building Management Systems to provide remote access to NHS Highland site services and self-monitoring capabilities including asset tracking. Supports self-management by the local team.
- Enhancing staff roles with training in **potential energy-saving innovations**.
- Modernisation of plant to meet current sustainability targets.
- Continue scheduled maintenance activity programme adapted to accommodate more modern building needs. **Therefore releasing more capital for patient care** and not maintenance of the building.



Above: An example of one of the current estates workshops

Above: An example of modern plant

How is it different to what we have now and why?

- Access to modern building management systems (BMS) to provide remote self-monitoring and fault indication. Reduced time on routine inspection.
- Energy efficient plant and equipment will reduce carbon footprint.
- Separate flows/ access routes throughout the hospital for FM services, avoiding the need to cross over with patients and visitors, improving privacy and dignity and decreasing cross infection risks within the hospital.

Soft Facilities Management

On Site Management of Cleaning, Food Preparation, Portering, Security and Laundry Services.

What are we proposing?

- Production Laundry in hospital for scrubs etc. Retention of Raigmore as central Laundry for sheets etc.
- Improved central stores function, supported by Portering staff.
- **Direct meals service** for Inpatients ensuring all nutritional needs are met. Increasing the ability to deliver meals to patients out with "service" times where required, supporting freedom of choice.
- Defined range of **freshly prepared food** available for staff and visitors in a café environment.

Above: The current kitchen area at Belford Hospital

Above: The public café at Raigmore

How is it different to what we have now and why?

- Public Café allows visitors to access catering services and provides alternative waiting environment within the hospital. Enhancing environment and patient/ public experience.
- Direct meals service improves consistency of food quality and nutritional content, with increased range/ choice of meals available and more options to manage specific dietary requirements. This also reduces food waste.
- Ability to prepare small numbers of meals at ward level out with core service hours improves patient-centred care and patient choice, reflecting individual needs.
- Separate flows/ access routes throughout the hospital for FM services, avoiding the need to cross over with patients and visitors, improving privacy and dignity and decreasing cross infection risks within the hospital.

Whole Hospital Services and Facilities

What are we proposing?

- Enabling a health promoting hospital environment through green spaces, art design and other initiatives
- Support for active travel, with optimised external spaces including green space environments. E.g safe bicycle storage, clothes driers and shower facilities.
- Main entrance atrium with staffed Reception and self check-in kiosks. Enhanced patient independent wayfinding. Comfortable and non-clinical environment for waiting.
- Public and staff accessible café enhancing choice and experience in the building.
- Sanctuary area accessible to visitors and staff, increasing resources for people of any faith and wider NHSH team requiring a therapeutic private space.

Above: External view of Belford Hospital

Above: An example of a modern NHS hospital with effective external green space

How is it different to what we have now and why?

- Fit for purpose environments allowing flexibility and enhanced therapeutic environment for all.
- Community welcomed into the hospital, visitors well supported.
- Digital health solutions to complement staffing model, therefore enhancing patient care. E.g patient wi-fi.
- Improved patient dignity and privacy throughout all aspects of a hospital visit.

What happens if we deliver this?

Supporting people to stay in their own home for as long as possible

Increasing choice and access to services

Increasing flexibility and responsiveness of services

Increased use of technology to support person-centred care

Promoting self-management to allow people to stay healthy for longer

Increasing early intervention and preventative work

Addressing inequalities, taking cognisance of Fairer Scotland

Increasing opportunities to work jointly across health and social care, supporting increased co-location and integration

Making optimum use of existing health and social care resources, staff facilities and accommodation.

Ensuring our services support and respond to the needs of the local economy, realising opportunities for joint working with partner agencies as appropriate.

Service delivery workflows

CLINICAL / SERVICE DESIGN / WORKFORCE PLANNING SD1

SOFT LANDINGS & SERVICE COMMISSIONING SD2

PUBLIC HEALTH / SERVICE PLANNING SD3

COMMS & ENGAGEMENT SD4

PEOPLE & CULTURE

SD1 Clinical / Service design / Workforce planning
Overview

Review acute and community service models

Develop a costed Workforce plan – Current, future and aspirational

Develop a Workforce Transformation and Recruitment Plan

SD1 Key Priorities

- Focus on clinical model and workforce plan review
- Medical /clinical Staffing Model
- Frailty and Rehabilitation (system-wide integration)
- Place of Safety & Emergency Detention
- Workforce Plan Review

Medical/Clinical models of care Key Principles

- Patient Safety
- Staff Safety
- Sustainability of Rotas
- Excellent Training Environment
- Highland wide pathways of care

Frailty and rehabilitation Key Principles

- Population approaches for frailty in Highland
- Enabling independence, promoting well being
- Integrated urgent community response, reablement, rehabilitation and intermediate care
- Frailty- attuned acute hospital service
- Population –based proactive anticipatory care
- Staff knowledge and skills
- Measurement framework

- Early identification of those at risk
- Person centred
- Community Focus
- Prevention and promotion of well being
- Consistent use of assessment tools
- Early intervention
- Home is best
- Integrated services

Place of safety
Key Principles

- Acute and community interface
- New Craigs interface
- Patient assessment
- Role of partner organisations (Police / SAS)

SD1 Clinical / Service design / Workforce planning
Progress Update: Sep 2025

- Dr Scott discussing with Clinical / Nursing leads
- Rehab / Frailty workshops – 2/3 complete. Focus on current / future process maps to develop improved model of care
- Place of Safety- Place of Safety Workshop last week in October
- Review of workforce

SD2 Soft landings and service commissioning Overview

Establish how services will function in new hospital

Transition, training, and induction plans to move services into new hospital

Pilot new methods of working prior to move to ensure practice is embedded and familiar

Future proofing (understanding the impacts / opportunities of future demographics)

SD2 Soft landings and service commissioning
Update: Sept 2025

- Full soft landings plan with milestones aligned to NHS Scotland guidance to be developed
- Agreed to date : Medical Gas Provision , Clinical Output Specifications, Revised 1:200 Clinical Assessment, Expansion Strategy
- Department Inventory returns completed
- Archiving plan being developed (alongside Comms & Engagement)
- Equipping plan / Workforce plan – Sept 25
- Travel survey (Staff / Visitors / Patients)

SD3 Public health / Service planning Overview

Health inequalities data

Refresh of previous data compiled in 2018 / 2022 Outlook not significantly different

Future population demographics and health needs assessment to assess impact on health and care services

Benefits of Lochaber Redesign to the population

Benefits measurement plan

Refresh of EQIA

SD3 Public health / Service planning
Update: Sept 2025

- Project scope in place for provision of data in support of Service planning, business case across community and acute
- Refresh of EQIA for OBC in progress
- Health inequalities impact assessment in progress
- Benefits realisation to be undertaken

SD4 Communication and engagement Overview

Communications plan

Engagement plan

Stakeholder analysis

Opportunities for involvement mapping

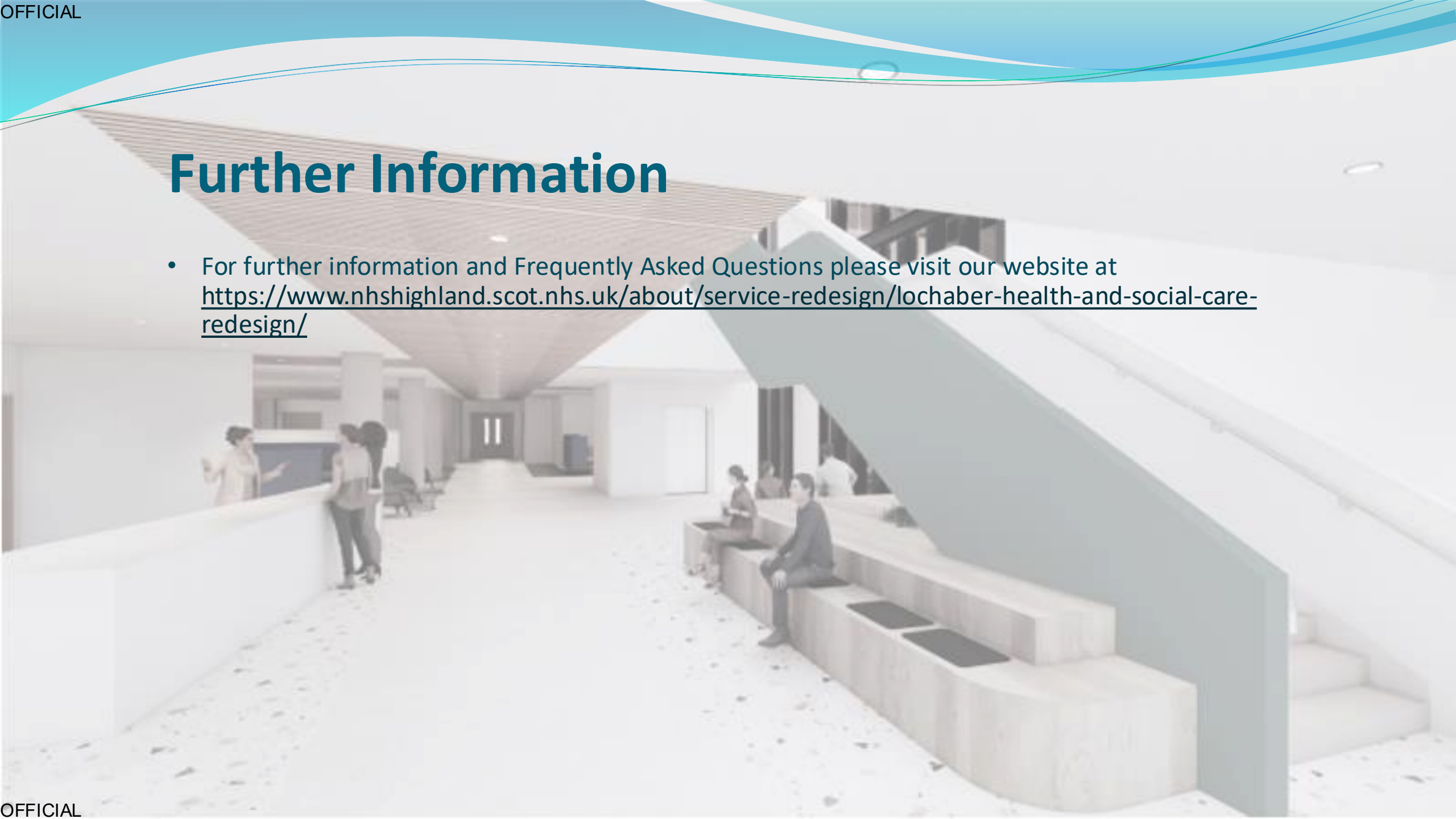
- Archiving, artwork design, greenspaces, etc (crossover with SD2)

SD4 Comms and Engagement Update: Sept 2025

- C&E plan being developed aligned with Balfour Beatty comms
- Discussion with THC Adult Social Care for joint comms planning
- Workshop planned to agree stakeholder mapping and key messaging, to dovetail the C&E plan
- Several Workshops and information sessions have been held with more coming soon (GP, Belford staff, Community, Rehab/Frailty)
- Engagement hub to be developed

Further Information

- For further information and Frequently Asked Questions please visit our website at https://www.nhshighland.scot.nhs.uk/about/service-redesign/lochaber-health-and-social-care-redesign/




Balfour Beatty