People & Culture Plan

Lochaber Redesign Project

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Record of Changes

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1. Executive Summary

This People & Culture Plan is the first draft of an evolving document, outlining the intended direction and progress at Outline Business Case. The Plan will be fully developed at Full Business Case stage.

The plan priorities strengthening communication and decision transparency, assists with the soft landing plan, and supports managers to ensure recognition and wellbeing. It also builds on our existing values and learning culture principals embedded in NHS Highland's "Together We Care" strategy (Appendix A).

2. Purpose

The aim is to establish a framework that supports, retains, and develops the Lochaber Health workforce during the transition to a redesigned service and the opening of a new hospital, along with new workforce arrangements. This will be achieved by turning staff input into clear priorities, actionable steps, with measurable outcomes and accountability before, during, and after relocation, in collaboration with all stakeholders. This approach will be underpinned by NHS Highland core values.

3. Structure and Governance

People and Culture is an identified workstream within the Service Delivery programme of the Lochaber redesign programme. An established working group consists of senior operational managers for Acute and Community Services, the programme manager, Human resource change partner, Organisational Development leads, Workforce information lead and includes staff side representation. Progress is reported through the Service Delivery Group to The Lochaber Redesign Programme board.

4. Context and Evidence Base

- 6 weekly, face to face, staff Lochaber Redesign stakeholder meetings have been established. A short visioning session with department heads was facilitated to understand hopes and dreams for the future and identify potential "rocks in the road". A thematic analysis of the results (appendix A) identified key areas for exploration. These included identified aspirations for the future including: safe, calm, well-staffed environment; strong leadership, communication, availability of training and progression; improved patient flow; free parking. Constraints identified include: miscommunication, role clarity gaps, IT infrastructure/support, limited advanced practice opportunities, staffing shortages (medical/nursing), local housing challenges, ageing workforce (~50% over 50), OOH/on-call pressures across teams.
- A colleague survey of acute and community staff was undertaken (n=24; ~10% response) seeking to explore and confirm the themes identified through the visioning session. Working Together Through Change scored 54% positive (red). Most other themes were amber (63–68%), with Community & Patient Partnership at 70%

(green). Key concerns identified were staff recognition, transparent decision-making, onboarding and workflow readiness. (appendix 2)

- Focus Groups were held within the hospital (n=6) on the 9–10 Feb 2026. These in depth discussions highlighted areas of perceived risk: political/funding uncertainty; operational pressure; leadership/accountability anxiety; desire for experiential preparation; morale and recognition needs. Recommendations: visible leadership, milestone clarity, tours/simulations, manager support, wellbeing and recognition. (appendix 3)
- The results of the engagement to date shapes this draft plan. There is strong intent around values, change management, engagement, learning and recognition. This plan operationalises and sequences those intentions.

Baseline theme scores (positive %):

Theme	% Positive	RAG	Interpretation
Workforce & Talent Development	66%	Amber	Solid foundations; and succession planning
Staff Wellbeing & Retention	63%	Amber	Wellbeing build on the good work, recognition is a gap
Equity, Diversity & Inclusion	68%	Amber	Strength; bolster peer networks and visibility
Engagement & Communication	66%	Amber	Co-design appears strong; decision transparency appears weaker
Learning Environment	67%	Amber	Good partnerships
Working Together Through Change	54%	Red	Top organisational priority; uncertainty about change
Community & Patient Partnership	70%	Green	Strong foundation to build upon

5. Design Principles

- People-first: practical, humane support that reduces uncertainty during change.
- Clarity over volume: fewer, earlier, clearer messages — especially on decisions and timelines.
- Piloting: see it, try it, and replicate it before go-live.
- Local ownership: actions with named owners and resources; co-produced with all stakeholders
- Equity and inclusion by design: accessible, fair, and psychologically safe processes.

- Evidence-led and iterative: learn, adjust, and share learning openly.

6. Priorities, Actions, Owners and Measures by Theme

6.1 Working Together Through Change

Outcome: Staff feel confident, informed and supported through transition; impact on patients and teams is anticipated and managed.

Priorities:

- Stabilise confidence despite external political or potential funding uncertainty.
- Provide assistance for new workflows and colleague spaces.
- Support colleagues with consistent decision frameworks, developing their decision making capability (not escalating inappropriately) and Standard Operating Procedures.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
Publish forward milestone and decision calendar (rolling 12 weeks).		Weeks 1–2; then monthly	Requires PMO data; single source of truth	Staff report improved clarity (+10pp on decision transparency – next survey)
Senior leadership walkarounds & drop ins	Exec & SLT	Start Week 2; ongoing	Visible schedule; feedback capture	Colleagues evidence feeling more involved and listened to, by higher engagement in surveys and meetings
Workflow simulations and cross-discipline table-tops.	Clinical Ops	Weeks 3–10	Space, facilitators, scenarios	≥4 simulations; 80% participants feel more confident
Targeted peer space for managers (problem-solving huddles etc).	OD	Weeks 2–12	Facilitated format; decision templates	
Transparent		From	Briefings even if	Staff

funding/programme updates via multi-channel comms.		Week 2; monthly	nothing to report,	“understand status” +15pp

6.2 Engagement & Communication

Outcome: Timely, transparent and two-way communication that brings decision making and rationale into view.

Priorities:

- Shift from information availability to timeliness and transparency.
- Strengthen relational visibility (leaders seen, heard, responsive).

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
“You Said, We Did” updates linked to staff forums.		Monthly	Input from all workstreams	Perceived responsiveness +10pp
Area visual boards with milestones & FAQs.		Weeks 2–6	Print/digital formats	All areas have live boards; FAQ usage
6 weekly newsletter linked to Stakeholder update sessions		6 weeks	Print/digital formats	

6.3 Readiness, Onboarding & New Ways of Working

Outcome: Everyone is practically ready, clear soft landings plans including: orientations, Standard Operating Procedures, training, IT access, Health and Safety risk assessments and escalation protocols in place.

Priorities:

- Move from written briefings to experiential onboarding.
- Address IT infrastructure/support readiness as an enabler, no surprises.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
New-site tours (staggered by team/shift) with task-based checklists.		Weeks 4–10	Access, guides, H&S	≥85% staff complete tour with checklist

Role-specific "day-one in the new build" packs (SOPs, contacts, maps).		Weeks 6–12	Owner per service	100% roles have pack; usability ≥80%
IT readiness sprints (accounts, devices, critical systems tests).	eHealth	Weeks 4–12	Environment, test plans	All priority systems pass go-live tests; <2% access issues in first week

6.4 Recognition, Wellbeing & Retention

Outcome: Morale is supported and achievements recognised throughout the transition; retention risk is mitigated.

Priorities:

- Make recognition visible and meaningful.
- Ensure rest/sanctuary and wellbeing access; promote flexible working options.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
Introduce micro-recognition moments in redesign updates. Newletters		Weeks 2–8; ongoing	Incorporate into briefings	Recognition items in ≥80% updates; morale pulse +8pp
Review and sign-off staff sanctuary/wellbeing spaces in new build.	Estates & Facilities	Weeks 6–12	Design confirmation; feedback from staff	Spaces delivered as specified; utilisation tracked. Feedback from colleagues
Promote access to development and learning funding during transition.	OD & L&D	Weeks 4–12	Comms campaign	Uptake of L&D ↑ 20%

6.5 Workforce & Talent Development

Outcome: Clear pathways and pipelines with local recruitment and progression opportunities.

Priorities:

- Clarify career pathways and succession; enable advanced practice opportunities.
- Address recruitment/retention challenges, including accommodation constraints, where possible.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
Publish role maps and progression pathways by service.	HR & Service Leads	Weeks 8–16	Input from clinical leads	Pathways live; career clarity +10pp
Develop advanced practice/business cases for new role development.	Clinical Leads	Weeks 12–24	Acute, Primary care and Community collaboration	≥2 advanced practice/new roles approved
Targeted recruitment with relocation/housing? info pack.	Recruitment, Estates, Belford leads (local info)	Weeks 8–20	Comms; local partners	Time-to-hire ↓; offer acceptance ↑

6.6 Equity, Diversity & Inclusion (EDI)

Outcome: Inclusive design and participation; strong peer networks and psychological safety.

Priorities:

- Strengthen peer networks and visibility during change.
- Ensure accessibility and inclusive design are verified pre-move.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
Restart/expand staff networks with change-period supports.	EDI Lead	Weeks 6–16	Facilitators; time allowance	Network participation ↑; belonging +8pp
Completed EQIA checks on new spaces/processes.			EQIA framework	100% priority areas EQIA-checked; actions closed – Done, will be revisited throughout the project

6.7 Community local stakeholders & Patient Partnership

Outcome: Sustain and showcase strong community alignment; co-create where it improves experience.

Priorities:

- Leverage strengths in community partnership as part of transition story.

Key actions (first 6–12 months):

Action	Owner	When	Dependencies/Notes	Success measure
Community updates and milestone events (incl. legacy "goodbye" to old site). Link to archiving plans	Comms & Engagement	Key milestones	Link with local partners	Positive community sentiment maintained; participation levels met

7. Roadmap: Before, During and After Move in

Phase	Focus	Illustrative Activities	Key Measures
Pre move	Confidence & readiness	Milestone calendar; leader walkarounds; simulations; tours; IT tests; decision notices	Decision clarity; on-boarding completion
Move in	Safety & support	Floorwalkers; rapid issue triage; daily comms; wellbeing spaces active	Issue resolution <48h; access issues <2%
Post move (1–6 months)	Stabilise & improve	Lessons-learned huddles; advanced practice cases; pathway tweaks; celebrate milestones	Sustained check ins, improvements made; retention stabilised

8. Key Risks and Mitigations

Risk	Impact	Mitigation	Owner	Status
Political/funding uncertainty	Confidence erosion; delay	Transparent monthly updates;	PMO, Project	Planned

	anxiety	link to decisions calendar		
Operational pressure during transition	Morale/fatigue; delivery risk	Resource planning; prioritisation; visible acknowledgement, regular stocktake meetings, surveys etc	Service Delivery Workstream leads	In progress
Leadership accountability strain (managers)	Stress; inconsistency	Peer huddles; decision templates; coaching	Service Delivery Workstream leads	Planned
eHealth readiness gaps	Productivity/safety risk	IT tests; rehearsals; day-one support	eHealth	Planned
Staffing shortages & ageing workforce	Continuity risk	Targeted on time recruitment; flexible working options; succession planning	Service Delivery Workstream leads	Planned

9. Measurement,

Key indicators (examples):

- Decision transparency (survey, check in)
- Confidence in change (survey, check in)
- Onboarding completion rate
- IT access incident rate (first few weeks)
- Manager check in re pressure and support (self-report)
- Recognition visibility (presence in updates, newsletters etc)
- Improved Retention/turnover
- Less adverse incidents and improved quality signals linked to new workflows

10. Next steps

  - A revised survey appropriate for primary care colleagues is being written to disseminate.
  - This plan will be shared via Service Deliver Group, Staff stakeholder sessions and Acute Partnership Forum.
- Survey and focus group repeated post implementation of Appendix B actions, with an aim to increase participation rates.

Appendices

Appendix A – NHS Highland "Together We Care" Strategy (2022-27)

Document: NHS Highland Together We Care Strategy 2022–2027

Description: NHS Highland's five-year corporate strategy setting out the organisation's vision, values, and strategic priorities.

Purpose: The Lochaber Redesign People & Culture Plan aligns with the *Our People* strategic objective and the wider organisational ambitions set out in the Together We Care strategy.

File: *nhsh-together-we-care-strategy-2022-27.pdf*
Format: PDF
Access: 🔗 *NHS Highland Together We Care Strategy 2022–2027 (PDF)*
https://www.nhshighland.scot.nhs.uk/media/bjqjxcoo/nhsh-together-we-care-strategy-2022-27.pdf
Version: September 2022
Owner: NHS Highland Board
Status: Current corporate strategy (2022–2027)

This is a corporate NHS Highland strategy and is referenced by link rather than reproduced in full to ensure currency and version control.

Appendix B – People & Culture Evidence Pack

Appendix B1 – Evidence Summary and Traceability

Purpose

This appendix provides a consolidated summary of the engagement and organisational development evidence that informed the Lochaber Redesign People & Culture Plan at Outline Business Case stage. It demonstrates clear traceability between staff engagement activity, identified themes, and the priorities and actions set out in the plan.

Evidence Base

The People & Culture Plan has been informed by a combination of quantitative and qualitative engagement activity undertaken with acute and community staff across Lochaber. The evidence base includes:

- A colleague survey undertaken in January 2026, capturing staff experience of change, communication, wellbeing, and readiness
- Facilitated focus group sessions held on 9–10 February 2026, exploring risks, opportunities, and support needs during transition
- Organisational Development (OD) focus questions, used to structure engagement and thematic analysis
- Workshop feedback outputs from “Hopes & Dreams / Rocks in the Road” sessions
- An initial People & Culture Plan draft, which provided the baseline structure and intent and was refined through subsequent engagement

All source documents are included within Appendix B, each supported by a covering sheet.

How the Evidence Informed the Plan

The evidence directly informed:

- The Context and Evidence Base section of the plan
- Baseline theme scoring and RAG assessment
- Identification of priority areas, particularly *Working Together Through Change*, *Engagement & Communication*, and *Recognition & Wellbeing*
- Development and sequencing of actions and associated success measures

Findings were triangulated across multiple sources to ensure consistency and credibility.

Quick Wins

Appendix B also includes a Quick Wins Catalogue, setting out early actions identified through engagement. These items are actions at varying stages of delivery (*to do / in process*) and are included for transparency; they do not have standalone evidence documents at OBC stage.

Assurance Statement

Appendix B provides a transparent and auditable evidence base demonstrating how staff engagement and organisational development activity informed the People & Culture Plan at Outline Business Case stage.

All evidence documents are linked directly from SharePoint to ensure version control and avoid duplication.

Appendix B2 – Evidence Documents

All documents listed below are stored within the SD5 People & Culture Planning area on SharePoint and are included in their original format to preserve evidence integrity.

Parent folder:

🔗 *SD5 People and culture planning* – Lochaber Redesign

B2.1 Colleague Survey Report (January 2026)

File: *LR-PCP_Colleague_Survey_report (3).docx*
Format: Word document
Purpose: Quantitative staff survey informing baseline theme scores, RAG assessment, and priority focus areas.

B2.2 Focus Group Sessions Report (9–10 February 2026)

File: *LR-PCP_Colleague_Focus Group_report (1).docx*
Format: Word document
Purpose: Qualitative insights from facilitated staff focus groups (n=6) exploring risks, readiness, leadership visibility, and support needs.

B2.3 Organisational Development (OD) Focus Questions

File: *Lochaber Redesign. Focus Group Questions.pdf*
Format: PDF
Purpose: OD facilitation framework used to structure engagement activity and thematic analysis.

B2.4 Workshop Feedback Deck – Hopes & Dreams / Rocks in the Road

File: *Feedback - Lochaber Redesign Workshop (2).pptx*
Format: PowerPoint
Purpose: Outputs from staff workshops identifying aspirations, constraints, and key risks informing design principles.

B2.5 First People & Culture Plan Draft (Baseline)

File: *inital draft.inprogress.People_and_Culture_Plan_New_Hospital (1) (1).docx*
Format: Word document
Purpose: Baseline draft structure and intent, subsequently refined through engagement findings.

Appendix B3 – Quick Wins Catalogue (Actions)

The following Quick Wins were identified through engagement and are included for transparency. These are **actions**, not evidence documents, and are at varying stages of delivery:

- Publish 12-week decisions and milestones calendar – *To do*
- Start SLT walkarounds with visible rota and feedback loop – *To do*
- Install area visual boards and FAQs – *In process*
- Schedule cross-disciplinary team-building activities (e.g. Affina tool)
- Ensure eHealth readiness and day-one floorwalkers from eHealth
- Introduce micro-recognition moments in all redesign updates