

Lochaber: Health & Social Care Service Redesign - DESIGN STATEMENT

The Business Objectives for the project are:

1. 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.
2. 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.
3. Ensure the services can incorporate improvements in technology and innovation and make best use of this to benefit patients and staff.
4. 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 HAI guidance and aspire to Net Zero carbon commitments.

Therefore, in order to achieve these objectives, the completed development must have the attributes described below.

NB: where experiences are described below, these are expected for all people irrespective of physical, sensory or cognitive impairments.

1. AGREED NON-NEGOTIABLES FOR PATIENTS/ALL SERVICE USERS

Non-Negotiable Performance Objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
1.1 SITE LAYOUT The facility must be accessible, well served by Public Transport options, provide safe and intuitive routes for patient transfer (incl. from ambulance and helicopter arrival) and support green travel options. It must provide support for patients/carers who have travelled a long distance.	<ul style="list-style-type: none"> • Bus stop(s) to be as close as possible to the facility. We anticipate a distance of less than 200m. • The facility should be well connected to existing health facilities with direct bus routes. • There must be suitable and sufficient parking provision which takes into account the rural location and the travel distances of patients and carers. The parking provision must also take into consideration future population projected increased. • Dedicated accessible car parking should be provided in close proximity (maximum of 45m, in accordance with Technical Standards) to the facility particularly for those with mobility issues. This should include provision for larger lifting access vehicles with hatching on both sides and to the rear of the vehicle. • There should be a defined, clear and safe pedestrian route to the main entrance from all parking areas.

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

- There must be protection for patients & visitors from emergency vehicles with clear separation between ambulance drop off points and those for cars/taxis.
- Clear, identifiable and generous designated drop off points suitable for all patients which allow for the driver/carer to help with patient transfers.
- Drop off points should be suitable for all weathers and therefore provide shelter and protection from wind and rain.
- Dropped kerbs must be provided, located in the correct spaces and be of an appropriate length.
- 10% of total parking provision to be electric vehicle charging points. Chargers must be placed at a height and location suitable for wheelchair users. (incl. infrastructure in place to provide more at a future date). Refer to SHTN 02-02 Sustainable EV charging Infrastructure.
- Secure cycle store with electrical supply for future charging point for electric cycles.
- Ensure direct and safe ambulance route for patient transfer by road or air.



Clear site layouts and prominent entrances



Protected and sheltered pedestrian routes

1.2 BUILDING APPROACH

The facility must give a reassuring impression to help reduce stress and anxiety. It should fit into its context and incorporate nature and landscape.

- There must be clear, simple and intuitive routes to the facility.
 - Routes to be barrier free, well lit, observed and use landscape features to provide shelter and a soft/natural feel.
 - There should be spaces to stop and take a breather on the entrance route (seating) with shelter for protection from inclement weather.
 - Planting/Landscaping should be utilised to assist in wayfinding and to provide a calming environment.
 - External lighting should be used to provide comfort, reassurance and assist with wayfinding.
- Building materials should be maintainable, easy to clean and durable. 'Able to deal with Lochaber weather'.
- There must be clear, wide and welcoming entrance routes 'Simplicity is key'.
 - There must be a clear public entrance without relying on signage. There must not be too many entrance options to ensure clarity, esp. important when entering at night.
 - Main entrance should face reception.
 - There must be clear signage in to assist with wayfinding but this must not be relied on solely. Signage should be in English and Gaelic with diagrammatic signage where appropriate as not all users of the facility will be able to read English.



Welcoming and intuitive entrances

1.3 ARRIVAL

The arrival experience ‘must reflect the area we live in’. It must be welcoming, comforting and accessible for all to help minimise anxiety. Your onward journey should be clear and there should be someone to speak to for assistance/guidance if required.

- Wayfinding should be clear and apparent as soon as you enter the facility.
- Arrival space should be light, spacious and welcoming. ‘Avoid clutter!’
- Non-clinical feel with views and access to natural daylight.
- Provision should be made for patients with mental health issues who arrived in an emergency and heightened mental state – there should be a separate, welcoming and homely space they can go to.
- Quiet room for people with autism and mental health issues.
- Toilets (incl. accessible toilets) should be closely located to the main entrance but not in full view of seating areas.
- There must be clear tonal differentiation between walls and doors (especially in toilet areas) to help users with visual impairments.
- Useable external space(s) for quiet respite and for relief should be provided immediately adjacent to enable use. There should be covered/sheltered outside space to deal with inclement weather (but these must not be used as smoking areas)

- Space for portering chairs to be stored – accessible but not cluttered.



Naturally lit, clear and non-clinical arrival

1.4 RECEPTION

From arrival it must be clear and easy for patients to let staff know they are there and to be supported with their onward journey. Human interaction must be available to help reduce anxiety. Patients and Visitors need to feel that ‘help is at hand’.

- Reception facilities must be immediately visible on entering the building, with options for electronic check in and face to face contact. Avoid physical barriers e.g. screening at reception area as this can have an adverse impact on audibility and can cause glare distractions, subject to COVID-19 guidance.
- Wheelchair accessible reception desk design / low level and induction loop system to be provided. It is important patients/visitors in wheelchairs can be consulted directly.
- Reception design must ensure patient privacy and not allow for conversations to be overheard.
- Security at Reception must not be overt (though at A&E Security should be overt particularly out of hours and at weekends).
- Reception area should have good interconnectivity with other admin support areas.
- Information point must be provided which can signpost to Third Sector organisations, peer support and provide local information for those unfamiliar with the area. This must be clean and uncluttered and not include out of date leaflets. Digital information options should be considered.
- Routes to onward journeys should be clear and intuitive and not rely entirely on signage.

- Signage and wayfinding to be consistent and easy to understand, accommodating visually impaired/ dementia friendly design.



Clear, accessible reception points for face-to-face contact



<p>1.5 WAITING AREAS</p> <p>The waiting experience must put people at ease, help patients/visitors cope with the issues they have that day, minimise any additional stress and promote calm. It must ensure privacy and dignity is maintained. It must provide positive distractions and make the most of the site and landscape.</p>	<ul style="list-style-type: none"> • There must be a café facility which could be used by patients, staff and visitors as there are likely to be limited local facilities and due to the fact people will be travelling long distances to get to the facility. It would also provide a waiting space for carers/visitors/family members to congregate and could be a central hub for building which assists with navigation and provides a clear meeting point. • Waiting areas must support people with a wide range of personal/emotional needs and those with limited mobility. • Wheelchair users must be accommodated and be able to sit with their carers/family/friends. • Furniture layout and seating options should be comfortable and offer a variety of sizes and groupings e.g. providing patient choices for privacy or opportunities to meet other patients/carers to offer/ receive support and kindle friendships. Some patients may wish to be alone in a busy public area so provide isolated or quieter waiting spaces. • Waiting areas should be bright with access to external views (‘facing the right way’) and natural daylight. • Positive visual distractions (artwork) and stimulus should be provided. • Toilets should be close by but not directly onto waiting areas for privacy and discretion. • Waiting areas should be digitally enabled to allow for personal choices, for users to connect to reliable Wi-Fi and USB charging point. • Waiting areas should be co-located to relevant departments so patients know they are in the right place. • There must be a waiting area for children which is safe (visible from reception and adult waiting area) and engaging (play/toys/books). Consider acoustic and reduce potential for noise transfer.
--	--

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Waiting areas offering seating options with daylight and positive distraction



Children's waiting area, safe and engaging (Not necessarily enclosed)

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Café facility within central hub to be provided for patients, staff, and visitors.

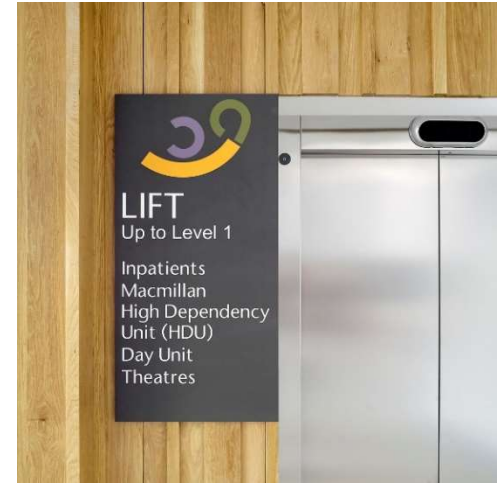
<p>1.6 CIRCULATION & WAYFINDING</p> <p>Patient privacy and dignity should be a priority when moving/being moved around the facility. There should be opportunities for rest and respite whilst moving around the facility and travel distances should be minimised wherever possible.</p>	<ul style="list-style-type: none"> • Consideration must be given to patient flow throughout the facility and avoid the movement of patients in beds and trolleys through busy public areas. • Patient circulation routes should afford privacy and dignity. • Circulation routes should be bright with access to external views and natural daylight. • Space for rest points to be provided without implications on corridor widths/circulation routes. These should be distinct spaces and not just chairs in corridors. • There should be specific places and spaces for rehabilitation therapy and this should not take place in the corridors. • Travel distances should be reduced wherever practicable e.g.; there should not be huge travel distances from resuscitation into theatre etc and outpatients should not be located far from the main entrance. • The facility must accommodate bariatric patients with easy flow through departments, suitably sized corridors, doorways etc. • There should be access to attractive outside areas for respite and rest which can accommodate wheelchair users and those with mobility issues. Outdoor areas should be screened or positioned to provide appropriate levels of privacy and dignity for the proposed use.
--	---

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Bright, clear circulation routes with access to external views and natural daylight

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Bright, clear circulation routes with access to external views and natural daylight

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

1.7 **OUTPATIENT SERVICES** must be distinct from inpatient areas and must provide a homely and less clinical environment for patients.

- Circulation & wayfinding should be designed to minimise walking distances and avoid routes through inpatient areas.
- Outpatient areas should be bright with access to external views and natural daylight.
- Spaces should be flexible and adaptable to future proof in anticipation of any future change in demand/service.
- Sub-waiting areas should be of equal quality to main entrance waiting area.
- Outpatient areas should provide privacy to patients for their consultations with clinicians e.g., rooms with doors and good acoustics, not curtained areas.
- Outpatients areas to be distinct from inpatients.



LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

1.8 INPATIENT SERVICES must support personal control over the environment and encourage activity, movement and enablement. They must provide positive distractions and reduce negative effects of isolation associated with single rooms, to encourage patients to be engaging socially with friends/family and other patients.

- Socialisation spaces are important and should be integral to the design and layout of inpatient areas. There should be spaces for patients to come together socially if that is their preference as not all patients like single bedrooms.
- Activity spaces must be provided to enable patients to maintain independence and prepare themselves a cup of tea, have lunch etc.
- Daylight, natural ventilation (openable windows) and external views from lying in bed and seated without compromising visual/audio privacy.
- Lighting, ventilation, temperature, IT/TV and privacy all controllable by patient.
- Visual connection from room to external space and allowing unobtrusive observation from staff bases and corridors.
- Overhead tracking must be provided to aid with the moving and handling of patients where appropriate, and discrete but accessible storage for mobile hoists and other equipment.
- There must be a variety of room sizes to cater for all patients.
- Nurse call systems should be intuitive and easy to use, with provision for monitoring equipment for patients who are unable to independently use call systems.
- There should be space for people to securely store their personal belongings.
- Patients to have access to Wi-Fi, phone charging points etc.
- There must be spaces for visitors/parents to stay overnight (refer also to 3.2 below)



Bedrooms with views from the bed and space for visitors



Socialisation & activity spaces

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Occupational Therapy assessment kitchen adjacent to impatient common room also allows it to function as tea-prep area for use by patients & relatives

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

1.9 CLINICAL & TREATMENT ROOMS must be designed to respect the privacy and dignity of patients. They must be flexible so that the nature of the space and equipment can be adapted to suit the patient's needs and improve patient flow.

- Spaces to be bright and spacious with access to natural daylight without compromising patient privacy.
- There must be adequate sound proofing to ensure patient privacy.
- Flexible and adaptable spaces.
- Spaces must be easy to clean.
- There must be space to secure personal belongings.
- There must be sufficient storage



Bright and spacious clinical and treatment spaces



Bright and spacious clinical and treatment spaces

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

1.10 SUPPORT SPACES

The facility must provide comfortable contemplative spaces, both internally and externally, which can be used for therapeutic purposes, quiet reflection and religious observance.

- Garden spaces to be provided for respite and to be accessible to all (level thresholds, support rails, seats of varying heights etc). There must be spaces for tables and wheelchairs.
- There must be sheltered external spaces that people can use in inclement weather.
- There must be comfortable contemplative spaces which can be used for quiet reflection and for religious observance.



Internal & external support space including attractive respite garden areas with outdoor shelter

2. AGREED NON-NEGOTIABLES FOR STAFF

NB, in reading the experiences below these must be provided for all irrespective of physical, sensory or cognitive impairments.

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>2.1 ACCESSIBILITY</p> <p>The facility must be designed to welcome and support staff of all abilities. They must be able to access the facility in a safe and convenient manner during daylight and darkness. They must also be encouraged to use green travel options.</p>	<ul style="list-style-type: none"> • Pedestrian and cycle access routes from local roads, public transport and parking areas to be sufficient, safe, accessible, clear and well lit. • Safe crossing points at vehicular routes. • Reliable vehicular parking for staff working late at night/early morning/on call within 75 metres of facility entrance. • Staff vehicular parking should have direct access/short routes to facility and be well lit. • 10% of total parking provision to be electric vehicle charging points (incl. infrastructure in place to provide more at a future date). Chargers must be placed at a height and location suitable for wheelchair users. • Secure cycle store with charging point for electric cycles. Associated washing/changing area and facilities to be provided (<i>refer also to 2.2 below</i>). • Any staff entrance should be secure with access gained through an electronic entry system (card reader or coded keypad access). • If a staff only entrance is provided this should be located away from the main (public) Entrance to avoid confusion and should not go through clinical areas. • Staff must be able to enter and exit the facility without going through waiting areas. • Appropriate and separate deliveries entrance enabling distribution internal without disturbing clinical spaces.



Buildings with ease of safe access for staff; parking, walking, cycling and public transport

2.2 WELLBEING

The facility must provide for the human needs of staff, both in terms of immediate needs for sustenance and in promoting personal health and wellbeing.

- A mix of dedicated Staff spaces for personal downtime and social gatherings; ‘a space to de-stress and wind down’. Comfortable spaces away from patients and relatives where staff can discuss their day in confidence and privacy without being overheard. Spaces for impromptu conversations and informal communications. They must be attractive to encourage use, with good daylight, interesting views and a range of seating areas, some more social and some to allow quiet time.
- Staff should have access to daylight throughout their working day e.g., clinical areas, corridors, rest areas.
- Kitchen area(s) required with places to store and prep food to allow staff to prepare meals on site and come together socially.
- All departments need a tea prep area for staff who can't leave the wards/dept, but it is important to have a staff canteen so that staff can leave the dept for headspace.
- Flexible changing facilities that allow for personal privacy and are designed to respect gender sensitivities.
- Shower facilities and space for staff to dry clothing to encourage green travel options.
- Space for staff to store personal belongings (Lockers for all staff members).

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

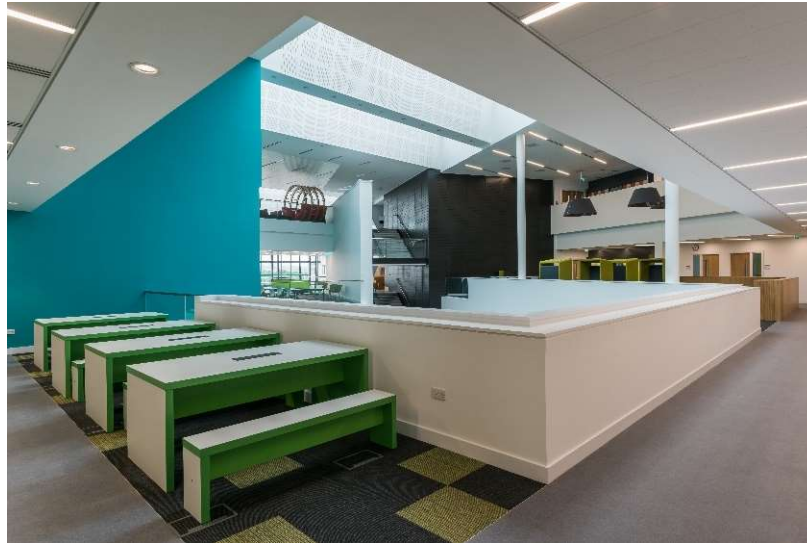
- Easy to access staff only outside space (not at entrance area) for staff get a breath of fresh air away from public spaces which provides contrast to working environment. This must not be overlooked by patient or visitor areas. Could be Rooftop terrace to ensure Staff privacy.
- There must be accommodation where staff can sleep if on shift work or overnight support.



Dedicated space for staff to meet and relax away from patient contact areas – indoor and out.

<p>2.3 SUPPORTING RELATIONSHIPS & TRAINING</p> <p>The layout of the facility must be designed to aid interdisciplinary working, encourage staff interactions and communication, and to support learning.</p>	<ul style="list-style-type: none"> • There must be suitable spaces which can accommodate bringing teams together, lectures and large meetings. Some of this might be provided in partnership with West Highland College on the wider campus. • Opportunities for staff from all disciplines/departments to meet informally during the course of the working day. (refer also to 2.2 above) • Flexible ‘Break Out’ spaces to facilitate impromptu 1:1’s or small groups to have conversations in privacy without being overheard. These must be digitally enabled. • A variety of education and training spaces should be provided, including opportunities for staff to study away from clinical areas. • Opportunities for shared spaces with other public bodies should be considered but these must not limit or compromise the functionality of the facility. • Travel times to any remote shared facility must be within a 10-minute walk.
---	---

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Formal and informal space for staff communication, training, and education.

**LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022**

2.4 STAFF WORKING ENVIRONMENTS

must ensure all staff feel like part of the one facility but meet the specific needs of each department/clinic. They must be efficiently located in terms of clinical adjacencies and offer a range of environments to suit different tasks and personal preferences.

- Flexible and agile workspaces to allow for personal preference in working environment such as spaces for quiet working, spaces away from the main working area for 1 on 1 chats/meetings and space for sensitive calls.
- Office areas to be flexible to respond to changes in working practices.
- Charge Nurse Offices must be within their own clinical environments/departments.
- Office environments to have access to natural daylight & external views.





Agile staff working environments providing a range of enclosed, quiet, and shared open-plan areas




2.5 FACILITIES MANAGEMENT

The management and transfer of materials and waste, and the maintenance of the facility must not impact the nature of patient areas or staff rest areas.

- Facility to be easy to clean and service without impacting on patient areas, or staff rest areas, visually or with noise.
- Material flows should be separated from public flows.
- Sufficient goods distributed storage. (Corridors should not be used for storage)
- Plant areas should be accessible without impacting on function of facility.
- Vehicle service routes to be placed away from public and clinical areas to minimise noise impact and disruption.
- Secure Service Yard sufficiently sized with no unauthorised access.

**LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022**

3. AGREED NON-NEGOTIABLES FOR VISITORS (FAMILY/FRIENDS/CARERS)

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>3.1 ACCESSIBILITY The routes to and from the facility must be clear, safe and intuitive for visitor access as well as helping to reduce stress when visiting family/friends etc.</p>	<p>Benchmarks for Visitors should be indistinguishable from those for Patients identified in in 1.1 & 1.2 above.</p> <div style="display: flex; justify-content: space-around;">    </div> <p><i>Buildings with ease of safe access for visitors; parking, walking, cycling and public transport (Not gravel paths)</i></p>

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

3.2 AVAILABILITY

The facility must provide support for visitors who are travelling far and those who need to be with patients out of hours.

- Person Centred Visitors Policy (no restrictions on visiting times).
- Relatives' rooms must be provided for visitors who are travelling far and visitors who need to stay overnight. These should have access to daylight, external views, ensuite facilities and tea & coffee making facilities.
- Visitors Room(s) must be provided where visitors can go for peace, quiet and contemplation. These should feel homely, comforting and non-clinical and have tea & coffee making facilities.
- Some patient bedrooms should be designed to allow visitors to stay overnight within them (fold down bed illustrated in image below), but equally some visitor bedrooms should be away from patient areas.
- Consideration should be given to routes visitors will take to wards out of hours. Avoid going through services/areas that close down out of hours.



Patient bedrooms with fold down bedspace for relative overnight stay.



Visitor rooms and bedrooms for relatives to stay overnight.

3.3 WELFARE & WELLBEING

The facility must be welcoming, comforting and accessible for visitors. It must provide for the human needs of the visitor and support their wellbeing.

Benchmarks for Visitors should be indistinguishable from those for Patients identified in in 1.3, 1.4 & 1.5 above. In addition, the facility must also provide;

- Easy access to an information provider such as CAB or a health and social care co-ordinator to have quick discussions with patients and relatives about out of hospital support.
- Flexible space for use by 3rd Sector organisations to provide information and offer support for family, friends and carers. Preferably located near Reception so it is visible and accessible upon arrival.
- Drinking water stations must be provided to enable visitors to top up their water bottles as required.
- Vending machines must be available to allow visitors to get snacks out of hours etc.
- Laundry facilities should be provided for visitors to help patients.
- Visitors should have access to Wi-Fi, phone charging points etc.
- Baby change facilities.
- Access to green spaces for walks and to allow visitors 'a breath of fresh air'.

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022



Relaxing spaces for visitors including access to information and support

4. ALIGNMENT OF INVESTMENT WITH POLICY

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered.

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>Sustainability and Net Zero Carbon The facility will be designed to support the NHS Scotland commitment to being a 'net-zero' greenhouse gas emissions organisation by 2045</p>	<ul style="list-style-type: none"> • The design of the building will achieve the aims set out in the policy statement: A Policy for NHS Scotland on the Climate Emergency and Sustainable Development – DL (2021) 38 issued on 10th November 2021. • The building will be designed to achieve Net Zero Carbon objectives in operation through design of building fabric (airtightness), and renewable energy sources wherever possible. If renewable energy sources are not available now, the building will be designed with systems which can adapt to future sources e.g., district heating, hydrogen, heat pumps. NHS Highland are involved in hydrogen energy programmes in Invergordon and Oban. • The building will be designed to optimise energy performance using climate projections to 2050. • Emissions will be minimised during construction. • The building design will support all focus areas of the NHS Climate Change and Sustainability Strategy 2020-2025 • Modelling is being developed with IES Engineering Consultants to form a NZC brief for the design team. Additional expertise will be brought into the project as required. • Sustainability through linking into active travel networks, provision of bicycle storage and changing facility, EV charging points. • BREEAM 'Excellent' will be the target. • The project team will refer to guidance Sustainable Design and Construction (SDaC) Guide (SHTN 02-01) and demonstrate application and compliance with this guide. • Sustainability reviews will be carried out at key design stages and reviewed by the NHS Highland Sustainability Group.
<p>Equality and diversity NHS Highland is required to ensure that equality and diversity are embedded into all our functions and activities in line with the Equality Act 2010.</p>	<ul style="list-style-type: none"> • The facility will be designed to comply with the Equality Act 2010, Equality Specific Duties (Scotland) Regulations 2012 & its amendments; plus current British Standards for accessible environments e.g. BS 8300 :2018 parts 1&2 • The project EQIA will be reviewed and developed at each stage with appropriate stakeholders at OBC stage.

**LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022**

	<ul style="list-style-type: none"> • Stakeholder groups will include representatives of people who are disadvantaged or discriminated against because of who they are, their protected characteristic, for example: age, disability, race, gender or transgender, religion or belief and sexual orientation. • Lochaber Access Panel will continue to engage with the Project Team and will contribute to updating of the AEDET and NDAP documents. • Project Team will be guided by NHS Highland Equality Outcomes and Mainstreaming Report 2021. • Equality will be reviewed through NHS Highland’s Principal Officer Health Inequalities, Equality and Diversity being engaged with the Project Team. • The Communications and Engagement Plan will reflect these objectives.
<p>Masterplan The design of the facility must contribute to the wider site masterplan</p>	<ul style="list-style-type: none"> • Formalisation of collaborative partnership with Highlands and Islands Enterprise, and West Highland College, and The Highland Council. • Contribute to wider economic and social improvements in Fort William/Lochaber through development of the Blar Mhor site providing a new hospital alongside a new education facility (West Highland College), new housing stock (The Highland Council) for Lochaber. • The hospital will be designed to fit on the proposed site masterplan with sufficient parking, public transport links, green spaces, and capacity for expansion. Opportunities will be identified for sharing infrastructure costs (roads, drainage, utilities) with the other site stakeholders.
<p>Flexibility The new hospital will be designed to accommodate future service change/expansion</p>	<ul style="list-style-type: none"> • The building design and layout will meet the proposed service model and will also be sufficiently flexible to allow changes to accommodate innovation and changes in clinical services.

5. TECHNICAL GUIDANCE AND STANDARDS

The list of applicable guidance and standards:

Project applicability	Reference ID	NHS Scotland Facility Guidance Title (web version) current at sourced date above	Date Published
3 - Highest	HBN 00-01	Core guidance - General design for healthcare buildings (HBN 00-01)	Oct-14
3 - Highest	HBN 00-07	Core guidance - Planning for a resilient healthcare estate (HBN 00-07)	Oct-14
3 - Highest	SHFN 30 Part A	HAI-SCRIBE Manual information for project teams (SHFN 30 Part A)	Oct-14
3 - Highest	SHFN 30 Part B	HAI-SCRIBE Implementation strategy and assessment process (SHFN 30 Part B)	Oct-14
3 - Highest	SHFN 30 Part C	HAI-SCRIBE questionsets and checklists (SHFN 30 Part C)	Jan-15
3 - Highest	SHTM 00	Best practice guidance for healthcare engineering policies and principles (SHTM 00)	Feb-13
2 - Normal	GUID 5002	Decontamination - Loan devices (GUID 5002)	Jul-15
0 - None	GUID 5005	Decontamination - Compliant Dental Local Decontamination Units in Scotland Primary Care (GUID 5005)	Nov-19
2 - Normal	GUID 5006	Decontamination - Carriage of Dangerous Goods Regulations for Used Medical Devices (GUID 5006)	Dec-13
2 - Normal	GUID 5007	Decontamination - Compliant Podiatry Instruments (GUID 5007)	Mar-20
2 - Normal	GUID 5008	Decontamination - Disposal and Recycling of Medical Devices (GUID 5008)	Oct-14
2 - Normal	GUID 5010 Part A	Decontamination - Reusable surgical instruments before and after clinical use - Design (GUID 5010 Part A)	Dec-14
2 - Normal	GUID 5010 Part B	Decontamination - Reusable surgical instruments before and after clinical use - Operation (GUID 5010 Part B)	Dec-14
2 - Normal	GUID 5013	Decontamination - Compliant Endoscope Decontamination Units (GUID 5013)	Nov-14
0 - None	GUID 5014	Decontamination - Compliant CDUs (GUID 5014)	May-19
2 - Normal	GUID 5015	Decontamination - Engineering staff roles & responsibilities (GUID 5015)	Feb-17
2 - Normal	HBN 00-02	Core elements - Sanitary spaces (HBN 00-02)	Mar-17
2 - Normal	HBN 00-03	Core guidance - Clinical and clinical support spaces (HBN 00-03)	Oct-14
2 - Normal	HBN 00-04	Core Guidance - Circulation and communication spaces (HBN 00-04)	Oct-14
2 - Normal	HBN 01-01	Cardiac facilities (HBN 01-01)	Oct-14

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

2 - Normal	HBN 02-01	Cancer treatment facilities (HBN 02-01)	Oct-14
0 - None	HBN 03-01	Mental health - Adult acute units (HBN 03-01)	Oct-14
0 - None	HBN 03-02	Facilities for child and adolescent mental health services CAMHS (HBN 03-02)	Sep-18
0 - None	HBN 04-02	Critical care units (HBN 04-02)	Oct-14
2 - Normal	HBN 06 vol 2	Diagnostic imaging: PACS and specialist imaging (HBN 06 vol 2)	Oct-14
2 - Normal	HBN 07-01	Renal care - Satellite dialysis unit (HBN 07-01)	Oct-14
0 - None	HBN 07-02	Renal Care - Main renal unit (HBN 07-02)	Oct-14
2 - Normal	HBN 08-02	Dementia-friendly Health and Social Care Environments (HBN 08-02)	Aug-16
2 - Normal	HBN 12-01 sup A	Out-patient care: Sexual and reproductive health clinics (HBN 12-01 sup A)	Oct-14
2 - Normal	HBN 14-01	Medicines management: Pharmacy and radiopharmacy facilities (HBN 14-01)	Oct-14
2 - Normal	HBN 14-02	Medicines storage in clinical areas (HBN 14-02)	Sep-21
0 - None	HBN 15	Facilities for pathology services (HBN 15)	Oct-14
2 - Normal	HBN 23	Hospital accommodation for children and young people (HBN 23)	Oct-14
2 - Normal	HBN 26 vol 1	Facilities for surgical procedures (HBN 26 vol 1)	Oct-14
2 - Normal	HBN 37	In-patient facilities for older people (HBN 37)	Oct-14
2 - Normal	HTM 65	Wayfinding -effective wayfinding and signing for healthcare facilities (HTM 65)	Aug-16
2 - Normal	SFPN 00-01	Fire safety - A model management structure (SFPN 00-01)	Apr-04
2 - Normal	SFPN 10	Fire Safety -Laboratories on hospital premises (SFPN 10)	Dec-99
2 - Normal	SFPN 3	Fire safety - Escape bed lifts (SFPN 3)	Oct-10
2 - Normal	SFPN 4	Fire Safety -Hospital main kitchens (SFPN 4)	Dec-99
2 - Normal	SFPN 6	Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6)	Dec-07
2 - Normal	SHFN 01-01	National Facilities Monitoring Framework Manual (SHFN 01-01)	Apr-21
2 - Normal	SHFN 01-02	NHSScotland National Cleaning Services Specification - NCSS (SHFN 01-02)	Jun-16
2 - Normal	SHFN 01-03	Implementation and Communication Plan NCSS (SHFN 01-03)	Dec-16
2 - Normal	SHFN 01-04	National average cleaning time (NACT) user guide (SHFN 01-04)	Apr-21
2 - Normal	SHFN 01-05	Safe Management of the Care Environment (SHFN 01-05)	May-21
2 - Normal	SHFN 02	Access - Audit survey toolkit for disabled people in healthcare premises (SHFN 02)	Sep-07
2 - Normal	SHFN 02-01	Portering Services Standards for NHSScotland (SHFN 02-01)	Jun-21
2 - Normal	SHFN 03	Access - checklist for people with dementia in healthcare premises (SHFN 03)	Oct-07

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

2 - Normal	SHFN 03-01	Security - Management Framework for NHS Boards in Scotland (SHFN 03-01)	Dec-08
2 - Normal	SHFN 03-02	Security - Services Standards for NHSScotland (SHFN 03-02)	Jul-21
2 - Normal	SHFN 03-04	Security Lockdown - Controlling movement and access in healthcare facilities (SHFN 03-04)	Mar-20
2 - Normal	SHFN 04-01	Food in Hospitals (SHFN 04-01)	Mar-16
2 - Normal	SHFN 04-03	Food Safety Assurance Manual (SHFN 04-03)	Mar-20
2 - Normal	SHFN 04-04	Food Allergen Management (SHFN 04-04)	Mar-14
2 - Normal	SHFN 14	Access - Disability (SHFN 14)	Sep-00
2 - Normal	SHFN 20	Access - audits of primary healthcare facilities (SHFN 20)	Sep-00
2 - Normal	SHPN 04-01	Adult in-patient facilities (SHPN 04-01)	Oct-10
2 - Normal	SHPN 06 Part 1	Facilities for diagnostic imaging and interventional radiology (SHPN 06 Part 1)	Mar-04
2 - Normal	SHPN 08	Rehabilitation services facilities (SHPN 08)	Jan-02
2 - Normal	SHPN 11-10	Police Custody Medical Facilities (SHPN 11-10)	Jan-14
0 - None	SHPN 13 Part 1	Decontamination - Central Decontamination Unit (SHPN 13 Part 1)	May-11
2 - Normal	SHPN 13 Part 2	Decontamination - Local Decontamination facilities (SHPN 13 Part 2)	Jun-08
2 - Normal	SHPN 13 Part 3	Decontamination - Endoscope Decontamination Units (SHPN 13 Part 3)	Sep-10
2 - Normal	SHPN 16-01	Mortuary and Post Mortem Facilities (SHPN 16-01)	Nov-17
2 - Normal	SHPN 22	Accident and emergency facilities for adults and children (SHPN 22)	Jan-07
0 - None	SHPN 36 part 1	General Medical Practice Premises in Scotland (SHPN 36 part 1)	Jul-06
0 - None	SHPN 36 Part 2	NHS Dental Premises in Scotland (SHPN 36 Part 2)	Jul-06
0 - None	SHPN 36 part 3	Community Pharmacy Premises in Scotland Providing NHS Pharmaceuticals (SHPN 36 part 3)	Aug-07
2 - Normal	SHPN 4 sup 1	In-patient accommodation - supplement 1 - Isolation facilities in acute settings (SHPN 4 sup 1)	Sep-08
2 - Normal	SHPN 52 Part 1	Day care part 1 - Day surgery unit (SHPN 52 Part 1)	Jan-02
2 - Normal	SHPN 52 Part 2	Day care part 2 - Endoscopy unit (SHPN 52 Part 2)	Jan-02
2 - Normal	SHPN 52 Part 3	Day care part 3 - Medical investigation and treatment unit (SHPN 52 Part 3)	Jan-02
2 - Normal	SHTM 01-01 GUID 5017	Decontamination - of surgical instruments (SHTM 01-01 GUID 5017)	Sep-18
2 - Normal	SHTM 01-01 Part A	Decontamination - Management (SHTM 01-01 Part A)	Sep-18
2 - Normal	SHTM 01-01 Part B	Decontamination - Test equipment / methods (SHTM 01-01 Part B)	Sep-18
0 - None	SHTM 01-01 Part C	Decontamination - Sterilization by steam (SHTM 01-01 Part C)	Sep-18

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

0 - None	SHTM 01-01 Part D	Decontamination - Automated cleaning and disinfection equipment (SHTM 01-01 Part D)	Sep-18
0 - None	SHTM 01-01 Part E	Decontamination - Sterilization by hydrogen peroxide or ethylene oxide (SHTM 01-01 Part E)	Sep-18
0 - None	SHTM 01-01 Part F	Decontamination - Inspect, assemble and package (SHTM 01-01 Part F) (PDF, 882KB)	Sep-18
0 - None	SHTM 01-02 Part A	Decontamination - Lab sterilizers and washer disinfectors - management and operation (SHTM 01-02 Part A)	Jun-20
0 - None	SHTM 01-02 Part B	Decontamination - Lab sterilizers and washer disinfectors - test equipment / methods (SHTM 01-02 Part B)	Jun-20
0 - None	SHTM 01-02 Part C	Decontamination - Lab sterilizers and washer disinfectors - sterilization by steam (SHTM 01-02 Part C)	Jun-20
0 - None	SHTM 01-02 Part D	Decontamination - Lab sterilizers and washer disinfectors - cleaning and disinfection (SHTM 01-02 part D)	Jun-20
2 - Normal	SHTM 02-01 Part A	Medical Gas Pipeline Systems: Design installation validation and verification (SHTM 02-01 Part A)	Jun-12
2 - Normal	SHTM 02-01 Part B	Medical Gas Pipeline Systems: Operational management (SHTM 02-01 Part B)	Jul-15
2 - Normal	SHTM 03-01 Part A	Ventilation for Healthcare - Design and validation (SHTM 03-01 Part A)	Feb-14
2 - Normal	SHTM 03-01 Part B	Ventilation for Healthcare - Operational and verification (SHTM 03-01 Part B)	Oct-11
2 - Normal	SHTM 04-01 Part A	Water safety for healthcare- Design installation and testing (SHTM 04-01 Part A)	Jul-14
2 - Normal	SHTM 04-01 Part B	Water safety for healthcare- Operational management (SHTM 04-01 Part B)	Jul-14
2 - Normal	SHTM 04-01 Part C	Water safety for healthcare- TVC Testing Protocol (SHTM 04-01 Part C)	Feb-14
2 - Normal	SHTM 04-01 Part D	Water safety for healthcare- Disinfection of domestic water systems (SHTM 04-01 Part D)	Aug-11
2 - Normal	SHTM 04-01 Part E	Water safety for healthcare- Alternative materials and filtration (SHTM 04-01 Part E)	Aug-15
2 - Normal	SHTM 04-01 Part F	Water safety for healthcare- Chloramination of water supplies (SHTM 04-01 Part F)	Dec-11
2 - Normal	SHTM 04-01 Part G	Water safety for healthcare- Operational procedures and exemplar (SHTM 04-01 Part G)	Jul-15
2 - Normal	SHTM 04-02 Part A	Water safety for emerging technologies - Solar domestic hot water heating (SHTM 04-02 Part A)	Jul-15
2 - Normal	SHTM 04-02 Part B	Water safety for emerging technologies - Rainwater harvesting (SHTM 04-02 Part B)	Jul-15
2 - Normal	SHTM 04-02 Part C	Water safety for emerging technologies - Grey water recovery (SHTM 04-02 Part C)	Jul-15
2 - Normal	SHTM 06-01 Part A	Electrical services supply and distribution: Design considerations (SHTM 06-01 Part A)	Jul-15
2 - Normal	SHTM 06-01 Part B	Electrical services supply and distribution: Operational management (SHTM 06-01 Part B)	Jul-15
2 - Normal	SHTM 06-02	Electrical safety guidance for Low Voltage systems (SHTM 06-02)	Jul-15
2 - Normal	SHTM 06-03	Electrical safety guidance for High Voltage systems (SHTM 06-03)	Jul-15
2 - Normal	SHTM 07-03	Transport management and car parking (SHTM 07-03)	Jan-08
2 - Normal	SHTM 07-04	Transport - NHSScotland Travel Plan Guidance (SHTM 07-04)	Sep-07
2 - Normal	SHTM 08-01	Specialist Services: Acoustics (SHTM 08-01)	Jul-15
2 - Normal	SHTM 08-02	Specialist Services - Lifts (SHTM 08-02)	Jul-15

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

2 - Normal	SHTM 08-03	Specialist Services - Bedhead Services (SHTM 08-03)	Jul-11
2 - Normal	SHTM 08-04 Part A	Pneumatic Tube Transport Systems: Overview and Management (SHTM 08-04 Part A)	Nov-11
2 - Normal	SHTM 08-04 Part B	Pneumatic Tube Transport Systems: Design and Good Practice (SHTM 08-04 Part B)	Jul-15
2 - Normal	SHTM 08-05 Part A	Building Management Systems: Overview and Management (SHTM 08-05 Part A)	Apr-12
2 - Normal	SHTM 08-05 Part B	Building Management Systems: Design Considerations (SHTM 08-05 Part B)	Apr-12
2 - Normal	SHTM 08-05 Part C	Building Management Systems: Validation and Verification (SHTM 08-05 Part C)	Apr-12
2 - Normal	SHTM 08-05 Part D	Building Management Systems: Operational Management (SHTM 08-05 Part D)	Apr-12
0 - None	SHTM 08-06	Specialist Services - Pathology Laboratory Gas Systems (SHTM 08-06)	Jul-11
2 - Normal	SHTM 08-07	Confined Spaces policies procedures and guidance (SHTM 08-07)	Feb-15
2 - Normal	SHTM 08-08	Pressure Systems: Policies and Guidance (SHTM 08-08)	Jul-14
0 - None	SHTM 2010 Part 1	Decontamination - Overview and management responsibilities Sterilization (SHTM 2010 Part 1) (PDF, 265KB)	Jun-01
0 - None	SHTM 2010 Part 2	Decontamination - Design considerations Sterilization (SHTM 2010 Part 2) (PDF, 644KB)	Jun-01
0 - None	SHTM 2010 Part 3	Decontamination - Validation and verification Sterilization (SHTM 2010 Part 3) (PDF, 1,34MB)	Jun-01
0 - None	SHTM 2010 Part 4	Decontamination - Operational management Sterilization (SHTM 2010 Part 4) (PDF, 779KB)	Jun-01
0 - None	SHTM 2010 Part 5	Decontamination - Good practice guide Sterilization (SHTM 2010 Part 5) (PDF, 1MB)	Jun-01
0 - None	SHTM 2010 Part 6	Decontamination - Testing and validation protocols Sterilization (SHTM 2010 Part 6)	Jun-01
0 - None	SHTM 2022 Supp 1	Dental compressed air and vacuum systems (SHTM 2022 Supp 1)	Mar-04
0 - None	SHTM 2030 Part 1	Decontamination - Design considerations Washer-disinfectors (SHTM 2030 Part 1)	Oct-01
0 - None	SHTM 2030 Part 2	Decontamination - Operational management Washer-disinfectors (SHTM 2030 Part 2)	Oct-01
0 - None	SHTM 2030 Part 3	Decontamination - Validation and verification Washer-disinfectors (SHTM 2030 Part 3)	Oct-01
0 - None	SHTM 2031 Part 1	Decontamination - Clean steam for sterilization (SHTM 2031 Part 1)	Jun-01
2 - Normal	SHTM 2035 Part 1	Mains signaling - Overview and management (SHTM 2035 Part 1)	Jun-01
2 - Normal	SHTM 2035 Part 2	Mains signalling - Design considerations (SHTM 2035 Part 2)	Jun-01
2 - Normal	SHTM 2035 Part 3	Mains signalling - Validation and verification / operation (SHTM 2035 Part 3)	Jun-01
2 - Normal	SHTM 54	Building component series -User manual (SHTM 54)	Dec-06
2 - Normal	SHTM 55	Building component series -Windows (SHTM 55)	Dec-06
2 - Normal	SHTM 56	Building component series - Partitions (SHTM 56)	Dec-06
2 - Normal	SHTM 57	Building component series - Internal glazing (SHTM 57)	Dec-06
2 - Normal	SHTM 58	Building component series - Internal doorsets (SHTM 58)	Dec-06

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

2 - Normal	SHTM 59	Building component series - Ironmongery (SHTM 59)	Dec-06
2 - Normal	SHTM 60	Building Component Series - Ceilings (SHTM 60)	Oct-09
2 - Normal	SHTM 61	Building component series - Flooring (SHTM 61)	Jul-09
2 - Normal	SHTM 61 app 1a	Building component series - Flooring - matrix example xls (SHTM 61 app 1a)	Jul-09
2 - Normal	SHTM 62	Building component series - Demountable storage systems (SHTM 62)	Dec-06
2 - Normal	SHTM 63	Building component series - Fitted storage systems (SHTM 63)	Dec-06
2 - Normal	SHTM 64	Building Component Series – Sanitary assemblies (SHTM 64)	Dec-09
2 - Normal	SHTM 66	Building component series - Cubicle curtain track (SHTM 66)	Dec-06
2 - Normal	SHTM 67	Building component series - Laboratory storage systems (SHTM 67)	Dec-06
2 - Normal	SHTM 69	Building component series - Protection (SHTM 69)	Dec-06
2 - Normal	SHTM 81 part 1	Fire safety - Precautions in new healthcare premises (SHTM 81 part 1)	Jul-09
2 - Normal	SHTM 81 part 2	Fire safety - Fire engineering of healthcare premises (SHTM 81 part 2)	Jul-09
2 - Normal	SHTM 81 part 3	Fire safety - Atria in healthcare premises (SHTM 81 part 3)	Apr-13
2 - Normal	SHTM 82	Fire safety - alarm and detection systems (SHTM 82)	Apr-13
2 - Normal	SHTM 83	Fire safety - General fire precautions in healthcare premises (SHTM 83)	Apr-04
2 - Normal	SHTM 83 Part 2	Fire Safety - Fire safety training (SHTM 83 Part 2)	Jul-17
0 - None	SHTM 84	Fire safety - Risk assessment in residential care premises (SHTM 84)	Apr-03
0 - None	SHTM 85	Fire safety - Precautions in existing healthcare premises (SHTM 85)	Dec-07
2 - Normal	SHTM 86	Fire safety - Risk assessment (SHTM 86)	Jun-13
2 - Normal	SHTM 87	Fire safety - Textiles and furniture (SHTM 87)	Aug-09
0 - None	SHTN 00-01	Property Appraisal Manual -PAMS (SHTN 00-01)	Mar-21
0 - None	SHTN 00-02	Strategic property and asset management guidance for NHSScotland - PAMS (SHTN 00-02)	Nov-10
0 - None	SHTN 00-03	Property appraisal guidance for NHSScotland - PAMS - Risk-based methodology (SHTN 00-03)	Nov-10
2 - Normal	SHTN 00-04	Guidance on Management of Medical Devices and Equipment (SHTN 00-04)	Jun-21
2 - Normal	SHTN 02-00	Sustainable Development Strategy (SHTN 02-00)	Feb-12
2 - Normal	SHTN 02-01	Sustainable Design and Construction (SDaC) Guide (SHTN 02-01)	
2 - Normal	SHTN 02-02	Sustainable - EV Charging Infrastructure (SHTN 02-02)	Dec-20
2 - Normal	SHTN 3	Waste management - Segregation Chart (SHTN 3)	Nov-13
2 - Normal	SHTN 3 Part A	Waste management - Summary of requirements - best practice overview (SHTN 3 Part A)	Feb-15

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

2 - Normal	SHTN 3 Part B	Waste management - Policy template (SHTN 3 Part B)	Feb-15
2 - Normal	SHTN 3 Part C	Waste management - Compendium of regulatory requirements (SHTN 3 Part C)	Feb-15
2 - Normal	SHTN 3 Part D	Waste management - Guidance and example text for waste procedures (SHTN 3 Part D)	Feb-15
2 - Normal	-	NHS Highland Gaelic Language Plan 2017-2022 (and successors)	2017

6. SELF ASSESSMENT PROCESS

Decision Point	Authority	Additional Skills / Perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information required to allow evaluation
Site strategy	NHSH Board with advice from Project Board	Masterplan agreement with The Highland Council, Highland and Islands Enterprise and West Highland College. NHS Scotland Design Assessment Process (NDAP), Hub North Scotland team including healthcare planning input.	Risk / benefit analysis of the capacity of the sites to deliver a development that meets the criteria identified above.	Site feasibility study based on best available information. Use of AEDET and NDAP Design Statement to review criteria is being met.
Site layout	NHSH Board with advice from Project Board	SDaC (SHTN 02-01) requires workshop(s) with sustainability consultants, HFS, Design team prior to site selection.	Risk / benefit analysis of the capacity of the sites to deliver a development that will support the application of SDaC criteria.	Use of SDaC to determine if this criterion is being met.
Completion of brief	NHSH Project Board with advice from Project Director	Stakeholders, including service providers and internal technical advisors. Clinical modelling supported by Healthcare Planner. Agreement on any shared plant or accommodation with West Highland College e.g., energy centre, access roads, drainage system, training rooms, accommodation.	This Design Statement should be included in the brief.	Early engagement with Hub North Scotland to assess the affordability / deliverability of the project brief. Use of AEDET, SDaC, KSAR & NDAP Design Statement to check that the brief meets the agreed criteria.

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

Selection of Delivery / Design Team	NHSH Project Board with advice from NHSH Project Director and Project Manager	HFS Capital Project Advisors, including any appointed technical advisors	Selection process as per HFS Framework Scotland 3, including cost and quality considerations, to ensure that the best PSCP and design team is chosen from the Framework.	Previous experience / examples of work on developments of a similar nature and complexity. Interview process to include presentation and questions relating to design approach and the potential to meet the criteria set. Consideration given to quality criteria set.
Early design concept selected from options developed	NHSH Project Board with advice from Project Director	HFS input through NDAP process.	Use of AEDET, SDaC, KSAR & NDAP Design Statement to determine if the criteria are being met	Proposals developed to Stage 3 with enough detail to enable distinction between the main use types (including circulation and external space). Elevations and 3D visuals.
Approval of Design Proposals to be submitted to the Planning Authority	NHSH Board with advice from Project Board	NDAP, The Highland Council Planning and Transport	Use of AEDET, SDaC, KSAR & NDAP Design Statement to determine if the criteria are being met	Selected Design to Stage 4, with elevations
Approval of detailed Design to allow Construction	NHSH Project Board with advice from Project Director	In-house architectural team and technical advisors	Use of AEDET, SDaC, KSAR & NDAP Design Statement to determine if the criteria are being met	Design developed to Stage 5 with agreed specification.
Post Occupancy Evaluation	Consideration by appropriate NHS H governance and report sent to SGHD	Independent analysis by service providers / stakeholders. Potential Third-Party evaluation	Assessment of completed development by representatives of the stakeholder groups involved in establishing the assessment criteria (AEDET, Design Statement).	Post Occupancy Evaluation

STAKEHOLDER GROUPS

This statement was developed through the engagement of the following stakeholder groups:

Lochaber Community Stakeholder Group

Name	Role	Organisation
Louise Bussell	Chief Officer (Chair)	NHS Highland
Alan Wilson	Director of Estates, Facilities and Capital Planning (Vice-Chair)	NHS Highland
Emma Tayler	Assistant Wards Manager	Highland Council
Denis Rixson	Councillor, Ward 11, Caol & Mallaig	Highland Council
Kate Forbes	Constituency of Lochaber	MSP
Gordon Bell	Communications Manager	Kate Forbes MSP
Stuart MacPherson	Head of Strategic Projects	LSWR – LSWR, Highlands & Islands Enterprise
Dr Michael Foxley	Representative	University of Highlands & Islands
Sandy Stoddart	Representative	Church of Scotland Presbytery of Lochaber & Duror & Kentallen Community Council
Denise Anderson	Representative	Sunart Community Councillor
John Gillespie	Representative	Chair, Caol Community Council
John Hutchison	Representative	Chair, Kilmallie Community Council
Melanie Poduschnik	Representative	Secretary Mallaig Community Council
Patricia Jordan	Representative	Secretary, Fort William Inverlochy & Torlundy CC
Brian Murphy	Community Member	Chair, Transport & Access Group
David Sedgwick	Community Member	Belford Appreciation Group
Neil Simpson	Representative	
Donald Stewart	Representative	
Reporting Roles:		

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

Ann Boyd-Mackay	Clinical Services, Manager, Belford Hospital	NHS Highland
Eric Green	Head of Estates	NHS Highland
Heather Cameron	Senior Project Manager, Estates Team	NHS Highland
Marie Law	District Manager, Lochaber	NHS Highland
Ross MacKenzie	Area Manager, North & West Division	NHS Highland
Marie McIlwraith	Project Manager for Community Engagement	NHS Highland

Project Team

Name	Role	Organisation/Group
Ross Mackenzie	Operational Lead	NHS Highland
Heather Cameron	Technical Lead/ Senior Project Manager (Chair)	NHS Highland
Laurence Casserly	Project Manager	Thomson Gray
Josie Thomson	Clinical Advisor	NHS Highland
Karen-Anne Wilson	Lochaber District Manager/Community Lead	NHS Highland
Anne Boyd Mackay	Rural General Hospital Manager/Acute Lead	NHS Highland
Karen Le Ball	Clinical Lead	NHS Highland
Alister McNicoll	E-health lead	NHS Highland
Eilidh Turner	Area Accountant (West)/ Finance lead	NHS Highland
Tony Clapham	Staff Representative	NHS Highland
Neil Simpson	Planning and Performance Analyst/Public Health Lead	NHS Highland
Arlene Johnstone	Mental Health Service	NHS Highland
Marie McIlwraith	Project Manager for Community Engagement	NHS Highland
Chris Stirrup	SCN Emergency Dept	NHS Highland
Julie Petch	Lead Nurse, Belford	NHS Highland
John Hutchison	Community Representative	Kilmallie Community Council and West Highland College UHI

LOCHABER HEALTH & SOCIAL CARE REDESIGN
DESIGN STATEMENT: REV 3: Jan 2022

Patricia Jordan	Community Representative	Fort William Inverlochy & Torlundy Community Council
-----------------	--------------------------	--

With reference to Section 4, future stakeholder attendees will include a wide group which is representative of the population of Lochaber and includes migrant communities, potentially disadvantaged or discriminated groups.