Ref	Benefit	Category	Owner	RAG Status
P1	Supports people in looking after and improving their own health and wellbeing	Person-centred	NHS Highland is accountable for delivery, with oversight by the Senior Responsible Officer and support from the project team, clinical leads, and local authority partners	5 – Vital Importance
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	Person-centred	NHS Highland, in partnership with Highland Council and local care providers, with oversight from the project's Senior Responsible Officer and clinical governance leads	4 - High Importance
P3	Improves support to allow people to live independently	Person-centred	NHS Highland in collaboration with Highland Council, with operational delivery led by integrated health and social care teams under the oversight of the Senior Responsible Officer	5 – Vital Importance
P4	Improves quality of life through care provided	Person-centred	NHS Highland in partnership with Highland Council and local care providers, with oversight from the Senior Responsible Officer and clinical governance structures	5 – Vital Importance
P5	Increases proportion of people with intensive needs being cared for at home	Person-centred	NHS Highland in partnership with Highland Council, with delivery led by integrated community health and social care teams under the guidance of the Senior Responsible Officer	4 - High Importance
P6	Increases support for carers	Person-centred	NHS Highland in partnership with Highland Council and local care home providers, with oversight from the Senior Responsible Officer and support from workforce development leads	5 – Vital Importance
P8	Improves the Physical condition of the health / care estate	Person-centred	NHS Highland is responsible for estate development and maintenance, with oversight from the Senior Responsible Officer and support from estates and facilities teams	5 – Vital Importance
P9	Improves the quality of the healthcare estate	Person-centred	NHS Highland is responsible for estate quality improvement, with oversight from the Senior Responsible Officer and support from estates, clinical, and facilities teams	5 – Vital Importance
P10	Improves peoples opinion of the hospital environment	Person-centred	NHS Highland, with design input from clinical teams, estates, and patient representatives, overseen by the Senior Responsible Officer and project board	4 - High Importance
P11	Reduces the age of the Healthcare Estate	Person-centred	NHS Highland, with strategic oversight from the Senior Responsible Officer and operational delivery by the estates and capital planning teams	5 – Vital Importance
P_PS_1	Delivers timely care with a reduction in delays	Person-centred	NHS Highland, with operational oversight from the Senior Responsible Officer and clinical service leads responsible for scheduling, capacity planning, and performance monitoring	5 – Vital Importance
P_PS_2	Increases the number of patient episodes delivered in Lochaber	Person-centred	NHS Highland, with oversight from the Senior Responsible Officer and operational delivery by clinical service leads and local care teams	5 – Vital Importance
P_PS_3	Reduces the extent of journeys for patients from Lochaber to receive healthcare	Person-centred	NHS Highland, with oversight from the Senior Responsible Officer and support from service planning, estates, and sustainability teams	5 – Vital Importance
P_PS_4	Negates the need for unnecessary / non-value adding journeys	Person-centred	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility shared by clinical service leads and scheduling teams	5 – Vital Importance
P_PS_5	Improved access and egress from hospital site in Lochaber - making it easier to get into and out of the hospital site	Person-centred	NHS Highland, with oversight from the Senior Responsible Officer and collaboration with estates, transport planners, and local authority partners	4 - High Importance
S1	Reduces Hospital Acquired Infection and outbreaks (defined as occurring in a person who is hospitalised and which were not present or incubating on admission)	Safety	NHS Highland, with oversight from the Senior Responsible Officer, supported by infection prevention and control (IPC) teams, estates, and clinical governance leads	5 – Vital Importance
S2	Reduces adverse harmful events	Safety	NHS Highland, with oversight from the Senior Responsible Officer, supported by clinical governance, risk management, and quality improvement teams	5 – Vital Importance
S3	Reduces Hospital Standardised Mortality ratio	Safety	NHS Highland, with oversight from the Senior Responsible Officer, supported by clinical governance, quality improvement, and data analytics teams	5 – Vital Importance
S5	Improves statutory compliance	Safety	NHS Highland, with oversight from the Senior Responsible Officer, supported by estates, clinical governance, and compliance teams	4 - High Importance
S6	Reduces backlog maintenance	Safety	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility held by the estates and facilities management teams	4 - High Importance
S7	Reduces significant and high risk backlog maintenance	Safety	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility held by the estates and facilities management teams	4 - High Importance

Ref	Benefit	Category	Owner	RAG Status
S8	Reduces C.Difficile Infection transmission	Safety	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility shared by infection prevention and control (IPC) teams, clinical staff, and estates	5 – Vital Importance
S9	Reduces MRSA / MSSA Infection transmission	Safety	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility shared by infection prevention and control (IPC) teams, clinical staff, and estates	5 – Vital Importance
E1	Improves end of life care to be as comfortable as possible in a homely environment	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and operational responsibility shared by palliative care teams, community nursing, and integrated health and social care services	5 – Vital Importance
E2	Reduces emergency admissions to hospital	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and operational leads in urgent and community care	5 – Vital Importance
E3	Reduces readmissions	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and discharge coordination teams	5 – Vital Importance
E4	Ensures timely discharge from hospital	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and discharge and flow teams	5 – Vital Importance
E5	Improves the Functional Suitability of the Healthcare Estate	Effective Quality of Care	Patients and staff benefit from improved environments, functionality, and experience	4 - High Importance
E7	Reduces the rate of emergency inpatient bed days for people aged 75	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and older people's services	5 – Vital Importance
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and discharge planning teams	5 – Vital Importance
E9	Reduces the rate of attendance at A&E	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and urgent care leads	4 - High Importance
E11	Enables delivery of 18 weeks referral for treatment for Psychological Therapies	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and psychological therapy leads	5 – Vital Importance
E12	Enables delivery of 18 weeks referral for treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and CAMHS leadership	5 – Vital Importance
E13	Supports 95% of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and emergency department leads	4 - High Importance
E_PS_1	Improves whole system planning across Lochaber. Care is integrated across the health and social care system	Effective Quality of Care	NHS Highland and Highland Council, with oversight from integrated care leadership	5 – Vital Importance
E_PS_2	Creation of a healing and caring environment	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and estates/design teams	4 - High Importance
E_PS_3	Improve the extent to which patients are appropriately informed and involved in their own care and treated with dignity and respect	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and patient experience teams	5 – Vital Importance
E_PS_4	Reduced A&E waiting times	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and emergency care teams	4 - High Importance
E_PS_5	Increased access to ambulatory/same day emergency care	Effective Quality of Care	NHS Highland, with oversight from the Senior Responsible Officer and acute care teams	4 - High Importance
H1	Supports reduction of premature mortality	Health of the Population	NHS Highland, with oversight from the Senior Responsible Officer and support from public health and clinical teams	4 - High Importance

Ref	Benefit	Category	Owner	RAG Status
H2	Supports increase in the number of babies born with a Healthy birth-weight	Health of the Population	NHS Highland Maternity Services, with oversight from the Senior Responsible Officer and midwifery teams	4 - High Importance
H3	Supports early cancer detection	Health of the Population	NHS Highland, with oversight from the Senior Responsible Officer and cancer screening/diagnostics teams	5 – Vital Importance
H4	Supports smoking cessation initiatives (12 weeks post quit)	Health of the Population	NHS Highland Public Health, with oversight from the Senior Responsible Officer and smoking cessation teams	3 - Moderately Important
H5	Supports antenatal access	Health of the Population	NHS Highland Maternity Services, with oversight from the Senior Responsible Officer and midwifery teams.	5 – Vital Importance
H6	Supports suicide prevention initiatives	Health of the Population	NHS Highland Mental Health Services, with oversight from the Senior Responsible Officer and public health teams	5 – Vital Importance
H8	Supports child healthy weight interventions	Health of the Population	NHS Highland Public Health and Child Health services with Highland Council Education partners, overseen by the Senior Responsible Officer	4 - High Importance
H_PS_1	Improved health and well-being of the local Lochaber population	Health of the Population	NHS Highland with oversight from the Senior Responsible Officer, supported by Public Health, primary care, and clinical services	4 - High Importance
V1	Increases level of staff engagement	Value and Sustainability	NHS Highland, with oversight from the Senior Responsible Officer and HR/OD teams	4 - High Importance
V2	Optimises resource usage	Value and Sustainability	NHS Highland Finance and Operations teams, overseen by the Senior Responsible Officer	4 - High Importance
V3	Improved accommodation space utilisation	Value and Sustainability	NHS Highland Estates and Facilities teams, overseen by the Senior Responsible Officer	4 - High Importance
V5	Optimises cleaning costs	Value and Sustainability	NHS Highland Facilities team, overseen by the Senior Responsible Officer	4 - High Importance
V6	Optimises property maintenance costs	Value and Sustainability	NHS Highland Estates team, overseen by the Senior Responsible Officer	4 - High Importance
V8	Optimises energy usage costs	Value and Sustainability	NHS Highland Estates and Sustainability teams, overseen by the Senior Responsible Officer	4 - High Importance
V9	Optimises rent or rates costs	Value and Sustainability	NHS Highland Finance and Estates teams, overseen by the Senior Responsible Officer	3 - Moderately Important
V10	Optimises catering costs	Value and Sustainability	NHS Highland Facilities and Catering teams, overseen by the Senior Responsible Officer	3 - Moderately Important
V11	Optimises portering costs	Value and Sustainability	NHS Highland Facilities team, overseen by the Senior Responsible Officer	3 - Moderately Important
V12	Optimises laundry costs	Value and Sustainability	NHS Highland Facilities and Procurement teams, overseen by the Senior Responsible Officer	3 - Moderately Important
V13	Optimises waste costs	Value and Sustainability	NHS Highland Facilities and Sustainability teams, overseen by the Senior Responsible Officer	3 - Moderately Important
V14	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Value and Sustainability	NHS Highland Estates and Finance teams, overseen by the Senior Responsible Officer	4 - High Importance
V15	Improves design quality in support of increased quality of care and value for money	Value and Sustainability	NHS Highland Estates and Clinical teams, overseen by the Senior Responsible Officer	3 - Moderately Important

Ref	Benefit	Category	Owner	RAG Status
V16	Improves financial performance	Value and Sustainability	NHS Highland Finance team, overseen by the Senior Responsible Officer	3 - Moderately Important
V17	Reduces carbon emissions and / or energy consumption	Value and Sustainability	NHS Highland Estates and Sustainability teams, overseen by the Senior Responsible Officer	3 - Moderately Important
V_PS_1	Improves the attraction and retention of an appropriately skilled workforce	Value and Sustainability	NHS Highland HR and Workforce teams, overseen by the Senior Responsible Officer	5 – Vital Importance
V_PS_2	Increases opportunities for staff training and advancement	Value and Sustainability	NHS Highland Workforce Development teams, overseen by the Senior Responsible Officer	5 – Vital Importance
V_PS_3	Optimises "out of hours" and on-call staffing requirements	Value and Sustainability	NHS Highland Workforce and Service Planning teams, overseen by the Senior Responsible Officer	4 - High Importance
V_PS_4	Reduces/removes the need for locums/other temporary staff	Value and Sustainability	NHS Highland HR and Finance teams, overseen by the Senior Responsible Officer	5 – Vital Importance
V_PS_5	Improves the flexibility of the estate, improving flows and making re-alignment over time easier to address constantly changing needs	Value and Sustainability	NHS Highland Estates and Service Planning teams, overseen by the Senior Responsible Officer	4 - High Importance
W1	Make Lochaber attractive to people as a place to come and live	Wider / Social	NHS Highland with support from Highland Council and community planning partners	4 - High Importance
W2	Make Lochaber attractive to people as a place to invest	Wider / Social	NHS Highland and Highland Council with economic development agencies	4 - High Importance
W3	Attract specific partner / stakeholder interest and investment	Wider / Social	NHS Highland with oversight from the Senior Responsible Officer and partnership leads	4 - High Importance
W4	Present Lochaber as innovative and forward thinking	Wider / Social	NHS Highland with communications and innovation teams	4 - High Importance
W5	Bring jobs and investment through the construction process	Wider / Social	NHS Highland project team with construction partners and Highland Council	3 - Moderately Important
W6	Creates apprenticeships and training opportunities for the local workforce and school leavers	Wider / Social	NHS Highland People, Planning & Development team with construction and education partners	4 - High Importance
W7	Improved community confidence and morale in NHS Highland services in Lochaber.	Wider / Social	NHS Highland with support from community planning partners and communications teams	5 – Vital Importance

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
P1	Supports people in looking after and improving their own health and wellbeing	A modern, fit-for-purpose hospital that enhances the delivery of integrated health and social care services, enabling improved patient outcomes and more efficient use of resources.	Residents of Lochaber and surrounding rural communities, NHS Highland staff, and partner organisations through improved facilities, service integration, and care pathways.	Dependent on Scottish Government capital funding, planning and regulatory approvals, workforce recruitment and retention, and effective stakeholder engagement	Support from the Scottish Government for funding approval, Highland Council for planning and infrastructure coordination, and local communities for ongoing engagement and service co-design.	Subject to funding release; benefits anticipated to begin realising post-construction, with full realisation expected within 12–24 months of hospital opening.	Delays due to national capital funding constraints, aging infrastructure at the current Belford Hospital, and recruitment challenges in rural healthcare settings.
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	Improved patient and service user experience through better coordination, quality, and dignity in care delivery across health and social care services.	Adults receiving care at home, patients accessing GP and hospital services, care home residents, and their families — all of whom will experience more person-centred, respectful, and coordinated care.	Dependent on effective integration of health and social care teams, staff training in person-centred approaches, digital systems for care coordination, and regulatory compliance with Care Inspectorate standards.	Support from care providers, community health teams, GP practices, and third-sector partners to embed person-centred practices and ensure seamless service transitions.	Expected to begin realising benefits within 6–12 months of hospital opening, with measurable improvements in patient experience indicators within 2 years.	Current fragmentation between services, inconsistent care quality ratings, and limited infrastructure for delivering coordinated, dignified care in community settings
P3	Improves support to allow people to live independently	Enhanced community-based care and support services that reduce hospital dependency and promote independent living.	Adults with long-term conditions, older people, and individuals with complex or intensive care needs who wish to remain in their own homes or community settings.	Dependent on workforce capacity in community care, digital infrastructure for remote monitoring and coordination, availability of housing adaptations, and effective discharge planning protocols.	Support from community nursing teams, social care providers, housing services, and third-sector partners to deliver flexible, responsive care in home and community settings.	Benefits expected to begin within 6–12 months of hospital opening, with measurable reductions in emergency admissions and delayed discharges within 18–24 months.	Current over-reliance on inpatient care, limited capacity in care-at-home services, delayed discharges due to care package availability, and fragmented support for people with complex needs.
P4	Improves quality of life through care provided	Delivery of high-quality, person-centred care that enhances or maintains individuals' quality of life in their own homes or community settings.	Adults receiving care at home or in community settings, particularly those with long-term conditions, disabilities, or complex care needs.	Dependent on effective integration of health and social care services, staff training in holistic care approaches, and robust quality assurance and feedback mechanisms.	Support from care providers, community health teams, and third-sector organisations to embed quality-of-life outcomes into care planning and delivery.	Expected to begin within 6–12 months of hospital opening, with measurable improvements in quality-of-life indicators within 18–24 months.	Current limitations in care coordination, inconsistent service quality, and lack of infrastructure to support holistic, community-based care delivery.
P5	Increases proportion of people with intensive needs being cared for at home	Expanded capacity and capability of community-based services to support people with intensive needs in their own homes rather than in institutional settings.	Adults with complex or high-dependency care needs, their families and carers, and the wider health and social care system through reduced hospital and care home admissions.	Dependent on workforce availability in community nursing and care-at-home services, access to specialist equipment and home adaptations, and robust care coordination systems.	Support from social care providers, community health teams, housing services, and third-sector organisations to deliver intensive care packages in home settings.	Benefits expected to begin within 12 months of hospital opening, with measurable increases in home-based intensive care delivery within 18–24 months.	Current limitations in care-at-home capacity, workforce shortages, and lack of infrastructure to support high-dependency care outside institutional settings.
P6	Increases support for carers	Improved support for unpaid carers and care home staff through enhanced facilities, training, and integrated care planning that fosters a more sustainable and supportive care environment.	Unpaid carers, care home residents, care home staff, and families — all of whom benefit from a more responsive, better-resourced care environment.	Dependent on workforce availability and training, collaboration with care home providers, access to respite services, and alignment with national carer support strategies.	Support from care home operators, carer support organisations, social care teams, and community networks to deliver a coordinated and carer-friendly environment.	Benefits expected to begin within 12 months of hospital opening, with measurable improvements in carer satisfaction and support indicators within 18–24 months.	Current pressures on unpaid carers, limited respite and support services, and aging care home infrastructure that challenges the delivery of high-quality, sustainable care.
P8	Improves the Physical condition of the health / care estate	Modern, safe, and efficient healthcare infrastructure that meets current clinical standards and enhances the delivery of care.	Patients, staff, and visitors benefit from improved facilities that support better care delivery, infection control, accessibility, and staff wellbeing	Dependent on capital funding approval, successful completion of design and construction phases, compliance with building and healthcare regulations, and effective project management.	Support from the Scottish Government for funding, local planning authorities for approvals, and design and construction partners for timely and compliant delivery.	Benefits expected to be realised upon hospital completion and commissioning, with estate condition ratings updated within 6–12 months post-occupancy.	Existing Belford Hospital infrastructure is outdated and rated below Condition B, limiting service efficiency, patient experience, and compliance with modern healthcare standards.
P9	Improves the quality of the healthcare estate	A high-quality healthcare environment that supports safe, effective, and person-centred care delivery in line with modern clinical standards.	Patients, staff, and visitors benefit from improved clinical functionality, comfort, safety, and accessibility across the healthcare estate.	Dependent on capital funding, successful design and construction to specification, compliance with healthcare design guidance, and post-occupancy evaluation.	Support from Scottish Government for funding, design and construction partners for quality delivery, and clinical teams to ensure the facility meets operational needs.	Benefits expected to be realised upon hospital completion and commissioning, with quality appraisal ratings confirmed within 6–12 months post-occupancy	Existing Belford Hospital estate is below modern quality standards, limiting clinical efficiency, patient experience, and adaptability to future service needs
P10	Improves peoples opinion of the hospital environment	A modern, welcoming, and patient-friendly hospital environment that enhances comfort, dignity, and overall satisfaction with care.	Inpatients, outpatients, visitors, and staff — all benefit from improved surroundings that support wellbeing, privacy, and a positive care experience.	Dependent on patient-centred design principles, effective stakeholder engagement during planning, and high-quality construction and interior fit-out	Support from design and construction partners, patient and public involvement groups, and clinical teams to ensure the environment meets user needs.	Benefits expected to be realised immediately upon hospital opening, with measurable improvements in patient satisfaction within the first year	Current hospital environment is outdated and poorly rated by patients, with limited space, privacy, and comfort features that impact overall experience.
P11	Reduces the age of the Healthcare Estate	A younger, more modern healthcare estate that is better equipped to meet current and future clinical and operational needs.	Patients, staff, and service providers benefit from safer, more efficient, and technologically up-to-date facilities that support high-quality care.	Dependent on capital funding approval, timely construction and commissioning, and decommissioning of outdated facilities such as the existing Belford Hospital.	Support from the Scottish Government for funding, local planning authorities for approvals, and construction partners for timely delivery.	Benefits expected to be realised upon completion and occupation of the new hospital, with estate age metrics updated within 6–12 months post-opening.	Current estate includes aging infrastructure beyond its intended lifespan, leading to increased maintenance costs, inefficiencies, and limitations in service delivery

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
P_PS_1	Delivers timely care with a reduction in delays	Reduced waiting times and faster access to diagnostics, treatment, and specialist care across all clinical services.	Patients across Lochaber benefit from quicker diagnosis and treatment, while staff benefit from improved patient flow and reduced service backlogs.	Dependent on workforce availability, digital scheduling systems, diagnostic and treatment capacity, and integration with regional referral networks.	Support from clinical teams, digital health services, and regional planning groups to optimise scheduling, resource allocation, and patient flow	Benefits expected to begin within 6–12 months of hospital opening, with measurable reductions in waiting times across specialties within 18–24 months.	Current delays due to limited capacity, aging infrastructure, and inefficient scheduling systems that contribute to long waiting times and patient dissatisfaction.
P_PS_2	Increases the number of patient episodes delivered in Lochaber	More care delivered locally, reducing the need for patients to travel outside Lochaber for treatment and improving continuity of care.	People living in Lochaber, including Fort William and surrounding rural communities, benefit from increased access to inpatient and outpatient services closer to home	Dependent on sufficient clinical workforce, diagnostic and treatment infrastructure, digital systems for scheduling and referrals, and alignment with regional service planning.	Support from regional health boards, clinical networks, and local service providers to ensure appropriate service redesign and resource allocation.	Benefits expected to begin within 6–12 months of hospital opening, with measurable increases in local patient episodes within 18–24 months.	Current limitations in local service capacity result in patients travelling to Inverness or beyond for care, leading to inconvenience, delays, and fragmented care pathways.
P_PS_3	Reduces the extent of journeys for patients from Lochaber to receive healthcare	More care delivered locally, reducing patient travel distances and associated environmental and personal burdens.	Patients and families in Lochaber who currently travel long distances for care, as well as the environment through reduced carbon emissions.	Dependent on expanded local clinical capacity, digital infrastructure for remote consultations, and alignment with regional service redesign plans.	Support from regional health boards, transport and sustainability partners, and local clinical teams to deliver services closer to home and monitor travel-related impacts.	Benefits expected to begin within 6–12 months of hospital opening, with measurable reductions in travel distances and emissions within 18–24 months.	Current service gaps require patients to travel to Inverness or beyond, leading to inconvenience, increased costs, and higher carbon emissions.
P_PS_4	Negates the need for unnecessary / non-value adding journeys	Reduction in avoidable travel by ensuring that appointments are meaningful, well-coordinated, and clinically necessary.	Patients and carers in Lochaber benefit from fewer unnecessary trips, saving time, reducing stress, and improving satisfaction with care.	Dependent on digital infrastructure for remote consultations, effective triage and scheduling systems, and staff training in value-based care planning	Support from clinical teams, digital health services, and patient feedback mechanisms to identify and reduce unnecessary appointments and travel.	Benefits expected to begin within 6–12 months of hospital opening, with measurable reductions in non-value adding journeys within 18–24 months.	Current inefficiencies in scheduling and care coordination result in patients attending appointments that could be avoided or delivered more effectively through alternative means.
P_PS_5	Improved access and egress from hospital site in Lochaber - making it easier to get into and out of the hospital site	Enhanced physical access to the hospital site, improving safety, convenience, and efficiency for patients, staff, visitors, and emergency services.	Patients, carers, staff, emergency responders, and visitors — all benefit from easier, safer, and more efficient access to and from the hospital	Dependent on road infrastructure upgrades, traffic flow assessments, planning approvals, public transport integration, and coordination with local transport authorities.	Support from Highland Council, Transport Scotland, emergency services, and community stakeholders to ensure access routes meet operational and public needs.	Benefits expected to be realised upon completion of construction and site commissioning, with full functionality assessed during early operational use.	Current access to the existing Belford Hospital is constrained by limited parking, narrow roads, and congestion, impacting patient experience and emergency response times.
S1	Reduces Hospital Acquired Infection and outbreaks (defined as occurring in a person who is hospitalised and which were not present or incubating on admission)	Reduction in the prevalence of hospital-acquired infections (HAIs) and associated outbreaks through improved infection prevention and control measures in a modern clinical environment.	Patients, staff, and visitors benefit from a safer care environment with lower risk of infection transmission and associated complications.	Dependent on evidence-based design features (e.g., single rooms, ventilation systems), staff training in IPC protocols, and robust cleaning and monitoring systems	Support from IPC specialists, estates and facilities teams, clinical staff, and national infection control bodies to ensure compliance and continuous improvement.	Benefits expected to begin immediately upon hospital opening, with measurable reductions in HAI prevalence within 12 months.	Current hospital infrastructure limits effective infection control, contributing to higher risk of HAIs and associated patient harm.
S2	Reduces adverse harmful events	Fewer incidents of avoidable harm such as medication errors, falls, pressure ulcers, and clinical complications, leading to safer patient outcomes.	Patients benefit from safer care and reduced risk of harm; staff benefit from improved systems and reduced stress associated with adverse events.	Dependent on evidence-based design, robust clinical governance, staff training, incident reporting systems, and continuous learning from safety data.	Support from clinical teams, patient safety leads, digital health systems (e.g., electronic prescribing), and national safety improvement programmes.	Benefits expected to begin immediately upon hospital opening, with measurable reductions in adverse events within 12–18 months.	Current infrastructure and systems may contribute to preventable harm due to outdated layouts, limited monitoring capabilities, and fragmented safety processes.
S3	Reduces Hospital Standardised Mortality ratio	Improved clinical outcomes and reduced mortality through safer, more effective, and timely care in a modern hospital environment.	Patients benefit from higher survival rates and better care quality; staff benefit from improved systems that support clinical decision-making and early intervention.	Dependent on high-quality clinical pathways, early warning systems, staff training, access to diagnostics and treatment, and robust data monitoring.	Support from clinical teams, digital health and analytics services, and national quality improvement programmes to monitor and reduce mortality risks.	Benefits expected to begin within 12 months of hospital opening, with measurable improvements in HSMR within 18–24 months.	Current infrastructure and service limitations may delay diagnosis and treatment, contributing to higher-than-expected mortality rates.
S5	Improves statutory compliance	Increased compliance with statutory and regulatory standards, reducing legal risk and ensuring safe, high-quality care environments.	Patients, staff, regulators, and the wider health system benefit from a compliant, well-governed facility that meets national safety and quality standards.	Dependent on adherence to healthcare building standards, effective risk management, regular audits, and integration of compliance requirements into design and operations.	Support from estates and facilities teams, clinical leads, health and safety officers, and external regulators to ensure compliance is embedded and sustained.	Benefits expected to be realised upon hospital completion and commissioning, with SCART compliance scores assessed within the first year of operation.	The existing Belford Hospital estate presents compliance challenges due to aging infrastructure and limited adaptability to current regulatory standards.
S6	Reduces backlog maintenance	Significant reduction in outstanding maintenance liabilities, leading to a safer, more reliable, and cost-effective healthcare estate.	Patients and staff benefit from a safer, more functional environment; NHS Highland benefits from reduced risk, lower maintenance costs, and improved asset performance	Dependent on full decommissioning of the existing Belford Hospital, accurate assessment of current backlog liabilities, and successful delivery of the new hospital.	Support from capital planning, estates teams, and Scottish Government to ensure funding and transition planning align with backlog reduction goals.	Benefits expected to be realised upon decommissioning of the current facility and full occupation of the new hospital, with backlog metrics updated within 12 months.	The current estate has significant backlog maintenance issues, posing safety risks, increasing operational costs, and diverting resources from frontline care.
S7	Reduces significant and high risk backlog maintenance	Improved safety and operational reliability by eliminating the most critical maintenance risks within the healthcare estate.	Patients and staff benefit from a safer, more resilient environment; NHS Highland benefits from reduced risk exposure and improved compliance with safety standards.	Dependent on accurate risk-based backlog assessments, full decommissioning of the existing Belford Hospital, and successful delivery of the new hospital.	Support from capital planning, estates teams, and Scottish Government to ensure funding, risk prioritisation, and transition planning align with safety goals.	Benefits expected to be realised upon decommissioning of the current facility and full occupation of the new hospital, with updated backlog risk profiles within 12 months.	The current estate includes significant and high-risk maintenance issues that pose safety hazards, disrupt service delivery, and increase operational costs.

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
S8	Reduces C.Difficile Infection transmission	Lower incidence of Clostridioides difficile infections, improving patient safety, reducing complications, and shortening hospital stays.	Patients benefit from reduced risk of infection and associated harm; staff benefit from safer working conditions and fewer infection control incidents.	Dependent on single-room accommodation, effective cleaning protocols, antimicrobial stewardship, staff training, and robust surveillance systems.	Support from IPC specialists, microbiology teams, estates and facilities, and national infection control programmes to ensure compliance and continuous improvement.	Benefits expected to begin immediately upon hospital opening, with measurable reductions in C. difficile infection rates within 12–18 months.	The current hospital environment lacks optimal infection control infrastructure, contributing to higher risk of C. difficile transmission and associated patient harm.
S9	Reduces MRSA / MSSA Infection transmission	Lower incidence of MRSA (Methicillin-resistant Staphylococcus aureus) and MSSA (Methicillin-sensitive Staphylococcus aureus) infections, improving patient safety and reducing complications.	Patients benefit from reduced risk of serious infections and associated harm; staff benefit from safer clinical environments and fewer infection control incidents.	Dependent on single-room accommodation, effective hand hygiene infrastructure, antimicrobial stewardship, staff training, and robust surveillance and reporting systems.	Support from IPC specialists, microbiology and clinical teams, estates and facilities, and national infection control programmes to ensure compliance and continuous improvement.	Benefits expected to begin immediately upon hospital opening, with measurable reductions in MRSA/MSSA infection rates within 12–18 months.	The current hospital environment lacks optimal infection control infrastructure, contributing to increased risk of MRSA/MSSA transmission and associated patient harm.
E1	Improves end of life care to be as comfortable as possible in a homely environment	More people able to receive end-of-life care in their preferred setting, with dignity, comfort, and support from local services.	Patients nearing the end of life and their families benefit from care delivered in familiar, supportive environments; staff benefit from improved coordination and resources to deliver person-centred palliative care.	Dependent on community-based services, palliative care training, anticipatory care planning, and integration with social care and third-sector support.	Support from community nursing, GPs, social care, hospice services, and carers to deliver coordinated, compassionate care aligned with patient preferences.	Benefits expected to begin within 6–12 months of hospital opening, with measurable increases in community-based end-of-life care within 18–24 months.	Current limitations in community palliative care capacity and coordination result in more people spending their
E2	Reduces emergency admissions to hospital	Fewer emergency admissions through better local access, early intervention, and integrated care.	Patients benefit from fewer crises and hospital stays; staff benefit from reduced pressure on acute services.	Dependent on community capacity, GP access, out-of-hours care, and early warning systems.	Support from primary care, community teams, and unscheduled care services.	Within 12–18 months of hospital opening.	Current gaps in community care and delayed access to services lead to avoidable hospital admissions.
E3	Reduces readmissions	Fewer unplanned readmissions through better discharge planning and follow-up care.	Patients benefit from more stable recovery; staff benefit from reduced rework and improved outcomes.	Dependent on discharge planning, community support, and communication between care settings.	Support from community nursing, social care, and primary care.	Within 12–18 months of hospital opening.	Inadequate discharge planning and follow-up contribute to preventable readmissions.
E4	Ensures timely discharge from hospital	Faster, safer discharge from hospital into appropriate care settings.	Patients benefit from timely transitions; staff benefit from improved bed availability and flow.	Dependent on social care capacity, discharge planning, and transport logistics.	Support from social care, community teams, and discharge coordinators.	Within 6–12 months of hospital opening.	Delays in discharge due to care package availability and coordination gaps.
E5	Improves the Functional Suitability of the Healthcare Estate	A modern, fit-for-purpose estate that supports safe, efficient, and high-quality care.	Patients and staff benefit from improved environments, functionality, and experience.	Dependent on design standards, capital delivery, and clinical input into layout.	Support from estates, clinical teams, and design consultants.	Upon hospital completion and commissioning.	Current estate is functionally poor, limiting service delivery and adaptability.
E7	Reduces the rate of emergency inpatient bed days for people aged 75	Fewer emergency bed days for older adults through proactive, community-based care.	Older patients benefit from staying well at home; staff benefit from reduced acute demand.	Dependent on frailty pathways, community nursing, and care home support.	Support from geriatricians, community teams, and social care.	Within 12–18 months of hospital opening.	Current reactive care models lead to avoidable hospital stays for older adults.
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	Faster discharge into appropriate care settings, avoiding long hospital stays after treatment.	Patients benefit from quicker return to familiar settings; staff benefit from improved bed flow.	Dependent on social care capacity, care home access, and discharge planning.	Support from social care, community providers, and discharge coordinators.	Within 6–12 months of hospital opening.	Delayed discharges due to care package or placement shortages.
E9	Reduces the rate of attendance at A&E	Fewer unplanned A&E attendances through better access to primary and urgent care.	Patients benefit from more appropriate care settings; A&E staff benefit from reduced overcrowding.	Dependent on GP access, community services, and public awareness.	Support from primary care, NHS 24, and community teams.	Within 12–18 months of hospital opening.	Current gaps in urgent care access lead to inappropriate A&E use.
E11	Enables delivery of 18 weeks referral for treatment for Psychological Therapies	Faster access to psychological therapies, improving mental health outcomes and reducing distress.	Patients with mental health needs benefit from timely support; staff benefit from reduced crisis presentations.	Dependent on workforce capacity, referral systems, and digital support tools.	Support from mental health teams, primary care, and digital health services.	Within 12–18 months of hospital opening.	Current delays in access to therapy increase risk of deterioration and crisis.
E12	Enables delivery of 18 weeks referral for treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services	Timely access to CAMHS services for children and young people.	Children, young people, and families benefit from early intervention and reduced distress.	Dependent on specialist workforce, referral pathways, and early identification.	Support from schools, GPs, social care, and CAMHS teams.	Within 12–18 months of hospital opening.	Long waits for CAMHS contribute to worsening mental health and family strain.
E13	Supports 95% of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment	Faster A&E throughput, reducing overcrowding and improving patient experience.	Patients benefit from quicker care; staff benefit from reduced pressure and improved flow.	Dependent on ED design, staffing, diagnostics, and downstream capacity.	Support from ED teams, diagnostics, and inpatient services.	Within 6–12 months of hospital opening.	Current delays in A&E due to space, staffing, and discharge bottlenecks.
E_PS_1	Improves whole system planning across Lochaber. Care is integrated across the health and social care system	Better coordination and planning across health and social care services in Lochaber.	Patients benefit from seamless care; staff benefit from clearer roles and reduced duplication.	Dependent on shared data, joint planning, and integrated governance.	Support from health and social care teams, planners, and community partners.	Within 12–18 months of hospital opening.	Current siloed services lead to handoffs, delays, and inefficiencies.
E_PS_2	Creation of a healing and caring environment	A therapeutic environment that promotes healing, comfort, and emotional wellbeing.	Patients benefit from faster recovery and reduced stress; staff benefit from improved morale.	Dependent on design features, natural light, noise control, and patient-centred spaces.	Support from architects, clinical teams, and patient experience leads.	Upon hospital opening.	Current environment lacks features that support healing and comfort.
E_PS_3	Improve the extent to which patients are appropriately informed and involved in their own care and treated with dignity and respect	Patients are more informed, involved, and respected in their care decisions.	Patients benefit from greater autonomy and satisfaction; staff benefit from improved communication.	Dependent on staff training, communication tools, and feedback systems.	Support from clinical educators, patient advocates, and quality teams.	Within 12–18 months of hospital opening.	Current systems may not consistently support patient involvement and respect.

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
E_PS_4	Reduced A&E waiting times	Shorter A&E waiting times, improving patient experience and outcomes.	Patients benefit from faster care; staff benefit from reduced crowding and stress.	Dependent on triage systems, diagnostics, and inpatient bed availability.	Support from ED, diagnostics, and inpatient services.	Within 6–12 months of hospital opening.	Current A&E delays due to limited space, diagnostics, and discharge delays.
E_PS_5	Increased access to ambulatory/same day emergency care	More patients receive same-day emergency care, avoiding unnecessary admissions.	Patients benefit from quicker treatment and fewer overnight stays; staff benefit from improved flow.	Dependent on clinical pathways, staffing, diagnostics, and space.	Support from acute physicians, diagnostics, and ED teams.	Within 6–12 months of hospital opening.	Current lack of same-day care options leads to avoidable admissions.
H1	Supports reduction of premature mortality	More people in Lochaber will live longer, healthier lives through reduced rates of premature mortality, supported by improved access to modern healthcare services.	Residents of Lochaber and surrounding communities benefit from earlier intervention and better health outcomes; NHS Highland benefits from improved population health metrics.	Dependent on effective recruitment and retention of clinical staff, robust public health programmes, and access to diagnostics and preventative services.	Support from Scottish Government for funding, local public health teams for programme delivery, and community partners for engagement and outreach.	Benefits expected to begin within 12–24 months of hospital opening, with measurable reductions in premature mortality over subsequent years.	Current challenges include recruitment difficulties, limited access to preventative services, and higher rates of premature mortality compared to national averages.
H2	Supports increase in the number of babies born with a Healthy birth-weight	More babies are born at a healthy birthweight through improved antenatal care, maternal health support, and early intervention.	Pregnant women, newborns, and families in Lochaber benefit from better birth outcomes and long-term health advantages.	Dependent on early booking, continuity of midwifery care, public health education, and access to specialist services.	Support from midwives, GPs, public health teams, and community partners for outreach and education.	Improvements expected within 12–18 months of hospital opening, with measurable changes in birthweight statistics over 2–3 years.	Barriers include late antenatal booking, socioeconomic factors, and limited access to specialist support in rural areas.
H3	Supports early cancer detection	More cancers are detected at an early stage, improving survival rates and reducing the burden of advanced disease.	Lochaber residents benefit from earlier diagnosis and treatment; NHS Highland benefits from improved cancer outcomes.	Dependent on screening uptake, access to diagnostics, public awareness, and timely referral pathways.	Support from GPs, screening coordinators, public health, and national cancer programmes.	Early impacts within 12–18 months of hospital opening; measurable improvements in stage 1 diagnosis rates over 2–4 years.	Challenges include low screening uptake, rural transport barriers, and delays in diagnostic pathways.
H4	Supports smoking cessation initiatives (12 weeks post quit)	More people successfully quit smoking, especially in deprived areas, reducing long-term health risks and inequalities.	Smokers and their families benefit from improved health; NHS Highland benefits from reduced smoking-related disease burden.	Dependent on outreach, specialist advisors, community engagement, and access to cessation aids.	Support from public health teams, GPs, pharmacies, and third-sector partners.	Measurable increases in quit rates expected within 12–18 months of hospital opening.	Barriers include socioeconomic deprivation, addiction complexity, and limited service reach in remote areas.
H5	Supports antenatal access	More pregnant women access antenatal care early, improving outcomes for mothers and babies.	Pregnant women and newborns benefit from timely support; NHS Highland benefits from improved maternal and infant health indicators.	Dependent on public awareness, GP/midwife collaboration, and accessible booking systems.	Support from GPs, midwives, public health, and community organisations.	Improvements expected within 12–18 months of hospital opening, with measurable changes in early booking rates over 2–3 years.	Barriers include lack of awareness, transport issues, and social stigma in some groups.
H6	Supports suicide prevention initiatives	Fewer deaths from suicide through improved prevention, early intervention, and support services.	At-risk individuals, families, and the wider community benefit from reduced suicide rates and better mental health support.	Dependent on multi-agency collaboration, staff training, and accessible mental health services.	Support from mental health teams, GPs, third-sector organisations, and national suicide prevention programmes.	Measurable reductions expected within 18–36 months of hospital opening.	Barriers include stigma, rural isolation, and gaps in crisis support.
H8	Supports child healthy weight interventions	More Lochaber children achieve a healthy weight at Primary 1 through integrated prevention and early support.	Children and families benefit from improved nutrition and activity; schools and NHS Highland benefit from better long-term health outcomes.	Partnership with schools and health visitors, community programmes, data sharing, and specialist dietetic capacity.	Support from Education services, Health Visitors, dietitians, third-sector organisations (active play/nutrition), and national child healthy-weight programmes.	Coverage gains within 12–18 months of hospital opening; measurable improvements in P1 healthy-weight rates over 2–3 years.	Socioeconomic pressures, rural access to services, behaviour-change sustainability, and staff capacity constraints.
H_PS_1	Improved health and well-being of the local Lochaber population	Improved population health and wellbeing in Lochaber, reflected in longer life expectancy and fewer early deaths from cancer and CHD.	All Lochaber residents benefit; NHS Highland benefits through reduced acute demand and stronger public health indicators.	Strong primary care and screening uptake, specialist diagnostics, workforce stability, community partnerships, and targeted interventions in high-risk groups.	Support from Scottish Government, Public Health Scotland, GP practices, community organisations, and targeted health improvement teams.	Early service impacts within 12–24 months; measurable population-level metrics over 3–5 years.	Rurality and transport barriers, pockets of deprivation, lifestyle risk factors, and recruitment/retention challenges limiting reach and continuity.
V1	Increases level of staff engagement	Staff are more engaged and satisfied, leading to improved morale and retention.	NHS Highland staff and teams benefit from a positive workplace culture and better outcomes for patients.	Dependent on leadership, communication, staff development, and feedback mechanisms.	Support from HR, OD, line managers, and staff engagement programmes.	Improvements expected within 6–12 months of hospital opening.	Challenges include change fatigue, recruitment pressures, and maintaining engagement in rural settings.
V2	Optimises resource usage	Resources are used more efficiently, reducing unnecessary costs and improving service delivery.	NHS Highland benefits from lower costs and better allocation; patients benefit from improved care.	Dependent on data systems, process redesign, and staff training.	Support from finance, clinical teams, and operational managers.	Measurable improvements expected within 12–18 months of hospital opening.	Barriers include legacy systems, resistance to change, and data
V3	Improved accommodation space utilisation	Accommodation space is fully utilised, supporting efficient service delivery and flexibility.	Patients and staff benefit from better facilities and reduced waiting times.	Dependent on accurate space planning, occupancy monitoring, and flexible design.	Support from estates, facilities, and clinical teams.	Improvements expected within 6–12 months of hospital opening.	Challenges include legacy infrastructure and changing service demands.
V5	Optimises cleaning costs	Cleaning costs are optimised, ensuring a safe and hygienic environment at best value.	Patients, staff, and visitors benefit from a clean hospital; NHS Highland benefits from cost savings.	Dependent on cleaning protocols, staff training, and procurement.	Support from facilities, procurement, and infection control teams.	Improvements expected within 6–12 months of hospital opening.	Challenges include staff shortages and maintaining standards during change.
V6	Optimises property maintenance costs	Property maintenance costs are optimised, reducing expenditure while maintaining safety and compliance.	NHS Highland benefits from lower maintenance costs and improved estate condition.	Dependent on planned maintenance schedules, procurement, and skilled workforce.	Support from estates, finance, and contractors.	Savings expected within 12–24 months of hospital opening.	Barriers include aging assets and limited contractor availability in rural areas.
V8	Optimises energy usage costs	Energy usage costs are reduced through efficient design and operation.	NHS Highland benefits from lower energy bills and improved sustainability; patients benefit from reinvestment in care.	Dependent on energy-efficient design, monitoring systems, and staff engagement.	Support from estates, sustainability teams, and energy suppliers.	Savings expected within 12–24 months of hospital opening.	Barriers include fluctuating energy prices and legacy system integration.
V9	Optimises rent or rates costs	Rent and rates costs are optimised, reducing financial burden on NHS Highland.	NHS Highland benefits from lower occupancy costs and improved financial sustainability.	Dependent on accurate property valuation and effective negotiation.	Support from finance, estates, and legal teams.	Savings expected within 12–18 months of hospital opening.	Barriers include regulatory changes and market fluctuations.

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
V10	Optimises catering costs	Catering costs are optimised while maintaining quality and patient satisfaction.	Patients and staff benefit from high-quality, cost-effective catering services.	Dependent on supplier contracts, menu planning, and waste reduction.	Support from catering teams, procurement, and dietitians.	Improvements expected within 6–12 months of hospital opening.	Challenges include supply chain volatility and maintaining nutritional standards.
V11	Optimises portering costs	Portering costs are optimised, improving efficiency and reducing expenditure.	Patients benefit from timely movement; staff benefit from streamlined workflows.	Dependent on workforce planning, digital scheduling tools, and training.	Support from facilities, HR, and digital health teams.	Improvements expected within 6–12 months of hospital opening.	Barriers include workforce shortages and resistance to new systems.
V12	Optimises laundry costs	Laundry costs are optimised, ensuring cost-effective and reliable linen services.	Patients and staff benefit from clean, timely linen provision; NHS Highland benefits from cost savings.	Dependent on contract performance, logistics, and infection control standards.	Support from facilities, procurement, and infection control teams.	Savings expected within 12–18 months of hospital opening.	Challenges include supply chain issues and compliance with hygiene standards.
V13	Optimises waste costs	Waste management costs are optimised, reducing environmental impact and expenditure.	Patients, staff, and the environment benefit from improved waste handling and sustainability.	Dependent on waste segregation, staff training, and supplier performance.	Support from facilities, sustainability teams, and waste contractors.	Improvements expected within 6–12 months of hospital opening.	Barriers include regulatory changes and rural waste disposal challenges.
V14	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Financial burden of backlog maintenance and lifecycle replacement is reduced.	NHS Highland benefits from lower future costs and improved estate condition.	Dependent on capital funding, maintenance planning, and contractor availability.	Support from estates, finance, and Scottish Government.	Benefits expected within 12–24 months of hospital opening.	Barriers include funding constraints and rural contractor shortages.
V15	Improves design quality in support of increased quality of care and value for money	Design quality is improved, supporting better care and value for money.	Patients and staff benefit from a modern, therapeutic environment; NHS Highland benefits from efficient layouts.	Dependent on design standards, user input, and compliance with healthcare guidelines.	Support from architects, clinical teams, and estates.	Benefits realised upon hospital opening.	Barriers include design compromises and budget limitations.
V16	Improves financial performance	Financial performance is improved through better cost control and revenue management.	NHS Highland benefits from stronger financial sustainability and resource allocation.	Dependent on accurate forecasting, cost monitoring, and governance.	Support from finance, operational managers, and audit teams.	Improvements expected within 12–18 months of hospital opening.	Barriers include unpredictable demand and inflationary pressures.
V17	Reduces carbon emissions and / or energy consumption	Carbon emissions and energy consumption are reduced, supporting sustainability goals.	Patients, staff, and the environment benefit from greener operations and reinvestment opportunities.	Dependent on renewable energy integration, monitoring systems, and staff engagement.	Support from estates, sustainability teams, and energy suppliers.	Benefits expected within 12–24 months of hospital opening.	Barriers include technology costs and legacy system constraints.
V_PS_1	Improves the attraction and retention of an appropriately skilled workforce	Attraction and retention of skilled workforce is improved, reducing vacancies and reliance on temporary staff.	Staff benefit from better working conditions and career development; patients benefit from continuity of care.	Dependent on recruitment strategies, training, and flexible working arrangements.	Support from HR, education partners, and clinical leaders.	Improvements expected within 12–18 months of hospital opening.	Barriers include rural recruitment challenges and housing availability.
V_PS_2	Increases opportunities for staff training and advancement	Opportunities for staff training and advancement are increased, reducing skill gaps.	Staff benefit from career progression and improved competence; patients benefit from higher-quality care.	Dependent on training resources, scheduling, and partnerships with education providers.	Support from HR, training teams, and external education bodies.	Benefits expected within 12–18 months of hospital opening.	Barriers include funding constraints and time pressures for staff training.
V_PS_3	Optimises "out of hours" and on-call staffing requirements	Out-of-hours and on-call staffing requirements are optimised, improving efficiency and reducing costs.	Staff benefit from better work-life balance; NHS Highland benefits from reduced costs and improved service coverage.	Dependent on workforce planning, digital scheduling, and service redesign.	Support from HR, clinical teams, and digital health services.	Improvements expected within 6–12 months of hospital opening.	Barriers include resistance to rota changes and workforce shortages.
V_PS_4	Reduces/removes the need for locums/other temporary staff	Need for locums and temporary staff is reduced, lowering costs and improving continuity.	Patients benefit from consistent care; NHS Highland benefits from reduced locum expenditure.	Dependent on workforce stability, recruitment success, and flexible working arrangements.	Support from HR, finance, and clinical leaders.	Savings expected within 12–18 months of hospital opening.	Barriers include rural recruitment challenges and high demand for specialists.
V_PS_5	Improves the flexibility of the estate, improving flows and making re-alignment over time easier to address constantly changing needs	Estate flexibility is improved, enabling adaptation to changing service needs over time.	Patients and staff benefit from responsive layouts and efficient flows; NHS Highland benefits from future-proofed infrastructure.	Dependent on modular design, stakeholder input, and compliance with healthcare standards.	Support from architects, estates, and clinical teams.	Benefits realised upon hospital opening and throughout lifecycle.	Barriers include design limitations and cost constraints for future adaptations.
W1	Make Lochaber attractive to people as a place to come and live	Lochaber becomes more attractive as a place to live through improved healthcare infrastructure and community amenities.	Local residents and potential new residents benefit from better services and quality of life.	Dependent on hospital completion, housing availability, and community engagement.	Support from local authorities, housing developers, and community organisations.	Benefits expected within 12–24 months of hospital opening.	Challenges include rural housing shortages and transport connectivity issues.
W2	Make Lochaber attractive to people as a place to invest	Lochaber becomes more attractive for investment through improved infrastructure and health services.	Local businesses, investors, and the wider economy benefit from increased confidence and opportunities.	Dependent on marketing, stakeholder engagement, and completion of key projects.	Support from economic development agencies, local businesses, and government bodies.	Benefits expected within 12–24 months of hospital opening.	Barriers include limited transport links and competition from other regions.
W3	Attract specific partner / stakeholder interest and investment	Specific partners and stakeholders are attracted to invest in Lochaber's health and social care ecosystem.	NHS Highland, local authorities, and private partners benefit from collaborative opportunities.	Dependent on clear partnership frameworks, governance, and mutual benefits.	Support from Scottish Government, local enterprise agencies, and private sector partners.	Benefits expected within 12–18 months of hospital opening.	Challenges include aligning priorities and managing stakeholder expectations.
W4	Present Lochaber as innovative and forward thinking	Lochaber is presented as innovative and forward-thinking through modern healthcare design and service delivery.	Residents, staff, and external stakeholders benefit from enhanced reputation and confidence.	Dependent on successful implementation of modern design, digital health, and sustainability initiatives.	Support from innovation hubs, digital health teams, and communications specialists.	Benefits realised upon hospital opening and through ongoing promotion.	Barriers include funding constraints and technology adoption challenges.
W5	Bring jobs and investment through the construction process	Jobs and investment are generated through the hospital construction process.	Local workforce, contractors, and suppliers benefit from employment and economic activity.	Dependent on contractor engagement, local supply chain capacity, and project timelines.	Support from construction firms, local businesses, and training providers.	Benefits realised during construction phase and tapering post-completion.	Challenges include skills shortages and supply chain limitations.

Benefits Detail

Ref	Benefit	Detailed Description	Who Benefits	Dependencies	Support Needed	Realisation Timing	Risks / Issues
W6	Creates apprenticeships and training opportunities for the local workforce and school leavers	Creates apprenticeships and training opportunities for local workforce and school leavers.	Young people and job seekers in Lochaber benefit from skills development and career pathways.	Dependent on collaboration with local teams, schools, colleges, and contractors. Availability of accredited apprenticeship programmes and vocational qualifications (WHC/UHI/SDS) Capacity for supervision and mentoring within NHS highland services. Delivery of construction-phase Social Value commitments via Balfour Beatty. Workforce planning alignment with future service models. Sustainable funding for development pathways.	Support from operational colleagues, professional Leads, West Highland College, Skills Development Scotland, DYW (developing young workforce) and local employers, local high schools and employability providers	Early benefits during construction (apprenticeships, work placements, school engagement), with full realisation following commissioning of the new hospital and continued workforce development activity thereafter.	Rural recruitment difficulties, ageing workforce, limited affordable housing, national shortages in key professions, requirement for protected learning time, and the need for sustainable long-term training pathways to maintain service viability.
W7	Improved community confidence and morale in NHS Highland services in Lochaber.	Improved community confidence and morale through visible investment in health and wellbeing.	Residents benefit from enhanced trust in local services and a sense of pride in community development.	Dependent on transparent communication, timely delivery, and visible progress.	Support from local media, community groups, and public engagement teams.	Benefits expected within 6–12 months of hospital opening.	Challenges include managing expectations and addressing historical service concerns.

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
P1	Supports people in looking after and improving their own health and wellbeing	P1_1	Percentage of adults able to look after their health very well or quite well	92.4% (North Highland) / 90.9% (Highland HSCP) most recent data from 2021/22 (Data source: Public Health Scotland (Year). Core Suite of Integration Indicators. Data for Highland Health & Social Care Partnership.)	Indicator, not target
P1	Supports people in looking after and improving their own health and wellbeing	P1_2	Rate of emergency inpatient bed days for adults	15.66 average for Apr-Dec 2025	Indicator, not target
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	P2_1	Percentage of adults supported at home who agree that their health & care services seemed to be well co-ordinated	69% (Highland HSCP) / 70% (Argyll and Bute HSCP) most recent data from 2021/22. (Data source: Public Health Scotland (Year). Core Suite of Integration Indicators. Data for Highland Health & Social Care Partnership.)	This measure is part of the National Health and Wellbeing Outcomes and the Core Suite of Integration Indicators, but it is monitored, not target-driven. Performance is compared across Health & Social Care Partnerships (HSCPs), but the Scottish Government does not prescribe a percentage that HSCPs must achieve.
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	P2_2	Percentage of adults receiving any care or support who rate it as excellent or good	In Scotland overall, 84% of people rated their help, care or support services as excellent or good in 2013/14. (Data Source: Core Suite of Integration Indicators, Public Scotland (Joint Working) (Scotland) Act 2014. 2023/24 HCE Survey, p25 - 63% rated their help, care or support services as good or excellent. (Scotland-wide).	This measure comes from the Health & Care Experience Survey and is part of the National Health and Wellbeing Outcomes (specifically Indicator 1). It is monitored, reported, and used for improvement, but no national percentage target is set.
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	P2_3	Indicator on people's experience of their GP practice	HCE Survey - 69% of people rated the overall care provided by their General Practice as excellent or good. The proportion of people finding it easy or very easy to contact their General Practice in the way they wanted has declined since 2017/18 from 87% to 76%. Type of appointment wa the main reason for people not being satisfied with the offered appoinment.	This measure comes from the Health & Care Experience Survey, which feeds into the National Health and Wellbeing Outcomes and the Primary Care Improvement Framework, but it is monitored, not target-driven.
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	P2_4	Proportion of Care and Care at Home services rated 3 or above in Care Inspectorate Inspections	Baseline (May 2026): 97.9% of active Care Home and Care at Home services in Highland were rated 3 (Adequate) or above in their most recent Care Inspectorate inspection. Source: Care Inspectorate Datastore, May 2026.	National indicator, not target
P2	Ensure that people who use health and social care services have positive experiences and their dignity respected	P2_5	Proportion of last 6 months of life spent at home or in community settings	In financial year 2023/24, the estimated 58,369 residents of Scotland who died spent on average 89.0% of their last six months of life either at home or in the community). This was slightly lower than 2020/21 (90.2%) and 2021/22 (89.7%) but was higher than before the COVID-19 pandemic.	This measure is part of the National Health and Wellbeing Outcomes (specifically Indicator 12) and is used for monitoring and improvement, not for target-based performance management.
P3	Improves support to allow people to live independently	P3_1	Rate of emergency inpatient bed days for adults	15.66 average for Apr-Dec 2025	Indicator, not target
P3	Improves support to allow people to live independently	P3_4	Patient re-admission rate in 7-days	8.3% average for Apr-Dec 2025	Monitoring and benchmarking, not target

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
P3	Improves support to allow people to live independently	P3_5	Patient re-admission rate in 28-days	15.9% average for Apr-Dec 2025	Monitoring and benchmarking, not target
P3	Improves support to allow people to live independently	P3_6	Delayed discharge rate	15.6 average for Apr-Dec 2025	Scottish target for delayed discharge rate: 0
P4	Improves quality of life through care provided	P4_1	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2023/24 HCE Survey - In Highland, out of 705 repsponses 65% agreed that The help, care or support improved or maintained my quality of life. Scotland wide, out of 8613 responses 61% reported a positive response to this question.	This measure is part of the National Health and Wellbeing Outcomes (specifically Indicator 2) and is drawn from the Health & Care Experience Survey. It is monitored, reported, and used for improvement, but no numerical target is set by the Scottish Government.
P5	Increases proportion of people with intensive needs being cared for at home	P5_1	Increasing the percentage of people aged 65 and over with high levels of care needs who are cared for at home	22% of older adults (65+) in Scotland reported that they needed or received support over the past 12 months (23/24 HCE survey).	Indicator
P6	Increases support for carers	P6_1	Percentage of carers who feel supported to continue in their caring role	2023/24 HCE Survey - In Highland, out of 1212 repsponses 33% answered positively to the statement 'I feel supported to continue in their caring role'. Scotland wide, out of 13502 responses 31% reported a positive response to this question.	NPF does not phrase it as a “target,” this is used nationally as an indicator of whether this outcome is being achieved
P8	Improves the Physical condition of the health / care estate	P8_1	Proportion of estate categorised as either A or B for the Physical Condition appraisal facet	Data not collected. Survey to go to department leads to understand baseline.	100%
P9	Improves the quality of the healthcare estate	P9_1	Proportion of estate categorised as either A or B for the Quality appraisal facet	Not information that is currently gathered. Questionnaire to be issued.	100%
P10	Improves peoples opinion of the hospital environment	P10_1	Proportion of positive responses to the In-Patient Questionnaire on patient rating of the hospital environment	Currently no baseline measure. Patient experience survey required.	100%
P11	Reduces the age of the Healthcare Estate	P11_1	Percentage of acute estated that is less than 50 years old	100% for Hospital	0% for hospital
P_PS_1	Delivers timely care with a reduction in delays	P_PS_1_1	MEAN length of stay (LOS) in Medical Specialties	7.65 average for Apr-Dec 2025	Target 7.0 days by end March 2026
P_PS_1	Delivers timely care with a reduction in delays	P_PS_1_2	MEAN length of stay (LOS) in Surgical Specialties	3.96 average for Apr-Dec 2025	Target 7.0 days by end March 2026

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
P_PS_2	Increases the number of patient episodes delivered in Lochaber	P_PS_2_1	Number of in-patient episodes for people with a Lochaber postcode delivered in Lochaber	2024 - Discharges from Belford Lochaber Residents Only: Discharges: 1,724 [EL:360, EM: 1,364] OBDs: 11,797 [EL: 946, EM: 10,851] LOS: 6.8 days [EL: 2.6, EM: 8.0] All Discharges (inc. non-Lochaber residents): Discharges: 2,092 [EL: 525, EM: 1,567] OBDs: 12,512 [EL: 1021, EM: 11,490] LOS: 6.0 days [EL: 1.9, EM: 7.3]	Indicator, not target
P_PS_2	Increases the number of patient episodes delivered in Lochaber	P_PS_2_2	Number of out-patient episodes for people with a Lochaber postcode delivered in Lochaber	2024 - Belford + FtWm Med Pract. New: 4,260 [All residents: 4,772] Return: 17,950 [All residents: 20.086]	Indicator, not target
P_PS_3	Reduces the extent of journeys for patients from Lochaber to receive healthcare	P_PS_3_1	Number of miles travelled by people with a Lochaber postcode to receive care outwith Lochaber	2024 Lochaber residents OP Appoints at Raig New Return Ratio Face-to-Face 4152 7884 1.9 Near Me 463 1426 3.1 Phone 708 4151 5.9 Total 4859 18784 3.9	Year on year reduction.
P_PS_4	Negates the need for unnecessary / non-value adding journeys	P_PS_4_1	Number of journeys/appointments assessed by patients as "non value adding"	Currently not measured. Baseline data to be established through Raigmore Hospital.	Year on year reduction.
P_PS_5	Improved access and egress from hospital site in Lochaber - making it easier to get into and out of the hospital site	P_PS_5_1	Separation of Public, Blue-light and Service Access	Separate but limited service access. Blue light and public access is combined.	Access fully separate for service, public, and blue light.
P_PS_5	Improved access and egress from hospital site in Lochaber - making it easier to get into and out of the hospital site	P_PS_5_2	Compliance of external environment with BS8300 Parking provision Accessible parking provision	Limited compliance with BS8300	Full compliance with BS8300

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
S1	Reduces Hospital Acquired Infection and outbreaks (defined as occurring in a person who is hospitalised and which were not present or incubating on admission)	S1_1	Cases of and prevalence of outbreaks (including effect on length of closure) in acute hospitals	Total of 7 ward outbreaks and/or bay closures reported in 2025 (a total of 48 closed bed days)	Within 12–24 months of transitioning to an all single-room environment, the wards will achieve: 10% reduction in healthcare-associated infections per 100,000 occupied bed days (*based on the national target which applies to the whole board and is for MSSA/CDI and Ecoli bacteraemia infections).* 50% reduction in outbreak (frequency and outbreak-related bed closures) (*This would be a localised target as there is no national target)*
S2	Reduces adverse harmful events	S2_1	Number of falls	Belford falls: 2025: Total 73 - Suspected / unwitnessed: 46 - Slip / trip / fall on ground level: 18 - Fall from height of less than 2m: 9 - Injury: 16 - No injury: 57 Care home falls 2025: Total 134 - Suspected / unwitnessed: 105 - Slip / trip / fall on ground level: 18 - Fall from height ogf less than 2m: 10 - Fall from height of more than 2m: 1 - Injury: 42 - No injury: 92	National target: 20% reduction in falls / 30% reduction in falls with harm
S2	Reduces adverse harmful events	S2_2	Medication Errors	Total: 2025: 1788 medication errors reported in Lochaber	No target / local reduction
S2	Reduces adverse harmful events	S2_3	Pressure Ulcers	Total: 2025: Belford Hospital: 11	National target: 20% reduction
S2	Reduces adverse harmful events	S2_4	In-patient violence & aggression incidents-Who?	Violent, aggressive, disruptive behaviour: Belford Hospital: 2025: 21 incidences reported	No target / local reduction
S2	Reduces adverse harmful events	S2_5	In-patient inpatient restraints episodes *(if tracked)??*	Not tracked. Would need to risk review 400 hundred records.	No target / local reduction
S3	Reduces Hospital Standardised Mortality ratio	S3_1	HSMR (Observed deaths / Expected deaths) Belford Hospital	July 2024-June 2025: HSMR ratio = 0.94	Reduction
S5	Improves statutory compliance	S5_1	Overall percentage compliance score from SCART	Board Average - 49.75% Current Belford - 50.34%	75%
S6	Reduces backlog maintenance	S6_1	Reduction in backlog maintenance costs	Belford Backlog total - £4.45m	Backlog eliminated (£0)
S7	Reduces significant and high risk backlog maintenance	S7_1	Significant & high risk backlog as percentage of total backlog	Significant - £2.493m High - £0 Percentage of total - 56%	Backlog eliminated (£0)
S8	Reduces C.Difficile Infection transmission	S8_1	Number of healthcare associated cases reported	4 cases reported 2024 As of Dec 2025 3 cases reported end of year data available March 2026	20% Reduction

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
S9	Reduces MRSA / MSSA Infection transmission	S9_1	Number of heathcare associated cases reported	0 cases in 2024 As of December 2025 2 cases reported	Zero
E1	Improves end of life care to be as comfortable as possible in a homely environment	E1_1	Percentage of people who spend last 12 months of life at home or in a community setting	TBC	TBC
E2	Reduces emergency admissions to hospital	E2_1	Total Emergency Department attendances (all patient types) in Flow Group 3 (Medical Admits)	Flow Group 3 (Medical Admits) data: 86 average April-Dec 25	SG target 5% reduction
E2	Reduces emergency admissions to hospital	E2_2	Rate of emergency admissions per 1,000 population	5.6 average April-Dec 25	Indicator, not target
E3	Reduces readmissions	E3_1	Unplanned readmission rates		
E4	Ensures timely discharge from hospital	E4_1	Average Time of Discharge for Emergency Admitted patients	14:41 average April-Dec 25	Target is 12:00 Noon
E5	Improves the Functional Suitability of the Healthcare Estate	E5_1	Proportion of estate categorised as either A or B for the Functional Suitability appraisal facet	This facet is not currently monitored therefore no data is available.	Staff survey pre/post build
E7	Reduces the rate of emergency inpatient bed days for people aged 75	E7_1	Patients aged 75+ per 1,000 population –as a proportion of acute occupied emergency bed days	Apr-Dec 2025 459 per 20,000 (lochaber pop)	No target
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	E8_1	Total Emergency Admission Discharges (excludes Ambulatory Emergency Care (AEC/SDEC))	110.2 average April-Dec 25	Indicator, not target
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	E8_2	Number of discharges that took more than 14 days (AEC/SDEC not included)	20.33 average April-Dec 25	45 days by March 2026

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	E8_3	Rate of Emergency Admission Discharges over 14 days	0.182 average April-Dec 25	Indicator, not target
E8	Avoids people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete	E8_4	Reduce the proportion of emergency bed days used by the top 5% longest staying patients	63.4% bed days in 2024 with LOS>=25.6 days n=76	Scottish Average = 39.2% bed days with LOS>=25.5 days
E9	Reduces the rate of attendance at A&E	E9_1	Number of unplanned A&E attendances per 1,000 population	42.4 Lochaber population average April-Dec 25	No target / local reduction
E11	Enables delivery of 18 weeks referral for treatment for Psychological Therapies	E11_1	Percentage of people who commence treatment with PT services within 18 weeks of referral	89% average April-Dec 25	90% patients seen within 18 weeks from referral
E12	Enables delivery of 18 weeks referral for treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services	E12_1	Percentage of people who commence treatmentwith CAMH services within 18 weeks of referral	85% average April-Dec 25	90% patients seen within 18 weeks from referral
E13	Supports 95% of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment	E13_1	Percentage of people waiting less than 4 hours at A&E (Unplanned and Planned New only)	82.9% average April-Dec 25	95%
E_PS_1	Improves whole system planning across Lochaber. Care is integrated across the health and social care system	E_PS_1_1	Number of handoffs (discharged to adult social care), because of a mismatch between capacity available in adult social care resulting in delayed discharges from acute setting.	2025: Total 145 Assessment 49, Care at Home 28, Care Home 33, Guardianship 14, Infection Control 13, Patient/Carer/Family related reasons 8	Reduction

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
E_PS_2	Creation of a healing and caring environment	E_PS_2_1	Reduced LOS (Average LOS in days)	5.8 average April-Dec 25	7 days by March 2026 (agreed with SG March 2025)
E_PS_3	Improve the extent to which patients are appropriately informed and involved in their own care and treated with dignity and respect	E_PS_3_1	Patient satisfaction	2024 - 2026: 75% positive / 20.83% negative / 4.17% mixed (Care opinion)	Increase positive response
E_PS_4	Reduced A&E waiting times	E_PS_4_1	Mean A&E waiting times (All ED attending patients)	02.48 average April-Dec 25	4 hours
E_PS_4	Reduced A&E waiting times	E_PS_4_2	Maximum A&E waiting times (All ED attendings patients)	22 average April-Dec 25	4 hours
E_PS_5	Increased access to ambulatory/same day emergency care	E_PS_5_1	Number of patients given access to same day ambulatory emergency care/interventions.	02.40 average April-Dec 25	Indicator, not target
H1	Supports reduction of premature mortality	H1_1	Deaths, under 75 years -Age-sex standardised mortality rate per 100,000 population, 3-year aggregates	2021-2023: 416.3 per 100,000	Improve (reduce) premature mortality rate
H2	Supports increase in the number of babies born with a Healthy birth-weight	H2_2	Percentage of babies born at a healthy birthweight, 3-year aggregates	2021/22-2023/24: 79.9%	Improve (increase) proportion of babies with a healthy birthweight
H3	Supports early cancer detection	H3_1	Number of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1	2022-2024: 173 patients diagnosed at stage 1	No target
H4	Supports smoking cessation initiatives (12 weeks post quit)	H4_1	Number of successful quits at 12 weeks	28 out of 105 (26.7%) (Nov 24-Oct 25)	Reduce
H5	Supports antenatal access	H5_1	Percentage of pregnant women who will have booked for antenatal care by the 12th week of gestation	119 by 10 weeks , 24 by 10-12 weeks, 11 after 12-16 weeks aross Lochaber area	100%
H6	Supports suicide prevention initiatives	H6_1	Deaths from suicide, Age-sex standardised mortality rate per 100,000 population, 5-year rolling average	2020-2024: 29.9 per 100,000	Improve (reduce) deaths from probable suicide.

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
H8	Supports child healthy weight interventions	H8_1	Child healthy weight in primary 1 (percentage of Primary 1 children (with a valid height and weight recorded) whose BMI is in the healthy weight range)	2023/24: 78.7%	Improve (increase) proportion of P1 children with a health weight
H_PS_1	Improved health and well-being of the local Lochaber population	H_PS_1_1	Life expectancy at birth (years) for males and females, 5-year period	2019-2023: Males 77.7 years, Females 81.6 years	National target: To improve average life expectancy by at least 1 year by 2035
H_PS_1	Improved health and well-being of the local Lochaber population	H_PS_1_2	Early deaths from cancer, aged <75 years	2021-2023: 135.2 per 100,000	Improve (reduce) early deaths from cancer
H_PS_1	Improved health and well-being of the local Lochaber population	H_PS_1_3	Early deaths from coronary heart disease (CHD), aged <75 years	2021-2023: 47.3 per 100,000	Improve (reduce) early deaths from CHD
V1	Increases level of staff engagement	V1_1	Percentage of staff who they say they would recommend their workplace as a good place to work	IMatter 2025 - Yellow 66%	No target / increase
V2	Optimises resource usage	V2_1	Cost of delayed discharge	£4,162,371 (April 2025 to December 2025) 2791 April 2025 to December 2025. Based on 23/24 cost book the cost of a Bed night it £1,401 (direct costs), high due to the volume of locums.	Year on year reduction of number of beds used
V2	Optimises resource usage	V2_2	Cost of end of life care in acute hospital	TBC	Year on year reduction of number of beds used
V2	Optimises resource usage	V2_3	Cost of emergency admissions	£16,116,430 Total emerg Bed Days in 2024 = 11,490. Based on 23/24 cost book the cost of a Bed night is £1,401 (direct costs), high due to volume of locums.	Year on year reduction of number of beds used
V3	Improved accommodation space utilisation	V3_1	Appropriate use of bookable space through digital booking systems	Not currently measured. Ongoing work through Outpatients Programme to understand and capture data.	100%
V5	Optimises cleaning costs	V5_1	Cleaning cost £ per sq.m.	Average Cost per SQM for N&W Domestic (Based on Benchmarking) for 24/25 is £14.57. This covers Domestic, Catering, Retail Catering, Portering, Laundry for the current Belford as at 24/25.	Reduction
V6	Optimises property maintenance costs	V6_1	Property maintenance cost £ per sq.m.	Maintenance cost - £20.93/m2	Reduction
V8	Optimises energy usage costs	V8_1	Energy cost £ per sq.m.	Current Belford Energy cost total 24/25 - £308k - £39.72/m2	Reduction
V9	Optimises rent or rates costs	V9_1	Rent or rates £ per sq.m.	Belford 2025/62: £79520	Indicator, not target
V10	Optimises catering costs	V10_1	Catering cost £ per consumer week or sq.m.	Average Cost per SQM for N&W Domestic (Based on Benchmarking) for 24/25 is £14.57. This covers Domestic, Catering, Retail Catering, Portering, Laundry for the current Belford as at 24/25.	Reduction

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
V11	Optimises portering costs	V11_1	Portering cost £ per consumer week or sq.m.	Currently no porters. Activity to understand what staff currently provide portering services.	No target
V12	Optimises laundry costs	V12_1	Laundry cost £ per consumer week or sq.m.	Average Cost per SQM for N&W Domestic (Based on Benchmarking) for 24/25 is £14.57. This covers Domestic, Catering, Retail Catering, Portering, Laundry for the current Belford as at 24/25.	Reduction
V13	Optimises waste costs	V13_1	Waste cost £ per consumer week or sq.m.	Information not currently available. Mechanism to capture to be identified.	Reduction
V14	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	V14_1	Backlog maintenance cost	Backlog total - £4.45m	0
V14	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	V14_2	Facilities Condition Index (FCI)	FCI Ratio - 17%	0 to 5% FCI
V15	Improves design quality in support of increased quality of care and value for money	V15_1	AEDET score	as per AEDET workbook	as per AEDET workbook
V16	Improves financial performance	V16_1	Recurring revenue budgets (Belford Hospital and Community Services)	as per workforce plan	Within allocated budget
V17	Reduces carbon emissions and / or energy consumption	V17_1	Percentage reduction in CO2 emissions	Current Belford total - 702.4 C02e Tonnes	Reduction
V17	Reduces carbon emissions and / or energy consumption	V17_2	Percentage reduction in energy consumption per m2	Current - 304 kwh/m2 Proposed - 240.4 kwh/m2 Difference - 63.6 kwh/m2	Reduction
V_PS_1	Improves the attraction and retention of an appropriately skilled workforce	V_PS_1_1	Vacancy to fill increased turn around time	NHS Highland, Acute, 2025 average vacancy time to fill: 98.47 days	No target / increase
V_PS_1	Improves the attraction and retention of an appropriately skilled workforce	V_PS_1_2	Improved staff morale	IMatter 2025 - Green 88% Green	No target / increase

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
V_PS_1	Improves the attraction and retention of an appropriately skilled workforce	V_PS_1_3	Reduced sickness / absence rate	NHS Highland, Acute, 2025 average sicknes absence: 7.07%	No target / reduction
V_PS_2	Increases opportunities for staff training and advancement	V_PS_2_1	Training participation metrics	Currently not measured	Increase
V_PS_2	Increases opportunities for staff training and advancement	V_PS_2_2	Career progression indicators	Currently not measured	Increase
V_PS_2	Increases opportunities for staff training and advancement	V_PS_2_3	Staff experience measures	Currently not measured	Increase
V_PS_3	Optimises "out of hours" and on-call staffing requirements	V_PS_3_2	Out of hours attendances volume and patterns from Fort William PCEC	2025 Mean monthly : 183	Indicator
V_PS_3	Optimises "out of hours" and on-call staffing requirements	V_PS_3_3	Out of hours attendances volume and patterns from Belford ED	Out-of Hour (OOH) results from Belford Hospital ED (from TRAK ED for all attendance types, Planned and Unplanned).	Indicator
V_PS_4	Reduces/removes the need for locums/other temporary staff	V_PS_4_1	Reduced total locum cost	1315547 (2024/25)	Reduce
V_PS_5	Improves the flexibility of the estate, improving flows and making re-alignment over time easier to address constantly changing needs	V_PS_5_1	Percentage of rooms based on current repeatable room models.	zero	20%
V_PS_5	Improves the flexibility of the estate, improving flows and making re-alignment over time easier to address constantly changing needs	V_PS_5_2	Ability to accommodate increase in activity as per agreed Expansion Strategy for all departments.	Zero	20% minimum for each department (see expansion strategy)

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
W1	Make Lochaber attractive to people as a place to come and live	W1_1	Potential Metrics: 1. Net In-Migration to Lochaber (THC) population/migration data). Baseline: current annual net migration.	Baseline: Lochaber population increase 0.5% between 2011 and 2022.	Positive increase year on year.
W2	Make Lochaber attractive to people as a place to invest	W2_1	Annual value of new capital investment into Lochaber (£) and/or number of new business investments or expansions recorded by Highland Council Economic Development. (copilot suggestion but needs to be related back to healthcare services provided - see notes)	Investment value in Lochaber last financial year (tbc)	Year-on-year increase (e.g., +10–15% within 3 years of hospital opening).
W3	Attract specific partner / stakeholder interest and investment	W3_1	Number of formal external partnerships or investment agreements established with organisations contributing to Lochaber's health and social care ecosystem	Current number of formalised partnerships with NHSH and partners (e.g., from existing HSCP, third sector, community or innovation collaborations).	TBC % increase within 3 years of hospital opening
W4	Present Lochaber as innovative and forward thinking	W4_1	Lochaber has a modern and innovative healthcare design and service delivery model in place	Service model plan demonstrating innovative and modern healthcare services which don't currently exist in the current hospital.	Service model plan realised upon hospital opening.
W5	Bring jobs and investment through the construction process	W5_1	Total number of personnel employed during construction phase	0	Indicator, not target
W5	Bring jobs and investment through the construction process	W5_2	Percentage of construction cost spent with firms based in Highland	0	20%

Metrics Tracking

Ref	Benefit	Metric Ref	Metric Description	Baseline Value (The status quo)	Target Value
W6	Creates apprenticeships and training opportunities for the local workforce and school leavers	W6_1	Number of apprenticeships created (construction + NHS roles) Number of local work placements offered (school/college) Recruitment into entry-level and Band 2-4 NHS roles Retention rates of locally trained staff Uptake of development pathways (e.g. Assistant Practitioner routes) Participation in Balfour Beatty SV engagement activities Reduction in agency spend or vacancy risks where workforce pipelines develop sustainably	Limited local apprenticeships and workforce entry routes at present; construction-related training activity not yet commenced. Highland Council shared pupil aspiration data for S1-S3 pupils and Healthcare came 3/27 for social work and care it was 19/27.	Year-on-year increase in: appenticeships (clinical and non-clinical) school engagement and placements local recruitment into entry-level roles progression into degree-level careers (Nursing, AHPs, Radiography, Biomedical Science, etc.)
W7	Improved community confidence and morale in NHS Highland services in Lochaber.	W7_1	Quality assessment of the attitudes of the local population to health and social care services in Lochaber	No baseline	Part of POE and plan to measure in conjunction with Strategy development