Data Pack

Lochaber Redesign Project

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Version	1
Date Finalised	*March 2026*
Annual Review Date	

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1. General Hospital Activity

Summary:

General hospital activity at Belford Hospital remains under sustained pressure, with non-elective demand and length of stay continuing to drive bed occupancy and flow challenges. While overall discharge performance for the majority of emergency pathways is broadly comparable with national averages, a small cohort of patients with prolonged stays accounts for a disproportionate share of bed use.

In 2024, the longest-staying 5% of emergency patients at Belford accounted for 63.4% of occupied emergency bed days, substantially higher than the Scottish average of 39.2%. This concentration of bed utilisation continues to constrain capacity, limit operational flexibility and impact patient flow across the hospital, reinforcing the scale of the system challenge.

These flow and long-stay patterns mirror the pressures described in the Strategic Case and reinforce the need for improved separation of elective and emergency pathways.

Further detail on the impact of prolonged stays and non-elective flow is explored in the Non-Elective (Emergency) Inpatients section, with additional context provided in relation to occupied bed days and delayed discharge.

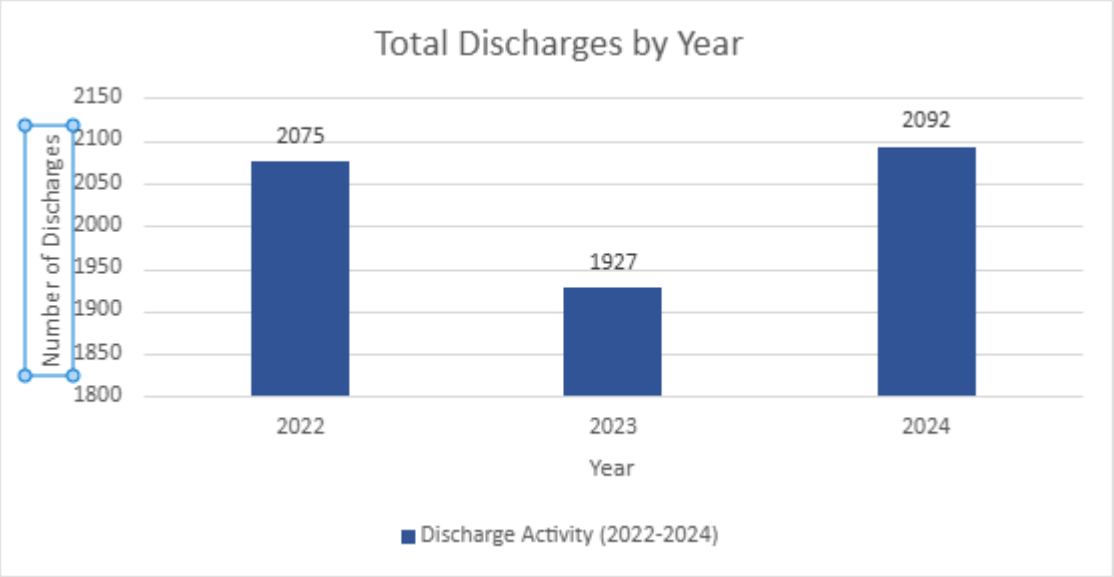
Key Trends:

- Overall emergency discharge performance for the majority of patients remains broadly comparable with national norms, indicating that system pressure is not driven by widespread delays.
- A small cohort of longest-staying emergency patients continues to consume a disproportionate share of bed capacity, with the top 5% accounting for 63.4% of emergency bed days at Belford in 2024, compared with 39.2% nationally.
- The average length of stay for Belford's top 5% longest-staying emergency patients remains significantly higher than the national position, averaging 97 days, compared with approximately 40 days across Scotland.
- This concentration of prolonged stays continues to place sustained pressure on bed availability and patient flow, limiting the hospital's ability to respond to variation in non-elective demand.
- The evidence indicates that addressing flow and discharge challenges within a small number of complex pathways is central to improving overall system performance.

Discharges (2022-2024):

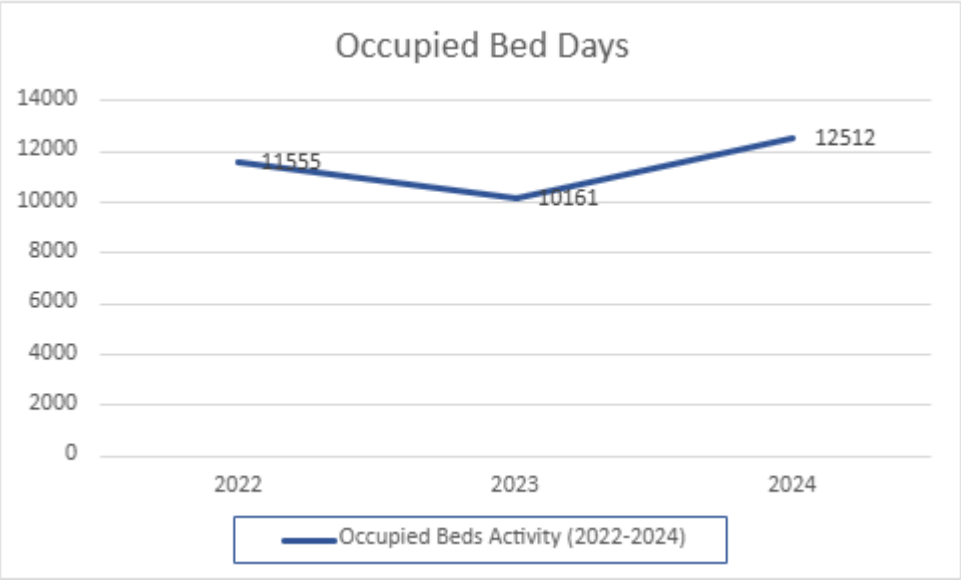
Year	Total Discharges	Elective	Emergency

2024	2092	525	1567
2023	1927	559	1368
2022	2075	559	1516



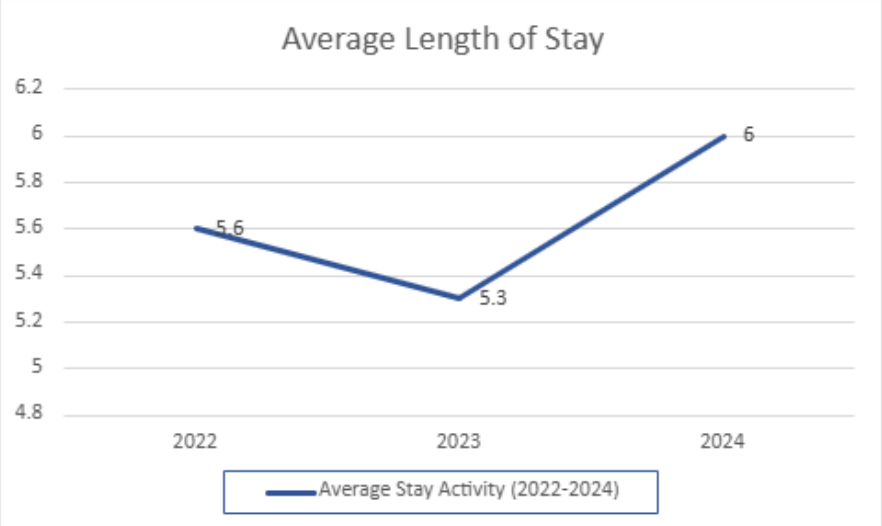
Total Occupied Bed Days (2022-2024):

Year	Total Occupied Bed Days	Elective	Emergency
2024	12512	1021	11490
2023	10161	515	9646
2022	11555	730	10825



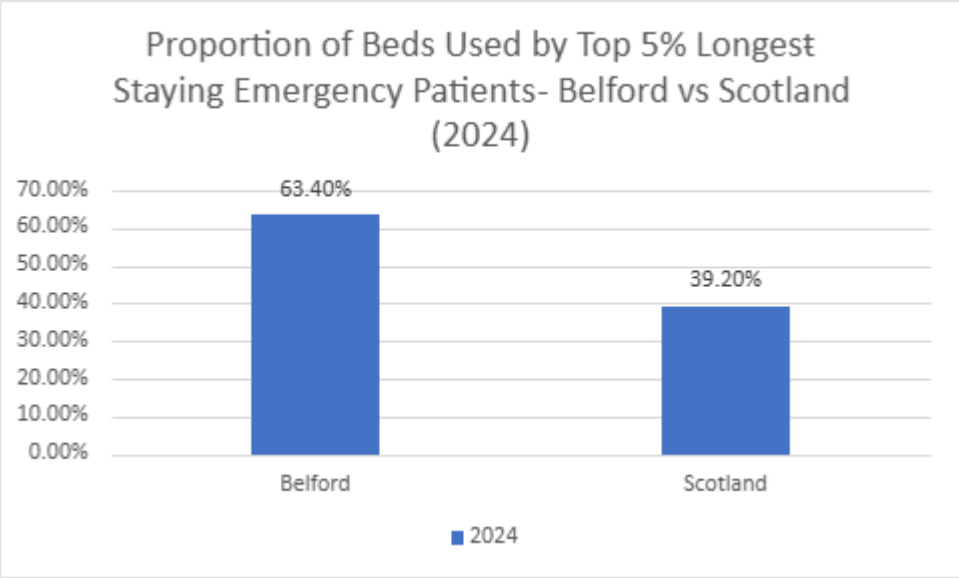
Average Length of Stay (2022-2024):

Year	Avg Length of Stay (days)	Elective (days)	Emergency (days)
Scottish National Average	6.8	3.1	7.3
2024	6	1.9	7.3
2023	5.3	0.9	7.1
2022	5.6	1.3	7.1



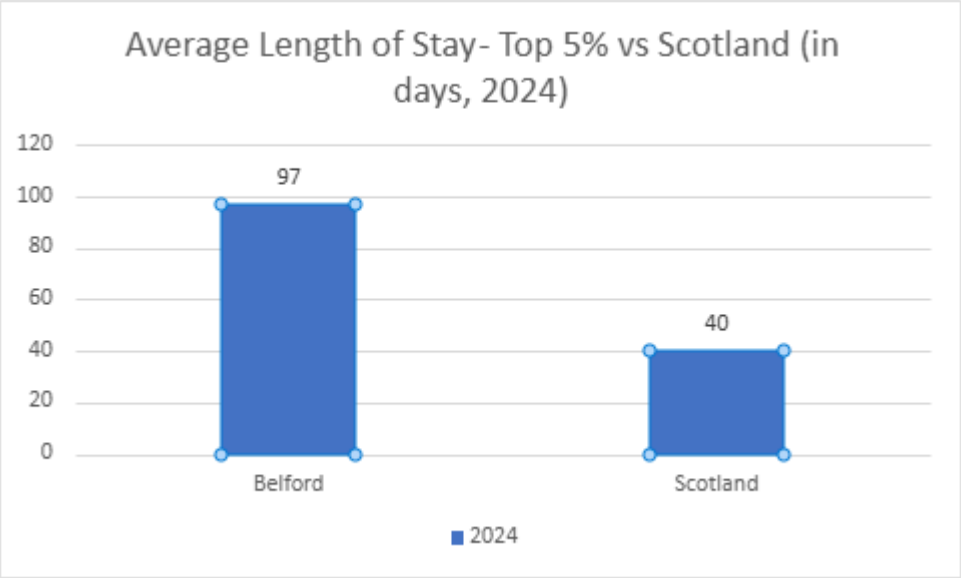
Proportion of Beds Used by Top 5% Longest Staying Patients

Proportion of Beds Used by Top 5% Longest-Staying Emergency Patients – Belford vs Scotland (2024):



Belford Hospital compared with Scottish average

Average Length of Stay - Top 5% vs Scotland (in days, 2024):



In 2024, 95% of emergency pathways at Belford were discharged within 25.6 days, almost identical to the Scottish average (25.5 days), indicating that system pressure is driven by a small cohort of very long-stay patients rather than overall discharge performance.

2. Emergency Department

Summary:

Emergency Department attendances continue to increase year-on-year, reaching 10,112 in 2025, reflecting sustained demand pressures across unscheduled care. Early 2026 performance indicates increased operational strain, with February showing deterioration in wait-to-triage and four-hour performance compared to the operational year average. Over-12-hour waits remain a key pressure, Ambulance handover performance remains variable, with periods of improvement interspersed with renewed pressure. Collectively, these trends reinforce the importance of system flow, timely assessment, and downstream capacity as part of the wider case for change.

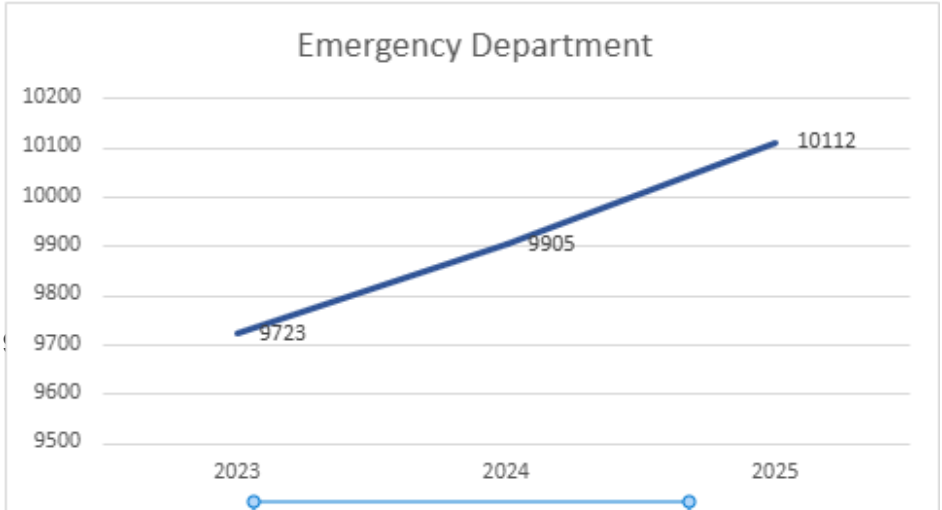
These flow and long-stay patterns mirror the pressures described in the Strategic Case and reinforce the need for improved separation of elective and emergency pathways.

Key Trends:

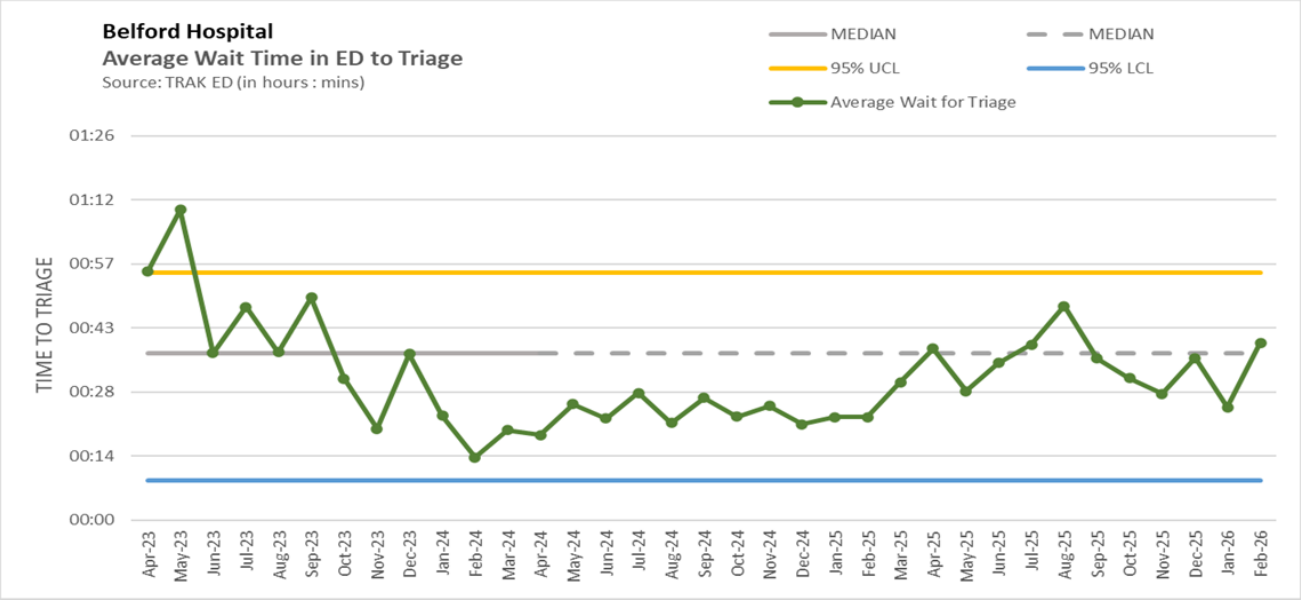
- ED attendances continue to rise year-on-year, indicating sustained unscheduled care demand.
- Average wait-to-triage increased to 39 minutes in February 2026, signalling pressure at the front door.
- Four-hour performance declined to 75.3% in February 2026.
- Over-12-hour waits persist (20 breaches in February), highlighting flow and capacity constraints.

Belford Attendances & Case Mix (2023-2025):

Year	Attendances	Minor Injuries	Suitable for SDEC	4h Performance %
2025	10112	6556	6554	83.5
2024	9905	6714	6709	82.6
2023	9723	7012	7005	87.5



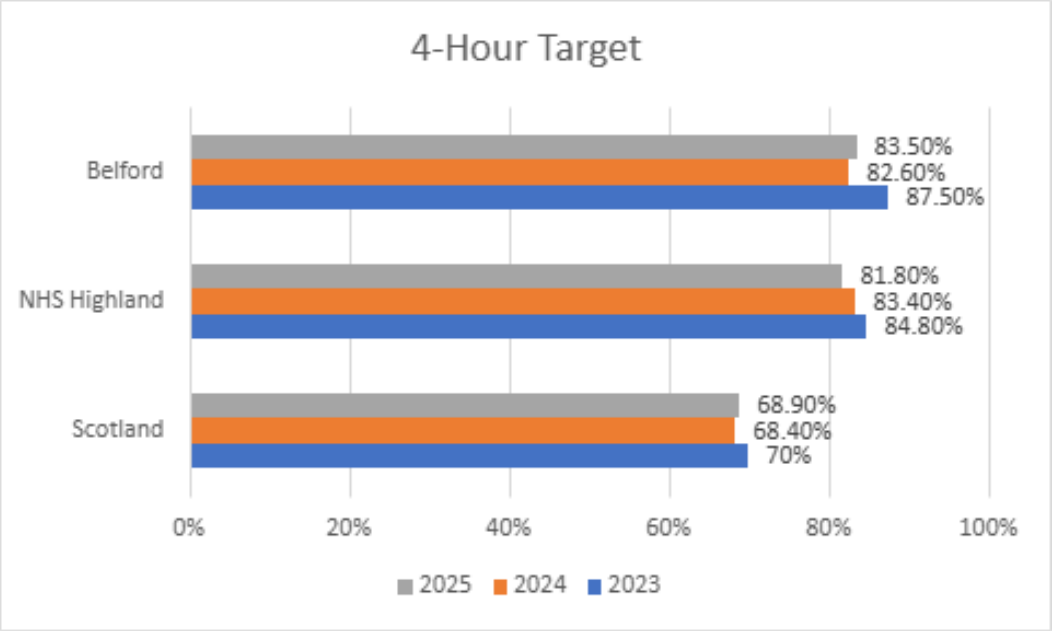
Wait to Triage / First Assessment (April 2023 – February 2026):



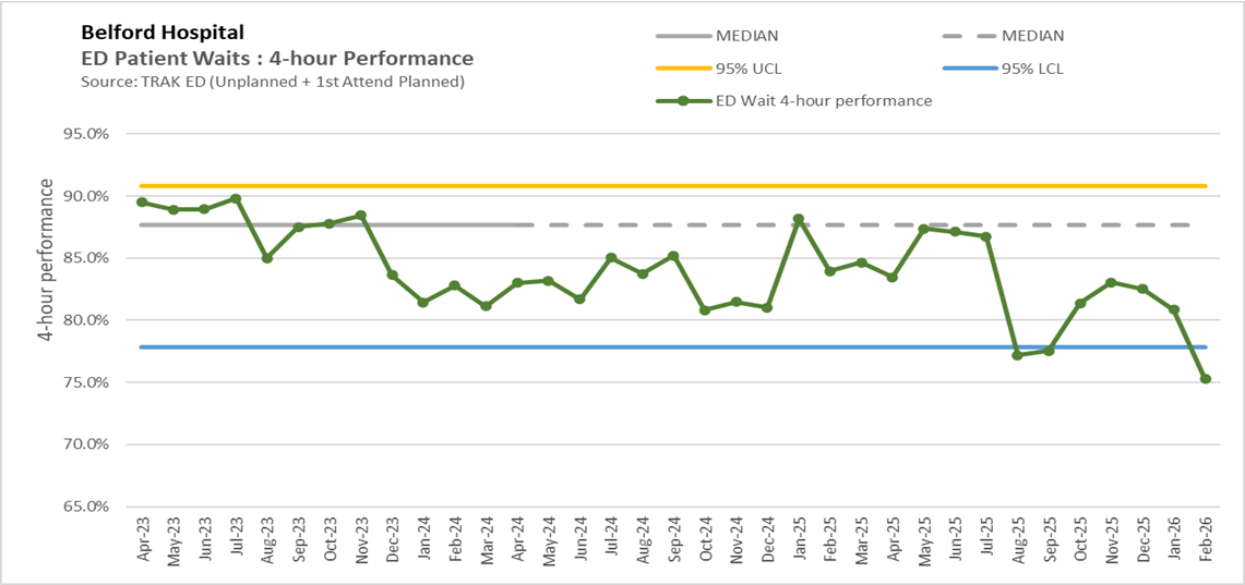
4-hour Target Activity (2023-2025):

All patients presenting at the emergency department should be seen within 4 hours.

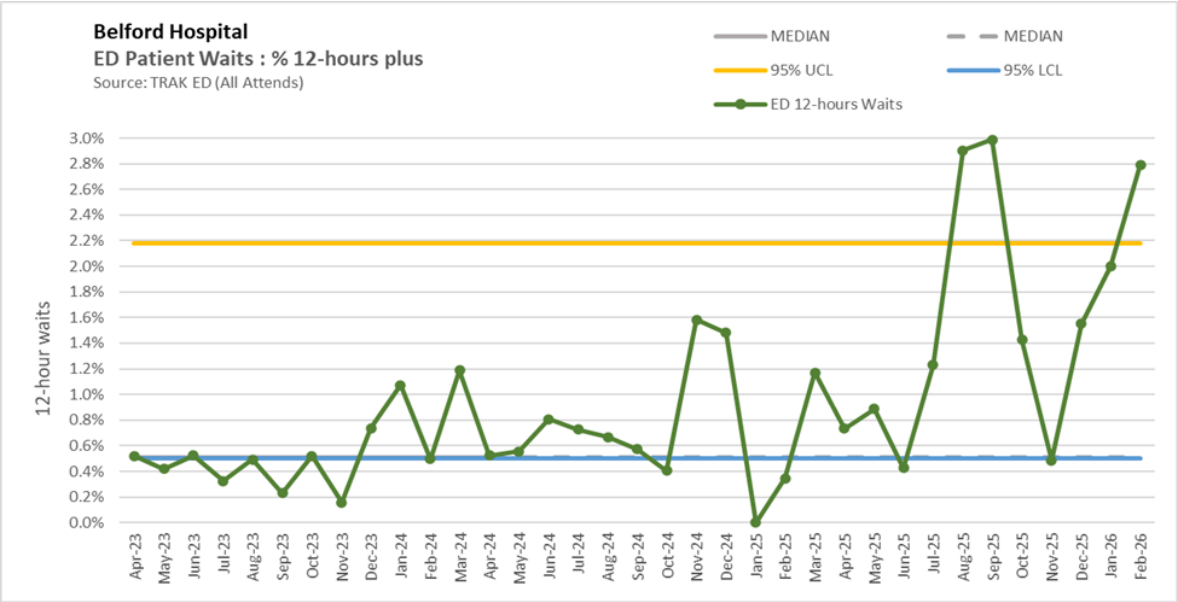
	Belford Hospital	NHS Highland	Scotland
2025	83.5%	81.8%	68.9%
2024	82.6%	83.4%	68.4%
2023	87.5%	84.8%	70%

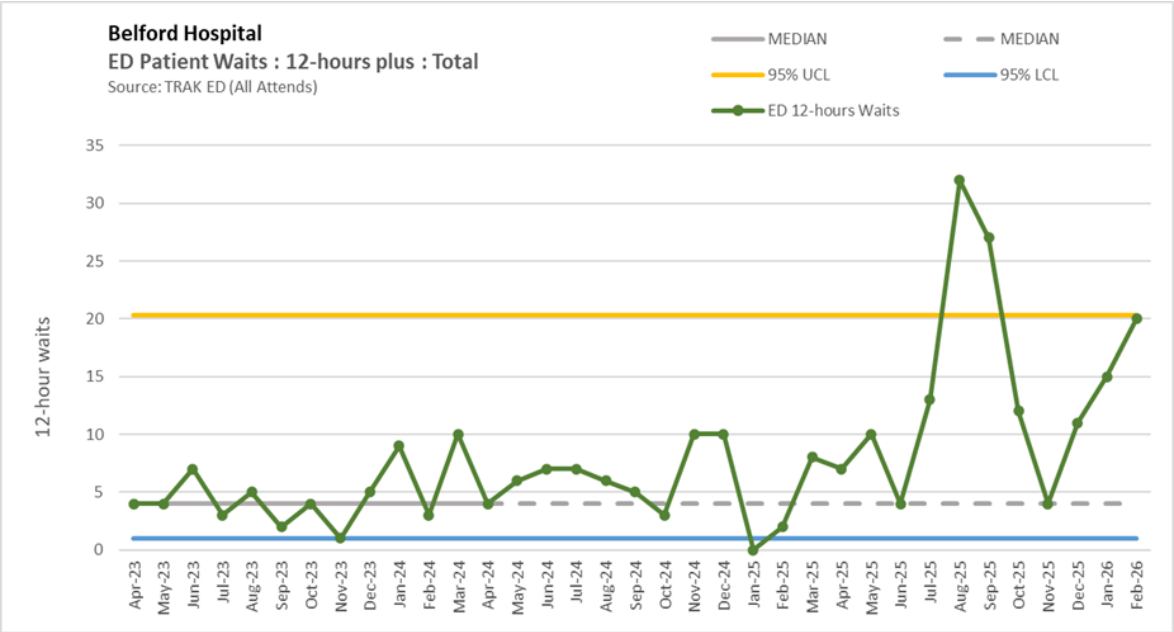


4-hour Performance Trend (April 2023 – February 2026):

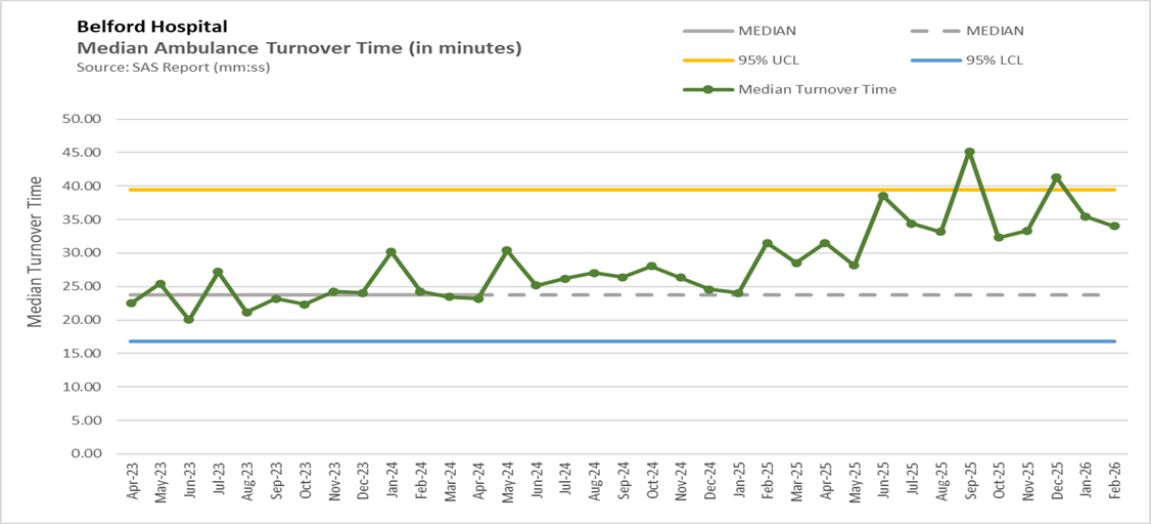


Over 12-hour wait breaches and total longest waits (April 2023 – February 2026):





Urgent Care: Ambulance Handover (April 2023 – February 2026):



3. Day cases

Summary:

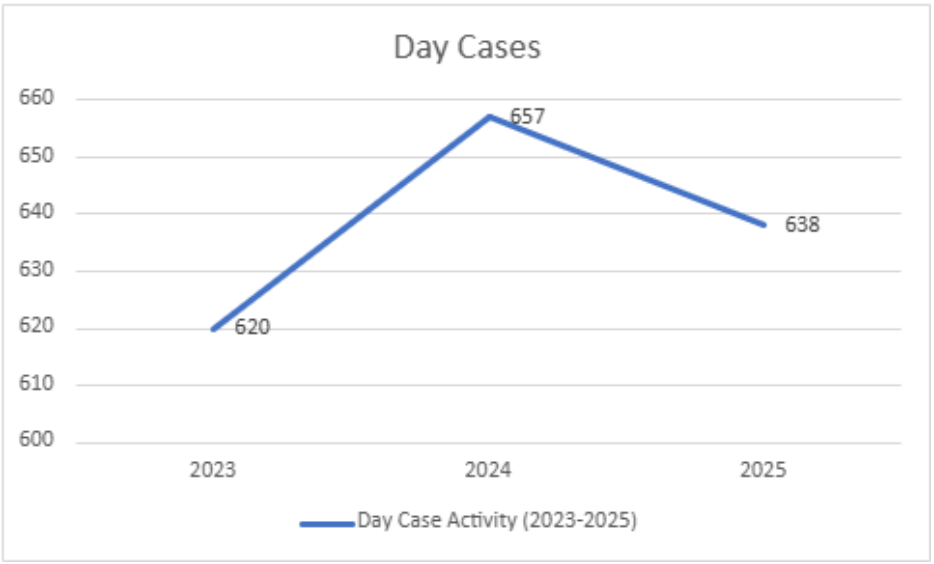
Day case activity has remained consistent, with General Surgery forming the bulk of activity. Volumes have stayed stable into 2025 (638 cases), showing little variation.

Key Trends:

- Stable throughout across specialties.
- Surgical day case dominates overall caseload.
- Minimal year-to-year variance.

Activity by Specialty (2023-2025):

Year	Total	Gen Surg	Gen Med	Gynae	Urol/T&O
2025	638	532	76	0	30
2024	657	559	77	5	16
2023	620	505	57	36	22



4. Elective Inpatients

Summary:

Elective inpatient activity continues to decline, falling from 54 cases in 2023 to 23 cases in 2025, reflecting service redesign, case mix changes and increased use of day-case pathways. Performance indicators from the Assurance sections (Inpatient & Day Case Performance, 12-week compliance, and Emergency Readmissions) show important contextual pressures. While inpatient/day-case waiting-time performance remains below target, year-on-year variation is relatively small. Readmission patterns highlight short-interval (7-day) readmissions as a key quality focus, with 28-day readmissions showing more stability.

Elective inpatient and day-case performance at Belford Hospital shows sustained improvement, with the Treat-to-Go (TTG) waiting list position at its lowest month-end level since October 2024. This improvement sits within a wider context of ongoing capacity and flow pressures within the hospital. Bed occupancy remains consistently high, averaging over 94% during 2025/26, limiting operational flexibility and contributing to flow challenges. The number of patients experiencing prolonged hospital stays and delayed discharges remains above historic averages, reinforcing the interdependency between elective flow, bed availability, and unscheduled care pressures. Collectively, these factors highlight the importance of whole-system flow in sustaining elective recovery and supporting the case for change.

Emergency re-admission metrics are reported within the Non-Elective (Emergency) Inpatients section, reflecting their unscheduled nature.

Key Points:

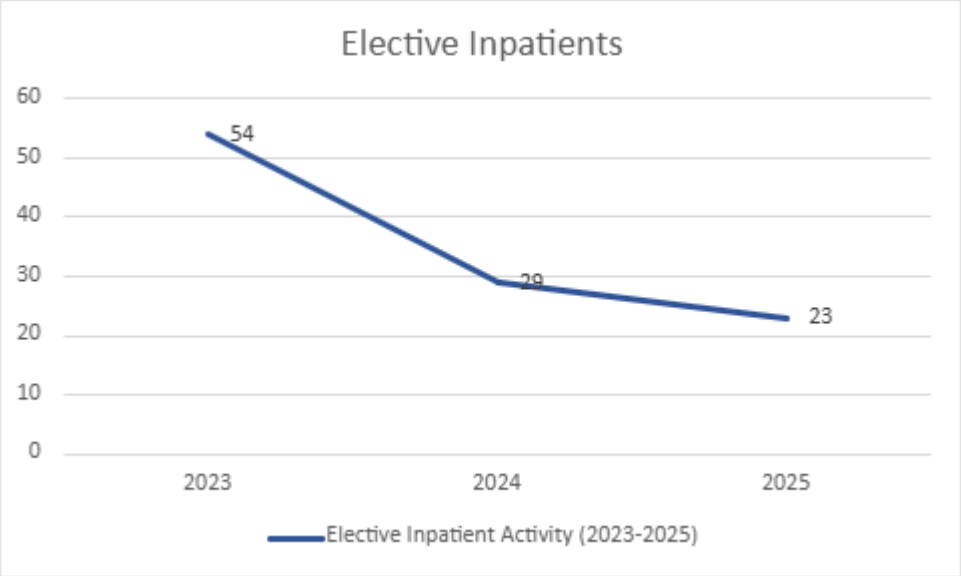
- Elective inpatient activity declining over three years, in line with regional and national reductions.
- Inpatient & Day Case Performance pressures: NHSH remains below the 12-week treatment target for both inpatients and day cases, indicating ongoing scheduling and capacity constraints.
- 12-week compliance: % of NHSH inpatients/day cases seen within 12 weeks shows marginal annual variation but remains a persistent challenge.
- TTG elective inpatient and day-case waiting list reduced to 128 patients at end-February 2026, the lowest position since October 2024.
- Only one patient was waiting more than 52 weeks in February 2026, representing a significant improvement compared to August 2025.
- Average bed occupancy at Belford Hospital during 2025/26 is 94.49%, indicating limited available capacity to absorb demand variation.

- Patients remaining in hospital for more than 30 days continue to exceed historic averages, with 16 long-stay patients recorded at end-February 2026, including one patient with a length of stay exceeding one year.
- Delayed discharge episodes remain elevated, averaging around 14 per month, despite some earlier stabilisation.
- High bed occupancy, long-stay patients and delayed discharges continue to constrain elective flow and reinforce the need for alternative models of care, Treat-to-Go pathways and improved discharge processes.

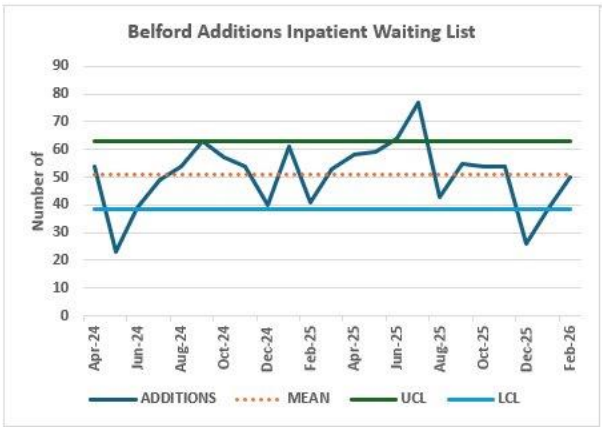
Inpatient & Day Case Performance

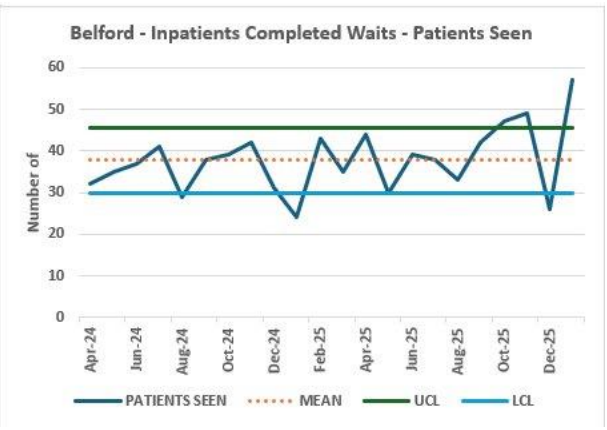
Elective Inpatient Activity (2023-2025):

Year	Total	Gen Surg	Other
2025	23	21	2
2024	29	28	1
2023	54	52	2



Inpatient Activity (April 2024-February 2026):

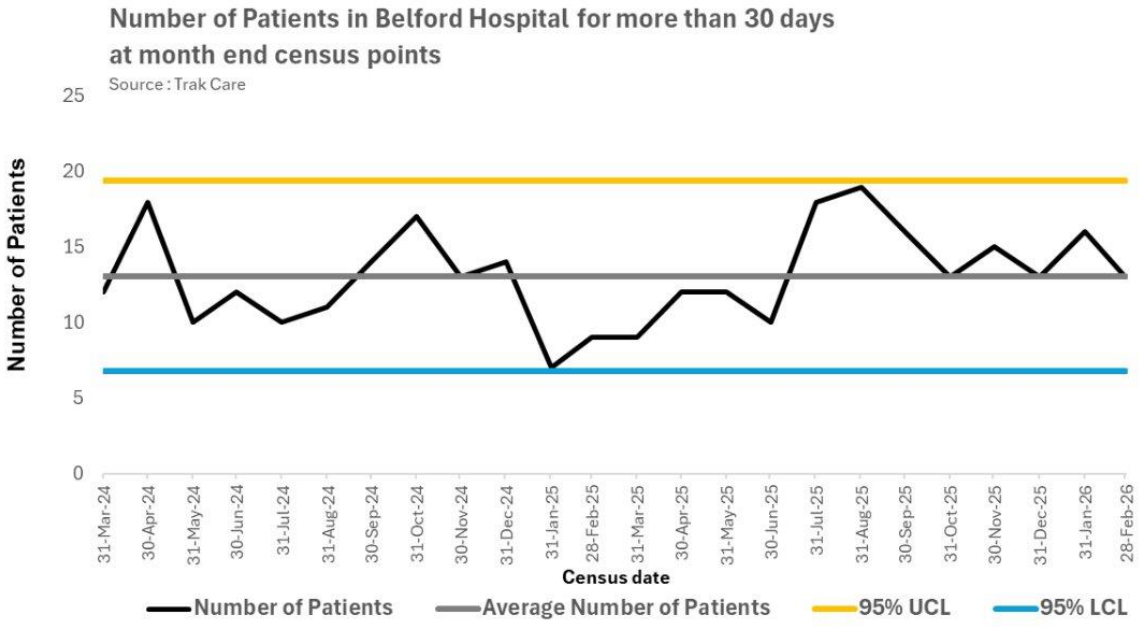




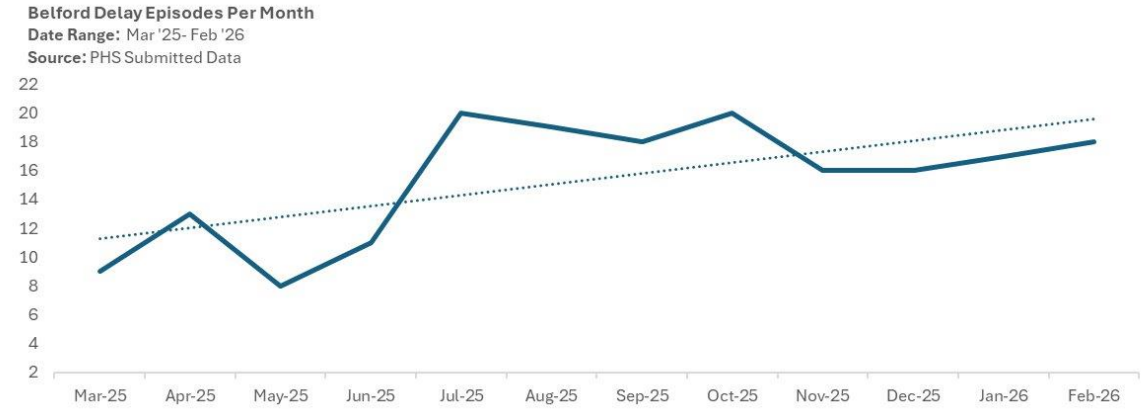
Capacity and Flow: Bed Occupancy (March 2025-March 2026):



Capacity and Flow - Patients in Hospital for more than 30 days (March 2025-March 2026):

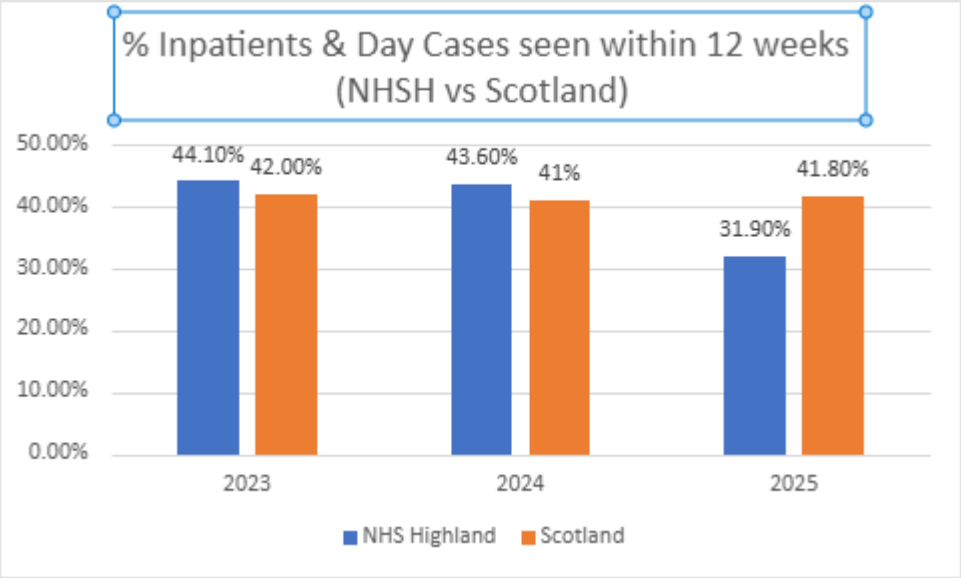


Delayed Discharges (May 2025 to February 2026):

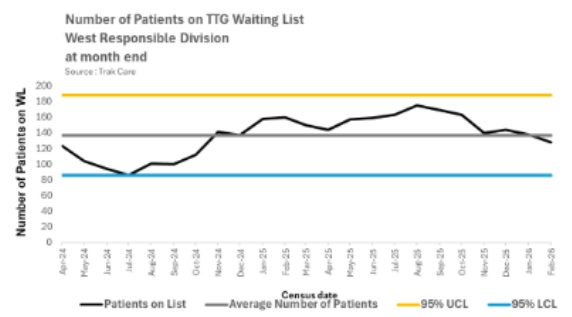


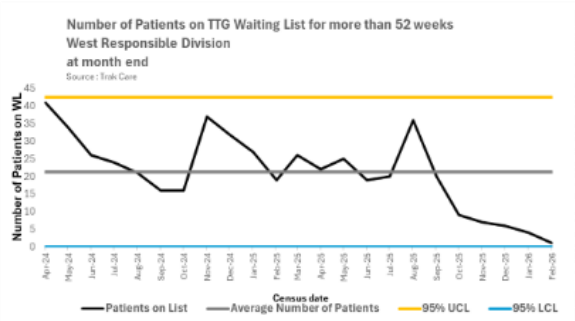
12-Week Compliance (2023-2025):

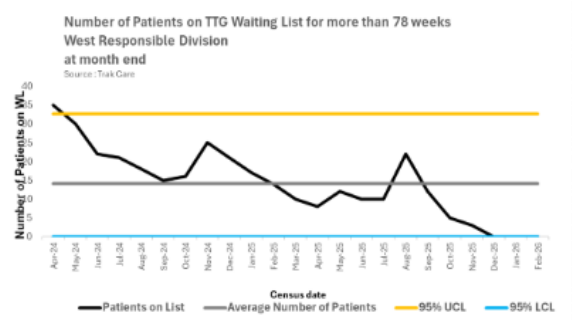
	NHS Highland	Scotland
2025	31.9%	41.8%
2024	43.6%	41%
2023	44.1%	42%

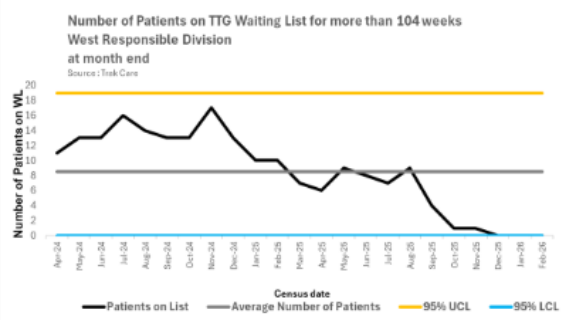


Treat to Go (TTG) Elective Inpatient/Day Case Waiting List – West Responsible Division (April 2024-February 2026):









5. Non-Elective (Emergency) Inpatients

Summary:

Non-elective activity continues to be the predominant driver of acute bed pressure at Belford Hospital. Emergency admissions peaked in 2024 (1,355 admissions), with General Medicine accounting for the majority of demand. Recent Same Day Emergency Care (SDEC) / Ambulatory Emergency Care (AEC) activity (April 2023 onwards) provides early insight into admission-avoidance potential, although a full quantified impact analysis is still required. Current AEC activity indicates the scale of patients suitable for ambulatory pathways, supporting future SDEC development efforts. Occupied Bed Days (OBDs) remain elevated due to patient acuity and length of stay.

Further detail on length of stay, occupied bed days and the impact of the longest-staying emergency patients is presented in Section 1 – General Hospital Activity, including benchmarking of the top 5% longest stays against the Scottish average.

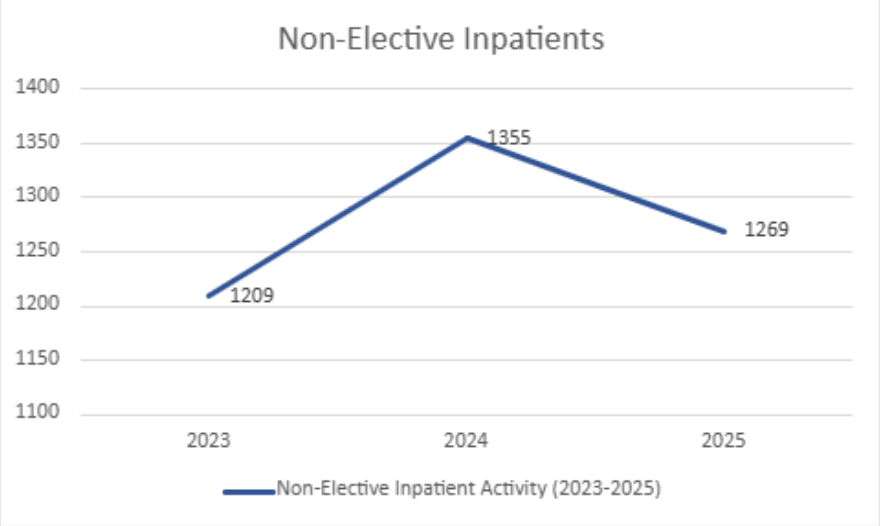
Key Trends:

- Emergency demand at sustained high levels, peaking in 2024.
- General Medicine dominates non-elective workload, responsible for most admissions.
- Emergency re-admission rates (7-day and 28-day) reflect ongoing pressure from acuity, length of stay and discharge complexity, reinforcing the relationship between non-elective demand and bed availability.
- SDEC / AEC admission-avoidance potential emerging:
- Recent ambulatory activity (from April 2023) highlights patients suitable for SDEC pathways.
- Not a full impact analysis yet—further modelling needed to quantify avoided admissions and saved bed days.
- OBDs elevated, reflecting both higher acuity and increased length of stay.
- Non-elective pressure continues to shape overall hospital flow, capacity, and discharge planning.

Emergency Admission Activity Breakdown:

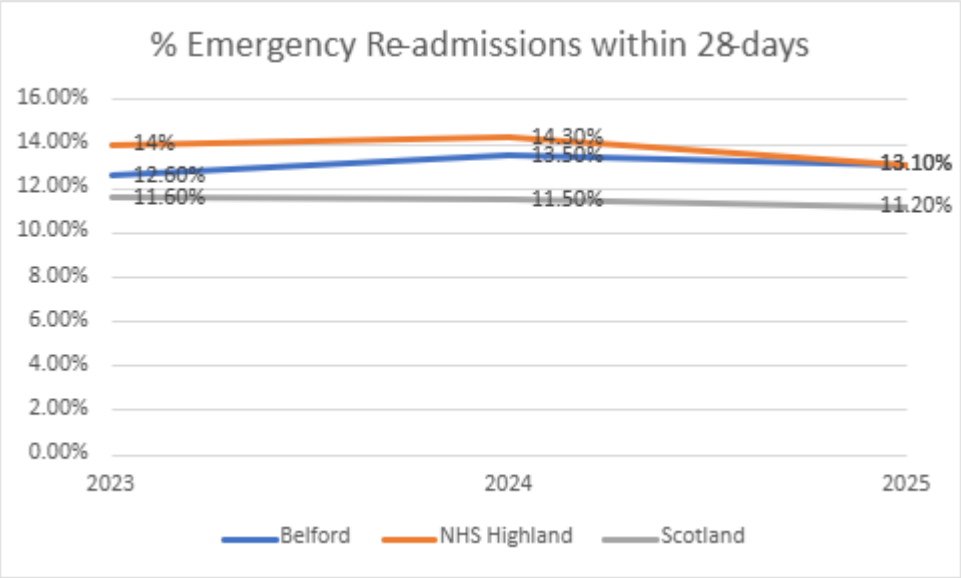
Year	Total	Gen Med	Gen Surg
2025	1269	876	393

2024	1355	891	464
2023	1209	820	389



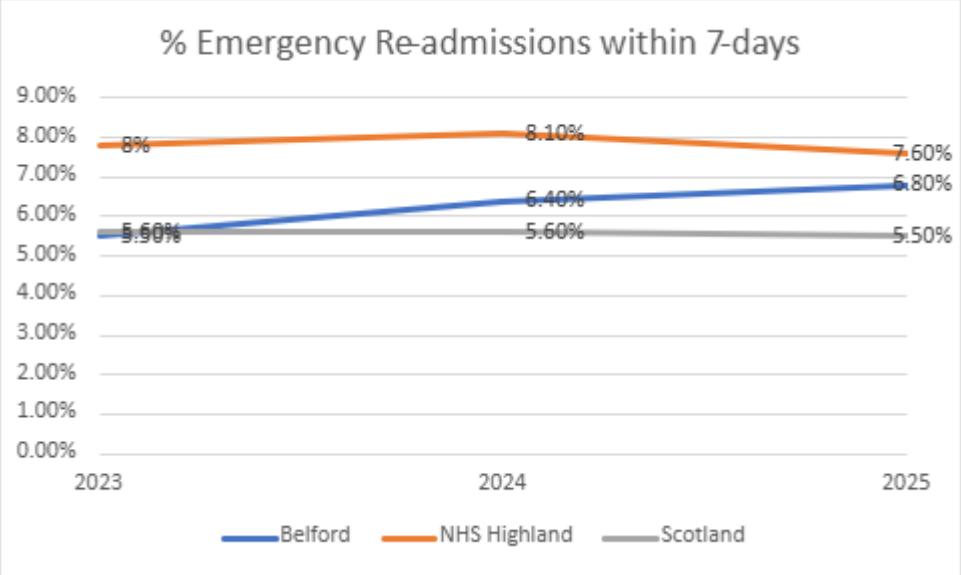
7-day Emergency Re-admission Rates (2023-2025):

	Belford Hospital	NHS Highland	Scotland
2025	13.1%	13.1%	11.2%
2024	13.5%	14.3%	11.5%
2023	12.6%	14%	11.6%



28-day Re-admission Rates (2023-2025):

	Belford Hospital	NHS Highland	Scotland
2025	6.8%	7.6%	5.5%
2024	6.4%	8.1%	5.6%
2023	5.5%	7.8%	5.6%



SDEC admission avoidance impact

Recent AEC activity data (April 2023 onwards) has been provided across relevant specialties. While this does not constitute a full SDEC impact analysis, it provides an indication of current ambulatory activity levels that would underpin future SDEC delivery. Further work is required to quantify admission avoidance and bed-day impact. (Refer to section 2 and 5)

6. Community Health & Care Services

Summary of Changes since Initial Agreement (IA)

The following factual changes to community health and care services in Lochaber have occurred since approval of the Initial Agreement. These changes provide important system context for inpatient flow, discharge planning and bed utilisation.

- **Moss Park Care Home**: Purchased by Highland Council, with NHS Highland assuming operational responsibility from April 2025. The service now provides 29 beds (reduced from 30), with the previous GP-designated bed removed.

- **Invernevis House Care Home**: Capacity increased from 30 to 32 registered places, including five beds designated for flexible use (respite, emergency placement and palliative care).

- **Abbeyfield Nursing Home** (Ballachulish): Service provision reduced to six nursing beds, with the removal of intermediate care and respite beds.

- **Lochaber Community Partnership**: Leadership transitioned from NHS Highland to the Fire Service.

These changes do not materially alter the baseline service model but contribute to ongoing system pressures affecting discharge pathways and community capacity.

7. Infusion appointments

Summary:

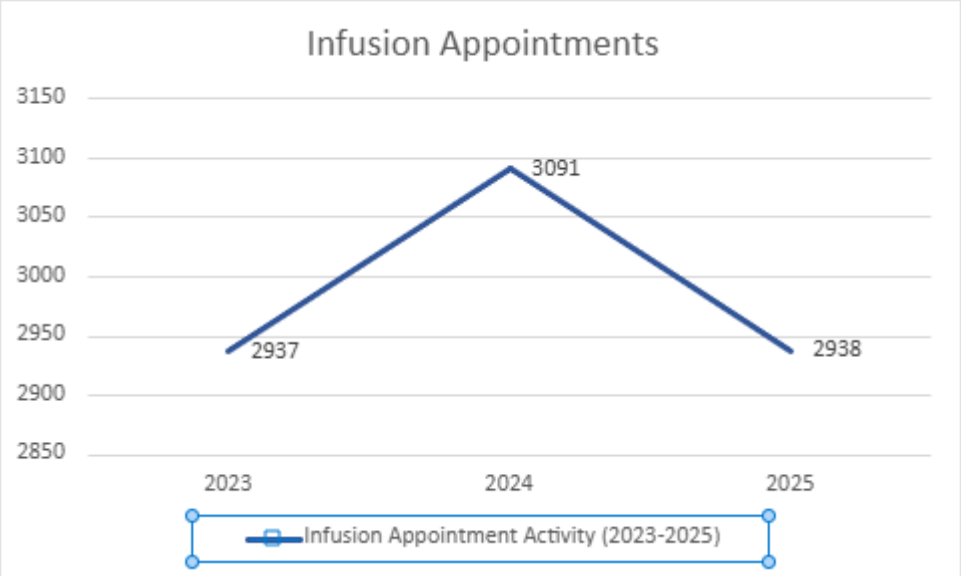
Infusion demand remains consistently high, with balanced service delivery across locations. Total activity for 2025 reached 2,938.

Key Trends:

- Stable high demand.
- Balanced workload across Belford Hospital and Fort William Health Centre.

Infusion Activity by Location

Year	Total	Belford	Fort William
2025	2938	1359	1579
2024	3091	1378	1713
2023	2937	1429	1508



8. Outpatients

Outpatient Appointments

Summary:

Outpatient activity at Belford Hospital continues to demonstrate sustained demand across both new and return appointments. Waiting list flows show ongoing pressure, with additions and patients seen broadly balanced over time but with continued sensitivity to capacity and pathway constraints. Performance against the 12-week standard reflects these pressures, particularly where demand fluctuations and competing priorities impact throughput.

Patient Initiated Returns (PIR) activity at Belford Hospital remains low and stable, averaging approximately five outcomes per month. In February 2026, six PIR outcomes were recorded, with Colorectal and ENT accounting for the majority, alongside Chronic Pain. These specialties may warrant targeted pathway review to ensure PIR models are optimised and consistently applied.

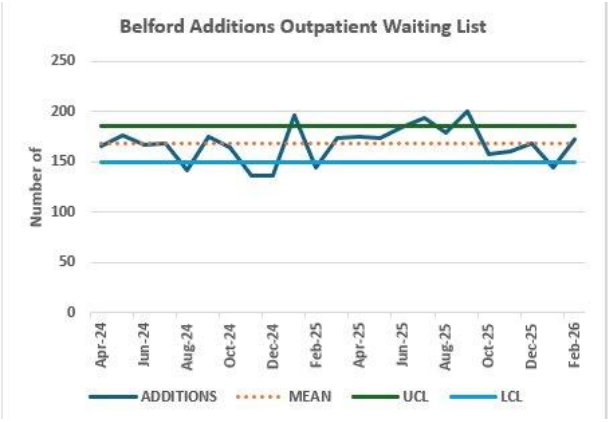
Overall, outpatient demand patterns underline the need for improved flow, reduced DNAs, strengthened 12-week performance, and targeted redesign of high-volume return pathways to support sustainable outpatient delivery.

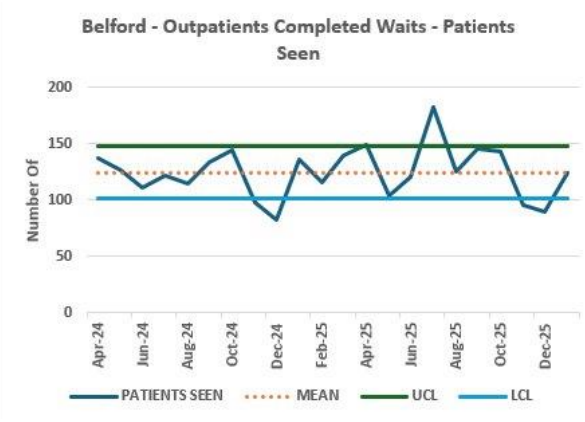
The implications of outpatient modality mix and return -heavy pathways for patient travel are explored in detail in the Patient Travel section.

Key Trends:

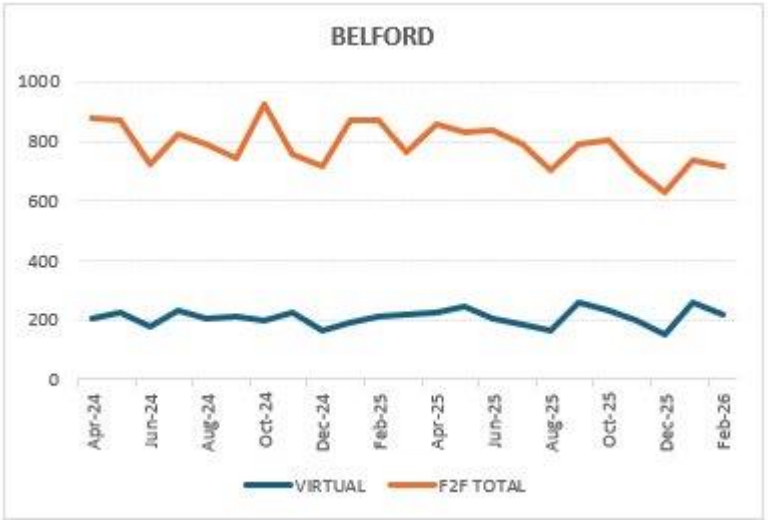
- Outpatient demand remains sustained across both new and return appointment pathways.
- Pro-rata estimates for 2025 indicate increasing outpatient activity compared with 2024, despite partial-year data suggesting a decline.
- Return-to-New ratios indicate growing follow-up intensity, contributing to pressure on clinic capacity and throughput.
- Performance against the 12-week standard remains variable and sensitive to demand fluctuations and capacity constraints.
- DNA rates continue to limit clinic efficiency and reduce available appointment capacity.
- Targeted redesign of high-volume return pathways represents a key opportunity to improve outpatient flow and sustainability.

Outpatient Activity (April 2024-February 2026):

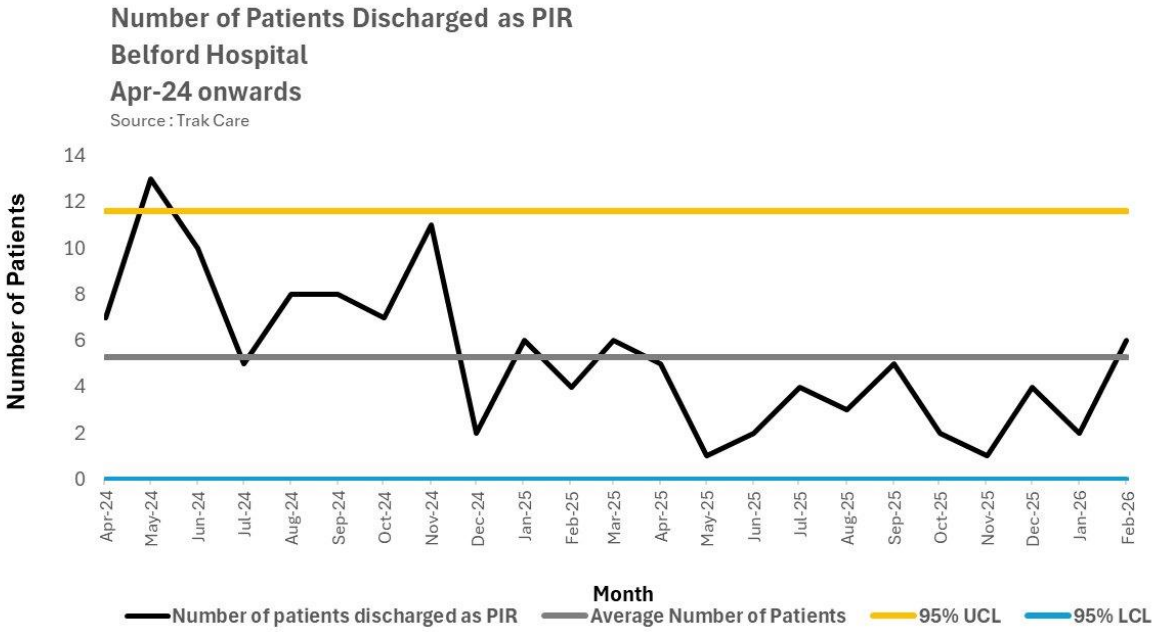




Outpatient Activity: FTF & Virtual (April 2024-February 2026):



Outpatient Activity: Patient Initiated Returns (April 2024-February 2026):



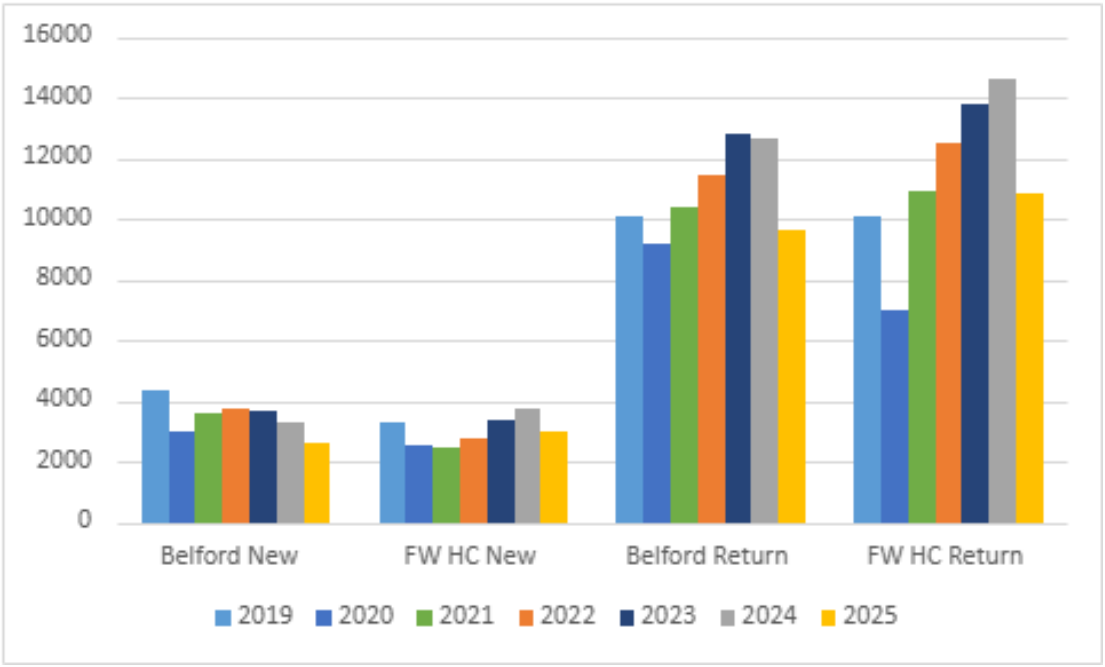
New & Return

Reported 2025 outpatient activity reflects partial-year data to early September 2025 and should therefore be interpreted with caution. Pro-rata estimates indicate that full-year outpatient activity is likely to increase compared with 2024, reversing the apparent decline suggested by the raw partial-year figures.

New and Return Activity vs Fort William Health Centre (FW HC) (2019-2025*):

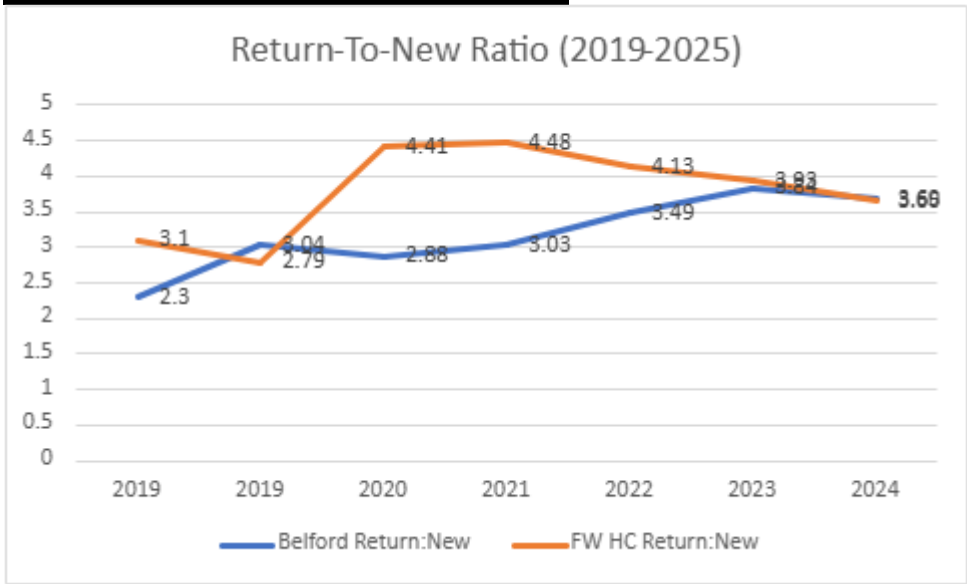
Year	Belford Total	Belford New	Belford Return	FW HC Total	FW HC New	FW HC Return
2025*	12,224	2,609	9,615	13,778	2,957	10,821
2024	15,953	3,296	12,657	18,312	3,714	14,598
2023	16,478	3,666	12,812	17,147	3,342	13,805
2022	15,200	3,776	11,424	15,261	2,784	12,477
2021	14,006	3,609	10,397	13,424	2,482	10,942
2020	12,169	3,014	9,155	9,481	2,500	6,981
2019	14,426	4,374	10,052	13,364	3,256	10,108
Total	100,456	24,344	76,112	100,767	21,035	79,732

**2025 Pro-rata data*



Return-to-New ratios (2019-2025):

Year	Belford Return:New Ratio	FW HC Return:New Ratio
2019	2.30x	3.10x
2020	3.04x	2.79x
2021	2.88x	4.41x
2022	3.03x	4.48x
2023	3.49x	4.13x
2024	3.84x	3.93
2025	3.69x	3.66x

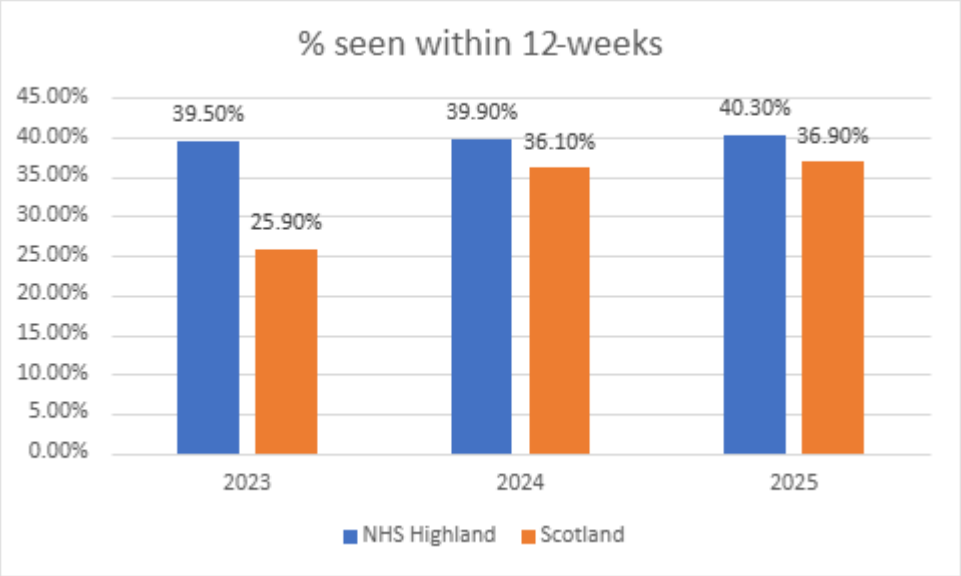


Return-to-New ratio is calculated as Return ÷ New. Higher ratios indicate greater follow-up intensity (more return appointments per new referral).

Outpatient performance (Completed Pathways)

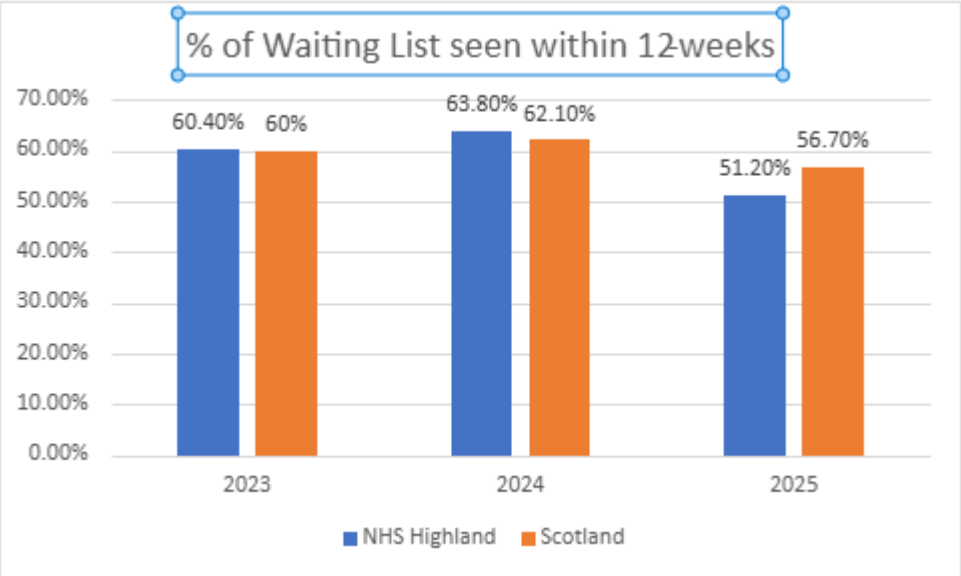
Outpatient 12-Week Performance (Completed) (2023-2025):

	NHS Highland	Scotland
2025	40.3%	36.9%
2024	39.9%	36.1%
2023	39.5%	25.9%



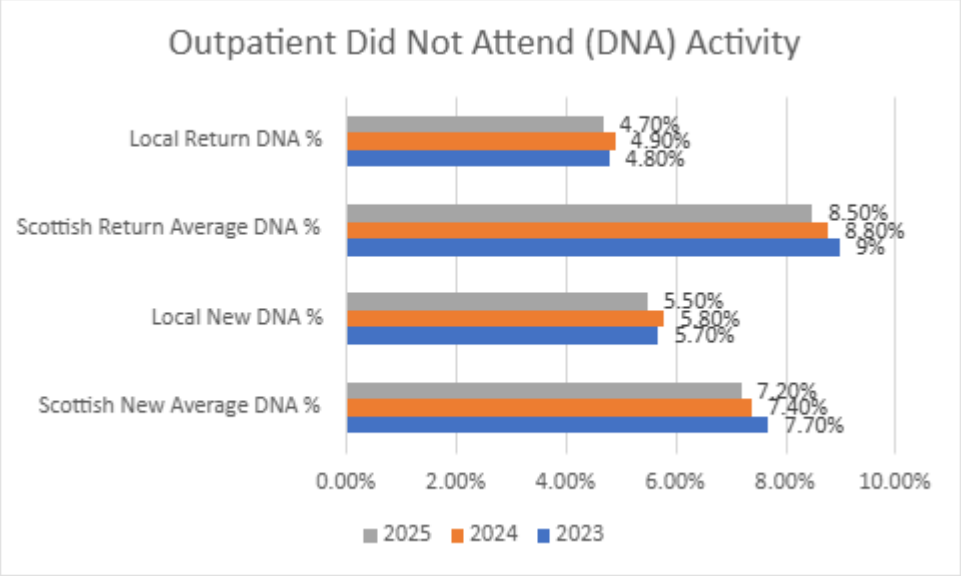
Outpatient Waiting List 12-week Compliance (2023-2025):

	NHS Highland	Scotland
2025	51.2%	56.7%
2024	63.8%	62.1%
2023	60.4%	60%



Belford Did Not Attend (DNA) Rates (2023-2025):

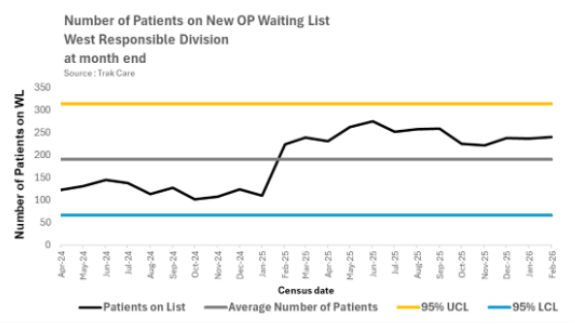
Year	New DNA %	New DNA Scottish Avg %	Return DNA %	Return Scottish Avg %
2025	5.5	7.2	4.7	8.5
2024	5.8	7.4	4.9	8.8
2023	5.7	7.7	4.8	9

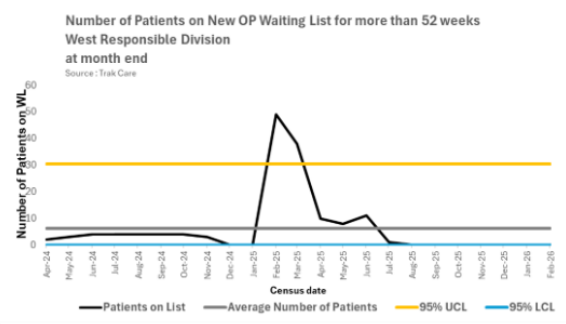


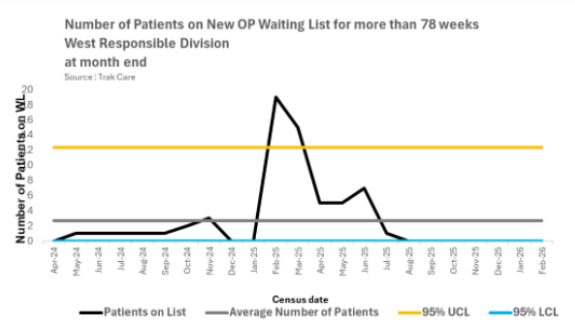
- 64.4% of NHS Highland's outpatient appointments (completed) seen within 12 weeks of referral, slightly above Scotland average of 64.1%. Please note this data is not available at hospital level.
- 41.2% of the outpatient waiting list (ongoing) waiting less than 12 weeks, slightly above Scotland average of 40.4%. Please note this data is not available at hospital level.
- 65.4% compliance with 18 weeks referral to treatment target in NHSH, slightly below Scotland average of 68.1%. Please note this data is not available at hospital level.

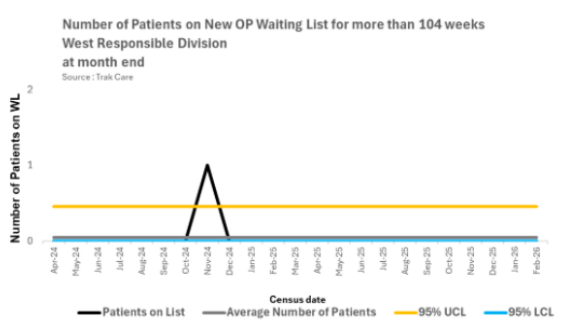
(Source: Discovery Level 1 Overview - Health board of Treatment Analysis)

New Outpatient Waiting List – West Responsible Division (April 2024-February 2026):









9. Theatres

Sessions, Cases & Cancellation Theatres

Summary:

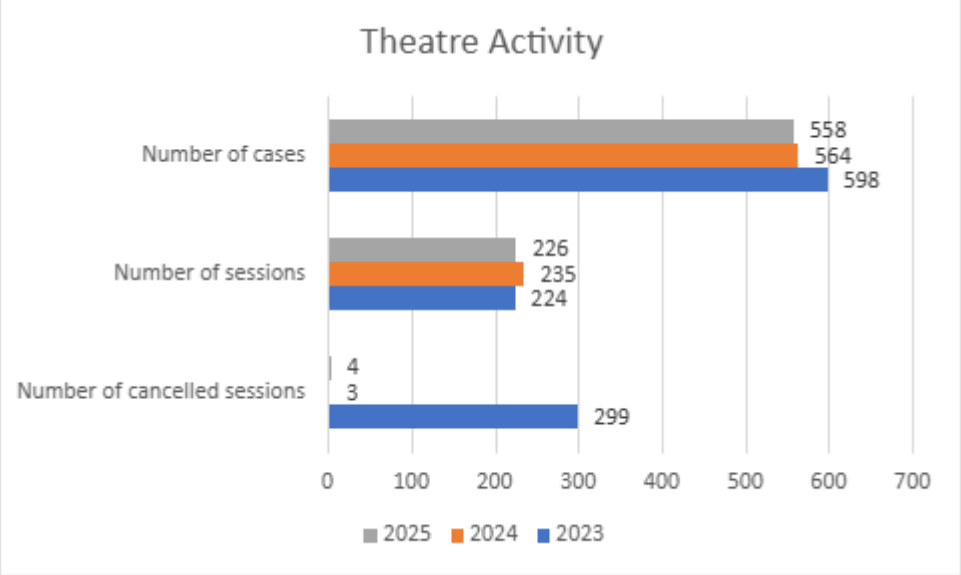
Elective surgery delivery at Belford Hospital continues to be influenced by session utilisation, case mix and cancellation levels, within the context of wider system capacity and flow pressures. Theatre activity demonstrates variability in session productivity and case throughput, reflecting the impact of staffing availability, case complexity and downstream bed capacity. Cancellation levels remain a key operational consideration, with late cancellations often linked to non-theatre factors such as bed availability and patient readiness. Collectively, these trends reinforce the interdependency between theatres, inpatient capacity and whole-system flow in sustaining elective recovery.

Key Trends:

- Theatre session delivery and case throughput show variability across the reporting period.
- Case productivity is influenced by staffing availability, case mix and operational constraints.
- Theatre cancellations remain a persistent challenge, with a proportion driven by non-theatre factors.
- Bed availability and system flow continue to impact elective surgical delivery.
- Improving theatre productivity and reducing avoidable cancellations are critical to supporting elective recovery and the wider case for change

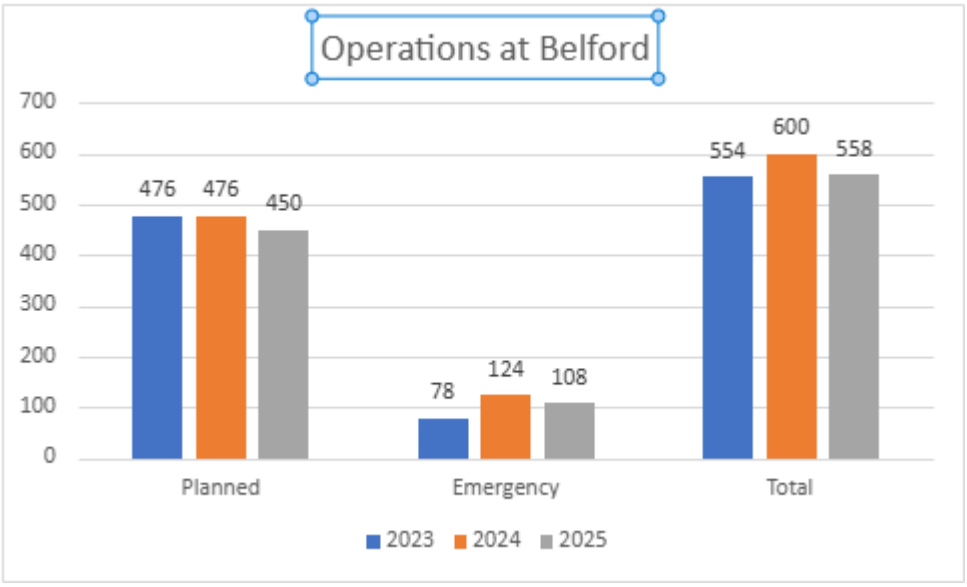
Theatre Activity Overview (2023-2025):

Year	Sessions	Cases	Cancelled
2025	226	558	4
2024	235	564	3
2023	224	598	299*

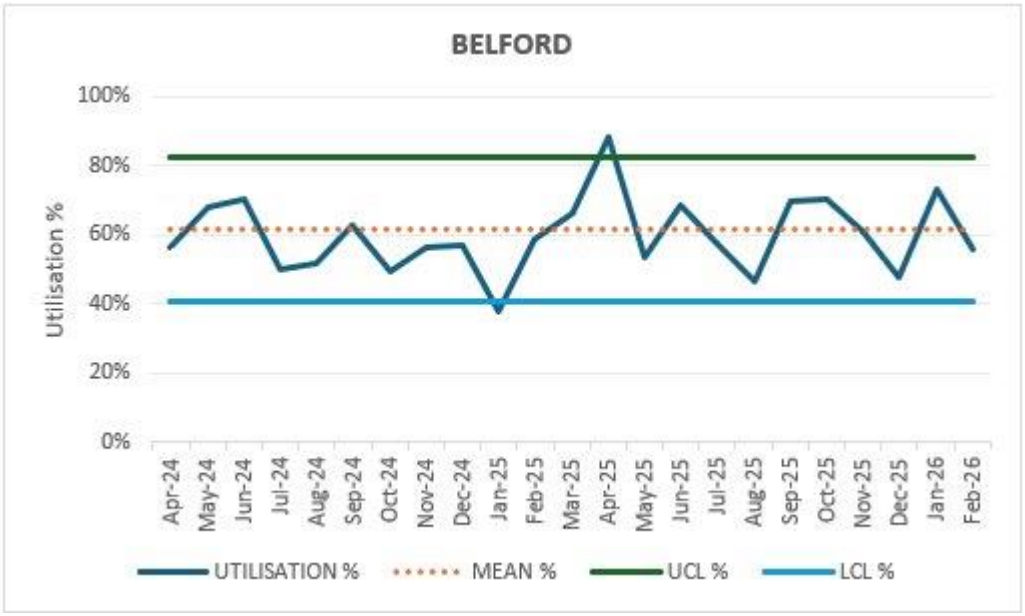


Planned and Emergency Operations undertaken at Theatre 1, Belford:

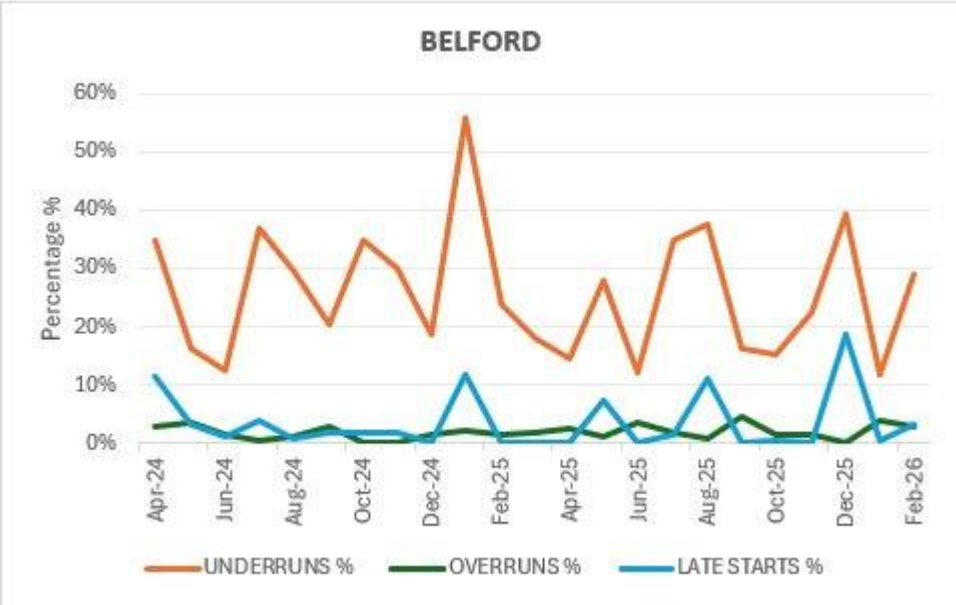
	Total	Planned Ops	Planned Ops (change from previous year)	Emergency	Emergency Ops (change from previous year)
2025	558	450		108	
2024	600	476	0%	124	+59%
2023	554	476	-5.5%	78	-12.9%



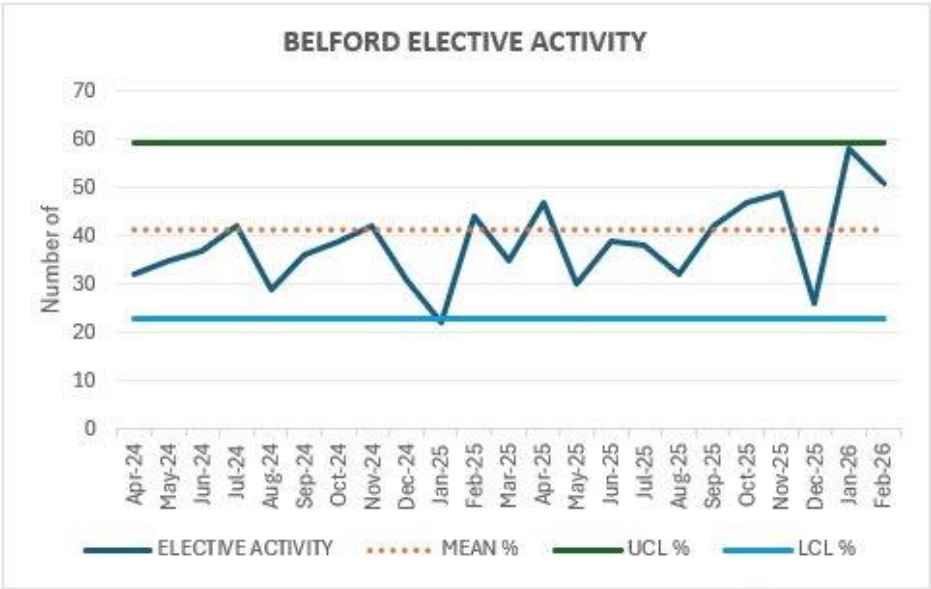
Elective Surgery: Theatre Efficiency - Utilisation (April 2024-February 2026):

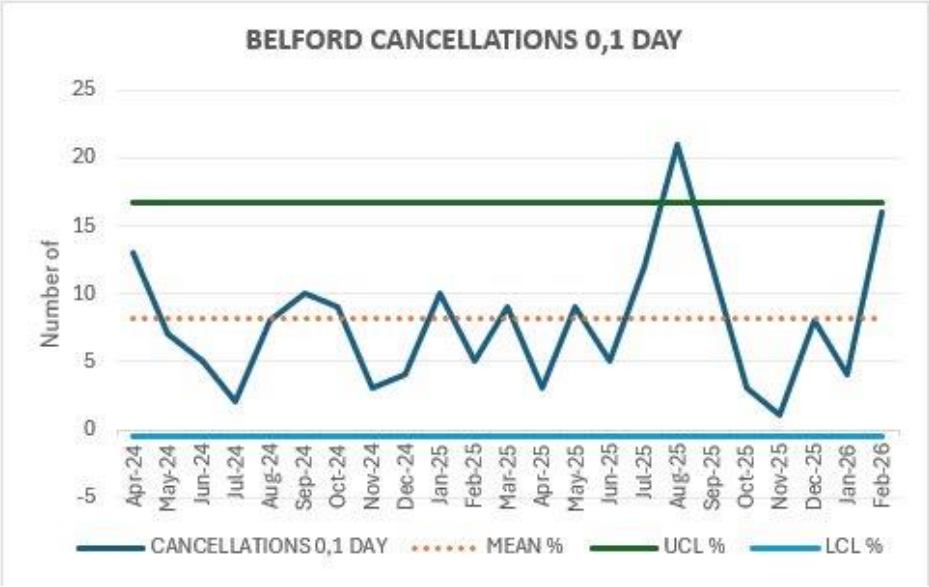


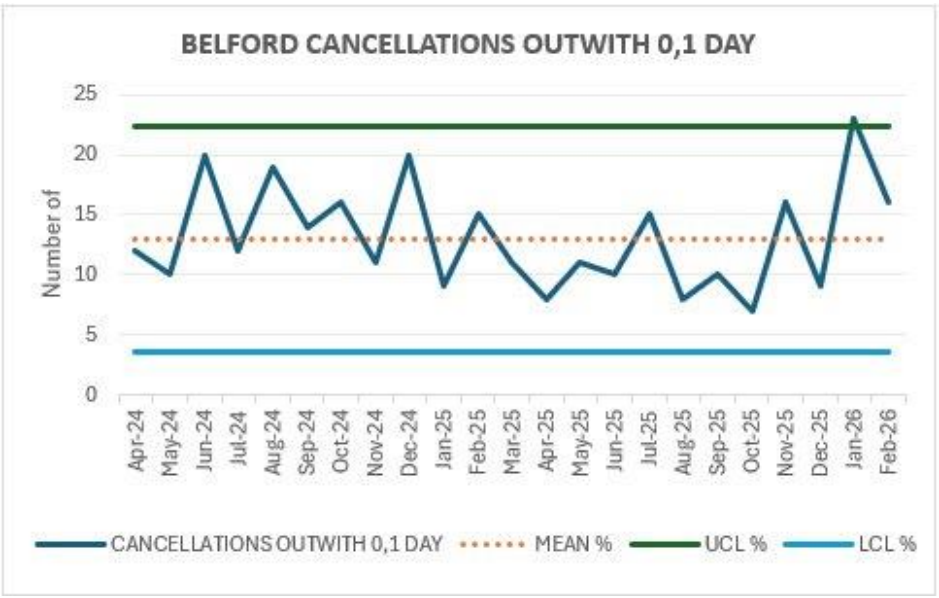
Elective Surgery: Theatre Efficiency – Under Runs/Over Runs and Late Starts (April 2024-February 2026):



Elective Surgery: Theatre Efficiency (April 2024-February 2026):




BELFORD CANCELLATIONS 0,1 DAY
Number of
25
20
15
10
5
0
-5
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
CANCELLATIONS 0,1 DAY
MEAN %
UCL %
LCL %


BELFORD CANCELLATIONS OUTWITH 0,1 DAY
Number of
25
20
15
10
5
0
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
CANCELLATIONS OUTWITH 0,1 DAY
MEAN %
UCL %
LCL %

Theatre - Utilisation, Over/Under Runs, Late Starts

Utilisation

	Belford Hospital	Scotland
2025	75.3%	90.5%
2024	72.6%	90.2%
2023	82.3%	89.2%

Under runs

	Belford Hospital	Scotland
2025	27.4%	14.1%
2024	27.7%	15%
2023	21%	16.5%

Over runs

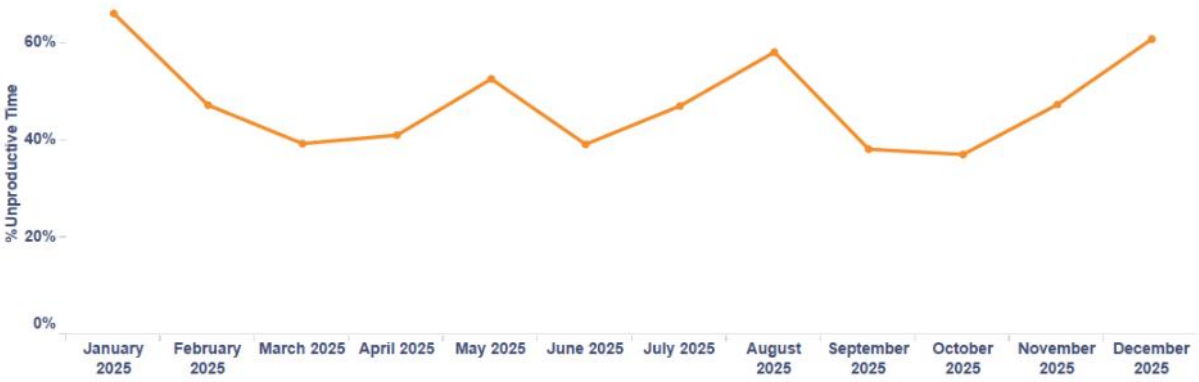
	Belford Hospital	Scotland
2025	2.6%	5.1%
2024	1%	5.4%
2023	3.6%	5.8%

Late starts

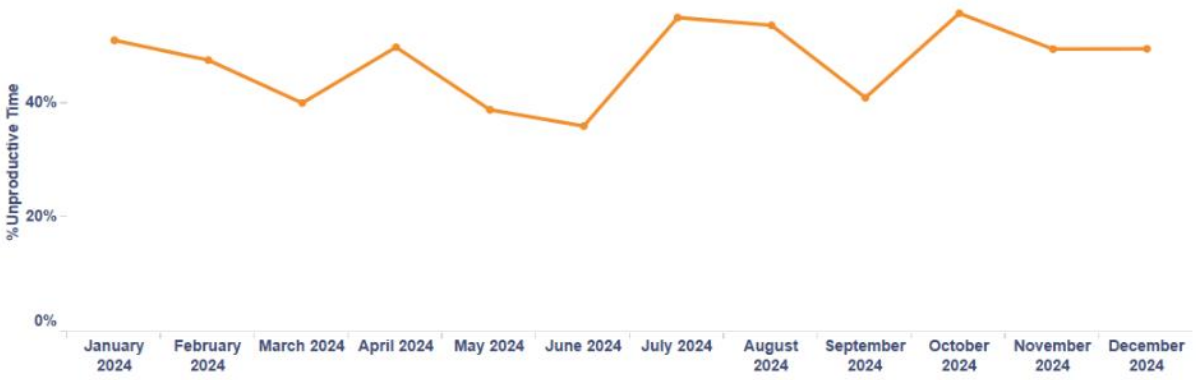
	Belford Hospital	Scotland
2025	3.7%	4%
2024	4.7%	4.1%%
2023	6.3%	5.2%

Unproductive time (scheduled / planned)

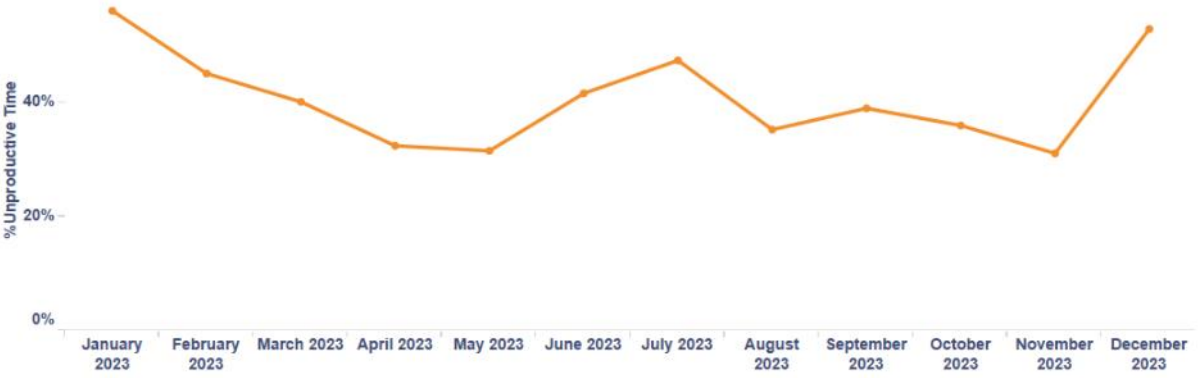
2025



2024



2023

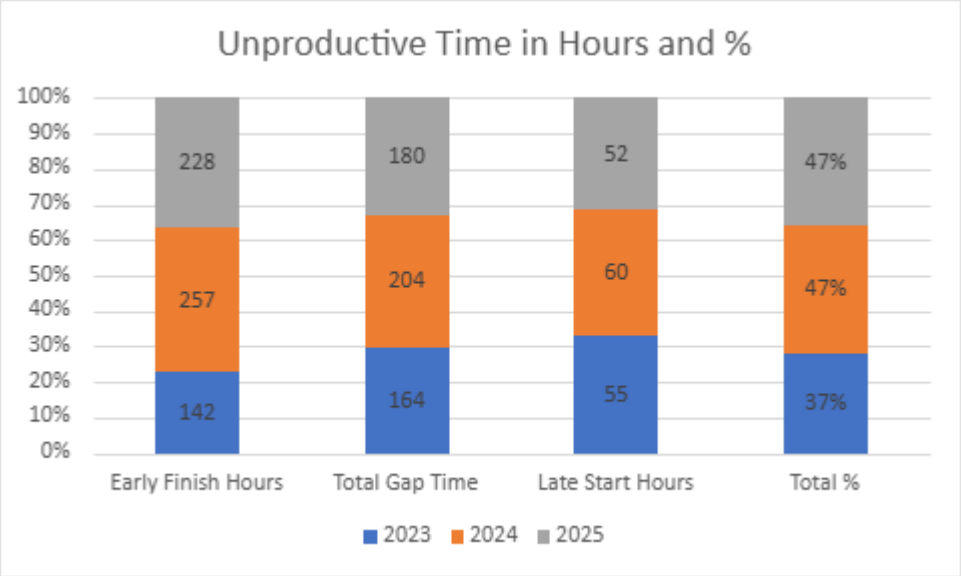


Theatre Efficiency: Unproductive Planned Time

%Unproductive Time

Scheduled – Planned: General Surgery

	Total	Total Hours Change (from previous year)	Early Finish Hours	Total Gap Time	Late Start Hours
2025	460 hours, 127 sessions (47%)	-61 hours (-11.7%)	228 hours	180 hours	52 hours
2024	521 hours, 144 sessions (47%)	+161 hours (+44.7%)	257 hours	204 hours	60 hours
2023	360 hours, 127 sessions (37 %)		142 hours	164 hours	55 hours

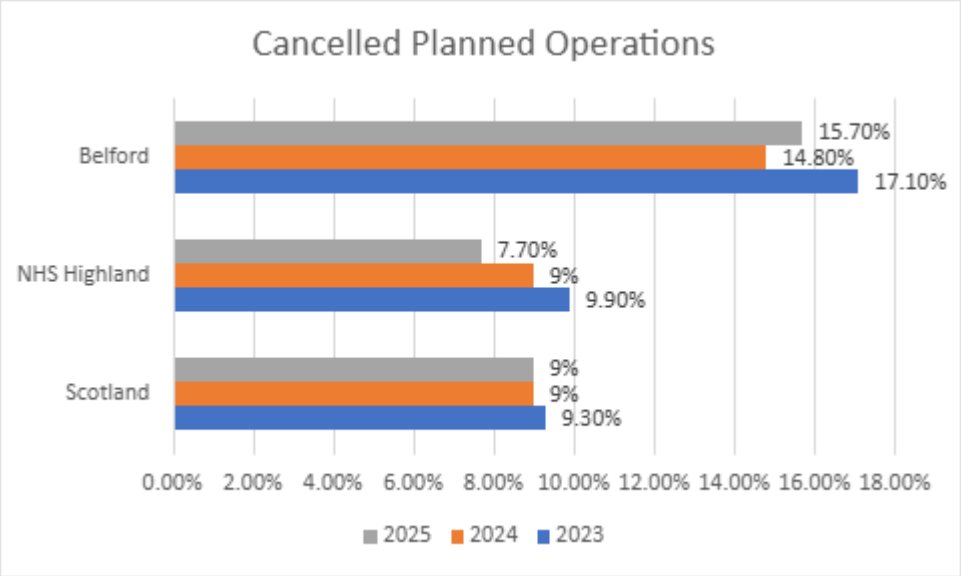


Cancelled sessions

	Belford Hospital	Scotland
2025	2.2%	11.6%
2024	2.7%	12.2%
2023	22.7%	14.1%

Cancelled Planned Operations

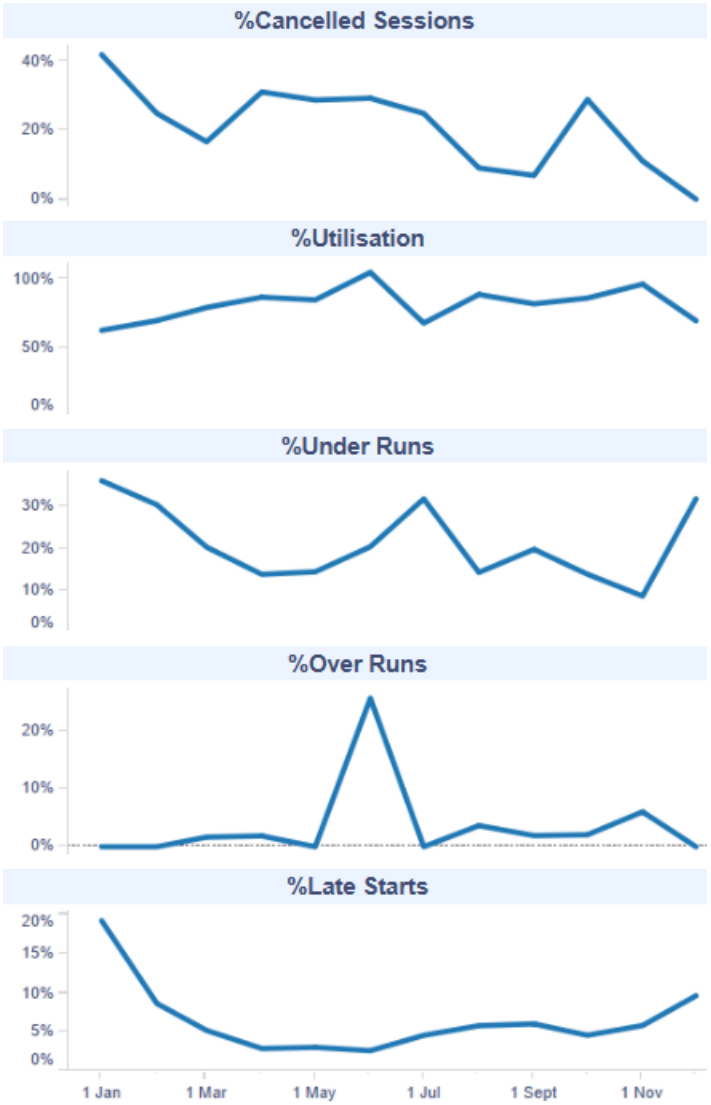
Year	Belford	NHS Highland	Scotland
2025	15.7%	7.7%	9%
2024	14.8%	9%	9%
2023	17.1%	9.9%	9.3%

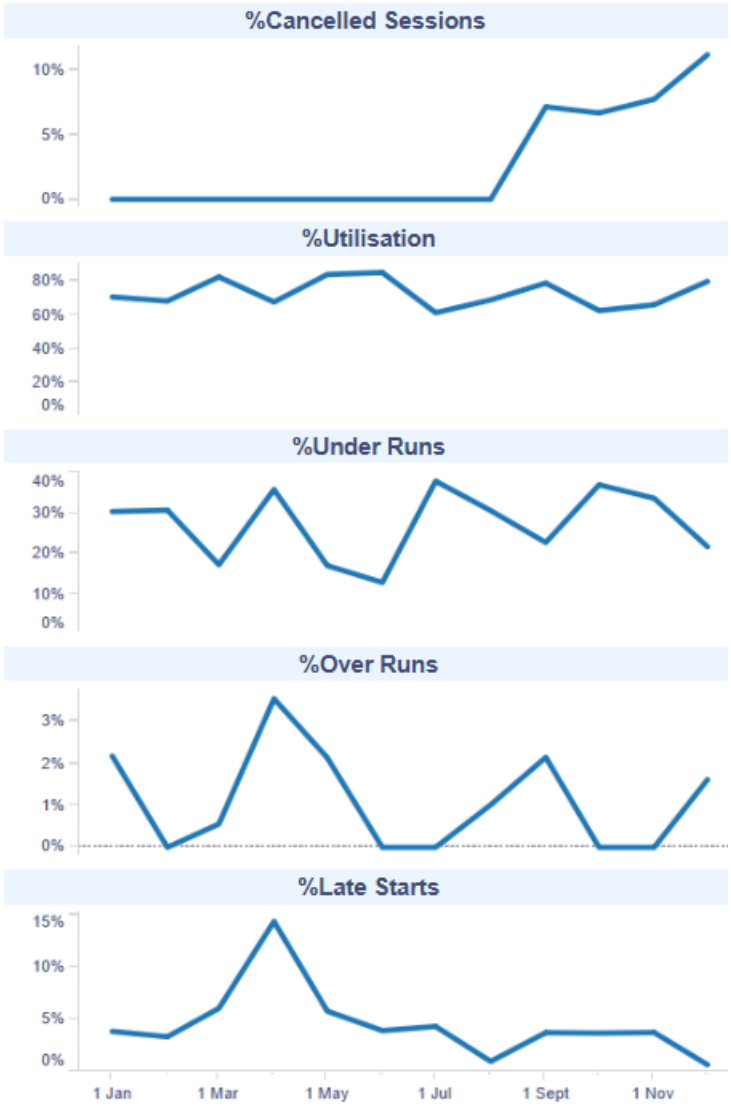


Efficiency Metrics

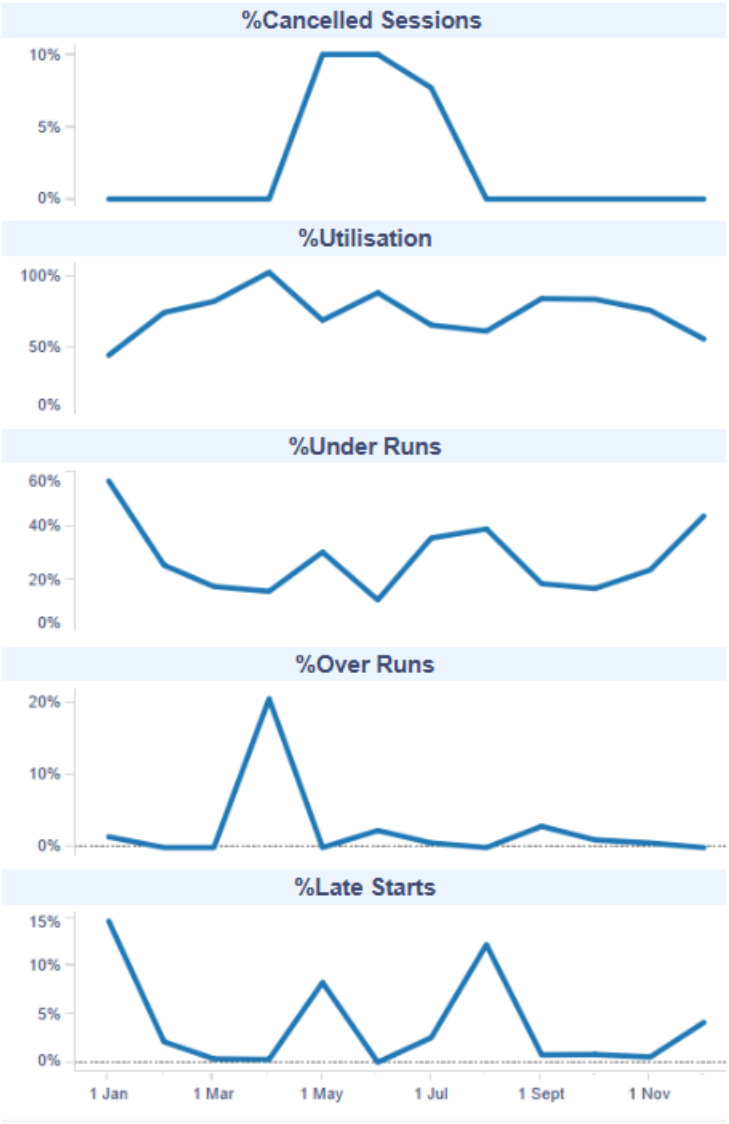
Year	Util %	Under %	Over %	Late %
2025	75.3	27.4	2.6	3.7
2024	72.6	27.7	1.0	4.7
2023	82.3	21.0	3.6	6.3

2023




%Cancelled Sessions
10%
5%
0%
%Utilisation
80%
60%
40%
20%
0%
%Under Runs
40%
30%
20%
10%
0%
%Over Runs
3%
2%
1%
0%
%Late Starts
15%
10%
5%
0%
1 Jan
1 Mar
1 May
1 Jul
1 Sept
1 Nov

2025


%Cancelled Sessions
10%
5%
0%
%Utilisation
100%
50%
0%
%Under Runs
60%
40%
20%
0%
%Over Runs
20%
10%
0%
%Late Starts
15%
10%
5%
0%
1 Jan
1 Mar
1 May
1 Jul
1 Sept
1 Nov

10. Maternity

Outpatient

Summary:

Maternity outpatient activity has continued to rise steadily across the three-year period, with both new and return attendances increasing year-on-year. New attendances grew from 83 in 2023 to 92 in 2024 and 120 in 2025, while return attendances climbed from 57 in 2023 to 89 in 2024 and 153 in 2025. This upward trend reflects increasing antenatal caseloads and sustained utilisation of maternity outpatient pathways. DNA rates have remained consistently low for both new and return appointments, supporting high levels of clinic attendance and reducing avoidable inefficiency.

The wider maternity profile indicates ongoing public-health complexity, with maternal health and risk-behaviour indicators (including smoking, alcohol consumption and illicit drug use at booking) showing persistent levels broadly consistent with rural population norms. BMI distribution highlights a notable proportion of women presenting above the healthy weight range at booking, reinforcing the need for early clinical intervention and continuity of care. Obstetric ultrasound (OBUS) activity for Lochaber residents at Raigmore remains high and stable, with over 1,100 scans annually and routine surveillance accounting for the vast majority of activity.

Overall, rising outpatient activity, stable engagement with booked appointments, and a maternal risk profile with multiple complexity factors highlight increasing demand on maternity pathways and the continued need for reliable antenatal support and monitoring.

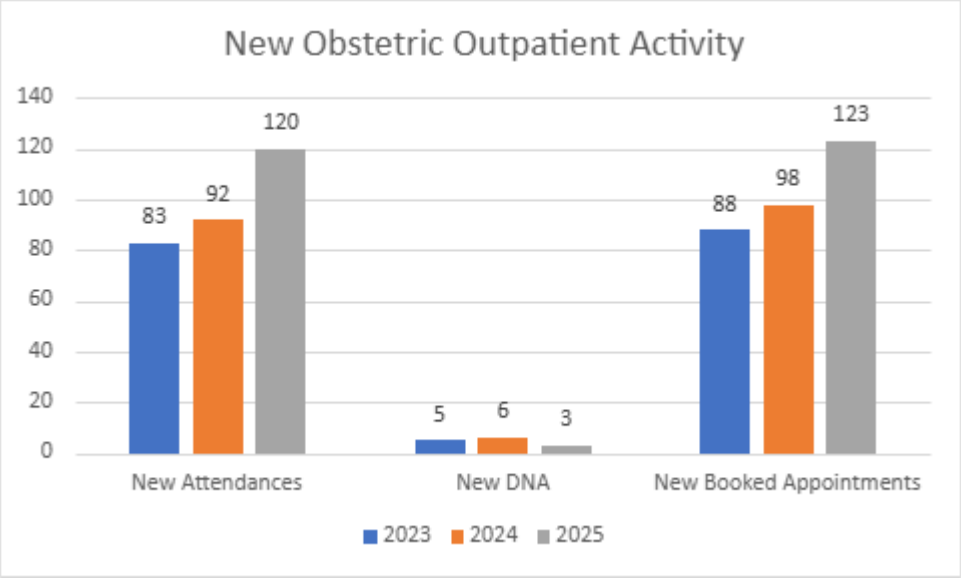
Key Trends:

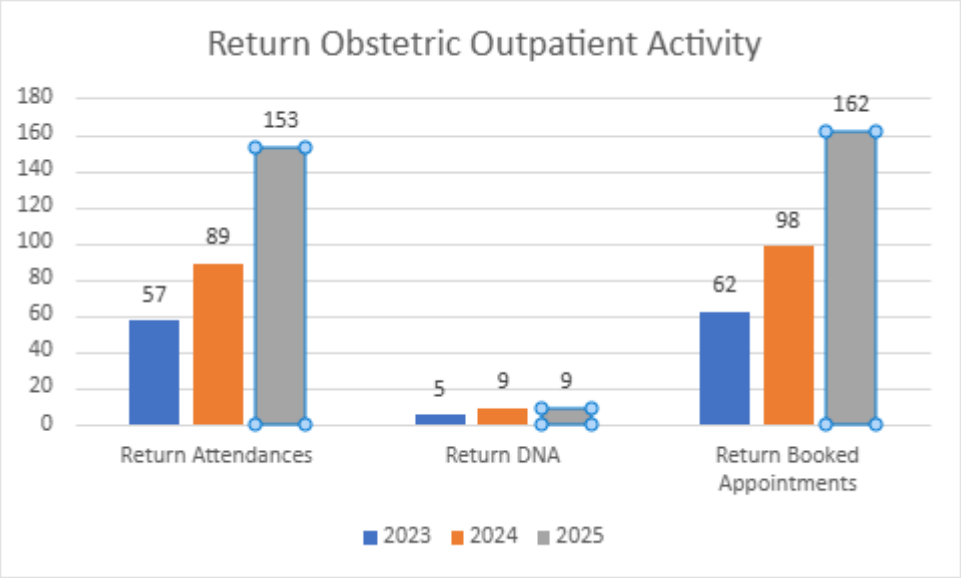
- Growth in Attendances - New and return activity has increased from 2023-2025, with return appointments showing the largest rise.
- Low and Stable DNA Rates – DNAs remain minimal across all years for both new and return appointments, enabling efficient clinic utilisation.
- Maternal Risk Factors – 2025 data show ongoing prevalence of smoking, alcohol use and illicit drug use at booking, indicating continued public-health and antenatal support needs.
- BMI Profile – A significant proportion of women present overweight or obese at booking, mirroring national patterns and reinforcing the requirement for early lifestyle and risk-management intervention.
- High OBUS Demand – Over 1,100 obstetric ultrasound scans per year are undertaken for Lochaber residents at Raigmore, with routine scans dominating and urgent referrals remaining consistently low.

- Increasing Service Pressure – Rising activity, stable attendance, and a persistent risk profile collectively highlight growing pressure on maternity outpatient pathways and the importance of sustained antenatal capacity.

New and Return Activity by Year (2023-2025):

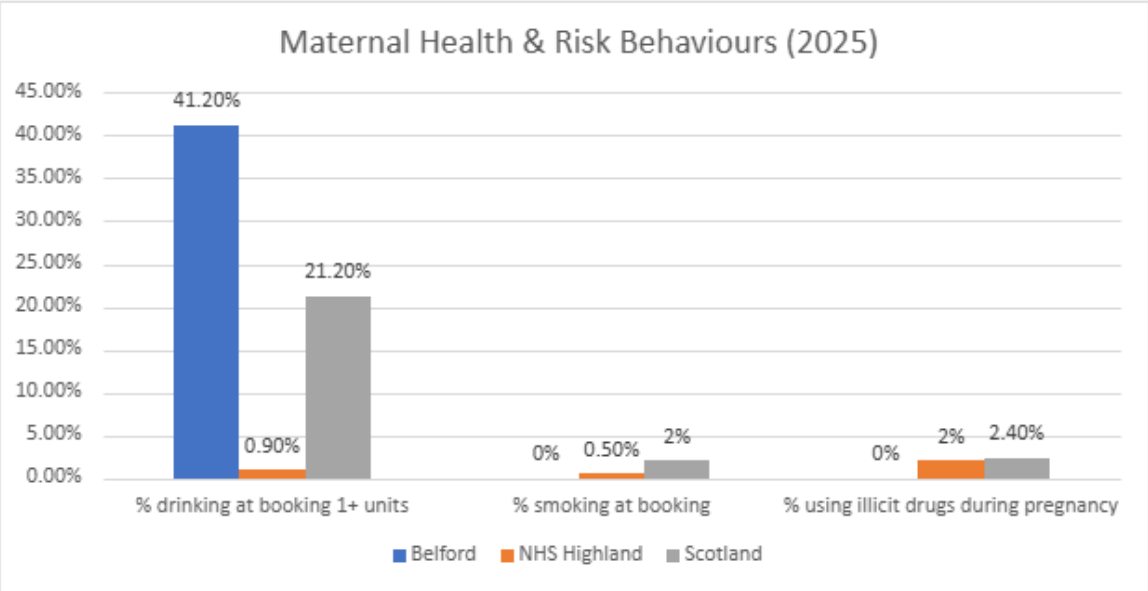
Year	New Attendances	New DNA	New Booked Appts	Return Attendances	Return DNA	Return Booked Appts
2025	120	3	123	153	9	162
2024	92	6	98	89	9	98
2023	83	5	88	57	5	62



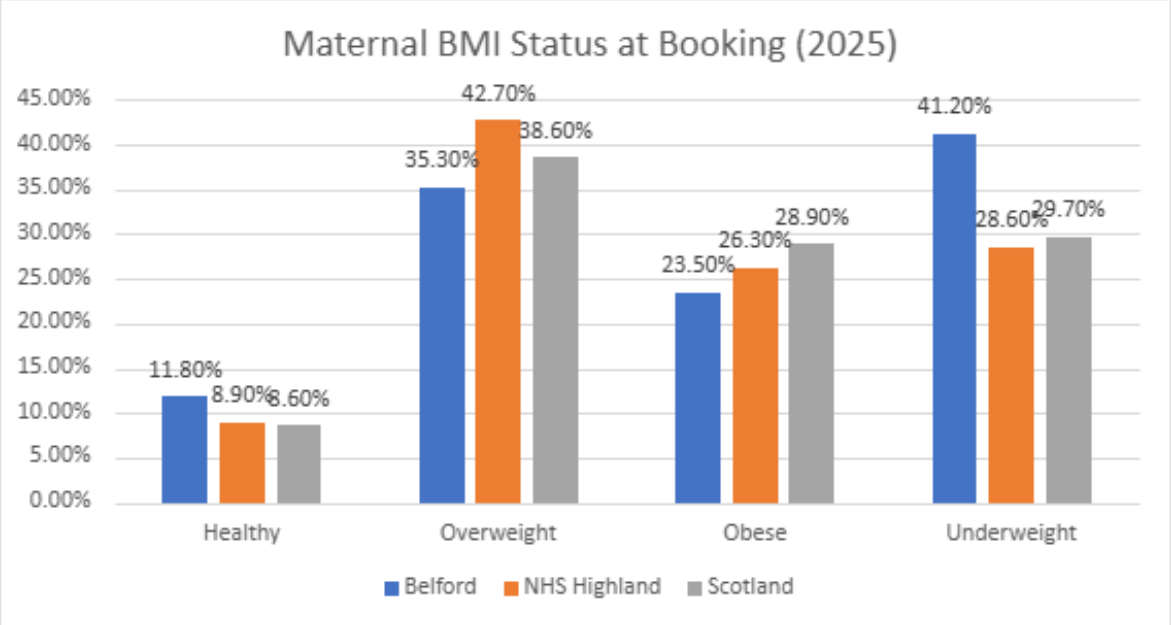


Maternity Treatment Summary Analysis

Maternal Health and Risk Behaviours – Comparative Overview for 2025:

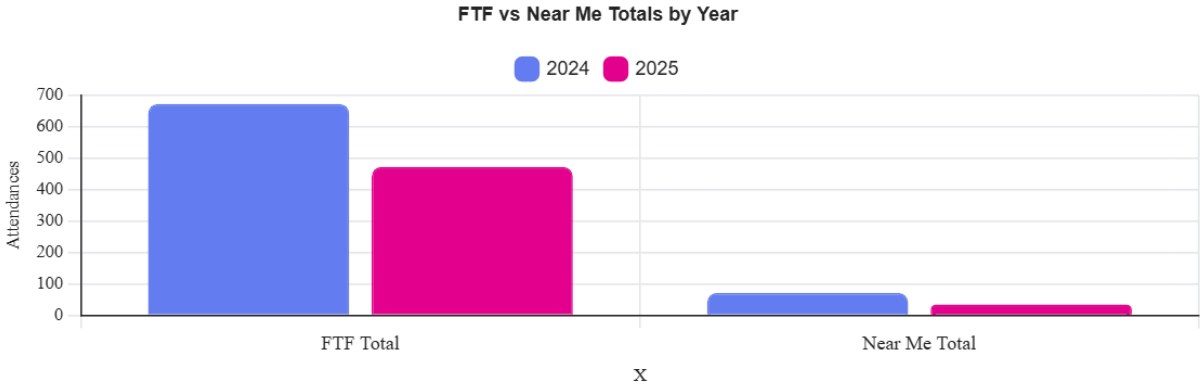


Maternal Body Mass Index (BMI) Status at Booking for 2025:



Lochaber Residents seen at Raigmore Outpatient Appointments – Obstetrics Ante Natal

	FTF New	FTF Return	FTF Total	Near Me New	Near Me Return	Near Me Total	Year Total
2025	32	440	472	19	15	34	506
2024	53	619	672	47	24	71	743
Total	85	1,059	**1,144**	66	39	105	**1,249**

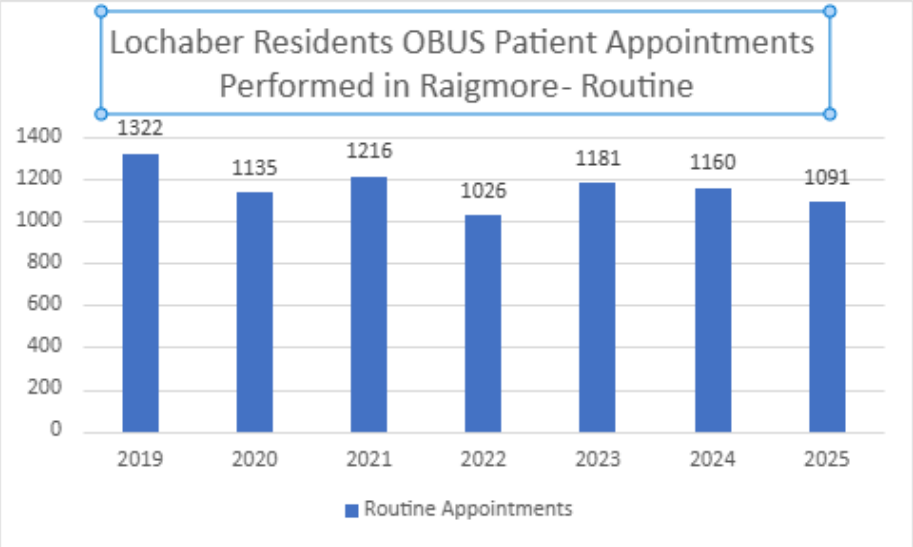


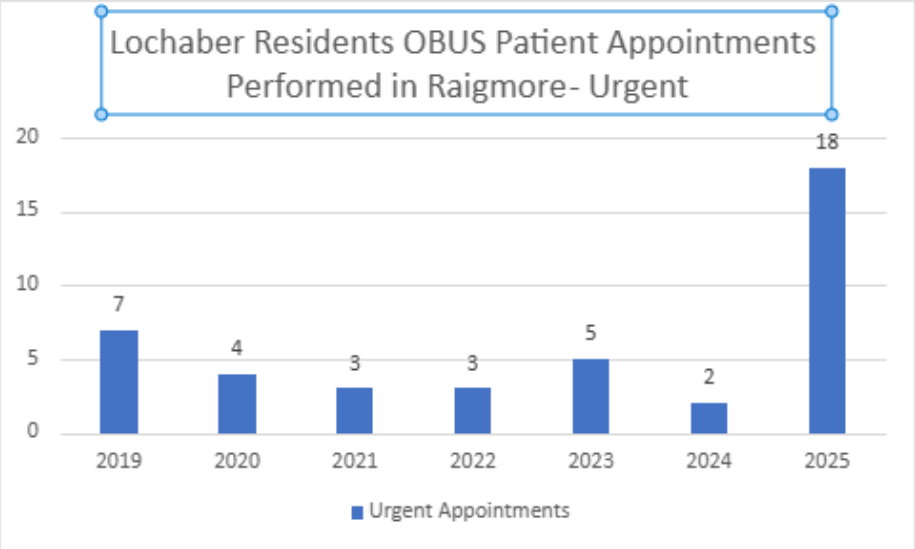
Obstetrics Ultrasound Scans (OBUS)

Hospital Activity Analysis for Lochaber Residents in Raigmore

Lochaber Residents OBUS of Patient Appointments Performed in Raigmore (2019-2025*)

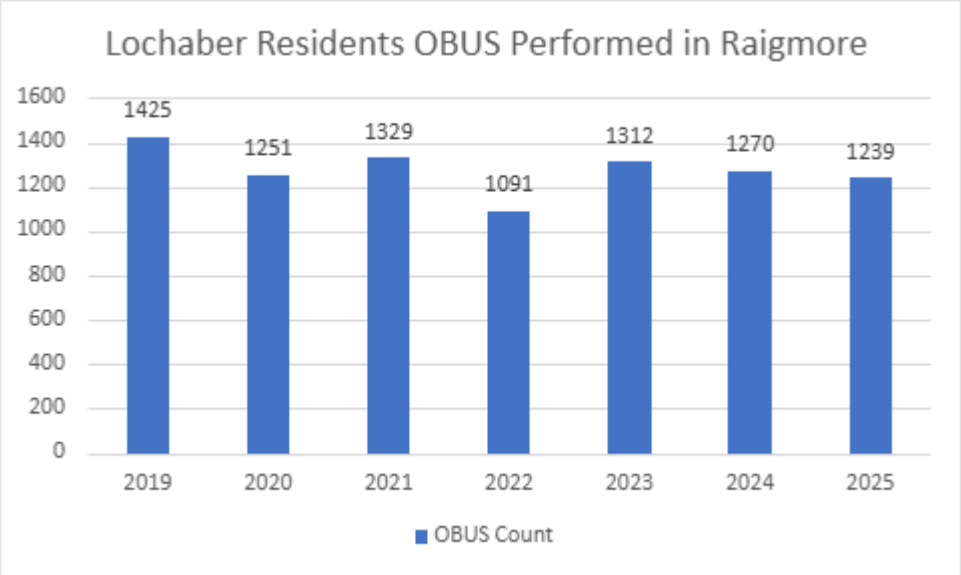
	Total Raigmore OBUS	Routine	Urgent
2025 *(* until 01/12/2025)*	**1109**	1091	18
2024	**1162**	1160	2
2023	**1186**	1181	5
2022	**1029**	1026	3
2021	**1219**	1216	3
2020	**1139**	1135	4
2019	**1329**	1322	7
Total	**8173**	**8131**	**42**





Lochaber Residents OBUS Count of Procedures Performed in Raigmore (2019-2025*)

	Raigmore OBUS
2025 *(* until 01/12/2025)*	1239
2024	1270
2023	1312
2022	1091
2021	1329
2020	1251
2019	1425
Total	**8917**


Lochaber Residents OBUS Performed in Raigmore
1600
1400
1200
1000
800
600
400
200
0
1425
1251
1329
1091
1312
1270
1239
2019
2020
2021
2022
2023
2024
2025
OBUS Count

11. Renal Dialysis

Summary:

Renal dialysis activity at Belford Hospital has remained consistently high over the past five years, reflecting the ongoing requirement for local haemodialysis provision within Lochaber. Annual dialysis session volumes have remained broadly stable, with year-to-year variation reflecting patient turnover, modality changes and holiday dialysis activity rather than a sustained upward or downward trend.

Key Trends:

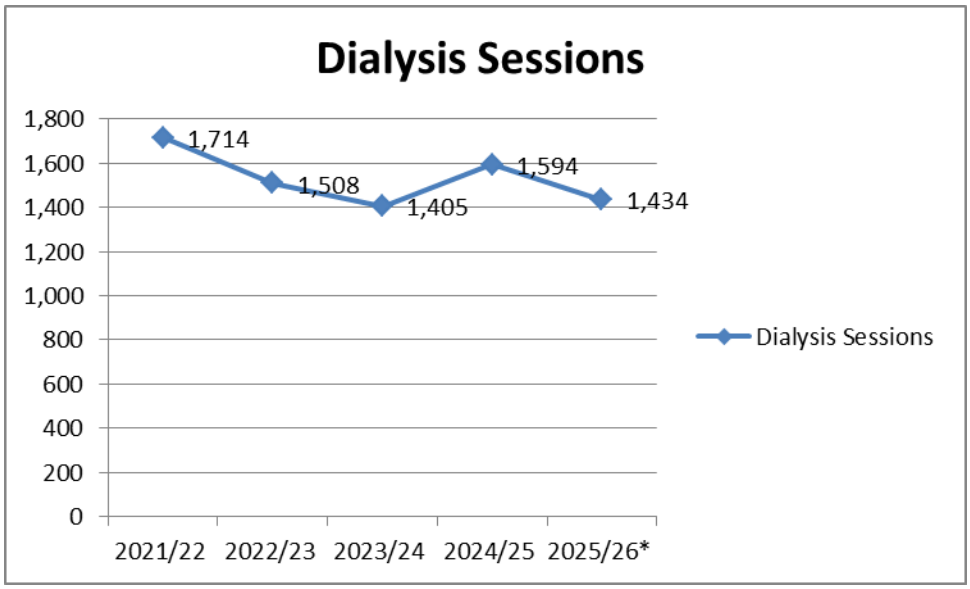
- Dialysis session volumes at Belford Hospital have remained stable over time, averaging between approximately 1,400 and 1,600 sessions per year.
- Activity levels indicate a sustained baseline demand for in-hospital dialysis provision within Lochaber.
- Partial-year data for 2025/26 indicates activity broadly in line with previous full-year patterns, noting that final annual totals are not yet complete.
- The consistency of activity supports the continued need to maintain appropriate dialysis capacity within the local hospital setting.

Activity by Financial Year:

Financial Year	Dialysis Sessions
2021/22	1,714
2022/23	1,508
2023/24	1,405
2024/25	1,594
2025/26*	1,434

2025/26 figures reported to 24 March 2026 and should be interpreted as year-to-date.

Dialysis Sessions at Belford Hospital (2021/22-2025/26):



Source: NHS Highland eHealth – dialysis session activity at Belford Hospital. Patient-level data aggregated to annual totals for service planning purposes.

Across the period shown, annual dialysis activity has consistently remained within a narrow range, indicating a stable and sustained requirement for local dialysis capacity.

12. SACT

Hospital Activity Analysis for Lochaber Residents in Raigmore

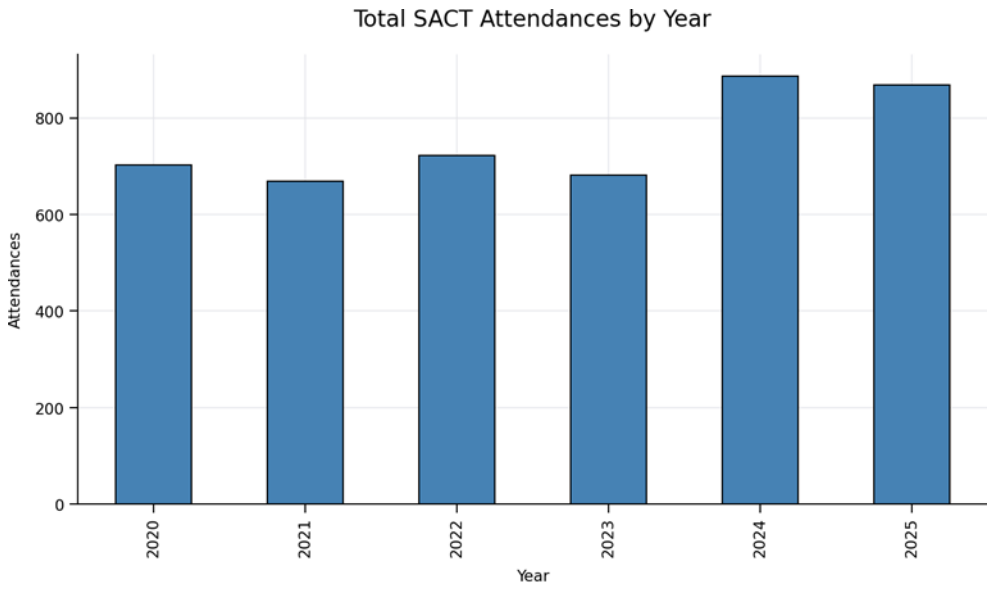
Summary:

Systemic Anti-Cancer Therapy (SACT) Activity Summary (2020–2025)
SACT activity remained broadly stable between 2020–2023, followed by a substantial rise in 2024 (+30%). This reflects increasing use of long-term targeted and immunotherapy treatments. Breast cancer remains the highest contributor to treatment volumes (30%), with growing demand from urology (19%) and gastrointestinal pathways (12%). The case-mix highlights a sustained need for pharmacy aseptic capacity, chair time, and specialist nursing support, given the predominance of multi-cycle regimens.

Total SACT Attendance by Year

Year	Total Attendances	YoY Change
2020	702	–
2021	669	−4.7%
2022	722	+7.9%
2023	681	−5.7%
2024	887	+30.3%
2025	868	−2.1%

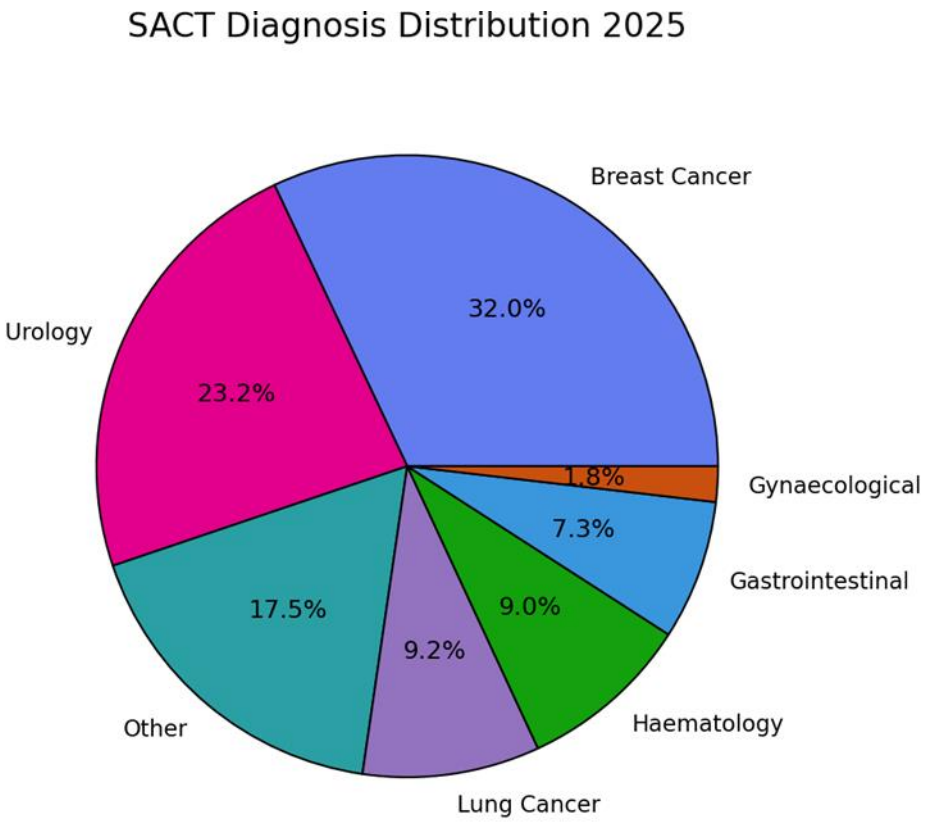
Total SACT Attendances by Year



Attendance by Diagnosis Group

Diagnosis Group	Total Attendances	% of Total
Breast Cancer	1333	29.4%
Urology	833	18.4%
Other	685	15.1%
Gastrointestinal	519	11.5%
Haematology	501	11.1%
Lung Cancer	423	9.3%
Gynaecological	235	5.2%

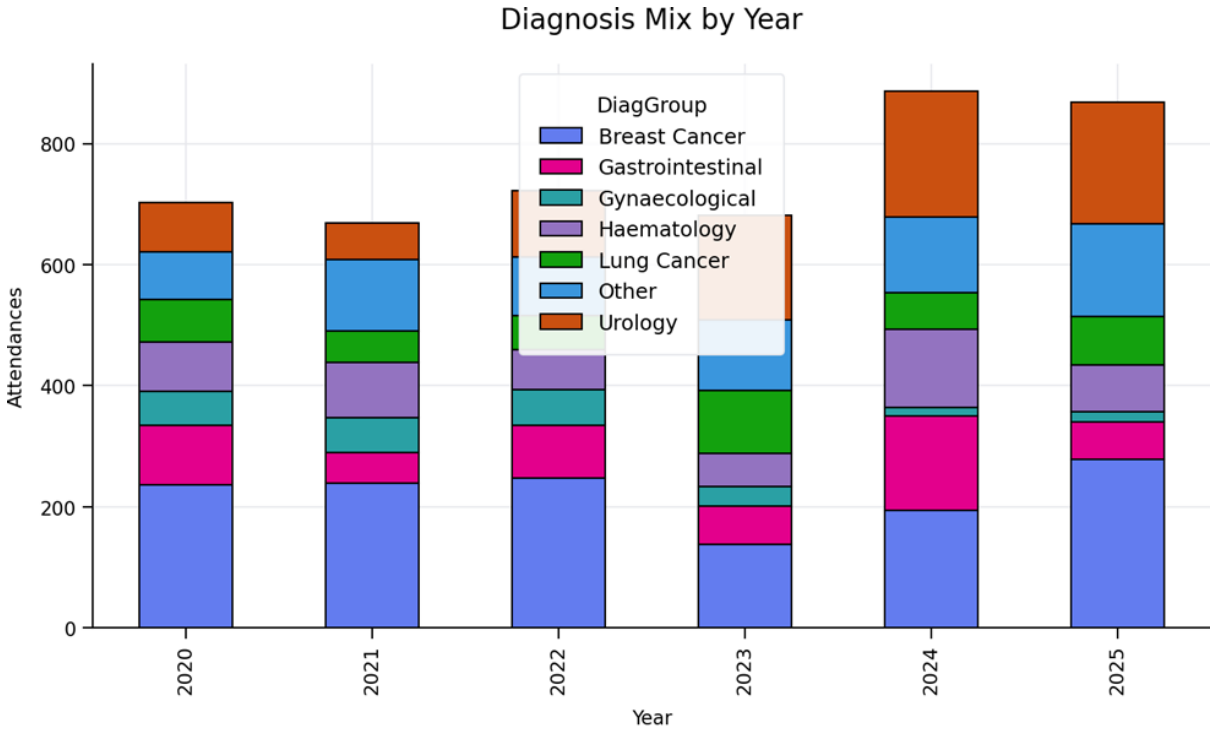
Diagnosis Distribution in 2025



Top 3 Diagnoses per Year

Year	1st	2nd	3rd
2020	Breast Cancer (236)	Gastrointestinal (99)	Haematology (81)
2021	Breast Cancer (239)	Other (117)	Haematology (92)
2022	Breast Cancer (247)	Urology (110)	Other (96)
2023	Urology (172)	Breast Cancer (138)	Other (117)
2024	Urology (208)	Breast Cancer (195)	Gastrointestinal (155)
2025	Breast Cancer (278)	Urology (201)	Other (152)

Diagnosis Mix by Year



13. Endoscopy

Endoscopy activity

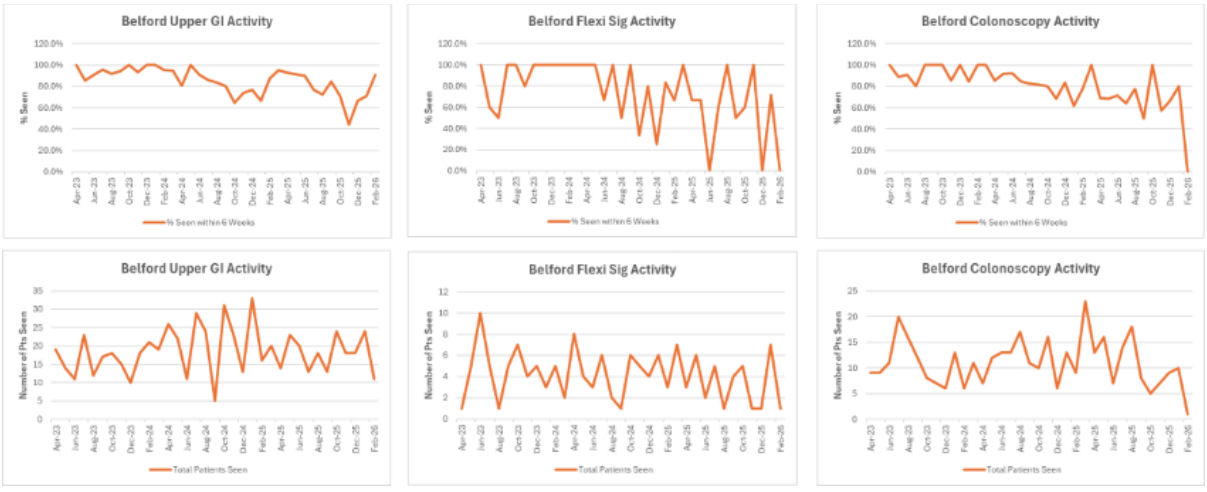
Summary:

Diagnostic endoscopy performance at Belford Hospital demonstrates sustained high compliance with the six-week standard for Upper GI pathways. February 2026 performance recovered following weaker January performance and returned toward the longer-term trend. Flexi Sig and Colonoscopy pathways show marked percentage volatility due to very low patient volumes, and performance should therefore be interpreted alongside absolute patient numbers. February figures remain provisional.

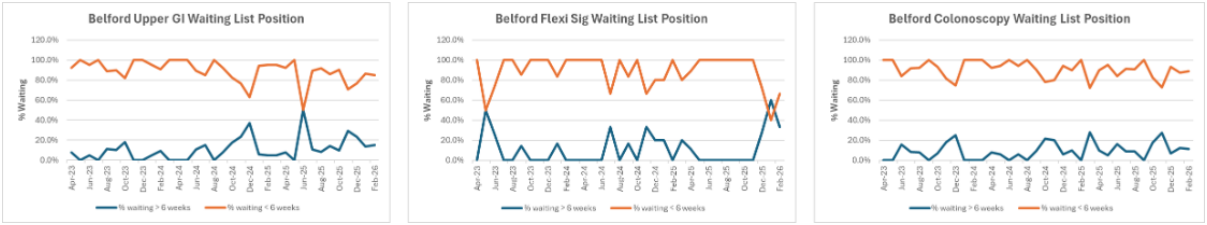
Key Points:

- Upper GI endoscopy performance remains consistently high against the six-week standard.
- February 2026 performance recovered following a dip in January.
- Flexi Sig and Colonoscopy pathways show volatility driven by very low volumes.
- Percentage metrics should be interpreted alongside absolute patient counts.
- February data remains provisional.

Diagnostics: Belford Endoscopy Activity (April 2023-February 2026):

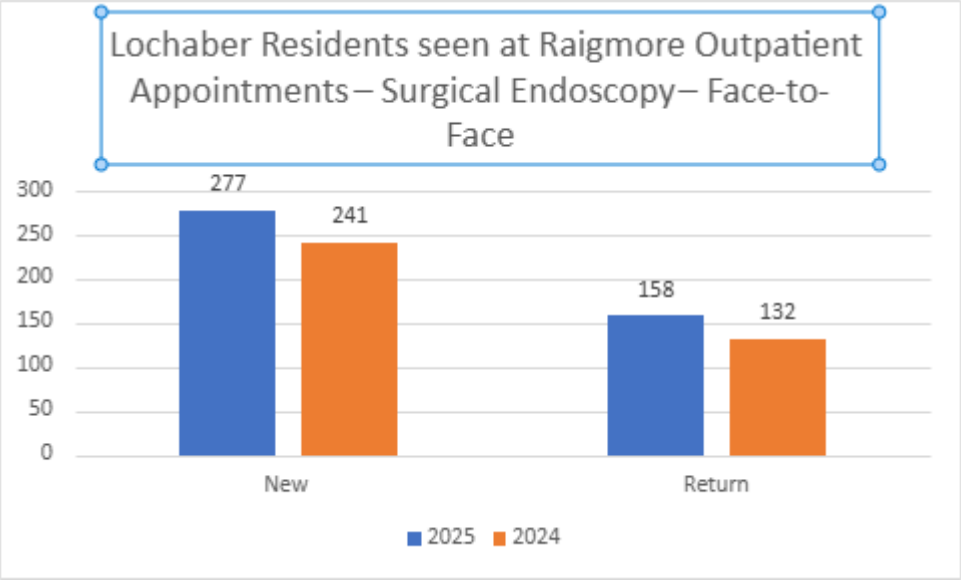


Diagnostics: Belford Endoscopy Waiting List position as at Month end (April 2023-February 2026):



Lochaber Residents seen at Raigmore Outpatient Appointments – Surgical Endoscopy – Face-to-Face

	New	Return	Total
2025	277	158	435
2024	241	132	373
Total	518	290	**808**



14. Occupational Therapy

Belford Hospital Activity Analysis

Summary:

Occupational Therapy activity at Belford Hospital has remained broadly steady from 2022–2026, with CAU consistently driving the highest demand and Ward 1 contributing a smaller, stable caseload. The pattern reflects the acute nature of CAU admissions, where functional assessment and discharge planning pressures remain persistent. Occasional peaks—particularly in late 2023 and mid-2024—align with increases in medical acuity and winter-related presentations. The activity mix highlights the continued need for reliable OT presence to support patient flow, deliver timely interventions, and manage fluctuating workloads across both wards.

Key Trends:

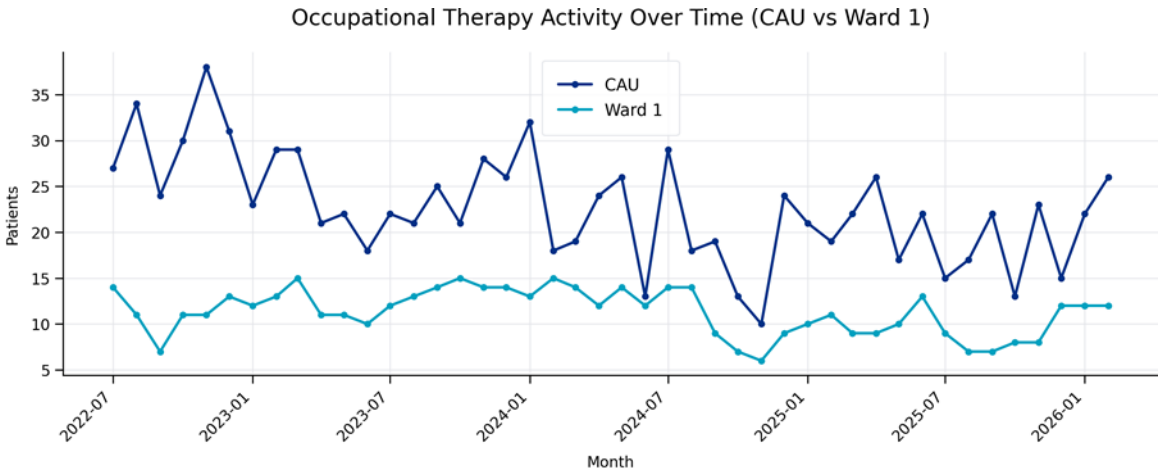
- CAU remains the primary driver of OT demand across the reporting period, consistently accounting for the largest share of ward activity.
- Ward 1 activity is smaller and comparatively stable, indicating a steady baseline rehabilitation/discharge planning caseload alongside CAU's acute demand.
- Overall OT activity peaked in 2023, with subsequent years showing lower totals, suggesting fluctuation in demand intensity rather than a sustained upward trend.
- Short-term peaks are evident (noted particularly in late-2023 and mid-2024), aligning with periods of increased acuity and seasonal/winter pressures referenced in the narrative.
- The pattern reinforces OT's role in patient flow and discharge planning, with demand varying in line with acute admission pressure and complexity.

Total OT Ward Attendances by Year (July 2022 to February 2026)::

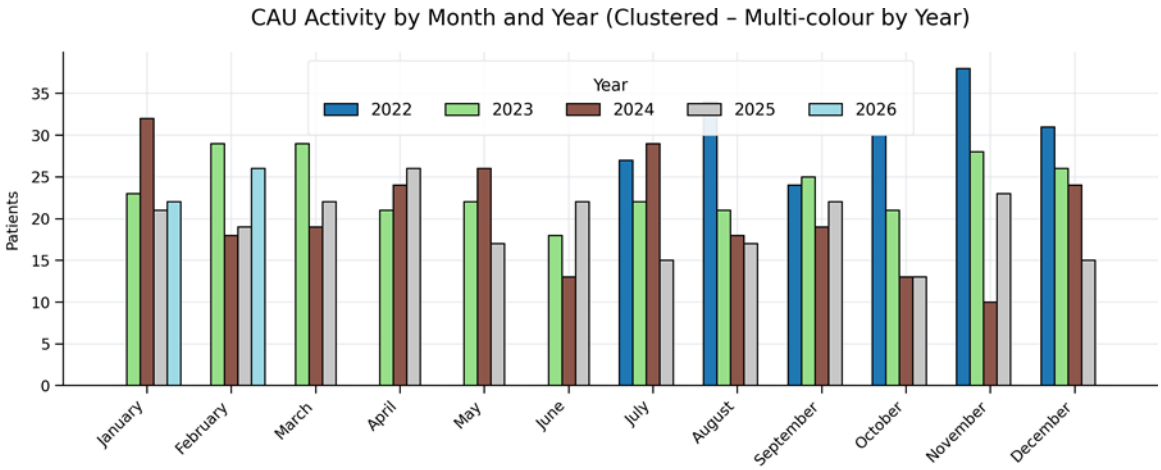
Year	CAU	Ward 1	Total
2022 (July-Dec)	184	67	251
2023	285	154	439
2024	245	139	384
2025	232	113	345
2026 (Jan-Feb)	48	24	72

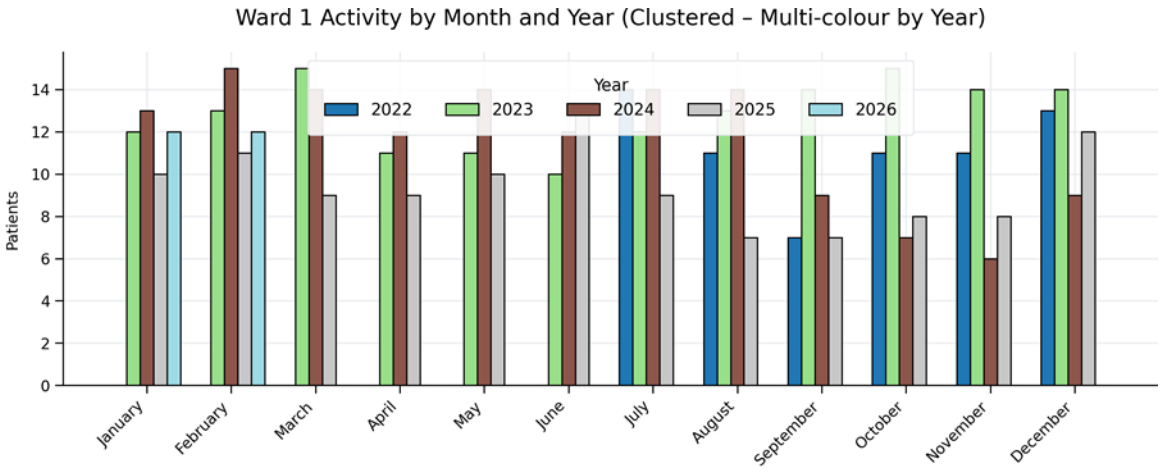
Figures represent the number of patients seen per month on each ward, not the number of OT interventions delivered.

Monthly OT activity trends across CAU and Ward 1 (July 2022 to February 2026):

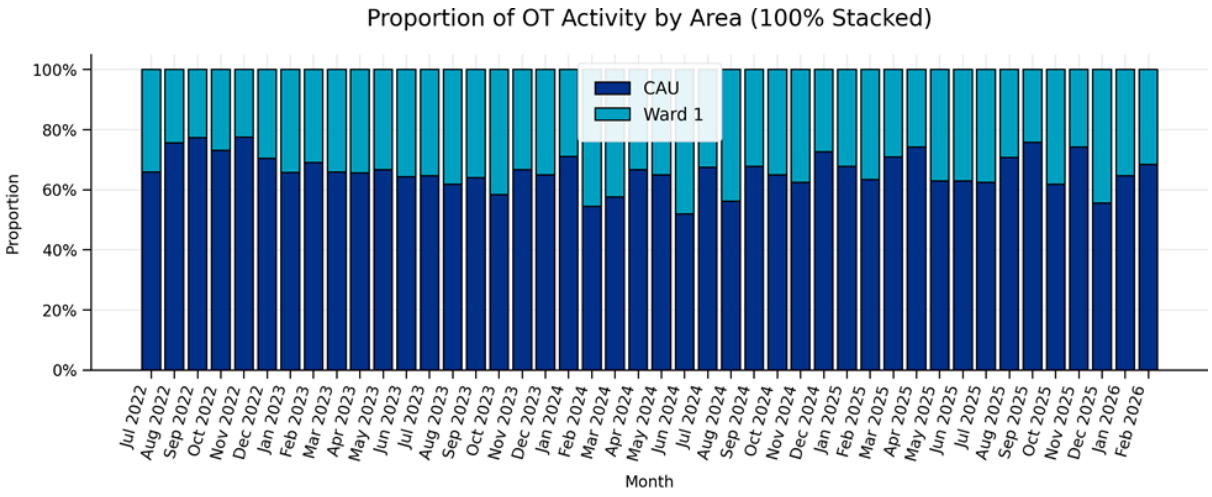


Monthly and Yearly activity trends across CAU and Ward 1 (July 2022 to February 2026):





Breakdown of OT Activity by Ward (July 2022 to February 2026):



15. Physiotherapy

Belford Hospital Activity Analysis

Summary:

Physiotherapy activity across CAU and Ward 1 has shown stable but steadily increasing demand from 2022–2026, with CAU consistently carrying the highest rehabilitation workload. Ward 1 volumes remain predictable, reflecting ongoing needs linked to frailty, postoperative recovery, and multidisciplinary discharge planning. The introduction and subsequent rise of A&E Requests from 2024 signal growing early-intervention roles for physiotherapy within the emergency care pathway. Overall, the caseload pattern demonstrates sustained service pressure, reinforcing the requirement for flexible physiotherapy capacity to respond to acute surges, early mobility needs, and complex rehabilitation demands.

Key Trends:

- CAU consistently generates the highest physiotherapy workload, reflecting the acute and time-sensitive nature of mobility and discharge needs.
- Ward 1 activity remains steady and predictable, consistent with ongoing rehabilitation and frailty/post-acute recovery needs.
- A&E Requests emerge from 2024 onward and increase, indicating growth in early-intervention physiotherapy within urgent care pathways.
- Overall demand shows a stable baseline with incremental growth, reinforcing the need for flexible physio capacity to respond to peaks while sustaining ward rehabilitation input.
- The changing activity mix suggests widening pathway expectations beyond inpatient rehabilitation alone.

Monthly activity trends including CAU, Ward 1 and A&E Requests.

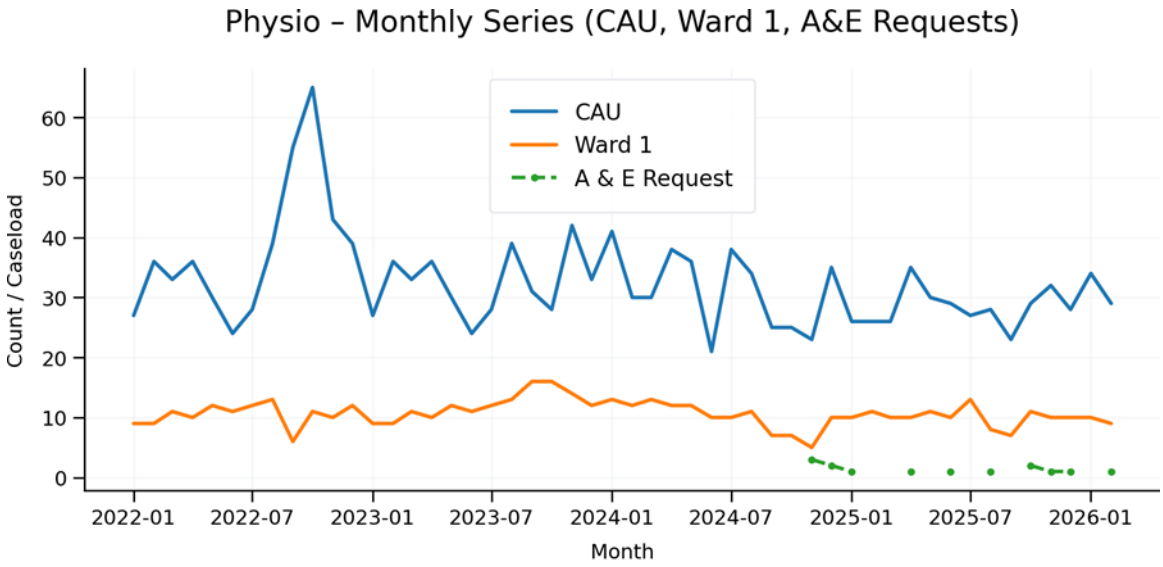
Total Physiotherapy Ward Attendances by Year (September 2022-February 2026):

Year	CAU	Ward 1	A&E Requests	Total
2022 (Sept-Dec)	202	39	0	241
2023	387	145	0	532
2024	376	122	5	503

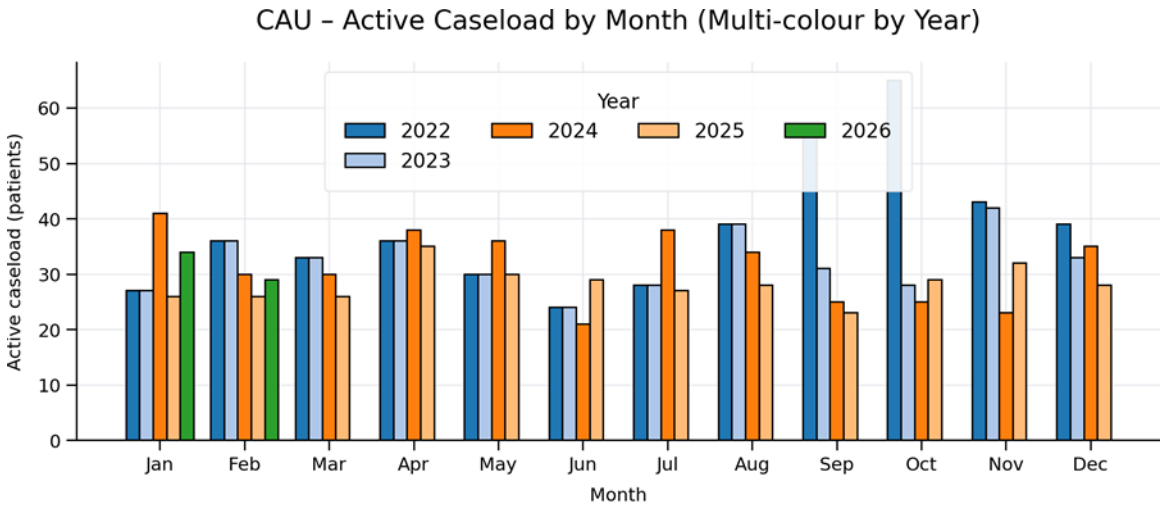
2025	339	121	8	468
2026 (Jan-Feb)	63	19	1	83

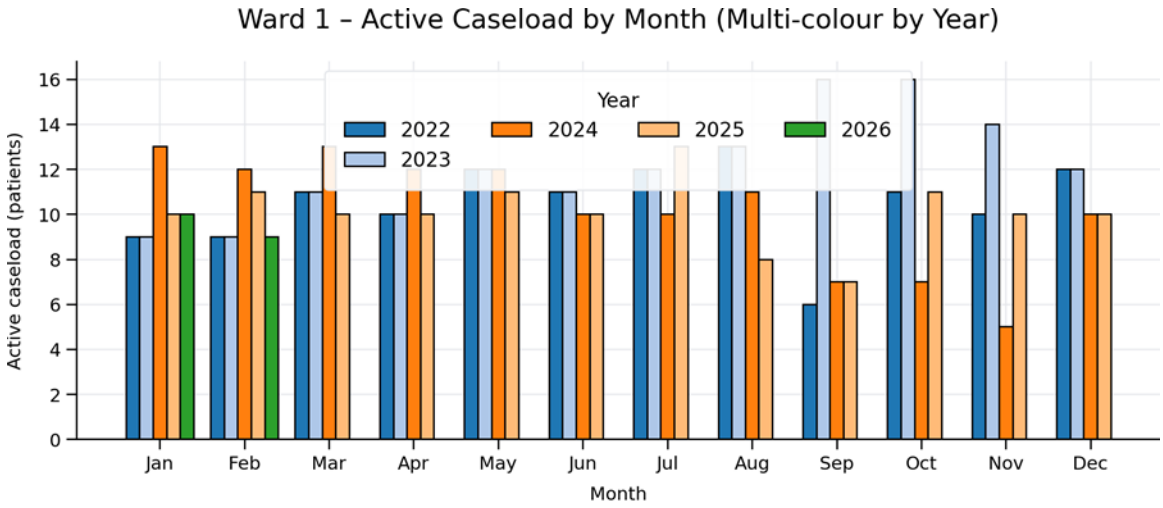
Data coverage varies by year (e.g., 2022 partial-year and 2026 year-to-date), so comparisons should be interpreted with appropriate caution.

Monthly activity trends across CAU, Ward 1 and A&E Requests (September 2022-February 2026):

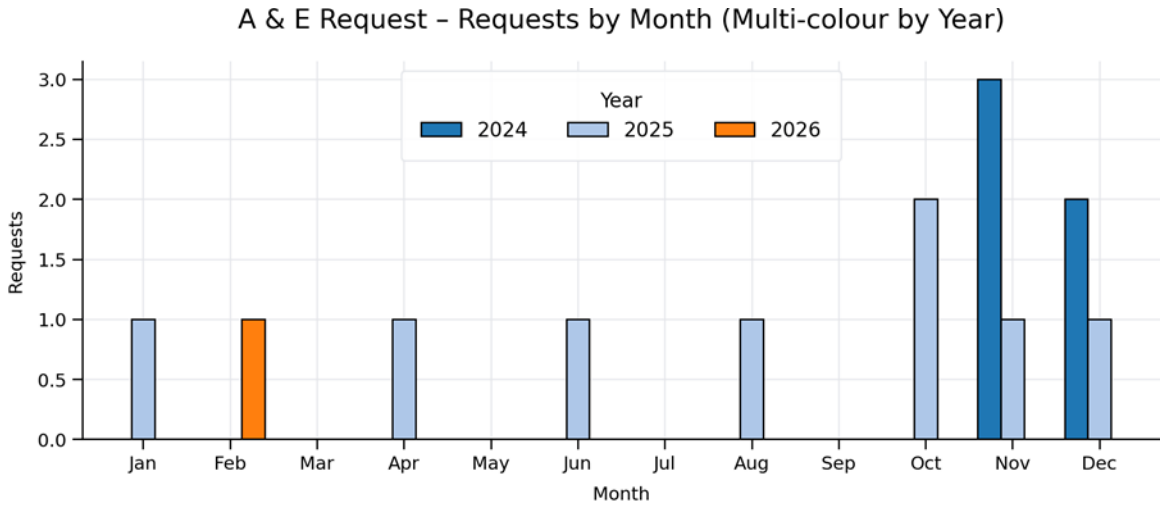


Monthly and Yearly Physiotherapy Activity Trends across CAU and Ward 1 (September 2022-February 2026):





A&E Requested Physiotherapy, by Month and Year (September 2022-February 2026):



16. Radiology

Belford Radiology Activity

Summary:

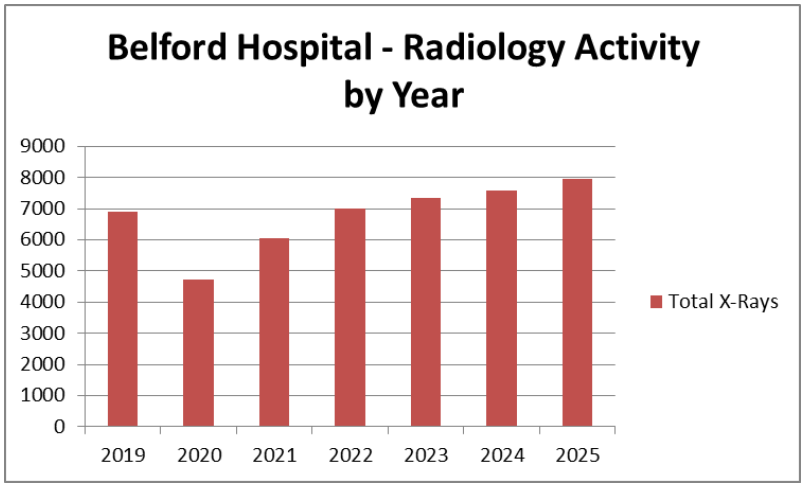
Radiology diagnostic activity at Belford Hospital remains an essential enabler of both elective and unscheduled care pathways. Scheduled diagnostic activity has remained broadly stable, while unscheduled activity continues to exert pressure on overall capacity. Waiting list positions for radiology diagnostics show ongoing management challenges, particularly where demand variability and competing urgent requests limit flexibility. These trends reinforce the importance of diagnostic capacity, prioritisation and pathway alignment in supporting timely elective care and sustaining system flow.

Key Trends:

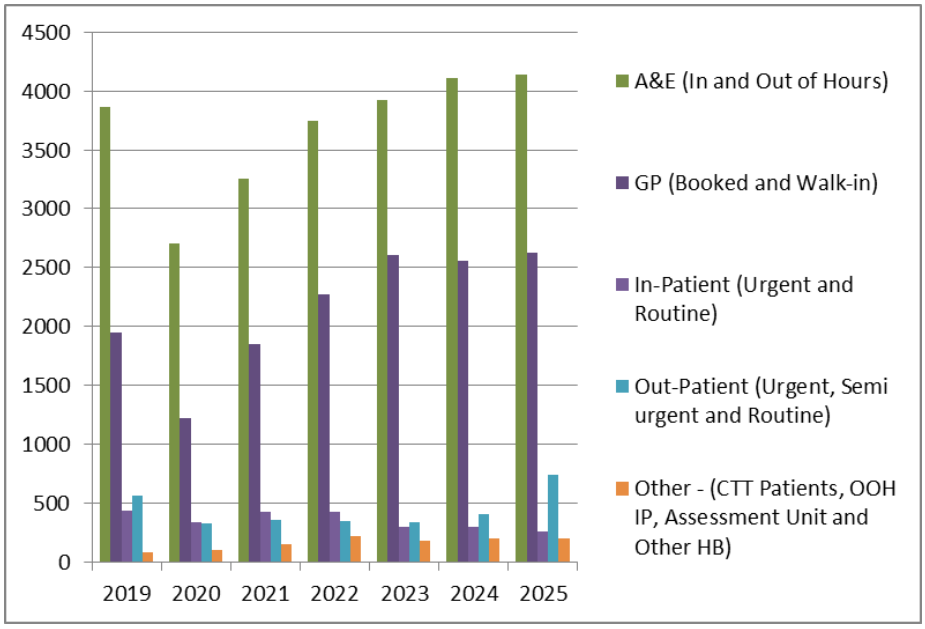
- Radiology diagnostics underpin elective, inpatient and urgent care pathways across Belford Hospital.
- Scheduled radiology activity remains broadly stable, providing consistent planned diagnostic capacity.
- Unscheduled diagnostic demand continues to place pressure on available radiology capacity.
- Radiology waiting list positions reflect ongoing demand management challenges.
- Diagnostic capacity constraints have downstream impacts on elective flow and length of stay, reinforcing the importance of diagnostics within the wider case for change.

Radiology Activity by Year (2019-2025):

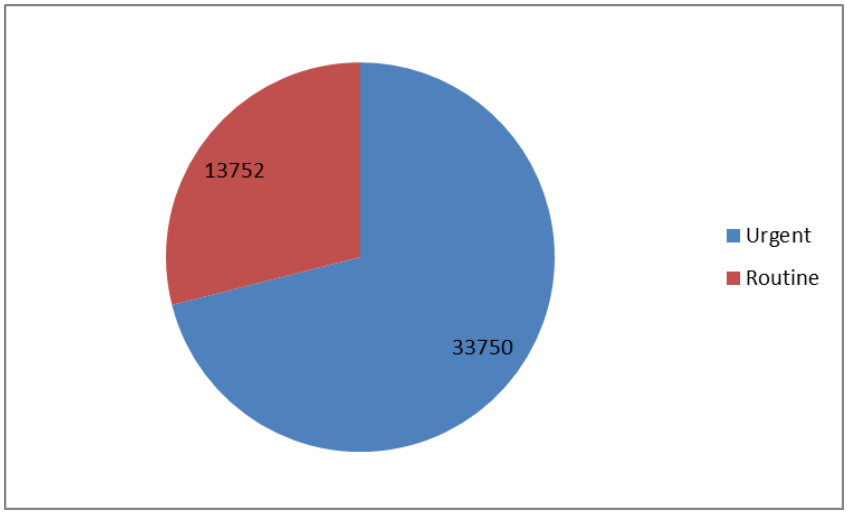
Year	Total Radiology
2019	6905
2020	4710
2021	6049
2022	7017
2023	7363
2024	7573
2025	7971



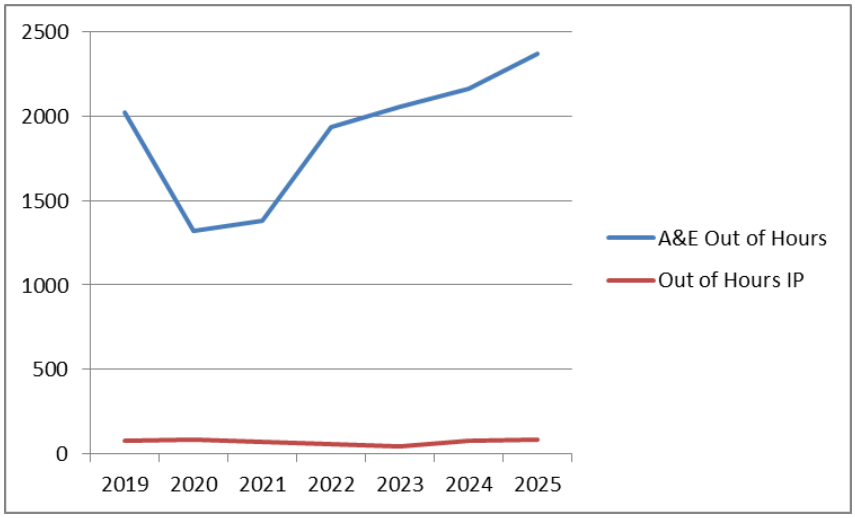
Case-Mix by Referral Source/ Care Setting (2019-2025)



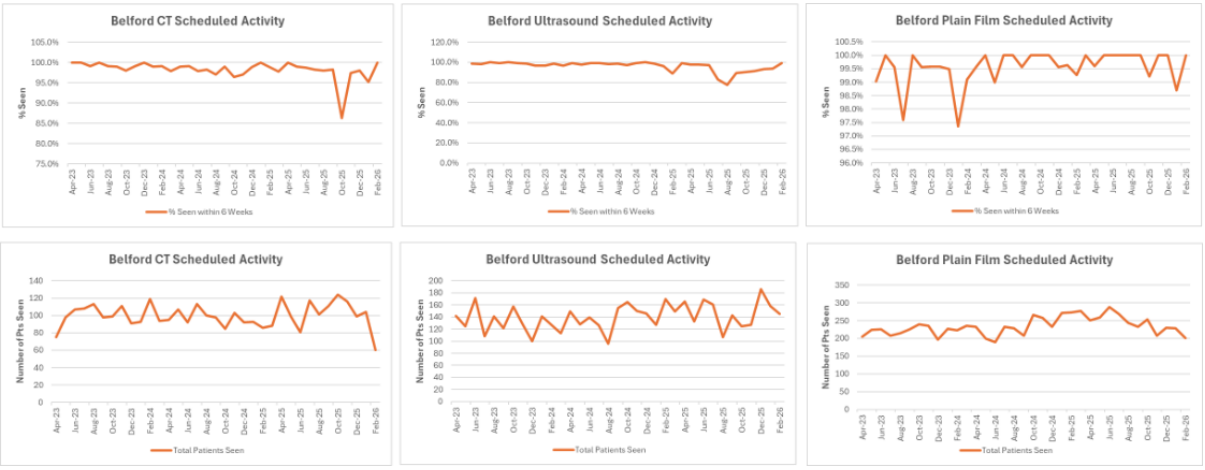
Total Urgency Profile (2019-2025)



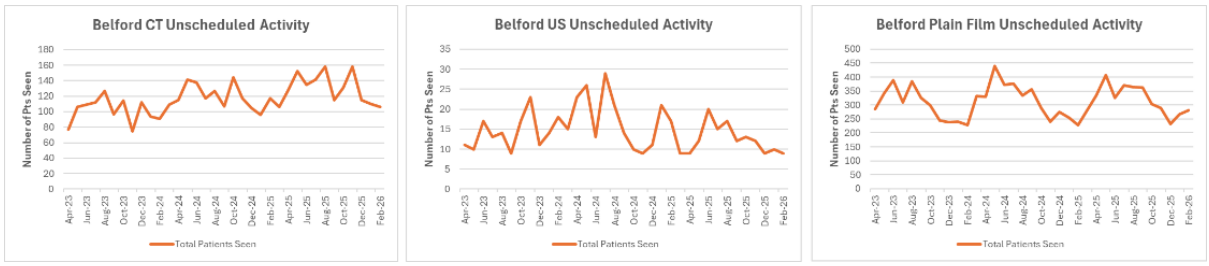
OOH Activity Trend



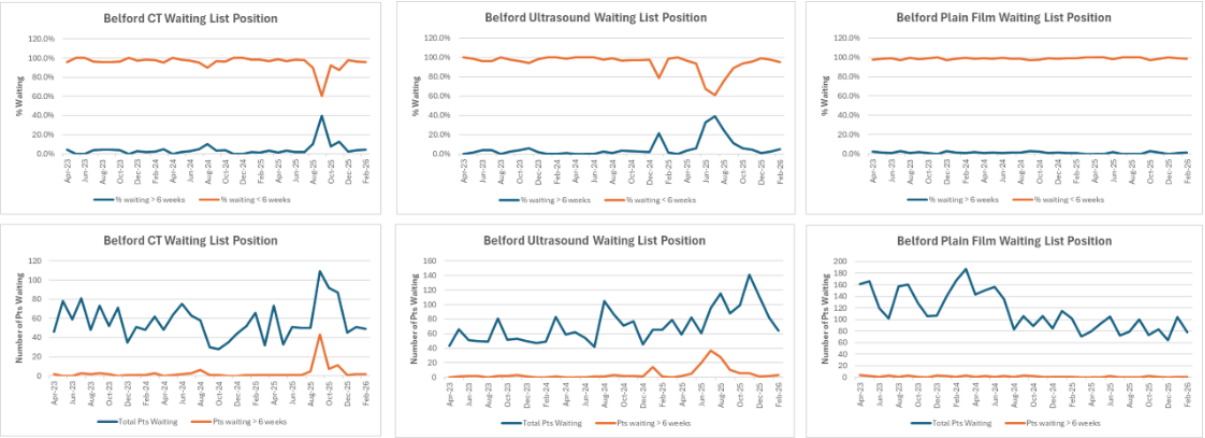
Diagnostics: Belford Radiology Scheduled Activity (April 2023-February 2026):



Diagnostics: Belford Radiology Unscheduled Activity (April 2023-February 2026):



Diagnostics: Belford Radiology Waiting List Position as at month end (April 2023-February 2026):



17. Cystoscopies

Hospital Activity Analysis for Lochaber Residents in Raigmore

Summary:

Cystoscopy activity for Lochaber residents attending Raigmore Hospital has remained broadly stable over time, with annual volumes fluctuating within a relatively narrow range between 2019 and 2025. Activity dipped during the COVID-19 period and subsequently recovered, with post-pandemic volumes returning to levels comparable with pre-2020 activity.

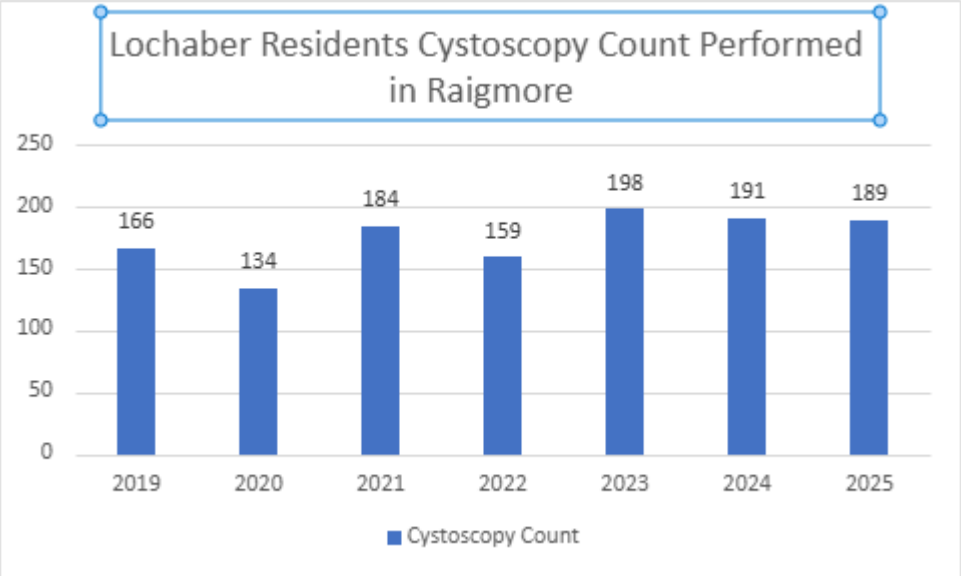
Overall, the pattern indicates a steady and sustained demand for cystoscopy services for Lochaber residents, supporting its classification as a consistent diagnostic pathway rather than a service experiencing rapid growth or decline.

Key Trends:

- Activity volumes have remained stable overall, with annual cystoscopy counts showing only modest year-to-year variation across the period 2019–2025.
- A temporary reduction in activity is evident around 2020, consistent with pandemic-related disruption, followed by recovery in subsequent years.
- Post-pandemic activity has returned to near pre-2020 levels, indicating restoration of diagnostic capacity rather than suppressed or escalating demand.
- Cystoscopy demand appears predictable and sustained, suggesting it represents a steady component of diagnostic workload for Lochaber residents attending Raigmore.
- No strong upward or downward trend is observed, reinforcing that future service planning should assume ongoing baseline demand rather than growth-driven expansion.

Lochaber Residents Count of Cystoscopies Performed in Raigmore (2019-2025*):

	Arrived
2025 *(* until 01/12/2025)*	189
2024	191
2023	198
2022	159
2021	184
2020	134
2019	166
Total	**1,221**



Figures represent arrived cystoscopy appointments for Lochaber residents undertaken at Raigmore Hospital.

18. Pre-Operative Assessment

Summary

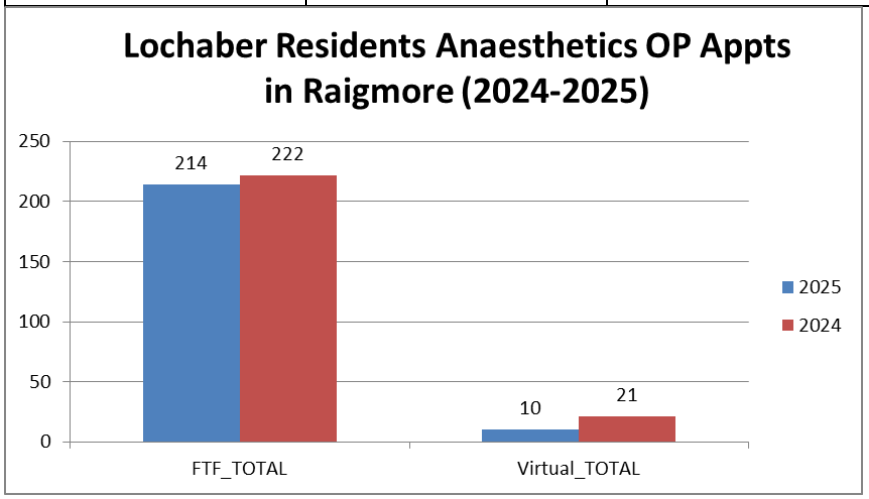
Anaesthetics outpatient appointments for Lochaber residents attending Raigmore Hospital provide an indicative measure of pre-operative assessment activity linked to elective and planned care pathways. Activity in 2024 and 2025 demonstrates ongoing demand for pre-operative clinical review, supporting surgical and procedural services delivered at Raigmore.

Key Points

- Anaesthetics outpatient data are used as a proxy for clinic-based pre-operative assessment activity.
- Activity reflects outpatient-delivered assessments only and does not capture the full scope of pre-operative processes.
- Pre-operative assessment activity undertaken through alternative models (e.g. same-day, inpatient or pathway-embedded assessment) is not included due to data availability constraints.
- Further work is required to quantify the full pre-operative pathway once comprehensive data sources are available.

Lochaber Residents Anaesthetics OP Appointments in Raigmore (2024-2025):

Outpatient Anaesthetics	FTF_Total	Virtual_Total	Total
2025	214	10	224
2024	222	21	243
Total	436	31	**467**



Anaesthetics outpatient appointments are used as a proxy for pre-operative assessment activity. These data represent outpatient clinic activity only and do not capture all elements of the pre-operative assessment pathway.

19. Demography & Population Context

NRS 2022-based projections

Summary:

Updated National Records of Scotland (NRS) 2022-based population projections indicate that Highland continues to experience sustained population ageing, with growth concentrated in older age groups and a relative decline in working-age cohorts. These trends are consistent with those identified at Initial Agreement stage and reinforce the increasing demand pressures on acute, community and social care services in remote and rural areas such as Lochaber.

Highland's population aged 75 and over increased by more than 78% between 2001 and 2024 — the fastest-growing age group across all age bands.

Key Trends:

- The population aged 75 and over has increased significantly, growing by more than 78% since 2001 at Highland level.
- Updated projections confirm a continued increase in older age cohorts, with associated implications for frailty, rehabilitation, inpatient length of stay and discharge complexity.
- The working-age population continues to decline in relative terms, reinforcing workforce sustainability challenges across acute and community services.
- While overall population decline is slower than previously projected, ageing-related demand pressures remain the dominant driver of service need.

Population Change over Time

Indicator	**Highland position**
Total population (mid-2024)	237,290
Population change since 2001	+13.6%
% change in population aged 75+ (2001–2024)	**+78.1%**
Fastest-growing age group	75+
Working-age population trend	Declining in relative share

Source: National Records of Scotland – Mid-Year Population Estimates and Council Area Profile

Structural Change over Time

Measure	2001	2024	Change
Total population	~209,000	237,290	+13.6%
Population aged 75+	Index 100	Index 178	**+78.1%**
Children (0–15)	Index 100	Index 90	−10.1%

Index values used to illustrate scale of change.

Since 2001, Highland's population has grown modestly overall (+13.6%); however, this growth masks a pronounced demographic shift. The population aged 75 and over increased by more than 78% over the same period, representing the fastest-growing age group. This structural change underpins rising demand for acute care, longer lengths of stay, increased rehabilitation need and more complex discharge pathways.

Population data sourced from National Records of Scotland (Mid-Year Estimates and 2022-based projections).

20. Patient Travel

Summary:

This section examines the travel burden associated with outpatient services delivered at Raigmore for Lochaber residents, with particular focus on the contribution of return appointments to repeat journeys. While total outpatient volumes influence travel demand, analysis indicates that return-heavy pathways generate a disproportionate share of patient travel, particularly where face-to-face attendance remains the dominant mode of delivery.

High-volume specialties with elevated Return-to-New ratios contribute most significantly to repeat travel, reinforcing the link between outpatient pathway design, modality choice and travel impact. These patterns highlight the opportunity to reduce avoidable travel through targeted redesign of follow-up pathways, increased use of Near Me and telephone reviews, and greater local delivery where clinically appropriate.

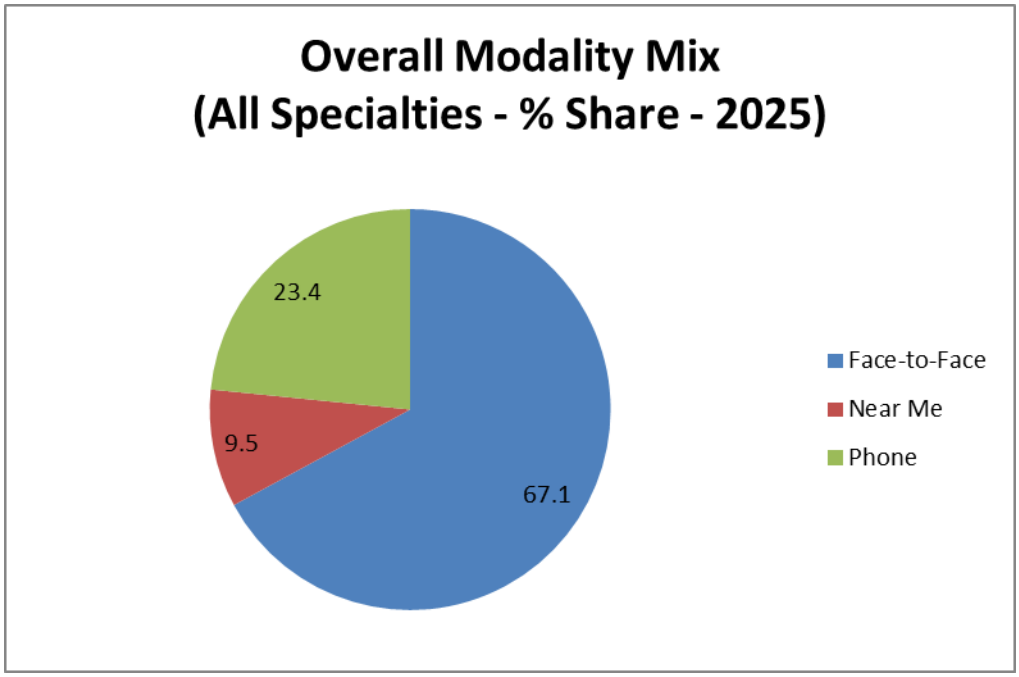
Key Trends:

- Return appointments account for a significant proportion of outpatient-related travel, driving repeat journeys for Lochaber residents.
- Specialties with high Return-to-New ratios contribute disproportionately to overall travel burden.
- Face-to-face appointments remain the dominant modality for Raigmore-delivered outpatient care, amplifying the travel impact of return-heavy pathways.
- Near Me and telephone consultations account for a minority of activity, indicating scope to reduce travel through expanded virtual delivery for appropriate follow-ups.
- Targeted redesign of follow-up pathways represents a key lever for reducing avoidable travel while maintaining clinical quality and continuity of care.

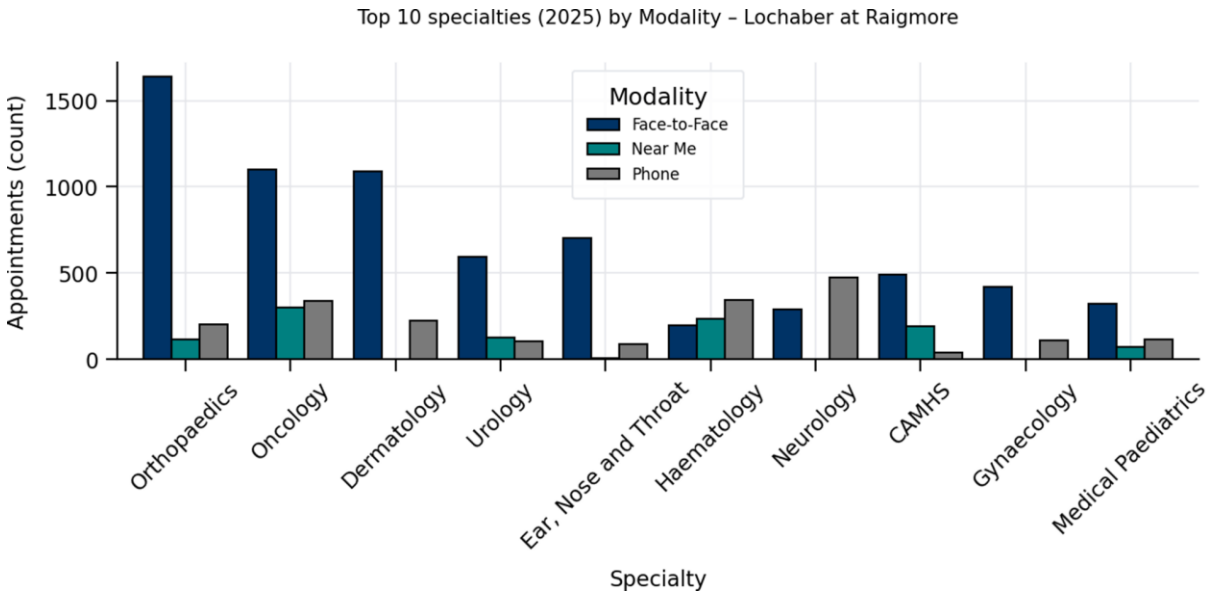
Hospital Activity Analysis for Lochaber Residents in Raigmore

Lochaber Residents seen at Raigmore Outpatient Appointments by Modality Mix (2025):

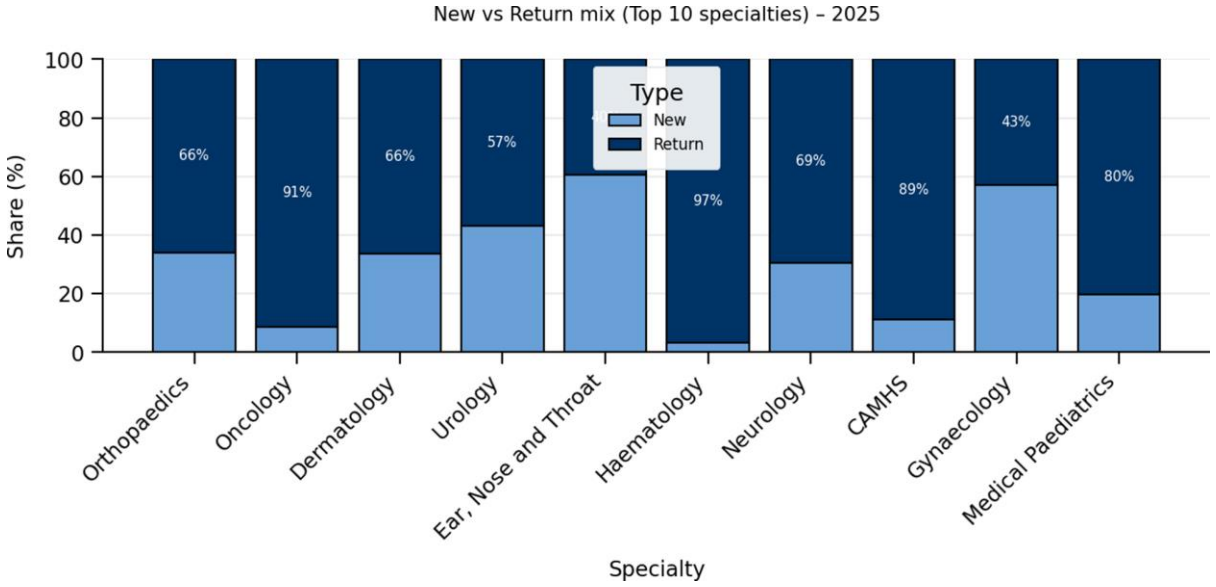
Modality	Total Appointments	% Share
Face-to-Face	11532	67.1
Near Me	1729	9.5
Phone	4153	23.4



Lochaber Residents seen at Raigmore Outpatient Appointments by Specialty (2025):

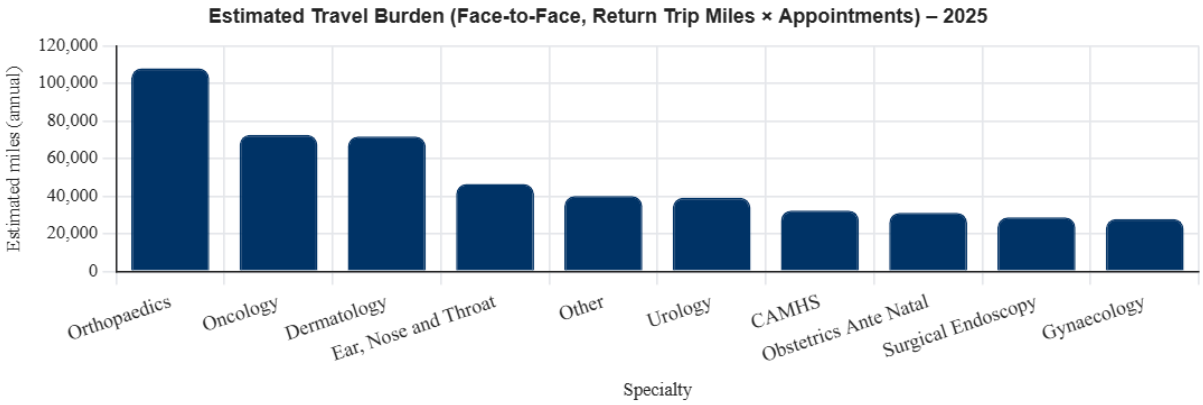


Estimated Travel Burden (2025 – Top 10 Specialties - Face-to-Face Appointments)



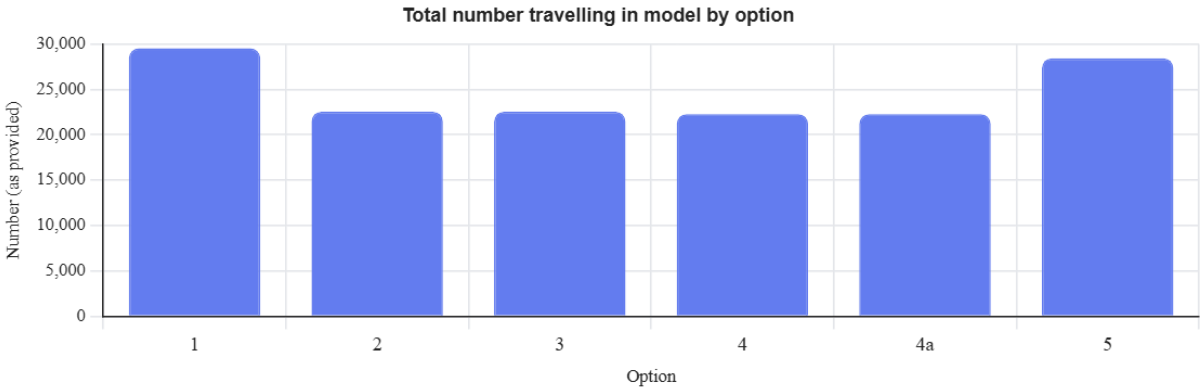
Top Outpatient Specialties	2025 F2F TOTAL	2025 Travel Miles	2024 F2F TOTAL	2024 Travel Miles	**Total Travel Miles**
Orthopaedics	1637	108,042	1701	112,226	**220,268**
Oncology	1101	72,666	862	56,892	**129,558**
Dermatology	1087	71,742	914	60,324	**132,066**
Urology	593	39,138	536	35,376	**74,514**
Ear, Nose and Throat	705	46,530	670	44,220	**90,750**
Haematology	195	12,870	354	23,364	**36,234**
Neurology	289	19,074	213	14,058	**33,132**
CAMHS	490	32,340	240	15,840	**48,180**
Gynaecology	423	27,918	516	34,056	**61,974**
Medical Paediatrics	322	21,252	334	22,044	**43,296**
Obstetrics Ante Natal	472	31,152	672	44,352	**75,504**
Cardiology	394	26,004	355	23,430	**49,434**
Gastroenterology	168	11,088	158	10,428	**21,516**
Surgical Endoscopy	435	28,710	373	24,618	**53,328**
Rheumatology	233	15,378	235	15,510	**30,888**
Oral Surgery	343	22,638	428	28,248	**50,886**
Total	**8,887**	**586,542**	**8,561**	**564,986**	**1,151,528**

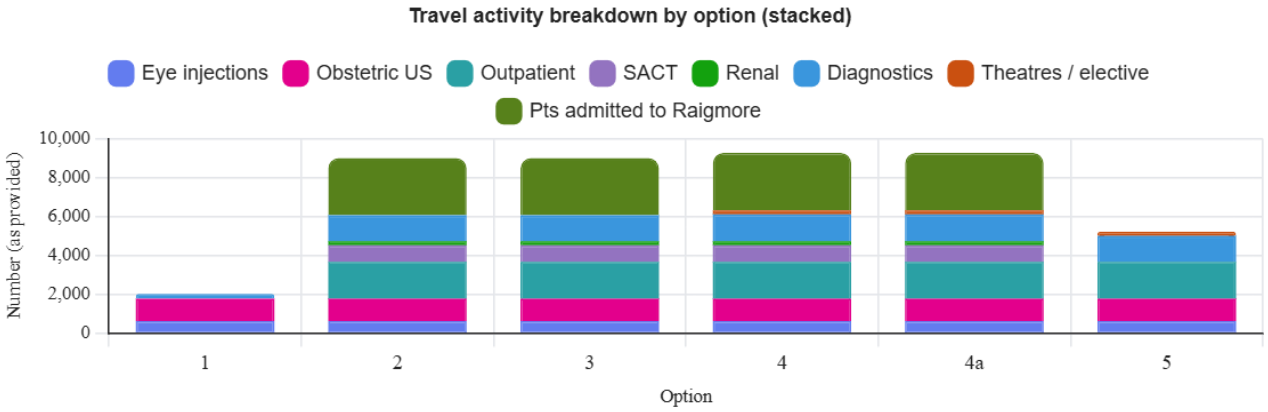
*Travel Miles uses a simple return-trip estimate of 66 miles (Fort William to Raigmore), multiplied by FTF Totals

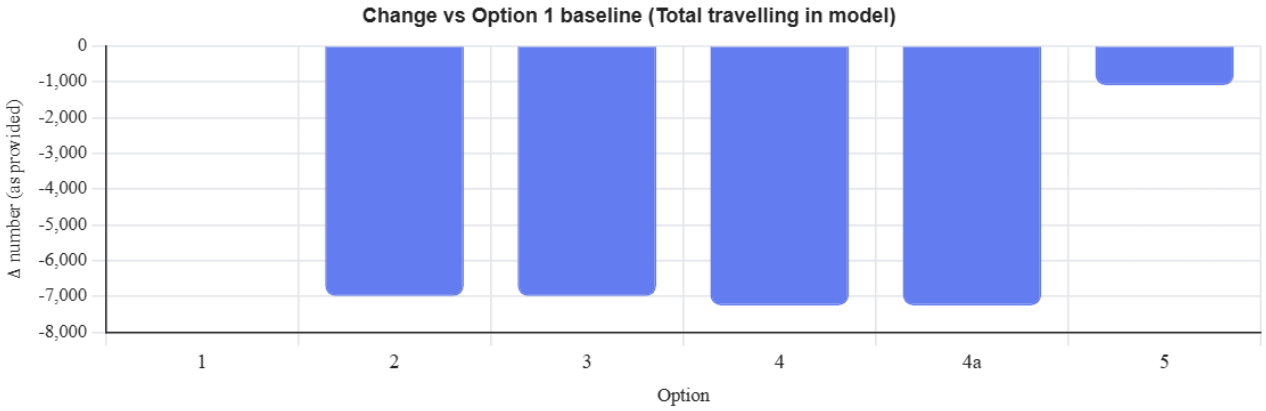


Total Travel by Option:

Option	Total number currently travelling	Total number travelling in model
1	31,542	29,530
2	31,542	22,539
3	31,542	22,539
4	31,542	22,279
4a	31542	22,279
5	31,542	28,429


Total number travelling in model by option
30,000
25,000
20,000
15,000
10,000
5,000
0
Number (as provided)
1
2
3
4
4a
5
Option


Travel activity breakdown by option (stacked)
Eye injections
Obstetric US
Outpatient
SACT
Renal
Diagnostics
Theatres / elective
Pts admitted to Raigmore
10,000
8,000
6,000
4,000
2,000
0
Number (as provided)
1
2
3
4
4a
5
Option


Change vs Option 1 baseline (Total travelling in model)
0
-1,000
-2,000
-3,000
-4,000
-5,000
-6,000
-7,000
-8,000
Δ number (as provided)
1
2
3
4
4a
5
Option