# Chief Executive Board Update

## September 2026

Fiona Davies,
Chief Executive, NHS Highland

### Transforming Urgent Care in Scotland

The Board will receive a separate paper from Louise Bussell, Nurse Director, setting out Transforming Urgent Care in Scotland, the national three year plan for 2026 to 2029, and what it will mean for NHS Highland. I therefore want to use my report to reflect on how we helped to shape the plan, because I think the part our teams played deserves recognition.

The plan was developed over eight months through the sub national planning structures in Scotland East and Scotland West, working with all fourteen territorial boards, NHS 24 and the Scottish Ambulance Service. As part of Scotland West, NHS Highland colleagues took part in the Improving Flow delivery and workstream groups that did much of the detailed work, and in the Strategic Hackathon on Improving Flow held in the West in July. Alongside the engagement event in Scotland East in June, those sessions brought together more than 200 senior stakeholders from across the country.

What I valued most about that work is that it gave our teams the chance to bring a rural and island perspective into a national conversation that can otherwise begin from the assumptions of large urban systems. I was pleased to see that perspective reflected in the final plan, which commits to consistency rather than uniformity and to equity by design, and which recognises directly that rural workforce is limited, that a single vacancy can destabilise a service, and that transport and access shape whether people can reach the right care. I want to thank everyone from NHS Highland who gave their time and expertise to the process.


***Photo caption L-R:*** *Evan Beswick, Chief Officer, Argyll & Bute HSCP; Angela Constance, Cabinet Secretary for Health & Care, Jenni Minto, MSP for Argyll & Bute and Dr Colin Barrett, GP.*

### GP Led Walk-In Services

Ten GP led walk-in services have opened across Scotland during 2026, with a longer term ambition for 30, a. Dunoon and Invergordon were among the first in Scotland to open, which says something about the willingness of our teams to test a new model at pace.

Dunoon moved from approval to live delivery within a matter of months. In its first 22 operational days, between late June and early August, the centre saw 479 people, with activity rising from single figures at

the outset to a peak of 35 in a day. Around 89% of those attending were registered with a local practice and 11% were temporary residents or visitors, which demonstrates this is serving the community rather than the summer population. Patient feedback has been strongly positive, describing a service that is quick, convenient and welcoming, and a number of people have said it saved them a trip to A&E or a wait for a GP appointment.

The Cabinet Secretary visited Dunoon on 20 August to see the centre in action shortly after its launch, hosted by Evan Beswick, our Chief Officer for Argyll and Bute, alongside colleagues from primary care, clinical leadership, nursing, administration and estates. We set out our commitment to continue the pilot with disciplined phased testing, transparent reporting and to make any expansion evidence led.

**Planned Care**

We continue to focus on reducing the number of people waiting more than 52 weeks. The additional funding we received has allowed us to restart our additionality programme in the specialties that have, or are at risk of having, our longest waiting patients. Our objective remains that no patient in most specialties should be waiting more than a year for an appointment or a procedure by March 2027.

**Programme for Government**

**What it means for people in Highland**

Before turning to the structural changes, I want to set out what the Programme for Government means for the people we serve. Several of the commitments speak directly to Highland's geography. The delivery plan for 24 hour thrombectomy services with national coverage is intended to ensure that access to stroke treatment does not depend on where someone lives, which matters a great deal in a board area of our size. The continued expansion of Hospital at Home and virtual care is ground we already cover through our services in Oban, Lochgilphead and Inverness.

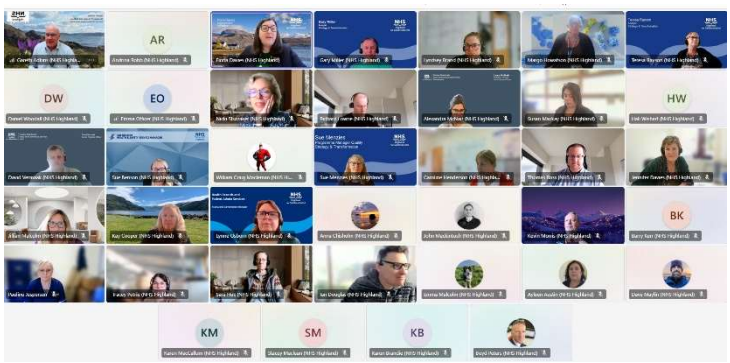
There is also a commitment to expand Mental Health Triage Cars, currently operating in Inverness, to every region in Scotland, alongside new walk in hubs and expanded 24 hour support. I am pleased that a model developed here is being taken forward nationally. Support for rural and island workforce planning, including a review of the Golden Hellos initiative for GPs, consultants and dentists, addresses one of our most persistent challenges, and the investment of more than £530 million in the GP contract is intended to increase the number of family doctors. The Programme also confirms an independent review of maternity services, reporting in summer 2027, with a specific focus on care for women living in remote communities including Caithness.

**Structural Reform**

The Programme for Government confirmed the Scottish Government's intention to move from fourteen territorial NHS boards to two. In her statement to Parliament on 2 September, the Cabinet Secretary was clear that simplification is not centralisation, and that simplifying decision making, governance and planning does not mean centralising service delivery, with local services remaining local wherever that is the best way to meet the needs of communities.

The letter issued to all staff by the Interim Chief Executive of NHS Scotland provided a number of assurances for colleagues, including that there will be no compulsory redundancies, and the First Minister has reaffirmed the Fair Work principles. Staff will transfer automatically rather than

having to apply for their own posts. Agenda for Change and Medical and Dental contracts remain in place, with national workforce policies continuing to apply on a Once for Scotland basis. No decisions have been taken about the future of Integration Joint Boards. Costs and benefits will be set out through the programme's business case, and current capital developments and service redesign programmes continue as planned, which includes our work in Lochaber. Engagement with staff, trade unions and stakeholders is described as central to shaping the proposals, and I will be pressing for that to be maintained as the Programme unfolds.




I have been clear in our own communications that NHS Highland remains a statutory body with unchanged responsibilities until any new arrangements are established, and that rural, island and health inequality considerations must be visible in whatever structure follows.

***Photo caption:*** *All Staff Teams call to discuss Programme for Government*

The Programme retains a ministerial commitment to bespoke solutions for island communities, including Single Authority Models where these are wanted, which is directly relevant to the work we have been progressing with Argyll and Bute Council.

**Lochaber Hospital**

Work on the new Lochaber Hospital continues to move forward, and the Scottish Government has provided further feedback following the submission of the Outline Business Case earlier in the summer. It has recognised the case for replacing the Belford Hospital, which is an important step, and has asked us to provide further evidence and clarification on the proposed service model before the Outline Business Case can be approved. This is work we had planned to include in the Full Business Case but will now bring forward and update the Scottish Government in October.

In the meantime, the technical design continues to develop; every room in the new hospital has been reviewed in detail with clinical and operational teams to make sure it will work as intended. We have also been looking at how to improve the building's sustainability performance in line with updated guidance, and at rationalising support spaces so that the hospital makes efficient and effective use of space. We continue to work closely with our partners, particularly The Highland Council, on the purchase of the site, on accommodation for visiting staff and students, and on active travel and public transport across the wider Blar Mhor site.

Alongside the building itself, clinical and operational colleagues are developing the Target Operating Models that describe how the new hospital will run day to day. These will form the basis of our transition and training plans. I want to thank the teams across NHS Highland and our partners for the care they are putting into getting this right.

**iMatter**

I want to record the progress we have made this year with iMatter. This year 54% of colleagues completed the survey, sharing honest views on what is working and what needs to change, and our Employee Experience Index came in at 76, a figure that reflects the professionalism and resilience people bring to their work against the operational pressures frequently faced.

The part I am most pleased with is the team action plan completion, which has risen from 25% last year to 41% in 2026, a significant improvement in twelve months and one achieved at a time when there has been a great deal else competing for our teams' attention. The value of iMatter is not in the numbers themselves but in what teams do with them, and that improvement tells me that more teams are sitting down together, talking honestly about their results and agreeing what needs to change for them.

We are also beginning to share Team Stories setting out real changes teams have made as a result of their iMatter conversations, which I think will do more to encourage participation next year.

**Speak Up Week**

Speak Up Week runs from Monday 28 September to Friday 2 October, and it falls in a milestone year, five years since the National Whistleblowing Standards were introduced. Across the week colleagues will be able to meet members of our OpenLine team, Executive Directors and staff side colleagues in person at locations across Highland and Argyll and Bute.

The point I have made to staff is that speaking up should never depend on courage. It should be an ordinary thing people do at work, however, I know that raising something, even something small, can feel like a bigger decision than it should be, and closing that gap is a job for all of us as Executive Directors rather than something we can ask of individuals. A week in the calendar gives us a visible opportunity to remind colleagues of the routes open to them and to encourage them to have conversations where needed.

**German Ministerial Visit to Inverness**

I want to update the Board on a valuable international visit hosted by NHS Highland on Friday 4 September, when a delegation from Rheinland-Pfalz visited Inverness, led by Minister Clemens Hoch. This was Minister Hoch's third visit to NHS Highland, building on his earlier discussions with Neil Gray, former Cabinet Secretary for Health, and reflected his continued interest in learning from and sharing our approach to rural and remote healthcare. The delegation of ten included the German Consulate General in Edinburgh alongside members of the Minister's team and health policy officials.

I am particularly grateful to David Park, our Deputy Chief Executive, who represented NHS Highland throughout the visit and hosted the delegation on my behalf. The delegation received an overview of our Outpatient Near Me technology, a visit to the Highland Children's Unit, Maternity Services and concluded with a visit to Medical Education at the Centre for Health Sciences. I want to record my thanks to David, Katherine Sutton and colleagues across the teams involved for the care they put into hosting our visitors.

Rural and remote healthcare is a shared challenge across many health systems and I hope this visit is the start of a continuing dialogue between NHS Highland and Rheinland-Pfalz on the practical realities of delivering care to dispersed and island communities.

**The History of Our Hospitals**

The eighth and final book of The History of Our Hospitals series has now been published and is devoted to the history of all Caithness hospitals.

Professor Steve Leslie, Consultant Cardiologist and his dad, Jim, now retired but previously a geography teacher at Nairn Academy and an Education Officer in Ross and Cromarty, have dedicated 18 years to this project.

Produced together, although Steve is very quick to point out that Jim has done the heavy lifting, I think this says something about the affection in which these hospitals are held by the people connected to them.

Both are passionate about uncovering the often-forgotten history of hospitals across the Highlands and sharing their findings to the wider population. Although this recent publication is the last in the series of printed books, their research continues.

I am grateful to them both for the care they have taken to record the history of our hospitals and the people who have worked in them.

***Fiona Davies***
*Chief Executive, NHS Highland*