



Fiona Davies,
Chief Executive NHS Highland

Managing Winter Pressures

Like many health systems across Scotland, NHS Highland has been navigating significant winter pressures over recent months. In particular, Raigmore and Caithness General Hospitals has been operating at elevated escalation levels, with high occupancy, delayed discharges, and demand on our urgent and unscheduled care pathways all contributing to system-wide pressure. I want to acknowledge the exceptional effort of our staff across acute and community services who have worked tirelessly to maintain safe, high-quality care throughout this period.

In response, we established an Incident Management Team to provide frequent executive oversight of patient flow and discharge activity across the system. This structured approach has helped us to better understand and manage the pressures we face coordinated discharge processes are now in place, community pathway capacity is being identified daily, and we have strengthened the working relationship between our acute and community services. While we are seeing some encouraging progress in discharge activity, this remains work in progress. Winter pressures of this scale do not resolve quickly, and there is more to do to achieve the sustained improvement our patients and staff deserve. What the IMT has given us is valuable operational learning and a clearer picture of where the systemic barriers lie and that foundation will inform how we continue to develop our approach.

Alongside this operational response, I am pleased to report the introduction of two important new initiatives that are already supporting our system. NHS Highland and the Scottish Ambulance Service have strengthened our long-standing collaborative relationship through the introduction of Hospital Ambulance Liaison Officers (HALOs) at Raigmore, funded through the SAS winter pressures programme. Bev MacKenzie and Blair Gordon are embedded within our Flow Team, providing seven-day cover and acting as a dedicated point of contact for complex discharges and patient handovers, making a tangible difference to both patient safety and staff experience.

In addition, our new Hospital at Home service launched in North Highland in January and is steadily building capacity. Currently providing the equivalent of five beds, the service enables patients to receive acute-level care in their own homes and is already contributing meaningfully to system flow. We have every reason to be optimistic about its potential, our Hospital at Home service in Oban has been transformative for the Argyll and Bute population it serves, with patients, families and clinical colleagues across the system all speaking powerfully to its impact on outcomes, independence and system pressure.

That experience gives us a strong foundation and genuine confidence as we develop the North Highland service. Recruitment is ongoing and we anticipate reaching the equivalent of 15 beds later in the year. Together, these developments reflect the kind of whole-system, partnership-based approach that I believe is essential to building a more resilient service for the future.

Cross Leadership Development Session

I was pleased to host our first Cross Leadership Development Session on 5 March, bringing together approximately 40 senior managers for a full day of structured dialogue focused on connecting purpose, people and pathways forward. I opened the session by reflecting on what matters most to us as an organisation, our purpose, our values and our commitment to quality set against the very real backdrop of financial tension and the need to work more sustainably and differently than we have before. Rather than presenting a single vision from the top, I was clear that shaping our collective future needs to be a shared endeavour, and that this gathering was about creating the space for our senior leadership community to contribute to that.



The day was shaped around seven themes including what we are doing well, how we better meet community needs, opportunities for a prevention-focused whole system approach, cross-system collaboration, innovation, future challenges, and how we take our staff with us through change. These were not rigid separate discussions but interconnected

areas that naturally overlapped and influenced conversations throughout the day, with similar themes emerging across the group alongside new ideas and approaches that we will continue to develop.

I was struck by the quality of engagement and the commitment in the room to doing things differently. My intention is for this to become a quarterly meeting that will rotate in location around the Board area, with smaller groups taking focused pieces of work forward as we shape our new population health strategy and build the relationships needed to create genuine and lasting change.

Sub-National Planning – Scotland West

As part of the Scottish Government-directed sub-national planning structure, I continue to co-chair the Finance, Planning, Performance and Workforce (FPP&W) Delivery Group within Scotland West, alongside the interim sub-national finance lead. This group is working at pace to develop the Scotland West contribution to the national sub-national plan, with a focus on achieving financial balance by March 2029, establishing a Scotland West performance framework with clear KPIs and trajectories, and coordinating sustainable plans for regional and vulnerable services. A skeleton plan outline was shared in early February, and a first full draft was submitted at the end of the month. The draft plan will be considered by the Scotland West Strategic Planning and Delivery Committee, before being submitted to Scottish Government by 31 March 2026 for review and feedback. It is anticipated that the plan will subsequently be returned to boards for formal approval.

More broadly, the Scotland West structure which brings together seven territorial boards including NHS Highland is making good progress in establishing its three delivery groups covering Planned Care (orthopaedics), Improving Flow (urgent care and digital front door), and the FPP&W group. A sub-national handbook is being developed to set out governance, leadership and performance monitoring arrangements, and a Programme Management Office approach is being established to provide consistent oversight. The golden threads of inequalities, rural and island communities, digital transformation and innovation run throughout all of this work, which is directly relevant to NHS Highland's population and geography. I have been asked to co-chair the Rural and Island group

with James Goodyear, Interim CEO of NHS Orkney to take a pan-Scotland approach to that Golden Thread. Initially this will focus on synthesising the Joint Strategic Needs Assessments of these areas so that the health needs of rural and island communities are evidenced and understood.

Renal Service: 50th Anniversary and Endowment Fund Project

This month marks a significant milestone for NHS Highland's Renal Service, as we celebrate the 50th anniversary of the first kidney dialysis treatment in the Highlands, carried out at Raigmore Hospital in March 1976. In the decades since, the service has grown considerably and now includes renal units in Fort William, Wick, and Broadford, enabling patients across our dispersed geography to access treatment closer to home.



Over one thousand patients have received regular dialysis since the service began, and several hundred have gone on to receive kidney transplants. To mark this landmark anniversary, the team hosted an informal gathering for current and former patients, transplant recipients, and staff past and present providing a wonderful opportunity to reflect on the service's history and the many lives it has touched.

Photo caption: Staff past and present at 50th celebration

Alongside this celebration, I am pleased to share news of an exciting new initiative for the Renal Unit at Raigmore, made possible through a generous legacy donation entrusted to NHS Highland Charity and given specifically to support the service. Around 100 patients currently attend Raigmore for haemodialysis, with sessions lasting up to five hours several times each week, a demanding and at times isolating experience.

The legacy gift has enabled the development of a year-long pilot project, designed with direct patient input and in partnership with High Life Highland it will introduce creative activity to the unit during treatment time. The project has been developed to support emotional wellbeing, self-expression and connection and will culminate in a public exhibition celebrating the work produced by patients and staff together.

This initiative is a fine example of how philanthropy, partnership and clinical care can come together to enrich the patient experience, and I am proud that it has been developed in direct response to feedback from our patients about what matters to them.

CGI Conference

Photo caption: CGI Conference Discussion



I was pleased to join Pippa Milne, Chief Executive of Argyll & Bute Council, in presenting at the CGI Conference last week, where together we shared our joint learning on public service reform across our two organisations. The session drew on the key factors in Argyll & Bute, such as complex geography, workforce pressures, and constrained resources, to make the case that sustainable reform requires planning at the right scale, building trusted relationships, and designing services around the communities they serve rather than the structures that deliver them. Between us, we covered a range of

interconnected themes: the behavioural and cultural shift required under a Single Authority Model; how sub-national planning enables both regional consistency and local flexibility; and the importance of collective sense-making, analysing problems jointly before negotiating solutions. We were clear that integration remains critical but must be held lightly, with governance that is proportionate and accountable without becoming an end in itself.

The opportunity to present alongside Pippa reinforced for me the value of cross-boundary leadership, and to hear from colleagues in other sectors including a presentation from NHS National Education for Scotland on the Digital Front Door being developed in partnership with CGI

Hospital Visits



Caithness General Hospital

In early February, I was pleased to visit Caithness General Hospital in Wick, where I had the opportunity to meet with staff across the hospital including our midwifery team. It was wonderful to see first-hand the dedication of colleagues working in such a remote and rural setting, and to hear directly about both the challenges and the pride they take in serving their local community.

As part of the visit, I met with representatives of the Caithness Health Action Team (CHAT), joined by our Chair, Sarah Compton-Bishop, and Eddie Gilmartin, our Rural General Hospital Manager. This was the latest in a series of regular and constructive meetings with CHAT, and I value the open and professional relationship we have developed with this community group.

Photo Caption: Fiona Davies, NHS Chief Executive with Donna Firth, Team Lead Midwifery and Sarah Compton-Bishop, NHS Chair at Caithness General Hospital



Photo caption L-R: Eddie Gilmartin, Rural General Hospital Manager; Iain Gregory CHAT; Ron Gunn CHAT; Sarah Compton-Bishop, Chair NHS; Fiona Davies, CE NHS; CHAT members Elizabeth More, Gill Arrowmsith, Derek Bremner, Marlene MacDonald, Susan Sutherland and Elspeth Husband.

Our discussions ranged across a broad spectrum of local health priorities, including palliative and end of life care, maternity services, A&E bed capacity, GP pressures, care at home provision, and access to appointments at Raigmore for Caithness patients. We also had a useful conversation about staff accommodation and the very real recruitment challenges facing remote and rural areas and CHAT indicated a willingness to support incoming staff in finding suitable housing locally, which I welcomed. Meetings like this are an important part of how I stay connected to the communities we serve, and I came away with a clear sense of the commitment of both our local teams and our community partners to achieving the best possible outcomes for people in Caithness.



New Craigs Hospital

I recently visited New Craigs Hospital, where I met with the leadership team to hear about their vision for mental health services in Highland and had the opportunity to walk several of the wards.

Having known the hospital well from my own time working there, it was particularly meaningful to see at first hand the continuing improvements in culture, patient safety and quality assurance, a real testament to the dedication of the team.

Photo Caption L-R: Tom McGreavy, Charge Nurse, Morar Ward at New Craigs and Fiona Davies, Chief Executive



Aviemore Community Hospital

I also visited Aviemore Community Hospital, where staff shared with me the realities of delivering district-based services from a relatively new building, including the ongoing recruitment challenges that continue to affect their capacity. These conversations are invaluable in helping me understand the pressures our teams are navigating day to day.

Photo Caption L-R: Tony Powell, Senior Charge Nurse; Fiona Davies, Chief Executive and Kenny Rodgers, District Manager at Aviemore Community Hospital

The Moorings, Muir of Ord

I recently visited Katie at her new home at The Moorings in Muir of Ord, and I wanted to share something of her story with the Board. Katie is a young woman with complex autism who, following a difficult period without the right community support in place, spent a number of years in a hospital setting including 7 years in New Craigs Hospital that, while providing clinical care, was never the right long-term environment for her. I want to be honest with the Board that finding the right local solution took longer than it should have, and that is something we must learn from. The development of The Moorings, though delayed further by the pandemic, ultimately provided the answer Katie and others with similar specialist support requirements needed, her story is a reminder of what is at stake when the right housing and support is not in place. Good transition planning for children and young people with complex needs will need to be a focus of our integrated health and social care, as discussed at our recent Joint Monitoring Committee.

The Moorings is a purpose-built core and cluster development, delivered by NHS Highland in partnership with Key Community Supports, providing six individual tenancies in Muir of Ord for

people with complex needs. Integrated staffing accommodation enables 24-hour support on site, allowing individuals to live as independently as possible within their community. The development directly supports the Scottish Government's ambition to reduce out-of-area placements and delayed hospital discharges, and reflects what can be achieved when health, housing and the independent sector work with genuine shared purpose.



Katie moved into her new home in January 2025 and is flourishing. When I visited, I was struck by how settled and content she is, taking part in activities she loves and beginning to engage with life in her local community in Muir of Ord. Hearing first-hand what this independence means to her was a genuinely moving experience, and a powerful reminder of why getting these solutions right matters so much. The Moorings is a happy ending, but it is also a prompt to ensure we continue to develop the range of specialist housing and community support that enables people to live well, and close to home from the outset.

I want to be honest with the Board that finding the right local solution took much longer than it should have, and this delay had a significant negative impact on both Katie and her family. This is something we must learn from.

Fiona Davies, Chief Executive NHS Highland