Chief Executive Board Update

July 2026

Fiona Davies,
Chief Executive, NHS Highland

Joint Strategic Plan for Argyll and Bute

I want to update the Board on the Joint Strategic Plan 2026-2031, recently approved by Argyll and Bute's Integration Joint Board. The plan sets out six strategic priorities and commits the Partnership to a fundamental shift in how care is delivered, moving more care out of hospitals and into communities, and targeting support at those who need it most.

Among the commitments are an expansion of Hospital at Home and Virtual Ward services, already running in Oban and Lochgilphead, new Extended Community Care Teams to respond rapidly in the community, and new community frailty response models in Cowal. The plan also sets out a significant digital programme, including Ophthalmology Imaging Hubs and the transition of telecare equipment to digital systems ahead of the 2027 national deadline.

The plan is honest about the financial pressures facing the Partnership. With an annual budget of around £430 million and a projected funding gap driven by rising demand, and with Argyll and Bute having the highest proportion of people aged 65 and over of any council area in Scotland, some services will be scaled back or cease so that investment can shift towards prevention and community-level provision.

I am pleased to see this work take shape, and it is encouraging how closely it mirrors the direction we are setting for NHS Highland as a whole. Our own 10 year strategy is built on similar foundations: a shift towards prevention, community-based care and a whole system approach that focuses resource on those with the greatest need. Seeing Argyll and Bute's Joint Strategic Plan translate these principles into a concrete five-year programme gives me real confidence that we are moving in the right direction together.

Reducing Long Waits for Planned Care

I am pleased to update the Board on the significant progress we made last year in reducing the number of people waiting over a year for a new outpatient appointment or inpatient/day case procedure. By March 2026, we had reduced our longest waits over 52 weeks by 78% for new outpatients and by 85% for inpatient/day cases, which reflects a substantial effort across our teams. The Scottish Government has awarded NHS Highland £8.3m for the remainder of 2026/2027 to build on this progress and this funding will support a plan to ensure no patient is waiting over a year for these appointments and treatments by March 2027 in most specialties.

To achieve this, we will be increasing in-house activity and making use of the independent sector where this is possible, which may mean that some appointments or procedures take place in the evenings or at weekends. For those services where we as yet cannot predict clearing all long waits, we are exploring options through the Sub National West structure.

This work is already being supported by improvements we have made to theatre efficiency at Raigmore Hospital. Working with external improvement experts Meridian, we introduced a structured 6-4-2 planning

model across all surgical specialties, ensuring theatre sessions are staffed six weeks in advance, patients are allocated four weeks out, and sessions are confirmed two weeks before. This has driven greater predictability, reduced late starts and early finishes, and created the conditions for more patients to be seen.

A review of staffing across theatres and recovery areas has aligned rotas to evidenced requirements, improving utilisation, and over an 18-week programme we have moved from eight to six operating theatres, generating financial savings that support NHS Highland's return to financial balance. This work has delivered a 16% improvement in theatre utilisation, and I want to thank everyone involved for the discipline and commitment this has required.

This programme of planned care activity will require a substantial team effort across NHS Highland, and I see it as an important step towards meeting the health and care needs of our population as we move towards our refreshed approach to service planning, aligned with the Population Health and Service Renewal frameworks. Bringing our waiting times below a year would mark a meaningful improvement for the people we serve and would help to ease the wider pressure on our services.

New Lochaber Hospital

I am delighted to update the Board on the continued progress of the new Lochaber Hospital project. In June, The Highland Council's Planning Applications Committee approved our planning application, following its submission in February. This is a significant milestone in the project and brings the replacement for Belford Hospital a step closer to reality. I want to thank the local communities in Lochaber for their support over the last few years, and our colleagues both locally and across the wider organisation for the work that went into securing this milestone, alongside our partners Balfour Beatty and Keppie Design.

Alongside this, we have formally submitted our Outline Business Case to the Scottish Government, with an outcome expected later this summer. The Outline Business Case sets out the capital investment required for construction and confirms our preferred service model, which includes an intensive rehabilitation approach and additional elective activity delivered locally, supporting sustainable and modern services as part of an integrated system across NHS Highland. We remain committed to keeping local communities informed as the project develops, and I look forward to updating the Board further once we receive Scottish Government's decision.

Lorn and Islands Hospital Visit

While in Oban, I took the opportunity to visit Lorn and Islands Hospital and meet with the Hospital at Home team. I was impressed by the progress the team has made since the service began, particularly the shift to a consultant-led multidisciplinary model and the development of more robust referral pathways, including direct referrals from A&E, General Practice and the ambulance service. The team told me that activity has continued to grow year on year, with 104 patients seen in the last three months alone, compared with 93 in the service's entire first year, a clear sign of how embedded and valued this way of working has become.

The team talked me through the real difference the service is making, both for patients who are able to remain in their own homes and for the wider hospital system, through reduced admissions, freed-up beds and fewer avoidable A&E attendances. What came through clearly was the strength of feeling from patients and families about the quality and person-centred nature of the care they received, and I left encouraged by what this small but dedicated team has achieved.

Photo caption: Pauline Jespersen Clinical Nurse Manager for Hospital at Home at Lorn & Islands Hospital with Fiona Davies.

Highland Children's Unit 10th Anniversary

I was pleased to join staff, families and former patients to mark ten years since the Highland Children's Unit opened its doors. The unit's origins go back to a conversation between Professor George Youngson and our then Senior Charge Nurse, April Emmott, which led to an introduction to David Cunningham at the Archie Foundation and, in time, to the Archie Appeal.

Between 2011 and 2016, the community across the Highlands raised the £2m needed to build a unit designed specifically around the needs of children and families, with schools, community groups, patients, parents and staff all playing a part. The unit finally opened its doors on 22 May, ten years ago, and today it continues to reflect the vision behind that fundraising effort, offering a space that supports not just the child in its care but the whole family around them. I want to thank everyone who contributed to that journey, and everyone who continues to deliver such dedicated care within the unit today.

Photo caption: Fiona Davies alongside Directorate Paediatric Nurse Manager, April Emmott; Retired Senior Staff Nurse, Sandie Macleod and Paula Cormack, Chief Executive of Archie's.

HRH The Princess Royal Visits Raigmore Hospital

While I was unable to attend in person, I was delighted that Her Royal Highness The Princess Royal took the time to visit our Maternity Unit at Raigmore Hospital, and I am grateful to our Chair, Sarah Compton-Bishop, for hosting the visit.

During her time with us, The Princess Royal toured the Maternity Assessment Unit, Ward 10, the labour suite and our Neonatal Unit, and saw our birthing pool, which offers expectant mothers the option of a water birth. She also met a new mother and baby and had the opportunity to see first-hand the environment in which our teams care for families across Highland.

I understand the visit was a proud moment for our midwifery and maternity staff, whose commitment and skill are so often delivered quietly but which sit at the heart of our communities. It was also an opportunity to recognise the strong partnership working we have developed with Highland Maternity Voice Partnership and Held in Our Hearts, both of which help ensure that the voices of women and families continue to shape the services we provide. To mark the occasion, Her Royal Highness kindly unveiled a commemorative plaque, and I know this recognition meant a great deal to everyone who had the chance to meet her on the day.

Photo caption: HRH The Princess Royal met Sarah Compton-Bishop, NHS Highland Chair; Sophie Russell, President, The Royal College of Midwives and Hazel Henderson with daughter, Isabelle and son, Hector.

MSP Briefing Session

In late June, I was pleased to join our Chair in hosting a hybrid briefing session for the six Highland MSPs, alongside our Executive Directors. The session was attended by Maree Todd MSP, Andrew Baxter MSP, Morven-May MacCallum MSP, Tim Eagle MSP, Victor Currie MSP and Max Bannerman MSP, and gave us the opportunity to provide an overview of health and social care services across Highland, covering our population and geography, current performance and financial position, our strategic priorities and the challenges we expect to face in the years ahead.

This was an important early opportunity to build relationships with our Highland MSPs, both newly elected and returning, and I see it as the foundation for informed and constructive engagement between the Board and elected representatives throughout the parliamentary session ahead.

Patient Experience: Bowel Screening and Robotic-Assisted Surgery

I want to share a recent patient story that speaks to the value of our screening programmes and the quality of care being delivered across our teams. A patient in his seventies was referred to Raigmore Hospital following a positive result through the Scottish Bowel Screening Programme, despite having no symptoms at the time. Under the care of Mr Colin Richards and his team, he was diagnosed with an early-stage sigmoid adenocarcinoma and went on to have a robotic-assisted high anterior resection. He was discharged just 48 hours after surgery, fully mobile and with normal function returned, and has since written to me personally to thank the Scottish Bowel Screening Centre, our surgical teams, and colleagues on Ward 4C for the efficiency, clarity and quality of care he received throughout.

I think this story illustrates the real difference our bowel screening programme makes in identifying cancers at an early, more treatable stage, and the benefits that robotic-assisted surgery can offer in terms of recovery. I would also note that, following his surgery, further testing identified some cancerous cells in one of the lymph nodes examined, and he has since been referred to oncology for further treatment. I mention this because it is a reminder that a positive surgical outcome is not always the end of a patient's journey, and I want to recognise the continued care our teams will provide as he moves into the next stage of his treatment. He has kindly given his permission for his experience to be shared to help promote awareness of both the screening programme and this surgical approach.

Fiona Davies
Chief Executive NHS Highland