

NHS Highland Chief Executive's Update

May 2026



Fiona Davies,
Chief Executive NHS Highland

New political landscape in Highland

The May 2026 Scottish Parliament election brought a number of changes to NHS Highland's political representation, and I want to take this opportunity to congratulate all those elected, both returning and new MSPs across our constituency and regional list seats. Myself, our Board Chair and the Executive Team, look forward to meeting our new representatives in the coming weeks and to building the kind of open, constructive working relationships that are essential if we are to address the significant challenges facing health and care services across our region.

Highland and Argyll and Bute are places with distinctive communities and geography, a unique set of pressures, and those communities deserve to have their voices heard clearly in Parliament, and I am committed to ensuring that NHS Highland plays its full part in supporting those conversations. At the time of writing, the composition of the new Cabinet has not yet been confirmed and we therefore await the announcement of the Cabinet Secretary for Health with interest, but whoever takes on that role, they will find in NHS Highland a board that is ready to engage constructively, and that is firmly focused on planning and delivering for the people we serve.

Lochaber Redesign: Outline Business Case

I am pleased to update the Board that the Outline Business Case for the Lochaber Redesign has now been submitted to the Scottish Government's Capital Investment Group, marking a significant milestone in this long-running and important programme of work. The OBC sets out the preferred option for the new Rural General Hospital at Blàr Mòr, Option 4, a core Rural General Hospital with enhanced intensive rehabilitation provision and increased elective activity, following a thorough appraisal process that considered six distinct service options against clinical, workforce, patient experience and strategic criteria.

The development of the OBC has involved considerable engagement with patients, staff, and community stakeholders across Lochaber, and I want to acknowledge the time and commitment of everyone who has contributed to shaping this proposal. The case for investment is clear and has only strengthened since the Initial Agreement was approved in 2022: our current Belford Hospital estate is ageing and constrained, demand pressures continue to grow, and the demographic trajectory of the Lochaber population makes the need for modern, sustainable local services more urgent, not less. Subject to Scottish Government approval, we expect to commence the Full Business Case in the coming weeks, with construction targeted to begin in 2027 and the new hospital opening in 2030.

Organisational Strategy Development

Work to develop NHS Highland's new 10-year organisational strategy is progressing well. The strategy will replace our current Together We Care framework and will place population health at its centre, grounded in the lived experiences of people across Highland and Argyll and Bute. The first stage of public, staff and partner engagement ran from February through to early May, generating 497 contributions via our dedicated Engagement Hub, an engagement rate of nearly 21%, which compares favourably with the 10% typically considered acceptable. Engagement reached staff across all parts of the organisation, residents, children, and over 350 partner organisations, and I am grateful to everyone who contributed.

We are now in the analysis phase, with Public Health colleagues undertaking a technical review of the Stage One responses alongside the Strategy Development Group to identify key themes, trends and gaps. A draft strategic framework, setting out our proposed vision, strategic outcomes, priorities and underpinning principles, will be presented to the Executive Directors Group and Population Health and Planning Committee in May and June, with wider consultation following in the summer. The Board can expect to receive the first draft of the full 10-year strategy in September 2026. One learning from Stage One is that a more face-to-face approach will be needed as the work becomes more focused, and the team is planning additional in-person engagement opportunities across both Board areas alongside the digital methods used to date.

I am also pleased to welcome Katy Styles, who joined us earlier this month as Associate Director of Planning, Strategy and Performance. Katy brings a strong background in healthcare improvement, with senior experience spanning quality improvement, workforce transformation and service redesign. Most recently she served as Clinical Lead for Realistic Medicine in NHS Grampian, leading system-wide improvement programmes focused on shared decision-making and reducing unwarranted variation. She will lead the development of our organisational strategy and take responsibility for the Strategy and Transformation Team.

Highland Power of Attorney Month

I am delighted to be championing Highland Power of Attorney Month alongside Derek Brown, Chief Executive of The Highland Council, in a campaign that I believe has real potential to make a lasting difference to people's lives across our region and to reduce the pressure that a lack of planning places on our health and care system. Delayed discharge remains one of our most persistent operational challenges, and the absence of a Power of Attorney is a more significant contributing factor than many people realise, creating delays in decision-making at precisely the moment when families and services need to be able to act quickly.

Research published in 2024 found that only 8% of adults in Scotland have an up-to-date POA in place, and 45% have never thought about putting one in place at all; while 2025 figures show modest improvement, the picture across Scotland remains concerning, particularly for those aged 50 to 69. I am therefore very pleased that this campaign has attracted such strong partnership support, with Carers Scotland, Connecting Carers and colleagues from across the third and private sectors joining us in making the case for action. This kind of multi-agency collaboration, united around a shared practical goal, is exactly the model we should be building on, and I hope that what we establish this year will become an annual fixture in Highland's public health calendar.

Sir Lewis Ritchie Committee Meeting, Skye



Pictured: Fiona Davies, Louise Bussell, Dawn Pridham, Claire Copeland and Michelle Johnstone from NHS Highland with members of the Sir Lewis Ritchie committee.

I recently visited Skye to meet with the Sir Lewis Ritchie Committee, joined by a number of Executive colleagues alongside NHS 24 Medical Director, Dr Ron Cook and Earle Wilson from the Scottish Ambulance Service (SAS). We listened carefully to feedback from the committee who expressed ongoing concerns about whether the current unscheduled care model, introduced following the recommendations of Sir Lewis Ritchie's report, is meeting the needs of the community. While we remain committed to the model that was developed in response to those recommendations, we recognise that the committee's perspective on its practical impact matters, and we agreed that further dialogue is needed at our next meeting to work through what the community prefers against what can realistically be delivered given our constraints, including recruitment, housing challenges and affordability that affect services across Skye and the wider area.

There was also much to be positive about, the committee heard encouraging updates on community engagement work in Raasay and Glenelg, where existing care models are being actively redeveloped with communities as genuine partners in that process, an approach I strongly support. Colleagues from NHS 24 provided a helpful overview of how the hub model operates and the improvements in call response times that have been achieved, while SAS updated the group on the first responder programme on Skye and their ambitions to build on it. Finally, Richard MacDonald, our Director of Estates, Facilities and Capital Planning, was also able to share the welcome news that the car park at Portree Hospital is planned to be resurfaced and its windows replaced, a practical improvement that I know will be appreciated by patients and staff alike.

Board Chief Executives Mental Health Development Session



Pictured: Chief Executive group at the development session

On 23 April I co-led a Mental Health Deep Dive for NHS Board Chief Executives alongside Gary Jenkins, Chief Executive of The State Hospital, held at Carseview House in Stirling. The session brought together Chief Executives from across NHS Scotland for a full-day discussion on where collective effort can most usefully be focused to advance mental health reform.

The morning focused on what is working well, where concerns remain, and how Chief Executives can build shared momentum with particular attention to digital innovation, prevention and early intervention, and community-based approaches. The morning session allowed Chief Executives to share their current experiences of mental health improvement and in the afternoon, we welcomed

colleagues from Scottish Government to discuss the wider policy context and implications for mental health.

It was agreed that a further session would be convened with a wider group including COSLA, Chief Operating Officers, Integration Joint Boards and Executive Clinical Leads, and that 1-3-5 year plans with clear goals and measurable standards are needed. I will keep the Board informed as this programme of work develops.

SEISMIC SHIFT Research Programme



I am pleased to update the Board that the SEISMIC SHIFT programme - Systemic Health Innovation Future Transformation - has secured a further five years funding, taking total investment to more than £6 million.

Pictured: Dr Boyd Peters, Medical Director at NHS Highland and Dr Beth Sage, Consultant Respiratory Physician and Director of Research, Development and Innovation at NHS Highland at the Highland launch of SEISMIC-Shift in Inverness.

Led by the University of Strathclyde in partnership with NHS Highland, NHS Lanarkshire, and NHS 24, the programme brings together systems design and engineering researchers with clinicians, public health specialists, and social care partners to rethink how care is organised for people with multiple long-term conditions. Rather than treating conditions in isolation, it focuses on redesigning services around clusters of symptoms, supporting a shift toward whole-person care that is consistent with the direction we are pursuing across Highland.

For NHS Highland, the next phase will explore community-based and remote models of care, addressing the particular challenges of our ageing population, workforce pressures, and sustainability. I want to acknowledge Dr Beth Sage, Consultant Respiratory Physician and Director of Research, Development and Innovation, who is a co-applicant on the programme and has shaped our involvement from the outset.

The new phase builds on work already undertaken in Highland, including patient and staff workshops that produced service user personas directly informing a portfolio of tailored interventions now in development. This is applied, system-level research with real potential to benefit our communities particularly those in remote and rural settings who stand to gain most from more integrated and responsive care pathways.

Highland Community Planning Partnership Annual Conference



Pictured L-R: Jennifer Davies, Director of Public Health, NHS; Fiona Davies, Chief Executive, NHS and Derek Brown, Chief Executive, The Highland Council; and Sarah Compton-Bishop, Chair of NHS

I was pleased to attend the 2026 Highland Community Planning Partnership (CPP) Annual Conference on 15 May in Dingwall, alongside partners from across the public, third and private sectors. This year's conference, themed Community Planning in Practice, provided an important opportunity to come together around the shared challenges of inequality and community resilience in Highland, and to begin the early engagement that will shape the new 2027–2037 Highland Outcome Improvement Plan. The HOIP will set the partnership's strategic direction for the next decade, and the conference marked the formal start of what will be a year-long engagement process, with locality and community partnership sessions to follow over the summer and autumn.

NHS Highland was well represented in the programme. Our Chair, Sarah Compton-Bishop, opened proceedings in her capacity as Chair of the Highland CPP Board and led two of the day's key sessions, including framing the engagement on the new HOIP. Our Director of Public Health, Jennifer Davies, delivered a substantive session on health inequalities, and Carolyn Hunter-Rowe, Head of Public Health Intelligence, presented on the evidence base informing the partnership's thinking on housing, children and young people, health, and poverty.

The day also heard from Derek Brown of The Highland Council, the Highland Poverty and Equality Commission, and community partnership representatives from Inverness, Lochaber and Easter Ross. The breadth and quality of contribution from across the partnership was genuinely encouraging, and I left with a strong sense of collective purpose around what remains one of the most important and difficult long-term challenges we face, addressing the inequalities that shape health outcomes for people across Highland. The relationship between the CPP and our organisation will be integral to our vision of improving the health of the people of Highland, and of course in Argyll and Bute with the CPP in that area, where so much of the determinants of health are contributed to by partners in many other organisations.

Fiona Davies

Chief Executive NHS Highland