

# NHS Chief Executive's Update

## January 2025



Fiona Davies,  
Chief Executive NHS Highland

### Right place, right time

Last Board meeting I was able to update you about plans for the Highland Council to buy Moss Park Care Home in Lochaber, and for NHS Highland to take over running of the home. We have now applied for funding from the Council to increase the number of beds at Invernevis Care Home, also in Lochaber. Together, these homes will form part of our medium-term plan to maximise care capacity, while we work towards a new model where more people are able to access the care they need in their own homes.

Changing the way in which social care is delivered is key to meeting one of our most significant challenges: that of ensuring people are cared for in the right place at the right time; including discharging people from hospital once they are well enough. We are making some progress in this area as we have improved reporting and communication across the whole system. However, early January did see periods of high pressure and I want to recognise the dedication of colleagues who always do their best for patients, even in difficult circumstances, such as when we need to open extra hospital beds.

### National reform

The risks caused by extending hospital capacity are among issues which have been raised nationally, as we work to reduce delayed discharge. Reducing waiting lists is another area of national focus and I'm pleased to say that initiatives such as waiting list verification, where patients are contacted to check they still need an appointment, have shown great success in reducing unnecessary appointments and allowing people in need to be seen more quickly.

Boards are also working together across Scotland to support fragile services. I have previously shared how our vascular and some cancer services are vulnerable due to the need to recruit specialist colleagues and to serve a larger population to reach a sustainable patient threshold. Support for our colorectal oncology patients is now being provided by specialists from four centres across Scotland, in a model that is being regularly reviewed by the National Oncology Co-ordinating Group.

Since my last update, we have been offered temporary support from other Boards for specialist vascular services, for which I am grateful. The intention is to operate in the medium term as a 'hub and spoke' model, in line with recommendations of the Vascular Society of Great Britain and Ireland. Under this model, outpatient clinics, inpatient reviews and low-risk procedures would remain in

Inverness, which arterial surgery would be carried out at arterial hubs in other boards. This would be a temporary arrangement, while we contribute to the longer-term national work to reform this service.

## **Finance**

The Scottish Government's draft budget was announced in December. This includes funding for:

- NHS pay awards
- Reducing waiting lists and delayed discharge
- Enhanced frailty, cardiovascular disease and other essential services in General Practice
- A dental workforce and training package
- A community eye care programme

Further details of the allocation of funding will follow and will be linked to key outcomes.

Capital funding will increase by 5%. I very much welcome the commitment for funding to support the further development of the business cases for the replacement Belford Hospital, which will allow us to progress to the next design phase. We are stepping up the programme team to recommence this work.

However, it comes as no surprise that public sector budgets are under pressure. Moving into 2025-26, brokerage will no longer be available, and all NHS boards must work towards break-even, showing improvement over the next three years. Boards are required to develop detailed financial plans presenting a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three year period, and plans to move to a balanced budget.

This is work we have already begun, through our Value and Efficiencies programme and the Strategic Transformation Action Group, and it will require an ongoing concerted effort. To make sure we deliver our financial position for this year end, we have reintroduced our non-pay spending controls to ensure appropriate spending at the end of the year.

## **Vaccination**

On 21 January we heard from Scottish Government that we could progress with the recommendations in the vaccination improvement Options Appraisal submitted by Highland HSCP. This means we can use local flexibility to deliver vaccinations in the Highland Council area, including commissioning GP practices where agreed and appropriate. The proposal is to return childhood (pre-school) vaccinations to a GP delivery model, retain maternal and school-age vaccinations as board-delivered, and develop a hybrid model for adult vaccinations.

The exact models are yet to be developed and agreed. This will require a robust implementation plan, agreed with input from stakeholders, including GPs, Public Health Scotland, our own teams and, of course, those people eligible to be vaccinated. We expect this plan to be developed in the next two months.

Meanwhile, we are now in the later stages of the 2024-25 winter vaccination programme, with a number of clinics moving to drop-in status. Shingles and pneumococcal vaccinations are starting this month.

## **Congratulations**



Our teams continue to excel, and I am delighted to be able to mention Senior Charge Nurse Paul Rusk, who was recently awarded the title of Queen's Nurse for his innovative work on health care for people in custody.

Liam Allan is another outstanding colleague, having been honoured by the Faculty of Physicians Associates by winning the prestigious 'Physician Associate of the Year' award. And congratulations to Cathie King, Colorectal / Stoma Clinical Nurse Specialist who has won the Philip

Salt Award – Association of Stoma Care Nurses (ASCN) UK Stoma Care Nurse of the Year.



*Fiona Davies, Chief Executive NHS Highland*