

NHS Highland Chief Executive's Update

September 2025

Summer Visits & Ministerial Engagement



Fiona Davies,
Chief Executive NHS Highland

Over the summer months, I had the privilege of visiting our teams across some of our more remote locations - from the residential care homes in Badenoch & Strathspey to the primary care practices serving Alness and Invergordon, and the dedicated services in Fort William and surrounding areas. What struck me most during these visits was witnessing firsthand the unwavering commitment of our colleagues who continue to deliver compassionate, high-quality care despite facing significant operational pressures.

I met with Karen MacCallum and her team at the Telford Centre who are maintaining a lovely, homely atmosphere for their residents with reduced staffing levels, and Jennifer Moncur and Gillian Jamieson at Mhor Health Pharmacy who have built something truly special from the ground up in Spean Bridge, serving their community with innovation and dedication.



Despite the staffing, infrastructure or complexity issues that can characterise service delivery in the Highlands, I met dedicated leaders and staff who are using their skills, experience and local knowledge to bring optimism and improvement to our services.

*Top Row L-R: Mhor Health Pharmacy, Spean Bridge; The Wade Centre, Kingussie
Bottom Row L-R: Telford Centre, Fort Augustus; Grant House, Grantown on Spey and Mains House, Newtonmore*

At Grant House, I saw how dedicated staff are managing with closed beds due to staffing difficulties, while our care at home teams in Lochaber are dealing with 600 hours of unmet need. Yet what continues to inspire me is how our colleagues demonstrate their values of compassion, care and person centredness to ensure they maintain their focus on patient, clients and their families.

Throughout the summer, we were also privileged to welcome several ministerial visits that showcased the breadth and innovation of our services across the region. Cabinet Secretary for Health and Social Care Neil Gray, alongside local MSP Kate Forbes, joined Louise Bussell and myself for an important visit to Skye, where we toured Broadford Hospital, Home Farm Care Home, and Portree Hospital. The discussions were particularly valuable as we explored urgent care services, the ongoing challenges in recruiting staff with Advanced skills, and how we're strengthening our integrated working with Scottish Ambulance Service and community partners.



The ministerial engagement continued with visits highlighting some of our most innovative work - from Neil Gray and Jenni Minto witnessing our transformative Hospital at Home initiative at Lorn & Islands Hospital in Oban, where patients receive hospital-level care in the comfort of their own homes, to Jenni Minto, Maree Todd, and Jamie Stone experiencing our midwifery-led maternity services at Caithness General Hospital.

Top Row L-R: Cabinet Secretary for Health and Social Care Neil Gray visiting Portree Hospital, Skye; Jenni Minto, Minister for Public Health & Women's Health visiting Caithness Maternity Unit, Wick
Bottom Row L-R: Cabinet Secretary for Health and Social Care Neil Gray visiting Lorn & Islands Hospital, Oban and Maree Todd, MSP for Caithness, Sutherland and Ross at Caithness Maternity Unit, Wick

These visits - both my own and those of our ministerial colleagues - reinforced my respect for the resilience and professionalism of our workforce, particularly those working in our most geographically isolated services. From the positive feedback residents and families give about the care they receive, to the creative solutions like prescription collection lockers in Fort William, our teams are not just maintaining services - they're finding ways to improve them. While we must continue to address the systemic challenges around recruitment, infrastructure, and resource utilisation, these engagements provided invaluable opportunities for our political representatives to see firsthand the dedication of our teams and hear directly from patients and families about the real difference our services make to their lives, while ensuring they understand the challenges we face in delivering healthcare across such diverse and remote communities.

Strategic Progress Update

Operational Improvement Plan Update

The publication of the Government's three national frameworks in June has provided clear direction for our transformation journey, and I'm encouraged by the tangible progress we're making across key areas. The additional investment in Planned Care is already translating into real improvements - we're creating new outpatient and treatment slots and making meaningful progress in reducing those unacceptable waits over 52 weeks for treatment.

Our work on shifting the balance of care particularly excites me, especially within our Urgent & Unscheduled Care portfolio. The development of a frailty assessment area at Raigmore Hospital and our expanding Hospital at Home services represent exactly the kind of fundamental shift I believe healthcare needs - moving care closer to people's homes while maintaining clinical standards and embedding realistic medicine principles. These initiatives embody my vision of a system that prioritises dignity, independence, and community-based care.

Digital transformation continues to advance with our Operating Theatre Scheduling Tool expanding across General Surgery, while our Digital Dermatology programme progresses into phase 2. The upcoming Digital Type 2 Diabetes remission solution represents something profound - the potential to help people not just manage their condition but potentially reverse it entirely. For me, these digital initiatives demonstrate how technology can improve both patient experience and clinical outcomes.

Population Health Framework

Our recent meeting with senior colleagues from Public Health Scotland reinforced something I've believed for a long time - that as a health board, our responsibilities extend far beyond clinical services. We employ over 11,000 people who live in and care deeply about our communities, and we are an anchor organisation with the power to influence social determinants of health through how and where we spend our resources.

The Population Health Framework gives us the mandate to work differently, to think systemically about wellness rather than simply responding to illness. Our Board's approval of recommendations on health inequalities has led us to refresh our organisational strategy, moving beyond "Together We Care" toward something that addresses the conditions in which people are born, live, work, and age.

This isn't just policy implementation for me - it reflects my fundamental belief that true healthcare transformation requires us to be the kind of health service that creates conditions for people to thrive. Working with partners across councils, police, fire and rescue, and community organisations, we're developing an approach where being in good health is as central to our mission as treating illness. The governance and programme plan for our refreshed board-wide strategy is in development, and I'm personally committed to ensuring this framework shapes how we measure success - not just in clinical outcomes, but in the health of population.

Vascular Services - Collaborative Progress Summary

The September meeting with Executive leaders from across East and North Scotland marked a significant step forward in implementing the preferred Target Operating Model for vascular services. Bringing together Chief Executives, Medical Directors, Acute Service Directors and Planning Leads from NHS Boards across Grampian, Tayside, Fife and Lothian, we built the shared understanding essential for moving from planning to delivery. The session reaffirmed our collective commitment to this clinically ambitious model while acknowledging the complex practical realities each Board faces in the current healthcare landscape.

Our discussions focused on translating vision into action, establishing guiding principles that ensure future service design remains patient-centred, clinically sustainable, and aligned with broader system reform priorities. We agreed on three key workstreams moving forward: exploring cross-Board working priorities led by our clinical directors, establishing shared definitions and infrastructure requirements through our planning teams, and maintaining strategic oversight through Chief Executive engagement with the NHS Scotland Executive Group. The transparency and collaborative spirit demonstrated throughout these discussions gives me confidence that we can navigate the inherent complexities of multi-board service redesign.

The establishment of an NHS Scotland-wide System Oversight Group by November represents more than governance structure - it embodies our recognition that delivering high-quality vascular care requires us to think and act as a system rather than individual organisations. While implementation will undoubtedly require joint working, pragmatic problem-solving, and sustained commitment from all parties, I'm encouraged by the shared determination to work through challenges together. This collaborative approach, maintaining focus on our clinical teams' expertise while prioritising patient

outcomes across Scotland, reflects the kind of system leadership that complex healthcare transformation demands.

Urgent and Unscheduled Care Progress

I am pleased to report on the significant progress we are making across our urgent and unscheduled care (UUC) programmes for FY 2025/26. Under our robust governance structures, we have secured £5.7m of Scottish Government funding to drive these critical improvements, with £3.5m contingent on demonstrable delivery evidence.

I want to highlight the momentum we are building across our key service areas. Our emergency care transformation is advancing well - we have successfully established non-admission pathways for multiple conditions, and I am particularly encouraged by the progress of our Same Day Emergency Care (SDEC) service expansion, which is benefiting from strong professional lead collaboration. We are actively recruiting Allied Health Professionals for our ED front-door model, while our teams continue their focused work on pathway redesign targeting those diagnoses with above-average length of stay.

Our system-wide initiatives are showing real promise. The Discharge to Assess planning in East Ross, our Hospital at Home service expansion in Inverness, and the frailty-focused programmes at Raigmore all demonstrate the kind of innovative thinking and delivery I expect from our organisation. However, I must emphasise that recruitment and reablement capacity remain critical dependencies that require our continued attention and investment.

Alongside these service developments, we continue to advance our Flow Navigation Centre (FNC), strengthening its integration with Raigmore ED and the Highland Hub. While we have made solid progress on governance frameworks, pathways, and staffing design, I am mindful that estates, IT infrastructure, and workforce capacity present ongoing risks that we must actively manage. I acknowledge that our performance data continues to reflect the system-wide pressures we face, particularly around A&E wait times and bed occupancy. However, I am reassured by the stability we are seeing in other key indicators, and I believe our strategic approach is beginning to show results.

Looking ahead, I am particularly excited about the whole system workshop we are hosting on 24 September in Caithness. This will bring together colleagues from across acute, primary, community, and social care to examine key data and develop a truly shared understanding of demand, patient flow, and capacity across our system. The workshop will provide an invaluable opportunity for our teams to share insights, discuss challenges openly, and explore practical improvement opportunities. Using structured discussion and Quality Improvement tools, we will identify priority actions that are locally owned and deliverable. This collaborative approach exemplifies our commitment to strengthening urgent and unscheduled care services in Caithness, ultimately improving outcomes for our patients while better supporting our dedicated staff across the system.

I remain confident in our trajectory and our team's dedication to improving urgent care for the people of Highland.

Fiona Davies, Chief Executive NHS Highland