

**Report on progress to implement the  
recommendations by Sir Lewis Ritchie in the  
independent external view of  
Out of Hours Services in Skye, Lochalsh and  
South West Ross**

**Update: December 2018**

## Introduction

This is the third update report on the recommendations made by Sir Lewis Ritchie in relation to out of hours services in Skye, Lochalsh and south west Ross and marks six months since the recommendations were made.

The focus of work to date has been on recommendations one and two, as these were clearly the most complex, and had the most extensive implications in the short to medium term.

There is an increasing recognition of the need to make strong links between this work and the Skye Lochalsh and south west Ross (SLSWR) Redesign Board as it seeks to make progress towards a Full Business Case. There may be a case in pulling the two programmes of work together under one overarching project management over coming months. The links between different pieces of work in SLSWR are summarised in Appendix 1.

Subject to agreement by all concerned, we hope to provide another update on the recommendations at the one year point. In the interim, we will try to provide updates on the website related to this work programme ([www.ritchireport.net](http://www.ritchireport.net)).

An updated BRAG summary against each recommendation is provided below. The rating has been agreed in principle with representatives of the community and the two facilitators.

We want to record our thanks to David Noble, who very ably worked as our facilitator for the first few months of this project, but who has decided to withdraw for unavoidable personal reasons.

Maggie Cunningham has taken on an overarching facilitator role and Miles Mack is providing facilitation to the work around recommendation 12, Glenelg and Arnisdale and more recently, Recommendation 12R – Raasay.

We are very grateful to community representatives who are giving of their own time to participate in working groups and steering groups.

Local Highland Councillors continue to play a key role in providing a link to other aspects of the public sector and contributing their wider knowledge of the community. Their ongoing input is very valued.

<b>Recommendation</b>	<b>Rating</b>
Rec 1 - Portree Hospital - Urgent and emergency care	<b>AMBER</b>
Rec 2 - Future Community Bed Provision	<b>AMBER</b>
Rec 3 - Closer Inter-agency and public participation	<b>AMBER</b>
Rec 4 - Collaboration with SAS	<b>AMBER</b>
Rec 5 - Collaboration with NHS 24	<b>AMBER</b>
Rec 6 - First Responders	<b>RED</b>
Rec 7 - Workforce capacity and capability	<b>AMBER</b>
Rec 8 - Housing solutions	<b>AMBER</b>
Rec 9 - Road issues	<b>AMBER</b>
Rec 10 - Transport and accessibility	<b>RED</b>
Rec 11 - Digital Innovation	<b>AMBER</b>
Rec 12 - Glenelg and Arnisdale	<b>RED</b>
Rec 12R - Raasay	<b>RED</b>
Rec 12L - Lochcarron	<b>GREEN</b>
Rec 13 - Centre of Excellence for Learning and Training	<b>AMBER</b>
Rec 14 - Best use of services - Know who to turn to	<b>RED</b>
Rec 15 - Making it Happen - pulling together	<b>AMBER</b>

### Key

<b>BRAG (Black, Blue, Red, Amber, Green) Definitions</b>	
<b>RED</b>	Active but major concerns and needs corrective action
<b>AMBER</b>	Active but some concerns and needs to be monitored closely
<b>GREEN</b>	Active and on track
<b>BLUE</b>	On hold
<b>BLACK</b>	Closed

Further details regarding the progress in relation to each recommendation is provided below.

## Recommendation 1 – Portree Hospital Urgent and Emergency Care

**1a.** Out-of-hours urgent care access at Portree Hospital should be provided 24/7 - there should be no closure of Portree Hospital in the out-of-hours period.

**1b.** Enhanced, and sustainable models of urgent care should continue to be developed and delivered in the Minor Injury Unit at Portree Hospital, involving combined teams and other agencies (see also Recommendations 3-6 below).

**1c.** The Minor Injury Unit services at both Broadford and Portree Hospitals should continue to work synergistically together to add resilience and to provide optimal services, provided by multidisciplinary teams with/for the whole of SLSWR.

**1d.** It is essential that in the event of acute illness services are used properly – dial 999 in the event of an emergency (time-critical, immediate response required). If urgent care is required contact NHS 24 through the 111 service (care that requires a response that cannot wait until the next routine service is available). Only in this way will the safest and most effective care be delivered and received. This must be clearly understood by the public of SLSWR.

**1e.** The excellent care provided by clinical and support staff at both sites must continue to be nurtured and supported.

**1f.** Possible confusion about the nature and level of urgent and emergency care services provided at Minor Injury Units and Community Hospitals is unlikely to be confined to SLSWR. We offer a supplementary recommendation here for consideration by Scottish Government to review nomenclature, service definitions and signage of Minor Injury Units, throughout Scotland.

**Lead: Ross Mackenzie**  
**Community Lead: Ross Cowie, Lucky2Bhere**

**Rating: AMBER**

### **1a. Out of Hours Urgent Care provision 24/7**

At the time of Sir Lewis's report, NHS Highland was already in the process of recruiting additional Advanced Nurse Practitioners (ANPs). During the various meetings of work stream 1, further progress has been made, and NHS Highland is now in the process of training and developing more nurses into advanced roles.

It is expected that once trained NHSH will have sufficient staff to cover the Portree Urgent Care Centre 24/7/365 as well as strengthen the Broadford hub by rotating these staff through MacKinnon Memorial Hospital and providing an ANP on shift during week days and both days and nights at weekends. It is the aim that all staff will be trained by the end of May 2019.

The Rural Practitioners (Doctors) in Broadford provide an important role in mentoring, training and supporting the Urgent Care service delivery for the whole area and this team needs to be strengthened in order to ensure appropriate clinical governance for the whole multi disciplinary service.

Current position:

3 Advanced Nurse Practitioners in post

5 Advanced Nurse Practitioners appointed and in training.

5.75 Rural Practitioners and one vacant 0.75 post

Additional Capacity has been identified to provide clinical leadership to Urgent Care Service and support the current RP team workload - 0.75 post required.

No additional funding is available or identified at present to cover these costs.

### **1b. Enhanced and sustainable models of urgent care in Minor Injury Unit at Portree Hospital**

Co-location of ambulance staff to provide a multi disciplinary team is being investigated. However, the additional paramedics will push total staff numbers in Portree to 13 and there are limited options to increase space available at the Portree Hospital site. There is a possibility of a base being shared with Scottish Fire and Rescue Service (SFRS), although not on Portree Hospital site. The Ambulance could then go to hospital for each shift.

### **1c. The Minor Injury Unit services at both Broadford and Portree Hospitals**

These services are being strengthened as outlined in 1a above.

### **1d. NHS24**

NHS24 Advanced Nurse Practitioners are being developed and require clinical work placements in addition to their role in advanced clinical support for NHS24. Rural locations, such as Portree and Broadford, would be appropriate placements and would support the service delivery at this location. NHS24 ANPs are supportive of this working model. The first ANP will come to Skye in early 2019 on a shadowing basis, as step one in the process of planning how the service will work in the future. This gives additional clinical time to support a whole Skye service delivery model.

Discussions are starting with NHS24 around how NHS Highland can support these clinical placements and provide support to the ANPs whilst working in our area.

In addition, it is possible that ANPs could take NHS24 calls during quiet times. It is not possible to route only SLSWR calls to this resource. It may be possible for return calls to be passed to the ANPs in Portree, to follow up local patients, but call volumes would need to be determined to ensure that this is both achievable and desirable.

### **1e. Nurturing care**

The professional development needs of a wide range of professional staff in both Broadford and Portree are recognised as important to the delivery of quality services. In the future, this may link to the work on the Centre for Excellence.

### **1f. Confusion about services provided at Minor Injury Units and Community Hospitals**

Local discussion has supported the use of the term 'Urgent Care Centre'.

New signage has been ordered for the Hospital site in Portree. There is a need to work with Highland Council, with a view to changing road signage to be consistent i.e. from Minor Injury Unit to Urgent Care Centre.

The opportunity to link with national work on nomenclature for such contexts is welcomed.

NHS Highland is represented on a regional work stream around rural hospitals, which is being led by the Chief Executive of NHS Shetland. Wider learning may come out of this regional work that is relevant to SLSWR.

### **Summary**

NHS Highland has continued to develop and implement its multi disciplinary team approach in the form of a Rural Support Team. This approach uses MacKinnon Memorial Hospital in

Broadford as the core base, and is delivered through the Rural Practitioners with Advanced Nurse Practitioners in both Broadford and Portree, who can deliver urgent care to the community.

The Scottish Ambulance Service is seeking to increase paramedic numbers within North Skye. The dual use of a Response Vehicle, to enable an enhanced urgent care service to be delivered between both NHS Highland and SAS, is being explored.

NHS24 have liaised with their staff to ensure they are happy with working in the NHS Highland area. Tests of change will begin in early 2019 to ensure model is achievable.

**Next Steps**

- Continued training of ANPs
- Existing rota to be maintained and fully staffed.
- NHS24 and NHS Highland to arrange shadowing sessions for ANPs and technology visit to assess telephony requirements.

**Maggie Cunningham (External Facilitator) Comment:**

This work stream is progressing well and hopefully the implementation phase will be equally successful.

## Recommendation 2 – Future community bed provision

**2a.** Inpatient bed availability at Portree Hospital must continue until sufficient alternative resilient provision is provided in North Skye. This transition, which will take time, must be informed and shaped through co-production with the community.

**2b.** Difficulty in recruiting nurses and support staff to work in Portree Hospital may be exacerbated by ongoing service redesign uncertainties and the offer of short term contracts for prospective staff in a facility that is perceived to be closing. This latter policy should be reviewed.

**2c.** A rapid review of care-at-home and community bed provision for SLSWR should be undertaken, taking account of present requirements, transfer activity to out-of-area secondary care facilities and future socio-demographic factors. Such a review should also take account of current and potential partnership developments, including statutory and voluntary provision such as contributed by the Howard Doris Centre in Lochcarron and Skye Cancer Care.

**2d.** NHS Highland has already committed to provide additional services in the form of a new ten-bedded community unit in the Portree area. We understand that negotiations are underway to deliver on this commitment. This should be progressed at pace, with any bed capacity and capability revision informed by the above community bed review.

**2e.** NHS Highland plans to locate/co-locate Portree Medical Centre into the present Portree Hospital premises. The timing of this must be subject to the above recommendation about in-patient beds retention. Such a combined Unit might be renamed Portree Community Hospital and Medical Centre, or similar, to signify its dual and complementary role.

**Lead: Tracy Ligema, NHS Highland**  
**Community Lead: Fay Thomson, Portree & Glendale Community Council**

**Rating: AMBER**

### **2a. In-patient bed availability at Portree Hospital**

NHS Highland management has agreed with the community to re-open up to 6 beds in Portree hospital, which brings the total bed complement to 12. This is dependent on recruitment of additional qualified nurses, auxiliaries and hotel services staff.

A meeting was held with Portree practice to understand the effect on their workload when up to 6 beds are added to the hospital, as it was noted that GP recruitment to vacancies has been difficult. NHS Highland managers have agreed to work with and support the practice around managing their workload.

The GP Practice and hospital staff are going to draft and agree a protocol around the use of and access to Portree Hospital beds, including criteria around the clinical acuity appropriate to be looked after in Portree Hospital.

### **2b. Difficulty in recruiting nurses and support staff to work in Portree Hospital**

The community has agreed to be involved in all aspects of recruitment. Hotel services applications have been reviewed by a community representative, who also attended the interviews. Interviewees are awaiting clearances and checks on individuals need to be completed before appointments are confirmed.

The aim is to have additional staff recruited within a timeframe that will allow additional beds open by May 2019. It has been agreed that staff recruited to Portree Hospital will continue to be offered permanent contracts as has been the case since late 2016. The new roles (approximately 12) to be created will be innovative and flexible in design, with a view to attracting and retaining staff. Jobs will be based at Portree Hospital and may have a dual role in Portree Hospital and in the Community. Community members have agreed to participate in and support the recruitment

process.

## **2c. Rapid review of care at-home and community bed provision for SLSWR**

Significant data have been collected and presented to the community around bed usage and need for beds. This included an analysis of patients waiting off-island, as well as those waiting in the Mackinnon Memorial Hospital, Broadford who were waiting to return to Portree. Further work is required to ensure that there is agreement by community representatives that a full review of community beds and Care at home has been undertaken.

NHS Highland has shared data regarding a review of beds occupied. However, at this stage the community is of the view that the period of the review was too short to be meaningful and we look forward to more robust data in the near future.

## **2d. New community beds in the Portree area**

There have been discussions with potential local providers, particularly with a local charity. Options are being considered by the management of that charity. There is, as yet, no agreement in place that would deliver a new ten-bedded community unit in the Portree area. The process for determining a means of providing alternative resilient provision of beds has yet to be decided.

The possibility of input from Scottish Futures Trust to facilitate an options appraisal around the final bed configuration in North Skye has been proposed. Cllr McDonald has agreed to liaise with NHS Highland around this process. Feedback from this meeting, which is scheduled for 7 January 2019, will be fed back into this work stream. There may be the possibility for the work facilitated by the Scottish Futures Trust to consider accessible housing requirements, as some individuals may prefer to be cared for in extra care housing as opposed to a care home or nursing home. There may also be the possibility of considering palliative care needs in this context.

## **2e. Locate/co-locate Portree Medical Centre into the present Portree Hospital premises**

The SLSWR Redesign Project Board (which is distinct from the Lewis Ritchie work programme) has developed proposals around the Portree Hospital building and is consulting around these. The timescale for any changes will ensure that there is no change to beds in Portree Hospital before suitable alternative community provision has been established. A statement of comfort to this effect is provided in Appendix 2.

### **Maggie Cunningham (External Facilitator) Comment:**

I understand that this work stream has been one of the more challenging and therefore it is good to see the commitment to opening an additional six beds. There has been good community support in suggesting innovative ways to support the recruitment process of additional staff. NHSH's commitment to involve the community in the recruitment process is to be welcomed in terms of co-production. While this may be a new challenge for all involved it should be beneficial and establish good ways of working in the longer term.



<b>Recommendation 3 – Closer inter-agency and public participation</b>	
<p>NHS Highland must collaborate much more closely on an ongoing, agreed basis with members of the public, public representatives, front line staff and other emergency and urgent care providers. Those who receive and those who deliver services are entitled to shape them. This is a joint endeavour with joint obligations - all must rise to the occasion.</p>	
<p><b>Lead: Ross MacKenzie, NHS Highland</b>  <b>Community Lead: Ross Cowie, Lucky2Bhere</b></p>	<p><b>Rating: AMBER</b></p>
<p>The focus on a co-production approach in response to this recommendation has stretched the capacity of both the community and the public sector organisations involved. However, there has been learning coming out of the joint work, with a greater understanding on all sides of the challenges that have to be overcome.</p> <p>There has been work to include Community Councils across the area, and The Highland Council, at both councillor and officer levels.</p> <p>The role of the third sector is recognised and there may be opportunities in the future for greater involvement, for example around palliative care.</p> <p>Some examples of closer inter-agency working and public participation to date include:</p> <ul style="list-style-type: none"> <li>• Co-production with community of model for Work Stream (WS) 1</li> <li>• Direct involvement of Scottish Ambulance Service and NHS24 in developing model for WS1</li> <li>• Agreed involvement of community with recruitment process in WS2</li> <li>• Proposal to co-produce an options appraisal for north Skye community beds in WS2</li> <li>• Wide inter-agency and community participation in delivery of Centre of Excellence planning in WS13</li> <li>• Actions highlighted in WS12R to involve Scottish Ambulance Service, Scottish Fire and Rescue Service and others in the development of sustainable solutions for Raasay</li> <li>• General Practice involvement in working groups and steering groups.</li> </ul>	
<b>Maggie Cunningham (External Facilitator) Comment:</b>	
<p>This work stream has done well in improving inter agency working and public participation. However, this has not been without its challenges and these will continue. It is important that this positive approach is supported by senior management in the partner agencies.</p>	

## Recommendation 4 – Collaboration with SAS

**4a.** The Scottish Ambulance Service (SAS) should increase its paramedical staff (paramedic) capacity and capability in SLSWR, in line with its present strategy: *Towards 2020: Taking Care to the Patient*. This is particularly relevant for North Skye where SAS staff should be co-located at Portree Hospital as part of the wider Rural Support Team, jointly working within multidisciplinary teams, including the Rural Practitioners based at Broadford.

**4b.** SAS should review the availability, capacity and capability of all units in SLSWR, including fast response vehicle (FRV) provision.

**4c.** SAS paramedics should be deployed on-shift rather than present on-call arrangements.

**Lead: Ross MacKenzie, NHS Highland; Milne Weir, SAS  
Community Lead: Ross Cowie, Lucky2Bhere**

**Rating: AMBER**

### **4a. SAS increase of paramedic capacity and capability in SLSWR**

The position in relation to different ambulance staff is summarised below.

**Portree ambulance** - currently staffed by 4 paramedics and 2 technicians. On call working every day.

**Dunvegan ambulance** - currently staffed by 5 staff, all technicians, but 2 staff have expressed an interest in training as paramedics. The process is they will now have to be assessed regarding their abilities through assessments and interviews. If they pass the exams, they will then be aligned to a Paramedic course through Glasgow Caledonian University. Once on this it takes approximately one year to become qualified, if everything is straightforward. On-call working every day at present.

**Broadford ambulance** - currently staffed by 9 staff. 3 days on-call and every other shift has on-call attached to it.

**Kyle ambulance** - currently staffed by 3 paramedics and 2 technicians. On-call working every day.

Recruitment to Broadford paramedic post will result in vacancy in Kyle. Recruitment will continue for Kyle and short term cover will be arranged

### **Comments**

Increasing Portree ambulance staffing, to provide a paramedic on shift, may have the effect of using this resource more, rather than calling out on-call colleagues. The effect of this may be that the resource is not available to the North Skye community, if for example the ambulance is undertaking a transfer to Raigmore or another hospital.

There has been increased cover in Skye because of the changes made to the shifts in Broadford. We have introduced 3 extra 12 hours shifts over night Monday, Tuesday and Wednesday. This will provide a faster response during these 3 nights and will also help keep other locations staying more locally for their emergency calls - through Broadford being utilised for calls, where appropriate, in Portree, Dunvegan and Kyle area. Previously they would have been called out from On-Call, whereas now they will be left alone, unless the call is an emergency, and the call clinically requires an emergency response.

### **4b. SAS review of the availability, capacity and capability of all units in SLSWR, including fast response vehicle provision**

There is a desire for greater progress around training and deployment of Community Responders,

although there is a recognition that this is challenging in the short term within available resources.

A Response Vehicle, based in North Skye and staffed by a paramedic 24/7/365 would require an additional 6 paramedic practitioners. However, as this vehicle can only transport patients in limited circumstances it would not be used for transfers (for example to Raigmore Hospital) and would be available in North Skye for the majority of the time. It is likely that an element of training would be required in order to recruit an additional 6 paramedics and this is likely to take up to 18 months for staff to move from Technician level to Paramedic.

It is possible that a Response Vehicle could be utilised by both Paramedics and Advanced Nurse Practitioners to deliver Urgent Care in North Skye. This would have the advantage of reducing the timescale to implement and enhanced urgent care service, but will require further discussion around the respective roles and competencies of both practitioners. As well as considerable time for extra driving training.

#### **4c. SAS paramedics deployed on-shift rather than present on-call arrangements.**

Details of the contribution made by the Scottish Ambulance Service over the last six months are provided above.

There is a general move towards deployment on shifts rather than on call, but this is currently limited by the available resource in terms of staff and finance. SAS have agreed that if funding was made available specifically for North Skye, on-shift working and a fast response vehicle would be implemented.

NHS Highland has a long standing close working relationship with SAS. However from a community perspective much more integrated service planning is required especially when significant changes to NHS services are being made. Progress is now being made on this.

#### **Maggie Cunningham (External Facilitator) Comment:**

As there has been a public commitment to a Response Vehicle to be available in North Skye from early next summer, if that is not possible it is important that an effective resilient alternative is available and communicated. In the main, this work stream is progressing well with good interagency and community input.

## Recommendation 5 – Collaboration with NHS24

**5a.** To optimise utility for staff on OOH shift patterns, dual roles should be considered and developed with NHS 24. The involvement of SAS paramedics, should also be explored and evaluated.

**5b.** NHS 24 to work with NHS Highland in developing a hybrid staffing role, based at Portree hospital. It has not escaped our attention that working in this way, appropriately trained staff based in SLSWR could be contributing to the resilience and service provision of NHS 24, helping the urgent care needs of people on a Scotland-wide basis

**Lead: Antonia Reed, NHS Highland ; Stephanie Phillips, NHS24  
Community Lead: Catriona MacDonald, Chair SOSNHS Skye**

**Rating: AMBER**

### 5a. Dual roles for staff on OOH shift patterns

The potential advantages of staff working Out of Hours shifts undertaking dual roles is welcomed in principle. There are a range of practical issues with this that need to be addressed, as it involves breaking new ground.

A meeting was held on 22/10/18 between NHS Highland staff and NHS Highland. Catriona MacDonald was invited as a community lead but unable to attend due to work commitments. It is recognised that there is a need to involve community representatives in future work on this topic.

There was discussion at the meeting around moving forward to a shared model between NHS24 and NHS Highland.

### 5b. NHS 24 to work with NHS Highland in developing a hybrid staffing role, based at Portree hospital

To test the model of ANPs employed by NHS24 undertaking a dual role when undertaking a shift, some pilot work is planned which will involve NHS24 ANPs coming and undertaking blocks of work in NHS Highland. Pilot work is planned in Skye (both Broadford and Portree), on the West Coast at weekends and in the out of hours centre in Raigmore Hospital.

ANPs employed by NHS Highland could undergo a four week training programme in telephone triage and use of the NHS24 system, which would allow them to undertake work for NHS 24 in addition to their usual role.

ANPs employed by NHS24 are there to provide advanced clinical support for calls that would have previously come through initial triage to Health Boards as a 'Speak to doctor' outcome. They will also deal with complex cases, prescribing and medication advice, and will therefore reduce the workload being passed on to Health Boards to deal with on the ground.

#### Next steps:

- A new ANP recruitment website will soon be live, which contains videos of ANPs talking about their experiences of living and working in rural communities. This should help recruitment.
- A breakdown of workload in Portree for appointments, home visits, advice calls and walk-ins will be undertaken by NHS Highland and shared with NHS24.
- NHS24 will look at likely workload for advanced clinical support and the possible number of calls that might be managed, and will share this information with NHS Highland.
- NHS24 will cost installation of telephony into Portree. This would be best placed in the room identified for NearMe videoconferencing, as NHS24 are also looking at NearMe use.
- NHS Highland will check that the NearMe room is included in the new provisional outline plan for Portree Hospital and is accessible outside normal working hours.

- Senior staff will liaise to arrange a shadowing session of up to a week in Skye for one trainee NHS24 ANP, probably looking at mid January onwards due to current rota/festive period and ANP study commitments.
- A more technical shadowing session will also be arranged separately for senior NHS24 staff.
- From June 2019, a move to a 'test of change' is planned, as all ANPs (NHS24 and NHS Highland) will be qualified by that stage. The intention is to use a joint staffing model of covering shifts, using both NHS24 and NHS Highland staff from the start of the new model at that point.
- There are discussions with NHS24 regarding a plan for engagement with the local community, to support knowledge and understanding of NHS24's role and services nationally, and for NHS24 to listen to and understand local concerns regarding use of the service. The intention is that the engagement work will begin in early 2019 as part of the development of any joint model.

The following concerns were raised during discussions:

- The Out of Hours Raigmore Hospital site and the Skye weekend daytime shifts are likely to be too busy for an ANP to undertake both roles at the same time.
- Concern was raised that if face to face work is very busy and there are extensive interruptions from walk-ins, this would compromise the ability of ANP to reliably take advanced clinical support calls, and this would be difficult for all sides to manage.
- It was recognised that the West coast sites would potentially be an alternative, as those sites are mainly covered by locum GPs for NHS Highland, and so it would be easy for NHS Highland to change the model in those locations. A plan already exists for west coast practices to provide support to neighbouring GP practices. The challenge here would be potential cost of installing telephony into these additional locations.
- There is a strong community view that the reasons for poor uptake of NHS24 in Skye should be investigated. We understand this will be incorporated into the research as new models are developed. Reports from the community suggest that direct access to care OOH remains difficult and this needs to be included in any research/protocol development.

**Maggie Cunningham (External Facilitator) Comment:**

There is a clear commitment from NHSH and NHS24 to working together in creating a hub in Skye. This is to be welcomed and NHS24's recent presentation to the steering group appeared to be effective in keeping people informed.

## Recommendation 6 – Community First Responders (CFR)

**6a.** A review of all present first responder schemes in SLSWR to identify deficiencies, remedies and support requirements

**6b.** That the feasibility of a systematic development plan should be explored for all statutory and voluntary first responders, with a view to ongoing collaborative working and mutual support. This would involve NHS Highland, SAS, SFRS, Police Scotland, HM Coastguard, the RNLI, Mountain Rescue Scotland, other third sector organisations, including Lucky2BHere and local community representatives.

**Lead: Evan Beswick, NHS Highland; Milne Weir, Scottish Ambulance Service (SAS)  
Community Lead: Neil Campbell, Portree & Braes Community Councillor**

**Rating: RED**

### General

A first meeting has been held involving community members and members of the statutory services. At this meeting, an agenda for ongoing work was outlined, as well as a set of principles for the work stream.

Those principles are that the group has a positive outlook to develop community-led enhancements to the statutory services, and will pursue these on a can-do rather than 'quid-pro-quo' basis. The group is keen to make progress by encouraging and supporting volunteers.

In addition to agreeing terms of reference and extending the membership, the work streams agreed priorities.

A further meeting is to be held in December.

### **6a. A review of all present first responder schemes in SLSWR**

A first meeting was held with the community group, although not all community representatives were invited, and the agenda has begun to be outlined.

Widening access to Automated External Defibrillators (AEDs) - L2BH and SAS are working together to ensure the AEDs in the area are all on the public register.

Expanding the community asset register – the group plan to work on ensuring further assets are registered.

Supporting existing CFR schemes - SAS colleagues considering internally what wider NHS resources they could draw on (with appropriate governance) to support CFR schemes

Support for new CFR schemes - NHS Highland has made funding available for kit for any new schemes to eliminate start up barriers.

Support for volunteering more widely – the group plans to begin preparations for a volunteers' day, as well as attending community events where volunteers/careers might be gainfully publicised.

Work is underway to explore 'statutory responder status' for retained Fire and Rescue service staff. This is the key development, but is contingent on negotiations between the Scottish Fire

and Rescue Service and the trade unions, which are ongoing and we are obliged not to adversely impact upon. However, local team leaders are engaging with the local teams to prepare them.

There is a requirement to formally expand the Firefighter Rolemap before any form of emergency medical response can be included in day to day Scottish Fire and Rescue Service operations.

Expansion of the Firefighter Rolemap is a significant change to terms and conditions of employment which would normally be agreed at a UK level by the employee representative bodies - primarily the UK Fire Brigades Union (UK FBU).

Scottish Fire and Rescue Service has tried over the last 12 months to commence formal negotiations with FBU Scotland to introduce key Service Transformation objectives - including the expansion of the Firefighter Rolemap - in return for a substantial wage increase over four years (about 20%). Unfortunately, this led to difficulties, which some parties view as inappropriate conflation between UK FBU efforts to persuade Westminster to provide funding for an increase in English Fire & Rescue Services wages and the Scottish situation, where firefighters are willing to make this change. The UK FBU has concerns that a significant change of conditions and pay in Scotland would lead to a fragmentation of the UK wide FBU, if this issues was not simultaneously resolved in relation to the English, Welsh and Northern Irish staff.

In late October 2018 UK FBU was told by Westminster that there is no chance of any additional funding made available for the English Fire & Rescue Services to expand the Rolemap in the foreseeable future.

At present, discussion around the Rolemap issue appears to have gone very quiet. However, informal discussions are believed to be taking place between senior SFRS managers and FBU Scotland to determine a way forward which will meet the SFRS Service Transformation agenda. This may yet result in an expansion of the Rolemap in Scotland.

The outcome of negotiations between the Scottish Fire and Rescue Service and the Fire Brigade Union remain one of the main constraints identified for this work stream.

**6b. Development plan to be explored for all statutory and voluntary first responders, with a view to ongoing collaborative working and mutual support**

The Scottish Ambulance Service needs to consider how the wider public service teams could provide enhanced support to existing First Responder schemes, to ensure ongoing enthusiasm, retention of those involved, skills maintenance, and ultimately readiness for deployment. The same applies to proposed new first responder schemes.

To capitalise on existing events, there will be a presence at the Portree High School careers day in November and the Ward Forum at Tigh na Sgìre Chamber in December.

**Maggie Cunningham (External Facilitator) Comment:**

There is limited evidence of community input, for example, into events such as the careers days.

It is important that there is a quick follow up from SAS to set up training if there is strong interest at the public events.

## Recommendation 7 – Workforce capacity and capability

**7a.** The capacity of the Rural Support Team and the numbers of Rural Practitioners should be reviewed and fully staffed, accounting for new models of joint working with SAS paramedics and NHS 24, to support 24/7 urgent care, as described above

**7b.** Going forward, ongoing clinical leadership and engagement will be essential for the development and delivery of future service provision, including a sustainable OOH service. We are encouraged that clinical colleagues recognise this imperative and NHS Highland must facilitate and support that.

**7c.** As indicated for SAS, we suggest that shift working should supplant on-call working for members of the Rural Support Team.

**7d.** While this External view was asked to focus on OOH services, we recommend that a comprehensive 24/7 Urgent and Emergency Care Workforce Plan should be developed, including inter-agency working and contractual arrangements which promote recruitment and retention of staff - with sufficient capacity and capability.

**Lead:** Tracy Ligema, NHS Highland  
**Community Lead:** Fay Thomson, Portree & Glendale Community Council

**Rating:** AMBER

### Summary

Workforce capacity and capability is covered within the discussions and progress described under Recommendation 1, which covers all aspects of OOHs services; SAS provision; Rural Support Team and 24/7 Urgent and Emergency Care. The workforce requirements for this model, as described under Recommendation 1, have been developed.

### **7a. Review of capacity of the Rural Support Team and the numbers of Rural Practitioners**

The capacity of the rural support team and rural practitioners has been reviewed and increased as outlined under Recommendation 1.

The NHS Highland Human Resources team undertake regular analysis of workforce, particularly by age to inform future recruitment, although this is at a fairly granular level. The Chief Nursing Officer undertakes workforce planning at a Scottish level, and has agreed to increased nurse and midwife training in Inverness under the University of the Highlands and Islands.

There is close working with universities and other training providers to ensure, as much as possible, that the numbers trained match predicted service requirements for future years. The University of the Highlands and Islands is now providing nursing, midwifery and optometry training. Discussion is underway in relation to other professional groups. There is training support for some other roles, which is based locally in Skye.

### **7.b Ongoing clinical leadership and engagement**

A Rural Practitioner has been identified, who will have additional time to provide clinical leadership in the near future. There are plans to recruit a further 0.75 Rural Practitioner, in part to backfill this clinical leadership time and to increase the resilience of the team.

### **7.c Shift working for on-call working for members of the Rural Support Team**

There are plans in place to move towards shift work for these staff.

Workforce capacity for opening of beds in Portree (Recommendation 2) has been identified and is



being recruited to. Work is underway to explore the use of staff working across both the hospital and community setting, which would increase flexibility of the staffing model.

#### **7d. 24/7 Urgent and Emergency Care Workforce Plan**

Internal work has been undertaken on assessing short term workforce requirements.

There is also workforce planning within the Outline Business Case, and now the emerging Full Business Case for the rebuild of Broadford Hospital that is relevant to the whole of Skye, Lochalsh and south west Ross.

#### **Maggie Cunningham (External Facilitator) Comment:**

This whole section is very vague. Details of workforce implications are noted within the specific recommendations, but maybe this section could be used to list them all to show the complete package.

<b>Recommendation 8- Housing solutions</b>	
<p>Novel staff accommodation solutions should be sought with Highland Council (lead agency for housing), public representatives, housing associations, the independent sector and local communities. This is a pressing matter, which should also take account of temporary accommodation for undergraduate and postgraduate health care worker training, which requires flexibility (see Recommendation 13). Such training accommodation, when not in use for training purposes, might be re-deployed to give temporary accommodation to growing numbers of visitors and tourists, particularly in Skye. These accommodation solutions are also relevant for the resilience of other public sector organisations and should be pursued in common endeavour.</p>	
<p><b>Lead: Lachie MacDonald, Lochalsh and Skye Housing Association</b>  <b>Community Lead: Neil Ferguson, Glendale Community Council</b></p>	<p><b>Rating: AMBER</b></p>
<p>Around 20% progress has been made in developing the ground rules for novating NHS Housing need to Lead Agency (Lochalsh &amp; Skye Housing Association or The Highland Council)</p> <p>The Housing Solutions start from a consolidated Housing Base which has been established and developed over many years and the Work Stream Lead is confident the way forward can be solidly based on established practices.</p> <p>Private Sector housing solutions need to be discussed with developers and the private sector rental and purchasing options are set against an insatiable market demand.</p> <p>The community representatives have been impressed with the innovative aspects associated with Lochalsh &amp; Skye Housing Association Community Services Team and would like this consolidated service to be used as an exemplar for developing the above innovative housing solution(s).</p> <p>The accommodation solution could perhaps take into consideration when university students are on leave and perhaps partner with UHI regarding accommodation at Sabhal Mor Ostaig to utilise capacity during times such as summer/Easter university holidays.</p>	
<b>Maggie Cunningham (External Facilitator) Comment:</b>	
<p>This is an excellent example of a shared understanding of the issues and a commitment to finding innovative solutions to a long running problem in rural areas. (This will continue to be work in progress but the dialogue is strong and it is clear that co-working has been effective to date)</p>	

<b>Recommendation 9 – Road Issues</b>	
Expressed concerns about adverse road surfaces and congestion issues should be shared with Transport Scotland and other relevant agencies with transport responsibilities. This should help to inform key road maintenance priorities.	
<b>Lead: Willie MacKinnon, Ward Manager Eilean a Cheo, Highland Council</b> <b>Community Lead: N/A</b>	<b>Rating: AMBER</b>
<p>The community would like to see an assessment of need within the Highland Council Roads Service Management Work Streams by having a Recommendation 9, OOH Emergency Nodes Audit and Service Risk Assessment carried out when identifying and agreeing roads programme priorities.</p> <p>It is appreciated by the community that there are many variegated and competing demands on the roads service with exponential expectations placed against limited resources.</p> <p>The Highland Council Ward Manager notes that following engagement with the community, which will be augmented by the Recommendation 9 considerations:</p> <ul style="list-style-type: none"> <li>• the Director of Community Services and the Roads Operations Manager for the Area attended the Isle of Skye and Raasay Ward Forum on the 25<sup>th</sup> June 2018 (Core Membership includes all Community Councils in the Ward and is held in public) to update on the roads operations that had been completed to date and those planned for the remainder of the year.</li> <li>• Local Elected Members attend Community Council meetings providing the opportunity for Communities to raise Service issues including roads.</li> <li>• Outwith attendance at meetings the Local Elected Members have divided the Community Councils between them in Ward 10, to act as a lead contact for Service issues to be raised and considered, including roads.</li> <li>• Elected Members hold Ward Business Meetings where service providers are invited in to discuss local issues and consider how they can be addressed, Community Councils have been invited to take part in some of these Business Meetings, most recently, Raasay and Sconser Community Councils attended a Ward Business Meeting at the end of July, when representatives of Transport Scotland and BEAR Scotland were present to discuss issues in relation to the Trunk Road through Sconser and in relation to the Sconser-Raasay Ferry terminal.</li> <li>• Elected Members and Council Officers have met and will continue to meet with community representatives where issues have been raised in relation to roads infrastructure including at Fairy Pools, Neist Point, Fairy Glen, Quiraing and the Storr.</li> <li>• Rural Tourism Infrastructure Fund applications have to be submitted through the Local Authority and the Council will continue to work with communities to identify projects that are eligible to apply for this funding.</li> </ul> <p>Key information used to inform road maintenance priorities for Local Authority and Trunk Roads is as follows:</p> <ul style="list-style-type: none"> <li>• The Scottish Road Maintenance Condition Survey (SRMCS) is an annual survey which assesses the condition of the entire Scottish adopted road network. It is used to calculate a Road Condition Indicator that is used by Audit Scotland as a Statutory Performance Indicator for reporting road condition. The survey is undertaken by an independent contractor, accredited by the Transport Research Laboratory and covers all Scottish</li> </ul>	

Council Road Networks and the entire Trunk Road Network. This ensures an unbiased survey which allows a direct comparison between Council's Road Networks. This annual report is used to inform the Area Roads Maintenance Programmes.

The Following documents for the relevant Local Authority Area Roads Maintenance Programmes have been submitted:

- Scottish Road Maintenance Condition Survey 2017 (Reported to EDI Committee on the 16<sup>th</sup> August 2018)
- Isle of Skye & Raasay, Roads Maintenance Programme 2018/19 (Reported to IoS & R Committee on 11<sup>th</sup> December 2017)
- Ross & Cromarty, Roads Maintenance Programme 2018/19 (Reported to R&C Committee on 31<sup>st</sup> October 2017)

With regard to the Roads Maintenance Committee Reports 18/19 the following points have been noted:

- The Local Members have been updated at Ward Business Meetings on any changes to the published works programmes that were included in the reports and will be briefed on the full year's programme before the end of 2018.
- The reports had been agreed at Area Committees prior to the prolonged winter and the widespread severe damage to the road network. As a result of the winter damage, focus immediately altered to undertaking repairs on the A&B class routes. This inevitably means that not all the works planned in the agreed programme have been undertaken and work has been undertaken where it was not originally planned. As a result there has been a substantial amount of emergency work carried out through a combination of cold tar, hot tar and jet patcher repairs. This has required a number of Surface Dressing operations to be directed to protecting sections of road that had been patched to avoid further deterioration.

For the Trunk Road, the following has been submitted:

- Bear Scotland have provided the following link for the Trunk road, which is map based and highlights the schemes that had been planned for the Skye & Lochalsh Area for 2018 - <https://maphub.net/BEARScotland-NorthWest/map>

For the 2019/20 Ward 10 Eielan a' Cheo roads programme, a report is due to be submitted to the Isle of Skye and Raasay Committee on the 3<sup>rd</sup> December 2018.

**Maggie Cunningham (External Facilitator) Comment:**

While I am not familiar with this particular work stream, the report shows a very strong level of community engagement and a high awareness of the challenges and their impact.

## Recommendation 10 – Transport and accessibility

**10a.** The Terms of Reference and membership of the SLSWR Service Redesign Transport and Access Group should be reviewed in the light of wider inter-agency considerations and the recommendations from this External View.

**10b.** A review of air evacuation services of patients should be considered, involving inter-agency discussions between NHS Highland, SAS, EMRS and HM Coastguard, to determine whether any improvements can be made.

**10c.** A review of sea evacuation procedures should be undertaken, involving inter-agency discussions between NHS Highland, SAS, CalMac and the RNLI.

**10d.** The Memorandum of Understanding between SAS, HM Coastguard and the RNLI, recommended in the National Primary Care Out-of-Hours Review, should be finalised and implemented

**Lead: Neil MacRae, HiTrans; Kate Earnshaw, NHS Lead; Milne Weir, SAS Lead  
Community Lead: Tim Moore**

**Rating: RED**

### General Comments

Community representatives are extremely concerned that NHS Highland continues to give low priority to identifying both the transport and access implications of the major redesign [in Broadford] which will cause significant hardship for north Skye residents.

Consideration is being given by NHS Highland on behalf of the SLSWR Redesign Board in relation to transport aspect of its previous Transport and Access Group, as these fall outwith the scope of this recommendation.

### 10a. Terms of Reference and membership

Work around this recommendation has been slower than expected. The next steps are for key stakeholders to review the work that was undertaken in the past, to agree the group's terms of reference and agree priorities moving forward.

### 10b. A review of air evacuation services of patients

There have been discussions with Scottish Ambulance Service around the provision of modern LED landing lights, which can rapidly be deployed, and there is a plan to review helicopter landing sites in Arnisdale and Glenelg.

### 10c. A review of sea evacuation procedures

There has been consideration of the use of the Mallaig RNLI Lifeboat in relation to Glenelg and Arnisdale. There has also been a review of the available piers for use by this boat.

There are longstanding discussions with Caledonian MacBrayne regarding emergency use of their ferry to take patients off Raasay.

### 10d. Memorandum of Understanding between SAS, HM Coastguard and the RNLI

This will be considered by the group in due course.

**Maggie Cunningham (External Facilitator) Comment:**

Hopefully this work stream will meet before 4th December. It seems the SLSWR Redesign Transport and Access Group has only met once since 2016. The work stream will focus on the specific recommendations in this report.

<b>Recommendation 11 – Digital Innovation</b>	
<p><b>11a.</b> Ongoing collaboration with the Digital Health &amp; Care Institute should continue to explore and evaluate emerging digital technology to enable remote monitoring and video consultations from people’s homes.</p> <p><b>11b.</b> A review of video-conferencing facilities at all relevant care sites should be undertaken to provide reliable 24/7 professional-to-professional communications.</p>	
<p><b>Lead:</b> Iain Ross, NHS Highland; George Crooks, Digital Health &amp; Care Institute;  <b>Community Lead:</b> Cliff Edden, Minginish</p>	<p><b>Rating: AMBER</b></p>
<p><b>General Comments</b></p> <p>This group has not yet formally met. Iain Ross, Head of E-Health, has agreed to be the NHS Highland lead for recommendation 11. NHS Highland has apologised to the group that it has taken so long to identify the best person to fulfil this role. Several individuals were previously approached to undertake the role and it took some time to clarify who was best placed to provide leadership of this work stream.</p> <p>Information is being communicated to interested parties regarding NHS Highland’s e-health strategy, as outlined in recent board papers.</p> <p>It is anticipated that the Head of E-health will be able to make a presentation to the group in January 2019 regarding the strategy that NHS Highland is following in relation to its IT infrastructure and systems and to seek comments on the current approach.</p> <p>A presentation can be provided if required to the January meeting of the overarching Steering Group.</p> <p>NHS Highland is working closely with a number of national initiatives in relation to new software development that is relevant to services in SLSWR. More details will be provided to the group in January 2019.</p> <p><b>11a. Ongoing collaboration with the Digital Health &amp; Care Institute</b></p> <p>Professor George Crooks joined a Steering Group meeting by video conference to outline the role of the Digital Health &amp; Care Institute. He outlined the possibility of DHI working with Small and Medium sized Enterprises (SMEs) in applying or funding to undertake pilot work. He also indicated that he is working with Campbell Grant, who is connected with a SME (Site kit), on a number of projects.</p> <p>There may be opportunities to support bids involving the Digital Health &amp; Care Institute, SMEs, and NHS Highland’s Research and Development team.</p> <p><b>11b. Review of video-conferencing facilities</b></p> <p>A demonstration of NHS Near Me was held in Portree at the Steering Group meeting on 8th November 2018. This new service aims to reduce the need to travel for outpatient appointments. Part of the service has been developed in Caithness and NHS Highland is now keen to co-design the next phase of the service with people in SLSWR.</p> <p>Work using a videoconferencing technology called NearMe is making good progress under the</p>	

leadership of Claire Morrison. Local rooms are being developed in Kyle and Portree for use in this regard. In the longer term, other sites in the area will be explored, including the possibility of videoconferencing from home.

**Maggie Cunningham (External Facilitator) Comment:**

There is great potential here for exploiting technology. The last Steering Group heard from Professor George Crooks and Campbell Grant of Site kit about the potential and positive impact of technology for remote areas. It would be helpful if NHSH and partner agencies could identify specific projects to pilot in North Skye.



## Recommendation 12 – Glenelg and Arnisdale

**12a.** NHS Highland should continue to work with the Glenelg and Arnisdale community to agree jointly and rapidly a solution which is not only desirable, but feasible and sustainable.

Independent external third party facilitation should be considered to help achieve this.

**12b.** The present GP led service at Glenelg should continue to be underpinned by adequate multidisciplinary support via the Rural Support Team and SAS, on a 24/7 basis.

**12c.** Air and sea evacuation procedures for Glenelg and Arnisdale should be kept under review on a multi-agency basis, given the vagaries of road access in adverse weather conditions - see recommendation 10.

**12d.** The Scottish Fire and Rescue Service (SFRS) has a unit based at Glenelg. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.

**12e.** The imminent availability of superfast broadband should be exploited for the succour of the Glenelg & Arnisdale community. This community should be considered as a potential development site for digital innovation - see Recommendation 11.

**Work Stream Lead: Miles Mack, GP**  
**Community Lead: Jenny Munro, Arnisdale**

**Rating: RED**

### **12a. Joint working with Glenelg and Arnisdale community.**

The group has now met three times, July, August and 8<sup>th</sup> October. It has not been possible to arrange a date for the fourth meeting due to lack of availability from NHS Management. This is a source of on-going frustration for the community as progress has not been achieved “jointly or rapidly”.

### **12b. GP led service at Glenelg underpinned by adequate multidisciplinary 24/7 support.**

The first meeting laid ground rules for the format of the meetings to allow for open discussion. Over the second meeting work concentrated on seeking agreement on the core NHS services and how they might be delivered to the community. The afternoon concentrated on the additional assistance and links that could be provided by other agencies including SAS, F&RS, RNLI, Mountain Rescue, First Responders and others to support the delivery of routine, unscheduled and emergency care. The group was joined by SAS, SFRS and MRT representatives. It was agreed that any First Responder Scheme would only serve as an adjunct to local services and would not replace them.

At this second meeting there was an acceptance that there needed to be an improvement on the core services to meet the challenge raised in Sir Lewis' report. The NHS representatives agreed to consider this.

During the third meeting NHS representatives made the offer of an additional 2 nights of resident ANP cover. They also advised that the OOH cover from Broadford is being strengthened by the addition of an ANP on all weekend shifts. The posts to support this are recruited into and are in training. These ANPs would be available to visit Glenelg as required. Broadford also has an RP on duty as well as a second RP on-call. If required, the RP on duty could visit Glenelg and call in the second RP to cover the hospital.

Whilst this was welcomed as an improvement by the community it failed to acknowledge the community's concern with lack of a local clinical presence for the remaining minimum of 59 hours a week. The community believes that there needs to be local 24/7 cover due to the isolation of the peninsula, the vagaries of the road access in adverse weather and the time and distances involved.

This offer created a source of deep frustration for the community representatives. The offer made of ANP cover in Glenelg for two nights of the week was one suggested by the community in June 2018 as an interim measure and rejected by NHS Management at that point. The community cannot comprehend why it took four months to re-visit this very simple, partial solution. We are now left with no date for a fourth meeting to progress this situation.

The community would welcome first responder status of local SFR, possible volunteer first responders and MRT input. We attended the first responder work stream meeting in October, However, the community cannot agree to proceed with these developments until they are assured that local core services are restored. It became obvious during the third meeting that NHSH's implementation of the Transforming Urgent Care in the Highlands paper ratified by the Board in September 2016 is obstructing a solution to the provision of local services in Glenelg and Arnisdale.

The group agreed to explore comparable models of care in Eigg, Orkney and Norway and report back to the next meeting. Dr Miles Mack has produced a draft paper for the group on remote and rural healthcare models in Orkney, Norway and the Small Isles and has been awaiting publication of the "Being Here" evaluation of the Small Isles Pilot to complete investigations.

It is difficult to highlight Glenelg and Arnisdale's needs in other work streams. Road issues relating to Glenelg and Arnisdale have not been addressed (work stream 9 ). For example, the gritter does not attend Arnisdale on Sundays, leaving this small community extremely vulnerable in an urgent or emergency healthcare situation. Digital Innovation has also not specifically been addressed in Glenelg and Arnisdale. The community would welcome input into collaboration with NHS 24 (recommendation 5). Geographic isolation makes it difficult to integrate the community's specific concerns into these relevant work streams.

The community is concerned about the delay in finding a new date to meet with our facilitated group. Meantime the community continues to have a much reduced local clinical services. The community is of the view that this is despite assurances from the Chair of NHSH in September 2016 that the changes would only be put in place if replacement services were considered "fit for purpose".

Further facilitation is clearly needed to reach a consensus of the way forward. NHS Highland is of the view that it is fully committed to ensuring that this is pursued, in line with the commitments made by the Chair of NHSH in September 2016. NHS Highland staff are also keen to express their recognition of the frustration that the community feel around this work stream and are keen to seek resolution of outstanding issues.

#### **12c. Air and sea evacuation procedures for Glenelg and Arnisdale.**

See Recommendation 10. There have been discussions with Scottish Ambulance Service around the provision of modern LED landing lights, which can rapidly be deployed, and there is a plan to review helicopter landing sites in Arnisdale and Glenelg.

There has been consideration of the use of the Mallaig RNLI Lifeboat in relation to Glenelg and Arnisdale. There has also been a review of the available piers for use by this boat.

#### **12d. Scottish Fire and Rescue Service (SFRS) at Glenelg.**

There have been some discussions regarding training of local volunteers. There is a need for close links with work being undertaken under Recommendation 6.

**12e. Availability of superfast broadband**

There is a community owned broadband service but there are still difficulties around communication across the area.

There has been discussion around the local GP and other staff having handsets which would give them access to emergency networks for rapid communication in responding to emergency situations.

**Miles Mack (External Facilitator) Comment:**

No additional comment, as Miles has been involved in drawing up the statement above.

## Recommendation 12R – Raasay

**12Re.** NHS Highland and other partners should continue to engage with the residents of Raasay in a meaningful way and to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care 24/7. Independent external third party facilitation should be considered to help achieve this.

**12Rf.** As part of the review of sea evacuation procedures in Recommendation 10, Raasay is a key priority. Discussions should take place with CalMac whether the Raasay-Sconser ferry can be deployed on demand for urgent/emergency care transfers. Irrespective of these discussions and possible agreements, the ongoing role of the crew of the RNLI Portree Lifeboat is respected and appreciated.

**12Rg.** The Scottish Fire and Rescue Service (SFRS) has a unit based at Raasay. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.

**12Rh.** The present availability of superfast broadband should be exploited for the support of the community. Raasay should be considered as a potential development site for digital innovation - see Recommendation 11.

**Work Stream Lead: Tracy Ligema, NHS Highland**  
**Community Lead: Anne Gillies, Chair Raasay Community Council**

**Rating: RED**

**12Re. Develop an agreed and sustainable service on the island that provides safe and resilient care 24/7. Independent external third party facilitation should be considered to help achieve this.**

There has been agreement on the appointment of Miles Mack as the external facilitator, to follow up on the facilitation role previously undertaken by David Noble.

Terms of Reference have been agreed for the Raasay Community/NHS Highland Liaison Group, which are intended to allow NHS Highland to engage with the Raasay Community in a meaningful way to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care 24/7.

The first meeting of the new Raasay Community/NHS Highland Liaison Group was held on Raasay on Wednesday 7<sup>th</sup> November 2018.

The meeting was a chance to acknowledge and recognise the difficulties that had arisen in trying to establish a new model of care for the Island of Raasay since 2015. The present provision is seen as inadequate by the community and the Ritchie report has led to this ongoing work to look again at the situation.

At the second meeting on Tuesday 20<sup>th</sup> November 2018, the group had the benefit of a review of out-of-hours calls over the previous 2 years. The group was also keen to investigate if some of the new provisions under the Scottish General Practice contract would support a widening of the role of nurses on the island and an extension of the hours covered. There are a number of practicalities to consider before this is fully agreed and progressed. This proposal was developed in collaboration with the community representatives. A number of other plans were considered to improve access to care to islanders in hours and out of hours. This included new travel arrangements, provision of medication on the island and video consultation arrangements (NHS Near Me).

The group has agreed to meet again on 19<sup>th</sup> December 2018.

**12Rf. Discussions with CalMac re: Raasay-Sconser ferry can be deployed on demand for urgent/emergency care transfers.**

There are longstanding discussions with Caledonian MacBrayne regarding emergency use of their ferry to take patients off Raasay.

There are links to recommendation 10.

### **12Rg. Scottish Fire and Rescue Service (SFRS)**

There are links to Recommendation 6.

The opportunity to train fire and rescue staff in Raasay is recognised, but has yet to make progress.

At the meeting on 19<sup>th</sup> December 2018 the group plan to consider:

- Review of sea evacuation procedures
- The Scottish Fire and Rescue Service (SFRS) first responder options

### **12Rh. Superfast broadband**

The availability of broadband and its capacity to be exploited for the support of the community will be explored further. There is agreement in principle to seek prioritisation of the “NHS NearMe” project to link the Raasay community better with the GP practice in Portree, the Rural Practitioners in Broadford Hospital and Outpatient clinics in Raigmore Hospital.

### **Miles Mack (External Facilitator) Comment:**

The first meeting outcomes are as stated and are an accurate description of activity so far.

<b>Recommendation 12L - Lochcarron</b>	
The Lochcarron Centre (Howard Doris) should continue to be nurtured and supported.	
<b>Work Stream Lead: Kate Earnshaw, NHS Highland</b> <b>Community Lead: Lita Hallyburton, Waternish</b>	<b>Rating: GREEN</b>
<p>A visit to the Howard Doris centre for community members was undertaken on 29 November to share good practice and explore how the work at the centre might be able to inform developments on Skye. There is the possibility of subsequent visits if required. There is also the possibility of a visit to facilities Mull.</p> <p>There are regular meetings between local NHS management and the management of the Howard Doris centre to consider the needs of the local population.</p>	
<b>Maggie Cunningham (External Facilitator) Comment:</b>	
Nothing meaningful to add except that I look forward to hearing about outcomes and learning from the visit.	

<b>Recommendation 13 – Centre of Excellence for learning and training</b>	
<p>NHS Highland should engage closely with NHS Education for Scotland (NES), Scottish Ambulance Service (SAS), NHS24, Medical Schools and relevant academic partners, including the University of the Highlands and Islands (UHI) and Highlands and Islands Enterprise (HIE) to optimise these opportunities.</p>	
<p><b>Lead: Hugo Van Woerden, NHS Highland; Antonia Reed NHS Highland; Pam Nicoll, NES Community Lead: Cllr. Ronald MacDonald</b></p>	<p><b>Rating: AMBER</b></p>
<p>The Remote and Rural Healthcare Educational Alliance (RRHEAL), NHS Education for Scotland (NES) is working to support NHS Highland in developing the Centre of Excellence programme of work as part of their statutory role in leading and coordinating remote and rural healthcare education developments across NHS Scotland.</p> <p>The first meeting of partners from across the community, education and training agencies was held on 26<sup>th</sup> November in Skye and included contributions by video link.</p> <p>Those attending included Skye &amp; Lochalsh Community members University of Highlands and Islands (UHI), Scottish Ambulance Service (SAS) and NES Medical Directorate, NES RRHEAL Directorate, NES Clinical Skills Managed Educational Network, NHS 24 ,University of Glasgow and NHS Highland.</p> <p>This group of key remote and rural education/training, service and community partners agreed to work together as a multi-agency working group that will assist in shaping and designing the detail of the CoE proposal.</p> <p>RRHEAL NHS Scotland will support the group to identify the priority multi agency educational and training needs that will support improved and sustainable service delivery and the opportunities that the innovative CoE may provide to meet these needs.</p> <p>The intention is to both pull together existing remote and rural education expertise and resources and to specify the gaps in current provision that will require additional funding to support new programmes of development through an effective CoE collaboration.</p> <p>The group highlighted the following key points;</p> <ul style="list-style-type: none"> <li>• This group involved central collaborators and suggestions for Scottish Fire and Rescue and consideration and AHPs to also be represented on the group.</li> <li>• A lot of work already exists, but there is a need to bring it all together.</li> <li>• Communication and engagement to be a key consideration at the next meeting.</li> <li>• A series of working meetings will be arranged and coordinated by RRHEAL.</li> <li>• It is recognised that this is a longer term programme of work to realise the opportunities started by discussion to date and will involve development of a staged programme of work.</li> </ul>	
<p><b>Maggie Cunningham (External Facilitator) Comment:</b></p>	
<p>Nothing meaningful to add.</p>	

**Recommendation 14 – Best use of services – know who to turn to**

A programme of assisting the public to make best use of available services, should be developed and implemented, including, *Know Who to Turn To*. This will need to be done on a systematic and advocacy basis, with the full engagement of local communities and their representatives. Social media may be helpful.

**Lead: NHS Highland (tbc); Stephanie Phillips, NHS24  
Community Lead: Catriona MacDonald, Chair SOSNHS Skye**

**Rating: RED**

This recommendation links to work being undertaken within recommendations 3,4,5,6 and 7. See recommendation 5 for updates around NHS24 call handling and ANPs.

The community perspective is that there continues to be anecdotal evidence of people being unhappy with local access to services OOH: the impression is that staff are working to protocols of who can be seen where that do not meet public expectations. The community are of the view that this requires to be addressed urgently, and especially before the festive season. One of the main issues is in relation to views around equity of service and balancing the need to include very local information in NHS 24 service planning, as against national information regarding what is provided within the context of Scotland as a whole.

Work is underway to update the 'Know Who to Turn To' leaflet for Skye, describing what is available and with new phrasing for the changes to provision that have been agreed. This will leaflet will be promoted and will urge people to telephone first before turning up at any of the services and facilities.

A meeting with NHS24 to discuss engagement work with the community was held on 16 November 2018. A plan is in development for some joint community consultation work to be undertaken in 2019.

Stephanie Phillips, NHS24, has indicated that in her view NHS Inform undertake a relevant role for all of Scotland. NHS 24 uses its national directory of services, the content of which is developed and maintained with local boards to ensure information is updated. NHS24 recognises that it may need to be able to refer more effectively to local services and to ensure that the community has an increased understanding of how NHS24 works.

**Maggie Cunningham (External Facilitator) Comment:**

Nothing meaningful to add.



## Recommendation 15 – Making it happen – pulling together

**15a.** All future service development and delivery must be done in partnership with the people of SLWRS with a focus on co-production.

**15b.** The National Standards for Community Engagement must be observed by all.

**15c.** All relevant partners should participate in these sessions including those that control wider infrastructure.

**15d.** An implementation plan with realistic timescales and adequately resourced, needs to be robustly governed with clear accountability, reporting to the Highland Health and Social Care Committee.

**15e.** Independent external third party facilitation should be deployed as required and agreed.

**15f.** In view of the aspiration in these recommendations and the Major Service Redesign Programme underway, Scottish Government should seek regular and robust assurance that satisfactory progress is being made.

**Lead:** Hugo Van Woerden, NHS Highland Executive Sponsor  
**Community Lead:** Catriona MacDonald, Chair SOSNHS Skye

**Rating: AMBER**

### **15a. Future service development and delivery in partnership with the people of SLWRS**

A weekly core coordinating meeting, chaired by the project sponsor, continues to happen and is useful in identifying any blocks to progress and agreeing next steps to resolve these. The external facilitator takes part in these meetings, although community representatives do not currently attend this meeting. This needs to be addressed.

Three internal NHS Highland Project team meetings, chaired by the project manager, have been held to bring together work stream leads. The meetings are Chaired by Ross Mackenzie who is the overall project manager for the implementation of the Ritchie report recommendations.

### **15b. The National Standards for Community Engagement**

The NHS Highland leadership are cognisant of the requirements of the national standards and endeavouring to meet them. The Head of Communication and Engagement is copied into the action plan for the weekly core coordinating meeting.

Proposals for Scottish Futures Trust to facilitate a workshop to look at an options appraisal for community beds work with the community and linking to the wider redesign work on Skye are being developed. An initial meeting with the community involving the NHS Estates manager resulted in positive feedback from the community to pursue this. However, the community is not confident about NHS Highland's intentions on service delivery and development in north Skye.

From a community perspective the various NHS Highland contributions from different departments involved are not yet as joined up as they need to be. Whilst working relationships are good and the work of managers in work stream groups is appreciated there is considerable frustration that progress is so slow and on crucial topics like transport and access, non-existent.

The community need to see more tangible support from senior managers, especially in ensuring that there is much better support in terms of administration and project management. Whilst the community appreciate the hard work of the staff involved, it is unsustainable without adequate resource, as we believe staff involved are doing this in addition to their day jobs.

The intensity of input required from the community in co-production is not sustainable beyond this initial 6 month period. Consideration needs to be given to supporting community contributions more effectively than has been possible to date.

A project website has been developed. Minutes of meetings and any update reports are uploaded to the website, although it has been challenging to keep the website up to date. This needs to be addressed to make best use of this valuable resource.

**15c. Relevant partners participation including those that control wider infrastructure**

The overarching Steering Group for this programme meets monthly and has wide representation, including local government and the third sector.

**15d. Implementation plan reporting to the Highland Health and Social Care Committee**

A project plan has been produced but it has been challenging to keep this updated. There is agreement to take a report to the Highland Health and Social Care Committee in January 2019 to update the committee on progress.

**15e. Independent external third party facilitation**

The choice of facilitators has been led by the community. David Noble undertook this role in the initial period and Maggie Cunningham has now taken over this role.. Dr Miles Mack has taken on the role of facilitator for the work streams involving Raasay and Glenelg & Arnisdale.

**15f. Reports to Scottish Government**

This is the third report on this programme of work and a follow up report is proposed at the 12 months point.

**Maggie Cunningham (External Facilitator) Comment:**

There are many challenges involved in co-production and the level of engagement from the community, NHSH and partner services is very high. It is very new territory and there has been a lot of learning. There is no doubt that it requires more resource.

**Concluding Remarks**

This continues to be a challenging programme of work, undertaken against a background of stretched resources both in terms of the public sector and the demands the work has made on community representatives.

The current version of the forward plan for the project is attached as Appendix 3. It is proposed that, going forward, the programme consolidates into five work streams as follows:

<b>I: Out of Hours Urgent Care</b>	<b>Recommendations</b>
1	Out of Hours Urgent Care
3	Closer Interagency & Public Participation
4	SAS Collaboration
5	NHS24 Collaboration
6	Community First Responders
7	Workforce
10	Transport & Access (air and sea evacuation)

<b>II: Community Beds</b>	<b>Recommendations</b>
2	Community Beds
7	Workforce
10	Transport & Access (redesign implications)
12L	Lochcarron Howard Doris Centre

<b>III: Remote Communities</b>	<b>Recommendations</b>
12	Glenelg & Arnisdale
12R	Raasay

<b>IV: Infrastructure</b>	<b>Recommendations</b>
8	Housing solutions
9	Road issues
10	Transport & Access
11	Digital Innovation
13	Centre of Excellence for Education & Training

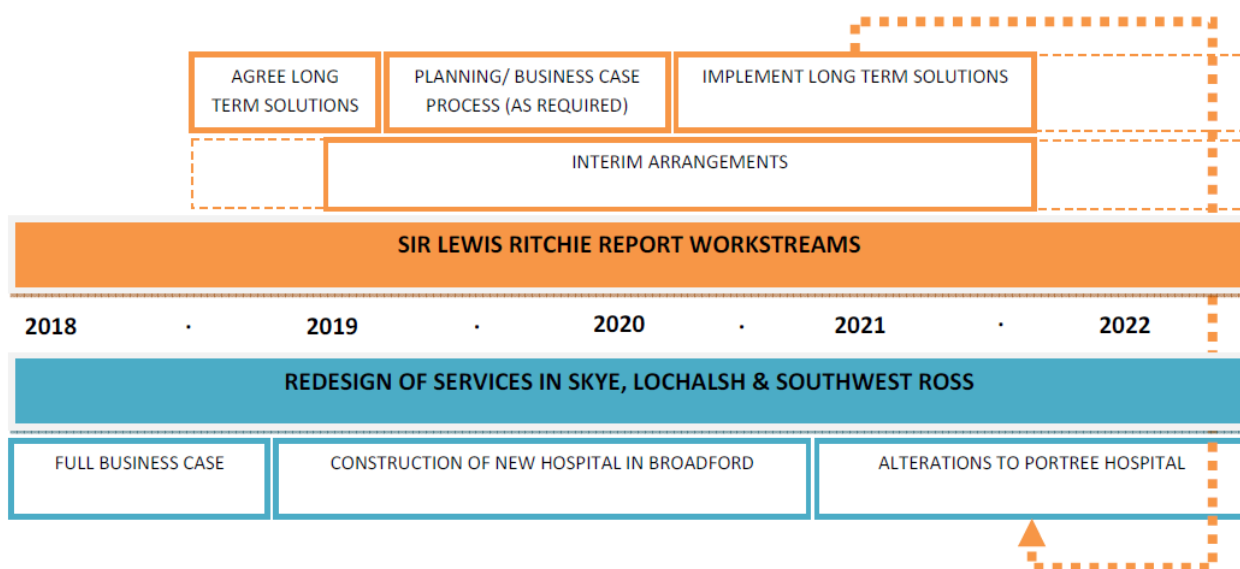
<b>V:Co-production</b>	<b>Recommendations</b>
3	Closer Interagency & Public Participation
14	Making best use of services
15	Pulling together

A review at the 12 month point is likely to be helpful in demonstrating progress against the outstanding recommendations. It is clear that there is still much work to be done.

Prof Hugo van Woerden, Programme Sponsor & Director of Public Health and Policy, NHS Highland

30 November 2018

## Appendix 1: Links between different pieces of work in SLSWR



There are two areas of work currently affecting health and social care services in the North of Skye:

- The Redesign of Services in Skye, Lochalsh and South West Ross started in 2014 and the final approval stage (i.e. full business case) is due to be completed in early 2019. A key component of the Redesign is the construction of a new hospital in Broadford to replace Mackinnon Memorial Hospital, and alterations to Portree Hospital to provide a base for the integrated health and social care teams and Portree Medical Practice alongside the Urgent Care Centre and Outpatient Department which will remain on site. Funding for both the new hospital and alterations to Portree Hospital are already approved in principle and the full business case will provide the additional detail to formally secure this funding. It's important that this approval process goes ahead as planned because any delay will increase costs and put the delivery of the new hospital at risk.
- Sir Lewis Ritchie's Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services was published in May 2018 and made 15 recommendations which are being implemented through 15 workstreams, overseen by a steering group. The timescales for implementing these workstreams vary according to how complex they are and in some cases interim solutions are being put in place while a permanent solution is agreed. The interim solutions will remain in place for as long as it takes to agree a permanent solution.

Workstream 2 within the Ritchie Report relates to the provision of Community Beds in the North of Skye and in this case the interim solution is to reopen beds in Portree Hospital while an option appraisal process is held to agree what the long term solution should be. It is proposed that this process is led by Scottish Futures Trust, however the options and eventual solution will be generated and agreed by the affected parties i.e. the community of North Skye, NHS Highland and other care providers. Where the outcomes of Sir Lewis Ritchie workstreams impact on the Redesign of Services, the Sir Lewis Ritchie workstreams will take precedence. In the case of Workstream 2, this means that beds will remain in Portree Hospital until the permanent solution to bed provision in the North of Skye is agreed and put in place, and if that permanent solution affects the proposals for Portree Hospital as they are described in the full business case for the Redesign of Services, then these plans will be changed accordingly.

## **Appendix 2: Position Statement by NHS Highland, as a Statement of Comfort regarding plans for Skye, Lochalsh and south west Ross (SLSWR)**

This position statement is provided by NHS Highland to clarify plans for Skye, Lochalsh and south west Ross, as there are several key pieces of work underway, which may be a cause of confusion.

NHS Highland intends to submit a Full Business Case for a new Hospital in Broadford in early 2019. A key component of this business case is the construction of a new Hospital in Broadford. NHS Highland is also implementing recommendations made by Sir Lewis Ritchie in his Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services, published in May 2018.

NHS Highland recognises that there is concern in the north Skye community that, if they support a full business case for submission in early 2019, interest in a future new plan for north Skye may be reduced.

The Outline Business Case for the Redesign of Services in SLSWR described a model of service provision for north Skye, however it is now accepted that there is a need to review this and agree a model of care in conjunction with the community. This model is likely to require a separate investment initiative, which could include local authority, third sector, and/or housing association involvement to address the current and future needs of the population.

NHS Highland has a key leadership role in this, working with the community and partner organisations. The Scottish Futures Trust may have a role in facilitating this process but it will ultimately be the community and partner organisations, including the NHS, to identify and implement solutions.

This statement is designed to provide assurance that there is a commitment to:

- (i) Continue progress toward the delivery of the objectives recommended by the Lewis Richie Review, in conjunction with the advice provided by the Lewis Ritchie Steering Group;
- (ii) Maintain agreed services in Portree Hospital until agreed appropriate community provision is in place;
- (iii) Support the development of a separate business case for north Skye, in conjunction with the community and partner organisations.

The outline plans for north Skye, presented in the Full Business Case, will be subject to revision by the process outlined above.

This statement has been agreed in principle by Dr David Alston, Chair of NHS Highland Board  
30 November 2018

### Appendix 3: Current version of the Out of Hours Ritchie Report Project Plan

