## Sir Lewis Ritchie Implementation Steering Group Meeting held at Tigh Na Sgire, Portree on Monday 15 July 2019, at 2 p.m.

#### **PRESENT**

Maggie Cunningham, Independent Facilitator (Chair) Ross Mackenzie, Area Manager NHSH Kate Earnshaw, District Manager NHSH Myra MacLeod, SOSNHS David Park, Chief Officer Highland Partnership Fay Thomson, SOSNHS Fiona MacGeachan, NHSH Finella MacKinnon, Struan Community Council Hannah MacLeod, GP, Portree Anne Gillies, Raasay Community Council Finella MacKinnon, Struan Community Council Stuart MacPherson, HIE Tim Moore, SOS NHS Sophie Isaacson, Project Manager Ronald MacDonald, Councillor Ross Cowie, Lucky 2B Here Pam Nicoll, NHS Education Caroline Gould, Skye & Lochalsh Access Panel Catriona MacDonald, SOS NHS

Cameron Stark, NHSH

Ruairidh MacKinnon, SLHA

Charles Crichton, Skye Cancer Care

Sarah Bowyer, Scottish Health Council

Louise Paterson, Scottish Health Council

#### Linked in by VC

Brenda Wilson& Stephanie Phillips NHS24 Antonia Reed, OOH Clinical Director Sandra McRury, UHI

#### **Apologies**

Tracy Ligema, John Finlayson, Eric Green, Jo Ford

## 1. Welcome

Maggie Cunningham (MC) welcomed everyone to the meeting. Caroline Gould (CG) recorded the meeting.

## 2. Reflections on SLR visit and Cabinet Secretary's letter

Three main issues arising:
Options for supporting recruitment & retention
Status of community hospital
Explore Transport & Access

Recruitment issues are ongoing. Ronald MacDonald (RMcD) advised on discussions in HC, looking at joint/linked appointments and will follow this up. Proposing links from job adverts to HC website etc. Ross MacKenzie (RMcK) to follow up on NHS side. David Parks (DP) advised it was difficult to move this forward in reality but it was an opportunity to also link with NHS24, SAS and wider private employment. HIE also working on this and willing to be included. Noted that it may be worth linking in to the Scottish Rural Medical Collaborativewho are currently looking at recruitment & retention in Orkney. Suggestion of community input via social media networks and also linking with Job Centre. It was agreed this needs co-ordination and a workstream - Sophie Isaacson (SI), Ross Cowie (RC) with Pam Nicoll (PN) &RMcD to lead on this initially. SI and RC also working on co-ordinating available accommodation, long and short term.

## Action – RMcD and RMcK to follow up on creating links between HC and NHS vacancies and SI and RC to co-ordinate recruitment workstream

Transport & Access – DP tasked Fiona McGeachan (FMcG) to bring things together and she met with Neil MacRae (HiTrans), FMcG, Tim Moore (TM) and Scottish Health Council today to look at this. This needs a structured platform with leadership from central government and finance. MC to meet Cabinet Secretary in August and will raise this with her.

## Action – MC to raise issue of transport & access with Cabinet Secretary

DP advised of ongoing work as follows:

Access audit has been committed to with regards to physical access to NHS buildings, amenities within and transport to get there. DP to report at next steering group and CG asked if she could be involved.

a)Theatres – group looking at how we utilise surgical theatres across Highland and how to increase the number of procedures carried out locally.

b)Outpatients – ensuring clinics, appointments and returns are appropriate; and use of Near Me reduce transportation required. Needs from Skye & Lochalsh have been fed in to both of these workshops.

Concerns around transportation and what is required. Currently unquantifiable so looking at travel to appointments, Patient Transport etc from an NHS point of view to be able to apply pressure for what's needed. Social Model of Disability to be used rather than Medical Model but this needs to be accepted by Cabinet Secretary. Important to agree the right standard that is being worked towards.

## Actions – DP to report on Access Review at next meeting

#### 4. Needs Assessment

Presentation by Cameron Stark, Public Health Consultant, looked at Population in Health, Service Use and Views & Opinions. The 5 items that emerged were:

Population & Demographics Deprivation/Service Needs Seasonal variations Impact on Primary Care Access Mortality trends & Health Status

CS answered questions that had been presented to him in advance and took questions from the group.

Catriona MacDonald (CMcD) thanked CS and his team for their data which has reinforced what was thought and is a great baseline to work with.

## 4. Options Appraisal

A short life working group has been set up by Tracy Ligema (TL), Terms of Reference have been drafted, meeting attended by Fay Thompson (FT), RMcD, MC and NHS representatives. Met with Heather Cameron and Eric Green to draw up an outline plan. Five meetings to be held, first two with clinicians setting the scene then move on to look at options at three meetings over three days with, approx, 70 community representatives, attending all three sessions for continuity. Paper drafted by FMcG(to be ratified by Heather) to go to steering group as soon as it's available. Workshops to be held in October/November – FMcG to arrange dates.

# Action – FMcG to distribute paper once available and arrange dates for workshops

#### 5. Centre for Excellence

Update provided by Pam Nicoll (PN) and RMcD – draft proposal was distributed last week. Jeanne Freeman & Malcolm Wright very interested and impressed with the co-production. Awaiting feedback from Scottish Government. Next meeting of working group is late August/early September.

In conversation with Scottish Rural Health Partnership, which is hosted by UHI – they will share knowledge and be part of network.

Social accountability – there is built in mechanisms to ensure community engagement now and onwards. The Digital Innovation workstream will now become part of the Centre for Excellence Workstream.

Phone link in by Sandra McRuary, UHI – spoke on paper around remote and rural healthcare which will complement work on C for E.

PN clarified proposed staffing structure and grades, Staffing costs were calculated on the current Agenda for Change grading. Proposed staffing levels will reflect both the need for delivering and designing training. Also requirement for coordinating/leadership roles and project officers. Hub and Spoke model based across

Skye Lochalsh & Wester Ross but centred in Portree. Work to be of benefit across other remote & rural areas with a desire to showcase and spotlight models of excellence.

The 15 workstreams have been the foundation blocks for the C of E and RC asked when would the 7 workstreams for urgent care join the C of E process. PN explained that year 1 is looking at aims and objectives and years 2 and 3 would be influenced by wider needs and take in to account the wider group work. To be discussed further at the next meeting.

FT asked for more detail and PN happy to provide this.

Agreed as a steering group that we feedback to CoE on the paper and the proposal from the Rural Health Partnership.

RMcD thanked PN for bringing this proposal together.

## Action -PN to provide more detail as requested by FT

### 6. Workstream Updates

OOH Urgent Care – progressing well and RC thanked Cathy Shaw for her work on this. Looking at improving equipment, space etc. SAS are currently deliberating over their space and how they work in partnership. NHS24 involvement going well and an opportunity to feed in to C for E.

Portree Hospital additional beds opened 1 July, noted that a short notice sick leave caused an issue - peak holiday period and no agency available so for safe practice one patient moved to Marsco ward and one had a home pass. Though 6 new beds on Glamaig Ward only 2 patients currently being admitted so now 8 patients in total. More staff coming on stream but staffing is currently tight. Hotel Services issues also continue. FT asked that she be informed of staffing issues/recruitment situation and KE agreed to do this.

First Responders – may work with Save a Life for Scotland. Lucky 2Bhere to provide every 3<sup>rd</sup> year pupil in the North of Scotland with CPR training.

Transport & Access – conversations continue

CMcD and Hannah MacLeod (HMcL) reported positive feedback from hospital and community in general and an improvement in morale.

There was some discussion regarding a separate meeting to decide on future workstreams and it was agreed that a workshop to look at the next phase be arranged for early September.

## Action – KE to keep FT informed on staffing /recruitment situation

### 7. Minutes of previous meeting

These were agreed as accurate.

## 8. Next meeting

2.00 -  $4.30 \mathrm{pm}$  on 30th September 2019 in Tigh na Sgire, Portree with VC and telephone links available.