

**Sir Lewis Ritchie Implementation Steering Group Meeting
held at Tigh Na Sgire, Portree
on Monday 30 September 2019, at 2 p.m.**

PRESENT

Maggie Cunningham, Independent Facilitator (Chair)
Margaret Anderson, SLR Panel
Sir Lewis Ritchie, University of Aberdeen
Myra MacLeod, SOS NHS
Mairi MacDonald, SOS NHS
Neilian Murray, Kilmuir Community Council
David Park, Chief Officer Highland Partnership
Fay Thomson, SOS NHS
Fiona MacGeachan, NHSH
John Finlayson, Councillor
John Gordon, Councillor
Finella MacKinnon, Struan Community Council
Hannah MacLeod, GP, Portree
Anne Gillies, Raasay Community Council
Alan Knox, SAS
Jim Quate, SAS
Stuart MacPherson, HIE
Tim Moore, SOS NHS
Sophie Isaacson, Project Manager
Ronald MacDonald, Councillor
Ross Cowie, Lucky 2B Here
Catriona MacDonald, SOS NHS
Ruairidh MacKinnon, LSHA
Kirsty Shaw, GP Dunvegan

Linked in by VC

Tracy Ligema, NHSH
Brenda Wilson & Stephanie Phillips NHS24
Pam Nicoll, NHS Education
Sandra McRury, UHI

Linked in by telephone

Caroline Gould, Skye & Lochalsh Access Panel

Apologies

Ross Mackenzie, Kate Earnshaw, Graham Macleod, Isobel MacLeod,

1. Welcome

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

2. Options Appraisal Update

Tracy Ligema (TL) updated the group. An independent external facilitator, Norman Sutherland from Higher Ground Group, has been appointed. Start date for process moved to early November. Fiona McGeachan (FMcG) has sent information out to Workstream 2. . There was considerable discussion about the need to discuss the options appraisal process with the community and the suggestion that all 12 beds should be open before process commences. It was noted that current situation regarding reopening of 12 beds at Portree was as follows – there is 1.3wte long term sick for nursing and 2.76 wte combined long/short term sick for auxiliaries; high dependency level of current patients with challenging behaviour, high falls risks etc has required one extra nurse on every shift; 1.0 wte nursing vacancy readvertised with interviews in Sep and meantime another 1.0 wte left to take up another post so hoping to recruit to the two vacancies from the one interview process, hopefully starting in post within the next two months. Once they are in post NHS would be in a position to reopen Glamaig Ward again even with the long term sickness. MC asked the steering group what they felt about going ahead with OA as planned or waiting till all 12 beds are open. It was agreed that, although we need the community to have faith in the process, it was crucial that the OA goes ahead as it had already been delayed for the summer holiday period. CMcD pointed out the OA is actually the best way to thrash out what the community and NHS both want. Progress made collectively should build confidence. It was also noted that OA affects Transport & Access so there should be no further delay. SLR pointed out that this group had an advocacy role in updating peer groups on what is happening. All agreed it is important that momentum is maintained and to go ahead with dates to be confirmed for early November.

3. Workstream Updates

Workstream 1 – going very well with RST, NHS24 and SAS all being brought together, maintaining momentum with mutual respect. Feedback from all sides has been excellent. Two NHS24 staff from Cardonald are in Skye this week. SAS are on target for Nov 19 and accommodation issues have been overcome. The only area not up to speed is First Responders, who have been meeting separately on so they have been invited to meet with main group to look at issues. It was noted that FR are having difficulties nationally as well.

NHS 24 Advanced Nurse Practitioners x 2 have started today in Portree for their 2 week induction with one at any given time after that. Cathy Shaw has a planned induction process in place – while undertaking this, they will be working as part of the NHSH team. Following on from this they will work half time NHS24 and half time NHSH and next step will be working with Near Me.

SAS – Alan Knox reported that they have now recruited to all posts – 3 paramedics and 3 technicians. There are also two further staff undergoing paramedic training – 1 in Broadford and 1 in Kyle. Jim Quate, Acting Head of Service, added that there was a lot of HR work involved and that staff from England needed to undergo “Scotification” because of the different equipment used. They hope to start the new roster on 11 November. They have met with staff and IT is in place at Portree Hospital. 2 staff undertaking paramedic training from Dunvegan, 1 midway through

and the other starting mid October in Glasgow Caledonian University. Clinical placements and mentored hours cannot be done in Dunvegan so will be done in Fort William and Inverness. They hope to have a good skills mix across Skye & Lochalsh within the roster and hope to have Paramedic Response Unit included. Rapid Response vehicle is on Skye and being tested.

Recruitment and retention always a challenge but SAS are more flexible on where staff can live now. Fitting them more in to community health hub with good induction process should help. Associate Medical Director and Consultant Paramedic to attend induction day to see how they can support. The staffing will be above the required skills mix plus relief paramedics. There is a proposal to increase the skill set of technicians who are now Band 5. There was some discussion about ambulances which have gone to Raigmore being redirected to another call before returning to S&L and it was noted that they would have to respond to a "Red Call" but because they are now classed as "Return to Base" so would not be required attend a "Yellow Call".

Housing – progressing well, currently on site in several locations – 3 in Portree plus, Broadford, Kyle and Kyleakin. No further approaches from NHS or any of the associated services. Ruairidh MacKinnon (RMcK) advised that there is a housing element in a lot of workstreams and they fit in as and when there is a need. DP commended LSHA for their housing support locally and acknowledged the need for approaching housing at the earliest possibility. JF stated that they must be needs led and build in as much flexibility as possible. Ross Cowie (RC) and Sophie Isaacson (SI) have accommodation lists for filling in the short term gaps. It was noted that some members of the group were not aware of this and suggestion of a link to this but it had been agreed not to go on social media with this – RC and SI will support the list so if people have short term accommodation to offer or public agencies require accommodation the key contact should be SI.

Transport & Access – a lot of development, with some frustrations but also decisions taken. Workstream lead, Neil MacRae, is out of the picture for several weeks, following the sad death of his father. A meeting was held 27 August with David Park (DP) & Fergus Milan looking at structure for T&A panel and how to ensure the needs of the entire area of SL&SWR is understood. It was also noted that Neil Campbell may provide some more local support for Tim Moore (TM) – DP thanked TM for his perseverance and was agreeable to more representation. The Access Audit for healthcare buildings is being lead by Heather Cameron but CG, Access Specialist is not happy with the quality of the current audit and is undertaking work to draw up a model for this. The audit will look at all buildings that NHSH have an influence on if updating required.

Digital Innovation - community lead Malcolm Henry has pulled out – Ronald MacDonald (RMcD) has stood in meantime but keen for a new community member and following some discussion RMcK agreed to come on board. Digital Health Institute on board to help with technology solutions. A workshop is planned to show the community what is already available and to enable issues to be highlighted and resolved.

Raasay – Anne Gillies reported that there had been 27 applicants for the Raasay nursing posts with 6 interviewed. Four jobs have now been offered with 3.6wte to work in shifts and cover Care at Home when required. They now need housing for 3 nurses who want to live on the island, one lives elsewhere and will come in for shifts. LSHA are supporting and have identified one house for purchase which will be used by the nurse on shift. The community have identified a second house which LSHA may buy and lease to NHS.

Centre for Excellence – draft proposal for C for E has now been shared. Working group meeting held 17/9 to look at feedback – notes to be captured and sent out. They have also achieved agreement for joint proposal with Scottish Rural Health Partnership. Pam Nicoll (PN) has met with SLR and Sandra Mcurry (SMcR) to discuss the desire to build on the draft document and expand to be inclusive of local needs in SLWR and also the wider remote & rural island needs. SG have committed to additional capacity with personnel to work on a more formal proposal. SMcR outlined the work of the SRHP – looking at a national centre for remote & rural health care, scoping out different groups across Scotland for a clearer process of how to take this forward. Catriona MacDonald (CMcD) emphasised the urgency for the centre of excellence and raised concerns that a national exercise may take a long time. SLR advised that momentum should continue using the work on Skye for a centre for excellence in R&R care. Another task to help implement the Rural GP contract in Scotland which is still clouded by contractual matters. The process is delicate but it was agreed that a national centre for R&R healthcare was a good idea – and Bill McKerrow, NES came up with an outline proposal to try and sell to St Andrew's House – there is enthusiasm but what form it takes will require internal research with the resource allocation subject to transparent processes. In short, the work in Skye should continue without waiting for larger scoping exercise, though this may influence at a later stage. SLR also pointed out that most countries have a national centre (2 in England and 1 in Wales) so timely that Scotland has one and the SLWR work needs to feed in to this.

Community Beds – Fay Thomson (FT) advised of continuing tension around the expectations of all 12 beds at Portree Hospital reopening. TL advised that the 12 beds were physically there but there is a current inability to fully staff the hospital due to long term sickness and vacancies. Currently 7 beds in Marsco ward filled. Several patients in Portree waiting for beds in nursing and care homes – both Home Farm and Budhmoir also have staffing issues. It was noted that though there are no cast iron guarantees, once the 2 new staff nurses start and if all else is as it is now - the 12 beds should be available for admissions. DP pointed out that there would not be 100% utilisation all of the time as if all 12 beds are always full no one can be admitted. Hannah MacLeod (HMCL) advised that all beds are being used since they opened but won't know how 12 will be utilised until up & running.

4. Moving On

Margaret Anderson (MA) outlined how future involvement public participation and engagement can continue - there will still be a need for a forum even when there are no problems. Following a morning meeting she has heard how working relationships had dramatically improved here and would encourage this momentum to continue. Utilization of the knowledge and skills attained over this time are a valuable resource. MA offered to be available if people want support by phone/teleconference etc.

The steering group will need to evolve in to forums/smaller groups/projects etc. Health, social care, housing, transport all interconnected but no need to start creating something new when all the right people are already round the table with this established forum. The SOS NHS group will still remain as a voice of the community in any forum. Funding, constitution TOR etc will all need to be looked at but now is the time to look beyond this project. RC hopes that the project manager post will continue as facilitation will be essential to keep this going.

MA encouraged the group to appoint a delegate for the NHS24 Public Participation Forum.

It was agreed that SI/MC would draw up a proposal and pass this by MA and MA asked to be copied in to minutes in order to support groups.

5. Workshop Feedback

Workshop on 9/9 with community leads and public agencies – notes have gone out. SI has produced graphic on communication, risk assessment and resolution. Work in progress is part of vision for 2020. Next Phase and Co-production diagrams were explained by CMcD showing how everything has become more interconnected.

6. Minutes of previous meeting

These were agreed as accurate.

7. AOCB

RC spoke about the challenges of recruitment and retention – these are not just NHS & SAS – has met with Stuart MacPherson, HIE and a plan is due in November. SAS Induction Day will be an opportunity for some interviews/filming with staff, and there is an opportunity to build on that work.

HMCL asked about the scheduling for Option Appraisal – FMCG advised there will be 2 information events with key speakers, 2 weeks apart with the possibility of a third, then 3 workshops after that. It was agreed the sooner these dates could be agreed the better and that the whole process should happen before the end of the year.

8. Next meeting

14.00 - 16.00 on 18 November 2019 in Tigh na Sgìre, Portree with VC and telephone links available.

