**Sir Lewis Ritchie Implementation Steering Group Meeting**

**Monday 5 September 2022**

**11.00 – 13.00**

**Meeting via TEAMS**

**Draft Minutes**

**PRESENT**

Calum Munro (CM) Councillor & Chair

Lousie Bussell (LB) NHSH

Neil Campbell (NC) SOS NHS

Anne Gillies (AG) Raasay Community Council

Kate Earnshaw (KE) NHSH

Charles Crichton (CC) Highland Hospice/Skye Cancer Care

Catriona MacDonald (CMcD) SOS NHS

Ronald MacDonald (RMcD) SOS NHS

Fay Thomson (FT) SOS NHS

Caroline Gould (CG) Skye & Lochalsh Access Panel

Stuart MacPherson (SMcP) HIE

John Finlayson (JF) Councillor

JoAnne Ford (JAF) SLCVO

Alan Knox (AK) SAS

Marie McIlwraith (MMcI) NHSH

Campbell Grant (CG) Sitekit Group

Ross Cowie (RC) Lucky 2BHere

Sophie Isaacson (SI) Portree & Braes Community Trust

Mairi MacDonald (MMcD) SOS NHS

Glenda MacKinnon (GMcK) NHSH (taking notes)

**1.Apologies**

Neil Ferguson, Ross MacKenzie, Neil MacRae, Iain Ross, Cathy Shaw, Finella MacKinnon

CM welcomed all and advised that the meeting would be recorded.

**2. SLR’s Latest Review of Progress – letter 16 June 22**

CM opened the floor for comments on SLR’s letter of 16 June.

RMcD stated the letter as fairly scathing of what has happened to date. Having been involved in this for 7 years and latterly 4 years with the implementation felt no further forward with no desire from NHSH to implement the recommendations and asked if it was a waste of everyone’s time.

CM quoted the third last bullet point regarding final 15th recommendation in the SLR report entitled, Making it Happen – “as part of that I expected an implementation plan, key milestones and robust governance scrutiny to be in place; that now needs to happen and be fully evidenced”. He asked how NHSH expected to fulfil that recommendation and make genuine progress with a sense of cooperation and co-working.

LB said clearly that NHSH were committed to the Ritchie recommendations but the challenges faced in achieving them was something entirely different and is what they are working on at this point. An Implementation Group specifically for NHSH has been established with its own improvement plan for all of the areas that require continuation. RMcK has held the first meeting of the group with community representation in these conversations. They are committed and that group will be leading the work on ensuring the improvement plan is followed through and completed.

RMcD stated that there are huge public safety issues in North Skye, without even daytime out of hours cover, with good Samaritans getting bandages from Boots, meanwhile a £40 million proposal for the renovation of Portree Harbour, allowing for a cruise ship to be in there every day of the year. It is the only township in Highlands without even basic First Aid for people and it is absolutely shocking it has been allowed to get in to this position. He suggested that NHSH never understood what SLR wanted or intended and the reason this report is here is because statutory regulations were not followed when the design was implemented and went on to suggest that Scottish Government will now have to intervene directly with the situation because the area cannot wait for 12 to 18 months for a basic first aid facility to be restored in Portree.

LB replied by firstly advising she hasn’t been involved for the 4 years of the process but pointed out that the Urgent Care Centre had been running very successfully for 2 years before having to change this earlier in the year but absolutely do have plans to get this back in place. She also pointed out that it is not basic first aid but an Urgent Care Centre open 24/7 that NHSH aims to provide and added that they are working very closely with Scottish Ambulance Service and Primary Care colleagues as this needs to be a partnership going forward.

CC pointed out that we cannot ignore the profound impact of the covid pandemic over the last two and a half years, not least the impact on the very active and engaging public meetings. He went on to ask what the reasons were for the deterioration of the OOH service at Portree which just two years ago was an exciting development and also spoke about the lack of affordable housing in the area.

LB explained that the challenges were entirely around the retention of staff for several different reasons. The initial reduction in service led to just nights/weekend working which was not acceptable for the staff still there. Staff recruiting and training is ongoing alongside the discussions for co-working with SAS and Primary Care.

RMcD went on to say he felt that David Alston and Elaine Mead had no interest in implementing SLR’s report beyond a basic service in Portree and pointed to an inverse correlation between the working of urgent care in Portree and the building of the new hospital. He also discussed the collapse of the OA as NHS options were rejected by the community and the option that the community was guaranteed would be in the OA was ruled out despite a legally binding document where they made that commitment and how everything has pointed towards a centralised model of care in Broadford.

LB repeated that UC in Portree closed entirely due to staffing challenges and nothing to do with Broadford; if the staff had not left the service would still be up and running. She also pointed out for clarity that with regards to the OA, NHSH did not have a preferred model as all options were put forward by an external clinical advisor.

KE responded to AG’s question regarding advertising for staff at Portree by advising that all posts (except one held back for possible collaboration with SAS) are now filled and those are due to start imminently or have just started on their training and post for clinical lead is at advert and closes this week. As there are few applicants already fully trained most staff have to undergo training for their clinical portfolio before they can practice independently, so currently 4 or 5 in various stages of training; one completed by Oct/Nov and another early next year so looking to then re-introduce a degree of service to Portree, with Working Group currently starting to explore this. The current service is not ideal but it is clinically safe and Advanced Practitioners will go out to see patients.

LB added that they will continue to look for any temporary or local staff to cover in the interim, unfortunately not easy to get anyone on a temporary basis and reiterated the point that there are very few applicants ready to start fully therefore the need to recruit and train.

CG asked for timescales on partial and full reopening of the UC at Portree and a realistic picture of Broadford Hospital staffing. LB advised that the UC Workstream was actively working on the timescales for this but not yet agreed. She also advised that they are actively recruiting for wards and A&E at Broadford but recruitment and retention is a national challenge.

FT asked if there was a possibility to over recruit rather than working with the bare minimum and also raised the issue of Job Descriptions not being updated regularly. KE acknowledged the issues with recruitment and retention hence the idea of developing and growing our own so always training posts in the background but the NHS also has financial challenges and any additional initiatives would need approval from the board. LB pointed out that despite running for over 2 years without significant challenges other than covid all the staffing challenges came at once. Future proofing comes with significant expense and the Portee UC centre already has a much larger budget than other minor injuries type units which aren’t run 24/7 in the same way as Portree. KE/LB both also advised that NHSH are currently looking at having standardised JDs for key roles across the whole area, with a specific section for additional dimensions for that area, thus allowing these to be better kept up to date, rather than hundreds of different JDs.

**3. North Skye Governance Structure**

Diagram of structure was tabled and LB shared on screen and went through the different groups and the connections. CM then asked the group for any comments.

CG asked what efforts were being made to include people with lived experiences of disability, being an unpaid carer etc in any of these groups as currently not showing anything reflecting the reality of society – LB advised that she would check who they have on these groups to see if there is the right representation and also that they are looking to potentially set up a Carers Network, led by carers and not the Board.

CMcD suggested it wasn’t about how many groups or what they’re called but they key issue from the community point of view is what action is being taken and if the right actions to implement what SLR recommended are not taking place then why not. She advised she was happy for the notion of the QIP to be set aside for now but this Steering Group must be well informed.

AG felt it would be useful to know who were on these different groups and LB agreed to ask chairs to collate members and distribute lists and terms of reference.

MMcD highlighted again the issue of support for unpaid carers and SDS clients and that she felt NHSH have not listened to any suggestions.

MMcI spoke about the engagement aspect and ways, other than meetings, to engage people like surveys, feedback etc. She advised an Action Group is being set up, which will sit under RMcK’s main group, designed to look at communication and engagement to support this work going forward, looking at ways to actively involve people in an inclusive way that isn’t necessarily about people attending meetings.

SMcP takes great store in the fact the current group is chaired by an elected member and wouldn’t wish to see the name changed as everyone knows what it is and the importance of it but felt that RMcK’s group should be a Delivery Group rather than Implementation. He also suggested SFT’s key roles should be detailed on the structure diagram

CC asked NHSH to have the courage to put a timeframe on this and LB advised that they were working towards an Improvement plan with timescales attached.

KE and MMcI had discussed newsletters with visual summary for each group allowing membership, info and progress to be disseminated to the wider community, giving an opportunity for feedback; perhaps a slot on Cuillin FM or articles in newspapers. There is recognition that community engagement needs to improve.

JF acknowledged that from listening to these discussions it was clear people were anxious and demotivated and emphasised the need for key action points and timescales to be attached to plans and suggested maybe a summary newsletter and a need for honesty and transparency.

CM made the suggestion of circulating draft minutes to interested parties as speedier than newsletters and this seemed overall to be agreed as a good option as quicker and less work.

CMcD asked about a Business Plan for North Skye being worked on by Milne Weir earlier in the year – LB advised he had been working on the terminology and plans for all the districts, that would include Skye.

There was considerable discussion about the names of groups - agreed SLR Implementation Steering Group remains.

**4. NHS Highland Service Improvement & SLR Implementation Group**

Several members keen to change Implementation to Delivery or adding in Delivery to this new NHSH Group - LB felt they shouldn’t change as group is already running but happy to pass suggestion on.

LB not on this Group but KE advised the purpose of the first meeting was to set the scene, go over recommendations and see where things were with implementation – RAG status applied and actions noted.

CMcD welcomed a group focused on action but felt the chart was blank so right back at square one which was very demoralising.

SMcP attended the first meeting but felt not appropriate for him in the future but would like the dates in diaries as soon as possible as they will dovetail in to this group and be a key agenda item.

RMcK will continue to review who sits on this group to best effect.

**5. Scottish Futures Trust input**

LB advised there had been one initial meeting before the summer holidays to look at where we are and the challenges ahead. Dates have been agreed – LB to check if these have been circulated.

RMcD asked about the OA now being chaired by SFT and highlighted that NHS had committed to this in writing but there had not been a chance to consider all options. LB explained that the external clinical advisor (Norman Sutherland) had not been able to get to a conclusion with it and recommended we look at a different way forward and SFT is that way, so await their proposal about which direction we take. She added that the OA was more based on buildings rather than services and not broad enough to come up with a comprehensive plan so this is looking at a different way forward with SFT and they will advise on best route forward.

RMcD raised some concern that Dermott from SFT was a good facilitator but no health economics input once again so likelihood of going round in circles again. He added that the whole issue of the appropriate level of services should be decided by a health economist. He also stated that there is a legally binding document making commitments which must be followed through and the option of a Portree Hospital must be given to North Skye otherwise the community needs to take this to the SG.

CM stated that SFT will be a substantial item on the next agenda for this group to establish how it works and how it ties in with the community and NHSH

**6. Health & Care Community Forum**

SI advised the third meeting will take place 22 Sep. Current membership of 25 and positive feedback on discussions to date with some actions agreed. See Health & Wellness website for membership and notes of meetings. SI also asked anyone that was interested to get in touch.

**7. Communication strategy**

Further agreement that sharing of draft minutes was a good option

**8. AOCB**

CM raised the issue of Budhmor closure since last meeting of this group, which has worsened the availability of care home beds for the whole area - it was agreed this would be discussed at next meeting.

CG raised the issue of covid/flu vaccine letters which are causing some anxiety and confusion - LB to follow up. She also asked for a contact at Raigmore re disabled access to toilets and was directed to Katherine Sutton.

FT asked for an update on beds in both PH and BH. KE advised 11 possible in PH but currently 7 due to high dependency of patients; BH currently has 4 being used for dialysis, 12/14 patient beds available. LB/KE advised 2 further nurses (retiral and resignation) leaving PH and that they are actively recruiting and looking at skill mix on ward to support opening more beds. CM asked if RMcK group could report on number of beds and capacity.

Neil MacRae (Transport & Access) was unable to make meeting this morning as now on a secondment until the end of this year. He has emailed Ross recently in relation to the Transport and Access brief. He had hoped to arrange a meeting of the group before secondment started in the spring but was unable to do so. Action plan for Transport and Access which was undertaken has strong recommendations that would make a real positive impact if implemented. Acknowledged that resource is at a premium for all organisations at present but it would be good if the steering group could discuss if there is someone who might be able to take on the work and chair the group. He would be keen to support the work wherever possible when his secondment finishes at the end of this year.

**9. Draft Minutes of Meeting 11 March 2022**

These have still to be approved and will be distributed imminently.

Next SFT meeting in Sep so this group will meet again late October/early November.