NHS Highland

Highland Health & Social Care Partnership

Sir Lewis Ritchie Implementation Steering Group Meeting
Meeting Note

Mon 24 Aug 2026
1030-1230
Portree & Bracadale Free Church (in person / MS Teams)

Chair	Charles Crichton (CC), Co-Chair
	Ruraidh Stewart (RS), Councillor & Co-Chair
Present	Anne Gillies (AG), Raasay Community representative
	Arlene Johnstone (AJ), Chief Officer NHSH
	Claire Copeland (CC), Deputy Medical Director NHSH
	Dawn Pridham (DP), District Manager NHSH
	Dr Caroline Gould (CG), Qualified Access Auditor and Community Representative
	Fay Thomson (FT), SOS NHS
	Finella MacKinnon(FMcK), Struan Community Council
	Fiona Davies (FD), Chief Executive NHSH
	Graham Monro (GM), Clinical Lead Advanced Practitioner
	Iain MacPherson (IMacP), SOS NHS
	Isabelle Campbell, Councillor
	Jo-Anne Ford (JAF), Chief Officer SLCVO
	Julie Ronald, NHS24
	Khyber Alam (KA) NHSH
	Lorna McCalman (LMcC), SOS NHS
	Louise Bussell (LB), Nurse Director NHSH
	Lynn Garrett (LG), NHSH
	Mairi MacDonald (MM)
	Margaret Duguid (MD), SOS NHS
	Michelle Johnstone (MJ), Interim Head of Community Services NHSH
	Neil Campbell (NC), SOS NHS
	Neil Ferguson (NF), SOS NHS
	Richard MacDonald (RM), Director of Estates, Facilities and Capital Planning
	Sophie Wilson (SW), P&B Community Trust/Work on Skye
	Steven Gorman (SG), Scottish Ambulance Service
Apologies	Drew Millar (DM), Councillor
	Christine Gillies (CGill), Councillor
	Jill Mitchell (JM), NHSH
	Julie Gilmore (JG), NHSH
	Marion Carson (MC), SOS
	Myra MacLeod (MM), SOS
	Pamela Scally (PS), NHSH

	Ron Cook (RC), NHS24
Administrators	Heather Campbell, PA to Arlene Johnstone
	Fiona Watt, Business Support Manager

1.	**Welcome & Apologies**
	1) The meeting was chaired by Ruaridh Stewart, who welcomed attendees and provided housekeeping information. Apologies noted as above.
2.	**Home Farm Update**
	1) Arlene Johnstone provided a verbal update on Home Farm, acknowledging that this continues to be a distressing and challenging period as NHS Highland works through the Care Inspectorate (CI) improvement recommendations. Two meetings have been held with residents and family members to keep interested parties informed. 2) Progress has been made in implementing the required improvements, including actions relating to staffing, estates, and care provision. The Care Inspectorate continues to meet weekly with the service. Sheena Williamson has joined the Board to undertake the role of Turnaround Manager and has agreed to remain with NHS Highland until the end of 2026 to support implementation of the required changes. 3) To provide longer-term leadership stability, particularly at Home Farm, arrangements have been made to appoint an additional interim manager who will undertake a six-week handover with Sheena Williamson from November 2026. Arlene emphasised that leadership stability will support sustained improvements in the quality of care. 4) An update was provided on estates issues, including concerns regarding lift maintenance. Significant work has been undertaken and responsibility for oversight of Home Farm property matters has been aligned with the Estates lead responsible for the local hospital. 5) The service is awaiting a further Care Inspectorate re-inspection, although the date has not yet been confirmed. Once the outcome is known, feedback will be provided promptly to residents and families, followed by a public meeting. Arlene noted that, in addition to the Improvement Notice, a number of advisories had been issued. Weekly oversight meetings involving Louise Bussell, Arlene and Fiona Duncan, Chief Social Work Officer, continue to monitor progress. 6) Work is also ongoing to create a more homely environment, including improvements to outdoor and garden areas. Arlene provided assurance that NHS Highland has no intention of closing Home Farm and remains committed to reopening beds where possible, recognising the importance of supporting individuals within their home communities. 7) Members welcomed positive interest generated through ongoing recruitment campaigns. Arlene noted the benefits of employing local staff wherever possible rather than relying on agency or out-of-area workers and provided assurance that the recommended improvement actions have been implemented. 8) In discussion regarding learning and improvement, Arlene highlighted that the Care Inspectorate adopts a supportive approach and facilitates the sharing of best practice

between care homes across Scotland, with further opportunities for collaborative learning being explored.

9) Questions were raised regarding fire safety, accessibility and building compliance. Arlene confirmed that Home Farm remains compliant with relevant regulations and advised that fire risk assessments and regular fire drills are undertaken. It was acknowledged that greater awareness of evacuation arrangements among families and visitors would be beneficial. Members were advised that Estates colleagues are working with The Highland Council to address accessibility improvements.

10) Discussion also focused on workforce recruitment challenges. Arlene acknowledged the ongoing difficulties experienced across Highland and outlined current efforts to strengthen recruitment, including engagement with agencies and initiatives aimed at attracting school leavers. While no new solutions were identified at this stage, NHS Highland remains open to suggestions and continues to review recruitment approaches. Fiona Davies highlighted the significant procedural and national governance requirements associated with recruitment and agency workforce processes.

11) In closing, Arlene reiterated that the immediate priority is securing assurance regarding the successful implementation of the Care Inspectorate recommendations. A brief discussion also noted the wider challenge of repurposing buildings, with increasing service demands competing against limited resources and a lack of Scottish Government capital funding for major projects.

3. Implementation plan update report

3.1 Urgent Care Service

Michelle Johnstone gave an overview – please refer to report for full update.

Graham Monro presented data: **Broadford & Portree UCC Jan – June 2026, to include breakdown of patients seen in Portree**

Opened to the meeting for discussion:

1) The presentation generated a discussion regarding urgent care provision across Skye, particularly the balance of services between Portree and Broadford. It was noted that the majority of patients from the Portree catchment area who attended Broadford did so appropriately based on clinical need, with some patients choosing to attend Broadford directly rather than being redirected.

2) An update was provided on workforce recruitment, including ongoing efforts to recruit two additional Advanced Practitioners. Recruitment remains challenging due to the specialist nature of the roles and the length of training, which can take up to three years. Two Advanced Practitioners are nearing completion of their training and are expected to strengthen local service provision.

3) Members discussed whether the current model aligns with recommendations from the SLR report; Louise Bussell advised that the SLR supported urgent care services for the whole of Skye and that the current hybrid model is consistent with arrangements in place across most Minor Injury Units in Highland. Fiona Davies noted that previous attempts to provide a 24/7 urgent care model in Portree had proven unsustainable and that the current model seeks to balance accessibility, workforce availability and long-term sustainability while maintaining safe access to care.

4) Questions were raised regarding patient activity data, including the proportion of attendees presenting out of hours and whether some patients could have been seen in North Skye. Additional queries related to GP referrals and appointment availability. It was noted that available data does not allow detailed analysis of individual attendance circumstances.

5) Arlene Johnstone emphasised that the data presented is drawn directly from NHS systems and provides an accurate representation of service activity. She suggested that future meetings consider what additional data members would find helpful, with this to be progressed through communications and engagement processes.

6) Discussion also explored service capacity, patient flow and waiting times, recognising that limitations in treatment room capacity can contribute to delays. Fiona Davies highlighted wider challenges relating to patient placement, infection prevention and control requirements, and national performance standards. Members were advised that a new national Urgent and Scheduled Care (USC) Plan is due to be published on 31 August 2026, which may influence future service delivery across Scotland. An update on the national plan will be brought to a future meeting.

7) Concerns were raised regarding service risk assessments and perceptions of service accessibility, with examples provided by members based on individual experiences. Louise confirmed that District Managers have been encouraged to undertake risk assessments where appropriate. NHS Highland reiterated its commitment to listening to communities and providing the best and most sustainable access to urgent care services available.

8) Louise Bussell concluded by assuring members that the forum would continue to receive updates on ongoing work and service developments.

3.2 Glenelg Medical Practice

Please refer to report for full update

1) A brief update was provided. Further discussion has been deferred due to the rescheduling of the community meeting. Further feedback will follow from this meeting.

3.3 Raasay

Please refer to report for full update

1) Progress has taken longer than anticipated. Arlene Johnstone shared the proposed scope and is awaiting feedback on this. Members queried why some services have been removed and were advised some clinical processes have been moved off island to different locations to ensure the right skill set and align with safe practice requirements. A development plan is in place to ensure local services are provided where it is appropriate to do so.

3.4 Housing Strategy

Please refer to report for full update

1) Richard MacDonald advised a Housing Group convened and is working in collaboration alongside local Council. The allocations policy is to be reviewed at Council. Housing availability would assist with recruitment challenges being experienced. Richard MacDonald advises the local housing association have been very supportive to date.

3.5	**Access to buildings**
	Refer to report for full update; positive feedback noted to date. 1) Tarring in the carpark at Portree has been completed and feedback has been positive. Refurbishment of the hospital including new windows has been completed. A suggestion was made to improve signage for toilet and changing facilities, as one of the most common issues reported is individuals inadvertently entering occupied facilities. **Action:** Richard MacDonald to review current signage arrangements and consider potential improvements. Thanks were extended to colleagues for work undertaken to date.
3.6	**Centre for Excellence**
	Please refer to report for full update. 1) Louise Bussell advises progress has been limited following the merger of NES and NSS. Fiona Davies suggested extending an invitation to the Chief Executive of NHS National Services Scotland (NSS), in connection with Public Service Delivery Scotland. Fiona also advised that she is co-chairing work on Island Communities with a colleague from Orkney. A wider discussion followed regarding the shift in the balance of care.
3.7	**Communication**
	Please refer to report for full update. 1) Arlene Johnstone confirmed NHS Highland will re-establish the Sir Lewis Ritchie Communications and Engagement Group in September 2026. The group will bring together representatives from NHS Highland, partner organisations, elected members and local communities to support coordinated communications, stakeholder engagement and transparent information sharing as implementation progresses. This communications group will pick up on points raised earlier in the meeting including gathering data from NHS Highland Hub.
4.	**NHS24**
	Dr Julie Ronald presented updates via PowerPoint – made available to members post meeting – to include: • NHS24 Summer 2026 National Activity • NHS24 Summer 2026 Median time to Answer – patient journey times have reduced significantly – significant improvement in access to service and patient journey/s • NHS24 – NHS Scotland Summer 2026: Outcomes by Care Group Access to Urgent Care Services and Public Communications 1) Members sought clarification on the patient pathway, with confirmation that individuals contacting NHS 24 are clinically triaged and, where appropriate, referred to the NHS Remote and Rural Hub before being directed to the most suitable service or location for care

2) A strong view was expressed that NHS Highland should continue to improve communication with local communities regarding how to access services and navigate available healthcare options. Members questioned whether households have sufficient awareness of the pathways available to them and requested that this be considered as part of future communications activity.

3) Julie Ronald highlighted the importance of ensuring the Right Care, Right Place approach is delivered locally where appropriate and noted that NHS Inform remains a reliable and governed source of information for the public.

4) Members requested access to comparable activity data from the NHS Remote and Rural Hub to provide greater assurance that there are no barriers to accessing services. It was also suggested that the Portree service should feature more prominently within communications and public information materials.

5) Fiona Davies referenced the Scottish Government's promotion of the MyCare app as a single point of access for health services but noted that digital exclusion remains a challenge, with some households in Skye lacking access to computers.

6) Discussion took place regarding why calls triaged by NHS 24 are directed to the Remote and Rural Hub rather than directly to Broadford. Julie Ronald advised that this is a matter for NHS Highland, while Fiona Davies explained that each Health Board operates a central care navigation function as part of a national model. It was agreed that a further update on this topic would be included on a future agenda.

7) Graham Monro confirmed that following assessment and triage, the Portree Urgent and Unscheduled Care service is able to redirect patients to the most appropriate place of care where required. The flow navigation team work closely with the clinical team for triaging.

5.	**Future Meetings**
	Proposed dates: Friday 13th November 2026 Friday 26th February 2027 Friday 14th May 2027
6.	**AOCB**
6.1	**Care Beds** – add as a major agenda item next meeting
6.2	**Reference email to Arlene Johnstone and Louise Bussell – unresolved issues**

1) Members discussed the availability of vending machines and access to drinking water within the facility. Richard MacDonald advised that cold water taps are available and agreed to confirm current arrangements - **Action**

2) Concerns were raised regarding patient transport, particularly around the potential impact on people with disabilities and whether access arrangements could be improved. It was suggested that this matter be explored further through a dedicated subgroup. Louise Bussell advised that discussions are already underway regarding how patient transport arrangements could be enhanced and confirmed that the group will be kept informed of any developments.

	Date of Next Meeting
	Friday 13th November 2026