

# NHS Highland



**Meeting:** HHSC Committee

**Meeting date:** 7 May 2025

**Title:** Sir Lewis Ritchie Report Update

**Responsible Executive/Non-Executive:** Pamela Cremin, Chief Officer HHSCP

**Report Author:** Karen-Anne Wilson, Area Manager West

**Report Recommendation:** Committee members are asked to note the update and take moderate assurance.

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well	x	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	x	Live Well		Respond Well	x	Treat Well	
Journey Well		Age Well	x	End Well		Value Well	
Perform well		Progress well	x	<b>All Well Themes</b>			

## 2 Report summary

### 2.1 Situation

Sir Lewis Ritchie was asked in 2017 to undertake an independent review of out of hours (OOH) services in Skye Lochalsh and Wester Ross by the then chair of NHS Highland, Dr David Alston. The review was carried out in 2018 and the final draft report is now available.

There has been a huge amount of work by local groups, individuals and NHS Highland to achieve the 15 recommendations from that original report in 2018.

### 2.2 Background

This review was triggered by a review of services in Skye Lochalsh and Wester Ross, including the building of the new Broadford Hospital. The review has a clear vision for a collaborative public service approach for the future.

There were significant delays in its implementation including the effect of Covid 19 and the effect of changes in staffing in NHS Highland at a senior level which has resulted in increased participation and involvement from the Board which Sir Lewis pays particular credit to.

### 2.3 Assessment

The recommendations and formal response from Fiona Davies, Chief Executive NHS Highland is summarised below. The review final report is still in draft form but is expected to be finalised shortly.

#### **Recommendation 1: Portree Hospital Out of Hours Services**

Following the publication of the recommendations, NHS Highland established a 24/7 urgent care service from Portree. There were attempts to do this in collaboration with NHS 24 and Scottish Ambulance Service, but this proved unsuccessful. Despite the service running from 2019 until 2022 (with a short suspension for COVID and some later overnight closures) the model did not sustain, and this inconsistency was not well received by the community.

An agreed urgent care model is now established, which came into place on 16 August 2024. There are Advanced Practitioners based on site for the out of hours period seven days per week and extended hours throughout the weekend. They offer home visits where clinically appropriate, and are working in close collaboration with nursing and Scottish Ambulance colleagues to provide a 24/7 urgent care response at the Hospital.

To date, the data shows a low level of service requirement during daytime hours, but it is recognised the numbers will fluctuate throughout the year so the model will continue to be reviewed. The current model has been established to ensure resilience and best

use of skills and resource at optimum times. However staff turnover continues to be problematic but it is being addressed.

**We will continue to develop the service based on need with our partners in the community and our agency partners through the re-established Urgent Care group. This has community and wider stakeholder representation including Primary care, Scottish Ambulance Service and NHS 24 and the group are exploring wider attendance including the police and fire service in order to ensure our future planning and decision making is collaborative and co-produced.**

**Recommendation 2: Future Community Bed and Care Provision**

NHS Highland undertook a review of need as part of the original options appraisal that set out the bed number trajectories that would be required, depending on what the community provision would be provided as part of a future model. This work was not concluded, given the suspension of the options appraisal process, however the information remained of relevance.

However, in relation to action 2c we have not reached the conclusions we committed to. We set out that we would complete an options appraisal to establish a longer-term plan with regard to health and care provision in Portree. The options appraisal did not reach a conclusion and further work is required. To inform this, a new Joint Strategic Needs Assessment has been undertaken, and in addition, a Health Needs Assessment was presented to the Sir Lewis Ritchie Steering Group by Dr Tim Allison, Director of Public Health, NHS Highland at the end of 2022.

This supports our ongoing service planning on Skye and across all Board areas. Board representatives have been clear since the initial report that the beds will remain open in Portree Hospital. This would only change if there is an agreed plan for suitable bed provision in the north of Skye. NHS Highland remain committed to this position.

Currently the care bed provision outwith the hospital in the north of the island is at Home Farm. The additional beds that we had previously committed to, and referenced in the recommendations, did not come to fruition as this was to be via an independent provider who has subsequently closed their care home in Portree. The GP practice will not be moving into the hospital as the space would not permit that, but they have the comfort of an extended lease and they continue to work closely with us. There are a wide range of community health and care services and we are working to develop these, including local services such as our new facility in Staffin and implementation of the Highland Joint Strategic Plan.

In line with this, a District Planning Group has been established to engage with the community and to take forward the adult health and care provision elements for Skye, Lochalsh and Wester Ross. This will be the process, in line with Health Improvement

Scotland Guidance on identifying major health service changes, to consider and agree service transformation and redesign to meet the needs of Skye, Lochalsh and South West Ross residents.

Engagement in the District Planning Group and specifically the Urgent Care Group with key stakeholders will continue the collaboration and engagement. Importantly, there is now a Health and Social Care Partnership Joint Strategic Plan in place to guide progress. This is part of the legislative expectations in the Public Bodies (Joint Working) (Scotland) Act 2014.

**We have established a co-produced community and NHS Highland recruitment group which is now well established and with good evidence of success. We have also had successful international recruitment to the island. We continue to work with the staff to develop their confidence in the longevity of services and our ongoing commitment to Portree Hospital in particular. Clinical and operational leadership is now in place and well established.**

**Recommendation 3: Closer Inter-Agency and Public Participation**

There has been close inter-agency working over the last six years; however, this has not always been consistent and has had less success than may have been anticipated. NHS Highland colleagues and Scottish Ambulance Service in particular, have made strides in closer working at both of the hospital sites, including piloting new ways of working, but we know we can achieve more.

The pandemic did impact on some of the emerging work that was taking place and it has been a struggle to re-establish those links and working practices. We are more hopeful that the groups now emerging, such as the inter-agency group led by the area manager, the recruitment and retention group co-produced with the community, and the reconnection with NHS Education for Scotland, will prove beneficial in the future.

The public have been active participants over the last six years in a variety of ways. The success of this is evident in a number of specific locality projects such as “Work on Skye”. They have been both supportive and challenging and, understandably, at times frustrated with us. We know that we need to continue to build better approaches to inclusion and engagement.

The new district planning group is now established, with the intention of ensuring a forward focus together as the SLR Steering Group comes close to an end. In addition, we have re-established the communication group to complement the well-received recruitment and retention group that is really making a difference. The firmly established Community Project Officer post that is funded by NHS Highland and two partner organisations has been particularly helpful.

The final, but hugely important part of this recommendation, was engagement with frontline staff. This has not always been as good as it should have been, for a number of reasons. We have, though, reviewed and redesigned our leadership structure in order to provide much more focussed clinical and operational leadership. This recommendation as was set out in the original report has been achieved, recognising that inter-agency working and public participation require ongoing attention and oversight.

**This co-production will continue via the District Planning, Urgent Care and Communication Groups in addition to routine partnership working and community engagement. Scottish Ambulance Service colleagues have actively engaged in our meetings with SOS-NHS and they and NHS 24 continue to attend the SLR Steering Group. We are engaging with other partners including the Highland Council, NES, Scottish Futures Trust and HITRANS as we plan for the future. We have good community engagement as we develop the new District Planning Group and are now seeking district wide community members for the re-established community and urgent care groups.**

**Recommendation 4: Collaboration with Scottish Ambulance Service**

NHS Highland and the Scottish Ambulance Service have collaborated throughout the period since the report and remain committed to doing this in the future. This was highlighted in our meetings with the community. In relation to the specific points in this recommendation, as was referenced in the meeting on 31 July 2024, Scottish Ambulance Service did review their capacity and capability, including the potential for using the rapid response vehicle.

The outcome of this review was to increase their establishment by 14 paramedics and providing 24/7 (on site, rather than on call) provision based at Broadford and Portree Hospitals. The review did not evidence the need to staff the response vehicle. As you know, the community did express concerns about this and Scottish Ambulance Service colleagues advised that they would keep the level of need under review whilst working with us on collaborative models. Confirmation of completion was sent by Michael Dickson, Chief Executive Officer, Scottish Ambulance Service in correspondence to Louise Bussell on 3 July 2024.

**This recommendation has been achieved for a number of years. Scottish Ambulance Service is committed to continued collaboration and review of service need. This will continue via the Urgent Care Group in addition to routine partnership working and engagement. They have actively engaged in our meetings with SOS-NHS and continue to attend the SLR Steering group.**

**Recommendation 5: Collaboration with NHS 24**

Since 2018, NHS Highland has engaged with NHS 24 about the potential for joint service developments and new ways of working. Early on, in response to the report, there was

a pilot of a new collaborative approach with locally based staff in a shared working model. This proved to be a challenge in terms of workforce and was unfortunately suspended during the pandemic. Since then, NHS 24 have consistently confirmed that they would not be contributing to a future local staffing model.

The Chief Executive wrote to NHS 24 to seek their views on this recommendation, where they have affirmed this position and their view that the ongoing workforce challenges, coupled with a change in their model, means that they will not be pursuing the original ask. They have, though, committed to continuing to work with NHS Highland for future closer pathway working and Louise Bussell Nurse Director and Fiona Davies, Chief Executive will pursue this with them. Confirmation of NHS 24's position was sent by Jim Miller, Chief Executive Officer, NHS 24 in correspondence to Fiona Davies on 11 July 2024.

**The recommendation is concluded rather than completed, as the original action is not being taken forward. NHS Highland and NHS 24 have, though, committed to ongoing engagement and exploration of future collaborations. This will continue via the Urgent Care Group in addition to routine partnership working and engagement. NHS24 have attended and actively engaged in the SLR Steering Group.**

**Recommendation 6: First Responders**

This action has been completed. The Scottish Ambulance Service Chief Executive has confirmed this in his response to NHS Highland. Community First Responder Schemes are in place across Skye, Lochalsh and South West Ross, with work ongoing to build the number of Community First Responders further.

Scottish Ambulance Service currently has five Community First Responder Schemes active on Skye based at Dunvegan / Struan, Glendale, Portree, Sleat and Trotternish. Community First Responders are volunteers and therefore may not always be available as volunteers 24/7 as they book on and off, depending on their availability. Scottish Ambulance Service has a further five volunteers currently completing their four day Community First Responder training course being delivered on Skye.

There will always be a turnover in Community First Responders, so Scottish Ambulance Service works to maintain numbers through training programmes. Confirmation of completion was sent by Michael Dickson, Chief Executive, Scottish Ambulance Service in correspondence to Louise Bussell on 3 July 2024.

**The original recommendation was completed, although it is always an area that will require ongoing support and development to achieve its intention. Scottish Ambulance Service have committed to further developments in this area and will report back via the Urgent Care Group.**

**Recommendation 7: Workforce Capacity and Capability**

All agencies, including NHS Highland and Scottish Ambulance Service, have reviewed urgent care provision within their organisations and adjusted the workforce to meet need. Recruitment, retention and related resilience are the ongoing challenges to achieving establishments. Joint workforce planning and working was attempted and has been piloted with NHS 24 and Scottish Ambulance Service; however, there have been limitations to this. This was due to recruitment challenges, changes to how NHS 24 work nationally, and ambulance staff availability whilst the ambulance is out on calls.

**There is now agreement of working practices where Scottish Ambulance Service can complement but not replace NHS Highland provision. Multi-professional clinical leadership is in place and supported at a local, service and board-wide level. There is evidence of clinically led developments, such as the model for out of hours provision in Portree and the implementation of local training and development plans. This recommendation is completed. There will of course need to be ongoing work to ensure workforce, capacity and capability.**

**Recommendation 8: Housing Solutions**

NHS Highland has worked with The Highland Council, the local housing association and the local community to find novel solutions, as was the recommendation. The Board leases a number of properties to support staff moving to the island, as well as sending out the housing list to all new starters and linking in with the local community via the recruitment group members. This has led to some success, including for example the rental of a yurt and access to locally offered shared accommodation.

The Highland Council continues to work with partners, through the Highland Housing Hub, to identify housing solutions geared towards NHS staff. A recent project in Broadford by Highland Housing Alliance was advertised as priority for NHS staff. Lessons have been learned from this, including the need to provide for greater choice of tenure (including mid-market rent options) and house type.

**Work continues in Portree and other locations in Skye to ensure a pipeline of housing supply, and to seek additional funding sources towards the provision of housing. Whilst this is an area requiring ongoing involvement of all agencies, the original recommendation action has been completed.**

**Recommendation 9: Road Issues**

The Highland Council has confirmed that the road conditions on Skye have been the subject of much discussion within the Council and with partners. This has led to an increased level of capital investment for the Skye and Raasay area over the last two financial years, and the number of schemes being completed has been significant.

**NHS Highland recognises there are still areas of concerns, and every effort is being made to accelerate activity on all routes throughout Skye and Raasay. The Highland Council works in partnership with NHS Highland in relation to any road concerns that are highlighted and continues to plan further developments. The original recommendation has been completed.**

**Recommendation 10: Transport and Accessibility**

The original recommendation in the report was to review the Terms of Reference for the Transport and Access Group. This took place and the group was re-established. The group was chaired by Stagecoach and comprises a number of partners, including HITRANS, the Regional Transport Partnership.

It is currently not in place and a further consideration of future need is being explored as it is recognised a refresh to this group is required in order to reinvigorate the project. HITRANS has just started work to establish a Highland & Islands-wide Health and Transport Action Plan which will look at many of the access to healthcare issues that need addressed. However, it is considered that the Skye, Lochalsh and South West Ross issues may still require a separate dedicated group.

**The Highland Council is aware of the position and will work with us and partners to ensure the right meeting infrastructure is in place to meet future needs. All of the evacuation plans were reviewed by the relevant agencies, with plans implemented following the report. I understand these will continue to be periodically reviewed. In the correspondence from Michael Dickson, Chief Executive, Scottish Ambulance Service to Louise Bussell on 3 July 2024 there was a commitment to review this again with partner organisations. The original recommendations have been completed.**

There is, though, further discussion needed to consider future requirements for optimising transport and access for people in Skye, Lochalsh and South West Ross. In order to achieve this there have been three meetings chaired by Louise Bussell with community and local councillor representation as well as colleagues from the Board, SAS, HITRANS, Stagecoach and the Highland Council to consider how to take forward transport and accessibility matters for Skye, Lochalsh and South-West Ross.

**From these discussions a short life working group for transport has been established, initially chaired by Louise Bussell until a chair is agreed. The group is considering the actions from the previous report in 2020 to ensure anything outstanding is completed as well as a look forward to what else would be of benefit for SLSWR. To achieve these actions the group now has membership from patient booking and outpatients at Raigmore and has sought advice from the South, West Ross Care Scheme. Richard MacDonald, Director of Estates, Facilities and Capital**

**Planning agreed to take forward access issues separately as part of his Equality, Diversity and Inclusion work.**

**Recommendation 11: Digital Innovation**

Engagement in digital innovation has been ongoing and we continue to learn from other remote and rural areas. There are good IT links between sites via 'Near Me' and Microsoft Teams. There are 'Near Me' facilities in a variety of locations, including Portree Hospital, Broadford, Raasay and Staffin.

The board has a Digital Health and Care Group with a number of key areas of work that will have a positive impact on remote and rural communities and our staff groups. In addition, we are linking in regionally, in a remote, rural and island context and nationally to ensure we work in collaboration and innovate for the future. Examples of this are our engagement with the national work on the digital front door and remote home monitoring programme. In relation to the latter, we are now implementing the BP Connect Me monitoring pathway.

**Since the report was published there has been significant development in response to the pandemic and staff are now familiar with using Microsoft Teams as a regular and routine method of communication. The original recommendation was completed; however, clearly digital innovation will remain an essential part of health, social care and community planning.**

**Recommendation 12: Specific Localities**

The actions in the report were specifically related to the service models for, and ensuring sustainability of, services in Glenelg and Arnisdale, Raasay and the Howard Doris Centre, Lochcarron. The local team has worked closely with the community and partners in order to find a solution in West Ross for each of these three distinct areas.

**Local solutions have been implemented in other areas of Skye, Lochalsh and South West Ross, such as the new facility at Staffin which is now being used well as both a health and care facility and a community resource. This recommendation has been achieved for a long period of time now, with further developments and adaptations in response to emerging issues and identified opportunities.**

**Recommendation 13: Centre for Excellence**

Initially work was progressed locally with a number of organisations and community representatives. It was then progressed at a national level with NHS Education for Scotland taking the lead, but still ensuring support and engagement with Skye, Lochalsh and South West Ross. They have provided a helpful report of the progress, which includes some of the work to date.

Dr Pam Nicoll, Associate Director of Medicine & Interim Director of The National Centre for Remote and Rural Health and Care, provided a summary report to the Board on 13 August 2024 outlining the work that has followed on from the original recommendation. NES has continued to provide educational support and training to the health and care staff located within Skye, Lochalsh and South West Ross and throughout NHS Highland. In addition to this, the Centre for Excellence has taken forward a number of projects supporting needs identified within the joint working of the Centre for Excellence Working Group.

This currently includes three projects working collaboratively with the local multi-agency Skye Recruitment and Retention Group:

- Highland Community Induction Officer Project – joint funding and evaluation
- Making it Work Framework Implementation Project 1 – project support and evaluation
- NHS Recruitment Group Skye Evaluation – project support and evaluation

**The remote, rural and island specific needs identified throughout the work of the Centre for Excellence Working Group in Skye, Lochalsh and South West Ross are also reflected in the Centre Priority Programmes of Work underway at national level in the four priority areas of remote, rural and island research and evaluation; recruitment and retention; education and training; and leadership and good practice. The recommendation was completed by the original work stream chaired by NES colleagues.**

**Recommendation 14: Best Use of Resources**

This action was taken forward locally, including the partial funding of the Project Officer to assist in this work. This has included communication to and with the public in a variety of ways and using options for sign posting. Social media has been an increasing focus of this work as it has significantly developed since 2018.

**This recommendation has been completed and work will be ongoing as part of our business as usual with our community groups and partners.**

**Recommendation 15: Making it Happen**

Partners and community representatives have engaged well over the last six years with the ambition to Make it Happen. The community and staff participation has been exceptional in exploring alternative solutions and novel approaches. There have been forums to achieve the work together; some of these concluded once the work was completed, others did not sustain as we would have wanted them to, but throughout, people have come together via the Steering Group.

There have clearly been challenges along the way, not least the disruption and changes brought about by the pandemic, and obviously we would have wanted to have made it all happen much sooner. However, on reviewing the work achieved, many of the

recommendations have been completed and firmly established for a number of years. This is testament to the people who have been working and continue to work to make it happen.

**As identified in this response, there are areas within the recommendations that require work to reach conclusion. This recommendation is therefore partially completed and the collaboration and co-production will need to be ongoing post conclusion of all the recommendations. To achieve this we have developed a new governance structure with a continued focus on community and partner engagement and co-production.**

All of the meetings within this structure are now in place and becoming more established. This note is intended to reflect our achievements to date and what further work we are still to do, and provides assurance that NHS Highland is working in partnerships with other agencies to work collaboratively in partnership with the community.

**2.4 Proposed level of Assurance**

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

**This note provides the assurance that while some projects have been completed, those that are still being completed are live and being progressed.**

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

The effect of the work on the Sir Lewis Ritchie report has increased the level of available services for patients on North Skye so has a positive impact on patient care.

**3.2 Workforce**

Staffing in the Out of Hours service has proved challenging but both fully qualified and trainees have been recruited to provide a stable workforce. The resignation of the Clinical Lead was disappointing and the first advert produced no applicants for the role so this is being readvertised in April 2025 and promoted widely to encourage applications,

**3.3 Financial**

There are no financial risks currently in this project.

**3.4 Risk Assessment/Management**

Risk assessments are in place for the service and a review of these is a regular part of the provision.

**3.5 Data Protection**

No issues.

**3.6 Equality and Diversity, including health inequalities**

There are no new issues.

**3.7 Other impacts**

None noted

**3.8 Communication, involvement, engagement and consultation**

State how his has been carried out and note any meetings that have taken place.

- Stakeholder/Group Name, and date Sir Lewis Ritchie Steering Group Meeting at Portree on 26<sup>th</sup> March 2025

**3.9 Route to the Meeting**

The content of this report has been taken from the formal letter from Fiona Davies, Chief Executive NHS Highland to the Sir Lewis Ritchie Steering Group and inclusion in the draft final report March 2025.

**4.1 List of appendices**

The following appendices are included with this report: