

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 2 July 2025

Title: Sire Lewis Ritchie – Final Progress Report on the Independent Review of Skye, Lochalsh and South-West Ross Out- Of-Hours Service

Responsible Executive/Non-Executive: Louise Bussell

Report Author: Louise Bussell

Report Recommendation:

The Committee are asked to note the final report and take substantial assurance that report identifies the current position and the actions and moderate assurance that the Board will continue to make progress in line with the outcomes.

1 Purpose

The report is provided to ensure the Committee is sighted on the final report by Sir Lewis Ritchie following the publication of his original report published in 2018. The final report will be presented to Board members after being reviewed at this Committee. The report will then be published on the Board website.

This is presented to the Board for:

Assurance

This report relates to a:

Together We Care and Local policy

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		Anchor Well	
Grow Well	Listen Well		Nurture Well		Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well		All Well Themes			

2 Report summary

2.1 Situation

The Committee heard details of the Board’s current position in relation to the report at the last Committee and it was noted that Sir Lewis Ritchies report was available in Draft. The Board has now seen the final report which will be presented to Board members following consideration at the HHSCC.

2.2 Background

Sir Lewis Ritchie was requested to carry out an independent report in relation to out of hours services in Skye, Lochalsh and South-West Ross in 2017 following concerns raised about services in the north of Skye following the business case for a new Hospital to be located in Broadford. His report was received and accepted by the Board in 2018.

The report had recommendations relating to a broad range of areas and focused on the importance of multi-agency working and close collaboration and co-production with the community. Work has been going on to implement the report since its publication and continues both in relation to the existing actions and further developments given the time since the report was published. This is detailed in the last Committee report.

2.3 Assessment

Sir Lewis Ritchie has provided a detailed and balanced report that identifies where progress has been made as well as where there have been challenges and shortfalls to date. It identifies where recommendations have been completed in full or in part and notes what remains outstanding. It also references potential opportunities for the future.

The Board and partners need to continue to progress the outstanding recommendations in close collaboration with the community. Last months committee report sets out the intent to do and the structure to support the work which will ensure that actions already completed can be monitored and outstanding actions can be taken forward. These forums will consider the report in full and agree actions relating to it to form their future work plans.

Sir Lewis Ritchie acknowledges that dedication and commitment of the community and partners in taking forward the recommendations of his report and the need for this to be maintained.

2.4 Proposed level of Assurance

Substantial	x	Moderate	
Limited		None	

Substantial assurance in relation to the content of the final report from Sir Lewis Ritchie.

Substantial		Moderate	x
Limited		None	

Moderate assurance in relation to the Boards plans for continued implementation of the original report recommendation and response to additional points referenced by Sir Lewis Ritchie. This is in line with the previous report to the Committee in May 2025.

3 Impact Analysis

3.1 Quality/ Patient Care

The aim of Sir Lewis Ritchies original report was to assure and improve the quality of care for the community of SLSWR

3.2 Workforce

The report notes the outstanding recommendations relate to workforce shortfalls. Implementation of the recommendations has proved challenging for a number of agencies. Collaboration with partners and the community is in place and essential to seek optimum opportunities for enhancing and maintaining the workforce.

3.3 Financial

Implementation of the original report has had financial implication for the Board and other agencies. The original business case consolidated Hospital services at Broadford with a spoke model for Portree. The recommendations moved services away from this plan. The financial position needs to be evaluated against with the original plan.

3.4 Risk Assessment/Management

There is a risk to full implementation, primarily relation to workforce challenges and achieving resilience, particularly in relation to the out of hours service. The local recruitment group which is co-produced with the community is aimed at optimising all workforce opportunities.

There is an ongoing risk that the community lack trust in the Board and a belief that the recommendations will be concluded. Continued co-production in relation to all aspects of the implementation and proactive communication has been established.

3.5 Data Protection

No data protection implications.

3.6 Equality and Diversity, including health inequalities

It is essential that out of hours provision is in place to provide to the most vulnerable people in our community. No other equality and diversity implications.

3.7 Other impacts

High level of leadership and staff resilience required to take forward all of the work required.

3.8 Communication, involvement, engagement and consultation

Comprehensive structure of communication in place with community – Sir Lewis Steering Group is chaired by an independent chair and is attended by partner agencies and the community.

Ongoing engagement and consultation with staff groups in relation to future planning.

Engagement with elected officials and MsPs on a regular basis.

Regular reporting to this Committee.

3.9 Route to the Meeting

Follow on report from previous Committee report on the Boards response to the Sir Lewis Ritchie report.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Sir Lewis Ritchie – Final report

**INDEPENDENT EXTERNAL VIEW OF
SKYE, LOCHALSH AND SOUTH-WEST ROSS
OUT OF HOURS SERVICES**

Final Progress Report

25 April 2025

Executive summary

Introduction

I was originally tasked to undertake an independent review of out of hours (OOH) services in Skye Lochalsh and South-West Ross (SLSWR) in November 2017, by the then Chair of NHS Highland, Dr David Alston. I undertook that review in good faith, over the period February to May 2018, supported by many health and social care colleagues and other public services agencies, public representatives from SLSWR and the welcome support of civil servant colleagues within Scottish Government. More than seven years have now passed since my original commission, so it is now time to take final stock.

My appreciation for the steadfast support of colleagues and the public of SLSWR is laid out in the original review report. This has been magnified ever since. I would want to emphasise the excellence of steadfast clinical care and social care throughout SLSWR, which I have been privileged to witness on many occasions. It is also amplified in a separate Acknowledgements section at the conclusion of this final review of progress.

The original Review report (the Review) was published in May 2018:

[INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs Services](#)

That report was fully and publicly endorsed by Dr Alston at the time, on behalf of NHS Highland Board. However, with some recent and welcome notable exceptions, NHS Highland's public endorsement at the time of all recommendations, subsequently proved lacking in their resolve to fully implement them.

Multiple changes since then, of senior leaders at NHS Highland Board level and of local management leadership have not helped. The Board of NHS Highland should reflect carefully about that and the challenge of leadership discontinuity for previous commitments. While this review is focused on SLSWR, the messages hold relevance for other remote & rural services provision in NHS Highland but also throughout NHS Scotland.

Co-production (where services users and those who provide services are entitled to shape them) was a founding principle of the original Review but subsequently proved to be asymmetrical. In my view, NHS Highland's contributions were lagging, placing an undue onus on public participation, without sufficient reciprocity. This has now changed markedly for the better and will be expanded upon within this report.

In spite of multiple and exceptional challenges, including the drastic impact of the Covid-19 pandemic, continuous 24/7 urgent care access has now been restored at Portree Hospital.

Portree Hospital will continue to work in synergy with the excellent facilities at the new Broadford Hospital, where higher acuity cases are cared for.

In particular, the publicly feared closure of Portree Hospital (see also Annex D) has been avoided, with inpatient services ongoing. Urgent care access has now been restored at Portree Hospital on a continuous, sustainable 24/7 basis.

The Scottish Ambulance Services (SAS) has invested heavily in increased capacity and capability throughout SLSWR, including the replacement of on-call staffing with shift working at both Broadford and Portree Hospitals. SAS staff are now co-located at both Broadford and Portree Hospitals, which buttresses immediate emergency and urgent care response, when on-site and available. SAS resilience could be amplified further, as available resources and other priorities allow. First responder schemes, supported by SAS, have expanded, including a new Portree based unit. There is more to do here, including coordinated first responder responses from other statutory and voluntary agencies, including BASICS, HM Coastguard, Mountain Rescue, NHS 24, Police Scotland, the Royal National Lifeboat Institution (RNLI) the Scottish Fire and Rescue Service (SFRS) and other charities, such as *Lucky2Bhere*.

Specific local services – particularly at Glenelg & Arnisdale and Raasay were deemed to be unsatisfactory in the original 2018 Review. I understand that service provision in both locations have been satisfactory and stable for some time. However, continued vigilance will be required to ensure this, including the encouragement of first responder unit provision.

While trying to address OOH immediate service inadequacies and inequities in SLSWR, the original review pointed to moving to higher ground by promoting digital innovation (Recommendation 11), learning, training and a centre of excellence approach (Recommendation 13). This was mooted not only to improve the lot of the people of SLSWR but of many others too - in other remote, rural & island areas and beyond.

There are two other points which I wish to comment on, which are outwith my original terms of reference:

Firstly, I believe there is considerable merit, recognising present severe capital and revenue resource constraints, to think ahead about optimal and synergistic future public health services provision at Portree and North Skye. A campus-based and collaborative public service approach should be seriously considered, going forward. That should include consideration of relocating NHS, Police Scotland, SFRS, SAS (all of whose separate premises and infrastructure are presently siloed and constrained if not outmoded) and future nursing home care provision on the same site at/near Portree, in due course. Many agencies, specified in my original review,

will be required to realise that aspiration, beyond NHS Highland. That includes Highland Council, Highlands and Islands Enterprise (HIE) and the Scottish Futures Trust. A civic boldness and sense of common purpose will be required, going forward.

Secondly, it was good to hear recently that 24/7 midwifery services have been restored to SLSWR effective 03/25, following their abeyance over recent years. Again, while outwith my original terms of reference, I did hear about these clamant concerns along the way. The future sustainability of these vital services is of paramount importance.

Report Structure

This review is divided into a number of sections as follows, after the opening Executive Summary [Page 2]:

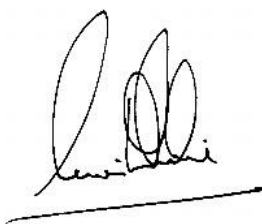
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Annex A – Letter to Councillor Calum Munro, copied to Professor Boyd Robertson then NHS Highland Board Chair and Ms Pamela Dudek then CEO, 16 June 2022 [Page 36]

Annex B - Preliminary Report of Progress to Councillor Calum Munro copied to Ms Pamela Dudek, then CEO NHS Highland, 05 August 2023 [Page 40]

Annex C – Requested letter from NHS Highland self-assessment of progress, received from present CEO, Ms Fiona Davies, 07 March 2025 [Page 46]

Annex D – Requested note of engagement and assessment of progress by Professor Ronald MacDonald OBE, particularly for Recommendations 11 and 13, 10 March 2025. [Page 58].



Professor Sir Lewis D Ritchie OBE FRSE

Chair, Independent Review of Out of Hours in Skye Lochalsh and South-West Ross

1 Purpose

This report culminates work assessing progress of the external independent external view report which was prepared in response to a request in late 2017 from Dr David Alston, then (now pre-penultimate) Chair of NHS Highland, to assess the sustainability of Out-of-Hours (OOH) services in Skye, Lochalsh and South-West Ross (SLSWR) - particularly North Skye.

The original report, published in May 2018 is available here:

[INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs Services](#)



A view of Portree Bay, including *RNLB Stanley Watson Barker*, nearby Portree Hospital

2 Original Report – methodology and findings

In our report we described our terms of Reference, listed in *Annex 1*. An independent External Panel was assembled, including health professional and public representation drawn from across Scotland (*Annex 2*). The process of the review was described in *Annex 3*.

3 Key Messages Identified (reproduced directly from the initial report)

- We were tasked to assess the sustainability of out-of-hours (OOH) services in Skye, Lochalsh and South-West Ross (SLSWR), with a specific emphasis on North Skye.
- During this external view, we witnessed the dedicated commitment and exemplary work of clinical, social care and support workers, delivering urgent and emergency care services on a 24/7 basis.
- Future delivery of high quality sustainable urgent and emergency care services with and for the people of SLSWR requires a shared vision and co-production. Clinical leadership, multi-agency collaboration and meaningful engagement with the public, will be essential to realise this.
- Recruitment and retention difficulties for clinical and support staff are seriously impacting on the resilience of OOH services. This issue is not confined to SLSWR, nor to remote and rural Scotland.
- Individual members of the public and public representatives of North Skye have vociferously expressed their stark opposition to the removal of overnight OOH services in the Minor Injury Unit at Portree Hospital, the recent and substantial diminution of available in-patient beds therein and the threat of closure.
- Our Terms of Reference specifically excluded us from reviewing the major service SLSWR redesign programme presently underway. However, the availability and location of community beds and other hospital services clearly impact on the resilience of OOH services. We have endeavoured to take that into account, in our findings and recommendations. We also took into account the Independent Review

of Primary Care Out of Hours Services: *Pulling Together: Transforming Urgent Care for the People of Scotland*.¹

- Whatever the antecedents, it is evident that in parts of SLSWR, the relationships between NHS Highland and the public are now crucially compromised. This particularly applies to the North of Skye and in some local communities, such as Glenelg & Arnisdale and Raasay. NHS Highland should carefully reflect on why this has happened and respond accordingly.
- This has materialized, despite ongoing efforts and engagement by the NHS Highland management team and the very evident and clear commitment of local communities to actively collaborate to realise and improve resilient local services. This pressing issue of public confidence needs to be addressed four-square and resolved together, with dispatch.
- We regard current and future planned service provision by NHS Highland for OOH services in SLSWR as neither sufficiently sustainable nor equitable, and have framed our recommendations, in that light.
- Some of the recommendations here will take some time to fully implement and flexibility and understanding will be required.
- These recommendations can only be delivered by the combined endeavour of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – pulling together.
- We hope that the recommendations will not only support OOH services but will also promote 24/7 sustainability of urgent and emergency care. Getting this right will be of paramount importance not only for those who receive care but for those who provide care.
- We recommend that a shared and agreed implementation plan should be developed with robust governance and accountability, to assure delivery of these recommendations.

¹<http://www.gov.scot/Publications/2015/11/9014> <http://www.gov.scot/Resource/0049/00490556.pdf>

- SLSWR has the potential to become a centre of excellence for developing and evaluating new models of 24/7 remote and rural health care, including digital innovation.
- Multidisciplinary and multiagency learning and training opportunities should be also maximized and will further reinforce sustainability of services. If realised well, this will bring enduring benefits not only for the people in SLSWR, but also for the whole of Scotland and beyond.

4 Recommendations made and then agreed by NHS Highland

Fifteen main recommendations, including a number of sub-recommendations were made and fully agreed, without equivocation, by the Chair and senior officers of NHS Highland in early May 2018 and is a matter of public record.

5 Recommendations implementation – Making it happen

In Recommendation 15: ‘Making it Happen’, we laid out governance expectations, flagging the principle of: ‘those who receive and deliver services are entitled to shape them’ and the importance of co-production. We also noted the importance of independent facilitation. Accordingly, the late David Noble, the former and much respected Chief Executive of Skye and Lochalsh Community Council, was initially approached by NHS Highland and he kindly agreed to be the first chair of the Review Implementation Steering Group (the Implementation Group). In succession, Maggie Cunningham then kindly agreed to chair the Implementation Group and Dr Miles Mack OBE helpfully facilitated discussions about implementing Recommendation 12 ‘Specific Localities’, regarding care provision in the communities of Glenelg & Arnisdale and Raasay, taking into account safe evacuation procedures in adverse weather conditions. Further, more detailed discussions of Recommendations 12 and 15 are made below.

6 Assessing, engaging and promoting implementation

I first revisited progress on the SLSWR OOH Review, six months later, in early December 2018, at a series of public meetings at Portree. At the time, I found encouraging commitment from the public of SLSWR for joint working, but with insufficient reciprocity from NHS Highland. Early progress was clearly unsatisfactory. I recommended a more streamlined governance process and the provision of programme officer support. That was accepted and then implemented. In May 2019, I revisited progress and found an encouraging community and NHS Highland cohesive spirit, primarily with the re-establishment of 24/7 urgent care access at Portree Hospital and the retention of in-patient facilities there. After the onset of the Covid-19 Pandemic in March 2020, I held a further (virtual) review of progress of the recommendations in October 2020, with Maggie Cunningham and senior NHS Highland staff, during unprecedented and unpredictable circumstances. Notwithstanding, a number of the Review recommendations had been achieved, by then:

- 24/7 urgent care access restored at Portree Hospital
- Ongoing in-patient care at Portree Hospital
- Mutual care synergies between Broadford and Portree Hospitals
- Stabilisation of local services at Glendale & Arnisdale and at Raasay
- Significant increased investment in capacity and capability by the Scottish Ambulance Service (SAS), including shift working instead of on-call working and co-location of SAS at Portree Hospital
- A substantive increase in voluntary first responder schemes throughout Skye.

At that point both Maggie Cunningham, as independent chair of the Implementation Group and I, agreed that a satisfactory point of progress had been reached. Maggie Cunningham then stepped down as Chair and I indicated that I would also step aside from the process. [Maggie Cunningham was then succeeded by local councillor Calum Munro as independent chair of the Implementation Group].

Unfortunately, shortly thereafter, the Covid-19 Pandemic, which erupted in March 2020, exerted an increasingly huge toll and severely impacted both health and social care services throughout SLSWR, as elsewhere.

While Portree Hospital continued to operate as a full-time in-patient facility, with variable numbers of inpatients accommodated in 2021, reliable 24/7 urgent care access at Portree Hospital proved not to be sustainable owing to staff recruitment and retention issues. This resulted in intermittent and unpredictable closures of the out of hours (OOH) service and rekindled the unsatisfactory urgent care access situation prior to the original 2018 OOH Review.

In consequence in April 2022, Cllr Munro invited me to re-engage with the process. I agreed to do so. I visited Portree on 31 May 2022 to meet with the Implementation Group. It was clear that 24/7 urgent care access at Portree had not only temporarily stalled but had been indefinitely halted by NHS Highland, at that point. This Implementation Group meeting at Portree clashed with a NHS Highland Board meeting on that day, so neither the then Chair of NHS Highland (Professor Boyd Robertson FRSE) and the former Chief Executive Officer (CEO) of NHS Highland (Pamela Dudek OBE) were able to be present. I separately spoke to them by phone on the same day, directly after the Implementation Group meeting, indicating my disappointment about lack of progress. I also formally wrote to NHS Highland about this. I enclose as **Annex A**, a copy of my letter to Cllr Munro (copied also to Professor Robertson and Ms Dudek).

I subsequently undertook a number of individual and group discussions (virtually and in person) including meetings with clinicians in Skye in 2023 and again in 2024. I consider that clinical engagement, leadership, and shaping the future of 24/7 NHS and care services in SLSWR is imperative, alongside public engagement and co-production.

Following reintroduction of weekend OOH services at Portree Hospital, I visited Portree again in June 2023 and met with a number of staff colleagues, members of the public and attended an Implementation Group meeting. At that meeting, the refractory issue of ongoing recruitment, retention and accommodation requirements for staff was highlighted once again. In order to secure meaningful progress, the formation of a Recruitment Working Group was mooted by the late Ross Cowie and accepted by the Implementation Group. That Working Group was established shortly afterwards, co-chaired by the Deputy Medical Director Community, NHS Highland and formerly by Ross Cowie as public representative. That group has met regularly since on an approximately fortnightly basis - I attended a number of their meetings (both virtually and in person, as observer). I will return to the impact of this Group below in relation to Recommendation 15 – its contribution has proved to be pivotal. Following the June 2023 meeting, I wrote a further letter to Cllr Calum Munro on 05 August 23, copied to Pamela Dudek, former CEO NHS Highland, which I attach as **Annex B**. I described this as a ‘Preliminary Report’ signalling a further, ‘Final Report’, in due course, which is this present document.

I also visited Skye again on three occasions in 2024 and met with clinicians, the public and NHS Highland Board management colleagues. I attended Implementation Group meetings both in person and virtually, on a number of occasions. Following the appointment of Fiona Davies as the new (current) CEO NHS Highland, who took up post on 1 April 2024, I requested an early meeting with the senior management team of NHS Highland, which took place (virtually) later that month. I was very encouraged by the positive resolve and expressed commitment at that meeting but emphasised that the continued and protracted delay in implementing 24/7 urgent care access at Portree Hospital was untenable, in my view. I recommended that NHS Highland should establish a ‘Task and Finish’ Group, including SAS and NHS 24 colleagues, with short deadlines. This was agreed by a communication from the Chief Officer, Highland Health and Social Care to me, on 29 April 2024. I also spoke (virtually) at the time with the present Chair of NHS Highland, Sarah Compton-Bishop and Fiona Davies, CEO of NHS Highland, together.

I have spoken frequently and encouragingly with Fiona Davies since, on a one-to-one basis. I also indicated that I would be grateful for further formal reports of self-assessment of progress by NHS Highland. This latest written version, received from Fiona Davies, current as at 7 March 2025, is included as **Annex C**.

Latterly, I visited both Portree and Broadford Hospitals to meet with clinical colleagues on 12 October 2024 and have since had a number of virtual discussions with NHS Highland staff, members of the public, locally elected Councillors, Scottish Ambulance Service (SAS), Police Scotland and Scottish Fire and Rescue Service (SFRS) colleagues.

Before I comment on progress in relation to each of the original 15 recommendations, it is important to flag that over the period 2018-2025, there have been significant changes in the senior Board and local (SLSWR) leadership within NHS Highland. That, including the

unprecedented adverse consequences and persistent sequelae of the Covid-19 Pandemic, should be taken into consideration and is reflected in securing current and future progress.



A view from the A87 between Broadford and Portree

7 Original recommendations and appraisal of progress

Models of Care

1. Portree Hospital Out of Hours Service and Minor Injury Unit:

We recommended that:

- a) Out-of-hours urgent care access at Portree Hospital should be provided 24/7 -- there should be no closure of Portree Hospital in the out-of-hours period
- b) Enhanced, and sustainable models of urgent care should continue to be developed and delivered in the Minor Injury Unit at Portree Hospital, involving combined teams and other agencies (see also Recommendations 3 and 6 below).
- c) The services at both Broadford and Portree Hospitals should continue to work synergistically together to add resilience and to provide optimal services, provided by multidisciplinary teams for the whole of SLSWR.
- d) It is essential that in the event of acute illness, services are used properly – dial 999 in the event of an emergency 24/7 (time-critical, immediate response required). If urgent OOH care is required (care that requires a response that cannot wait until the next routine service is available), contact NHS 24 by phone – dial 111 or via their website: <https://www.nhs24.scot/>. Only in this way will the safest and most effective care be delivered and received. This must be clearly understood by the public of SLSWR (see also Recommendation 14).
- e) The excellent care provided by clinical and support staff at both sites must continue to be nurtured and supported.
- f) Possible confusion about the nature and level of urgent and emergency care services provided at Minor Injury Units and Community Hospitals is unlikely to be confined to SLSWR. We offer a supplementary recommendation here for consideration by Scottish Government to review nomenclature, service definitions and signage of Minor Injury Units, throughout Scotland.

Assessment of Progress:

As indicated above, [Recommendations R1a and R1b] 24/7 urgent care access was established at Portree Hospital in 2019, but the staffing model in place did not prove

sustainable, with intermittent closures of OOH services beginning in 2021. OOH services at Portree Hospital were then suspended by NHS Highland from May 2022.

These services were then gradually introduced from January 2023 onwards, with a more sustainable model, in keeping with other Community Hospitals within NHS Highland with Minor Injury Units (for example Bowmore, Islay and Nairn) and elsewhere in NHS Scotland. Full 24/7 urgent care access was restored at Portree Hospital on 16 August 2024. As recommended [R1b and R3] this service is now buttressed by the presence of co-located SAS personnel who are available on station (approximately 52% of the time, when not deployed elsewhere) to support NHS Highland staff with urgent and resuscitative care, as required. Portree and Broadford Hospitals continue to work synergistically [R1c], both with in-patient facilities - the former designated as a Minor Injury Unit (MIU), the latter as an Accident & Emergency(A&E) Services Unit, seeing and treating patients with higher acuity and more serious illnesses and injuries. The recommendation [R1d] to first access optimal urgent care in the OOH period via NHS 24 (dial 111) or via NHS 24 website during the OOH period still stands, complemented by urgent care advice from Community Pharmacy (*Pharmacy First*), where and when available. In the event of a time-critical, health care emergency, 999 should be dialled. Recommendation [R1e] - valuing and nurturing staff, remains essential and ongoing. Recommendation [R1f]. I understand that a review of national signage by Scottish Government is under consideration, but importantly NHS Highland has now reinstated Minor Injury Unit (MIU) signage at Portree Hospital on 20 December 2024.

Summary: NHS Highland should continue to monitor the service resilience of OOH urgent care provision throughout SLSWR, particularly in relation to provision and access at both Portree and Broadford Hospital sites+. That will include robust clinical governance and case review mechanisms, in partnership with NHS 24 and SAS, where appropriate. The terms of reference of the original SLSWR 2018 Review were confined to OOH services. However, 24/7 urgent care resilience, including daytime (in-hours) cover, is of paramount importance throughout SLSWR and at Portree Hospital, in particular. NHS Highland, in partnership with other agencies, must ensure that this imperative is secured, at all times.

2. Future community bed provision:

We recommended that:

- a) In-patient bed availability at Portree Hospital must continue until sufficient alternative resilient provision is provided in North Skye. This transition, which

will take time, must be informed and shaped through co-production with the community.

- b) Difficulty in recruiting nurses and support staff to work in Portree Hospital may be exacerbated by ongoing service redesign uncertainties and the offer of short-term contracts in the recent past for prospective staff in a facility that is perceived to be closing. We understand that for the last 12 months or so contracts have been offered on a substantive basis. This latter policy should be maintained, and we note that with greater certainty recruitment may become easier.
- c) A rapid review of care at-home and community bed provision for SLSWR should be undertaken, taking account of present requirements, transfer activity to out-of-area secondary care facilities and future socio-demographic factors. Such a review should also take account of current and potential partnership developments, including statutory and voluntary provision such as contributed by the Howard Doris Centre in Lochcarron and Skye Cancer Care.
- d) NHS Highland has already committed to procure additional services in the form of a new ten-bedded community unit in the Portree area. We understand that negotiations are underway to deliver on this commitment. This should be progressed at pace, with any bed capacity and capability revision informed by the above community bed review.

NOTE: While the intention for a ten-bedded community unit was mooted as at May 2018, this is no longer current NHS Highland policy. Presently, NHS Highland has informed me of their ongoing commitment to building up further nursing care provision, including expansion at Home Care Farm Nursing Home, Portree and examining additional options across SLSWR.

- e) NHS Highland plans to co-locate Portree Medical Centre into the present Portree Hospital premises. The timing of this must be subject to the above recommendation about in-patient beds retention. Such a combined Unit might be renamed Portree Community Hospital and Medical Centre, or similar, to signify its dual and complementary role.

NOTE: While this was under consideration by NHS Highland at May 2018, they have indicated that this is no longer the case.

Assessment of Progress:

Recommendation [R2a] – In the ongoing absence of alternative new facilities, continuous provision of in-patient at Portree Hospital has been sustained since publication of the

Review Report (May 2018). While in-patient bed numbers have fluctuated current bed occupancy at the time of writing is 9 beds. Recommendation [R2b] has now been implemented. Staff recruitment and retention challenges have proved difficult, including staff accommodation [R8], exacerbated by Covid-19. Following the Implementation Group meeting in June 2023, a Recruitment Working Group was established as noted earlier, mooted by the late Ross Cowie [see also **Acknowledgements Section**]. Convened by NHS Highland, I am advised that it has met frequently (approximately fortnightly since) to good effect. It has retained a focused agenda and there has been a marked improvement in recruitment to vacancies with associated accommodation implications. This remains an encouraging work in progress.

However, Recommendations [R2c] has proved much more problematic. We asked for a rapid review of care at-home and community bed provision for SLSWR. NHS Highland undertook an internal assessment via their Public Health Directorate and externally commissioned an options appraisal exercise in consultation with the public. This options appraisal exercise, which consumed much time and the goodwill of public participants, proved to be controversial and was abandoned without any agreed consensus on the way forward. This failed process engendered considerable disappointment and frustration among the public involved. As indicated above, Recommendations 2d and 2e have since lapsed.

Summary: As outlined in response at **Annex C**, submitted by the Chief Executive Officer (CEO), NHS Highland has committed to pursue this further under new planning governance arrangements. This should include invoking opportunities for hospital-at-home provision and will be discussed again when considering Recommendation 15.

3. Closer Inter-agency and public participation:

We recommended that:

- a) NHS Highland must collaborate much more closely on an ongoing, agreed basis with members of the public, public representatives, front line staff and other emergency and urgent care providers. Those who receive and those who deliver services are entitled to shape them. This is a joint endeavour with joint obligations - all must rise to the occasion.

Assessment of Progress:

This important recommendation for co-production [R3a] - essentially the need for closer and cohesive working between NHS Highland, the public of SLSWR and other agencies - was cast at a time when trust between NHS Highland and the public had ebbed away.

Promises were made in the past and reassurances given by NHS Highland, which did not then materialise. Apparent or perceived public mixed messaging by senior NHS Highland management, following publication of the Review Report in 2018, did not bolster much needed public confidence at the time, particularly following closure of OOH services and urgent care access at Portree Hospital in May 2022.

However, to look at this alone, through the troubled lens of the past, would be mistaken. Covid-19 Pandemic exigencies aside, changes of senior Health Care Partnership and NHS Highland Board leadership in 2023/24, in my view, have brought a fresh and encouraging impetus, previously lacking. While progress has been frustratingly slow at times, urgent care services access at Portree Hospital are now in a better and more resilient place. There are still more miles to travel, particularly around community and nursing home bed provision in North Skye and continued vigilance will be required.

Summary: I concur with the NHS Highland's assessment in **Annex C**. In securing the future of sustainable OOH services in SLSWR, it was always clear that NHS Highland, while accountable for these services, could not '*go it alone*'. Combined endeavour is imperative, both with the public and other agencies, both statutory and voluntary – in effect: '*Pulling Together*.'² This compelling principle is reflected in most of the recommendations and assessments that follow.

4. Collaboration with the Scottish Ambulance Service (SAS)

We recommended that:

- a) The Scottish Ambulance Service (SAS) should increase its paramedical staff (paramedic) capacity and capability in SLSWR, in line with its then strategy: *Towards 2020: Taking Care to the Patient*.³ This is particularly relevant for North Skye where SAS staff should be co-located at Portree Hospital as part

² <http://www.gov.scot/Publications/2015/11/9014> <http://www.gov.scot/Resource/0049/00490556.pdf>

³ [strategic-plan_online-pdf.pdf](#) - since superseded by: [Our 2030 Strategy](#)

of the wider Rural Support Team, jointly working within multidisciplinary teams, including Rural Practitioners based at Broadford.

- b) SAS should review the availability, capacity and capability of all units in SLSWR, including fast response vehicle (FRV) provision.
- c) SAS paramedics should be deployed on-shift rather than present on-call arrangements.

We envisage(d) that the recommendations made would buttress SAS support not only for OOH services but also daytime urgent primary care and emergency 24/7 response throughout SLSWR.

Assessment of Progress:

The resolute commitment by SAS to honour and implement these recommendations [R4a, R4b, R4c] has been unwavering throughout. SAS has invested significant extra resources and energy in realising these recommendations in concert with NHS Highland. This has included the deployment of 14 new SAS staff appointments across SLSWR, increasing 24/7 resilience throughout the area. The move to shift working at Portree and Broadford Hospitals with co-location at both sites, has brought undoubted benefits, including immediate assistance by SAS colleagues, when available and requested for support by NHS Highland colleagues. (SAS staff are on station at Portree Hospital, for ~52% of the time). When on-site, SAS personnel support urgent and immediate resuscitative care, in concert with NHS Highland staff. This exemplary experience and joint working with NHS Highland, described further in **Annex C**, has resonance for urgent and emergency care services beyond SLSWR, particularly in other remote, rural and island communities in Scotland.

Summary: SAS should continue to build up their evolving models of care, service response and resilience in SLSWR building on their experience there, but also other remote, rural and island locations, as resources and other priorities allow.

5. **Collaboration with NHS 24:** An issue for staff working in remote and rural areas is the maintenance and development of clinical skills, where workload volume might be low during OOH periods, set against the need for continuous availability for urgent and emergency cases.

We recommended that:

- a) To optimise utility for staff on OOH shift patterns, dual roles should be considered and developed with NHS 24. The involvement of SAS paramedics should also be explored and evaluated.
- b) NHS 24 should work with NHS Highland to develop a hybrid staffing role, based at Portree Hospital.

Assessment of Progress

Recommendations [5a and 5b]. NHS 24 like SAS, has been a committed NHS partner agency throughout this process and in my view, both have striven well to support NHS Highland and continue to do so. This recommendation was ambitious and cross-cutting with putative dual roles for NHS 24 and NHS Highland (and potentially SAS staff), to preserve and enhance clinical skills in remote and rural practitioners. NHS 24 did briefly establish a unit at Portree but staffing constraints, exacerbated by the Covid-19 Pandemic, did not allow a viable and sustainable model to be continued there.

Summary: NHS 24 are evolving their model of service delivery including remote/home working of nursing staff, in particular. This could be revisited again at some point in the future, with respect to SLSWR and other remote & rural settings. In the meantime, I welcome the ongoing active collaboration of NHS 24 with NHS Highland on promoting best access and use of their services, as outlined in **Annex C**.

6. First Responders

We recommended that:

- a) A review of all present first responder schemes in SLSWR to identify deficiencies, remedies and support requirements.
- b) That the feasibility of a systematic development plan should be explored for all statutory and voluntary first responders, with a view to ongoing collaborative working and mutual support. This would involve NHS Highland, SAS, SFRS, Police Scotland, HM Coastguard, the RNLI, Mountain Rescue Scotland, other third sector organisations, including *Lucky2BHere* and local community representatives.

Assessment of Progress

As described in **Annex C**, significant progress has taken place since inception of the original Independent Review in 2018. There are now five community first responder schemes across SLSWR, including a newly established group at Portree. This has included additional provision of equipment, including cardiac defibrillators and ongoing training provision and support.

I requested specific meetings with SAS, with Police Scotland and the Scottish Fire and Rescue Service (SFRS), in late 2024. I am grateful to SAS colleagues for arranging this. As well as multiplying and continuing to support community first responder schemes by SAS in SLSWR, there is a need to augment and coordinate the potential of statutory first responders, particularly for life-threatening immediate responses, where time is critical. In the immediate absence of SAS resources, the principle of *'all available hands-on-deck'* must be optimised to save lives and offer succour. That will include other agencies, such as HM Coastguard, Mountain Rescue Teams and the Royal National Lifeboat Institution (RNLI), and BASICS (British Association for Immediate Care), where and when available. I understand that all SFRS vehicles carry cardiac defibrillators, as do Police Scotland in their traffic vehicles.

Summary:

Good progress has been made for community first responders to date, supported by SAS. For the future, it is suggested that:

- NHS Highland and SAS should continue to work closely together to equip and support existing and new community first responder teams throughout SLSWR, on an ongoing basis.
- SFRS should look to piloting first responder response (Out of Hospital Cardiac Arrest – OHCA), in their retained SLSWR service. The potential role of SFRS for this response, when available, was already flagged in the Report of the National Review of Out of Hours Services in Scotland (2015)⁴ and in the original Skye OOH Review Report (2018).⁵ The communities of Glenelg & Arnisdale and Raasay were specifically mentioned [R12].

⁴ <http://www.gov.scot/Publications/2015/11/9014> <http://www.gov.scot/Resource/0049/00490556.pdf>

⁵ [INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs Services](#)

I understand that Police Scotland officers are trained on an annual basis to ensure they are confident in cardiac arrest support, including accessing (static) community-based cardiac defibrillator devices and those carried in their traffic vehicles.

- Police Scotland should look at the potential of provision of cardiac defibrillators in their front-line vehicles, as is the case for SAS and SFRS, particularly in remote and rural areas. SLSWR might be a useful area to pilot and evaluate this.
- Effective coordination and the immediate support of all available first responders – both statutory and voluntary is vital. It is suggested that SAS should review their mechanisms to optimally mobilise all available emergency response assets, including BASICS, to secure this imperative.

Workforce Planning

7. Workforce capacity and capability:

We recommended that:

- a) The capacity of the Rural Support Team and the numbers of Rural Practitioners should be reviewed and fully staffed, accounting for new models of joint working with SAS paramedics and NHS 24, to support 24/7 urgent care, as described above.
- b) Going forward, ongoing clinical leadership and engagement will be essential for the development and delivery of future service provision, including a sustainable OOH service. We are encouraged that clinical colleagues recognise this imperative and NHS Highland must facilitate and support that.
- c) As indicated for SAS, we suggest that shift working should supplant on-call working for members of the Rural Support Team.
- d) While this External view was asked to focus on OOH services, we recommend that a comprehensive 24/7 Urgent and Emergency Care Workforce Plan should be developed, including inter-agency working and contractual arrangements which promote recruitment and retention of staff - with sufficient capacity and capability.

Assessment of Progress

The self-assessment response by NHS Highland is welcome. Robust workforce planning – recruiting, nurturing, supporting, developing and retaining the workforce is of paramount importance. Valuing colleagues must be evident in their professional workplace but also

takes account of personal circumstances, including accommodation requirements, discussed next [R8]. As indicated earlier, the formation of a specific Recruitment Working Group in July 2023 - also embracing accommodation requirements, was most welcome eclipsing the previous, rather formulaic approach of attempting to recruit additional staff, without taking account of their personal circumstances and needs. In relation to [R7d], I have not been sighted on a comprehensive 24/7 Urgent and Emergency Workforce Plan.

Summary:

There has been encouraging progress here but there is more to do. Urgent care models are evolving rapidly. Workforce capacity and capability needs must fully reflect that, including clinical and non-clinical leadership capacity. This is essential and will require continued close oversight and vigilance.

Accommodation

8. Housing solutions

We recommended that:

- a) Novel staff accommodation solutions should be sought with Highland Council (lead agency for housing), public representatives, housing associations, the independent sector and local communities.

This is a pressing matter, which should also take account of temporary accommodation for undergraduate and postgraduate health care worker training, which requires flexibility (see Recommendation 13). Such training accommodation, when not in use for training purposes, might be re-deployed to give temporary accommodation to growing numbers of visitors and tourists, particularly in Skye. These accommodation solutions are also relevant for the resilience of other public sector organisations and should be pursued in common endeavour.

Assessment of Progress

Encouraging progress has been made on this front, also related to [R7] above, as described in **Annex C**, but the work remains incomplete. Further consideration is required for targeting available accommodation to the individual circumstances and geographical location of home dwelling and actual place of work of colleagues, including potential travel constraints.

Summary:

- The Recruitment Group has been working diligently on this. Regular formal reporting of issues, solutions and outcomes should be considered for information but for wider learning.
- Accommodation provision should be geared not only to trained staff, but for staff in training and also undergraduate trainees. That will require agility and may also intermittently bolster temporary accommodation for tourists, if/when available or vacant.
- Such accommodation needs are not peculiar to NHS personnel but also all those who work or who are training in other public sector roles. This requires a whole-system approach and joint public service endeavour.

Infrastructure, Road Issues, Transport and Accessibility

9. **Road issues:** We were conscious that significant road repair requirements were not confined to healthcare transport needs nor to the SLSWR area alone.

We recommended that:

- a) Expressed concerns about adverse road surfaces and congestion issues should be shared with Transport Scotland and other relevant agencies with transport responsibilities. This should help to inform key road maintenance priorities.

Assessment of Progress and Summary

I concur with the self-assessment of progress in **Annex C**, by NHS Highland. The increased recent investment in road repairs reported in Skye and Raasay is welcome. This remains an ongoing issue and continued vigilance is required, particularly for single-track roads where access to emergency vehicles may be compromised by congestion, often associated with increased tourist traffic. This was a matter of recent particular public concern with multiple road-blockages over the 2024 peak visitor period.

10. Transport and accessibility: Ready accessibility to 24/7 urgent and emergency care services should be equitable.

We recommended that:

- a) The Terms of Reference and membership of the SLSWR Service Redesign Transport Group should be reviewed in the light of wider inter-agency considerations and the recommendations from this External View.
- b) A review of air evacuation services of patients should be considered, involving inter-agency discussions between NHS Highland, SAS, EMRS and HM Coastguard, to determine whether any improvements can be made
- c) A review of sea evacuation procedures should be undertaken, involving inter-agency discussions between NHS Highland, SAS, CalMac and the RNLI.
- d) The Memorandum of Understanding between SAS, HM Coastguard and the RNLI, recommended in the National Primary Care Out-of-Hours Review, should be finalised and implemented.

Assessment of Progress

I concur with the positive self-assessment of progress as outlined in detail in **Annex C**. This involves partnership working with other agencies, including Stagecoach, HITRANS,⁶ the Regional Transport Partnership, Highland Council and SAS. It is recognised that ongoing dialogue is taking place and is welcome [R10a]. A short life working group (SLWG) has recently been established for transport, initially chaired by the Executive Nurse Director, NHS Highland.

The excellent Transport Review led by the late Tim Moore, initially presented and considered in 2019, merits revisiting to buttress future progress.

While independently facilitating Recommendation 12 (below), Dr Miles Mack OBE addressed sea evacuation options from Glenelg & Arnisdale [R10b & R10c] and Raasay, which appear to be presently sufficient, including the unfailing support of the Portree RNLI Lifeboat Station and crew for the public of Raasay. Again, there is more to do here. One specific example is the absence of immediate proximity of a helicopter pad at Broadford Hospital. On the issue of transport, I flagged in my letter to the then CEO NHS Highland (**Annex A**) in 2022, that those who are invited to travel to Broadford Hospital for optimal/assessment care should

⁶ hitrans.org.uk

have transport provided if private/family/friends alternative transport is not available and where SAS transport is either not available nor commensurate with the immediate clinical need. It remains unclear that the [R10d] Memorandum of Understanding (MOU) has now been completed and fully understood, by all participants. That needs to be bottomed out soon and NHS Highland should take the lead in this in common purpose with all relevant agencies and the public.

Throughout the review process recurring concerns were expressed about individuals with disabilities securing access to NHS facilities, including at the new Broadford Hospital. In addition to the SLWG on Transport referred to above, the Director of Estates, Facilities and Capital, NHS Highland will take forward access issues as part of the Equality, Diversity And Inclusion work of that role.

Summary:

- Transport and accessibility issues remain a work in progress

Assessment of air/sea evacuation routes [R10b & R10c] appear to have been followed up satisfactorily, I agree with NHS Highland that this should be reviewed periodically [see **Annex C** response]. Patient transport support in SLSWR where urgent care patients are required to travel distances for clinical assessment (but without private means or public transport, if available) also needs to be reviewed. OOH care models elsewhere in Scotland should inform this, for example in NHS Greater Glasgow & Clyde. National work on patient transport within the NHS is presently underway⁷ and HITRANS has commenced work to establish a Highlands & Islands-wide Health and Transport Action Plan.

- Disability access to NHS facilities in SLSWR should be reviewed again with remedy, taking national standards into account. This matter is now underway as referred to above.

11. Digital Innovation: Looking to the future, digital innovation will be increasingly important for the delivery of healthcare, including OOH and 24/7 urgent and emergency care.

Digital innovation has the potential to revolutionise healthcare provision, including: remote monitoring of frail older and vulnerable people, maintaining people at home, avoiding unnecessary hospital attendance/admission and residential/nursing home admission, and assisting earlier hospital discharge. Digital technology also offers the potential to avoid unnecessary travel for clinical assessment, through video-linking.

⁷ [Transport to health: delivery plan - gov.scot](https://www.gov.scot/publications/transport-to-health-delivery-plan/pages/2.aspx)

We recommended that:

- a) Ongoing collaboration with the Digital Health & Care Institute should continue to explore and evaluate emerging digital technology to enable remote monitoring and video consultations from people's homes.
- b) A review of video-conferencing facilities at all relevant care sites should be undertaken to provide reliable 24/7 professional-to-professional communications.

Assessment of Progress

NHS Highland has intimated in their response (**Annex C**) that the original recommendations [R10a and R10b] are now complete but that ongoing digital innovation will continue apace. During the Covid-19 Pandemic remote working/meetings via Microsoft (MS) Teams and other digital platforms burgeoned, as did remote telephone and video patient consultations. NHS Highland have comprehensively deployed MS Teams, now used routinely and have established *Near Me* remote consultation infrastructure including Portree Hospital, Broadford Hospital, Raasay and Staffin.

NHS Highland has also established a Digital Health and Care Group aiming to have a positive impact on remote and rural communities and their staff groups. They are also collaborating with others, engaging regionally and nationally, including involvement in the *Digital Front Door*⁸, remote home monitoring, including the *BP Connect Me*⁹ programme.

Summary

NHS Highland has fulfilled the recommendations made in the original review and it is encouraging to note that they are continuing to innovate, with immediate oversight by the recently established Digital Health and Care Group. The Digital Health and Care Group need to reflect carefully on the lessons to be learned from the SkyeLab project and the importance of a joint, collaborative approach, going forward. Further clarification of the future tangible support role of the national Digital Health & Care Innovation Centre,¹⁰ is essential.

Note: The SkyeLab project is considered separately under Recommendation 13 and is discussed further in **Annex D**, kindly provided by Professor Ronald MacDonald OBE.

⁸ [Digital Front Door - Digital Healthcare Scotland](#)

⁹ [Connect Me for Patients | TEC Scotland](#)

¹⁰ [DHI-Scotland | digital health and social care | Inovo Building, 121 George Street, Glasgow G1 1RD, UK](#)

Specific Localities

12. During the External View process, we received submissions and held discussions about the needs of specific communities within SLSWR. Two local communities in particular: Glenelg & Arnisdale and Raasay, expressed much dissatisfaction about their emergency and urgent care services which they regarded as a significant deterioration from former provision. We concurred that the situation in both communities was unsatisfactory and must be remedied, by mutual agreement. We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron, a voluntary-statutory care collaboration.

For Glenelg & Arnisdale, we recommended that:

- a) NHS Highland should continue to work with the Glenelg and Arnisdale community to agree jointly and rapidly a solution which is not only desirable, but feasible and sustainable. Independent external third-party facilitation should be considered to help achieve this.
- b) The present GP led service at Glenelg should continue to be underpinned by adequate multidisciplinary support via the Rural Support Team and SAS, on a 24/7 basis.
- c) Air and sea evacuation procedures for Glenelg and Arnisdale should be kept under review on a multi-agency basis, given the vagaries of road access in adverse weather conditions - see recommendation 10.
- d) The Scottish Fire and Rescue Service (SFRS) have a unit based at Glenelg. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.
- e) The imminent availability of superfast broadband should be exploited for the succour of the Glenelg & Arnisdale community. This community should be considered as a potential development site for digital innovation - see Recommendation 11.

For Raasay, we recommended that:

- e) NHS Highland and other partners should continue to engage with the residents of Raasay in a meaningful way and to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care 24/7. Independent external third-party facilitation should be considered to help achieve this.

- f) As part of the review of sea evacuation procedures in Recommendation 10, Raasay is a key priority. Discussions should take place with CalMac whether the Raasay-Sconser ferry can be deployed on demand for urgent/emergency care transfers. Irrespective of these discussions and possible agreements, the ongoing role of the crew of the RNLI Portree Lifeboat is respected and appreciated.
- g) The Scottish Fire and Rescue Service (SFRS) have a unit based at Raasay. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.
- h) The present availability of superfast broadband should be exploited for the support of the community. Raasay should be considered as a potential development site for digital innovation - see Recommendation 11.

Lochcarron: We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron, a voluntary-statutory care collaboration.

For Lochcarron, we recommended that:

- i) The Lochcarron Centre should continue to be nurtured and supported.

Assessment of Progress

24/7 urgent care services have now been successfully re-established on a sustainable basis for some years in both Glenelg & Arnisdale and Raasay. The independent facilitation by Dr Miles Mack was welcome and appreciated. Raasay is referred to above [R12h] as a possible digital innovation site. As noted above [R11], Raasay has *Near Me* remote consulting digital infrastructure available.

In spite of best efforts of all concerned, the Lochcarron Centre has not continued in its previous 2018 form [R12i]. The service is now a NHS Highland Board-run provision with some welcome enhancements, implemented at the behest of Care Inspectorate requirements. This transition has bolstered sustainability and ensured ongoing local care provision at Lochcarron.

Summary:

The core recommendations have all been satisfactorily fulfilled. Regarding SFRS and their statutory first responder potential in Glenelg & Arnisdale [R12d] and Raasay [R12g], this is covered more broadly in Recommendation 6, above. The care provision at Lochcarron has been stabilised at this time.

There is more work to do here. Continued vigilance will be required as circumstances can change rapidly - specifically in relation to proactive workforce planning, taking into account potential future staff vacancies. This is particularly telling for small, remote and rural localities.

Learning, Education and Training

13. **Centre of Excellence for Learning, Education and Training:** SLSWR has the potential to become a centre for excellence for multidisciplinary undergraduate and postgraduate learning and training.

We recommended that:

- a) NHS Highland should engage closely with education and training providers and including: NHS Education (NES), Scottish Ambulance Service (SAS), NHS24, Medical Schools and relevant academic partners, for example, the University of the Highlands and Islands (UHI). Highlands and Islands Enterprise (HIE) should also be included.

Assessment of progress

The original recommendation was founded on the principle that excellent and sustainable services needed to be founded on the principle of a valued and learning work environment. Multiple research-based evidence tells us that such local welcoming environments serve to better recruit and retain colleagues. Self-assessments of progress are available for further assimilation in both **Annex C** (provided by NHS Highland) and **Annex D** (provided by Professor Ronald MacDonald OBE). I believe there is much to learn from what has and has not happened. There is clearly more to do here, taking a centre of excellence approach in ongoing collaboration with the nascent National Centre for Remote and Rural Health and Care.¹¹

Making Best Use of Services – Know Who to Turn To

14. **Best use of services:** It is imperative that whatever services are provided they should be used responsibly and appropriately. NHS Highland has already conducted developed and distributed materials to the public of SLSWR and have in place a

¹¹ [National Centre for Remote and Rural Health and Care: Information Hub | Turas | Learn](#)

Know Who to Turn To website:

<http://www.nhshighland.scot.nhs.uk/Services/KWTTT/Pages/welcome.aspx> NHS 24

website resources may also be helpful:

<http://knowwhototurnto.org/> and accessing services through NHS 24's national directory which is accessed through NHS Inform:

<https://www.nhsinform.scot/national-service-directory>

We recommended that:

A programme of assisting the public to make best use of available services should be developed and implemented, including *Know Who to Turn To*. This will need to be done on a systematic and advocacy basis, with the full engagement of and advocacy by local communities and their representatives. Social media may be helpful.

Assessment of progress

Irrespective of the configuration of local 24/7 urgent and emergency services across SLSWR, it is crucial that best use and access to these services are made by the public. NHS Highland has been working closely with NHS 24 to inform and guide best access to urgent care and emergency care (life threatening, time critical need via 999). I have communicated with senior clinical leads in both NHS Highland and NHS 24 to consider their self-assessment of progress.

They indicated that the two organisations will continue to work together to build on the achievements to date and confirmed the following:

"NHS Highland and NHS 24 are committed to continued engagement and close collaboration with each other, with partners and with the community to ensure we make the best use of services. This will include forward planning and joint communications to assist the community in our ambition for the right services, at the right time and in the right place".

Summary:

This is welcome progress but needs to continue to be monitored and nurtured - please see **Recommendation 5** above.

Making it Happen – Pulling Together

15. **Making it Happen:** Major service redesign and transformation is complex and challenging as will be implementation of the recommendations in this report. Transformation and translation will neither be easy nor quick. Some

recommendations will bear fruit in the short term but others will take longer to come to fruition - flexibility and understanding will be required.

These recommendations can only be delivered by the combined endeavours of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – by truly pulling together. High quality leadership and ongoing commitment will be required, at all times.

We recommended that:

- a) All future service development and delivery must be done in partnership with the people of SLWRS with a focus on co-production.
- b) The National Standards for Community Engagement¹² must be observed by all.
- c) All relevant partners should participate, including all emergency services, the third sector and those that control wider infrastructure.
- d) An implementation plan with realistic timescales, adequately resourced, making best use of public funds and robustly governed - with clear accountability, reporting to the Highland Health and Social Care Committee.
- e) Independent external third-party facilitation should be deployed as required and agreed.
- f) In view of the aspiration in these recommendations and the Major Service Redesign Programme underway, Scottish Government should seek regular and robust assurance that satisfactory progress is being made

Assessment of Progress

After a faltering first six months (May-December 2018), following publication of the original review in May 2018, renewed 24/7 urgent care access and ongoing in-patient care was available at Portree Hospital by May 2019. This persisted into 2021 and then began to break down for 24/7 urgent care access, amidst the ravages of the Covid-19 Pandemic, taking its toll on the retention and recruitment of urgent care clinicians. 24/7 urgent care access at Portree Hospital was formally discontinued by NHS Highland in May 2022, but began to be re-instated in January 2023, on a part-time basis. This urgent care cover grew and as of August 2024, 24/7 sustainable urgent care access has now been restored at Portree Hospital, alongside ongoing in-patient care provision, throughout. The tide of progress began to turn

¹² <http://www.scdc.org.uk/what/national-standards/>

for the better in 2023, with new and focused senior leadership within NHS Highland, buttressed by the present Chief Executive Officer, in post at April 2024.

Such a sustainable model should have happened much earlier, in my view. NHS Highland needs to reflect carefully why that did not happen in spite of the detailed recommendations made and accepted by them, back in May 2018. The use of independent facilitators (R15e) however, was a singular success. Scottish Government colleagues (R15f) have confirmed that they will continue to monitor progress and to seek assurance from NHS Highland that the recommendations in the review are fully implemented.

It would be wrong however to dwell on the failings of the past and it is now time to move forward in common cause and in mutual respect, for both NHS Highland and the public of SLSWR, recognising the mighty endeavours of Save Our Services (SOS), Skye.

To achieve that and to nurture ongoing trust, I recommend that it is now time to refresh the governance of the implementation of my report. The core recommendations have been achieved:

- 24/7 urgent care access at Portree Hospital
- Ongoing in-patient care at Portree Hospital
- Significantly enhanced Scottish Ambulance Service (SAS) capacity and capability throughout SLSWR
- Extended first responder schemes – supported by SAS
- Restoration of satisfactory 24/7 care for the communities of Glenelg & Arnisdale and of Raasay
- Ongoing support of local care provision at Lochcarron

Clearly, there is more still to do.

Summary

I am of the view that the future governance of my report should continue as a distinct workstream, nested within new and evolving NHS Highland district service governance and planning mechanisms. I suggest this workstream should be led by a new independent chair (co-chair/deputy chair to be considered to add to resilience), as envisaged in my original recommendation back in 2018, with full engagement, agreement and public membership from the community of SLSWR. This maps to my original guiding principle of co-production: those who receive services are entitled to shape them.

8 Acknowledgements

I would like to acknowledge the support of very many colleagues over a protracted period of time (2017-25). I will start with members of the expert panel listed in the original review whose independent expertise proved to be invaluable.

I am particularly grateful to Margaret Anderson, an exceptional public representative, who has been dedicated to this review, every step of the way.

Although this was an independent review, I was fortunate to receive the administrative support of Scottish Government colleagues and in particular: Fergus Millan, Gillian Stocks, Pauline Bennett, Rebecca Chalmers, Philip Rhodes, Sarah Halliday, Stephen Jones and Claire McManus. For most of my visits to SLSWR, I was accompanied by Fergus Millan and I am particularly indebted to him for his steadfast support and professionalism throughout.

I am most grateful to the late David Noble, Maggie Cunningham and to Dr Miles Mack OBE for acting as willing, highly effective facilitators and mediators. It has been a great privilege to work with Calum Munro who followed on from Maggie Cunningham as chair of the Implementation Group. A fine chair, a good public servant and now a friend.

I am particularly grateful for the steadfast commitment of the public of Skye, Lochalsh and South-West Ross and their public representatives, for their resolve and courage, who have excelled, through thick and through thin. There are too many names to mention here, but you know who you are. I am particularly grateful to Professor Ronald MacDonald OBE for providing Annex D (and more) and to Dr Catriona MacDonald.

I would like to thank all NHS Highland clinicians/former clinicians working in Skye, Lochalsh and South-West Ross. It's possibly invidious to single out individuals, but I must mention Dr Ishbel MacDougall, Dr Hannah Macleod, Dr Will Nel, Dr Charles Crichton, Marje Naismith and Cathy Shaw MBE. I want to recognise again the excellence of services provided by health and care service colleagues throughout SLSWR, which I was privileged to witness, first hand, on many occasions.

I have been privileged to meet and work with many colleagues from other public services along the way, including NHS 24, Scottish Ambulance Service (SAS), Royal National Lifeboat Institution (RNLI), HM Coastguard, Mountain Rescue, Police Scotland and the Scottish Fire and Rescue Service (SFRS). I want to express particular appreciation to Milne Weir, Graham

Macleod and Alan Knox, SAS colleagues, for their fine leadership which has been instrumental in enhancing the capacity and capability of SAS throughout SLSWR. I have been also very grateful for the support of many NHS 24 colleagues, and I want to expressly thank Dr Ron Cook and Dr Laura Ryan.

Turning now to NHS Highland leadership colleagues, who are again too many to mention by name, with frequent staff changeovers throughout the period of the review and subsequent follow-up. However, I would want to single out Louise Bussell, Dr Claire Copeland, Pamela Cremin, David Park and the exemplary leadership of Fiona Davies.

I cannot conclude my acknowledgements without singing my highest praises for the late Ross Cowie. Ross contacted me immediately by email, on hearing that I had been commissioned to do the review. Leading a review as protracted as this one, can be a lonely and exposed place at times. But I was never alone because Ross Cowie was with me, all along the way. I am immensely grateful for his outstanding courage, his many achievements and his steadfast friendship. We are all the better for that.



Ross Cowie's Skye Camanachd Tie

Annex A

16 June 2022

Calum Munro
Independent Facilitator
Implementation of SLSWR Primary Care Out of Hours Review*

Dear Calum,

Latest Review of Progress of the Skye Lochalsh and South-West Ross (SLSWR) Out of Hours Review – May 2022

Thank you for your kind invitation to review progress in relation to the (2018) SLSWR Out of Hours Review*. I am most grateful for the time and courtesy of all attendees and yourself who were present and for your facilitation of the latest review of progress for SLSWR Out of Hours Services and related issues, at our meeting in the council chambers in Portree on 31 May 2022.

I note that the last time we conducted a review was virtually in October 2020 when we were just coming out of the first Covid-19 Pandemic lockdown. I think it is important to note that even then, none of us imagined that it would be nearly two years before we could meet in person at Portree. The resilience of the community and NHS staff and other care colleagues delivering care has been truly remarkable, particularly during the Covid-19 Pandemic. I had the opportunity to meet with several clinical staff during the visit and Dr Will Nel kindly agreed to circulate on my behalf, a note of my appreciation to all clinical, support and administrative staff working in urgent and emergency care services in SLSWR.

I want to reflect on a few points now some of which I have already begun to progress with colleagues and agencies concerned. These are my preliminary thoughts which I hope to further amplify following further discussions with NHS Highland management and other colleagues:

- I was once again humbled by the obvious commitment of the community of SLSWR, its public representatives, health and social care professional representatives, NHS Highland and partner agencies.
- As indicated in my Report, I felt the implementation of the 15 recommendations was always going to be a challenging exercise in the best of times, but instead we have lived through extraordinary times. I am deeply aware that there is a level of fatigue and frustration which was evident in the

meeting from the community but also from NHS Highland staff. In my last update in October 2020, I said that the building and nurturing of relationships, between all those who receive and deliver services must be shared and clearly communicated. This is an ongoing imperative and significant momentum has been lost since October 2020, and that now needs to be remedied. I noted some changes in managerial leadership within NHS Highland, with immediate oversight of Implementation of the Review and this now must be accorded clear, urgent and sustained priority. Following publication of my review in May 2018, as requested by the former Chair of NHS Highland, the Board accepted my findings in full, without equivocation, and I expect that to be honoured, recognising constraints and difficulties, particularly challenging workforce recruitment and retention.

- I was pleased to learn that there had been positive progress on a number of recommendations, particularly: resolution of local urgent care provision in Glenelg & Arnisdale and Raasay; increased provision and upskilling of Scottish Ambulance Service (SAS) personnel, including shift working and availability of a dedicated on-island fast response vehicle (FRV); provision of staff accommodation - some encouraging progress but still much to do; and excellent progress on the Centre of Excellence/ Digital Innovation approach, including the establishment of SkyeLab.
- Despite there being positive changes across a range of the recommendations, it is clear that the ongoing challenge of community bed provision in North Skye and the access to 24/7 safe and effective urgent care remains of paramount importance.
- In relation to hospital bed provision, during my visit, I understood that 10 out of the 12 beds in Portree Hospital were then in use.
- I recommended in my original Report that a rapid review of community bed provision in North Skye should be undertaken, taking account of changing population demographics and care needs, in tandem with closure of nursing home beds and Gesto Hospital, in recent years. This has yet to happen, and an options appraisal exercise has stalled. That such a review was necessary has been confirmed by the recent adverse circumstances of the Budhmoir Care Home. I hope that this can be satisfactorily resolved - I have asked to be kept informed by NHS Highland about developments. The review of community bed provision should now be seen as part of a robust health and social care needs assessment exercise for SLSWR, fully identifying the care needs of North Skye.
- Regarding the provision of Urgent Care, it is clear that NHS Highland was again encountering serious difficulties in recruiting and retaining staff across Skye. Although this problem is not unique to Skye, it has resulted, since my visit on 31 May in the cessation of 24/7 urgent care delivery at Portree. This is

disappointing - provision of 24/7 urgent care at Portree was the initial recommendation in my original Review.

- In my Review, I envisaged that a new model of urgent care provision with NHS Highland working closely with both NHS 24 and enhanced Scottish Ambulance Service (SAS) provision, should be developed, implemented and evaluated. This could have resonance for other remote and rural areas in Scotland, beyond SLSWR. In reality, while SAS continues to increase capacity in SLSWR, and NHS 24 did establish a local contact centre, the latter ceased operations again because of staffing difficulties, compounded by the Covid-19 Pandemic. Prior to my visit to Portree, I wrote to the Medical Directors of NHS Highland, NHS 24 and SAS reminding them of this recommendation. I initiated an in-person conversation with senior executives of NHS 24 and SAS on the day after my visit to Portree (on 1 June). I will continue to engage NHS Highland, NHS 24 and SAS in common endeavour towards seeking shared and agreed solutions.
- I said in my last update report in October 2020 that while much has been achieved – there was more still to do. That was then. A 24/7 urgent care service was in place at Portree (and that service held until early 2022), Raasay, Glenelg & Arnisdale reprovision was underway and positive discussions about plans re community bed appraisal were heartening.
- Now that the climate of positivity and co-production has been blown off course and while the Covid-19 Pandemic looms large in all of that, there are a number of other significant factors at play and require urgent remedy. It is essential that trust and effective communications are restored and further progress made.
- The final (15th) recommendation in my Report was 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 indeed needs to happen and be fully evidenced by NHS Highland.
- In summary, there remains much more to do, and I sincerely hope that the community, NHS Highland and the other stakeholders can re-engage and reset that endeavour. I understand that a joint workshop has already taken place between NHS Highland colleagues and the community and that others are planned.
- I and my SG colleagues remain committed to supporting this work and I have indicated a personal willingness to return to Skye to review progress, provisionally in early October.

Calum, I would appreciate if you would circulate this note to all stakeholders as appropriate. I indicated to you that I would also be willing to undertake participation virtually in relevant meetings, as deemed appropriate as my other commitments allow.

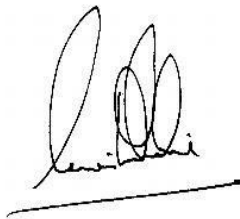
I am copying this letter to Professor Boyd Robertson Chair, and Mrs Pam Dudek, Chief Executive, NHS Highland. I have already suggested to Mrs Dudek that where patients are expected to travel to Broadford Hospital for urgent care assessment, that NHS Highland should ensure that appropriate transport support is available if required, as is already the case in other Board areas in Scotland.

I remain most grateful to all for their unstinting and courteous input and commitment from the communities across SLSWR, throughout our review process. This has been greatly appreciated.

In closing, I wish to express my warm appreciation to my colleagues: Margaret Anderson and Fergus Millan who accompanied me at the meeting on the 31 May.

Kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lewis D Ritchie', with a horizontal line drawn underneath it.

Lewis D Ritchie

*<https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Documents/1%20OOHs%202018/Out%20of%20Hours%20-%20Skye%20Report%20May%20250518%20Report.pdf>

[Copied to Professor Boyd Robertson Chair and Mrs Pamela Dudek CEO, NHS Highland]

Annex B

05 August 2023

Calum Munro

Independent Facilitator

Implementation of SLSWR Primary Care Out of Hours Review

Dear Calum,

Preliminary Report OOH SLSWR following Meeting at Portree, 20 June 2023

I write following the meeting of the Skye, Lochalsh and South-West Ross (SLSWR) OOH Independent Review (the Review) Implementation Board meeting held at Portree on Tuesday 20 June 2023.

Context and Appreciation

Firstly, please accept my appreciation for your kind invitation and arrangements to attend this meeting. I was accompanied by Margaret Anderson (public representative and on-line Teams) and by my Scottish Government colleagues Stephen Jones (in-person) and Gillian Stocks & Pauline Bennett (on-line Teams).

Following the meeting, I was grateful for the opportunity to discuss by phone with you my future intentions regarding further engagement with the Review implementation process. I indicated that after further liaison with NHS Highland and SAS colleagues, in particular that I would submit a preliminary report to you as chair of the Implementation Board, copied to Mrs Pamela Dudek, CEO NHS Highland. I also indicated that I would submit, in due course a final report. The timing of that final report will be determined by implementation progress against declared intentions by NHS Highland and in particular to have in place a 7 day urgent care service at Portree Hospital (0800-2030) building up progressively on the Saturday/Sunday and Public Holiday service reinstated in January 2023.

My colleague Stephen Jones and I accepted a welcome invitation offered by Ross Cowie to attend a meeting of the Friends of Portree Hospital (which Ross chairs) on the morning of 20 June, prior to the Implementation Board meeting chaired by yourself.

As suggested, we did not follow the usual format of my visits, which in the past has taken the form of a systematic review of progress for each of the recommendations. Instead, as intimated in my previous visit in November 2022, I would seek to undertake/participate in a number of meetings/workshops involving clinical staff, NHS Highland and SAS

colleagues. I felt that clinical engagement/'buy in' was absolutely a pre-requisite for the re-establishment of 24/7 urgent care services in the North of Skye in particular, as mandated in my original Terms of Reference (from the pre-penultimate Chair of NHS Highland, Dr David Alston, in February 2018). As you are aware my Review Report was published in May 2018 with 15 recommendations, which were all immediately accepted without equivocation by the Board of NHS Highland:

[Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services — The University of Aberdeen Research Portal \(elsevier.com\)](#)

Clearly many changes and challenges have occurred since my original review. In particular, the disastrous and devastating effects of the Covid-19 pandemic on us all, the serious impact on the residents of Home Care Farm and the unanticipated closure of Budhmoir Care Home, on account of unforeseen and irremediable infrastructural issues.

Firstly, I have stated at the outset in all of the reviews of NHS services in Scotland that I have undertaken, in and beyond the SLSWR Review, that any recommendations made should be 'sense-checked' against changing and any unforeseen circumstances that might arise, to ensure 'future proofing'. I have since done that and would not wish to offer or make any substantive changes to the original recommendations, which I still stand by. Secondly, I wrote that I hoped that some of my urgent recommendations would bear fruit in the short term but indicated that others would take longer to come to fruition. Thirdly, I indicated that delivering resilient urgent care services in SLSWR and the experience gained in that process could help other remote and rural areas throughout Scotland and potentially beyond.

Progress

As above, we did not discuss all of the recommendations systematically, but I note the following:

- **Urgent care at Portree (Recommendation 1):** After slow initial progress, face-to-face urgent care 24/7 was re-established at Portree Hospital in 2019. A further (virtual) review conducted in October 2020, confirmed steady progress at which point, Maggie Cunningham and I withdrew from the review implementation process at that time. However, at the height of the Covid-19 Pandemic recurring staffing recruitment and retention issues resulted in the resumption of intermittent urgent care closures at Portree Hospital in early 2021. You invited me to return to review progress in early 2022 and I accepted this invitation to meet in May 2022. NHS Highland at the time declared indefinite closure of urgent care services at Portree Hospital. These services resumed part-time 0800-2030 Saturday/Sunday and public holidays in early January 2023 and at the meeting on 20 June a presentation given by Dr Claire Copeland, Deputy Medical Director NHS Highland, committed

NHS Highland to restoring 7 day 0800-2030 services on a progressive basis by end October 2023.

- **Portree Hospital (Recommendation 2):** It remains open, against fears of imminent closure, although bed capacity remains constrained by available nursing staff. No substantive progress has been made in relation to a new/replacement facility for provision for palliative, end-of-life care, rehabilitation and ambulatory care. There are ongoing positive discussions with the Scottish Futures Trust (which we heard about on 20/06) but these remain at an early stage.
- **Community bed provision (Recommendation 2):** We called for an urgent review of projected community bed requirements in the Review, taking into account dwindling numbers of nursing home bed provision (subsequently exacerbated by the unanticipated closure of Budhmoir Home in Portree). Although an options appraisal exercise was undertaken (and subsequently abandoned without outcome), this issue needs to be revisited as a matter of urgency, taking into account alternative models of care such as hospital-at-home currently being piloted in Skye. I have heard instances of individuals who have had to be moved elsewhere (off-island) for treatment and longer-term care elsewhere, in the absence of available nursing home care provision locally. This also ties down Scottish Ambulance Service (SAS) staff on transport duties temporarily removing them from alternative urgent (and emergency) local care duties/roles.
- **Scottish Ambulance Service (SAS – Recommendations 3 & 4):** SAS has considerably increased resources allocated, including an enhanced and upskilled workforce across SLSWR moving from on-call to shift working, as envisaged in the Review. A major development was the co-location of Portree based SAS staff to Portree Hospital and subsequently the instigation of a test-of-change clinical assessment/triage by paramedics of patient 'walk-ins' in 04/23, supported by remote assessment by clinicians based at Broadford Hospital. The Review called for maximising synergies between Portree and Broadford Hospitals and this is one practical example. A Fast Response Vehicle (FRV) has been acquired by SAS for SLSW, but its optimal deployment has yet to be determined. Similarly, the current accommodation for SAS staff (on the first floor at Portree Hospital) is not as practicable as it should be for an immediate response particularly for emergency/life-threatening presentations. This should be remedied as a matter of urgency.
- **NHS 24 (Recommendations 3 & 5):** NHS 24 did establish a small unit at Portree Hospital, but this lapsed during the Covid-19 pandemic and has not been reinstated. NHS 24 have been active participants in the clinical engagement process, to determine how best to support urgent care services in SLSWR.
- **First Responder Schemes (Recommendation 6):** It was recommended that this should be expanded in a more systematic way and SAS have been instrumental in facilitating this. From two such schemes in 2018, I understand that there are now six and further developments are underway.
- **Housing (Recommendation 8):** This remains a work in progress with helpful acquisition of new accommodation for health care staff, including those in

training. The Review underlined that this should be addressed through the lens of staff and trainees working in the public sector and is not confined to NHS colleagues.

- **Transport (Recommendations 9 & 10):** I understand that progress on this workstream has stalled. I made a recommendation following my visit in May 22 that NHS Highland should look to transport support, in the absence of alternatives, of patients requiring in person clinical assessment, for example at Broadford Hospital, for those living in North Skye to ensure equitable access to urgent care. This work should be restarted, as soon as practicable.
- **Digital Innovation/SkyeLab (Recommendations 9, 11 & 13):** It was greatly encouraging to visit SkyeLab during my previous visit in November 2022, pursuing a 'centre of excellence' approach. This is very positive and the momentum should be maintained and continue to be supported.
- **Local Communities (Recommendation 12):** The Review concluded that the OOH services were unsatisfactory in Glenelg & Arnisdale and also in Raasay. This has been remedied in both communities, which are presently in receipt of satisfactory 24/7 urgent care services. Also positively, on the mainland at Lochcarron, NHS Highland has recently moved to shore-up the Howard Doris Centre, as recommended in the Review.

Assessment and Additional Recommendations.

A common theme running through the meeting on 20/06/23 was the insufficient capacity of the workforce, in order to deliver and underpin resilient urgent care services in SLSWR (**Recommendation 7**). For example, the numbers of inpatient beds available for patients at both Broadford and Portree Hospital is below capacity in both sites because of insufficient staff number availability. At the meeting on 20/06 it was mooted by Ross Cowie that a specific short-life Working Group on Recruitment should be established as a matter of urgency. This has since been established with Dr Claire Copland as chair, meeting on a fortnightly basis. I view this group as pivotal and best recruitment practice examples from elsewhere, should be assimilated.

In summary my additional suggestions and recommendations following the meeting on 20/06 and subsequent informal discussion discussions are:

Portree Hospital Urgent Care (Recommendation 1): Portree Hospital should look to reforming to its original model of nursing care provision with a team of multifunctional nursing staff as opposed to division of the workforce into two teams separately providing in-patient and urgent care. This should buttress resilience and is common practice in most other small rural community hospitals in Scotland providing urgent care, including Bowmore, Islay as a local comparator. I have made suggestions to NHS Highland in keeping with that ethos suggesting that 24/7 urgent care at Portree is feasible and within grasp, particularly with the local support of SAS staff at Portree Hospital when available (the majority of the time) and remote support from clinicians at Broadford hospital, using

video-linking technology, continuously available. This should be fully assimilated, requiring co-production of integrated urgent care provision by both NHS Highland and SAS colleagues (**Recommendations 3, 4 & 5**). Clinical governance arrangements must be robust and fit-for-purpose for this new way of working, to ensure safe and effective care. Regular joint case review must underpin this, as well as joint training/learning activity. SAS personnel should be re-accommodated in more suitable accommodation at Portree Hospital in proximity to the main entrance, as soon as practicable. This will facilitate more accessible urgent and emergency care and a more integrated team-based approach between NHS Highland and SAS clinical colleagues.

Community Bed Provision in North Skye (Recommendation 2): As noted above, this matter has not been addressed as urgently or robustly as it should have been by NHS Highland. It is clear that there have been and continuing numbers of cases where individuals requiring nursing home care have had to be transferred outwith Skye in the absence of local suitable care and capacity. While accepting the unforeseen sequelae of the Covid-19 pandemic and the closure of Budhmor Care Home, this is disappointing, unsatisfactory and needs to change markedly and at pace, in concert with Highland Council, independent, third sector and other agencies.

Staff housing accommodation (Recommendation 8): As noted above, some progress has been made on this issue but there is much more to do. Existing mechanisms of engagement need to be revisited and responsibilities redefined.

Making Best Use of Urgent Care Services (Recommendations 3 & 14): It is essential that NHS Highland in concert with its partner agencies and the public of SLSWRS continue to promulgate best use of urgent care services that need to be used optimally and valued accordingly.

Health and Care Campus: This matter lies outside my Terms of Reference, but I have been present at and party to encouraging discussions about the longer-term potential provision of health, care and other public services on a new campus at Portree with interrelated synergies and shared facilities. While this may be ambitious and will not be realised in short-order, my personal view is that such a vision is entirely in keeping with the ethos of the Review and should be explored and pursued in joint endeavour.

Making it Happen (Recommendation 15): This was my final recommendation. NHS Highland and other agencies must rise to the occasion in order to realise the original intention and substance of the recommendations in the Review as they committed to do publicly, without reservation, in May 2018. I have been encouraged by more recent developments but that must be evidenced with further progress including refreshed governance, and sufficient programme support including a robust risk register process.

Next Steps

As I have indicated to you, I will continue to be engaged to offer appropriate support, where I can, to facilitate implementation of the Review over the next few months, ahead of submitting a Final Report, in due course.

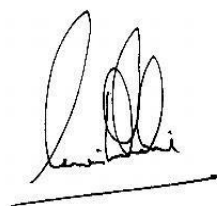
Appreciation

In closing, I would like to commend the clinical, non-clinical, support and administrative health and social care staff, buttressed by other agencies, including the third sector, working throughout Skye, Lochalsh & South-West Ross, for their ongoing professionalism and dedication. I am grateful for the persistence, tenacity and selflessness of the members of the public who have directly contributed in co-producing and supporting the renewal of urgent care and out-of-hours services in SLSWR. I am also thankful to Margaret Anderson and Primary care support team colleagues within Scottish Government for their steadfast support throughout.

Please do not hesitate to contact me for any clarification/further discussion.

Kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lewis D Ritchie', with a horizontal line underneath.

Lewis D Ritchie

Cc Mrs Pamela Dudek, CEO NHS Highland

Annex C

Received from Fiona Davies, CEO NHS Highland, 07 March 2025

Dear Lewis

Sir Lewis Ritchie – Independent Review of Skye, Lochalsh and South West Ross (SLSWR) Out of Hours Services 2018

Further to my last update dated 10 December 2024 I am writing to provide you with a further update on progress in relation to your 2018 report recommendations. As you know, I am committed to continuing the work both in relation to the outstanding actions within the recommendations and the future development for Skye, Lochalsh and South West Ross.

I have summarised the position in relation to each of the recommendations.

Recommendation 1: Portree Hospital Out of Hours Services

Following the publication of the recommendations, NHS Highland did establish a 24/7 urgent care service from Portree. As referenced later, 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.

In more recent years, the model now being implemented has been seen as preferable as it provides improved resilience and sustainability as it is not reliant on a small specialist team. It has clearly taken longer to establish than had been the intention and understandably this has further eroded confidence in NHS Highland from the community.

An agreed urgent care model is established, which came into place on 16 August 2024.

We have 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. The ward staff have had both skills development and proactive leadership to get them to a more confident position in order to provide a service to people that attend the hospital at any time of the day. They access support from colleagues at Broadford and the Scottish Ambulance team when they are on site. Staff are generally reporting feeling more confident and comfortable with the model, having experienced it for several months and there have not been any complaints submitted from the public. We will be seeking more detailed feedback from our staff via our professional leads and from the community through our development of Care Opinion as a route to hear from the people that use our service.

We continue to engage with our GP colleagues about any expansion opportunities, in addition to their Urgent Care GMS responsibilities and their responsibility for the in-patient provision in the hospital. However, they are not in a position to offer any additionality. This is primarily due to a workforce shortage. In order to prioritise where that workforce is best deployed, we have been collating data to understand the need in relation to minor injuries demand. To date, the data shows a low level of service requirement during daytime hours, but we recognise the numbers will fluctuate throughout the year so we will continue to review the model going forward.

The actions within this recommendation were originally achieved shortly after your report was published; however the service was not sustained. The current model has been established to ensure resilience and best use of skills and resource at optimum times. We now need to build the trust of the community and the ensure longevity of the model. 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. As you know, this work was not concluded, given the suspension of the options appraisal process, however the information remained of relevance.

Public Health have completed a health needs assessment that 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. 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 Joint Strategic Plan in place to guide progress. This is part of the legislative expectations in the Public Bodies (Joint Working) (Scotland) Act 2014. 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. One key project will be in-patient beds and community services delivery for North Skye. This will also, for example, take account of the Hospital at Home pilot learning and virtual bed delivery, as well as a review of all in-patient bed capacity to ensure that this meets the health and care needs assessment for the residents of Skye. The District Planning Group is now well established, with the first meeting having taken place on 12 September 2024 and a further three meetings have taken place to date.

In relation to concerns about recruitment, we committed shortly after the initial report to substantive recruitment. More recently we have established a co-produced community and NHS Highland recruitment group which is now well established and with good evidence of success. For example, we have had high interest in the Band 5 and 6 nursing posts in both Broadford and Portree and have a target for fully established teams in the coming months. 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. Communication has improved generally in the Board with weekly messages through my Chief Executive cascade briefing, although there is always more to do in this area.

There clearly is executive level support and active involvement and this will continue as we progress.

The actions within this recommendation have been taken forward as they were set out. 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. This is due to report later this month. The report will be considered within the District Planning Group who will then take forward a process to implement a revised a health and care model for north Skye.

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, which is a real shame, and we as a collective have at times struggled 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 the specific locality projects identified later. 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 doing this to ensure 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 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 meeting 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 your 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 and I will pursue this with them.

Confirmation of NHS 24's position was sent by Jim Miller, Chief Executive Officer, NHS 24 in correspondence to me 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. They 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 us. 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 possible 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 original recommendation has been completed. The Highland Council works in partnership with NHS Highland in relation to any road concerns that are highlighted and continues to plan further developments.

Recommendation 10: Transport and Accessibility

The original recommendation in your 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 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. 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. 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.

Recommendation 12: Specific Localities

The actions 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 workstream chaired by NES colleagues. We are, however, reviewing the work to date with colleagues in NES and wider stakeholders to explore what else can be achieved.

In relation to Skyelab, this is the most recent update: Skyelab was originally incorporated in 2021 as Skyelab CIC, a Community Interest Company. In May 2024, due to a lack of funding and long-term viability, the directors took the decision to dissolve the CIC and transfer all residual assets to the CIC's named beneficiary [Portree & Braes Community Trust \(PBCT\)](#). The hope and intention is that Skyelab can continue its mission in a low cost virtual format. While no longer an independent CIC, Skyelab will continue to operate the [Technology Demonstrator & Library](#) as a mini-project under the governance of PBCT and run on a voluntary basis by a PBCT member.

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.

I hope that this helps to set out what we have achieved to date, what we continue to plan for in the future, and provides assurance that my colleagues and I are all committed to working collaboratively and building trust with the community.

I look forward to receiving your final report, with the intention of ensuring that the Board of NHS Highland is assured of progress of their commitment.

Yours sincerely

A handwritten signature in black ink, reading 'Fiona Davies' in a cursive script.

Fiona Davies
Chief Executive

Copy to:

- Douglas McLaren, Deputy Chief Operating Officer, NHS Scotland
- Rebecca Chalmers, Unit Head, Community Urgent Care and Sponsorship of NHS 24 and the Scottish Ambulance Service, Scottish Government
- Councillor Calum Munro, Chair of the Sir Lewis Ritchie Steering Group

Annex D

Received from Professor Ronald MacDonald OBE, 10 March 2025

Public health services are the cornerstone, or foundation stone, of our rural communities. The geographically centralised health care redesign model in Skye Lochalsh and South West Ross (SLSWR), finally approved by the Scottish Government in 2019, was neither fair nor equitable. People living in the Northern (island) perimeter of SLSWR had very different access to health care provision compared to those in the southern (mainland) perimeter of the area before the redesign, and this was greatly exacerbated after the redesign. Furthermore, taking away key facilities, such as urgent care from the only urban settlement in the area introduced significant social costs, including public safety issues, given the very different socio demographic and risk profile of Portree relative to the rest of the area. According to the Scottish Capital Investment Manual NHS Highland had a statutory responsibility to account for these factors in its redesign. It did not.

Identifying the flaws in this redesign led to my election as a Highland Councillor in 2017 on an electoral turnout for Eilean a Cheo ward that was the highest in the Highland Council area. Shortly after I was elected, I was told by Ms Gill MacVicar, NHSH's then lead in the redesign process, that Portree Hospital was no longer viable structurally, nor in terms of the ability of NHSH to staff the hospital, and that it should be closed. In response, and along with my Councillor colleagues, a motion was raised in the Highland Council requesting that the then Cabinet Secretary for Health, Ms Shona Robinson, intervene in the situation in Skye. Following a meeting with the Cabinet Secretary, further local community protests in Skye, and a petition to the Scottish Parliament, NHSH commissioned Sir Lewis Ritchie to review the situation and this resulted in the publication of Sir Lewis Ritchie's Independent External Review of Skye, Lochalsh and South West Ross Out of Hours services, 2018 report (henceforth SLR's report). The report was accepted by NHS Highland, and they promised to implement it in full. A promise that is yet to be delivered despite Sir Lewis Ritchie reaffirming the recommendations of his original report in 2023.

Those in our community with a health economics or public health background recognised that SLR's report provided a set of mitigatory measures to address the key issues and concerns of the original redesign process and for these measures to be successful the report had to be implemented in full in the manner recommended by SLR, as detailed in Appendix 2 of the redesign Final Business Case.

The report had several actions for NHS Highland to implement jointly with partners. I was closely involved in efforts to implement recommendations 11 and 13 and therefore comment

on these here. Recommendation 11 concerned Digital Innovation and 13 involved the development of a Centre of Excellence (CoE) for Learning, Education and Training. NHS Education for Scotland's (NES) Remote and Rural Healthcare Educational Alliance (RRHEAL) were asked by NHS Highland to lead the CoE proposal in November 2018.

Recommendation 13 : Centre of Excellence

Taking the CoE workstream first, a range of multi-agency and community partners worked with RRHEAL to establish The Centre of Excellence Working Group (CoEWG) on behalf of and including NHS Highland. The CoEWG was led jointly by Dr Pam Nicoll, NHS Education Scotland (NES) and the Remote and Rural Health Care Alliance (RRHEAL) was the agency lead/chair for this workstream and Prof Ronald MacDonald, the community lead. The CoE WG worked together from 2019 until 2021. The aim of the CoE WG was to co-produce the proposal for the establishment of a Scottish Centre for Excellence (SCoE) in Remote, Rural and Island Healthcare.

From the outset Pam Nicoll had the full support of NES behind her and from the start the initiative felt like a true coproduction and continued that way until near the end of the process. The workstream, and subgroups, held literally scores, if not hundreds, of meetings since the publication of Sir Lewis's Report. In 2019 we produced our four-pillar model for the Centre, consisting of: Innovation and Best Practice, Recruitment and Retention, Education and Training, and Research and Evaluation. The report based on this model was submitted to the Scottish Government for funding in 2019 but that proved unsuccessful.

Going forward, multi agency groups were formed with full community involvement to take the four elements of the pillars forward and numerous meetings were held to formulate and elaborate the four pillars. A further proposal, based on a more fully fleshed out version of the model was submitted to the Scottish Government in 2021 but again failed to be funded. This resulted the co-chairs collaborating with colleagues in NHS England, and their associates, to seek funding for a revised version of the proposal from the Health Foundation.

A two-week Remote and Rural Festival of Learning was designed by the Education and Training Working Subgroup to be hosted in Portree in September 2022. This was unfortunately unable to be delivered due to pandemic restrictions in 2021 and the period of national mourning following the death of her majesty Queen Elizabeth II in September 2022. However, many of the planned education sessions were instead delivered at distance digitally within the RRHEAL Remote and Rural Series of Learning Events in 2023 -2024. The Recruitment and Retention Subgroup initiated a range of practical projects aimed at improving remote and rural recruitment and retention.

It is noteworthy that the four-pillar model developed with the Skye community is at the heart of the current National Centre for Remote and Rural Health care. It is also noteworthy that

during the formative stages NHS Highland managers played very little, if any, role in the development of the Centre with one NHSH manager indeed indicating that they had no need for such a Centre given NHSH's own training methods! This lack of interest and failure to see the huge potential of the Centre, and its digital counterpart, for Skye, and beyond, has meant that for most of the time spent the coproduction with NHSH has for the Skye community been a coproduction in name only.

Indeed, the failure of NHSH to see the significance of creating a model of primary care and beyond which could have been an exemplar for the rest of Scotland is surely one of the great tragedies of the failure to implement SLR's report as initially intended. That said, the financial support and creation of a National Centre for remote and Rural Health care has led to a successful collaboration with the Skye community under the umbrella of the Portree and Braes Community Trust and this in turns has led to new coproduction initiatives between the new National Centre and the Skye community. For example, a Skye based community co-produced programme of work aims to improve the attraction and retention of a range of health and care staff within Skye through the implementation and testing of the 'Making it Work Framework for Remote Rural Workforce Stability' of the National Centre. Through this structured and evidence-based approach, the National Centre team are producing a structured and replicable methodology for addressing issues around attracting and keeping staff that is easy for users across Scotland to use and adapt.

Also, the National Centre are funding a Community Induction officer role to support a multi-agency community led "Work on Skye" recruitment and retention project and the Centre team are supporting the implementation and evaluation of impact of this role. The Induction Officer lives within the local community and helps to support the integration of new healthcare recruits by signposting them to practical support for housing, local schooling and childcare provision, hobbies and interests as well as being available for a 'coffee and chat'.

Recommendation 11: Digital Innovation

The digital innovation workstream took some time to get off the ground and eventually it was combined with workstream 13 and the Centre of Excellence became Scottish Centre for Excellence (SCoE) in Remote, Rural and Island Healthcare and Digital Innovation. The digital work for the group was initially undertaken by the co-chairs liaising with interested parties in various agencies, including NHSH24 and successful links and meetings were also held with NHS Highland digital group.

The advent of Covid really emphasised the benefits of a focus on digital innovation and at that time Campbell Grant, the CEO of a successful Skye based digital company Sitekit Ltd, started to become more involved in the digital innovation team and as a result the local HIE manager,

Stuart MacPherson, also became involved in this initiative, as suggested in the initial SLR report. The work with the community and HIE then led to the digital workstream becoming a separate entity from the overall work of the Centre for Excellence and it eventually led to the creation of a Community Interest Company (CIC) called Skyelab CIC, with Ronald MacDonald as the chair and directors comprising Campbell Grant, Iain MacIvor (Lochalsh and Skye Housing Association) and Anne Gillies (Chair of Raasay Community Council) as codirectors.

SkyeLab Community Interest Company

SkyeLab had three key strands / objectives; namely, a centre for training, a centre to provide assistance with home digital systems, and thereby help to keep elderly people in their homes for longer, and a centre for research and development work in digital innovation. The initial funding for SkyeLab came from a substantial financial donation (£6k + further £15k = £21k total) from Sitekit and also a donation from An t-Eilean Gallery (owned by Catriona and Ronald MacDonald). Sitekit's free of cost provision of an office premises building in Portree (equivalent to 24m rent at £1k/m = £24k in-kind support) for SkyeLab activities to take place was pivotal in its success.

In its short life span, SkyeLab achieved many of its initial objectives. For example, the SkyeLab facility was used by SAS, the local GP practice and local charities for various training exercises and the home digital initiative was eventually awarded capital funding of £25k by HIE. The range of devices purchased with this grant were housed in the SkyeLab building for local people to see what devices were available to help keep people living in their own homes for longer.

First step achievements were also made in the R and D side of SkyeLab with a dialogue established between the SkyeLab team and the digital innovation group of NHSH24 with the aim of trying to test pilot NHSH24 digital initiatives in a rural setting. This could have led to an alternative way of having an important presence for NHSH24 on Skye to address one of the key primary care objectives of SLR's report. SkyeLab was also involved in a pilot project with a private sector digital company (Archangel.Cloud) to provide digital connectivity in remote rural areas that have poor internet connectivity and SkyeLab employed a Technical Officer (Rad Rudek) to deploy a local telecare monitoring network using innovative 'LoraWAN' technology to trial its range and effectiveness in a rural/mountainous location.

A second R&D project, by MSc student Elspeth Macintosh, in partnership with and fully funded by Edinburgh University DataLab, was to develop a data model to predict and plan for future special housing needs as the local island demography changed over the next 50 years. Sadly, despite many promises, half promises and gestures for funding and moral support, especially that of the former CEO of NHSHighland, funding for a person to manage and run this initiative,

vital for the project's sustainability, never arrived and the funding for The National Centre arrived too late to be of help.

The experience of the implementation of recommendations 11 and 13 of SLR's report indicates that where there is an understanding of the issues that need addressing, a willingness to achieve these, and some start-up funding, great things can and were achieved by a coproduction process, especially with respect to the creation of a National Centre for Remote and Rural Health Care. Where this combination of understanding, willingness and funding does not exist then the Skye experience suggests that coproduction will not have a successful outcome which sadly is why SLR's original report has not been implemented in full as was initially intended and agreed. As a result, the mitigatory aspects of SLR's report have not yet been achieved, to the detriment of the North Skye community and beyond, since a successful co-production of all of SLRs report was intended to be an exemplar for the rest of Scotland.

As noted in my introduction, public health services are the cornerstone, or foundation stone of our remote communities, and especially so in the complex socio demographic that exists in SLSWR which SLR's report was designed to address. I believe the fallout from failing to implement SLRs report in full is already evident with the steady flow of those who have had to move from North Skye due to the redesign process and the failure of applicants with young families to take up jobs in North Skye due to the altered health provision. The latter seems to be clearly reflected in the recent report by the Highland Council showing that 8 out of 12 schools in Skye are projected to see significantly falling school rolls going forward (to 2028). Seven of these are in North Skye. Schools that are expected to buck this trend are in Broadford, Sleat and Raasay, three key areas that have not had health services removed during the redesign process.

Ronald MacDonald OBE.

10 March 2025

