

**DRAFT MINUTE of MEETING**

**Microsoft Teams Meeting**

**Friday 7<sup>th</sup> May 2021, 11.30 – 12.30**

- PRESENT:**
- |  |   |
|--|---|
| Deborah Jones <b>(DJ)</b><br><br>Caroline Gould <b>(CG)</b><br>Hamish Fraser <b>(HF)</b><br>Heather Cameron <b>(HC)</b><br>Kenny Rodgers <b>(KR)</b><br><br>Linda Coe <b>(LC)</b><br>Marie McIlwraith <b>(MM)</b><br>Ross MacKenzie <b>(RM)</b><br>Tracy Ligema <b>(TL)</b><br><br>Wil Nel <b>(WN)</b> | Director of Strategic Commissioning,<br>Planning and Performance ( <i>Chair</i> )<br>Locality Representative (SLSWR)<br>Locality Representative (SLSWR)<br>Senior Project Manager, Estates<br>District Manager, Mid Ross District, Project<br>Director B&S<br>Locality Representative (B&S)<br>Project Manager Community Engagement<br>Area Manager North & West SLSWR<br>Head of Community Services, North & West<br>Division, Project Director SLSWR<br>Clinical Director SLSWR |
|--|---|
- IN ATTENDANCE:** Mairi Simpson-Taylor **(MST)** Project Administrator, Estates (*Minute*)
- APOLOGIES:**
- |  |  |
|--|--|
| Alan Wilson <b>(AW)</b><br><br>John Grierson <b>(JG)</b> | Director of Estates, Facilities and Capital<br>Planning<br>Locality Representative (B&S) |
|--|--|

ITEM		ACTION
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>	
1.1	DJ welcomed the meeting and noted the above apologies.	
1.2	DJ opened the meeting by reminding board members that this Programme Board is a governance meeting and any operational issues raised will be directed to Operational/Project Managers for discussion out with this meeting.	
<b>2.</b>	<b>MINUTES FROM LAST MEETINGS/MATTERS ARISING / ACTION TRACKER</b>	
2.1	The minutes of 8 <sup>th</sup> February and 5 <sup>th</sup> April 2021 were approved as accurate record.	
<b>3.</b>	<b>PROGRESS REPORT – B&amp;S &amp; SLSWR</b>	
	<u>Construction Progress</u>	
3.i	HC talked through the highlight report, the main highlights below were discussed:	

ITEM		ACTION
3.i.1	<u>Timeline</u> - Indicative dates for completion of new hospitals is 16 <sup>h</sup> August 2021 for B&S and 11 <sup>th</sup> October 2021 for SLSWR. Assurance is being sought from Balfour Beatty that these dates will not move again in terms of reviewing resource and risks within programme.	
3.i.2	Further discussions are required by Project Teams around migration plans if further delays occur to hospital completion dates. Flexibility requires to be built into migration dates if moves are unable to happen due to unexpected delays and to minimise disruption to patients / operational moves. Currently there are material risks to supply which may impact on programme dates.	
3.i.3	<u>Project Programme</u> - RAG status of Amber, this mainly reflects the current situation with uncertainty around the hospital completion dates.	
3.i.4	<u>Key Project Deliverables Completed</u> – Access Auditor appointed has completed his initial findings which have been positive and helpful on areas we can improve on.	
3.i.5	DJ requested that findings from report and its recommendations are submitted to the next Programme Board. HC advised the key highlights are around signage and from the mock-up review of inpatient rooms; handrails and seating arrangement in the en-suite and fixing of shelves/dispensers around the WC.	HC
3.i.6	CG raised the Access Panel were asked to feedback on the access audit for the whole hospital and a meeting with the access auditor planned next week only refers to the mock-up review of inpatient rooms at Aviemore. HC advised the mock-up review discussions will take priority as any actions will need to be instructed. HC will ask the Access Auditor to make contact so the Access Panel can feed back on the wider design. CG requested for up to date drawings for the interior/exterior of the hospital so current revisions are being discussed.	HC
3.i.6	<u>Key Project Deliverables for next Period</u> – Develop art strategy and progress community engagement on new hospital name at Broadford.	
3.i.7	WN thanked HC for guided walk round for Clinicians at the new hospital site in Broadford. From that visit WN raised the notable Emergency Department ceiling in MMH and requested if this could be used to form part of the artwork at the new hospital, as this would be beneficial for both adults and children arriving to the Emergency Department.	
3.i.8	WN raised in connection with public engagement for name of the new hospital, if local schools will be involved in the naming selection process. HC advised students from High Schools have been considered as panel members but this has yet to be firmed up. HF highlighted that Broadford Primary school sits across from the new hospital and would be useful to have their input.	

ITEM		ACTION
3.i.9	HF requested that local representation is included in the naming panel of the hospital and asked for his name to be put forward highlighting his years of involvement in the community and understanding of struggles gone through to get to this stage in the project. HC will put forward HF request for consideration and highlighted the final decision of the hospital name will be made by local communities.	HC
3.i.10	CG highlighted as well as getting engagement from younger generations, how older members of the community who may become inpatients at the hospital will be represented. Forum for engagement will be done on social media and advertising in West Highland Free Press and local radio. CG stated that the Skye & Lochalsh Echo which is a free magazine delivered to every household would also be a good forum of engagement.	
3.i.11	<u>Key Project Risks</u> – risk workshops have been held for both projects. Issues that have been escalated to senior level are primarily around operational risks which are provided in operational progress reports under agenda items 3.ii and 4.v of the papers.	
<b>3.</b>	<b>Progress Report – B&amp;S</b> ( <i>paper circulated</i> )	
3.ii	<u>Operational Progress</u>	
3.ii.1	KR explained the revised method of the new style report on projects and welcomed any feedback on the new structure. The report gives additional clarity around what NESH Board and Scottish Government approves in terms of the business case, our operating plan as set out at the beginning and our progress against workforce, risk and transition.	
3.ii.2	KR talked through the operational progress for B&S, there were no comments raised.	
<b>4.</b>	<b>Progress Report – SLSWR</b> ( <i>paper circulated</i> )	
4.v	<u>Operational Progress</u>	
4.v.1	TL talked through the operational progress report.	
4.v.2	TL explained The North Skye element of the business case has not been taken forward due to concerns raised around the original business case process and a subsequent review by Sir Lewis Ritchie. TL advised the impact of the North Skye element has had on the target operating model in terms of not being able to release additional staff from Portree Hospital or funding to invest in accordance to the original business case.	
4.v.3	An additional short business case is being developed to move forward recruitment for the new hospital for staff unable to be released from North Skye. Additional project development capacity will also be included in the business case to recognise the strain on management and local resources due to extra programme of works around North Skye.	

ITEM		ACTION
4.v.4	Interviews are being conducted over the next coming weeks and additional recruitment of staff has been approved above posts being interviewed to make an early start in fulfilling the requirements for staffing the new hospital.	
4.v.5	<p>CG raised the following concerns:</p> <ul style="list-style-type: none"> <li>▪ Parking facilities for Care at Home vehicles which are currently parked at Broadford Service Point, if these are being relocating to Broadford Health Centre which has known difficulty with parking capacity. HC advised provision has been provided at the new hospital for fleet vehicles which has been factored into the parking allowance.</li> <li>▪ Renal Dialysis for patients is currently being carried out on set days, but due to increase in patient numbers accessing the facility how this will be managed, RM advised the weekly pattern will remain the same but extending the days to longer hours.</li> </ul>	
4.v.6	HF raised continued concern regarding the North Skye Option appraisal; its cost and negative impact it is having on the overall service redesign for Skye Lochalsh and South West Ross. DJ noted HF concerns and advised ongoing discussions are being had with NHSH Chief Officer to manage the North Skye situation. Focus is currently on getting the new hospital built, staffed and for patients to access the hospital. The North Skye Option appraisal and other developments will continue to be part of further work outside this meeting, which will require further time and additional resource to current team to successfully carry out this work.	
4.v.7	HF raised if Skye and Lochalsh Housing Association (SLHA) have been approached to help alleviate housing shortages for staff on Skye. DJ advised that NHSH Deputy Chief Executive has been asked to pick up specific housing issues with SLHA and any developments from these discussions will be brought back to this meeting. WN added the importance of being able to secure housing to successfully recruit new staff and added he is also working with Senior Charge Nurse to train your own/retain your own staff initiative which will help towards housing shortages. WN requested it would be useful to touch base with TL/RM to move this aspect further forward.	<b>WN/RM/TL</b>
4.v.8	HF advised that there has been little communication on Care at Home, End of Life Care and Social Care, with no engagement with Stakeholders for some time. DJ requested that MM pick this up as part of the Communication Plan so this can be discussed in the right and appropriate forum. Output of discussions will be brought back to this meeting for consideration within the context of governance arrangements. WN added that provision of care beds is a concern as this adds considerable amount of delayed discharge time and worry to acute services on Skye.	<b>MM</b>
<b>5.</b>	<b>PROGRAMME / JOINT ISSUES</b>	

ITEM		ACTION
5.1	<p>Programme and joint issues have been covered under agenda items 3 and 4 Progress Reports. A risk workshop will require to be held with Programme Board to review risk register. HC raised that clarity is required on scope of works in relation to North Skye, noting that while this element is in scope as defined by the business case, it skews the perception of risk in relation to the work ongoing in Broadford and is essentially managed through separate governance structure. DJ to discuss with project leads and senior leadership team.</p>	<p><b>HC</b></p> <p><b>DJ</b></p>
<b>6.</b>	<b>ANY OTHER BUSINESS</b>	
6.1	<p>HC advised a meeting was held on 16<sup>th</sup> April with NHSH and Scottish Ambulance Service concerning Broadford Helipad. Options were discussed of positioning of helipad and agreed the most suitable location was piece of ground west of the High Road, currently used as a contractor's compound for the new hospital site. Opportunity to procure land will require to be explored and subject to a business case.</p>	
6.2	<p>DJ advised there is a need to consolidate discussions had around the helipad and if there are any significance of these, and if there is any opportunity in procuring the land for the helipad site. Any future developments will be reported to this meeting under Construction Progress Report. HF expressed disappointment at the slow pace in movement of the helipad given that the new hospital will be completed in October 2021.</p>	
6.3	<p>HF advised that there is growing support for a CT Scanner in SSLWR and asked if this could be taken on board in discussions going forward. DJ advised that discussions could take place but will not form part of this forum or impact on the construction programme for the new hospital. Discussion on the CT Scanner will need to feed into future strategic developments.</p>	
6.4	<p>DJ advised if there are any issues/concerns before the next meeting these can be raised with herself, the Project Directors or Project Managers.</p>	
<b>7.</b>	<b>DATE OF NEXT MEETING</b>	
7.1	<p>Tuesday 27<sup>th</sup> July 2021 – 11.00 – 12.00, Microsoft Teams Meeting</p>	