

**APPROVED MINUTE of MEETING**

**Microsoft Teams Meeting**

**Thursday 23<sup>rd</sup> July 2020, 11.00 – 13.00**

- PRESENT:**
- |                             |  |
|-----------------------------|--|
| Deborah Jones <b>(DJ)</b>   | Director of Strategic Commissioning,<br>Planning and Performance (Chair) |
| Caroline Gould <b>(CG)</b>  | Locality Representative (SLSWR)  |
| Hamish Fraser <b>(HF)</b>   | Locality Representative (SLSWR)  |
| Heather Cameron <b>(HC)</b> | Senior Project Manager, Estates  |
| John Grierson <b>(JG)</b>   | Locality Representative (B&S)  |
| Kenny Rodgers <b>(KR)</b>   | District Manager, Mid Ross District, Project<br>Director B&S             |
- IN ATTENDANCE:**
- |                                   |  |
|-----------------------------------|--|
| Alister McNicoll <b>(AM)</b>      | Deputy Head of eHealth                           |
| Imogen Storm <b>(IS)</b>          | Project Manager (SLSWR)                          |
| Mairi Simpson-Taylor <b>(MST)</b> | Project Administrator, Estates ( <i>Minute</i> ) |
| Ross MacKenzie <b>(RM)</b>        | Area Manager North & West                        |
- APOLOGIES:**
- |                                |  |
|--------------------------------|--|
| Eric Green <b>(EG)</b>         | Head of Estates  |
| Linda Coe <b>(LC)</b>          | Locality Representative (B&S)  |
| Sharon Hammell <b>(SH)</b>     | Head of Strategic Change and Engagement                                      |
| Stewart MacPherson <b>(SM)</b> | Clinical Director (B&S), South & Mid Unit                                    |
| Tracy Ligema <b>(TL)</b>       | Head of Community Services, North & West<br>Division, Project Director SLSWR |
| Wil Nel <b>(WN)</b>            | Clinical Director SLSWR  |

ITEM		ACTION
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>	
1.1	DJ welcomed the meeting and noted the above apologies.	
<b>2.</b>	<b>NOTE OF LAST MEETING AND MATTERS ARISING</b> ( <i>paper circulated</i> )	
2.1	Draft note from meeting of 30 <sup>th</sup> January 2020 was agreed as an accurate record.	
2.i	<u>Equality Impact Assessment</u>	
2.i.1	HC advised the Equality Impact Assessment is currently under review and being re-written alongside Public Health, it is expected to have this completed and published on NHS website by August 2020.	
<b>3.</b>	<b>EHEALTH UPDATE</b>	
3.1	AM advised the following eHealth update on key areas being developed for the redesign projects:	

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	<ol style="list-style-type: none"> <li>1. Equipment has been delivered in B&amp;S areas to develop the use of Care Portal and Track Care to prepare for electronic patient records. Part of this process is scanning of patient records which is a significant part of the redesign projects, this will be carried out at the scanning hub in Raigmore. eHealth Implementation Team will progress this to be in place in time for the new hospitals opening.</li> <li>2. Digitisation of nursing forms is being developed in Care Portal. A standard package of forms is near completion, once complete these will be tested/piloted in Raigmore then extend to other areas.</li> <li>3. NEWS2 (National Early Warning Scores) is a standardised list/form of patient clinical observations taken at regular intervals during a patients stay. This is currently being recorded manually but electronic version of this is near completion, which will require interfacing with requisite systems, this will be trialled out in Raigmore before piloting in B&amp;S and Skye.</li> <li>4. Large screens for ward areas have been procured for Ward View and Community View, these are large screens to view inpatient details. This requires reconfiguration/testing and will then be used in localities B&amp;S/Skye prior to new hospitals opening so staff are familiar with the system. CG raised if large screens will be visible to the public as current system of white boards can be seen on wards. AM confirmed Ward View screens will be in nursing areas and not directly in ward area walls. <b>Post Meeting Note:</b> Projects Teams to liaise with eHealth to clarify location of the larger screens to ensure these are not visible to the public.</li> </ol> <p>3.2 KR advised that medical contract for the B&amp;S new hospital is out to tender and has been asked as part of the tender process if GP's will be able to access Vison or Dockland from the new hospital. AM advised this would need to be discussed with Services if required but yes would be possible to access these systems.</p> <p>3.3 HC requested if programme of works for both projects can be provided for the eHealth workstreams. AM advised the programme is currently being updated and will be issued once available.</p>	<b>Project Teams</b>
4.	<b>HIGHLIGHT REPORT</b>	
4.1	<p>HC presented a short video of drone flyovers of both construction sites of the new hospitals. HF requested if flyovers could be shared on social media. HC will raise with NHSH Comms Team / Balfour Beatty so local communities can see what work has been done so far.</p>	<b>HC</b>
4.2	<p>HC talked through the Highlight Report, this will be submitted by email with the minutes. The following was highlighted from the report:</p> <ol style="list-style-type: none"> <li>1. Updated programme will be emailed to members once this is available. HC highlighted that Covid-19 has impacted on construction works for</li> </ol>	<b>HC</b>

ITEM		ACTION
	<p>both sites and is working with Balfour Beatty to understand overall impact and how this is being mitigated.</p> <ol style="list-style-type: none"> <li>2. Timeline is reporting as RAG status of Red – this is due to reporting on old programme dates and Covid-19 impact on works. NHSH is liaising with Balfour Beatty and Hub North Scotland how this is being mitigated, and positive discussions with the Planning Authority have agreed extension of working hours on both sites.</li> <li>3. Contractual risk for managing the impact of Covid 19 is sitting with the contractor, however in line with Scottish Government policy a contract variation is to be introduced to provide relief to the contractor in terms of cost and time that cannot be mitigated. In terms of NHSH budget this will be reimbursed by Scottish Government if we can demonstrate all costs are fair.</li> <li>4. North Skye community beds options appraisal work has stalled due to Covid-19, large groups of people were not able to attend planned workshop events. Other options are being looked at how this will happen. Output from this will feed the workforce and transition planning and what the future provision of services in north Skye will look like.</li> <li>5. Risk items 3.1.2, 3.1.5, 3.3.1 and 3.3.3 have now been raised as issues. The impact of Covid-19 has diverted resources for the project and the delay of the outcome of the Sir Lewis Ritchie external review impacts on the agreed Service Model and what this will look like. The impact of this will mean we will not be able to deliver what was agreed in the Full Business Case; in particular to convert Portree Hospital into GP accommodation within the agreed timescales.</li> </ol>	
4.3	<p>DJ will formally write to Project Director for SLSWR and Chief Officer for NHSH highlighting these issues and the ongoing concern that this is slowing down the overarching process of the project.</p>	DJ
4.4	<p>CG raised if local school artwork submissions for glazing design, how this is being checked for suitability for people with different impairments, an example of this is how shadows are cast through glazing and effect this may have on people with visual impairment. Artwork submissions are currently being shortlisted, NHSH will then liaise with the glazing supplier to ensure that they meet requirements/guidelines. HC advised she is happy to discuss this further with Access Panels when proposal is in place.</p>	
4.5	<p>CG raised if Covid19 has affected the internal design of both hospitals. The current guidance from Health Facilities Scotland is to 'stress test' existing designs. This has been done as a desktop exercise for both hospitals alongside H&amp;S and Infection control and red/green pathways can be accommodated if necessary, with very minimal changes. CG highlighted it would be useful for the Access Panel to see this and point out any possible access issues. HC advised that plans for the hospitals have not changed but would be happy to hear from Access Panels, concerns with regards to Covid-19.</p>	

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4.6	CG advised she has received Guidance on Street Design from Guide Dog Scotland and what needs to be considered for people with visual impairment and will send this on to HC.	<b>CG</b>
4.7	HF raised concern regarding the delay in the North Skye Options Appraisal and potential lack of staffing at the new hospital this may cause, and effect this will have on viability and sustainability of services across the area.	
4.8	HF highlighted for Programme Board to be aware that the local community council is in touch with Balfour Beatty (BB) regarding flooding issues on the footpath running below the site from Broadford village to the pier, and BB are investigating possible causes. HF noted the very positive view of BB held locally in terms of their engagement with the community and contribution to community schemes.	
<b>5.</b>	<b>STAKEHOLDER ENGAGEMENT AND COMMUNICATION</b> ( <i>paper circulated</i> )	
5.1	Paper circulated highlights community engagement activities that have been carried out by Balfour Beatty and NHSH.	
5.2	HF referred to the Art Strategy for the new hospitals and asked for Skye if both High Schools had been approached to be involved in the artwork and glazing manifestations. HC confirmed they had been contacted but only received a response from Plockton High School. HC will chase this up again.	<b>HC</b>
5.3	DJ commended the good progress that has been made on both projects given the challenges faced by Covid-19 and praised all teams involved.	
<b>6.</b>	<b>ANY OTHER COMPETENT BUSINESS</b>	
6.1	<p><u>Membership Update</u></p> <ul style="list-style-type: none"> <li>▪ Sharon Hammell has replaced Jane McGirk as Head of Strategic Change and Engagement.</li> <li>▪ Stewart MacPherson, Clinical Director role is changing due to restructure of Acute and Community Services, this role requires reviewed and who will sit on this Programme Board from a clinical perspective for B&amp;S.</li> </ul>	
6.2	Imogen Storm, Project Manager for SLSWR Service Redesign Project will be on secondment from this post for six months and wish her well in her new role.	
6.3	CG asked for the status of building warrant applications for both hospitals. HC confirmed plans have been submitted for both sites up to Stage 5.	
<b>Post Meeting Note – Detailed status of Building Warrant submissions:</b>		

ITEM						ACTION		
6.4	<b><u>SLSWR</u></b>							
		<b>Activities</b>	<b>Programme Date</b>	<b>Actual Date</b>	<b>Granted</b>			
	Demolition	Site Clearance	18-Jun-19	18-Jun-19	05-Aug-19			
	Stage 1	Drainage - Road Access	10-Jun-19	17-Jun-19	03-Oct-19			
	Stage 2	Foundations and Superstructure	15-Jul-19	22-Jul-19	18-Oct-19			
	Stage 3	Architectural Layout - Building Envelope - Fit out	19-Aug-19	25-Oct-19				
	Stage 4	MEP Services	23-Sep-19	06-Dec-19				
	Stage 5	External Works - Landscaping	28-Oct-19	31-Jan-20				
	<b><u>B&amp;S</u></b>							
		<b>Activities</b>	<b>Programme Date</b>	<b>Actual Date</b>	<b>Granted</b>			
	Stage 1	Drainage - Road Access	10-Jun-19	10-Jun-19	29-Jul-19			
	Stage 2	Foundations and Superstructure	15-Jul-19	15-Jul-19	07-Nov-19			
	Stage 3	Architectural Layout - Building Envelope - Fit out	19-Aug-19	23-Sep-19				
	Stage 4	MEP Services	23-Sep-19	11-Dec-19				
	Stage 5	External Works - Landscaping	28-Oct-19	31-Jan-20				
	HF queried if local elected members for SLSWR are circulated minutes from these meetings, as it has been noted over time there has been little engagement from elected members at stakeholder /steering group events. DJ/HC to pick this up offline.						DJ/HC	
	7.	<b>DATE OF NEXT MEETING</b>						
	7.1	Thursday 8th October 2020 14:00-16:00 - Microsoft Teams Meeting						