

**Urram Board Meeting Notes 17<sup>th</sup> January 2022 10.30am via Zoom**

		Action
1	<p><b>Welcome and apologies</b>  Present: James Hilder, Elizabeth Carmichael, , Sally Semple, Gill Calver(left early), Denise Anderson, Louise White, Natalie Rodgers, Claire Cameron.  Apologies from John Jones, Jenni Hodgson, Ali Upton, Jane Gaze and Helen Maclean.</p>	
2	<p><b>Minutes of the last Meeting</b> (December) approved- proposed by Sally and seconded by Gill</p>	
3	<p><b>Matters arising not covered on the agenda</b></p> <p>a) Nominations for new trustees- none locally. Phil Simpson is a possibility for a co-opted member. General assumption that all current trustees are willing to re-stand for election. If this is not the case to let James know as soon as possible. <b>Everyone to encourage new members-</b> online form. Hard copies to be made available at the local shops/ Dail Mhor. <b>LW/NR to sort</b> and to keep sharing on social media.</p> <p>b) AGM- <b>James to write a chair report</b>, Finance report is short as no transactions in the first year. All to register for the meeting via zoom. <b>JH to re-send link.</b></p> <p>c) Sally suggested we need to tighten up Urram’s purposes, with a clear message as to who we are and why we are here. Allowing concise branding to enable better understanding from our communities as to the vision. Concern over potential for misunderstanding from communities especially with reference to NHS. AGM presents an opportunity to be really clear as to why Urram exists. <b>James to collate previous statements and to circulate for comment.</b></p>	<p>Everyone</p> <p>Louise/ Natalie James</p> <p>James</p>

4	<p><b>Budget and Finance update.</b></p> <ul style="list-style-type: none"> <li>a) Bank balance £28,293.30</li> <li>b) James has finished work on and produced an 18 month budget showing a spend of around £102,000. Sally commented- sufficiently ambitious and good to see spending on salaries and associated need with services alongside redevelopment consultancy fees.</li> <li>c) JH noted gaps in current funding <ul style="list-style-type: none"> <li>a. Redevelopment doesn't have capacity for anything other than salary and consultancy.</li> <li>b. Hospital transport is losing money.</li> <li>c. Befriending- needs a couple of funding bids to make it to 18 months- initially only for 12 months.</li> </ul> </li> <li>d) NHSH supported with capacity building of £15000 for the first year, its unknown if this will continue for an additional year. There is a little overlap with NHSH year ending in April and Urram's budget from January for 18 months.</li> <li>e) Highland and Islands Community Mental Health and Wellbeing fund- NR has applied for around £10,000 to kick start the befriending service across the peninsulas – so expanding the reach. It would allow her more time to spend engaging in person in different ways across the area. Will know by the end of January.</li> <li>f) JH has approached VAL for a quote for payroll services with the thought that Urram will outsource its payroll.</li> <li>g) <i>Delegated Spending Authority</i> - It was agreed that staff members could spend freely within their budget- up to around £150. For anything larger ( and still within budget) then a quick conversation with the Treasurer and or Trustee is required.</li> </ul>	
5	<p><b>Dail Mhor/ Wellbeing hub update</b></p> <p>Tenders are now in and have been circulated within board and wider strategic group. Interviews are on 19<sup>th</sup> Jan, this might not be the final step in the selection process. Strategic partners have been invited to comment, and Highland Council invited to participate in interviews. Unfortunately due to late notice they are unable to attend on the 19<sup>th</sup> but have promised comment on the tenders.</p> <p>There followed a detailed discussion on some of the pros and cons of the tenders to assist the interview panel with their interviews. (Confidential Comments in Appendix.)</p> <p>Update on Thursday 20<sup>th</sup> after interviews.</p>	

6	<p><b>Dail Mhor House - Current status of Service &amp; Operational Update(NHSH)</b></p> <p>Helen – also running the Mackintosh Centre. DM successfully running quite a bit of step up and step down. 1 long term resident at the moment. She feels well supported by NHS managers but has been more time consuming than initially anticipated. The atmosphere and the standard of care is excellent but the buildings are difficult.</p> <p>Recruited 1 housekeeper and re advertising for the additional post.</p> <p>Permission to advertise for more staff so recruiting 1 pt health care assistant.</p> <p>JH reminded Helen that we are happy to help with social media advertising etc.</p> <p>Helen is in Dail Mhor on Tuesdays and Wednesdays and very happy to meet with any of us if we would like.</p> <p>(Gill Calver left the meeting)</p> <p>Claire noted its been difficult staffing Dail Mhor particularly with covid and grateful to bank staff- particularly Jenni stepping in to help.</p> <p>Strategically Claire is working with Tara French (strategic lead NHSH) on an integrated Adult Health and Social Care plan which incorporates care homes, care at home etc. A first plan of its type for NHSH. Currently information gathering and then in to public/community engagement. Led by the ‘Feeley’ report and the reports around National care service. Significant change is on the way for delivery of adult social care.</p> <p>James to Claire. Highland Hospice- want to talk about Sunflower Home Care , postponed until the spring. Should we wait if things are going to change or should we continue to progress things with HH. Claire feels it is important that we are up to date and in the game. NHSH will be seeking views from 3<sup>rd</sup> sector partners and talking about contractual agreements in the spring. If Urram were involved with HH – at least talking about possibilities then that would be beneficial and would ensure Urram is included.</p> <p>Emphasis on communities providing care for their community and NHSH having a step back from all non-statutory services. Nothing signed off and approved but this looks like the direction of travel.</p> <p>It is likely that new guidance for Care At Home would lead to most of current individuals not qualifying for care at home. The scoring criteria is set really high, with the aim that more individuals go down the SDS ( self directed support) route which could mean that Urram has options in terms of providing services.</p> <p>Community engagement is still under development- but hopefully will approach communities regarding how they would like to be engaged with/worked with, and then work from there to devise the strategy.</p> <p>Sally referred to the AGM and ‘branding’ and noted the importance of distinction between NHSH and ourselves. Ensuring clarity that we are separate entities, to be able to distance ourselves from decisions made within NHSH that Urram has no control over but may be seen (unless we are careful) to be part of.</p> <p>NHSH will be engaging with community groups as well as individuals and Urram will be included in that.</p> <p><b>JH agreed to write to the community councils</b> explaining who/what we are and asking for trustees.</p>	James
7	<p><b>Hospital transport service.</b></p> <p>Not discussed this time.</p>	

8	<p><b>Helping Hands / Befriending Update.</b>  2 referrals and 1 enquiry this week. 1 in Ardgour, 1 in Strontian and potential in Acharacle. Have 2 volunteers with paperwork all sorted, 1 in Ardgour and 1 in strontian. NR asked if recruiting volunteers in Acharacle would be an appropriate next step. <b>There was agreement</b> to recruit in Acharacle, as there is capacity at the moment.</p> <p><u>Other activities:</u>  Writing an article for the De Tha Dol and drafted the paper on barriers to using the service. Some of which would be mitigated with clarity over our purposes. Had meeting with other coordinators across highland and Susan for Highland Hospice which was helpful.  ‘Village hall meetings’ spending time in communities and booking sessions with community councils to raise the profile of befriending and Urram.  300 fliers from Highland Hospices- ideas for distributing;</p> <ul style="list-style-type: none"> <li>• through letter boxes</li> <li>• shops</li> <li>• with the prescription service( Denise- before Thursday)</li> <li>• 20-30 in to Dail Mhor and will be distributed with integrated team and district nurses.</li> <li>• To contact Morvern &amp; Acharacle surgeries directly.</li> <li>• 20 to Sally directly and she will chat to the Postie.</li> </ul> <p>Community hub/engagement to take many different forms. Book a table in the local cafes and have a drop in – free cuppa in exchange for membership/profile raising.  JH encouraged Natalie to call an informal chat/meeting for support or for ideas if she needs.</p>	Natalie
9	<p><b>Policies/Procedures &amp; PVG</b>  Policies have been reviewed and revised alongside comments from John and Sally. Which principally were- to have one all-encompassing data policy, and in a number of policies where there was a specified list of groups to have a more generic statement, and to include training for staff and board members.  Still need some tweaks regarding lines of authority and what’s involved in various roles e.g. data protection officer, safeguarding officer. LW will produce a roles and responsibilities list and after the AGM board members will volunteer to fill roles as appropriate.  Training for staff members and for trustees- LW investigating but would strengthen our policies – and for some a requirement to ensure our policies are robust.  <b>There was agreement to start using these policies even though they are still a draft.</b></p>	Louise  Louise ALL
9	<p><b>AOB</b>-LW to send membership form to Denise.  NR- some of the hospital transport volunteer PVG’s are still outstanding.</p>	LW
10	<p><b>Date of next meeting</b> – 24<sup>th</sup> Jan AGM 7.30 for board 8pm for AGM.  7<sup>th</sup> March, 25<sup>th</sup> April, 6<sup>th</sup> June, 18<sup>th</sup> July, 5<sup>th</sup> September, 10<sup>th</sup> Oct, 21<sup>st</sup> Nov,</p>	

**Appendix – Not for Web**

**Confidential (Not for Web) Discussion on Tenders.**

**Item 5 – Discussion on Feasibility Tenders**

Sally- Architect comments.

Rural design- well known in the west, well respected.

John Gilbert- technically very experienced, have more to do with refurbishment of buildings due to urban bias. Also urban bias means they are more used to working with different constraints that are less relevant in this situation; size of plot, cost of land etc.

Inch & John Gilbert may have a different interpretation on the technical feasibility which is slightly less applicable to rural area.

Inch- experience with Abbeyfield, but haven't allocated individual architect with Abbeyfield to this project.- Claire also said whilst Abbeyfield is a lovely building, as a care worker, from a practical point of view, it is a difficult building to work in; shape and size of rooms and bathrooms, atrium difficult for those hard of hearing.

JH clarified with Sally that the feasibility architect doesn't have to be the long term architect. At the moment we are looking for who is best placed to feed in to the physicality of the space. Often feasibility study cost is reduced in the hope to get the final work. Any competent architect should be able to work from the feasibility. Could end up with a mix – a larger firm working with a locally based architect/technician.

Gill- wants to ensure the study addresses the feasibility of a respite centre that doesn't necessarily reflect only the needs of the community and would look to bring in clients from outwith the area to boost financial sustainability.

Rural Design have done a reasonable amount of care experience but the consultants don't have a depth of care experience whereas SKS have some in their track record.

Claire does know care home on Harris and a care home manager would be able to support in the intricate design of the inside of the building.

Chosen firm will sit down with all stakeholders to feed in to the feasibility.

Questions from architects regarding re-purposing. Not really viable in Dail Mhor but perhaps the village hall.

Sally worked with Duncan on the Morvern Woodland- good fit for our communities but perhaps less strong on the local engagement.

Sally involved in the design for the care home on Harris- design was over budget by £1 mil.

Sally advised all interviewers to read on the RIBA guidelines. [www.architecture.com/knowledge-and-resources/resources-landing-page/riba-plan-of-work](http://www.architecture.com/knowledge-and-resources/resources-landing-page/riba-plan-of-work)

Elizabeth; liked the ethics of Inch, warmed to Duncan Macpherson but concerned about the prevalence of wood in rural designs buildings- and does that work well for us in such a wet location.