

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>MINUTE of BOARD MEETING</b> Board Room, Assynt House, Inverness	<b>28 April 2020 – 9.30am</b>	

**Present**

Prof Boyd Robertson, Chair, TC  
 Mr Alex Anderson, VC  
 Ms Jean Boardman, TC  
 Mr James Brander, VC  
 Mr Alasdair Christie, VC  
 Ms Ann Clark, VC  
 Ms Sarah Compton-Bishop, VC  
 Mr Albert Donald, VC  
 Mr David Garden, Director of Finance  
 Mr Paul Hawkins, Chief Executive  
 Mr Alasdair Lawton  
 Mr Philip MacRae, VC  
 Ms Heidi May, Nurse Director  
 Ms Margaret Moss, VC  
 Mr Adam Palmer  
 Ms Ann Pascoe, VC  
 Dr Boyd Peters, Medical Director  
 Dr Gaener Rodger, VC

**In Attendance**

Ms Ruth Daly, Board Secretary  
 Ms Pamela Dudek, Interim Deputy Chief Executive,  
 Ms Fiona Hogg, Director of Human Resources and Organisational Development  
 Ms Joanna MacDonald, Chief Officer, Argyll & Bute, VC  
 Dr Ken Oates, Interim Director of Public Health, VC  
 Mr David Park, Chief Officer, North Highland  
 Ms Katherine Sutton, Head of Acute Services  
 Ms Anna McNally, Board Services Assistant

**Also in Attendance**

Prof Sandra MacRury, University of the Highlands and Islands

**Preliminaries**

- On behalf of the Board, the Chair offered his condolences given to Deirdre MacKay as her mother had recently passed away.
- As 28 April was International Workers' Memorial Day, the Board observed a one minute silence at 11am in commemoration of the key workers who have lost their lives due to CO-VID 19.
- Due to a poor teleconferencing connection, Boyd Robertson asked Paul Hawkins to chair the meeting as he was present in the room.

**1 Apologies**

There were no apologies.

## 2 Declarations of Conflict of Interest

Mr Alasdair Christie wished to record that he had considered making a declaration of interest as a member of the Highland Council but felt his status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting.

## 3 Minute of Meeting of 31 March 2020 and Action Plan

The Board **approved** the Minutes of 31 March 2020 subject to the following highlighted amendments:

### Item 6b Healing Process:

- first sentence to read: ‘the whistleblowers, staff and **staff-side groups ...**’
- first bullet point to read: ‘Further detail on the **assurance** role ...’
- second bullet point to read: ‘... inappropriate behavior happening up to **and at** that date’.

### Item 15 Governance and other Committee Assurance Reports:

- Area Clinical Forum Minutes of 5 March: ‘Attention was drawn to the need for urgent consideration of ongoing challenges in Neuro**psychology** services ....’

## 4 Matters Arising

There were none.

## 5 COVID-19 Update Dr Boyd Peters, Medical Director

The Medical Director provided the Board with the following update regarding COVID19 within NHS Highland:

- NHS Highland was aligned with the clinical care model adopted in Scotland. The approach was to manage the majority of patients at home as most would have mild symptoms. NHS Highland had redesigned services to minimise the spread of COVID-19.
- Local clinicians and clinical advisors were involved in the community system to identify patients who were most at risk. Patients identified as having a greater risk of complications would be transferred to a hospital with an intensive care unit onsite in the event of their condition deteriorating.
- Currently, the anticipated high number of cases had not been realised due to the lockdown slowing the spread of the virus, but it was important to maintain vigilance.
- Red and green care pathways had been established in hospitals to enable emergency and some elective activity to continue. Throughout COVID19, urgent and high dependent surgery, including cancer surgery, was being maintained. Preparations were underway to recommence elective procedures as the number of cases had been lower than anticipated.
- Within Highland, there were fourteen COVID-19 assessment centres and one hub. The number of cases to date had been low but there had been some pockets of infection in urban areas. This was in line with the position across Scotland.
- There were no issues regarding the clinical staff absences due to COVID-19.
- There were systems in place to monitor and manage the provision of PPE.
- Additional psychological support services for staff would be launched on 1 May.
- NHS Highland had engaged with the shielding programme and had complied with the guidelines. In addition, the Local Authority maintained a vulnerable adult list of those in the community who required additional support.
- Public Health and Infection Prevention and Control had been providing support to care homes, and PPE and resilience planning. To date, there had been no significant outbreak in care homes in Highland but the situation was being closely monitored.
- In addition to the local testing capacity, there was back-up capacity of 100 tests supplied by NHS Greater Glasgow and Clyde. A regional testing centre and mobile testing capabilities would shortly come on stream. It was likely testing would be increased in line with national commitments given the integral role this would play in the lockdown exit strategy.
- Testing policies were under development to support transfers of patients and for care homes.

- Emergency department activity has decreased but it was not a concerning downturn.
- The Board was mindful of the national lockdown exit strategy and the implications for NHS Highland.

The Interim Director of Public Health advised Highland had been one of the areas of Scotland with the lowest incidences of COVID-19 and this had largely been due to the Highland population adhering to the lockdown and social distancing measures, staff's tremendous work to contain the spread of the virus, and the rurality of the Highland geography. It appeared Highland had come through the first curve of the infection but compliance with social distancing remained crucial.

During discussion, the following issues were considered:

- It was difficult to predict the number of cases likely to occur in Highland as the number of cases in the community was unknown and the containment of the virus was dependent on compliance with lockdown measures.
- A national workshop was scheduled to establish the workforce requirements for increased testing and contact tracing.
- There had been media messages encouraging patients not to avoid seeking medical attention for non-COVID19 symptoms. There has also been national messaging through the Chief Medical Officer. Within primary care, clinicians were still assessing patients and, where possible, referring patients to cancer services.
- Guidance had been received on the provision of PPE to unpaid carers and this had been implemented through the local integrated teams supporting carers directly.
- There were daily huddles to maintain oversight of COVID-19 related matters and, to date, there had been no shortages of PPE. It was confirmed there was a different pattern of disease and a higher prevalence of COVID-19 in Argyll and Bute compared to North Highland
- There were various methods of recording incidences of coronavirus but the common method was to use the number of hospital admissions of COVID-9 positive patients and using this figure as a proxy figure for the community.
- Testing was available in the Caithness area and there was potential to locate a mobile testing unit in the area. The Board was sighted on the offers of assistance from Dounreay regarding testing.
- Dr Oates agreed to raise with Public Health Scotland the matter of provision of PPE to school teachers and temperature testing of children following the schools reopening.
- A national workstream had commenced to establish the long term health implications of social distancing.
- Concerns have been raised nationally regarding domestic tourism following the easing of lockdown.
- Prof MacRury confirmed the University of the Highlands and Islands had applied for a social science grant to study the implications of lockdown on mental wellbeing.  
National and regional plans were under development to scope out how Health Boards would move out of lockdown and a specific NHS Highland plan was under development.
- Discussions were ongoing with the Scottish Ambulance Service regarding the ambulance cover in rural areas.
- The Chair advised he had the opportunity to raise concerns with the Minister of Public Health on a weekly basis and he expressed his gratitude to all staff for the work they were undertaking.

The Board **noted** the verbal update.

## **6 Finance Report 2019/20 and 2020/21** **Mr David Garden, Director of Finance**

The Director of Finance provided the following outline of the 2019/2020 Draft Financial Outturn:

- The draft outturn indicated an overspend of £10.9m before brokerage. The target set by Government at the beginning of the year was to contain the overspend to £11.4m therefore NHS Highland was £0.5m below target.
- It is recommended that the Board should formally ask the Scottish Government for financial brokerage of £11m. The additional £0.1m will give an element of comfort to cover the risk of any late adjustments as a result of the final audit. Once the Board received brokerage, the Board would have broken even and met all financial targets in 2019/20.

- There had been positive movement in the forecast between month 11 and month 12 of £1.2m due to slippage of specific Government allocations some of which slipped due to the concentrated efforts of COVID-19 mobilisation.
- The savings target of £28m for 2019/20 had been achieved and 59% were recurrent. In addition to the savings target, £7m of cost pressures had been identified in September and successfully mitigated through non-recurrent savings. In effect, a total of £35m of cost improvement had been delivered in 2019/2020.
- The PMO had been instrumental in delivering financial savings in 2019/20 and would play a key role in 2020/21.
- With regards to the Capital Resource Limit, there was slippage of around £3m but this had been managed by the Scottish Government and overall there was a break-even position.
- The Scottish Government had wiped historic brokerage repayments last year for Scottish Health Boards. On this basis it was therefore not expected that any further brokerage would be wiped in Scotland on the back of the Covid crisis, contrary to the intentions of Westminster for the NHS in England.
- It was confirmed the Board's overspend in 2018/19 amounted to £17.9m and the Board had received brokerage of £18m.

The Chair and Chief Executive thanked all staff involved for their tremendous efforts to achieve such a demanding savings target.

With regards to the financial plan for 2020/2021, the Finance Department had reviewed budgets set out in the Annual Operating Plan to ensure the assumptions regarding inflation and cost pressures remained valid. A budget rebasing exercise had taken place to ensure the budgets for 2020/2021 were appropriate for current service provision and activity levels. The baseline budgets would provide a solid foundation and enable analysis to establish cost pressures arising from COVID19.

£600m had been passed to the Scottish Government to fund Health Boards' response to COVID19 through Barnett Consequentials. NHS Highland had submitted a COVID19 Mobilisation Plan to Scottish Government which outlined the clinical response and the associated financial implications. All Health Boards in Scotland were undertaking a costing exercise to establish costs specific to COVID-19 as well as providing high level cost summaries to the Scottish Government on a weekly basis. There was uncertainty and risk regarding the financial implications of COVID19 but this was being closely monitored.

Financial Recovery Programme activities had been paused since mid-March to enable staff to focus on the COVID-19 response. Activities would gradually recommence for monitoring and reporting purposes with the PMO focussing on transformational redesign work rather than financial efficiencies.

Following discussion, the Board:

- **Noted** the provisional 2019/20 revenue out-turn of a £10.9m deficit before financial brokerage and breakeven on Capital Resource Limit.
- **Mandated** the Chief Executive to request £11m of financial brokerage from Scottish Government to allow the Board to meet its financial target.
- **Noted** the approach and rationale behind budget rebasing for 2020/21
- **Noted** the uncertainty around the financial impact of Covid-19 and the need for regular updates as the issues become more apparent.
- **Endorsed** the re-invigoration of financial recovery in appropriate areas and **endorsed** the approach proposed.

## 7 Culture Fit For The Future

**Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer**

Fiona Hogg highlighted the following key issues from the report:

- Emma Pickard, External Advisor, had chaired her first Culture Programme Board in April and the next meeting had been scheduled for May.

- Ms Pickard had begun reviewing the internal whistleblowing policy and working on the national whistleblowing standards with Mr Donald, Non-Executive Whistleblowing Champion. The programme to launch the national whistleblowing standards had been paused due to COVID19.
- The Guardian Service contract would be signed within the next week with a launch of the service anticipated on 1 July 2020. The role of the Guardian Service was to provide staff with an external route to raise concerns in addition to the internal processes in place. The Guardian Service would recruit one full time Guardian for the North Highland area and one part time Guardian for Argyll and Bute.
- The governance structure for the Culture Programme Board was under review to establish where the Programme Board sits within the wider governance structure of NHS Highland.
- A local group had been established to review mental health support and wellbeing resources for staff and a wellbeing intranet page was under development to provide information and resources. There is dedicated Psychological Services support and this is accessed via phone and email. In the meantime, staff were being provided with updates and resources via email.
- The Board had now formally engaged Validum to provide an Employee Assistance Programme. This service was open to all NHS Highland staff from 1 May 2020. A communication programme would take place and leaflets would be distributed to staff. Validum would provide a 24/7 comprehensive counselling, wellbeing and life support service.
- The Argyll and Bute Review had concluded and Progressive Partnership would provide a high level summary report of their findings in early May. The Review had been open to both former and current employees. Over 500 contributions had been made to the review from staff in Argyll and Bute; only a small proportion were from former employees.

During discussion, the following issues were considered:

- A webpage has been created for The Healing Process to provide further information to current and former staff. Ms Hogg undertook to circulate the website address to the Board for information.
- With regards to the risk assessment outlined in the report, the top five risks on the register would be circulated to the Board for information in the May update.
- Work was underway to establish how the Healing Process would operate should there be a partial lifting of COVID-19 lockdown with social distancing rules still in place.
- The questionnaire distributed in Argyll and Bute could be rolled out to other localities in Highland in the final quarter of 2020 as it provided a useful insight into staff experience of this specific issue, although we do have iMatter as our national staff experience survey.
- Mr Palmer confirmed he was satisfied with the Culture Programme to date and the involvement of staff side representation.
- The Chair advised the Board of the positive feedback he had received regarding the Culture Programme and The Healing Process, including from the Cabinet Secretary for Health and Sport, Jeane Freeman.

Ms Hogg confirmed she would table the high level findings of the Argyll and Bute Culture Review, and an update on the implementation of The Healing Process at the next Board meeting.

The Board **noted** the update.

## **8 Mitigation of Risks for Temporary Governance Arrangements Boyd Robertson, Chair**

The Board Secretary confirmed a Risk Assessment had been undertaken by Scott Moncrieff to establish the associated risks with the temporary governance arrangements implemented due to COVID-19. In March 2020, the Board agreed to suspend governance committees for a period of three months and authority had been delegated to the Chair, Vice Chair and Chief Executive. The Risk Assessment highlighted that the suspension of the Audit and Remuneration Committees would result in the Board no longer complying with the UK Corporate Governance Code or the Scottish Public Finance Manual.

Suspension of these committees would deprive the Board of their independence as their membership exclusively comprised Non-Executive Directors. It was recommended that the Board permit the Audit and Remuneration Committees to meet, at the discretion of their respective Chairs.

The Board **confirmed** and **agreed** the following revised temporary governance arrangements:

- Delegation of governance of NHS Highland from 1 April 2020 for an initial period of three months to the Board Chair, Vice Chair and Chief Executive, with another Non-Executive Director and Deputy Chief Executive acting as substitutes. Monthly reviews to take place following the initial three month period.
- Monthly meetings of the Board focussing on COVID-19, any nationally important matters, and any pressing governance matters brought forward from the Chairs' Group
- Fortnightly meetings of the Chairs' Group with the Chief Executive (and members of the Executive Team as necessary) acting in an advisory capacity
- Suspension of Committee Meetings with the exception of the Audit and Remuneration Committees which should meet as necessary, with respective Chairs reviewing the need for meetings on a periodic basis
- Weekly Meetings of Chair and Chief Exec as per normal practice
- Weekly meetings of Chair, Vice Chair, CEO and Deputy CEO

**Date of the next meeting: 26 May 2020.**

**The meeting closed at 11:45am**