

**Informal Meeting of the Area Clinical Forum
28 July 2020 at 4pm to 5.10pm**

Present: Margaret Moss (Chair), Manar Elkhazinder, Ann Galloway, Catriona Sinclair, Kitty Miller, Laura Menzies, Alex Javed, Adam Palmer, Boyd Peters, Ian Thomson, Stephen McNally, Peter Cook, Catriona Sinclair, Linda Currie, Laura Ann Menzies, Pam Dudek, Anna McInally (taking notes).

Apologies: Eileen Anderson, Eddie Bateman

1	<p>Senior Leadership Management Structure</p> <p>Pam Dudek advised the structure outlined was appropriate for the organisation at the moment but may be subject to minor changes in the future. In preparing the structure, there had been engagement with Staffside. Public engagement is still a work in progress; Sharon Hammell is developing a framework to gather patient feedback and experiences. The structure shows the support services need to be considered at all levels, this includes IT. Most of the remobilisation plan refers to digital solutions, e.g. automation, extending virtual consultation or data collection systems, need to understand the scope for digital intervention at a service level. The system leadership is the anchor for supporting all the divisions. The position of the Clinical Expert Group within senior leadership operations and its links to the ACF and professional advisory committees is still to be established. The CEG functions and how it feeds into the organisation is yet to be confirmed. The ambitions of the Culture Programme Board are a critical aspect as it underpins the structure.</p> <p>Margaret Moss advised the outlined structure is an operational structure and already existing in the structure is the NMAHP Leadership Committee, the ADTC, the TAM Group, possibly others which are used operationally to provide advice. Would the NMAHP Leadership Group, ADTC and TAM feed into CEG or the reverse of this?</p> <p>Manar Elkhazinder CEG was established to deal with COVID-19 guidelines in a rapidly changing environment, in a normal year there would be relatively few national guidelines.</p> <p>Boyd Peters need to clarify and refresh the Terms of Reference for CEG, it had proved successful through COVID therefore we should utilise the functionality and additionality of the Group without taking away from any existing group or structure. CEG was designed to provide rapid, bespoke and multi-disciplinary advice to the organisation. CEG is not a decision making group.</p> <p>Ian Thomson the new structure provides an opportunity for the ACF to define its role in relation to CEG and the other operational groups and commitments.</p> <p>Margaret Moss need to review the ACF's agenda and the business brought to the Forum.</p> <p>Pam Dudek confirmed the EDG would be responsible for resource allocation with the debate taking place at the SLT.</p> <p>Manar Elkhazinder advised the gold, silver and bronze command worked well because there was fast and efficient decision making, normal decision making can</p>
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	<p>involve several different groups over several weeks.</p> <p>Pam Dudek advised the North Highland organisational structure is under review. It was hoped a form of the agility demonstrated in the command structure would be retained to a lesser degree. Decision making during COVID-19 was very fast moving because it was an emergency and there were no cost constraints.</p> <p>Action – Invite David Park and Katherine Sutton to the next meeting to discuss the North Highland Operational Structure.</p>
2	<p>The Remobilisation Plan</p> <p>Pam Dudek advised the Government requested the second iteration of the Mobilisation Plan to cover the period from August 2020 to March 2021. The plan circulated was in draft form and would be subject to further amendments before final sign off and submission. The Forum was encouraged to submit comments on the content. Two table top exercises have been undertaken to stress test the plan to prepare for a quick step up in the event for a second wave of COVID. The Collective Sense Making Exercise was held with 48 participants.</p> <p>Ian Thomson need to support staff to deploy the plans.</p> <p>Ann Galloway advised staff may not feel psychologically able to remobilise but need to because of service demands. Heads of Service are being asked to roll out wellbeing programmes for staff. Need to consider staff preparedness.</p> <p>Pam Dudek confirmed the finance section of the plan will follow. There are real concerns regarding the costs of remobilisation and the affordability of remobilisation.</p> <p>Manar Elkhazinder advised hospital dentistry is not represented in the plan and would contact Donna Smith.</p> <p>Pam Dudek advised the mobilisation plan comprised of ten workstreams and each workstream has a Project Initiation Document and this will be the method of delivering remobilisation.</p> <p>Action – Invite David Park, Joanna MacDonad and Katherine Sutton to the next meeting to present their workstream PIDS.</p>

The meeting closed at 5.10pm.