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<p align="center">MINUTE of MEETING of the AREA CLINICAL FORUM</p> <p align="center">Microsoft TEAMS</p>	<p align="center">4 June 2020 – 11.30am</p>	

Present

Margaret Moss Area Nursing, Midwifery and Allied Health Professionals Committee (Chair)
 Eileen Anderson, Area Medical Committee
 Jonathan Ball, Area Medical Committee
 Eddie Bateman, Area Dental Committee
 Peter Cook, Area Healthcare Science Forum
 Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee
 Manar Elkhazindar, Area Dental Committee
 Alex Javed, Health Care Science Forum
 Ann Galloway, Psychological Services Advisory Committee
 Frances Jamieson, Area Optometric Committee
 Boyd Peters, Medical Director
 Catriona Sinclair, Area Pharmaceutical Committee
 Iain Thomson, Adult Social Work and Social Care Advisory Committee
 Emma Watson, Deputy Medical Director (Acute) until

In Attendance

Pam Dudek, Interim Deputy Chief Executive
 Anna McInally, Board Services Assistant

1 WELCOME AND APOLOGIES

Margaret Moss took the Chair and welcomed those present to the meeting.

Apologies were received from Lorien Cameron-Ross, Paul Davidson, Adam Palmer, Clare Watt, Heidi May and Kitty Millar.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 DRAFT MINUTE OF MEETING HELD ON 5 MARCH 2020

The Forum **approved** the Minutes of 5 March 2020.

2.1 Updated Attendance Record

The Forum **noted** the Attendance Record.

3 ITEMS FOR DISCUSSION

3.1 Clinical Strategy/Re-Mobilisation of Services Post COVID -19

Pam Dudek provided an overview of the Re-Mobilisation of Service Post COVID-19 Plan which had been submitted to the Scottish Government. The Plan outlined how the Board intended to step up services in June and July in the journey towards “business as usual”. The plan looks at the complete system, both healthcare and social care and all sectors were consulted in the development of the plan. The Plan indicated the Board’s intention to return to approximately 60% of normal activity over June and July but this was predicated on adequate PPE provision and appropriate environmental conditions. The plan took into account the relatively low number of COVID-19 cases in Highland and the Board’s ability to maintain a number of routine services throughout the pandemic. There was ongoing communication and engagement with all services to ascertain how the return to business as usual could be achieved and, therefore, wider implications for the entire system. The plan also took in account the detrimental impact of COVID-19 in relation to worsening health inequalities and mental health problems, for example, increased numbers of people accessing psychological therapies.

The Forum Noted the update.

3.2 OPERATIONAL STRUCTURE

Pam Dudek provided an overview the proposed management restructure which would support the new way of working post-COVID-19. In March, an incident management approach of gold, silver and bronze command structure had been adopted to respond to COVID-19. This structure had proved effective and those involved in the COVID-19 response indicated a preference to retain a simpler management structure maintaining the increased clinical engagement. In the new structure, the Executive Directors Group would be strategic in nature; it would set the direction for the organisation, monitor performance and governance and provide scrutiny on the rest of the system. In the middle was the System Leadership Group (SLG) which was more tactical in nature and would conduct business as an entire system and would comprise of various departments and sections working together considering departmental objectives alongside organisational strategy. Thereafter, there would be a number of operational groups – Acute, Argyll and Bute, and North Highland Community. In addition, there were the Financial Recovery Programme Board and the Performance Recovery Board. During COVID-19, the Clinical Expert Group was established to provide clinical insight and expertise on policy and guidelines and it was intended the group would continue in the proposed structure.

During the discussion, the following points were considered:

- It was confirmed the Board of NHS Highland would sit at the top of the structure. Furthermore, the ACF would continue to report directly to the Board.
- In response to concerns regarding the lack of visibility of NHS Highland Board and the lack of connection between the Board and frontline staff, it was confirmed this would be explored.
- The explicit inclusion of Adult Social Care in the new structure was welcomed.
- The Clinical Expert Group comprised of forty-eight clinicians across all specialties to garner opinion of all those involved. The Terms of Reference and membership list would be circulated following the meeting and members were encouraged to contact Dr Watson to join the Group if they felt their speciality was not already represented.
- Concerns were raised regarding the Clinical Expert Group and possibility an additional group may dilute the message of clinicians and complicate the relationship between the Committees and the Board. To address these concerns, the connection between the advisory committees, the Area Clinical Forum and the Clinical Expert Group would be

explored in order to encourage cross-system working.

- It was suggested introducing a more robust reporting methodology for ACF members who represent the Forum on other Committees, just as the Asset Management Group, to ensure the Forum was kept apprised of issues.

The Forum Noted the update.

4 2 JULY AGENDA AND DISCUSSION OF ITEMS FOR FUTURE MEETINGS

Due to time constraints, it was agreed a draft agenda for meeting of the Forum on 2 July would be circulated via email. It was confirmed the Argyll and Bute Culture Survey would be on the agenda.

5 FOR INFORMATION

5.1 Dates of Future Meetings

3 September 2020
29 October 2020
17 December 2020

The Forum Noted the remaining meeting dates in 2020.

6 DATE OF NEXT MEETING

The next meeting will be held on 3 July 2020 at 1.30pm in the Board Room, Assynt House Inverness.

The meeting closed at 12.35pm