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MINUTE of MEETING of the AREA CLINICAL FORUM	3 July 2025 – 1.30pm Microsoft TEAMS	

Present

Catriona Brodie, Area Pharmaceutical Committee
Linda Currie, NMAHP Advisory Committee
Helen Eunson, NMAHP Advisory Committee
Grant Franklin, Area Medical Committee
Alex Javed, Area Healthcare Science Forum
Joanne McCoy, Non-Executive Director
Colin Pettinger, Area Optometry Committee
Eileen Reed-Richardson, NMAHP Advisory Committee
Catriona Sinclair (Chair)
Andrew Strain, Area Medical Committee
Allyson Turnbull-Jukes, Psychological Committee
Gillian Valentine, NMAHP Advisory Committee

In Attendance

Isla Barton, Director of Midwifery (Item 4.1)
Louise Bussell, Nurse Director
Nathan Ware, Governance and Corporate Records Manager

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, apologies were received.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 9th January 2025

The minutes were **approved** as accurate and correct.

3. MATTERS ARISING

3.1 New Area Clinical Forum Chair Process

The Governance and Corporate Records Manager confirmed the current Chair's terms was due to end therefore the election process had been initiated quickly to keep things moving and ensure a new Chair was in place by the September meeting. He noted there were plans to formalise the approach for future elections, with more details to be shared with forum members in due course. Members who were interested had been asked to send a brief personal statement on their proposed plans for the Area Clinical Forum by the 18th July 2025. He added that members could nominate others, provided the nominee had agreed in advance.

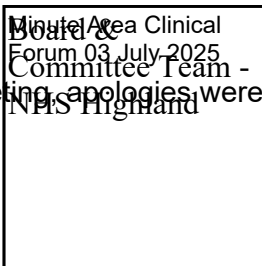
It was noted there had been one expression of interest to date, but others were encouraged to come forward.

The Forum **noted** the update.

3.2 Adjustment to Area Clinical Forum Constitution and Membership Update

The Governance and Corporate Records Manager spoke to the circulated report and highlighted that the proposed amendments to the Constitution aimed to base quoracy on active membership. This was intended to avoid quorum issues caused by vacancies, as recently experienced by the Forum. A broader effort had also been underway to refresh the membership and fill all vacancies as soon as possible.

The Forum **noted** the update and **approved** the proposed amendments to the constitution.



3.3 Appointment of Vice Chairs

The Chair confirmed that historically there had been one Vice Chair, later expanded to two to help balance workloads and accommodate other commitments. However, she noted there had been no Vice Chair in place for the past 12 to 18 months, which had made it challenging for the Chair to manage responsibilities and develop agendas without support.

Members were encouraged to consider the Vice Chair role, especially if they weren't ready to stand as Chair. It was highlighted as a valuable opportunity to contribute more actively to the committee's work, support the Chair, and help maintain continuity when the Chair was unavailable.

She added that the role was less time-consuming than the Chair position and a useful stepping stone for future leadership. Interested members were invited to speak with the Governance and Corporate Records Manager or the Chair to explore the opportunity further.

The Forum **noted** the update.

4. ITEMS FOR DISCUSSION

4.1 Public Protection Team

The Director of Midwifery spoke to the circulated presentation and highlighted A review of health's role in public protection was initiated following a leadership change, leading to a joint inspection that highlighted both good practice and areas for improvement. It became clear that health's contribution to adult support and protection needed strengthening, particularly in clarifying roles within the Health and Social Care Partnership. A national framework was introduced to support self-assessment and benchmarking, though Highland was slightly behind in completing this.

To address identified gaps, ring-fenced funding was secured to recruit an Adult Support and Protection Lead and two Band 7 practitioners with board-wide responsibilities, including MAPPA. These roles were previously misaligned under child protection, causing concern among staff. Interim leadership was maintained through bank staffing, and recruitment attracted strong interest, signalling positive progress.

Governance structures were being strengthened with the formation of a Public Protection Health Group. Highland's nominated officer model was praised, and national networks were being utilised to support local practice. While the final team structure was still under discussion, significant steps had been taken to enhance public protection, with a clear focus on staff safety, accountability, and alignment with national expectations.

During discussion the following points were raised:

- Members queried whether the board-wide MAPPA plan had been linked to the Argyll and Bute Senior Leadership Team. The Director of Midwifery highlighted there was a board-wide approach being implemented to ensure consistency and parity across regions, with efforts to align different MAPPA pathways and join up local systems.
- Members suggested a future update once the team is appointed, to clarify roles, engagement routes, and how the resource can be accessed and shared with local committees and clinical groups. The Director of Midwifery supported ongoing engagement, emphasised the need for visible leadership, clear pathways, and robust systems to ensure safety, and offered to return at key points to maintain alignment.
- Members asked whether contracted services such as pharmacy, optometry, dentistry, and GPs were included in the remit. The Director of Midwifery confirmed they were, noting recent inclusion of primary care in discussions. Members stressed the need for consistent communication and raised concerns about governance differences. She acknowledged the challenges and highlighted the opportunity to embed clear, inclusive structures and confirmed dedicated roles would help clarify responsibilities.

Action: Committee to receive an update once the team is appointed, to clarify roles, engagement routes, and how the resource can be accessed and shared with local committees and clinical groups.

4.2 JobTrain & Recruitment Challenges

The Associate AHP Director for Argyll and Bute HSCP raised concerns about the high volume of unsuitable job applications, which were placing an unsustainable burden on clinical teams. Despite discussions with the recruitment team, the issue was attributed to the national system and remained unresolved. A collective SBAR was proposed to escalate the matter, as it was impacting service delivery and consuming significant resources.

During discussion the following points were raised:

- Members echoed concerns about high applicant numbers for healthcare roles, noting that many candidates had failed to meet essential criteria, and even when they did, shortlisting became time-consuming—highlighting a widespread recruitment challenge across departments.
- Members noted that the issue of unsuitable batch applications appeared to be a national problem and suggested exploring whether it was already being addressed. The Associate AHP Director for Argyll and Bute HSCP confirmed the Jobtrain platform did not automatically sift applications, which highlighted a key concern discussed at a national workforce meeting.
- Forum Members suggested the Director of People and Culture attend the next meeting so they could provide feedback on JobTrain and identify any possible solutions as a result.

Action: Chair to reach out to the Director of People and Culture to attend the next meeting to provide an update on JobTrain challenges where appropriate.

The Forum **noted** the updates

5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 12th February and 9th April 2025

There were no additional comments.

5.2 Adult Social Work and Social Care Advisory Committee meeting – no meeting held

5.3 Area Pharmaceutical Committee meeting – 17th February and 21st April 2025

The Vice Chair spoke to the circulated minutes and confirmed the committee's recruitment material was refreshed in advance of this year's election process which had seen 20 people stand for the 15 seats evidencing the success of the refresh.

5.4 Area Medical Committee meeting – 11th February and 8th April 2025

The Chair spoke to the circulated minutes and confirmed across recent meetings of the GP Subcommittee, Hospital Subcommittee, and Area Medical Committee; members had formally acknowledged the significant contribution of Bernard Wolff to healthcare in the NHS Highland. His resignation had also highlighted the serious challenges facing the organisation, particularly the lack of urgent vascular care provision.

It was noted that while some interim arrangements had been made such as bringing in interventional radiology services from other areas the absence of local urgent vascular care remained a live patient safety issue.

Members agreed it was important for this concern to be minuted, as it reflected broader risks to service provision and had been consistently raised across multiple committees.

He added that vaccination delivery was due to change to a hybrid model where GP Practices would work collaboratively with NHS Highland to deliver vaccinations across the community.

5.5 Area Optometric Committee meeting – 31st March 2025

It was noted there had been ongoing work to enable community optometry access via the OpenEyes system which was expected to be rolled out in the next financial year.

There had been a specialist supplementary eye care service launched which was funded by Scottish Government with a planned go live date of 1st August. This introduced enhanced fees for prescribing optometrists and would support community-based treatment of certain eye conditions.

5.6 Area Nursing, Midwifery and AHP (NMAHP) Advisory Committee meeting – 6th February 2025

The Chair spoke to the circulated minutes and highlighted they'd been reviewing its advisory structure due to ongoing challenges in achieving broad representation across a large and diverse staff group. Discussions had taken place with the Nurse Director and Corporate NMAHP teams, as well as through national meetings, which highlighted that most Boards had split their advisory committees into separate nursing/midwifery and allied health

profession groups to improve focus and engagement.

To avoid losing the benefits of joint working, it was agreed to engage more widely through existing structures to gather views on a revised structure. She added that there had been discussion around increasing representation, particularly for nursing and midwifery and any changes would require a review of the Constitution and formal approval by the committee.

5.7 Psychological Services Meeting – no meeting held

5.8 Area Health Care Sciences meeting – no meeting held

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6 Asset Management Group – Minutes of meetings held in February and May 2025

The Forum **noted** the minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meetings held on 5th March and 7th May 2025

The Forum **noted** the minutes

8 Argyll and Bute IJB minutes

There were no additional comments.

9 Dates of Future Meetings 2025

4th September

6th November

10 FUTURE AGENDA ITEMS

Leadership and Culture Framework update

Update on the Meridian Improvement/Efficiency Work

11 ANY OTHER COMPETENT BUSINESS

Forum Members thanked the Chair Catriona Sinclair for her leadership and input as Chair of the Area Clinical Forum over the past few years.

12 DATE OF NEXT MEETING

The next meeting will be held on 4 September 2025 at **1.30pm on Teams**.

The meeting closed at 3.07pm