NHS Highland

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	Area Clinical Forum
Date of Meeting	3rd September 2026
Committee Chair	Allyson Turnbull-Jukes

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

• The Forum identified a need to protect and clearly articulate the remote, rural and island voice as national reform proposals develop, including through formal advice to the Board.

• Performance concerns were highlighted in relation to serious adverse event reviews: 55% of serious adverse events were reported as open beyond target dates and 76% of open actions as overdue.

• Concerns were raised about the current intranet, including difficulties updating and searching content, and about the availability and equity of professional training funding.

ASSURE

ADVISE

• The Forum advised that the organisational strategy should make the shift from secondary and tertiary care towards primary and community-based care more explicit, with measurable outcomes developed through the subsequent delivery plan.

• Members emphasised the need to capture and promote existing good practice and distinctive remote and rural models.

• The Forum supported wider use of patient, community, third-sector and contractor feedback, alongside clearer routes for cross-system learning and adverse event review.

• The Forum agreed that its statutory advisory role should be used to provide clinical and professional advice to the Board on the proposed national reforms.

• The developing Quality Strategy will link team-level ownership of data with organisational oversight, bring together assurance and improvement, and strengthen learning from complaints, feedback and adverse events.

• The 10-year organisational strategy is being developed around prevention and population health, value-based health and care, community, place and partnership, and people and workforce.

• The Chief Executive confirmed that NHS Highland remains accountable for current operational delivery and priorities while the future national arrangements are clarified.

• Work is progressing on a Corporate Governance Hub to provide a single, more accessible location for committee papers, agendas and action trackers.

RISKS

• National Board reform may divert limited leadership capacity from immediate operational pressures and could weaken local visibility, professional influence and the remote and rural voice if governance arrangements are not designed carefully.

• Different systems, employment arrangements, formularies, digital access and governance processes across Boards currently create barriers to cross-boundary working and service resilience.

• Fragmented feedback, quality-improvement reporting and adverse-event arrangements, particularly across contractor boundaries, may limit organisational learning and delay action.

• Uncertainty over the future national structure and timescales may affect longer-term strategy, committee arrangements and planned governance changes.

ACTIONS

• Area Clinical Forum members and professional advisory committees to gather and share examples of good, excellent and distinctive remote and rural practice for the organisational strategy and future reform discussions.

• Katy Styles to reissue the organisational strategy slide deck, add a question on existing good practice to the feedback form, and circulate the updated material through Nathan Ware.

• Allyson Turnbull-Jukes and Nathan Ware to establish short Area Clinical Forum huddles as required, coordinate input to the end-of-September Board discussion, and link with counterpart forums in other relevant Boards.

• The Forum to clarify representation in the rural, remote and islands sub-national workstream and use the Forum as a route for testing and contributing professional advice.

• The Area Medical Committee Terms of Reference review to be paused and revisited in early 2027 when the implications of national reform are clearer.

• Nathan Ware and the Chair to develop the agenda for the Forum private session at the Ministerial Annual Review on 6 November 2026 and seek members' priority topics.

• The Chief Executive explicitly asked the Area Clinical Forum to utilise its formal advisory role to gather and represent the views of clinical and professional staff, particularly in relation to remote, rural and island considerations; engage with relevant regional workstreams; and formulate advice for NHS Highland Board consideration, including a potential formal contribution to the Board discussion on NHS reform at the end of September'

LEARNING

• Quality improvement is most effective when local teams are empowered within a clear framework, with consistent reporting and organisational oversight to identify themes and spread learning.

• Patient feedback remains too reactive and should be sought more proactively and consistently, with clearer evidence of how feedback changes services.

• Remote and rural services require tailored models, and the experience of dispersed teams, generalist practitioners, islands and independent contractors must be visible in future planning.

• The proposed national reforms may create opportunities to reduce cross-Board barriers, but local professional advice and place-based leadership will remain essential.