Area Clinical Forum	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
MINUTE OF AREA CLINICAL FORUM	Virtual Meeting Format (Microsoft Teams) **Thursday 2 July 2026 – 13:30 – 16:15pm**

Present

Allyson Turnbull-Jukes, Psychological Services Committee (Chair)
Andrew Strain, Area Medical Committee (Vice Chair)
Linda Currie, AHP Advisory Committee (from 1.50pm)
Liz Drummond, Area Nursing and Midwifery Advisory Committee
Helen Eunson, Area Nursing and Midwifery Advisory Committee (Vice Chair)
Graham Ilsley, Non-Executive Director
Keith Laird, Area Optometric Committee
Karen Leach, Non-Executive Director
Eileen Reed-Richardson, Area Nursing and Midwifery Advisory Committee
Neil Wright, Non-Executive Director

In Attendance

Andrew King, Governance and Corporate Records Manager
Brian Mitchell, Corporate Administrator
Nathan Ware, Deputy Head of Corporate Governance

Apologies

Emily Austin
Isla Barton
Jan Chapple
Jennifer Davies
Grant Franklin
Rebecca Helliwell
Frances Jamieson
Amber McGookin
Kara McNaught
Gillian Valentine
Christina West

STANDING ITEMS	
1.	**Welcome and Apologies**
1.1	The Chair welcomed all to the meeting and noted apologies as above. Members noted the meeting was inquorate and as such any decisions taken would require formal ratification at the next meeting. A King, Governance and Corporate Records Manger was invited, and took the opportunity, to introduce himself to Committee members and outline his role within NHS Highland. Members welcomed hm to the meeting.
2.	**Declarations of Interest**
2.1	There were no declarations of interest made.
3.	**Previous Meeting Minutes**
3.1	There had been circulated draft Minute of meeting held on 7 May 2026. Members considered the Minute an accurate reflection of the meeting, subject to the following Amendments:

	Page 2, Item 3.1,Action Point 2 – Replace "Euston" with Eunson. **Page 3, Item 6.1, Bullet Point 4** – Replace "Le Cabre" with Lochaber. **Page 3, Item 6.1, Bullet Point 4** – Replace "LGH" with RGH. **After discussion, the Forum** otherwise **Agreed** the circulated draft Minute, subject to the amendments outlined, and ratification at the next meeting.
4.	**Matters Arising** There were no matters discussed in relation to this item.
ITEMS FOR DISCUSSION	
5.1	**Submission of Minutes to Area Clinical Forum/ Governance Conventions** The Chair introduced the Item, noting the Forum received a number of minutes from other Professional Advisory Committees and groups. With a view to streamlining the formal submission and review of committee minutes to the ACF, it was suggested the Forum receive concise summaries alongside full minutes to improve efficiency and clarity, with a move towards standardised templates across committees. She advised she would be seeking further discussion of this matter with D Watson, Head of Corporate Governance. She went on to canvass the views of members on the submission of minutes in the current manner. During discussion, it was noted the Area Nursing and Midwifery Advisory Committee had started providing summaries with embedded or attached minutes, making it easier to identify key points without losing access to full details. It was suggested this may be a process that could be adopted by other reporting areas, with access to full minutes also being maintained. It was noted there was a current organisational drive toward provision of consistent, standardised minutes from formal committees. The view was expressed that the forum should also continue to receive Highland Health and Social Committee, and Argyll and Bute IJB minutes moving forward. On the question of receiving Clinical Governance Committee minutes, it was advised these were already publicly available. The view was expressed that clarification of the role of the ACF, as part of the wider review of Terms of Reference would help contextualise the need for continued receipt of noted minutes. The role of Non-Executive members, and wider links across the organisational governance framework were also highlighted in discussion. **After further detailed discussion, the Forum otherwise Agreed** to continue to receive formal Minutes as currently submitted.
5.2	**Lochaber Redesign Programme – Outline Business Case** **The Forum Noted** consideration of this Item had been deferred to the next meeting.
5.3	**Systems Risk Discussion** The Chair advised the NHS Highland Board Medical and Nurse Directors had been engaging with a number of Professional Advisory Committees on the subject of systems risk, noting relevant discussion had been unstructured in nature, without any prior guidance or reference documentation circulated for consideration. It was reported discussion at the Area Medical Committee had been impacted by the meeting being inquorate. Members felt there had, in turn, been few recognisable outputs from relevant discussions due to there being an unclear ask of Committee members who were in turn reluctant to therefore make specific risk-related recommendations without detailed direction. Despite the concerns noted, it was felt there had been some positive discussion held.

	During discussion, the view was expressed senior managers were looking for clinical identification, backing and/or support for changes in risk appetite that would not in turn severely impact on wider clinical outcomes or organisational reputation. As an ask, Advisory Committee members had been reluctant to engage to that degree, with more structured, contextual direction having been required. It was stated discussion of risk was a complex area and would benefit from development of a framework to guide this, with the Area Clinical Forum in a good place to provide input in this area. It was suggested any framework should look to clarify associated roles, responsibilities and relevant escalation processes whilst providing a common approach for discussion across professional groups and Advisory Committees. Members also highlighted aspects relating to wider organisational elements about risk registers, risk appetite, holding risk and individual professional accountability elements for staff groups including for nurses and other regulated professionals with relevant Codes of Practice and accountability to professional regulatory body elements. Members discussed the importance of enabling open discussion through clear communication and ensuring shared understanding in risk discussions. It was stated without a clear indication of the purpose and desired outcomes of relevant conversations; it would be challenging to engage frontline staff or achieve meaningful change. The need for workshops or other collaborative sessions to build consensus and understanding was suggested. Members also highlighted the cultural aspects of engaging in discussions that sought to consider change to existing risk profiles and ensuring fully informed discussion that considered specific activities and areas through frank discussion by all relevant parties. It was stated clarification of relevant governance processes and routes for formal decision making would also help frame relevant meaningful discussion, including for business continuity planning aspects and existing risk reporting systems such as Datix. Members questioned whether issues with the current Risk Register system may be driving the need for additional advisory input. The view was expressed that risk registers can be perceived as somewhat abstract or disconnected from frontline concerns, with their respective value depending on how meaningfully they were used and more widely communicated. Engagement of front-line staff, affected by any potentially agreed change was key. **After further detailed discussion, the Forum Agreed** a more detailed framework for future meaningful discussion should be developed.
5.4	**Terms of Reference Refresh** The Chair presented the current Area Clinical Forum Terms of Reference document, advising this had agreed in July 2025, and invited members to consider any changes required. She suggested a focus on the purpose of the Forum, noting the update received that the final agreed version would also include Terms of Reference for all NHS Highland Professional Advisory Committees. The following was discussed, and where referenced, **Agreed**: • Title. **Agreed** to remove “Constitution”. This would apply to all Professional Advisory Committee documents. • Wider Representation. **Agreed** the legislative position be checked in terms of including Council colleagues as part of the formal membership profile. • Duties and Functions. Questioned current inclusion of “broad health care” within first paragraph and **Agreed** this be clarified. It was stated the Forum acted as a formal advisory body as opposed to providing assurance, serving as a safety net where highlighted concerns were not being addressed through normal governance structures. The Forum's role included highlighting concerns to appropriate governance committees and ensuring that unresolved issues were tracked and escalated as necessary. • Agenda for Future Meetings. Suggested inclusion of an Item that considered if any discussion Items should be escalated and highlighted to NHS Board level. Further suggested the NHS Board should be clear on any ask made of the Forum.

	Noted that Governance Committees provided the NHS Board with formal Summaries of their meetings, with consideration being given as to introducing the same for this Forum. The role of Governance Committees was outlined. • Membership and Representation. Highlighted issues relating to attendance by Area Adult Social Work and Social Care Advisory Committee/Area Healthcare Science Committee representatives and wider associated challenges in maintaining adequate representation and attendance by all constituent professional advisory Committees. Further noted there had yet to be a formal Raigmore Hospital representative appointed despite this having been raised. **Agreed** Professional Advisory Committees reflect and discuss future representative attendance matters. • Membership and Representation. Noted an increase in Nursing, Midwifery and Allied Health Professions representation reflected recent changes to Committee arrangements and the introduction of Co-Chairs and Co-Vice Chairs. Highlighted importance of tasking deputies to attend ACF meetings, when nominated representatives were unable to attend. **Agreed** the position relating to voting rights for deputies be clarified. • Meeting Quoracy. Noted current quorum requirement set at one third of total live membership. The clause relating to Non-attendance should also be maintained. • Attendance by Chief Executive/Clinical Executive Director. Noted there should be attendance by one of these Officers at each meeting, however clashes in meeting diaries had impacted this requirement. Suggested that a rota approach, similar to that for Non-Executives may help in this area. • Meetings. **Agreed** first paragraph be amended to read "will meet on a bi-monthly basis, but at least five times per year." After discussion, the Forum otherwise **Agreed** the actions outlined above be taken forward.
5.5	**Committee Self-Assessment Discussion** There was no discussion in relation to this Item.
6. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS	
6.1	**Area Dental Committee – 29 April 2026** There Forum **Noted** the circulated Minute of Meeting held on 29 April 2026.
6.2	**Adult Social Work and Social Care Advisory Committee** Members **Noted** that no Meetings had taken place.
6.3	**Area Pharmaceutical Committee – 16 February 2026** There Forum **Noted** the circulated Minute of Meeting held on 16 February 2026.
6.4	**Area Medical Committee – 14 April 2026** There Forum **Noted** the circulated Minute of Meeting held on 14 April 2026.
6.5	**Area Optometric Committee** Members **Noted** that no meetings had taken place.
6.6	**Area Nursing and Midwifery Advisory Committee (ANMAC) – 9 June and 28 April 2026** E Reed-Richardson highlighted discussion at the meeting held on 9 June 2026, relating to systems risk, strategic alignment and electronic patient records. It was

	Noted the latter subject may be a topic at discussion at a future Area Clinical forum meeting. The Forum further **Noted** the circulated Minute of Meeting held on 29 April 2026.
6.7	**AHP Advisory Committee (ACAHP) – 26 February 2026** L Currie, in welcoming future discussion of electronic patient records, highlighted recent changes in relation to Committee Office Bearers (now Chair, Co-Chair and 2 Vice Chairs; agreement of revised Terms of Reference (circulated); discussion of Agenda for Change quality assurance and recruitment delays. Other areas of discussion had related to new hospital facilities in Lochgilphead, and associated rehabilitation service needs and disparity concerns; and financial stewardship. A summary would be provided from future meetings. **The Forum:** • **Noted** the feedback from the most recent meeting. • **Noted** the circulated Minute of Meeting held on 26 February 2026. • **Noted** and approved the circulated revised Committee Terms of Reference.
6.8	**Psychological Services Advisory Meeting** – Members **Noted** that no Meetings had taken place. A Turnbull-Jukes advised there had been agreement reached in relation to moving forward with changes to both the structure of Psychology Services and the associated leadership team. Wider governance structure matters were being actively discussed at that time. There were also ongoing discussions with regard to the Psychology Steering Group, currently in abeyance, and its alignment with this Forum.
6.9	**Area Healthcare Sciences Forum Meeting** Members **Noted** that no Meetings had taken place.
6.10	**Highland Health and Social Care Committee – 6 May 2026** There Forum **Noted** the circulated Minute of Meeting held on 6 May 2026.
6.11	**Argyll and Bute IJB Minutes** Members Noted the link provided for accessing the Minutes of the Argyll and Bute HSCP Integration Joint Board.
7.	**Dates of Future Meetings:** • 3 September 2026 • 5 November 2026
8.	**Future Agenda Items** • COVID-19 Learning / Pandemic Learning – Kate Cochrane • Lochaber Redesign Members were invited to consider and submit further topics for consideration at future meetings.
9.	**AOCB (Any Other Competent Business)** There was no further business raised.

DATE AND TIME OF NEXT MEETING: The next meeting will be held on **3 September 2026 via TEAMS.**	
The meeting closed at: 16:15 hrs	