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 7 May 2026 – 13:30 – 17:00**

Present

Allyson Turnbull-Jukes, Psychological Services Committee (Chair)
Andrew Strain, Area Medical Committee (Vice Chair)
Helen Eunson, Area Nursing and Midwifery Advisory Committee (Vice Chair)
Boyd Peters, Medical Director
Catriona Brodie, Area Pharmaceutical Committee
Claire Copeland, Deputy Medical Director
Dominic Watson, Head of Corporate Governance
Eileen Reed-Richardson, Area Nursing and Midwifery Advisory Committee
Garret Corner, Non-Executive Director
Jill Mitchell (on behalf of Arlene Johnstone), HHSCC
Joanne McCoy, Non-Executive Director
Linda Currie, AHP Advisory Committee
Liz Drummond, Area Nursing and Midwifery Advisory Committee
Rebecca Helliwell, Deputy Medical Director

In Attendance

Brigitte Johnstone, Head of People Services and Resourcing
Emma Oates, Lochaber Redesign Programme Board
Elspeth Skinner, Lochaber Redesign Programme Board
Gaye Boyd, Deputy Director of People and Culture
Gillian Valentine, Associate Director of Midwifery
Heledd Cooper, Director of Finance
Louise Bussell, Director of Nursing
Megan Spratt, Corporate Administrator
Nicola Bailey, Professional Lead for Physio in N Highland (AHP Advisory Committee – observing)

Apologies

Claire Blackburn
Heather Cameron
Kay Cooper
Grant Franklin
Fiona Helbert
Arlene Johnsone
Christina West

Transcribed by Mariska Pellens, Business Support Assistant, Public Services Delivery Scotland

STANDING ITEMS	
1.	**Welcome and Apologies**
1.1	The Chair welcomed all to the meeting and noted apologies as above.
2.	**Declarations of Interest**
2.1	There were no declarations of interest made.
3.	**Previous Meeting Minutes**

3.1	Members considered the Minutes from the 06 March 2026 Meeting as an accurate reflection of conversations held. A request was made by H Eunson to have her noted as an apology, additionally, a request was made to confirm the wording used in paragraph 5.6. regarding the ANMAC terms of reference. **Decision: To approve the Minutes from the 06 March 2026 Meeting (subject to the two proposed changes)** **Action: To go over the notes from the March meeting in particular paragraph 5.6 to confirm wording – M Spratt & A Turnbull-Jukes** **Action: To amend the attendance list of the March meeting to note H Eunson as an apology instead of attendee. – M Spratt**
4.	**Matters Arising**
4.1 **4.1.1**	**Area Clinical Forum 2025/2026 Annual Report** Subject to a change in the attendance list (reflecting that the Chair did attend on 11 September 2025) Members were content to approve the Annual Report.
ITEMS FOR DISCUSSION	
5 5.1	**Finance Update** H Cooper presented an overview of the current financial position and the proposed approach to financial stewardship across the organisation. The following key points were highlighted: • Financial stewardship was framed as a shared organisational responsibility requiring clinical and managerial ownership, rather than a finance-led activity. • A balanced position had been reported for 2024/25, supported by £40m non-repayable deficit funding from the Scottish Government. For 2026/27, a £67m deficit plan had been identified, with only £40m confirmed support, leaving a £27m shortfall. Scottish Government expectations were for Boards to achieve financial balance by 2029/30. It was recognised that NHS Highland was currently operating at Stage 3 financial escalation, with a risk of escalation to Stage 4, which would result in increased external scrutiny and intervention. • The proposed governance framework to support financial improvement was outlined. It was confirmed that the proposed groups in the framework were assurance and influence forums, not decision-making bodies. • Members noted that annual efficiency savings alone would not address the structural deficit as wider transformation would be required. A Highland Improvement, Value and Efficiency (“Hive”) team was being established using short-term funding. This team would be service-led, clinically informed and data-supported. • Members were advised of the introduction of Patient Level Information Costing (PLICs) capability which was expected to provide more meaningful clinical and financial insight, enabling improved discussions on value, outcomes, and resource use. It was proposed that a future session be scheduled to present this data in more detail **Decision: To note the update provided** **Action: To schedule a future agenda item on PLIC in further detail – M Spratt**

6	**Lochaber Redesign Programme – Outline Business Care**
6.1	Members welcomed Elspeth Skinner and Emma Oates who were attending the meeting to present the outline business case for the Lochaber Redesign programme. The following points were highlighted; • The business case would be submitted to the Scottish Government Capital Investment Group on 27 May 2026. It would also be presented at the FRP Committee on 8 May 2026 and the NHS Highland Board on 26 May 2026. • The full business case was expected to be completed in July 2027 with the aim to start construction in October 2027. If timescales were met the building would be complete in 2029 and opened to the public with services transitioned in 2030. • The business case emphasised the reasoning for the rebuild which were due to ageing and having a functional constrained estate. The proposal was to build a new hospital on the existing Blairmore site. • In terms of strategic alignment, the national strategy had evolved since 2022. Members were assured that the current direction of the build and changes to services were still in line with current policy, which looked at prevention, community based care and integration and digital enablement. • as part of the redesign programme, the team had been looking at the service model that would be delivered within the hospital and five different options had been examined with workforce models developed against each option. An options benefit appraisal process was held in February which was attended by a variety of stakeholders, executive Members and Senior Leaders from NHS Highland, community representatives from the Lochaber area and Belford Hospital staff. Ultimately, the preferred option was option four which involved the core RGH Model for intensive rehabilitation and increase in elective activity. the five options had also been through a generic economic model which looked at capital and revenue required. The preferred option also came back as option four.
6.2	Members held a robust discussion during which the following key areas were discussed; • There were significant concerns regarding the additional workforce requirements associated with the preferred model, particularly in light of the current financial position. Members noted that funding for increased staffing was not yet confirmed and would require either additional support from Scottish Government or identification of system-wide efficiencies. • Concerns were raised regarding potential inequity in service provision across Highland, particularly in comparison to other sites such as Oban where similar levels of investment in rehabilitation and infrastructure are not currently available. Members emphasised the importance of ensuring a fair and balanced approach to service development across the region. • Members highlighted the need to consider the redesign within the context of the wider Highland system, rather than as an isolated development. It was acknowledged that there could be opportunities to deliver services more efficiently through shared staffing models, pathway redesign and improved integration across sites. • Issues were raised regarding infrastructure constraints, including the absence of on-site staff accommodation and a helipad. It was noted that these factors could impact workforce sustainability, emergency response

	capability and overall service resilience, and would require mitigation through partnership working. • Members expressed concern that ACF engagement had occurred relatively late in the development process, limiting the opportunity for early clinical influence. It was agreed that going forward with any future major programmes ACF should be involved earlier to ensure meaningful clinical and professional input into design and planning. **Decision: To note the updates provided to the Outline Business Case**
7 **7.1** **7.2**	**Job Train Concern** Members noted the system wide issues identified which included extremely high volumes of applications for individual posts. Many of these were duplicate and AI generated applications from the same individual. Members noted the significant administrative burden for recruiting panels, with some vacancies requiring multiple days of shortlisting time. This had also caused an impact on clinical time, with senior staff being diverted from service delivery to supporting recruitment processes **Decision: To note the update provided**
8 **8.1** **8.2** **8.3** **8.4**	**Systems Risk Update** Members received an update on the development of a whole-system approach to risk, with work currently ongoing to strengthen collaboration across Acute and Community services. It was noted that the focus would be on managing risk collectively across the system, rather than within individual services, to address pressures such as delayed discharge and emergency demand. Members discussed practical examples including: • Improving discharge through earlier preparation and overnight processes. • Considering alternative approaches to care packages and discharge thresholds, acknowledging trade-offs in community risk. • Need for shared risk ownership with social care and community services. • Recognition of risk-averse culture and limited capacity to respond to escalation. • Importance of including patient perspective when balancing acceptable risk The Forum agreed that system risk would become a recurring focus of ACF and be explored through practical examples. **Decision: To note the update provided.** **Action: To collect and submit examples of system risk scenarios from their respective groups. to support identification of alternative ways of managing risk across pathways. back to the July meeting for discussion. – All Members**
9 **9.1**	**Sub-National Update** The Forum received a verbal update on changes to sub-national working arrangements which contained the following: • Members were informed that Scotland had moved to an East/West regional model, with the North no longer a formal region. NHS Highland had therefore

	been aligned to the West region, requiring new collaborative arrangements. • It was noted that current sub-national priorities included, Planned Care Delivery, Improving Flow and Finance, Planning, Performance and Workforce • Governance arrangements remained evolving, with recruitment to dedicated West executive roles expected. A draft 100-day plan existed but had not yet been formally agreed. • Concerns remained regarding potential centralisation of decision-making, representation of rural and island areas and ensuring the alignment of services operating across both regions **Decision: The Forum noted the update and supported continued active engagement in sub-national groups to ensure representation of Highland interests.** **Action: To feed local concerns and service impacts into relevant sub-national workstreams. – All Members** **Action: To report any updates to the ACF as arrangements develop – All Members**
MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS	
12 12.1	**Area Dental Committee – 15 April 2026** Members noted that the Meeting had been postponed to the 29th of April and therefore these were not yet available. **Decision: To note no Meeting had taken place**
13 13..1	**Adult Social Work and Social Care Advisory Committee** Members noted that no Meetings had taken place. **Decision: To note no Meeting had taken place**
14. 14.1	**Area Pharmaceutical Committee** Members noted that there were no representatives present to provide an update. **Decision: To note no update was available**
15. 15.1	**Area Medical Committee** A Strain provided an update which contained the following highlights; • Members were provided with two sets of minutes (16 December 2025;10 February 2026) the December Minutes had previously been shared at the March Meeting • As part of an outstanding action, A Strain would be looking to write to the ACF Chair in connection to an issue relating to the Post acute infection service and the concerns that this was maintained and developed in line with national funding • A future in-person Meeting at Assynt House would be scheduled for their next Meeting • Boyd Peters and Claire Copeland would be invited to speak to the Risk agenda at a future Meeting **Decision: To note the verbal updated provided to the Minutes**

	• **Action: To write to the ACF Chair in connection with an issue relating to the post-acute infection service and the concerns that this was maintained and developed in line with national funding – A Strain (as recorded in AMC Minutes)**
16	**Area Optometric Committee** – 23 March 2026
16.1	Members noted that there were no representatives present to provide an update. **Decision: To note no update was available**
17	**Area Nursing and Midwifery Advisory Committee (ANMAC)**
17.1	H Eunson provided an update which contained the following highlights; • The group's inaugural meeting had taken place on Wednesday 8 April and had been well attended. • The initial focus of the group was in relation to the NHS Highland Strategy Refresh • The group were seeking advice from the forum today in relation to the draft Minutes and whether these should continue to be submitted in draft form or if a one page summary would suffice. Members were content with the proposed.
17.2	Following some further discussion, Members agreed the proposed one page summary should be implemented among all committees. Members would still have the opportunity to scrutinise the full Minutes if required **Decision: To agree Members could submit one-page summaries alongside the Minutes.**
18	**AHP Advisory Committee (ACAHP)**
18.1	L Currie provided an update which contained the following highlights; • The group had met twice (26 February 2026; 23 April 2026) • Members had agreed the proposed Terms of Reference for the Committee • Members were looking to increase AHP representatives at the Area Clinical Forum • A discussion had been held around the current process for review agenda for change job descriptions
18.2	The Committee were content with increasing the AHP's Membership at this group. However, a request was made to align with the other groups and move to a co-chair and co-vice chair option.
18.3	Members approved the Terms of Reference subject to the change of wording in ACF Representatives. L Currie agreed to update the Terms of Reference to reflect today's feedback. these would be submitted to the next Meeting.
18.4	Regarding the AFC Job description review process, Members felt this should be discussed at the next ACF in more detail. M Spratt would add an item to the agenda. **Decision: To note the updates provided and to approve the request made by the ACAHP in relation to increasing the AHP Membership at this Committee.** **Action: To change the wording in the Terms of Reference to reflect the representatives – L Currie** **Action: To resubmit the final Terms of Reference for information – L Currie**

	Action: To add an item relating to the AFC Job Description review process to the next agenda – M Spratt
19 **19.1**	**Psychological Services Advisory Meeting** – Members noted that no Meetings had taken place. **Decision: To note no Meeting had taken place**
20 **20.1**	**Area Healthcare Sciences Forum Meeting** Members noted that no Meetings had taken place. **Decision: To note no Meeting had taken place**
21 **21.1**	**Highland Health and Social Care Committee** – 4 March 2026 Members noted that there were no representatives present to provide an update. **Decision: To note no update was available**
22 **22.1**	**Argyll and Bute IJB Minutes** Members noted the Minutes submitted by the Argyll and Bute HSCP Integration Joint Board. **Decision: To note the Minutes provided.**
23.	**Dates of Future Meetings:** • 2 July 2026 • 3 September 2026 • 5 November 2026
24.	**Future Agenda Items** • COVID-19 Learning / Pandemic Learning • Job Train / Agenda for Change Concerns • Lochaber Redesign (first half of July meeting) • Systems Risk Discussion (second half of July meeting) • Patient Level Information Costing – Finance • HIVE Team – Finance/Neil Archibald
25. **25.1**	**AOCB (Any Other Competent Business)** There was no further business raised.
DATE AND TIME OF NEXT MEETING: The next meeting will be held on **2 July 2026 via TEAMS.**	
The meeting closed at: 15:51 hrs	