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NHS Highland
na Gàidhealtachd

MINUTE of MEETING of the AREA CLINICAL FORUM	**11th September 2025 – 1.30pm Microsoft TEAMS**

Present

Catriona Brodie, Area Pharmaceutical Committee (from 1.45pm)
Linda Currie, NMAHP Advisory Committee (from 1.50pm)
Grant Franklin, Area Medical Committee
Idreece Khan, Area Dental Committee (from 2.05pm)
Eileen Reed-Richardson, NMAHP Advisory Committee (from 1.35pm)
Andrew Strain, Area Medical Committee
Allyson Turnbull-Jukes, Psychological Committee (Chair)

In Attendance

Gareth Adkins, Director of People and Culture (**Item 4.5**)
Isla Barton, Director of Midwifery
Louise Bussell, Nurse Director
Muriel Cockburn, Non-Executive Director
Karen Doonan, Committee Administrator
Rebecca Helliwell, Deputy Medical Director, Argyll and Bute
Phillipa Hurley, Corporate Assistant
Gillian Valentine, Associate Director of Midwifery
Nathan Ware, Governance and Corporate Records Manager

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, apologies were received from J Davies, B Peters, A Javid and H Eunson.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 3rd July 2025

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

3. MATTERS ARISING

None

4. ITEMS FOR DISCUSSION

4.1 Appointment Of New Chair

N Ware welcomed A Turnbull-Jukes as the new chair of the Area Clinical Forum; it was noted that she would now become a Non-Executive Director and would report directly to the Board.

4.2 Appointment Of Vice Chairs Update and Membership Update

Two vice chair positions were available, and H Eunson had taken up one of them. the forum had been invited to express interest in the remaining vice chair role by contacting N Ware directly. It had also been noted that, should there be more than one expression of interest, a vote would be held to determine who would take on the position.

4.3 NHS Highland Annual Review 2025: ACF Involvement

N Ware explained that this year the Annual Review would take place on the 18th November within The Mcdonald's Highland Resort in Aviemore. Attendees could attend both online and in person and there would be a private session held with the Chair and the Chief Executive in the morning for both the Area Partnership and Area Clinical Forum.

N Ware had agreed to circulate a summary of the discussions that had taken place during both meetings to the members of the respective committees. He had also asked that, if anyone had particular topics they wished to raise with the Chair and Chief Executive, they should send them to him within the next couple of weeks. A brief agenda would then be prepared to accompany the summary. He further requested that those wishing to attend confirm whether they would be joining remotely or in person, so that final arrangements could be made. It was noted that there would be a public session in the afternoon of the annual review.

Action: committee administrator to circulate the summary of the past year's meetings to the chairs of the APF and the ACF.

4.4 General Discussion on Moving ACF Moving Forward

The Chair highlighted the structure of the ACF noting that with two vice chairs in place that this would ensure that meetings went ahead as planned and would see a team approach which further strengthened the meetings. She asked members for their views on how the ACF would now move forward noting that when she had spoken about the ACF to fellow colleagues they were unsure of the role of the forum, and she highlighted how important it was to clarify the forum's role and to raise its visibility.

R Helliwell had agreed that the forum's role needed clarification, as she had been unsure of its purpose and why she had been invited to attend. She emphasised the importance of securing appropriate membership and ensuring clinical representation and a clear clinical voice within the forum. G Franklin had raised concerns about the existing structure, noting it was not conducive for clinicians to raise issues with the Board. He explained that the Hospital Sub Committee, which he chaired, was a professional advisory group, but during the pandemic it had not functioned as intended, leading to the formation of a parallel committee that provided advice to the Board. He had questioned the structure and roles of committees within the organisation, expressing that the Area Clinical Forum ought to be the platform for clinicians to offer feedback and advice. However, he had noted that the forum held only an advisory role and lacked decision-making authority.

A Strain had emphasised that, although members were operationally accountable to NHS Highland in their substantive roles, their involvement in the forum was purely advisory. He believed there was a place for medical leadership within the forum to contribute to discussions on matters raised.

N Ware had presented a slide outlining NHS Highland's governance structure to clarify the forum's position within it. He had stressed that the forum should maintain a strong advisory role to the Board and remain engaged with strategic matters. He had proposed raising this with the Chair and Chief Executive during the private session of the Annual Review, to ensure the Board was aware of issues members considered critical.

R Helliwell raised concerns regarding the forum's advisory role, noting that the Board had not been seeking input from operational teams on their delivery. Instead, that had been managed through the medical or nursing directorates. As a result, those capable of acting on the forum's advice had been excluded from the decision-making process, which had been frustrating—particularly as the advice had often followed implementation rather than preceding it. She had also queried the position of the interface group within the governance structure.

The Chair questioned whether it had been possible to move information sideways within the governance structure, rather than solely upwards or downwards. N Ware had confirmed that there were no restrictions on information flowing across the structure however if the terms of reference (ToR) needed to be adjusted slightly to reflect this then this could be done and would be signed off by the Board.

L Currie cited Meridian as an example, highlighting frustrations that had not been brought to the forum, which had left staff feeling voiceless. with various system pressures in play, she had stressed the need for a space to express such concerns. A Strain had clarified that the forum's purpose had not been to seek advice from the Board, but rather to advise the Board on decisions being made. G Franklin had noted that Acute had previously been represented on the forum until the individual stepped down and emphasised the importance of ensuring continued representation. Members agreed that forum representation should be refreshed, and

the Chair confirmed there were five vacant positions to be filled. The Chair had also planned to discuss with the Chair and Chief Executive how the forum should operate going forward.

Action: Chair to check with N Ware as to the process to fill the vacancies.

4.5 Job Train Q & A

L Currie clarified that she had raised concerns about Job Train during a previous forum meeting. She highlighted the high volume of job applications, citing a recent band 5 post in Campbeltown which had attracted over 150 applicants, many of whom were from overseas and lacked the necessary qualifications. She noted that it would take a senior charge nurse more than a week to review and shortlist the applications. When the issue was raised, it was acknowledged that job train was a national system, and there was limited scope to influence its functionality. It was further noted that the volume of applications being received is neither manageable nor sustainable. The Director of People and Culture had been invited to attend the forum meeting to respond to the concerns raised and explore potential solutions.

The Director of People and Culture advised that he had a written summary available to share with the Forum. He explained that Job Train was a national system, and that issues with its functionality could be raised with a national working group. All Boards were experiencing difficulties with the system, and some aspects were being reviewed at a national level. In relation to the large volume of unsuitable applications being received, it was suggested that the system may be targeted by AI bots and other online technologies. Technological solutions, such as identity verification, would be required to address these concerns. At a local level, the use of “knock-out” questions was recommended for job applications where specific criteria must be met, and it was emphasised that recruiting managers should be made aware of these options. It was also noted that the recruitment team had limited resources, and that job descriptions were not always written as clearly as they could be.

The Chair queried whether NHS Highland had opted out of the available filtering options, and the Director of People and Culture confirmed that, as Job Train was a national system, all filtering options remained accessible to the organisation. It was noted that there was a need to rationalise job descriptions, particularly for nursing roles, to reduce the number of applications received from candidates who do not meet the basic criteria. During the discussion, the Director of People and Culture suggested that specific areas experiencing issues should be prioritised, with some of the proposed solutions trialled. He requested that these areas and concerns be identified and shared with the recruitment team**.**

Action: Director of People and Culture to provide a written update to the Forum.

Action: The recruitment team to be advised of areas with specific issues in order to trial some of the options available to recruiting managers.

5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 6th August 2025

There were no additional comments.

5.2 Adult Social Work and Social Care Advisory Committee meeting – meetings on hold until new chair appointed

5.3 Area Pharmaceutical Committee – would come to next Forum meeting**.**

5.4 Area Medical Committee meeting – 11th February and 8th April, 10th June 2025

A Strain highlighted the difficulties the Area Medical Committee had faced in securing representation from secondary care colleagues, due to the demands of patient care taking precedence. It had been noted that the Committee would hold an in-person meeting later in the year, which would be the first face-to-face gathering since before the pandemic.

5.5 Area Optometric Committee meeting – no meeting held

5.6 Area Nursing, Midwifery and AHP (NMAHP) Advisory Committee meeting – 5th June 2025

L Currie explained that the minutes from the previous meeting were still being finalised, as the meetings had taken place close to the date of this Forum meeting. It was noted that the last meeting included discussion around the challenges of maintaining quoracy. It was noted that NHS Highland was one of the few Boards to operate a combined Nursing/Midwifery and Allied Health Professionals (AHPs) committee.

A proposal had been made to split the committee into two separate groups—one for Nurses and Midwives, and another for AHPs. There had also been a suggestion to increase the number of representatives attending this Forum, as it was felt that these staff groups were underrepresented. I Barton queried whether Midwives should have a separate group from Nurses, given the differences in their roles. The Chair agreed that this was worth exploring further, acknowledging the uniqueness of the Midwifery role. It had also been noted that many AHPs felt they had a stronger voice in their own committee, as the combined format often included significantly more Nurses and Midwives than AHPs. It was noted that the splitting of the NMAHP committee was a process that would be moved through over the coming six months and that no further discussions beyond separating the two groups had been taken.

The Forum **agreed** the splitting of the NMAHP committee into two separate groups.

5.7 Psychological Services Meeting – no meeting held

The Chair explained that there was work ongoing to set up this committee and work was being done. An update would come back to this Forum in due course.

Action: An update from Psychological Services to be taken to this Forum.

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 – minute not available.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 2nd July 2025

A Strain queried why the Health and Social Care Committee fed into the Forum as the committee sat parallel within the governance structure. The Chair was unsure but agreed to report back to the Forum.

Action: Chair to check and report back to the Forum.

The Forum **noted** the minutes

8 Argyll and Bute IJB minutes

L Currie noted that discussions at the IJB had focused on establishing a care threshold of 25 hours. A decision regarding policy changes is expected to be made by the IJB in the coming week**.**

9 Dates of Future Meetings 2025

6th November

10 FUTURE AGENDA ITEMS

11 ANY OTHER COMPETENT BUSINESS

12 DATE OF NEXT MEETING

The next meeting will be held on 6th November 2025 at **1.30pm on Teams.**

The meeting closed at 3pm