Assynt House
Beechwood Park
Inverness IV2 3BW
Tel: 01463 717123
Fax: 01463 235189
www.nhshighland.scot.nhs.uk/

NHS Highland
na Gàidhealtachd

MINUTE of MEETING of the AREA CLINICAL FORUM	**15th January 2026 – 1.30pm Microsoft TEAMS**

Present

Allyson Turnbull-Jukes, Psychological Committee (Chair)
Andrew Strain, Area Medical Committee
Catriona Brodie, Area Pharmaceutical Committee
Gerry O' Brien, Board Vice Chair
Graham Bell, Non-Executive Director
Grant Franklin, Area Medical Committee
Helen Eunson, NMAHP Advisory Committee
Ian Flemming, Area Optometric Committee
Joanne McCoy, Non Executive-Director
Linda Currie, NMAHP Advisory Committee

In Attendance

Lorien Cameron-Ross, Clinical Lead, Realistic Medicine (Item 4.1)
Arlene Johnstone, Chief Officer, HHSCP
Boyd Peters, Medical Director (Item 4.3)
Karen Doonan, Corporate Administrator (minutes)
Tania Godwin, Corporate Administrator (Observing)
Nathan Ware, Deputy Head of Corporate Governance

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, apologies were received from L Neil, R Helliwell and A Javed. It was noted that there were quoracy issues due to availability, the meeting was rescheduled to begin at 2.15pm. Agenda items were therefore not taken in the order presented on the agenda and a short break was taken from 3.50pm until 4pm to accommodate Item 4.3.

The Chair welcomed Dr Andrew Strain as the second vice chair of committee.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 6th November 2025

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

3. MATTERS ARISING

None

4. ITEMS FOR DISCUSSION

4.1 Realistic Medicine – Lorien Cameron-Ross, Clinical Lead, Realistic Medicine

Dr Lorien Cameron-Ross introduced herself as the Realistic Medicine Clinical Lead for NHS Highland. She explained that communication and engagement continued to be challenging due to limited resources, with only a small team available to cascade information across patients, community teams and hospital staff. Although quarterly newsletters were issued, it was unclear how widely they were read or whether staff recognised the relevance to their roles.

She highlighted the need for a “ripple effect” to spread messages more effectively. Dr Cameron-Ross noted the significant potential benefits of Realistic Medicine, including improving health span, reducing health inequalities, decreasing clinician burnout, strengthening community resilience and supporting action on the climate emergency. She emphasised that failing to improve current approaches would worsen these issues.

She described the previous action plan, which had used the theme “little stones, big cairn” to demonstrate that small individual contributions could collectively create meaningful change. Work over the past year had involved a wide range of projects at national, local and departmental levels, and NHS Highland had shared successes nationally through conference posters and inclusion in the Scotland Realistic Medicine casebook.

Dr Cameron-Ross explained that she was beginning to develop the next action plan and invited input from members. She proposed a theme centred on nutrition across the organisation, reflecting priorities discussed at the recent global forum in Glasgow. The aim would be to promote balanced, sustainable and seasonal nutrition for staff, patients and communities. A community of practice might be established to support this work.

She also highlighted upcoming national work, including another **“**It’s OK to Ask**”** campaign from NHS 24, which NHS Highland would support. The team planned to continue encouraging engagement with learning modules, explore opportunities for a local conference and progress work on laboratory optimisation.

Forum members were encouraged to act as exemplars of Realistic Medicine within their own teams, enabling staff, supporting cultural change and sharing examples of innovation and improvement. Dr Cameron-Ross acknowledged that individuals’ capacity fluctuated but noted that even small contributions were valuable.

The Chair highlighted that the Forum could help promote the modules but expressed concern that many staff may not be aware of them. She asked about the overall uptake of the Turas modules across Highland. Dr Cameron-Ross stated that 186 people had completed the shared decision-making module and 29 had completed the introduction. The team had promoted the Turas modules through the weekly Sway and during teaching sessions. She noted that when delivering Flying Start Nursing and Midwifery teaching, she directed staff seeking CPD or further learning to the relevant modules.

She added that for those undertaking quality improvement activities, modules such as Shared Decision Making or Managing Risk were particularly useful. When registration opened for the conference, she also encouraged attendees—via the confirmation email—to complete a baseline module in advance.

G Franklin noted that some staff felt the term *Realistic Medicine* implied they were otherwise practising “unrealistic” medicine, creating a barrier to engagement. He added that many clinicians had applied the principles for years before the term existed, citing examples such as choosing not to carry out investigations that would not alter management. He asked how best to communicate the importance of increasing the use of Realistic Medicine, given its significance for the future sustainability of the NHS.

Dr Cameron-Ross agreed that Realistic Medicine was not a binary concept and aligned with core clinical values. She noted that system pressures, workload and limited access to information sometimes made it harder to practise consistently. She emphasised the importance of supporting reflection, reducing unnecessary tests, and creating a culture where staff felt able to question whether actions added value.

The Medical Director thanked Dr Cameron-Ross for bringing the item forward and stressed that Realistic Medicine was relevant to all staff, not only doctors. He described it as a set of principles many already applied in practice and gave an example from his own experience. He highlighted ongoing work on

diagnostics and reducing unnecessary investigations and encouraged colleagues to support the work and share their own examples to help raise awareness.

The Vice Chair thanked Dr Cameron-Ross for the presentation and noted her previous involvement in Realistic Medicine from a mental health perspective. She agreed that the title could discourage wider engagement and supported exploring a rebrand to reflect its broader relevance. She also invited Dr Cameron-Ross to speak at the NHS Highland and Highland Council learning disability nurse leadership group to help further awareness.

The Chair thanked Dr Cameron-Ross for her presentation and agreed to invite her back to a future meeting for further updates.

4.2 Staff Engagement – Developing the Strategic Framework for the 10-year Strategy - Paul Nairn, Regional Planning Manager

The Chair explained to the Forum that P Nairn had not been able to make this meeting due to other commitments. He would be invited to a future Forum meeting.

4.3 Clinical/Care System Risk – Boyd Peters, Medical Director, Louise Bussell, Nurse Director

It was noted that L Bussell was not available to present due to other commitments. B Peters clarified that the agenda item was in relation to the system risk in North Highland that was focused within Acute which was reflecting the whole system pressures. It was noted that there was no one within the Forum who were present from Acute in North Highland to speak to their experiences. It was agreed to postpone this presentation to a future date to discuss in depth.

A Strain noted that the Area Medical Committee had invited Kay Cordiner to attend its next meeting to discuss system-pressure measurement, analytics, and potential national developments across acute and primary care. He advised that the committee was seeking to become more informed and involved in these discussions and welcomed a future presentation and discussion at the Forum.

4.4 Constitution / Terms of Reference – Discussion

The Chair explained that the previous Nurses Midwives and Allied Health Professionals Advisory (NMAHP) Group had now split into an AHP Advisory group and an Area Nursing and Midwifery Advisory Group (ANMAC). Within the Allied Health Professionals there were approximately 14 different professions. L Currie requested that there were more representatives added in order that these professions could be appropriately represented at the Forum.

N Ware stated that from a Governance perspective the forum required to have appropriate representation from all areas including North Highland. G Frankiyn highlighted the need to have a representative from Raigmore Hospital, it was noted that the previous representative had stepped down leaving a gap in representation for more than a year.

H Eunson explained that the ANMAC group would have two chairs and three vice chairs for the first year of meeting to fully embed and requested that those five people be able to attend the Forum as representatives from the group.

The Chair noted that the discussion linked back to the forum's Constitution and the need to ensure the right representation and skill mix to support its advisory role and connection with the Board. She invited further questions on the Constitution and Terms of Reference, confirming these would be reviewed and brought back to the March meeting.

C Brodie queried whether the Terms of Reference and representation would be reviewed for all groups reporting to the Forum. The Chair confirmed that part of the Forum's remit was to review the Terms of Reference for the professional advisory groups, as significant changes had occurred since they were last

updated. She invited N Ware to comment from a governance perspective. N Ware advised that NHS Highland was undertaking a wider governance review, led by the Head and Deputy Head of Corporate Governance, to ensure structures were robust and appropriately aligned. He outlined how ACF governance linked with the Board and acknowledged that the Forum had not always felt fully connected in terms of communication. He noted ongoing work to strengthen two-way governance and communication between the Board, ACF, other committees and professional advisory groups, supported by recent development sessions.

L Currie queried whether standardisation of the templates for the Terms of References would be appropriate. N Ware agreed with this approach.

Action: N Ware to meet with the Chair and with the Board Chair to discuss standardisation of the Terms of Reference of the professional advisory committees.

G Franklin noted that the issues discussed were highly relevant to both the Hospital Subcommittee and the Area Medical Committee. He explained that the Hospital Subcommittee had long struggled to remain quorate and that both groups were considering how to make their roles more relevant to encourage better engagement from secondary-care colleagues. He added that the Area Medical Committee, established under the 1978 Act, was now operating in a very different NHS landscape, and that standardised Terms of Reference would be helpful. A review of the Constitution and membership was underway to improve secondary-care representation. He confirmed he would take the discussion back to both committees.

4.5 Nursing & Midwifery Terms of Reference – Discussion and Approval

H Eunson reported that the Forum had approved the split of the NMAHP Advisory Committee, with L Currie leading the AHP's and H Eunson leading Nursing and Midwifery. A Short Life Working Group (SLWG) had met three times and developed a proposed constitution following consultation with Executive Directors, Deputies and the Corporate Records Manager. Relevant national guidance had also been considered.

Two key proposals were presented:

1. Expanded Chair and Vice Chair roles to ensure full representation across all 55 clinical areas.
2. Creation of a Health Care support Worker and Associate Practitioner Sub Group whose Chair and Vice Chair would become full ANMAC members.

Membership had been kept concise to support attendance, whilst allowing future expansion, particularly for rural general hospitals. Around 40% of areas had already submitted nominations. Subject to approval, the first joint ANMAC meeting would take place on Monday with a SLWG acting as interim Chairs and Vice Chairs for the first year before a formal nomination process began.

There were no concerns nor questions raised. The Forum approved the Terms of Reference.

H Eunson thanked Forum members for their support.

The Area Partnership Forum **approved** the Terms of Reference.

5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 10th December 2025

There was no one in attendance from the Area Dental Committee.

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

5.3 Area Pharmaceutical Committee – 20th October 2025

C Brodie reported that the APC had met in December and the meeting had been productive. The committee had been working with the Director of Pharmacy on the five-year pharmacy strategy, which included nine workstreams. C Brodie led the communications workstream, which included updating the intranet. She sought the Forum's permission to increase APC visibility across the organisation by sharing a graphic through the NHS Highland Weekly Mailing, accompanied by a short explanation highlighting that all professions have advisory groups and encouraging staff to speak to their line managers if interested in contributing. This aimed to support engagement, particularly as several professional advisory groups were not currently meeting.

C Brodie presented the draft graphic, which outlined the role of the advisory committee, listed its members, and encouraged staff to bring forward topics for discussion. H Eunson queried whether the Forum required to look at its branding and asked permission from C Brodie to use the graphic that she had shared as a template for the new ANMAC group. C Brodie agreed to put H Eunson in contact with the person who had created the template.

Action: C Brodie to give contact details to H Eunson regarding the creator of the graphic

C Brodie advised that recent work had been undertaken with N Ware and Community Pharmacy Services on governance arrangements relating to new pharmacy applications. Due to the mix of contracted providers and directly employed staff, managing conflicts of interest had been challenging. C Brodie and colleagues had worked with Eleanor Rose to develop improved governance procedures. She highlighted the need for all professional advisory groups involving contractors to remain mindful of potential business interests while balancing their responsibility to represent both patient and Health Board interests.

5.4 Area Medical Committee meeting – 14th October 2025

A Strain noted that he had no further items for the open committee. He advised that he had sent a letter to the Chair for her consideration regarding whether it should be brought to the full Forum. He reported that the most recent Area Medical Committee minute available was from October, with a further meeting having taken place in December. At that meeting, members received a presentation from George Reed, Deputy Director of Estates, on the organisation's environmental sustainability work. A Strain confirmed that there were no other substantive items from December to bring to the Forum.

The Chair noted that she had received a letter from A Strain on behalf of the Area Medical Committee and this would be on the agenda for the March meeting of the Forum. She had further escalated the letter received to the Medical Director, B Peters.

5.5 Area Optometric Committee meeting – no meeting since 6th October 2025

I Fleming reported that there were no significant items to raise. He clarified that the previous optometry representative on the Forum had stepped down, and the Area Optical Committee had agreed that representation would now rotate among its members. This was his turn to attend. He noted that, as each representative would be new to the Forum processes, optometric input might be limited in the short term while members familiarised themselves with procedures. He confirmed he would report this back at their next meeting in April.

The Chair queried whether there was anything that the Forum could do to help encourage membership of the Optometric group going forward. Ian Fleming explained that the optometry group continued to encourage wider engagement from colleagues. He noted ongoing difficulties securing input from multiples, as these employers often did not release staff to attend meetings. This challenge would be highlighted again at their next optometry meeting. C Brodie explained that this was also a challenge for pharmaceutical colleagues also. I Flemming sought permission from C Brodie to use the graphic that was shared in order further advertise the Optometric Committee and their remit and C Brodie

offered to have the graphic edited with the relevant information.

Action: C Brodie to send I Flemming the altered graphic

5.6 Area Nursing, Midwifery and AHP (NMAHP) Advisory Committee meeting – 4th December 2025

L Currie reported that the last meeting had covered the transition to the two new advisory committees and a presentation from P Nairn on the draft NHS Highland 10-year strategy. While there was enthusiasm, members had concerns about how the strategy could be delivered given current financial pressures and reductions in prevention and early-intervention services. She stressed the need for realistic planning and for the Forum to give clear advice on the strategy's achievability.

The Chair acknowledged L Currie's concerns about the gap between the ambition of the draft NHS Highland10-year strategy and the current financial and operational realities. She noted that this was why P Nairn had been invited to return regularly, as ongoing dialogue would be essential to build engagement and ensure the strategy felt achievable. The Chair emphasised the need for the Forum to work closely alongside the strategic vision and invited further comments from members.

G O'Brien emphasised that a shift to prevention and early intervention was essential, as current service pressures were unsustainable. He supported the need for a realistic NHS Highland10-year strategy but cautioned against lowering ambition due to present difficulties. He highlighted the importance of strong engagement from the Forum and all professional advisories. He confirmed that the Population Health Committee would lead the strategy's governance and that work was underway to ensure all key voices were involved. The aim was to produce a substantial draft by the end of the year, with supporting infrastructure and commissioning intentions aligned to prevention. He acknowledged the challenges, particularly around supporting third-sector partners, but encouraged full participation.

It was noted that G O'Brien was more than happy to be invited back to the Forum to discuss alongside P Nairn the strategy and more than happy to be invited to any of the professional advisory committees also.

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.

6 Asset Management Group – 10th December 2025

There was no representative in attendance from the Asset Management Group.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – 5th November 2025

There were no additional comments.

The Forum **noted** the minutes

8 Argyll and Bute IJB minutes

There were no questions or comments.

9 Dates of Future Meetings 2026

5th March
7th May
2nd July
3rd September
5th November

10 FUTURE AGENDA ITEMS

It was noted that the letter received by the Forum Chair from the Chair of the Area Medical Committee would be put on the agenda for the next Forum meeting.

- The Health and Care Staffing Act returns from the Board
- Recruitment and the Job Train platform, specifically in relation to the “killer question”

11 ANY OTHER COMPETENT BUSINESS

12 DATE OF NEXT MEETING

The next meeting will be held on Thursday 5th March 2026 at **1.30pm on Teams.**

The meeting closed at 3.55pm