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

NHS Highland

MINUTE of MEETING of the AREA CLINICAL FORUM
Board Room, Assynt House, Inverness

14 January 2021 – 1.30pm
Microsoft TEAMS

Present

Margaret Moss, Area Nursing, Midwifery and Allied Health Professionals Forum (Chair)
Catriona Sinclair, Area Pharmaceutical Committee (Vice Chair)
Eddie Bateman, Area Dental Committee
Stephen McNally, Clinical Representative (Raigmore Hospital)
Linda Currie, Area Nursing, Midwifery and Allied Health Professionals Committee
Eileen Anderson, Area Medical Committee
Manar Elkhazindar, Area Dental Committee
Kitty Millar, Clinical Representative (Argyll and Bute)
Alan Miles, Area Medical Committee
Wendy Van Riet, Psychological Services Advisory Committee
Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee
Boyd Peters, Medical Director (present from Item 6.4 onwards)

In Attendance
Tim Allison, Director of Public Health and Policy
Veronika Burgess, Board Administrator
Ruth Daly, Board Secretary
Tracy Ligema, Head of Community Services, North & West (Item 6.3)
Sandra MacRury, Head of School of Health, Social Care and Life Sciences, University of the Highlands and Islands (Item 6.5)
Heidi May, Nurse Director
George McCaig, Performance Manager, Planning and Performance (Item 6.4)

1	**WELCOME AND APOLOGIES** The Chair welcomed those present to the meeting and thanked them for attending. A special welcome was made to three new members of the Forum - Alan Miles representing Area Medical Committee, Wendy Van Riet representing the Psychological Services Advisory Committee and Helen Eunson representing the Area Nursing, Midwifery and Allied Health Professionals Committee. The Chair also welcomed new Board Administrator, Veronika Burgess. The Forum members present introduced themselves and their roles for the benefit of the new members. The Chair advised that even with the current Covid situation the Forum will try to continue as normal keeping the agenda tight and relevant. Apologies were received from Alex Javed, William Craig-MacLeman, Ian Thomson, Emma Watson, Adam Palmer and Boyd Peters (until 4pm).

1.1	**DECLARATIONS OF INTEREST** Heidi May declared an interest regarding Item 6.5 as a member of the University of the Highlands and Islands Court; it was agreed that she will excuse herself from the meeting for this item. There were no other declarations of interest.
2.	**DRAFT MINUTE OF MEETING HELD ON 29 OCTOBER 2020** The minute of the meeting held on 29 October 2020 was **approved**.
3.	**MATTERS ARISING**
3.1	**Bronze, Silver and Gold Command Feedback** Members were asked to report any further feedback following the last meeting. There were no concerns or issues raised; previous concerns regarding the sharing and receiving of bulletins have now been resolved. There were no further matters arising raised.
4.	**MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS -** no exception reports had been submitted
4.1	**Feedback from Area Nursing, Midwifery and AHP Leadership Committee meeting held on 19 November 2020** Linda Currie provided feedback; there was nothing formal to escalate. A Vice Chair (William Craig-MacLeman) has now been appointed. L Currie advised that there are an increasing number of attendees. The Committee is looking at the communication flow through the advisory groups and taking key discussions from the Area Clinical Forum. The Committee has shared its first "Bitesize" communication update; hoping this will yield more members. The Integrated Performance and Quality report was discussed by the Committee; this created discussion and questions. **The Forum noted the minute.**
4.2	**Psychological Services Advisory Committee Draft Minute of meeting held on 19 November 2020** Wendy Van Riet provided feedback. The meeting on 19 November 2020 had been her first meeting as Chair. There were still outstanding Terms of Reference that hadn't been signed off; but these have now been signed off. The plan for the next meeting is to review the mental health strategy document to ensure that this is up to date **The Forum noted the minute.**
4.3	**Feedback from Area Dental Committee meeting held on 30 September 2020** Eddie Bateman provided feedback. He advised that a local dental committee has been introduced for the Highland area, this feeds into the GDP Sub-Committee. It has been a really useful way to get local feedback; they have started a WhatsApp group to encourage communication and feedback. The Committee will be asked to agree revised Terms of Reference at the next meeting on 5 February 2021 as consideration of this had been postponed due to Covid. E Bateman advised that there had been some anxiety from general dental practitioners regarding not being included in the plan for Covid vaccinations, whereas every other Health Board had included them. A letter was written expressing these concerns and this

	has now been resolved with general dental practitioners being included in the vaccination program. E Bateman further advised that there is a lot of willingness from staff to contribute to the vaccination program, lots have completed the TURAS modules and are keen to be used. **The Forum noted the minute.**
4.4	**Feedback from Area Pharmaceutical Committee meeting held on 16 November 2020** Catriona Sinclair provided feedback; there was nothing further to add to the minutes. The next meeting is scheduled for 15 February and will expand on the matters discussed. C Sinclair advised that pharmacists had been included in the initial Covid vaccinations, and are being vaccinated this week. **The Forum noted the minute.**
4.5	**Adult Social Care and Social Work Advisory Committee Draft Minute of 9th November** There were no representatives from the Committee present to comment on the minutes. **The Forum noted the minute.**
4.6	**Feedback from Area Healthcare Sciences Forum meeting** There were no representatives from the Committee present to provide feedback. It was noted that this Forum had not been meeting recently under the current circumstances, and this most likely had not changed.
4.7	**Area Medical Committee Draft Minute of meeting held on 17 November** Alan Miles provided feedback. He advised that there is a lack of attendees from the Hospital Sub Committee, partly because of lack of members on the Hospital Sub-Committee. Two psychology colleagues attend regularly but at times they are the only secondary care representation. This is a very useful Committee and it addresses some significant issues, for example the bed situation in secondary care and the consequences of bed reduction due to Covid pressures for both secondary and primary care. There has been money obtained from the Scottish Government to set up teams to expedite discharge of patients and support people in the community so they don't end up as emergency admissions. This had been successfully piloted in Inverness. **Action:** Stephen McNally confirmed that he will follow up membership. Feedback from the Highland Health and Social Care Committee is that they are now focussed on primary care rather than acute care. **The Forum noted the minute.** The Forum further discussed the matter of trying to support increased membership of the Hospital Sub Committee. Colleagues needed to be assured that change can be achieved; they need to be a part of it. The Forum discussed appealing to new staff, and junior medical staff, to join the Hospital Sub Committee as a way for them to see how change is brought about, how this is achieved, and the Committee's role in this. It should be seen as a development opportunity for them. **Action:** Stephen McNally advised he would be happy to join as long as it was not a conflict with his being the Raigmore representative; he will also approach other colleagues regarding membership. The Chair asked if there was anything specific that the Area Clinical Forum could do to help with those Committees that are struggling with membership. A range of suggestions was made, including:

	• highlighting the committee structure, the role and opportunities created by the committees and personal development for members; • using the silver bulletin as a means of communicating • explore the 'NMAHP Bitesize' comms approach; an idea Linda Currie was willing to assist with. • Building on the two-way communication between the Board and professional Committees to build awareness **Action:** The Chair will highlight these suggestions to the appropriate people. The Chair, Alan Miles, Eileen Anderson and Linda Currie to work together to help raise the profile of the committees and encourage participation. Manar Elkhazindar requested that the Local Negotiating Committee be added to the list requiring support, as this is very inactive in Highland. This was noted by the Chair.
5.	**ASSET MANAGEMENT GROUP**
5.1	**Minute of Meeting of 19 August 2020** **The Forum noted the minute.**
5.2	**Draft Minute of Meeting of 23 September 2020** **The Forum noted the minute.** Eileen Anderson advised that due to clinical commitments she will need to resign from the Asset Management Group, effective immediately, and another representative will be required. The Forum acknowledged the importance of radiology representation on the Group, or someone who is able to liaise with radiology. Stephen McNally volunteered to join the Group but could not guarantee availability for every meeting, but he would be able to share with another member. It was agreed that S McNally would attend half the meetings (6 a year) and the remaining 6 be shared between Margaret Moss and Linda Currie. The support from M Moss and L Currie will be on an interim basis as other (radiology or healthcare science) clinical representation would be better suited for this Group. **Action:** The Chair will get in touch with Eileen Anderson, Stephen McNally and Emma Watson offline to explore suggestions, and support clinical representation for the Asset Management Group. The Chair will advise the Asset Management Group Chair (Dave Garden) of E Anderson's resignation.
6	**DISCUSSION ITEMS** To be noted: the order of these items was rearranged due to presenter availability, so will not match the order on the Agenda.
6.1	**Culture Update** Manar Elkhazindar provided a verbal update. The work streams are all up and running and reporting back to the culture oversight group. Final reports were not yet available but progress was being made. Eileen Anderson provided an update regarding the Healing Process which was progressing well with staff taking advantage of the process. Wendy Van Riet provided an update regarding the Values and Behaviours work stream. They have had a few meetings and are very aware of the staff pressure at the moment. They are looking at how to further support management, because if managers are well supported then this will lead to well supported teams. Linda Currie advised that this was

	discussed at the ANMAHP meeting in November and the feedback then was that there had been a lull in the planning. But groups are starting now, and are starting to see requests and output from the groups. M Elkhazindar commented regarding volunteer response and confirmed that only the Values and Behaviours work stream seems to be struggling for representation at the moment – the others have wide spread representation. E Anderson confirmed that she is happy to be a part of the group depending on when they meet. Heidi May provided an update regarding the Whistle Blowing Standards and the group set up for the implementation of these. This is a brand new group responding to new standards that aim to come out in April. Terms of Reference for the Group are still to be developed and it would be helpful to secure ACF representation on it. E Anderson volunteered to join the Group. L Currie advised that she had been asked to join from Argyll and Bute and is happy to provide feedback. **Action:** M Moss to discuss with H May offline regarding the possibility of replacing H May in the Group as a representative of both Nursing and Midwifery and the Area Clinical Forum. M Moss to contact Fiona Hogg regarding the membership requirements and report back to the group. **The Forum noted the updates.** The Area Clinical Forum took a short break, returning at 2:40pm.
6.2	**Public Health Update – Covid Vaccinations** Tim Allison, Director of Public Health and Policy, provided a verbal update as well as a slide presentation which demonstrated the rise in Covid infections over the last few weeks. Until recently there had been around 10 new cases a day, this then jumped to 30 a day, then quickly to over 100 a day. There has been a slight plateau over the last week or so, but there is still a much higher rate of cases per day compared to July to December. The cause for this is unknown, it could be attributed to pre-Christmas socialising, people mixing when the restrictions were not as severe, or people may have become complacent. The new variant could also be a factor; the genetic analysis as to the proportion of the variant is not yet available, but it is thought to be 50% in Scotland as a whole, and the fast spreading suggests that there is a proportion of the new variant in the local area. The highest levels of cases were originally in the Argyll and Bute area due to its proximity to Glasgow, but now seeing a significant rise in Highland with the numbers being concentrated around Inverness and Inner Moray Firth Death rates; have had one or two deaths recently; but in the spring / early summer 2020 there was a considerable number of excess deaths, the rest of the year seems a lot smaller. Vaccinations; there have been approximately 9000 vaccinations provided in the region so far, this number may not include all vaccinations as those administered in GP practices are not included on the national system immediately. Both the Astra Zeneca and Pfizer vaccines are being used. . Care homes plan to be completed by 22 January. The red pathway staff groups are almost all complete. Patient facing staff and those who are aged 80 and over will receive vaccinations by 5 February and those Scottish Government and UK regulators have instructed Boards to hold off 11 to 12 weeks before administering the second dose,. This will be a major logistical issue once second doses become due as well as administering first doses for other groups. During discussion, Catriona Sinclair enquired about the media comments around 24/7 vaccinations and whether this was possible. T Allison confirmed there are no details on

	this at the moment; this will depend greatly on the availability of the vaccine, vaccinators and GP clinics. It will be up to individual practices to decide how they wish to schedule and invite patients, individual practices may decide to operate extended hours; it will be a real challenge to get to the whole population. Alan Miles confirmed that there was nearly 100% uptake in the over 80s in his clinic today; very encouraging to see the positive response. Manar Elkhazindar enquired regarding the timing of the second dose, and asked if this was appropriate as it was against manufacturer's instructions. T Allison confirmed that this has been instructed by the Government and regulators in the UK, so from a legal and regulatory point of view this is not an issue. Eddie Bateman expressed his gratitude that vaccinations have started this week in general dental practice, and confirmed that there is a lot of willingness and interest from staff to contribute to the vaccination program. He enquired whether there are any plans to use this support. T Allison confirmed that things change frequently regarding the availability of the vaccine; but as the vaccine supply increases they will be looking for more vaccinators to be engaged. He could not confirm a timescale, but certainly hoped to make good use of the dentists support. M Elkhazindar confirmed that public dental services have been asked to help vaccinate care homes and prisons; they are currently being trained and will be involved. M Moss enquired about the suggestion that delaying the second dose beyond 4 weeks results in a greater immunity after the second dose. T Allison confirmed that this is based on theoretical evidence only and varies, so this is unknown at the moment. Any evidence is stronger for the Astra Zeneca vaccine as there has been variability in trials and is basing thought on other diseases and other vaccinations; whereas the Pfizer vaccine is a completely new type of vaccine and very difficult to know. It is important to remember that this information is based on trials that were generally three to four weeks long; based on clinical judgement rather than experimental knowledge. A Miles enquired about the community criticism that the program was too quick to vaccinate staff rather than care homes, and what the response to this should be. T Allison acknowledged that this varies by area; some areas such as Argyll and Bute and North and West were reasonably quick, whereas South and Mid have a lot more care homes and logistical challenges. The decision was not made to vaccinate staff first, but at the same time as care homes. There was also the issue of the Pfizer vaccine, as time went by it has been found to be a lot easier to use then initially told. The Chair asked for a further update to be provided at the next meeting of the Area Clinical Forum in March.
6.3	**Redesigning Urgent Care** Tracy Ligema, Head of Community Services, North & West provided a verbal update as well as a slide presentation. The operational service of the flow navigation centre has been in place since 1 December 2020 for all health areas; Ayrshire and Arran since October. The slide presentation updated the Forum on the number of calls received. T Ligema advised that the numbers provided today come from her team, but they are in the middle of working with Public Health Scotland to measure against the national data to see if there has been an impact on the numbers coming through emergency departments. There have been no major issues since becoming operational, just a few teething problems such as how the call handling staff manage the process of passing calls to the right place, process issues in end points with the use of Adastra and also technical issues with Adastra. The emergency attendance numbers are two thirds of what they were this time last year, but the numbers accessing the service are not big enough to account for this, there are far too many variables at the moment, and so as such can't be definitive on ED attendance just yet. They would like to look at the patients who are coming through the service and see if once the case has been dealt with and the case closed if the patient then comes back

	into the system via another route, and whether they still feel they need the face to face consultation. They will be undertaking case analysis to find this information; learning what works, how to develop, and how to go from the minimum requirements to a network across the system to add value. Moving forward there will be a flow navigation development group, a small core group that will have a much wider stakeholder engagement group. Linda Currie enquired if there will be an increase into the community teams as a result. T Ligema confirmed this will not happen at the moment because currently it is minimum implementation; there are no direct referral pathways other than ED and minor injury units. The minimum requirements don't provide for these pathways, but hope to work with community teams in the future to make sure these pathways are able to be used and have the opportunity to create them. Catriona Sinclair expressed her desire as a community pharmacist to be consulted and involved in the process. T Ligema confirmed that the idea of the engagement group is to be a consultative group; they will come to the community and see what is needed and how to work it. Alan Miles commended the good job on getting the service set up and running. He enquired whether the service had thought of how to maintain the local knowledge, for example a GP may make a different decision for the patient based on local knowledge of the patient. T Ligema acknowledged that this is something to think about going forward. As yet it has not been factored in in a formal way, but they recognise that local knowledge is vital. The key is setting up pathways to make relationships work. T Ligema confirmed that there was meant to be national media regarding the service but this has now been postponed. Stephen McNally enquired as to whether the service can bypass accident and emergency and go direct to secondary care. T Ligema confirmed that this will be part of the next stage; there is no formal pathway for this at the moment. Other Boards are already starting to think of pathways directly into secondary care. There will be engagement with other teams regarding this and how it will work. S McNally suggested contacting the Pre-Hospital Immediate Care Team as they have worked out some pathways already. T Ligema agreed this would be a useful link and she will follow up on this. The Chair commended T Ligema and team for all their hard work; and advised that the Area Clinical Forum is happy to provide help when needed. T Ligema confirmed it would be helpful to receive assistance in getting the correct clinical element regarding the structure of the engagement group. T Ligema was to contact the Chair to seek clinical engagement via the advisory committee's structure to ensure engagement is comprehensively addressed. **Action:** M Moss to follow this up through the Advisory Committees once she has contact from T Ligema
6.4	**Integrated Performance and Quality Reporting System (IPR)** George McCaig, Performance Manager, Planning and Performance provided a verbal update as well as a slide presentation (copy provided to the Forum). The purpose of the IPR was to provide assurance on the annual operational plan standards which are the national standards set by the Government. Previously in Highland there was only a set report specific to each committee, so there was the need for common understanding, focus and performance information that goes to all committees and the Board. It was also important that the report was transparent to the public; the IPR will be seen by the Board and as such included in the publicly accessible papers. It further increases the governance of performance as the report goes through a range of committees then the Board, and there is a clear auditable path at each stage.

	The contents of the IPR were still under review at this stage to properly reflect the needs of the organisation. Currently it includes remobilisation data (mainly on the acute services, in relation to the already established set of indicators and national standards); clinical governance; acute services; mental health (only a small amount on mental health currently but are working with mental health for the future); ministerial strategic indicators; staff governance (this is the least developed at the moment, expected to change over time, this will be looked at during the next scheduled Staff Governance Committee); and financial outturns. The distribution of the IPR would follow a strict reporting cycle that takes about 2 months. There is discussion around how up to date the information will be when it has reached the Board; the financial information will always be the most up to date information and as such may have to be updated / changed as the report moves through the cycle. A lot of time has been spent, and still to be spent, to ensure that the information is streamlined as much as possible in order to meet the committee timetable. The report is still under development. The IPR's structure included mobilisation data that details the performance against the plan and provides a colour coded indication of the extent to which the plan activity is being achieved. This highlights areas where managers can focus their attention, including areas where too much is being done and perhaps resources can be moved. There is a high level summary of all the indicators; target columns are mostly blank at the moment, only those areas that have national targets in place will be filled in. The main body of the IPR is a detailed reporting of activity, as well as a traditional report against the national standards. Future developments would include addition of ministerial strategic indicators, data on emergency admissions after 28 days, refining of current indicators reported, expansion of Staff Governance indicators, addition of resilience indicators and addition of performance information regarding Covid vaccinations. G McCaig advised that the report has recently been audited and there were no issues regarding production and data, but it highlighted issues around the need for targets and the need for managers and committees to be clearer on how the information was to be used. The information needs to be seen as a trend over a period of time. There will be further learning sessions for committees and the Board. The Chair thanked G McCaig for the presentation and update, she confirmed that at the last couple of Board meetings the Board has spent at least an hour going through the information in the report, and it has brought about a lot of new discussion. Heidi May thanked G McCaig and team for their work, the report has been very helpful and is a great improvement in terms of making decisions. Alan Miles found the report to be very comprehensive and feels it will be useful for committees for the areas they cover. He enquired if there will be a mechanism for monitoring improvements other than the month to month changes; and who will monitor the changes. G McCaig confirmed that technically this should be the committees and the Board; but acknowledges this may be difficult over a bi-monthly period. They may look into a process that links the previous report to what is being reported currently. At the moment there is no feedback from the Committee to the next report, this needs to be a part of the development. Linda Currie advised that the report was reviewed at the last Advisory Committee and she is looking forward to seeing it over time. It provided opportunity for wide discussion which was very useful and valuable. Manar Elkhazindar enquired about staff governance and cultural improvements, and if there are any indicators that could be used for this. G McCaig confirmed that Fiona Hogg is currently looking into this and it will be looked at during the next scheduled Staff Governance Committee. By the time of the Board meeting in March this section is hoped

	to be considerably expanded. Boyd Peters commented that the report should not be viewed as the answer but it raises awareness and causes people to ask questions, and look for the answers and improvements. It is designed to get the process started, look at where we are at, and look at Highland overall. It was the ambition to eventually have an IPR that will have information for departments and groups below the level of the governance committees involved. H May agreed with this and commented that it will drive good decision making, and has to be useful for the operational units. These are early days, but as it continues growing it will become even more useful. **Action:** It was agreed to put the report on the agenda each time a report is available and give the time to discuss and ask any questions that arise, especially with the input of H May and B Peters.
6.5	**UHI Opportunities** Sandra MacRury, Head of School of Health, Social Care and Life Sciences, University of the Highlands and Islands (UHI) presented a slide presentation (copy provided to the Forum) which addressed the following areas: • UHI regional distribution, including greater than 1,000 students undertaking online learning • School of Health, Social Care and Life Sciences overview • UHI applied life studies courses: higher education • Blended learning • Optometry (developed in response to a gap in the Highlands and Islands) • Department of nursing and midwifery • School of Health research themes • Rural Health and Wellbeing • Scottish Rural Health Partnership. Developed / reinvented rural health partnerships with over 150 members, knowledge exchange centre and wide representation across Scotland. Hold a conference every two years. • ScotGEM. UHI is the third university to be involved. Looking at putting in a grant to look at an evaluation of those who do placements through the program and see if they come back; gain insight into retention and recruitment. • UHI Innovation Centre • Active Health Research Facility • UHI-NHS Interface S MacRury encouraged all to think of the opportunities that exist between the NHS and UHI. There are a lot of opportunities in research, education, applied life studies courses etc. Any other ideas are very welcome. There may be the opportunity to organise a Board development session between the NHS and UHI, develop some workshops, look at different aspects that might be suitable for workshops and help strengthen the bonds between the two institutions and future development of strategy and joint working The Chair thanked S MacRury for the presentation and scale of work. The Chair is happy to share the information provided about UHI so those in the NHS can see the opportunities and how quickly the university is growing. She agreed it would be good to have more focused discussions, and the opportunity to cascade the information through the advisory committees down to the staff so they can think of how they want to engage in research and what elements of education and training are available/where their professions may be able to contribute. During discussion, Linda Currie enquired about the timelines for AHP professions; and how we could increase the AHP involvement at the more distant regions of the NHS Highland Board. S MacRury commented that workshops could be a way to address this; divide the workshops into the different areas, for example AHP, and develop

	relationships. This is something that is being discussed and looked at. A Board development day would be another good opportunity to address these questions regarding peripheral sites, what the priorities are, taking a strategic view and setting a program for how to take things forward; have representation across Highland and consider the best approach. L Currie agreed that this would be very useful to pick up on the peripheral sites and gain more understanding on what is happening, and work on a strategy. Alan Miles commented that they have a ScotGEM student in their practice and it is a great opportunity to influence medical students towards general practice. Have noticed in Highland that there is medical recruitment difficulties in recruiting to secondary care and GP; programs have shown that if medical students come from rural areas / communities, they are more likely to return once qualified; so very exciting to see the medical school mentioned as a potential objective. Interested to know how far along this is. S MacRury commented that expressions of interest around medical schools and increasing numbers across Scotland were invited last year and the university entered an expression of interest; but this has all been put on hold due to Covid. She is not sure at the moment if this will be returned to or how this will be approached. Eileen Anderson agreed that a local medical school could solve a lot of the recruitment problems and attract people. She enquired as to the ScotGEM program and how successful it had been in attracting local (Highland) post graduate students. S MacRury confirmed that unfortunately it had not been all that successful in this area; they are looking at ways to get more interest from Highland students. There seems to currently be a bias towards more urban candidates so far; have to work on this to find ways to attract local people to the courses, especially those who have connections to the rural areas. Have seen from the Aberdeen course that this does help. E Anderson enquired about the fact that the ScotGEM program does not charge fees, and that this could attract people from elsewhere in England or overseas. S MacRury commented that they may need to look at creating a path to facilitate people from more rural backgrounds, at the moment there are very strict requirements, which rule a lot of candidates out especially nursing students. Quite a lot to be worked on in regards to applicants, successful applicants and what happens to them after the course. Manar Elkhazindar commented about overseas post graduate students and that they pay 3 times as much fees, and enquired whether this is a group that is being reached out for. S MacRury commented that the bulk of the students come from Scotland, these ones only receive the bursar amount offered to them, no more than that; so the grants on offer are most likely not conducive to bringing in overseas students. Boyd Peters commented that a joint Board development day / event / conference is a good proposal to take away and look at. Next couple of months not the time, but should not lose this as there is a great interest in education and development and these are areas that we should look to the future for Highland; this impacts on other areas as well such as acute services, primary care etc, and is definitely something to invest in for the next 10 / 20 years. **Action:** M Moss and S MacRury will further discuss ideas and opportunities offline, and ways for the Area Clinical Forum to assist to promote this relationship and gain from it. The slide presentation will be forwarded to all members after the meeting.
7	**FOR INFORMATION**
7.1	**Dates of Future Meetings** 4 March 29 April 1 July 2 September

	4 November The Chair advised that the plan is to go ahead with the next meeting scheduled on 4 March 2021, but the Forum will be kept informed of any changes.
8	**ANY OTHER COMPETENT BUSINESS** No issues raised
9	**ITEMS FOR FUTURE ACF MEETINGS** No items raised
10	**DATE OF NEXT MEETING** The next meeting will be held at **1.30pm on Thursday 4 March 2021. The meeting will be held on Teams**. **The meeting closed at 4:50pm**