

NHS 24

**Minutes of the Meeting of the
NHS 24 Board
held on Thursday 18 December 2025 at 11:00am
MS Teams**

PRESENT

Dr Martin Cheyne (Chair)

Ms Carol Gillie
Ms Anne Gibson
Mr David Howe
Ms Amina Khan
Mr Martin Togneri
Ms Abeer Macintyre
Ms Liz Mallinson
Mr Jim Miller
Mr John Gebbie
Mr Patrick Rafferty
Dr Ron Cook

IN ATTENDANCE

Dr Jacqui Hepburn
Ms Ann-Marie Gallacher
Ms Jo Edwards
Ms Suzy Aspley
Ms Stephanie Phillips
Mrs Geraldine Mathew
Mrs Paula Matchett (Minute)

1. WELCOME, INTRODUCTIONS and APOLOGIES

The Chair welcomed everyone to the December Board Meeting.

Apologies were intimated on behalf of Mr Kenny Woods.

The Chair welcomed observers:

- Ms Anne Leitch, Associate Director of Nursing & Operations, NHS 24
- Ms Anne MacDougall, NHS 24 Public Partnership Forum
- Mr Scott Murray, Team Manager, NHS 24
- Mr Simon Morrow, External
- Ms Jane Simone Matthews, External
- Ms Shivani Karanwal, External

As this was a Board Meeting held in public, observers were reminded that they were not permitted to participate in the meeting.

NOTED

2. DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in any of the items being discussed. There were no declarations of interest made.

**NHS 24 OFFICIAL
DRAFT – TO BE RATIFIED**

The Chair reminded all Board members to ensure that any changes to their Register of Interest be notified to the Board Secretary within one month of the change occurring.

NOTED

3. MINUTES OF PREVIOUS MEETING OF 30 OCTOBER 2025

The Committee considered the minute of the previous meeting held on Thursday 30 October 2025 [Paper No. Item 03] and were content to approve the minute as a complete and accurate record.

APPROVED

4. MATTERS ARISING

a) Rolling Actions Log

The Board considered the Rolling Actions Log [Paper No. Item 04a]. Members were invited to consider and approve the recommended closure of one action on the Rolling Actions Log.

The Board was content to approve the recommendation that one action was closed and noted that four actions remained ongoing.

APPROVED

5. NOTES ON ANY OTHER BUSINESS

Members had been invited to raise any other matters not otherwise included on the agenda by the Board Secretary, prior to the meeting. There were no other matters raised.

APPROVED

6. CHAIR'S REPORT

The Chair had provided an overview of activities since the previous meeting on 30 October 2025, and these were included as an appendix for information. The Chair welcomed questions on the items included.

The Board was content to note the Chair's Report, and the activities undertaken since the last meeting.

The Chair noted that the First Minister would be visiting NHS 24 and Scottish Ambulance Service (SAS) on Monday 22 December 2025.

He also advised that NHS 24 and SAS were running a joint recruitment process for Non-Executive Director posts and noted that there had been significant interest in those vacancies. The Chair confirmed that the application window would close on Monday 22 December 2025.

NOTED

7. EXECUTIVE REPORT TO BOARD

The Board considered the paper 'Executive Report to the Board' [Paper No. Item 07] presented by Mr Miller, Chief Executive. Mr Miller provided an overview of key topics within the report including winter planning, walk-in centres, and collaboration.

Mr Miller confirmed winter planning measures had been fully implemented and aligned with Scottish Government resilience protocols. To maintain service continuity during the festive period, additional resilience meetings had been scheduled for Christmas Eve and New Year's Eve. Mr Miller noted that November was particularly challenging due to increased staff sickness, driven by seasonal flu and higher demand. He emphasised the importance of preparedness messaging and encouraged staff vaccination uptake as a key mitigation strategy.

NHS 24 OFFICIAL DRAFT – TO BE RATIFIED

Mr Miller reported that proposals for walk-in centres had been submitted by territorial Boards and that NHS 24 were positioned to support their development, noting that details remain under discussion, but NHS 24 had representation on the assessment panel to ensure its interests were considered.

He also emphasised NHS 24's strong collaborative approach, citing ongoing work with HIS and other Boards, and reflected on the organisation's extensive engagement portfolio.

Finally, he outlined progress on sub-national planning for Scotland West and East, explaining that committees had now been established and that both the Chair and Chief Executive would attend these sessions during the formative phase until April to influence priorities despite the additional diary pressures this would create.

The Chair thanked Mr Miller for the update and invited comments and feedback.

In response to a question regarding the early onset of flu and whether it would result in a prolonged period of managing seasonal pressures and the impact would be on staff, Dr Cook responded that despite media reports, the latest Public Health Scotland data showed nothing unusual about the flu season other than it starting two weeks earlier; appeared to have peaked and would now decline, with severity lower than in previous years. He assured the Board that winter planning and vaccination messaging remained priorities.

A discussion took place around the detail of the Virtual Beds/Hospital at Home initiative, specifically how it works and which patient categories it served. Board members were advised that the model allowed patients who require hospital-level care such as IV antibiotic therapy or regular observations to remain at home. It was confirmed that nurses would visit once or twice daily, and consultants would review cases regularly, reducing stress for patients and ease the pressure on hospitals. It was noted that short-life working groups were coordinating pilots across Health Boards to share learning and develop a Scotland-wide approach.

A Board member highlighted the excellent results of the iMatter national report and raised a query regarding if there were any mid or low-scoring areas needing attention. Board members were advised that the two lowest scoring outcomes were involvement in decision-making and Board member visibility, though both had improved since last year and were not out of alignment nationally. Actions were highlighted such as empowerment frameworks and increased engagement between Board members and staff teams.

In response to a question regarding the Primary Care Toolkit implementation timelines for evaluating its impact, Board members were advised that the evaluation would begin after festive and be concluded by the end of Q4.

A further query was raised about the findings from the Digital Skills and Confidence Survey. It was noted that the survey assessed staff views on AI and automation in healthcare, use of M365 tools, and access to learning. It was confirmed that a delivery plan would be launched in January, offering online and face-to-face training as part of the workforce strategy for 2026-29.

In response to a question regarding the international delegation visits and whether non-Executive Directors could attend future sessions to enhance shared learning, Ms Edwards agreed that visits provide valuable insights and confirmed she would extend invitations to interested non-Executives in the future.

A discussion took place regarding Board member visibility within NHS 24; the Chair noted the practical challenges of reaching all staff but confirmed that a robust programme of visits was in place. He emphasised that some Executive Team members were also Board members who help maintain Board visibility across the organisation.

The Board was content to note the Executive Report.

NOTED

8.

8.1 PATIENT STORIES

Mr Rafferty, Director of Nursing & Care, presented two patient stories and an update on a previous case.

The first story involved a patient complaint about concerns related to confidentiality and clarity regarding the care pathway. The patient mentioned during the call that they were unsure when the call handler was listening or if anyone was present at different times. Mr Rafferty stated that a thorough investigation found the care pathway to

NHS 24 OFFICIAL DRAFT – TO BE RATIFIED

be appropriate. However, the feedback led to a review and update of call scripts to ensure patients were notified who was on a call and when staff were listening.

The second story was presented in a video format, this was a positive account from a first-time caller who praised the professionalism, compassion, and clear communication of NHS 24 staff. The caller highlighted how the team explained each step, arranged a nurse practitioner visit promptly who initiated treatment for a UTI, which provided reassurance and timely care. These examples demonstrated NHS 24's commitment to patient-centred service and continuous improvement.

Mr Rafferty provided a brief follow-up on a previous patient, whose story had been shared at a previous Board meeting. The patient had supported NHS 24's winter campaign launch and was present on-site to meet the Cabinet Secretary. During this visit, she shared her personal experience and reconnected with the call handler who had assisted her during her original contact with NHS 24. It was noted that this engagement was a positive way to close the loop on the patient's feedback, demonstrating how patient stories could influence service improvement and provide recognition for staff. The update highlighted the organisation's commitment to valuing patient voices and using their experiences to strengthen public confidence and staff morale.

The Chair thanked Mr Rafferty for the update and wished to note thanks on behalf of the Board to the individuals and their families for sharing their stories and experiences with the Board and to the staff involved.

NOTED

9.

9.1 CORPORATE DELIVERY PLAN

The Board considered the paper 'Corporate Delivery Plan' [Paper No. Item 09.1] presented by Ms Phillips, Director of Transformation, Strategy, Planning & Performance. Ms Phillips explained the paper was presented for assurance and reflected progress since the beginning of December. She noted that NHS 24 continued to align its planning with emerging priorities from the new sub-national planning structures for Scotland West and East. Although no formal request for a corporate plan has been issued for the next year, guidance on financial planning has now been received, and the organisation was navigating these requirements carefully. Ms Phillips confirmed that work was ongoing to draft a corporate plan, which would be brought back to the Board in the New Year.

The Chair thanked Ms Phillips and invited comments and feedback.

In response to a question regarding action 9.1E, which related to the developer framework for enhanced data and business intelligence, Board members noted that confidence in this action had dropped significantly since the last report and asked whether there was a plan to address this. Ms Phillips acknowledged the dependency on the data warehouse and explained that while progress had been made, some elements remained outstanding. She assured the Board that broader work through the Quality Management Group would continue to develop the framework and associated metrics. It was also noted that the remaining data warehouse tasks were minor and close to completion, and it was confirmed that there would be no additional costs related to the CAP issue, as NHS 24 has agreed with suppliers to complete all work within the existing contract terms. Ms Gallacher further elaborated that the transition plan included roll out of Power BI access and training for data champions across Directorates, as well as integrating additional datasets from Public Health Scotland and other sources. This initiative would feed into the wider data strategy and objectives for 2026-27.

There was a further query raised regarding timelines for several strategic actions, including the omnichannel model, redesign of NHS inform, and data and quality management initiatives. Ms Phillips clarified that the omnichannel capability was already in place following the deployment of Amazon Connect, which enabled unified communication channels such as telephony, web chat, email, and SMS. The next step would be to design services that fully leverage this capability to deliver a seamless patient experience. Regarding NHS inform, it was explained that the March deadline referred to submission of a business case to Scottish Government, not full implementation, and progress beyond that would depend on funding decisions. On data sharing, she confirmed that NHS 24 was working closely with NSS, SAS, and Research Data Scotland to establish access rights and governance for shared datasets by the end of Q4, with deliverables expected in the 2026–27 financial year.

The Chair closed the discussion by emphasising the importance of omnichannel development in improving patient experience, noting that reducing the need for patients to repeat their story multiple times was a recurring theme in feedback. He welcomed the progress made and thanked Ms Phillips and the team for their comprehensive update.

In summary, the Board was content to note the status and overview of the Corporate Delivery Plan Update.

NOTED

9.2 RISK MANAGEMENT UPDATE

The Board considered the paper 'Risk Management Update' [Paper No. Item 09.2] presented by Mr Gebbie, Director of Finance. The Board was asked to review the risks outlined in the paper and take assurance from the process in place to manage risk in NHS 24.

Mr Gebbie confirmed that all operational risks had been reviewed during the November Committee cycle. He reported that the operational risk register contained 28 risks, a reduction of three since the last report, and highlighted nine risks scoring 10 or above for Board assurance. Mr Gebbie explained that a new reporting format had been introduced to improve clarity and oversight. This format included clearly articulated risk statements, quarterly trend analysis over a rolling 12-month period, and an additional context box for narrative updates. He noted that the new approach had been well received by Committees and provided better visibility of changes in risk scores over time.

A discussion took place about the dilapidations risk. Concern was expressed that extending the timeline into the next financial year might not justify lowering the risk level and queried whether the figure had changed. Mr Gebbie responded that the landlord's initial cost estimate was higher than anticipated, which would cause the risk score to increase temporarily during December. He assured the Board that this was normal practice during negotiations and explained that the timeline extension to April reflected the time required to conclude discussions. He also added that assurance had been received from property advisors that the process was standard and that the score would be adjusted as negotiations progressed.

A follow up question was asked querying whether the figure itself had changed and whether the risk might spike again in the next financial year. Mr Gebbie confirmed that the score would rise in the short term because of the higher figure but expected it to return to its previous level as negotiations progressed. He emphasised that the additional context box in the new reporting format was being used to explain these movements.

A discussion took place regarding the governance of risk and questions raised about whether changes to delivery dates for risk mitigations should require Board approval, given that the Board endorsed the register. Ms Gillie clarified that the operational risk register was presented to the Board for assurance rather than formal approval. She recommended that Audit and Risk Committee review this governance question and bring back a proposal on delegated authority for minor changes. The Chair endorsed this approach, noting the importance of maintaining a balance between operational and strategic risk oversight, and it was agreed Audit and Risk Committee would take the matter forward and report back at a future meeting.

Action: Ms Gillie, Chair of Audit and Risk Committee/Mr Gebbie, Director of Finance.

NOTED

9.3 CLIMATE EMERGENCY AND SUSTAINABILITY ANNUAL REPORT

The Board considered the paper 'Climate Emergency and Sustainability Annual Report' [Paper No. Item 09.3] presented by Dr Cook, Medical Director.

Dr Cook confirmed the paper had been reviewed and endorsed by the Planning and Performance Committee meeting in November and was presented to the Board for approval. He explained that the report followed a new Scottish Government template, which NHS 24 was required to use, and noted that while the format was challenging, the content had been updated to address feedback from the Committee.

Dr Cook highlighted that the apparent increases in gas, water, and waste consumption in 2024/25 were due to improved monitoring and specific estate issues, such as a thermostat fault at Cardonald and a water leak at Norseman, which were resolved earlier than would have been possible in previous years due to better detection methods. Despite these anomalies, overall emissions decreased by approximately 3.2%, and quarter one comparisons with the previous year confirmed a continuing downward trend. He added that future estate rationalisation was expected to deliver further reductions.

NHS 24 OFFICIAL DRAFT – TO BE RATIFIED

Board members commended the report and observed that while progress was clear, NHS 24 should remain alert to accelerating climate impacts globally and at UK level. They highlighted the importance of linking sustainability considerations to future estate planning and design to ensure resilience against emerging challenges. Dr Cook agreed and confirmed that this would be factored into strategic planning.

A query was raised regarding data gaps in the report, noting that waste figures were unavailable for Aurora and water data was missing for sites other than Norseman and Cardonald, whether this was the same issue as in the previous year and if steps were being taken to address it. It was explained that the gaps related to shared sites where NHS 24 occupied space alongside other public sector organisations, making it necessary to avoid double-counting. Mr Gebbie added that discussions were ongoing with landlords and Boards to split data accurately, and while this was a relatively new reporting requirement, progress was being made to resolve these issues for future reports.

The Chair concluded by noting that as NHS 24 continued to rationalise its estate, further reductions in consumption should be achieved. He thanked Dr Cook and the team for their work.

In summary, the Board were content to approve the report and were assured by the information provided.

APPROVED

9.4 STAFF GOVERNANCE MONITORING REPORT 2024-25

The Board considered the paper 'Staff Governance Monitoring Report 2024-25' [Paper No. Item 9.4] presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. Dr Hepburn explained that, due to the submission deadline date of 17 December, the report had already been circulated to the Board for approval virtually ahead of submission to the Scottish Government. The report was presented to the Board for homologation.

She confirmed that the report sets out both challenges and success in workforce governance. Among the challenges, Dr Hepburn highlighted the forthcoming reduction in the working week scheduled for April, noting that if additional funding was not provided, this change could impact performance and service delivery. She stressed that NHS 24 would monitor the risk closely.

Dr Hepburn then outlined key successes, starting with recruitment and retention, and reported that NHS 24 was now at full establishment and able to maintain staffing levels, which had improved access for patients. Leadership development programmes were also highlighted as a major achievement, with positive feedback and a clear link to improved iMatter results. Finally, Dr Hepburn drew attention to NHS 24's innovative work on workforce data and digital solutions, particularly the development of dashboards and automation tools. She noted that several other Boards were engaging with NHS 24 to learn from its best practice in this area.

The Chair thanked Dr Hepburn for the summary and acknowledged the significance of these achievements, particularly given the operational pressures faced during the year. No further questions were raised, and the Board formally homologated the report which was submitted to Scottish Government on 17 December.

APPROVED

9.5 PATIENT EXPERIENCE AND SERVICE USER FEEDBACK ANNUAL REPORT

The Board considered the paper 'Patient Experience and Service User Feedback Annual Report' [Paper No. Item 9.5] presented by Mr Patrick Rafferty, Director of Nursing and Care. The Board was asked to approve the content of the Patient & Service User Feedback Report 2024/25, for publication and submission to Scottish Government.

Mr Rafferty explained that the document had been updated to improve readability and provide greater context for a public audience while retaining all statutory data requirements. He confirmed that the report had been reviewed by the Executive Management Team and the Clinical Governance Committee and was now presented for Board approval.

Mr Rafferty emphasised that NHS 24 continued to meet all legislative commitments by submitting data within required timeframes and that the updated report reflected the organisation's commitment to transparency and continuous improvement.

NHS 24 OFFICIAL DRAFT – TO BE RATIFIED

Board members welcomed the improvements and offered constructive feedback.

It was agreed that future versions included percentage metrics for training compliance under performance indicator three, to provide a clearer picture of achievement against targets. A recommendation was given to substituting the word “however” with “despite” in key points for better flow.

Action: Mr Rafferty

In response to a question regarding the timescales for implementing learning from complaints and whether the new Digital Transformation Programme (DTP) would accelerate improvements in this area, Mr Rafferty responded that while there was no formal target for implementation of learning identified through complaints, NHS 24 had set a high internal standard and was working to consolidate all learning into a central catalogue on the intranet. He confirmed that DTP would streamline the patient journey and reduce repeated storytelling, which was a recurring theme in feedback, and that this improvement should positively influence experience metrics over time.

The Chair thanked Mr Rafferty for the comprehensive update and acknowledged the importance of embedding learning from complaints into service improvement. He noted that reducing duplication in patient interactions aligned with NHS 24's strategic priorities and welcomed the assurance that DTP would support this goal.

The Board approved the report for publication and submission to the Scottish Government.

APPROVED

10.

10.1 CORPORATE PERFORMANCE REPORT

The Board considered the paper 'Corporate Performance Report' [Paper No. Item 10.1] presented by Ms Edwards, Director of Service Delivery. Ms Edwards presented the Corporate Performance Report for assurance and acknowledged that November had been a particularly challenging month due to the early onset of the flu season, increased staff sickness, and the first full month operating on the new digital platform. Ms Edwards assured the Board that performance had improved significantly in recent weeks, supported by stabilisation work on the new system and resilience planning for the festive period.

She reported that system stability now stood at 99.67%, wallboards were operational across centres, and enhanced logging and monitoring was in place to provide better visibility of performance. Additional resilience measures had been implemented with delivery partners to ensure continuity over festive.

A discussion took place about how the alternative duties initiative was progressing, Ms Edwards advised Board members that three staff members had now returned to work who would otherwise have remained absent, demonstrating the programme's positive impact on workforce availability.

In response to a question regarding whether the technical issues identified earlier had been fully resolved, Dr Hepburn confirmed that stabilisation work had been completed, confirming the system was now highly stable and resilient.

A query was raised about the decline in NHS inform page views with a request for further information on this area. Ms Phillips explained that the drop in traffic was primarily due to changes in Google's search behaviour, including the introduction of AI-generated snippets that reduce click-through rates. She advised mitigation measures were underway as part of the site redesign strategy and would be incorporated into the business case due in March.

Board members raised concern about the inclusion of certain calls in reported figures and noted that the average handling time was presented vaguely as “around 25 to 28 minutes.” They asked whether these figures could be reported more precisely and whether excluded calls would be incorporated in future reports. This concern was acknowledged and Ms Edwards committed to providing clearer metrics and an update on call inclusion in the next reporting cycle.

Finally, a discussion took place regarding whether the spike in A&E referrals seen in November had reduced. It was confirmed that referrals had decreased and that overall secondary care outcomes were trending downward, which was helping to alleviate system pressures.

NHS 24 OFFICIAL DRAFT – TO BE RATIFIED

The Chair closed the discussion by noting the scale of NHS 24's daily activity handling thousands of calls and commended the team for maintaining service delivery during a period of significant operational and technical change.

He welcomed the assurance that performance was improving and thanked Ms Edwards and the team for their efforts.

In summary, the Board was content to note the status and overview of the Corporate Performance Report.

NOTED

10.2 FINANCIAL PERFORMANCE REPORT

The Board considered the paper 'Financial Performance Report' [Paper No. Item 10.2] presented by Mr Gebbie, Director of Finance. The report covered the period to the end of November with a year-to-date underspend of £169k reported. Mr Gebbie highlighted that NHS 24 were still anticipating around £8m in allocations, including funding for the redesign of urgent care (RUC). He explained that the funding had passed two of the three required financial approval stages and expected to be fully approved and baselined in January, which would provide greater certainty for future planning.

Board members queried whether the remaining £400k in savings target posed any risk to year-end performance. Mr Gebbie was confident that the target would be met, stating that 95% of recurring savings had already been achieved, with the remaining balance expected to be delivered from underspends in travel and energy. In addition, there were non-recurring measures in place to achieve the balance of non-recurring savings required this year. Mr Gebbie emphasised that these achievements were made while delivering one of the largest change programmes in NHS 24's history, the Digital Transformation Programme (DTP), which went live successfully and on budget.

The Chair acknowledged the scale of what had been achieved, noting that NHS 24 had delivered its financial plan while implementing a major transformation programme without disruption to core services. He suggested that this success was highlighted to the First Minister during the upcoming visit, as it demonstrated NHS 24's capability to manage change effectively while maintaining service quality.

In summary, the Board was content to note the financial position as at November 2025.

NOTED

11.

11.1 CLINICAL GOVERNANCE COMMITTEE

The Board considered the approved minute of the Clinical Governance Committee meeting of 07 August 2025 [Paper No. Item 11.1a] and the Highlight Report of the meeting of 06 November 2025 [Paper No. Item 11.1b] and were content to note these. Mr Martin Togneri, Chair of Clinical Governance Committee explained that, in addition to the items listed in the highlight report, the Committee had considered its regular quarterly update from the Clinical Directors on significant developments within their Directorates. The agenda also included updates on whistleblowing cases, compliance with the Healthcare Staffing Act, and the six-monthly report on Realistic Medicine.

Mr Togneri highlighted the progress in embedding personalised care approaches and shared decision-making across services. He noted that this work aligned with NHS Scotland's broader strategy and was being supported by training and engagement initiatives. He advised the Committee also examined the quarterly Stakeholder Engagement Report, which summarised feedback from patients and partners and identified themes for improvement. These insights were critical for shaping service development and ensuring that NHS 24 remained responsive to public needs.

The Chair thanked Mr Togneri for the update and acknowledged the breadth of the Committee's agenda and thanked Mr Togneri for his leadership.

NOTED

11.2 STAFF GOVERNANCE COMMITTEE

The Board considered the approved minute of the Staff Governance Committee meeting of 31 July 2025 [Paper No. Item 11.2a] and the Highlight Report of the meeting of 03 November 2025 [Paper No. Item 11.2b] and were content to note these. Ms Anne Gibson, Chair of Staff Governance Committee provided a comprehensive overview of the Committee's recent work in its assurance role. She highlighted positive workforce trends, reporting that rolling year turnover had continued to decrease and now stood at 12.74%, which was a significant improvement compared to previous periods. Ms Gibson also noted that clinical supervisor attrition was at its lowest level since June 2022, reflecting the impact of targeted retention strategies.

Ms Gibson reported that the Committee reviewed ongoing early resolution and mediation initiatives, which have helped to reduce formal casework and improve staff relations, with tangible benefits expected to continue. Leadership development programmes have contributed positively to staff engagement as shown in iMatter survey results, and a new programme was set to be piloted to further enhance management capability. Attendance management remained a key focus, with the Absence Task Force addressing sickness absence and a deep dive on attendance planned for January with senior leaders. NHS 24 has demonstrated its ongoing commitment to equality, diversity, and inclusion by retaining its Disability Confident Leader status and advancing work under the SCQF Inclusive Employer accreditation. Finally, the Workforce Strategy for 2026-29 would be presented to the Committee in February, aligning with national priorities and incorporating lessons from recent organisational changes.

The Chair thanked Anne for her detailed update and commended the Committee's focus on staff wellbeing and engagement.

NOTED

11.3 AUDIT AND RISK COMMITTEE

The Board considered the approved minute of the Audit & Risk Committee meeting of 14 August 2025 [Paper No. Item 11.3a] and the Highlight Report of the meeting of 20 November 2025 [Paper No. Item 11.3b] and were content to note these. Ms Carol Gillie, Chair of Audit & Risk Committee, provided a comprehensive overview of the Committee's recent work and assurance activities. She reported that the Committee continued to make strong progress on the Internal Audit Plan for 2025-26, with several audits completed and producing positive outcomes.

Ms Gillie reported that recent internal audit findings confirmed strong governance and effective controls within NHS 24, with the organisation commended for its culture of continuous improvement and high staff engagement. She also noted the introduction of enhanced risk management reporting, featuring clearer statements and quarterly trend analysis, with further refinements to be reviewed by the Board in February.

The Chair thanked Ms Gillie for her update and acknowledged the importance of the Committee's work in providing assurance on governance and risk.

NOTED

11.4 PLANNING AND PERFORMANCE COMMITTEE

The Board considered the approved minute of the Planning & Performance Committee meeting of 04 August 2025 [Paper No. Item 11.4a] and the Highlight Report of the meeting of 10 November 2025 [Paper No. Item 11.4b] and were content to note these. Mr David Howe, Chair of Planning & Performance Committee advised that the Committee noted the departure of two members and expressed appreciation for their contributions.

He reported that key areas of focus included winter planning, which had progressed well to ensure resilience during the festive period, and the Climate Emergency & Sustainability Annual Report, which demonstrated positive progress in reducing emissions and improving estate management. The Committee also reviewed the Digital Transformation Programme (DTP) audit, which provided highly positive assurance on governance and delivery. A detailed update on the DTP go-live was discussed, highlighting system stabilisation, strong staff feedback, and anticipated performance improvements as familiarity with the new platform developed. The Committee reaffirmed its role in overseeing strategic alignment and continuous improvement, particularly in relation to service redesign and data strategy initiatives.

**NHS 24 OFFICIAL
DRAFT – TO BE RATIFIED**

The Chair thanked Mr Howe for the update and acknowledged the importance of the Committee's work in providing assurance in respect of planning and performance.

NOTED

11.5 INTEGRATED GOVERNANCE COMMITTEE

The Board considered the approved minute of the Integrated Governance Committee meeting of 24 June 2025 [Paper No. Item 11.5a] and the Highlight Report of the meeting of 04 December 2025 [Paper No. Item 11.5b] and were content to note these. Dr Martin Cheyne, Chair of Integrated Governance Committee reminded the Board of the Committee's primary focus on ensuring alignment across all governance structures and avoiding duplication or gaps in oversight.

The Committee reviewed and endorsed the Board and Committee Workplans for the coming year, ensuring they reflected strategic priorities and maintained a clear governance framework. The Committee also considered the Corporate Governance Framework update, which incorporated minor changes to reflect current business models, the updated Risk Management Strategy, and delegated authority requirements. These updates were commended as strengthening NHS 24's commitment to best practice and continuous improvement in governance. The Committee recommended the revised Framework and Workplans for Board approval.

NOTED

12.

12.1 CORPORATE GOVERNANCE FRAMEWORK

The Board considered the paper 'Corporate Governance Framework Update 2025' [Paper No. Item 12.1] presented by Mr Gebbie, Director of Finance. The Board was asked to review the updates to the Corporate Governance Framework for approval.

Ms Mathew highlighted amendments within the document including updates to Board and Committee membership, incorporation of the new Risk Management Strategy (2025–2028), revisions to Standing Financial Instructions in line with Scottish Government requirements such as the shift to three-year financial planning, clarifications on delegated authority and strengthened guidance on conflicts of interest, directing staff to seek advice from the Board Secretary, where required. The Assurance Framework and Map were also refreshed to reflect current strategies and emerging priorities, including digital innovation and analytics.

The Board commended the work undertaken, endorsed the approach of annual review to maintain a live document, and recorded appreciation for the team's efforts in ensuring robust governance. Ms Gillie, Chair of Audit and Risk Committee confirmed its prior detailed review and endorsement by the Audit & Risk Committee, and recommended approval.

The Board formally approved the revised Corporate Governance Framework and agreed that future updates would continue to be presented annually for review and approval.

APPROVED

12.2 BOARD AND COMMITTEE SCHEDULE OF DATES 2026/27

The Board considered the paper 'Board and Committee Schedule of Dates 2026/27' [Paper No. Item 12.2] presented by Dr Martin Cheyne, Chair of NHS 24 Board for approval. It was noted that the schedule followed the established cycle from previous years, with no significant changes to the timing or frequency of meetings, with exception of the June Audit & Risk Committee which would take place on Friday 12 June 2026, and the subsequent Board meeting which would take place on Thursday 25 June 2026. Members were asked to ensure these dates were entered into their diaries to support full attendance and continuity of governance.

Dr Cheyne, confirmed that the schedule aligned with the planning and reporting requirements for key governance activities, including Committee oversight and statutory obligations.

**NHS 24 OFFICIAL
DRAFT – TO BE RATIFIED**

Dr Cheyne reminded Board members that Board meetings would revert to in-person meetings from January 2026 and clarified that any future adjustments to the Board meetings schedule required due to exceptional circumstances (e.g., severe weather or urgent business) would be communicated promptly by the Board Secretary.

The Board was content to approve the Board and Committee Schedule of Dates for 2026/27.

APPROVED

12.3 BOARD AND COMMITTEE WORKPLANS 2026/27

The Board considered the paper 'Board and Committee Workplans 2026/27' [Paper No. Item 12.3] presented by Dr Martin Cheyne, Chair of NHS 24 Board for approval. It was noted that these plans had been considered in detail by the respective Committees and the Integrated Governance Committee to ensure alignment with strategic priorities, avoid duplication, and address any potential gaps in oversight. The Workplans reflect statutory and governance requirements, key assurance activities, and major programme milestones, including continued monitoring of digital transformation, workforce strategy, and sustainability objectives.

The Board commended the structured approach taken to integrate committee responsibilities and ensure clarity of roles and no amendments were requested.

It was agreed that the workplans would continue to be reviewed by the respective committees and updated as required.

The Board was content to approve the Board and Committee Workplans for 2026/27.

APPROVED

13.

13.1 ANY OTHER COMPETENT BUSINESS

Ms Macintyre shared a positive personal experience of using NHS 24 services recently and praised the professionalism, kindness, and patience of the staff involved. She emphasised how impressed she was with the efficiency and compassion shown, stating that the experience left her feeling proud of NHS 24 and privileged to serve on the Board.

The Chair thanked Ms Macintyre for sharing her experience and described the account as heartwarming, noting that it reflected the professionalism and compassion demonstrated daily by NHS 24 staff. The Chair concluded the meeting by extending festive wishes to all Board and staff members, acknowledging the dedication of staff and the achievements of the organisation throughout the year.

NOTED

DATE OF NEXT SCHEDULED MEETING

Thursday 26 February 2026, 10.30am.

The meeting concluded at 12:32pm