

NHS 24
Minutes of the Meeting of the
NHS 24 Audit and Risk Committee
held on Thursday 20 November 2025 at 9am
Microsoft Teams

PRESENT

Ms Carol Gillie (in the Chair)
Mr Martin Togneri
Mr David Howe
Ms Amina Khan

IN ATTENDANCE

Dr Martin Cheyne
Mr Jim Miller
Mr John Gebbie
Ms Ann-Marie Gallacher
Dr Jacqui Hepburn
Mr Damien Snedden
Ms Linda Robertson
Ms Joanne Edwards
Ms Steph Phillips
Ms Geraldine Mathew
Ms Rachael Weir
Ms Nicola Wright
Ms Yvonne Kerr (Minutes)
Mr Paul Kelly

1. WELCOME, APOLOGIES AND INTRODUCTIONS

Ms Gillie welcomed members and attendees to the meeting, specifically Mr Paul Kelly, Azets, who was attending for Item 5.1.

Apologies were intimated on behalf of Ms Abeer MacIntyre, Mr David Eardley, Ms Mary-Jane Mitchell, and Ms Rebbecca McConnachie.

NOTED

2. DECLARATIONS OF INTEREST

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

NOTED

3. MINUTES OF PREVIOUS MEETING

3.1 Minute of the Meeting 14 August 2025

The Committee considered the minute of the previous meeting held on 14 August 2025 were content to approve this as a complete and accurate record.

APPROVED

4. MATTERS ARISING

4.1 Rolling Actions Log

The Committee agreed all actions recommended for closure can be removed from the action log.

NOTED

5. INTERNAL AUDIT

5.1 Internal Audit Reports

5.1.1 Recruitment, Retention and Succession

Ms Weir presented the report to the Committee.

This review, conducted as part of the 2025/26 Internal Audit Plan, assessed the effectiveness of NHS 24's recruitment processes and succession planning to ensure the organisation maintains a suitably skilled and sized workforce for service users' needs. The evaluation included examining the identification of business-critical roles, required skills, talent assessment, and succession plans relevant to these key positions. Testing showed that job descriptions are thorough and agreed before recruitment begins, with person specifications increasingly clarifying role requirements. Effective feedback systems are in place to gather applicant input and foster ongoing improvement. The report is rated as "Effective" with four minor improvement opportunities.

The Committee asked for clarification on the pause of policies due to the Once for Scotland approach. It was confirmed that NHS 24 have no control on national policy review and will endeavour to adopt the national approach where possible and move away from local policies. Mr Togneri asked for clarification on business-critical roles and would pick up out with the meeting. Related to this, members also discussed secondments and national guidance in this area. It was noted that exit interviews were not specifically picked up in the audit, however assurance was given by Dr Hepburn this was part of HR processes. The Committee agreed that this report would be referred to Staff Governance Committee for noting.

ACTION:

Report to be shared with Staff Governance Committee for the next meeting: Ms Kerr

The Committee noted the report for assurance.

5.1.2 Service Desk Implementation

Mr Kelly presented the report to the Committee.

The NHS 24 change programme prioritised bringing the IT Service helpdesk function in-house, recognising its significance to the organisation's digital transformation and the importance of successful implementation. The review examined and confirmed that NHS 24 have effective processes and adequately skilled staff to implement the new helpdesk function, while also identifying good practices and lessons learned to benefit future projects. The report was rated as "Effective" with one minor improvement opportunity. The Committee agreed that the report would be referred to the Planning and Performance Committee.

ACTION:

Report to be shared with Planning and Performance Committee for the next meeting: Ms Kerr

The Committee noted the report for assurance.

5.2 Internal Audit Follow Up Report

Ms Weir presented the report to the Committee.

It was noted seven actions have been brought forward from the last meeting with an additional three added to the audit tracker. Of the 10 actions followed up this quarter, it was confirmed that three have been implemented by management in the period to November 2025. The remaining seven actions were not yet due to be implemented at the time of follow up work. As such there are no overdue actions outstanding.

The Committee noted the report for assurance.

5.3 Internal Audit Plan Progress Report

Ms Weir presented the report to the Committee.

Ms Weir acknowledged the two reports presented at the meeting and that the 2025/26 plan was progressing well. The scope and timing have been established for Cyber Security and Resilience Audit. It was confirmed that Azets remain on track to conclude the 2025/26 programme and provide corresponding Annual Report and opinion to the June 2026 meeting.

Ms Weir confirmed reporting on internal audit themes within the report was included as a result of the implementation of the Global Audit Standards. It was reported that overall, there is a strong commitment to continuous improvement and high levels of staff engagement throughout the audit process. This will be included in future reports where it is sensible to do so. The Committee were content with this approach.

Ms Weir advised the Committee of changes within the Internal Audit Team. It was confirmed that Mr Eardley will be taking on a wider role within the contract and Ms Weir with additional resources will be Lead Internal Auditor for NHS 24. The Committee expressed their thanks to Mr Eardley for his contribution and wished him well in his new role.

The Committee noted the report for assurance.

6. RISK MANAGEMENT

6.1 Risk Management Update

Ms Robertson presented the paper to the Committee.

It was noted that the operational risks had all been presented to their appropriate Committees for review and consideration prior to presentation at this meeting. Ms Robertson highlighted the changes to the reporting format as part of the process to mature risk management processes. . Tracking previous risk scores has been identified as beneficial for monitoring progress

The Committee was asked to consider and endorse the update for onward submission to the Board. Since the last meeting held in August 2025 operational risks have reduced overall by three, also three new risks have been identified, four risks have reduced in score and six risks have now been closed.

The Committee discussed that the target score for some risks remain outside the organisation's risk appetite, meaning the organisation is tolerating a higher level of risk. A comprehensive briefing note on this topic has been prepared as advanced reading material for Board members for the upcoming Board Workshop. Guidance and protocols on cyber security risks are available nationally, with NHS 24 highlighted as exemplary, while noting that NHS 24 use this for best practice to ensure it is meaningful for NHS 24. All public bodies, including NHS24 face cyber risks. In the case of the new risk RI-0037818 relating to the potential impact of changes of the working week the Committee noted that the potential impact on performance had been highlighted to Scottish Government, and a response was awaited. Ms

Robertson confirmed this will be covered in more detail in the upcoming Board session. Following discussion around the mitigation of cyber risks it was confirmed work is ongoing to monitor all mitigations.

The Committee endorsed the update for presentation to the Board meeting on 18 December 2025.

6.2 Risk Strategy Objectives: Action Plan

Ms Robertson presented the paper to the Committee.

Ms Robertson confirmed that the Risk Strategy was approved in August 2025. The Committee was asked to consider and take assurance from the Action Plan that has been developed to underpin the Strategy and set out how the objectives within the Strategy will be delivered. It was noted that the Committee will initially be provided with six monthly updates on progress against this plan as part of the Risk Management update. Following discussion regarding one action point (Objective 1, action 5) to present this at Integrated Governance Committee and Board, Dr Cheyne confirmed a decision on this would be made after the Board Workshop Risk Session as this would hopefully provide the required overview to all Board members. Under Objective 3 it was suggested that work is undertaken to compare risk reporting in other NHS Boards which was agreed.

The Committee were content to note this report for assurance and that this is reported on six monthly within the Risk Management report.

7. CORPORATE GOVERNANCE

7.1 Corporate Governance Activity Report Q2 (July - September)

Mr Snedden presented the report to the Committee.

It was noted since the last Audit Committee there has been two new waivers of tender awarded and nine new contracts since the last Q1 report. It was noted however there were two contract variations and five new extensions since the last meeting. There has been one offer of gifts and hospitality recorded since the last meeting. Mr Snedden highlighted the waiver for the direct purchase of NHS 24 Headset Adaptors to maintain stock. There is no known supplier on public sector frameworks that allows NHS 24 to purchase these specific sets without use of a waiver when stock needs replenished. It is hoped the move to the new Contact Centre/Customer Relationship Management (CC/CRM) system will open up options for other headsets to be used which would negate the need for a waiver. The contract awarded relating to Leadership programme was discussed and it was advised this was critical to the transformation agenda for NHS 24 over the next few years. The contract was awarded in line with all Standard Financial Instructions and Procurement rules.

The Breathing Space Endowment fund was discussed and confirmed that spend has been low recently due to benches being donated but when spend increases information on use of funds will be reported. Mr Gebbie confirmed that processes continue to be developed for the other Endowment funds with a further meeting being arranged for January 2026.

It was confirmed a further two legal claims from 2022 have been submitted. Ms Gillie queried if it is known that there will be more. Mr Gebbie confirmed there is no way to know if or when a claim will be received, only notification via Clinical Governance routes in terms of an adverse event which may not lead to a legal claim.

The Committee noted the report for assurance.

7.2 Financial Assurance Summary Report

Mr Gebbie presented the report to the Committee noting key highlights.

Mr Gebbie noted that the 2025/26 Finance Plan was approved by the Board in April 2025 and is on track in terms of meeting our financial obligations in year and mitigations are in place to combat any risks. A number of risks to delivery of the finance plan have either now closed or reduced in score. It is anticipated that further risks will close over the next few weeks once Redesigning Urgent Care (RUC) funding is received. When questioned on future year funding pressures Mr Gebbie noted that some risks relate to inflation, and these risks shall be considered as part of next year's financial planning. In relation to a query on the secondment risk it was confirmed that this risk is closed for 2025/26 however, due to the current financial position nationally the secondees could return to NHS 24 next year resulting in an additional pressure. Mr Gebbie confirmed that this has been included within the first cut of next year's Finance Plan as a potential cost pressure. Mr Gebbie confirmed financial risks will be reviewed in line with the Treasury budget and as more information becomes available.

The Committee noted the report for assurance.

7.3 Corporate Governance Framework

Ms Mathew presented the paper to the Committee.

The Committee were asked to review the updates to the Corporate Governance Framework and endorse for submission to the Board at its December meeting. The Framework was last reviewed and approved by the Board on 19 December 2024. There are no significant amendments proposed, with most amendments limited to updates to Board Membership and tightening up of wording to be clearer on processes. A few minor amendments were suggested and will be updated before presentation to the Board.

ACTION:

Amendments to be made before presentation to the Board. Ms Mathew

The Committee were content with the amendments and endorsed for submission to the Board on 18 December 2025.

7.4 Information Governance and Security Report Q2

Ms Gallacher presented the report to the Committee noting key highlights.

The paper provides an overview of the key areas of activity for Q2 2025/26 for the Information Governance and Security (IG&S) team in ensuring compliance with all legislative requirements. Included in the report are a number of key points:

- The continuing increase in the number of Data Subject Access Requests (DSARs).
- The compliance result returned from the NIS-R 2025 Review Audit.
- That no incidents were reported to either the Information Commissioners Office or the Health Competent Authority.

Ms Gallacher confirmed NHS 24 now publish Freedom of Information (FOI) requests online for this financial year and will then also plan to publish for the previous 2 years. This allows signposting for information that has been previously provided. It was noted that guidance on what information NHS 24 holds and does not hold is readily available. In response to training levels in the Nursing and Care Directorate Ms Gallacher confirmed there has been significant improvement since the report was issued. It was also confirmed that reportable incidents classification has now changed. Future incidents that might have previously been considered reportable will now be assessed on a case-by-case basis, considering factors such as impact, duration, recurrence rates, and business continuity measures.

The Committee noted the report for assurance.

7.5 Contact Centre Association (CCA) Accreditation Audit

Ms Edwards presented the report to the Committee.

CCA Global Standard Accreditation is a respected programme that assesses and improves customer service in organisations, ensuring they meet international standards.

NHS 24 has upheld CCA Global Standard accreditation for 14 years, continually improving through regular audits, feedback, and action plans. It is also recognised as a CCA Centre of Excellence, highlighted in networking events and communications to CCA Global members.

The Committee was informed of the significant effort made to achieve NHS 24's accreditation under the CCA Global Standard Version 8.0 for Customer Experience, which covered eight modules. The benefits of undergoing an independent assessment to enhance service excellence and foster a customer-focused culture are highlighted within the report. Additionally, it is noted that the two identified actions have been completed and reported to the CCA Accreditation Team for assurance.

Mr Togneri asked for further information on how NHS 24 utilise the membership and advantages of this. Ms Edwards confirmed that we are able to benchmark with other organisations and are often invited to present at CCA events. NHS 24 also has access to a wide range of training sessions.

This is the first time for this report to Committee, and it was agreed this would be referred to the Planning and Performance and Staff Governance Committee's.

Ms Gillie referred to a reference from the External Audit Report regarding the Contact Centre Management Association (CCMA). This report relates to benchmarking performance and is managed through the Transformation, Strategy, Planning and Performance Directorate. It was agreed going forward updates in relation to CCMA will be reported through the Planning and Performance Committee.

ACTION:

CCA Report to be referred to Planning and Performance and Staff Governance Committee. Ms Kerr

CCMA discussions for presentation to Planning and Performance Committee to be arranged. Ms Phillips

The Committee noted the report for assurance.

8. COMMITTEE BUSINESS

8.1 Audit and Risk Committee: Schedule of Meetings 2026/24

Ms Gillie presented the paper to the Committee.

The Committee were asked to review and endorse the Committee Schedule of meetings for 2026/27 for onward presentation to the integrated Governance Committee and the Board on 18 December 2025. It was noted that the June 2026 meeting falls outside the usual meeting cycle. All other dates remain consistent with the established pattern.

The Committee endorsed the dates for onward presentation to the Integrated Governance Committee and the Board.

8.2 Audit and Risk Committee Workplan 2025/26

The Committee were content that all agenda items have been included for the next meeting.

The Committee noted the Workplan for 2025/26 for assurance.

8.3 Audit and Risk Committee Draft Workplan 2026/27

Ms Gillie presented the paper to the Committee.

The Committee was asked to review and endorse the 2026/27 draft Committee Workplan for onward submission to the Board for approval, noting that this will continue to be developed throughout the year, and consider any items which should be added to the Workplan. The Committee agreed that the layout of 2026/27 plan will be used going forward. Due to new governance guidelines on committee papers regarding endorsement, approval, and assurance the workplan will be reviewed to ensure the purpose of the report presented is accurate.

ACTION:

The purpose within the workplan to be reviewed prior to Board submission. Mr Gebbie/Ms Gillie

The Committee endorsed the workplan for submission to the Board on 18 December.

8.4 Self-Assessment of Effectiveness Survey: Results

Ms Mathew presented the paper to the Committee.

In October 2025, the Audit and Risk Committee undertook a self-assessment exercise by completing a questionnaire to evaluate its effectiveness. Members reviewed and provided feedback on 35 statements, which were categorised into four key areas: Committee Membership and Dynamics, Committee Meetings, Support and Information, The Role and Work of the Committee, and Audit & Risk Committee Specific Questions.

The Committee considered the results of the review, and an action plan will be presented at the meeting on 12 February 2026.

Dr Cheyne noted while there are minor improvements that can be made the outcome of the survey is a testament of good governance and strong elements of governance structure.

The Committee noted the report for assurance.

8.5 Integrated Governance: Key Points Arising

The Committee is assured that key points discussed at this meeting are referred and will be discussed at other Committees.

8.6 Agreed Committee Highlights to the Board

The Committee highlights will be produced after the meeting and sent to the Chair for approval prior to the Board Meeting due to be held on 18 December 2025.

9. ANY OTHER BUSINESS

There was no other business noted.

10. DATE OF NEXT SCHEDULED MEETING

The date of the next meeting of the Committee is Thursday 12 February 2026 at 10am, Microsoft Teams.

11. PRIVATE MEETING OF THE AUDIT AND RISK COMMITTEE

A private meeting with the Chief Executive was held with members of the Committee following the meeting.