

NHS 24

**Minutes of the Meeting of the
NHS 24 Board
held on Thursday 26 February 2026 at 11:00am
Boardroom, Lumina, Ainslie Road, Hillington, G52 4RU**

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 Kenny Woods
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 February Board Meeting.

The Chair notified Board members that the Cabinet Secretary of Health and Social Care had approved the appointment of Mr David Howe as Vice Chair of NHS 24 Board, effective from 1 April 2026. This followed the conclusion of Mr Martin Togneri's term of office on 31 March 2026, and subsequently his role as Interim Vice Chair of the Board. Dr Cheyne thanked Mr Togneri for his commitment and valuable contributions to this role over the past six months.

Dr Cheyne reminded Board members that the annual Private Meeting of the non-Executives with the Chair and Chief Executive would take place following this meeting.

The Chair welcomed observers:

- Ms Anne MacDougall, NHS 24 Public Partnership Forum
- Ms Jennifer Schofield, Executive Personal Assistant, NHS 24

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.

Ms Khan declared an interest following her recent appointment as non-Executive Director to the Board of the Scottish Police Authority, specifically in relation to the Item 9.1 Corporate Delivery Plan, which references work undertaken with Police Scotland. The Board was content to note this declaration of interest and confirmed that there was no requirement for Ms Khan to withdraw from discussions regarding this item. The Board formally noted Ms Khan's new appointment. The Board Secretary confirmed that the Register of Interest had been updated accordingly, and Dr Cheyne noted congratulations to Ms Khan on her appointment on behalf of the Board.

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 18 DECEMBER 2025

The Board considered the minute of the previous meeting held on Thursday 18 December 2025 [Paper No. Item 03] and was 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 four actions on the Rolling Actions Log.

It was agreed that a discussion would follow on under item 9.7 of the agenda regarding action 874 – Joint Collaboration Board governance.

The Board was content to approve the recommendation that four actions were closed and noted that two 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 18 December 2025, and these were included as an appendix for information. The Chair welcomed questions on the items included.

Dr Cheyne advised that he would continue to attend the Sub-National Meetings until the end of March 2026. He advised that Mr Miller and the Executive Management Team would continue to attend meetings and that he would only attend if there was specific NHS 24 business being discussed.

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

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 installation of the 100th Breathing Space Bench, the University of Strathclyde collaboration, and the Healthcare Improvement Scotland (HIS) collaboration.

Mr Miller recognised the achievement of the 100th Breathing Space bench, noting that this represented a significant milestone for NHS 24. He emphasised that what began as a single bench initiative had evolved into a nationwide success, fostering robust community partnerships throughout Scotland. He reported that the latest bench featured a QR code, enabling direct access to NHS 24 Mental Health Services and Advice. In response to a query about the possibility of retrospectively fitting QR codes to all existing benches, Mr Rafferty undertook to investigate this matter and assured the Board that he would provide an update on the outcome.

ACTION: Mr Rafferty

Mr Miller had emphasised the continued collaboration with the University of Strathclyde. He formally noted NHS 24's intention to pursue University Hospital status. He stated that this matter would be considered at the forthcoming Strategic Partnership Board meeting, which both Mr Miller and the Principal of the University of Strathclyde were due to attend. The Board discussed the potential benefits of achieving university hospital status, which would enable NHS 24 to access enhanced resources, both digitally and clinically.

Mr Miller provided an update on the continued partnership with Healthcare Improvement Scotland (HIS) and the support provided to the organisation by Mr Gebbie and Dr Hepburn. Work continued to develop the Memorandum of Understanding (MOU), and this would be presented to both HIS Board and NHS 24 Board in April for assurance.

Mr Miller highlighted that a joint session for Chief Executives and Board Chairs was scheduled for 26 and 27 March. This meeting would offer all Chief Executives and Board Chairs the opportunity to hear about, and contribute to, the workstreams of both the east and west sub-national planning groups. As the timing of this session overlapped with the Board Workshop on 26 March, it had been agreed that Mr Miller would attend the morning session of the joint meeting, while Dr Cheyne would join the afternoon session following the close of the Board Workshop.

The Board discussed the Attendance Management Taskforce and noted that a thorough review had recently been undertaken as part of a Staff Governance Committee development session. The Board expressed its appreciation to the team for compiling the necessary information and recognised that this session had provided assurance, reflecting the considerable efforts in this area. In response to the discussion, Dr Hepburn highlighted that the implementation of alternative and adjusted duties had led to notable improvements within a short timeframe, enabling fifteen staff members to return to work sooner than expected.

The Board extended its congratulations to Nicola Braid, Senior Nurse for Learning Disabilities, on her achievement as a finalist in the 2026 Nurse of the Year Awards.

In summary, the Board was content to note the Executive Report to the Board.

NOTED

8. PATIENT STORIES

Mr Rafferty, Director of Nursing & Care, presented one patient story and provided a video which included feedback from a call handler on a previous case.

The initial patient story concerned a complaint regarding advice provided to attend a pharmacy, which proved to be unsuitable. The patient had contacted NHS 24 over a weekend and was subsequently advised to present at a pharmacy. Upon arrival, the pharmacy was unable to provide assistance due to the patient's medication and the absence of a prescribing pharmacist. As a result, the patient required to contact NHS 24 once more, expressing that they felt mistreated and prevented from accessing necessary care. Mr Rafferty explained that, as the patient was prescribed Methotrexate, they were ineligible for treatment under the Patient Group Direction (PGD) for

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pharmacy prescribing. During the initial call to NHS 24, standard protocols resulted in a pharmacy referral, as the decision support system had not identified Methotrexate as an immunosuppressant.

The recommendation was that NHS 24 should consider adding the question “Are you taking immunosuppressants?” to potential pharmacy “advise and refer” outcomes. It was confirmed that process updates would be formally communicated to all staff members.

Mr Rafferty presented a video featuring a call handler based at Norseman House in Queensferry, who received positive patient feedback. She highlighted how invaluable patient feedback was, as it affirmed that their efforts were recognised and proved effective. The call handler remarked that learning about patients’ progress after an initial interaction was beneficial, enabling staff to understand the impact of their support and the final outcomes of their calls. The patient recounted her experience using the digital NHS 24 tool and described how the assistance she received through dialling 111 ultimately saved her life. She urged others to share feedback whether positive or negative through NHS 24 feedback channels.

Board members expressed their appreciation to Mr Rafferty for presenting the video, noting that patient feedback had proven to be exceptionally valuable. They further remarked that such feedback was gratifying for staff, as it affirmed that their contributions were recognised and appreciated.

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 2025/26 UPDATE

The Board considered the paper ‘Corporate Delivery Plan’ [Paper No. Item 09.1] presented by Ms Phillips, Director of Transformation, Strategy, Planning & Performance. The Board was asked to note the status of the 2025/26 delivery action plan as part of 2024-27 Corporate Delivery Plan.

Ms Phillips advised that the report for February was broadly in line with the previous months and some key actions had been completed. A high level of confidence continued to be reported across certain areas of the Digital Transformation Programme (DTP) and Service Transformation Programme (STP). Although progress had been achieved within the STP, she clarified that the updates related specifically to activity and anticipated outcomes for 2025/26 and emphasised that these would require adjustment and alignment with the newly developed three-year Corporate Delivery Plan.

Ms Phillips emphasised that the initial draft of the new Three-Year Corporate Delivery Plan had been considered at the Board Workshop held in January 2026, as well as by the Planning and Performance Committee in February 2026, with amendments incorporated in response to feedback received. The plan was scheduled for presentation at the Board Reserved meeting in March 2026, and that all pertinent activities would be transferred from the current year’s action plan into the 2026/27 plan. A comprehensive report covering closure, transition, and progress would be prepared in April.

The Chair thanked Ms Phillips and invited comments and feedback.

A discussion was held concerning action 5.1b, specifically relating to DTP Phase 3. It was confirmed that there were no concerns in this regard, and NHS 24 remained confident that Phase 3b would be completed within the anticipated timeframe. Board members were informed that Phase 3b encompassed the complete technical handover as well as the delivery of the Cancer Treatment Helpline, Living Life Webchat for Breathing Space, and the Health Information Service. Ms Phillips further reported that planning sessions had been organised to establish a clear pathway for progressing these initiatives.

In response to an enquiry about NHS 24’s ongoing commitment to stakeholder engagement, members received assurance that such engagement would be maintained throughout the duration of the plan, with continued communication with those who had contributed during the initial phase.

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A discussion was held regarding a potential delay in the implementation of the Data Warehouse. Members were informed that the project had been progressing satisfactorily and that data validation was required. Assurance was provided that this validation would be completed by the end of March 2026, as previously agreed.

In response to an enquiry concerning the Business Intelligence framework, Ms Phillips explained that its development had been scheduled for the first quarter of 2026/27. She clarified that the framework was not entirely predicated on data and indicated that the Planning and Performance Committee would have oversight as this progressed.

The Board was content to note the 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 processes in place to manage risk in NHS 24.

Mr Gebbie highlighted that there were currently twenty-nine operational risks and advised there has been a lot of development with eight new risks, seven closed risks, five risks reducing in score and one risk increasing. There were ten risks which scored ten or above.

Ms Robertson, Head of Risk Management, had conducted information sessions for risk leads across the organisation, thereby providing support and enhancing their understanding of their respective roles. Mr Gebbie reported that the Audit and Risk Committee (ARC) had commissioned the development of a flow chart outlining the governance process for all risks; he confirmed that this was underway and would be distributed once completed.

Mr Gebbie further reported that Ms Robertson had participated in the National Risk Group meeting held in January 2026, during which an update was delivered regarding progress on the National Risk Standardisation initiative, endorsed by both the Scottish Government and the Board Chief Executives Group. He explained that the Group had been tasked with three key actions: firstly, the completion of a baseline questionnaire by all NHS Scotland Boards to provide an overview of each Board's approach to risk; secondly, the development of two national risk registers, to be aligned with the introduction of the National Planning Boards; and thirdly, the creation of guiding principles for Risk Management within NHS Scotland. He emphasised that this undertaking was significant, with an initial completion timeframe set for June 2026.

The Chair thanked Mr Gebbie and invited comments and feedback.

Board members expressed their appreciation to the Risk Management Team for delivering the information sessions, observing that these initiatives would contribute positively to service performance.

A member of the Board remarked that the progress achieved in risk management over recent years had been exemplary, positioning NHS 24 strongly in both the management and presentation of risks. It was further noted the value of Ms Robertson's participation in meetings and emphasised the importance of ensuring that any newly agreed national principles meet the needs of the organisation and serve to enhance risk management practices within NHS 24.

The Board was content to note the Risk Management update.

NOTED

9.3 STRATEGIC RISK UPDATE

The Board considered the paper 'Strategic Risk Update' [Paper No. Item 09.3] presented by Mr Gebbie, Director of Finance. The Board was asked to review and approve the attached Strategic Risk Register.

During the development session held in November 2025, Mr Gebbie reported that the Board had been presented with a refreshed suite of Strategic Risks, aligned with Our Strategy 2023/28 and the updated Corporate Delivery

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Plan. He further advised that all risks would be subject to continuous review and development, with an updated presentation scheduled for the Board in six months' time.

The Chair thanked Mr Gebbie and invited comments and feedback.

Board members thanked Mr Gebbie and his team for their work developing the strategic risks and noted this was a significant improvement.

In summary, the Board was content to approve the Strategic Risk Register.

APPROVED

9.4 RISK APPETITE STATEMENT

The Board considered the paper 'Risk Appetite Statement' [Paper No. Item 9.4] presented by Mr Gebbie, Director of Finance. The Board was asked to approve the refreshed Risk Appetite Statement, which was presented to, and endorsed for presentation to the Board for approval, by the Audit and Risk Committee, at its meeting in February 2026.

Mr Gebbie advised that, following approval, sections on risk appetite and risk tolerance would be incorporated into the risk management reports presented to committees during the next committee cycle.

The Chair thanked Mr Gebbie and invited comments and feedback.

Board members thanked Mr Gebbie for the update and noted this was a useful addition to risk management and would give insight into risks that currently sit out with the tolerance level.

In summary, the Board was content to approve the refreshed Risk Appetite Statement.

APPROVED

9.5 POWERED BY PEOPLE WORKFORCE STRATEGY 2026-29

The Board considered the paper 'Powered by People Workforce Strategy 2026-29' [Paper No. Item 9.5] presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. The Board was asked to endorse the Strategy for publication in April 2026 and the implementation of the renaming of the Workforce Directorate to the People and Development Directorate.

Dr Hepburn reported that feedback on version 3 had been integrated following the Board Workshop held in January 2026 and the Staff Governance Committee session in February 2026, together with input from the Scottish Union of Supported Employment (SUSE). She noted that all comments had been addressed and reflected within the "You said, we did" document (Appendix 2). Dr Hepburn further indicated that, upon formal endorsement of the Strategy, her team would collaborate with the Communications Team to produce a simplified, accessible version.

The Chair thanked Dr Hepburn and invited comments and feedback.

Board members thanked Dr Hepburn for the updated Strategy and praised all staff involved for an excellent piece of work.

In response to a question concerning the presentation of the Strategy to the Board for endorsement, it was clarified that the Strategy had not been commissioned by the Scottish Government. NHS 24 had developed the Strategy as best practice; consequently, formal approval by the Board was not considered necessary.

Post-meeting note: Following further deliberation outside the meeting by the Board Chair, Director of Finance, and Board Secretary, the requirements and governance terminology associated with this strategy were revisited. It was concluded that, notwithstanding the absence of a formal commission from the Scottish Government, the Board should note formal approval of the strategy. To ensure procedural clarity, formal homologation of approval will take place at the next scheduled Board meeting.

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A discussion was held regarding the importance of sustaining active engagement and ongoing collaboration. Dr Hepburn reported that NHS 24 had engaged regularly with stakeholders, who had been involved from the outset and throughout the development process. She explained that consistent communication had been maintained with the Head of Sponsor Team during the progression of the Strategy, which had also been presented at various meetings. Furthermore, Dr Hepburn noted that two NHS Scotland Boards had expressed an interest in adopting a comparable strategy within their own organisations.

In response to a question regarding the simplified version and uses, Dr Hepburn advised the Strategy would be used to assist recruitment and that all new starts would receive a copy upon employment.

A discussion was held regarding the use of agency staff within NHS 24. Board members were informed that there were currently three agency staff members, all associated with DTP. Dr Hepburn explained that NHS 24 only engaged agency staff when a highly specialised skillset was required.

A question was raised concerning external assessment of the Strategy; whilst external validation was not required, it was agreed that consideration would be given to including the Strategy in future Internal Audit Plans.

Action: Dr Hepburn/Mr Gebbie

In summary, the Board was content to endorse the Strategy and the new Workforce Directorate name of “People and Development Directorate.”

ENDORSED

9.6 CLIMATE EMERGENCY AND SUSTAINABILITY UPDATE

The Board considered the paper ‘Climate Emergency and Sustainability Update’ [Paper No. Item 9.6] presented by Dr Cook, Medical Director. The Board was asked to note the Climate Emergency and Sustainability Programme (CESP) update for assurance following its endorsement at the Planning and Performance Committee in February. Dr Cook provided an overview of the key points of the report including the overall utilities’ performance, travel reduction targets, and financial benefits from the reduction in energy consumption at Lumina.

The Chair thanked Dr Cook and invited comments and feedback.

In response to an enquiry concerning the increased gas consumption at Norseman House, Dr Cook explained that a similar matter had previously been raised at the Planning and Performance Committee. On that occasion, Ms Kane, Head of Estates & Facilities, had clarified that the rise in usage was attributable to reporting timelines.

A discussion took place regarding the national travel reduction targets for both car and train mileage; Board members were advised that this was due to more meetings, training and workshops being held online which resulted in less travel.

In summary, the Board was content to note the Climate Emergency and Sustainability update and was assured by the information provided.

NOTED

9.7 SAS/NHS24 JOINT COLLABORATION BOARD UPDATE

The Board considered the paper ‘SAS/NHS 24 Joint Collaboration Board Update’ [Paper No. Item 9.7] presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. Dr Hepburn advised the paper provided an update to NHS 24 Board on the recent work of the NHS 24/SAS Joint Collaboration Board (JCB). She highlighted the new draft ‘Phase 3’ priorities informed by Scottish Government, wider policy context, and senior stakeholder engagement. The JCB had overseen several key milestones including the transfer mechanism from the SAS Clinical Advisory Hub to NHS 24’s Mental Health Hub.

Dr Hepburn informed the Board that, subsequent to the publication of the Service Renewal Framework, the Scottish Government had directed the Joint Collaboration Board (JCB) to strengthen collaborative efforts and formally establish a new programme of work. Consequently, a joint project brief was prepared and approved on 28 October 2025. A mapping exercise was conducted to ensure alignment between objectives and government

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priorities. The JCB subsequently developed a thematic three-year action plan, organised around five principal themes: Urgent & Unscheduled Care, Digital & Data Collaboration, Workforce, Culture & Inclusion, Resilience & Business Continuity, and Business Systems, each assigned specific ownership and deadlines. The draft action plan, presently under review by joint Executive leads, was scheduled for circulation to the JCB on 25 March 2026, together with an updated governance structure and an evolving reporting framework designed to facilitate delivery and monitor outcomes.

The Chair thanked Dr Hepburn and invited comments and feedback.

In response to a query raised regarding governance of the 3 year plan, which related to action 874 of the Board Rolling Actions Log, it was agreed that Dr Hepburn and Ms Gillie would discuss this further out with the Board meeting, and a follow up email would be circulated to members.

Action: Dr Hepburn

In summary, the Board was content to note the update on recent work of the SAS/NHS 24 Joint Collaboration Board.

NOTED

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. The paper was presented to provide assurance on the quality and performance of services provided for period ended 31 January 2026 and set the context for more detailed discussion on current performance.

Ms Edwards emphasised several notable aspects, reporting that the overall call volume had risen by 9% compared to the previous year and by 2% relative to the preceding month. She confirmed that the virtual queue remained suspended. Additionally, she observed that the eight-day festive period had yielded the highest number of patients attended to and triaged since 2018/19. Ms Edwards stated that, although there had been an improvement in December 2025, absence rates continued to pose a persistent challenge.

The Chair thanked Ms Edwards and invited comments and feedback.

A discussion was held regarding the sustainability of performance levels. Ms Edwards explained that a definitive STP portfolio had been established, with certain changes anticipated throughout February. She stated that performance was expected to stabilise once all pathways had been fully implemented, noting that staff would require further upskilling and training to support these developments.

In response to a question raised about the virtual queue suspension, Ms Edwards explained that the virtual queue had been suspended following an improvement in service performance subsequent to the introduction of the new system. She clarified that while the virtual queue continued to operate across several helplines, its suspension applied solely to the 111 service. Ms Edwards further remarked that the virtual queue could be reinstated at any time should performance levels decline. It was observed that cost savings had already been realised, with no adverse effect on service provision.

A query was raised with regards to an increase in the attendance at A&E, Board members were assured that this was due to receiving a higher number of calls and was not an area of concern.

In summary, the Board was content to note the performance of services for the period ended 31 January 2026 and was assured by the information provided.

NOTED

10.2 FINANCIAL PERFORMANCE REPORT

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The Board considered the paper 'Financial Performance Report' [Paper No. Item 10.2] presented by Mr Gebbie, Director of Finance. The Board was asked to take assurance from the M10 Finance Report which outlined the financial position of NHS 24 for the period April 2025 to January 2026.

Mr Gebbie highlighted an underspend of £206k for Month 10 of financial year 2025/26 and an anticipated underspend of £500k by year end. Total allocation was anticipated to be £137.3m for 2025/26 and the savings target of £4.9m for 2025/26, with £4.54m of this target achieved at Month 10.

The Chair thanked Mr Gebbie and invited comments and feedback. There were no comments or questions raised.

The Board was content to note the report and the financial position at Month 10.

NOTED

10.3 WORKFORCE PERFORMANCE REPORT

The Board considered the paper 'Workforce Performance Report' [Paper No. Item 10.] presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. The Board was asked to note progress made in Quarter 3. Dr Hepburn advised the report had been presented to Staff Governance Committee in February prior to presentation to the Board.

Dr Hepburn noted implementation of the final phase of the Reduced Working Week from 1 April 2026. Work was underway to ensure readiness for Phase 2.2 of the Once for Scotland Policy Refresh and also that the Core Training Programme pass rate had increased to 92%, representing a 2% increase from Q2.

The Chair thanked Dr Hepburn and invited comments and feedback. There were no comments or questions raised.

The Board was content to note the report.

NOTED

11.

11.1 CLINICAL GOVERNANCE COMMITTEE

The Board considered the approved minute of the Clinical Governance Committee meeting of 06 November 2025 [Paper No. Item 11.1a] and the Highlight Report of the meeting of 26 February 2026 [Paper No. Item 11.1b] and was 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 the Clinical Triage Tool and had undertaken its annual review of the Committee Terms of Reference noting minor changes. He also noted that an action plan had been agreed following on from the recent Committee Self-Assessment of Effectiveness survey results.

NOTED

11.2 STAFF GOVERNANCE COMMITTEE

The Board considered the approved minute of the Staff Governance Committee meeting of 03 November 2025 [Paper No. Item 11.2a] and the Highlight Report of the meeting of 03 February 2026 [Paper No. Item 11.2b] and was content to note these. Ms Anne Gibson, Chair of Staff Governance Committee provided an overview of the Committee's recent work regarding early intervention in Bullying & Harassment cases which has seen a decrease in the number of cases, and a presentation received on the newly developed Career Framework tool.

NOTED

11.3 AUDIT AND RISK COMMITTEE

The Board considered the approved minute of the Audit & Risk Committee meeting of 20 November 2025 [Paper No. Item 11.3a] and the Highlight Report of the meeting of 12 February 2026 [Paper No. Item 11.3b] and was 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 reviewed the 2025/26 audit plan and noted that following a challenging year, a review of lessons learned was undertaken. Ms Gillie advised

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that the Draft Internal Audit Plan 2026/27 was a 3-year plan. Focus remained on 2026/27 and the finalised Plan would be approved virtually by the Committee at the end of March.

NOTED

11.4 PLANNING AND PERFORMANCE COMMITTEE

The Board considered the approved minute of the Planning & Performance Committee meeting of 10 November 2025 [Paper No. Item 11.4a] and the Highlight Report of the meeting of 09 February 2026 [Paper No. Item 11.4b] and was content to note these. Mr David Howe, Chair of Planning & Performance Committee advised that the Committee had received assurance that planning for the Easter period was well advanced with similar performance levels as those seen throughout festive period expected.

NOTED

12.

12.1 ANY OTHER COMPETENT BUSINESS

Valedictory – Martin Togneri

The Chair noted that it was Mr Togneri's final NHS 24 Board meeting, concluding his eight-year tenure, during which he served with distinction as a Non-Executive Director. His roles included Chair of the Clinical Governance Committee, member of the Audit & Risk Committee, Good Governance Champion, and Interim Vice Chair of the Board. Mr Togneri was thanked for his unwavering integrity, commitment to public service, and valuable contributions to clinical quality, governance, risk management, and organisational improvement, leaving a lasting, positive impact on NHS 24. The Board and EMT extended their gratitude and best wishes for his future endeavours.

NOTED

DATE OF NEXT SCHEDULED MEETING

Thursday 30 April 2026, 10.30am.

The meeting concluded at 12:30pm