

NHS 24

**Minutes of the Meeting of the
NHS 24 Board
held on Thursday 30 April 2026 at 10.30am
Meeting Rooms 1 & 3, Caledonia House, Cardonald**

PRESENT

Dr Martin Cheyne (Chair)

Ms Carol Gillie
Ms Anne Gibson
Mr David Howe
Ms Amina Khan
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 April Board Meeting.

Apologies were intimated on behalf of Mr Kenny Woods.

The Chair informed the Board that the Estates Team were available on site to conduct a walk-round for members after the meeting, to allow them to become acquainted with the location and observe the significant improvements made to the Cardonald site. He encouraged all members to take part.

Dr Cheyne reminded the Board that, as the organisation remained within the pre-election period, all questions raised were required to take this context into account.

The Chair welcomed observers:

- Ms Anne MacDougall, NHS 24 Public Partnership Forum
- Ms Seline Sachar, Director of Strategic Partnerships, Sword Intelligence

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.

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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 April 2026

The Board considered the minute of the previous meeting held on Thursday 30 April 2026 [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.

Ms Gillie had raised a query with Ms Mathew prior to the meeting in respect of an action which was not captured within the Rolling Actions Log in relation to the Memorandum of Understanding with Healthcare Improvement Scotland (HIS) and was assured this would be added to the Rolling Actions Log for the next Board meeting.

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 26 February 2026, and these were included as an appendix for information. The Chair welcomed questions on the items included.

The Chair mentioned that he no longer attends East and West National Subgroup meetings and advised he would only participate in the future if there was a specific agenda item related to NHS 24.

In response to an inquiry concerning the purpose of the meeting with Ethical Standards, the Chair explained that it was convened to discuss the recent recruitment process for the Non-Executive Director vacancies with the Ethical Standards Commissioner. The meeting was also attended by the Chair of Scottish Ambulance Service (SAS).

In respect of Dr Cheyne's role as Chair of the National Evaluation Committee (NEC), Dr Cheyne noted that the Scottish Government had commissioned a review of the national job evaluation process. Two distinct areas of work had been identified, those being a review of the job evaluation system used; and a review of the governance processes used. Dr Cheyne would take the lead on the review of governance processes.

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.

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Mr Miller announced that Public Services Delivery Scotland was official as of 1 April 2026, with a six-month transition period during which no organisational changes would occur.

Mr Miller reported that Mr Robbie Pearson, Chief Executive of Healthcare Improvement Scotland, expressed his appreciation for the support provided by Dr Hepburn and Mr Gebbie to their colleagues.

The Chair thanked Mr Miller and invited comments and feedback.

Ms Macintyre requested an update regarding any follow-up actions subsequent to her earlier presentation on “Exploring the Benefits & Challenges of Remote Working” at the previous Board Workshop. In response, Ms Edwards confirmed that initiatives in this area were ongoing and elaborated on close collaboration with Dr Sharp to facilitate frontline staff’s transition to a hybrid working model. The primary objective was to ensure that employees feel psychologically secure and receive appropriate support throughout this process. She clarified that the focus remained exclusively on hybrid arrangements, rather than fully remote work. Additionally, Ms Edwards indicated that comprehensive guidance would be provided to all staff, encompassing access to a helpline for post-call assistance if required, as well as scheduled screen breaks and wellbeing intervals within the system to grant employees adequate time as needed.

The Board extended their congratulations to the Training and Practice Education Team for receiving the Learning & Development Team of the Year Silver Award at the recent CCA Global Excellence awards. Members acknowledged this as significant recognition and conveyed their best wishes to the entire team.

In response to an inquiry about the status of FNC+ within NHS Tayside and Lanarkshire, Dr Cook noted that FNC+ had been fully implemented and was now part of standard operations in both health boards. A formal evaluation of the implementation was scheduled for 4 May 2026, which would inform the criteria for NHS Greater Glasgow and Clyde as well as other health boards. NHS Lothian and several other boards have also expressed interest in adopting the programme. Implementation efforts were currently underway at NHS Greater Glasgow and Clyde, and collaboration among health boards had been positive, including NHS Lanarkshire adjusting their operating hours to align with NHS Greater Glasgow and Clyde.

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

NOTED

8. 8.1 PATIENT STORIES

Mr Rafferty, Director of Nursing & Care, presented a compliment video received from a patient using the NHS 24 feedback form. The video depicted a patient who contacted NHS 24 regarding severe dental pain and swelling during a period when routine services were inaccessible. The patient commented that the staff responded in a composed, courteous, and articulate manner, offering a prompt return call that alleviated her anxiety. They were subsequently referred to out-of-hours care and received treatment on the same day, expressing that they felt well-supported and thoroughly informed throughout the process.

Mr Rafferty provided a verbal update regarding a Stage 2 complaint, which was upheld under the triage quality category. The complaint was received from a patient seeking additional pain relief for kidney stones following recent attendances at A&E and with their GP, as well as medication adjustments. Although the patient’s record was referred to out-of-hours services and a clinician was expected to call back within four hours, the patient called again after 4.5 hours due to worsening pain and no contact from OOH. On both occasions, there was no substantive assessment or discussion of the analgesia already administered, its effectiveness, or alternative pain relief options. Consequently, the patient’s pain and concerns were not sufficiently addressed, highlighting learning opportunities from both interactions.

Mr Rafferty explained that, due to its complexity, the complaint was classified as a Stage 2 case rather than Stage 1. This allowed for a more thorough investigation to be undertaken.

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 SERVICE TRANSFORMATION PROGRAMME UPDATE

The Board considered the paper 'Service Transformation Programme Update' [Paper No. Item 09.1] presented by Dr Ron Cook, Medical Director. Dr Cook advised this was a formal note following on from the Board Workshop presentation, the Board were asked to note the update and overview of the Service Transformation Portfolio (STP).

Dr Cook emphasised that the paper outlined the STP Roadmap and expressed gratitude to Ms Morton, Associate Head of Communications, for her valuable support to develop this.

The Chair thanked Dr Cook and invited comments and feedback.

Addressing an inquiry related to section 7.1 of the paper, which stated that governance of the programme would be routed through the Planning and Performance Committee on a quarterly basis, Dr Cook confirmed that the STP Update would become a stand-alone, regular agenda item at committee meetings.

A discussion ensued regarding the inclusion of measurable benefits on the scorecard. It was advised that these would be incorporated once the DTP benefits were transferred, and it was noted that further consideration would be given by the Planning and Performance Committee.

In response to a query on the level of clinical input outlined in Phase 3 of the STP roadmap, Dr Cook explained that the new model featured a three-tier response method. He advised that the new system would identify which call types do not require further clinical input by using system data, noting that the system would analyse alignment between recommended final outcomes. This would ensure pathway selection was evidence-based and clinically safe, allowing those calls that require clinical support to be reached quicker.

In summary, the Board was content to note the update.

ACTIONS:

Dr Cook to provide quarterly update to Planning & Performance Committee.

Planning & Performance Committee to consider addition of measurable benefits to the scorecard following transfer of DTP benefits.

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 March 2026 and set the context for more detailed discussion on current performance.

Ms Edwards reported several notable developments, including a 4% year-on-year increase in total call volume. She confirmed that the virtual queue remained suspended. Additionally, she noted sustained achievement of positive access times: the time to answer for the 90th percentile met its target for the third consecutive month at 28:37. The median time to answer fell short of its target at 07:02 but improved by over seven minutes compared to March 2025. Furthermore, Ms Edwards stated that services offering webchat received more than 2,700 requests, with 1,650 answered: Breathing Space accounted for 72% of these requests.

Ms Edwards highlighted increased patient engagement with the 111 service prior to attending Accident & Emergency departments.

The Chair thanked Ms Edwards and invited comments and feedback.

Ms Edwards, further observed that the Reduced Working Week, implemented on 1st April, had no discernible impact thus far, attributing this outcome to effective resourcing and proactive planning ahead of implementation.

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In response to an inquiry regarding the paused virtual queue, Ms Edwards explained that the decision followed an assessment of patient experience, which determined that patients were willing to wait. She noted that the virtual queue could result in longer waiting times, whereas current performance indicators remained robust. The Board was advised that the virtual queue was designed to be activated as necessary and that there was no financial detriment whilst the queue was not in use.

Regarding a query about webchat demand, the Board was informed that additional resources have been allocated to webchat services in order to enhance future response rates.

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

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 Board was asked to take assurance from the M12 Finance Report which outlined the financial position of NHS 24 for period April 2025 to March 2026. Mr Gebbie informed members that a letter had been received from Scottish Government Health & Social Care department agreeing to the draft finance plan submission. The finance plan would be presented to the June Board meeting for formal approval. Mr Gebbie highlighted a year end underspend of £96k for financial year 2025/26. One allocation was still anticipated as a year end adjustment and the savings target of £4.9m for 2025/26 was fully achieved. He cautioned that the update remained subject to year-end audit.

The Chair thanked Mr Gebbie and invited comments and feedback.

Dr Cheyne acknowledged Mr Gebbie's management of finances and noted the risks associated with the Digital Transformation Programme and commented that both the programme and financial operations had been handled effectively.

Responding to an inquiry about risks linked to STP, Mr Gebbie indicated there was currently an overarching risk and stated that further risks are being identified and would be addressed during implementation.

The meeting included a discussion on recurring versus non-recurring funding, during which Mr Gebbie emphasised that NHS 24 had achieved a position where 97% of funds would be received on a recurring basis in the new financial year. Board members commended both Mr Gebbie and his team for attaining this milestone, indicating it reflected a financially sound organisation. It was observed that this achievement could foster new opportunities with Scottish Government and that engaging with them after the election would be advantageous, as it demonstrated NHS 24's capacity to deliver, manage controls, and maintain a robust strategic plan.

The Board was content to note the report and the financial position at Month 12, subject to year-end audit.

NOTED

11.

11.1 NHS 24 REGISTER OF INTERESTS ANNUAL UPDATE

The Board considered the paper 'Register of Interests Update 2026' [Paper No. Item 11.1] presented by Mr Gebbie, Director of Finance. The paper provided an overview of the Register of Interests declared by Board members and Executive Management Team within the organisation.

Mr Gebbie highlighted that the full register holds information for a wider field of staff including senior managers and those with delegated financial authority, however, was not required to make declarations made by these staff groups public.

Mr Gebbie noted that the Chair reminded all Board members at every meeting to update the register throughout the year via the Board Secretary and highlighted that a yearly review was undertaken in March.

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

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

NOTED

11.2 NHS 24 GIFTS AND HOSPITALITY ANNUAL UPDATE

The Board considered the paper 'Gifts and Hospitality Register Update 2026' [Paper No. Item 11.2] presented by Mr Gebbie, Director of Finance. The paper provided an overview of the Gifts and Hospitality registered by Board members, Executive Management Team, and NHS 24 staff since April 2025 to March 2026. An extract from the Gifts and Hospitality Register was reported to the Audit and Risk Committee as part of the Corporate Governance Activity Report on a quarterly basis, with the full Gifts and Hospitality Register presented to the Board in April of each year.

The Chair reminded all Board members to ensure that all offers of gifts and hospitality, whether these were accepted or declined, were notified to the Board Secretary promptly.

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

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

NOTED

11.3 NHS 24 BOARD AND COMMITTEE COMPOSITION UPDATE

The Board considered the paper 'Board and Committee Composition Update' [Paper No. Item 11.3] presented by Dr Cheyne, NHS 24 Board Chair. The Board was asked to review and approve the recommended amendments to the Board and Committee composition.

The Chair assured the Board that committee resilience and chairing arrangements would be under close review in the period ahead. He advised he had met with committee chairs and proportionate, time-limited arrangements had been agreed to ensure continuity of governance and effective operation of committees. He noted that the changes would keep activity focused on essential business until vacant posts are filled. He noted that any matters requiring formal Board decision would be brought to the Board in due course.

In summary, the Board was content to approve the Board and Committee Composition update and the changes to composition outlined within the report.

NOTED

12.

12.1 ANY OTHER COMPETENT BUSINESS

The Chair asked members to vote on reverting to a 10am start for all Board meetings following conclusion of the M8 road works, due to come to an end on 31 May 2026. All approved of the time change.

Dr Cheyne congratulated Dr Hepburn (Rockstar Leader nominee) and Ms Gallacher (Digital Innovator nominee) on their ISG Women in Digital Awards nominations. The Board also commended them both.

Mr Miller reminded all Board members that NHS 24's Digital Transformation Programme – Recognition Event would take place on 5th May 2026 at 10am in the Golden Jubilee Conference Hotel, the event would celebrate the successful delivery of the Digital Transformation Programme.

ACTION: Board Secretariat to update Board meeting invites to 10am start, for all Board meetings after 31 May 2026, with the exception of the June Board meeting which was scheduled to take place at 2pm.

NOTED

DATE OF NEXT SCHEDULED MEETING

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Thursday 25 June 2026, 2pm.

The meeting concluded at 11.27am

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