

NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on Thursday 5 February 2026 at 10.30am
Boardroom, Lumina/MS Teams**

PRESENT

Mr Martin Togneri (in the Chair)
Ms Anne Gibson
Dr Martin Cheyne
Ms Liz Mallinson
Ms Abeer Macintyre

IN ATTENDANCE

Mr Jim Miller	Chief Executive Officer
Mr Patrick Rafferty	Director of Nursing & Care
Ms Jo Edwards	Director of Service Delivery
Mr John Gebbie	Director of Finance
Ms Anne Leitch	Associate Director of Operations & Nursing
Dr John McAnaw	Associate Clinical Director
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Steph Phillips	Director of Transformation, Strategy, Planning & Performance
Prof Dawn Orr	Associate Director of Nursing and Care
Dr Julie Ronald	Associate Medical Director East (deputising for Dr Ron Cook)
Ms Fenella Hynes	Clinical Governance Manager (For Items 6.2,6.7)

Ms Geraldine Mathew Corporate Governance Manager
Mrs Ann Campbell (Minute)

01. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the February 2026 meeting of the Clinical Governance Committee. Apologies were intimated on the behalf of Dr Ron Cook, Linda Robertson and Jennifer Rogers.

NOTED**02. DECLARATIONS OF INTEREST**

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

NOTED**03. MINUTES OF PREVIOUS MEETINGS**

- a) Minutes Of Previous Meeting held 6 November 2025

The Committee considered the minute of the previous meeting held on 6 November 2025 [Paper No. 03] and were content to approve the minute.

APPROVED

04. MATTERS ARISING

a) Rolling Actions Log

The Committee considered the Rolling Actions Log [Paper No. 4a] and were content to accept the recommendation that 2 actions were closed.

With respect to Action 46, The group confirmed completion of communication to the Integrated Governance Committee (IGC) about proposed changes from the National Healthcare Quarterly Report review. Concerns were raised over future data scrutiny, particularly regarding operational metrics including call handling and abandonment. The Chair confirmed he had discussed the matter with the Chair of the Planning and Performance Committee, who was content with the proposed approach. The Committee agreed that further proposals should be reviewed by appropriate Committees and considered for the June agenda of IGC, following the appointment of the new CGC chair.

Action: Board Secretary

APPROVED

05. REPORT OF THE CLINICAL DIRECTORS

The Committee considered the paper 'Report of the Clinical Directors' [Paper No. 5] presented by Mr Patrick Rafferty, Executive Director for Nursing & Care and Dr Julie Ronald, Associate Medical Director East. The paper provided an overview of activities and developments in the Medical and Nursing & Care Directorates.

Mr Rafferty highlighted the points below:

- Updates to ADHD and learning disability content on NHS Inform were progressing, with improvements made to accessibility and visibility.
- Flow Navigation Centre and call-labelling collaboration with Tayside and Lanarkshire continued to advance, with interest from additional Boards.
- Dr Ronald's secondment as a national clinical advisor had strengthened NHS 24's contribution to national clinical discussions.

Dr Ronald highlighted the below points below:

- Ongoing collaboration with the Scottish Ambulance Service (SAS) identified that some NHS 24 999 referrals did not require ambulance dispatch, resulting in a 7–7.5% reduction in referrals prior to the festive period.
- The "Held in Mind" service launched successfully in November, supported by recruitment of assistant psychologists and clinical associates, with plans to appoint a principal clinical psychologist in February.

The Chair thanked Mr Rafferty and Dr Ronald for the updates. Key points from the discussion that followed included:

- 999 Referral trends: Referrals had reduced from 9–10% of call volume, falling to 7–7.5% immediately before festive. After the festive period, the referral rate increased again, likely due to higher call volumes and improved call answering rates, indicating the trend may fluctuate and balance out over time.
- Monitoring of NHS Inform content: Usage and engagement metrics could be tracked.
- Public Protection Audit Tool: Implementation was planned for Q1, with ratification in Q4.
- 999 referral criteria: Challenges relate to subjectivity and risk management; clearer endpoints have been developed to reduce unwarranted variation.
- NHS Inform updates: Content was updated continuously, although batches occur when directorates complete thematic reviews.
- Impact of SAS collaboration: Joint initiatives and shared learning had informed triage processes, with evidence that only half of NHS 24 999 referrals required ambulance deployment.
- Referral rate reduction: The process was not exact; SAS senior triage often identifies alternative outcomes, reflecting system complexity rather than error.
- Flow Navigation Centre visibility: FNC work remained a priority within new East and West structures, with NHS 24 represented across both to ensure alignment.

NOTED

ITEMS FOR ASSURANCE

6.1 CLINICAL TRIAGE TOOL

The Committee considered the revised paper 'Clinical Triage Tool' [Paper No. 6.1] presented by Mr Patrick Rafferty, Executive Director for Nursing & Care and Dr Julie Ronald, Associate Medical Director East.

The tool was intended to support enhanced clinical decision-making and continuous improvement in triage practice across NHS 24. It aligned with values-based care and aims to optimise use of unscheduled care resources and reduce unwarranted variation.

The tool was developed collaboratively across NHS 24, with input from the Scottish Ambulance Service. Staff engagement had been undertaken, and plans were in place for organisational rollout and inclusion in induction programmes. Anticipated benefits included fewer unnecessary 999 requests, improved referral quality, and strengthened self-care and Flow Navigation Centre/Pharmacy First pathways.

The Committee noted that the tool replaced the previous top-down triage approach with a bottom-up model focused on minimum necessary intervention, supporting reflective practice.

In discussion, it was confirmed that no performance targets were linked to the tool, which was intended solely as a decision-support resource. Members welcomed the formalisation of clinical decision-making processes, noting the value of a structured approach, particularly for newer clinicians.

The Committee were content to note the paper.

NOTED

6.2 NATIONAL QUARTERLY HEALTHCARE QUALITYREPORT Q3 (October – December 2025)

The Committee considered the paper 'National Quarterly Healthcare Quality Report 3 (October – December 2025)' [Paper No. 7.1] presented by Mr Patrick Rafferty, Executive Director for Nursing & Care and Ms Anne Leitch, Associate Director of Operations & Nursing. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period October – December 2025.

The Chair noted that minor changes to the report from previous quarterly reports followed discussions primarily between the non-executive Committee members, Mr Rafferty and Dr Cook.

Mr. Rafferty presented the amendments made to the report as specified in section 3.4 of the cover paper, along with the additional proposed modifications for the Q4 report detailed in section 3.5.

Mr Rafferty then provided an overview of the key activities outlined in the report under Section 2 and the below points were highlighted.

- Combining "upheld" and "partly upheld" adverse events would provide greater clarity in reporting.
- A low number of new adverse events in the last quarter was noted, only three reported.
- An updated duty of candour process was highlighted, which now aligned with national guidance, making procedures clearer for staff and improving meaningful conversations with patients.
- Mr Rafferty noted that feedback levels remained within normal limits but drew attention to changes in complaint classification and management.
- A shift to a more balanced split between Stage 1 and Stage 2 complaints was described, following a review by a working group, resulting in more thorough investigations for complex cases.
- A significant increase in Stage 2 complaints was noted, which was seen as positive and expected, ensuring more robust responses and investigations.
- Stage 2 complaints received direct feedback from investigating clinicians and were signed off by senior staff, improving the quality of responses.
- Improved performance in closing Stage 1 complaints and maintained strong performance for Stage 2, with expectations to meet or exceed national targets.

Mr Rafferty highlighted that slide 22 (section 2.8) showed a slight dip in call review activity during October and November, attributing this to conflicting priorities and system adjustments, but assured that December saw a return to normal review levels.

Comments and questions were invited from members

It was confirmed that clinical legal claims and fatal accident inquiry activity had been removed from the regular clinical governance report to avoid duplication. These would continue to be reported to the Audit and Risk Committee and summarised annually for the Board Reserve meeting, with timely updates provided to this Committee.

Members raised concerns regarding the proposed removal of low-usage services from quarterly reporting, emphasising the importance of maintaining proportionate governance oversight across all NHS 24 services. It was confirmed that these reporting changes had been discussed but not agreed, and that a clear decision-making process would be established before any revisions were implemented.

The Committee discussed the low completion rate of potential adverse event investigations within 20 days. It was noted that logistical challenges—such as multiple directorates being involved and staff availability—impact the ability to meet the 10-day investigation stage. Improvement measures introduced included weekly check-ins, exploration of a centralised investigation team, pilot testing in one centre, evaluation of new national frameworks and templates, and updates to Duty of Candour processes and training. The team remained committed to improving performance and achieving the 20-day target, the aim was to consolidate progress moving from Q4 into Q1.

An update was provided on priority learning actions, with the 90% target proving challenging due to clinical staff availability. Completion reached 71% in October, and the quarterly target of 75% was met twice, with further work planned to enhance performance. It was noted that the target may require review.

A query was raised regarding the impact of suspending the complaints process experience. It was acknowledged that meaningful feedback could not be collected during this period; however, the introduction of the new Stage Two process provides an opportunity to reinstate feedback mechanisms.

Ms Leitch then provided an overview of the key activities outlined in the report under Section 3. The below points were highlighted.

- Activity across mental health services in Q3 reflected a period of transition linked to digital transformation and service development.
- A decrease in call volume for the Breathing Space service, but quality improvement measures continued to be met. Webchat usage increased, indicating a shift in user engagement.
- Living Life service also saw reduced calls, the successful launch of the "Held in Mind" project was noted, which expanded access to digital psychological therapies and was supported by new staff recruitment.
- Improved performance in the "Breathing Space" service, with increased call answering rates and staff adapting well to new systems, plus ongoing recruitment to support 24/7 service.
- A Milestone of 100,000 referrals was reached for the Distress Brief Intervention program. Ongoing collaboration with Police Scotland and the Scottish Ambulance Service, and improvements in call answering capacity during peak periods were noted.

Comments and questions were invited from members

Members sought clarification on the impact of new government funding on staffing for Breathing Space, particularly in relation to night-time cover. It was confirmed that recruitment for mental health services had been completed, with new staff finalising their posts and work underway to ensure full 24/7 service provision. Additional psychological staff had also been appointed to support clinical governance and supervision.

The Committee further queried challenges in maintaining collaboration with Police Scotland on mental health hub pathway meetings. It was advised that engagement had been affected by changes in key personnel, though further sessions were planned to re-establish consistent joint working.

A formatting error on slide 36 was noted – chart hiding text at the top.

Finally, for Section 4, Training and Development led, Mr Rafferty noted that the overall training and development completion rate was strong at 91.4%. Some clinical modules continued to be promoted to maintain or improve this rate.

The Committee were content to note the paper.

NOTED

6.3 STAKEHOLDER ENGAGEMENT AND INSIGHTS QUARTERLY UPDATE

The Committee considered the paper 'Stakeholder Engagement and Insights Quarterly Update' [Paper No. 6.3] presented by Ms Stephanie Phillips, Director of Transformation, Strategy, Planning & Performance.

Ms Phillips highlighted that the stakeholder engagement team's work over the last quarter focused mainly on phase two and three implementations of the Digital Transformation Programme. Significant discovery work supporting self-transformation was noted.

Comments and questions were invited from members

Members queried plans for Public Partnership Forum (PPF) and Youth Forum visits to call centres. It was confirmed that visits had not yet been scheduled due to ongoing digital transformation work; however, engagement with the PPF team remained active and visits were planned.

Clarification was sought on how the new cross-directorate equalities network would interface with the anti-racist network. The Committee was informed that the equalities group would act as an operational umbrella, providing a feed-in route for all employee networks, including the anti-racist network.

Members asked why a risk was highlighted regarding data insights informing business intelligence. It was confirmed that there had been no change in approach; the reference aligned with the corporate risk register as part of standard reporting.

A query was raised on how work with the new regional groupings (West and East) was being captured. It was advised that this activity was not currently reflected in the stakeholder

engagement report while structures and workstreams were still being developed, with updates expected at Board level as governance progresses.

The Committee were content to note the paper.

NOTED

6.4. RISK MANAGEMENT UPDATE

The Committee considered the paper 'Risk Management Update' [Paper No. 6.4] presented by Mr John Gebbie, Director of Finance. The paper provided an update on all primary and secondary category clinical risks to the organisation.

- There were 13 clinical governance risks at the time, with one having been closed and two reduced in score during Quarter 3
- Five risks had a score of 10 or above.
- A national baseline questionnaire had been sent to all boards to support the development of a national risk principles document. Two national risk registers were to be created to align with the introduction of the National Planning Boards (East and West).
- Internal Risk Information sessions had taken place to clarify roles and responsibilities for risk leads, develop understanding, and offer support.
- One risk related to DTP had been closed, and another was extended to the end of March owing to ongoing work.

The Committee discussed requests for further assurance regarding a newly identified risk RI-0035846 associated with competing priorities and challenges in meeting legislative timescales, including Duty of Candour requirements. It was confirmed that a rolling programme had been introduced with Service Delivery to streamline processes and reduce unnecessary workload. Improvements in the complaints process—particularly clearer responsibilities and guidance—had already delivered positive impact, and similar approaches would be extended to adverse events review and Duty of Candour procedures to mitigate risk.

Clarification was provided on the late addition of a cloud-based system risk RI-0042807. The risk emerged following a recent global outage, which demonstrated the need for strengthened contingency planning. Existing business continuity arrangements, including a temporary switch to paper-based processes, had proved effective; therefore, the risk was assessed at a score of 12 rather than higher severity. Work with the system supplier to enhance contingency measures was ongoing.

Further clarification was also sought on the operational TSPP entry in the risk register, RI-0037580 relating to meeting the access needs of the population of Scotland, particularly why the outcomes of equality and inclusion reviews would not be available until April 2027, despite their national priority.

In response the question and April 2027 timeline regarding the TSPP, it was clarified that this timeline reflected the period required to gather insights and embed a user-led, inclusive design approach in service development, thereby ensuring evidence of ongoing user engagement and inclusion throughout the process.

The Committee were content to note the paper.

ENDORSED

6.5 WHISTLEBLOWING UPDATE

The Committee considered the paper 'Whistleblowing Update – Quarter 3 2025-26' [Paper No. 6.5] introduced by Professor Orr who highlighted the points below:

- No new whistleblowing cases were raised in Q3.
- A "speak up week" was held to promote the whistleblowing process, with positive staff feedback and increased interest in involvement.
- Plans were in place to organise a spotlight session on whistleblowing, with communications support to further raise awareness.
- The confidential contacts in Aberdeen have stepped down from their roles owing to changes in their work areas and an inability to continue their commitment. To address this, there were plans to recruit replacements and potentially expand the team to ensure all areas remain covered. Notably, the North Contact Centre has responded positively to involvement, supporting efforts to maintain and strengthen confidential contact coverage.

Ms Mallinson underlined the ongoing need to listen to whistleblowers, acknowledging that this continued to be a complex issue across the broader system.

The Committee were content to note the paper.

NOTED

6.6 HEALTHCARE STAFFING ACT UPDATE

The Committee considered the paper 'Health and Care (Staffing) (Scotland) Act 2019 Quarter 2 2025-26' [Paper No. 6.6] introduced by Mr Rafferty, Director of Nursing and Care who noted the key points below:

- The quarterly update covered quarter 3 and was intended to provide assurance on compliance and progress.
- NHS 24 continued to receive substantial assurance in most areas related to healthcare staffing, with positive feedback from a recent annual meeting with Health Boards and Scottish Government colleagues.
- Seven out of eight areas remained at a substantial assurance level; one area was marked as yellow due to lower PDP (Personal Development Plan) and appraisal numbers, which was anticipated and planned for.
- The expectation was that this area would return to green (fully assured) in quarter 4.

The Committee were content to note the paper.

NOTED

6.7 PATIENT SATISFACTION SURVEY REPORT

The Committee considered the paper 'Patient Satisfaction Survey Report Q3' [Paper No. 6.7] introduced by Mr Rafferty, Director of Nursing & Care.

Ms Hynes highlighted the main points below:

- The patient satisfaction survey report showed continued positive feedback, with users praising NHS 24 staff for being knowledgeable and empathetic.
- Some users expressed frustration about wait times to access the service and raised concerns about broader system issues, including coordination with partner organisations.
- The transition to the new digital platform caused only a minimal disruption, with just one day of survey invites lost.
- The overall positive experience rating for the quarter was 87.3%, close to the target.

Comments and questions were invited from members

Members sought clarification on how issues raised in the patient satisfaction survey—particularly regarding staff engagement with neurodivergent callers and those with acute mental health needs—were addressed. It was confirmed that feedback was shared with clinical leads, incorporated into training and learning summaries, and used to inform quality improvement initiatives.

A decline in satisfaction levels within the Mental Health Hub and dental services was noted. The Committee heard that festive-period wait times and wider system factors likely contributed, with trends to be monitored in the next quarter.

The Committee queried whether the Digital Transformation Programme (DTP) would resolve repetitive caller experiences. It was explained that although NHS 24 shares assessment information, other health boards may not fully utilise this due to differing systems. The DTP enabled technical data sharing, but system-wide transformation was required to address the issue comprehensively.

The Committee were content to note the paper.

NOTED

6.8 MINUTES OF SENIOR CLINICAL FORUM MEETING

The Committee received the minutes of the Senior Clinical Forum meeting of 14 January 2026 and were content to note these.

6.9 MINUTES OF NATIONAL CLINICAL GOVERNANCE GROUP

The Committee received the minutes of the National Clinical Governance Group meeting of 22 January 2026 and were content to note these.

ITEMS FOR AWARENESS

7.1 PUBLICATION OF THE HEALTH AND CARE (STAFFING) (SCOTLAND) MINISTERIAL REPORT 2024/25

The Committee received the paper 'Public Protection Support to NHS NSS' [Paper 8.1], presented by Mr Rafferty, Director of Nursing & Care.

Mr Rafferty noted that on page 13 of the National Health and Care Staffing Scotland ministerial report, there were no individual health posts mentioned; the report provided only high-level assurance levels for all.

The Committee were content to note the paper.

NOTED

COMMITTEE BUSINESS

8.1 CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

The Board Secretary noted minor rewording indicated in Section 1 of the Cover Paper.

The Clinical Governance Committee Terms of Reference was **ENDORSED**.

8.2 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2026/27

The Committee considered the Workplan for 2026/27 and noted the planned items for upcoming meetings.

The Committee were content to note the paper.

NOTED

8.3 ANNUAL COMMITTEE SELF-ASSESSMENT OF EFFECTIVENESS ACTION PLAN

The Board Secretary gave an overview of the paper, noting below

- The action plan focused on three areas identified as low-rated in the committee's self-effectiveness survey: ensuring committee members receive appropriate training and briefings, making sure information and data in papers was sufficient but not excessive, and improving the accuracy and clearance of minutes. 1
- Actions were included for areas rated as "neither agree nor disagree," specifically regarding the terms of reference for clinical advisory groups. Mr Rafferty and Dr Cook were thanked for their input.

It was stated that minutes were to be circulated to all members within 15 working days after the meeting, as specified in the committee's terms of reference.

The Committee were content to approve the paper.

APPROVED

10.5 INTEGRATED GOVERNANCE (KEY POINTS ARISING)

There were no additional items raised for discussion at Integrated Governance Committee, other than those noted at item 4.

10.6 COMMITTEE HIGHLIGHTS FOR THE BOARD

Ms Campbell would draft the Committee Highlights Report for review and approval by Mr Togneri.

ACTION: Ms Campbell

11 AOCB

A query was raised regarding whether service transformation should form part of the integrated committee structure. It was confirmed that service transformation was embedded within the core business of all committees, including Clinical Governance, and was addressed through established planning and performance processes.

The Committee noted that Nicola Braid, Senior Nurse for Learning Disabilities, had been named a finalist in the RCN Scotland Nurse of the Year Awards 2026, recognising her leadership in improving safe, accessible and person-centred unscheduled care.

At the close of the meeting, the outgoing Chair was thanked for his significant contribution over the past six years, particularly his leadership, commitment to patient and staff safety, and support for non-executive members. The Chair expressed his gratitude for the kind remarks and acknowledged the important work delivered by frontline staff and the executive team.

IMPROVEMENT UPDATES AND DISCUSSION

12 UNIVERSITY OF STRATHCLYDE COLLABORATION

Professor Dawn Orr, Associate Director of Nursing & Care and Professor Roma Maguire, Deputy Associate Principal and Professor of Digital Health and Care presented an overview of the strategic collaboration between NHS 24 and the University of Strathclyde. The partnership's focus on innovation in health and care, strengthened research activity, enhanced patient and public engagement, and improved communication and awareness were highlighted. Future plans for continued joint development were outlined.

In discussion, members welcomed the partnership and commended its support for students from rural areas. The potential for NHS 24 to pursue university hospital status was considered, noting that formal application and demonstration of collaborative activity would be required. The Committee also discussed the governance and reliability of artificial intelligence, with Strathclyde's expertise in AI ethics identified as a key asset. The importance of responsible implementation and strong governance structures was emphasised.

DATE OF NEXT SCHEDULED MEETING

Thursday 21 May 2026, 10:30am, Venue/Teams tbc
The meeting concluded at 1:30 pm.