

NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on Thursday 21 May 2026 at 10.00am
MS Teams**

PRESENT

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

IN ATTENDANCE

Mr Jim Miller	Chief Executive Officer
Mr Patrick Rafferty	Director of Nursing & Care
Dr Ron Cook	Medical Director
Ms Jo Edwards	Director of Service Delivery
Mr John Gebbie	Director of Finance (Until 10:50am)
Ms Julie Ann Lindsay	Head of Quality and Care
Dr John McAnaw	Associate Clinical Director
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Prof Dawn Orr	Associate Director of Nursing and Care
Ms Linda Robertson	Head of Risk Management
Ms Arlene Campbell	Head of Stakeholder Engagement and Insights (deputising for Ms Steph Phillips)
Mr Darren Fullerton	Head of Clinical Services – Mental Health (deputising for Ms Anne Leitch)
Ms Fenella Hynes	Clinical Governance Manager (For Items 7.4, 7.5, 7.6)
Ms Geraldine Mathew	Corporate Governance Manager
Ms Ann Campbell (Minute)	

01. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the May 2026 meeting of the Clinical Governance Committee. Apologies were intimated on behalf of Ms Anne Leitch, Ms Steph Phillips and Ms Jennifer Rogers.

The Chair advised that he would serve as interim Chair pending the appointment of new Non-Executive Directors and highlighted the need to maintain a focused and efficient approach to the Committee's business during this period. The Committee welcomed the new Head of Quality and Care to her first meeting.

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. The Chair reminded all members to ensure that any changes to their declarations of interest were notified to the Board Secretary within one month of the change occurring.

NOTED

03. MINUTES OF PREVIOUS MEETINGS

a) Minutes Of Previous Meeting held 5 February 2026.

Clarity was sought on when the reporting frequency for low usage services would be agreed, and Mr Rafferty advised this would be considered following the appointment of the new Chair of the Committee as part of reviewing and finalising governance and reporting structures.

The Committee considered the minute of the previous meeting held on 5 February 2026 [Paper No. 3] and approved it as an accurate record.

APPROVED

04. MATTERS ARISING

a) Rolling Actions Log

The Committee considered the Rolling Actions Log [Paper No. 4a]

The Committee discussed the importance of continuing to strengthen national healthcare reporting arrangements. It was noted that this should remain a key priority for the incoming Chair, with recognition that reporting has already improved significantly and that further review and refinement would be progressed under new leadership.

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 of Nursing & Care, and Dr Ron Cook, Medical Director. The paper provided an overview of activities and developments in the Medical and Nursing & Care Directorates.

Mr Rafferty highlighted the following key points:

- Strategic Partnership (University of Strathclyde): Positive engagement reaffirmed, with progress in AI/analytics collaboration and planned reciprocal academic exchange.
- QI Fundamentals Programme: Ongoing success, with expanded participation to SAS partners and NHS Orkney to support shared learning and capacity building.
- Staff Recognition: Nicola Braid awarded RCN Learning Disability Nurse of the Year and overall RCN Nurse of the Year, representing a significant achievement.

The Chair thanked Mr Rafferty for his update. He formally recorded his congratulations on behalf of the Committee to Ms Braid for her achievements. A discussion followed.

Members sought clarification on a number of points relating to governance, service evaluation and strategic contribution. Assurance was provided that further formal governance steps remain in progress in relation to university status, including the establishment of honorary contracts, and that this would take some months to conclude. In discussion on the Sexual Assault Response Coordination Service, (SARCS) programme, it was noted that the evaluation demonstrated the service was meeting public need effectively, with strong operational performance and positive partner feedback, while a small number of improvement actions were being developed for future reporting. The Committee also highlighted the value of maximising awareness of the Nurse of the Year award and agreed that communications activity should be progressed accordingly. A question was raised regarding NHS 24's

role in chairing the Managing Medicines Waste Subgroup in the context of current pressures; in response, members were advised that NHS 24's contribution was centred on national campaigning expertise, use of NHS Inform and support for wider communication and engagement objectives. It was further noted that NHS 24 now has representation on the National Oversight Board for SARCS, strengthening its ability to influence future development. A further update on the SARCS evaluation would be brought back to a future meeting.

Dr Cook highlighted the following key points:

- Progress was noted in the rollout of the FNC model to NHS Greater Glasgow and Clyde, with a robust framework and agreement now in place to support sustainable delivery and safeguard call handling performance.
- Assurance was provided that this approach offers a scalable model for wider national rollout and ongoing performance monitoring.
- Early positive impact from the 999 Task Force work was also highlighted, including indications of improved referral patterns to the ambulance service.

The Chair thanked Mr Rafferty and Dr Cook for the updates.

ACTION: Mr Rafferty to provide update to the Committee on SARCS post evaluation, date to be confirmed. Committee Secretariat to add to the Committee Workplan, with date TBC.

NOTED

ITEMS FOR ENDORSEMENT

6.1 PUBLIC PARTNERSHIP AND YOUTH FORUM ANNUAL UPDATE 2025/26

The Committee considered the revised paper 'Public Partnership and Youth Forum Annual Update 2025/26' [Paper No. 6.1] presented by Ms Arlene Campbell, Head of Stakeholder Engagement and Insights.

The Committee received the annual report on volunteering within NHS 24 and noted the valuable contribution of volunteers to service development and person-centred quality. It was recognised that sustained engagement through the Public Partnership and Youth Forums continued to support organisational priorities, with active participation, structured workplans and involvement in wider partnership activity, including work with the University of Strathclyde. The Committee also noted ongoing development activity in relation to service transformation, recognition initiatives and forthcoming leadership transition within the Partnership Forum.

The Committee welcomed the strengthened approach to engagement and recognised the progress being made towards meaningful co-design and co-production through the Public Partnership and Youth Forums. Members noted the value of the self-assessment process in supporting continuous improvement and discussed the ongoing need to better align volunteer capacity, skills and availability with opportunities for involvement, with further work planned in this area. The Committee also formally recognised the significant contribution of Anne MacDougall, noting her leadership and longstanding commitment to NHS 24 as she prepared to step down as Co-Chair of the Partnership Forum. A process was in place and underway to appoint a new Co-Chair of the Forum.

The Committee discussed the value of strengthening reporting on attendance and participation to provide a fuller picture of engagement across the Public Partnership Forum. Members also sought assurance on the significance of the reported questionnaire response rate and how this compared with previous performance. In response, it was acknowledged that there was merit in considering

proportionate inclusion of wider engagement data, and that response levels were influenced by a range of factors which would be reviewed further as part of ongoing continuous improvement.

Following consideration of Item 6.1, the Chair took Item 7.1.

ENDORSED

6.2 WHISTLEBLOWING ANNUAL REPORT 2025/26

The Committee considered the revised paper 'Whistleblowing Annual Report 2025/26'[Paper No. 6.2] presented by Dr Ron Cook, Medical Director. The paper provided an overview of NHS 24's whistleblowing activity in 2025–26, the actions taken to maintain compliance with the National Whistleblowing Standards, and the priorities for the year ahead.

The Committee received the Whistleblowing Annual Report and noted that no whistleblowing cases had been reported during the year, providing reassurance in relation to organisational culture, staff awareness and confidence in reporting arrangements. Members also recognised the value of continuity within the confidential contacts arrangements, and it was agreed that a meeting with the confidential contacts and the Whistleblowing Champion would be arranged. In respect of a point raised about INWO governance guidelines on whistleblowing reporting, it was agreed that this would be reviewed with the incoming Committee Chair to determine whether quarterly reporting to the Board should be considered along with annual report, or if the current approach remained proportionate.

It was noted that a version control error within the report would be corrected prior to submission to the Board to reflect Dr Ron Cook as the current Executive Lead.

In summary, the Committee was content to endorse the Whistleblowing Annual Report 2025/26.

ACTIONS:

Mr Rafferty – arrange meeting with the confidential contacts and the Whistleblowing Champion.
Dr Cook to correct error within report prior to submission to the NHS 24 Board.

ENDORSED

6.3 HEALTH AND CARE STAFFING ACT ANNUAL REPORT 2025/26

The Committee considered the revised paper 'Health and Care Staffing Act Annual Report 2025/26'[Paper No. 6.3] presented by Mr Patrick Rafferty, Executive Director of Nursing and Care. The paper provided an overview of NHS 24's annual assessment of compliance with the Health and Care (Staffing) (Scotland) Act 2019 for 2025–26, including assurance levels, improvement actions, and arrangements for ongoing monitoring and reporting.

It was noted that NHS 24 continued to achieve substantial assurance overall. Members noted the revised assurance rating in relation to protected time for clinical leaders, now assessed as reasonable assurance, reflecting a strengthened threshold and greater emphasis on forward planning of leadership time. It was confirmed that this change formed part of a continuous improvement approach, did not indicate any deterioration in performance, and that existing arrangements continued to demonstrate strong compliance, with further improvement activity expected to support a return to substantial assurance in due course.

In summary, the Committee was content to endorse the Health and Care Staffing Act Annual Report 2025/26.

ENDORSED

6.4 RISK MANAGEMENT UPDATE

The Committee considered the revised paper 'Risk Management Update' [Paper No. 6.4] presented by Ms Linda Robertson, Head of Risk Management. The paper provided an update on all primary and secondary category clinical risks to the organisation.

The Committee noted that there were 14 clinical governance risks, of which six were scored 10 and above, compared with 13 risks reported at the previous meeting. Members also noted that, during the reporting period, four new risks had been identified, three had been closed and one had reduced in score.

Ms Robertson highlighted the introduction of a new infographic aligned to the approved risk appetite statement, providing clearer visibility of key risks against tolerance thresholds. Members welcomed this development and noted that further refinement was planned to strengthen trend analysis and support clearer organisational decision-making.

Discussion focused on a newly identified risk: RI-0048587, relating to delays in progressing learning from clinical events, with members noting the potential impact on organisational confidence and service development. In response, assurance was provided that the risk had been introduced to support robust oversight, timely implementation of learning and recommendations, and appropriate support for staff involved. The Committee was also assured that mitigations were in place and would continue to be strengthened.

Following a query raised, it was clarified that risk RI-0045064, relating to manual system requirements, reflected limitations in legacy tools used for call review processes. Opportunities were being explored to strengthen this through more modern digital solutions to improve robustness and efficiency.

In response to a procedural query, Ms Robertson confirmed that only higher-scoring risks were presented on the formal risk register, with all new and updated risks captured within the body of the report. The Committee was advised that a full risk register would be presented annually and welcomed the continued improvement in the clarity and usability of risk reporting.

An inconsistency was highlighted between the report narrative and accompanying chart in relation to primary and secondary committee responsibilities for risks. Ms Robertson confirmed that this was a typographical error and advised that the information would be corrected.

Clarification was sought on which risks fall under the Clinical Governance Committee as the primary committee. Furthermore, a query was raised regarding the extended target date for reducing risk associated with staffing levels and compliance with the Health and Care Staffing Act. In response, Ms Robertson confirmed that this risk was primarily overseen by the Staff Governance Committee, with the Clinical Governance Committee retaining oversight due to service impact. It was noted that the target date reflected a rolling review approach agreed through discussion at the Staff Governance Committee, rather than a delay in achieving compliance.

It was noted that work was underway to review and improve call review processes, with a planned workshop involving clinical governance, quality improvement and service delivery. This would explore more efficient and automated approaches, making use of available digital tools to strengthen the process.

The Chair thanked Ms Robertson for the update, and the Committee was content to endorse the Risk Management Update.

ENDORSED

ITEMS FOR ASSURANCE

7.1 STAKEHOLDER ENGAGEMENT AND INSIGHTS ANNUAL REPORT 2025/26

The Committee considered the paper 'Stakeholder Engagement and Insights Annual Report 2025/26' [Paper No. 7.1] presented by Ms Arlene Campbell, Head of Stakeholder Engagement and Insights. The paper provided an update on the key person- and user-centred activities undertaken by the Stakeholder Engagement and Insights function during 2025/26.

The Committee discussed the scope and representativeness of user research activity, with assurance provided that interview volumes reflected a targeted, in-depth methodology undertaken alongside broader engagement approaches. Members also considered the potential to scale successful local initiatives where appropriate, with opportunities identified to share learning from this work more widely. It was noted that a forthcoming Board workshop would provide further detail on the organisation's engagement and user research methodologies.

NOTED

7.2 NHS 24 PUBLIC PROTECTION ACCOUNTABILITY, GOVERNANCE AND ASSURANCE FRAMEWORK

The Committee considered the paper 'NHS 24 Public Protection Accountability, Governance and Assurance Framework' [Paper No. 7.2], presented by Mr Patrick Rafferty, Executive Director of Nursing and Care. The paper set out the revised framework, including its purpose, governance arrangements, strategic alignment and assurance role.

The Committee noted that the Public Protection Accountability, Governance and Assurance Framework had been reviewed in line with the scheduled cycle and remained aligned with organisational requirements and expectations. Members were advised that, in the absence of national guidance on review frequency, NHS 24 would continue to undertake an annual self-assessment process to support assurance, oversight and continuous improvement in public protection arrangements.

The Chair thanked Mr Rafferty, and the Committee was content to note the report and the assurance provided.

NOTED

7.3. PUBLIC PROTECTION POLICY

The Committee considered the paper 'Public Protection Policy' [Paper No. 7.3] presented by Mr Patrick Rafferty, Executive Director of Nursing and Care. The paper provided an overview of the revised NHS 24 Public Protection Policy, outlining its governance, strategic alignment, equality impact, and assurance arrangements.

The Committee noted that the Public Protection Policy has been reviewed in accordance with the biannual cycle and updated to ensure continued alignment with national and organisational governance requirements. Members were advised that the policy, together with the supporting framework, has been considered through the appropriate clinical governance groups and provided a robust basis for organisational self-assessment, assurance and oversight.

NOTED

7.4. ADVERSE EVENTS POLICY

The Committee considered the paper 'Adverse Events Policy' [Paper No. 7.4] presented by Mr Patrick Rafferty, Executive Director of Nursing and Care. The paper provided an overview of the updated NHS 24 Adverse Event Policy, including changes to operational processes, alignment with current national guidance, and its role in supporting openness, learning, and person-centred care.

The Committee noted that the Adverse Events Policy has been updated in line with recent guidance from Healthcare Improvement Scotland and included a revised framework for managing and responding to adverse events. Members were advised that the framework was being tested and evaluated, providing assurance that arrangements remained aligned with best practice.

Members suggested that the policy should refer explicitly to targets to strengthen assurance on performance. The Committee also sought clarification on the implications for NHS 24 and was advised that the main change was the introduction of a standardised national framework, supporting greater consistency, earlier application of duty of candour and improved benchmarking across Boards.

A minor typographical error on page 3 was also noted for correction.

The Chair thanked Mr Rafferty, and the Committee were content to note the policy.

NOTED

7.5. NATIONAL QUARTERLY HEALTHCARE QUALITY REPORT

The Committee considered the paper 'National Quarterly Healthcare Quality Report' [Paper No. 7.5] presented by Mr Patrick Rafferty, Executive Director of Nursing and Care and Mr Darren Fullarton, Clinical Services Manager - Mental Health. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period January – March 2026.

Mr Rafferty highlighted the following key points from the report:

- Service activity and performance had improved, with a significant increase in call volumes handled alongside stronger API performance.
- Complaints handling continued to improve, with more cases appropriately managed at Stage 2, 100% compliance with response timeframes maintained, and improved timeliness at Stage 1.
- Improvement work in relation to adverse events continued, drawing on learning from complaints processes and supported by strengthened leadership in quality and care.
- System improvements had been progressed, including successful implementation of services such as webchat within new platforms to support modernisation and efficiency.

Overall, the report reflected a positive trajectory of performance improvement, strengthened processes and ongoing quality enhancement, despite continued operational pressures.

The Committee sought an update on the early priorities for the Head of Quality and Care. Members were advised that initial focus had centred on strengthening complaints handling, improving call review processes and accountability, and enhancing adverse events reporting and oversight in partnership with service delivery and quality teams.

The Committee discussed compliance rates of e-learning modules for recognising acutely ill adults and children, particularly given the relevance of this training to frontline clinical practice. In response, members were advised that the reported position was partly affected by inaccuracies within the training cohort, including the inclusion of non-patient-facing staff, and that a programme of data cleansing,

targeted improvement activity and wider engagement with mandatory training was underway to strengthen compliance.

The Committee discussed the increasing complexity and length of complaints, noting the potential implications for patient experience and case handling. Members were advised that this trend may in part reflect the use of AI tools to generate more detailed and multi-faceted submissions, resulting in additional complexity and coordination in the management of complaints. Assurance was provided that work was underway to adapt processes and approaches accordingly.

Mr Fullerton reported that call volumes and performance across services showed stable or improving trends, with the Cancer Helpline experiencing lower volumes but strong callback timeliness, and the Emergency Dental Service maintaining expected performance. Breathing Space faced ongoing high demand and staffing pressures, with recruitment and expanded webchat underway to support improvement. Living Life saw increased calls and additional staffing, alongside efforts to optimise referrals and develop digital therapies. The Mental Health Hub maintained steady call volumes, answering over 60% within five minutes, though some calls were abandoned early. Other helplines, including DBI, Police Scotland Partnership, Scottish Ambulance Service, and Health & Social Care/Sexual Assault, saw largely stable activity, with minor variations noted. Overall, service performance remained robust, with targeted actions in place to address specific challenges.

The Committee noted that abandoned calls remained an area of ongoing interest and sensitivity, particularly in the context of external scrutiny. Members were advised that a significant proportion of abandoned calls occur within the first few minutes, indicating that some callers may disconnect early rather than after extended waiting times. This provided a degree of assurance, although the position would continue to be monitored closely.

The Committee sought assurance that increasing demand for the Breathing Space service would be met through additional capacity, given ongoing performance pressures. Members were advised that recruitment activity and service developments, including expansion of webchat and closer alignment with wider mental health services, were expected to improve capacity, while continued monitoring and engagement with the Scottish Government would support more effective demand management and service responsiveness over time.

In relation to practice education, training and development, the Committee noted that overall e-learning compliance remained strong at around 90%, with good throughput and success rates in core induction training.

The Committee concluded that the Quarterly Healthcare Quality Report provided strong assurance overall, while recognising a small number of areas requiring continued focus.

NOTED

7.6 PATIENT SATISFACTION SURVEY REPORT

The Committee considered the paper 'Patient Satisfaction Survey Report Q4' [Paper No. 7.6] presented by Mr Patrick Rafferty, Executive Director of Nursing & Care.

The Committee noted that overall patient satisfaction remained high, with an 88% positive experience rating across more than 10,000 survey responses. Members were advised that feedback continued to reflect positive interactions with NHS 24 services, while issues raised by patients primarily relate to wider system pressures beyond the organisation's direct control rather than the quality of NHS 24's service delivery.

The Committee further noted that wider system challenges continued to affect the overall patient experience in areas beyond NHS 24's direct remit, particularly dental services. Members emphasised the importance of using NHS 24's national data and insight to inform partner and national forums, support wider system improvement and highlight variation across Boards, while maintaining clarity regarding organisational responsibilities.

NOTED

7.7 MINUTES OF SENIOR CLINICAL FORUM MEETING

The Committee received the minutes of the Senior Clinical Forum meeting held on 29 April 2026. The Committee noted that the NHS 24 Realistic Medicine Action Plan for 2026/27 had been subject to constructive discussion and refinement prior to submission to the Scottish Government. Members were advised that implementation activity was already underway, providing assurance of continued progress in this area.

7.8 MINUTES OF NATIONAL CLINICAL GOVERNANCE GROUP

The Committee received the minutes of the National Clinical Governance Group meeting held on 6 May 2026. The Committee noted that the National Clinical Governance Group meeting was well attended and provided an effective forum for discussion and regional feedback, reflecting continued positive engagement and governance.

COMMITTEE BUSINESS

8.1 CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT 2025/26

The Clinical Governance Committee Annual Report 2025/26 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.

NOTED

8.3 INTEGRATED GOVERNANCE (KEY POINTS ARISING)

No matters were raised under this item.

8.4 COMMITTEE HIGHLIGHTS FOR THE BOARD

ACTION: Ms Campbell to draft the Committee Highlights Report.

9 AOCB

The Committee received an update in relation to the Fatal Accident Inquiry. Members acknowledged the ongoing impact on those affected and reaffirmed NHS 24's commitment to learning and continuous improvement.

DATE OF NEXT SCHEDULED MEETING

Thursday 6 August 2026, 10:00am, Boardroom Cardonald/Teams tbc
The meeting concluded at 12.05 pm.