

## NHS 24

**Minutes of the Meeting of the  
NHS 24 Board  
held on Thursday 28 August 2025 at 10:30am  
The Board Room, NHS 24, Lumina Building,  
40 Ainslie Road, Hillington, G52 4RU**

### **PRESENT**

Mr Alan Webb (in the Chair)

Ms Carol Gillie  
Ms Anne Gibson  
Ms Liz Mallinson  
Mr David Howe  
Ms Amina Khan  
Ms Abeer Macintyre  
Mr Martin Togneri  
Mr Jim Miller  
Mr Patrick Rafferty  
Mr Kenny Woods  
Dr Ron Cook

### **IN ATTENDANCE**

Dr Jacqui Hepburn  
Mr Damien Snedden  
Ms Steph Phillips  
Ms Ann-Marie Gallacher  
Ms Jo Edwards  
Ms Lisa Dransfield  
Mrs Geraldine Mathew  
Mrs Paula Matchett (Minute)

### **1. WELCOME, INTRODUCTIONS and APOLOGIES**

Mr Webb welcomed everyone to the August Board Meeting.

Apologies were intimated on behalf of:

- Dr Martin Cheyne, Mr Alan Webb, Board Vice Chair, chaired the meeting.
- Mr John Gebbie. Mr Snedden, Deputy Director of Finance, attended on behalf of Mr Gebbie.
- Ms Suzy Aspley. Ms Dransfield, Deputy Head of Communications, attended on behalf of Ms Aspley.

The Chair officially welcomed Mr Patrick Rafferty to his first Board meeting as Director of Nursing & Care.

The Chair welcomed Mr Scott Murray, Team Manager, Service Delivery as an observer to the meeting. As this was a Board Meeting held in public, observers were reminded that they were not permitted to participate in the meeting.

### **NOTED**

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**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.

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 19 JUNE 2025**

The Committee considered the minute of the previous meeting held on Thursday 19 June 2025 [Paper No. Item 03] and were content to approve the minute as a complete and accurate record, subject to the following amendment:

- Mr Togneri was present at the meeting of 19 June 2025

**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 three actions on the Rolling Actions Log.

The Board was content to approve the recommendation that three actions were closed and noted that four 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**

Mr Webb provided an overview of the Chair's activities since the previous meeting on 19 June 2025, and these were included as an appendix for information. Mr Webb invited members to raise any questions regarding these with Dr Cheyne directly.

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

***Post Meeting Note: The NEC meeting of 26 August 2025 was cancelled.***

**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 the impact of improved establishment of Clinical Supervisors which has seen an increase of 34%, the completion of leadership development programmes noting that evaluation showed 91% overall effectiveness score and the increase in completion rates for the annual iMatter Survey showing a 6% increase from 2024.

Mr Miller also highlighted progress in respect of the ongoing collaboration with NHS 24 and Scottish Ambulance Service (SAS). He noted positive feedback received from the Sponsor Team at Scottish Government.

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The Chair thanked Mr Miller for the update and invited comments and questions from members.

Board members commended NHS 24 on the successful completion of the leadership programmes, recognising this as a considerable accomplishment and highlighting the value of post-course evaluations in informing future cohorts.

The Board further acknowledged the achievements associated with the Armed Forces Talent Programme, improvements within the Prof-to-Prof collaboration between NHS Lanarkshire Flow Navigation Centre (FNC)+ and NHS 24, as well as the potential for other health boards to replicate this model.

Board members highlighted the significance of the accreditation as an Inclusive Recruiter by the Scottish Credit and Qualifications Framework (SCQF). It was confirmed that this qualification enabled NHS 24 to align international qualifications with the SCQF framework, thereby creating opportunities, breaking down barriers, and ensuring that all achievements were recognised.

The Medical Directorate received particular recognition for the successful recruitment of thirteen new pharmacy advisors.

In response to a question, Dr Hepburn advised that NHS 24 had been recognised as the recipient of the 'Learning and Development Team of the Year' award at the Cherries HR Industry Awards, where thirty-nine primarily private sector organisations were nominated. Dr Hepburn further remarked that other organisations had since expressed interest in developing similar models of delivery. The Learning and Development team had also been nominated for an award at the HR Network Awards, with notification regarding the top three finalists expected in November. Board members acknowledged these achievements and the positive recognition of NHS 24's success.

The Board was content to note the Executive Report.

**NOTED**

**8.**

**8.1 PATIENT STORIES**

Mr Rafferty, Director of Nursing & Care, introduced a video which shared details of a recent concern from a patient which was received as a compliment. The video featured a patient's daughter, who provided an overview of her experience when contacting NHS 24 for assistance.

During the initial call, the line unexpectedly disconnected; subsequent attempts to call from a landline and another mobile also proved problematic. The call handler ensured that an ambulance was dispatched in accordance with protocol, recognising the severity of the symptoms described.

The service user commended the staff for remaining calm and professional throughout, regardless of the connection issues.

Mr Rafferty proceeded to introduce a further video, which presented details of a recent compliment. This video featured a patient who had called the 111 service after using the NHS 24 online symptom checker having experienced a brief episode of blurred vision and collapsed whilst walking. The patient reported that the 111 operator was reassuring throughout the call, and ultimately directed them to Accident & Emergency, ensuring the patient was aware of the location and means of access. At A&E, the patient was diagnosed with bilateral pulmonary embolism, a life-threatening condition highlighting the critical importance of seeking assistance and adhering to medical advice.

The patient expressed appreciation to both the 111 operator and the nurse for their approach and sensitivity, which encouraged her to seek help and, in her view, saved her life.

The Chair expressed gratitude to Mr Rafferty for the update, commenting that presenting these accounts via video was excellent as it provided real-life perspectives. He suggested that video recordings should be utilised where possible in the future.

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On behalf of the Board, the Chair extended thanks to the individuals and their families for sharing their experiences, as well as to the staff involved.

**NOTED**

**9.**

**9.1     CORPORATE DELIVERY PLAN**

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 extant 2024-27 Corporate Delivery Plan (CDP) as at beginning of August. Ms Phillips highlighted the significant progress being made with Service Transformation Programme (STP) and advised that this would be accelerated once the Digital Transformation Programme (DTP) had concluded.

The Chair thanked Ms Phillips for the update and invited comments and questions from members.

In response to an enquiry regarding the NHS inform review with a focus on mental health, Ms Phillips reported that progress had been made, although there was a delay due to the need for information sharing among partner organisations. Members were assured that the Programme Board met regularly and continued to advocate for progress, with ongoing efforts to enhance interaction between the Mental Health and Breathing Space services, particularly concerning the transfer of calls.

Ms Edwards stated that three Mental Health workshops had taken place within the scheduled time frame, with two already completed and a third to be held week commencing 1 September. She indicated her intention to meet with Dr Cook to review the outcomes and agree a forward plan.

A query was raised regarding action 1.2b and the timescales associated with the implementation of new Data Warehousing and Business Intelligence solutions, Dr Hepburn confirmed that the team remained confident Phase 2 would be completed by the end of September as planned.

There was a discussion regarding triage video and capacity issues. Members were informed that current capacity was limited due to the significant focus on DTP and implementation of the CC/CRM. Once this was concluded, capacity would be released to support prioritisation of the Service Transformation Programme. Dr Cook explained that video consultations were offered following clinical assessment, particularly in paediatric cases, as visual review of symptoms was preferable; however, not all calls required video triage.

In response to a question concerning the ongoing amber status of action 5.1b in both Quarters 1 and 2, Ms Phillips advised that this would change as the DTP was rolled out to additional health boards. At present, work was focused on the NHS Ayrshire & Arran phase.

The Board was content to note the status and overview of the Corporate Delivery Plan Update.

**NOTED**

**9.2     RISK MANAGEMENT UPDATE**

The Board considered the paper 'Risk Management Update' [Paper No. Item 09.2] presented by Mr Snedden, Deputy Director of Finance. Board members were asked to review the attached risks, provide feedback and take assurance from the processes in place to manage risk in NHS 24.

Mr Snedden informed members that, following approval by the Chair of the Audit and Risk Committee, the Corporate Risk Register would be presented as the Operational Risk Register, to distinguish this from strategic risk.

He advised there were thirty-one open operational risks, all of which were presented in accordance with the revised approach of bringing the full register to Committees and the Board annually, rather than solely those risks scoring 10 or higher.

The Chair thanked Mr Snedden for the update and invited comments and questions from members.

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A discussion ensued regarding RI-00030960, and Board members were assured that the associated risk score was appropriate, given the significant impact should there be any failure to comply with the National Whistleblowing Standards.

In summary, the Board was content to note the Risk Management Update.

**NOTED**

**9.3 RISK MANAGEMENT PROCESS UPDATE**

The Board considered the paper 'Risk Management Process Update' [Paper No. Item 9.3] presented by Mr Snedden, Deputy Director of Finance. The Board was asked to consider and approve the recommendations and next steps relating to the development of risk management processes as set out in Section 7 of the paper.

Mr Snedden advised the paper had been discussed at the Audit and Risk Committee, and following a positive audit report, it was agreed that the next steps in developing risk maturity would focus on two key areas: Risk Appetite & Tolerance and refreshing the Strategic Risk Register to ensure alignment with the Corporate Delivery Plan.

The Chair thanked Mr Snedden for the update and invited comments and questions from members.

It was noted that these items were typically updated in August and presented to the Board. However, the ARC Chair had agreed that Board participation would support this work, therefore it had been agreed that the update of these items would be postponed until after the November Board Workshop, where members would have the opportunity to contribute to this process.

The Board was content to approve the recommendations and to explore these matters in further detail during the Board Workshop in November.

**APPROVED**

**9.4 RISK MANAGEMENT STRATEGY**

The Board considered the paper 'Risk Management Strategy Update' [Paper No. Item 9.4] presented by Mr Snedden, Deputy Director of Finance. The Board was asked to approve the refreshed Risk Management Strategy, the change from a 2 year to a 3 year Strategy to align with the NHS 24 Our Strategy (2023-28) document and note an annual review of the risk management objectives set out in the Strategy would take place to ensure they remained relevant, and an Action Plan developed to underpin those objectives.

Mr Snedden informed members that the strategy had been presented and discussed at the August ARC meeting. Several recommendations were made to the paper, which were subsequently incorporated prior to its submission to the Board. He further advised that the objectives had been revised and that an action plan would now be formulated to demonstrate progress against these objectives.

The Chair thanked Mr Snedden for the update and invited comments and questions from members.

A discussion took place regarding the timing of the risk strategy review, during which it was advised that, for this year, the review would take place in November; in subsequent years, it would revert to August and remain subject to annual review. The Chair of the Audit and Risk Committee emphasised the importance of this approach.

In response to a question about the approval of the strategy, given that the Board would shortly discuss risk at the Board Workshop session in November, members were reminded that the forthcoming Board Workshop would focus specifically on the substantive elements of risk including the risk appetite and strategic risk, rather than the underlying methodology used.

Board members commended the strategy, noting it was an accessible document, and praised NHS 24 for the continued advancement of risk management. It was also observed that the organisation had established a robust and well-considered risk management framework.

The Board was content to approve the Risk Management Strategy.

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**APPROVED**

**9.5 CLIMATE EMERGENCY AND SUSTAINABILITY UPDATE**

The Board considered the paper 'Climate Emergency and Sustainability Update' [Paper No. Item 9.5] presented by Dr Cook, Medical Director. The Board was asked to take assurance from the Climate Emergency and Sustainability Programme (CESP) update. Dr Cook highlighted that there had been significant energy savings achieved at Lumina following relocation of staff and noted strong progress on travel reduction targets. Members were advised that NHS 24 has collaborated with Design Hopes to pilot a 'staff food growing' project based in Dundee Centre. The project was presented as a poster at the Faculty of Public Health Climate and Health conference at University College London in May and was awarded the prize of 'best poster' by the conference panel.

The Chair thanked Dr Cook for the update and invited comments and questions from members.

A question was raised about the CESP strategy and action plan approved in June 2023, and if this had been updated. Dr Cook noted that a Scottish Government refresh of the strategy was planned, and once this had been concluded, NHS 24 would progress a review of the strategy and action plan.

Members commented on the excellent progress made and also noted the focus on climate emergency and sustainability eLearning modules.

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

**NOTED**

**9.6 PROCUREMENT STRATEGY 2025-27**

The Board considered the paper 'Procurement Strategy 2025-27' [Paper No. Item 9.6] presented by Mr Snedden, Deputy Director of Finance. The Board was asked to approve the strategy prior to publication. The Board was asked to approve the Procurement Strategy for 2025-27 for publication. The strategy was presented to the Planning and Performance Committee at its meeting on 04 August and were content to endorse this.

Mr Snedden informed the Board that the paper had been prepared by the SAS Procurement Team, who deliver procurement services on behalf of NHS 24, and that it reflected the most recent guidance issued by the Scottish Government. He reiterated that NHS 24 was obliged to produce a procurement strategy accompanied by an annual update, in accordance with public procurement legislation.

The Chair thanked Mr Snedden for the update and invited comments and questions from members.

A discussion ensued regarding Key Performance Indicators, specifically the reporting of achievement of these through the annual review. Mr Snedden agreed to pick up this point with SAS Procurement Team colleagues.

Action: Mr Snedden

In summary, the Board was content to approve the Procurement Strategy 2025-27.

**APPROVED**

**10.**

**10.1 DUTY OF CANDOUR ANNUAL REPORT**

The Board considered the paper 'Duty of Candour Annual Report' [Paper No. Item 10.1] presented by Mr Rafferty, Director of Nursing and Care. The Board was asked to submission to Scottish Government and publication of the report. The report covered the period from April 2024 to March 2025. The report provided assurance of the organisations adherence to the Duty of Candour Procedure (Scotland) Regulations 2018.

The Chair thanked Mr Rafferty for the update and invited comments and questions from members.

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In response to a question regarding the reported increase in the number of incidents, Dr Cook clarified that the figures did not necessarily reflect an actual rise in events; rather, they resulted from the improved efficiency of the Respond system in reporting and recording of incidents. Efforts had been made to educate staff on the correct recording procedures of adverse events and incidents, with regular dissemination of information to enhance awareness among staff.

It was agreed that a report would be presented to the Clinical Governance Committee, delineating cases pertaining to both adverse events and Duty of Candour incidences.

Further discussion took place concerning discrepancies identified within the publication, specifically in relation to appropriate assurance and communication of reports. It was noted that these matters would be clarified prior to submission to the Scottish Government.

The Board was content to approve the report for submission to Scottish Government, pending the following amendment:

Page 11 to read :- *"An offer was made to meet with all patients/families involved. Despite this offer, this year, no patients or families took the opportunity to meet. Reports were shared with families where required."*

*Communication with patients and families is a primary focus of our management of Duty of Candour with efforts made to ensure a positive experience of inclusive engagement throughout the process."*

**Action:** Mr Rafferty

**APPROVED**

**10.2 PATIENT EXPERIENCE AND USER FEEDBACK ANNUAL REPORT**

The Board considered the paper 'Patient & Service User Feedback Annual Report 2024/25' [Paper No. Item 10.2] presented by Mr Rafferty, Director of Nursing and Care. The Board was asked to approve the report for publication and submission to Scottish Government.

Mr Rafferty highlighted a 38.7% increase in feedback received during the period, noting that although a 17% reduction had been reported the previous year, overall volumes had now exceeded earlier benchmarks. He clarified that the variation in figures presented within the paper was attributable to the introduction of the new incident management system, Respond, implemented in 2024/25.

The Chair thanked Mr Rafferty for the update and invited comments and questions from members.

A discussion ensued regarding certain inconsistencies identified within the publication and members highlighted areas of improvement including the inclusion of an introduction and conclusion, further detail on the process of staff learning and key learning points, and a breakdown of the 'feedback' category. The Board noted that these issues would be resolved prior to submission to the Scottish Government.

The Board concurred that the Patient Experience and User Feedback Annual Report would be updated as per the feedback received, presented to the Clinical Governance Committee in November, and presented to the NHS 24 Board in December for final approval for submission to the Scottish Government by January 2026.

**Action:** Mr Rafferty

**NOTED**

**10.3 EQUALITY INCLUSION AND RIGHTS GROUP (EIRG) UPDATE REPORT**

The Board considered the paper 'Equality, Inclusion and Rights Group (EIRG) Final Report' [Paper No. Item 10.3] presented by Ms Phillips, Director of Transformation, Strategy, Planning & Performance. The Board was asked to

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note the Equality, Inclusion and Rights Group final summary report and consider and approve the recommendations as set out in the report.

The EIRG was established as a working group of the NHS 24 Board, in August 2023, for an initial period of 2 years. Ms Phillips highlighted the considerable progress made, and the value of the group. She provided an overview of the proposals detailed within the report, specifically, the recommendation that the group continue as a cross-directorate working group, to maintain focus, understanding and awareness of this important work.

The Chair thanked Ms Phillips for the update and invited comments and questions from members.

Board members commended the substantial work completed by the group and discussed the importance of developing robust mechanisms for reporting progress in relation to equality, inclusion, and rights. In particular, the Board was keen to maintain a link into the cross-directorate working group, and the role of individual Board members was raised. The role of the Integrated Governance Committee was key to ensuring a broader overview, along with the work undertaken to develop the EIRG Assurance Matrix. The Board also deliberated on EIRG reporting mechanisms and whether this should be presented to an appropriate committee, prior to full Board submission. It was agreed this would be further discussed at Integrated Governance to determine the most suitable governance pathway.

In response to questions about the Equality Impact Assessment (EQIA) training, Ms Phillips highlighted that a log of all EQIAs undertaken was maintained, and that the training aimed to embed the principles of equality, inclusion, and rights as standard practice across the organisation.

In conclusion, the Board was content to approve the Equality, Inclusion and Rights Group Final Report and its associated recommendations.

### **APPROVED**

**11.**

#### **11.1 CORPORATE PERFORMANCE REPORT**

The Board considered the paper 'Corporate Performance Report' [Paper No. Item 11.1] presented by Ms Phillips, Director of Transformation, Strategy, Planning & Performance. The report provided assurance on the quality and performance of services provided for period ended 31 July 2025. Ms Phillips noted the key points of the report. Data showed that, on the first 9 days of phase 1, 87% of calls were answered within 5 minutes and overall time to answer was just 1 minute 34 seconds.

The Chair thanked Ms Phillips for the update and invited comments and questions from members.

In response to a query regarding fluctuations in the patient journey, specifically the observed reduction in overall journey duration, stable call handling times, and an increase in the time to initial response, Ms Phillips clarified that these patterns followed a prolonged period of low figures across recent months. She attributed these trends to contributing factors, notably an increase in attendances at Accident & Emergency departments, heightened seasonal pressures during peak holiday periods, and increased staff absences.

A question was raised regarding webchat functionality. Ms Gallacher responded that full functionality was anticipated with the implementation of Phase 3 of DTP, and efforts were ongoing in collaboration with Coforge to facilitate enhancements. Clarity on functionality would be provided through the DTP governance structures in due course.

In summary, the Board was content to note the Corporate Performance Report.

### **NOTED**

#### **11.2 FINANCIAL PERFORMANCE REPORT**

The Board considered the paper 'Financial Performance Report' [Paper No. Item 11.2] presented by Mr Snedden, Deputy Director of Finance. The Board was asked to take assurance from the Month 4 Finance Report which detailed the financial position of NHS 24 for the period April to July 2025.

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Mr Snedden began his update by noting that NHS 24 was currently reporting a breakeven position, conditional upon the receipt of some anticipated allocations, with confirmation of the enhanced pathway funding received this week and Redesign Urgent Care (RUC) figures presently under review by the Scottish Government Sponsor Team. Pay costs were underspent, primarily due to vacancies, while non-pay costs reflected savings resulting from the reduction or termination of certain contracts as part of the DTP.

Mr Snedden advised that though savings were showing a shortfall, this was mainly due to a timing gap between the identification of savings and their approval via the Sustainability and Value group before they could be realised; these savings were expected to be achieved in month five. He reassured members that plans were in place for all savings targets and progress remained on track.

Mr Snedden concluded by emphasising that despite the challenges arising from the focus on DTP activity this year, it was anticipated that a breakeven position would be achieved by year end, which was a notable accomplishment given the circumstances.

The Chair thanked Mr Snedden for the update and invited comments and questions from members.

In response to a question about the necessity to increase the non-recurring savings target, Mr Snedden advised that the team was actively reviewing the necessity to increase the savings target, since National Insurance funding received was less than anticipated in the finance plan, and this assessment would inform future reports.

In summary, the Board was content to note the Financial Performance Report.

**NOTED**

**11.3 WORKFORCE PERFORMANCE REPORT**

The Board considered the paper 'Workforce Quarterly Report Quarter 1 April – June 2025' [Paper No. Item 11.3] presented by Dr Hepburn, Deputy Chief Executive & Director of Workforce. The Board was asked to note the workforce report in terms of progress made in quarter 1 (April to June 2025) and be assured that the Workforce Directorate, in collaboration with all other Directorates, continued to make progress in delivering the Workforce Strategy 2022-2026 which was demonstrated with the majority of KPIs meeting or exceeding target.

Dr Hepburn reported that the Workforce Directorate were collaborating with NHS Education for Scotland (NES) on a project to develop a national NHS Scotland communication toolkit for engaging with applicants and job offer holders. NES had commended NHS 24 as the "gold standard" in this area and had expressed an intention to adopt this approach across the wider NHS Scotland workforce.

Progress had continued with the Strategic National Absence Group, which had established an action plan to identify the required improvements and key tasks. This national strategy aimed to ensure that attendance at work remained a central focus throughout the organisation, and work had commenced on developing corresponding local action plans.

Members were advised that measures were in place to reduce absence, including early intervention alongside increased communication to highlight the impact of non-attendance. Efforts to support staff through these processes had also continued.

The Chair thanked Dr Hepburn for the update and invited comments and questions from members.

In response to a question regarding the reduction in absence levels following staff relocation to Cardonald, members were informed that this improvement was attributable to historically lower absence rates in Lumina. With both centres now combined, the overall absence figure reflected this positive trend. Furthermore, Heads of Centre (HoCs) were working closely with staff to address the impact of absences.

The Board welcomed the proposal for an in-depth review of absence rates among new starters. Dr Hepburn explained that absence was typically higher when staff first began triage calls, as uncertainty regarding the nature of calls could be challenging. To address this, improvement plans were introduced to ensure staff received comprehensive training, mentorship, and encouragement from peer support.

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Board members also commended NHS 24 for hosting Kings Trust events in Cardonald and Dundee, which promoted inclusive recruitment, corporate parenting, and youth employment. Dr Hepburn confirmed that further open days were planned to raise awareness of all job opportunities, with the intention to continue similar initiatives in the future.

In summary, the Board was content to note the Workforce Annual Report.

**NOTED**

**12.**

**12.1 CLINICAL GOVERNANCE COMMITTEE**

The Board considered the approved minute of the Clinical Governance Committee meeting of 22 May 2025 [Paper No. Item 12.1a], and the Highlight Report of the meeting of 07 August 2025 [Paper No. Item 12.1b] and were content to note these. Ms Gibson, Vice Chair of Clinical Governance Committee, provided an overview of the key points of discussion from the last meeting, highlighting a presentation from Prof Dawn Orr, Associate Director of Nursing and Care which outlined the NHS 24 response to the Nursing & Midwifery Taskforce recommendations, strong existing structures, and leadership in areas such as flexible working, digital adoption, and workforce development.

The Chair thanked Ms Gibson for the update.

**NOTED**

**12.2 STAFF GOVERNANCE COMMITTEE**

The Board considered the approved minute of the Staff Governance Committee meeting of 08 May 2025 [Paper No. Item 12.2a], and the Highlight Report of the meeting of 31 July 2025 [Paper No. Item 12.1b] and were content to note these. Mr Webb, Chair of Staff Governance Committee, provided an overview of the key points of discussion from the last meeting, highlighting an outstanding audit report provided by the Internal Auditor, Azets and the success of the improved equality and diversity information included in cover papers.

**NOTED**

**12.3 AUDIT AND RISK COMMITTEE**

The Board considered the approved minute of the Audit & Risk Committee meeting of 05 June 2025 [Paper No. Item 12.3a] and the Highlight Report of the meeting of 14 August 2025 [Paper No. Item 12.3b] and were content to note these. Ms Gillie, Chair of Audit & Risk Committee, provided an overview of the key points of discussion from the last meeting, including a positive Internal Audit report and assurance that the Digital Transformation Programme had established good governance structures and processes. Azets evaluated the existence of processes to ensure the Programme and Project Management Office possess the capacity to support business and digital transformation, concluding that governance frameworks were clear and effective and noted ongoing work to develop strategic risk.

The Chair thanked Ms Gillie for the update.

**NOTED**

**12.4 PLANNING AND PERFORMANCE COMMITTEE**

The Board considered the approved minute of the Planning & Performance Committee meeting of 12 May 2025 [Paper No. Item 12.4a] and the Highlight Report of the meeting of 04 August 2025 [Paper No. Item 12.4b] and were content to note these. Mr Howe, Chair of Planning & Performance Committee provided an overview of the key points of discussion from the last meeting, noting that Ms Phillips was now the Executive Director with responsibility for Organisational Resilience and the proposed stage gate criteria for Phase Three of the DTP “go-live” across all boards.

The Chair thanked Mr Howe for the update.

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**NOTED**

**12.5 INTEGRATED GOVERNANCE COMMITTEE**

The Board considered the approved minute of the Integrated Governance Committee meeting of 05 December 2024 [Paper No. Item 12.5a] and the Highlight Report of the meeting of 24 June 2025 [Paper No. Item 12.5b] and were content to note these. Mr Webb, Vice Chair provided an overview of the key points of discussion from the last meeting, including a discussion about attendance at Committee meetings. The Committee agreed that Committee Chairs and Executive Leads would consider and agree appropriate attendance based on context and capacity.

**NOTED**

**13.**

**13.1 NHS 24 BOARD AND COMMITTEE COMPOSITION UPDATE**

The Board considered the paper 'NHS 24 Board and Committee Composition Update – October 2025' [Paper No. Item 13.1] presented by Ms Mathew, Board Secretary. The paper noted that the Cabinet Secretary has accepted Alan Webb's resignation as non-Executive Director and Vice Chair of the Board. His last day would be 30 September 2025. The Cabinet Secretary had also approved the appointment of Mr Martin Togneri as the Interim Vice Chair of the Board, with effect from 1 October 2025, until the end of his tenure on 31 March 2026. A competitive process to appoint to the Vice Chair of the Board would be undertaken in early 2026.

The Chair thanked Ms Mathew for the update and invited comments and questions from members. There were no questions raised.

In summary, the Board were content to approve the changes outlined within the updated Board and Committee Composition.

**APPROVED**

**14.**

**14.1 ANY OTHER COMPETENT BUSINESS**

**VALEDICTORY**

Mr Alan Webb

Mr Miller advised this was Mr Webb's last Board meeting. Mr Webb had been a non-Executive Director of NHS 24 Board for 7 years and fulfilled his role with commitment and integrity. He assumed the role of Chair of Staff Governance Committee and has worked tirelessly with the Director of Workforce to focus on improvements. Mr Webb oversaw the growth of NHS 24 when the Covid pandemic resulted in NHS 24 doubling the number of staff, increasing the range of services, and essentially moving from an Out of Hours service to a full 24/7 service. He has played a pivotal role in the governance and leadership of NHS 24. The Board wished to formally note thanks to Mr Webb for his commitment to the NHS 24 over the years and wished him well for the future.

**DATE OF NEXT SCHEDULED MEETING**

Thursday 30 October 2025, 10.00am

The meeting concluded at 12:30pm