

## NHS 24

**Minutes of the Meeting of the  
NHS 24 Board  
held on Thursday 30 October 2025 at 11:00am  
The Board Room, NHS 24, Lumina Building,  
40 Ainslie Road, Hillington, G52 4RU**

### **PRESENT**

Dr Martin Cheyne (Chair)

Ms Carol Gillie  
Ms Anne Gibson  
Mr David Howe  
Ms Amina Khan  
Mr Martin Togneri  
Mr Jim Miller  
Mr John Gebbie  
Mr Patrick Rafferty  
Mr Kenny Woods  
Dr Ron Cook

### **IN ATTENDANCE**

Dr Jacqui Hepburn  
Ms Ann-Marie Gallacher  
Ms Jo Edwards  
Ms Suzy Aspley  
Mrs Geraldine Mathew  
Mrs Paula Matchett (Minute)

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

The Chair welcomed everyone to the October Board Meeting.

Apologies were intimated on behalf of Ms Abeer Macintyre and Ms Liz Mallinson.

Officer apologies received from Ms Steph Phillips, Director of TSPP.

The Chair welcomed observers:

- Dr Allison Sharp, Head of Psychology, NHS 24
- Ms Anne MacDougall, NHS 24 Public Partnership Forum
- Mr Scott Murray, Team Manager, NHS 24

As this was a Board Meeting held in public, observers were reminded that they were not permitted to participate in the meeting.

### **NOTED**

### **2. DECLARATIONS OF INTEREST**

The Chair invited members to declare any interests in any of the items being discussed. 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 28 AUGUST 2025**

The Committee considered the minute of the previous meeting held on Thursday 28 August 2025 [Paper No. Item 03] and were content to approve the minute as a complete and accurate record, subject to the following amendment:

- Item 11.3 – Workforce Performance Report – Amended to “In summary, the Board was content to note the Workforce Performance **Quarterly** Report”.

**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 three 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 28 August 2025, and these were included as an appendix for information. The Chair welcomed questions on the items included.

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

Following recent discussions with the Chair of the Planning and Performance Committee and the Board Secretary, Dr Cheyne advised that Ms Gibson would step down from the Planning & Performance Committee with immediate effect. As Ms Gibson has now taken on the role of Chair of the Staff Governance Committee, she automatically becomes a member of both the Remuneration Committee and the Integrated Governance Committee, resulting in her membership of all committees except Audit & Risk Committee. This was a temporary arrangement, pending the appointment of the new non-Executive Director. The process to recruit to this vacancy, as well as the forthcoming vacancy arising when Mr Togneri completed his tenure on 31 March 2026, has commenced with the Public Appointments Team. It was noted that one of these positions would require a candidate with a clinical background to fulfil the responsibilities associated with the Chair of the Clinical Governance Committee. The Board would be kept updated as the process progressed. Membership of all committees would be reviewed following the new appointments and this would be presented to the Board for approval in due course.

**NOTED**

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**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 Digital Transformation Programme (DTP), Recruitment and Retention of Clinical Supervisors, the Reduced Working Week, and the Annual Review.

Mr Miller notified the Board that CC/CRM had gone live on 21 October 2025 and thanked all staff involved in the successful implementation of the new system.

NHS 24 had achieved a historic milestone in respect of clinical supervisor recruitment and Mr Miller noted that the organisation had reached and maintained a full establishment of 185 whole time equivalent (WTE) in August 2025.

The Board were notified that the Reduced Working Week (RW) had progressed into Phase 2, and a robust plan had been submitted to Scottish Government. All Boards were required to submit a plan to Scottish Government to support implementation of the remaining time reduction as of April 2026.

Mr Miller advised that the Annual Review had taken place on 30 September 2025 and thanked all staff involved in ensuring the session went smoothly. In response to a question, Ms Aspley advised that there were approximately 120 people in attendance to observe the session online including both members of the public and staff members.

An update was provided regarding collaboration and Mr Miller informed Board members that, following ongoing discussions with colleagues at Health Improvement Scotland (HIS) and as part of a collaborative approach, work was underway to formalise an arrangement for Mr Gebbie, Director of Finance to provide immediate support to HIS whilst recruitment to the HIS Chief Finance Officer post progressed. Once appointed, Mr Gebbie would mentor the new Chief Finance Officer, with the expectation that he would work with HIS until the end of March 2026. In addition, similar discussions were ongoing with HIS in relation to providing further support from the Deputy Chief Executive and Director of Workforce. It was noted that the ongoing collaboration with SAS was also progressing well.

Dr Cheyne thanked Mr Miller for the update and invited comments and questions from members.

Board members shared that they had participated in the Annual Review virtually and praised the high quality of the event and its content. While it was acknowledged that holding the session in person, as in previous years, might be preferable, it was agreed the virtual format was successful and worked well overall. It was noted that in person Annual Reviews may provide greater opportunity for members of the NHS 24 Public Partnership Forum (PPF) and Youth Forum (YF) to participate in proceedings, however members noted the insightful patient story kindly provided by a member of the public. Furthermore, this person had now become a member of the PPF.

In response to a question, Dr Cook advised that other Health Boards including NHS GGC, NHS Tayside, NHS Highland, and NHS Grampian had shown an interest in the Prof-to-Prof Flow Navigation Centre (FNC+) project which was ongoing between NHS 24 and NHS Lanarkshire. Further progress and improvements would be made via Service Transformation Programme.

The Board was content to note the Executive Report.

**NOTED**

**8.**

**8.1 PATIENT STORIES**

Mr Rafferty, Director of Nursing & Care, presented a compliment received from a patient who had contacted the 111 service. The patient reported that they were provided with an Out of Hours (OOH) appointment within two hours and were subsequently referred to the Queen Elizabeth University Hospital (QEUEH). Upon arrival at QEUEH, the patient underwent surgery at 00:30 and was able to return home by 14:30 the following day. The patient emphasised that, within a 24-hour period, they had received all necessary care, medication, treatment, and advice. The patient expressed gratitude to all staff involved across NHS 24, OOH, and QEUEH for the care provided.

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Mr Rafferty also summarised a complaint concerning guidance on NHS inform relating to the treatment of urinary tract infections (UTIs). The complainant stated that NHS inform advised seeking assistance from a pharmacy; however, upon attending the pharmacy, they were informed that pharmacists were unable to treat men for UTIs, the patient was then advised to consult their GP, resulting in a delay to their care.

In response to this complaint, the guidance on NHS inform was revised to more clearly indicate that men should consult their GP for UTI treatment. NHS 24 issued an apology to the patient and provided an update regarding the actions taken and improvements implemented, with the patient expressing satisfaction with the outcome.

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

Mr Rafferty informed the Board that one of the patients featured in the video at the previous Board meeting had agreed to participate in the winter campaign. This development was welcomed, as it represented a valuable opportunity for the individual to share their experience with a broader audience.

### **NOTED**

**9.**

#### **9.1     CORPORATE DELIVERY PLAN UPDATE**

The Board considered the paper 'Corporate Delivery Plan' [Paper No. Item 09.1] presented by Ms Edwards, Director of Service Delivery. The Board was asked to note the status of the 2025/26 delivery action plan as part of 2024-27 Corporate Delivery Plan (CDP). Ms Edwards reported that seven actions had been amended and updated, with two additional actions under development, all in preparation for the transition from the Digital Transformation Programme (DTP) to the Service Transformation Programme (STP). She further confirmed that a comprehensive transition plan and a robust action plan were in place to facilitate a seamless handover.

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

In response to an enquiry regarding the pause in the Kaizen Blitz workshops and any associated risks or impact, Ms Edwards clarified that the pause was solely a matter of prioritisation, enabling staff to undergo training for DTP. She assured the Board that the workshops would resume in January 2026, with sessions to be made available to staff two days per week.

A question was raised regarding the continued use of physical cards for clinical supervision alongside the new system. Ms Edwards explained that the physical cards remained in use; however, their necessity had diminished as the new system provided notifications, which were displayed on the wall board displays.

Additionally, a query was made which concerned the review of the Mental Health Service and engagement with the public and third sector. Ms Edwards advised that while work in this area was ongoing, it had been temporarily paused due to DTP but would be resumed and progressed further in the coming period.

Board members observed the increased number of actions categorised as amber within the update and enquired whether NHS 24 could take further steps to expedite progress and return these actions to plan. Mr Miller responded that not all actions carried the same level of priority and explained that resources would be enhanced as staff were released from the Digital Transformation Programme. This, he noted, would subsequently improve capacity in key areas, thereby allowing for a recalibration of delivery expectations.

Dr Hepburn reported that progress had been achieved in collaborative efforts with the Scottish Ambulance Service (SAS). She further stated that a Project Initiation Document (PID) had been received from the Scottish Government, outlining the strategic direction for future collaboration. In response, SAS and NHS 24 had completed work on an implementation PID to address the Scottish Government's request.

Ms Gallacher provided an update on the Managers Performance Toolkit which was being developed to offer comprehensive support and guidance to Senior Charge Nurses and Team Managers, to enhance overall service performance by clearly outlining expectations. In addition to this an escalation process was in place.

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Board members were assured that the CDP was monitored through the Planning and Performance Committee (PPC) for assurance and would be reviewed at the next meeting.

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

**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 report provided assurance on the quality and performance of services provided for the period ended 30 September 2025. Ms Edwards updated that call volume had increased 6% in comparison to September 2024 and had decreased 2% from August 2025. She reported that Phase 1 of Digital Transformation maintained very positive access figures, with the average time to answer 4 minutes and just 2.4% calls abandoned after threshold (target 5 minutes). 79% calls were answered within the threshold (target 50%).

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

A discussion was held regarding the delay in call handling times, with members being assured that this was a minor delay attributable to staff familiarising themselves with the new system.

In response to a question about the virtual queue issue, Ms Gallacher clarified that there was no loss of calls; the sole impact was on the virtual queue which was not made available to patients. She further noted that there was no provision in the previous contract to pursue penalties against the supplier for the outage, however assured members that the new contract was significantly different.

The Board also discussed the positive trend in A&E attendance figures and noted that this improvement was the result of more members of the public choosing to call 111 prior to attending A&E.

A query was raised regarding the maximum time to answer, which had reached eight hours and three minutes. Ms Edwards explained that this occurred during the outage, when a call became stuck within the virtual queue for that period.

There was discussion regarding staff absence levels, with consideration given to other measures NHS 24 could implement to improve attendance, over and above the current improvement activities. Dr Hepburn reported that a detailed review of absence levels had taken place and a process was now in place to support staff returning to work to undertake alternative duties to facilitate their return. It was agreed that this matter would be remitted to the Staff Governance Committee for further discussion and review. In response to a query about the volume of absences related to stress, anxiety, and depression, members were assured that these were personal rather than workplace-related issues. Dr Hepburn proposed that Staff Governance Committee undertake a workshop session on absence management, the outcome of which would be presented to the Board in due course.

**ACTION:** Dr Hepburn

Members expressed concern regarding the sixth consecutive monthly increase in the volume of 999 calls, now at 9%. Ms Edwards advised that a review meeting with the SAS Clinical Hub was scheduled for 4 November, which she would attend alongside Dr Cook and Mr Rafferty.

Board members were assured that all service delivery audit actions were green, and it was noted that other Health Boards had expressed interest in adopting NHS 24's approach to management and implementation of audit actions.

The Board was content to note the status and overview of the Corporate Performance Report.

**NOTED**

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**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 Month 6 Finance Report which detailed the financial position of NHS 24 for the period April to September 2025. Mr Gebbie reported an underspend of £108k at Month 6 of the financial year, with the total financial allocation anticipated to be £137.0m for 2025/26. The savings target was £4.9m for 2025/26 with £3.1m of this achieved at Month 6.

The Chair thanked Mr Gebbie for the report, and the Board was content to note the Financial Performance Report.

**NOTED**

**10.3 WORKFORCE PERFORMANCE REPORT**

The Board considered the paper 'Workforce Quarterly Report Quarter 1 April – June 2025' [Paper No. Item 10.3] presented by Dr Hepburn, Deputy Chief Executive & Director of Workforce. The Board was asked to note the progress made in quarter 2 (July to September 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 highlighted key points including the Clinical Supervisor establishment target had been achieved in August 2025, and emphasis would now be placed on sustaining the 185 WTE target through continued recruitment initiatives. The turnover rate for Quarter 2 stood at 1.29%. Furthermore, it was confirmed that the public launch of the Anti-Racism Plan would coincide with Black History Month.

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

In response to an enquiry concerning the number of employee relations cases related to Grievance and Bullying and Harassment, Dr Hepburn provided an overview of a number of activities underway including communications to improve completion rates of the e-learning module, a campaign which had been launched to enhance staff awareness in these areas, encompassing mandatory training requirements and ongoing communications through Team Talk. Dr Hepburn also confirmed that this matter remained a priority for discussion at the Staff Governance Committee.

A question was raised about the retention of clinical supervisors and what was being done differently. Dr Hepburn provided an overview of a wide range of activities that have been undertaken including improvements to the core training programme, a review of recruitment to ensure candidates were better informed, and activities to ensure new clinical supervisors were appropriately trained and supported through coaching. It was also noted that the shift to recruitment of more full-time posts, in conjunction with the provision of enhanced core training upon appointment, had positively impacted retention.

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

**NOTED**

**11.**

**11.1 ANY OTHER COMPETENT BUSINESS**

The Chair invited members to raise any other competent business.

The Chair noted that Ms Macintyre had recently been instrumental in developing some research regarding meetings conducted via virtual methods versus in person meetings. Dr Cheyne was keen to hear about this research at a future Board Workshop session, and the Board agreed this would be very useful. Mrs Mathew would liaise with Ms Macintyre to arrange a suitable time at a future Board Workshop.

**ACTION:** Mrs Mathew/Ms Macintyre

**NOTED**

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**DATE OF NEXT SCHEDULED MEETING**

Thursday 18 December 2025, 10.30am.

The meeting concluded at 12:22pm