

## NHS 24

**Approved Minutes of the Meeting of the  
NHS 24 Clinical Governance Committee  
held on Thursday 7 August 2025 at 10am  
Boardroom, Lumina/MS Teams**

### **PRESENT**

Ms Anne Gibson (in the Chair)  
 Mr Martin Togneri  
 Dr Martin Cheyne  
 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
Dr Jacqui Hepburn (For Item 8.2)	Deputy Chief Executive Officer & Director of Workforce
Dr John McAnaw	Associate Clinical Director
Prof Dawn Orr	Associate Director of Nursing and Care
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Laura Neil	Lead AHP/Interim Head of Clinical Governance and Quality Improvement
Ms Steph Phillips	Director of Transformation, Strategy, Planning & Performance
Ms Linda Robertson	Head of Risk Management
Ms Karen Donald (For Items 6.3, 8.1)	Patient Experience Manager
Mr Dan Harley (For Items 6.4, 7.5, 7.6)	Quality Improvement and Evaluation Manager
Mr Garry Anderson	Observer, Clinical Governance Lead
Mr Billy Togneri	Observer, Clinical Services Manager
Ms Geraldine Mathew	Corporate Governance Manager
Mrs Ann Campbell (Minute)	

### **01. WELCOME, APOLOGIES AND INTRODUCTIONS**

The Chair welcomed members present to the August 2025 meeting of the Clinical Governance Committee. Apologies were intimated on the behalf of John Gebbie, Jennifer Rodgers, Maureen Burns and Fenella Hynes.

### **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 22 May 2025**

The Committee considered the minute of the previous meeting held on 22 May 2025 [Paper No. 03], and were content to approve these, subject to the following amendments:

Page 4, item 6.1 Whistleblowing Annual Report, paragraph 4 corrected from 'as well as the cultural progress within HR' to 'driven by HR'.

Page 4, Item 6.2, Public Partnership and Youth Forum Annual Update, paragraph 4 Correction to UNCRC.

The Committee 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 4 actions were closed.

**APPROVED**

**05. REPORT OF THE CLINICAL DIRECTORS**

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

Dr Cook highlighted the Flow Navigation Centre (FNC) Plus initiative, which had significantly increased diversion rates from Emergency Departments, while new direct referral pathways for oral maxillofacial services improved patient experience by streamlining care and reducing unnecessary visits. The Realistic Medicine and Sustainability Network had convened for its first meeting, working to embed sustainability practices into daily care and expand related training. Recognition was also given to Dr Julie Ronald for her selection to the Scottish Quality and Safety Fellowship.

Mr Rafferty noted that the NHS 24 Digital Patient Survey indicated a high number of patients felt involved in decisions and understood their care. The Kaizen Blitz initiative, which provided rapid education workshops for clinical teams was also referenced – feedback demonstrated improved staff confidence and efficiency, in some incidences reducing clinical talk time by up to 12 minutes, with ongoing efforts to maintain these results.

The Chair thanked Dr Cook and Mr Rafferty for the updates and invited comments and questions from members.

In response to an inquiry about the potential resource implications of expanding the Advanced Nurse Video Triage, specifically whether more staff would be needed, Dr Cook clarified that no additional staff would be employed; instead, the service would be extended to a broader group of existing staff, focusing on sustainability. In response to concerns that video consultations might take longer Dr Cook advised that Advanced Nurse Practitioner assessments potentially reduced talk time by decreasing uncertainty and providing clearer clinical information, making the process more efficient. Further discussion centred

on the FNC Plus service, with questions about staffing and immediate clinical availability; Dr Cook emphasised that national consistency depended on available rotas of senior clinician decision makers.

Lastly, it was noted that the organisation was seen as change positive and learning agile, with external consultants commenting on the high level of enthusiasm and engagement for change during a recent workshop. There was emphasis on the need to coordinate, evaluate, and measure changes to ensure alignment with strategy, and recognition that developing the right culture was essential to support ongoing transformation.

**NOTED**

**ITEMS FOR APPROVAL**

**6.1 PUBLIC PROTECTION ANNUAL REPORT**

The Committee considered the paper 'Public Protection Annual Report 2024-25' [Paper No. 6.1] presented by Prof Dawn Orr, Associate Director of Nursing and Care on behalf of Maureen Burns, Lead Nurse Public Protection.

The below points were highlighted

- National public protection standards were being met, with strong workforce development and high rates of training compliance.
- Child referrals decreased by 13% and child protection referrals rose by 11%, mainly due to improved training and focus; adult referrals decreased by 17%, but adult protection referrals rose by 24%.
- Roles and reporting structures were being redesigned for improved efficiency and data accuracy, including more detailed breakdowns by age and area.
- Children's rights training and governance was now fully embedded across the organisation, supported by ongoing audit and cross-team collaboration.

Concerns were raised about the clarity and presentation of certain graphs within the public protection annual report. (p.6 and p.10). It was agreed these elements were corrected before publication.

Additionally, a claim in the report regarding forecasting future trends was questioned, with the suggestion that either a forecasting section should be added or the reference to forecasting should be removed.

**ACTION: Dawn Orr**

Questions were raised about responsibility for addressing concerning trends in the data and the need to move beyond collection to response. It was clarified that such trends were discussed at a national level and reported to the government, though many challenges, such as the rise in mental health cases, were associated with broader societal issues. The discussion emphasised integrating identification and referral into proactive strategies and leveraging national leadership to promote effective preventative work.

The decrease in follow-up rates for adult referrals was questioned, with respect to uncertainty regarding the causes, possible effects, and the organisation's responsibilities in this matter. It was clarified that reporting practices may be a factor since follow-ups were recorded in patient files. The Protection Team continued to liaise with social work to ensure appropriate follow-up was undertaken.

Further discussion focused on the annual report's reference to a decline in referral timescales. However, it was noted that the report lacked sufficient detail or trend visibility, which made it challenging to assess the extent of the issue. The importance of including trends for referral timescales was discussed and the need to standardise data presentation was agreed. It was noted that the quality management group was working towards greater consistency and improved visibility across all reports.

The committee approved the report pending review of a revised version addressing concerns highlighted above, which would be circulated for virtual approval prior to publication on the NHS 24 intranet.

## APPROVED

### 6.2 DUTY OF CANDOUR ANNUAL REPORT

The Committee considered the paper 'Duty of Candour Annual Report 2024-25' [Paper No. 6.2] presented by Ms Laura Neil, Lead AHP/Interim Head of Clinical Governance and Quality Improvement on behalf of Fenella Hynes, Clinical Governance Manager.

Ms Neil highlighted that a total of 53 adverse events were reported, with 10 identified as duty of candour cases, marking a reduction from the previous year even though the overall number of adverse events increased. All duty of candour obligations were fulfilled, including contacting patients and families, offering apologies, and conducting comprehensive reviews. Improvements and action plans were put in place and were continually monitored by the National Patient Safety Group. While no families requested meetings, those who were contacted expressed reassurance with the process.

The committee welcomed the inclusion of improvement actions in the Duty of Candour report, noting their significance for patient safety. It was discussed whether reporting lessons learned exceeded legislative requirements, as these were addressed separately in regular adverse event forums, and there was consideration about potential duplication. The process for tracking actions—assigning ownership and timelines, with regular monitoring—was outlined, and it was suggested this process be made explicit in future reports.

It was also noted that the quality of reporting had resulted in families not seeking further follow-up, reflecting satisfaction with how incidents were managed, and it was agreed that this positive aspect should be highlighted in the report.

The Committee were content to approve submission of the report to the NHS 24 Board for approval of publication and submission to the Scottish Government.

## APPROVED

### 6.3 PATIENT FEEDBACK ANNUAL REPORT

The Committee considered the paper 'Patient and Service User Feedback Annual Report 2024-25' [Paper No. 6.3] presented by Ms Karen Donald, Patient Experience Manager.

Ms Donald highlighted the below points from the report

- Feedback increased by 30.7%, largely due to enhanced reporting and the inclusion of non-NHS 24 responses.
- The "not applicable" category streamlined closure of cases lacking sufficient detail.
- Stage 2 complaints fell significantly, while compliments rose by nearly 24% and were widely shared with staff.
- Stage 1 complaints averaged 14 working days to resolve, often delayed by system changes and clinical investigations.
- Only 35% of stage 1 complaints met the closure target, prompting process improvements for future timeliness.
- The Patient Experience Team earned the Spotlight Award for Outstanding Team.

Mr Rafferty observed that NHS 24 faced distinct challenges in handling stage 1 complaints. Delays in resolving these cases often occurred because staff may not be immediately available for clinical investigations, making it difficult to meet the five-day closure target. The delays were due to operational

structure, not team commitment. Mr Rafferty suggested that reviewing how complaints were classified—particularly when clinical investigations were involved—could help ensure each case was managed appropriately and with the necessary assurance.

The Committee asked about national comparisons and noted that annual reporting by the SPSO exists, but direct comparison was an issue owing to inherent differences particular to each Board.

The Committee were content to approve submission of the report to the NHS 24 Board for approval of publication and submission to the Scottish Government.

## APPROVED

### 6.4 111 DIGITAL PATIENT SURVEY PROGRAMME ANNUAL REPORT 2024-25

The Committee considered the paper ‘NHS 24 111 Digital Patient Survey Programme Annual Report 2024-25’ [Paper No. 6.4] presented by Mr Dan Harley, Quality Improvement and Evaluation Manager.

Mr Harley highlighted the below points to the Committee

- The 111 Digital Patient Survey Programme improved response rates from 4% (postal) to 15% (digital).
- Webropol platform with AI integration reduced qualitative analysis time from four days to one hour.
- Survey data supported assurance, service improvement, and allowed targeted reporting across 111 services.
- Risks included automation, repeat callers, opt-out management, and accessibility; oversight group established for monitoring.
- Future developments included expansion of surveys to other NHS 24 channels (e.g., Webchat, NHS inform) and enhancing equality and diversity data.

The Committee noted strong support for the transition from paper to digital methods in the 111 Digital Patient Survey Programme.

The below concerns were noted by the Committee

- A governance point was raised regarding whether the Committee was the appropriate approval body for the annual report's publication.
- It was noted that the report stated the feedback process ensured the maximum possible patient participation, but the actual methodology used a limited sample which stopped sampling once statistical significance was reached; the Committee agreed that the wording should be amended to reflect this accurately.

#### ACTION: Mr Harley

- Clarifications were requested on whether the programme had been reviewed by the EMT, the need for a budget statement, and more detail on the cost-benefit analysis, especially regarding time savings from the AI tool.

It was clarified that the paper should be recorded as ‘For Noting’ and that any Business Case would proceed to EMT. Ms Mathew agreed to check the governance process in relation to Committee Approval of Annual Reports (whether this can be given by standing committees or if formal Board approval was required), particularly for the discussed report.

#### ACTION: Ms Mathew

It was also clarified that the paper was not for publication but that elements of the paper were to be shared publicly on the web (in liaison with the Communications Team). Discussion to be held to develop communication plan.

**ACTION: Mr Rafferty, Dr Cook, Ms Edwards**

The Committee were content to note the report.

**NOTED**

**ITEMS FOR ASSURANCE**

**7.1. NATIONAL QUARTERLY HEALTHCARE QUALITY REPORT**

The Committee considered the paper 'National Quarterly Healthcare Quality Report' [Paper No. 7.1] presented by Ms Laura Neil, Lead AHP/Interim Head of Clinical Governance and Quality Improvement on behalf of Fenella Hynes, Clinical Governance Manager. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period April to June 2025. Ms Neil provided an overview of the key activities outlined in the report and the below points were highlighted.

- The first adverse event involving multiple patients was completed, which allowed for identification of themes through partner feedback and a proactive review approach.
- Metrics in the mental health hub showed improvement throughout the quarter.
- An error was identified on Slide 6 (Chart 3) - the adverse event percentage should read 57% (not 0%) for May.

In response to a question about the impact of Phase 2 of the Digital Transformation Programme on the Mental Health Hub, assurance was given that mitigation was in place to reduce any risk of our reduction in service levels despite some staff absences for training. Training has been offered as additional hours to minimise disruption. The hub's performance has improved, with above-median results for calls answered within five minutes, and ongoing efforts were in place to manage risks associated with training and staffing changes.

Mr Rafferty explained that the five-minute target for answering calls was a nationally agreed key performance indicator, supported by the introduction of an IVR system to help manage demand, especially during busy periods such as after GP surgeries closed. Alongside the 50% within five minutes standard, other metrics—including the longest wait and the 90th percentile wait time—were tracked to give a comprehensive view of call hub performance.

Ongoing challenges with completing adverse event investigations within required timelines were noted, largely due to capacity limitations and difficulties in contacting staff (some of whom may have left the organisation). To address these issues, measures such as improved communication, progress monitoring templates, and additional investigator training have been implemented. These efforts have led to recent improvements, and further positive progress was anticipated in future reports.

Regarding Clinical Reviews (slide 11), the Committee suggested the addition of trend information for better comparison and benchmarking of data.

The Committee were content to note the paper.

**NOTED**

## **7.2. RISK MANAGEMENT UPDATE**

The Committee considered the paper ‘Risk Management Update’ [Paper No. 7.2] presented by Ms Linda Robertson, Head of Risk Management on the behalf of Mr John Gebbie, Director of Finance. The paper provided an update on all primary and secondary category clinical risks to the organisation as of 23 July 2025.

Ms Robertson noted minimal changes in the overall risk profile and highlighted ongoing improvement work to develop the risk management process.

The Committee asked for some background on the new risk—RI-0030960— relating to whistleblowing, this was provided by the Whistleblowing Champion.

In response to a question about whether risk scores were expected to decline progressively as actions and mitigations were implemented throughout the year, rather than only at the year’s end, Ms Robertson agreed that risk scores were expected to decrease gradually as mitigations were put in place, and the team was enhancing reporting to better track and present these changes over time.

The Committee were content to note the paper.

### **NOTED**

## **7.3 WHISTLEBLOWING UPDATE**

The Committee considered the paper ‘Whistleblowing Update Q1 2025-26’ [Paper No. 7.3] introduced by Dr Cook, Medical Director who noted that whistleblowing had been covered in the discussion of the previous item. He confirmed there were no new whistleblowing incidents for the current quarter.

The Committee noted that additional steps were being taken to strengthen staff confidence in the whistleblowing process, such as enhanced communication, regular updates, anonymous reporting channels, and staff surveys.

The Committee were content to note the paper.

### **NOTED**

## **7.4 HEALTHCARE STAFFING ACT UPDATE**

The Committee considered the paper ‘Healthcare Staffing Quarterly Update Q1 2025-26’ [Paper No. 7.4] introduced by Dr Cook, Medical Director who noted that the report showed all assurance standards were green. Prof Orr reported that a process for real-time staffing and risk escalations has been established and was now fully embedded, implemented over the last two quarters. There has not yet been a need to use this process.

The Committee were content to note the paper.

### **NOTED**

## **7.5 QUALITY IMPROVEMENT AND EVALUATION ANNUAL REPORT**

The Committee considered the paper ‘NHS 24 Quality Improvement and Evaluation Team Annual Report 2024-25’ [Paper No. 7.5] presented by Dr Cook, Medical Director.

The Committee noted that the report indicated that the team had broadened its role from continuous improvement to include innovation, such as testing new survey methodologies and feedback mechanisms. The survey project served as an example, as the team worked to expand its application to areas like webchat and the mental health hub. Additionally, the FUNdamentals program was highlighted as a successful and distinctive approach to staff development that could inform broader collaborative efforts, and discussion took place about using this programme to promote a culture of innovation and partnership across organisations.

Ms Phillips clarified that NHS 24 had established a change framework and impact assessment process to ensure objectives were clear before investing in new initiatives, stressing the importance of identifying evaluation and benefits from the outset. She described a virtuous cycle for delivering projects and highlighted that future ambitions would be refined in the strategy refresh, with a particular focus on NHS 24's contribution to the wider system. Innovation and new ways of working, supported by the QI team and Quality Management group, were identified as central to developing a consistent approach aligned to strategic goals.

During the discussion, questions were raised about NHS 24's status as a centre of innovation. NHS 24 was recognised for its strong voice in forums related to quality improvement and methodology, and its influence was evident at the NHS Scotland national event, where its innovative work was showcased. Innovation opportunities were also highlighted through NHS 24's partnerships, including projects with the University of Strathclyde which were in the early stages, focused on data research, staff wellbeing, and AI-driven workforce planning.

A question was raised about whether there was any methodology or perspective within the organisation regarding the cycle time for implementing change, with particular interest in accelerating the process from identifying issues to delivering solutions. In response, it was explained that the organisation has developed a formal change impact assessment process, which involved prioritisation, clinical safety, deliverability, and technological alignment, all overseen by appropriate governance groups to ensure effective evaluation and oversight.

The Committee were content to note the paper.

**NOTED**

**7.6 PATIENT SATISFACTION SURVEY REPORT**

The Committee considered the paper 'Patient Satisfaction Survey Report Q1 (April – June 2025)' [Paper No. 7.6] introduced by Dr Cook, Medical Director.

The results were summarised as positive, with green ratings across all services for unwell primary care calls and FNCs, highlighting encouraging commentary on the new FNC service. Dr Cook noted that there was still work to do for dental and mental health services, cautioning that some comments reflect broader system frustrations rather than issues specific to NHS 24, and emphasised the aspiration to move all areas into green territory.

The Committee were content to note the paper.

**NOTED**

## **7.7 STAKEHOLDER ENGAGEMENT AND INSIGHTS QUARTERLY UPDATE**

The Committee considered the paper ‘Stakeholder Engagement and Insights Quarterly Update’ [Paper No. 7.7] presented by Ms Stephanie Phillips, Director of Transformation, Strategy, Planning & Performance.

Ms Phillips highlighted a strong focus on digital and service transformation, with particular attention given to developing tube maps and understanding service pathways. Progress was noted, especially through involvement in a successful event that brought together multiple organisations and educated nearly 2,000 primary school children about accessing services.

A question was raised regarding how staff could be better supported with the Equality Impact Assessment (EQIA) process, specifically referencing the common issue of papers lacking detailed information in this area and inquiring about the expected improvements from new support initiatives. In response, it was explained that efforts had been made to promote more proactive and meaningful use of the EQIA process. Training sessions had been introduced to help staff apply the process more effectively, with the goal of significantly improving the quality of EQIA contributions in future papers.

The Committee were content to note the paper.

### **NOTED**

## **7.8 QUALITY FRAMEWORK UPDATE**

The Committee considered the paper ‘Quality Framework Update July 2025’ [Paper No. 7.8] presented by Ms Laura Neil, Lead AHP/Interim Head of Clinical Governance and Quality Improvement.

Ms Neil reminded the Committee that the Quality Framework had been first approved in June 2023 to cover 2023–2026 and regularly updated since. The Quality Management Group met monthly, refreshed its aims, terms of reference, and action plan to align with the corporate delivery plan, and established six priority areas, each with a lead and timeline. These priorities included topics such as the change impact assessment and improved data presentation. The new plan built on previous actions and focused on more robust, meaningful work, with good engagement reported. A full refresh of the framework was scheduled for 2026–2027, and further updates would be provided as necessary. The Committee was invited to give feedback and ask questions after the update, but no comments were made.

The Committee were content to note the paper.

### **NOTED**

## **7.9 MINUTES OF SENIOR CLINICAL FORUM MEETING**

Dr McAnaw, Associate Clinical Director advised that the Senior Clinical Forum had not met in July due to significant annual leave, and a minute was therefore unavailable. The meeting had been rescheduled, with the group expected to focus on preparations for the annual review in September.

## **7.10 MINUTES OF NATIONAL CLINICAL GOVERNANCE GROUP**

The Committee received the minutes of the National Clinical Governance Group meeting of 23 January 2025 and were content to note these.

## ITEMS FOR NOTING

### 8.1 PATIENT EXPERIENCE AUDIT

The Committee received the paper 'Patient Experience - Internal Audit Report' [Paper 8.1], presented by Dr Cook, Medical Director.

Dr Cook noted that the patient experience audit, had already been presented to the Audit and Risk Committee. The report was taken as read, with minor improvements noted which were already being addressed. A question was raised regarding the fairness and consistency of the complaints handling procedure, particularly in light of previous concerns about response rates and a low percentage of complaints handled within the designated timeframe. It was acknowledged that, despite occasional difficulties in meeting key performance indicators, the service provided to patients through the complaints process was considered very good, with detailed interaction and engagement from the patient experience team. Dr Cook clarified that the focus of the audit conducted was the process followed.

The Committee were content to note the paper.

#### NOTED

### 8.2 DTP TRAINING UPDATE – CCCRM PHASE 1 TRAINING EVALUATION REPORT

The Committee received the paper 'Digital Transformation Programme (DTP) – CC/CRM: Training and Learning Project Progress Update' [Paper 8.2], presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. Phase one training had been completed for 114 staff with high levels of confidence, effectiveness, and competence, while phase two mental health training had been delivered to 147 staff and its evaluation was pending. Phase three training was noted as ongoing and ahead of schedule. The availability of two ongoing processes for staff was confirmed: an e-learning module and refresher training for those previously trained.

The Committee were content to note the paper.

#### NOTED

## COMMITTEE BUSINESS

### 9.1 COMMITTEE WORKPLAN 2025/26

The Committee considered the Workplan for 2025/26 and noted the planned items for upcoming meetings. The Workplan would be updated to reflect that Mr Rafferty has been appointed to the role of Director of Nursing & Care.

ACTION: Ms Campbell

### 9.2 REFLECTION ON COMMITTEE PAPERS AND KEY POINTS RELEVANT TO GOVERNANCE COMMITTEES

The Committee reflected on papers presented today and agreed that important points had been made in relation to governance, presentation and formatting (See items 6.1 and 6.4).

### 9.3 COMMITTEE HIGHLIGHTS FOR THE BOARD

Ms Campbell to draft the Committee Highlights Report for review and approval by Ms Gibson

ACTION: Ms Campbell

**9.4 AOCB**

None

**IMPROVEMENT UPDATES AND DISCUSSION**

**10.1 NHS 24 RESPONSE TO THE NURSING & MIDWIFERY TASKFORCE RECOMMENDATIONS**

Prof Dawn Orr, Associate Director of Nursing and Care provided a presentation on the NHS 24 response to the nursing & midwifery taskforce recommendations. The presentation outlined that NHS 24 was largely compliant with the Nursing & Midwifery Taskforce recommendations, already having established strong structures. The organisation had demonstrated leadership in flexible working, staff health strategies, digital adoption, workforce development, and escalation processes. Compared to the wider NHS, NHS 24 had advanced further in areas such as psychological safety, leadership development, and fostering a supportive culture. It was expected to play a central role in future efforts to attract and develop nurses, including digital transformation and new entry pathways.

During the discussion that followed, participants reflected on NHS 24's proactive approach and the national challenges in nurse recruitment, including potential shifts away from traditional university pathways and gender imbalance in the profession. Questions were raised about the possibility of international recruitment and targeted campaigns. It was clarified that NHS 24 did not face recruitment difficulties and therefore large-scale interventions were unnecessary. The conversation also explored nursing apprenticeships, noting Scotland's slower adoption compared to England and considering future involvement for NHS 24, as well as the need for collaboration with territorial boards due to the organisation's specialist nature. The suitability of apprenticeships for nursing roles was questioned, with responses indicating that they may be more appropriate for support workers rather than registered nurses. Retention challenges were acknowledged as a topic for future focus.

**DATE OF NEXT SCHEDULED MEETING**

Thursday 6 November 2025, 10am, Boardroom, Lumina/MS Teams.

The meeting concluded at 1pm.