

**NHS 24
BOARD MEETING
18 DECEMBER 2025
ITEM NO 11.1
FOR ASSURANCE**

**KEY POINTS OF THE CLINICAL GOVERNANCE COMMITTEE HELD
ON 6 NOVEMBER 2025**

Executive Sponsor:

Mr Martin Togneri, Committee Chair

Lead Officer/Author:

Ms Ann Campbell, Committee Secretariat

Action Required:

The Board is asked to note the key points for assurance from the Clinical Governance Committee meeting held on 6 November 2025.

1. Purpose of the report

This report provides the NHS 24 Board with an update on key issues arising from the Clinical Governance Committee meeting held on 6 November 2025, at 10:30am, Boardroom, Lumina/MS Teams.

2. Recommendation

The NHS 24 Board is asked to receive and note the key points outlined.

3. Patient Experience and Service User Feedback Annual Report 2024/25

The Committee considered a paper for endorsement presented by Mr Rafferty, Executive Director for Nursing & Care. The Committee discussed the revised annual report, focusing on content accuracy, benchmarking, and public presentation. The paper was endorsed.

4. National Quarterly Healthcare Quality Report

The Committee received a paper presented by presented by Ms Laura Neil, Lead AHP/Interim Head of Clinical Governance. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period July to September 2025. In-depth discussion followed, discussion points included: Exclusion of Ayrshire and Arran data and delays in adverse event reports; Progress and challenges in complaints categorisation and learning actions; Concerns about adverse event reporting rates and completion times; KPI suspension and clinical investigation timescales; Priority learning metrics and organisational recommendations; SAS referrals and engagement, low-demand helpline review, and sampling issues in Pharmacy Clinical Support. The paper was noted.

5. Risk Management Update

The Committee considered a paper presented by Mr John Gebbie, Director of Finance. The introduction of a new risk (RI-0037580) related to population access needs and health inequalities was noted, replacing an earlier closed risk and clarified in scope, with oversight now assigned to the Clinical Governance Committee as its remit more suitably covers issues of inequality, rather than the Staff Governance Committee. The risk is currently rated at 12, with a target of 6 by April 2027. The Committee raised concerns about unclear deliverables and measurement of progress but was assured that ongoing monitoring and metrics would guide mitigation efforts, with a commitment to greater transparency. The organisation also confirmed a robust approach to ICT cyber risk, maintaining industry-standard practices amid evolving threats. The paper was noted.

6. Patient Satisfaction Survey Report

The Committee considered a paper presented by Mr Rafferty, Director of Nursing & Care. The paper highlighted the use of AI for feedback analysis and the interpretation of qualitative data, which led to a nuanced discussion. Points discussed included:

- AI-generated summaries and their limitations.
- Segmentation of feedback and the challenge of interpreting polarised responses.
- Use of the collaboRATE tool and the importance of qualitative analysis for assurance.

The paper was noted.

7. Public Protection Support to NHS NSS

The Committee received a paper for awareness presented by Mr Rafferty, Director of Nursing & Care. It was noted that NHS 24 had supported NHS National Services Scotland (NSS) on public protection over recent years, primarily through educational initiatives and governance improvements, with the partnership now cemented by a memorandum of understanding. Although only a few cases were recorded this year, the arrangement aims to strengthen public protection expertise within NSS. The agreement features a "no cost" clause and allows for four weeks' notice to exit, providing flexibility if future support requirements change. Questions regarding the impact of the merger between NSS and NES were addressed, with assurance that current processes and the agreement will remain unchanged for now, although they may be revisited if merger circumstances affect support needs.

8. Deep Dive – Psychological Services

The Committee received a presentation from Alison Sharp, Head of Psychology who outlined recent developments in Psychological Services, focusing on improving adult mental health access through expanded digital interventions such as the Silver Cloud programme and planned video appointments. The update on psychological services generated questions about access, interventions, staff well-being, and support for high-intensity users.

The Committee discussion that followed centred on several key areas: concerns about the lack of digital mental health access for young people, the approach to supporting high-intensity service users, and the influence of psychological support on staff well-being and absence rates. The potential for psychological expertise to aid

recruitment for resilience-focused roles was also explored. It was clarified that government directives currently prioritise adult services, with future expansion to children and young people under consideration. Personalised interventions for high-intensity users and a suite of staff well-being measures were outlined, including digital tools, supervision, and targeted training. The need to normalise feelings of distress and avoid unnecessary medicalisation was stressed. Collaborative opportunities between allied health and psychological services were identified, particularly for occupational needs and supporting those awaiting neurodiversity assessments. Finally, the potential for early intervention and crisis support for young adults in A&E was discussed as a means to prevent escalation and unnecessary entry into long-term mental health pathways.

10. Date of Next Meeting

Thursday 5 February 2026, 10:30am.