

**KEY POINTS OF THE FINANCE & PERFORMANCE COMMITTEE HELD
ON 31 JANUARY 2019.**

Executive Sponsor:	Mr Mike McCormick
Lead Officer/Author:	Executive Assistant
Action Required	The Board is asked to note the key points for assurance from the Finance & Performance Committee meeting held on 31 January 2019.

1. Purpose of the report

This report provides the NHS 24 Board with an update on key issues arising from the Finance & Performance Committee meeting held on 31 January 2019.

2. Recommendation

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

2.1 The Committee noted an update on the discussions with Scottish Government on the outstanding brokerage. Ms Foster advised discussions are ongoing including consideration of options to recurrently fund the NHS 24 Strategy. The Committee sought that consideration be applied regarding the level of additional brokerage to be repaid and the level of contribution to the National Boards saving target in the event that funding to deliver the NHS 24 Strategy is not made available by Scottish Government.

2.2 The Committee discussed the Service Quality Report for December 2018, noting that the key dates across the festive period had experienced slightly lower demand than forecast and that service performance was largely in line with predictions. Developments such as the use of text updating had worked well and the new procedures for the transfer of additional calls from the Ambulance Service had led to increased demand, however work is ongoing to refine this to optimise the experience for callers. The Committee also took assurance regarding future service performance from the New Service Model proposals.

2.3 The Committee welcomed the emerging information regarding the New Service Model, including progress of the Shift Review and Supervision

arrangements - noting in particular the potential to notably reduce the requirement for call backs through improving access to supervision / clinical support for call handlers. The Committee, from a Finance and Performance perspective, supported the proposal to reallocate the £800k budget from the pre-prioritised calls arrangement to other staffing. (As the pre-prioritised calls, approach is not delivering effectively due to lack of GP participation). This proposal will also be considered by Staff Governance and Clinical Governance and the Board and the full SPRA process.