

**MINUTES OF FINANCE & PERFORMANCE ASSURANCE COMMITTEE MEETING
HELD ON 26 JULY 2018
Executive Meeting Room, Trust Offices, Colchester Hospital**

Present:

Julie Parker	Non-Executive Director - Chair
Richard Kearton	Non-Executive Director (RK)
Elaine Noske	Non-Executive Director (EN)
Dawn Scrafield	Director of Finance (DS)
Catherine Morgan	Chief Nurse (CM)
Barbara Buckley	Chief Medical Officer (BB)

In Attendance:

David White	Chair (DW)
Michael Horley	Public Governor (MH)
Karen Lough	Acting Director of Operations – Group 2 Surgery (KL)
Nicky Leach	Director of Logistics and Patient Services (NL)
Alison Power	Director of Operations – Group 1 Medicine/Women and Children (AP)
Andrew Lehain	Deputy Director of Finance (AL)
John Tobin	Associate Director of Operations, Group 3 Integrated Care (JT) – <i>deputising for Alison Smith, Director of Operations Group 3</i>
James Rowe	Associate Director of Finance – Commercial (JR) – <i>Item 13/18</i>
Lorna Fraser	Senior Committee Secretary (Minutes)

1/18	Welcome and Apologies for Absence	
	Apologies for Absence: Simon Hallion, Joanne Thain, Alison Smith, Neill Moloney	
2/18	Declarations of new interests No new declarations of interest were received.	
3/18	Minutes of meetings held on 19th, 20th and 26 June 2018. The minutes of the meetings held on 19 th June 2018 at Ipswich, 20 th June 2018 held at Colchester and the Joint meeting held on 26 June 2018 were reviewed and agreed.	
4/18	<p>Combined Action Chart The Combined Action Chart was reviewed and agreed and the Actions updated as follows - .</p> <p>COLCHESTER ACTIONS:</p> <p>20th June 2018:</p> <ul style="list-style-type: none"> 18/23 Post project evaluation of the new finance ledger to be added to the workplan for ESNEFT F&P committee. Complete – can be signed off when work plan agreed by committee. Update 26 July 2018: ACTION CLOSED 18/24 Performance – ED The current demand on services drives the need to resolve the urgent care model of services at a greater pace. To be escalated to the Board. Update 26 July 2018: Action completed. ACTION CLOSED <p>23rd May 2018:</p> <ul style="list-style-type: none"> 18/21 BAF – Risk Q10 An options appraisal needs to be completed for this Director of Finance/ Associate Director of Finance (C&A). Update: This is on track and will be recognised as part of the programme of work in ESNEFT. ACTION CLOSED 18/22 BAF – Risk Q10 Quarterly update of clinical coding to be added to work plan. Update: Added to draft work plan. ACTION CLOSED <p>18th April 2018:</p> <ul style="list-style-type: none"> 18/20 HR & Organisational Development Workforce reporting – Update: New ESR arrangements are in place. There will be a new payroll provider from 1st July 2018, though ESNEFT will maintain 2 ESR's until the 23rd August. ESR is being upgraded with better functionality and reporting with better category management allowing the ability for greater establishment monitoring. ACTION CLOSED <p>21 March 2018:</p> <ul style="list-style-type: none"> 18/13 Performance - The Company Secretary advised the committee that the Trust is subject to a section 106 notice from NHSI which relate to both governance and performance. The Chair queried whether an assurance statement on compliance for performance could be produced and this was agreed as an action. Update 20/6: On-going work with NHSI – update to be provided in the new organisation. Update - 26 July 2018 - Action to be removed. Board issue. ACTION CLOSED <p>IPSWICH ACTIONS:</p> <p>19 June 2018:</p> <ul style="list-style-type: none"> 90/18 Risks and Opportunities. The Committee proposed an action for the ESNEFT Finance & Performance Committee to clarify the risks and opportunities schedule and the organisations strategic risks and how these 	

	<p>interrelated. Handover to ESNEFT. Update - 26 July 2018 - Action to be closed. Will be part of report going forward. ACTION CLOSED</p> <p>22 May 2018:</p> <ul style="list-style-type: none"> 76/18 Accountability Framework (AF) review impact on assurance committees – IPR DS to review the IPR format and information. 19/6/18 - Updated report received. ESNEFT F&P to review going forward. Update - 26 July 2018 – DS advised the template had been agreed and work on the AF was ongoing. Action completed. ACTION CLOSED <p>17 April 2018:</p> <ul style="list-style-type: none"> 59/18 Theatre Utilisation update - Follow-up report to be presented to the F&P Committee Agenda in 4 months in order for the Committee to monitor theatre utilisation going forward and the implementation of the new theatre utilisation model. Handover to ESNEFT. Update - 26 July 2018 - The Chair stated that the Committee would want to maintain sight of this issue. New Action: Karen Lough to pick up action and advise of suitable timeframe for the report to be presented to the F&P Committee. 65/18 F&P Risk Register - AA to seek clarity from Denver Greenhalgh, Director of Governance regarding the F&P risk register. 22/5/18 - SH advised that he would take this action forward with Denver Greenhalgh with feedback provided prior to the F&P joint meeting. Update 11 Jul 2018: Discussed at the June F&P committee. ACTION CLOSED <p>20 March 2018:</p> <ul style="list-style-type: none"> 48/18 CKI report from the Audit Committee reflecting the matters to be referred to the F&P Committee 04/18 Framework for Governance of Future Major Transactions and 23/18 Better Payment Practice Code. 19/6/18 - Handover to ESNEFT. Update 17th July 2018: The commercial team will oversee all significant transactions, drawing together skills from clinical and corporate to ensure appropriate commercial arrangements are established. The BPPC will be reported on a monthly basis as part of the finance committee report. ACTION CLOSED 50/18 Policy on Implementing the Overseas Visitors Hospital Charging Regulations. Assurance to be brought back to regarding the status of the progress against the Red RAG ratings. Issue to be handed over to ESNEFT. Update - 26 July 2018 - This will be developed through the commercial team working with operational teams and will be added to the work plan following work carried out by James Rowe. ACTION CLOSED <p>19 December 2017:</p> <ul style="list-style-type: none"> 8a NEESPS - Update 17th July 2018: Regular reports are provided to QPS on Pathology. Performance for pathology will be implicit with the monthly financial report. Update 26 July 2018 - DS advised that the update on NEESPS would become part of the cancer division update and that QPS received reports and oversaw any quality issues. ACTION CLOSED <p>JOINT F&P MEETING - 26 JUNE 2018:</p> <ul style="list-style-type: none"> 3 Draft Terms of Reference for ESNEFT Committee to carry out “deep dives” into areas on the BAF. Update: ACTION CLOSED 3 Draft Terms of Reference for ESNEFT - Feedback to be sent to AA regarding the Terms of Reference for inclusion in the discussion paper which would be taken to Board with an “open” recommendation. Update: Completed. ACTION CLOSED 5 Cancer performance at Ipswich - Assurances received around “capacity and engagement” had not been found to be correct. A clear rationale of why this position had been reached would be brought back to the next F&P Committee meeting. Update - 26 July 2018 - Committee agreed action covered by report and could be closed. ACTION CLOSED 6 Draft Work plan - Monthly report on transformation activities to be provided to the F&P Committee. Item on July F&P agenda. ACTION CLOSED 6 Draft Work plan -Work Plan to be updated following the discussion held at the joint F&P meeting and a CIP report would be added as a separate item. Items on July F&P agenda. ACTION CLOSED Request for “base line documents” – Update 26 July 2018 – Dawn Scrafield agreed to meet with Elaine Noske to discuss this request outside of the meeting. ACTION CLOSED 	
5/18	<p>Chairs Key Issues feedback from Board The Chair advised that no feedback had been received from the Board.</p>	

6/18	<p>Performance</p> <ol style="list-style-type: none"> 1. AP advised that some difficulties had been encountered regarding providing two reports this month, however, the reports would be consolidated for ESNEFT next month with site specific items identified, conversation would be held regarding the format of future reports. It was noted that there had been "pushback" to NHSI at the recent PRM meeting regarding ESNEFT now being one organisation with one report. 2. DW advised that it was planned for the Chairs Key Issues reporting to move towards "exception reporting"; this approach would be reflected upon after a few months to ensure that all areas were consistently applying this approach. . 3. <u>Ipswich – ED</u> - AP stated that the challenges in ED were recognised at Ipswich. A number of plans had been produced in the past which had been circulated to NHSI; however, the plan had been reviewed with a clear focus on 7 "must dos", which included operational grip, medical and nursing productivity and pathways. The detailed plan had now been embedded into the overarching operational must do plan, which had been shared with the clinical teams. Additional oversight for the 7 "must do" areas had been put in place and significant improvement was expected, performance had already shown some improvement since June (90.5%) and had improved to 94% in the last week. 4. EN questioned the "root cause" of the poor performance. AP advised that the culture around "ownership" was a key area and that by ensuring appropriate processes were in place the situation was being improved. 5. RK stated that there had been issues in ED at Ipswich for a considerable time and the use of "best practice" from Colchester was very encouraging. 6. It was reported that there was a "polarised position' amongst some staff in the service and that would take time to change. AP agreed that the "hearts and minds" aspect of the improvement would be more challenging than changes to process. 7. The Chair stated that it was important that the Finance Committee looked at the processes rather than the engrained prejudices. 8. <u>Colchester – ED</u> - Sustained performance, 95.4% for July. 9. AP advised that the winter plan had been a challenge, and although a seasonal approach to the plan had been applied, the volumes were higher than expected. The development of the forthcoming winter plans had not progressed as anticipated at this stage and discussions had been held with partners to ensure sufficient action was being taken to facilitate sufficient capacity. A further update was expected to be available following the A&E Delivery Board meeting on 8 August. 10. The Chair noted that it would take time to effect the change required and waiting until August might be too late and this issue would need to be escalated to enable the appropriate actions to be taken. 11. CM agreed that it was important that ESNEFT developed a parallel plan to ensure there was a plan B available to manage winter demands. 12. DS informed the Committee that NHSI were anxious regarding the 92% bed occupancy requirement and had contacted the organisation regarding additional funding for creation of additional ward space. The proposed additional funding was capital and had not taken into consideration the additional staffing capacity requirements. 13. BB questioned whether partner organisations had been involved in the development of the plans. AP advised that this discussion would be progressed by the A&E Delivery Board. 14. The Chair requested that an update was provided at the next meeting. Action: AP 15. <u>Cancer – Ipswich</u> – AP advised that as reported at the Joint Finance meeting on 26 July some issues had been uncovered at Ipswich regarding the cancer reporting processes. A review of Cancer services had been undertaken in Ipswich, with a detailed plan now being approved by NHSI. It was anticipated that Cancer performance would initially dip in August as patients with long waits were treated with the aim of reducing the backlog. Cancer performance had improved in Colchester and long waiting patients were now down to 3. It was anticipated that the ESNEFT Cancer performance for July would be 75%. 16. AP advised that there was the expectation that the position would improve over the next few weeks and there was confidence in the figures. AP noted that it had been encouraging to see that cancer was a priority across all divisions when business plans had been presented to EMC. 17. RK questioned how the most urgent patients were prioritised. AP advised that all patients are treated according to urgency however, there was a piece of work to do around prioritisation due to capacity constraints. 18. <u>Referral to Treatment Times (RTT)</u> - KL updated the Committee regarding the RTT performance noting that in Ipswich this was 92.79% and Colchester 84.97%. ENT and Respiratory services were noted to be particularly challenged in capacity. A combined trajectory was now in place for ESNEFT for each of the specialities with the expectation that the 92% standard would be achieved at the end of November with no patients waiting over 52 weeks by the end of September. 	<p>AP</p> <p>AP</p>
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<p>19. The Chair questioned the ESNEFT Clinical Strategy and what was required to ensure best performance was being looked at. BB advised that following the merger the operational team were now more integrated with the clinical teams and that in the future with greater clinical integration across sites there might be opportunities to see patients quicker.</p> <p>20. EN questioned the statement regarding the achievement of the 18 weeks overall standard trajectory of 92% by the end of November and that by the end of September no patients would be waiting over 52 weeks. KL assured the Committee that tightened process were now in place in order to achieve these targets.</p> <p>21. <u>Diagnostics</u> - The Committee was advised that performance in diagnostics had deteriorated in Ipswich due to constrained radiologist capacity particularly within ultrasound. It was expected that performance would improve for September due to the plans now in place to recover the position. AP stated that diagnostics was part of a wider piece of work to be carried out around demand and the effect that changes of pathways in other areas had on diagnostics. BB suggested that utilising other providers in the market was considered.</p> <p>22. AP highlighted that there had been some administration errors in the reported figures at Colchester.</p> <p>23. NL advised that Outpatient services were being harmonised with standard processes. The level of "Did Not Attend" (DNA) rates was higher in Colchester compared to Ipswich and it was expected that this could be improved by improvement of administrative processes which the Logistics team would develop. An internal review had been undertaken at Ipswich regarding hospital cancellations and the results would be reviewed.</p> <p>24. Electronic referrals, which had already been introduced in Colchester, would be implemented from 1st August at Ipswich.</p> <p>25. DW noted that there was a challenge with the volume at Colchester and DNA rates had historically been around 2%.</p> <p>26. <u>Stroke performance</u> - CM commented that the stroke narrative was repetitive month on month. AP advised that there had been a dip in stroke performance during June at Colchester, with a higher number of stroke patients and higher level of acuity attending. AP advised that the team had been asked to look at demand and capacity in order to respond to demand fluctuation.</p> <p>27. RK questioned the 50% target and it was confirmed that this was nationally set.</p> <p>28. The Chair suggested that a focus on stroke performance with a "deep dive" might be beneficial. AP stated that this issue would be picked up by the Emergency Care Pathways Programme and noted that performance at Colchester had seen improvement.</p> <p>29. <u>Community services</u> - The Chair noted that the key community metrics should be included in future performance reports.</p> <p>30. JT advised that a performance pack was available for community services which the organisation managed in Suffolk. Some outcome measures had been agreed and the team were moving towards a process for counting these. These key metrics can then be included in the performance report.</p> <p>31. The team had taken on the management of older peoples services on both sites and the service provision was being reviewed to ensure the highest level of service was provided.</p> <p>32. A combined Accountability Framework was expected by the end of July, which was noted to be important in terms of winter planning. An initial report would be provided to the September meeting covering August data.</p>	<p>AP</p>
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Finance Report – M3

1. AL presented the Finance Report for M3 for Colchester and highlighted the following -
2. Overall Colchester and Ipswich had delivered the Q1 financial position. Key risks remained the higher level of agency spending and Cost Improvement Programme delivery (CIP). The pay run rate had been steady in both sites, but was overspending due to issues caused by medical staff vacancies.
3. In Colchester the agency ceiling had been met but it was “a struggle” due to the ongoing high volume of agency workers. It is expected that NHSI would set the combined agency ceiling for ESNEFT based on the balance of agency ceiling allowance after Q1 performance – this has yet to be confirmed.
4. Non pay was overspent in Colchester but this had been covered by additional income relating to recharges such as Drugs.
5. In Colchester CIP delivery had been achieved for the first quarter (£3.3m v £3.4m) and identified fully for the whole year.
6. It was noted that the balance sheet (page 10) showed that the position was behind on cash; AL advised that fundamentally this was because the STF had been expected in June but received in July.
7. DS informed the Committee that for Ipswich the key message was that Q1 had been delivered. This had been without STF (now Provider Sustainability Fund “PSF”), following a rule change which had meant that Ipswich was not eligible for PSF for Q1. It was hoped that the benefit of over performance would be recouped at the end of the year. Pay had been consistently overspent due to higher agency spend.
8. The Ipswich CIP had been challenging, but had delivered in terms of the CIP requirement for Q1 (£3.6m v £3.8m), however, only £10.9m of the £23m had been identified to date. Future CIP reporting would be combined and reported by division. It was noted that the first NHSI milestone had been achieved.

Questions and Comments

9. EN noted that the agency position was on an adverse trajectory. It was noted that agency spend was expected to reduce in August due to the new intake of junior medical staff and further work was being undertaken by the medical staffing team who were looking to harmonise processes across both sites and were focusing on recruitment and retention.
10. DS advised that this was a transitional period and agency spending had reduced, however if the benefits following the merger are realised this will deliver to just below the agency ceiling.
11. AL noted that the agency ceiling was a “target” the second issue being how this position impacted on the financial performance, which was currently being mitigated by increased income.
12. BB noted that ESNEFT had recruited some good senior staff since the merger.
13. RK questioned when the CIP targets would be consolidated with the new divisions. DS responded that the targets were available by divisions and these were also reported according to the NHSI trajectory.
14. RK questioned whether the new divisions would be presenting their business plans. DS advised that the weekly CIP meetings had been designed to invite the divisions to present their CIP delivery plans and that all CIP schemes had to have a quality impact assessment (QIA) carried out which was signed off by the Chief Medical Officer and Chief Nurse. Attendance at the CIP meetings was scheduled according to delivery.
15. MH questioned whether reserves would be spent for the non pay expenditure. AL advised that these costs had not been included in the budget originally and reserves would be released as they become available.
16. The Chair stated that it was important for the recurrent/non recurrent CIPs to be identified within the finance report. **Action:** AL
17. The Chair noted that the Risks and Opportunities Log (page 4 Colchester report) was a key document for discussion by the Finance Committee and it was expected that this document, which was populated by Dawn and Andy, would provide the key information for the forward look at risks by the Committee each month.
18. The Chair stated that she would envisaged the Finance Committee receiving one report in line with the recommendation by the Reporting Accountant, with supplementary information being included at the request of the Committee to address any areas of concern and Divisional information would be helpful to receive.
19. DS advised that it was proposed to introduce a divisional analysis, similar to that used in the Ipswich report, with the introduction of “narrative” to the new report.

AL

	<p>20. DS highlighted to the Committee that following the merger a new ledger had been introduced, which was a challenging process for the finance team, the report provided for Month 4 report would, therefore, be a condensed report.</p>	
8/18	<p>CIP progress Report</p> <ol style="list-style-type: none"> 1. This report was not discussed in detail, as it was not available in sufficient time for consideration but was available on minute pad for members to review and feedback on. 2. DS advised that the NHSI 19 July milestone trajectory had been met and work was on track for the next milestone and there was reasonable confidence that this would be met, however, the 14 September milestone gave cause for concern, only one clinical division is currently forecasting achieving this so far. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. The Chair suggested that CIP was looked at in depth next month prior to the NHSI review in September. Action: DS. 	DS
9/18	<p>Transformation Report (from Portfolio Board)</p> <ol style="list-style-type: none"> 1. DS advised that following the merger a new ESNEFT Portfolio Board had been established to oversee a portfolio of programmes to deliver the objectives, benefits and opportunities for patients as documented in the full business case (FBC) and post-transaction integration plan (PTIP) for the merger of Colchester and Ipswich hospitals. 2. The Portfolio Board was led by the Trust with significant input from the Ipswich and East Suffolk and North East Essex CCGs. 3. Following the Joint Finance & Performance Committee meeting held on 26 June 2018 it had been agreed that the transformation element should be discussed by the ESNEFT Finance Committee. DS advised that it was proposed that the Portfolio Board would report the highlights and a view would be taken in the future as to whether a full report was received by the Finance Committee. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. AP advised that the Portfolio Board also had links to the alliance work and programme charters had been agreed for each programme, however, AP stated that she was anxious about ensuring the detail was discussed at future Portfolio Boards and should not become fragmented through discussions in multiple meetings. 5. NL emphasised that the Portfolio Board picked up the actions from the PTIP. 6. DW stated that it was good to see that the appropriate governance was in place and that the CCG have input to this work on a system basis. 7. The Chair stated that the “dotted line links” in the chart on page 4 of the report could give rise to confusion if the roles and accountability of these groups were not clear. 8. DW commented that the alliance in NEE was in a developmental stage and ESNEFT would need to keep a watch on this. 9. AP stated that ESNEFT were trying to mitigate some of the risks by taking an active part in the conversations. 10. DS advised the Committee that as projects were concluded at the Portfolio Board these would be monitored through the Accountability Framework. It was confirmed that each programme had a separate risk register and that any significant items would migrate to the Risk Register. 	
10/18	<p>Assurance Framework</p> <ol style="list-style-type: none"> 1. DS presented the report setting out the Board Assurance Framework (BAF) risks that were aligned to the Finance & Performance Assurance Committees in the legacy organisations for the Committee to consider the appropriate risks for the ESNEFT F&P Assurance Committee to oversee going forward. 2. Four risks had been proposed for ESNEFT Finance & Performance Committee to oversee: <ul style="list-style-type: none"> • <i>If activity growth exceeds the capacity assumptions based on the 2018/19 contract and legacy issues are not addressed, then we may not have sufficient capacity to assess and treat people in a timely manner. This has an effect on system resilience and internal efficiencies and has a potential impact on patient safety and delivery of contractual performance such as the 4 hr standard, Referral to Treatment within 18 weeks, Cancer performance standards and Diagnostics within 6 weeks.</i> • <i>If we do not have in place effective organisational financial management, then we may not be able to fully mitigate the variance and volatility in financial performance against the plan leading to failure to deliver the control total, impact on cash flow (working capital) and long term sustainability as a going concern.</i> 	

	<ul style="list-style-type: none"> • If we do not have in place robust processes for the recording of activity, then we may have inaccuracies for clinical use and reporting of activity, which may lead to information gaps regarding patient diagnosis, care and treatments, tracking of patient pathways and coding inaccuracies (impacting on our external data submissions e.g. contract reporting, HSMR and regulatory submissions). • If we do not establish systematic processes for identifying, measuring and delivering cost improvement opportunities and leveraging transformational change, then we will not deliver the cost improvement programme in the financial year or create long term opportunities for sustainability, which may lead to failure to deliver the control total, impact on cash flow and long term sustainability as a going concern. <p>3. The Committee was asked to review the proposed risks and to consider any amendments and advised that following review of the risks these would be updated on the new ESNEFT BAF.</p> <p>4. It was proposed that Risk 1259 “inconsistent medical management for patients, that may lead to poor patient experience, potential clinical harm, deterioration in outcomes, delays in patient flow and poor job satisfaction.” was transferred to POD for oversight.</p> <p><u>Questions and Comments</u></p> <p>5. EN stated that she would agreed that the CIP risk made sense but that she would feel that there was a potential risk from the benefits of the merger not being achieved. DS advised that the benefits of the merger were implicit within the CIP programme savings and were being tracked as part of the programme with some benefits being included into the Divisional CIP programmes. DS would seek for this to be more explicit in future reports.</p> <p>6. The Chair stated that oversight of the delivery of the benefits of the merger was a broader issue for the organisation and, therefore, allocation of the oversight process was a decision for the Board.</p> <p>7. EN requested an “action” was added regarding tracking of the business case benefits and in particular consideration as to how to capture the risk of non delivery. DS agreed to liaise with Denver regarding the capture of this risk.</p> <p>8. DW stated that he felt that the new CIP risk was following the correct approach and noted that NHSI would be carrying out a review of ESNEFTs approach to CIP. The benefits realisation from the merger would be monitored by the Portfolio Board and would report to the Finance Committee. The Board would consider how the risk of merger benefits not being delivered would be overseen.</p> <p>Outcome: The Committee received the report and agreed the proposed risks for Finance Committee oversight.</p>	<p>JK</p> <p>DS</p>
11/18	<p>STP Capital – Item deferred to August.</p>	
12/18	<p>Alliance Development</p> <p>1. DS to discuss report format with Neill Moloney. Action: DS</p> <p>2. Item to be considered at September meeting.</p>	DS
13/18	<p>Ramsey Report</p> <p>1. James Rowe, Associate Director of Commissioning presented an update on the collaboration with Ramsey, Oaks for the Committee’s information.</p> <p><u>Questions and Comments</u></p> <p>2. James Rowe advised that the ESNEFT Commissioning team were gathering commercial intelligence from horizon scanning and wider information in the public domain. It was suggested that the clinical network could also be utilised as a source of wider information.</p>	
14/18	<p>Any other business</p> <p>No other items of business were raised.</p>	
15/18	<p>Items for escalation to the Board</p> <p>The Committee considered the items to be highlighted to the Board by the Chair in the Chairs Key Issues report.</p> <ul style="list-style-type: none"> • Performance Report - The emergency department plan has been established within Ipswich with a clear focus on the 7 must dos. Performance had shown some improvements since the performance reported for June (90.5%) which had improved to 94% in the last week. Processes had been reviewed to ensure that we can optimise performance for both sites. - Assurance • Winter planning is not as progressed as anticipated at this stage and discussions have progressed with partners to ensure sufficient action is taken to facilitate capacity. - Escalation 	

	<ul style="list-style-type: none"> • A review of Cancer services has been undertaken in Ipswich, with a detailed plan now being approved by NHS Improvement. Cancer Performance initially would dip in August as patients with long waits were treated with the aim of reducing the backlog. - Assurance • Referral to Treatment Times (RTT) performance in Ipswich was 92.79% and Colchester 84.97%. A combined trajectory was now in place for ESNEFT for each of the specialities with the expectation that the 92% standard would be achieved at the end of November and no patients waiting over 52 weeks by the end of September. - Information • Performance in diagnostics had deteriorated in Ipswich due to constrained radiologist capacity and particularly ultrasound. It was expected this would improve for September. - Information • Outpatient services are being harmonised with standard processes. The level of “did not attend” rates were higher in Colchester compared to Ipswich and it was expected that this would be improved with improved administrative processes which the logistics team would develop. - Information • Key community metrics had been requested to be included in future performance reports. - Information • Finance Report Month 3 and CIP Performance - Overall Colchester and Ipswich have delivered Q1 financial position. Key risks remain the higher level of agency spending and Cost Improvement Programme delivery (CIP). - Assurance • Transformation - The portfolio board governance and delivery arrangements were discussed. The portfolio board is expected to oversee the delivery of the post transaction implementation plan following the merger as well as transformational changes supporting demand management and improving access to care. - Assurance • Review of Board Assurance risks assigned to the Committee - Four risks were proposed and agreed for the ESNEFT Finance & Performance Committee to oversee. The Committee suggested that Risk 1259 “inconsistent medical management for patients, that may lead to poor patient experience, potential clinical harm, deterioration in outcomes, delays in patient flow and poor job satisfaction.” was transferred to POD for oversight. • The Board was asked to consider how the risk of merger benefits not being delivered would be overseen. - Escalation • Other items discussed - Collaboration with Ramsey, Oaks. - Information 	
16/18	<p>Committee Effectiveness questionnaire The Committee Effectiveness questionnaire was circulated to members for completion.</p>	
17/18	<p>Work Plan The Committee Work Plan was presented to inform the Committee members of future agenda items.</p>	
18/18	<p>Date of Next Meeting – Thursday 23 August 2018</p>	