

**MINUTES OF FINANCE & PERFORMANCE ASSURANCE COMMITTEE MEETING
HELD ON 28 MARCH 2019
Castle Room, Trust Offices, Colchester Hospital**

Present:

Julie Parker	Non-Executive Director – Chair (JP)
Eddie Bloomfield	Non-Executive Director (EB)
Laurence Collins	Non-Executive Director (LC)
Dawn Scrafield	Director of Finance (DS)
Neill Moloney	Managing Director (NM)
Angela Tillett	Medical Director (AT)
Catherine Morgan	Chief Nurse (CM)

In Attendance:

Jennifer Rivett	Public Governor (JR)
Alison Power	Director of Operations (AP)
Karen Lough	Director of Operations (KL)
Nicky Leach	Director of Logistics and Patient Services (NL)
Jason Kirk	Head of Business Planning and Cost Improvement (JK)
Mike Meers	Director of Information, Communication & Technology (MM)
James Rowe	Associate Director of Finance – Commercial (JRowe) – <i>item 50/19</i>
Luke Mussett	Membership and Engagement Officer - <i>Observing</i>
Lorna Fraser	Senior Committee Secretary (Minutes)

38/19	Welcome and Apologies for Absence	Actions
	Apologies for Absence were received from: John Tobin, Associate Director of Operations, Integrated Pathways and Michael Horley, Public Governor.	
39/19	Declarations of new interests No new declarations of interest were made.	
40/19	<p>2019/20 Budget and Operational Plan</p> <ol style="list-style-type: none"> Following the delegation from the Board to the Finance Committee to review the plan, prior to submission on the 4th April, the Committee received the 2019/20 ENEFT Budget and the Operational Plan and was informed of the principles adopted to set the budget and the arrangements for introducing service line management due to commence from 1st April. A key change from the draft plan was noted to be the level of CIP requirement, which had reduced from £42m to £31.9m, due to an increase in CCG commissioner income in the final contract negotiations (£4.4m recurrently and £3.9m non-recurrently). Whilst the scale of CIP had reduced, the identification and establishment of plans so far was poor meaning that CIP delivery remained one of the highest risks to the Trust, more assurance was required on the pace of delivery against the CIP target. The plan assumed full receipt of the Trust's allocated Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF). To achieve the I&E plan for 2019/20 budgets had been set which communicated to budget holders the maximum resource that was available to them to deliver services. Budget holders would be held to account to live within approved budgets. Limited contingencies were being held. If services were not successful in achieving the level of cost improvements required in the budget there would need to be mitigating action within services to offset the shortfall, which would be managed through the Accountability Framework. Operational Delivery Plan – JK advised that the latest draft was presented for review noting that this would be finalised in time for the submission on 4 April. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> EB requested an update regarding the talks which had been held with NHSI re the control total. DS advised that challenging conversations had been held with NHSI, however, they were not in a 	

position to make changes to the control total, a 1.1% minimum CIP being set for all organisations with an additional .5% as the Trust was in deficit. It was felt that the Trust would come under close scrutiny regarding the level of identified CIP, which would require further consideration by the Board and executives.

8. LC questioned the previous expectation for £40m CIP in 19/20. DS clarified that due to additional funding received from the CCGs, both recurrent and non-recurrent, the figure had reduced and was now £31.9m. NM highlighted that the scale of the work carried out by the finance team with the CCGs to obtain the additional funding should not be underestimated.
9. NM noted that one of the major challenges was the increase in activity which had been included in the plan which would lead to additional pressures for the divisions. More work was required as robust plans from the divisions to achieve the CIP had not yet been seen.
10. DS advised in answer to a question raised by NM that a prudent approach was still being taken with regards to the reserves, contingency and committed reserves still being held.
11. JP emphasised her view that as the CCG had supported the Trust up front with additional funding the organisation was obliged to drive the cost base down to the required level with the divisions signing up operationally to delivery of the budgets.
12. JP commented that it should be noted that the reported CIP milestone profile was behind on the forecast, £11.4m having been achieved against the £12m target. NM agreed that the current CIP position was not satisfactory, his view being that this should be within 5-10% of the identification of the CIP total, noting the element of risk of delivery.
13. AP advised the Committee that conversations were being held regarding the support required for middle and lower management. KL noted that the divisional management teams for Group 2 were holding an away day to consider what their plans looked like going forward. AT agreed that team engagement from the DMTs was required with input of ideas from the clinicians, with Trust wide programmes being considered from a wider view point.
14. NL advised that conversation at EMC would need to focus on the big transformation programmes to ensure recurrent CIP schemes were developed which would be sustainable. MM noted the responsibility of the corporate division to support the clinical divisions and he stated that he felt that the financial controls would need to be maintained for at least the first 3 months of the new financial year. AP agreed that this was the correct approach and suggested that detail and assurance of how the CIP plans would be taken forward was brought to the next Finance Committee meeting.
Action: Executives
15. LC noted that the Committee would need to receive assurance on the plan for CIP delivery on an ongoing basis throughout the year.
16. DS confirmed and clarified that the CIP identification framework would be used going forward in answer to a question raised by EB.
17. EB stated that he would agree with the need for continued controls but would want to reflect on how well the controls were working. DS advised that whilst Working Differently in Q4 had provided a good structure, in practice the response had been variable. JP stated that this was something for the executive to debate.
18. NM noted that whilst the financial controls had had a beneficial impact, if these were in place for a length of time this could have a potential significant detrimental impact on the senior management teams, however, he felt that the controls would need to be maintained for Q1.
19. DS stated that previously the Committee had talked about the workforce structure and the support being given but further thought would be needed to consider how the support was provided and the resource required to strengthen this.
20. MM advised that he felt that a commitment was required to undertake a cross read of CIP schemes during April.
21. NL observed that some processes were not fit for purpose currently and steps were needed to reduce the administration.
22. NL commented that the vacant posts shown in the budget were at the bottom of the pay spine. DS advised that the incremental drift reserve would be used to cover if appointed staff were higher on the pay spine, especially with regards to hard to recruit posts.
23. NL mentioned that the sterile services were not mentioned. DS advised that a couple of areas were not currently mentioned; bed stock was to be in line with the divisions and service line reporting would be a first step to introduce recharge arrangements.
24. DS advised that the budget document would be issued to all budget holders but there would also be a short version which would go to the public Board.
25. The reference that only business cases aligned to the strategy would be taken to the Investment Group was noted. The Committee noted the need for support to be provided for budget holders and those writing business plans. AT stated that the risk was that the innovation and GIRFT schemes would not be in the strategy and a balance would be needed. JP requested an action for the

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	<p>executives to commit to provide assurance around how this issue would be progressed was brought to the next Committee meeting. Action: Executives</p> <p>26. DS added the caveat that as the Board papers were due for circulation today it would not be possible to provide more assurance within the report to going to the April Board meeting.</p> <p>27. JP stated that the key financial message which would be given to the Board was that it was recognised that the CIP target was challenging and more pace was required around identification of the projects to get there and it was implicit within the budget that the control total was accepted. The Committee had considered the need to maintain the controls established for the last quarter, 'working differently', but had also recognised the potential unintended operational consequences of this approach. Further consideration of the approach needed consideration by the Executive, including lessons learned from 2018/19 and more detail would be brought back to the Committee.</p> <p>28. JP comment that the Operational Plan included "jargon" and if this document was aimed at a wider audience than NHSI this would need to be amended into plain English. JK advised that the document which would be provided to the wider audience would be considered with the communications team prior to publication.</p>	Exec
41/19	<p>Medium Term Performance Planning</p> <p>1. The Committee received a presentation to outline the Trust's medium term plan presented by DS. Now there was greater clarity modelling would begin and would be available by June 2019 to aid the development of the performance plan for ESNEFT. The 19/20 plan would be used as the base line for the big developments which would be undertaken later during the year.</p>	
42/19	<p>Minutes of meetings held on 28 February 2019</p> <p>The minutes of the meetings held on 28 February 2019 were reviewed and agreed as a correct record.</p>	
43/19	<p>Action Chart</p> <p>The Action Chart was reviewed and updated as required.</p> <p><u>28 March 2019</u> <u>40/19 2019/20 Budget and Operational Plan</u> - Detail and assurance of how the CIP plans would be taken forward to be brought to the next Finance Committee meeting. Action: Executives Only business cases aligned to the strategy to be taken to the Investment Group. Executives to commit to provide assurance around how this issue would be progressed to the next Committee meeting. Action: Executives <u>47/19 Performance – Referral to treatment</u> - More detail on the risk areas for incompletes to be added to the Performance Report. Action: KL Detail of the cancelled operations to be included within the Performance report. Action: KL. <u>48/19 F&P Committee Effectiveness Survey Report</u> - Lack of feedback from the Board to CKI escalations. Action: Requirement for stronger Board feedback to be communicated via CKI. <u>48/19 F&P Committee Effectiveness Survey Report - Report front sheets</u> – guidance for completion to be shared with the writers of reports via EMC. Action: AA <u>50/19 Policy on Implementing the Overseas Visitors Hospital Charging Regulations</u> - Reference to be made to the Audit Committee, via the CKI, to recommend consideration of audit of the implementation of the Overseas Visitors Hospital Charging Policy. <u>52/19 Growth in elective demand –ongoing plan to get back to 92%</u> - Detail to be brought to the next Finance meeting of the risks of delivery. Action: KL <u>53/19 Use of Resources - Temporary staffing</u> - issue to be escalated, to the Board, via the CKI, to decide which group, POD, Finance Committee or EMC, should oversee this work. Action: DS</p> <p><u>28 February 2019</u> <u>27/19 Performance Report – narrative detail.</u> Meridian Report due in April to include consideration of cancelled operations. Action: KL <u>26 July 2018</u> <u>10/18 Assurance Framework – Merger</u> - DS to liaise with Denver Greenhalgh re the capture of the risk regarding tracking of the business case benefits and in particular consideration as to how to capture the risk of non-delivery. 22/11/18 – Some conversations held. Discussion of appropriate group to have oversight of this matter to be continued by the Executives. Action changed to "red". 24/1/19 - DS advised that the detail of the merger benefits would be pulled together and provided to the Committee in a report in April, which would allow the committee to reflect on if there are specific merger benefits that need risk management and make referral accordingly. April 2019. <u>COLCHESTER HOSPITAL 18th April 2018</u> <u>18/20 HR & Organisational Development</u> - Workforce reporting to set out the predicted workforce gaps on a post by post basis. Update 27 September 2018 - Ongoing. The Committee agreed that the action should be moved to Red. 22/11/18 – Action remains ongoing. 24/1/19 - DS advised that automation around ESR was being trialled and it was hoped that the workforce plan would then be trackable. Timescales: July 2019.</p>	
44/19	<p>Chairs Key Issues feedback from Board</p> <p>1. The Committee was informed that the CKI from the 28 February 2019 meeting had been presented to and noted by the Board on 7 March 2019.</p>	

45/19	<p>Finance Report – M11</p> <p>The Finance Report for M11 was presented by DS who highlighted the following –</p> <ol style="list-style-type: none"> 1. In February the Trust had incurred a deficit of £0.2m, favourable to plan by £2.2m. This positive movement was driven by the receipt of non-recurring income from the CCG to support the Trust's financial position (£5.3m). 2. The Trust was on track to deliver the control total at the year-end, which would allow the achievement of Provider Sustainability Funding. 3. Overall income was under plan in February by £2.6m, primarily because of the £5.3m of CCG support income in the month, which was non-recurring. Further support of £6.1m had been agreed for month 12, the benefit being reduced by the loss of PSF (£2.3m). 4. For Month 11 actual agency costs were under the ceiling (£1.6m v £1.7m ceiling), though the year to date position exceeded the NHSI limit (£17.6m v £15.0m ceiling). Given the year to date position delivery of the annual ceiling target was unlikely. 5. Total non-pay expenditure was under spent against plan by £0.6m, and budget by £1.1m. 6. Secondary commissioning remained an area of concern and had again overspent in the month. 7. The year to date position against plan was adverse variance of £5.4m and against budget by £5.1m. This difference between plan and budget was because of the categorisation of NEESPS income/ expenditure following the merger. The more accurate indicator of performance was against budget, i.e. an adverse position of £5.1m. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 8. LC questioned how much of the PSF would be received. DS stated that it was not possible to confirm yet what amount of the PSF would be received, but that A&E would need to achieve the required targets if the finance was delivered to receive PSF. AP noted the need to be clear on the trajectory that the organisation was being measured against which had been agreed with NHSI. 9. JP noted that whilst it was positive news that pay spend was heading downwards, consultant and junior doctors pay was still an issue. AT advised that there could be an issue caused by the overall numbers of junior doctors available and that the organisation would in future need to look at different staffing models. NM highlighted that the medical recruitment processes also needed to be improved. 10. EB commented that at previous meetings it had been observed that one of the key issues was whether NHSI was being kept appropriately informed regarding the likelihood of the Trust achieving the control total and the associated risks; as it now looked as though the control total would be achieved EB noted the need to reflect on the lessons learned. 	
46/19	<p>Cost Improvement Programme (CIP) progress Report</p> <ol style="list-style-type: none"> 1. The Committee received the CIP progress report and were informed that the Trust's CIP forecast had remained steady at £26.7m against the Q2-4 ESNEFT target of £32.7m. Of the £26.7m, £13.1m had been delivered non-recurrently, meaning there was only £20.3m of full year effect benefit into 19/20 from 18/19 recurrent savings. 2. The CIP identification framework presented a risk rated value of £11.4m identified for CIP delivery so far in 2019/20, which was behind the trajectory for Quality Impact Assessments. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 3. JK advised that there was a lot of work going on in the services where the cost benefit was not being identified and captured as a CIP; looking at the business cases which had been considered during the year only 4 had declared a cost saving. 4. KL noted that she felt that the CDGs needed to be held to account by the Divisions rather than escalating this to the executive level. 5. NM emphasised the need to be sighted on both financial and non-financial benefits from cases and the tracking of benefits. 	
47/19	<p>Performance</p> <p>The Committee received the Performance Report.</p> <p>AP advised the Committee that some of the trajectories in the Performance Report were still not accurate and this was being worked on with the IT team.</p>	

	<ol style="list-style-type: none"> 1. <u>ED</u> – Performance against the 4 hr standard for February 2019 was 89.13% for Colchester and 84.80% for Ipswich. Both sites had improved on last month's performance and March performance was back over 95% at Colchester, despite the 12% increase in activity. At Ipswich 90% had been achieved in the last month and the recovery plan and trajectory had been agreed, with a target of 95% by the end of September. 2. AT commented that the environment was challenging at Ipswich and highlighted the need to think ahead going into next winter. 3. <u>Cancer</u> – Cancer performance had met the trajectory in February (75.34% v 75%). Performance was showing improvement and clinical engagement had improved. The commissioned support unit from NHSI was working within the organisation on demand and capacity. 4. JR questioned whether the figure was expected to deteriorate in April. AP advised that the Easter holiday period tended to affect delivery due to patient choice. 5. AP advised the Committee that she had been looking at organisations which delivered well to compare against, it had been found that ESNEFT currently sat within the top 6 for cancer performance and compared nationally carried out a significant amount of treatments. 6. NM noted that a Cancer Board had been established within the STP with funding available. 7. <u>Referral to Treatment</u> – KL advised that for the end of February RTT was below 92%, recovery plans had been developed by the specialities, the forecast for compliance was by mid-August 2019. Each area would be presenting their progress against the plans after 6 weeks. 8. The Committee was informed that a sample check of patients waiting over 40 weeks was undertaken to check for harm from waiting for treatment for a prolonged period and, for those reviewed, no harm had been found. 9. KL advised in answer to a question raised that the issues in T&O had been driven by an increase in trauma cases at Colchester and the addition of the Oaks data in January. 10. NM noted that the incompletes were consistently rising. KL advised that there was confidence in some areas; however, meetings were being scheduled with other clinical teams to discuss how the plans would be delivered. NM stated that the progress would need to be tracked through the year with more detail on the risk areas to be added to the Performance Report. Action: KL 11. NM commented that detail of the cancelled operations could also be included within the report. Action: KL. It was noted that a report on Theatre Productivity was due to be provided to the Committee in April. 12. <u>Outpatients</u> - NL advised that the paper switch off project had been successfully completed and following the introduction of electronic referrals from GPs some cost had been taken out of the system. 13. The outpatient DNA rate was noted to be coming down as a benefit seen from the robotic solution. 14. AT questioned when the e-referrals would be linked with the Evolve system. MM stated that further work with some transformation resource could lead to streamlining of the systems and expansion of the processes which had already been brought in. 15. <u>Community Services</u> – NM highlighted that community services had seen continued improvement and reporting was being developed. 	<p>KL</p> <p>KL</p>
48/19	<p>F&P Committee Effectiveness Survey Report</p> <ol style="list-style-type: none"> 1. The Committee received a report which summarised the results of the committee effectiveness review undertaken during January and February 2019 for review and discussion of potential actions. 2. The Committee was informed that the Survey had received a mainly positive response across the board, the areas for development were mainly found in the statements to which there were mixed responses and in the narrative commentary, only three questions had showed a mixed response. 3. The Committee reviewed the Areas for Development recommendations and discussed the potential actions: - 4. <i>“The committee clearly understands and receives assurances from third parties the Trust uses to manage/ operate key functions – for example, shared services, other NHS bodies or private contractors.”</i> <i>Recommendation - The committee should carry out a mapping exercise of any third party assurances relevant to the remit of the committee and incorporate any which are considered key into its forward plan. Action: DS – report to be brought back to a future committee meeting and relevant third party assurances added to the forward plan.</i> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. DS noted the need to ensure that the role of the Audit Committee and Finance & Performance 	<p>DS</p>

	<p>Committees did not overlap.</p> <p>6. <i>“The Board challenges and understands the reporting from this committee”</i> <i>Recommendation - The committee should ensure that there is a clear audit trail coming back from the Board through the CKIs on those matters that have been escalated or alerted to the Board.</i></p> <p><u>Questions and Comments</u></p> <p>7. The lack of feedback from the Board was highlighted, the Committee view being that it needed stronger evidence to show that the Board had responded appropriately to CKI escalations. Action: Requirement for stronger Board feedback to be communicated via CKI. DS</p> <p>8. CM noted the need to ensure that alongside any feedback provided the correct staff were sighted on the issues raised in order for these to be dealt with.</p> <p>9. AT commented that feedback from the Assurance Committee’s to other sub committees and groups would be appreciated.</p> <p>10. <i>“The committee chair is visible within the organisation and is considered approachable”</i> The Company Secretary advised that the responses received to this question suggested that the negative responses were to do with “visibility”, which would always be a challenge for a director expected to work no more than around four days a month. The responses had not been unique to this committee in the feedback questionnaires. The issue of visibility was being addressed by the Secretariat and Governance Team through a programme of ward, departmental and other visits alongside governors. <i>Recommendation – It was not proposed to make any further recommendations in relation to this.</i></p> <p><u>Questions and comments</u></p> <p>11. LC advised that at Ipswich a spreadsheet had been in place on which Non-Executives could record visits they had made to areas within the organisation.</p> <p>12. DS and NM stated that they felt that the question had been framed incorrectly and that there was no specific action to be agreed.</p> <p>13. <i>Themes from the narrative comments</i> The main theme arising from the narrative comments related to attendance and contribution, with comments suggesting that some members contribute “more than others” and that “some of the executive in attendance add little to the debates”.</p> <p>14. The Company Secretary advised that there was a balance to be maintained between, on the one hand, ensuring that the right people were at the meeting for accountability and assurance and, on the other, maintaining a manageable number to maximise the effectiveness of the meeting as a whole.</p> <p>15. <i>Recommendation - It is recommended that the Chair keeps the membership by both board and non-board attendees and their contribution under review and that this is reflected upon when the Terms of Reference are next up for review and fed back to the Board for consideration.</i></p> <p><u>Questions and comments</u></p> <p>16. CM advised that discussion had been held at QPS regarding the general approach to be taken around the balance of membership and attendees for the assurance committees. JP agreed that the membership needed to be relevant.</p> <p>17. The Committee agreed the recommendation noting that wider debate regarding the membership/ attendees for assurance committees was required.</p> <p>18. <i>NHSI observations</i> - There were only three areas for improvement flagged from the NHSI observations:</p> <ul style="list-style-type: none"> • Processes around the review of the risk against the BAF checklist. • Front sheets [referred to by NHSI as cover papers] not being used for the finance or performance report. • A query as to whether the information in the CIP report provided the committee with sufficient assurance and detail, with a particular query regarding where the committee gets its understanding of the causes when divisions report adverse variances to plan. <p><i>Recommendation - It is recommended that the committee resumes the use of front sheets for all its reports.</i></p>	<p>DS</p>
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49/19	<p>Annual Governance Statement 2018/19 – significant control issues</p> <p>1. The Committee was asked to consider whether, in its opinion, there had been any significant control issues during 2018/19 which it needed to make specific reference to in the Annual Governance Statement (AGS) for 2018/19. If there had been, it was requested to list them in the CKIs to the 4th April meeting of the Board of Directors. If not, the committee was requested to state in the CKIs that it did not consider that there were any significant control issues determined by the F&P Committee that require declaration in the AGS.</p> <p><u>Questions and Comments</u></p> <p>2. The Committee discussed the significant control issues which were felt to meet the criteria for inclusion in the AGS with the following identified –</p> <ul style="list-style-type: none"> • The financial position and the need to take significant financial recovery in year. • Financial sustainability, particularly in the context that all Trusts were expected to achieved financial balance/ surplus by 2023/24. <p>JP added the caveat that there might be unexpected events which would have to be included later before the accounts are finally signed..</p>	
50/19	<p>Policy on Implementing the Overseas Visitors Hospital Charging Regulations</p> <p>1. The Committee received a report providing an update in relation to the Trust's progress and policy in relation to implementing the Overseas Visitors Hospital Charging Regulations which placed a legal obligation on NHS Trusts, to establish overseas visitors, to assess to whom charges applied, or whether exempt from charges by virtue of the Charging Regulations for NHS services.</p> <p>2. Further to the Trust merger work had been taking place to ensure and progress aligned processes and policies, with ultimate reference being made to the use and implementation of the guidance. It was acknowledged that further work was required in relation to the communication of this and this was planned to happen in the near future, anticipated in April, subject to any changes for updates to follow in relation to BREXIT.</p> <p>3. JRowe advised that the Trust did not have a large number of overseas visitors; 300 in total since April 2018 and highlighted that the main change in the Policy was that the Trust should always charge up-front for treatment unless this would affect urgent care.</p> <p><u>Questions and Comments</u></p> <p>4. AP questioned the process for recovering charges in full. JRowe advised that the process was documented in the Policy but that this would also be made clear for staff in a flow chart being</p>	

	<p>produced.</p> <p>5. AT expressed concern regarding vulnerable children and adults. JRowe advised that vulnerable groups were covered within the national standard documents and it would be ensured that this was brought through and highlighted in the Policy.</p> <p>6. JP stated that she felt there would be benefit from an audit being carried out in the future to look at how the process was embedded into the organisation and the recovery of charges. NM agreed that an audit would be valuable. Action: Referral to be made to the Audit Committee, via the CKI, to recommend addition of the Policy on Implementation the Overseas Visitors Hospital Charging Regulations to the future audit plan.</p>	DS
51/19	<p>Transformation Report (from the Time Matters Board)</p> <p>1. The Committee received the Time Matters Board (TMB) Report from the meeting held in February 2019 for information which was taken as read.</p> <p><u>Questions and Comments</u></p> <p>2. EB commented that he had thought that the Fix It sessions had been a good idea and was disappointed to note the low attendance. NM advised that the team were currently looking at the feedback and would then consider whether a further session would be held.</p> <p>3. EB questioned whether CIP would be identified specifically within the programme. NM advised that the Resource Optimisation Board reported through to the TMB and would link to the CIP framework.</p>	
52/19	<p>Review of Finance Risks BAF</p> <p>1. The Committee received the Finance & Performance BAF risks.</p> <p>2. <u>ESNEFT09 Growth in elective demand</u> – The Committee received an update from Karen Lough, Director of Operations regarding the ongoing plan to get back to 92% with a detailed action plan and trajectories by speciality.</p> <p><u>Questions and Comments</u></p> <p>3. DS noted that she did not recognise some of the plans and business cases as having been presented in other forums. KL advised that the business case investment requirements and actions would be cross referenced as part of divisional planning.</p> <p>4. NM requested that detail was brought to the next Finance meeting of the risks of delivery. Action: KL</p>	KL
53/19	<p>Use of Resources</p> <p>1. The Committee received an update regarding how ESNEFT was performing against the areas highlighted by Lord Carter and in particular how this would manifest in a future Use of Resources assessment by the CQC.</p> <p><u>Questions and Comments</u></p> <p>2. EB highlighted the statement on slide 6 “agency cost per WAU is £230 compared to a national median of £152 and a peer median of £99” and questioned what work was being done on this and whether POD was overseeing this or oversight should be undertaken by the Finance Committee.</p> <p>3. DS commented that temporary staffing should be a key focus for POD, however, NM advised that discussion was currently taking place regarding the focus of POD going forward.</p> <p>4. AT noted that the organisation had undertaken a drive towards substantive staff but there was some “mismatch” between staffing and requirements in some areas.</p> <p>5. JP questioned whether this issue needed to be escalated, all Board members needing to receive assurance, and it was agreed that the Board would be asked, via the CKI, to decide which group, POD, Finance Committee or EMC, should oversee this work. Action: DS</p> <p>6. JP commented that she felt that the KLOE commentary required more detail with metrics and backing evidence for the statements made. JK advised that the final submission would have evidence to support any statement made but that this would be reported separately.</p>	DS
54/19	<p>Any other business</p> <p>1. The Chair noted that this would be Laurence Collins’ final Finance & Performance Committee meeting prior to his stepping down as a Non-Executive Director. On behalf of the Committee the Chair thanked Laurence for his support of both the Committee and the organisation.</p>	

55/19	<p>Items for escalation to the Board The CKI report was discussed and would be finalised by the Chair and Director of Finance.</p>	
56/19	<p>Committee Effectiveness questionnaire The Committee Effectiveness questionnaire was circulated to members for completion.</p>	
57/19	<p>Work Plan The Work Plan was presented to inform Committee members of planned future agenda items. Agenda items 14 “Capacity Modelling” and 17 “Review of the merger benefits progress so far” were deferred to the April meeting.</p>	
58/19	<p>Date of Next Meeting – Thursday 25 April 2019</p>	