

**Finance and Performance Committee Chair's Report  
Public Board Meeting  
31 July 2025**

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| <b>Presented for:</b>         | Information and assurance  |
| <b>Presented by:</b>          | Mark Burton, Chair of the Finance & Performance Committee<br>Jenny Ehrhardt, Director of Finance<br>Clare Simth, Chief Operating Officer |
| <b>Author(s):</b>             | Mark Burton, Chair of the Finance & Performance Committee<br>Sudharsan Suriyakumar, Trust Board Administrator                            |
| <b>List of meeting dates:</b> | 28 May and 25 June 2025  |

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| <b>Our Annual Commitments for 2025/26 are:</b>                         |   |
| Recognise and act upon moments that matter to our patients             | ✓ |
| Support our patients to get home a day sooner                          | ✓ |
| Be in the top 25% for patient experience and efficiency in outpatients | ✓ |
| Support each other to act with kindness and compassion                 | ✓ |
| Reduce our carbon footprint by creating greener patient pathways       | ✓ |
| Support our staff to manage every £ wisely                             | ✓ |
| Make best use of our estate, equipment and digital assets              | ✓ |

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| <b>Key points:</b>  |                               |
| This summary provides an overview of significant issues of interest to the Board, highlights key risks discussed, key decisions taken, and key actions agreed by the Finance and Performance Committee. | For information and assurance |

| <b>Risk Appetite Framework</b> |   |                              |                |
|--------------------------------|---|------------------------------|----------------|
| <b>Level 1 Risk</b>            | <b>Level 2 Risks</b>  | <b>(Risk Appetite Scale)</b> | <b>Impact</b>  |
| Clinical Risk                  | Capacity Planning Risk - We will ensure that capacity is planned to meet the demand for elective and non-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients. | Cautious                     | Moving Towards |
| Financial Risk                 | Financial Management & WRP - We will deliver sound financial management and reporting for the Trust, aiming to at least break even, with no material variances to forecast.   | Cautious                     | Moving Towards |
| Financial Risk                 | Financial Reporting Risk - We will deliver sound financial management and reporting for the Trust, with no material misstatements or variances to forecast.   | Minimal                      | Moving Towards |
| Financial Risk                 | Cash Management - We will retain a minimum balance of £3m in line with requirements for a Trust of our size.  | Cautious                     | Moving Towards |
| External Risk                  | Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.   | Cautious                     | Moving Towards |

## **Finance and Performance (F&P) Committee – 28 May 2025**

### **Staff Story**

The Committee received a staff story presentation highlighting improvement to patient care with an impactful quality improvement initiative led by Andy Purcell (Advanced Clinical Pharmacist), in collaboration with Olivia Goor (Pharmacy Technician) and Pete Coe (Consultant Upper GI Surgeon).

The project focused on enhancing the Pharmacy elements of the discharge process and optimising medicines management for Bariatric patients. Through this collaborative effort, the Team successfully streamlined discharge procedures, resulting in a significant 77% reduction in Pharmacy-related discharge waiting times for this patient group. The Committee commended the Team for their innovative approach and measurable impact on patient experience and flow. The Committee explored the potential for replicating this model across other clinical areas within the Trust, recognising the opportunity to embed similar efficiencies more widely.

### **Approvals**

The Committee made a number of approvals in line with its powers as defined in the Trust's Standing Financial Instructions and the Scheme of Delegation which are restricted from the public domain due to commercial sensitivity.

### **Financial and Capital Reports**

The Committee reviewed the month one financial position, noting that the Trust reported a deficit of £4.3m, which was £0.9m adverse to the planned deficit of £3.4m in the NHSE annual plan submission. This adverse variance was primarily attributed to pay expenditure, which was £0.9m higher than the best-case projection, and increased bank staffing costs, which exceeded expectations by £0.6m.

The Committee also received an update on the Integrated Care Board (ICB) month one position, which showed a net adverse variance of £1.3m across the system. In relation to the Trust's Waste Reduction Plan, the Committee noted that £2.9m of savings had been delivered against a target of £4.1m, resulting in an adverse variance of £1.2m.

The Committee further noted that the Trust's capital expenditure forecast for 2025/26 remained at £109.4m, in line with the latest planning submission. As of 30 April 2025, actual capital spend totalled £0.8m, which was consistent with forecasts. It was noted that, as capital programme allocations had not yet been agreed, expenditure to date reflected investment in internal programmes only.

### **Performance Constitutional Standards Assurance Report (CSAR)**

The Committee received a report setting out the Trust's performance against the national constitutional standards at month one (reporting on the April position for all standards with the exception of cancer which reported on March 2025).

The Committee noted performance against the Emergency Care Standard (ECS) at 76.1%, positioning the Trust as the top performer among 10 peer Trusts. It was noted that this was achieved despite the Trust recording the second-highest volume of attendances in the peer group, with attendances increasing by 2.8% across all sites compared to April 2024.

Referral to Treatment (RTT) performance showed a slight improvement from 64.9% in March to 65.1% in April. A dedicated working group had been established to explore the underlying causes of increased demand and to identify opportunities for reduction.

Performance against the 28-Day Faster Diagnostic Standard rose to 84.1% in March, with 3,360 of 3,997 patients informed of their diagnosis within 28 days. The Committee noted that the Trust had sought clarification from the ICB and Cancer Alliance regarding a marked rise in Cancer referrals, a trend not currently reflected at national or regional levels. The Committee was informed that 104 Last Minute Cancelled Operations (LMCOs) were reported in April 2025, a reduction from 112 in March. Breaches of the 28-day rebooking standard also fell to 26 in April, from 29 in the previous month. These trajectories will continue to be monitored through the Service Delivery Accountability Meetings (SDAMs). It was noted that improvements in cases per session and theatre utilisation were being overseen by the Strategic Theatre Utilisation Group, supported by new reports and documentation shared with CSU teams to aid validation and monitoring.

Diagnostic performance was reported at 82.86%. Radiology had commenced re-vetting of ultrasound waiting lists to remove outdated referrals, with an estimated 20% reduction in long-waiting patients expected. Planning was underway to enhance collaboration between consultants and the ultrasound team to increase capacity and improve performance. Monthly diagnostic performance meetings had been established to oversee recovery progress.

### **Deep Dive – Long Waits & Total Waiting List Size**

The Committee received a deep dive report on the Trust's performance against the Referral to Treatment (RTT) standard, the total waiting list (TWL) volume, and the number of patients experiencing long waits (over 52 or 65 weeks for treatment).

It was noted that the Trust had been formally removed from Tier 1 escalation following a sustained reduction in the number of patients waiting over 65 weeks. Plans remained in place to eliminate the remaining patients in this cohort. The Committee was informed that the TWL, for planning and reporting purposes, includes only patients awaiting their first episode of treatment following a new referral. Patients awaiting subsequent episodes or follow-up care are not included in this metric. As of the end of March 2025, the TWL stood at 89,027, a 2.1% reduction compared to March 2024 (91,941). While the list had grown marginally since January 2025, the Trust continued to demonstrate effective control of TWL growth in the post-pandemic context. In March 2025, LTHT recorded the 7<sup>th</sup> highest number of new RTT clock starts nationally, while maintaining only the 18<sup>th</sup> largest waiting list, demonstrating strong patient throughput. A working group was established in May to assess potential internal drivers for this trend; however, no internal causes were identified, and the growth appeared to stem from increased GP referral volumes.

The Trust's 2025/26 activity plans were noted to be based on a 2% growth assumption over 2024/25 levels. The Committee was advised that work continued with primary care partners to expand advice and guidance pathways, helping to reduce unnecessary referrals into secondary care. Additionally, administrative reviews were in progress to improve waiting list accuracy, removing duplicates, outdated referrals, or patients no longer requiring treatment, thereby supporting better capacity planning. The Trust's 52-week position had improved from 3,370 in June 2024 to 2,354 by the end of April 2025. However, a small increase was recorded in April, rising to 2,485 patients, primarily due to reduced elective capacity during the Easter holiday period.

The Committee expressed support for the current strategy focused on increasing elective activity and further reducing waiting times for patients.

## **F&P Committee – 25 June 2025**

### **Patient Story**

The Committee received a patient story which highlighted the emotional and practical impact of frequently changing surgery dates on patients, their families, and their wider lives. The video featured Victoria Bentley, Senior Sister on Ward L16 at Leeds General Infirmary (LGI), who spoke about the significant anxiety experienced by patients when surgeries were delayed. She emphasised the importance of amplifying patients' voices to ensure their experiences informed improvements in care delivery.

The story included testimony from Mr Green, an inpatient on Ward L16, who shared his personal experience of prolonged hospitalisation. He described feelings of isolation, the absence of privacy, and the considerable impact that extended stays had on his family and financial stability, particularly as a self-employed individual.

Victoria Bentley outlined a series of initiatives being introduced to improve the inpatient surgical experience. These included enhanced communication with Intensive Care Units (ICU) to support smoother patient flow, improved scheduling practices, and the splitting of theatre lists to enable more frequent surgery for urgent inpatients. Additionally, the Committee noted that the Theatre Scheduler would be engaging more regularly with patients to provide reassurance and ensure they felt supported and not forgotten during their wait.

The Committee acknowledged the importance of the patient story in illustrating the lived experience behind operational pressures and expressed appreciation for the honesty and clarity with which it was conveyed.

### **Approvals**

The Committee made a number of approvals in line with its powers as defined in the Trust's Standing Financial Instructions and the Scheme of Delegation which are restricted from the public domain due to commercial sensitivity.

### **Finance and Capital Reports**

The Committee reviewed the month two financial position, noting that the Trust had recorded a year-to-date deficit of £8.7m, which was £1.8m adverse to the Best Case scenario outlined in the Fundamental Financial Review. The in-month deficit for May stood at £4.4m, which was in line with the NHSE plan. Pay expenditure remained a key pressure, coming in £1.4m higher than projected in the Best Case.

The Committee also considered the month two position of the ICB, which showed a system-wide net adverse variance of £0.8m. Within this, provider organisations reported a combined deficit of £30.7m, £0.8m adverse to plan, while the ICB remained on plan, reporting a surplus of £16.1m. In relation to the WRP, the Committee noted that the Trust had delivered £7m in savings against the month two plan of £8.2m, resulting in a £1.2m adverse variance.

The Committee also reviewed the position of Clinical Service Units (CSUs) against the Finance Performance Framework (FPF). CSUs had been asked to forecast their Best Case positions at the start of the financial year. Following month two results, 12 CSUs were rated Red, four Amber, and three Green. This reflected an improvement from Month one, with five CSUs improving their ratings, three moving from Red to Amber and one from Red to Green.

## **Performance CSAR**

The Committee received a report setting out the Trust's performance against the national constitutional standards at month two (reporting on the May position for all standards with the exception of cancer which reported on April 2025).

The Committee noted the ECS performance at 76.4%, above the national average. RTT performance was reported at 66.4%, a 1.3% improvement on April's position. The Committee acknowledged that Theatre productivity would continue to be improved throughout 2025/26. In terms of long waits, she updated that there were no patients waiting over 78 weeks. However, 94 patients were waiting over 65 weeks, an increase from 61 in April, and 2,708 patients were waiting over 52 weeks, up from 2,484.

The Committee reviewed the CWT standards, performance against the 28-day Faster Diagnostic Standard had decreased to 77.4% in April from 84.1% in March, with 3,248 of 4,200 patients informed of their diagnosis within the target timeframe. On diagnostics May's performance was reported at 82.2%. Performance against the cancelled operations standard showed that there were 149 LMCO in May 2025, an increase on April.

## **Deep Dive – Diagnostics**

The Committee received a deep dive assurance report on the Trust's performance against the diagnostic standard. Under the 2024/25 National Planning Guidance, providers were expected to ensure that 95% of patients received a diagnostic test within six weeks by March 2025. LTHT had met this standard consistently until July 2024, with performance remaining above 90% until December 2024. However, a decline in performance was observed from December 2024 through to the end of March 2025 due to capacity constraints across several diagnostic services. The Committee noted that although the six-week target was not explicitly carried forward in the 2025/26 Planning Guidance, the importance of timely diagnostic testing remained a national priority. Historical data showed that the diagnostic waiting list for the 15 standard modalities had typically ranged between 13,000 and 15,000 patients pre-pandemic, with a monthly average of 13,656 between April 2018 and January 2019. The list had peaked at 19,776 in October 2021 due to pandemic-related backlogs, particularly in CT and MRI.

As of May 2025, the diagnostic waiting list had risen to 20,264 patients. This growth was primarily attributed to rising demand and reductions in scanner availability and staffing within Radiology, with CT, MRI, and non-obstetric ultrasound activity particularly affected. The Radiology waiting list alone had increased by 28% since July 2024, reaching 15,783 patients by May 2025. Against the six-week standard, May 2025 performance stood at 82.2%, the Trust's lowest level since June 2022. Recovery trajectories for CT and MRI were reported to be on track, with improvement expected from the end of June 2025. Further work was ongoing to address delays in non-obstetric ultrasound.

The Committee noted that a monthly Diagnostic Accountability Meeting, Chaired by the Deputy Chief Operating Officer, had been established to oversee delivery of the diagnostic recovery plan. A broader demand optimisation programme was also in place, centred on patient-focused testing. This work aimed to improve referral practices, ensure alignment with GIRFT (Getting It Right First Time) principles, and strengthen collaboration with Community Diagnostic Centres and primary care leaders.

The Committee confirmed its support for the current strategy and emphasised the importance of increasing diagnostic capacity and reducing waiting times for patients awaiting tests and procedures across LTHT.