

Finance and Performance Committee Chair's Report
Public Board Meeting
25 September 2025

Presented for:	Information and assurance
Presented by:	Mark Burton, Chair of the Finance & Performance Committee Jenny Ehrhardt, Director of Finance Clare Simth, Chief Operating Officer
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List of meeting dates:	30 July and 27 August 2025

Our Annual Commitments for 2025/26 are:	
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	✓

Key points:	
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

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
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,	Minimal	Moving Towards

	with no material misstatements or variances to forecast.		
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 – 30 July 2025

Patient Story

The Committee received a Patient Story which highlighted a positive patient experience within the Neurosciences Department. The video described the patient's journey from referral through surgery and into follow-up care. The patient reflected that the pathway was streamlined, efficient, and well managed. They valued the follow-up appointment arranged four weeks after surgery and noted that they had been provided with contact numbers for the CSU, with queries promptly answered when they called. They expressed that they felt cared for and respected throughout their treatment.

The Committee noted that improvements at CSU level had already reduced waiting times from 108 weeks to 65 weeks. Surgical Teams were working collaboratively to deliver further reductions, with scheduling teams actively seeking to maximise theatre utilisation. The Neurosciences Department was also continuing to work with MEDC and the wider Multi-Disciplinary Team (MDT) to support safe discharges and improve patient flow. The Committee commended the quality of care described and reflected on how the story resonated with the Trust's annual commitment of "Moments that Matter", emphasising the importance of learning from patient feedback.

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

In reviewing the month three financial position, the Committee noted that the Trust reported a year-to-date deficit of £12.7m, which was marginally (£0.3m) adverse to the Best Case position identified through the Fundamental Financial Review. During the period, Phase Two of the Maternity staffing plan was approved, representing a significant investment in patient safety and workforce resilience. This included the recruitment of 15 additional Midwives to increase headroom from 23% to 28%, 11 supernumerary preceptorship Midwives, and administrative support for the Maternity Assessment Unit and Antenatal Day Unit. The cost of this investment was £0.8m in-year, with a recurrent annual cost of £1.2m.

At system level, the West Yorkshire ICB reported a net adverse position of £4m, with system-wide provider deficits of £44.7m (£0.9m adverse to plan). The ICB's surplus of £21m was £3.1m below plan.

Against the Waste Reduction Programme (WRP), the Trust had delivered £11.3m of savings against a planned £12.2m, resulting in an adverse variance of £0.9m. The Finance

Performance Framework (FPF) highlighted continued financial pressure at CSU level, with 14 CSUs now rated red, four amber and one green, a deterioration from previous months. Capital expenditure forecasts were revised down by £4.2m to £109.3m, mainly due to a £4.8m reduction in PSDS Phase 4.

The Committee reflected that while progress had been made in delivering efficiencies and strengthening workforce capacity, material risks to financial delivery remained, both within the Trust and across the system.

Performance Constitutional Standards Assurance Report (CSAR)

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

The Committee noted performance against the Emergency Care Standards (ECS) at 76.8%, remaining above the national average. The Committee acknowledged that an internal stretch trajectory had been set with the aim of achieving 80% ECS performance by September 2025. Referral to Treatment (RTT) performance fell slightly to 66.2% in June. Performance against the 28-Day Faster Diagnostic Standard was reported at 72%. While this was below the 2025/26 trajectory, there were early signs of recovery during June. For the 62-day Cancer standard, performance had declined since April and remained below the agreed trajectory for the year. The backlog at the end of May stood at 352 patients, reflecting an increase in referrals beginning in March 2025. However, this figure had begun to reduce in June and July. The Committee noted that LTHT, along with other Trusts experiencing long-wait challenges, had been escalated to Tier 1 for elective care. Planning for the year had relied on ambitious trajectories and the assumption that cost reductions under WRP could be sustained. All CSUs had been engaged, particularly those behind trajectory, including Head and Neck (ENT and Paediatric ENT), Children's (Paediatric Urology), Trauma-Related Services (Hand Surgery, Plastic Surgery, and Breast Reconstruction), and Neurosciences (Spinal Surgery). Specific actions had already been implemented in some areas, such as within Trauma-Related Services. While comprehensive plans were in place across CSUs, a shortfall of 7–8% against current demand levels had been identified. Contracted arrangements were in place, and both Neurosciences and Children's CSUs were expected to reach zero 65-week breaches by Q2, though risks remained due to Anaesthetic cover availability for Paediatric sessions. The Committee noted that 129 Last Minute Cancelled Operations (LMCOs) were recorded in June, primarily due to running out of theatre time and limited ward bed capacity. Overall diagnostic performance stood at 83.8%, with Ultrasound identified as the modality with the most breaches, largely driven by ongoing staffing pressures and capacity constraints. Monthly escalation meetings were in place to review diagnostic performance and recovery plans.

The Committee acknowledged the continued operational pressures and endorsed the actions in place to recover performance across key standards, while recognising the ongoing challenges in theatre utilisation, bed capacity, and diagnostic staffing.

F&P Committee – 27 August 2025

Patient Story

The Committee received a Patient Story highlighting the experience of a patient who underwent spinal surgery at LTHT. The patient described their journey before and after surgery, noting that they felt assured on arrival and were familiar with the clinical team and their surgeon. Despite initial anxiety, the team made the patient feel calm and comfortable

throughout their stay. They praised ward staff and physiotherapists for their post-surgery support and highlighted that surgeons regularly checked on their wellbeing during recovery.

The Committee expressed gratitude for the care provided by the multidisciplinary Team and acknowledged the positive nature of the story and reflected on its relevance to ongoing operational challenges. In particular, it noted the impact of surgical cancellations on patients who had already waited the longest, the resource implications of longer-duration surgeries, and the importance of maintaining patient confidence regarding follow-up care.

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 four financial position and noted that the Trust had recorded a year-to-date deficit of £18.4m, which was £3.8m adverse to the Best Case scenario identified in the Fundamental Financial Review. The in-month deficit stood at £5.6m, with income £10.9m higher than anticipated, while pay and non-pay expenditure were £4.5m and £9.9m higher than expected, respectively.

At system level, the West Yorkshire ICB reported a net adverse position of £11.9m. The Committee noted that the Trust had delivered £17.1m in savings against month four WRP target of £19m, representing a shortfall of £1.9m. The Committee reviewed the position of Clinical Service Units (CSUs) against the FPF, noting that 17 CSUs were rated red, one amber, and one green. Actions had been agreed with finance leadership to improve CSU forecasts. A derogation had been approved whereby four Red CSUs would not be fully met due to capacity limitations, with improvement expected through ongoing support.

The Committee also noted the Trust's Level 3 Towards Excellence accreditation, recognising that the finance function continued to operate to the highest national standard under the One NHS Finance accreditation scheme. Reference was made to the upcoming seventh Annual Waste Reduction Conference, which would serve as a key platform to engage colleagues, drive waste reduction efforts, and ensure alignment with the Trust's strategic financial objectives for the coming year.

Performance CSAR

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

The Committee noted the ECS performance at 79.1%. LTHT ranked 23rd out of 118 Trusts nationally. RTT performance was 66.1%, with 52-week waits representing 2.6% of the total waiting list. LTHT ranked 35th in terms of total patients waiting 52 weeks and 83rd nationally for long waits. The Committee noted that 131 LMCOs occurred in July, and breaches of the 28-day rebooking standard increased from 22 in June to 42 in July. Challenges to rebooking within 28 days were attributed to staff and patient availability over the summer period. Breach volumes continued to be monitored through Service Delivery Accountability Meetings (SDAMs).

Overall diagnostic performance was reported at 82.9%, with ultrasound identified as the modality with the greatest number of breaches, largely driven by staffing pressures and

capacity constraints. Monthly diagnostic escalation meetings were in place to review performance and recovery plans. The Committee acknowledged the ongoing operational pressures and noted that recovery actions were continuing across all standards, with particular focus on theatre utilisation, diagnostic capacity, and timely patient rebooking.

Deep Dive – ECS Delivery and Bed Occupancy

The Committee received a deep dive assurance report on the Trust's performance against ECS delivery and bed occupancy for July 2025. LTHT delivered ECS performance of 79.1%, exceeding the national planning trajectory of 76.9%. Average length of stay reduced from 6.7 days in July 2024 to 6.4 days in July 2025, with a notable improvement in Chapel Allerton Hospital (CAH) CSU, which achieved a reduction of 5.3 days. The Committee noted a new metric within the National Urgent and Emergency Care plan for 2025/26, measuring patients waiting in hospital for more than 21 days from their Discharge Ready Date (DRD). LTHT reported 69 inpatients in this category. Overall bed occupancy across all sites was 94.8%, with the two acute adult sites, SJUH and LGI, combined at 95.5%. Among 121 hospitals, 30 recorded higher occupancy, with LTHT having the second highest among peer Trusts. High bed occupancy was noted to impact the number of inpatients moved across wards to create next acute inpatient beds out of hours, and the reporting metric had been adjusted accordingly.

For ambulance handovers under 45 minutes, the national clock start had been revised from 50 metres to 25 metres distance from A&E, effective 29 July 2025, providing a more accurate measure. The national Visual Emergency Triage (VET) requirement of 15 minutes from patient booking at A&E reception was maintained, with LTHT achieving an average VET time of 10 minutes in July 2025, consistent with performance below 15 minutes since January 2024. The Urgent Care Team were focused on reducing instances exceeding 15 minutes and were developing a Standard Operating Procedure for VET times over 20 minutes, to be implemented by 1 September 2025. Decisions to admit within three hours were achieved for 48.7% of patients, supported by increased streaming of GP and direct specialty referrals to appropriate care settings and Same Day Emergency Care (SDEC) units, with completion of this initiative expected by October 2025. The Committee noted ongoing efforts to reduce inpatient length of stay, aligned with the Trust's 2025/26 commitment to support patients to leave a day earlier, with specialty plans submitted by bed-holding CSUs where length of stay exceeded peer performance. The Urgent Care CSU continued to work with the ambulance service on real-time validation of conveyances over 45 minutes to avoid inaccurate reporting breaches.

The Committee acknowledged the improvements in ECS delivery and inpatient efficiency and was assured by the operational, tactical, and system-level actions in place to further enhance performance.