

**Finance and Performance (F&P) Committee
Chairs Summary Report**

**Public Board
28 May 2026**

Presented for:	Alert, Advice and Assurance
Presented by:	Mark Burton Non-Executive Director and Chair of the F&P Committee
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List of meeting dates:	25 March and 29 April 2026

Freedom of Information Act (FOIA) Exemption	<input checked="" type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA)
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Link to Strategic Objective	Ensure financial sustainability
Link to Provider Capability Assessment	Financial performance and oversight
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 17: Good governance

Key points:	
This report provides a summary of the key highlights from the F&P Committee meeting and seeks to alert, advice and provide assurance to the Board on the areas discussed.	Alert, Advice 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	Operating outside
Financial Risk	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust whilst seeking to deliver against Waste Reduction targets but always with a focus on maintaining and enhancing patient safety.	Cautious	Operating within

1. Introduction

Following its last meeting the Committee has considered significant issues and key areas to highlight to the Board under three key categories Alert, Advice, Assurance (AAA):

- Alert - areas which the Committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on.
- Advice - any new areas of monitoring or existing monitoring where an update has been provided to the Committee and there are new developments.
- Assurance - specific areas of assurance received warranting mention to Board.

2. Alert

- The Committee noted an alert to the Board regarding performance against the Referral to Treatment (RTT) position following an escalation at its March meeting that the Trust was unlikely to achieve its recovery trajectory. At its meeting in April, it was confirmed that the target had not been achieved with the year-end position reported at 65.9% against a recovery target of 70%. There was recognition of the improvements that had been achieved against the Total Waiting List (TWL) during the year despite sustained pressures and the Committee reviewed the rationale of the under delivery in performance and was satisfied of the reasons presented which included referral rates at 5% above planning assumptions which had impacted recovery of the standard. The Committee would review the actions to steer improvements within the current year within its scheduled RTT deep dive.
- An alert was raised in regard to theatre productivity (which is defined as utilisation versus cases per list versus complexity) and the Committee expressed concern at the limited progress that had been made against associated key metrics which included capped theatre utilisation, average case per session, weekend operating and short notice cancellations. The Committee did receive assurance of planned improvement actions with this place and increased focus to ensure that available theatre resources were utilised to maximum capacity. Individual CSU quotas had been allocated, and CSUs would be held to account via the Integrated Accountability Framework; areas not fulfilling their available quota would risk having their theatre capacity allocated to areas able to utilise this.
- The Committee was notified of an increase in the Supply Chain Risk as a result of global disruption. This had been escalated to the Corporate Risk Register as CRRF3, and the Committee reviewed the mitigating actions in place with assurance received on the active management via the Procurement Team to ensure local resilience.

3. Advice

- From April 2026, the Committee welcomed the Director of Transformation as a new member of the Committee, and it should be noted that the Committee has updated its Forward Plan following the endorsement of the Board to rotate the focus on finance and performance items. Following the meeting, the Committee Chair has met with the Director of Finance and Chief Operating Officer to review these changes. There was an agreement that information relating to the Neighbourhood Committee in Common (CiC) and transformational work would be added to the Committee workplan with the schedule of reporting to be determined.
- The Committee received a Staff Story on the Business Management Development Programme which provided a positive update on the regarding the potential gaps within leadership knowledge and skill set being provided to current and aspiring Business Managers. It was recommended that the update also be shared with the

People and Culture Committee, and the Committee noted the consideration of similar programmes been made for other leadership cohorts.

- The Committee reviewed the Trusts response to the confirmation received from NSHE against the Trust's medium-term planning submission which had been assessed 'complaint with conditions. Authority was granted to the Executive Team to conclude Q1 discussions with NHSE as per the parameters stated within the report which has been shared with Board during its private meeting at agenda item L(iii).
- The Committee received an update on the costing processes and systems that would support the Trusts National Cost Collection submission for 2025/26. This was in line with the approach applied in the previous year and assurance was received that all costs would be prepared with due regard to the principles and standards set out in NHSE's Approved Costing Guidance. It is recommended that the Board support delegated authority to the Director of Finance to sign-off the final submission on behalf of the Board.
- The Committee received the first update of a quarterly report on progress against agreed productivity and efficiency measures. The Board is advised of the Committees continued oversight of this position and the planned deliverables for 2026/27 noting that any significant variance would be reported to the Board by exception.
- Noting the alert raised at the previous Board meeting regarding the increased risk within the Emergency Department (ED) the Committee noted the sustained performance against the Emergency Care Standard throughout the year. Assurance was received of the oversight by the Executive Team to address the risk within the ED and of the mitigating actions been considered which would require the input and support from partners.
- In line with its delegated authority as defined within the Standing Financial Instructions (SFI) the Committee reviewed a number of Business Cases which included:
 - Linen and Laundry Contract (recommendation of Board approval)
 - National Estate Safety Fund (NESF) - Rolling Programme (recommendation of Board approval)
 - In addition, an information update was received on the Roof and Window Replacement programme for Ashley Wing with the formal business case to be presented to the Committee and Board in May 2026 for approval.

4. Assurance

- The Committee reviewed the latest performance against each of the Constitutional Standards at both month 11 and 12. Whilst the Trust was not achieving the Constitutional Standards, progress against internal recovery trajectories was recognised and assurance was received on the actions in place to support recovery and mitigate from further deterioration, noting the alert raised in relation to the RTT position.
- A deep dive was received on Cancer Waiting Times and the Committee was assured of the ongoing and sustained improvement against both the 28-day Faster Diagnosis standard and the 31-day Treatment standard. 62-day performance was reported at 64.9% for January against a target of 85%, and it was recognised the Trust remained in Tier 2 escalation for this standard. Data for February highlighted a further improvement to 66.2% and the Committee noted that the Trusts focus was maintained on reducing the overall backlog which would enable future sustainability in performance delivery. The Committee reviewed the challenges for Teams in delivering against the 62-day standard with planning and preparation a key aspect in supporting delivery. The Committee received

assurance on the increased clinical ownership that was been supported within multi-CSU pathways and were informed of planned improvements to PPM+ over the next 12 months.

- The Committee received an annual update which summarised the output of benefit realisation within post-project evaluations. Sustained improvement had been evidenced in the definition of benefits and the tracking of these within business cases including full compliance with SMART benefit requirements and continued strengthening of project governance.
- The Committee reviewed the financial position for month 11 and 12 and were notified that the Trust had ended the year with a small surplus of £39k (to be confirmed via External Audit review of the year-end accounts). There had been an increase in pay expenditure above plan throughout the year and the Committee reviewed the learning and increased controls that would be applied within the current year to address this with oversight provided via the Turnaround Executive Meeting (TEM) and Financial Improvement Board (FIB).
- At its April meeting the Committee received a deep dive on the progress against the delivery of the 2025/2026 national priorities and operational planning guidance and were updated of the high-level delivery plans for the 2026/2027 national priorities and operational planning guidance. As noted within the alert section the Trust has not achieved against its RTT standard, and the Committee explored the rationale and improvement actions within the coming year. The Committee considered the learning from the previous year across all standards and how this would be taken forward to enable improvements within the coming year. At the time of reporting data relating to Cancer Waiting Times had not been validated however it was forecast that recovery targets had been achieved. The key priorities within the operational planning guidance are summarised below, and it is noted that the Committee explored the Trust ability to achieve each of these:
 - Deliver 92% against the 18-week RTT by the end of 2028/2029.
 - Improve performance against key cancer standards: Maintaining performance against the 28-day Faster Diagnosis Standard (FDS) at 80% and improving 31- and 62-day standards to 96% and 85%, respectively.
 - Improve performance for diagnostic waiting times so that the rate of those waiting over 6 weeks is 1%.
 - Improve A&E waiting times, so that 85% of patients wait no more than 4 hours, as well as reducing the number who wait over 12 hours.
 - Improve Ambulance Category 2 performance to an average of 18 minutes.

5. Risk review

The Committee noted the increased risk to the Supply Chain and has committed to increased oversight of the financial associated risks within the CRR. Actions to address the ongoing risks to performance would be included within the performance deep dives received routinely by the Committee.

6. Publication under the Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

7. Recommendation

The Board are asked to receive and note the content of this report and be assured that the F&P Committee is fulfilling its assurance function as delegated from the Board and as defined within its Terms of Reference.