The Leeds Teaching Hospitals NHS Trust

Finance and Performance (F&P) Committee Chair's Report

Public Board
Thursday 26 November 2026

Presented for:	Alert, Advise and Assurance
Presented by:	Mark Burton, Non-Executive Director, Chair of the F&P Committee
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List of meeting dates:	24 September and 28 October 2026

Freedom of Information Act (FOIA) Exemption	☐**YES** (restricted from the FOIA) ☒**NO** (available to the public under the FOIA)

Link to Strategic Objective	Outcomes – being outstanding now and in the future.
Link to Provider Capability Assessment	Financial performance and oversight Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 12: Safe care and treatment Regulation 17: Good governance

Key points	**Purpose**
1. This report provides a summary of the key highlights from the F&P Committee and seeks to alert, advise and provide assurance to the Board on the matters discussed.	Alert, Advise and Assurance

Risk Appetite Framework

Level 1 Risk	Level 2 Risks	Risk Appetite	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 within
Financial Risk	Revenue & Cash Management - We regard less than 10 days' operating cash as a trigger for enhanced risk management and will at least retain a minimum balance of £3m in line with requirements for a Trust of our size	Cautious	Operating within
Financial Risk	Financial Reporting Risk - We will deliver sound financial management and reporting for the Trust with no material misstatements or variances to forecast. Any variances to forecast that materialise will be well signalled & socialised with key stakeholders	Minimal	Operating within
Financial Risk	Supply Chain Risk - Given ongoing global events and changing macro environment we will proactively manage suppliers in a manner that protects the Trust's interests and service to our patients taking into account supply chain risk and business continuity	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 outside

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, Advise, Assurance (AAA):

- Alert - areas that the Committee wishes to escalate as potential areas of non-compliance, which need addressing urgently, or that it is felt Board should be sighted on.
- Advise - on 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

- *No matters requiring an alert to the Board were identified at either meeting.*

3. Advise

- **Financial Position -** within the September meeting, the Committee focused on the month five financial position. Details were reported to the Board on 24 September 2026 through the Fundamental Financial Review. In addition, the Committee discussed preparations for the NHS England Regional Team mid-year planning review, scheduled for mid-October. It also considered the Trust's approach to recovering debt from other providers.

- **Turnaround Executive Meeting** - the Committee continues to oversee the actions being taken through the Turnaround Executive (TEx) to support delivery of the Trust's 2026/27 financial plan. Discussions focused on the increased waste reduction required to deliver the Best-Case financial scenario. The Committee explored how the TEx was considering and prioritising difficult choices. The Committee noted the Executive oversight and accountability of the Integrated Accountability Meetings (IAM) held with CSUs and wanted to gain assurance of the process which would be considered in future meetings.

- **Productivity** - The Committee reviewed the Quarterly Productivity and Efficiency Review. Although improvement was evident, stronger evidence, supported by clearer context, and further progress was needed to provide full assurance. The Committee discussion emphasised the importance of sustained improvement rather than artificial short-term gains. Improvements were not yet consistently embedded across all areas, and the selected metrics did not capture the full breadth of productivity. It was agreed that future reports would better quantify improvements, use benchmarking and GIRFT recommendations, and explain the context behind the measures. The Committee recognised that NHS England's productivity tool might not fully capture the benefits of Home First and Same Day Emergency Care.

- **Performance Deep Dive –** the Committee received a deep dive on performance against the Referral to Treatment (RTT) standard. Overall performance had remained broadly static during 2026; however the longest waiting cohorts had increased, and there was risk to delivery of the March 2027 recovery trajectory.

  The Committee explored if the identified actions would deliver the required recovery trajectory and there was acknowledgement of the different challenges within pathways and the need for cumulative delivery of all actions to achieve the RTT standard. A fundamental capacity and demand review was scheduled across all services that would consider the whole patient pathway and help identify further workforce and performance opportunities.

An escalation was made to the Quality Assurance Committee to confirm its level of assurance regarding the monitoring and mitigation of risk for patients waiting long periods for treatment.

Whilst limited assurance was received on the performance position the Committee acknowledged the actions being taken and was assured of the understanding and response to the challenge. A further update was requested at the next performance focussed Committee meeting.

- In line with its delegated authority as defined within the Standing Financial Instructions (SFI) the Committee reviewed a number of Business Cases which included:

  - Interventional Radiology
  - Seacroft Community Diagnostic Centre Expansion
  - Paul Sykes Urology Service Refurbishment
  - Upgrades to the Electrical Infrastructure at the LGI and SJUH

  Full details on these approvals is restricted from the Public Domain due to commercial sensitivity however the full minutes have been provided to the Board.

4. Assure

- **Staff Story -** At the September meeting, the Committee received a staff story outlining work within the Women's Fertility Service to address unsustainable cost pressures and bring costs back within the allocated budget, while maintaining high standards of patient care and experience. The Committee's discussion focused on the integration of finance and patient experience. There was recognition of the clear ownership by the Women's Leadership Team in response to the challenges, which were consistent with themes across the wider Trust including increased activity and demand. It was noted that equality and clinical impacts would continue to be monitored to ensure that the increased controls had no adverse effects.

  At the October meeting, the Committee received a staff story describing improvement work within the Endocrinology Outpatients service to make best use of resources and support recovery against the Referral to Treatment (RTT) standard. The service had established a clear recovery trajectory to guide its actions, rather than relying on isolated, unsustainable improvements. Delivery had taken time, incurred financial costs and initially led to a temporary deterioration in performance. However, the embedded actions were now delivering improvements.

  The Committee acknowledged that the scale of opportunity varied between pathways and that clinical validation was essential to identifying opportunities. The discussion also explored how to reset patient expectations, recognising that not all elements of a pathway would involve face-to-face appointments.

  The Committee recognised the strong leadership, willingness to act differently and courage required to deliver proactive change. It strongly encouraged the service to share its learning both internally and externally.

- **Constitutional Standards –** the Committee reviewed the month six performance position against each of the constitutional standards. Performance was in line with improvement trajectories, and no significant variances were escalated, noting the separate deep dive received on the RTT standard. The Committee noted that the national planning target for the Emergency Care Standard was to achieve 82% by March 2027, rather than a cumulative performance position across the whole year.

5. Risk

The Trust is operating outside its risk appetite for Financial Management and Waste Reduction, and Supply Chain risks. However, appropriate assurance has been received on the controls in place. The increase in Supply Chain risk is a result of external circumstances and not a weakness in the control environment.

6. Publication Under Freedom of Information Act

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

7. Recommendation

The Board is 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.