Trust Board Meeting: Wednesday 8 July 2015
TB2015.81

<table>
<thead>
<tr>
<th>Title</th>
<th>Finance &amp; Performance Committee Chairman's Report Including Annual Report 2014/15</th>
</tr>
</thead>
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<tr>
<td>Status</td>
<td>For Information, and approval of the Annual Report</td>
</tr>
<tr>
<td>History</td>
<td>The Finance and Performance Committee provides a regular report to the Board.</td>
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<tr>
<td></td>
<td>The Annual Report summarises the activities of the Trust’s Finance and Performance Committee for the financial year 2014/15, setting out how it has met its Terms of Reference and key priorities.</td>
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<table>
<thead>
<tr>
<th>Board Lead(s)</th>
<th>Mr Christopher Goard, Committee Chairman</th>
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</thead>
<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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**Executive Summary**

1. The Finance and Performance Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings. This regular report is provided at Section 1.

2. A summary of the key messages from the meeting held on 10 June 2015 for communication throughout the Trust is attached at Section 1, Appendix 1.

3. In line with best practice in other sectors, the Finance and Performance Committee also produces an Annual Report to the Board that sets out how the Committee has met its Terms of Reference, and this is provided at Section 2.

4. This Annual Report summarises the activities of the Trust's Finance and Performance Committee (the Committee) for the financial year 2014/15 setting out how it has met its Terms of Reference and key priorities.

**Recommendations**

5. The Board is asked to:
   - Note the regular report to the Board from its meeting held on 10 June 2015 (Section 1); and
   - Review and approve the Annual Report 2014/15 and the revised Terms of Reference (Section 2).
SECTION 1

1. Introduction

The Finance and Performance Committee met on 10 June 2015. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

a) The Committee received the final set of operational and financial plans for 2015/16, as submitted to the Trust Development Authority [TDA], following approval by the Trust Board at its meeting in May 2015;

b) The Integrated Performance Report for Month 1 was reviewed, noting:
   - The percentage of adult inpatients that had a VTE risk assessment in April achieved 96.47%, against the standard of 95%
   - Zero same sex accommodation breaches had been reported in April 2015;
   - The standard of no more than 1% waiting over 6 weeks for Diagnostic tests had been achieved, with 19 patients having waited over 6 weeks at the end of April;
   - 18 week Referral to Treatment [RTT] incomplete and Non-admitted standards were achieved in April 2015;
   - Seven of the eight cancer standards were achieved in March 2015.

It was confirmed that the Trust had achieved an overall score of 3 against Monitor's risk assessment framework for Q4, as projected.

18 Week RTT Admitted performance was reported at 86.24% in April, against the standard of 90%. This was as expected due to the focus on reducing the number of patients waiting over 18 weeks. The Committee noted that NHS England has indicated that (subject to necessary legislative change) the tracking of Referral to Treatment times is likely to be rationalised, by focusing on the 18 week RTT ‘incomplete’ standard

The A&E 4 hour standard (95% of patients seen within 4 hours from arrival/transfer/ discharge) was not achieved in April (when the outturn was 91.14%).

Delayed Transfers of Care [DTOCs] continue to be of concern for the Trust, with a monthly average for April of 167 delays across the system for Oxfordshire residents.

c) The Committee considered a report on the Q4 Divisional Performance Reviews, outlining explanations for why clinical divisions had been unable to achieve their plans for 2014/15, including:
   - Difficulty in maintaining control of temporary staffing, with operational pressures leading to
• higher than expected overtime and sessional payments expenditure
• requirement to outsource activity in Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] and Clinical Support Services [CSS] Divisions, which had incurred premium costs
• Failure to achieve some elements of local savings programmes

Actions which have been agreed by way of follow up were noted to include the following:
• NOTSS Division will work with an external agency, to understand its financial and operational failures in 2014/15, and to agree mechanisms for improvement in 2015/16
• Cross divisional performance management mechanisms have been enhanced in key areas
• Review of the Corporate Risk Register [CRR] will explicitly identify ‘ownership’ of risks identified in divisional meetings.

d) The Committee reviewed the 2015-16 and 2016-17 Savings Programme, noting the enhanced Quality Impact Assessment [QIA] process, and welcoming the clinical divisions’ engagement with the need for a creative and innovative approach, to achieve transformational change.

e) The Trust’s 5 Year Capital Plan was presented, further to the plan approved by the Board in May 2015. It was recognised that, if authorised as a Foundation Trust, the Trust would be required to establish a Finance and Investment Committee, the remit of which would include the development and monitoring of the capital plan.

f) The Committee received an update on Patient Level Costing [PLICS] and Service Line Reporting [SLR], which revealed that the top ten loss making Clinical Service Units [CSUs] accounted for 34% of the cost of Trust services. The report also identified CSUs which currently make a negative contribution to Trust overheads. Divisions have been asked to provide detailed explanations for these losses, and the Committee supported developing the further use of SLR/PLICS to identify and address clinical variation.

3. Key Risks Discussed

The following risks were discussed:

a. The Committee considered updated extracts of the Board Assurance Framework [BAF] and Corporate Risk Register [CRR] relating to the risks assigned to it, and noted that the information recorded on the Oxfordshire Clinical Commissioning Group’s [OCCG’s] BAF and CRR had been reviewed by the Trust Management Executive [TME] at its meeting on 4 June 2015.
b. The Committee specifically reviewed the risk associated with the impact of changes to the specialist services tariff, newly added to the CRR in April 2015. As previously discussed by the Committee, the lack of certainty in the tariff was recognised to affect the Trust’s ability accurately to plan financially, with uncertainty in the financial position likely to lead to further cost pressures. It was agreed that this would need to kept under close scrutiny.

c. The Committee’s consideration of the risk of failure effectively to control pay and agency costs was informed by a presentation on the Trust’s temporary workforce, including NHS bank. This described the national controls to be introduced from 1 July 2015, and reflected the work being undertaken to achieve compliance with the ban on the use of any off framework agency. More generally, the Committee heard of the measures taken to achieve tighter financial controls overall, and to expand the capacity of the NHS bank.

4. Key Actions Agreed

The Committee agreed actions as follows:

- Further information would be provided to quantify the net savings likely to be realised in association with the national ban on the use of off framework agencies
- Data would also be provided on the difference in net earnings received by a nurse working on the bank, as compared to a framework agency
- The risk associated with the impact of changes to the specialist services tariff would be kept under close scrutiny.

5. Future Business

Areas upon which the Committee will be focusing in the next three months include continued review of:

- the integrated performance of the Trust;
- the financial performance against plan for 2015/16;
- in-year delivery of annual efficiency savings for 2015/16;

and consideration of:

- system-wide forecasting tool for emergency care
- trajectory for operational performance in Q3 and Q4

6. Recommendation

The Trust Board is asked to note the contents of this paper.

Mr Christopher Goard  
Finance and Performance Committee Chairman

July 2015
At a Glance…

Finance and Performance Committee

Met on Wednesday 10 June 2015, when KEY ISSUES included:

A presentation on the Use of temporary staff, highlighting
- £3.3bn spent in 2014/15 on temporary staff throughout the NHS
- 33% increase over the last 3 years

- Nursing agency spend = approx 1/3 of all temp spend
- Rate of nurses leaving profession has risen by 29% in last 2 years
- There are insufficient nurse training posts available to meet demand

Measures taken include:
- Tighter financial controls to reduce all directly received agency invoices
- Targeted displacement campaign in relation to higher cost agency
- Increase rates of pay on bank for nursing
- Improved local, regional and national management of the issues
- EU nurse recruitment; up to 20 nurses arriving every 2 weeks

National controls to be introduced from 1 July 2015, for complete implementation by 1 September

<table>
<thead>
<tr>
<th>New Rule</th>
<th>Current Situation</th>
<th>Actions to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ban on the use of off framework agencies</td>
<td>In May ’15 10% of agency expenditure was with off framework agencies</td>
<td>Targeted campaign with each individual worker and ward</td>
</tr>
<tr>
<td>Maximum hourly rate for agency doctors and nurses</td>
<td>Working with surrounding Trusts</td>
<td>Influence DH to ensure that OUH/Shelford groups opinions are taken into consideration Setting the pace - Highlighted at DH</td>
</tr>
<tr>
<td>Cap on total agency spending for each Trust in financial difficulties</td>
<td>Trust will voluntarily comply</td>
<td></td>
</tr>
</tbody>
</table>

Professional services consultancy contracts above £50k will require sign off from TDA/Monitor or NHSE

Strict authorisation process undertaken when hiring of Management Consultants and Interims

Continue to enforce the strict trust procedures with a maximum value of £50k
Finance and Performance Committee

Other KEY ISSUES discussed at the meeting on 10 June 2015 included the following:

The final set of Operational and Financial Plans 2015/16, as submitted to the Trust Development Authority [TDA], were noted, highlighting:

- Of the total of £51.8m savings associated with Cost Improvement Programmes [CIP], approx
  - 15% was assessed as high risk
  - 35% as medium risk; and
  - 50% as low risk
- The Trust Board had approved a plan to break even on income and expenditure, rather than generating a surplus equal to 1% of turnover

The Integrated Performance Report for Month 1 was reviewed, showing that operational performance standards were achieved in relation to:

- 18 week RTT Non-Admitted
- 18 week RTT Incomplete
- 7 out of 8 Cancer Waiting standards
- VTE Risk assessment
- Diagnostic waits
- No same sex accommodation breaches

but standards were not achieved in relation to:

- A&E 4 hour
- 18 week RTT Admitted
- Cancer - 62 day Urgent GP referral

Delayed Transfers of Care [DTOCs] continue to be of concern for the Trust, with a monthly average for April of 167 delays across the system for Oxfordshire residents

The Committee noted that (subject to necessary legislative change) the tracking of Referral to Treatment times is likely to be rationalised, by focusing on the 18 week RTT ‘incomplete’ standard

A report was received on the Q4 Divisional Performance reviews, outlining explanations for why clinical divisions had been unable to achieve their plans for 2014/15, including:

- Difficulty in maintaining control of temporary staffing, with operational pressures leading to
  - Higher than expected overtime and sessional payments expenditure
  - Requirement to outsource activity in NOTSS and CSS Divisions, incurring premium costs
- Failure to achieve some elements of local savings programmes
  Actions agreed by way of follow up include
  - NOTSS Division will work with an external agency, to understand its financial and operational failures in 2014/15, and to agree mechanisms for improvement in 2015/16
  - Cross divisional performance management mechanisms have been enhanced in key areas
  - Review of CRR will explicitly identify ‘ownership’ of risks identified in divisional meetings

The Trust’s Financial Performance in Month 1 was reviewed, taking into account the uncertainties associated with Month 1 reports, when information on commissioning income remained unclear

The 2015-16 and 2016-17 Savings Programme was reviewed, highlighting the enhanced Quality Impact Assessment [QIA] process, and welcoming the clinical divisions’ engagement with the need for a creative and innovative approach, to achieve transformational change

The Trust’s 5 Year Capital Plan was presented, further to the plan approved by the Board in May.

An update on Patient Level Costing [PLICS] and Service Line Reporting [SLR] revealed that the top ten loss making Clinical Service Units [CSUs] accounted for 34% of the cost of Trust services. The report also identified CSUs which currently make a negative contribution to Trust overheads. The Committee noted that divisions have been asked to provide detailed explanations for these losses, and supported developing the further use of SLR/PLICS to identify and address clinical variation

For further information please contact: Susan Polywka, Head of Corporate Governance xt 72474
SECTION 2

Finance and Performance Committee Annual Report 2014/15

1. Background

1.1. Good practice states that the Trust Board should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.

1.2. This Annual Report summarises the activities of the Trust’s Finance and Performance Committee (the Committee) for the financial year 2014/15 setting out how it has met its Terms of Reference and key priorities.

1.3. The purpose of the Committee is laid down in its Terms of Reference. In summary it is responsible for providing information and making recommendations to the Trust Board on financial and operational performance issues and for providing assurance that these are being managed safely.

2. Scope of Review of Effectiveness

2.1. The review undertaken by the Head of Corporate Governance has focused on a review of the papers presented to the Finance and Performance Committee in comparison to the agreed Terms of Reference and the Cycle of Business. The review has been broken down into the following subsections:

- Responsibilities;
- Membership and attendance record;
- Reporting arrangements;
- Cycle of business.

2.2. In addition to the above a questionnaire was also used as part of the review. Any specific points arising from the checklists, not covered elsewhere, have been highlighted in a separate section of the report.

Responsibilities

2.3. During 2014/15, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:

- The Integrated Performance of the Trust has been monitored throughout the year. Reviews were undertaken into specific exceptional performance issues, including delayed transfers of care, and 4 hour Accident & Emergency wait;
- At the request of the Trust Board, the Committee has received project updates on the Outpatient Re-profiling Project and the Integrated Care Alliance.
- The Trust’s performance against its annual financial plan and budgets has been kept under review;
- Divisional performance has been subjected to closer scrutiny through divisional presentations made to the Committee;
The Committee has been updated on the development of the Trust’s long term financial model [LTFM] linked to the NHS Foundation Trust application pipeline, and ensuring that the Committee will seek appropriate clinical advice and involvement in the development of same;

Updates were provided on the Cost Improvement Programme, including progress in improvements to the planning and monitoring processes;

The Board Assurance Framework and Corporate Risk Registers were regularly reviewed and discussed, to ensure that identified controls were appropriate to mitigate the risks to a level within the Trust’s risk appetite. The Committee focused on the principal risks (PR) which were specifically assigned for oversight by the Committee, being:

- PR2: Failure to maintain financial sustainability;
- PR 3: Failure to maintain operational performance;
- PR 4: Mismatch with commissioners’ plans;
- PR 5: Loss of share of current and potential markets; and
- PR 7: Failure to deliver the required transformation of services

Review of the capital programme and how funds are allocated to competing projects.

Membership and Attendance Record

2.4. During 2014/15, the Committee met six times with attendance recorded in the table below. This demonstrates that every meeting of the Committee during the year was quorate.

<table>
<thead>
<tr>
<th>Role</th>
<th>9-Apr-14</th>
<th>11-Jun-14</th>
<th>13-Aug-14</th>
<th>8-Oct-14</th>
<th>10-Dec-14</th>
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<tr>
<td>Chair – Non-Executive Director(CG)</td>
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<td>Director of Finance &amp; Procurement (MM)</td>
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<td>Medical Director (TB)</td>
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<tr>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

* (as Interim Medical Director)

Key: ✓ = In attendance    X = Absent  ✓* = Deputy in attendance

Reporting Requirements

2.5. The Committee reported to the Trust Board after each meeting during the year. Reports included a description of the business conducted, risks
identified and key actions agreed. Key risks identified by the Committee and escalated to the Trust Board for information included:

- Risks associated with performance of non-clinical operational services, under the Churchill Private Finance Initiative (PFI) Contract. This resulted in a sub-committee of the Trust Board being established as a short-term working group.
- Regular risk assessments of the forecast year-end financial and operational performance position during the course of the year, highlighting the risk associated with the winter planning process and capacity planning.
- Information on how the Committee considered the 2015/16 financial planning process, in terms of considering the impact on commissioner alignment and risks associated with uncertainty in relation to the tariff.
- The ‘Most Capable Provider’ Assessment process in relation to integrated care work undertaken jointly between the Trust and Oxford Health NHS Foundation Trust.
- A range of issues were highlighted to the Trust Board from discussions around the review of the Board Assurance Framework and the Corporate Risk Register, for example the levels of assurance gained in relation to data quality and benefits realisation from the Electronic Patient Record.

2.6. The reports consistently identified areas to be raised to the Trust Board or referred to other sub-committees of the Trust Board. It has been recognised through the review of the referral process between committees that some improvement could be made to ensure actions passed between committees are more fully captured and appropriate actions taken are reported back to the referring committee. This is in the process of being addressed and a Standard Operating Procedure covering this process is being drafted.

Terms of Reference

2.7. The Terms of Reference were last reviewed and revised in July 2014, and the review of the effectiveness of the Committee for 2014/15 has confirmed that no further changes are required to the Terms of Reference, beyond ensuring that the Terms of Reference are now in line with the new Trust template.

2.8. The updated Terms of Reference are presented in Appendix 1, with the changes highlighted.

Cycle of Business

2.9. The items on the cycle of business were largely delivered as planned with the exception of a review of theatre utilisation.

2.10. A number of additional items were considered by the Committee during the year including papers on:
- Oxford Ovarian Cryopreservation Service
- Overview of Emergency Department 4 Hour Breach Data
- Analysis of variance in nurse staffing spend levels
• NHS Premises Assurance Model
• Better Care Fund
• Urgent Care Action Plan
• Reference Costs and Service Line Reporting
• RTT Intensive Care Support Team Report and Action Plan

3. Issues raised by questionnaire results

3.1. The results of the responses from the questionnaire circulated to Committee members were considered by the Committee and no further actions were identified.

4. Key Outcomes

4.1. The following outcomes are proposed as a proxy for the effectiveness of the Committee:

- The Trust met its key financial duties for the year, specifically:
  - Achieving its target surplus for the year, thereby meeting its formal financial duty to break even;
  - Meeting its financial duty not to exceed its external financing limit for the year; and
  - Meeting its duty not to exceed its capital resource limit for the year.
- Operational performance targets were monitored throughout the year, to identify where action was required to achieve delivery of key operational performance targets, including those in relation to delayed transfers of care, and cancer waits.

5. Conclusion

5.1. The review has identified that the Committee has delivered the majority of the responsibilities as set out in the Terms of Reference, attendance at meetings has been good, and the cycle of business has been mostly completed.

5.2. Areas for action during 2015/16 to ensure all responsibilities are delivered as set out in the Terms of Reference include the SOP mentioned in 2.6.

6. Recommendations

6.1. The Board is asked to:

- review and approve the Finance and Performance Committee Annual Report 2014/15, and
- approve the draft Terms of Reference.

Mr Christopher Goard
Chairman Finance and Performance Committee
July 2015
Finance and Performance Committee
Terms of Reference

1. Authority

1.1. The Finance and Performance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee is a Non Executive Committee and has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.

1.2. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

1.3. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

2. Purpose of the Committee

2.1. The Committee is responsible for providing information and making recommendations to the Trust Board on financial and operational performance issues and for providing assurance that these are being managed safely.

3. Membership

3.1. The membership of the committee shall be composed of the following core members:

   - 5 Non-Executive Directors (one of whom will be the Chair of the Committee)
   - Chief Executive
   - Director of Finance and Procurement
   - Medical Director
   - Director of Development and the Estate
   - Director of Clinical Services

3.2. All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance of a minimum of five members of which two will be Non-executive Directors.

4.2. It is expected that all members will attend at least 4 out of 6 committee meetings.
per financial year. An attendance record will be held for each meeting and an
annual register of attendance will be included in the annual report of the committee
to the Board.

4.3. If Executive or Non-executive Directors are unable to attend a meeting they should
nominate a deputy subject to agreement with the Chief Executive and consultation
with the Committee Chairman. Deputies will be counted for the purpose of the
quorum.

4.4. The Chair may request attendance by relevant staff at any meeting.

5. Frequency of meetings

5.1. Meetings of the Finance and Performance Committee shall be held six times per
year, scheduled to support the business cycle of the Trust and at such other times
as the Chairman of the Committee shall identify, subject to agreement with the
Chairman of the Trust and the Chief Executive.

5.2. The Chairman may at any time convene additional meetings of the Committee to
consider business that requires urgent attention.

5.3. Meetings of the Committee shall be set at the start of the calendar year.

6. Specific Duties

6.1 The specific responsibilities of the Committee are to:

- Review the integrated performance of the Trust
- Provide overview and scrutiny in any other areas of financial and operational
  performance referred to the Performance and Finance Committee by the Trust
  Board.
- Monitor the effectiveness of the Trust’s financial and operational performance
  reporting systems ensuring that the Board is assured of continued compliance
  through its annual reporting, reporting by exception where required.
- Review the Trust’s performance against its annual financial plan and budgets
- Review the Trust’s operational performance against its annual plan and to
  monitor any necessary corrective planning and action.
- Monitor the performance of the Trust’s physical estate and non-clinical services
- Provide overview and scrutiny to the development of the medium and long term
  financial models (MTFM and LTFM)
- Ensure the MTFM and LTFM is designed, developed, delivered, managed and
  monitored appropriately
- Ensure that appropriate clinical advice and involvement in the MTFM and LTFM
  is provided
- Review the in-year delivery of annual efficiency savings programmes
- Review the performance indicators relevant to the remit of the Committee
• Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report

• Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate

• Undertake any other responsibilities as delegated by the Trust Board.

7. Sub-Committees

7.1 The Finance and Performance Committee has no established sub-committees but it will receive information and assurances from the Trust’s internal performance review processes and meetings.

8. Administrative Support

8.1 The Finance and Performance Committee will be supported by the Director of Finance and Procurement, as the nominated lead Executive Director. The Committee will be supported administratively by the Head of Corporate Governance, whose duties in this respect will include:

• Agreement of the agenda with the Director of Finance and Procurement and the Committee Chair, collation and distribution of papers at least five working days before each meeting.

• Taking the minutes and keeping a record of matters arising and issues to be carried forward.

• Providing support to the Chair and members as required.

9. Accountability and Reporting arrangements

9.1. The Committee shall be directly accountable to the Trust Board.

9.2. The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any financial or operational aspect. The Chair of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board. The Chair of the Committee is also required to inform the Board on any exceptions to the annual work plan or strategy. The Chair will report any specific issues on the risk register to the Audit Committee.

9.3. The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Board following the production of the minutes.

10. Monitoring Effectiveness and Compliance with Terms of Reference

10.1. The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11. Review of Terms of Reference

10.1 The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Trust Board.

Date approved: Month Year
Approved by: [name of parent committee]
Next review date: Month Year
Appendix 1

Finance and Performance Committee Membership 2015/16

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>Non-Executive Director (Chair)</td>
<td>Mr Christopher Goard</td>
</tr>
<tr>
<td>Non-Executive Director (Vice Chair)</td>
<td>Mrs Anne Tutt</td>
</tr>
<tr>
<td>Non-Executive Director</td>
<td>Dame Fiona Caldicott</td>
</tr>
<tr>
<td>Non-Executive Director</td>
<td>Mr Geoff Salt</td>
</tr>
<tr>
<td>Non-Executive Director</td>
<td>Mr Peter Ward</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>Sir Jonathan Michael</td>
</tr>
<tr>
<td>Director of Finance and Procurement</td>
<td>Mr Mark Mansfield</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Dr Tony Berendt</td>
</tr>
<tr>
<td>Director of Development and the Estate</td>
<td>Mr Mark Trumper</td>
</tr>
<tr>
<td>Director of Clinical Services</td>
<td>Mr Paul Brennan</td>
</tr>
</tbody>
</table>
Appendix 2

Finance and Performance Committee Objectives 2015/16

The Committee’s overarching objective is to gain a sufficient understanding of the financial and operational performance control processes of the Trust to provide assurance to the Board. In particular it will:

- Review the development and use of financial performance information at a more granular level across the Trust,
  - to take into account the use of Patient Level Costing Systems (PLICS) and to assess its impact on financial planning and cost improvement programmes;
- Review the development of the process for the reporting and review of operational performance across the Trust;
  - To ensure that effective performance management processes are used at divisional level;
  - To review the development of holistic business information, through the triangulation of different source of performance information, its use in decision making and its impact on the achievement of objectives.