### Title
Finance & Performance Committee Chairman's Report

<table>
<thead>
<tr>
<th>Status</th>
<th>For discussion</th>
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<tbody>
<tr>
<td>History</td>
<td>The Finance and Performance Committee provides a regular report to the Board.</td>
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<tr>
<th>Board Lead(s)</th>
<th>Mr Christopher Goard, Committee Chairman</th>
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<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>
1. Introduction

The Finance and Performance Committee met on 10 February 2016. 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 Integrated Performance Report for Month 9 was reviewed, noting:

   - The percentage of adult inpatients that had a VTE risk assessment in December 2015 was 97.58%, against the standard of 95% (up from 96.47% in September);
   - The standard of no more than 1% waiting over 6 weeks for Diagnostic tests had been achieved, with 87 patients (0.74%) having waited over 6 weeks at the end of December;
   - 18 week Referral to Treatment [RTT] incomplete standard was achieved in December, at 92.01% against the standard of 92%;
   - All eight cancer targets were achieved in November;
   - Zero cases of MRSA bacteraemia were reported in December;
   - Zero same sex accommodation breaches had been reported at the end of December;
   - Patients spending >=90% of time on the stroke unit was 92.88% against a standard of 80% in December 2015.

b) Performance against the 4 hour A&E standard was 88.17% in December, against the standard of 95%, and the Trust therefore scored 1 (against a target score of zero) on Monitor's Access and Outcomes framework for Q2.

c) Workforce turnover was reported at 13.9% in December, up from 13.7% in November, and 3.4% above the target for the Key Performance Indicator [KPI]. The Committee asked to be kept informed of progress in the targeted action being taken to improve recruitment and retention of staff.

d) Delayed Transfers of Care [DTOCs] had continued to be a concern during the reporting period of December 2015, which had seen commencement of the system-wide initiative to reduce the level of DTOCs, and re-balance health and social care in Oxfordshire, with the primary aim of improving the quality of care for patients.

e) Whilst the full effect of the system-wide initiative had yet to be seen, the Committee received a provisional assessment of the operational and financial impact for the Trust. It was confirmed that much had been achieved, exceeding the target of transferring out 120 patients into intermediate care beds commissioned in the Nursing Home sector, many of whom had subsequently been discharged to their ultimate destination. As a result of action taken, the Trust has been able to release 70 acute beds. However, it was recognised that capacity in the provision of social care remained a challenge, adversely affecting
the flow of patients through the hospital. This would undoubtedly impact on the ability of the Trust to achieve the 95% 4 hour A%E standard (as outlined in 2b above).

f) The Committee reviewed an extract of the assigned risks from the Board Assurance Framework [BAF] and Corporate Risk Register [CRR], in particular to consider whether any of the reports considered by the Committee indicated the need to record any newly emerging risks, or revise any that were already recorded on the CRR.

g) The latest action plans for Cancer, and for 18 week Referral to Treatment [RTT] were submitted for review.

h) The Committee considered the Trust’s financial position, noting that the Month 9 year-to-date position was reported to be £0.4m better than plan, after implementation of active mitigations. The forecast year end position was reported as a surplus of £5.3m against the Trust’s breakeven duty. The unmitigated risk of £20m to the forecast year-end position remained unchanged from that previously reported.

i) Progress in implementation of agency controls continued to be crucial to reversing the underlying trend of overspend on pay, and the Committee heard that there had been a significant reduction in spend from £3.8m in October, to £2.9m in November and £2.7m in December. The expenditure on bank and agency in November and December 2015 was confirmed to have been less than in the same months of 2014.

j) The Committee considered a review of the in-year delivery of annual efficiency savings, noting the established projects for 2016/17, and the emerging work on the 2017/18 programme for improving efficiency. Delivery of the Cost Improvement Programme [CIP] Year to Date was reported at 87% of the target for the period to 31 December 2015.

k) With regard to 2016/17 and beyond, the Committee recognised the need to achieve fundamental transformation, a crucial component of which would be the operational response to operational, financial and quality benchmarks set.

The Committee received a presentation on the Financial Planning and Contract Strategy for 2016/17, including the Trust’s response to the offer under the Sustainability and Transformation Fund.

3. Key Risks Discussed

Risks discussed by the Committee included:

i. Risks associated with the level of Delayed Transfers of Care. Notwithstanding implementation of the system-wide initiative to re-balance health and social care in Oxfordshire, there was recognised to be a risk that insufficient capacity in social care provision would adversely affect the flow of
patients through the hospital, undermining the ability to reduce the level of DToCs, and impacting on delivery of the 95% 4 hour A%E standard;

ii. Emerging risks associated with issues raised by Oxfordshire Clinical Commissioning Group [OCCG] were identified, relating to discharge summaries, and the endorsement of test results;

4. Key Action Agreed

The Committee agreed action as follows:

- Divisional Directors will be invited to attend the next meeting of the Committee in April 2016, to outline their plans to achieve fundamental transformation.

5. Future Business

Areas upon which the Committee will be focusing over 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 monitoring of:

- implementation of transformation streams identified;
- further development of benchmarked costing and profitability data.

6. Recommendation

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

Mr Christopher Goard
Finance and Performance Committee Chairman

March 2016