<table>
<thead>
<tr>
<th>Title</th>
<th>Finance &amp; Performance Committee Report including Annual Report 2016/17</th>
</tr>
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<tbody>
<tr>
<td>Status</td>
<td>For information and discussion</td>
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<tr>
<td>History</td>
<td>The Finance and Performance Committee provides a regular report to the Board.</td>
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<table>
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<tr>
<th>Board Lead(s)</th>
<th>Mr Peter Ward, Committee Chairman</th>
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<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. In line with best practice in other sectors, the Finance and Performance Committee also produces an Annual Report to the Board summarising the activities of the Trust’s Finance and Performance Committee (the Committee) for the financial year 2016/17 setting out how it met its Terms of Reference and key priorities. This is provided in Section 2.

3. The Finance and Performance Committee’s Terms of Reference, Membership and objectives for 2017/18 are attached at Section 2, Appendix 1.

Recommendation

The Board is asked to:

- Note the regular report to the Board from its meeting held on 14 June 2017 (Section 1); and
- Review and approve the Finance and Performance Committee’s Annual Report 2016/17 and the revised Terms of Reference (Section 2).
Section 1: Introduction

The Finance and Performance Committee met most recently on 14 June 2017.

The main issues raised and discussed at the meeting are set out below.

1. Significant issues of interest to the Board

The following issues of interest are highlighted for the Trust Board:

a) In reviewing the Integrated Performance Report for Month 1, key points highlighted included the following:

- Performance in relation to the 4 hour A&E standard was reported at 88.8% in April 2017, up from 87.1% in March. This was below the trajectory level of 90% but Emergency Department (ED) attendances and emergency admissions for the month were both up in comparison to the same period in the year before. In April 2017, 1,358 people had waited over four hours in Oxford University Hospitals’ Emergency Departments, down from 1,676 in March.
- The number of patients delayed in OUH beds awaiting transfer to care in another setting remained well above the level seen in December 2016. Delayed Transfers of Care had continued above 100 since January 2017.
- Performance on the 62 day cancer wait standard had improved further in March 2017, to a level above the level for England as a whole.
- Elective outpatient and day case activity were above plan in April, while elective inpatients and endoscopy cases were below plan. Despite overall delivery of activity numbers, the waiting list had continued to grow and performance against the RTT Incomplete standard had worsened, although the trajectory figure for the month was met.
- 1.21% of patients having diagnostic tests or imaging in April had waited for more than six weeks. The standard of no more than 1% of patients waiting for over six weeks was achieved in eleven months of 2016/17.
- 93.01% of OUH inpatients were recorded in April as having received harm-free care, a slight increase from March.
- One case of MRSA bacteraemia had been reported in April and four cases of Clostridium Difficile.
- Venous thromboembolism risk assessment performance had improved further to 97.42%, above the 95% standard.

b) The Committee monitored delivery of the Urgent Care Improvement Plan, in which specified actions had been expressly linked to the causal factors identified to contribute to breaches, including:

- Pre-hospital screening;
- Waiting for diagnostics;
- Patient flow/ bed capacity;
- Patient transport;
- Repatriations to District General Hospitals.
c) The Committee also received a presentation from the Divisional Director, Medicine, Rehabilitation and Cardiac [MRC] on changes to the urgent care pathway, and considered the operational challenges to maintaining capacity and flow within the urgent care pathway throughout the winter months.

Challenges identified included the limited availability of council-funded beds within the nursing home sector, the limited availability of community hospital beds, and constraints on the provision of domiciliary care.

It was noted that the Chief Executive had been asked to chair the system-wide A&E Delivery Board, the effective functioning of which should provide assurance to the Committee and to the Board as to progress being made to address the challenges identified across the system.

d) In relation to performance against the standards for cancer care, the Committee noted that seven out of eight national cancer standards had been met in March (the latest period for which data could formally be confirmed at the time of report, because of national data reporting requirements).

The Director of Clinical Services confirmed that it was expected that all eight standards would be reported to have been met in April.

e) The Committee monitored delivery of the Cancer Care Improvement Plan, in which specified actions were expressly linked to the causal factors identified to contribute to breaches, including:

- Limited outpatient capacity;
- Patient choice;
- Diagnostic delay;
- Theatre availability;
- Bed/ITU availability.

f) In relation to the Referral to Treatment (RTT) incomplete standard, it was noted that the standard stated that over 92% of patients referred to the Trust and currently awaiting first treatment should have been waiting for fewer than 18 weeks. The Trust’s performance against this standard was noted to have shown significant decline during the 2016/17 financial year. In April 2017, performance was reported at 89.9%.

The Committee heard that the Trust had carried out an assessment of the additional activity required to meet the RTT standard, based on a nationally approved model. This identified two types of additional activity required: Backlog (the amount by which waiting lists were too large to be sustainable) and Run Rate (the amount of additional activity required on a recurrent basis to avoid the backlog growing).

As the Board is aware, an RTT recovery plan for Q2 of 2017/18 has been developed at specialty level. This plan was approved by the Board on 31 May, and the Committee sought assurance on the process established by which regular monitoring would be undertaken of delivery against the plan.

The Committee heard that the monitoring process included monthly meetings at divisional level chaired by the Director of Clinical Services, as well as on-going monitoring by the Trust Management Executive, scrutiny by the Finance and
Performance Committee at its meetings in June and August, and monthly report to the Board up to the end of September in the first instance.

The Committee judged that there was satisfactory assurance that the RTT Activity Plan for Q2 could be delivered, and that there was a process in place to keep this under review which focussed on performance by service line to give a sufficiently detailed picture to allow any potential deterioration in performance to be identified early and corrective action taken. Performance is being tracked fortnightly at TME and will be presented in detail at future committee meetings.

g) Consideration was also given to development of the medium term RTT Activity Plan, which NHSI required to be agreed by the Oxfordshire system and submitted by 1 September 2017.

The Committee heard that it would take at least 4 months to mobilise all the measures required to deliver the medium term plan, from the point at which agreement was reached, and therefore the step-up in activity required was likely to be delayed into Q4. It was recognised that anticipated constraints on the ability to recruit appropriately trained staff represented a significant risk to delivery of the plan.

The Committee had therefore recommended that the Trust write to its system partners, and to NHSI and NHSE, formally to register the point that the medium term plan was likely to take at least 4 months to mobilise in full.

h) The Committee received an update on the terms of Enforcement Undertakings which had been signed and submitted to NHSI in relation to RTT performance, following NHSI’s investigation into the Trust’s operational performance, and associated governance.

i) Under the terms of the Enforcement Undertakings relating to RTT performance, the Trust was effectively directed by NHSI to take all reasonable steps to improve RTT performance in a manner which would be financially sustainable for both the Trust and its commissioners. To achieve this, NHSI required the Trust to put in place plans, both short and medium term (as referred to above), to ensure that RTT waiting time performance was improved for patients.

j) The Committee noted that, in the medium term, NHSI had asked the Oxfordshire Clinical Commissioning Group [OCCG], Oxford Health [OH] and Oxford University Hospitals [OUH] to appoint a system-wide Improvement Director, who would be responsible for reducing elective demand and redesigning how elective care could be delivered across the healthcare system, so that patients can be treated with efficiently reduced resources. This system-wide Improvement Director will be accountable to the Boards of OCCG, Oxford Health and Oxford University Hospitals.

k) The Committee noted that the mandatory support outlined in the Enforcement Undertakings related only to waiting times for elective non-urgent treatment and operations.

l) The Committee considered the Trust’s financial performance up to 30 April 2017, noting that this reported on performance before additional cost control measures had been introduced. Underlying EBITDA in April 2017 was reported at -£2.68m,
£2.07m behind plan and £1.94m worse than March 2017, largely driven by the number of working days in April (18) compared to March (23).

m) A control total deficit was reported at £7.4m which is £1.6m behind plan (excluding Sustainability and Transformation Funding). Pay expenditure was reported at £48.7m, £1.3m above plan

n) The Committee also received a report on the additional control measures that had now been introduced, and received assurance that the leading indicators for financial performance were being tracked by the Trust Management Executive [TME]. A detailed analysis of pay and non-pay expenditure for both clinical and non-clinical expenditure was presented, along with draft leading indicators showing suggested leading indicators of productivity. TME is now meeting on a weekly basis (increased from fortnightly) to monitor the impact of the control measures, and determine further action required as appropriate to tackle the challenge of meeting quality, operational and financial performance standards.

The Chief Finance Officer was able to indicate that it was expected that the report on financial performance in May would show improvement of approximately £4m.

The Committee will continue to seek assurance in relation to the impact of the additional cost control measures, and asked for assurance to be presented to the June board seminar including details of the quality impact assessment process to ensure that measures will not compromise care quality.

o) Given the significant deterioration in the Trust’s financial position at Q4 of 2016/17, the Chief Finance Officer confirmed that a re-forecast exercise was to be undertaken in Q1, the outcome of which would be submitted for approval by the Trust Board.

p) It was confirmed that the Trust had been notified on 31 May 2017 of NHSI’s intention to conduct an investigation into the Trusts’ finances, further details of which were awaited.

q) The Committee received an update on the Trust’s Financial Plans 2017/18, reviewed to take account of the full extent of the financial challenge which was to be devolved down through divisional budgets.

The revised Financial Plans 2017/18 are to be submitted for approval of the Trust Board.

r) The Committee also received an update on the Trust’s Capital Programme, noting that of the total capital funding of £37.4m in 2017/18, a maximum of £5.5m remained available to be allocated (including slippage of £2.2m in year on some schemes).

s) The Committee considered an extract of the assigned risks from the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), noting that it had been agreed at the meeting of the Quality Committee held on the morning of 14 June 2017 that the risk associated with current provision in the Emergency Department Resuscitation Area should be expressly recorded on the CRR.
2. Key Risks Discussed

Risks discussed by the Committee included:

i. Risks associated with the Trust’s Financial Plans 2017/18, and in particular the full extent of the financial challenge which was to be devolved down through divisional budgets;

ii. Risks to the delivery of the RTT Activity Plan, in particular the anticipated constraints on the ability to recruit appropriately trained staff;

iii. Risks associated with maintaining capacity and flow within the urgent care pathway throughout the winter months, including the limited availability of council-funded beds within the nursing home sector, the limited availability of community hospital beds, and constraints on the provision of domiciliary care.

3. Key Action Agreed

The Committee agreed key actions as follows:

- To ask that the Chief Executive write to OCCG, Oxford Health, NHSI and NHSE, formally to register the point that the medium term RTT Activity Plan was likely to take at least 4 months to mobilise in full, from the point at which agreement was reached.

- To provide a report to the Board on the options in relation to capacity that might be released when the lease on the building of the Horton Treatment Centre facility reverted to the Trust on 31 July 2017, and further upon the options that might be open to the Trust upon expiry of the term of licence granted to Ramsay up until 31 March 2018.

- To support the establishment of an Investment Committee as a sub-committee of the Board, to be chaired by a Non-Executive Director, with the remit of considering the strategic basis for investment decisions proposed, and scrutinising the financial merits of business cases developed in association with strategic investments proposed.

- To provide clarification to the Board of the formula agreed for calculation of ground rent to be applied in relation to land transactions with the University of Oxford.

- To continue to seek assurance as to progress being made to address the operational challenges to maintaining capacity and flow within the urgent care pathway throughout the winter months.

- To submit the Finance and Performance Committee’s Annual Report 2016/17 to the Trust Board on 12 July 2017.
4. Future Business

In addition to continued review of the Trust’s performance in relation to waiting times, and the financial performance against plan for 2017/18, areas upon which the Committee will be focusing at its next meeting in August include:

- Scrutiny of additional activity delivered in relation to the Q2 RTT Plan;
- Report on development of the medium term RTT Plan;
- Report on the impact of additional cost controls; and
- Update on NHSI’s investigation into the Trust’s finances.

5. Recommendation

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

Mr Peter Ward
Finance and Performance Committee Chairman

July 2017
Section 2: Finance and Performance Committee Annual Report

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 2016/17 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 Deputy Director of Assurance 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;

Responsibilities

2.2. During 2016/17, 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;
- The Trust's performance against its annual financial plan and budgets has been kept under review;
- Divisional performance has been reviewed and at the beginning of the financial year the committee received presentations from each of the divisions about their annual plans for improving productivity;
- The Committee has been updated on the development of the Trust's financial planning for 2017-2019, 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;
- Action plans and trajectories for operational and financial performance improvement have been requested and reviewed.
- 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

- The capital prioritisation and capital funding allocations were reviewed by the committee.

2.3. In discharging its responsibility to ‘Review the performance indicators relevant to the remit of the Committee’, the Committee has highlighted the need to review what are the most appropriate performance indicators. The Committee asked Trust Management Executive (TME) to develop a robust set of parameters against which operational and financial performance would be measured, broken down by service line. In addition TME were asked to identify ways of improving the objectivity of the assurance. These are still awaited, but indicative leading indicators have been presented and reviewed by the Committee.

Membership and Attendance Record

2.4. During 2016/17, 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.

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<tr>
<th>Role</th>
<th>13-Apr-16</th>
<th>08-Jun-16</th>
<th>10-Aug-16</th>
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Key: ✓ = In attendance  □ = represented by deputy  X = Absent  
n/a: changes to membership during the year
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:

- Following the deterioration in operational performance the Committee asked for recovery plans for A&E, cancer waits and RTT. Those plans took some time to develop and have been considered through a number of cycles of the Committee.
- Risks associated with staff turnover rates, the level of delayed transfers of care and the impact in the delivery of the 4 hour A&E standard.
- The risk that obstetric services could not safely be maintained at the Horton General Hospital beyond the end of September, and the risks associated with implementation of a contingency plan.
- Regular risk assessments of the forecast year-end financial and operational performance position during the course of the year, highlighting the emerging risk in relation to financial performance and measures being taken to address it.
- Information on how the Committee considered the 2016/17 & 2017/18 financial planning process, in terms of considering the impact on commissioner alignment and risks associated with uncertainty in relation to the tariff.
- 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.

2.6. The reports consistently identified areas to be raised to the Trust Board or referred to other sub-committees of the Trust Board.

Terms of Reference

2.7. The Terms of Reference were last reviewed and revised in July 2016. The current review of the effectiveness of the Committee has confirmed that no further changes are required to the Terms of Reference, beyond ensuring that the Terms of Reference reflect current job titles and positions.

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, the following was noted:

- Performance in relation to cost improvement plans was reported as part of the finance report and not separately as noted on the cycle of business.
- There was one exception in that the Premises Assurance Model report (PAM) was not presented to the Committee, the Committee
considered this point and it was agreed that this would be removed from the cycle of business.

2.10. A number of additional items were considered by the Committee during the year including papers on:

- Updates in relation to the NHSI investigation into the Trust’s performance targets.
- Financial recovery plan updates
- The sustainability and Transformation Plan for Buckinghamshire, Oxfordshire and Berkshire.
- The integrated action plan for medicine management.
- A review of contract management (PFI and Non PFI schemes)
- Measures to enhance capital planning and budgeting

3. Key Outcomes

3.1. In discharging the Terms of Reference as described in the preceding paragraphs the Committee has also monitored the following:

- The Trust ability to meet its key financial duties for the year, specifically:
  - Achieving its financial target 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, 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.

4. Conclusion

4.1. The review has identified that the Committee has delivered the responsibilities as set out in the Terms of Reference. Attendance at meetings has been good, and the cycle of business has been completed, subject to the items noted.

4.2. Areas for action during 2017/18 will include the development of operational performance reports to ensure that papers are more effectively tailored to meet the Committee’s needs.

5. Recommendations

5.1. The Committee is asked to:

- Review and approve the Finance and Performance Committee Annual Report 2016/17, and
- Agree that the Finance and Performance Committee Annual Report and Terms of Reference should be formally submitted to the Trust Board.

Mr Peter Ward
Chairman, Finance and Performance Committee

July 2017
Appendix 1

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 cooperate 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:

- 6 Non-Executive Directors (one of whom will be the Chair of the Committee)
- Chief Executive
- Chief Financial Officer
- Medical Director
- Chief Nurse
- 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 Chief Financial Officer, 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 Chief Financial Officer and the Committee Chairman, 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**

11.1 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
### Finance and Performance Committee Membership 2017/18

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>Non-Executive Director (Chair)</td>
<td>Mr Peter Ward</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>
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<tr>
<td>Non-Executive Director</td>
<td>Mr Geoff Salt</td>
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<td>Mr Christopher Goard</td>
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<td>Non-Executive Director</td>
<td>TBC</td>
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<tr>
<td>Chief Executive</td>
<td>Dr Bruno Holthof</td>
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<tr>
<td>Chief Financial Officer</td>
<td>Mr Jason Dorsett</td>
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<tr>
<td>Medical Director</td>
<td>Dr Tony Berendt</td>
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<tr>
<td>Director of Clinical Services</td>
<td>Mr Paul Brennan</td>
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<tr>
<td>Chief Information and Digital Officer</td>
<td>Mr Peter Knight</td>
</tr>
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Appendix 2

Finance and Performance Committee Objectives 2017/18

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 include the presentation of EBITA data by service;
- 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.
  - To monitor assurance information in relation to the completion of performance recovering plans following NHSI enforcement notice.