The Finance and Performance Committee provides a regular report to the Board. The Annual Report summarises the activities of the Trust's Finance and Performance Committee for the financial year 2017/18, setting out how it has met its Terms of Reference.
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.

2. Under its terms of reference, 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. The regular report provided in Section 1 aims to contribute to the fulfilment of that purpose.

3. 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 2017/18 setting out how it met its Terms of Reference. This is provided in Section 2.

4. The Finance and Performance Committee’s Terms of Reference, Membership and objectives for 2018/19 are attached at Section 2, Appendix 1.

Recommendations

5. The Board is asked to:

   • Note the Finance and Performance Committee’s regular report to the Board from its meeting held on 11 April 2018 (at Section 1); and
   • Review and approve the Finance and Performance Committee Annual Report 2017/18, the Terms of Reference and objectives for 2018/19 (at Section 2).
SECTION 1

Introduction

Since the Board last met in public in March 2018, the Finance and Performance Committee ["the Committee"] held its most recent meeting on 11 April 2018.

Under its terms of reference, 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. This report aims to contribute to the fulfilment of that purpose.

Background

At the meeting of the Board held in public in March 2018, key points noted in relation to operational and financial performance reported for the period up to 31 January included:

• There had been an unprecedented cluster of 53 people who in January had waited for over 12 hours in the Emergency Department [ED] from a decision to admit to admission.

• In response to national guidance, some non-urgent and non-cancer inpatient elective surgery had been suspended until early February 2018 on the Trust’s Headington sites.

• For the year to date (1 April – 31 December 2017), the Trust was 0.37% behind its plan for total elective admissions and 0.17% above plan for first outpatient attendances.

• Earnings before interest, tax, depreciation and amortisation [EBITDA] in January [Month 10] was reported at £3.9m, which was a £1.6m improvement on December 2017.

• Year to date [YTD] EBITDA was reported at £28.6m which was £24.4m behind plan (excluding Sustainability and Transformation Funding [STF]) and £9.5m behind the forecast.

• The Board was informed that a different approach was being pursued in planning for the next financial year 2018/19, taking into account workforce and financial constraints, and acknowledging the difficulty in recruiting and retaining staff.

Key actions agreed by the Committee at its meeting in February, that were drawn to the Board’s attention in March, included the Committee’s commitment to monitor development of options to achieve a sustainable expansion of capacity in Gynaecology, and development of a realistic plan for achieving and sustaining improvement required in the Gynaecology service.

The main issues raised and discussed at the meeting of the Finance and Performance Committee in April are set out overleaf.
Financial and operational performance issues reviewed by the Committee in April 2018

a) The Trust’s four-hour wait performance in February was reported to have reduced to 81.07% (down from 82.8% in January). This remained below both the trajectory level of 90% and the national standard of 95% (2,293 patients waited over four hours from arrival to admission, transfer or discharge from the Trust’s Emergency Departments [EDs]).

b) Performance against the six-week standard for diagnostic waits had improved from 1.08% of patients waiting over six weeks in January 2018 to 0.85% in February 2018, moving back within the national 1% standard;

c) The Trust continued to meet the majority of NHS England national cancer standards, with 7 out of the 8 cancer standards having been met in February. The exception was the standard relating to treatment of patients within 62 days of GP referral with suspected cancer.

81.4% of patients received their first treatment within 62 days against a standard of 85%. The national position for all England, however, was noted to be only 80.8%. Analysis by tumour site showed that Urological, Head and Neck, Gynaecological Oncology, Lung and Lower GI tumour site groups continued to account for most breaches.

d) The Committee heard that performance against the national standard for Referral To Treatment [RTT] for patients on incomplete pathways (requiring that 92% of patients should not wait longer than 18 weeks for consultant-led elective treatment, and none should wait more than 52 weeks) stood at 86.0% in February, down from 86.1% in January.

On 28 February 2018, 6,802 of 48,585 patients on incomplete pathways at OUHFT had waited for over 18 weeks. The total size list size had increased since January (the list having otherwise consistently reduced since July 2017). It was noted that this increase needed to be considered in the context of the national directive issued by NHS England [NHSE] in January 2018 to suspend all non-urgent elective care until mid-January 2018 to increase capacity for emergency cases.

e) At 28 February 2018, 379 people had been waiting for over 46 weeks across 34 different specialities. Of these, 255 (67.3% of the total) were in Gynaecology.

Over 52-week waits in Gynaecology had also increased to 150 (from 70 in December 2017) and a further 26 patients had waited for over 52 weeks in eighteen other specialities.

f) The Committee received a verbal update on the plan for expansion of capacity and sustainable improvement in Gynaecology Services. The administrative team’s management of patient pathways and waiting lists was considered to be fundamental to delivering improvement in performance. Changes had included an additional team member to oversee the process of contacting all patients who had been waiting 42 weeks or more on the elective care pathway, as well as building additional capability into existing IT systems to enhance patient tracking. In addition, work had been undertaken to increase staff engagement and nurture working relationships within clinical teams to improve productivity.

Other opportunities discussed included the establishment of a Clinical Nurse Specialist within the Urogynaecology Team to manage all new urogynaecology referrals. The
possibility of expanding capacity through increasing the range of procedures that can be undertaken at the Horton General Hospital [HGH] is also being explored.

A full report on the actions taken to deliver improved performance within Gynaecology on a sustainable basis is to be submitted for further consideration by the Trust Board.

g) The Committee was also informed of action being taken to improve performance within the following areas:

- **Emergency Care Pathway**
  
  Improvements had been made to the functioning of the Emergency Assessment Unit [EAU] and Short Stay Wards [SSWs] on the John Radcliffe [JR] site and the impact of these changes on improving flow through the Trust’s emergency beds is being evaluated.

  It was noted that the Trust continued to receive external support and confirmed that externally sourced funding had been secured for a second phase of input. In addition the Chief Nurse was noted to be leading a review of “stranded” patients (those with a length of stay of seven days or more) to identify the reasons for any delays and to reduce bed days for this group of patients.

- **Cancer Standards**
  
  Action plans had been introduced to implement changes within the pathways of the five tumour site groups identified as accounting for the majority of breaches of the 62 day GP referral standard. These had resulted in improved performance in a number of areas, in particular Urology, which was now achieving performance of 84% in comparison with a figure of 69% at the beginning of 2018.

  Though patient numbers were smaller, similar success was yet to be realised in Gynaecology and Head and Neck. This was regarded as being due to issues relating to theatre capacity rather than the treatment pathway.

- **Elective Treatment Waiting List**
  
  Preliminary analysis suggested that the incomplete waiting list was likely to grow from 49,100 at the end of March 2018 to just over 55,000 at the end of March 2019. This would represent a breach of NHS England [NHSE] Guidance which stated that waiting lists should be no greater than at the start of the year.

  A range of mitigation options were being pursued, including the scope for outsourcing additional capacity; in particular to be able to deliver more activity in Orthopaedics, Ophthalmology, Gynaecology and Urology. In addition, the Trust was noted to be working with Oxfordshire Clinical Commissioning Group [OCCG] on demand and referral management initiatives aimed at restricting growth in the waiting list.

h) The Committee received a summary of the key actions arising from the Q3 divisional performance reviews and progress made against those actions.

  Performance had been assessed against four key performance domains:

- Quality;
- Workforce;
- Operations; and
- Finance.
At the time of the review, the four clinical areas identified as being most challenged were: Acute Medicine and Rehabilitation [AMR], Gynaecology, Orthopaedics and Radiology. Since the review, Maternity had also been added as a challenged directorate, based in part on the evidence of the CQC inspection which had identified specific concerns.

Key priorities within each division were highlighted along with progress made to date. It was anticipated that the approach would be further developed for the Q4 divisional performance reviews.

i) In reviewing the Trust's financial performance up to 28 February 2018, the Committee noted that EBITDA (Earnings Before Interest, Taxes, Depreciation and Amortisation) was £+1.9m, £2.0m lower than in January. At Month 11 the Trust achieved a year-to-date EBITDA of £30.5m, £11.6m lower than the £42.1m included in the forecast submitted to NHS Improvement [NHSI]. This was reported to be mainly due to elective cancellations and winter pressures. The Committee also received a summary of EBITDA trends by division.

j) The Committee received an update on delivery of the financial re-forecast for 2017/18 and heard that, at the time of report, it was expected that over half of the current underachievement of EBITDA might be recovered but that this was likely to be predominantly through non-recurrent items rather than improvements in the underlying position of divisions. It was noted that the year-end position in the Trust's financial re-forecast had included the assumption that a number of land transactions would be completed during 2017/18, which were not now expected to be concluded in year.

k) An update on the development of the Trust's Business Plan for 2018/19 was provided. It was noted that the text included increased emphasis on sustainable compliance. The need to consider whether capacity existed to deliver all proposed improvements in the forthcoming year was highlighted, with an emphasis on ensuring that the Plan was deliverable.

The financial plan assumed an underlying year end position of £-33.4m for 2017/18. Further work was required to review divisional plans including developments and cost pressures and to ensure alignment between central and divisional workforce modelling.

The Committee was informed that contracting discussions with OCCG were nearing completion.

l) The Chief Finance Officer reported on work undertaken by the Operational Productivity Team set up by NHS Improvement [NHSI], the aim of which was to support providers to deliver productivity improvements. The team was noted to have the ability to fund external support as well as to provide support and challenge directly.

It was noted that the Trust’s executive team was keen to make full use of this support, and considered that it would provide better value for money than management consultancy might. In addition, it was understood engagement with this process would be well regarded by NHSI.

m) The Committee reviewed the latest revisions to the Board Assurance Framework and Corporate Risk Register.
Key Risks identified included:

I. The risk that the required trajectory for performance against the four hour ED standard would not be met unless improvements were achieved in the rate of flow through and discharge from the hospital;

II. The risk that sustainable reductions in waiting times for patients on incomplete pathways could not be achieved, resulting in a failure to meet national guidance that the waiting list be the same size at the start and end of the 2018/19 year;

III. The risk that constraints on theatre capacity would limit the ability to deliver the 62 day cancer treatment standard, particularly for Gynaecology and Head and Neck tumour sites;

IV. The risk that, unless sustainable improvement in performance was delivered in gynaecology, this threatened the ability to meet the national requirement to halve the number of patients waiting over 52 weeks;

V. The risk that measures to improve performance in the challenged clinical areas identified through Q3 performance reviews would not be delivered;

VI. The risk that the Trust would not be able to deliver the financial re-forecast for 2017/18;

VII. Risks associated with development and delivery of the Trust’s Business Plan for 2018/19 including delays and deficiencies in the Plan due to the late availability of information and the reputational and regulatory impact of any subsequent failures in delivery.

Key Actions agreed included:

- Further development of the options to deliver sustainable expansion of capacity in Gynaecology, and of a realistic plan for achieving and sustaining the improvements in its services, is to be monitored closely by the Executive team, and the outcome reported to the Committee and Trust Board;

- Extra support is to be provided to the five most challenged clinical areas, as identified during the Q3 Divisional Performance reviews; and

- Regular update reports are to be provided in respect of NHSI operational productivity opportunities and agreed programme of work.

Recommendation

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

Mr Geoffrey Salt
Finance and Performance Committee Chairman
May 2018
SECTION 2

Finance and Performance Committee Annual Report 2017/18

Executive Summary

1. The purpose of this Annual Report is to demonstrate to the Board the extent to which the Finance and Performance Committee ["the Committee"] has met its Terms of Reference during the financial year 2017/18.

2. The Deputy Director of Assurance has reviewed the activities of the Committee and has assessed that they are consistent with its terms of reference.

3. Attendance at the Committee was generally high with 9 of the 10 members in post for the entire year attending at least 5 of the 6 scheduled meetings. Mr Geoff Salt took over from Mr Peter Ward as Chairman of the Committee in December 2017.

4. The Committee acknowledges that the quality of the papers routinely presented to it has improved during the year, and it is working with colleagues to provide better assurance that all aspects of financial and performance at a more granular level.

5. The Committee routinely considers at the end of each meeting whether the issues which have been discussed have implications for the Board Assurance Framework, and Corporate Risk Register, commenting on levels of risk when appropriate.
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 2017/18 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. Review by Assurance Team

2.1. The review undertaken by the Deputy Director of Assurance focused on a review of the papers presented to the Quality Committee in comparison to the agreed Terms of Reference and the Cycle of Business. The review was been broken down into responsibilities, reporting arrangements, and cycle of business, and membership and attendance record.

Responsibilities

2.2. During 2017/18, 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 report 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 financial performance has been reviewed and at the end of the financial year, the Committee received an update on the Q3 divisional performance review results and ways to improve future performance reviews;
- The Committee has been updated on the development of the Trust’s financial planning for 2017/18, corporate and divisional planning for 2018/19 and re-forecast financial outturn position for 2017/18;
- Action plans and trajectories for operational performance have been 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 capital programme was regularly provided and capital funding allocations were reviewed by the Committee.

Reporting Requirements

2.3. 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:
• The delivery of RTT activity in relation to the medium-term plan and the recruitment of appropriately trained staff to support its delivery;
• Maintaining capacity and flow within the Urgent Care Pathway;
• Trust’s financial plans 2017/18;
• Financial re-forecasting plans for 2017/18.

2.4. Significant issues of interest reported to the Trust Board included:
• Operational performance and improvement plans which were additionally used as a source of further assurance for NHS Improvement.
• Divisional productivity, capacity planning and financial performance.
• Re-prioritisation, capital investment and contingency plans to manage in-year capital spend.
• The delivery and monitoring of the Urgent Care Improvement Plan.

2.5. The reports consistently identified areas to be raised to the Trust Board or referred to other sub-committees of the Trust Board. In particular, the Board requested a weekly update on progress in delivery against the re-forecast financial position to 2017/18 year end, covering:
• EBITDA\(^1\) status report: showing the EBITDA assumptions, the latest updates thereto, and the impact on the forecast deficit;
• Risks and opportunities: providing an update on the major risks and opportunities initially identified, and newly identified items.

**Cycle of Business**

2.6. The items on the cycle of business were largely delivered as planned.

2.7. A number of additional items were considered by the Committee during the year including papers on:
• The development of the Trust’s Productivity Programme 2017/18, including the close down of the first phase of engagement with Deloitte.
• Business cases as presented to the Committee, as required;
• Progress towards settlement in relation to Project Earth;
• Strategic research agreement between the Trust, Oxford University and Drayson Technologies Limited;
• The principles and methodology to agree the basis of ground rental value with Oxford University for planned new build and research and development purposes;
• Exception report on the capital expenditure relating to the relocation and development of the John Warin Ward;
• Updates on the CQC regulatory action and the potential impact upon performance management;
• Update on the Digital Strategy which outlined the aims to move towards more efficient electronic systems, without losing organisational memory;
• Directorate leadership development outcomes, including the features of successful services to support the move to a new operating model and culture;
• Review of gynaecology services in relation to RTT, capacity and access for elective operations;

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\(^1\) Earnings before interest, tax, depreciation and amortisation
• Proposed financial reporting framework;
• Modernisation of Corporate Services reports and updates to deliver the plan for more effective and efficient services;
• EBITDA performance methodology development, monitoring and delivery;
• Urgent care improvement plans and proposals for safer placement of patients and an ED Full Hospital protocol, including updates on the service model and financial modelling supporting the streaming of Emergency Department (ED) patients to primary care;
• Development work on a new operating model and culture.

2.8. Changes to the delivery of papers since July 2017 include:
• Cancer performance, from December 2017 was not reported as a standalone report, but incorporated into the Integrated Performance Report;
• The Capital Programme, is now the remit of the Investment Committee;
• CIPs reports are no longer produced and the reporting focus is on underlying EBITDA performance at both trust and divisional level.

3. Membership and Attendance Record

3.1. During 2017/18, the Committee met six times with attendance recorded in the table below. This demonstrates that every meeting of the Committee held during the year was quorate. The Committee is currently carrying a vacancy in respect of one of the Non-Executive Director members. All members are expected to attend at least four out of six meetings held in each financial year, and all but one member was able to meet this expectation.

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**KEY**

- ✓ In attendance
- ✗ represented by a deputy
- X not in attendance
- Not in post

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3.2. Following the annual review in June 2017, a number of changes to the Committee membership were agreed and approved by the Board.

3.3. Mr Geoff Salt took over as Chairman of the Committee in December 2017. In setting agendas, the intention has increasingly been to focus time, papers and discussion by exception on aspects of finance and performance most in need of improvement, and to develop service-specific and timely performance metrics and data.

3.4. The Committee has on occasion welcomed visitors to observe some of its meetings.

4. Terms of Reference

4.1. The Terms of Reference were last reviewed and revised in July 2017.

4.2. The current review has not indicated any significant changes required to the Terms of Reference as attached at Appendix 1.

4.3. During 2017/18, the Investment Committee has been established as a separate sub-committee of the OUH Trust Board.

4.4. Following recent discussion by the Board in seminar, to consider the most effective use of Board members’ time, the Committee Chairman intends to continue to work with colleagues to ensure that the Committee focuses most intensely upon areas of under-performance, especially at a service level.

5. Key Outcomes

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

- Continued to monitor operational performance targets and the level of underlying EBITDA delivered, in order to maintain its focus on its key financial duties for the year;
- Overseen initiatives such as the implementation of the control panels and leading indicators to enable increased grip on the Trust’s financial performance during 2017/18.

6. Conclusion

6.1. The review has identified that the Committee has delivered the responsibilities as set out in the Terms of Reference. Attendance at meetings has generally been good, and the cycle of business has been completed.

6.2. Areas for action during 2018/19 will include further development of the structure of reports submitted, to ensure that papers are more effectively tailored to meet the Committee’s needs.

Mr Geoff Salt
Chairman, Finance and Performance Committee
April 2018
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
• Assure the Trust’s maintenance of compliance with NHSI
• 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
## Appendix 1

### Finance and Performance Committee Membership 2018/19

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

**there are two Non-Executive Director memberships to be confirmed**
Appendix 2

Finance and Performance Committee Objectives 2018/19

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.