

Cover Sheet

Council of Governors Meeting: Thursday 4 September 2025

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Title: **Performance, Workforce and Finance Committee Report**

Status: **For Information**

History: **Report from PWF to Council**

Lead: **Committee Chair**

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Confidential: **No**

Key Purpose: **Assurance**

Performance, Workforce and Finance Committee Report

1. Purpose

- 1.1. This paper forms part of the Performance, Workforce and Finance Committee's regular reporting to Council of Governors, providing Council with a summarised report highlighting key Committee business and issues arising from its meetings.

2. Background

- 2.1. The remit of the Committee is to consider, for the Council of Governors, matters concerning the performance of the Trust against key standards and how the Trust's Board of Directors obtains assurance about this; matters concerning the planning and development of the Trust's workforce and how the Trust's Board of Directors obtains assurance about this; and matters concerning the Trust's financial position and planning and how its Board of Directors obtains assurance about this.
- 2.2. Since the last meeting of the Council of Governors the Committee held a meeting on 2 July 2025. Mr Dean, Non-Executive Director (NED), attended the July meeting, engaging with the Governors, and contributed to discussions on the 2025-26 Annual Plan, Operational Performance Plan , and 2025-28 People Plan Year 1.

3. Update 2025-26 Annual Plan

- 3.1. The Chief Operating Officer presented the revised Annual Plan, supported by the Integrated Performance Report (IPR), which tracks finance, quality, workforce, and performance metrics. The IPR incorporated live data and forward projections, though some figures might remain subject to validation as the reporting framework transitions to real-time. Performance was monitored routinely, with escalation for more frequent review where appropriate
- 3.2. The Committee sought clarification on terminologies such as RTT (Referral to Treatment) and the absence of colour coding in Falls data. Clarifications were provided on
 - RTT (Referral to Treatment): 18-week target with complex rules.
 - Falls Data: Still under development; colour coding to follow.
- 3.3. The Committee heard about the dashboard functionality, stakeholder access, and detailed data views. The dashboard was confirmed to be live and available to service leadership groups with data consolidated from multiple systems and included granular views (e.g. outpatient

volumes, RTT ratios). Divisions were able to filter and customise data views. User feedback was guiding ongoing improvements.

- 3.4. The Committee received assurance on system reliability and security.
- 3.5. Data quality remained a priority, with confidence indicators to be introduced. While live data might be unvalidated prior to national submission, all key targets undergo internal validation. The RTT system had been upgraded to support real-time validation and ongoing quality improvement
- 3.6. The Chief Finance Officer confirmed data consistency with national standards and has been subject to internal audit validation.
- 3.7. Efforts continued to enhance the tracking of cost improvement programmes and broaden the scope of workforce data, although certain definitions remained subject to refinement.

4. 2025-26 Operational Performance Plan

- 4.1. The Chief Operating Officer presented the June Operational Performance Plan. The Trust achieved approximately 80% in 4-hour emergency care, reflecting improvement through ambulatory care pathway. However, children and young people's performance remained below standard, requiring further attention.
- 4.2. Diagnostics remained stable overall, with ultrasound performance improving via outsourcing. MRI and CT sustained strong results despite rising referrals, while audiology continued to face backlog and access challenges.
- 4.3. RTT pathways showed progress in reducing 52-week waits, with performance within target for 65+ week waits. Balancing routine and cancer activity remained a challenge.
- 4.4. A targeted improvement programme was underway focusing on lung, head and neck, gynaecology, and prostate tumour sites with a view to improving cancer performance.
- 4.5. Month 2 activity levels exceeded forecast, indicating strong operational momentum.
- 4.6. The Chief Finance Officer (CFO) reported that the Trust is currently experiencing monthly losses of £3 million. While this represents a marginal improvement against the forecast position, it remains consistent with financial plan, which projected early-year deficits followed by a recovery phase, culminating in a modest surplus by the end of the financial year.

- 4.7. Efficiency plans were in place, though risk of under-delivery remained. The CFO proposed identifying efficiencies exceeding 100% of target to create contingency. Elective and diagnostic imaging activity were performing well, approximately £1 million ahead of plan.
- 4.8. A potential commissioner cap on elective activity later in the year presented a strategic financial risk. The Board would need to consider mitigation options. The Committee enquired about alternative billing options; the CFO clarified that commissioners were generally required to pay for delivered activity unless specific management criteria apply, particularly for procedures of low clinical value.
- 4.9. Workforce expenditure was tracking close to plan, with headcount slightly below projections.
- 4.10. The Committee heard that the BOB system was broadly on plan, though early performance was not indicative due to backloaded pressures. The Chair raised concerns about midyear cash challenges, referencing prior reliance on provisions. NHS England support was noted to be no longer expected, while internal reallocation across BOB was being explored.
- 4.11. Structural changes to ICBs were anticipated, including a likely merger between BOB and Eastern Frimley, with a projected 50% staffing reduction. While larger ICBs might offer strategic efficiency, concerns remained about responsiveness to local needs.
- 4.12. The wider impact of NHS organisational changes was still unclear; further detail would be provided via the Dash Report.
- 4.13. Ms Kallianou sought clarification on the timing of elective activity caps. The Chief Finance Officer (CFO) advised that this remained uncertain due to frequent in-year changes, with the NHS 10-Year Plan expected to provide clarity. She also noted the capacity benefits of the new theatres project and highlighted reimbursement risks. The CFO confirmed that construction of the seven-theatre facility was underway, with the approved business case based on a payment-by-results model and the financial risk accepted at approval.
- 4.14. The Committee acknowledged the robustness of the risk register process, noting variability in risk levels over time. The Chair thanked members for their contributions and expressed optimism about current progress.

5. 2025-28 People Plan Year 1

- 5.1. The Chief People Officer (CPO) presented the Year 1 priorities of the 2025-28 People Plan, developed through engagement with over 1,000 staff across sites and virtual events. The plan retains the original vision

from 2022-25, reflecting continuity while addressing areas identified for refinement.

5.2. Achievements from 2022-25 included improvements in well-being support, recruitment dashboards, time to hire, civility and respect programmes, employee benefits, and leadership development. Measurable progress was seen in staff turnover, mandatory training, sickness absence, and survey results.

5.3. Year 1 priorities are structured under four strategic themes:

- Culture of Belonging: Anti-bullying initiatives, co-created action plans, and the "No Excuses" campaign.
- Support for Managers and Leaders: Simplified systems, workforce planning skills, and change management toolkits.
- Utilising Workforce Effectively: Career pathways, collaborative service delivery, and digital efficiencies.
- Improving Recruitment Processes: Enhanced onboarding, manager training, and prioritisation of internal recruitment.

5.4. Committee members raised several points:

- Mr Lawrie noted website errors and requested further discussion on plan clarity and targets, recommending a more detailed discussion with the CPO offline.
- Ms Robinson emphasised empowering staff and highlighted the importance of anti-bullying efforts.
- Ms Kalianou stressed the need for stronger support for managers during workforce changes.
- Ms Palace advocated for a bottom-up approach to address staff stress through active listening.

5.5. The CPO confirmed that the plan was co-created with staff and agreed with the importance of leadership development and cultural transformation. The Committee thanked Mr Roberts for the presentation and discussion.

6. Recommendations

6.1. The Council is asked to note this report.