

Cover Sheet

Council of Governors Meeting: Wednesday 12 November 2025

CoG2025.15

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 8 October 2025 at which the Committee considered Digital strategic objectives, the National Performance Accountability Framework and an update on Trust financial performance.

3. Digital Strategic Objectives

- 3.1. The Chief Digital and Information Officer presented an update on the Trust's digital transformation programme, highlighting significant upgrades and digitisation across all sites. Progress was noted in cybersecurity and the secure data environment programme.
- 3.2. The current digital strategy concludes in December 2025, with future planning aligning to the NHS 10-year plan and the Trust's revised strategies. Key future objectives include expanding digital outpatient models, early adoption of AI governance, and implementation of ambient voice technology. Device provision, electronic patient record improvements, and back-office process enhancements remained key priorities as a foundation.
- 3.3. The Committee was updated on the Trust's cybersecurity posture noting that the National Cyber Security Centre continues to provide intelligence and support. While direct attacks on NHS organisations are less common, supply chain attacks are increasing. Staff compliance with information governance training remains high, but vigilance is essential.

- 3.4. Concerns regarding digital exclusion were addressed; non-digital patient communication remains available, and there are no plans to introduce digital-only processes in the near future.
- 3.5. Risks regarding the availability of skilled digital staff were acknowledged, and plans for staff upskilling and flexible learning, including citizen developer programmes were described.
- 3.6. Opportunities to reduce costs and reporting burdens through improved data integrity and automation were discussed. The Committee considered the long-term aspiration for a single patient record and enhanced patient engagement through digital platforms such as the NHS app.

4. National Performance Accountability Framework

- 4.1. The Chief Operating Officer presented an update on the National Oversight Framework (NOF), which aims to streamline performance assessment through fewer indicators and a consistent evaluation mechanism for trusts and ICBs. OUH's average score would have placed the Trust in segment 2; however, due to deficit support funding, OUH is classified in segment 3 for the current period.
- 4.2. The Committee heard that the Trust continues to prioritise comprehensive improvement across all major performance areas, rather than focusing solely on those metrics flagged as underperforming. The importance of effective and balanced communication with staff and the community was emphasised, recognising the need to maintain confidence and avoid negative perceptions.

5. Trust Financial Performance

- 5.1. The Director of Finance presented an update for Month 5 (August 2025). The Trust had reported a £9.9m deficit, marginally ahead of plan, supported by non-recurrent measures. Key risks remain around the Cost Improvement Programme (CIP), particularly with recurrent savings below required levels.
- 5.2. The Trust's reputation for in-year delivery has often relied on technical measures and it was noted that long-term financial stability would require a shift to a recurrent surplus for investment in transformation.
- 5.3. The Trust's cash position was temporarily higher than planned due to timing factors, with ongoing close monitoring. A non-pay deep dive had commenced to improve control and governance over procurement and

stock, alongside a review of drug expenditure and reimbursement processes. On capital, the Trust was below plan and was undertaking a capital forecast review to optimise resource utilisation.

6. Recommendations

6.1. The Council is asked to note this report.