

**Performance Assurance Committee, Key Issues Report**

<b>Report Date:</b> 18 February 2025		<b>Report of:</b> Performance Assurance Committee
<b>Date of meeting:</b> 18 February 2025		Rosi Edwards (Chair) Sarah Dunnett, Ned Hobbs, Rajinder Dhaliwal, Inese Robotham, Simon Balderstone, Rebecca Gallimore, Laura Graham, Stuart Buckland (Part)
1	<b>Agenda</b>	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> <li>• Performance Highlights</li> <li>• UTC Current and future performance data and plans</li> <li>• Operational Plan 25/26 - Performance Issues and how these are being monitored</li> <li>• Integrated Performance Report</li> <li>• Workforce Plan and Performance Impact</li> <li>• Fire Strategy &amp; Action Plan 2024</li> <li>• Data Warehouse Update</li> <li>• UEC Integration Improvement Plan (SIIP) Key Issues Report</li> </ul>
2a	<b>Alert</b> <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> <li>• <u>Urgent and Emergency Care (UEC)</u>: while SaTH's performance on all UEC metrics improved slightly in January compared to the performance in December it remains well below the 24/25 planned improvement trajectory, remains in the most challenged decile nationally, and the pressure on ED remains intense and the long waits for treatment continue.</li> <li>• <u>Workforce</u>: substantive staffing numbers increased in January due to there being 50% more starters than leavers. The work on rostering has been having an impact on agency use; the focus in February and March will be on reducing bank usage and will continue into 2025-2026.</li> </ul>
2b	<b>Assurance</b> <i>Positive assurances and highlights of note for the Board</i>	<ul style="list-style-type: none"> <li>• <u>Elective care</u>: the number of patients waiting over 65-weeks at the end of January had gone down to 166 and should reach zero by the end of April. More importantly the total elective waiting list was now showing a reduction, which is necessary if SaTH is to provide elective treatment well before the 65-week threshold. Note that for 2025-2026 the target for longest waits will shift back to focus on 52-week waits, not 65-weeks with increasing focus on the constitutional standard measure of 18-weeks too.</li> <li>• <u>Urgent Treatment Centre</u>: this will come back in-house from 1 April, will take on minor injuries as well as minor illnesses and stay within the existing £1.5m envelope. The intention is to have better flow between ED and UTC and an increased proportion of cases streamed to UTC, leading to better and swifter handling of these cases, and of those sick patients that do need to be in consultant-led ED. Staff will be TUPE'd over with some additional staff being provided.</li> <li>• <u>Fire Safety Strategy and Action Plan</u>: PAC received the Annual Fire Safety Audit 2024 and Action Plan and were pleased to see the significant improvements in performance since 2023 and the consequent reduction in risk. In particular SaTH has completed a fire strategy for both sites, PRH in December and RSH in February.</li> </ul>

		<p>Of particular note are the comments of the Authorising Engineer about the fire safety training: “the effectiveness of the training was excellent in relation to an evacuation and what the expected evacuation procedure should involve. All Trust staff that were spoken to during the audit could answer their individual evacuation procedures effectively”.</p>	
2c	<p><b>Advise</b> <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>	<ul style="list-style-type: none"> <li>• PAC considered the 4A report of 11.2.2025 on <u>SaTH Transition Metrics - UEC Improvement plan</u> and agreed to receive this report in future as an annex to the monthly Performance Report, to give assurance on progress of the plan and as a source for potential deep dives.</li> <li>• <u>Data Warehouse (DWH)</u>: Plan A, to get the DWH functioning is underway and back on track, with 3 months’ data from Q1 of 2024-2025 already processed and data from Q2 about to go through. It is expected that SaTH will be able to report in full for the first national 2025-2026 submission. Plan B, for a longer-term solution, the Federated Data Platform (FDP) is also progressing, though both are vulnerable to staffing resource issues in Finance and Performance teams and to dependency on the external contracting team. SaTH needs to secure the substantive resource to support its DWH and its digital activities for the future.</li> <li>• <u>UEC</u>: A national Getting It Right First Time (GIRFT) UEC review on ambulance handovers came into PRH and RSH in late January 2025, on invitation by the Trust, and new methods of working have just started, aiming to provide safer care and shorter hand-over times</li> </ul>	
2d	<p><b>Actions Significant follow up actions</b></p>	<ul style="list-style-type: none"> <li>• PAC considered what issues it needed to pursue in greater depth and agreed:</li> <li>• PAC to receive papers on: <ul style="list-style-type: none"> <li>- measures to improve non-elective Length of Stay in April</li> <li>- impact of Integrated Front Door Practitioners from Shropcom and of SDEC’s increased follow-up capacity on 4-hour performance - in Q1/Q2</li> <li>- productivity including metrics and projects in Q1 2025-2026</li> <li>- how digital innovations can support/drive productivity in Q1/Q2</li> <li>- the outcomes from the changes to UTC - probably Q2</li> <li>- current insourcing and outsourcing and other ways of providing these services</li> </ul> </li> <li>• All these reports to consider the health inequalities implications of actions being taken or proposed.</li> </ul>	
3	<p><b>Report compiled by</b></p>	<p><i>Rosi Edwards</i> <i>Non-Executive Director. Chair of Performance Assurance Committee</i></p>	<p><b>Minutes available from</b> <i>Lisa Mitchell</i> <i>Senior Governance Support Officer</i></p>