

Performance Assurance Committee, Key Issues Report		
Report Date: 21 January 2025	Report of: Performance Assurance Committee	
Date of meeting: 21 January 2025	Rosi Edwards, Rajinder Dhaliwal, Sarah Dunnett, Ned Hobbs, Inese Robotham, Lisa Mitchell, Nigel Lee, Carla Bickley, Simon Balderstone Rhia Boyode (part), Lee Wyatt (part), Stuart Buckland (part), Rebecca Gallimore (part), Deborah Bryce (part)	
1	Agenda	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> • Notes from Chair & Chief Operating Officer informal meeting on 18 December 2025 • Performance Highlights • Integrated Performance Report • 12-hour Emergency Department Length of Stay Review • Workforce Plan and Performance • Fire Strategy & Action Plan • Climate Change 4A Key Issues Report • Strategy & Partnerships update • Digital Performance Update • Health & Inequalities Update (incl Paediatric diabetes Report Jan 25) • Board Assurance Framework
2a	Alert <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> • <u>Urgent and Emergency Care (UEC)</u>: December was the most challenging month ever for the whole of the Midlands. SaTH declared a Critical Incident on 3rd January but were able to stand it down after 24 hours, thanks to the work of SaTH colleagues, system partners and neighboring acute trust EDs. Despite being the most challenging month of ambulance handover delays on record for the Midlands region, December 2024 was materially better than December 2022 at SaTH demonstrating the Trust's improving capability to absorb Winter pressures. • <u>Over 12 hours in ED</u>: in view of the number of patients waiting more than 12 hours in ED for admission (2644 in December 2024) the ICB commissioned a 12-hour ED length of stay review via the Shropshire Community Trust led Integrated Care Co-ordination (ICC) Workstream in November 2024. Their report reviewed a random sample of 50 patients, and held a deep dive multi-stakeholder event to analyse a sample of 13 to understand the root cause and what improvements could be made. It found that 62% didn't need to come to A&E and that 50% of ambulance conveyances should not have been brought there; and suggested where and how patients should have been treated. Furthermore, PAC heard that time spent in ED over 12 hours is associated with an increase in excess inpatient length of stay and in-hospital mortality.

2b	<p>Assurance <i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> • The above report on the over 12 hours length of stay in ED review was a collective view from all system partners and produced a positive and helpful set of recommendations which reinforce the importance of the basis on which the Hospital Transformation Programme has been developed, and the need for real and available alternatives to ED. • <u>Diagnostic Performance</u>: Part of the plan to improve this has been to reduce Turnaround Times (TAT). Getting the reporting of urgent CT scans down to less than two weeks was achieved at the end of December 2024. • <u>Fire Safety Action Plan</u>: PAC received a report on the 2023 action plan arising from the 2023 Fire Safety Audit, which showed good progress with the recommendations from the Authorising Engineer (AE). Of the 18 areas requiring improvement, 11 had been completed to the AE's satisfaction and closed. Six of the recommendations had been taken forward into the 2024 report, but PAC heard that this was not for lack of action, but to enable the AE and SaTH to be assured that they had been fully embedded. The 2024 Fire Safety Audit and updated action plan will come to PAC in February.
2c	<p>Advise <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"> • <u>UEC</u>: PAC heard that an invited visit from UEC experts from the national Getting It Right First-Time team had just provided a written summary with constructive recommendations on the process of receipt of patients by ambulance. • <u>The Urgent Treatment Centre (UTC)</u> is to be taken back in-house with effect from 1 April 2025, primarily to increase the proportion of patients self-presenting to the hospital who are streamed to UTC rather than ED, but also to improve interactions and costings. Information on how this is improving Urgent Care will be brought to PAC in Q2. • <u>Elective recovery</u>: plans for this will come back to PAC after full planning guidance has been received. Trusts will be expected to provide information on inequalities in access to healthcare (see below). • <u>Elective pathway</u>: the number of English patients waiting more than 65 weeks was down from over 1000 in the Summer to 212 at the end of December. • <u>Workforce</u>: Substantive workforce numbers should be on target for the end of year. • Bank and agency levels are less easy to predict but the intention is to control them through better rostering to ensure efficient use of staff. There had been the lowest levels in agency nurse usage pre-Christmas, and early January shows a return to those levels after a rise over Christmas.

		<ul style="list-style-type: none"> • <u>Digital</u>: there is a massive programme without funding in place for it all. SaTH will be applying for specific funding as opportunities arise. Regarding capacity, PAC heard some staff had moved from fixed term to substantive contracts which while it did not increase head count did provide greater stability. Work on the existing Data Warehouse continues, as well as work to develop a replacement. • <u>Health Inequalities</u>: PAC received a report on SaTH's work within the system and work within SaTH including obtaining more information from patients to enable SaTH to monitor inequalities in access to treatment. SaTH will be expected to show a breakdown of those on the waiting list by age, gender, ethnicity and social 		
2d	Actions Significant follow up actions	<ul style="list-style-type: none"> • The Chair will seek to raise the implications of the 12-Hour report at the ICB Quality and Performance Committee. • The Climate Change Committee will look to provide more data on progress towards Carbon reduction targets, and in the meantime will provide examples of improvements that have been introduced. PAC thought more could be done to make the trust including the Board paper free. • February meeting will receive and consider the 2024 Fire Safety Report and Fire Strategy before they go to Board in March. • March meeting will receive a report on what is likely to be included in the digital programme with an indication of what the funding position will be for 2025-2026. 		
3	Report compiled by	<i>Rosi Edwards, Non-Executive Director, Committee Chair</i>	Minutes available from	<i>Lisa Mitchell Senior Governance Officer, Minute taker</i>