Board of Directors' Meeting: 13 March 2025

Agenda item	056/25
Contract Title	**System Integrated Improvement Plan (SIIP)**
Executive Lead	Jo Williams, Chief Executive Officer
Report Author	Anna Milanec, Director of Governance Mary Aubrey, Programme Director for Getting to Good

CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe		Our patients & community	√	BAF 1, BAF 2, BAF 4, BAF 5, BAF 10	
Effective		Our people	√		
Caring		Our service delivery	√	**Trust Risk Register id:**	
Responsive		Our governance	√		
Well Led		Our partners	√		
Consultation Communication		People and OD Assurance Committee, 03.02.2025 Performance Assurance Committee, 18.02.2025 Quality & Safety Assurance Committee, 25.02.2025 Finance Assurance Committee, 25.02.2025			

Executive summary:	A System Integrated Improvement Plan (SIIP) has been developed based on exit criteria that was agreed with NHS England. Delivery of the plan is designed to transition both the System and SaTH from segment 4 to segment 3 by March 2026. The improvement plans pertaining to Finance, Workforce, UEC and System Collaboration elements of the undertakings are incorporated into the SaTH Improvement plan which forms part of the overarching Integrated SIIP along with contributions from other providers: RJAH and SCHT. In addition, SaTH undertakings include delivery of Quality Improvement Plan (QIP) as a requirement to exit segment 4. The report provides the Board of Directors with information and assurance on progress against SaTH elements of the SIIP and associated tasks/actions that were due up to and including the 28 February 2025 including the sources of evidence to demonstrate implementation. The Board's attention is drawn to a number of key highlights detailed below and to the Appendices which cover sections of the System integrated improvement plan for Governance/Leadership, Finance, UEC, Workforce and some elements of Leadership. **Governance/ Leadership** • SaTH 4.2.2: An assurance report regarding the SaTH elements of the system performance & accountability framework is scheduled to be presented at the Public Board meeting on 13 March 2025. • Discussions at system level have taken place regarding system PMO proposals. **Finance** • The financial position across the system and at SaTH is a risk especially in relation to escalation and premium rate staffing.

	• The YTD efficiency target is close to being achieved (c.95%) and, excluding the element linked to the reduction in escalation costs, may exceed the previously reported 90% of the BAU efficiency target at the year end. • Reducing reliance on agency is making good progress however more work is required to achieve the same with our use of bank staff. • The final draft of the Estates Strategy will be produced by the end of February 2025 to include the configuration of the Modular wards. **Workforce and Leadership** • Creating a sustainable supply of skills across key professional groups remains a challenge. Our focus will be on developing our own pipelines of talent and working as a system with local educational partners to address our long-term workforce needs. • Regarding agency and temporary staffing, the underlying expenditure continues to decrease, especially agency. Bank costs however are not reducing as planned month on month and are materially adverse to plan (£3.1m, 10.7%). • The Trust has seen an improvement year on year in 2 of the People Promise themes and 6 subthemes. It is encouraging to see that 3 measures are higher than that of our comparators and this should be recognised and celebrated. Results were expected to be varied this year due to the increase in response rate. • Workforce plan submitted to NHSE by 27 February 2025 to gain sign off, including associated actions in checking data, changes to staff groups and on-going monitoring. **UEC** • SaTH 3.1.1.5 whilst some improvements to Minors performance have been achieved it is not at the operational plan trajectory of 94% and will continue to be a focus within UEC Tier 1 Phase 2. • SaTH 3.1.2.7 Therapies review of Stroke Pathway evidence now received for assurance • SaTH 3.1.2.8 and SaTH 3.1.2.9 Radiology actions have not been delivered to the original milestone date due to data quality issues with the initial review of data from CRIS creating a number of discrepancies. An exception report was presented and approved at UECTAC held on 23 January 2025. • SaTH 3.1.2.12 The recruitment of additional Pathology posts to extend out of hours provision is on hold.
Recommendations:	The Board of Directors is asked to: • **Note** the contents of the report for assurance. • **Note** progress against delivery of the tasks/actions that were due up to and including 28 February 2025 in relation to the Governance/ Leadership Plan within the SaTH specific section of the SIIP (Appendix 1). • **Note** progress against delivery of the tasks/actions that were due up to and including 28 February 2025 in relation to the Single Finance Recovery Plan, Workforce and Collaborative Decision-Making Leadership Plans, and the Systemwide UEC Improvement plan, which is detailed in the Assurance Committee, Key Issues Reports (Appendix 2). • **Note** that the SIIP progress report and supporting evidence for tasks/actions that were due up to and including 28 February 2025 will be submitted to the STW ICB by 18 March 2025.
Appendices	Appendix 1 - SaTH Governance/Leadership Plan and progress report Appendix 2 - Assurance Committee, Key Issues reports

1. Introduction

The purpose of this paper is to provide the Board of Directors with an overview of progress against agreed exit criteria to enable STW system and SaTH to transition from National Oversight Framework (NOF) segment 4 to segment 3 by the end of March 2026. The exit criteria will be delivered via a System Integrated Improvement plan which has been developed in conjunction with NHSE colleagues.

2. Background

In order to achieve sustained improvement and to fulfil the RSP transition criteria, the STW system has developed a System Integrated Improvement Plan (SIIP) outlining tasks/actions and monitoring metrics against five transition criteria which will be reported via the governance routes shown in the table below for each organisation.

Transition Criteria	NHS STW	SaTH	RJAH	SCHT
Finance	Finance committee	Finance Assurance Committee	Finance and Performance Committee	Resources and Performance Committee
Workforce	People Committee	People and OD Assurance Meeting	People and Culture	People Committee
UEC	UEC Delivery Group	Performance Assurance Committee	Finance and Performance Committee	Resources and performance Committee
Governance	Audit Committee	Audit and Risk Assurance Committee	Audit and Risk Committee	Audit Committee
Leadership	System Transformation Group	Board	Board	Board
Overall IIP	NHS STW Board (via Quality and Performance Committee for assurance)			

3. Governance Arrangements

The delivery of individual elements of the SaTH section of the SIIP is reported and monitored via the relevant Assurance Committee listed below with overall progress reported to the Board of Directors.

- Finance Assurance Committee for Finance
- People and Organisational Development Assurance Committee for Workforce and some elements of Leadership
- Performance Assurance Committee / Quality and Safety Assurance Committee for UEC
- Audit and Risk Assurance Committee for Governance
- The Board of Directors for aspects of Leadership and overall progress

The delivery against the Quality Improvement Plan (QIP) has continued to be reported and monitored via the Quality and Safety Assurance Committee with overall progress reported to the Board of Directors.

4. Summary of the progress against delivery of the Plan

The ICB have requested SaTH to provide an update on progress regarding the tasks/actions that were due up to and including 28 February 2025 ready for submission to the STW ICB by 18 March 2025. This is to ensure that the information is ready to be reviewed at the STW Quality Performance Committee (QPC) meeting.

- The nominated leads have provided a progress report on the current position of the tasks/actions using the Assurance Committee, Key Issues Report which has also been approved by the relevant Executive Director or nominated Deputy.

- If the task/action has been completed, supporting evidence has been provided and submitted to the ICB via the STW SharePoint folder to enable them to log the evidence against the relevant action within the Integrated System Improvement Plan ready for review by NHSE.
- If the task/action has not been completed within the timescale, then the reason for delay has been identified in the respective Assurance Committee, Key Issues Report, together with mitigating actions and a proposed revised date as this will need to be formally requested to NHSE. The revised date will also be raised at the Weekly Chief Executive meeting and approval requested before submission to the Assurance Committees, the Board of Directors and subsequently to STW Quality & Performance Committee (QPC), the STW Integrated Care Board (ICB) with final oversight and review by NHSE.

The information in Appendix 1 provides a summary of the progress against delivery of the tasks/actions that were due up to and including 28 February 2025 in relation to the SaTH Governance / Leadership Plan. Appendix 2 provides a summary of progress in the Assurance Committee Key Issues reports in relation to the other transition criteria elements of the plan.

5. Recommendations

The Board of Directors is asked to:

Note the contents of the report for assurance.

Note progress against delivery of the tasks/actions that were due up to and including 28 February 2025 in relation to SaTH Governance / Leadership Plan within the SaTH specific section of the Integrated System Improvement Plan (Appendix 1).

Note progress against delivery of the tasks/actions that were due up to and including 28 February 2025 in relation to the Single Finance Recovery Plan, Workforce Delivery Plan, Systemwide Urgent and Emergency Care Improvement plan, Governance Plan and Collaborative Decision-Making Leadership Plan, which is detailed in the Assurance Committee, Key Issues Reports (Appendix 2).

Note that the SIIP progress report and supporting evidence for tasks/actions that were due from 01 February 2025 – 28 February 2025 will be submitted to the STW ICB by 18 March 2025.

Appendix 1

Summary of the progress against delivery of the SaTH Governance / Leadership Plan						
Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
SaTH 4.1.1	Following recent changes, review level 1 finance governance reporting structure (Link with SaTH1.1, SaTH1.2, SaTH1.3)	Debbie Bryce	01/12/24	28/02/25	FAC was established as a separate committee of the Board in September 2024. FAC terms of reference and associated groups currently under review. FAC effectiveness survey was undertaken in February 2025.	

Appendix 1

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
Summary of the progress against delivery of the SaTH Governance / Leadership Plan						
SaTH 4.1.2	Review level 1 Workforce governance reporting structure (Link with SaTH 2.1 and SaTH 2.2)	Debbie Bryce	01/12/24	28/02/25	PODAC terms of reference were reviewed and agreed by PODAC on 02/12/24 and approved by Board on 16/1/25. PODAC effectiveness survey was undertaken in February 2025	Completed and Evidenced
SaTH 4.1.3	Review level 1 UEC / performance governance reporting structure (link to SaTH 3.1 and 3.2)	Debbie Bryce	01/12/24	28/02/25	PAC was established as a separate committee of the Board in September 2024. Terms of reference currently under review for PAC and UECTAC. PAC effectiveness survey scheduled for July/Aug 2025 following discussion with the committee chair.	
SaTH 4.1.4	Review level 1 HTP Committee governance framework in conjunction with above	Anna Milanec	01/12/24	28/02/25	As a new committee of the Board, the terms of reference were agreed by the Board of Directors in July 2024.	Completed and Evidenced
SaTH 4.1.5	Review level 1 Quality & Safety Assurance governance framework in conjunction with above	Anna Milanec	01/01/25	28/02/25	QOC terms of reference approved by QSAC in February 2025. QSAC terms of reference annual review scheduled for March 2025 meeting. QSAC effectiveness survey undertaken February 2025.	Completed and Evidenced
SaTH 4.1.6	Produce level 1 assurance mapping template,	Anna Milanec	01/01/25	28/02/25	The mapping template has been drafted and will be finalised following the review of the FAC and PAC Terms of Reference.	
SaTH 4.2.1	Agreement of SIIP approval and ongoing assurance arrangements within SaTH	Jo Williams CEO /SaTH	Ongoing	14/11/24	A Board report regarding the SIIP approval and ongoing assurance arrangements within SaTH was presented and signed off at the Board of Directors meeting held on 14 November 2024.	Completed and Evidenced by SaTH, STW and NHSE
SaTH 4.2.2	SaTH elements of system performance and accountability framework documented and signed off by SATH Board	JW/AM	01/11/24	30/01/25	SaTH elements of the system performance & accountability framework have been developed and implemented. This was agreed at the Board on 14/11/24 and discussed on 16/01/2025 (Board paper and minutes Evidence SaTH 4.2.1) (Assurance Committee, Key Issues Reports.	Completed and Evidenced

Appendix 1

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
**Summary of the progress against delivery of the SaTH Governance / Leadership Plan**
					An assurance report is being presented by the Director of Governance at the Public Board of Directors meeting on 13 March 2025.	
SaTH 4.4.1	Engage with programme / governance leads to develop and implement system PMO proposals.	Ned Hobbs ~~Nigel Lee~~	31/12/24	~~28/02/25~~ Q1 25/26	System PMO Steering Group established Jan 2025, with SaTH COO as member. System PMO proposals being finalised with a view to implementation in Q1 25/26.	
SaTH 4.4.2	SaTH elements of system PMO structure & approach documented and signed off by SATH board and ICB	Ned Hobbs ~~Nigel Lee~~	01/11/24	~~28/02/25~~ Q1 25/26	System PMO Steering Group to finalise proposals for provider and ICB sign-off.	
SaTH 5.3.1	Proactively contribute to development and sign off of the System Integrated Improvement Plan	Jo Williams CEO /SaTH	Sept 24	31/11/24	The SaTH specific section of the Integrated System Improvement Plan was signed off at the Board of Directors meeting held on 14 November 2024 (Board Paper and minutes Evidence SaTH 5.3.1	Completed and Evidenced by SaTH, STW and NHSE

BRAG Status
Completed and Evidenced
On Track
At Risk
Off Track

Appendix 2 - Assurance Committee, Key Issues reports:

- Finance Assurance Committee for Finance
- Performance Assurance Committee / Quality and Safety Assurance Committee for UEC
- People and Organisational Development Assurance Committee for Workforce and some elements of Leadership

SIIP IMPROVEMENT PLAN ELEMENT = 'WORKFORCE AND LEADERSHIP'

People & OD Assurance Committee (PODAC)		
Report Date: 11th February 2025		**Report of: SaTH Transition Criteria Metrics - Workforce and Leadership**
Date of meeting: 3rd February 2025		People & OD Senior Leads meeting: Rhia Boyode, Emma Wilkins, Simon Balderstone. Report to be presented at PODAC
1	**Agenda**	The Committee considered the following for assurance: • SaTH Transition Criteria Metrics Key Issues Report (4A's) for Workforce and Leadership
2a	**Alert** *Matters of concerns, gaps in assurance or key risks to escalate to the Board*	• NHS Planning guidance has been delayed but was released 30th January, reviewing workforce implications for 25/26 Plan. Plan has been submitted 26 February to ICB. • WTE reduced April-November 2024, rolling turnover increased by 0.5% YTD, Sickness absence increased and above target by 1.03%, agency expenditure continues to reduce, and bank spend adverse to plan. Mitigations in place • Creating a sustainable supply of skills across key professional groups remains a challenge. Our focus will be on developing our own pipelines of talent and working as a system with local educational partners to address our long-term workforce needs. • Agency and temporary staffing – In November 2024 overall pay decreased due to the pay award impact in October 2024 but crucially underlying expenditure continues to decrease, especially agency. Bank costs however are not reducing as planned month on month and are materially adverse to plan (£3.1m, 10.7%).
2b	**Assurance** *Positive assurances and highlights of note for the Board*	• Progress against our People Strategic pillars. To recognise the work to date and ambitions for the future in line with national and local priorities and needs to support making SaTH a great place to work. • Our hardship support has been promoted and is still available to colleagues. Although we will need to monitor this, as further restrictions on discretionary spend are introduced. • Wellbeing support sessions have been held and we will continue to correlate our priority areas. Our Staff Psychology team have continued to deliver team interventions and are targeting areas with high mental health absences such as Estates/ Emergency Departments.
2c	**Advise** *Areas that continue to be reported on and /or where some assurance has been noted/ further assurance sought.*	• Delivery of our leadership programmes is scheduled to re-commence from April 2025, majority of the planning is complete and booking and the application process will be available from February 2025 to ensure the 6 weeks' notice period for Clinical Staff is provided. • Reducing reliance on agency is making good progress however more work to achieve the same with our use of bank. • Retention of our people remains a challenge with a deterioration since April 2024. We are reviewing the retention tool to further align to the staff survey results and focus our strategy milestones. • The Trust has seen an improvement year on year in 2 of the People Promise themes and 6 subthemes. It is encouraging to see that 3 measures are higher than that of our comparators and this should be recognised and celebrated. Results were expected to be varied this year due to the increase in response rate.

2d	**Actions** *Significant* follow up actions	• Submit workforce plan submission and gain sign off – 27 February 2025 to NHSE including associated actions in checking data, changes to staff groups and on-going monitoring. • Triangulate with operational and financial planning - 27th February 2025 • Continue to monitor and review the People Strategy and priority milestones in current context and future horizon scanning. • Continue to support and identify provider collaboration opportunities. • Review, reflect, implement and monitor staff survey and people pulse improvements. • The Board to approve the progress		
3	**Report compiled by**	*Emma Wilkins* *Simon Balderstone* *Report signed off by* *Rhia Boyode*	**Minutes available from**	*Julie Wright* *Executive Support* *Team Leader*

1. **Summary of the progress against delivery of the SaTH Workforce Delivery Plan, Leadership collaborative decision-making at both system and organisational levels (aligned to the priorities within the Strategic Commissioning Plan and System Culture and Leadership improvement programme**

Metric 2.1: SaTH workforce delivery plans for 2024/25 and 2025/26 aligned to overall system plans and signed off by the Board of Directors

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
2.1.1	Identify baseline and outturn forecast	SB	04/11/2024	30/11/2024	Workforce plan submission (2nd submission to the ICB due 31 January) - **Complete**	
2.1.2	Review known changes, service changes needed, and business cases approved from 24/25	BPs	01/12/2024	31/12/2024	2nd submission of the Workforce Plan to the ICB due 31 January 2025 This will include the submission of PODAC reports and IPR reports - **Complete**	
2.1.3	Outline any assumptions in terms of workforce metrics, turnover absence levels	SB	01/12/2024	31/12/2024	PODAC reports IPR reports **Complete**	
2.1.4	Populate Workforce Planning Template	RW	06/01/2025	31/01/2025	Workforce planning template is fully populated ready for submission 31 January **Complete end January 2025 – now working to first NHSE submission on 27 February**	
2.1.5	Calculate the % Change by Staff Group	RW	06/01/2025	31/01/2025	Once the workforce plan is finalised for the 2nd submission this will be calculated as part of the template. **Complete end January 2025 – now working to first NHSE submission on 26 February (complete)**	
2.1.6	Challenge / Sense Check Data	RW	03/02/2025	28/02/2025	**Complete**	
2.1.7	Review Data with Stakeholders (Divisional teams etc)	SB	03/02/2025	28/02/2025	Divisional planning meetings 3rd and 4th February 2025. **Presented at Senior Leadership Meeting**	
2.1.8	Populate Master Template and Triangulate with Finance and Operations	SB	03/02/2025	28/02/2025	Due end February 2025 **Complete**	
2.1.9	Final Sign Off - Board and NHSE	RB	03/03/2025	31/03/2025	Due end March 2025	
2.1.10	Set up and deliver workshop with People	SB/EW	04/11/2024	30/11/2024	Operational Plan Stocktake meeting held 17th	

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
	and OD team and Divisional reps to identify the priority areas needed that support delivery of our workforce plan				December 2024 **Complete**	
2.1.11	Develop set of actions and milestones that support each priority area with time frame and actions owners	SB/EW	02/12/2024	31/12/2024	Pro forma developed for divisional planning meetings scheduled 3rd and 4th February 2025. **Complete**	
2.1.12	Finalise plan with fully supported narrative describing the impact and benefit of delivery the plan	SB/EW	02/12/2024	31/12/2024	First cut of plan drafted for review.	
2.1.1	Capture risks to delivery of plan and any mitigations to reduce risk	SB/EW	02/12/2024	31/12/2024	Risks captured with mitigations aligned to People Strategy. Risk Register, BAF & PODAC Assurance reports	
2.1.14	Develop summary project plan showing high level timescale – Gantt chart	SB	02/12/2024	31/12/2024	Draft actions developed timelines drafted **Complete**	
2.1.15	Gain sign off from each provider and NHS England	RB	06/01/2025	31/01/2025	Need to gain approval by NHSE will need to extend timeframe to 31 March 2025 for final approval.	
2.1.16	Ensure actions and milestones monitoring is incorporated into fortnightly agenda of workforce planning and assurance group and Agency reduction group	SB	06/01/2025	31/01/2025	Due end January 2025. Need to gain approval by NHSE will need to extend timeframe to 31 March 2025 for final approval.	

Metric 2.2: Refreshed SaTH People and OD strategy aligned to the system strategy

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
2.2.1	Deliverable Completed -People Strategy has been refreshed and approved by Board this year (2024).	EW	01/10/2024	31/01/2025	People Strategy	

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
	Includes how we will deliver strategy and what this will do to improve our key KPIS					
2.2.2	Monitor delivery of strategy via our Strategic People Group. Monthly highlight reports used to demonstrate progress against milestones outline within the priority areas within our Board approved strategy.	SB/EW	01/10/2024	31/01/2025	PODAC assurance paper Various reports are brought to Strategic People Group for assurance, challenge, decision and discussion all aligned to the People Strategy. Assurance and progress is reported/ escalated to PODAC. **Complete**	
2.2.3	Strategy sets out key actions and deliverables that are aligned to the NHS People Plan and are underpinned by the NHS People Promise and NHS Future HR and OD Report.	SB/EW	01/10/2024	31/01/2025	People Strategy **Complete**	
2.2.4	A set of metrics are outlined with target KPI's that support improvement in workforce retention, unavailability and staff engagement.	SB/EW	01/10/2024	31/01/2025	People Strategy IPR- monthly Culture Dashboard **Complete**	

SaTH Transition Criteria 5 Progress Report for Leadership: Demonstrate collaborative decision-making at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system.

Metric 5.1: Individual SaTH elements of the functioning Provider Collaborative (aligned to the priorities within the Strategic Commissioning Plan approved by Integrated Care Board) where open and honest conversations are brokered.

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
5.1.3	Ensure individual SaTH contribution to delivery of Provider Collaborative	RB	In progress	31/03/2026	Chief People Officer and deputy's roles working across SaTH and SCHT. SaTH continues to	

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
	elements of Workforce				support system programmes such as EDI, T Level placements, Workforce information. SRO for ICS TRAIN and REFORM work programmes. ICS report on future People Model received by ICB December 2024.	🟩

Metric 5.4: SaTH's contribution to a clear system culture and leadership improvement programme and evidence of a positive shift in staff experience through pulse survey/NHS staff survey.

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
5.4.4	Analyse staff survey results and lead on development and delivery of associated action plan	EW	Jan 2025	Aug 2025	PODAC / Board Reports April-July 2025. Initial Staff survey results received. Shared internally (under embargo) development of plans in progress.	🟩
5.4.5	Analyse pulse survey results and lead on development and delivery of associated action plan	EW	Jan 2025	Aug 2025	PODAC reports April 2025 Pulse survey results analysed and reported to Strategic People Group and PODAC. Inform strategy milestones to deliver our vision.	🟩

BRAG Status
Completed and Evidenced
On Track
At Risk
Off Track

- **SIIP IMPROVEMENT PLAN ELEMENT = 'FINANCE'**

Finance Assurance Committee		
Report Date: 10th February 2025	**Report of: SaTH Transition Criteria Metrics – Finance**	
Date of meeting: 25th February 2025	Adam Winstanley – Deputy Director of Finance - Strategic	
1	**Agenda**	The Committee is asked to consider the following for assurance: • SaTH Transition Criteria Metrics Key Issues Report for Finance
2a	**Alert** *Matters of concerns, gaps in assurance or key risks to escalate to the Board*	These Alerts will be brought to the Committees attention: • NHS Planning guidance was delayed and was released on 30th January 2025. • The financial position across the system and at SaTH is a risk especially in relation to escalation and premium rate staffing. • The final draft of the Estate Strategy will be produced by the end of February 2025 to include the configuration of the Modular wards. Following engagement with stakeholders during March and April 2025 and internal governance processes we are aiming for Board sign off in May 2025.
2b	**Assurance** *Positive assurances and highlights of note for the Board*	• Financial recovery group in place to support efficiency delivery and financial recovery. • The increasing alignment between financial and workforce governance is vital. • The YTD efficiency target is close to being achieved (c. 95%) and, excluding the element linked to the reduction in escalation costs, may exceed the previously reported 90% of the BAU efficiency target at the year end.
2c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/ further assurance sought.*	These Assurances will be brought to the Committees attention: • FAC will closely follow the monthly reporting on the forecast financial outturn, the workforce modelling and the mitigations against overspends and deficits. • Efficiency and Sustainability Group and Capital Planning Group 4As Issued and noted with follow up monitoring around capital spend trajectory. • Reducing reliance on agency is making good progress however more work to achieve the same with our use of bank.
2d	**Actions** ***Significant*** *follow up actions*	• Further triangulate with activity and workforce plan ahead of NHSE highlight submission – 28th February 2025 • Continue to support and identify efficiency opportunities. • In relation to SaTH 1.3.5 task/action, a revised delivery date of May 2025 is scheduled for the Estates strategy to have board sign off. This is now scheduled to provide adequate time to review and amend the Estates Strategy to include the configuration of the Modular wards. This will also give adequate time to plan and manage the external communications. • The SaTH Transition Criteria Metrics and task/actions for delivery of the System wide Finance Improvement Plan will continue to be monitored at the monthly Finance Senior Leads meeting. Supporting evidence will also be provided and signed off at this meeting in order to provide assurance to the FAC regarding ongoing improvements.
3	**Report compiled by**	*Adam Winstanley*	**Minutes available from**	Lisa Mitchell, Senior Governance Support Officer

1. Summary of the progress against delivery of the SaTH Financial Recovery Plan

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
SaTH 1.1.1	MTFP planning assumptions matched to HTP with differences reconciled and base case modelled and updated in the system MTFP (Complete).	JB	Complete	Complete	System MTFP and bridge document to HTP assumptions.	Completed and Evidenced by SaTH
SaTH 1.2.1	24/25 Revenue Plan agreed by SaTH, ICS and NHSE and fully identified CIP plan	AW	Complete	Complete	FPR submission for 2024/25 and CIP updates to FIP showing plans identified.	Completed and Evidenced by SaTH
SaTH 1.1.2	Annual refresh of MTFP and 5 year high level financial plan (including triangulation)	CY	Commenced	Dec-25		
SaTH 1.1.3	Ongoing monitoring of underlying position against MTFP and HTP assumptions	CY	Ongoing	Mar-26		
SaTH 1.1.4	SaTH Demand and capacity model aligned to system model - 1 year model (Sept/Oct 24) 3-5 years (Mar 25).	CY	Sep-24	Mar-25		
SaTH 1.1.5	Cashflow requirements matched to MTFP modelled. (Mar 25)	CY	Oct-24	Mar-25		
SaTH 1.1.6	Triangulation to activity, workforce and performance and updated for 25/26 operational planning guidance. (Dec 24-Jan 25).	KR	Dec-25	~~Jan 25~~ Mar 25	As a consequence of the DWH issues the 2025/26 integrated plan is using the 2024/25 plan as it's baseline for all 3 elements of the plan. In addition to this any changes to each of the elements are amended accordingly, therefore the catchment internal plan will triangulate. Triangulation is ongoing and will be completed as part of the final planning submission in March 25.	
SaTH 1.1.7	Long-Term financial plan model to include full impact of HTP - capital and revenue (complete) - updated to match the system LTFP. (Mar 2025).	JB	Oct-24	Mar-25		
SaTH 1.1.8	Signed off LTFP High Level Model 10 year - SaTH/ICS/NHSE	JB	Oct-24	Mar-25		
SaTH 1.1.9	Recovery plan trajectory based on Strategic Transformation Programmes including HTP, LCP and Benchmarking opportunities updated in SaTH and system MTFP model. (Mar 2025)	CMc	Oct-24	Mar-25		
SaTH	Triangulation to activity, workforce and	KR	Started	Mar-25		

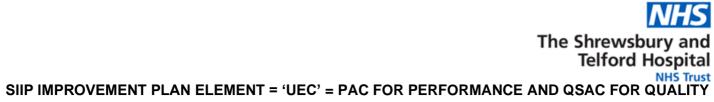| Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
1.1.10	performance and updated for 25/26 operational planning guidance					
SaTH 1.2.2	25/26 Revenue Plan agreed by SaTH, ICS and NHSE	AW	Commenced	Mar-25		
SaTH 1.2.3	25/26 Draft efficiency schemes high level	CMc	Commenced	Nov-24	Seven themes identified and shared with FIP. Formal presentation to internal Efficiency and Sustainability Group.	Completed and Evidenced by SaTH
SaTH 1.2.4	25/26 Draft efficiency schemes detail	CMc	Commenced	Jan-25	Draft efficiency schemes presented to Efficiency and Sustainability Group and Financial Recovery Group in January 2025.	Completed and Evidenced By SaTH
SaTH 1.2.5	25/26 Draft efficiency confirm & challenge with FRG	CMc	Commenced	Feb-25	CIP confirm & challenge sessions held with divisional and corporate teams as planned, good engagement in the process from all teams. Two service areas have been identified as requiring additional support from the recovery taskforce and PWC to further develop their plans to address the shortfall in their current planning. Outputs and escalation if required, further to this intervention, will be reported through to the executive led Financial Recovery Group.	
SaTH 1.2.6	25/26 Efficiency plan identified	CMc	Commenced	Mar-25		
SaTH 1.2.7	25/26 Efficiency plan PIDs signed off by scheme leads and directors	CMc	Commenced	Mar-25		
SaTH 1.2.8	25/26 Efficiency plan QIA's developed by clinical leads	CMc	Commenced	Mar-25		
SaTH 1.2.9	25/26 Efficiency plan QIA's signed off by DoN and MD	CMc	Commenced	Mar-25		
SaTH 1.2.10	25/26 draft operational activity plan based on D&C work	RP	Commenced	Nov-24	Draft activity submission to system in December.	Completed and Evidenced by SaTH
SaTH 1.2.11	25/26 monthly review of activity plan aligned to performance and financial requirements based on development of D&C model and interventions	RP	Commenced	~~Jan 25~~ Mar 25	As a consequence of the DWH issues the 2025/26 integrated plan is using the 2024/25 plan as it's baseline for all 3 elements of the plan. In addition to this any changes to each of the elements are amended accordingly, therefore the catchment internal plan will triangulate. Triangulation is ongoing and will be completed as part of the final planning submission in	

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
					March 25.	
SaTH 1.2.12	25/26 sign off operational activity plan	Ned Hobbs	Commenced	Mar-25		
SaTH 1.2.13	25/26 sign off workforce plan aligned to activity delivery	SB	Commenced	Mar-25		
SaTH 1.2.14	25/26 triangulation of finance, activity and workforce	AW / KR	Commenced	Mar-25		
SaTH 1.2.15	25/26 draft cost pressures	AW	Commenced	Nov-24	High level cost pressures included within draft planning submission in December 2024. High level financial planning update to Finance Assurance Committee in December. Further discussions ongoing as part of the 2025/26 planning process.	Completed and Evidenced by SaTH
SaTH 1.2.16	25/26 cost pressures prioritisation	AW	Commenced	Nov-24	High level cost pressures included within draft planning submission in December 2024. High level financial planning update to Finance Assurance Committee in December. Further discussions ongoing as part of the 2025/26 planning process.	Completed and Evidenced by SaTH
SaTH 1.2.17	25/26 cost pressures internal confirm and challenge	AW	Commenced	Dec-24	High level cost pressures included within draft planning submission in December 2024. Further discussions ongoing as part of the 2025/26 planning process with Divisional C&C meetings to take place in February.	Completed and Evidenced by SaTH
SaTH 1.2.18	25/26 cost pressures system confirm and challenge	AW	Jan-25	Jan-25	25/26 cost pressures system confirm and challenge	Completed and Evidenced by SaTH
SaTH 1.2.19	25/26 organisational sign off draft plan submission	AW	Commenced	Feb-25	25/26 organisational sign off draft plan submission	
SaTH 1.2.20	25/26 organisational sign off final plan submission	AW	Commenced	Mar-25	25/26 organisational sign off final plan submission	
SaTH 1.2.21	25/26 budget setting - pay / non pay completed	AW	Commenced	Jan-25	25/26 budget setting - pay / non pay completed	Completed and Evidenced by SaTH
SaTH 1.2.22	25/26 budget sign off	AW	Commenced	Mar-25	25/26 budget sign off	
SaTH 1.2.23	In year monitoring of financial performance against plan assumptions identifying escalation actions where needed (oversight	AW	Ongoing	Ongoing	PFR's, Finance Assurance Committee, Board and system finance reports.	

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
	through OPOG, FRG and Finance Committee)					
SaTH 1.2.24	Monitor ongoing demand & capacity actuals against plan assumptions identifying escalation actions where needed (oversight through OPOG and Performance Committee)	RP	Ongoing	Ongoing	Data warehouse reporting issues remain. Performance targets continue to be reported.	
SaTH 1.3.1	Sign off 3-Year Capital Plan - SaTH/ICS/NHSE	CY	Commenced	Mar-25		
SaTH 1.3.2	10-Year first draft capital plan developed. (Complete)	CY	Complete	Complete	System submission of 10-year plan.	Completed and Evidenced by SaTH
SaTH 1.3.3	Capital MTFP update following capital allocations and guidance (Jan 25).	CY	Commenced	Jan-25	5-year capital plan submitted to CPG	Completed and Evidenced by SaTH
SaTH 1.3.4	24/25 Capital Plan agreed by SaTH/ICS/NHSE (Complete).	CY	Complete	Complete	FPR submission for 2024/25	Completed and Evidenced by SaTH
SaTH 1.3.5	Update SaTH Estates Strategy	LW	Commenced	~~Nov-24~~ May 25	• In relation to SaTH 1.3.5 task/action, a revised delivery date of May 2025 is scheduled for the Estates strategy to have board sign off. This is now scheduled to provide adequate time to review and amend the Estates Strategy to include the configuration of the Modular wards. This will also give adequate time to plan and manage the external communications.	
SaTH 1.3.6	Sign off of 25/26 capital plan by SaTH/ICS and NHSE (Mar 25).	CY	Commenced	Mar-25		
SaTH 1.3.7	Support system delivery of 24/25 CDEL - application of the Capital prioritisation framework in action in year. Performance monitoring through CPOG.	CY	Apr-24	Mar-25		
SaTH 1.3.8	Support system delivery of 25/26 CDEL - application of the Capital prioritisation framework in action in year. Performance monitoring through CPOG.	CY	Apr-25	Mar-26		

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
SaTH 1.3.9	Capital prioritisation within available resource for 25/26 once funding limits following guidance is confirmed.	CY	Commenced	Mar-25		
SaTH 1.3.10	Update the 25/26 Capital plan following the release of national capital guidance and sign-off by individual organisation and system governance and NHSE.	CY	Commenced	Mar-25		
SaTH 1.3.11	Submission of agreed 25/26 capital plan into technical planning forms	CY	Jan-25	Mar-25		
SaTH 1.4.1	Phase 1 I&I - External review assessment of Individual organisational self-assessment of NHSE grip and control checklist & HFMA Financial Sustainability checklist.	HT	Complete	Complete	Phase 1 PwC report	Completed and Evidenced by SaTH
SaTH 1.4.2	Delivery against Phase 1 I&I organisation specific intervention action plans (Enhance vacancy scrutiny panels, temporary staffing controls and de-risking cost efficiency schemes). Monitored weekly and reported to ICS.	HT	Commenced	Nov-25		
SaTH 1.4.3	Delivery of Phase 2 I&I scope in relation to controls (run-rate improvements) for Workforce, UEC and System PMO (high risk CIPs) - delivery of interventions post PWC Phase 2 completion by March 25.	HT	Commenced	Mar-25		
SaTH 1.4.4	Follow up review of I&I actions to ensure continued delivery	HT	Aug-25	Oct-25		
SaTH 1.4.5	External review of individual organisational assessment against NHSE grip and control checklist & HFMA Financial Sustainability checklist and efficacy of controls.	AW	Complete	Complete	Audit review of HFMA checklist and full review of NRST list reported to Board.	Completed and Evidenced by SaTH
SaTH 1.4.6	Delivery of individual organisational internal audit report recommendations from prior years and pro-active management in year (Monthly review).	CY	Ongoing	Mar-26		
SaTH 1.4.7	Individual organisational tracking of timely completion of internal audit actions (Monthly).	CY	Ongoing	Mar-26		
SaTH	Delivery of individual organisational external	CY	Ongoing	Mar-26		

Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
1.4.8	audit report recommendations					
SaTH 1.4.9	Individual organisational tracking of timely completion of external audit actions (Monthly)	CY	Ongoing	Mar-26		
SaTH 1.4.10	Internal Audit findings for all finance related audits to be rated moderate or substantial	CY	Ongoing	Mar-26		
SaTH 1.4.12	External audit including VFM to be rated moderate or substantial	CY	Ongoing	Mar-26		

BRAG Status
Completed and Evidenced
On Track
At Risk
Off Track

SIIP IMPROVEMENT PLAN ELEMENT = 'UEC' = PAC FOR PERFORMANCE AND QSAC FOR QUALITY

Performance Assurance Committee (PAC) / Quality and Safety Assurance Committee (QSAC) Key Issues Report (4A's)		
Report Date: 11 February 2025	**Report of: Report of: SaTH Transition Criteria Metrics – SaTH UEC Improvement Plan**	
Date of meeting: 18 February 2025 PAC 25 February 2025 QSAC		
1	**Agenda**	The Committee is provided with the following report for Assurance: • SaTH Transition Criteria Metrics Key Issues Report (4As) for System-wide UEC Improvement Plan
2a	**Alert** *Matters of concerns, gaps in assurance or key risks to escalate to the Board*	• SaTH 3.1.2.8 and SaTH 3.1.2.9 Radiology actions have not been delivered to the original milestone date and exception reports were approved at UECTAC held on 23 January 2025. • SaTH 3.1.2.12 The recruitment of additional Pathology posts to extend out of hours provision is on hold.
2b	**Assurance** *Positive assurances and highlights of note for the Board*	• SaTH 3.1.2.7 Therapies review of Stroke Pathway evidence now received.
2c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• SaTH 3.1.1.5 whilst some improvements to Minors performance have been achieved it is not at the operational plan trajectory of 94% and will continue to be a focus within UEC Tier 1 Phase 2.
2d	**Actions** *Significant follow up actions*	The next UECTAC meeting will be held on 28 February 2025 and chaired by Ned Hobbs. The SaTH Transition Criteria Metrics and tasks/actions for delivery of the System-wide UEC Improvement Plan will be monitored at this meeting. Supporting evidence will also be provided and signed off at the UECTAC meeting in order to provide assurance to PAC regarding ongoing improvements. Any quality issues will subsequently be reported to QSAC.
3	**Report compiled by**	Matt Mellors Signed off by Ned Hobbs	**Minutes available from**	Julie Wright Executive Support Team Leader

1. **Summary of the progress against delivery of the SaTH UEC Improvement Plan**

3.1	**Deliver SaTH elements / benefits of the System led UEC Improvement Plan 24/25 and 25/26 plan (to be finalised when national guidance for 25/26 is published)**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.1.1	Deliver SaTH specific workstreams	Ned Hobbs	01/04/2024	31/03/2026		🟩
SaTH 3.1.2	Actively engage with and make a marked contribution to system wide workstreams	Jo Williams Ned Hobbs	01/04/2024	31/03/2026		🟩

3.1.1	**Lead workstream 1 – 4hr performance plan incorporating GIRFT actions**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.1.1.1	Review and recommission UTC provision to increase utilisation	Rebecca Houlston	01/10/2024	01/04/2025		🟩
SaTH 3.1.1.2	Implement admission avoidance clinics to reduce demand on ED	Gordon Wood	01/04/2024	30/11/2024	General medicine clinics implemented and running on Mondays and Fridays for internal referrals from ED. Booking process and utilisation provided as evidence	🟦
SaTH 3.1.1.3	Implement further GP direct access speciality pathways across Women's and Children's services	Zain Siddiqui	12/05/2024	01/04/2025		🟩
SaTH 3.1.1.4	Implement GP direct access speciality pathways across surgical services	Andrena Weston	12/05/2024	01/04/2025		🟧
SaTH 3.1.1.5	Improve productivity of Minors	Rebecca Race Rebecca Houlston Nat Rose Deb Archer	13/05/2024	01/01/2025	Minors 4-hour performance has improved in January 25 (position as of 11/02/25 post validation at 89.9%) however remains off track against operational plan trajectory of 94%. Test of Changes have been implemented based on breach analysis e.g. ring fencing of cubicles and amended ENP hours. Dedicated focus from ED leadership team to support Tier 1 25/26 improvement plan finalisation.	🟧
SaTH 3.1.1.6	Review ED Medical staffing to ensure it aligns with the hourly demand with both ED departments	Rebecca Race	31/05/2024	31/12/2024	Briefing paper based on demand and capacity analysis completed by Chris Green – Head of Information ECIST, NHS England	🟦

3.1.2	Lead workstream 2 Acute Med & Admission and Referral Protocol (IPS) incorporating GIRFT actions					
Task ID	Task	Task Owner	Start Date	End Date	Sources of evidence to demonstrate implementation	RAG Status
SaTH 3.1.2.1	Improve response time to referrals on the AMU & Medical wards (currently 24 hours) by Cardio and Respiratory	Saskia Jones-Perrott	21/05/2024	30/04/2025		
SaTH 3.1.2.2	Review effectiveness of the Admission and Referral Protocol following relaunch	Steve McKew	24/05/2024	30/04/2025		
SaTH 3.1.2.3	Reconfiguration of bed base on PRH site to expand acute medical beds to align with demand	Laura Graham	01/11/2024	01/07/2025		
SaTH 3.1.2.4	Recruitment following reconfiguration of Cardiorespiratory to optimise diagnostics	Tom Phelps	31/05/2024	31/03/2025		
SaTH 3.1.2.5	Therapies: Review the use of SPA time and the SOP updating if required	Emma Weaver	01/07/2024	30/11/2024	Staff survey completed on the use of SPA time	
SaTH 3.1.2.6	Therapies: Review the impact of the E-job planning trial and agree next steps	Emma Weaver	01/07/2024	30/11/2024	Initial review completed next steps are to undertake a revalidation exercise and arrange a series of 1:1 meetings with staff to sense check if their job plans are where they need to be. To add individual objectives to the system including Trust, Therapy and Care Close to Home objectives	
SaTH 3.1.2.7	Therapies: Review Stroke Pathways considering the opportunities as outlined in the CQC report	Emma Weaver	01/07/2024	31/12/2024	Review of the Stoke pathway has informed the Business Case under consideration by Clinical Support Services division	
SaTH 3.1.2.8	Radiology: Gap analysis against proposed 12hr turnaround	Helen Williams	01/10/2024	~~31/10/2024~~ 28/02/2025	Not yet delivered due to data quality issues with the initial cut of data from CRIS creating a number of discrepancies. Exception report approved at UECTAC in Jan-25 with request to extend to Feb-25	
SaTH 3.1.2.9	Radiology: 12hr turnaround draft proposal including procedures and SOP	Helen Williams	01/10/2024	~~30/11/2024~~ 31.03/2025	Not yet delivered as subject to analysis (SaTH 3.1.2.8) Exception report approved at UECTAC in Jan-25 with request to extend to March-2025	
SaTH 3.1.2.10	Pharmacy: Development of business case for Pharmacy staff in ED	Imran Hanif	28/10/2024	30/11/2024	Business Case presented to the Innovation and Investment Committee in December 2024.	
SaTH 3.1.2.11	Pharmacy - Procurement / Installation / Staff Training / Go live of automated cabinets at PRH emergency dept.	Imran Hanif	21/10/2024	31/03/2025		

SaTH 3.1.2.12	Pathology - Recruitment of additional posts to extend out of hours provision	Adrian Vreede	01/11/2024	31/03/2025	Recruitment on hold	
3.1.3	**Working with system partners to deliver the System Discharge Alliance Plan to reduce No Criteria to Reside, and thus reducing escalation inpatient acute capacity (linking to reduced bed occupancy)**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.1.3.1	Continued engagement from surgery, medicine and ED with the Care Transfer Hub	Rebecca Houlston Angela Raynor Claire Evans	01/08/2024	31/03/2026		
3.1.4	**Working with system partners to deliver the alternatives to ED attendances / admissions and Care Coordination**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.1.4.1	Continued engagement from surgery, medicine and ED with the Integrated Care Coordination Centre	Rebecca Houlston Angela Raynor Claire Evans	01/08/2024	31/03/2026		
SaTH 3.1.4.2	Be a key stakeholder in the development of the STW integrated urgent care model	Ned Hobbs Jo Williams	01/10/2024	31/03/2026		
SaTH 3.1.4.3	Improving the data quality of ECDS to support identification of further alternative opportunities	Ned Hobbs	01/11/2024	31/03/2025		
3.1.5	**Working with system partners to deliver system frailty plan**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.1.5.2	Create and roll out a teaching package for ED and SDEC staff on Clinical Frailty Score	Angela Raynor	09/12/2024	31/03/2025		
SaTH 3.1.5.4	Review Welsh documentation and link with Powys	Angela Raynor	10/02/2025	31/03/2025		
SaTH 3.1.5.5	Continued engagement from surgery, medicine and ED with the development of a fully integrated frailty pathway	Rebecca Houlston Angela Raynor Claire Evans	31/05/2024	31/03/2026		

3.2	SaTH to chair UEC delivery group with effective regular membership from SaTH					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.2.1	SaTH CEO to continue to be SRO for UEC and chair the UEC delivery group	Jo Williams	01/04/2024	N/A		
SaTH 3.2.2	Ongoing attendance from key leaders in regard to operational and clinical functions	Ned Hobbs Laurence Ginder	01/04/2024	N/A		
3.3	**Deliver UEC specific actions as per the Quality Improvement Plan including CQC must/should dos and post "Dispatches" actions**					
Task ID	**Task**	**Task Owner**	**Start Date**	**End Date**	**Sources of evidence to demonstrate implementation**	**RAG Status**
SaTH 3.3.1	Deliver QIP in line with agreed timescales	Donna Hadley	05/01/2024	01/04/2025		

BRAG Status
Completed and Evidenced
On Track
At Risk
Off Track