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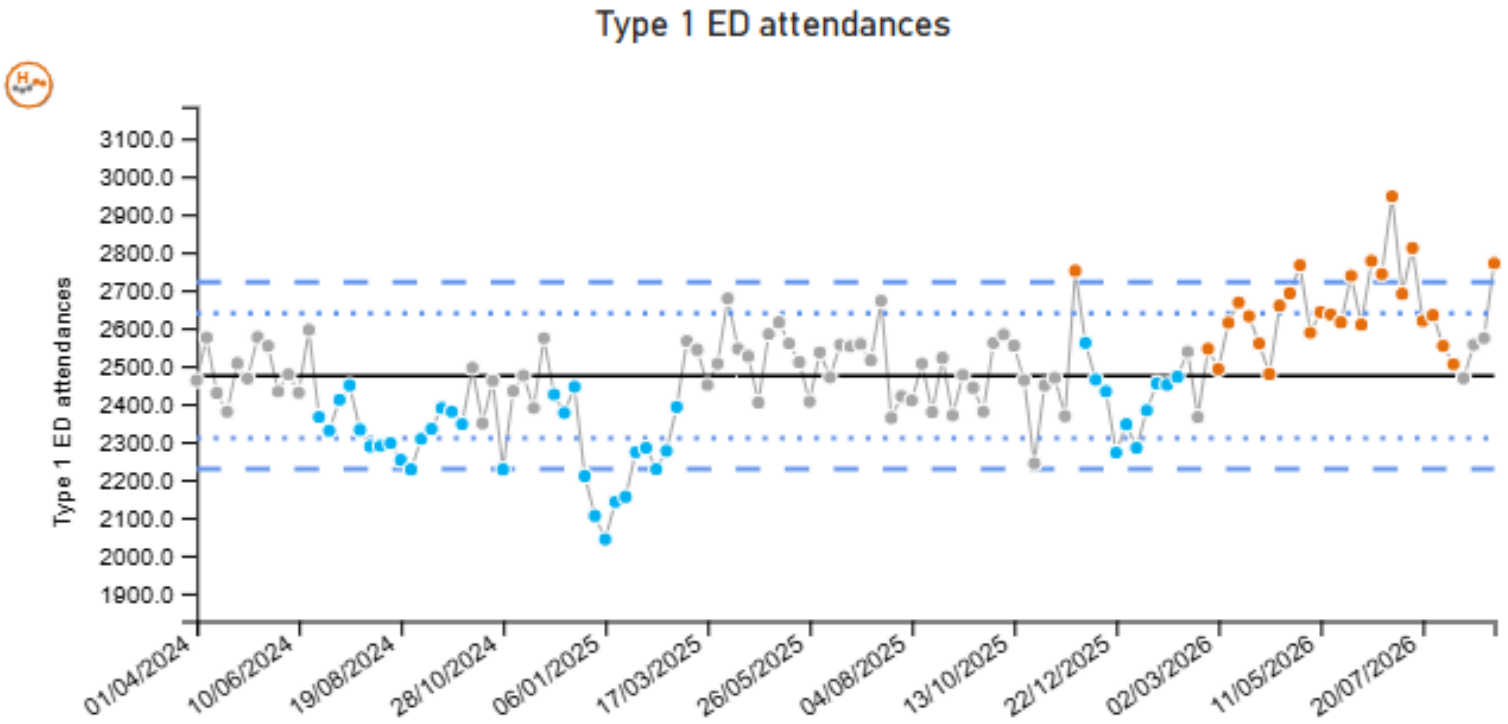
NHS Group

Joint Health Overview & Scrutiny Committee

September 2026

ED Attendances

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



• Following a sharp increase of ED attendances in July 2026 (the highest on record at SaTH) numbers reduced towards more typical levels, however we have seen a sharp rise from WC 24th August.

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4 Hour Performance

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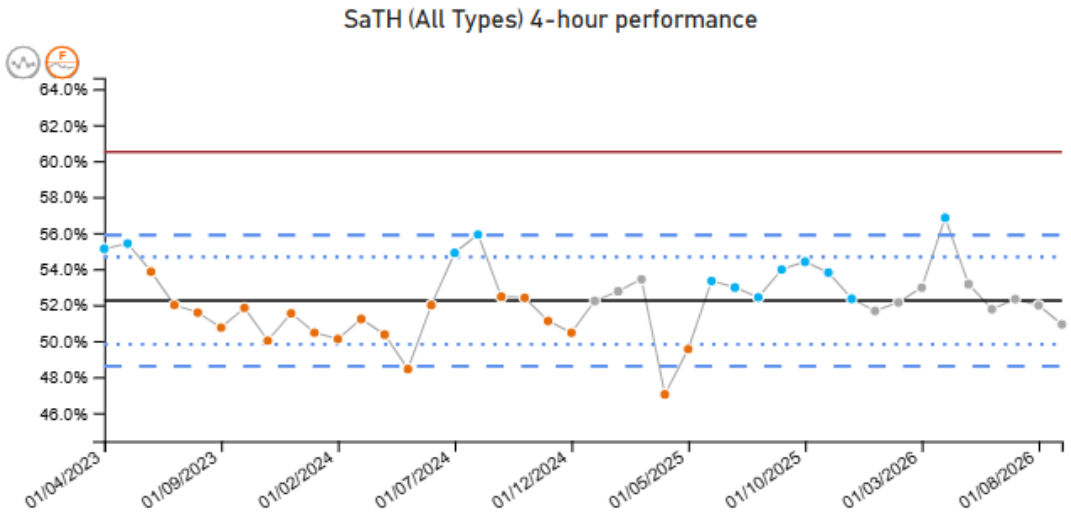

Recovery actions:

- Nexus Consultancy are supporting SaTH with improving 4 hour performance
- Tests of Change have been undertaken in both EDs in the last 2 weeks
- Provisional results are encouraging with improvement across a number of key performance indicators
- Improvement in Radiology request to report has been identified as a significant opportunity to support 4 hour performance
- Improvement in the time from blood test taken to report is also another opportunity that will support 4 hour performance.

SaTH 4 hr performance remains in common cause natural variation in August at 52% against a plan 60.1%.

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12 Hour Performance

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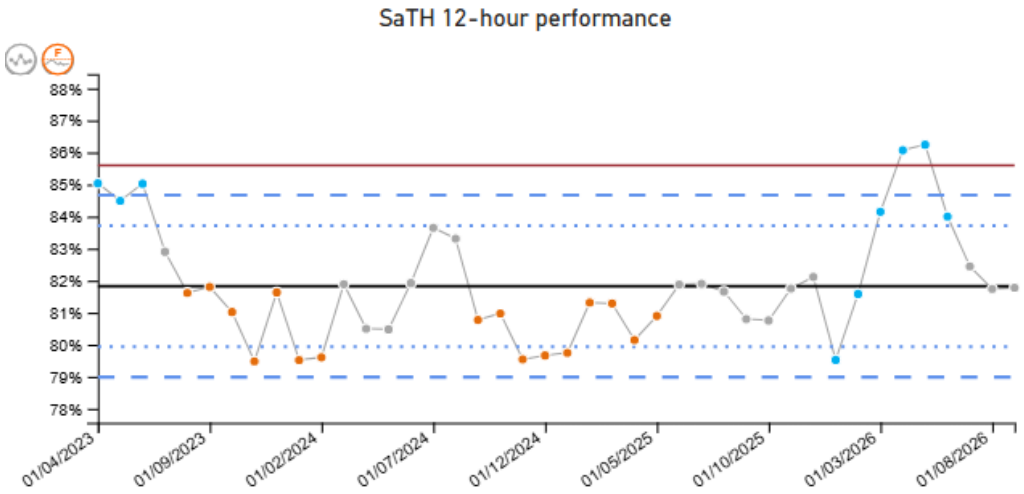

In August 78.0% of patients were seen, discharged or transferred to another area of ED within 12 hours against a plan of 85.6%, moving to common cause variation.

What caused our Summer UEC challenges?

- Decrease in simple discharges in Medicine
- Associated with increase in long stay (14+) inpatients, with CTR
- Latest RSH ED reconfiguration associated with HTP

Recovery actions:

- Nexus Consultancy are supporting SaTH with reducing the number of patients in both hospitals with “no criteria to reside”.
- During the summer we have seen a decrease in the number of “simple” discharges on some wards at SaTH. To address this we have commenced a peer review process to reduce the length of stay for these patients targeting the wards where the greatest opportunity exists.
- This has resulted in the strongest 3 consecutive weeks of simple discharges for 3 months just delivered.
- The Standard Operating Procedure for ED escalation has also been reviewed and refreshed in light of the recent RSH ED reconfiguration.

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Ambulance Handover

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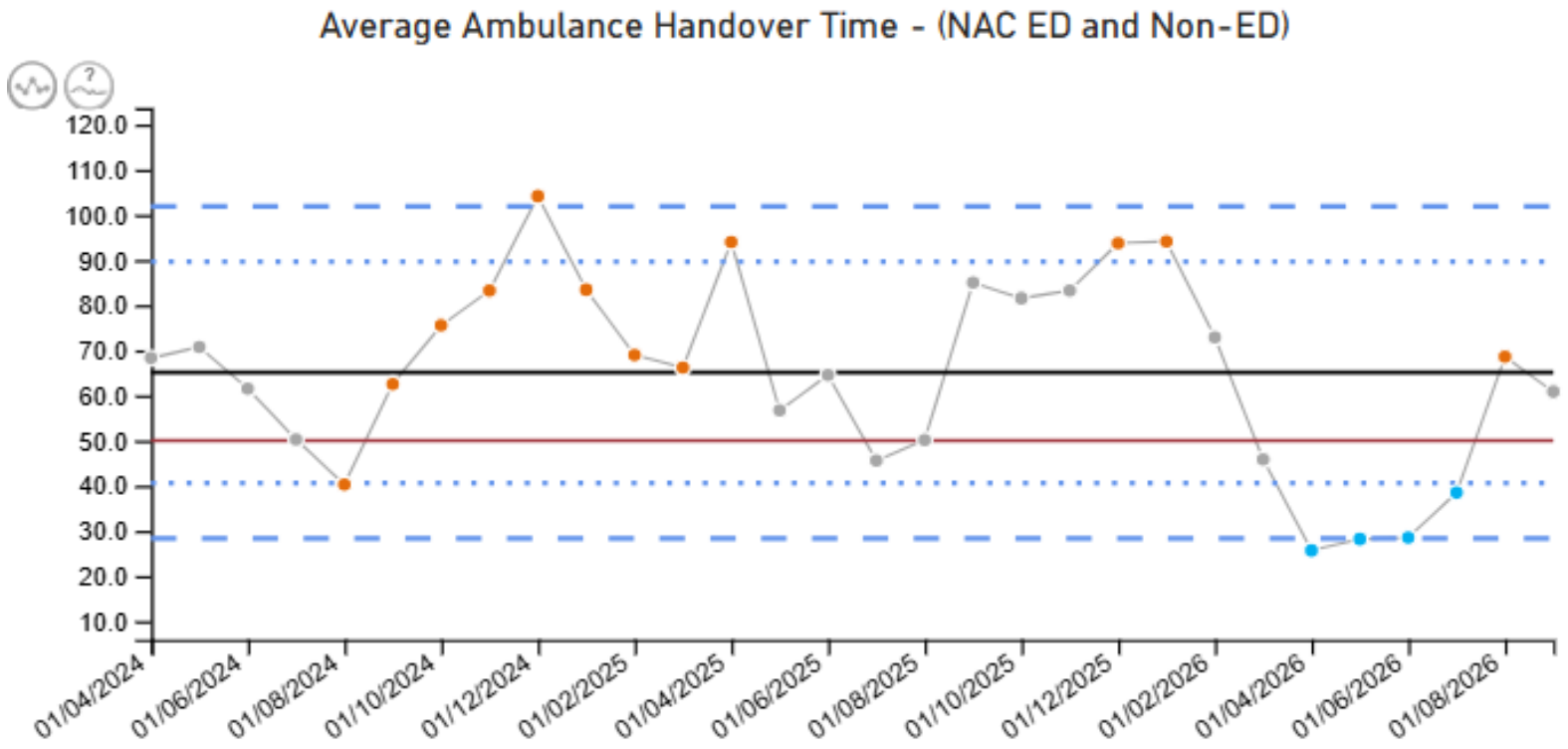

• Weekly average ambulance handover performance moves to common cause variation with an average of 68.6 minutes in August 2026. Following recovery actions, w/c 07/09/26 best week of ambulance handover performance for 2 months.

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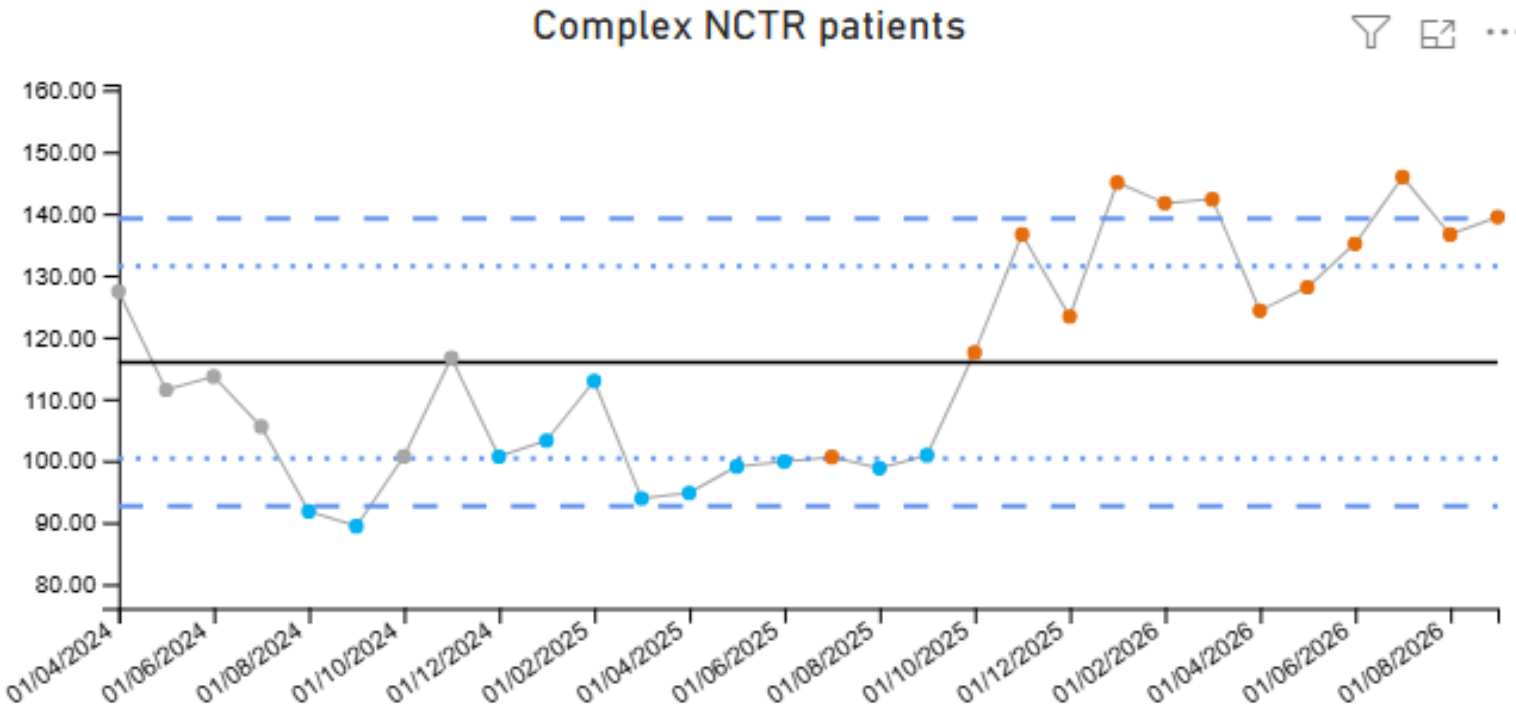
NCTR



• The number of acute inpatients with “no criteria to reside” (NCTR) remains stable but above the mean and in special cause concerning variation.

The case for change

FOCUS ON THE NON-ADMITTED MAJORS PATHWAY AND REMOVE THREE CONTROLLABLE BOTTLENECKS

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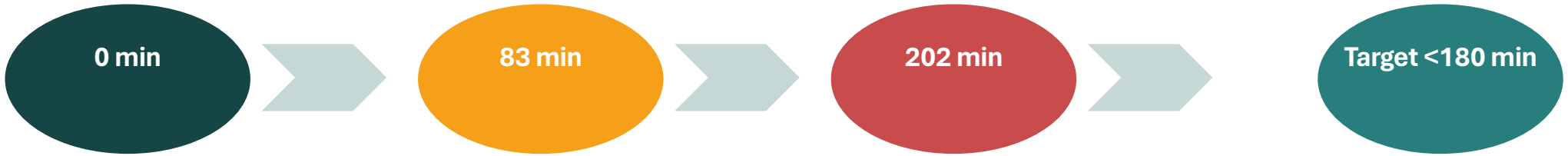
>7 hrs
Average time in department for non-admitted Majors

38.2%
Majors four-hour performance baseline

3,543
Annual breaches avoided from a 10% reduction

4 people
Typical hand-offs before a decision maker

Where the delay occurs



Executive conclusion

The greatest and most achievable impact comes from redesigning non-admitted Majors flow. Prioritise faster assessment, earlier bloods and earlier CT requests before layering in digital and management-system enablers.

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How the programme will deliver

TEST, LEARN AND SCALE A STANDARD FRONT-DOOR MODEL ACROSS RSH AND PRH

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Two-phase delivery

PHASE 1 — **Remove bottlenecks**

- Earlier blood results
- Faster decision-maker review
- Earlier CT request and result

PHASE 2 — **Embed visual management, digital and EEMAC enablers**

Walk-in test model

Patient arrives → **Streaming + registration** → **Front-door RAT / Pitstop**

Ringfenced capacity

RSH: 2 adult rooms | PRH: 3 adult rooms + 1 paediatric room

Key test dates

Dates and times marked “likely” remain subject to whole-group confirmation.

9 Sep	16 Sep	22–24 Sep	29 Sep–1 Oct
RSH test 1	PRH test 1	RSH test 2	PRH test 2
10:00–16:00	10:00–16:00	Likely 09:00–21:00 daily	Likely 09:00–21:00 daily
COMPLETE	ON TRACK	TO CONFIRM	TO CONFIRM

Potential next step: a five-day test at both sites in the week commencing 5 October, dependent on learning and performance from the preceding tests.

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1. Community services protect emergency flow

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April–August 2026 increases show greater use of community alternatives

SERVICE + CURRENT ROLE	CURRENT BENEFITS REALISED	EMERGENCY-CARE CONTRIBUTION
URGENT COMMUNITY RESPONSE Rapid assessment and treatment at home.	**UCR referrals rose 17% (472→553), April–August 2026.**	Avoids ED attendance or admission where clinically appropriate.
VIRTUAL WARD / STEP-UP Remote monitoring and clinical support at home.	**Step-up referrals rose 84% (117→215), April–August 2026.**	Provides monitored step-up care and can support earlier transfer home.
INTEGRATED FRONT DOOR Clinical streaming and links into community pathways.	**IFD community discharges rose 14% (199→227), April–August 2026.**	Routes suitable patients before an acute admission is made.
STEP-DOWN / COMMUNITY BEDS Community hospitals	**IFD discharges to Community Hospital Pathway 2 rose 79% (19→34), April–August 2026.**	Creates a route from acute care for patients not yet ready for home.
HOME FIRST / D2A CTH, therapy, intermediate care and domiciliary support.	**Supported discharges rose 38% (104→143), April–August 2026.**	Enables supported discharge home and releases acute beds.

SYSTEM CONTEXT

Demand is rising, but access remains strong: average Greater use of UCR, step-up, IFD and community-bed pathways can help absorb demand and protect acute flow; these are related trends, not proven service-attributed effects.

Sources: SA Admission Avoidance Activity Pack (Apr–Aug 2026), pp. 3, 38, 43; Virtual Wards Monthly Referrals & Activity Pack, p. 2; Integrated Community Front Door Monthly Pack; Winter Plan 2026/27; UEC Monthly.

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3. Winter actions add capacity, with readiness required before January

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Winter Plan 2026/27 | actions, targets and milestones are commitments

ADDITIONAL ACTION BY SERVICE

FRONT DOOR	Expanded IFD, January ring-fence, Care Coordination and enhanced Admissions Service.
UCR	Maintain rapid response; target ≥85% within two hours all winter.
VIRTUAL WARD	Expand pathways and respiratory monitoring; target >86% occupancy.
STEP-UP / STEP-DOWN	TES beds, community hospitals, intermediate care and improved transfers.
DISCHARGE / HOME FIRST	D2A, seven-day therapy and enhanced bank-holiday discharge.
NEIGHBOURHOODS	Winter clinics, diagnostics and MDT support for high-risk patients.

TARGETS + READINESS

NCTR BED DAYS	**24,449 → <20,000**
NCTR-TO-DISCHARGE DELAY	**23.18d → <18d**
BANK-HOLIDAY DISCHARGE	**10/day → ≥20/day**

DELIVERY GATES

1 OCT	**All schemes and unified OPEL live**
22 DEC	**SCC daily calls; enhanced discharge**
JAN	**Pre-deployed capacity at full readiness**

Source: Combined Winter Plan 2026/27, slides 4, 7, 9, 11, 13, 14 and 20.

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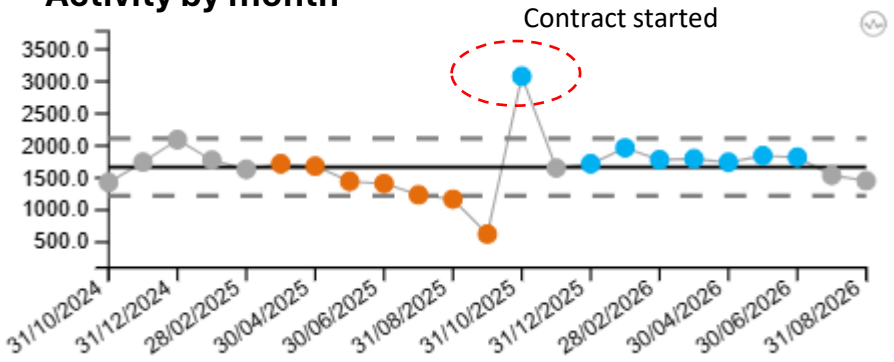
System Care Coordination Single Point of Access – Health Hero

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

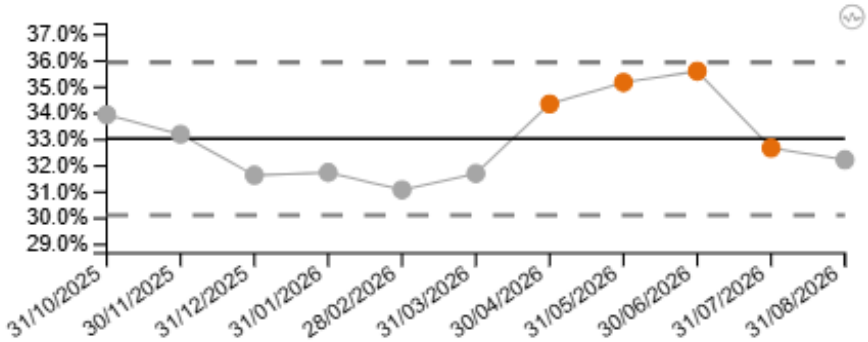
The ICB monitors KPIs for Health Hero through our standard commissioner-provider assurance process. And output performance is formally reviewed monthly by our Urgent & Emergency Care Delivery Group.

The charts below show the step change in demand in the first month of Health Hero assuming the contract from 1 Oct 25. But to their credit, this was stabilised and subsequently, there has been consistently higher activity by volume than before, with fewer cases given an outcome to attend our Emergency Departments, with more patients found alternatives to ED attendance. There is opportunity to improve this further.

Activity by month

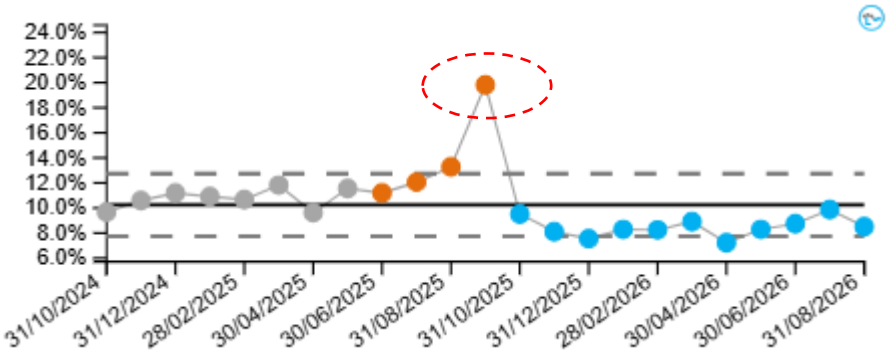


% WMAS cases rejected

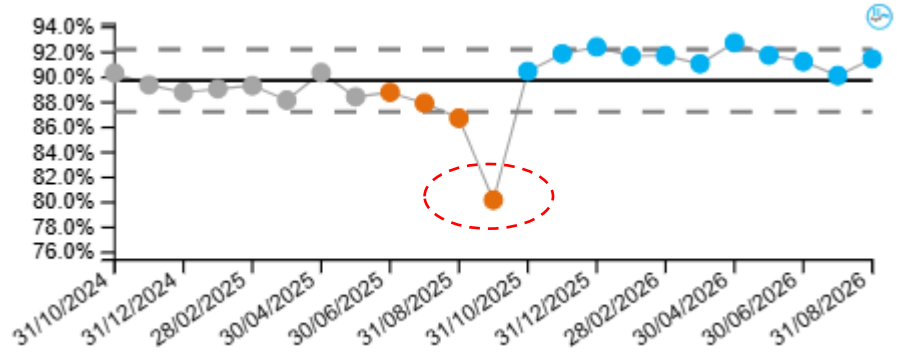


Comparable data unavailable pre-Oct 25 for this chart

% SPOA recommended to Emergency Department



% SPOA recommended to Other Pathway



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National Ambulance performance comparison

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

How does WMAS compare nationally? Response times and handover delays

National Category 2 performance 2026/27

M5 2026/27

Trust	Cat 2 Data from Ambulance AQIs (Year to date)	Cat 2 agreed target	Rank (By Category 2 performance)	Handover delays >15 minutes Data from AACE (Hours YTD)	H&T	S&C
England	**29:00**	**25:00**		**507,947**	**19.5%**	**51.7%**
Other Ambulance Trusts	33:59	29:22	9	92,251	20.8%	52.6%
	32:47	31:26	7	61,418	17.3%	48.7%
	31:24	25:00	6	48,304	25.2%	48.9%
	19:13	21:29	1	7,199	12.6%	57.9%
	24:22	25:00	4	48,847	18.2%	56.2%
	32:08	27:30	8	10,817	17.3%	50.5%
	27:26	?	5	16,066	16.8%	52.7%
	38:41	27:18	10	78,409	22.0%	45.2%
WMAS	**20:42**	**24:30**	**2**	**126,531**	**23.0%**	**50.7%**
	24:13	25:00	3	17,119	13.3%	58.8%

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Hours lost from handover delays over 15 minutes – by ICB

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

How do the ICBs compare on handover delays ?

SUMMARY OPERATIONAL HANDOVER LOST HOURS

	2025				2026							
ICS	September	October	November	December	January	February	March	April	May	June	July	August
Birmingham And Solihull	9529:13:10	13902:34:47	11186:12:37	9898:26:03	13016:30:55	5813:46:42	4919:18:45	5367:23:11	8428:44:15	8825:13:19	6363:12:26	5185:16:31
Black Country	5740:05:19	7409:20:34	9593:20:35	10901:53:58	14271:12:18	8617:17:21	5470:51:51	5054:36:37	6388:06:59	7274:47:05	7036:01:05	8325:03:52
Coventry And Warwickshire	2003:44:10	3155:42:46	2263:16:14	2281:52:39	4027:06:36	2460:12:46	1048:20:00	1960:13:42	1882:49:47	1697:02:21	2075:21:39	2327:01:31
Herefordshire And Worcestershire	4290:19:24	4742:28:33	3106:33:54	4440:25:40	6488:19:40	3300:01:35	2580:11:34	2273:49:37	2139:19:04	3043:15:01	2445:29:24	3731:57:23
Shropshire, Telford And Wrekin	3627:13:30	3632:24:33	3734:05:06	4626:39:01	4466:30:04	3097:30:23	1823:25:00	697:54:04	883:30:22	866:12:52	1419:22:29	3063:57:11
Staffordshire And Stoke On Trent	6246:26:22	8532:41:45	7731:02:54	8059:11:09	7800:16:44	5436:13:50	5210:32:09	4839:54:15	5776:05:24	6252:05:55	5042:53:28	5983:39:44
WMAS	31437:01:55	41375:12:58	37614:31:20	40208:28:30	50069:56:17	28725:02:37	21052:39:19	20193:51:26	25498:35:51	27958:36:33	24382:20:31	28616:56:12

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Hours lost from handover delays over 15 minutes – by hospital

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

Lost hours by hospital across the region 2026/27

	2026					
Hospital	April	May	June	July	August	Total
Alexandra	113	189	595	319	397	1,613
Bham Childrens	26	32	31	35	22	146
Burton	236	172	168	176	187	940
City (Bham)	0	1	0	0	0	1
George Eliot	291	221	321	235	511	1,578
Good Hope	1,143	2,225	1,509	1,301	2,174	8,352
Heartlands	3,516	5,155	5,584	3,793	2,027	20,076
Hereford	873	854	878	521	574	3,699
Midland Met	2,143	1,346	1,317	1,565	1,856	8,227
New Cross	1,238	2,381	2,060	2,769	2,931	11,380
Princess Royal	335	336	397	713	1,488	3,269
Queen Elizabeth	682	1,016	1,701	1,234	963	5,596
Royal Shrewsbury	363	547	469	707	1,576	3,662
Royal Stoke	4,444	5,420	5,856	4,670	5,456	25,847
Russells Hall	1,448	2,413	3,690	2,376	3,127	13,054
Sandwell	0	0	0	1	0	1
Stafford County	159	184	228	197	340	1,108
Jni Hosp Cov & Warwick	1,576	1,515	1,279	1,774	1,727	7,871
Walsall Manor	225	247	207	326	411	1,416
Warwick	93	147	97	67	89	493
Worcester Royal	1,288	1,096	1,571	1,605	2,761	8,322
Total	20,194	25,499	27,959	24,382	28,617	126,650

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Handover delay trend 2019-2026

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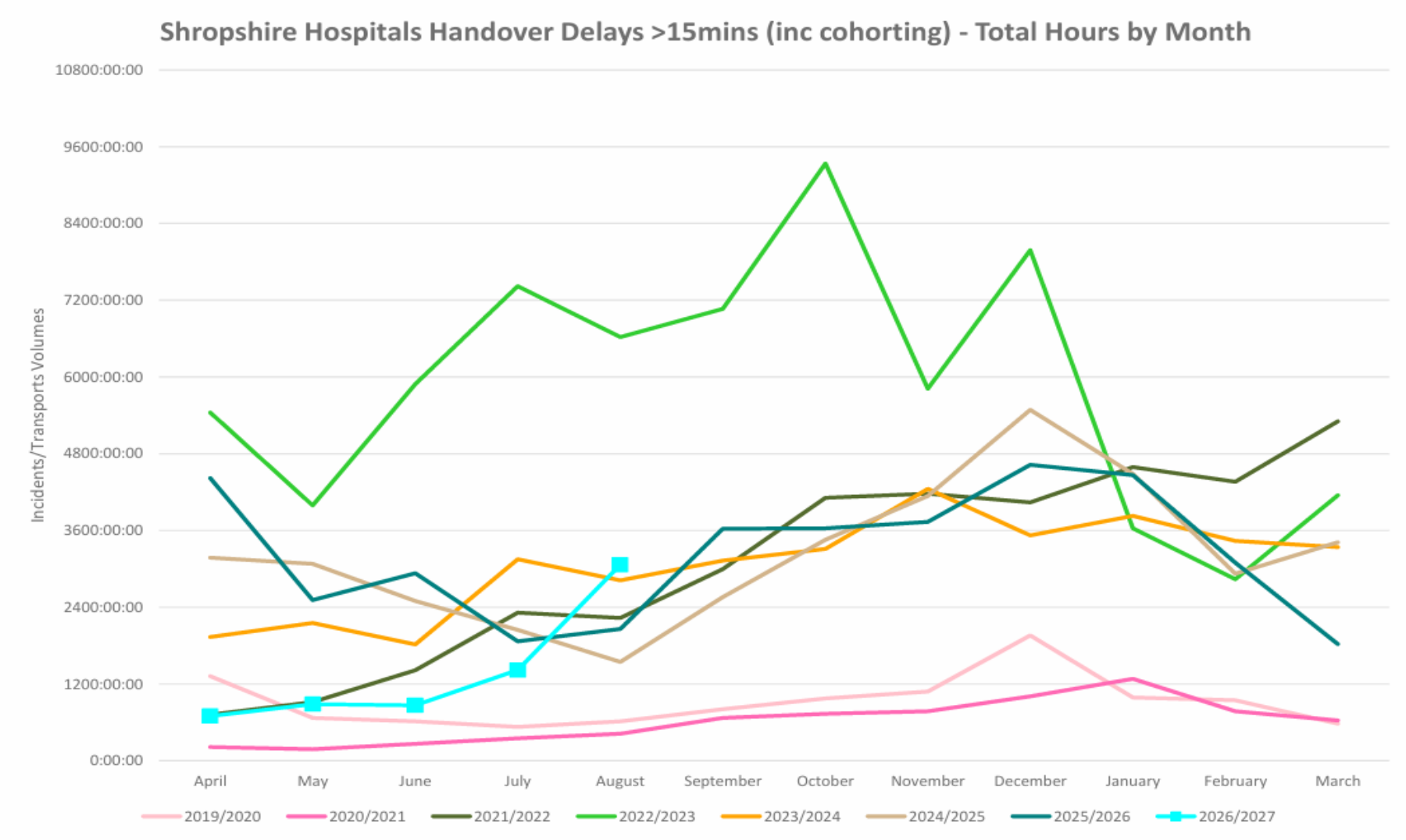
STW performance – handover trend



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Demand and handover delays - STW

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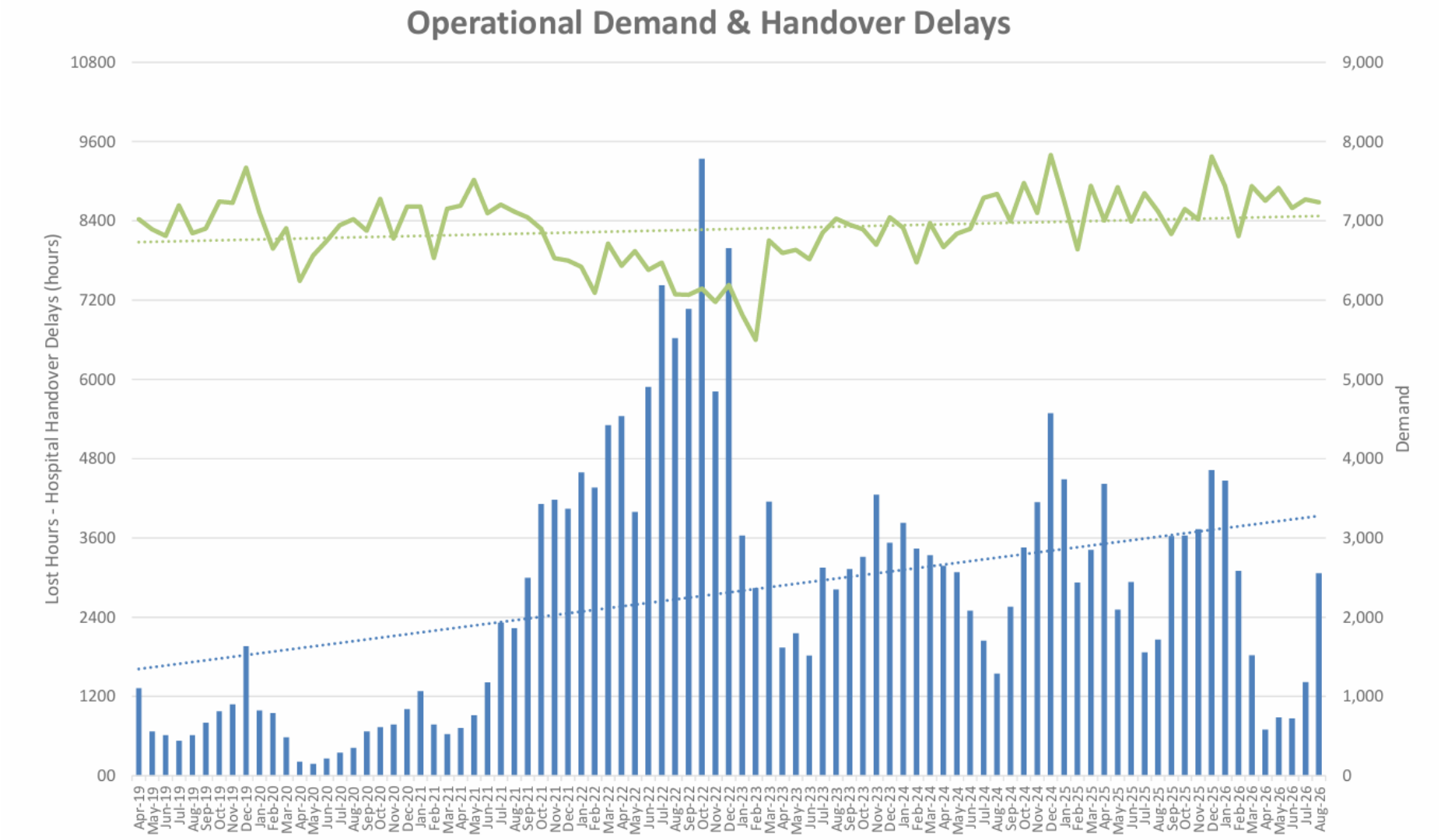

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Category 1 Response performance 2019-2026

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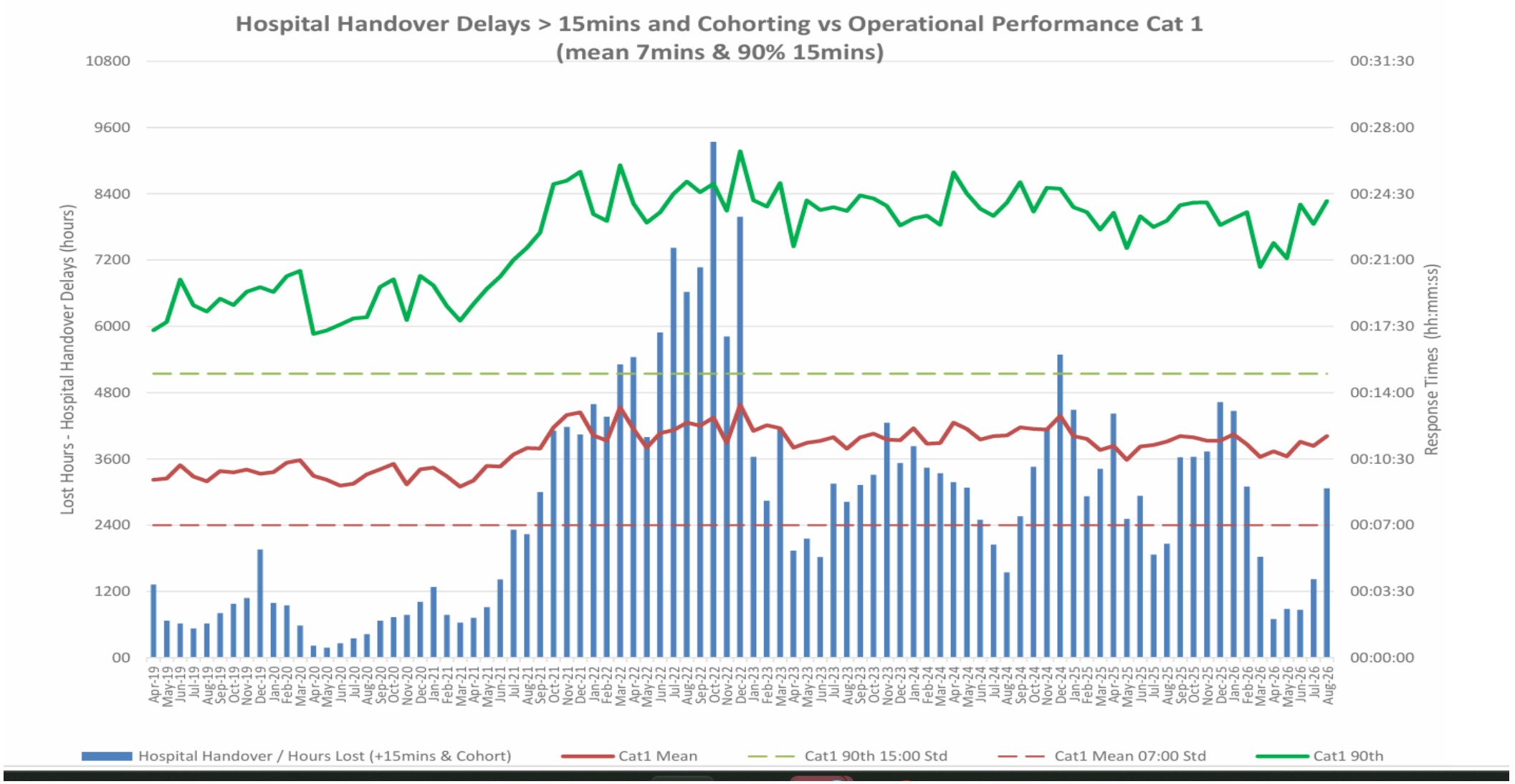

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Category 2 Response performance 2019-2026

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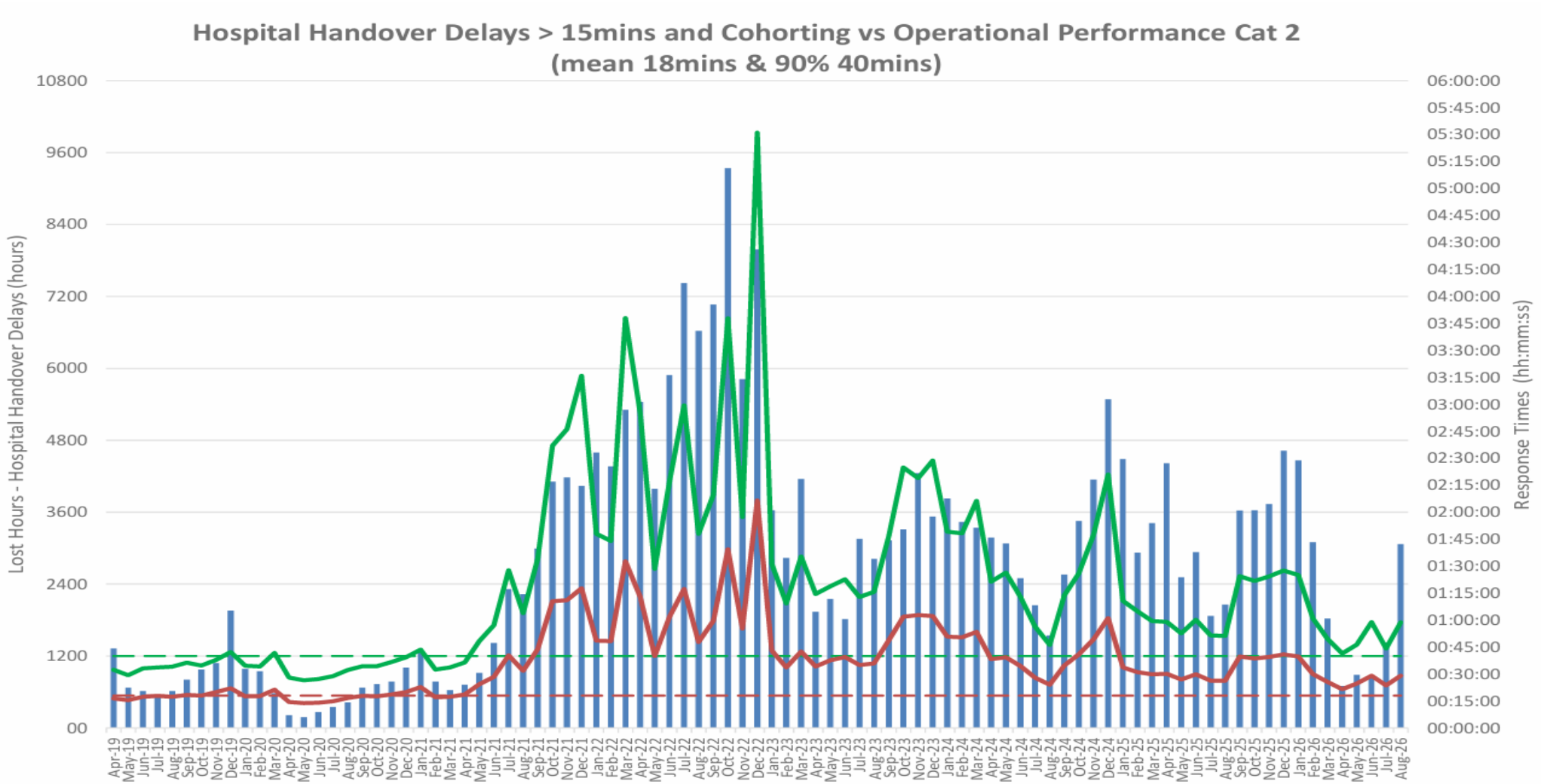

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Category 3 Response performance 2019-2026

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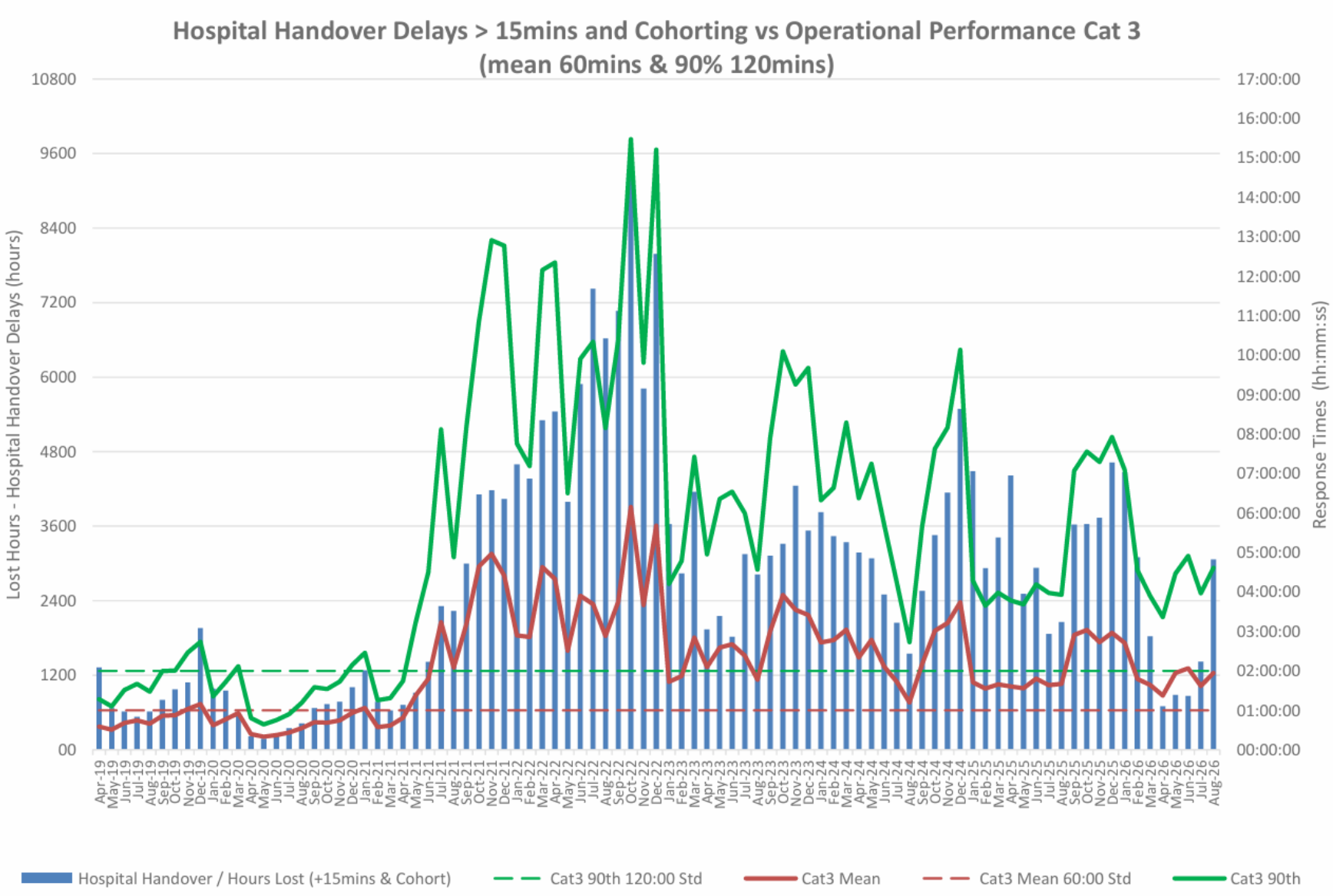

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