Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 18 September 2026

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Monday, 28 September 2026**
Time: **2.00 pm**
Venue: **Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this may be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Richard Phillips
Service Director – Legal and Governance (Monitoring Officer)

Members of Joint Health Overview and Scrutiny Committee

Shropshire
Councillor Bernie Bentick (Co-Chair)
Councillor Dawn Husemann
Councillor Colin Stanford
Lynn Cawley (co-optee)
Anne Mitchell (co-optee)
David Sandbach (co-optee)

Telford & Wrekin
Councillor Fiona Doran (Co-Chair)
Councillor Nigel Dugmore
Councillor Derek White
Jan Suckling (co-optee)
Dag Saunders (co-optee)

Democratic Services Officers:

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Lorna Gordon
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AGENDA

1 Apologies for Absence

2 Disclosable Interests

3 Minutes of Last Meeting (Pages 1 - 4)

To confirm the minutes of the meeting held on 18 May 2026, attached

4 Urgent and Emergency Care Performance (Pages 5 - 24)

To seek assurance on current urgent and emergency care performance; improvement activity; whole-system flow; delivery timescales; and the role of wider services in supporting emergency care performance. A presentation is attached.

The following will attend the meeting to provide information and answer questions:

Shrewsbury and Telford Hospital NHS Trust (SaTH):
Joanne Williams, Group Chief Executive Officer
Ned Hobbs, Chief Operating Officer

NHS Shropshire, Telford and Wrekin:
Dr Salma Reehana, Chief Medical Officer
Gemma Smith, Director of Strategic Commissioning
Becky Scullion, Director of Nursing/Deputy Chief Nursing Officer
Gareth Wright, Director of System Improvement, Co-ordination and Emergency Preparedness, Resilience and Response

West Midlands Ambulance Service:
Vivek Khashu, Strategy & Engagement Director

Health Hero:
Michelle Reader, Chief Operating Officer
Sue Lavelle, Medical Director

5 Co-Chairs Update

To receive a verbal update.

6 Date of Next Meeting

To be arranged.

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 18 May 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors: F Doran (Co-Chair), N A Dugmore, D Husemann, B Sanders and D R W White.
Co-optees: A Mitchell, J Suckling D Sandbach and D Saunders

Also Present: Councillors Cllr K Middleton (Cabinet Member for Public Health and Unlocking Opportunities for All)

In Attendance: L Gordon (Member Support Officer), S Foster (Overview and Scrutiny Officer), H Onions (Director of Public Health), J Williams (Chief Executive, SaTH), G Wright (Deputy Chief Delivery Officer, NHS STW)

Apologies for Absence: Councillor C Stanford,
Co-optee: L Cawley (attended virtually)

JHOSC10 Declarations of Interest

None.

JHOSC11 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 13 February be confirmed as a correct record and signed by the Chairs.

JHOSC12 Winter Planning: Six Month Update

The Committee received a presentation providing a six-month update on the effectiveness of the Winter Plan. Representatives from Shrewsbury and Telford Hospital NHS Trust explained that the Plan had been fully assured by NHS England ahead of schedule and had incorporated learning from the significant pressures experienced during winter 2024/25. Members heard that a more coordinated, system-wide approach had been adopted, with earlier engagement of system partners including primary care and pharmacy. The Plan included a range of ambitious measures such as additional modular ward capacity and reconfiguration of services, and was delivered through five phases, with several high-impact initiatives implemented early.

It was reported that performance had improved ahead of the festive period, with targets being achieved; however, the festive fortnight proved more disruptive than anticipated due to reduced service availability and staffing pressures across partner organisations, which adversely affected discharge pathways and patient flow. Members were advised that the system responded

to these pressures in early January and that performance improvements were sustained through to April. It was further noted that planning for the following winter had already commenced, with a focus on embedding learning from the previous period.

In response, Members welcomed the progress made but sought to understand areas where outcomes had not met expectations. Particular attention was given to the vaccination programme, where Members noted modest improvements in uptake but expressed concern that delivery delays, particularly within schools and for vulnerable cohorts, may have limited the overall impact in reducing hospital admissions. SaTH Officers acknowledged these concerns, advising that whilst uptake had improved across several cohorts, including flu, COVID-19 and RSV vaccinations, delivery had been affected by the timing of seasonal peaks and national supply constraints. It was confirmed that further detailed information would be provided to the Committee, including issues relating to school-based delivery.

The Committee also explored infection control arrangements and capacity within hospital settings. Members were informed that additional beds had been introduced across both hospital sites, including new modular wards designed with enhanced infection prevention measures, alongside increased availability of isolation facilities. SaTH representatives outlined the ongoing work to manage delayed discharges, noting that while challenges had persisted, improvements had been achieved through closer working with local authority and community partners.

Members emphasised the importance of ensuring accessible community-based care, including initiatives such as mobile vaccination units and the expanded role of pharmacy services. There was strong support for further utilisation of pharmacy provision to relieve pressure on primary care and improve vaccine accessibility, including consideration of their role in delivering additional vaccination programmes. SaTH representatives acknowledged this, confirming that pharmacy had played an increasing role and that further opportunities would be explored in collaboration with system partners.
A number of Members raised concerns regarding the level of detail provided within performance reporting. It was highlighted that meaningful scrutiny required clear year-on-year comparative data, including admissions, occupancy rates, same-day emergency care figures, and financial allocations relating to winter pressures. NHS colleagues accepted this and agreed that more detailed data could be shared, whilst noting the need to balance transparency with accessibility for the public.

The discussion also extended to wider system challenges, including workforce recruitment in certain specialist areas, pressures on hospital estates and car parking, and the need to continue shifting care away from acute settings towards community provision. Members expressed support for the long-term ambition to deliver more care closer to home, whilst recognising that infrastructure and capacity would need to be developed in parallel. SaTH reaffirmed their commitment to this direction of travel, highlighting ongoing

work to expand virtual wards, strengthen community services, and improve urgent care pathways.

RECOMMENDED - That the update be noted and that further detailed performance and comparative data be provided to the Committee in future updates.

JHOSC13 Community Provision Update

The Committee received an update on community provision across Shropshire, Telford and Wrekin. It was acknowledged that many of the issues had already been discussed under the previous item; however, SaTH representatives provided further context on the development of a system-wide approach to community healthcare.

Members were advised that work was ongoing to develop a comprehensive strategy encompassing neighbourhood teams, urgent community response services and enhanced core provision such as district nursing. It was noted that this programme remained in development and would be presented through the appropriate governance structures in due course. SaTH confirmed that initial Board discussions were expected in the coming months and that the Committee would be kept informed of progress.

During discussion, Members reiterated the importance of improving vaccination delivery and maximising the role of community pharmacy within the system. In addition, a request was made for access to any existing or emerging community healthcare strategy, as well as updated modelling relating to the Hospitals Transformation Programme. SaTH representatives confirmed that this information would be shared once it had progressed through internal governance processes.

JHOSC14 Co-Chair's Update

The Committee received an update from the Co-Chairs on recent activity, including an informal session held with HealthHero, the out-of-hours GP provider, to review the first six months of its contract. Members were informed that the session had provided a detailed overview of performance, including response times, patient experience and system oversight.

It was reported that the Committee had been reassured by the performance of the service, with evidence demonstrating strong response metrics and positive user feedback, supported by oversight from the Integrated Care Board. Whilst acknowledging that there would always be opportunities for further improvement, Members agreed that the service was operating effectively and did not require further scrutiny at this stage. It was therefore proposed that ongoing assurance be maintained through referral to the respective Health and Wellbeing Boards.

Chairman: ----------

Date: Monday 28 September 2026

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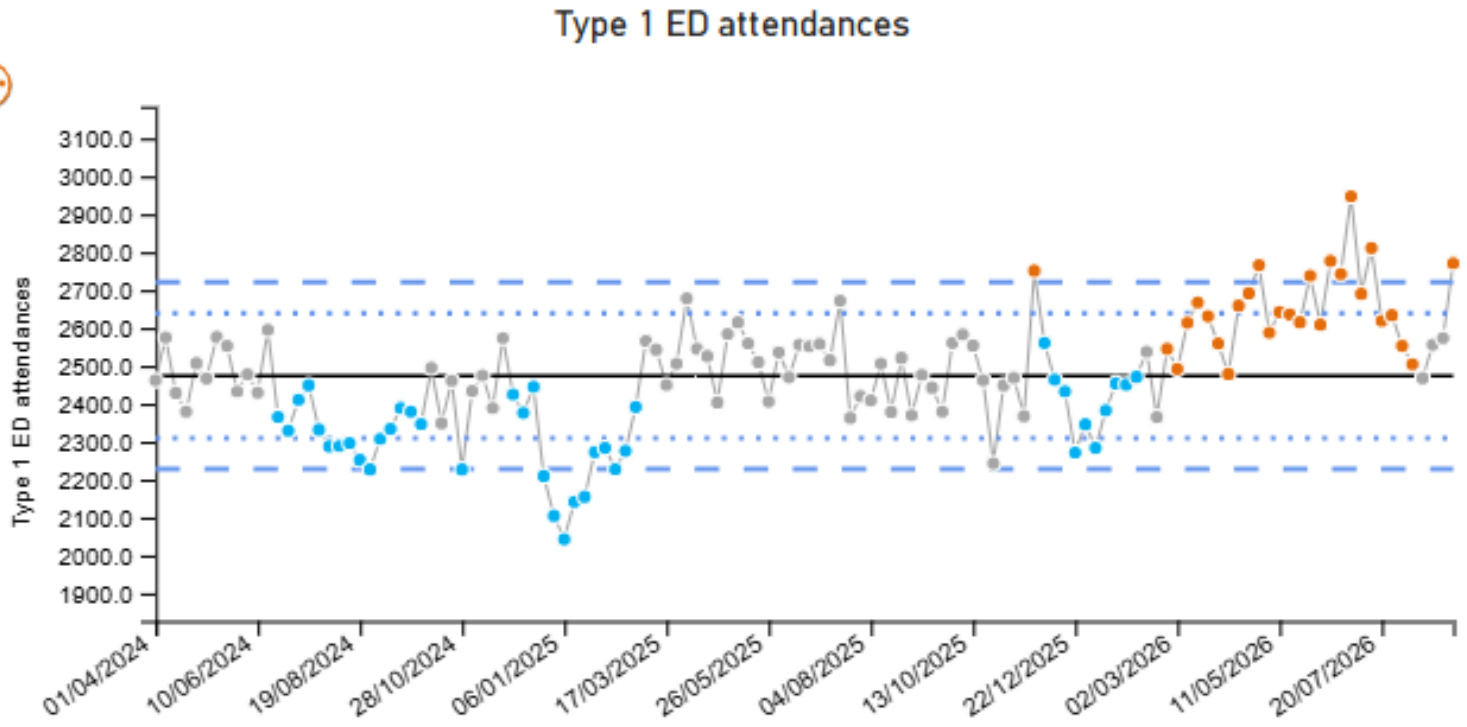
NHS
Shropshire, Telford and Wrekin
Community and Hospitals
NHS Group

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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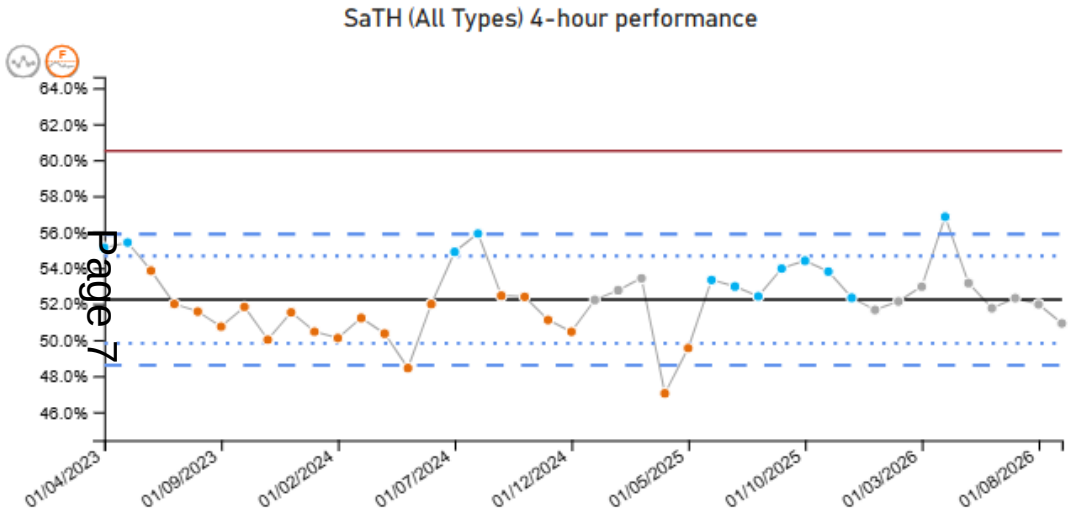
4 Hour Performance

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



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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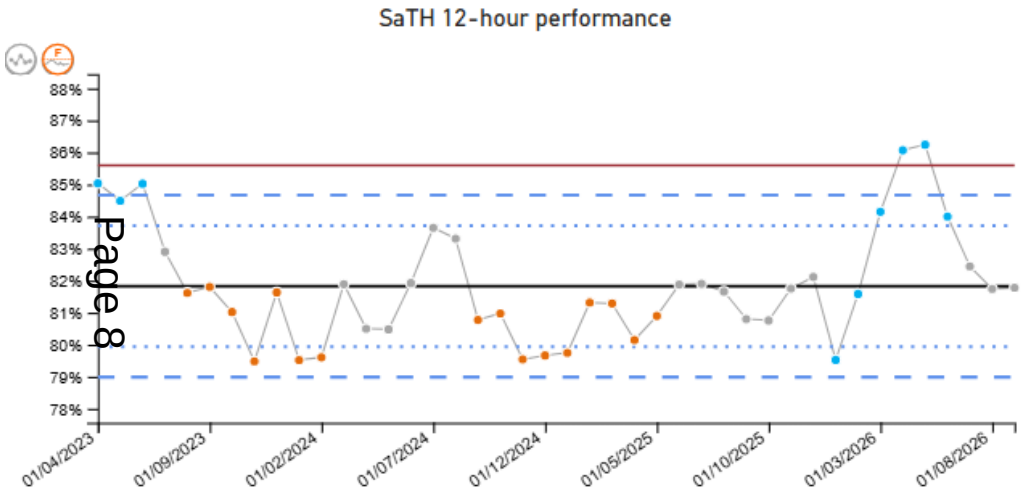
12 Hour Performance

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



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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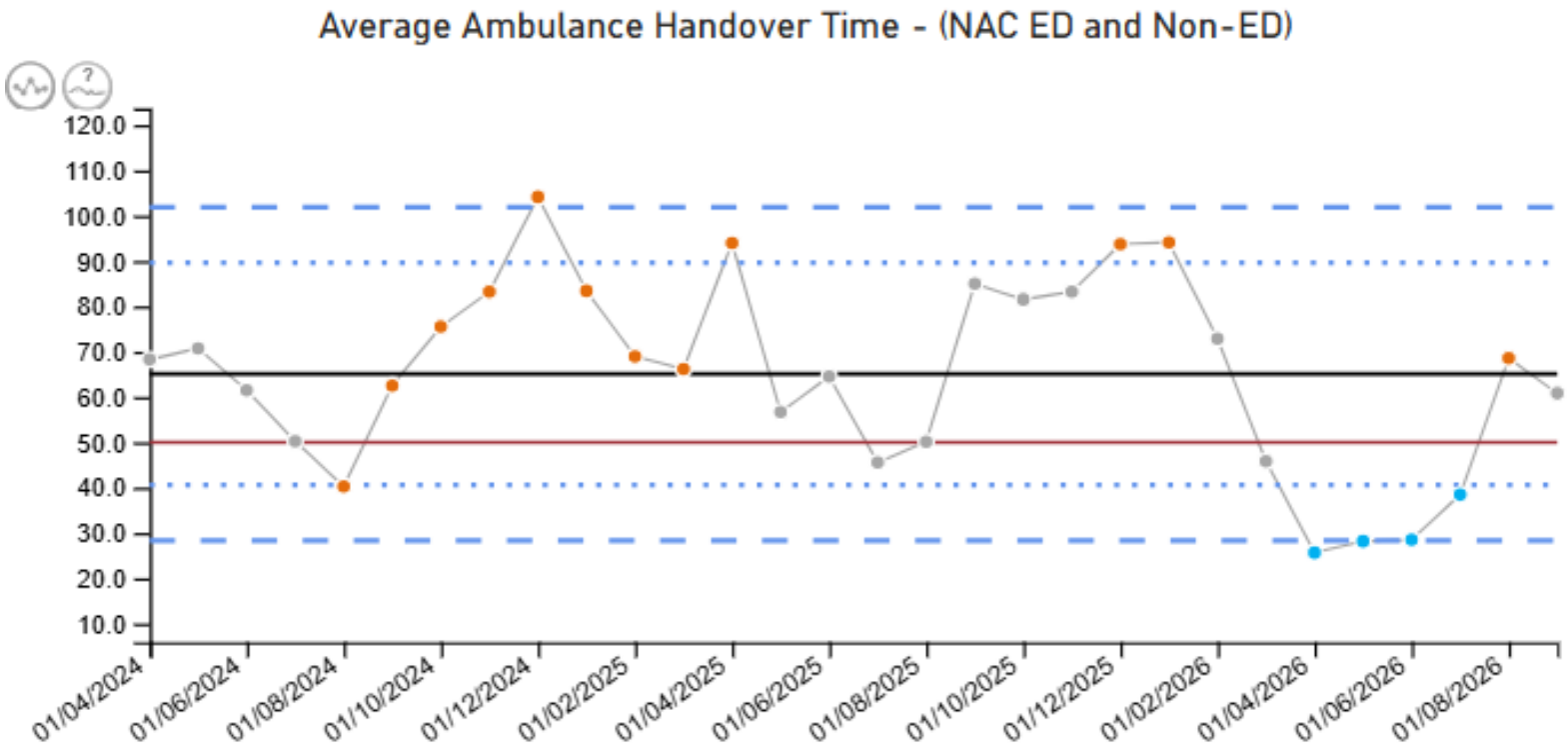
Ambulance Handover

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



• 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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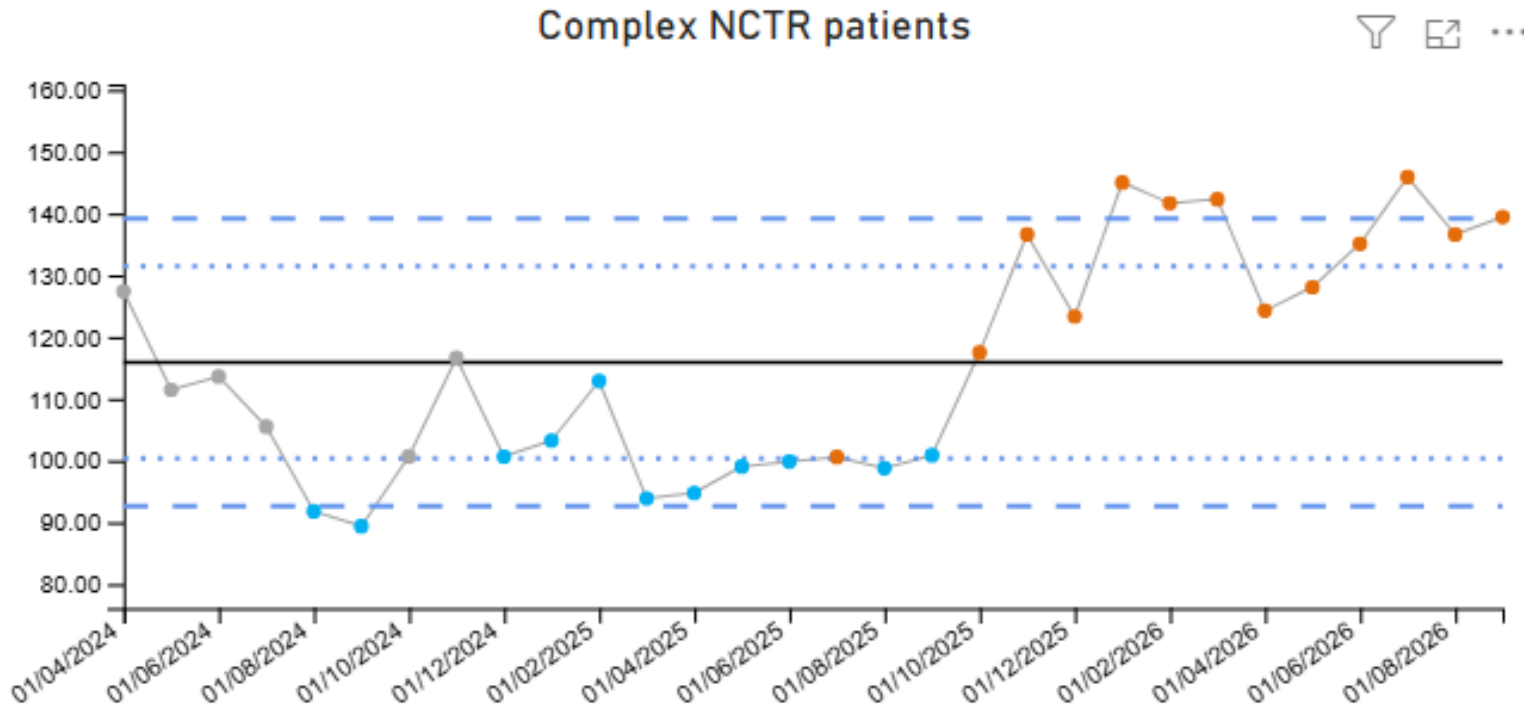
NCTR



• 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

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

>7 hrs

Average time in department for non-admitted Majors

38.2%

Majors four-hour performance baseline

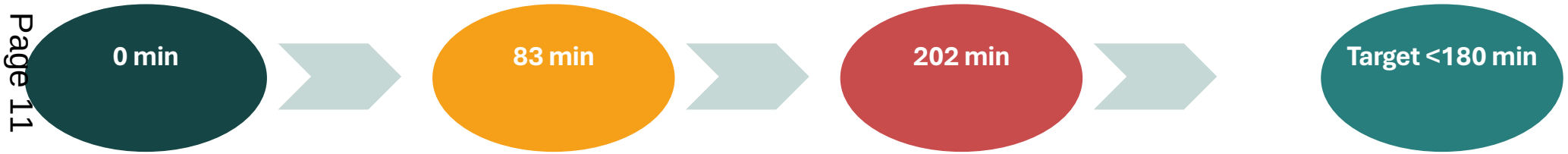
3,543

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.

How the programme will deliver

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

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

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

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

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

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

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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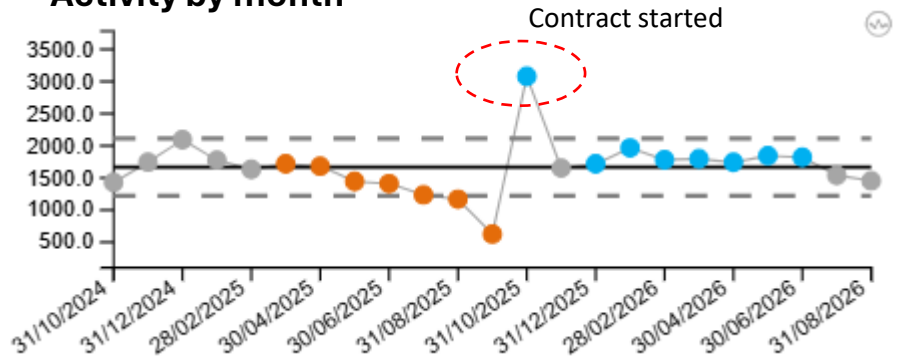
System Care Coordination Single Point of Access – Health Hero

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

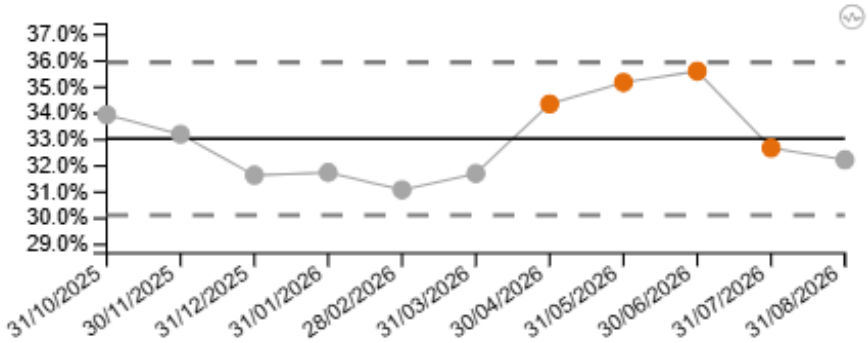
The ICB monitors KPIs for Health Hero through our standard commissioner-provider assurance process. And output performance is formally reviewed monthly by our Urgent & Emergency Care Delivery Group.

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

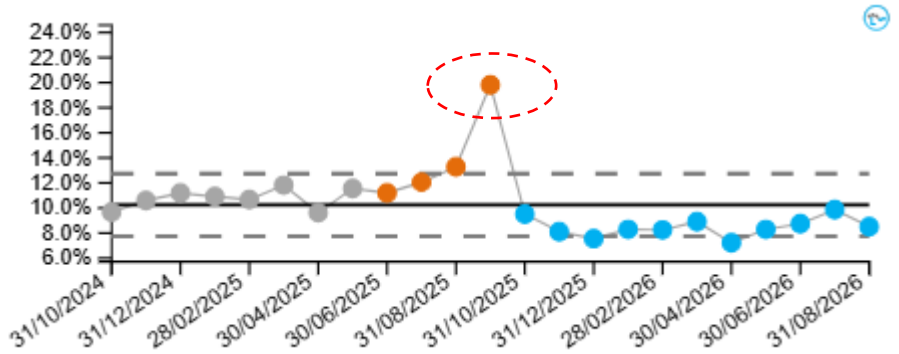


% WMAS cases rejected

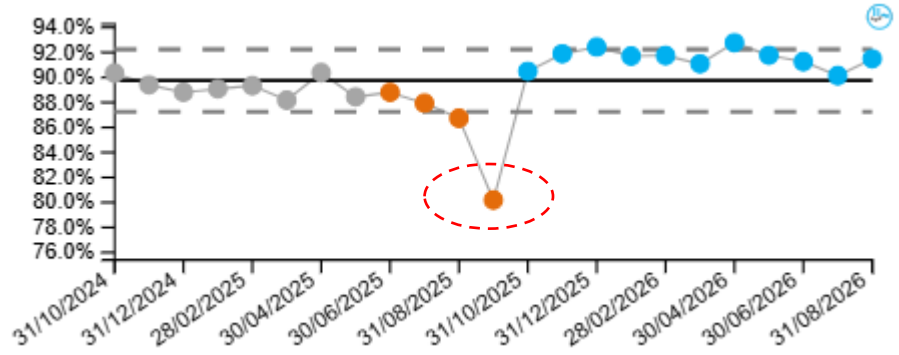


Comparable data unavailable pre-Oct 25 for this chart

% 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%

Moving to EXCELLENCE

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

EXCELLENCE

Hours lost from handover delays over 15 minutes – by hospital

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

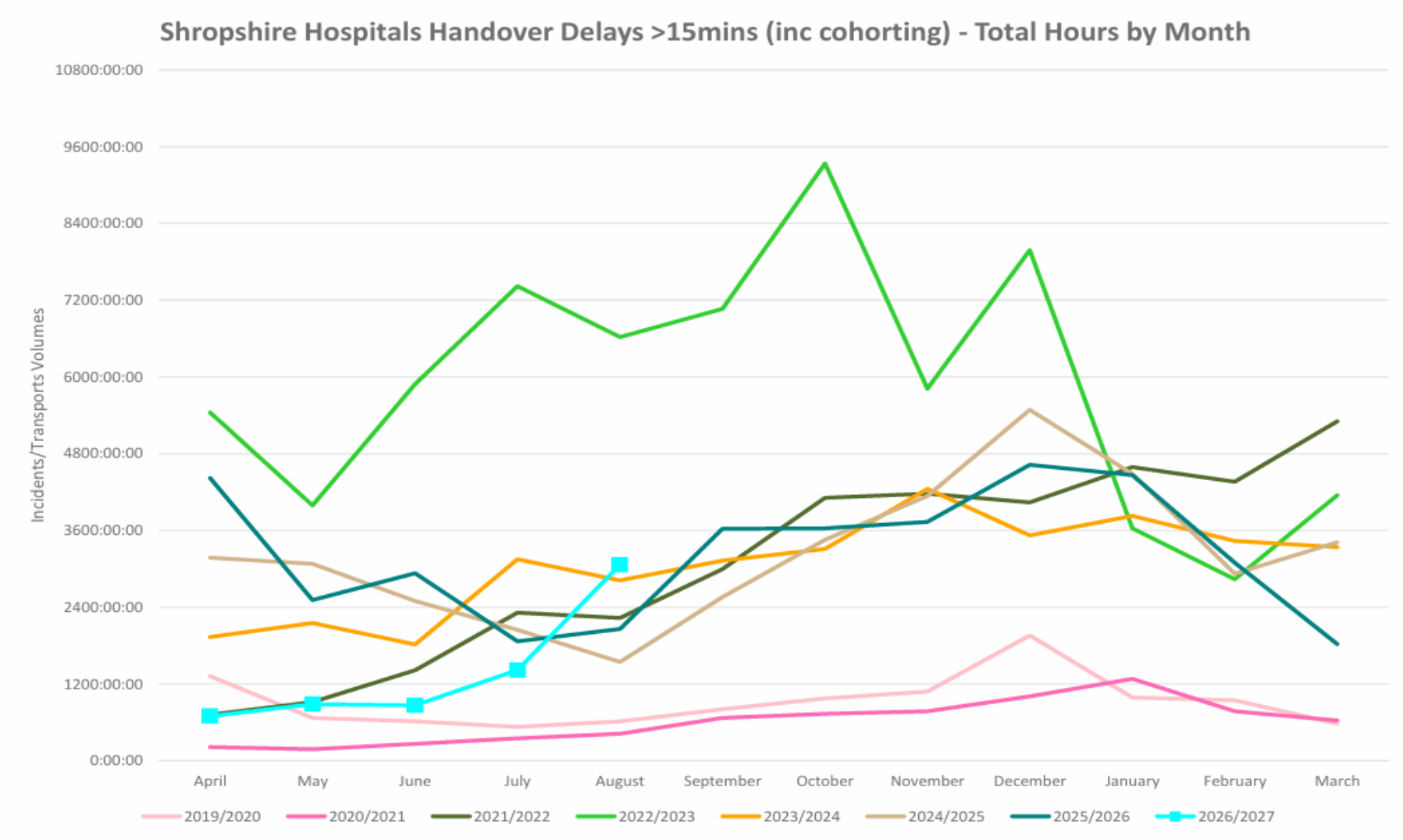
Lost hours by hospital across the region 2026/27

	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

Handover delay trend 2019-2026

Shropshire, Telford and Wrekin Community and Hospitals NHS Group

STW performance – handover trend



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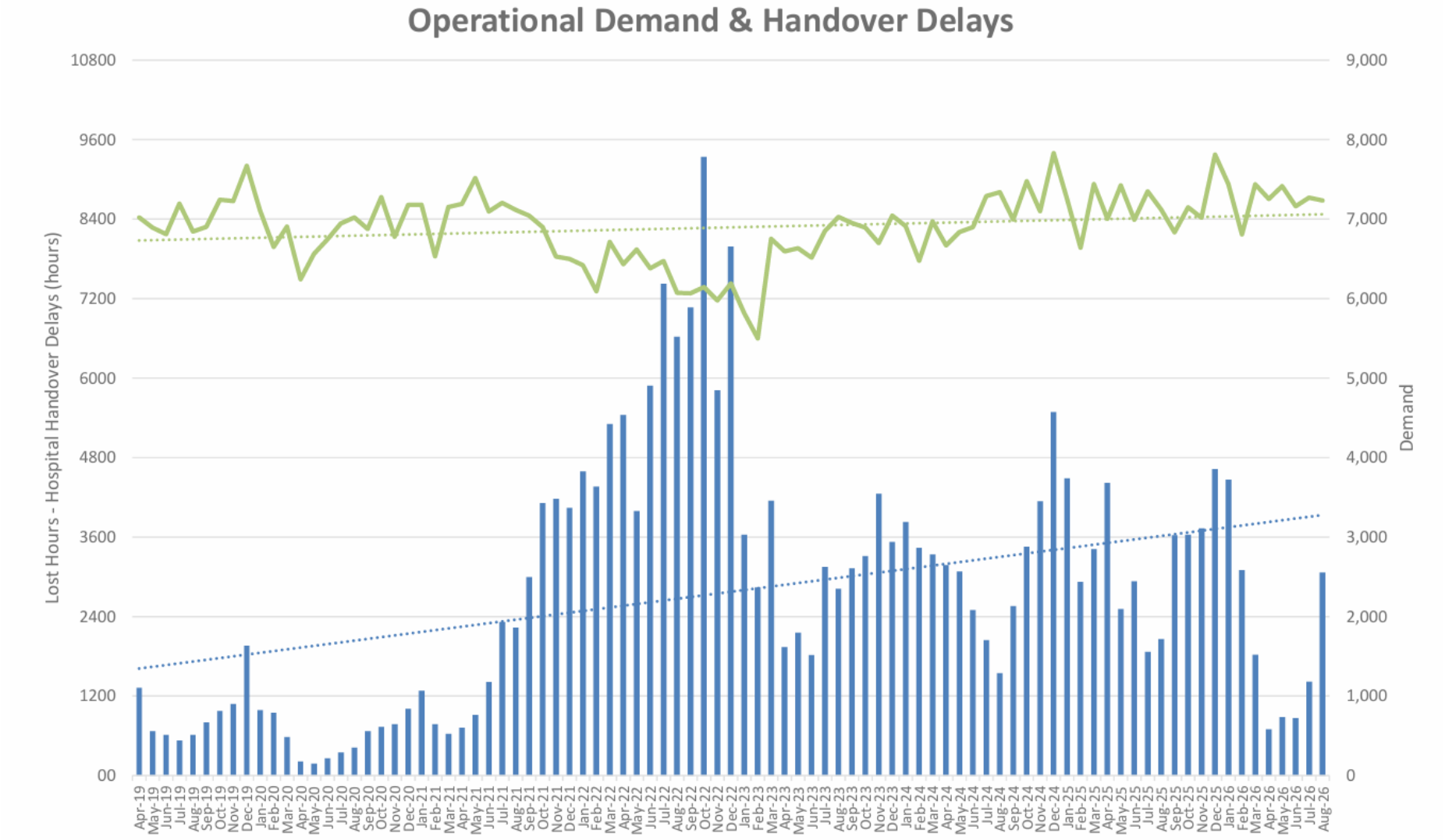
Demand and handover delays - STW

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



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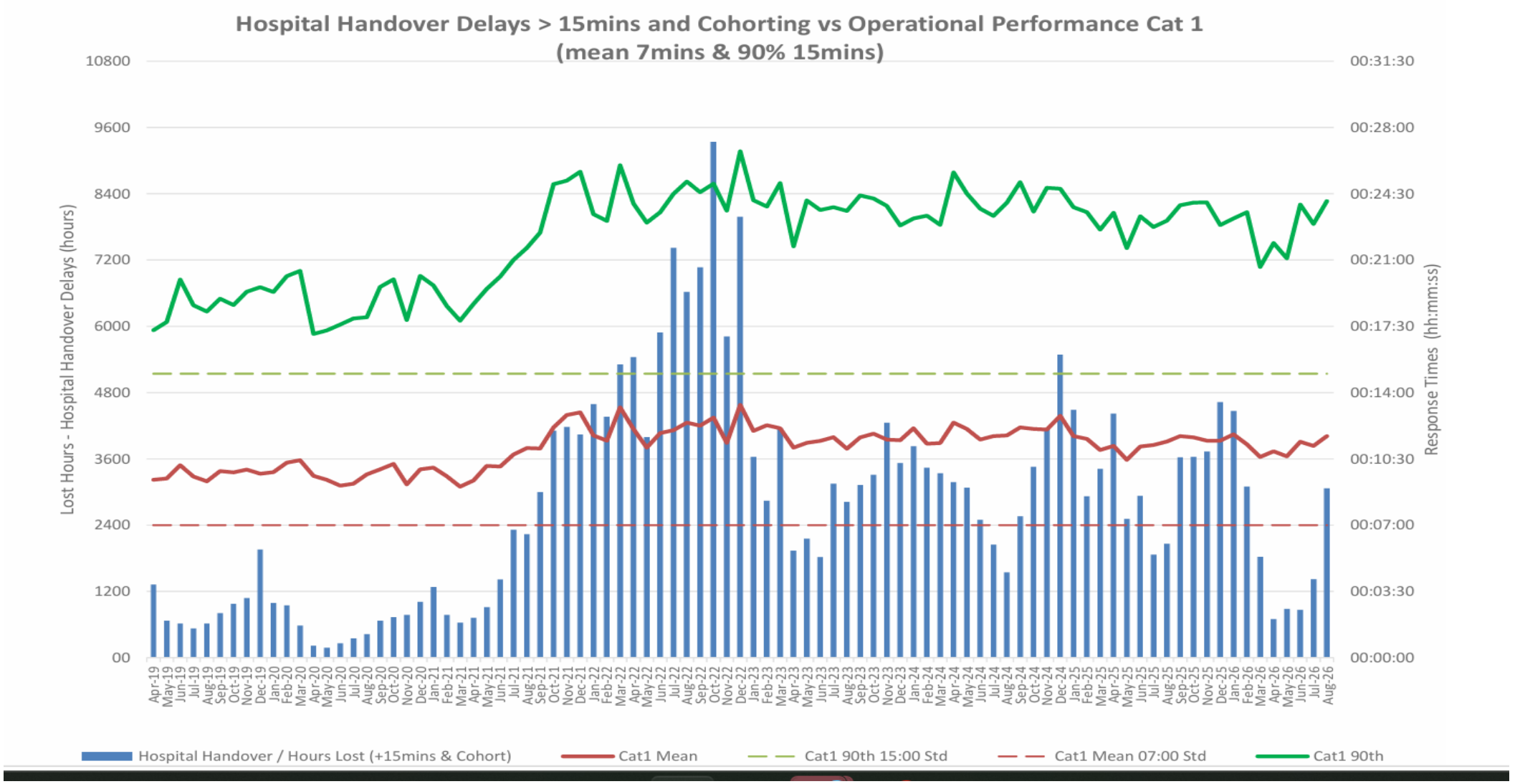
Category 1 Response performance 2019-2026

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



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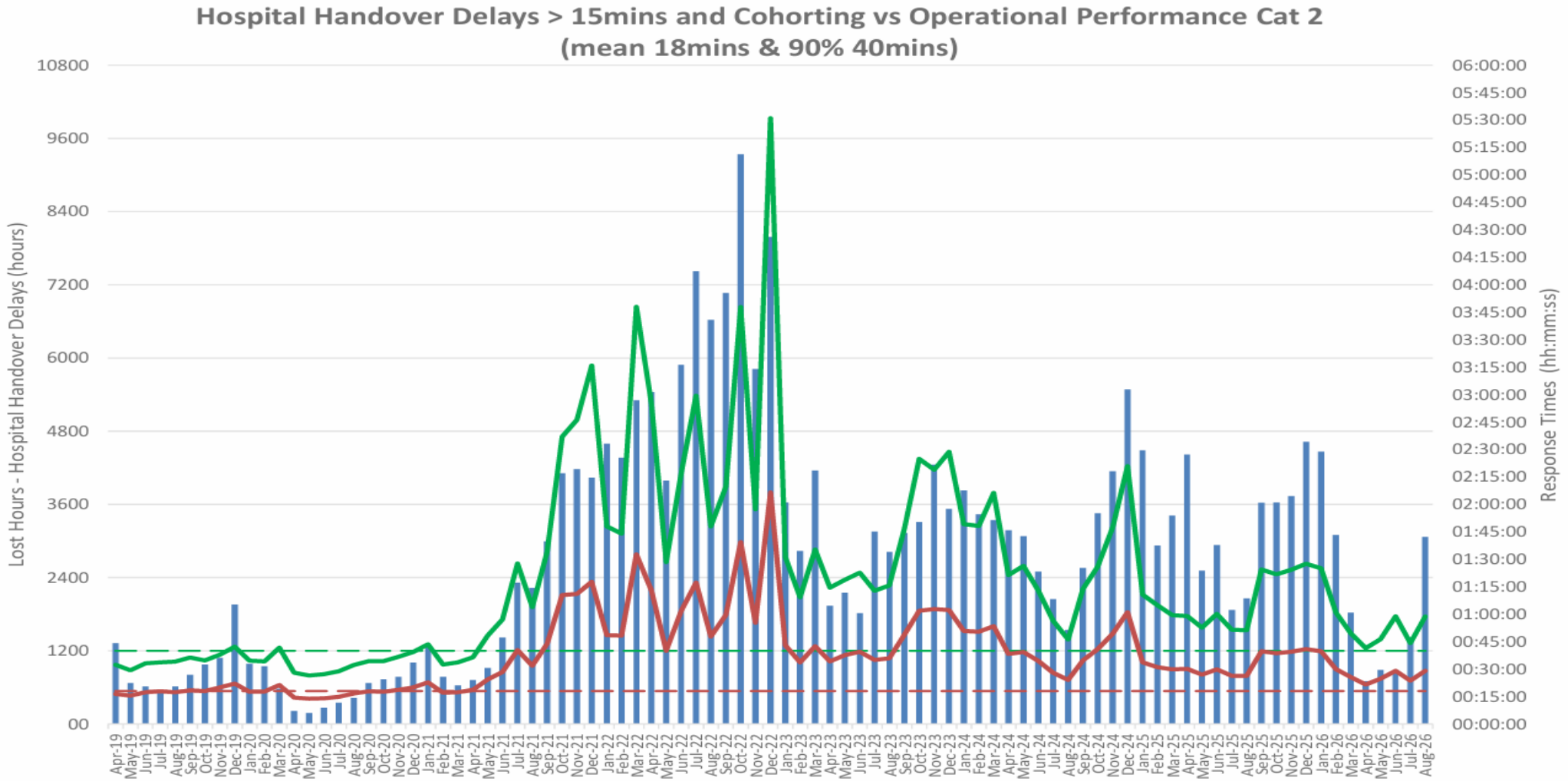
Category 2 Response performance 2019-2026

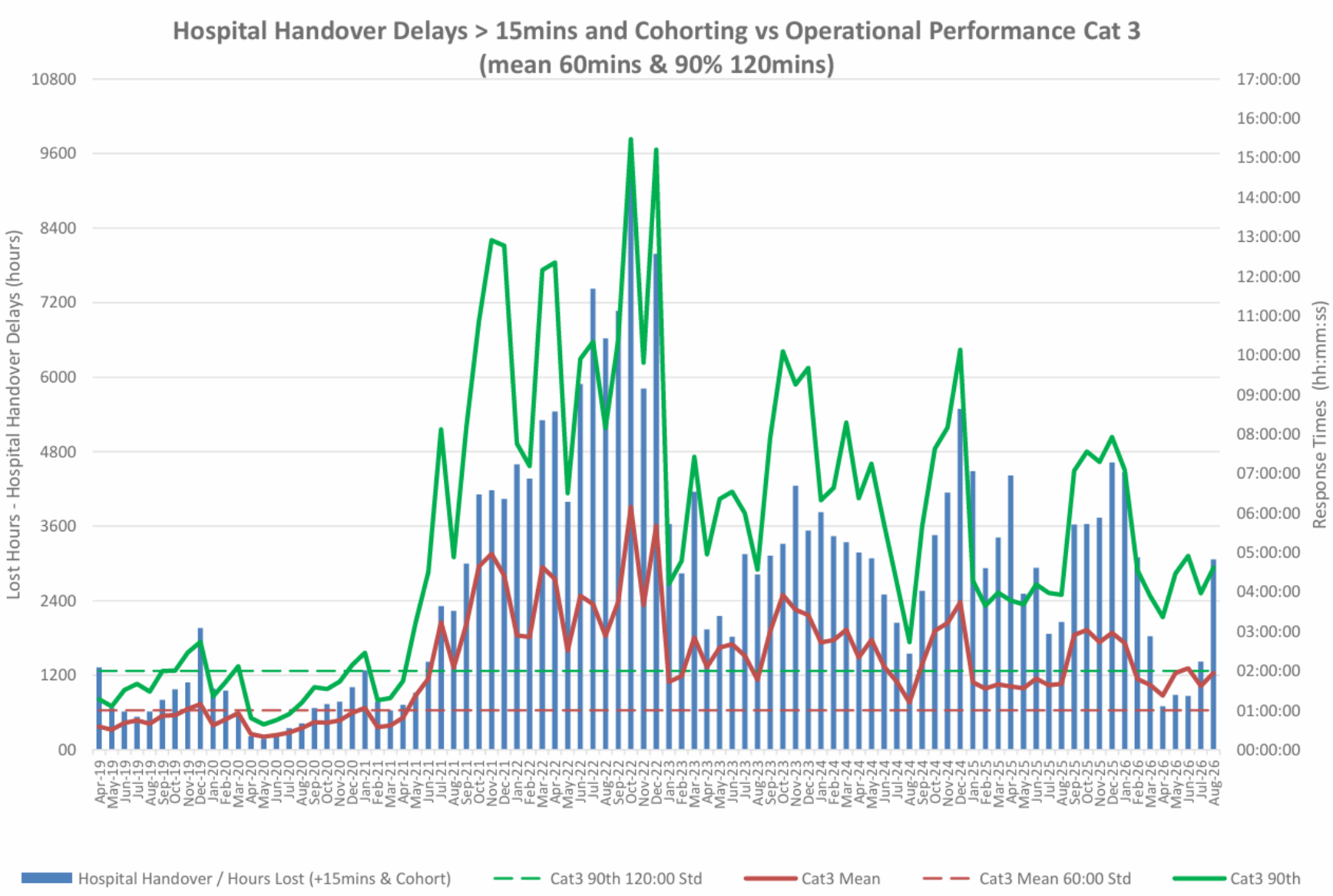
Shropshire, Telford and Wrekin Community and Hospitals NHS Group



Moving to EXCELLENCE

Category 3 Response performance 2019-2026

Shropshire, Telford and Wrekin Community and Hospitals NHS Group



Moving to EXCELLENCE

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