

Humber and North Yorkshire Health and Care Partnership

Operating Plan 2025/26 Headline Summary

ICB Board April 9th 2025

Government's Mandate to the NHS

- Annual Mandate from the Government to the NHS outlining priorities and expectations for the year ahead.
- Precursor to the Government's 10 year plan and 3 big shifts – Hospital to Community, Sickness to Prevention and Analogue to Digital

5 Mandate Objectives:

1. Reform to cut waiting times
2. Reform to improve primary care access
3. Reform to improve urgent and emergency care
4. Reform to the Operating Model
5. Reform to drive efficiency and productivity

Operational and Financial Plans - Priorities

7 Priorities and 20 Success measures a core part of the planning asks

7 priorities

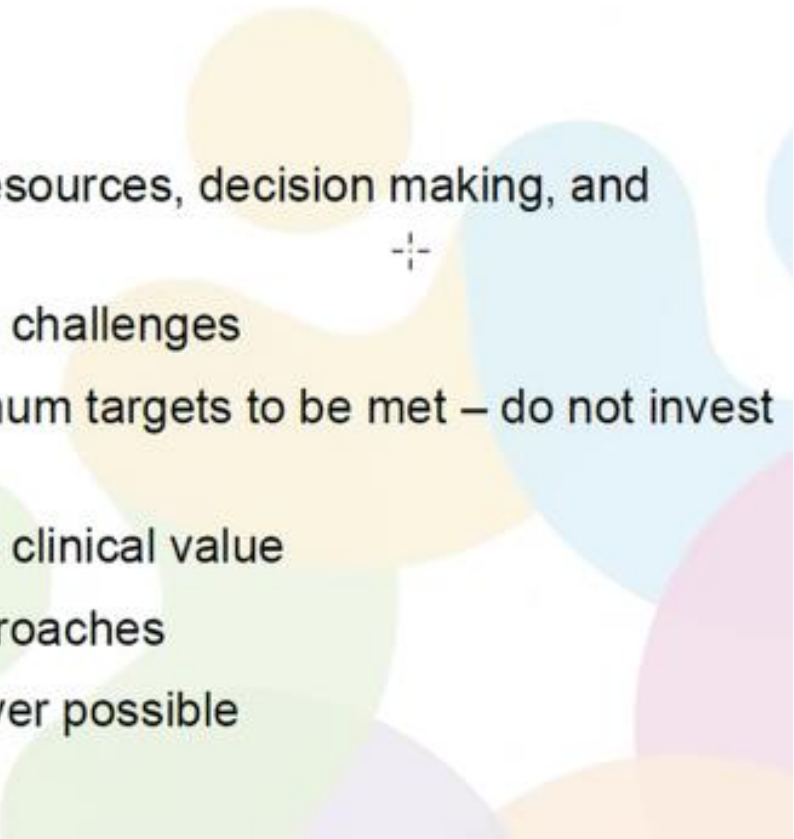
1. Reduce the time people wait for elective care
2. Improve A&E waiting times and ambulance response times
3. Improve access to general practice and urgent dental care
4. Improve mental health and learning disability care
5. Live within the budget allocated, reducing waste and improving productivity
6. Maintain our collective focus on the overall quality and safety of our services
7. Address Inequalities and shift towards prevention

Direction for Humber and North Yorkshire

- Continuing to **lead as a system**, implementing our **system strategy**
- Continuing to **reform provision** of health and care services
- blueprint
- the 3 big shifts / annual mandate to the NHS / NHS 10-year plan
- Continuing to focus on **delivery, productivity** and **improving performance**
- Continuing to **drive subsidiarity** through our operating model
- **Living within our means**

High Level Principles

The system leaders forum reaffirmed the principles identified at the start of the planning process. These are:

1. Commit to delivering the agreed system strategy and transformation, aligned to the national policy direction and success measures
 2. System first approach
 3. Patient safety and quality remain an underpinning focus
 4. Embrace subsidiarity within the operating model - move resources, decision making, and accountability to where the expertise is
 5. Balance immediate and medium-term priorities to address challenges
 6. Ensure sum of organisational plans enables system minimum targets to be met – do not invest in organisational over-delivery e.g. 52+ week waits
 7. Actively and assertively decommission activity with limited clinical value
 8. Incentivise change through risk-share and gain-share approaches
 9. Prioritise productivity and cash releasing initiatives wherever possible
 10. Live within our collective financial means
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Financial Planning 2025/26

- HNY System has submitted a balanced financial plan for 2025/26 at organisational and system level.
- This position was reached following system discussions and agreement through the established System Leadership Forum governance process.
- This has been a challenging planning process within a short timeframe, with a clear focus on living within our means.
- The plans contain a level of risk that is recognised by all system partners and included a pragmatic agreement sharing risk across the system on the basis that we need to work together on a collaborative basis, to enact the plans behind the mitigations.
- We recognize that substantial work remains post-plan submission. We aim to embed an independent assurance process alongside the established governance process for delivery at system level.

Workforce Summary

NHS Provider WF Plan:

- Balanced/nil growth (In Year change -1.7wte, 0%) of which:
 - Substantive growth is 386wte (+1.2%) including 127.7wte TUPE at Harrogate
 - Bank growth is -160.1wte (-10.3%%)
 - Agency growth is -100.1wte (-29.5%)
- HNY Net WF change is a reduction of 1.7wte (0.0%) when excluding TUPE and therefore a balanced plan

NHS Provider WF Productivity

- Bank 10% reduction requirement – target met, with £'000 reduction in finance plan
- Agency 30% reduction requirement - target met, with £'000 reduction in finance plan
- Corporate Services return to Apr22 expenditure: WTE reduction are low but evident within the plan, further reviews are required (inc corporate services 'shared/hosted service' reviews and options appraisal via PAM), provider CEO commitment to review received

NHS Provider WF KPIs:

- Sickness/attendance: System target agreed at 4.2% (reduction of 0.6% from 24/25)
- Staff turnover: System target agreed at 12.2% (no change from 24/25)

Primary Care/GP Practice Staff WF plan: 25/26 WF plan reflects a nil growth position due to:

- WF capacity meeting forecast appt demands
- Full use of allocated WF (ARRs) funding

HNY Summary – Performance, Finance and Workforce

1. RTT +5% - Plan delivers improvement of 5% in RTT performance
2. RTT Outpatients 72% - Plan delivers 72% target for outpatient 1st appointments
3. RTT 52 weeks >1% - Plan delivers 52 week wait target for long wait patients
4. Cancer 62 days 75% - The plan delivers improvement in cancer 62 day performance to 71.12% but it was agreed that the movement to 75% from current position in one year could not be achieved
5. Cancer FDS at 80% - Plan delivers the improvement in cancer faster diagnosis standard
6. UEC 4 hours – Plan delivers improvement in the target for 4 hour waits in Emergency Departments
7. Length of Stay for MH patients to reduce from baseline period – Plan delivers the required improvement
8. Access for CYP increase capacity – target 24,506 plan 23,000. The activity plan for 2025/26 represents a 4.4% growth from 2024/25 levels but could not achieve the level of growth to hit the standard.
9. Reduce reliance on inpatient care (LD adults) by 20% - Plan delivers the required reduction
10. Reduce reliance on inpatient care (autistic adults) by 20% - Our actual this year is above the baseline that NHSE have given to measure the 20% reduction, as a result the plan shows improvement but below the required level
11. Workforce Total Growth equates to SUBSTANTIVE growth of 386wte (+1.2%) including 127.7wte TUPE at Harrogate
12. Workforce Bank 10% reduction – achieved by March 26 at -10.3%
13. Workforce Agency 30% reduction – AGENCY reduction: -100.1wte (-29.5%) national target met via wte and £'000 reduction
14. Delivery of Financial Breakeven control total – Balanced plan submitted

Performance Summary

	ICB System Performance				ICB Provider Performance			
	Target	Plan	Delivery Gap %	Gap Volume	Target	Plan	Delivery Gap %	Gap Volume
Waiting < 18 weeks for treatment (E.B.40 / E.B.3a)	63.20%	63.27%			63.20%	63.37%		
Waiting no longer than 18 weeks for first appointment (E.M.42)	70.0%	71.66%			70.0%	70.8%		
Proportion waiting over 52 weeks (E.B.18 / E.B.3a)	>1%	0.99%			>1%	0.997%		
62-day cancer (E.B.35) . *	75%	70.79%	4.21%	31	75%	71.12%	-3.88%	29
Cancer FDS (E.B.27)	80%	80.93%			80%	80.04%		
A&E seen within 4 hours (E.M.13)	78%	80.70%			78%	78.02%		
Improve proportion A&E seen and treated within 12hours	>12.6%	7.20%			>12.6%	7.20%		
LOS for MH patients to reduce from baseline period	>37.40	37.04			>37.4	37.04		
Access for CYP increase capacity	24,506	23,000	1,506	6.50%	24,506	23,000	1,506	6.50%
Reduce reliance on inpatient care (LD adults) by 20%	45	36			45	36		
Reduce reliance on inpatient care (autistic adults) by 20%	15	20	5	25%	15	20	5	25%

	HDFT				YSFT			
	Target	Plan	Delivery Gap %	Gap Volume	Target	Plan	Delivery Gap %	Gap Volume
Waiting < 18 weeks for treatment (E.B.40 / E.B.3a)	70.9%	71.0%			60.5%	60.5%		
Waiting no longer than 18 weeks for first appointment (E.M.42)	79.9%	80.0%			67.0%	67.1%		
Proportion waiting over 52 weeks (E.B.18 / E.B.3a)	>1%	0.0%			>1%	0.998%		
62-day cancer (E.B.35) . *	75.0%	85.0%			75.0%	75.0%		
Cancer FDS (E.B.27)	80.0%	80.0%			80.0%	80.1%		
A&E seen within 4 hours (E.M.13)	78.0%	78.0%			78.0%	78.1%		
Improve proportion A&E seen and treated within 12hours	>11.3%	4.1%			>16%	8.9%		

	HUTH				NLAG			
	Target	Plan	Delivery Gap %	Gap Volume	Target	Plan	Delivery Gap %	Gap Volume
Waiting < 18 weeks for treatment (E.B.40 / E.B.3a)	61.8%	61.8%			64.6%	65.3%		
Waiting no longer than 18 weeks for first appointment (E.M.42)	67.5%	67.5%			77.8%	77.8%		
Proportion waiting over 52 weeks (E.B.18 / E.B.3a)	>1%	1.3%	0.29%	258	>1%	0.9%		
62-day cancer (E.B.35) . *	75.0%	63.7%	-11.28%	25	75.0%	63.0%	-12.04%	13
Cancer FDS (E.B.27)	80.0%	80.0%			80.0%	80.1%		
A&E seen within 4 hours (E.M.13)	78.0%	78.0%			78.0%	78.0%		
Improve proportion A&E seen and treated within 12hours	>22.1%	7.1%			>18.2%	6.6%		

Activity Summary

The exact numbers in the plan are available at provider level, but the approximate numbers below are to give the Board an understanding of the scale of healthcare provision provided through the plan.

- 11.8m primary care appointments
- 1.9m consultant led outpatient appointments
- 340,000 planned treatments (inpatients and daycases)
- 580,000 completed RTT pathways
- 900,000 priority diagnostic tests including 82,000 cancer diagnosis (including negatives)
- 765,000 Emergency attendances
- 247,000 unplanned hospital stays that generate 942,000 bed days
- 260,000 CYP mental health contacts
- 3.3m community care contacts
- 580,000 adult patients seen by a dentist per quarter plus 220,000 children

Dental (urgent care)

- There is a focus for next year on urgent dental care, reflecting a manifesto commitment to 700,000 additional urgent care appointments, with HNY asked to deliver an additional 27,196 appointments.
- HNY has been commissioning additional urgent care appointments through an Urgent Access Sessions scheme, which sees primary care practices deliver care through a sessional model on top of their wider GDS contract.
- Due to how the baseline for the additional appointments has been set and calculated, our targets do not reflect that we've been commissioning additional urgent care capacity at scale for some time. This means the request to increase our urgent care delivery by approximately 25% is more stretching than if we had not been taking forward this additional activity.
- We have a positive agenda for 2025/26, including spending £4.4m to commission around 45,000 urgent care appointments, and launching a flexible commissioning scheme which will also prioritise access for urgent and high needs patients.
- All dental budgets, including our non-recurrent 'clawback' funding, for 2025/26 are currently fully allocated, so any further increases in urgent care delivery will mean a reduction in access in other areas of dentistry.

Board Assurance Checklist

- Board Assurance Checklist and Narrative requirements are an explicit NHSE requirement for ICB Boards to submit
- All HNY NHS Providers have completed their Board Assurance Checklist and shared with the ICB to support the overall Checklist completion
- Majority of the answers are 'Yes' with the notable exception of the patient safety and quality and Plan delivery questions where only 'Partial' assurance can be given at this stage
- Plans are required to have clinical prioritisation, and have completed Equality and Quality Impact Assessments, which haven't been completed yet
- Need to complete by the end of April and ensure Board sighted on implications

Managing Risks

- Plans have substantial financial and other risks built in given the 'living within our means' approach for 25/26
- Work to do regarding Equality and Quality assessment that may identify further risks to work through and/or mitigate
- Need to ensure a robust, shared approach to managing risk across the system

Overall Summary

- Very challenging planning process and multiple ask based on 'living within our means'
- Tricky balance between meeting the operational planning requirements within the financial envelope given HNY performance challenges
- Lots of hard work and challenging conversations from a range of colleagues to support the work
- Risk built into the plans that needs systematically working through
- Equality and Quality impact assessments need completing at an ICB level
- Board Assurance checklist broadly 'partially assured' at this stage