

ICB – Board

Annual Operating Plan - Performance Report

[Date: 9th July 2025]

Introduction

The monthly ICB operating plan performance report is specifically concerned with the annual operating plan priorities and success criteria as outlined in the national planning guidance for 2025/26. The seven priorities identified are:

1. Reduce the time people wait for elective care
2. Improve A&E waiting times and ambulance response times
3. Improve patients' access to general practice and improve access to urgent dental care
4. Improve patient flow through mental health crisis and acute pathways and access to CYP mental health services
5. Live within our means, reducing waste and maximising productivity
6. Address inequalities and shift towards prevention
7. Maintain our collective focus on the overall quality and safety of our services

All of these annual priorities compliment the ICB priority outcomes, ambitions and the long-term aim of delivering increased healthy life expectancy for the population of HNY.

These priorities are supported by success criteria that include measurable metrics and trajectories that form part of the ICB annual plan – along with service change, development, and improvement.

It is important to note that delivery of all aspects of the plan is key, as no single priority or success criteria sits in isolation. Access to primary care or mental health services will impact on delivery of A&E waiting times which will have a relationship with reducing elective care waiting times which if not delivered will have a relationship with primary care demand and quality and inequalities – all of which will impact on workforce requirements which in turn affects our ability to live within our means.

This report will track progress against these priorities and highlight actions that are being taken to deliver the plan.

Operating Plan

Priorities and

Success

Criteria

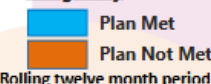
No.	Priorities	Success Criteria
1	Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement or achieve minimum of 60%
		Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement
		Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
		Improve performance against the headline 62-day cancer standard to 75% by March 2026
		Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
2	Improve A&E waiting times and Improve ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026
		A higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
		Improve Category 2 ambulance response times to an average of 30 minutes across 2025/27
3	Improve patients' access to general practice and improve access to urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
		Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
4	Improve patient flow through mental health crisis and acute pathways and access to CYP mental health services	Reduce average length of stay in adult acute mental health beds
		Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
		Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
5	Live within our means, reducing waste and maximising productivity	Deliver a balanced net system financial position for 2025/26
		Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
		Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
6	Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
7	Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
		Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

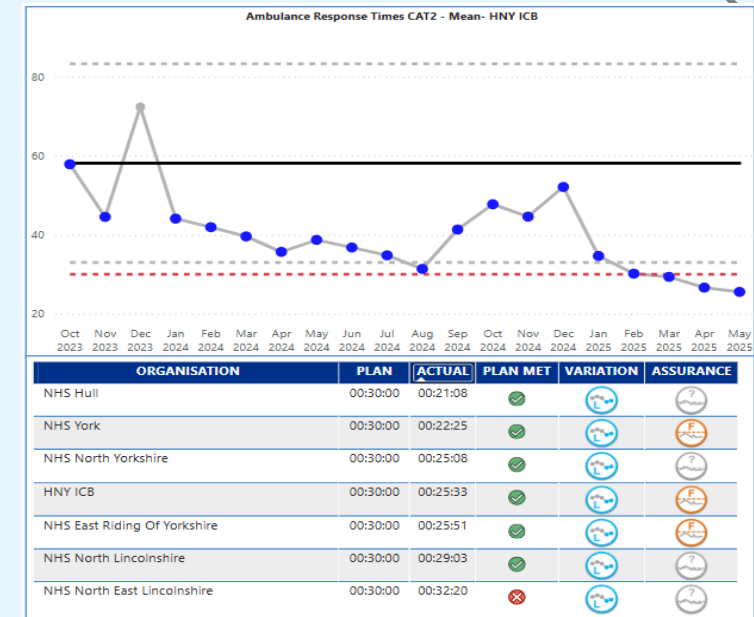
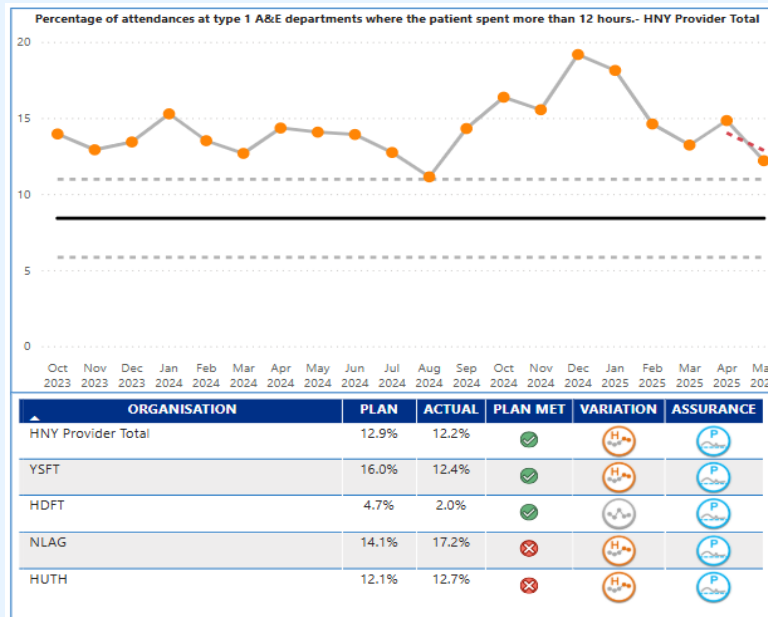
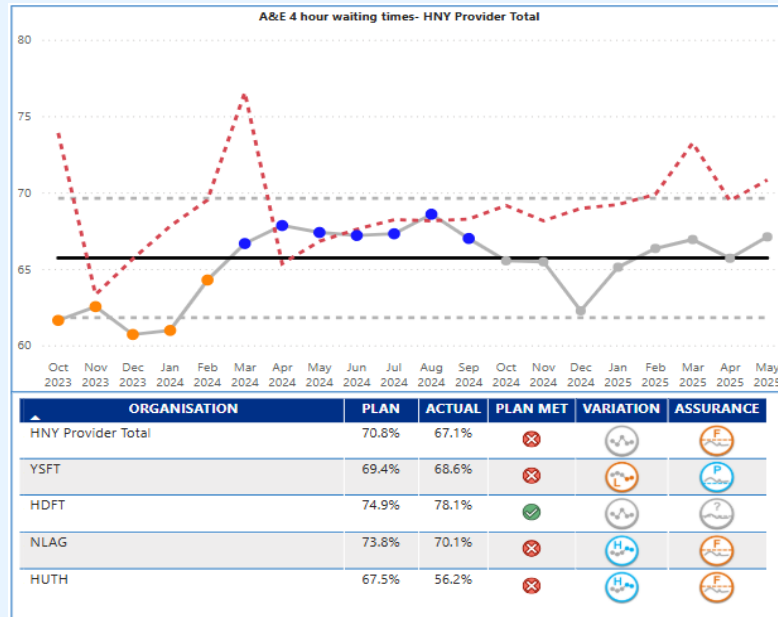


In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

Priority	Metric	Detail	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	VAR.	ASS.
Reduce the time people wait for elective care	Referral to Treatment Waiting Times: Proportion of Patients Waiting <18 Weeks for Treatment - HNY Provider Total	Plan Actual	92.0% 59.0%	92.0% 58.5%	92.0% 57.2%	92.0% 57.4%	92.0% 58.3%	92.0% 58.2%	92.0% 58.1%	92.0% 58.2%	92.0% 58.5%	92.0% 59.1%	58.7% 58.9%			
Reduce the time people wait for elective care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total	Plan Actual	6349 4593	5923 4527	5385 4911	4819 4531	4322 4675	3910 5071	3523 4914	3280 5077	3218 5094	3269 4468	6357 4913			
Reduce the time people wait for elective care	Cancer 62 Day Waits - All referral routes - HNY Provider Total	Plan Actual	62.0% 65.5%	64.3% 64.2%	63.7% 69.0%	64.4% 62.5%	65.7% 64.8%	66.0% 66.3%	66.0% 66.6%	66.3% 62.6%	67.8% 63.8%	70.3% 65.7%	66.0% 63.2%			
Reduce the time people wait for elective care	28 Day Faster Diagnosis Standard - HNY Provider Total	Plan Actual	74.4% 75.2%	74.9% 74.4%	74.7% 73.8%	74.7% 73.7%	74.6% 76.4%	74.9% 76.3%	74.8% 75.2%	75.1% 68.5%	76.1% 73.7%	77.0% 72.9%	74.7% 65.1%			
Improve A&E waiting times and ambulance response times	A&E 4 hour waiting times - HNY Provider Total	Plan Actual	67.6% 67.2%	68.2% 67.3%	68.2% 68.6%	68.3% 67.0%	69.2% 65.5%	68.2% 65.5%	69.0% 62.3%	69.2% 65.1%	69.9% 66.3%	73.2% 66.9%	69.5% 65.7%	70.8% 67.1%		
Improve A&E waiting times and ambulance response times	Percentage of attendances at type 1 A&E departments where the patient spent more than 12 hours - HNY Provider Total	Plan Actual	13.9%	12.7%	11.1%	14.3%	16.4%	15.5%	19.2%	18.1%	14.6%	13.2%	14.0% 14.8%	12.9% 12.2%		
Improve A&E waiting times and ambulance response times	Ambulance Response Times CAT2 - Mean - HNY ICB	Plan Actual	00:30:00 00:36:48	00:30:00 00:34:48	00:30:00 00:31:22	00:30:00 00:41:20	00:30:00 00:47:44	00:30:00 00:44:36	00:30:00 00:52:07	00:30:00 00:34:39	00:30:00 00:30:10	00:30:00 00:29:21	00:30:00 00:26:38	00:30:00 00:25:33		
Improve access to general practice and urgent dental care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB	Plan Actual	85.0% 87.5%	85.0% 88.1%	85.0% 88.1%	85.0% 87.7%	85.0% 87.5%	85.0% 87.5%	85.0% 88.1%	85.0% 87.6%	85.0% 87.9%	85.0% 86.7%	85.0% 85.6%			
Improve access to general practice and urgent dental care	Units of Dental Activity Contracted - HNY ICB	Plan Actual	100.0% 84.0%			100.0% 80.0%			100.0% 80.0%							
Improve mental health and learning disability care	Access to Children and Young People's Mental Health Services - HNY ICB	Plan Actual	21690 21260	21690 20965	21690 20750	21690 20600	21690 20515	21690 20345	21690 20060	21690 20075	21690 20270	21690 20765	21299 21140			
Improve mental health and learning disability care	Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB	Plan Actual	9.0 27.0	9.0 24.0	9.0 24.0	9.0 33.0	9.0 30.0	9.0 30.0	9.0 36.0	9.0 36.0	9.0 39.0	9.0 45.1	39.0 30.0	39.0 30.0		
Improve mental health and learning disability care	Reliance on mental health inpatient care for adults with a learning disability - HNY ICB	Plan Actual	27.9	28.7	27.2	27.2	27.2	29.4	29.4	29.4	28.7	29.4	28.7 30.1	28.7 32.4		
Improve mental health and learning disability care	Reliance on mental health inpatient care for autistic adults - HNY ICB	Plan Actual	19.9	21.3	19.1	21.3	21.3	22.1	19.9	22.1	22.8	19.9	25.7 19.9	25.7 19.1		
Address inequalities and shift towards prevention	Percentage of patients with hypertension treated to NICE guidance - HNY ICB	Plan Actual	80.0% 78.0%	80.0% 73.1%	80.0% 73.5%	80.0% 73.3%	80.0% 74.2%	80.0% 74.6%	80.0% 75.3%	80.0% 76.2%	80.0% 76.7%	80.0% 79.4%				
Address inequalities and shift towards prevention	Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies - HNY ICB	Plan Actual	65.0% 74.7%	65.0% 75.5%	65.0% 76.0%	65.0% 76.5%	65.0% 76.6%	65.0% 76.8%	65.0% 77.0%	65.0% 77.2%	65.0% 77.6%	65.0% 78.1%				

Image Key

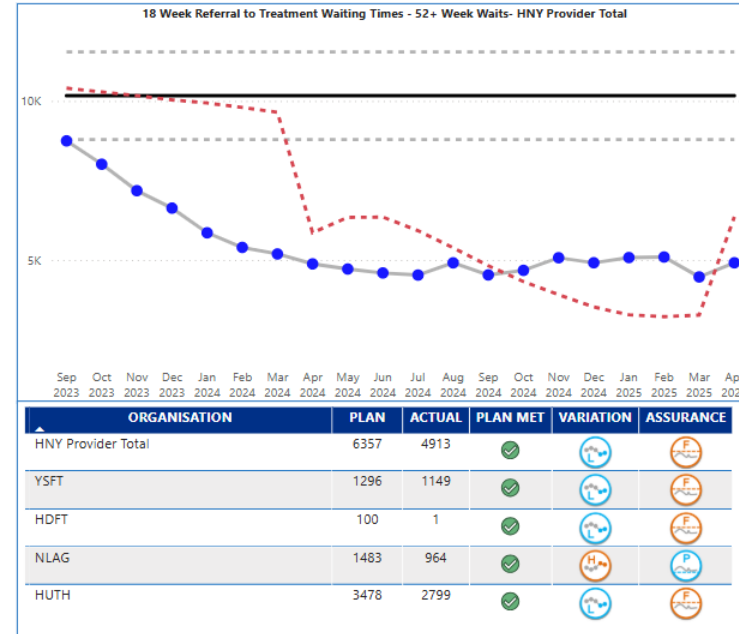
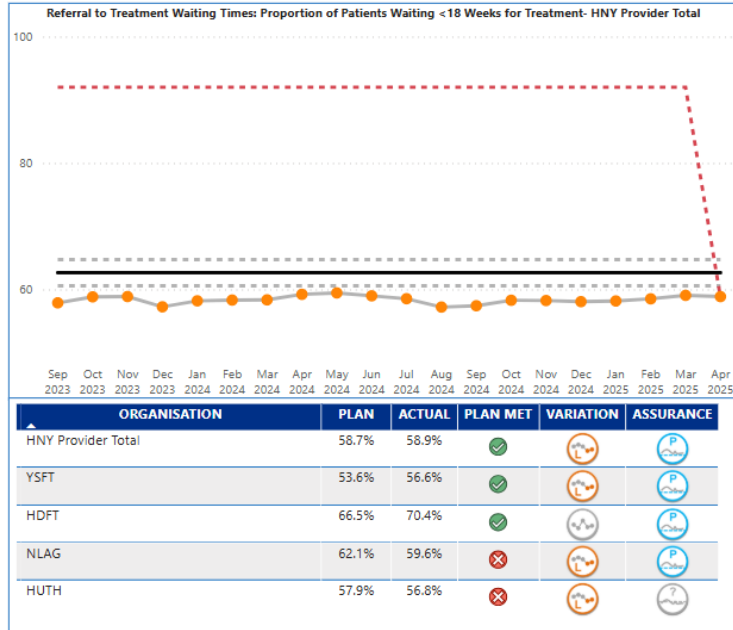




May ICS 4 Hour performance was 71.3% compared to 70.1% in April. The acute providers only performance was 67.1% for May, against a plan of 70.83% - HUTH (56.2%) and Y&SFT (68.61%) were the lowest performing Trusts. The trend is showing common cause variation with no significant change. 12 Hour Performance for HNY was 12.9% compared to 14.9% in April. HDFT (2%) and Y&S (12.4%) both exceeded plan, while NLAG (17.2%) and HUTH (12.7%) did not. CAT 2 Ambulance Response performance for the ICB was 00:25:33 in May, compared to 00:26:38 in April. York was the best performing place (00:22:25), while North East Lincs was the only place failing to meet plan (00:32:20). Urgent Care performance showed subtle improvement overall for HNY ICB in May, with 4 Hour Performance, 12 Hour Performance and CAT2 Performance all showing slight improvement compared to April. The ICB is in national UEC Tier 1.

Key Actions

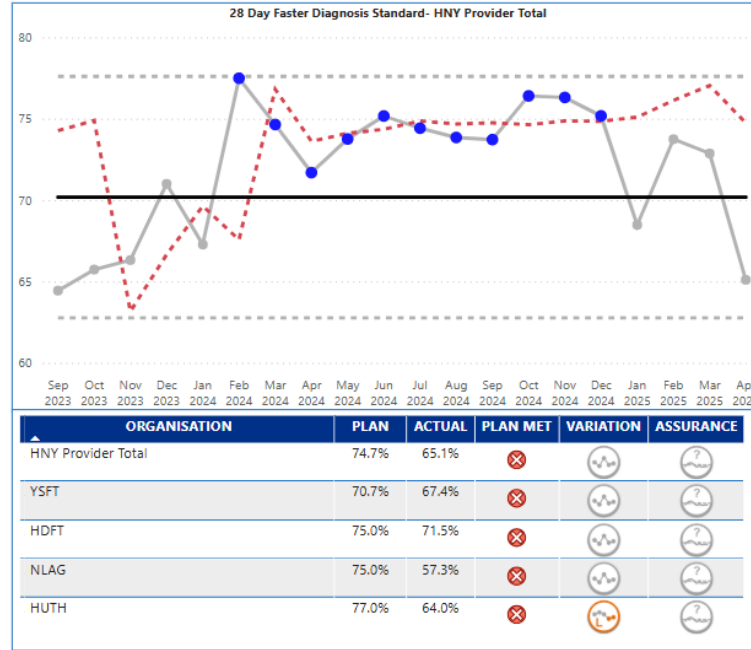
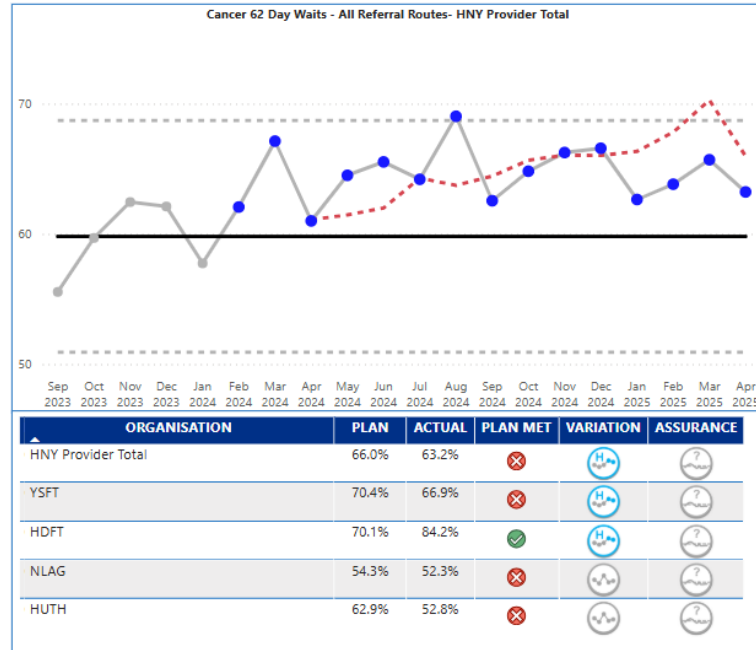
- All sites across HNY have been operating W45 now since Scarborough went live on May 21st; Harrogate been working to w30 since May 1st. Continued good progress overall, though recent weeks have seen significant handover challenges at both NLAG sites, despite HUTH and NLAG having a Director of the Day model to oversee and support escalation.
- Completed Capital works at York ED and the new Scarborough ED have helped to support some incremental improvements in the 4 hour standard and 12 hours in department metrics, with positive green shoots being seen in these important metrics.
- Harrogate have now formally exited the NHSE UEC Tier 1 arrangements following sustained improvement over 3 months; NHSE increasingly focused on HUTH and York, though NLAG have had some particular UEC pressures in recent weeks.
- National UEC Plan for 2025/26 published in early June with a number of clear priorities, reinforcing the operational Plan priorities for 2025/26 and ask re Winter Plan by the summer – work initiated across HNY following comprehensive review of Winter 2024/25.
- Robust and coherent Provider and HNY plans being joined together to ensure coordinated focus on delivery and improvement with support from ECIST.



The proportion of patients waiting <18 weeks for treatment is 58.9% against a plan of 58.7%. The trend is showing a special cause variation of a concerning nature. The number of patients waiting over 52 weeks is showing a special cause variation of an improving nature. Elective waiting times over 65 weeks decreased in April to 137 against a target of 0. April has seen a decrease from the March position (165). The latest unvalidated data is forecasting the May position at 154 with risks in specific specialities.

Key Actions

- Planning to reduce the CYP 40+ week cohort in line with local target of zero by end March 2026, particularly given the pressures in ENT. Mutual Aid between YSTH and HHP for ENT.
- Outpatients – 2025/6 priorities agreed with group – PIFU, missed appointments, clinic utilisation and secondary care response to A&G.
- Peri-op - HVLC and hub risk stratification guidelines signed off, currently being implemented. The aim is to identify and agree areas for pre assessment standardisation
- Theatre utilisation – draft escalation to reduce the number of late theatre starts shared, anticipated sign off at August meeting. Bridlington hub has now been accredited.
- ENT - Progression of standardised direct Audiology referral pathways for asymmetric hearing loss/tinnitus cases in YSTH and HDFT with Radiology Departments, and 18-50 patient cohort in HUTH and NLAG. Scheduling an Audiology Network to progress outcomes from recent workshop collaborating closely with ENT Group. Engagement with national lead.
- Eyecare - Standardised pre-assessment clinic templates agreed and to increase number of dedicated HVLC Cataract lists to maximise capacity/throughput. Review effectiveness of assisted transport scheme supporting Cataract patients travelling to Goole from out of area and share with YSTH colleagues considering support for Bridlington patients travelling to York.
- Gynaecology - Sharing of HUTH experience of running pilot weekend Super Clinic i.e. targeting new patients, provision of one stop diagnostic testing,
- Orthopaedic - Confirmation received from all Trust Hand Surgeons on compliance with/adherence to GIRFT Dupuytren's and Ganglion pathway guidelines. Primary Care referral non-compliance highlighted and raised with ICB Head of Clinical Effectiveness. Feedback received from HDFT on operation of digital consenting virtual platform pilot, SOP to be shared
- Urology - Trusts shared on progress for converting identified Day Cases to Outpatient procedures. Trusts adherence to Network agreed PIFU protocol and reduction of First to Follow Ups



In 2025/26, the priority is to deliver a 71.1% performance on the 62-day cancer wait time target. April performance was 63.2% against a plan of 66.0%, therefore not meeting the target. Performance is showing special cause variation of an improving nature. For 28 Day Faster Diagnosis Standard (FDS) the priority in 2025/26 is to deliver an 80% performance. April performance was 65.1% against a plan of 74.7%, therefore not meeting the target. The performance is showing a common cause variation of no significant change. The ICB as a whole and HUTH and NLAG as individual providers, are in NHSE Tier 1 category for Cancer.

Key Cancer Alliance Actions in May 25:

The Cancer Alliance Research and Innovation Awards 25/26 closed for applications. Applicants shortlisted via a group of wider stakeholders. Planning progressed for the Strengthening Partnership Research Collaboration Event, with a range of speakers confirmed and to date 60 attendees registered.

Nursing and AHP Workforce Attended the National CA Lead Nurse/AHP meeting to contribute to the 10-year national cancer plan and 25/26 deliverables. Successfully applied to pilot the ePortfolio for the NHS digital platform and began building the first full version of the quality report.

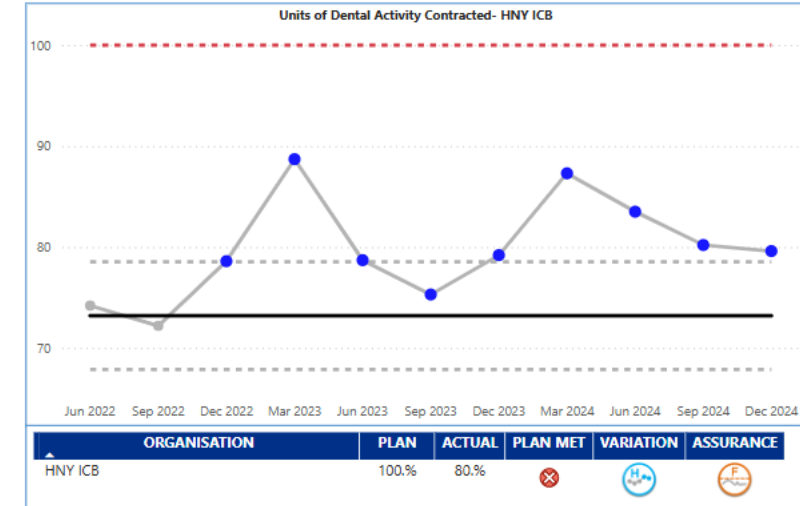
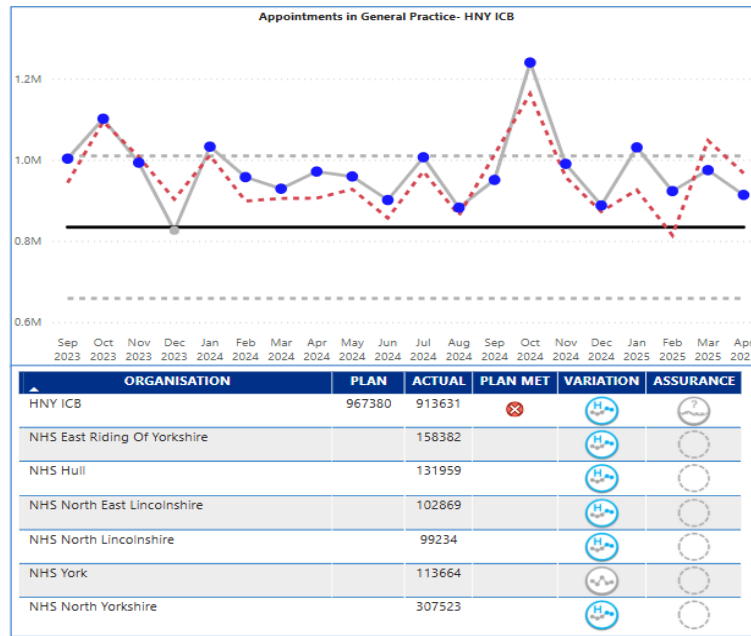
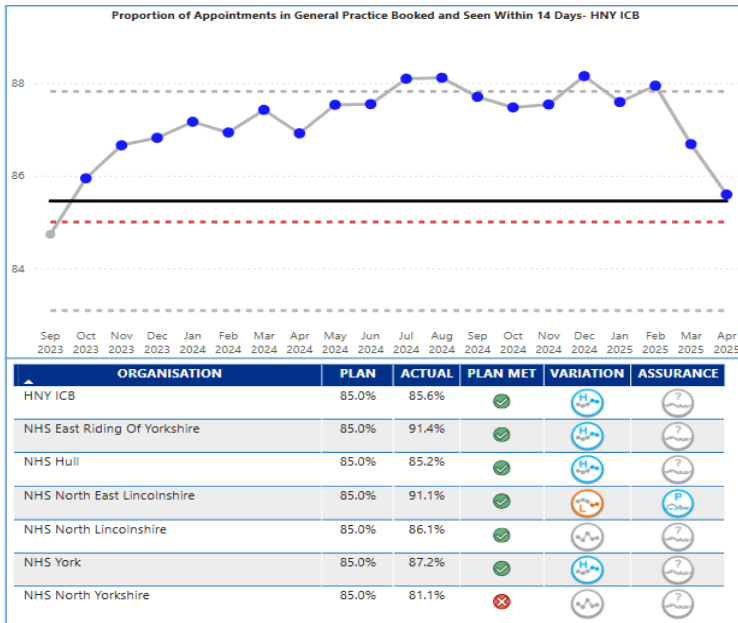
Lung Cancer Screening The York & Scarborough service GO LIVE date occurred. An incidental findings framework was completed for the York & Scarborough LCS service.

NSO Programme Attended national meetings including the Early Breast Cancer Service educational day and the Pan Alliance National Breast SACT meeting, sharing insights and innovations locally. SACT Pre-assessment patient questionnaire final report was distributed and discussed within the NSO Clinical Delivery Group.

Awareness and Early Diagnosis Delivered skin cancer awareness sessions and men's health awareness at HMP Hull, reaching 25 men and staff. Finalised the Gynaecology Referral Form and progressed updates to the Lower GI Referral Form based on LMC feedback.

Communications and Engagement Final communications strategy ratified in May HNY CA System Board meeting. Delivered two training modules to HNYCA staff on patient engagement and survey/focus group facilitation.

Treatment, Pathways and Personalised Care EoTS baseline data agreed across all three trusts, and PSFU protocols established. Successful HPB network meeting held with 68 attendees, and a Sarcoma Clinical Lead appointed to begin network development.

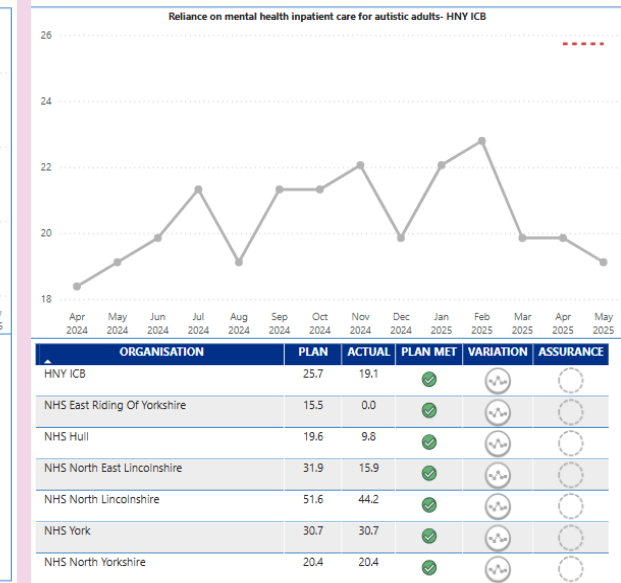
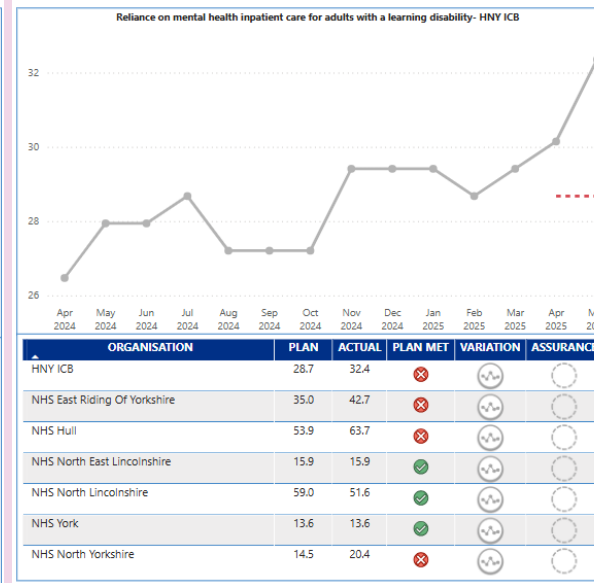
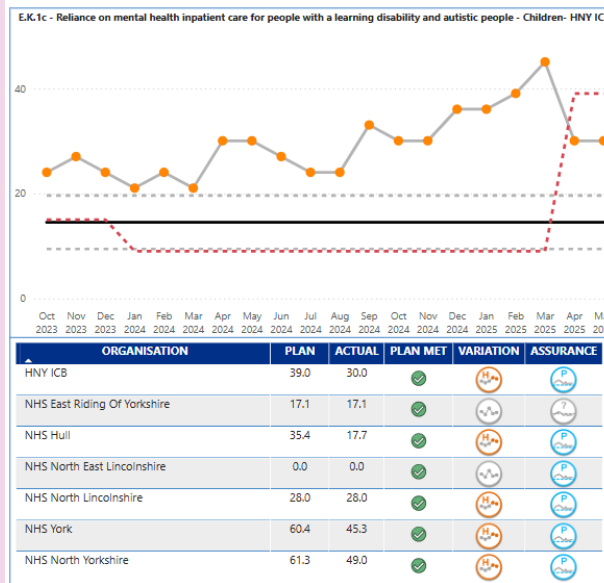
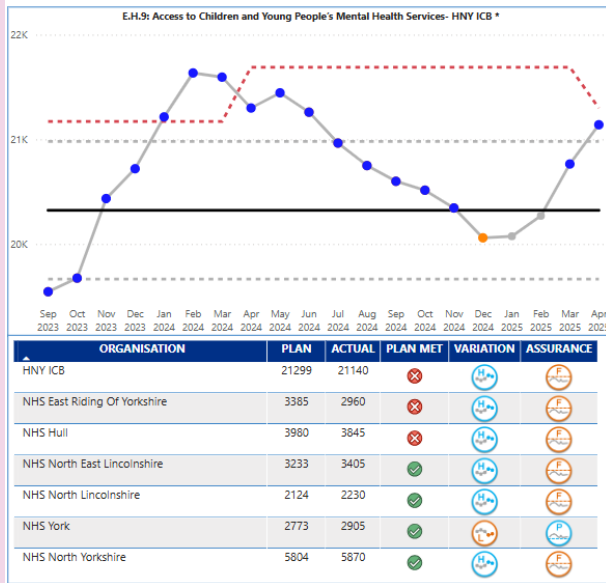


HNY April performance has delivered 85.6% against the 85% target for 14-day booking. Performance differs by place; East Riding 91.4%, NE Lincs 91.1%, York 87.2%, North Lincs 86.1%, Hull 85.2%, North Yorks 81.1%. All places delivering the target except North Yorks. Overall trend is showing variation of an improving nature. Primary care failed to meet the April target for appointments delivered, though the overall trend is showing special cause variation of an improving nature. Expectations in the operating plan are to increase the number of urgent care dental appointments, and a trajectory has been submitted to that effect. Activity datasets are being reviewed to try and include in next months report.

Key Actions

Medical; Since the last update, all GP practices across HNY have been offered a suite of LES's to sign up to deliver. All practices have signed up to deliver all of the LES's with the exception of 5 GP practices in Hull & East Riding who have not signed up to the wound care LES. As there are no changes to existing community services, there is provision for the patients of those practices in relation to accessing services for complex wounds.

Dental; 50% of non-recurrent dental funding in 25/26 has been invested in urgent dental appointments (circa £4m). This will maintain our level of urgent dental provision as per 24/25 values. If additional dental funding is confirmed by Sept 2025, the dental commissioners will review its priorities and may offer further investment into urgent dental appointments. We are supporting practices to join our 'flexible commissioning' scheme which includes provision for urgent dental appointments. We are encouraging practices to offer more urgent dental appointments as part of their existing contract. Both schemes are provided at no additional financial cost but do reduce access to regular dental provision. Plans are underway procure additional dental services in Bridlington, which stipulates the requirement to provide urgent dental appointments. Expected procurement start by Sept. 2025. The contract for Urgent Dental Care providers is due to expire 31 Mar. 2026. Plans to reprocur the service are underway and to secure additional funding to invest into urgent dental provision across HNY.

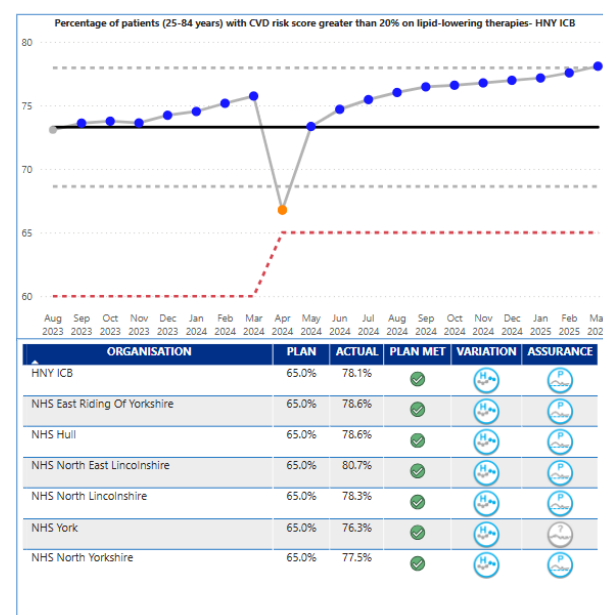
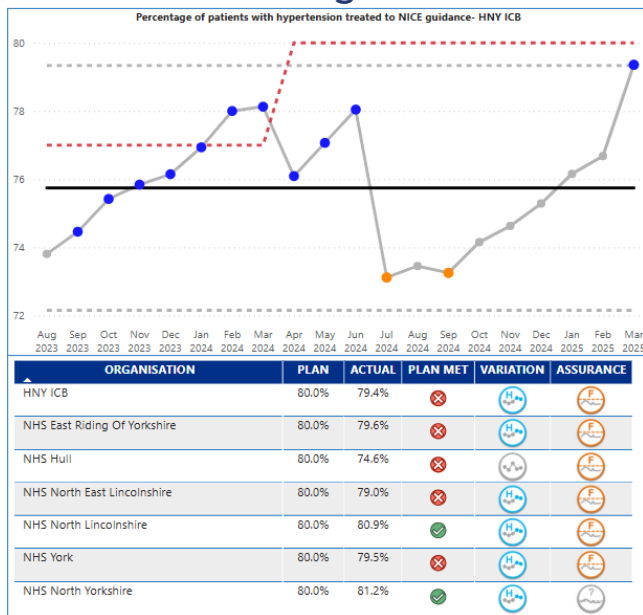


Brief Performance review

- CYP MH Access** Continuous improvement since Jan-25 with utilisation of funding, and all service providers began flowing data to the MHSDDS for inclusion in this metric. The ICB achieved 99% of target in Apr-25.
- Inpatients** LD/A Children Inpatients and Autistic Adult Inpatients both achieved target in Apr-25, with all Places achieving target. LD Adult Inpatients was at a rate of 32.4 against a target of 28.7, this equates to 2 patients over target in Apr-25.

Key Actions

- Adult ASD Inpatients** All areas now have an Autism service in place. These services primarily offer support and training to teams and professionals working with individuals who are autistic to promote understanding of complex presentations. There are also examples of individual case work that has helped to improve overall engagement and communication.
- All Age Inpatients** The admission avoidance hubs continue to facilitate timely care education and treatment reviews for people of all ages both in hospital (currently 139 CETR's per year) and for those at risk of admission to hospital in the community.
- Supporting Discharge from Hospital** The ICB are currently facilitating development of several capital build projects for people who are in hospital with no plans in place. This consists of 6 bespoke bungalows at Collier Hill Court, 4 bespoke bungalows at the old Oak Rise site (being mobilised in summer 2025), and the Humber Harbour project due completion in 2027.
- CYP Access** MHLDA Collab are working with the Royal Society of Psychiatry UK on a quality improvement demand, capacity and flow programme to improve access, waiting times and outcomes over the coming year. Additional services and staffing came online from April 2025 (via 2024/25 SDF allocations) which is expected to increase access to CYP MH services. CYP Dashboard is in development and due for completion by July 2025; this will provide greater insight to referrals/re-referrals/quality outcomes/gap analysis etc.



For Hypertension treated to NICE guidance March performance was 79.4% against a target of 80.0%. Performance is showing a special cause variation of an improving nature. For CVD and lipid management March performance was 78.1% against a target of 65%. Performance is showing a special cause variation of an improving nature.

Key Actions

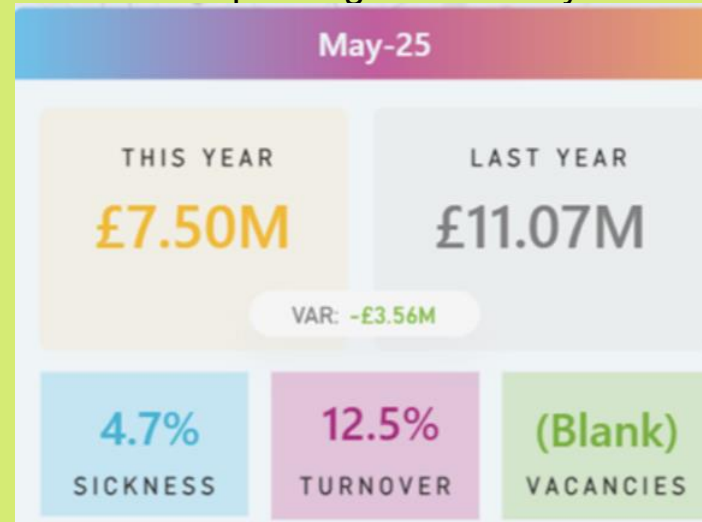
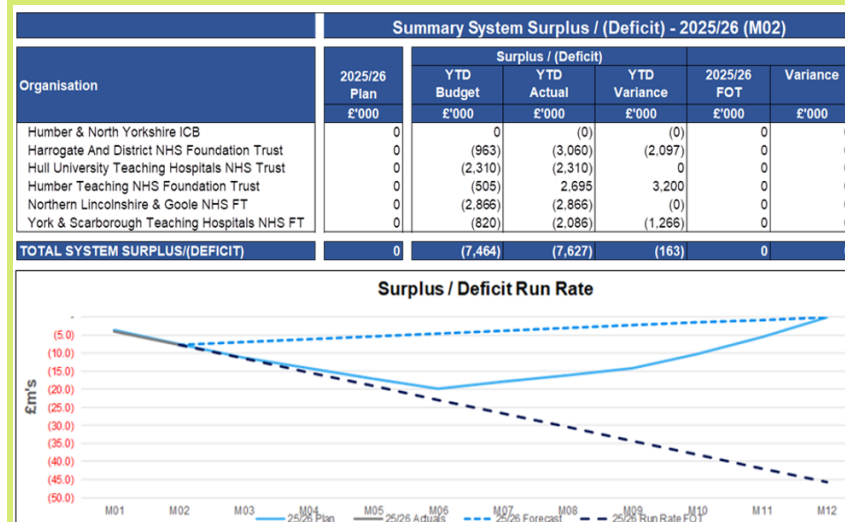
- CVD Prevention support continues through analysis of QOF data to improve conversations, training through local networks and P lace, PCN and GP PLT events and case finding and coding toolkits (due to be launched end of June 2025).
- Delivery of innovative approaches in the detection of hypertension in the community and delivery of CVD community champions models. NL community outreach model now fully operational, a CVD Ambassador community champion role, learning shared with CVD prevention network. NY model continues to progress, community outreach roles now advertised. BP kiosks in York Libraries in final stages of development due to go live mid-July. BP training and community champions training package in development and training planned from July across the system.
- Hull QI project to improve detection, coding accuracy, and clinical management of hypertension across Hull Primary Care Networks (PCNs): four workshops planned, due to start in July 25.
- Engagement sessions held with Ghurka, Fijian and veteran VCSE organisations in June to explore opportunities to raise CVD awareness across the community as part of Catterick Campus workstream.
- NEL GP Practice piloting the HNY C&YP Trauma Informed Care programme's organisational toolkit and free training, case study used to promote the benefits of becoming trauma informed in primary care,
- Linking Community Pharmacy IP Pathfinder Programme site leads with Clinical Leads for Prevention to maximise collaborative working with GP Practices.
- CVD Behavioural insight work in progress, online survey due to go live end of June. Monthly review sessions in place to update on progress. Insights regarding public's knowledge and barriers regarding hypertension and lipid management will be explored through the behavioural insights piece.
- ICB Lipid management pathway now approved through Executive Committee, pathway to be launched with training end of July.
- Development of Clinical CVD Prevention ICB web page continues set to go live in June 2025.



Deliver a balanced net system
financial position for 2025/26

Reduce agency expenditure as far as
possible, with a minimum 30% reduction
on current spending across all systems

Close the activity / WTE gap
against pre-Covid levels
(adjusted for case mix)



- M2, the system position is a £7.62m deficit against a year-to-date plan deficit of £7.46m, a small variance of £0.16m from plan. All organisations are forecasting breakeven position.
- The run rate FOT is £45.6m deficit. The plan phasing reflects the impact of the efficiency programme to deliver the forecast breakeven position.
- Agency spend at M2 is down 3.57m on the same period last year. This is a 32.2% reduction against a target of 30% reduction
- There is a plan for WTE for the year. At M2 the system is 63.3 WTE over a plan of 34,574 (0.18%)

Key Actions

1. Scaling of shared Corporate functions / Corporate Cost Reduction
2. Provider spend living within allocated budgets – in particular the NHS acute provider blocks and the independent sector acute provider variable costs
3. Commissioning Optimisation Programme
4. Medicines Optimisation Programme
5. Referral Optimisation Programme
6. Transform provision to implement the design to support the 3 shifts
7. CHC