Staffordshire and Stoke-on-Trent
Integrated Care Board

Our Ref: PW/TLR/FOI/0825/1391

28th August 2025

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Telephone: 0300 123 1461

Sent by email

Dear

FOI/0825/1391
Your request for information under the Freedom of Information Act 2000

Thank you for your request for information under the Freedom of Information Act 2000, received on Monday 11th August 2025. We can now confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website. Please note the ICB's response blue.

You have requested:

I would like to make a request, under the terms of the Freedom of Information Act, for the following information that I believe is held by NHS Staffordshire And Stoke-On-Trent Integrated Care Board.

I would prefer to receive this information electronically, if possible.

For avoidance of doubt, the information requested in part (1) includes services commissioned from both NHS and independent providers.

1. ***A copy of the Activity Planning Assumptions included in the contract for each provider commissioned by NHS Staffordshire And Stoke-On-Trent Integrated Care Board to deliver one or more elective care services in 2025/26.***

   At the time of responding, SSOT ICB has finalised and agreed contracts with 3 providers of elective services. The relevant Activity Planning Assumptions that are agreed within those contracts are attached.

2. ***A copy of the overall system-level plan for elective care services in 2025/26 in NHS Staffordshire And Stoke-On-Trent Integrated Care Board, setting out how the ICB will meet its obligations with regards to the 18 week referral to treatment standard.***

   Please see attached a copy of the national planning submission and resubmission summary, which was approved at the ICB Board meeting on 15th May 2025.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance

Encs

Staffordshire and Stoke-on-Trent Integrated Care System

National Planning Round Submission and Resubmission Summary

ICB Board – 15th May 2025

National Priorities and Objectives: A recap

The national priorities for the NHS in 2025/26 focus on improving patient outcomes by:

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

To achieve these goals, **ICBs and providers must**:

- Live within the budget allocated, reducing waste and improving productivity
- Maintain our collective focus on the overall quality and safety of our services
- Address inequalities and shift towards prevention
- Making the shift from analogue to digital

- NHS England's (NHSE) priorities and operational planning guidance was published on 30 January 2025. The number of national priorities reduced from last year's guidance instead focusing on a small set of headline ambitions and key enablers
- The templates submitted focused on priorities 1,2,3 and 4 and the must do around living within the budget allocated, reducing waste and improving productivity.

Overview

- NHSE published its 2025 Operational Planning Guidance on 30 January 2025.
- In response to the guidance the ICB and each of our providers submitted organisational and system-level plans covering activity, finance, workforce, delivery narrative and a system assurance statement.
- NHSE provided checklists, national benchmarking data in key areas eg Continuing healthcare (CHC), productivity and efficiency opportunity packs which were used to inform planning submissions across all areas.
- Cross-system workshops were held, focusing on areas such as CHC and Community Transformation. These sessions brought together stakeholders and were used to review, challenge, and refine proposals with system partners. Chief Executive and ICS Senior Leadership Team meetings during March ensured executive oversight and alignment.
- The ICB final full submission in response to the guidance was submitted on 30 March 2025 and subsequently reviewed by NHSE subject matter experts. Feedback was provided to both providers and the Integrated Care Board (ICB), identifying key areas for further development to support a resubmission on 30th April 2025.
- The following slides outline the plan submitted at the end of March and then any plan movements made for the resubmission at the end of April.

Overview of Submissions

- The table below sets out the main changes between the March and April submission.

Area	30th March Submission	30th April Resubmission
Workforce	• Plans submitted aligned with national goals to live within budget and improve productivity. All trusts except NSCHT show projected staff reductions. Only NSCHT met the target for a 30% agency staff reduction. All plans reflect alignment across workforce, finance, and efficiency.	• Plans submitted aligned with national goals to live within budget and improve productivity. • All trusts except NSCHT show projected staff reductions. Only NSCHT meets the target for a 30% agency staff reduction. All plans reflect alignment across workforce, finance, and efficiency.
Finance	• The system submitted a balanced financial plan, supported by £95m in deficit funding. It includes a £37m deficit at UHNM and corresponding surplus in the ICB. • The plan requires £306m in efficiencies, with £106m in unmitigated risk.	• The system financial plan remains in overall financial balance, all organisations have now moved to breakeven positions. • Efficiency targets remain at £306.3m (9.5% of Revenue Resource Limit). • Capital allocation has increased to £97.5m following confirmation of flexibilities aligned with 2024/25 outturns.
Activity & Performance	• The system submitted compliance in all trajectories and targets with the exception of A&E 12-hour waits, ambulance handovers, and 18-week referral to first appointment.	• The system submitted compliance in all trajectories and targets with the exception of A&E 12-hour waits, ambulance handovers. • 18 week referral to first appointment is now compliant.
Assurance Statement	• The system confirmed compliance with all assurance statements with the exception of those around Quality Impact Assessments. The board acknowledged that these would be ongoing up to May, therefore full assurance could not be given at the stage of the submission.	• The overall assurance statement was not changed in terms of conclusions however, further assurance was provided on the progress of quality impact assessments for the ICB efficiency programme.

Next Steps

Board-to-Board Engagement with NHSE and the ICB

- It is yet to be formally confirmed but we understand that formal board-to-board sessions will be arranged by NHSE and utilised to:
  - Provide assurance on the robustness of planning assumptions and delivery trajectories.
  - Demonstrate alignment between system and organisational-level strategies.
  - Explore opportunities for further support, challenge, and alignment around national expectations for financial recovery and sustainability.

System Cost Improvement Programme (CIP)

- The System Cost Improvement Programme (CIP) will remain a focus across all partner organisations, with a clear focus on implementing opportunities that will contribute to financial sustainability in 2025/26.
- CIP development is reported and reviewed weekly at the special System Performance Group, providing a dedicated forum for system-wide monitoring and coordination of progress.
- In parallel, weekly reporting to the NHSE Regional Team ensures consistent regional oversight and enables early escalation of risks or support needs as the programme evolves.
- Finalisation and Review of Quality Impact assessments: The remaining QIAs are in the final stages of development, with all outstanding assessments scheduled for review and sign-off by the appropriate panels during May 2025. The QIA process will continue throughout the year to assess the impact of decisions beyond the planning round.

Assurance on delivery of activity, finance and workforce plans

- Reporting of delivery against plans through ICB and provider governance to enable oversight.

Staffordshire and
Stoke-on-Trent
Integrated Care System

Appendix

Finance – Efficiencies and Net Risk

Efficiencies

- Total efficiencies of £306.3m remains unchanged. The amount of high-risk efficiencies has gone from £135.2m to £149.5m which shows an increase in risk of CIP plans. The majority of this increase sits with the ICB and is due to the National consultation on IS contracts which has moved from medium to high risk (£24.5m). This table reflects the efficiency risk rather than the stage of development risk which is reported weekly through special system performance group.

Changes from 27th March submission						30/04/2025
Risk	**ICB**	**MPFT**	**NSCHT**	**UHNM**	**Total change**	**Total**
Low	6,000	1,696	0	1,008	8,704	89,817
Medium	(-23,804)	(-1,828)	129	2,250	(-23,253)	66,706
High	17,804	132	(-129)	(-3,258)	14,549	149,753
Total	**-**	**-**	**-**	**-**	**-**	**306,276**

Net risk

- Net risk in the 27th March plan was £105.6m. This is now £97.3m with key movements in ICB contract risk, a small movement in efficiency risk and some additional ICB mitigations.

Risk / Mitigation Movement from 27th March submission (£m)							30/04/2025
Risk / Mitigation	**Theme**	**MPFT**	**NSCHT**	**UHNM**	**ICB**	**Total change**	**Total**
Risk	Additional cost risk				0.2	0.2	(21.1)
	Contract risk				(10.0)	(10.0)	(30.4)
	Efficiency risk		0.3		0.9	1.2	(82.1)
	Income risk						(5.0)
	Prescribing / CHC						(4.9)
Risk Total		**0.0**	**0.3**	**0.0**	**(8.9)**	**(8.6)**	**(143.5)**
Mitigation	Additional cost control or income						3.4
	Efficiency mitigation	3.3			13.7	17.0	20.5
	Non-recurrent mitigation	0.0					22.4
Mitigation Total		**3.3**	**0.0**	**0.0**	**13.7**	**17.0**	**46.3**
Grand Total		**3.3**	**0.3**	**0.0**	**4.8**	**8.3**	**(97.3)**

Finance - Capital

- Total capital allocation has increased from £85.1m to £97.5m due to increases on the internally funded capital allocation and the PDC.
- Reward capital linked to 2024/25 provider revenue performance has been included as Freedoms and Flexibilities capital of £6.3m for 2025/26 across MPFT & NSCHT. A further £8m will be available to use in 2026/27. There is also an additional £6.1m of public dividend capital (PDC) funding for out of area mental health capital included in the PDC movement at MPFT below:

Capital Programme 2025/26 (£'000)	Column Labels			
Row Labels	**MPFT**	**NSCHT**	**UHNM**	**Grand Total**
Capital Allocation	**15,088**	**3,158**	**22,456**	**40,702**
Internally Funded	**12,478**	**2,959**	**30,698**	**46,135**
Equipment	660	30	2,760	3,450
Fleet, Vehicles & Transport		120		120
IT	700	429	6,790	7,919
Maintenance		75	14,595	14,670
New Build	5,153	1,943	6,053	13,149
Plant & Machinery			500	500
Freedom / Flexibility Capital	5,965	362		6,327
Charitable Funds / Grants			**(500)**	**(500)**
Donation			(500)	(500)
Disposals	**(150)**		**(11,000)**	**(11,150)**
Disposals	(150)		(11,000)	(11,150)
IAS 17: Operating lease	**2,760**	**199**	**3,258**	**6,217**
IFRS16 / IAS17	2,760	199	3,258	6,217
CDEL	**12,908**	**1,985**	**41,931**	**56,824**
PDC	**12,272**	**1,470**	**38,855**	**52,597**
Equipment			7,162	7,162
IT		1,000		1,000
Maintenance	3,734	470	3,593	7,797
New Build	2,488		28,100	30,588
2025/26 Mental Health: Reducing Out of Area Placements	6,050			6,050
IFRIC 12			**9,599**	**9,599**
Maintenance			9,599	9,599
PFI Capital	**636**	**515**	**(6,523)**	**(5,372)**
PFI Capital	636	515	(6,523)	(5,372)
Grand Total	**27,996**	**5,143**	**64,387**	**97,526**

National Headline Metrics Position at resubmission

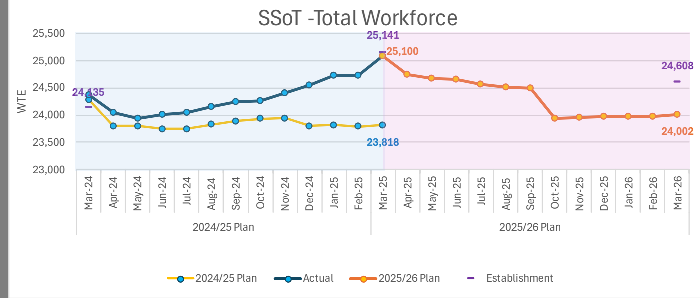
Area	Measure	Target	Deadline	Submission from SSOT Providers						Submission from Black Country and Derbyshire Providers				SSOT ICB	
				UHNM		MPFT		NSCH		UHDB		RWT			
				Target	Plan	Target	Plan	Target	Plan	Target	Plan	Target	Plan	Target	Plan
Planned Care	% waiting 52 weeks or more - RTT Incomplete Pathways	<1%	Mar-26	<1%	0.9%					<1%	0.7%	<1%	0.9%	<1%	0.8%
	% waiting 18 weeks or less - RTT Incomplete Pathways	5% increase or minimum of 60% (Nov-24 baseline)	Mar-26	62.8%	62.8%					60.0%	60.0%	60.0%	60.6%	62.3%	63.4%
	% waiting 18 weeks or less - First Appointment	5% increase or minimum of 67% (Nov-24 baseline)	Mar-26	77.0%	77.3%					67.0%	67.5%	67.0%	67.1%	70.3%	71.8%
Cancer	% patients seen within 62 days - 62 Day Cancer Pathway	75%	Mar-26	75.0%	75.0%					75.0%	75.0%	75.0%	75.2%	75.0%	75.2%
	% patients informed within 28 days - 28 Day Faster Diagnosis	80%	Mar-26	80.0%	80.1%					80.0%	80.0%	80.0%	80.3%	80.0%	80.1%
A&E	% patients leaving A&E within 4 hours	78%	Mar-26	78.0%	78.0%					78.0%	73.1%	78.0%	83.2%		
	% patients in A&E for over 12 hours	Improvement (2526 v 2425)	Full Year	<15.02%	16.65%					<12.99%	8.2%	<12.49%	9.5%		
	Average Handover Time for Ambulances	Working towards 15 mins average handover	Full Year	15-45 mins	63 mins					15-45 mins	Awaiting update	15-45 mins	28 mins		
Mental Health	Average Length of Stay Adult Mental Health	Improvement	Full Year			44.6 days	43 days	40.9 days	39 days					41.1 days	40.3 days
	Number CYP under 18 supported by NHS services with at least one contact	17,273 (based on 2425 plan)	12 rolling											17,273	17,273

For national priorities

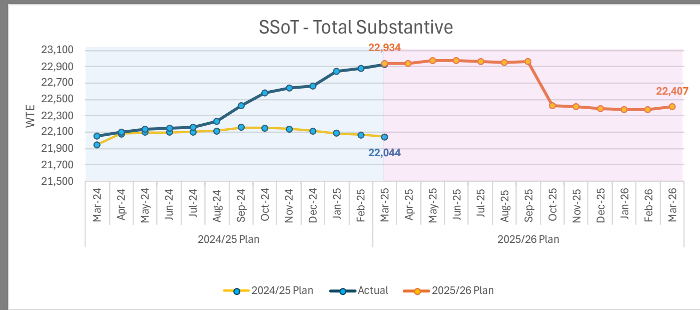
- Both UHNM and RWT are non-compliant with reducing average ambulance handover time to less than 45 minutes and working towards the 15 minute standard.
- UHNM remain non-compliant on 12 hour waits.
- UHDB remain non-compliant on 4 hours.
- UHDB has made a minor change to the 62 days cancer waits to fix a rounding issue. Remains compliant at trust level.
- Planned care and cancer targets are all compliant, at provider and ICB level.

FY25-26 Operating Workforce Plans – Full Workforce Submission: 30th April 2025

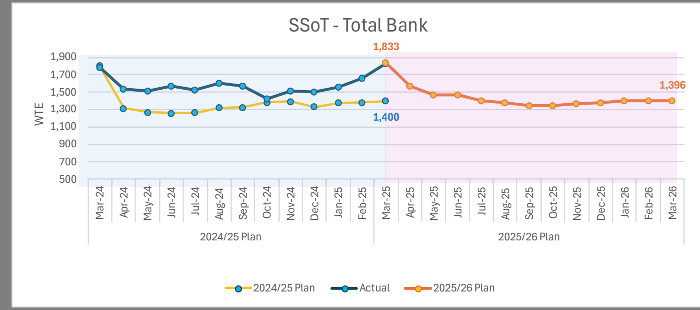
Total WF (Providers – wte)



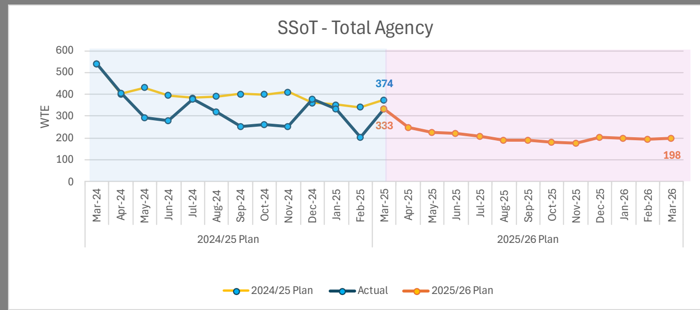
Substantive WF (Providers – wte)



Bank WF (Providers – wte)



Agency WF (Providers – wte)



2024/25 Planning Legacy

- Mar-25 Starting position is significantly higher than intended when the 2024/25 Plan was formulated:
  - **Overall Workforce: + 1,282 wte (+5 %)**
  - **Substantive: + 890 wte (+4 %)**
  - **Bank: + 434 wte (+31 %)**
  - **Agency: - 41wte (-11%)**
- **Funded Establishment** is stated to have increased by **+753 wte (3.1%)** from those levels put forward for Mar-25 in the 24/25 workforce Plan

Summary

- **Total Workforce** is planned to decrease by **1,098 wte / 4.4%** from **25,100 wte** to **24,002 wte**

Staff Type Movement (Total WF)	
Substantive	-527 wte / -2%
Bank	-437 wte / -24%
Agency	-134 wte /-40%

Overall Total Workforce Movement:

MPUFT: **-244 wte/ -2%: Decrease** from **10,123** to **9.879** wte

NSCHT: **+17 wte/ +1%: Increase** from **1,820** to **1,836** wte

UHNM: **-871 wte/ - 7%:** Decrease from **13,157** to **12,287** wte

- **Establishment** is planned to decrease by -533 wte/-2%; decreasing from **25,141 wte** to **24,608 wte** across the year..

FY24-25 Plan Development NHS Providers (wte)

		Mar-25 SIP	Mar-25 Establishment	Mar-26 SIP	Mar-26 Establishment	SIP Change WTE	SIP Change %	Establishment Change WTE	Establishment Change %
SSoT	Substantive	22,934	25,141	22,407	24,608	-526	-2.3%	-533	-2.1%
	Bank	1,833		1,396		-437	-23.8%		
	Agency	333		198		-134	-40.3%		
	Total Workforce	25,100		24,002		-1,098	-4.4%		
MPUFT	Substantive	9,436	10,479	9,263	10,479	-173	-1.8%	0	+0.0%
	Bank	582		521		-61	-10.4%		
	Agency	105		95		-10	-9.5%		
	Total Workforce	10,123		9,879		-244	-2.4%		
NSCHT	Substantive	1,709	1,866	1,755	1,838	+46	+2.7%	-28	-1.5%
	Bank	102		74		-29	-28.0%		
	Agency	8		8		-0	-5.7%		
	Total Workforce	1,820		1,836		+17	+0.9%		
UHNM	Substantive	11,788	12,795	11,389	12,290	-399	-3.4%	-506	-4.0%
	Bank	1,149		802		-348	-30.3%		
	Agency	219		96		-124	-56.3%		
	Total Workforce	13,157		12,287		-871	-6.6%		

Assurance Indicators	SSoT	MPUFT	NSCHT	UHNM
Mar-25 : How many additional wte will be in post ,when the 2025/26 plan commences, compared to those planned for Mar-25 in last year's plan?	**+1,282 wte** +5%	**+297 wte** +3%	**+11 wte** +0.5%	**+975 wte** +8%
Is **Mar-25** Staff in Post within Establishment?	**Yes** (-41 wte/ 0.2%)	**Yes** (-356wte /-3%)	**Yes** (-47 wte / -3%)	**No** +352 wte / +3%
Is **Mar-26** Staff in Post within Establishment?	**Yes** (-606 wte -3%)	**Yes** (-600 wte / -6%)	**Yes** (-2 wte / 0.1%)	**Yes** (-3 wte / 0%)
Does the plan demonstrate a reduction in Overall Workforce?	**Yes** -1,098 wte / -4%	**Yes** -244 wte / -2%	**No** +17 wte / +1%	**Yes** -871 wte/ -7%
Does the plan demonstrate a reduction in Infrastructure Support?	**Yes** - 397 wte / -8%	**Yes** - 207 wte / -9%	**Yes** - 23 wte / -6%	**Yes** -167 wte / -7%
Does Mar-26 Bank wte indicate a 10% reduction in Bank Spend, as identified by NHSE as an efficiency opportunity, may have occurred?	**Yes** -24% Decrease	**Yes** -10% Decrease	**Yes** -28% Decrease	**Yes** -30% Decrease
Does Mar-26 Agency wte indicate a 30% reduction in Agency Spend, as identified by NHSE as an efficiency opportunity, may have occurred?	**Yes** -40% Decrease	**No** -10% Decrease	**No*** -6% Decrease	**Yes** -56% Decrease

Next Steps:

WHAT:

1.Assurance of Provider performance against Operational Plans.

2. Review of triangulation or Workforce, Financial and Performance metrics in regular reporting which will forewarn of any planned update to Operational Plans, accommodating Business Cases or service acquisition as well as outlining areas of non performance against CIP/ other pressures resulting in variance from planned WF numbers.

3. Escalation process implemented as and when required.

HOW:

1. Introduction of a review proforma, comprising workforce and financial measures, for documenting and extrapolating on reasons for deviation from Operational Plans formulated in partnership between ICB and Provider Finance/People colleagues.

2. Existing Monthly Assurance and Oversight meetings, with individual Providers, are to be reformatted with a renewed focus on addressing concerns, challenges and deviation from Operational Plans.

3. Escalation process to be defined by SSOT Turnaround Finance Director.

Key Points

- UHNMs current Plan begins 352 wte / 3% Over Establishment as a result of the 2024/25 plan but, by Mar-26, this will be realigned
- NSCHT is the only NHS Providers planning for workforce to increase in 2025/26.
- Despite a planned reduction of 1,098 wte across 2025/26, Mar-26 position will remain 184 wte above the intended Mar-25 starting position (as outlined in last years plan).
- Workforce increases through 2024/25 were such that, even with a 1,098 wte reduction in 2025/26, wte in Mar-26 will be just 285 wte lower than Mar-24.
- The Operational Plan targets of 30% pay spend reduction in Agency may have only been met in one provider (based on wte indicators) but has been exceed at System level

* NSCHT Agency consists of very few wte. A 30% reduction in wte equates to only -2.5 wte and, as the actual measure is spend related, it is possible that the Trust is compliant.

FY25-26 Operating Workforce Plans – Progression from Feb-25 Headline submission to Apr-25 Submission

		February 2025 Headlines Submission			27th March Headlines Submission			30th April Headlines Submission		
		Mar-25 WTE (Forecast)	Mar-26 WTE	Change WTE	Mar-25 WTE (Forecast)	Mar-26 WTE	Change WTE	Mar-25 WTE (Actual)	Mar-26 WTE	Change WTE
MPUFT	Substantive	9,499	9,557	+58	9,508	9,331	-177	9,436	9,263	-173
	Bank	520	490	-30	520	467	-53	582	521	-61
	Agency	110	100	-10	110	100	-10	105	95	-10
	Total Workforce	**10,129**	**10,147**	**+18**	**10,138**	**9,898**	**-240**	**10,123**	**9,879**	**-244**
NSCHT	Substantive	1,721	1,795	+74	1,721	1,767	+45	1,709	1,755	+46
	Bank	112	67	-45	112	75	-37	102	74	-29
	Agency	11	9	-3	11	8	-4	8	8	-0
	Total Workforce	**1,844**	**1,871**	**+27**	**1,844**	**1,850**	**+6**	**1,820**	**1,836**	**+17**
UHNM	Substantive	11,784	12,029	+245	11,759	11,359	-400	11,788	11,389	-399
	Bank	1,026	1,026	+0	1,042	943	-99	1,149	802	-348
	Agency	303	303	+0	293	231	-62	219	96	-124
	Total Workforce	**13,114**	**13,358**	**+245**	**13,094**	**12,533**	**-560**	**13,157**	**12,287**	**-871**
SSoT	Substantive	23,004	23,380	+377	22,989	22,457	-532	22,934	22,407	-526
	Bank	1,658	1,583	-75	1,674	1,486	-188	1,833	1,396	-437
	Agency	425	412	-13	414	339	-75	333	198	-134
	Total Workforce	**25,087**	**25,376**	**+289**	**25,076**	**24,281**	**-795**	**25,100**	**24,002**	**-1,098**

Other areas

- The table below, outlines additional requests as part of the resubmission which did not form part of the technical templates.

Areas	Overview
Learning disability metrics baseline	• The resubmission reflected the adjusted baseline from NHSE but there was no impact on performance or compliance. • Remains a compliant plan for Reliance on mental health inpatient care for adults with a learning disability; Reliance on mental health inpatient care for autistic adults; Reliance on inpatient care for people with a learning disability and/or autism - Care for children
GP appointments	• Revised increase in appointments in the resubmission **by 212,914** to reflect the year-end performance, which is higher than the forecast outturn expected and the basis of the March submission. • Remains a compliant plan.
Virtual ward	• Main changes in resubmission is reduction in available and occupied beds to meet NHS England criteria. The occupancy has changed slightly in the resubmission across 2025/26 (from 82.61% to **82.04%).**
Planned Care	**Women's Health Hubs - Request from NHSE to confirm that previous ICB response is unchanged** • Previous response made on 11th March remained unchanged. We restated our commitment to having 1 hub delivering 3 core services 'SSOT Community gynae service'. The community gynaecology service is a recurrently funded service contracted for 3 years (+2 optional years) - commenced July 2024. The ICB confirmed that the provision will not decrease and will be maintained over 2025/26.
Mental Health	**Mental Health Support Teams (MHST) Growth - Request from NHSE to confirm that previous ICB response is unchanged and to respond to an additional question** • We restated our commitment to utilising our 1 MHST allocation as per the ICB multi allocation MHST tool. • An additional question was asked by NHSE for the resubmission. The ICB needed to confirm how we would prefer these teams to be allocated annually across from 2026/27 through to 2029/30. This was requested to support ensuring that there was going to be enough national training capacity in place for the growth in these teams across systems.
Primary Care	**Digital Tools - Request from NHSE to confirm ICB funding for digital tools will be included within the Digital Plan** • We restated our confirmation that ICB is committed to funding digital tools for general practice. The ICB continues to fund digital pathway solutions to support MGP implementation and there is an ongoing commitment to digital transformation. **Dental – Request to provide a monthly breakdown** • The original submission contained monthly returns that were a combination of baseline and ICB allocation. Resubmission has been amended to provide a monthly breakdown on additional urgent appointments.

Schedule 2 The Services, C Activity Planning Assumptions
The following narrative has been taken from **Appendix A,** as referenced in Schedule 1, Service Commencement, B. Commissioner Documents.

Approach to Estimating IAP:
We have performed a data analysis exercise to create the indicative activity plan for the provider and treatment function. The steps in this exercise were:
1. Start with number of incomplete pathways by weeks waited as of February 2025;
2. Clock starts are added to incomplete pathways on a week-by-week basis throughout FY25/26, where the number of clock starts is assumed to be
the same as those recorded in FY24/25;
3. The number of clock stops required throughout FY25/26 is calculated so that by the end of March 2026 65% of patients are estimated to be waiting
less than 18 weeks and less than 1% of patients are waiting over 52 weeks. The target for patients waiting over 52 weeks is prioritised over the
target of the percentage of patients waiting less than 18 weeks;
4. The number of clock stops required is converted into volume and value of activity across first outpatient appointments, day cases, inpatient stays,
follow up outpatient appointments, and radiology appointments.

Productivity Improvements:
- The IAP includes an estimated reduction in follow-up outpatient appointments where the current first to follow up ratio is greater than the ICB target. The target is two follow ups per first for Trauma and Orthopaedics and Spinal Surgery, for all other specialties that target is one follow up per first appointment.
- If the first to follow up ratio in FY24/25 was less than the corresponding target, the current first to follow up ratio is assumed to continue into FY25/26.

Assumptions:
The approach described above includes the following assumptions:
- Clock starts per month is the same as FY24/25;
- The activity required per clock stop is the same as FY24/25, which is adjusted for a first to follow up ratio target described in the productivity
- improvements section;
- The distribution of clock stops to patients waiting less than 18 weeks and those waiting 18 weeks and over is assumed to be the same as in FY24/25.
- Within these two groups clock stops are allocated to patients waiting the longest first.

Nuffield Delivery Plan/Assumptions

Closure of Service Lines
To achieve the reduced target the only feasible way is for Nuffield to close Service Lines for Foot/Ankle and Spinal. Closing the proposed Service Lines guarantees a cost reduction.

What Nuffield have done is reviewed the 24/25 IAP and as they have not increased ERS capacity assumed a similar run rate for 25/26. Therefore, to reach the savings target this is based from Sept to March. Nuffield are closing slots as of June and July, however, any patients that have already secured an appointment will be honoured.

General Surgery
Nuffield anticipate 30% reduction in General Surgery.

Diagnostics and Physiotherapy
The closure of Service Lines will mean a reduction of build volumes for Diagnostics and Physiotherapy.

Spinal Surgery
Current data taking from My Planned Care website which states current patients booked in 18 weeks in advance. New patents will still come through for 4 months so the assumption is 40% of patients booked in will still convert to treatment.

Exit Plan

- Nuffield to confirm where we stand now re patients
- Monthly report on the reduction
- Need caveat in the Exit Plan to say patients can return within 6 months in line with PIFU Guidance

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Activity planning assumptions are:

- All eRS activity is expected to be delivered in line with the Birmingham and Solihull Clinical Guidelines for Surgical Prioritisation during the Coronavirus Pandemic Recovery/BSOL system Elective Surgical Prioritisation Framework").
- To ensure the maximum efficiency in the use of theatre space acute ISPs may slot in category 4 procedures prioritising category 4 patients with highest clinical priority and the longest waits as detailed in the Birmingham and Solihull Clinical Guidelines for Surgical Prioritisation during the Coronavirus Pandemic Recovery/BSol system Elective Surgical Prioritisation Framework.
- No eRS patient should be treated to the detriment of agreed NHS Trust activity plans for Category 1-3 Cancer or other urgent elective activity undertaken by sub-contract within or outside of the NHS England Additional Capacity Framework.
- The Provider will use its best endeavours to ensure that Category 4 Elective patients who are under 18 weeks waiting time, whether for surgery or treatment, are to have first definitive treatment between 14 and 18 weeks and not earlier, unless there is a verifiable clinical urgency. However, if there are insufficient referrals in unused capacity, the Provider may treat patients below the minimum agreed waiting time.
- Tariff costs exceeding 3% of the agreed IAP by point of delivery for Category 4 Elective procedures will trigger the activity management clauses within the Contract.
- As a predominantly Outpatient Treatment Room procedure at least 90% of joint injections for MSK to be counted and charged for at the respective national Outpatient Procedure tariff

The Birmingham and Solihull Clinical Guidelines for Surgical Prioritisation during the Coronovirus Pandemic Recovery is a Document relied on in Schedule 5A.

Schedule 2 The Services, C Activity Planning Assumptions

Approach to Estimating IAP:
We have performed a data analysis exercise to create the indicative activity plan for the provider and treatment function. The steps in this exercise were:

1. Start with number of incomplete pathways by weeks waited as of February 2025;
2. Clock starts are added to incomplete pathways on a week-by-week basis throughout FY25/26, where the number of clock starts is assumed to be
   the same as those recorded in FY24/25;
3. The number of clock stops required throughout FY25/26 is calculated so that by the end of March 2026 65% of patients are estimated to be waiting
   less than 18 weeks and less than 1% of patients are waiting over 52 weeks. The target for patients waiting over 52 weeks is prioritised over the
   target of the percentage of patients waiting less than 18 weeks;
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- The IAP includes an estimated reduction in follow-up outpatient appointments where the current first to follow up ratio is greater than the ICB target. The target is two follow ups per first for Trauma and Orthopaedics and Spinal Surgery, for all other specialties that target is one follow up per first appointment.
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The approach described above includes the following assumptions:

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- improvements section;
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- Within these two groups clock stops are allocated to patients waiting the longest first.

Provider Assumptions
The aim is to adopt a more agile approach to address the demands of a fluctuating referral pathway through active management of the eRS systems and processes. Through collaborative working with the ICB, this will facilitate the ability to meet performance targets in line with commissioning principles and policies. The delivery of a safe and efficient service that complies with the Contract agreement remains at the heart of the partnership. Furthermore, maintaining a solution-focused approach with the ICB to address any arising issues will support adherence to the agreed proposal and facilitate ongoing management.

The Provider will take the following approach:

- Active management of the eRS system
- Review wait times for patients from initial consultation to DTT in line with the ICB
- Continue to promote and manage PIFU
- Drive efficiencies in the Physio pathway