Reference: FOI.ICB-2526/144

Subject: Activity Planning Assumptions (Elective Care Services)

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
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 Bristol, North Somerset And South Gloucestershire Integrated Care Board to deliver one or more elective care services in 2025/26.	Please find enclosed Activity Planning Assumptions included in all Independent Sector (IS) contracts for which BNSSG is lead commissioner. With the exception of newly accredited providers starting contracts this year (2025-26), all of whose year 1 of service have maximum activity management plans values of £100,000. **NBT (North Bristol NHS Trust):** The IAP (schedule 2B) was developed by NBT for inclusion within the 2025/26 Operational Plan. • The plan is developed with the goal of recovering as much elective activity as possible within the constraints of NEL pressures and the bed base. • Planned care, trajectory to achieve 5% improvement in 18 week standard by March 2026.

<table>
<tr><td></td><td>UHBW (University Hospitals Bristol and Weston NHS Foundation Trust):
The IAP (schedule 2B) was developed by UHBW for inclusion within the 2025/26 Operational Plan.

• The plan is developed with the goal of recovering as much elective activity as possible within the constraints of NEL pressures and the bed base.
• Planned care, trajectory to achieve 5% improvement in 18 week standard by March 2026</td></tr>
<tr><td>2. A copy of the overall system-level plan for elective care services in 2025/26 in NHS Bristol, North Somerset And South Gloucestershire Integrated Care Board, setting out how the ICB will meet its obligations with regards to the 18 week referral to treatment standard.</td><td>18 week wait trajectory below:</td></tr>
</table>

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
RTT 18 week standard	68.5%	68.8%	69.2%	69.7%	70.0%	71.6%	72.3%	73.0%	73.4%	74.1%	74.0%	74.1%	

IMPROVEMENT 5.5%

The information provided in this response is accurate as of 21 August 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

SCHEDULE 2 – THE SERVICES

A. Activity Planning Assumptions

The table below is a summary of the BNSSG ICB elective activity planning assumptions for 2025/26

Activity Planning Assumptions		
1	Demand / Capacity	**The priority for the ICB (the 'Commissioner') during 2025-2026 is to meet the national performance metrics (outlined in Service Conditions Annex A) and ICB Operating plan submission which included indicative activity levels for independent sector providers of elective services and enables the plan to be delivered within the financial allocation for BNSSG ICB.** **The Provider is responsible for managing the activity levels of their services and should work within the cost weighted levels outlined in the Indicative Activity Plan ('IAP') in Schedule 2B and consistent with the below assumptions. If any provider is unable to provide an IAP by end of quarter 1, the ICB will set an IAP as Service Condition (SC) 29.** **NHS England » Full-length NHS Standard Contract 2025/26 (Particulars, Service Conditions, General Conditions))** **Any changes must be agreed with the responsible ICB; however, noting the IAP is not a guarantee of activity levels.** **A review of activity may be initiated by the Commissioner or Provider using triggers as detailed within the contract under General Conditions 8 and 9, and Service Condition 29.** **The Commissioner will review activity on monthly basis and will inform the provider if a further investigation is required and the Commissioner will review taking into consideration overall activity levels for independent sector providers by specialty and/or procedure level and overall ICS performance targets. Whilst BNSSG ICB reserve the right to query any variance, we would normally operate a tolerance level on a monthly basis of a minimum of at least 5%, although should the provider expect this variance to be maintained for 2025/26 this should be notified to the Commissioner as soon as possible.** **Where the Provider is planning to increase market share or increase capacity and this impacts upon planned activity levels with BNSSG ICB, this must be proposed for agreement with the Commissioner in advance so that any system risk can be identified, and mitigation plans can be considered. Growth in activity above planned levels in the Indicative Activity Plan is unaffordable for BNSSG ICB. If required, *SC29 Managing Activity and Referrals process* will be followed**

<table>
<tr><td></td><td></td><td>and will generate discussions with the Provider on how to manage the position within the IAP e.g. introducing minimal/expected waiting time targets and non-payment for over performance.

The Provider will raise to the Commissioner as soon as possible any strategic or critical clinical staffing changes or issues which may impact on activity/waiting times for patients which may trigger the need for a joint review of capacity, including options to redirect activity across the wider healthcare economy.

NHSE are taking the approach of monitoring whole organisational performance with the hosting ICB geography in reporting long wait reductions. The priority is the treatment of long waiting patients. NHSE performance manage the ICB position at System level and the expectation is that providers in the System will collaborate and engage in mutual aid to support the System position in reducing the longest waiting patients. Providers are encouraged to treat long waiting patients over new referrals in line with system priorities, BNSSG Elective Care Access Policy and according to clinical priority.</td></tr>
<tr><td>2</td><td>Activity Baseline</td><td>All activity is delivered in accordance with the terms and conditions of the Contract.

The plan is based on the actual activity at M10 24/25 forecast outturn (FOT) minus 2.4% as per Operational Planning submission approved by NHS England. For any provider whose contract started part-way through 2024-2025, activity will be extrapolated to create FOT.

Calculation for setting Independent Sector payment limits
<table>
<tr><th></th><th>£</th></tr>
<tr><td>(A) Baseline[1]</td><td>39,349,203</td></tr>
<tr><td>(B) YTD (M8) baseline[1]</td><td>26,934,758</td></tr>
<tr><td>(C) As % of full year (B/A)</td><td>68.5%</td></tr>
<tr><td>(D) Target[2]</td><td>40,141,712</td></tr>
<tr><td>(E) Target as % of baseline</td><td>102.0%</td></tr>
<tr><td>(F) YTD (M8) actual[1]</td><td>37,098,565</td></tr>
<tr><td>(G) Forecast outturn (F/C)</td><td>54,197,590</td></tr>
<tr><td>(H) Over-performance (G-D)</td><td>14,055,878</td></tr>
<tr><td>(I) Scale-back (H*-9.4%)</td><td>(1,321,253)</td></tr>
<tr><td>(J) Scale-back as % of forecast outturn (I/G)</td><td>-2.4%</td></tr>
</table></td></tr>
</table>

		(1) as per NHS England "2024-25 ERF April to November Performance" version 9 **(2) calculated from NHS England "2024-25 ERF April to November Performance" version 9, being total ICB target less individual NHS provider targets** **The financial values have been refreshed for 2025-2026 in accordance with the published NHS Payment Scheme.** **All payments will be made in line with the terms of the Contract (including local prices where applicable) and NHS Payment Scheme rules.** **The plans do not include activity the ICB does not commission in line with its Commissioning Polices (Commissioning Policy Directory - BNSSG Healthier Together), which remain in place.** **NB for the purposes of recording activity, the following should be noted.** **Inter Patient Transfer (IPT) – activity transferred from another provider must be agreed with BNSSG ICB before the patient is transferred. The only exception to this is historic flows of activity from North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust that are already agreed within the Contract. All activity should be recorded by the receiving organisation in accordance with the requirements set out in the IPT Minimum dataset. BNSSG ICB will be responsible for funding all IPT activity unless other arrangements are put in place or Commissioner approval was not sought and granted.**
3	**Growth**	**The contract value baseline is as above with the following adjustments:** • **For 2025/26 growth has been calculated as set out in the activity baseline (section 2) to reflect the aggregate level of activity assessed as required to meet the national performance requirements.** • **Inflation net of general efficiency uplift. The contract value baseline has been uplifted by the 'Cost uplift factor' (4.15%) less 'Efficiency (2.0%)' giving a 2025/26 net CUF of 2.15% as set out in the NHS Payment Scheme published 04 April 2025.**
4	**Local prices**	**The baseline will be 2024/25 local prices uplifted by 2.15%, except where specifically noted and the Commissioner retains the right to review local prices at any point and make changes with appropriate contractual notice.**
5	**BNSSG System Planning assumptions**	**The BNSSG System ambitions applicable to Independent Sector providers of elective services are as follows:**

		• **Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026**
		• **Working together and in collaboration with other Integrated Care System partners to plan and deliver a balanced net system financial position. This will require prioritisation of resources ensuring plans are affordable and within the allocation set.**
		• **Providers will validate patients on a referral to treatment (RTT) waiting list after 12 weeks and then every 12 weeks thereafter, in line with good practice and published guidance.**
		• **Delivering services in line with clinical priorities first and then in order of longest waiting patients.**
		• **Proactively ensuring that plans due not exacerbate health inequalities across the System, recognizing health inequalities already exist in the context that independent sectors already have short waiting times and restrictions on patient cohorts.**
		• **Adhering to all national reporting requirements e.g WLMDS**
		• **For awareness for NHS Trusts only the following also applies**
		  ○ **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**
		  ○ **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**

6	**Commissioning Policies**	**The NHS exists to serve the needs of all of its patients, whilst upholding its statutory duty to financially break even.** **BNSSG ICB has a responsibility to meet the health needs of the whole of its population, through commissioning appropriate care and services and proactively reducing health inequalities** **In order to ensure that quality services are available to those patients with the greatest need within funding envelope provided, it is necessary to restrict the funding of procedures which have limited or no clinical benefit and it may be necessary to rebalance across areas that are far exceeding the RTT standard to enable equalling out waiting times to improve patient experience and outcomes as well as improve RTT compliance. The list can be found Commissioning Policy Directory - BNSSG Healthier Together and further information can be found in section 2G.**