

Meeting of the BNSSG Integrated Care Board

Date: Thursday 2nd October

Time: 1245-1600

Location: MS Teams

Agenda Number:	7.1	
Title:	Quality Report – Cover Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion/For Information		
Key Points for Discussion:		
Key emerging issues, achievements or risks since the last reporting period of the report NHS Reforms <p>The forthcoming proposed reforms have significant implications for work areas within the current Quality domains of the ICB. An area proposed for adaption within ICBs is <i>quality management</i>, while areas for a review of transfer to other organisations include <i>infection control</i>, <i>safeguarding</i>, <i>continuing healthcare</i>, and <i>oversight of provider performance</i> under the NHS performance assessment framework. Further national guidance related to these areas will be released in due course together with the model region blueprint.</p> MRSA cluster <p>A small cluster of a rare strain of historical MRSA cases (going back to 2022) has been discovered in the system. Scrutiny by the ICB, UKHSA, health protection teams and system partners found no causal associations with providers involved in the patients' care, although reinforcement messages of good IPC practice are being disseminated across the system. Active surveillance has also been increased, and a system MRSA outbreak pathway is being developed. UKHSA have congratulated the system for an excellent collaborative piece of work.</p>		

Measles

Cases of Measles have decreased significantly in the System, and uptake of MMR has increased – see separate paper on immunisations and vaccinations uptake.

Tuberculosis

There has been a recent case of TB in a school setting. A screening programme is being coordinated by the ICB, UKHSA and school. The risk of onward transmission to other contacts has been determined to be low, however a communications programme to parents and primary care has been implemented.

Key items to note in the Quality Report

Updates from System Quality Group - 17th June 2025

- **Outcomes of the National Education Training Survey (NETS)** in relation to BNSSG were explored; system partners are engaging with the development of a regional strategy to address the findings. BNSSG came out either top or second in all domains except for sexual safety, where the SW region was the lowest scoring region
- **Feedback from ReSPECT: Physical and Sensory Impairment Audit UHBW and NBT** concluded that DNAR decisions had been made based on individualised conversations and factors and not automatically because patients had sensory impairments. Both Trusts have a ReSPECT improvement programme.
- Updates were provided on the **National Quality Board Escalation processes** for AWP NHS Trust and heart failure pathway. Steady improvement is being made

Patient Safety

Updates are provided in the report on developments that provide assurance that our partners and the system are applying patient safety governance and practice commensurate with the NHSE patient safety strategy and Patient Safety Incident Response Framework. Highlighted areas of patient safety issues in the system and mitigations include Connecting Care, Central Alerting System and the new patient safety national reporting system.

Infection Prevention and Management

Influenza

The influenza vaccination campaign for 2024/25 ended on 31st March 2025; the Southwest region performed well in relation to flu vaccination delivery with uptake rates.

Healthcare Associated Infections

In terms of benchmarking, BNSSG compares relatively favourably against the other six systems in the Southwest region, with the exception of MRSA. Targeted interventions include a task and finish group led by partner organisations/local authority.

Funded Care

The report also includes an update on the improving performance of Adult Continuing Health care, Funded Nursing Care/Fast Track and the ongoing risks and challenges of staff capacity and

vacancies. An update is also provided on inpatient discharge performance for Learning Disability and Autism individual placements with an outline of the system risk in relation to the delays in opening the Oldland Common unit.

Safeguarding Quarter 1 report (appendix)

Child Sexual Abuse is the new upcoming theme for JTAI (Joint Targeted Are Inspections) from September 2025 and the ICB is working closely with each Children's Partnership on their preparedness in this space. There will be opportunities during this preparation to work closely with the SARC (Sexual Assault Referral Centre) and NHS England (their commissioner) regarding any strategic improvement work.

This quarter has been the start of our BNSSG wide data collection with the Sirona Children in Care Team to explore the health needs of our children in care. This is data directly lifted from Initial and Review Health Assessments and once analysed and themed will help inform our role as strategic commissioners for this vulnerable cohort.

Learning from a Domestic Homicide Review has created an opportunity for the ICB safeguarding team and Medicines Optimisation team to work together on reviewing the guidance for the prescribing and monitoring of anti-depressants to ensure that reviews occur earlier and include safeguarding questions which explore the risks of domestic abuse and suicide.

Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	Not previously considered.
Management of Declared Interest:	None declared
Risk and Assurance:	The report and appendices provide an update to the ELT and Outcomes, Quality & Performance Committee in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place.
Patient and Public Involvement:	Not applicable
Financial / Resource Implications:	Non referenced
Legal, Procurement, Policy and Regulatory Requirements:	None referenced
How does this impact on health inequalities, equality and diversity and population health?	None referenced.

ICS Green Plan and the Carbon Net Zero target?	Not referenced
Communications and Engagement:	The reports are provided to the ICB Extended Leadership Meeting, Outcomes, Quality, & Performance Committee, and ICB Board for information and discussion.
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Sponsoring Director:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB

BNSSG ICB Quality Report

July Report on Month 1/2 (April/May) 2025

1. System Quality Group (SQG) and National Quality Board (NQB) process updates from this reporting period

1.1 System Quality Group (SQG) 17th June 2025

Areas of focus:

Outcome of National Education Training Survey (NETS)

- BNSSG came out either top or second in all domains except for sexual safety, where the SW region was the lowest scoring region for the second year running. It was noted that more responses related to patients/other service users than to staff. Work is underway with CEOs/CPOs to produce a regional strategy.
- The NETS Priority Tool (which assesses data from repeating years) identified issues for Nursing Associates (NAs) at UHBW Weston General Hospital, although it was noted that only five NAs had been affected. It was confirmed that a comprehensive action plan had been drawn up.

Feedback from ReSPECT: Physical and Sensory Impairment Audit UHBW and NBT 2025

An audit took place across UHBW and NBT around the experience of disabled people with physical or sensory impairment in health settings across BNSSG. From this report, it was determined that DNAR decisions had been made based on individualised conversations and factors and that clinical decisions regarding appropriate levels of medical treatment appeared appropriate in the context of the patient's health and risk of deterioration. Patient/next of kin involvement and mental capacity was well documented on the ReSPECT forms.

Both Trusts have a ReSPECT improvement programme including eLearning packages, medical clerking documentation, discharge documentation, and Standard Operating Procedures. Actions around ReSPECT documentation will be monitored through these programmes.

1.2 National Quality Board Escalation Process Updates

Avon & Wiltshire Mental Health Partnership NHS Trust

- Enhanced Contractual Quality Oversight Group continues to meet, bi-monthly.
- Discussions are ongoing regarding the future of Riverside Unit.
- AWP has made steady progress with improvement work although there is still work to do, particularly around adult safeguarding. AWP's trajectory shows 100% compliance with adult safeguarding by 2026.

Heart Failure Pathway

- Three Working Groups have come out of the Quality Improvement Group (QIG) (1) Impact of interim mutual aid arrangements on performance/application for additional funding from the British Heart Foundation, (2) Pathway Mapping & Design, and (3) Harm Reviews
- It was agreed that governance oversight going forward for this programme will be in the system's Long-Term Conditions programme, and for QIG Meetings to be stood down.

2. Patient Safety

Purpose: To provide assurance that our partners and the system are applying patient safety governance and practice commensurate with the NHSE patient safety strategy and Patient Safety Incident Response Framework. To highlight areas of patient safety issues in the system and mitigations.

Learning from Patient Safety Events (LFPSE) national reporting system

Data issues from LfPSE continues, impacting on Provider workloads. As the LfPSE digital platform matures, the data produced will be more substantial and ICBs will have an improved insight into the themes and trends of patient safety incidents occurring within our system partners.

Central Alerting System (CAS)

In May 2025, system partners received a new CAS alert regarding Chloraprep applicators. Chloraprep is a skin preparation containing antiseptic. The CAS alerts concerns a batch of packaging that has a broken seal. This alert remains open with providers working to complete.

Sirona and UHBW have a CAS alert that remain open beyond the action deadline.

UHBW's alert involves the transition to NRFit connectors (these are new standard connectors for intrathecal, epidural and regional anaesthesia procedures). The Trust is working through NHS supply chain to meet the standards of this alert as soon as possible. Clinical mitigations are currently in place and the situation is being monitored and reviewed by the medical devices equipment group. UHBW also has a bed rail alert open. Much of the bedrail compliance has been competed however some cots in the Children's Hospital are non-compliant. A cot replacement programme is underway, and funding is available.

Sirona's alert involves some bed rails carrying the risk of entrapment. Mitigations are in place while these are being replaced, and progress is being reviewed at Sirona's Quality and Outcomes Committee.

Connecting Care

A patient safety issue has currently been identified whereby the Connecting Care system does not always show patient allergy status in the correct interfaces for clinicians. This had not been resolved in May 2025. The ICB is receiving updates from the pharmacy teams at both Acute Trusts. The ICB's Deputy Chief Transformation and Digital Officer is leading on supporting the Trusts with mitigations while work is under way with the digital and medicines teams to address the issue quickly.

NBT Stroke reconfiguration

NBT have shared a risk regarding their acute stroke service. Admissions into acute stroke service are at the level planned, but the level of 'no criteria to reside' in stroke takes the acute occupancy to consistently 40% above what was planned for. The level of discharges to the stroke sub-acute rehab units are not at the planned level, with the largest category of no criteria to reside patients in acute beds, are those waiting to go to these rehab units. Current flow mitigations include:

- Additional BIRU beds now de-commissioned
- Complex discharge planning from acute trusts.

Provider Patient Safety - selected partners

NBT and UHBW have developed a combined Integrated Quality and Performance Report. This is a new format for both Trusts to align the data that is published using patient first methodology and is exception focused.

North Bristol NHS Trust (NBT)

NBT	Jan-25	Feb-25	March-25	Apr-25	May-25
Never Event	2	0	0	0	1
Commissioned PSII	2	1	0	1	1
VTE Risk Assessment Completion (trajectory 95%)	91.6%	90%	92%	91.8%	-
Pressure Injuries per 1,000 Bed days	0.2	0.3		0.5	0.5
Falls per 1,000 bed days	6.98	7.2	6.1	5.6	5.6

- **Inpatient falls** –Patient falls has remained stable. Learning responses continue to be undertaken post patient falls. Completed reports show actions to take forward

learning around accuracy of documentation including risk assessment and clerking information.

- **Pressure damage** – Dynamic hybrid mattresses were installed on all beds to prevent pressure damage. NBT has aligned with national guidance in no longer using the term ‘unstageable’ to categorise pressure damage, as a consequence this has caused a small increase of category 3 pressure ulcers.
- **VTE risk assessments** – VTE risk assessment remains static after the successful roll out of the VTE digital assessment.

University Hospital Bristol and Weston (UHBW)

UHBW	Jan-25	Feb-25	March-25	Apr-25	May-25
Never Event	0	0	0	0	0
Commissioned PSII	0	0	1	0	0
VTE Risk Assessment Completion (trajectory 90%)	76.1%	74.3%	75.1%	75.1%	73.5%
Pressure Injuries per 1,000 Beddays	0.1	0.2		0.1	0.1
Falls per 1,000 bed days (target 4.8)	5.5	4.4	4.8	3.3	3.6

- **Inpatient falls** – The number of falls is lower than trust target, and there have been no falls with moderate or severe physical and/or psychological harm. From shared patient stories, themes related to falls include, falls occurring during patient handovers, lack of enhanced care observation cover, patients mobilising without walking aids and falls in bathrooms. An internal implementation plan to address the learning is successfully being accomplished.
- **Pressure damage** –UHBW continue to complete pressure ulcer care plan audits, and these are demonstrating improved compliance. PURPOSE-T (a pressure ulcer risk assessment framework) has been rolled out across UHBW.
- **VTE Risk Assessment** – VTE risk assessment compliance remains poor however local auditing demonstrates compliance with prescribing. The number of HAVTE incidents has not increased. Careflow Medicines Management was launched in Weston, this will include mandatory VTE assessment compliance on most ward areas and should lead to a marked improvement.

SWAST

There were 42 system PSII's declared in the period from 1 January to 31 March 2025. This is 180% increase compared with the same period in the previous year. This is reflective of a combination of increased demand due to seasonal pressures and more robust processes for identifying and declaring system PSII's, as SWASTs Trust and Executive Decision-Making Panel become more familiar with PSIRF processes. Dorset ICB have been shared the concerns regarding the increase in system PSII's and are pursuing with SWASFT.

Practice Plus Group (PPG)

PPG have sustained two Patient Safety Incident Investigations under their PSIRF priorities. Both patients received ongoing care from Acute Providers and PPG are following their own learning responses.

Sirona Care & Health - Quarter 4 2024/25

Q4 saw the highest number of incidents reported for 2024-25, with an average of 1057 incidents per month. There are some departments where numbers are low, so the team are working on this to understand the reasons and to provide support.

Delays in care were the highest reporting PSIRF priority category and are the focus of the two PSII's. The first PSII relates to podiatry services and has a quality improvement plan in place. The second PSII is being worked on ready for sign off in Q1 2025/26. This relates to children's services and the community paediatric service.

Outstanding bed rail alert (August 2023) remains non-compliant. A retrospective piece of work is being undertaken which is being managed by the Divisional Director for Specialist Services, to inform patients who have been previously issued with equipment. Assurance has been provided, that Sirona are working to rectify this as the ICB do not hold a list of patients, which was stated in their quality report.

Pressure injury data shows an improving picture regarding those developing a pressure injury under Sirona's care, however there is an upward trend of acquired pressure injuries in Bristol North & West and South Bristol. A review of the Pressure Injury Prevention Programme has been undertaken and there is an updated plan for 2025-2027.

St Peters Hospice-Q4-Patient Safety and Quality update

New patient safety board implemented in the Inpatient Unit displaying information to promote transparency and shared responsibility.

Medication and falls now being reported to LfPSE (from April 2025 pressure injuries and IPC incidents will be included). Further data reporting will follow with the rollout of the PSIRF InPhase module.

3. Infection Prevention and Management and Health Care Acquired Infections (HCAI)

Vaccinations – see separate paper for July 2025, Outcomes, Quality & Performance Committee

Measles

There have been no new adult confirmed case(s). UKHSA lead on outbreak. 12 confirmed cases, 3 of whom are likely to be vaccine related. All cases have been in the baby room and reassuringly no cases were in the wider nursery setting (i.e. outside of the baby room). There have been >21 days since the last case was at nursery during their infectious period (8th May).

Healthcare Associated Infections

In terms of benchmarking, BNSSG continues to have higher rates of MRSA compared to other SW systems and has remained in this position for some years. There is currently high active surveillance, and much focus is on community onset MRSA bacteraemia's and an annual retrospective review will commence over the next 8 weeks working together with UKHSA field services to attempt to identifying risk factors and determine why the Bristol area has higher rates. Another workstream has been using DHSC 'Fingertips' data which benchmarks similar ICBs with higher MRSA case counts and working together and sharing QI initiatives for MRSA eradication, and it is hoped outputs from this programme will be available by Autumn 2025. A targeted intervention including a task and finish group aligned to BNSSG HCAI meeting, led by partner organisations/local authority to look at effective supportive interventions is also currently underway.

To understand more fully age standardised rates of infections in BNSSG, further findings following analysis will be provided iteratively in the next reporting period/s.

Table below shows position in April 2025:

Rates per 100k	South West Position										BNSSG	BNSSG Age/Sex Standardised
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England			
C. diff	29.78	32.90	38.95	39.80	27.18	50.02	36.36	36.03	30.85	3	6	
E. coli	59.05	62.39	83.95	81.91	35.31	80.43	88.47	70.42	70.96	3	5	
MRSA	1.02	4.06	2.04	3.05	1.03	0.33	1.34	2.01	1.73	7	7	
MSSA	20.70	20.51	30.23	30.40	15.51	26.75	30.83	25.04	22.44	2	3	
Pseud A	7.55	6.14	5.34	7.45	2.81	6.31	7.20	6.13	7.27	3	6	
Kleb spp	18.66	17.49	21.83	25.64	10.05	20.61	25.13	19.95	21.85	2	5	

Clostridioides difficile (C. difficile) – Cases in BNSSG peaked in September 2024 and the burden of infection appears still to be reducing. Learning from reviews of community onset cases for all age/all gender from Oct 2024-March 2025 has concluded and there was a deep dive focus at the multi-agency HCAI system meeting in June. A CDI driver diagram with risk reduction strategy for BNSSG is being implemented.

4. Funded Care

Adult Continuing Healthcare (CHC)

Headline National metrics

CHC 28-day assessment performance was 74% in Q4 of 24/25, below the national target of 80%. Despite this being in line with other ICB areas, and that BNSSG continues to be a

high performer regionally and nationally, NHSE has requested an improvement plan which is currently being developed.

A series of actions have been implemented to address the dip in performance including a rapid review of the assessment pathway, workshops with CHC nurses to explore issues they face, and a renewed leadership focus on 28-day performance.

Staff vacancies remain a significant contributing factor to CHC assessment performance, estimated at 245 hours per week of clinical resource that is currently unfilled. Recruitment is challenging with a lack of transferable skills and experience in the BNSSG nursing workforce, a long onboarding process and extended induction to reach competency due to complex nature of work.

Vacancies have been reviewed, and specific key posts are being taken to Vacancy Control Panel to request approval to recruit.

Workshops with staff are exploring the impact of work pressures, which is noted in an increase in reported absences due to stress and anxiety.

FNC/Fast Track ICB Benchmarking

National comparisons for Q4 performance metrics are improving, but BNSSG still benchmarks high within the cluster of comparative ICBs.

The revised approach to FNC is impacting as expected and the caseload is decreasing each month, addressing the benchmarking disparity, and contributing to ICB savings.

Fast Track recovery continues to bring the number of active cases back down to target levels, with the support of external CHC capacity.

25/26 Savings Programme

The savings programme for 25/26 has been structured around three key pressures, FNC and Fast Track caseload recovery, and reducing the use of enhanced care in care homes.

All three areas were prioritised by the Funded Care Team from December onwards and positive progress is visible from January onwards in all three areas reducing. Noted changes between December 2024 and May 2025 are:

- Adult CHC - Enhanced care caseload has reduced from 72 to 59, a reduction of 281 hour per week of care.
- FNC caseload has reduced 2,481 to 2,345.
- Fast Track caseload has reduced from 385 to 313.

Risk

Staff capacity, vacancies and unplanned absence across the Funded Care Team remain the biggest risk to delivering performance and savings programmes. Of note is a rise in sickness absence due to work related stress and anxiety which is likely a result of organisational change and uncertainty around the future location of the Funded Care Team.

Staff workshops have been delivered to explore other factors that may be a reason for low morale and staff wellbeing.

Learning Disability (LD) and Autism individual placements

Inpatient discharge performance

In line with NHSE directives, ICB reporting for this cohort is now split into distinct LD and autism groups.

The ICB acts as a system leader to drive the reduction in people with LD and autism detained under the mental health act in hospital.

The target for the end of Q1 25/26 is 25 LD inpatients with the BNSSG at 24 at the date of this report. For autism the target is 14 inpatients and BNSSG is currently at 8. The overall, target is 39 inpatients with BNSSG currently at 32.

Risk

There is a risk that delays to the opening of the Oldland Common unit, which will eventually support 6 LD/A inpatient discharges, will impact on BNSSG's ability to deliver the target inpatient reductions in 2025/26.

The unit build was completed in the spring of 2025, but delays in issuing the tender to secure a provider to operate the unit mean that the service is unlikely to take its first discharge until October 2025. The procurement of a provider is being led by Bristol City Council, in partnership with the ICB and other two LAs.

Meeting of BNSSG ICB Board

Date: 2nd October 2025

Time: 12:45 – 15:45

Location: MS Teams

Agenda Number:	7.2
Title:	Performance report Month 1 to 2 (April-May 2025/26)
Purpose: For Information	
Key Points for Discussion:	
This performance report provides an overview of April 2025 and/or May 2025 performance. Where there are areas requiring mitigations to correct and bring performance back to plan, then assurance is provided of where those discussions are taking place within the system governance architecture.	
Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	The report was discussed at SEG on 17 July 2025. Feedback from SEG will be provided verbally at committee.
Management of Declared Interest:	None declared.
Risk and Assurance:	The report has provided an update to System Executive Group and to Outcomes, Quality & Performance Committee in July 2025 in relation to key risks to performance within the system and highlights supporting mitigations including where those mitigations are being held in the system architecture.
Patient and Public Involvement:	Not applicable to this paper which is reporting on performance metrics.

Financial / Resource Implications:	None referenced.
Legal, Procurement, Policy and Regulatory Requirements:	None referenced.
How does this impact on health inequalities, equality and diversity and population health?	All workstreams targeted at reducing health inequalities including examination of performance metrics by demographic where this is feasible.
ICS Green Plan and the Carbon Net Zero target?	Performance is defined within contracts held by the ICB with providers. The contracts include a section on the Carbon Net Zero Target and an expectation of providers to meet the standards set.
Communications and Engagement:	This report has been provided to System Executive Group and to Outcomes, Quality and Performance Committee for information and discussion.
Author(s):	Caroline Dawe – Deputy Director of Performance and Delivery, BNSSG ICB.
Sponsoring Director:	David Jarrett, Chief Delivery Officer, BNSSG ICB.

Agenda item: 7.2

Report title: Performance Update Background

The performance report for this month is based on April 2025 and/or May 2025 information.

The power business intelligence (BI) tool roll out is now complete within performance and delivery with a focus now on developing a level 2 suite of reports across all programme areas which provide a greater level of detail. The performance and delivery teams are continuing to use the tool in the service delivery units to triangulate intelligence between performance, quality, contracting and business intelligence. The tool can be demonstrated at the Committee if required. To aid members of the committee a performance summary slide set aligned with the power BI corporate delivery report in terms of format is attached as Appendix 1.

Indicators referenced within the report will be slightly different than previous reports as they are now aligned to the operating plan for 2025/26. Appendix 1 is still in development and includes measure from this years operating plan as well as last years.

1. Urgent Care

Mean Category 2 performance for the ICB in May 2025 was 31 minutes narrowly missing the target of 30 minutes. Monthly type 1 performance at acute trust level in May was better than plan at 64.1% against a target of 63.2%. All types performance at ICB level in May was 74% against a plan of 73.1%. Type 1 attendances (May) were under plan for the ICB by over 1200 attendances. A&E waits over 12 hours from arrival at ICB level in May was 6% against a plan of 5%. A&E waits over 12 hours from decision to admit has shown a decrease with UHBW having a month-on-month improvement.

111 performance remains good with 0.26% of calls abandoned compared to plan of 3%.

Virtual ward occupancy national standard of 80% was not achieved. An improvement plan to increase referrals is being developed, and recruitment continuing to fill vacancies. Assurance has been provided that the plan will be achieved in quarter two. Urgent care response continues to perform well with the plan achieved in relation to number of 2 hour care contacts.

No criteria to reside (NCTR) position in May was on a downward trend for both acutes and therefore overall for the ICB. However, this position did deteriorate in June.

POM continues to hold responsibility for system flow along with an oversight of the discharge improvement work related to securing improvement in the levels of NCTR to 15%. The discharge improvement work has continued to develop with a way forward on developing additional capacity in relation to P1 and P0+, review and future procurement of community beds in the system and process metrics related to length of stay and delays in the system.

The UEC operational delivery group (ODG) has overseen and discussed areas relating to finalising the operational plan metrics, a report on delay related harm on impact of boarding medical patients in ED, approach to winter planning and the outputs of the strategic review.

The strategic review identified key areas including the need for an integrated care coordination hub, UEC streaming project, colocated UTCs and MIUs, Children's flow in ED, colocated mental health hub, further work on high intensity users and a reduction in health inequalities. These concepts will start to be developed and for some areas to realise the benefits in the system a procurement process will need to be undertaken.

2. Mental Health

Areas of key focus within mental health are discussed below.

Average length of stay for adults in acute beds is achieving above plan in May 2025 with an average length of stay of 63 days compared to plan of 66 days. Inappropriate out of area beds in May 2025 is on plan at ICB level with 3 against a plan of 4 but missing the plan at AWP level, 6 placements against a plan of 5. Access to perinatal services continues to perform above plan in April 2025. The talking therapies measures are the same as last year with both being achieved in April 2025 re reliable recovery rate of 51% against plan of 48% and reliable improvement rate of 72% against a plan of 67%. Activity levels (all types) for talking therapies have exceeded plan in April 2025.

Children and Young Peoples access is behind the recovery plan target of 9613 in April 2025 at 9390. A recovery plan has been drafted service by service including use of digital but performance is variable. Mental health support teams is also a key area of concern and underperforming due to staff vacancies, lack of referrals, need for an increase in casesize and overall productivity including recording of indirect contacts and data quality. NHSE guidance received in June 2025 has asked the ICB to further extend the roll out despite existing inefficiencies.

The mental health ODG has key programme workstreams including:

- Urgent and crisis care programme board with a focus on mental health patients in ED, winter planning and escalation processes and actions, high intensity users with a sub-group now set up and running.
- Community mental health programme board working on development of MINTs, accommodation pilot with Bristol City Council with S256 agreement signed. Additional services within the MINT offering being designed through redesign of primary care liaison services and triage into the MINT teams.
- Inpatient Quality Transformation Programme Board, now in year 2 and focusing on roll out of the CCC (comprehend, cope, and connect) model, sensory environment, trauma informed care and culture of care in inpatient settings, redesign of rehabilitation pathways to reduce out of area placements. Metrics are now in place for each project. Year 2 plans including review of bed modelling, digital opportunities, the strategic clinical model, role of activity coordinators and continuation of a pilot which has shown to reduce inpatient length of stay.
- Overview of the workstreams associated with each domain of the mental health strategy. In the last month an update on prevention and early help was presented. Achievements include reducing waits to talking therapies, early intervention in psychosis and children's and young people mental health. MINT teams have linked

with employment support, drug and alcohol and Sequoia personality disorder services all supporting early intervention.

The ODG also picked up on capacity changes to the Shout Service which has not been commissioned locally to ensure partners and patients are made aware through points of communication. Also that an intention from NHSE has been passed to ICBs on the need to commission a crisis text line service. Further links with children and young people in relation to senate recommendations were also discussed e.g. earlier interventions, school readiness, digital technologies.

3. Learning Disability and Autism (LD&A)

LD&A measures in 2025/26 focus on a reduction in inpatient care as well as a focus on annual health checks. Reliance on inpatient care for adults with a learning disability in May 2025 is at 20 against a plan of 25, reliance on inpatient care for autistic adults in May 2025 is at 8 against a plan of 14. LD&A annual health checks is at 236 against a plan of 205 for April 2025.

As mentioned in the last performance report work is ongoing in relation to setting of indicative activity plans with right to choose providers providing autism (ASD) and ADHD services for adults and children. Activity in this area with a greater number of providers has exponentially grown with little supporting data or ways of monitoring. This makes setting of plans difficult but also potentially unaffordable in relation to the budgetary allocation to the ICB and with little known quality management of pathways for patients. Work is ongoing in relation to the pilot approach for adult ADHD working with primary care and secondary care.

Assurance in relation to LD&A performance is sought through the LDA ODG. Key areas discussed at the ODG include the draft strategy, regular updates on learning for the system from safeguarding reviews, progress on PINS (Partnerships for Inclusion of Neurodiversity in Schools) procurement in relation to wave 2 and further schools (30) being brought into the project and updates on the new Kingfisher Unit, a co-produced £20m 10 bed facility for LD&A patients in Blackberry Hill Bristol run by AWP; building completion scheduled for December 2025 with first patient in February/March 2026; and recruitment underway. An adult autism workshop is in planning stages as the pathways whilst exemplary need an overview with an exponential increase in demand and changing public expectations. The Dynamic Support Risk Register is progressing with a steering group set up, statement of intent developed and close links with Gloucestershire being established. Care (Education) Treatment Review procurement update also provided which relates to 13 ICBs across south and south west jointly commissioning a single provider to deliver a contract currently delivered by 2 organisations – one to enrol and induct independent panel members and the other to do booking administration. The tender will be advertised on 1 July and contract awarded in Autumn 2025 to start 1 April 2026.

Items for Escalation:

1. Right To Choose and escalation of costs

Through new national guidance GPs and Patients have the right to choose any ADHD/ASD provider offering assessments and treatments. These costs have escalated exponentially

over the past two years. The only levers available to the ICB to manage activity within the financial envelope is through indicative activity plans, however, poor data flows and capacity within the ICB means this is a financial risk area as well as quality related to different pathways and standards with each provider.

4. Elective Care

Elective performance continues to hold a good position. Referral To Treatment (RTT) over 52 week waits continue to be ahead of plan at ICB and acute trust level. For the ICB at 526 against a plan of 720 at April 2025. RTT 18 week performance at acute trust level is slightly below plan at 63.45% against target of 64% but is not concerning at this point in time.

The overall diagnostic position (percentage of diagnostic tests seen in less than 6 weeks) at ICB level is at 90% in April compared to a plan of 95%. There has been a small decline in performance but overall the ICB is ranked second nationally and first in the South West. Some areas are lower in activity compared to plan and this applies to audiology, non-obstetric ultrasound and CT. NBT overall is performing exceptionally well and with better performance the smaller number of breaches create a bigger impact on variance, however performance is around 99%. UHBW is above plan at this point in the year at 83%. UHBW has a greater number of nuanced tests e.g. MRI paediatrics, cardiac MRI which are impacting on performance levels. However, mitigation plans are explored and discussed at the relevant ODG and progress is being made.

FDS cancer standard is being achieved at ICB and acute trust level in April 2025. The ICB is at 78.41% compared to plan of 77.07%. The 31 Day combined standard is also ahead of plan at ICB and acute Trust level in April 2025, for the ICB at 94.27% compared to plan of 95.52%. The 62 day standard is not being met at ICB or acute trust level. Performance risks for UHBW relate to uro-oncology but with resolution through a locum expected by end quarter three, thoracic surgery will require additional capacity which will come on line through the impact of the Bristol Surgical Centre, head and neck with additional clinics being run using monies from Cancer Alliance and recruitment in progress and gynaecology due to a loss of a consultant but with a locum now in place. For NBT, challenges relate to urology and increases in demand but with additional capacity being funded through the Cancer Alliance, breast with staff sickness but locum now in place and lower GI with theatre capacity but Bristol Surgical Centre will provide additional capacity. A new GIRFT 100 days Matter standard has been introduced, and teams are working diligently to understand the technical details of this standard and what impact can be made with no additional funding.

Outpatient activity information is still being loaded, due to an issue nationally with the dataset.

The elective ODG meets weekly on a programme theme basis e.g. cancer, diagnostics, productivity and reviews key metrics as well as discussing areas of concern and mitigations required. This can include developments of services, new initiatives from regional and national teams, links with cancer alliance work programme. Focus over the past few months at the elective ODG has been on roll out of advice and guidance and understanding the impact to the system at primary care and secondary care level. At this point only month 1 data is available which demonstrates an increase in advice and guidance and referral requests. This will be monitored to see if there is a trend and if the cap will need to be initiated with primary care. A letter from the national team on demand management was also

released asking ICBs to review their referral and elective growth rates. This letter has been debated at the ODG and a plan with key lines of enquiry enacted with contributions from the system to see if there are any areas which could be impacted positively this financial year. Further work has concentrated on the changes in contractual guidance in 2025/26 and the creation and sign off of indicative activity plans in particular with our independent sector partners where there is a growth in activity in areas like weight management which requires a strategic approach to triangulate performance, quality and finances in the system as well as equity in approaches between providers.

The BNSSG Elective Recovery Inequalities group has made a commitment within 25/26 Operational Planning to the following areas:

1. Coding improvement ongoing for ethnicity (target of 80% of patients on RTT lists) and housing status. Exploration of data sharing across the system to utilise existing data where possible.
2. Continue work to decrease missed appointments for those in IMD1 and global majority groups by roll out of training across specialities (using learning from Cardiology missed appointments project)
3. Tackling Tobacco Dependency teams in place across both trusts. Quality improvement approach to increase recording of smoking status, ensuring NRT provided at point of admission and increase referrals to TTD teams.
4. Piloting phone calls ahead of outpatient appointments for those with learning disabilities to check reasonable adjustments in place. Evaluation of impact to be undertaken.

There is also work ongoing to develop an Equality and Health Inequality Impact Assessment for:

- Advice and Guidance (a new national enhanced service specification for General Practice, including funding for pre-referral requests. This data from this service will be added to the Inequalities Dashboard to allow for monitoring of inequalities)
- Contracting accreditation (revised approach to accreditation process to support patient choice, including prioritisation based on commissioning gaps/ RTT performance)

The impact of these schemes will be brought back to OQPC later in 25/26.

5. Children's Services

Children's ED performance in May 2025 is currently achieving 80.2% against the national target of 78%.

Over 52 week waits in children's community services is behind plan at end of April with 4331 children waiting compared to a plan of 4192. Implementation of the transformation work is required to be able to reduce these long waits.

RTT waits over 52 weeks in UHBW at end of May for children is currently at 381 against a plan of 353. Acute elective spells at end of May is on track against plan at 1224.

The children's and young people mental health access target at end of April is at 9390 against a plan of 9613. There is an intense scrutiny on this measure and lack of achievement within BNSSG. Work is ongoing working with AWP to ensure that a service-by-service recovery plan is in place. The additional contacts required will require collaboration between AWP and Sirona and include unrecorded contacts as well as use of digital solutions.

Reliance on LD&A inpatient care for children in inpatient beds is currently off target with four young people against a plan of three, in general adolescent units across the South West as Riverside Unit is closed. The CETR team and the key worker service are both contributing to keeping the numbers of young people in mental health inpatient settings low and ensure all has been done to keep children and young people out of the hospital and their communities.

The Children's ODG discusses performance (by exception) with each provider and also has more focused discussions on areas of challenge which may not be included within the overall operating plan. Recently this has included:

- Paediatric Hubs Pilot;
- Neurodiversity Services and work with parents in terms of communication about the service;
- Children and Young People's Mental Health Access Recovery Plan: as covered above this involves an ambitious recovery plan to meet the target, which includes exploring digital therapeutics to support children with more support online. This aligns with the neurodiversity transformation programme.

6. Community

The community waiting list for adults over 52 weeks is still breaching by 6 patients in April 2025. These breaches are due to neurology where an action plan is in place. Referral numbers into neurology appear to have been on a downward trend and the overall waiting list has decreased. Time on caseload and size of caseload has also decreased. The action plan includes immediate actions relating to clarity on specification, waiting list management, additional activity and an improvement trajectory as well as longer term actions in shaping the future of the service. The overall size of the waiting list (which will mainly be children) waiting over 52 weeks is above plan at 4337 against a plan of 4192. This will relate to ADHD and autism children waits.

Up to the end of May P1 waiting list has remained high at around 185 with a lowering in the last week. P1 referrals from acutes to Sirona have been high from end of April (impact of Easter) and apart from the last week of May over the target of 180. In terms of slots used then this has been higher than the 180 target. The NCTR position for P1 has remained consistent in May at approximately 70 but above target with patients waiting for reablement or care act assessments. P2 waiting list in May increased but again started to drop end of May. Referrals have been low in May, leading to an increase at the end, probably due to bank holidays impacting on flow. The NCTR position has remained steady around 30%. P3 waiting list has been steady in the mid forties with lesser referrals received in May and a good

number of admissions. Impact of half term at end of May has had an impact on pathways into June.

Demand for home administration of insulin remains high, equating to nearly 20% of all INT activity. A whole system workshop on this issue is planned for 12 July 2025. With higher than planned P1 demand there is a continued growth in INT planned therapy waiting list, however, mitigation will be provided through the discharge improvement work and redesign of P1/P0+ pathways.

Podiatry steering group has been set up to oversee the quality improvement plan including enhanced visibility of overdue follow ups.

Mutual aid arrangements for urgent echo pathways in place until September has been extended through using unused capacity which should allow the pathway to be in place until end December. A system project group is in place designing a new pathway for urgent heart failure diagnostics for mobilisation in Autumn.

The MSK interface service is still experiencing long waits. Recovery actions are in place but pro-active discussions are taking across the system through the T&O Network Board to look at further mitigations which can be enacted quickly.

The Community First ODG has overseen the development of a potential large-scale proactive prevention programme across multiple councils to apply a delivery model and build a large-scale evidence base. An online toolkit will be published nationally in June for all Local Authorities to use. The integrated care at home proposal, focus on case identification and management, has now been agreed across 3 localities and will start to be developed. Another key area of work relates to the redesign of some P1 pathways and this will now fall into the discharge improvement programme held but still overseen by the Community First ODG and Performance Escalation Meeting (PEM). Continuation of TEC used in D2A pathways has also been discussed and supported in terms of continuation dependent on funding being found.

7. Funded Care

Adult Continuing Healthcare (CHC)

28-day assessment performance dropped in January to 71% vs. the target of 80%, as a result of unusually high CHC staff absences, and Local Authority social worker capacity issues.

The situation was recovered in February with an estimated performance in February of 84%.

Fast Track End of Life CHC

The Fast Track service is currently subject to a recovery programme that is addressing issues which resulted in the caseload increasing above acceptable levels in this financial year. Increased assessment capacity is delivering a reduction in the caseload, which will have returned to pre-2024 levels by the end of April 2025.

In response to system flow challenges, Fast track nurses continue to have a presence in the acute hospital Transfer of Care hubs to ensure timely discharges for those identified as in the

last 3 months of life. This has had a positive impact on delays and communication between teams.

Appendices

A summary of the operating plan metrics and targets with comparison to South West ranking is attached as appendix 1.

Performance Summary

September 2025



Performance Summary 1

Performance Summary		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Target	National Rank	South West Rank
Planned Care													
RTT waits 52+ weeks	Acute Total	Jul 25	Count	1047	✓ 875		-40	-4	NA	875	-172	-	-
RTT waiting list	Acute Total	Jul 25	Count	94,405	✗ 98,226		-812	-0.82	NA	98,226	3,821	-	-
RTT 18 Week Performance	Acute Total	Jul 25	%	65.62	✗ 65.47		0	0.09	NA	65.47	-1	-	-
Specific acute elective spells	Acute Total	Aug 25	Count	14,556	✗ 13,437		-2306	-14.65	NA	73,006	-1176	-	-
Diagnostic tests % < 6 weeks	Acute Total	Jul 25	%	95	✗ 92.1		2	1.73	699	92	-3	-	-
Cancer 28 day FDS	Acute Total	Jul 25	%	79.18	✗ 78.24		0	0.04	53	78	-1	-	-
Cancer 31 day combined	Acute Total	Jul 25	%	92.85	✓ 93.98		0	-0.47	NA	-	-	-	-
Cancer 62 day combined	Acute Total	Jul 25	%	72.2	✗ 71.11		2	2.88	7	70	-2	-	-
Urgent and Emergency Care													
Urgent Community Reponse referrals	ICB	Aug 25	Count	1,395	✓ 2,465		-265	-9.71	NA	12,807	5,832	-	-
Mean Cat 2 Ambulance Response	ICB	Aug 25	Minutes	30	✓ 26	Better	-3	-8.80	NA	30	0	-	1 / 7
Average ambulance handover duration	ICB	Aug 25	Minutes	22.43	✗ 25		-4	-14.78	NA	35	13	-	3 / 7
A&E 4 hour Performance (Footprint)	ICB	Aug 25	%	74.7	✓ 75.72	Same	-1	-0.81	-	75	0	20 / 42	3 / 7
% A&E waits >12 hours from Arrival	ICB	Aug 25	%	2.76	✗ 4.51		1	13.32	-419	6	3	-	-
% Beds occupied by NCTR patients	ICB	Aug 25	%	N/A	20.19	Worse	-2	-8.39	NA	22	-	38 / 42	6 / 7
% G&A beds occupied	ICB	Aug 25	%	96.08	✓ 93.70		-1	-0.95	-	94	-2	31 / 42	5 / 7
Virtual ward occupancy	ICB	Aug 25	%	74.84	✗ 48.4	Worse	-12	-19.60	42	48	-27	36 / 42	3 / 7

Same or Better than previous period Worse than previous period

Performance Summary 2

Performance Summary		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Target	National Rank	South West Rank
Community													
Community waiting list 52+ weeks	ICB	Jul 25	Count	4,087	✗ 4,620		219	4.98	NA	4,620	533	-	-
Community waiting list	ICB	Jul 25	Count	NA	27,274		88	0.32	NA	27,274	-	-	-
Mental Health													
Access to Perinatal Services (Rolling 12m)	ICB	Jul 25	Count	1,375	✓ 1,580		15	0.96	NA	1,580	205	-	-
Talking Therapies Reliable Improvement Rate	ICB	Jul 25	%	67	✓ 74		5	7.25	-	71	4	-	-
Talking Therapies Reliable Recovery Rate	ICB	Jul 25	%	48	✓ 52.17		5	11.33	-	50	2	-	-
Inappropriate OAP Placements (BNSSG)	ICB	Jul 25	Count	3	✗ 10		0	0	NA	10	8	-	-
IPS Count accessing services	ICB	Jul 25	Count	714	✓ 1,005		15	1.52	NA	3,820	3,106	-	-
Dementia Diagnosis Rate	ICB	Jul 25	%	66.7	✓ 71.1	Better	0	-0.14	-	71	4	6 / 42	1 / 7
Average LoS for adult acute beds (BNSSG)	ICB	Jul 25	Days	65.4	✓ 54		-6	-10.00	NA	54	-11	-	-
Childrens													
CYPMH Access (Rolling 12m)	ICB	Jul 25	Count	10,400	✗ 9,725		55	0.57	NA	9,725	-675	-	-
RTT waits 52+ weeks - Childrens	Acute Total	Aug 25	Count	273	✗ 344		13	3.93	NA	344	71	-	-
Community waiting list - CYP	ICB	Jul 25	Count	NA	8,783		72	0.83	NA	8,783	-	-	-
Community waiting list 52+ weeks - CYP	ICB	Jul 25	Count	4,087	✗ 4,620		222	5.05	NA	4,620	533	-	-
Specific acute elective spells - Childrens	Acute Total	Aug 25	Count	1,207	✗ 1,190		-233	-16.37	NA	6,575	510	-	-

■ Same or Better than previous period
 ■ Worse than previous period