Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG Outcomes, Quality and Performance Committee

Date: Wednesday 22nd October 2025

Time: 1330-1600

Location: MS Teams

Agenda Number:	5.0	
Title:	Performance report Month 1 to 2 (April-May 2025/26)	
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	Yes
	Other (Please state)	No
Purpose: Decision/Discussion/For Information		
Key Points for Discussion:		
This performance report provides an overview of July 2025 and/or August 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 report including any risks, mitigating actions and responsibilities as appropriate.	

Previously Considered By and feedback:	The report was discussed at System Executive Group (SEG) on 16 October 2025. Feedback from SEG will be provided verbally at committee.
Management of Declared Interest:	None declared.
Risk and Assurance:	The report provides an update to System Executive Group and to Outcomes, Quality & Performance Committee in October 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:

Report title: Performance Update Background

The performance report for this month is based on July 2025 and/or August 2025 information.

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 contains the operating plan metrics for reference and Appendix 2 detail the NCTR (no criteria to reside) performance against trajectory.

1. Urgent Care

Mean Category 2 performance for the ICB in August 2025 was 26 minutes surpassing the target of 30 minutes. Monthly type 1 performance at acute trust level in August was better than plan at 66.03% against a target of 65.56%. All types performance at ICB level in August was 76% against a plan of 74.7%. Type 1 attendances (August) were under plan for the ICB by 155 attendances but type 2 and type 3 activity were above planned levels. A&E waits over 12 hours from arrival at ICB level in August was 4.5% against a plan of 2.8%. A&E waits over 12 hours from decision to admit has decreased at ICB level in August with a significant reduction at NBT and a small increase at UHBW.

111 performance remains good in August with 0.95% of calls abandoned compared to plan of 3%.

Virtual ward occupancy national standard of 80% was not achieved in August with a reduction on the Frailty pathway dropping below 50%. Also, a sustained low occupancy on respiratory during quarter 1 and 2. An action plan is in place to optimise frailty and respiratory referrals and simplify step up referral process. 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 August significantly reduced in both acutes and therefore overall for the ICB. However, this position started to deteriorate at the end of August and into September.

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 NCTR trajectory is attached to this report as Appendix 2 and demonstrates that the system is behind trajectory at September. Progress has been made in P1 in relation to the overall waiting list held by Sirona as well as community NCTR, however, P2 length of stay whilst improving in July and August has increased in September for North Somerset and South Gloucestershire Local Authorities. P3 length of stay in South Gloucestershire is under trajectory each month from April, but despite reductions in length of stay for Bristol and North Somerset the trajectory is not being met. Work will continue through PEM and its subgroups to ensure that there is greater traction on P3 length of stay. POM will focus on escalation procedures for the system. Through the winter plan mitigation has been identified to provide

a more dynamic approach to dealing with surges in the system. As mentioned above additional resource to support P0+ is now live, additional P2 and P3 beds in operation with a residual fund to support peak winter surge community capacity along with funding for each local authority for additional reablement and bridging capacity.

The UEC operational delivery group (ODG) has overseen, discussed and ratified the UEC strategy which is a delivery plan with clear work programmes. The strategy has been presented to each HCIG and priorities for implementation relate to integrated care coordination of which the design phase is now starting. Other key areas relate to the winter plan, the start of the planning round and process for 2026/27 and an update on the Federated Data Platform.

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 for BNSSG in July 2025 with an average length of stay of 54 days compared to plan of 65.4 days. Inappropriate out of area beds in July 2025 is off plan at ICB level with 10 against a plan of 2 and significantly off plan at AWP level, 16 placements against a plan of 3. A fortnight flow improvement piece of work took place in September for 2 weeks led by AWP with a primary aim of clearing delays and improving care. Key improvement measures related to improving patient flow including from and within EDs, reducing delays and minimising out of area placements, while also strengthening coordination across teams. Positive impact was seen across the system and a full write up and analysis of the improvement work is being written up to ensure that key learning points are acknowledged and shared with partners as well as updating processes for continued learning. Access to perinatal services continues to perform above plan in July 2025. The talking therapies measures were both above plan in July 2025. Reliable recovery rate achieved 52% against plan of 48% and reliable improvement rate achieved 74% against a plan of 67%. Activity levels (all types) for talking therapies have reduced over the summer months, resulting in being below plan but this is not causing concern.

Children and Young Peoples access is behind the recovery plan target of 10,400 in July 2025 at 9725. A further recovery plan has been shared with NHSE. This revised recovery plan includes re-modelled transformational elements of the recovery plan with innovative NICE recommended digital therapeutics being included in pathways of care for the first time, with increased investment to mobilise as quickly as possible. In addition, revised improvement trajectories have been agreed for Off the Record and MHST (mental health support team) services, with additional investment provided to support waiting list initiatives and with service line improvement plans that have a strong focus on improved referral routes (including self-referral) and increased productivity, to provide more rapid improvement in performance in quarters 2 and 3.

The mental health ODG has key programme workstreams including:

- Urgent and crisis care programme board with a focus on crisis assessment centre and submission from AWP of a capital bid; winter planning including new action cards to support winter and escalation have been released from NHSE which are being

adapted to BNSSG system; crisis text messaging service and moving into procurement and staying safe from suicide e-learning.

- Community mental health programme board updated on accommodation and care pilot with learning to date demonstrating complexity of patients and impact on providers with a need to fund a community rehabilitation team to provide multidisciplinary support. Ongoing work with Bristol City Council and other partners to review and potentially redesign local commissioning for people with complex psychosis, recognising a need for more integrated and robust support. Further capital projects through AWP to create additional supported accommodation. Integration of primary care liaison and triage with MINTs (mental health integrated network teams) to improve early intervention and move from assessment to intervention.
- Inpatient Quality Transformation Programme Board updated on work with Neurodiverse Connections on engagement and patient experience, development of an equality delivery system report and integration of lived experience representatives into governance structures. Key projects include advancing rehabilitation model options, addressing recruitment and digital recording for therapies, supporting wards with culture of care coaching and trust-wide rollout of Safe Care.

The ODG also received updates on performance and finance, progress on the dementia discovery work which has now concluded, the Local Improvement Network which launched in August 2025 and is focussing on length of stay, reflections on the 10 year plan and assertive outreach work plan. The ODG also provided approval to the text crisis line procurement which has now commenced with all South West ICBs working together. A key risk still remains in relation to the Riverside Unit closure with the detail of this being picked up within the Childrens governance - ODG.

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 August 2025 is at 21 against a plan of 25, reliance on inpatient care for autistic adults in August 2025 is at 8 against a plan of 14. LD&A annual health checks are at 1022 against a plan of 890 for April 2025.

Indicative activity plans have now been set with many ADHD and ASD right to choose providers and these will be monitored in year. Plans have had to be set in a prioritised way to triangulate increasing demand, patient priority and financial affordability. Work is ongoing in relation to a new adult ADHD pathway working closely with primary care leadership and with AWP with the aim to try and release a local enhanced service or something similar for April 2026.

Assurance in relation to LD&A performance is sought through the LDA ODG. The following areas have been reviewed at the ODG including safeguarding and LeDer reviews, cost benefit analysis of the the children's keyworking team, an update on arrangements for Oldland Common with an MOU in place and Bristol City Council starting procurement for a provider, and the Kingfisher Unit where the outreach team is now operational and supporting first clients with all regional referrals routed through the South West front door. The Children's Neurodiversity business case was presented and the LD&A statement of intent and priorities, as well as creation of an assurance transformation oversight board.

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 when referred by their GP. 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. A steering Group has been set up within the ICB to bring finance, performance, contracting and transformation colleagues together and communications to GPs and system partners needs to be released.

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 530 against a plan of 703 at July 2025. This equates to 0.57% of waits greater than 52 weeks ahead of the 1% standard. RTT 18 week performance at acute trust level at end July 2025 is slightly below plan at 65.62% against target of 65.47% 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 92.6% in July compared to a plan of 95% so below plan but an improvement on performance year to date. Overall the ICB is ranked second nationally and first in the South West. Performance is better than plan in all modalities at the ICB level, with the exception of audiology and colonoscopy. Some areas are lower in activity compared to plan and this applies to colonoscopy, gastroscopy and non-obstetric ultrasound. 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 86%. 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 Elective ODG and progress is being made in year.

FDS cancer standard is narrowly missed at ICB and acute trust level in July 2025. The ICB is at 78.58% compared to plan of 79.19%. The 31 Day combined standard is ahead of plan at ICB and acute trust level in July 2025, for the ICB at 94.88% compared to plan of 92.90%. The 62 day standard is not being met at ICB or acute trust level. For the ICB 62 day performance in July was 71.71% against a target of 72.17%. Performance risks for UHBW relate to uro-oncology but with resolution through additional consultants who have now started 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 gynacology 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 apply the GIRFT methodology to demonstrate improvements in key specialties.

Outpatient activity information is still being loaded and only reporting March 2025 data at the time of writing this report.

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 enhanced service specification and understanding the impact to the system at primary care and secondary care levels. Using April to July information advice and guidance requests have increased by 18% compared to the same time period last year. Key specialties with a significant increase relate to dermatology, gynaecology and gastroenterology for UHBW and NBT and cardiology for UHBW. Evidence is not currently available to prove or disprove any positive impact on referral rates which at this point are not showing any decrease. This will be constantly monitored through the outpatient task and finish group as data becomes available. In terms of the enhanced service specification financial allocation to the ICB, based on April to July information, 71.4% of the allocation available for these months has been used.

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. Currently at end of August 2025 the independent sector is showing an under plan performance of 1.4% on activity but 2.1% above financial plan, therefore indicative activity plans are being closely monitored with appropriate actions being taken where necessary.

5. Children's Services

Children's ED performance in August 2025 is currently achieving 87% against the national target of 78%.

Over 52 week waits in children's community services is behind plan at end of July with 4620 children waiting compared to a plan of 4087. Implementation of the transformation work is required to be able to reduce these long waits. Within community paediatrics P1 children waits remain below 18 weeks when validated at initial triage. For community paediatrics P2 children these waits are expected to reduce to below 26 weeks by the October 2025 reporting cycle. On this trajectory a gradual reduction in over 52 week waiters is expected after October 2025. The current capacity within the autism assessment service is only sufficient for P1 and P2 referrals. P3 referrals are driving the longest waits.

RTT waits over 52 weeks in UHBW at end of August for children is currently at 344 against a plan of 273. Acute elective spells at end of August are under plan.

Children and Young Peoples access is behind the recovery plan target of 10,400 in July 2025 at 9725. Please refer to the mental health section of this report which describes actions being taken and a revised trajectory.

Reliance on LD&A inpatient care for children in inpatient beds is currently off target with 5 young people against a plan of 3, 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:

- Comprehensive improvement plan for children and young people's access including focused evidence that we are improving outcomes and meeting needs.
- Neurodiversity and development of a business case to review options for reducing waits and a future needs led model. The business case is focusing on system impact including outside of health, gaining local authority support and aiming to align decision making with the planning round.

6. Community

The community waiting list for adults over 52 weeks is 0 for the second month in a row as at August 2025. The recovery plan related to neurology has now been implemented including a sustainable change in wait times. The overall size of the waiting list (which will mainly be children) waiting over 52 weeks is above plan at 4579 against a plan of 4052. This will relate to ADHD and autism children waits.

The P1 waiting list with Sirona has dramatically decreased from beginning of July to end of August. This reflects the work that NBT in particularly have undertaken in terms of triaging of referrals. This work has impacted on the overall number of P1 referral from acutes to Sirona which have lowered from July and throughout August. In terms of slots used then these have decreased to under the 180 weekly target. The NCTR position for P1 has remained around mid seventies in August despite the waiting list decreasing, although with a decreasing P1 caseload which will impact the NCTR percentage. P2 waiting list in August has remained about 50. Referrals into P2 have been consistent with a slight dip around the August bank holdiay. The NCTR position has improved to 24%. P3 waiting list decreased in August but was high around 70, with referrals received decreasing.

The MSK interface service is still experiencing long waits with some long wait breaches being sent into the independent sector. 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 a continuation of the tec in D2A pathways scheme until end March 2026, a discussion on falls initiatives in localities, an overview of the ten year plan, the neighbourhood health and care discovery work with two proposals being selected nationally as pilots and the approach to community surge capacity as part of winter planning.

Appendices

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

The NCTR position and trajectory is attached as appendix 2.

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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 pervious 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 pervious period