Meeting: NHS Benchmarking Network Steering Group
Date: 18th May 2023
Meeting held via MS Teams

In attendance – MS Teams	
Haydn Jones (HJ) – *Co-Chair*	Gloucestershire Integrated Care Board (ICB)
Sam Wilde (SW) – *Co-Chair*	Lincolnshire Community Health Services NHS Trust
Helen Rushforth (HR) – *Treasurer*	University Hospitals Dorset NHS Foundation Trust
Nicola Hughes (NH)	Cornwall and The Isles of Scilly Integrated Care Board (ICB)
Lee Cornell (LC)	Somerset NHS Foundation Trust
Dr Gaurav Sharma (GS)	West London NHS Trust
Dr Hassan Paraiso (HP)	The Shrewsbury & Telford Hospital NHS Trust
James Jarvis (JJ)	Maidstone and Tunbridge Wells NHS Trust
Gurprit Pannu (GP)	Sussex Health and Care ICB
Anne Brierley (AB)	Bedfordshire, Luton, Milton Keynes ICB
Anna Hargrave (AH)	South Tyneside and Sunderland NHS Foundation Trust
Karen Rix (KR)	NHS Benchmarking Network
Sarah Atkinson (SA)	NHS Benchmarking Network
Kirsten Windfuhr (KW)	NHS Benchmarking Network
Emma Bamber (EB)	NHS Benchmarking Network
Claire Taiwo (CT)	NHS Benchmarking Network
Tatyana Guveli (TG)	NHS Benchmarking Network
Louise Holditch (LH)	NHS Benchmarking Network
Kim Burton (KB)	NHS Benchmarking Network
David Hughes (DH)	NHS Benchmarking Network

Apologies	
Julian Emms (JE)	Berkshire Healthcare NHS Foundation Trust
Mark Gerrard (MG)	Tameside & Glossop Integrated Care Foundation Trust
Elizabeth Calder (EC)	Greater Manchester Mental Health NHS Foundation Trust
Ben Shaw (BS)	University Hospitals of Leicester NHS Trust
Jason Hollidge (JH)	Norfolk & Suffolk NHS Foundation Trust

1) Work Programme Report and Updates

- The 22/23 Work Programme has been completed, with a small amount of work ongoing with Norfolk and Waveney on a whole system pilot.
- All sector projects have completed and reported. Specific areas for discussion were then considered:
- The ICS sector is being develop with the introduction of an ICS reference group, 'types of membership' is being developed and more effective governance has been

introduced including, refreshing the constitution, terms of membership and developing a terms of reference for the Steering Group.

- A membership survey has been conducted, with a disappointing 0.6% response rate.
- The feedback from the survey was positive.
- There are Support Team discussions around rescheduling the survey as currently it falls at the end of the financial year and is therefore too late to inform the work programme for the following year. The team are exploring how we can get more immediate feedback from members.
- The Acute Transformation Dashboard (ATD) was introduced in 2020 during lockdown to support understanding of the impact of COVID. The data is collected monthly and reported quarterly to provide more timely data for acute members. Participation has been low for the past couple of years and feedback has suggested this is due to data burden being quite high and difficult to complete. Options were presented for discussion. including the development of a review of how the data is gathered, a Network offer for primary care. In addition, NHS England have developed a new service framework, and may reintroduce the NAIC, funded through NHS England and early conversations regarding this are positive for funding from 2024. If this releases capacity it will be reallocated and could develop the discussed opportunities. It was agreed that further consultation is required with Acute colleagues and bring final proposal to Steering Group for sign off.
- Proposed ideas for the 2023/24 Whole System Events. The 3 ideas included:
  - o an event looking at Population Health data, an area of interest identified from the recent ICS Reference Group.
  - o A system hospital beds report, has been produced for the first time. This report uses all national data on system beds, and feeds into ongoing work in the Mental Health team. There has been a request from Sweden for Mental Health beds reduction data, which could inform an international project.
  - o The third idea is the Norfolk and Waveney system pilot, although still ongoing the outputs and learning will be interesting.

  These options were confirmed. The Race Health Observatory are developing comparison data on health inequalities, The team will take this forward as this will be of interest to all ICS'.
- From the 1st of April Specialised Commissioning changes come into being. Specialised commissioning has worked for the last 10 years to get to national specifications around tertiary pathways, there are huge variations in regions and populations, which are driven by inequities and difficulties in access. This is an opportunity to make changes and it would be helpful to have comparisons to make this data driven.

Decision: All in support of stopping the existing ATD project but further discussions are required around what will replace this. Currently there is no Reference Group for the Acute Sector where this could be discussed, and further work is required to seek input from members.
Decision: All in support of the Whole System Events to cover the areas presented
Action: NHSBN to progress conversation with Race Health Observatory on their comparison data on health inequalities

2) **NHSBN Terms of Membership – for discussion and approval**
- The document has been shared with Steering Group members prior to the meeting and the response so far is in support of the changes.
- The requirement for the change is due to the current terms not having been revised since the Network was established and so are out of date and don't align with revised constitution.
- Members have given feedback that they do want to have access and visibility of other providers data. In the Community sector members have already signed up to and can access other organisations data through use of identifier codes and have visibility of this through the online toolkits. The change in the Terms of Membership would
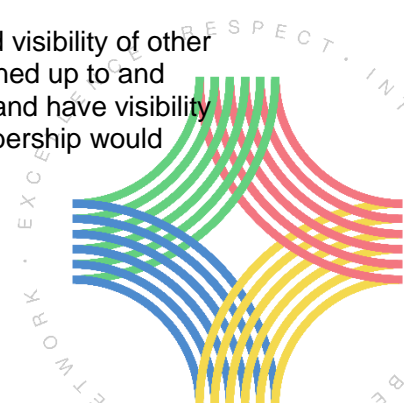
make this available to all members, it would therefore become common practice and members would opt out of this rather than in.

- Kennedys Solicitors have assisted in making the updates to the Terms of Membership, mainly clause 14 around data sharing.
- The Network want to make it clear to members that this is not about performance management but data sharing and supporting patient care and service improvement.
- The aim is to launch the change in year (1st July), if approved today, clear communicating to members what this means for them will be issued. If members chose not to share data, they will become a non-submitting member and won't have access to the codes, they won't see other members codes and members won't see theirs.
- As the Network is hosted by East London Foundation Trust, any governance arrangement in place must be compliant with the legal guidance of the Trust. ELFT are awaiting a response from their lawyers on this.
- The data will continue to belong to the organisations that submits and used to support organisations to provide the best care for patients and this change in terms will not mean data sharing with CQC and NHSEI, only sharing with submitting members, according to the projects they have submitted to. Non-submitting members will only have access to data where there is a data sharing agreement in place. For example, if a university wanted to access data, there would be a requirement for a proposal to be submitted which met the values of the network, this would go through an approval process with co-chairs of the Steering Group and the NHSBN Director.
- Careful consideration will be taken around the messaging to members regarding the changes, to ensure there is no unease about data sharing and the purpose of this.

Action: Follow up with the lawyers at ELFT for approval of the changes to the Terms of Membership, and update NHSBN directly.
Decision: Subject to ELFT taking legal advice which approves the changes or make any changes as a result of the advice the Terms of membership has been approved
**Action**: Ensure communication to members is well managed

3) **Steering Group Terms of Reference – for discussion and approval**

- Currently there are no terms of reference in place for the Steering Group, the document distributed prior to the meeting is aligned with the terms of reference that are being developed for the Sector Reference Groups.

Decision: Approved

4) **Membership Report, Membership Types discussion –** Key highlights are:

- Membership stood at 245 at the end of the financial year, which was a net movement of zero since the last reported position.
- Between 31st December 2022 and 31st March 2023, one new member, Arden and GEM CSU have joined the Network, taking CSU membership to 100%. One resignation has been received which was the University of Bologna, a historical non-fee-paying member that no longer require access.
- The Support Team are looking to grow memberships this year to meet the membership target. This will be achieved through the establishment of an ICS reference group, marketing and communications improvements including updated branding and a review of language used to promote the Network, the identity, and the membership subscriptions.
- Membership Types are currently under development as not all organisations fit into the membership types currently on offer, the types of membership document will be brought for review at the September meeting.
- A membership strategy is under development.
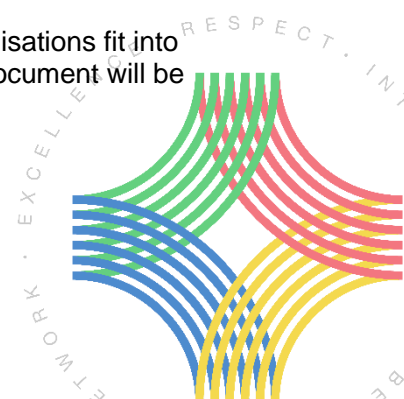
- There are 10 resignations for the 2023/24 membership year and feedback from these members is included in the report. The team are keeping in contact with recently resigned to see how we can help them to utilise their membership before making a final decision.
- Currently there are five organisations signed up for an enhanced membership.

Meeting closed