

Reference: FOI.ICB-2526/190

Subject: NHS Continuing Healthcare (CHC) Delivery and Workforce Management

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

QUESTION	RESPONSE
I would be grateful if you could provide the following information, for each of the last two full financial years and any current year forecasts or snapshots where available. For ease, I have attempted to break down the information I would like to know into manageable chunks on the topics of CHC processing and current AI and digital systems.	
CHC Processing 1. The total Continuing Healthcare (CHC) expenditure in your ICB for each of the last two full financial years, and your current forecast for the present financial year. 2. The number of whole-time equivalent (WTE) staff whose primary role is CHC in each of the last two financial years, plus your current forecast. 3. Expenditure on agency and/or bank staff working on CHC in each of the last two financial years and estimated or forecast spend for the present year. 4. The number of CHC applications your ICB received and processed in each of the last two financial years, and year-to-date in the current year. 5. As of the date of this request, the number of CHC applications currently “open” (i.e., not yet concluded). Of these, how many are “active” (currently being	1. 2023/24 = £89,904,708 2024/25 = £98,173,000 2025/26 = £97,320,000 Forecast spend 2. The CHC team are unable to fully answer this question, a number of staff members working within the Chief Nursing Officer Directorate may all have a section of work that is connected to the CHC workstreams, but this is not always their primary role. 3. The CHC team does not have any Bank staff. Agency spend to cover CHC related vacancy/absent roles in 2023/24 was £48,541 in 2024/25 £11,560. Current year forecast is £43,020. 4. 2023/24 applications received and processed = 1618 2024/25 applications received and processed = 1539 Current year as of end of August 2025 = 736 5. As of 30/09/2025 the number of CHC referrals currently open = 157 Of which number inactive/not currently being worked on = 0

<p>assessed/reviewed by your team) and how many are “awaiting allocation or further information” (not currently being worked on)?</p> <p>6. Of all CHC applications processed in each of the last two financial years, what percentage came via the Fast Track pathway?</p> <p>7. What percentage of draft CHC assessment reports/Decision Support Tools (DSTs) required revision prior to being finalised and issued to applicants or their representatives, in the last financial year?</p> <p>8. Of CHC cases approved by your ICB in each of the last two financial years, what percentage received a review at 3 months and at 12 months, in accordance with NHS England guidance? If precise figures are not available, please provide your best estimate, most recent audit or monitoring results, or a narrative description of processes and compliance with this guidance.</p> <p>9. What percentage of CHC funding decisions made by your ICB were formally appealed/challenged in each of the last two financial years at ICB level (Local Resolution), NHS England level (Independent Review Panel) and Parliamentary Health Service Ombudsman (PHSO)?</p> <p>10. Please estimate the total staff time (in hours, staff days, percentage of CHC team workload, or any other relevant measure) spent in the last two financial years preparing or reviewing CHC cases for Local Resolution, Independent Review Panel and PHSO. If exact figures are not held, I would appreciate your best approximation, broad</p>	<p>6. CHC referrals for full DST assessment via the FT pathway 2023/24 = 16% 2024/25 = 16%</p> <p>7. The ICB does not capture this information.</p> <p>8. 2023/24 = 99.4% 2024/25 = 83.7%</p> <ul style="list-style-type: none"> • Of cases newly agreed for Standard CHC funding have had a 3 month review completed unless the patient is not appropriate for assessment or the patient passed away before the review due. • 12 month reviews except where the review has not yet reached the due date, the patient came off funding at the 3 month review or the patient died before the review was due or completed. <p>9. In the last 2 financial years the percentage of appeal applications received on CHC funding decisions is: 2023/24 = 3% 2024/25 = 5%</p> <p>10. LRM and PuPOC teams staffing consists of the following:</p> <ul style="list-style-type: none"> • 2 clinical staff members - a band 7 0.4 wte and band 6 0.8 wte • 2 wte administration staff at band 4, and • 1 senior administration manager at band 5, who is at 0.20 wte for this role <p>11. Kathryn Dalby-Welsh, Deputy Director of Nursing (Funded Care) - Email: Bnssg.chcteam@nhs.net</p>
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<p>summaries, or even a short narrative on the scale of work and resource required in these activities.</p> <p>11. Please provide the name, job title and email address for the senior manager responsible for CHCs.</p>	
<p>AI and Digital Systems</p> <ol style="list-style-type: none"> 1. Which IT systems or software applications are used by your ICB in the management of CHC applications? Please specify the company name, product and contract end date if applicable. 2. Does your ICB currently use any Artificial Intelligence (AI) or automated decision-support tools in the creation and management of the DST? If yes, please specify the company name, product and contract end date if applicable. 3. How does your ICB capture and store information from CHC assessment of needs and Multidisciplinary Team (MDT) meetings (e.g., handwritten notes, typed notes, digital audio recordings, or an electronic casework system)? 4. Please provide the name, job title and email address for the senior manager responsible for digital systems and AI. 	<ol style="list-style-type: none"> 1. The software used is called Caretrack. Hosted by Xyla. The current contract period expired, a current temporary rolling contract is in place. 2. No. 3. All electronic information is on the Caretrack system. CHC Nurse Assessors type directly into their own work laptop. We no longer have paper records. 4. Head of Business and Commissioning CHC Email: Bnssg.chcteam@nhs.net

The information provided in this response is accurate as of 10 October 2025 and has been approved for release by Rosi Shepherd, Chief Nursing Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.