Agenda Item: 20                                Paper No: P/10/08

Title:  RECOMMENDATIONS FOR BENCHMARKING BEST PRACTICE

Purpose: To provide an outline of a formal benchmarking programme on key performance measures for the Trust.

Summary: KPMG management consultancy recommended that the Trust undertake a review of benchmarking best practice.

Benchmarking of the Trust's key performance indicators is undertaken on an occasional basis.

A programme is proposed to undertake a systematic review of key performance indicators using both regional and national data sources from both the NHS and other organisations to enable the Trust to make real evidence based comparisons of performance as a basis for further improvements.

Recommendation: The Board of Directors are asked to approve the recommendations for benchmarking best practice.

Prepared by: Andrew Sparks  Head of Performance and Redesign

Presented by: Heather Hauschild, Director of Operations

This report covers: (Please tick relevant box)

<table>
<thead>
<tr>
<th>Assurance Framework</th>
<th>Healthcare Standards:</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Please specify which standard</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>Business Planning</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Local Delivery Plan</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Complaints</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Performance Management</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Finance</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Strategic Development</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Foundation Trust Compliance</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Financial implications</td>
<td>YES / NO</td>
</tr>
<tr>
<td>✓</td>
<td>Other (Please specify)</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Legal implications</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>
1. BACKGROUND

1.1 In June 2008 Poole Hospital NHS Foundation Trust commissioned KPMG Management Consultancy to review the current governance arrangements that are in place at the Trust.

1.2 The report, published in early August, made a number of recommendations including: “The Director of Operations will undertake a review of benchmarking best practice and make recommendations to the Board of Directors in September/October 2008”.

1.3 Benchmarking has long been recognised in industry as an effective means of improving business performance and will enable the Trust to make real evidence based comparisons of performance as a basis for further improvements.

2. PURPOSE OF THE REPORT

2.1 The purpose of this brief report is to propose an outline of the development of a formal benchmarking programme, which will be followed (subject to approval), by a detailed report in December which will provide an analysis of current performance against the range of indicators listed below, a programme of future benchmarking and the process to be followed should an analysis of a performance measure give cause for concern.

3. CURRENT POSITION

3.1 Benchmarking, comparing the Trust’s key performance measures to national, regional and other published NHS performance indicators takes place on an occasional basis, often to fulfil the requirements of an audit project, or where a comparison is undertaken as part of a service redesign project to help identify areas requiring further analysis and focused improvement.

3.2 There is no formal programme of benchmarking performance or quality and reporting findings to the Board of Directors against either a local peer group, or regional or national standards published data sets

3.3 The Audit Commission, as part of the Acute Hospital Portfolio programme, in which the Trust participates, do undertake benchmarking of the Trust’s performance in service areas under review, although not on an annual basis and as a result is less useful in monitoring the trusts performance on a continual basis
4. PROPOSALS

4.1 The Director of Operations has undertaken a brief scoping exercise to establish what information is available, and its frequency, in order to implement a benchmarking programme.

4.2 It is assumed benchmarking will use a combination of independent information sources to compare the Trust performance, such as the Dr Foster Information System, and collated and published data sets from national NHS organisations such as the Department of Health or the Health Protection Agency. Previous experience has shown that obtaining information for comparative purposes directly from other trusts is difficult and time consuming.

4.3 It is proposed that the benchmarking is undertaken by three methods and these are show below:

4.4 Compare the Trust’s performance against the following published national statistics.

- The Accident and Emergency Department maximum four hour wait,
- Cancer waiting times
- Infection Control.

4.5 This information will show the Trust’s position, or ranking, against all other organisations in England.

4.6 Compare the Trust’s performance against other organisations in NHS South West for the following indicators

- Percentage of patients treated within 18 weeks for admitted pathways
- Percentage of patients treated within 18 weeks for non-admitted pathways.
- Number of patients waiting over 11 and 13 weeks for an outpatient appointment
- Number of patients waiting over 20 and 26 weeks for an inpatient treatment.
- Number of hospital acquired MRSA bacteraemias
- Number of C Difficile infections
- The percentage of patients either seen, treated or discharged with 4 hours of attendance in the emergency department.

4.7 This information is published monthly by the NHS South West and circulated to all Trust Chief Executives. An extract from this report is included in this month’s performance report to the Board of Directors. It is proposed that an extract from the NHS Southwest performance report is attached to the performance report each month.

4.8 Use both NHS and independent organisations information systems to assess the Trusts performance across a range of quality indicators

4.9 External non-NHS sources of information such as the Dr Foster information system and CHKS will be used, as well as NHS data sources to undertake a detailed analysis of the Trust’s performance against a range of quality indicators at both Trust and specialty level (if required).
4.10 It is intended to establish a trust peer review group against which performance will be compared. It should be noted that it will not be possible to undertake the same level of analysis of the peer group that may be undertaken internally as access to other Trust’s data is limited in detail.

4.11 The performance and quality indicators that will be reviewed include:-

- Mortality rates
- Re admissions within 28 days
- Day cases basket of 25
- Length of stay
- Did not attend rates
- Pre-operative length of stay for elective surgery

5. FREQUENCY OF REPORTING

5.1 It should be noted that many key performance indicators are published quarterly or annually. In addition, in the case of non NHS information systems, there is often a considerable time lag to obtain accurate and up to date information. It is therefore proposed that the information published by NHS Southwest each month is reported to the Board of Directors for the indicators described in 4.6 above each month. For all other benchmarking a detailed report will be submitted in December and a formal analysis and report will be produced twice a year to report both the year-end and half year position.

6. INDICATORS REQUIRING FURTHER ANALYSIS

6.1 Where benchmarking indicates performance may be of concern, the Director of Operations will formally request the relevant Clinical Care Group to undertake a detailed analysis and submit an exception report with key findings and recommendations. Reports will be presented at quarterly performance reviews, chaired by the Chief Executive, and then submitted as an appendix to the Trusts monthly performance report to the Board of Directors.

7. RECOMMENDATIONS

7.1 It is recommended that the Board of Directors approve the proposals set out in this report.

Andrew Sparks
Head of Performance and Redesign
October 2008