

Improving Value and Engagement in the NHS Benchmarking Network

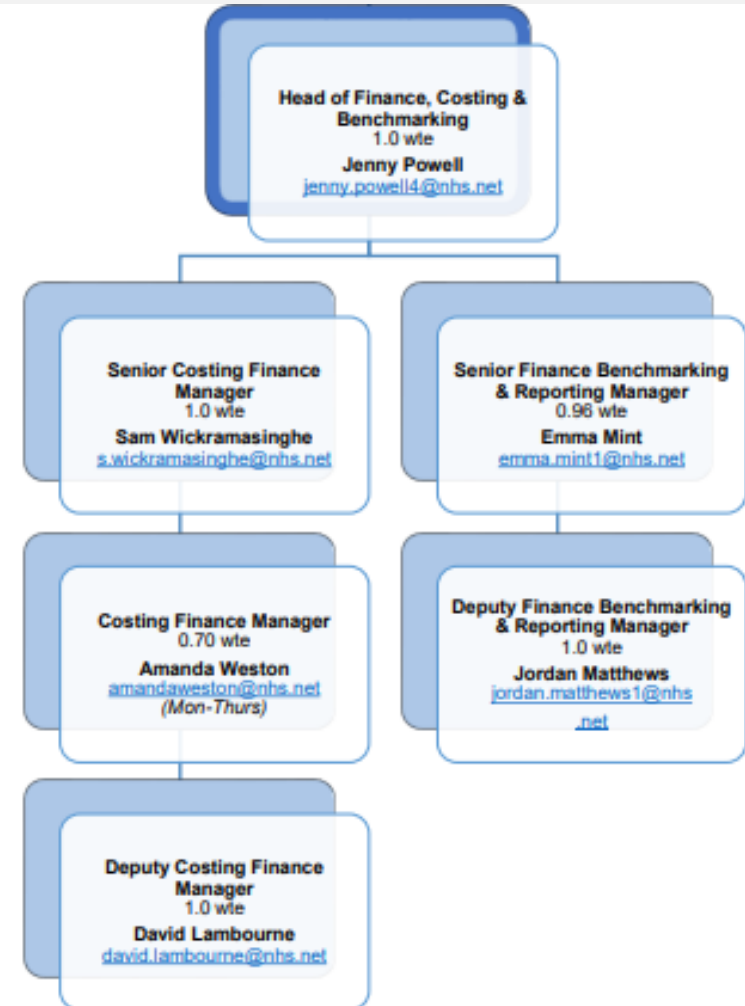
MID & SOUTH ESSEX NHS FOUNDATION
TRUST

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WHO ARE THE COSTING AND BENCHMARKING TEAM

- Produce the annual National Cost Collection
- Produce monthly Service Line Reporting and Performance dashboards
- Produce quarterly Patient Level Costing Information
- Support operational teams to navigate external and internal benchmarking information and understand the links between performance, outcomes and cost and assist in investigating the drivers involved and opportunities to improve value and patient care outcomes.
- Perform deep dive analysis to assist the services to further explore the information available. Investigating any data quality issues as well as scrutinising clinical variation.
- Part of the system costing hub working collaboratively with EPUT, NELFT and the ICB.



NHS BENCHMARKING

- NHS Benchmarking run a programme of studies each year which the Costing & Benchmarking, Healthcare Analytics and operational teams need to jointly complete a submission for.
- The Network then produces bespoke reports and online interactive dashboards for member trusts as well as running events to share results and good practice.
- MSE is a member organisation and therefore all employees of the Trust can register for self-service access to these tools.
- Several years data can be interrogated and there are a wide range of metrics in the collections from clinical, workforce and financial perspectives.

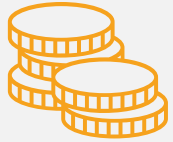
NHS Benchmarking Network 2023/24 Core Work Programme

2023/24 Projects (2022/23 data)	Data Collection	Validation	Reporting	National Findings (Virtual) Event
Whole System				
Integrated Care Benchmarker	Contact the team for more information			
ICB Theme Reports/Stories				
Whole System Beds				
Acute				
Outpatients - The project looks at a range of metrics around acute outpatient departments, across service model, access, capacity, activity, workforce, finance and quality. Some specific deep-dive areas include PIFU, AMG and the elective care backlog.	11th Apr - 12th May 2023	May - Jun 2023	September 2023	3rd October 2023
Acute Pharmacy and Medicines Optimisation - This project focuses on acute pharmacy services, covering several key topics, including medicines spend, pharmacy workforce overview, budget, dispensing and antimicrobials.	24th April - 9th June 2023	Jun - Jul 2023	September 2023	11th October 2023
Emergency Care - Benchmarking A&E departments, Urgent Treatment Centres and walk-in facilities, this project analyses key issues including senior cover, patient flow and staffing levels.	24th April - 9th June 2023	Jun - Jul 2023	October 2023	22nd November 2023
Managing Frailty in the Acute Setting - A review of the pathway for frail older people through secondary care, including pathways, comprehensive geriatric assessment, acute frailty services, older people's wards, discharge, and outcomes.	22nd May - 6th July 2023	Jul - Aug 2023	November 2023	6th December 2023
Community				
District Nursing - A focused deep dive into district nursing services, looking at service models, demand, capacity, workforce, finance and outcomes.	24th April - 9th June 2023	Jun - Jul 2023	September 2023	18th October 2023
Intermediate Care - This project looks at the capacity and responsiveness of community intermediate care services, including urgent community response, home based, bed based and respite services that support admission avoidance and supported discharge.	24th April - 9th June 2023	Jun - Jul 2023	October 2023	30th November 2023
Healthy Child Programme - Open to health visiting, school nursing and 0-19 services, this project will provide benchmarking across service models, demand, capacity, workforce and outcomes aligned with the Healthy Child Programme guidance.	22nd May - 6th July 2023	Jul - Aug 2023	October 2023	8th November 2023
Community Indicators (monthly)	Contact the team for more information		Monthly Reports	
Acute and Community				
Therapies - This project explores AHP services across both acute and community settings, enabling services to benchmark against either their acute or community counterparts as well as at a system level.	22nd May - 6th July 2023	Jul - Aug 2023	November 2023	12th December 2023
Virtual Wards - A snapshot of the implementation of virtual wards, to include data from both community and acute providers.	January 2024	February 2024	March 2024	April 2024
Mental Health, Learning Disabilities and Autism Services (MHLDA)				
Adults & Older Adult Mental Health - Access detailed data across activity, workforce, quality and finance across community and inpatient settings to examine the balance of care in the provision of services.	17th Apr - 5th June 2023	June - July 2023	October 2023	October 2023
Child & Young Persons (CYP) Mental Health Services - Access detailed data across activity, workforce, quality and finance across community and inpatient settings to examine the balance of care in the provision of services.	2nd May - 26th June 2023	June - July 2023	October 2023	October 2023
Learning Disabilities/ ASD Services - This project compares the main service portfolio of specialist LD providers and quantifies the nature and shape of services provided and the NHS Improvement project focuses on organisational governance, service quality, patient and staff views of service delivery.	The Learning Disabilities and Autism benchmarking project dates for the diary are currently under consultation with the Network's MHLDA Reference Group. This may result in the 2023/24 project timescales being brought forward to match other projects within the sector. We appreciate that members want to plan resource for upcoming data collections, and anticipate that finalised project dates for 2023/24 will be confirmed by the end of March. Our Support Team will liaise with all members as soon as this has been agreed.			
MHLDA Services Tracker (quarterly)	Contact the team for more information		Quarterly Reports	
All Sectors				
National Cost Collection Analysis Reports	National Data		December 2023	
Opportunity Reports	Project Data		March 2024	

THE PROBLEM



NHS Benchmarking has some fantastic dashboards, resources and analysis.
But, you have to be in it to win it and our organisation's engagement was very limited.



If no one was using the service then the Trust was not getting value for money.
If we weren't submitting complete and accurate information the use of the tools was limited.

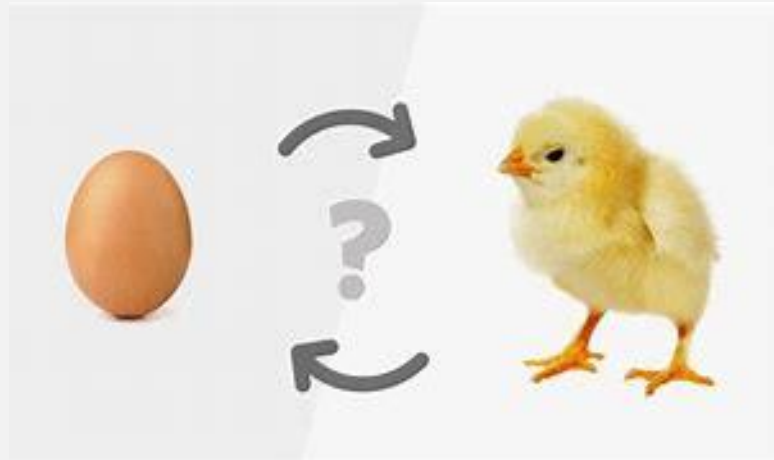


We wanted to use the analysis and to promote it throughout the Trust so other departments also used it.



WHAT HAD BEEN HAPPENING

- Previously our Healthcare Analytics colleagues had been tasked with submitting the activity figures for the studies, which they were doing.
- They were also sharing the templates and deadlines with the services and asking them to complete the qualitative and other questions.
- They had varying success in getting answers back, often no response, and did not have the resources to keep chasing.
- This was resulting in incomplete submissions that then made the analysis a lot less useful than it could have been.
- When we reviewed the previous year's submission's we had around a 55% completion rate and could see glaring gaps in the information we were providing.



THE CHALLENGE

If we aren't providing full and accurate qualitative submissions then we can't use the information.

If we aren't using the information what's the point of submitting.

We could see the great potential of the network and output dashboards for identifying clinical variations and potential efficiencies and waste... but we needed to up the engagement from the services to make it worthwhile and make them see its value.

WHAT WE DID

1

Assessed the current situation and took the lead for co-ordination, treating each collection like a mini project.

2

Located the correct people. Made sure they knew what was needed and when and why. Assisted in gathering the information they needed, eg workforce and finance information.

3

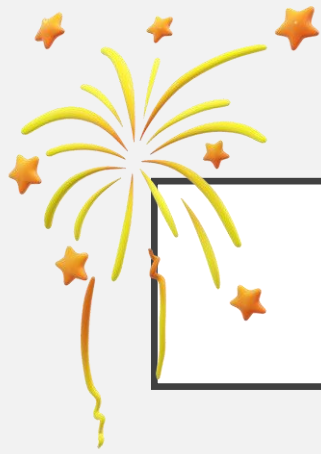
Chased a lot!
We kept in regular contact with the services, prompting and helping to resolve any queries that arose and where required seeking advice from NHSB for them.

4

Took responsibility for sense checking the submissions for accuracy and completeness, going back to colleagues where we needed clarification.

5

Accountability remained with the services – they own the data – and where able and appropriate the service lead was a named project manager in the NHSB portal.



THE RESULT



As a result of this approach, we managed to improve our coverage of submission questions to **89%** across the studies we took part in.

We now have a network of firm contacts and **active engagement** from staff.

Checking the inputs has also improved the **data quality** and we now have a streamlined approach and process documentation to build upon for future submissions improving consistency of approach and faith in the information.

This included building a file to benchmark against previous years where appropriate to aid in sense checking of future returns.

Issues log

Post submission review discussions

Usage of the NHSB resources has also improved, with our promotion, and clinical colleagues have attended and enjoyed the findings events and are accessing the dashboards.

We have been able to use the outputs of the collections when benchmarking our services and supporting the Trust to **improve value and outcomes.**

LESSONS LEARNT



The process wasn't without challenge, we learnt not to waste time waiting for individuals to respond to emails if we didn't receive a response after the initial contact and would follow up with phone calls.



We learned to use resources that were already available within the Trust by checking with different teams / dashboards as some information was already being produced that could be used to populate some aspects.

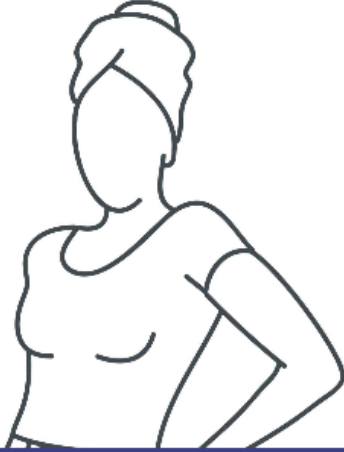


Planning in advance – we have already begun planning for the 2024/25 collections. Reviewing the submission and assessing why certain questions were not answered and putting plans in place to address this next time if possible – our aim for 24/25 is 95%. Also contacting colleagues to sow the seed of what's to come and when!

We also continue to spread the word about the NHS Benchmarking resources (as well as all the other tools at our disposal!) as we meet with colleagues supporting them with benchmarking for projects and also providing training.



What the peer-reviewers said



“Proactive approach to benchmarking submissions leading to a higher completion rate, and better outputs.”

“It improves the accuracy of data submitted nationally, making the information more useful and meaningful, increasing understanding within the organisation and improving its usefulness as a benchmarking tool.”

“Time spent on the benchmarking submission is saved leading teams to be more efficient.”

- Internal feedback has also been positive and the support given welcomed.

THANKS FOR LISTENING