

# NHS Acute Trusts

**Integrated Performance Reporting - Benchmarking** 





### **Table of Contents**

	Page
Executive summary	3
Appendix A – Analysis of reporting by Trusts	6

### **Authors**

Name / Role	Telephone / Email
Simon Gascoigne, Associate Director	0115 883 5305
Kate Dyer, Assurance and Development Specialist	0116 225 6123
Andy Mellor, Business Associate	0115 883 5315

#### Information and Background

Accurate and appropriate information is essential for Trust Directors to understand levels of performance and to identify those areas in need of improvement. Ensuring that the right information is presented to the right people, in a format that is readily understandable is essential to the effective management of the Trust.

360 Assurance has undertaken an analysis to examine the format and content of Boards' *Integrated Performance Reports*. In total we reviewed reports relating to 35 Acute Trusts across the West Midlands, East Midlands and Yorkshire and Humber. The source of our analysis was publicly available Board reports obtained from the Trusts' websites relating to March 2014.

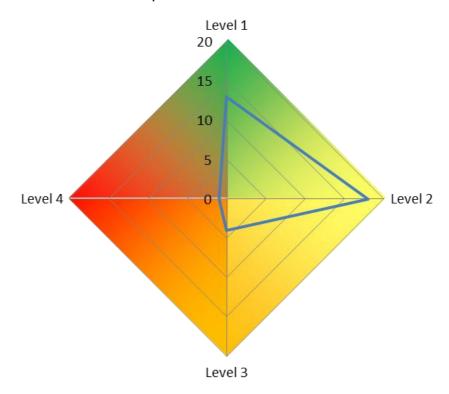
We recognise that some indicators may be captured within other reports presented to the Board but will have been excluded from our analysis which focused on the Integrated Performance Report (or equivalent).

#### **Key Findings**

Whilst there are broad similarities between many Trusts, we noted variances in the volume of information presented and the format adopted by each Trust. We categorised each Trust's report into one of four levels:

- **Level 1** Consolidated summary tables, usually less than 6 sides of A4 setting out a broad range of indicators using colour coding and/ or direction of travel indicators.
- **Level 2** Summary tables, but split into themes/ sections with each summary supported by explanatory and/ or exception narrative. These reports are generally easy to follow, but it is necessary for the reader to review more pages to obtain the full picture.
- **Level 3** These reports were highly narrative and whilst the level of performance information contained may be comparable with other Trusts, in our view it was more difficult to obtain an overview of performance and areas of concern.
- **Level 4** These Trusts provided information across a range of reports. Whilst the information contained within individual reports might be well presented, in our view it was more difficult to obtain a comprehensive overview of performance when presented in this manner.

The graphic below indicates the spread between the four levels:



Our analysis also highlighted variances in the indicators selected by each Trust. We identified approximately 250 different measures that were reported across the range of Trusts.

In some cases similar indicators were reported in slightly different ways and in many cases 'niche' areas being monitored that were unique to an individual or small handful of Trusts. We identified only 16 indicators that were reported consistently by 25 or more Trusts.

Appendix A sets out the indicators reported by Trusts (excluding those reported by fewer than three Trusts). This information can be used by the Trust to inform its thinking about what information should be included within its performance reports.

#### Key Questions for your Trust

We have set out below five key questions that we would invite you to consider in shaping performance reporting going forward.

#### 1) Which KPIs to monitor?

Our analysis highlights a large number of potential indicators, all of which are important to the effective management of a Trust, but which could result in information overload and a lack of focus.

The Trust should identify those indicators that are relevant and appropriate, also considering which should be reported for information and those that might only require reporting by exception. The Trust should also determine how frequently it reviews the range of indicators reported to ensure that they remain appropriate.

#### 2) What is the framework for monitoring?

Most Trusts will maintain many hundred, if not thousands of performance measures and operational metrics. It is important that these are reported to the appropriate audience, but inclusion of too much information to Board Members may be counter-productive, the volume of information distracting from the key messages being presented.

The Trust should consider the appropriate audience(s) for performance information, also being clear whether information is being presented for information only or whether action is required.

#### 3) Escalation process?

There may be instances where information is not ordinarily reported at a senior level, but where it is appropriate to escalate to the Board or other senior groups when performance is deteriorating or at risk.

It is unlikely to be practical to set trigger points for each individual indicator but the Trust should consider the underlying principles and rules that would ensure indicators are escalated appropriately.

#### 4) Reporting format?

The Trust needs to consider the requirements of the audience and which format is likely to present sufficient and appropriate information. A number of Trusts use a variety of colours and icons to present performance and trends but there is a risk that the volume of information being included results in a loss of understanding and focus.

Trusts would benefit from reviewing a sample of other Trusts' reports, considering what works well and what doesn't. This will help the Trust to determine an optimal reporting format.

#### 5) Data Quality?

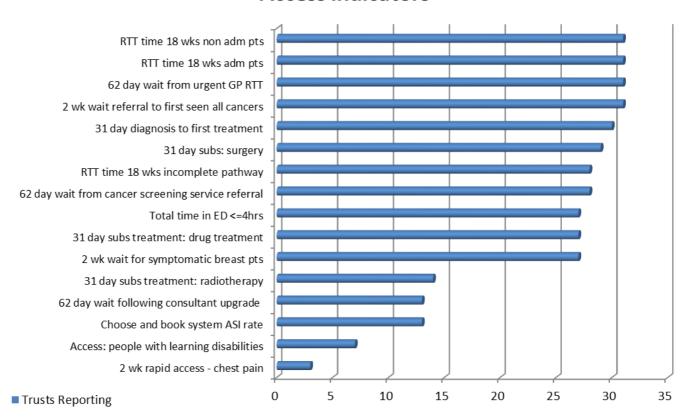
In addition to identifying the range of indicators that are to be reported, it is of course essential that the information being reported is accurate.

The Trust should ensure that it is able to provide assurance to the Board that it has sufficient and appropriate controls in place to ensure the quality of data that is reported.

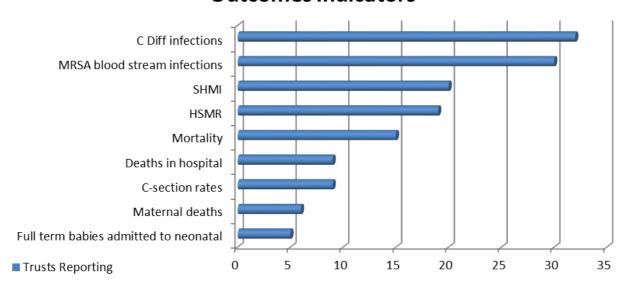


The following pages set out the indicators included most commonly in Trusts' Integrated Board Reports, indicating the number of Trusts reporting each indicator.

#### **Access indicators**

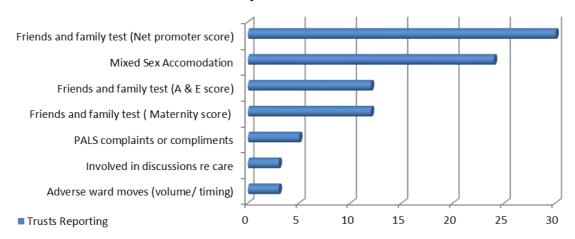


#### **Outcomes Indicators**

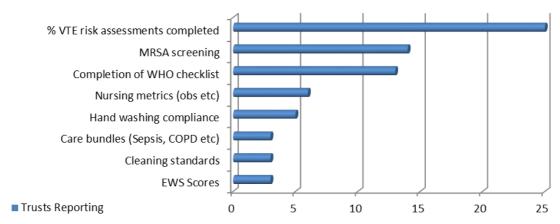




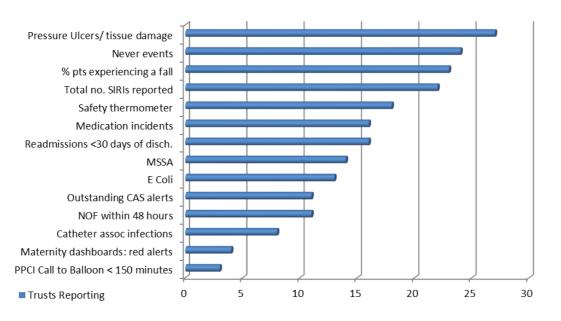
### **Patient Experience Indicators**



### Safety Indicators (proactive)

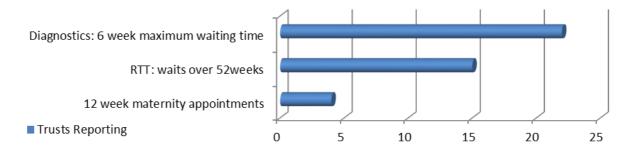


### **Safety Indicators (outcomes)**

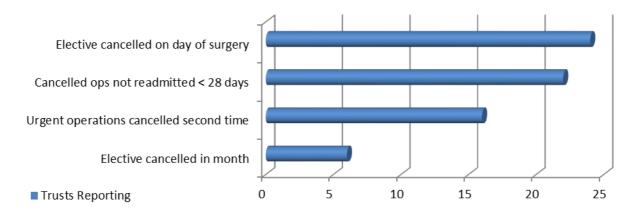




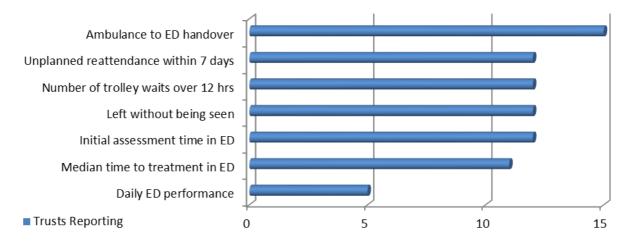
#### **Waits Indicators**



#### **Cancellations Indicators**

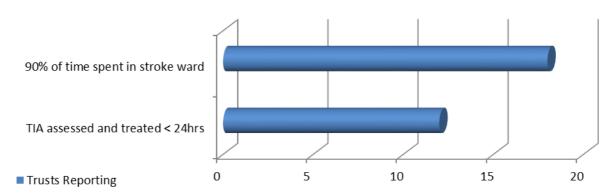


### **Emergency Dept Indicators**

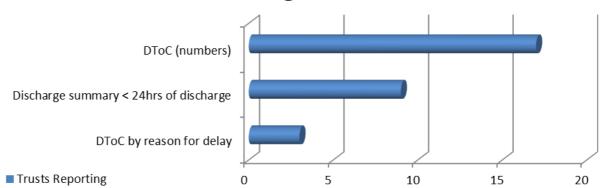




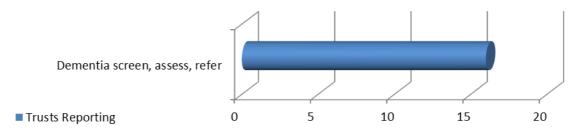
#### **Stroke Indicators**



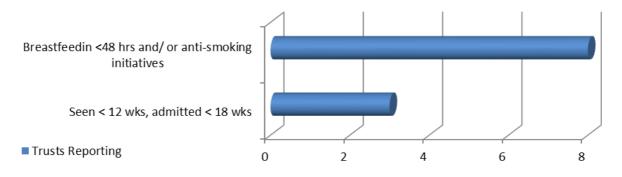
## **Discharge Indicators**



### **Dementia Indicators**

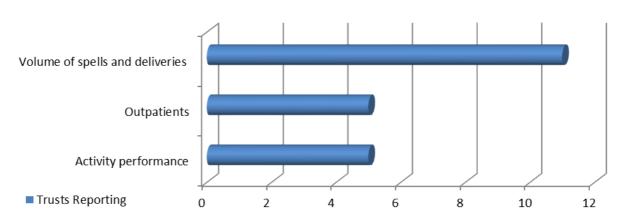


# **Maternity Indicators**

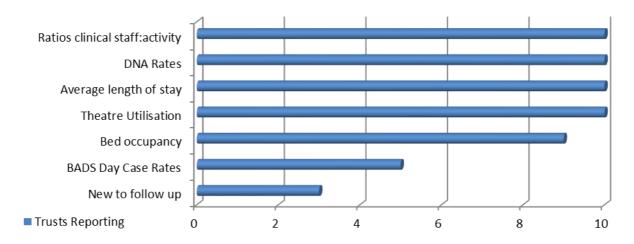




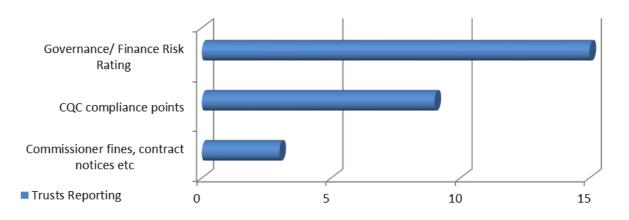
# **Activity Indicators**



# **Efficiency Indicators**

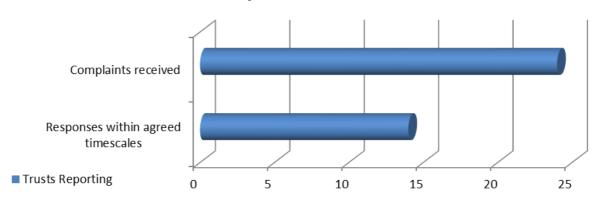


### **Governance Indicators**

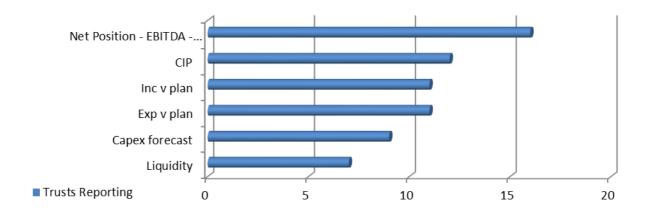




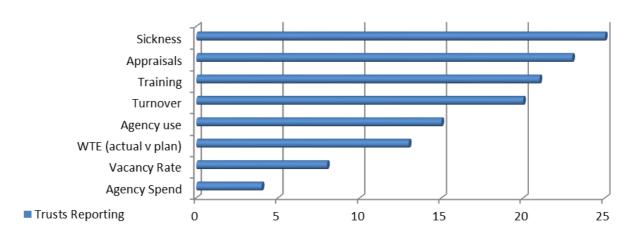
# **Complaints Indicators**



#### **Finance Indicators**

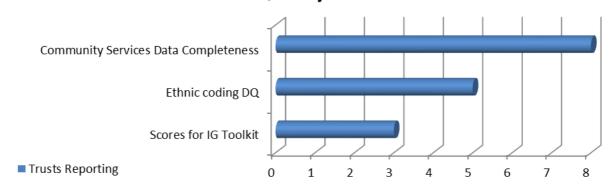


### **HR Indicators**

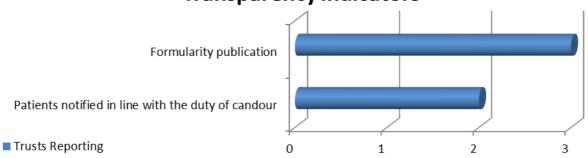




# **Data Quality Indicators**







### **Research Indicators**

