

## Trust Board Agenda Item 34/07

**Date of Board Meeting**

March 8 2007

**Title of Agenda Item and number**

NHS Productivity Metrics

**Author/s**

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**Person Presenting The Item To The Board**

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**Summary**

This paper summarises the information the Trust is receiving on its productivity metrics, which are nationally produced by the Institute for Innovation and Improvement. These are now published on a quarterly basis and identify the scope for improving productivity against key benchmarks.

**Item Previously Considered And Agreed By**

Not applicable

**Suggested Time For This Item  
(To be completed by the Board Secretary)**

15 minutes

**Proposed Board Resolution**

To agree actions being taken by the Medical Director and Medical Management Team

**Report From:** Chief Executive  
**To:** Trust Board, 8<sup>th</sup> March 2007  
**Subject:** Productivity Metrics  
**Action:** To Note Contents & Agree Identified Actions

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### **Introduction**

The Institute for Innovation and Improvement is producing quarterly productivity metrics, identifying areas for improvement in key elements of performance for all Trusts nationally. This paper provides an opportunity to review the clinical productivity indicators in detail and consider the approaches being taken by the Trust to improve upon current scores.

### **Background**

The NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. The Better Value, Better Care Indicators are designed to help local NHS organisations do this. It is based around 15 high-level indicators of efficiency that identify potential areas for improvement in efficiency. These indicators can be used locally to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care and to generate ideas on how to achieve these savings.

The indicators are primarily aimed at commissioners (PCTs) and acute hospital providers (AHTs). Information for other NHS organisations will be part of the next phase of this programme. The indicators were published for the first time in October 2006 and are being updated and republished every quarter.

The indicators are not targets. There is no specified level which Trusts must achieve on each indicator. Their purpose is to enable managers and clinicians to identify areas where productivity or efficiency might be improved in their organisation in four key areas: finance, clinical productivity, workforce and prescribing or procurement.

The tables are presented by SHA but with national rankings. This is to show the variations in local and national performance and to allow organisations to see how well they are performing against their peers. It should be remembered that variations in data quality and random variation will account for part of the difference between trusts. Shifts in ranking from one quarter to another may be of little or no significance. Organisations should aim to see consistent improvements in the indicator performance. If these improvements are consistently better than average, organisations will see their rankings improve over time.

## **Clinical Productivity Metrics**

The clinical productivity indicators have been identified as:

- Reducing length of stay
- Increasing daycase surgery rates
- Reducing pre-operative bed days

The Medical Management Team has reviewed the current ranking against these indicators and identified a number of actions that they believe will be effective in achieving improvements in current performance.

## **Recommended Actions**

The following actions have been agreed with the Medical Management Team. The Board is asked to support these actions and agree quarterly updates on progress with improving performance against productivity metrics.

<b>Area</b>	<b>Action</b>
<b>Outpatients</b>	Divisions to identify consultants to operate triage system for outpatient referrals in conjunction with GPs
	Data on impact of CATS to be sought from PCT and Trust input to review to be sought
	Divisions to implement follow-up criteria discussed with PEC leads
<b>Length of stay</b>	Analysis of LOS by HRG by consultant to be produced to inform review of performance
	Analysis of pre-operative LOS by HRG by consultant to be produced
	MMT to agree approach to variations in performance
	Admission prevention scheme focused on rapid access to diagnostics to be established
	Proposal to reduce admissions from nursing and residential homes to be worked up with PCT
<b>Day Surgery</b>	Specific HRGs to default to day case as per Modernisation Agency recommendations
<b>Variation in surgical thresholds</b>	Produce analysis to assess why variations in admission thresholds occur between different PCT areas
<b>Variation in emergency admissions</b>	Produce analysis to assess why variations in admission thresholds occur between different PCT areas

Appendices –

Quarterly Scorecard for Quarter 1 of 2006/07 (with introduction and definitions)

Quarterly Scorecard for Quarter 2 of 2006/07

Comparisons with other East of England Trusts on key clinical indicators

Advice on improving performance against key indicators