the voice of NHS leadership

Foundation Trust Network

briefing

APRIL 2009

FTN Benchmarking

Driving performance improvement in orthopaedics services

Fifteen Foundation Trust Network (FTN) member trusts took part in a benchmarking project to identify how they could improve their orthopaedics services by analysing costs and comparing performance.

This *briefing* outlines the benchmarking process, gives its key findings, and highlights some of the actions trusts can undertake to improve performance.

Key points

- 15 trusts took part in our third orthopaedics benchmarking project between June and September 2008.
- Initiatives to ensure trusts comply with the 18 weeks policy have resulted in significant increases in resource levels (both clinical and administrative).
- Key drivers of costs and efficiency were found to be prosthetics costs, theatre use, staffing and length of stay.

The benchmarking process

Each participating trust established a project team with a clinical, data and service manager lead, and a board-level project sponsor to oversee the project.

Stage 1: Scoping
Trusts helped to further refine the scope of the project by completing a survey to indicate their priority areas for further investigation.

Stage 2: Data collection
Data leads, and colleagues involved in data collection, attended a training workshop where the template for collecting data was discussed in detail. During the data collection period, support was provided by the FTN Benchmarking team, with regular contact to ensure trusts were collecting comparable data.

Stage 3: Data analysis
The FTN Benchmarking team produced a series of analyses based on the data, which the trusts validated.

Stage 4: Performance benchmarking
A findings workshop in September was held to discuss the data and identify improvement opportunities. Trusts presented on aspects of their

services that the benchmarking identified as high performing. As a group, they explored the different approaches reflected in the analyses, generated ideas to improve performance and shared the learning from the process. Individual trusts developed their own six-month action plans.

Six-month review workshop

Trusts presented on the results of the action plans six months later (March 2009), sharing learnings on achievements and how challenges were overcome.

The findings

Costs and tariff

The main drivers of cost were prosthetics cost, theatre use, staffing levels and grades and length of stay. For primary knee replacements, the majority of trusts were operating close to, or below, tariff. For revisional hips, most trusts were incurring costs in excess of tariff income.

'Many trusts reported that the complexity of cases treated at their trust had increased due to simpler cases being performed by independent sector treatment centres'

Many trusts reported that the complexity of cases treated at their trust had increased due to simpler cases being performed by independent sector treatment centres (ISTCs). This resulted in financial pressures for the service.

Prosthetics

Prosthetics costs typically account for more than a quarter of tariff income. For specific models of knee prosthesis from the same manufacturer, price differences of up to £800 were recorded – from £800 to £1,600. Trusts had employed a number of different strategies to reduce prosthetics costs.

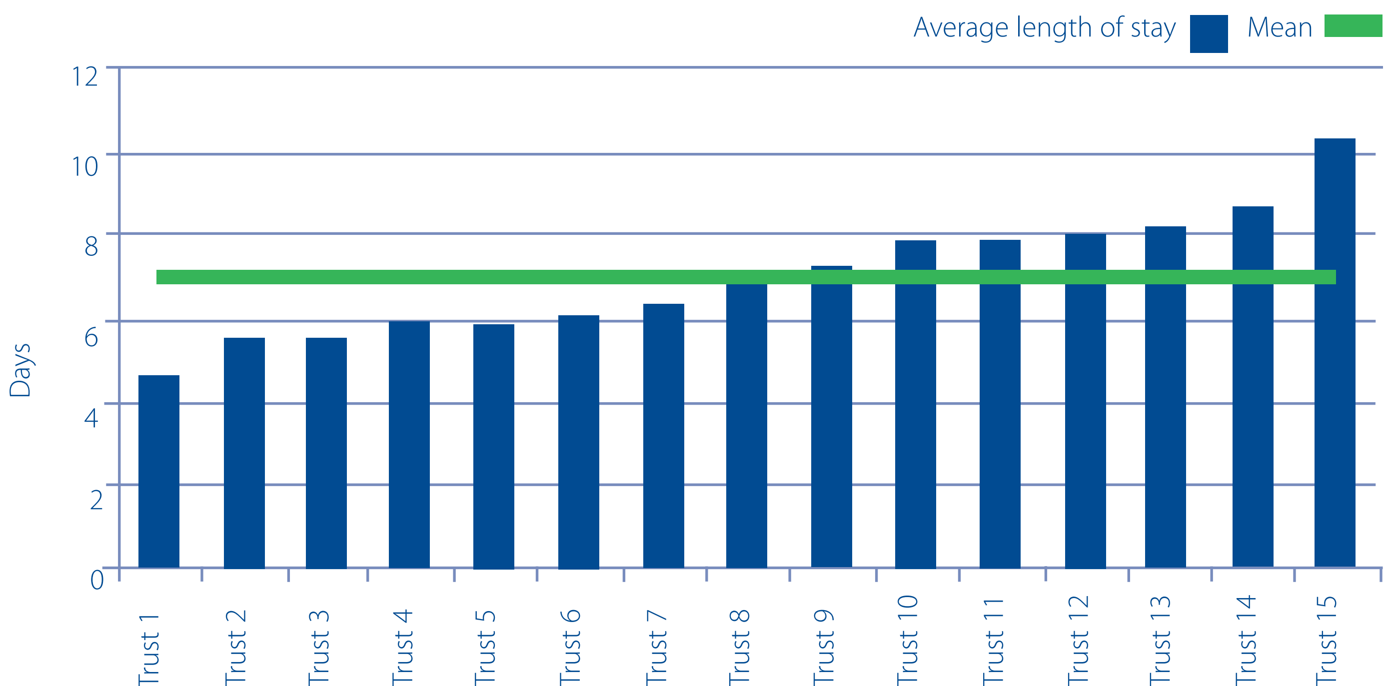
Theatre use

Theatres were being used for procedures for between 35 per cent and 55 per cent of the total available time. Between 20 per cent and 40 per cent of time was lost to late starts or early finishes.

Cancellation rates on the day of surgery ranged from less than 1 per cent up to 16 per cent.

Staffing

After adjusting for casemix and activity, considerable differences in staffing levels were observed. Nursing hours per occupied bed day ranged from 4.8 to 10.4. Consultant grade staff made up between 12 per cent and 95 per cent of medical staff whole time equivalents (WTEs).



Source: FTN orthopaedics benchmarking trusts 2007/08 data

Length of stay

The trusts with the shortest average lengths of stay (ALOS) for primary knee replacement were saving about two bed days per patient compared with the group average (see diagram opposite).

For major procedures such as primary knee replacement and hip revisions, the day of surgery admission (DOSA) rate varied from 5 per cent to 100 per cent by trust.

Arthroscopies were performed as a day case in 60 to 90 per cent of cases.

Outpatients

For outpatient appointments, the average number of follow-up appointments for each initial appointment ranged from 1.5 to 3.3. The proportion of initial appointments leading to an admitted episode varied widely – from 17 per cent to 86 per cent.

The rate of outpatients failing to attend their appointment (DNA) ranged from 5 per cent to 15 per cent. Work undertaken by trusts with low DNA rates included:

- focus on appointment letters with clear communication of the purpose of appointment
- case management
- clear discharge processes
- nursing staff problem-solving culture.

18 weeks policy

Initiatives to ensure trusts comply with the 18 weeks wait policy have resulted in significant increases in resource levels (both clinical and administrative).

Actions to improve performance

Trusts may wish to consider:

Procurement

- Review contracts and tendering processes (frequency and clinician involvement).
- Consider potential for rationalisation (of models and/or suppliers) to reduce costs.
- Engage consultants in the process and provide them with clear information on prices.

Theatre use

- Promote opportunities for sharing learning across different theatres within the trust.
- Assess capacity of dedicated holding and recovery bays.
- Ensure information systems support effective scheduling and performance monitoring.
- Introduce flexible job plans to reduce down-time.

Staffing

- Review the grade mix of staff – does the structure support a safe, sustainable, cost-effective service?
- Facilitate the sharing of information with/between consultants (for example, prosthetics use and price, theatre use).

Length of stay

- Contact/visit/learn from high performers.
- Engage anaesthetists early in any improvement initiatives.
- Introduce evening discharge to support increased day case rates.
- High performing trusts have spent considerable time and effort in strengthening their patient information and patient induction/ education programmes. This can lead to reductions in length of stay (through increased patient self-management) whilst simultaneously improving patient experience.
- Run a trial of increased therapy input and/or evening/weekend physiotherapy – many trusts feel that the business case for increasing therapy time is clear cut.

Feedback from six-month review workshop

The key service improvements achieved by trusts during the six months after the findings workshop included:

- set up and success of one-stop clinics
- review and update of procurement strategies, leading to potential savings of £1 million for one trust
- increasing the number of three-session days and weekend lists in elective orthopaedic theatres
- improving theatre use by targeting late starts
- reducing DNA rates and day of surgery cancellations
- increasing day case rates.

Get involved

FTN Benchmarking uses detailed cost and quality data, sourced from trusts, to enable comparison of performance and productivity at the right level for action. Projects are designed to bring clinicians and managers together and to facilitate networking and learning in an open, supportive and confidential environment.

Nearly 60 trusts have participated to date in projects investigating ophthalmology, maternity, cardiology, cardiac surgery, psychological therapies and orthopaedic services.

Projects are open to all FTN members (both authorised and aspirant trusts). For further information, visit: **www.nhsconfed.org/FTNBenchmarking** or email **liz.smith@nhsconfed.org**

The Foundation Trust Network

The Foundation Trust Network (FTN) was established as part of the NHS Confederation to provide a distinct voice for NHS foundation trusts. We aim to improve the system for the public, patients and staff by raising the profile of the issues facing existing and aspirant foundation trusts and strengthening the influence of FTN members.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Its ambition is a health system that delivers first-class services and improved health for all. As the national voice for NHS leadership, the NHS Confederation meets the collective needs of the whole NHS as well as the distinct needs of all of its parts through its family of networks and forums. The FTN is one of these.

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Foundation Trust Network

The NHS Confederation
29 Bressenden Place
London SW1E 5DD

Tel 020 7074 3200 Fax 0870 487 1555
Email ftn@nhsconfed.org
www.nhsconfed.org/ftn