Proposal for the NHS Benchmarking Network to support the development of a benchmarking tool for Emergency Ambulance Services in Wales as part of the CAREMORE programme

Thanks for your time on Wednesday explaining your plans for the NCC Quality & Delivery Framework for Emergency Ambulance Services in Wales. We understand that, as part of the framework, you are looking to develop a benchmarking tool that would pull together key ambulance service metrics in one place and enable comparisons to be made between the three call centres/hubs and the seven LHBs. The purpose of this letter is to set out proposals for how the NHS Benchmarking Network might assist this process.

Scope
The benchmarking tool is to cover ambulance service metrics from the following domains of the CAREMORE programme:
- Activity
- Resource Envelope
- Review of Performance

The metrics will be related to the five step descriptions of service delivery:
- Step 1: help me choose
- Step 2: Answer my call
- Step 3: Come to see me
- Step 4: Give me treatment
- Step 5: take me to hospital

This is illustrated diagrammatically below:
Deliverables
The first phase of the project will be to develop and build an online benchmarking tool for use by the Collaborative Performance Delivery Group, the Project Delivery Group and LHBs in the monitoring performance of ambulance services. Access to the tool will be controlled via user names and passwords. The toolkit will include around 150 to 200 metrics structured around the CAREMORE domains and service delivery Steps identified above. In addition, a pdf dashboard report will be produced highlighting a much smaller number of key metrics in each domain, providing a high level, strategic summary for the Emergency Ambulance Services Committee. Phase one will utilise data that is already available from WAST. This may mean there are some data gaps at the end of this development phase.

Phase two will comprise the maintenance and regular update of the benchmarking tool and pdf dashboard report. The period for regular updates can be further discussed, but for the purposes of this proposal it is assumed to be quarterly.

Phase three, running in parallel with phase two, would consist of the further development of the tool to incorporate new metrics utilising data from WAST or other sources such as externally collected PREM data. For example, we understand that the target response times are changing in Wales and the metrics in the benchmarking tool will need to be updated to reflect the changes once, data in the new format is available.

Raising standards through sharing excellence
Approach
Our approach would be collaborative, ensuring stakeholders are engaged at each stage in the benchmarking tool development process.

Phase one
- **Technical**
  We would start discussions with the WAST Informatics team immediately about the availability and format of data extracts from their database.
- **Online benchmarking tool content scoping**
  In parallel with the technical discussions, we would work with stakeholders to agree the structure and content of the online benchmarking tool. These discussions would be documented in a specification for the tool. We would aim to bring our experience of converting data into meaningful information to these discussions and suggest additional analysis that might be possible using available data. Sample outputs would then be developed with the opportunity for stakeholders, Health Boards, WAST, and Welsh Government including Stats Wales to review and comment.
- **Database design and development**
  A database structure would be designed to accommodate the data required to support the agreed benchmarking tool content. It is likely that this would be separate from the Network core database and would be bespoke for this project. The database would sit on the Network’s servers hosted within the NHS.
- **Data Integrity**
  A process to ensure data received and reported will be agreed which will be in accordance with NHS Wales and Welsh Government data quality requirements. The IP (Intellectual Property) of such a benchmarking tool kit will need to be clarified as NHSBN recognises that it is to be built upon the CAREMORE concept and the component parts of the National Collaborative Commissioning: Quality & Delivery Framework Agreement for Emergency Ambulance Services.
- **Online benchmarking tool development**
  Once the specification for the tool has been agreed, our technical team would build the tool ensuring that it is designed to be easily updated on a quarterly basis. Flexibility to add new metrics and data sources and to show changes over time would be designed into the tool at this development stage.
- **Dashboard report**
  Further consultation would be undertaken to agree the content of the dashboard report, which would then be developed and produced using existing data.

Phase two
- **Maintenance and updates**
  Having agreed the frequency of updates, we would create working delivery systems to obtain regular data extracts from WAST and update the content of the online tool and dashboard report.
Phase three
- Amends to the online tool would be discussed and agreed as required.

Assumptions
It is assumed that:
- WAST will consent to data being made available to the Network
- WAST will have undertaken data validation and quality checks on any data supplied to us
- Data will be made available to us on a timely basis and in agreed formats.

Project governance and timescales
Proposed project timescales and governance arrangements for phase one are summarised in the table below:

<table>
<thead>
<tr>
<th>Phase one</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Who</td>
<td>Action</td>
</tr>
<tr>
<td>15 September 2015</td>
<td>EASC</td>
<td>Outline proposal discussed and agreed</td>
</tr>
<tr>
<td>21 September 2015</td>
<td>NHSBN/WAST</td>
<td>Commence technical discussions</td>
</tr>
<tr>
<td>01 October 2015</td>
<td>QAIP/NHSBN</td>
<td>Detailed action plan agreed</td>
</tr>
<tr>
<td>22 October 2015</td>
<td>CCDG/NHSBN</td>
<td>Discuss and agree structure and content of tool (NHSBN will present options and suggestions)</td>
</tr>
<tr>
<td>10 November 2015</td>
<td>EASC</td>
<td>Progress report</td>
</tr>
<tr>
<td>17 December 2015</td>
<td>QAIP/NHSBN</td>
<td>Review draft outputs for phase one and agree any amendments to structure and content</td>
</tr>
<tr>
<td>21 January 2016</td>
<td>CCDG/NHSBN</td>
<td>Demonstration of final, working outputs for phase one</td>
</tr>
<tr>
<td>25 January 2016</td>
<td>EASC</td>
<td>Completion of phase one (with demonstration)</td>
</tr>
</tbody>
</table>

It is suggested phase two and three are discussed at the meetings in January 2016.
Fee arrangements

The fee proposed for phase one of the project is £23,000 plus VAT if applicable. For phase two, the fee proposal is £2,000 for each quarterly update of the benchmarking tool and pdf dashboard report. The fee for any phase 3 developments will be discussed as changes arise.

North of England CSU will raise invoices on behalf of the Network. Following confirmation that you wish to proceed, you are requested to set up North of England CSU as a supplier and forward us a purchase order number. Payment terms are 30 days.

We look forward to working with you on this project.

Yours sincerely.

Claire Holditch
Director
NHS Benchmarking Network
c.holditch@nhs.net
Tel: 0161 266 1966

Signed on behalf of NHS Wales:

Signature………………………………………………………………………………

Print name………………………………………………………………………………

Position………………………………………………………………………………

Date………………………………………………………………………………
Appendix: About the Network

The Network is the in-house benchmarking service of the NHS. We are probably the largest healthcare benchmarking organisation in the world.

We currently have 351 members. Our membership covers all sectors of the health system and includes 100% coverage of Welsh LHBs. The high level of membership gives us the critical mass to produce meaningful comparisons between services.

Membership includes:
- 82% of Acute Trusts
- 100% of MH Trusts
- 105 of Community Providers
- 56% of CCG Commissioners
- 100% coverage in Wales (included with Commissioners in the chart)
- Independent sector
- National organisations (NHSE, DH, Monitor)

The Network work programme for 2015/16 includes benchmarking projects on the following areas:

- Emergency care
- Radiology
- Older people
- Acute therapies
- Pharmacy
- Community services
- Community hospitals
- Integration and the Better Care Fund
- Total Systems Benchmarker
- Medicine management
- Urgent care
- Mental health inpatients
- Community mental health
- CAMHS
- National audit of intermediate care

In addition to the above projects which cover England and Wales, the Network carries out bespoke project work for Network members. Recent projects for NHS Wales have included bespoke all Wales versions of the mental health (inpatient and community mental health teams project) results and the CAMHS results from 2014. In 2015, an analysis of the radiology benchmarking results specifically for Wales, support for the CAMHS CAREMORE project and an analysis of the medicines management/pharmacy results for Wales.

The Network is not for profit, all fees are used on the work programme for members.