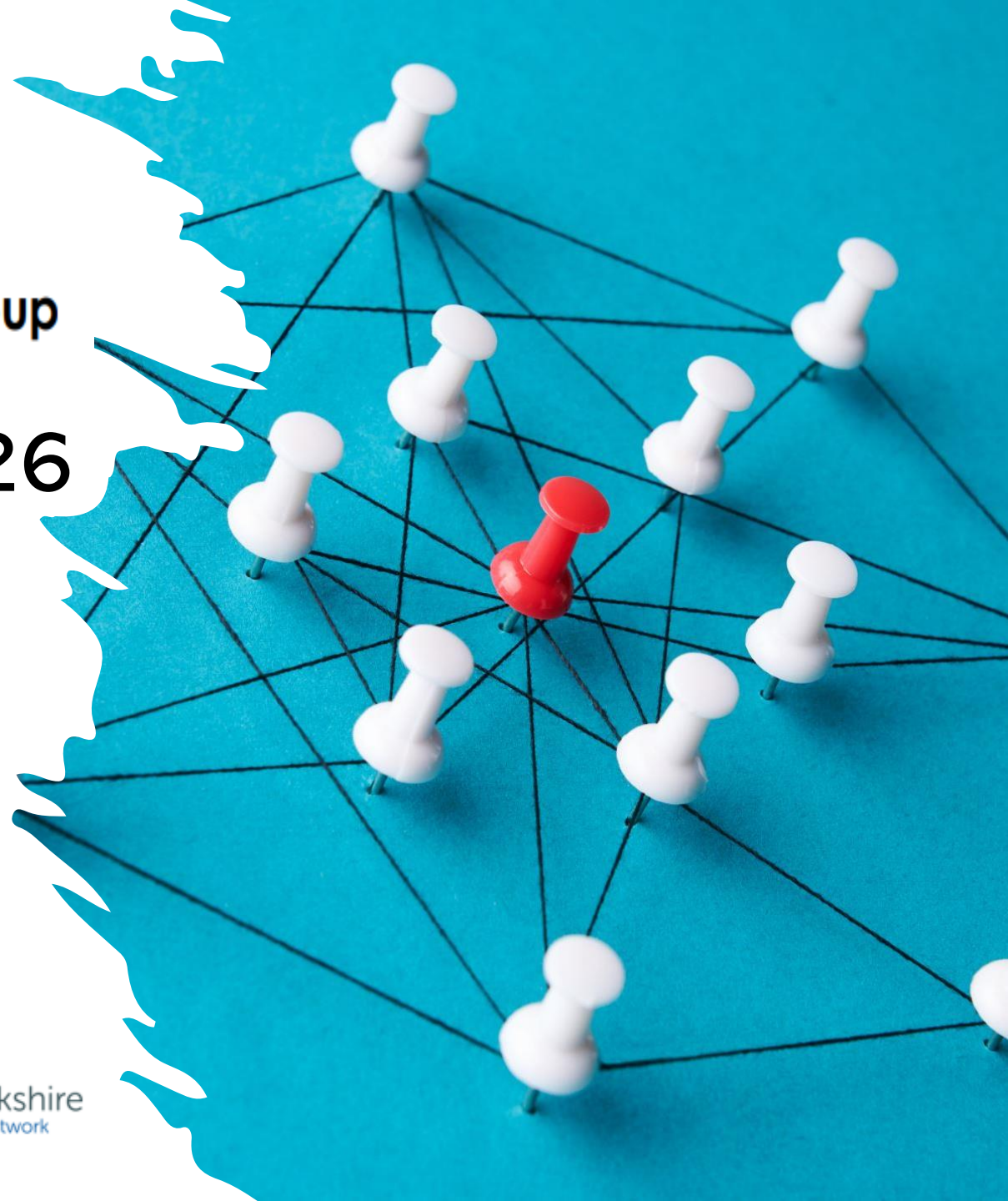


Collaborative Regional Benchmarking Group

# Benchmarking Update 2026



# Where it all began - A History of the Collaborative Regional Benchmarking Group

The group was established around 2001

West Yorkshire Critical Care Network/North Yorkshire & Humber Critical Care Network/North of England Critical Care Network

South Yorkshire & Bassetlaw joined in September 2023

Now 42 Critical Care units from 22 Trusts participate in the benchmarking programme. 156 members on the circulation list for the group.

Meet twice a year via TEAMS and once per year face to face.

Lead Chair Alison Richmond (WYCCN)



## West Yorkshire Critical Care Network

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale & Huddersfield NHS Foundation Trust
- Harrogate & District NHS Foundation Trust
- Mid Yorkshire Teaching Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Nuffield Health Hospital Leeds

## North of England Critical Care Network

- County Durham & Darlington NHS Foundation Trust
- Gateshead Healthcare NHS Foundation Trust
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust

## Humber & North Yorkshire Critical Care Network

- Hull University Teaching Hospitals NHS Trust
- York & Scarborough Teaching Hospital NHS Foundation Trust
- North Lincolnshire & Goole NHS Foundation Trust

## South Yorkshire & Bassetlaw Critical Care Network

- Barnsley NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Rotherham NHS Trust
- Sheffield Teaching Hospitals NHS Trust





Louise Krishnan (HDFT)



Robbie Famisan (South Tees)



Hayley Dudhill (Barnsley)



Donna Higgins (DPOW)



# Co - Chairs for the Group



# Why Benchmarking Matters

- Benchmarking concept adopted from industry first used 1970s, first used in NHS 1990s

## What Benchmarking Enables

- Highlights organisational strengths and areas for improvement
- Provides insight into performance by comparing with peers and national standards
- Identifies unwarranted variation and targets evidence-based improvement
- Pockets of innovative practice not wasted
- Strengthens clinical governance through transparent, objective measurement

## Impact on Quality & Safety

- Drives meaningful change and continuous quality improvement
- Improves staff, service, and organisational experience
- Enhances patient safety and overall quality of care
- Leads to **safer, more effective care** and **better patient outcomes**

(Wilmington et al 2023, Scruth 2023, NICE 2012, GPICS V3 2026)

**Clinical benchmarking is a**

***“systematic process in which current practice and care are compared to, and amended to attain, best practice and care”***

(DoH, 2010b).

RCN adapted  
Benchmarking  
wheel  
(RCN 2017)



# Benchmarking - National Drivers

## **Guidance for Provision of Intensive Care Services (GPICS) Version 3 (2026)**

Networks must benchmark services nationally and with other networks to identify good practice and innovation..... Networks must work to reduce unwarranted variation in pathways and processes, including by working with other related networks

## **Adult Critical Care Clinical Network Service Specification (2023)**

Benchmark services against national peers and share best practices.

## **Adult Critical Care Plan NHSE (2023)**

Introduction of quality outcome measures - benchmark provision and services to reduce variation in standards of care and service delivery

## **Getting It Right First Time (GIRFT) (2021)**

Meaningful benchmarking between specialist areas and within and across units; reducing variation in practice, creating a network-wide ethos of facilitating best practice and shared learning

## **NHS Long Term Plan (2019)**

Putting the patient at the heart of the system/delivering more effective patient care/delivering clinically-led improvement/reducing unwarranted/unjustified variance in performance- improving clinical practice/investing in quality improvement

## **RCN – Understanding Benchmarking (2017)**

Clinical practice benchmarking is a quality improvement tool to facilitate/structure/formalise how best practice is shared/compared and developed thus supporting nurses to meet patient needs. Provide reassurance to staff that they are doing their best to develop and improve care.



# Current CRBG Audit Calendar

Month	Benchmark
September 2025	Endo-Tracheal Tube
October 2025	Tracheostomy Tube
November 2025	Pressure Ulcer Prevention
December 2025	Eye Care / Mouth Care
January 2026	Delirium
February 2026	Arterial Line Care / Central Line Care
March 2026	Endo-Tracheal Tube
April 2026	Tracheostomy Tube
May 2026	Pressure Ulcer Prevention
June 2026	Eye Care / Mouth Care
July 2026	Delirium
August 2026	Arterial Line Care / Central Line Care

# The process....

How do we Benchmark?	
1	Identify the area of practice to be benchmarked from the audit calendar
2	Use the audit tool to review 10 patients against the evidence based care element. The previous 24 hour period should be used to carry out the audit. It is acceptable to review the care of one patient across 10 days which may or may not be consecutive where there a limited number of patients are available to audit, such as Tracheostomy care.
3	A percentage of compliance will be autogenerated for each care element and overall compliance to the audit.
4	Develop an action plan to address any care element that is not considered fully compliant through education and / or quality improvement initiatives
5	Discuss compliance and action plan with you units clinical leadership team for agreement
6	Submit audit sheet and action plan by email to your Critical Care Network by the 4 <sup>th</sup> of the following month
7	The Benchmark Lead (or their representative ) will attend their local Critical Care Network Benchmarking meeting (if applicable) and the tri-annual CRBG meeting to compare and share best practice



# DATA COLLECTION CHALLENGES FOR NLAG

- Engagement
- Lack of understanding

DPOW December 2025 Final Eye Ca... HIGGINS, Donna (...)

File Home Insert Share Page Layout Formulas Data Review View Automate Help Draw

Comments Catch up Editing Share

M17 NA

Care Element	Observation 1	Observation 2	Observation 3	Observation 4	Observation 5	Obs
11 Has the patient had an eye care assessment within 4 hours of admission using an eye assessment tool? <sup>1</sup>	0	0	0	0	0	
12 Has the patient had eye care reassessment at least every 12 hours after the first assessment using an eye assessment tool? <sup>2</sup>	0	0	1	0	0	
13 Has eye cleansing occurred at least every 4 hours to remove exudate, debris or dried ocular medication? <sup>3</sup>	1	1	1	0	1	
14 If reduced or absent blink reflex and/or incomplete eye closure (lagophthalmos) with conjunctival exposure, has lubricant been applied? <sup>2</sup>	0	0	1	0	0	
15 If eye closure in incomplete (lagophthalmos) with corneal exposure, has lubricant been applied <b>and</b> eyes tape shut? <sup>2</sup>	NA	NA	NA	NA	NA	
16 If the patient is in the prone position and unconscious, have the eyes been lubricated every 4 hours, <b>and</b> taped shut? <sup>2</sup>	NA	NA	NA	NA	NA	
17 Where required, has a referral been made to ophthalmology for advice? <sup>2</sup>	NA	NA	NA	NA	NA	

Eye Care Benchmark Action Plan Sheet1 +



Activity



Chat



Calendar



Calls



OneDrive



NHSmail Su...



Apps



General

Posts

Shared

Notes



All documents

In messages

+ New

Upload

Edit in grid view

Share

Copy link

Forms **New**

Add shortcut to OneDrive

All Documents\*

Details



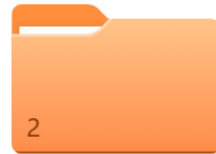
Documents > General



January Delirium  
February 27, 2025



December Eye and Oral Care  
December 11, 2025



November Pressure Ulcer Pr...  
February 27, 2025



Name ↑

Modified

Modified By

+ Add column



April Tracheostomy

February 27, 2025

BRETT, Darren (NHS F



August Arterial + Central Line

February 27, 2025

BRETT, Darren (NHS F



Benchmark Cross-site meetings

February 27, 2025

BRETT, Darren (NHS F

# Action Plan for Quality Improvement - Examples

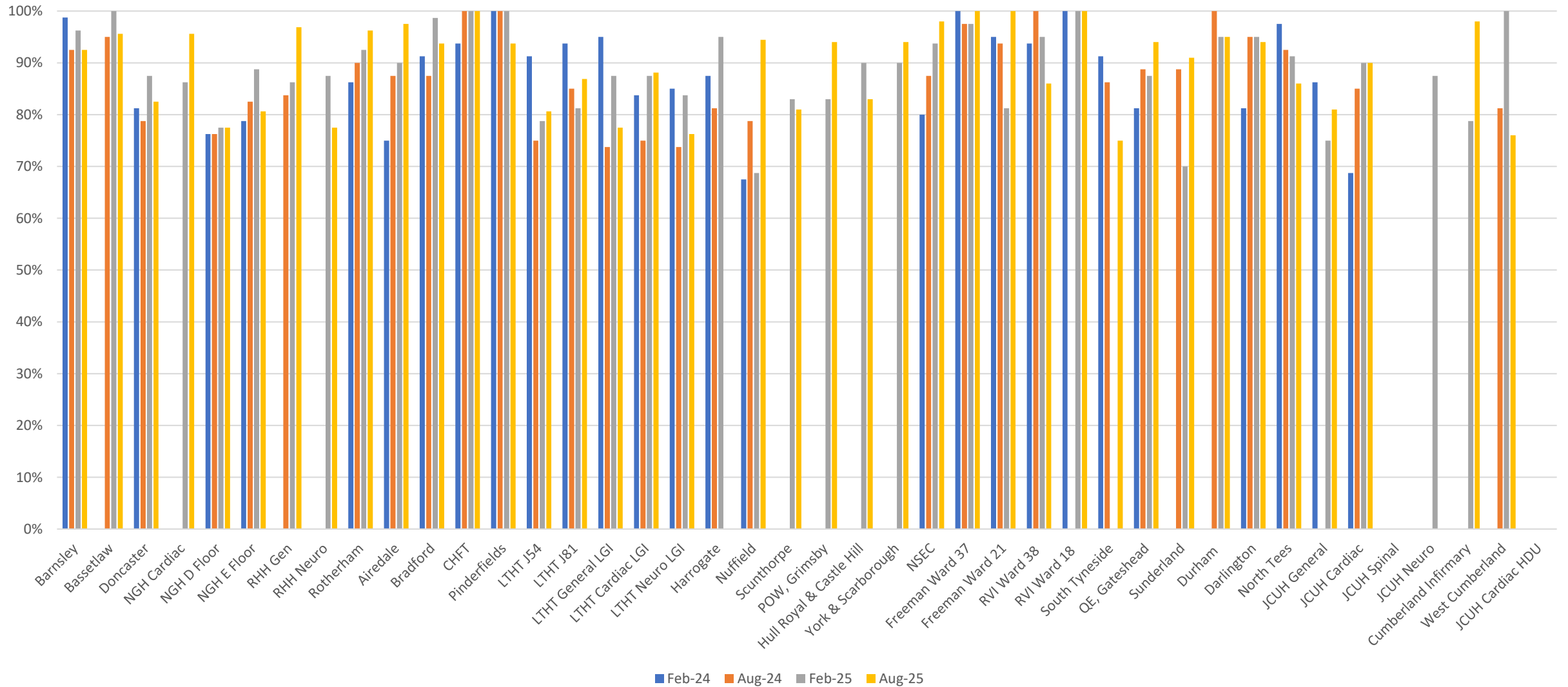
Care Element	Comments	Action Plan	Person responsible	Time Scale	Date Completed
1	Lack of documentation noted for size of ETT and grade of intubation.	Will discuss with medics to ensure they are documenting this on any new surgical admission and on any new intubation carried out on the unit	Nurse in charge	On going	
2	Not frequently documented	Ensure medical and nursing staff are documenting this. Medical staff to document on any new intubation and new surgical admission and nursing staff to document as part of daily documentation.	Nurse in charge	On going	
1	4 patients notes included grade of intubation either on the RSI checklist or on initial intubation date. 3 of those patients had a visible airway information chart at the bedside. There was no grade of intubation on the RSI	Discuss at CG meeting the need for all anesthetists to complete the green airway information chart and ensure it's located in a visible area at all times. Circulate email to all ward clerks to file original RSI			
6	Gaps in manual checking of cuff pressure found upon review of the ICCU observation chart	Remind staff nurses to check cuff pressure every 4 hours. (Identify the barriers encountered by nurses in adhering to this practice and address accordingly)	Nurse Educator		
7					
8	ETT repositioning is not a standard of practice in the unit; ET ties being used instead of anchorfast	Provide staff with education, improve documentation	Nurse Educator		
9	Gaps in 4 hourly oral care found upon review of the ICCU observation chart	Remind staff nurses to perform oral care every 4 hours. (Identify the barriers encountered by nurses in adhering to this practice and address accordingly)	Nurse Educator		



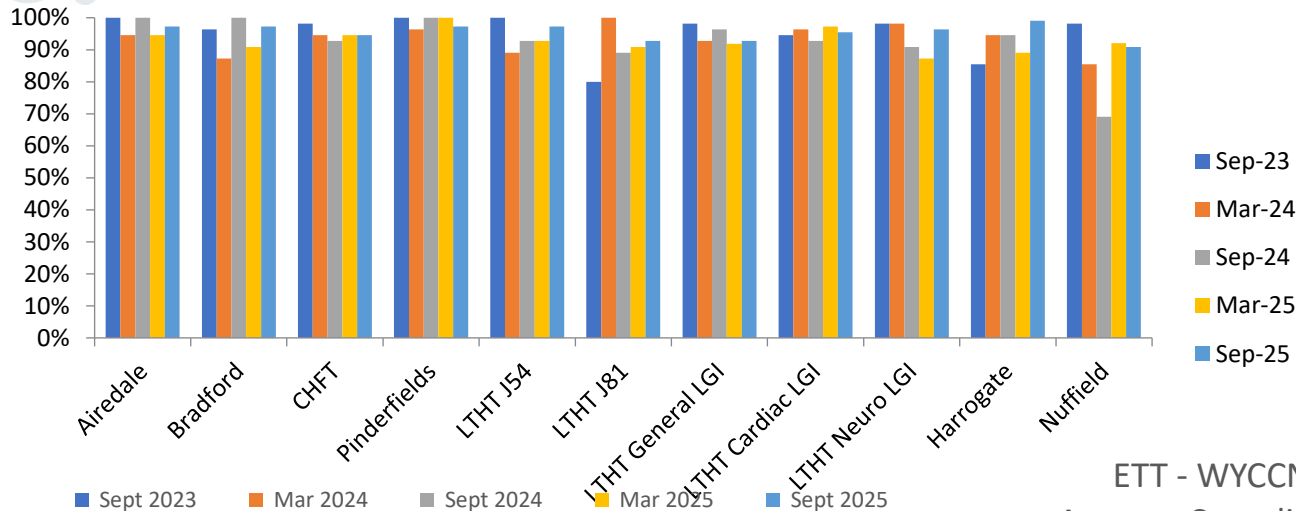


# Collaborative Regional Benchmarking Group – CVAD Overall Compliance to Benchmark

NEY Overall Compliance CVAD Care Benchmark



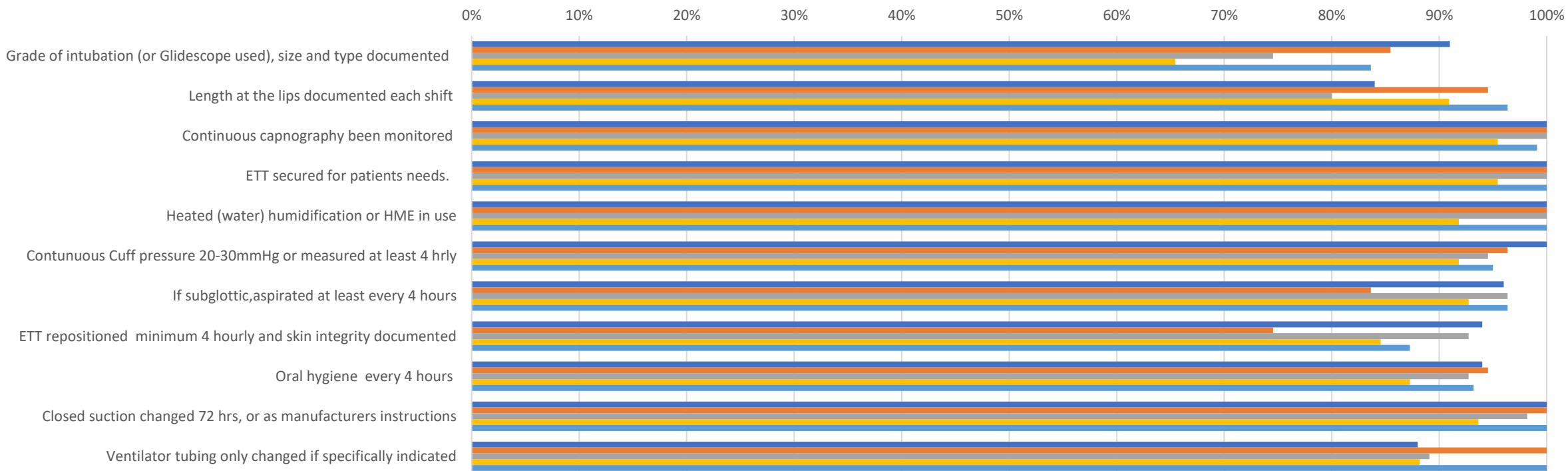
# ETT - WYCC Network



**Summary:**

- All units submitted
- All units achieved >90% compliance to elements of the benchmark
- All elements showed improvement on this audit
- 100% : securement, humidification, closed suction / Vent tubing changed at 7 days (or as MI)
- 4hrly Oral Hygiene / ETT repositioning back to improving trajectory

## ETT - WYCCN Average Compliance

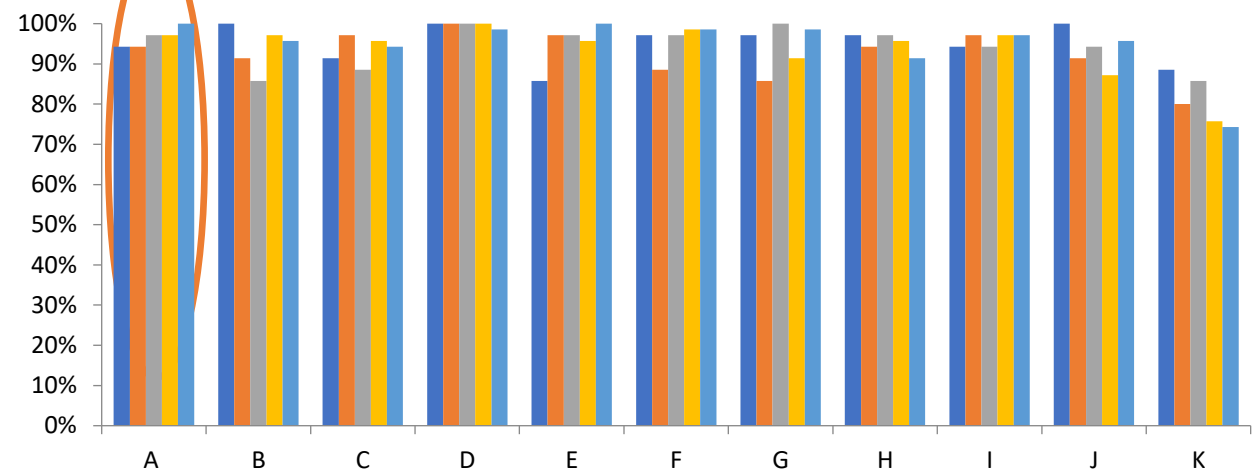


**Clinical Benchmarking – Pressure Ulcer Prevention**  
**A Critical Care Unit**  
**Nov 23, May 24, Nov24, May 25, Nov 2025**

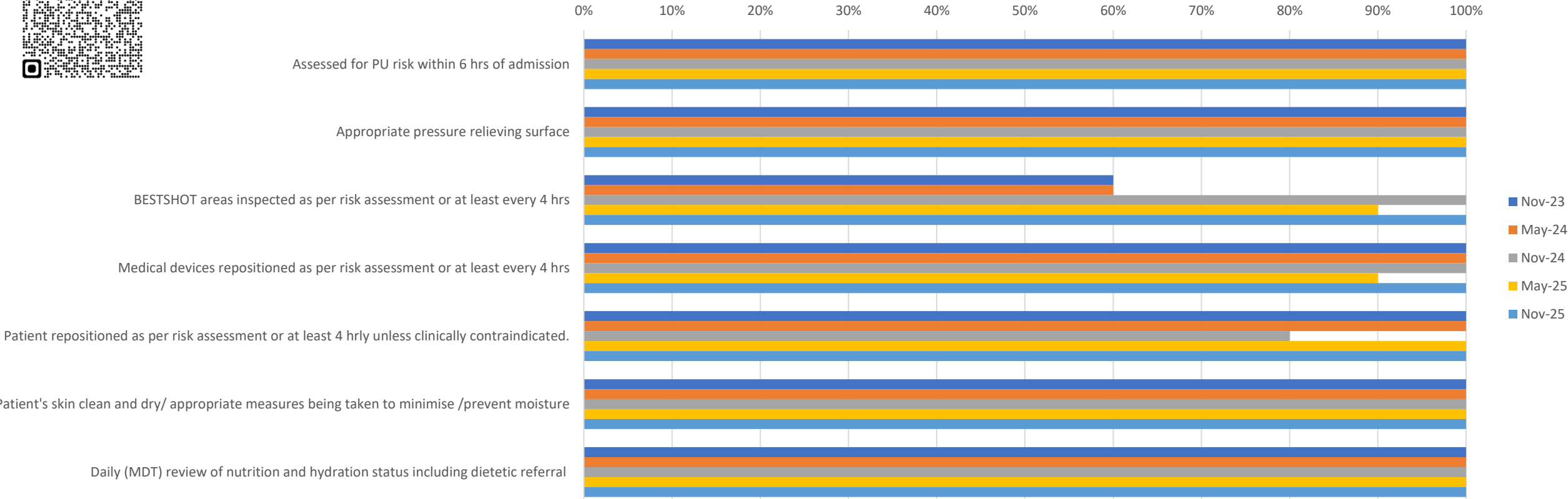
Please scan for the Best Practice Education Tool for Pressure Ulcer Prevention



**Pressure Ulcer Prevention- WY Network**



**Pressure Ulcer Prevention – A Critical Care Unit**





**Aim:** To provide guidance on the nursing care of an endotracheal tube in Critical Care

**Scope:** All adult patients in Critical Care with an endotracheal tube

**Each shift assess and document:**

- ETT security
- ETT length at lips
- ETT size/type
- Type, amount and consistency and colour of secretions
- Closed suction: check change date
- Subglottic aspirate
- Cuff pressure 4 hourly
- Skin integrity of mouth/lips

**Consider**

- Use of subglottic ETT
- Humidification
- Daily sedation hold
- Skin integrity
- Safe cuff pressure
- Access to oral cavity
- ETT securement options<sup>2</sup>
- Suction options
- PPE for AGP's and IPC procedures

**STANDARD ENDOTRACHEAL TUBE CARE**

1	Ensure adequate oxygen and humidification is delivered as per plan of care.
2	Perform suction as often as clinically indicated and aspirate subglottic port, if available, as a minimum 4 hourly.
3	Maintain cuff pressure between 20 – 30mmHg using automated constant cuff pressure device or with manometer, checking at least 4 hourly <sup>1,3</sup> .
4	Perform oral care as a minimum 4 hourly <sup>1</sup>
5	Reposition ETT as a minimum 4 hourly, monitoring skin integrity and ensuring ETT security device is appropriate for the patient <sup>4</sup> .
6	Consider daily sedation hold with MDT

**Rehabilitation**

- Regular physiotherapy
- Refer to local weaning plans
- Consider tracheostomy with MDT if appropriate

**SAFETY FIRST**

- Know your patients 'Grade of Intubation'
- Continuous capnography<sup>5</sup>
- Availability of Bag Valve Mask/Emergency Intubation Equipment
- Availability of working suction
- At Risk Procedures: Sedation Hold, Oral Care, Patient turns

**Risk of Displacement**

Please see your units full guidelines for more information

(V3 2024)

# CRBG Best Practice Posters

Units asked to display poster that aligns with the benchmarking topic. Also available via the QR link on unit posters  
Clear links between education and successful quality improvement

( Fulbrook et al 2022, Peabody et al 2016)



# Success stories from benchmarking across 4 networks....



Development of more objective audit tools enhance the reliability, consistency, and overall integrity of the benchmarking outcomes.



Audit tool patient focused, and evidence based.



Highlighted gap in usage of oral & eye care assessment tool...so we developed them for uses across the region



Improvements in documentation / electronic documentation



Units' guidelines updated to align with evidence-based audit tools



Monthly audit benchmarks are now used in many units as focal points for unit-based education, aligning clinical education with quality improvement priorities



Delirium prevention project to increase awareness of prevention strategies and to develop and promote education resources focusing on the management of delirium for critical care patients



Launch of a targeted Quality Improvement (QI) programme within one network to reduce medical device-related pressure ulcers

Plus, some the amazing QI projects that we will hear about today

# Future Plans

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- Three new benchmarking tools in development: End of Life, Nutrition & Hydration, Pain & Sedation
- Article with British Journal of Nursing - hoping for publication
- Our Benchmarking Programme has been shared nationally: BACCN, CC3N, and subsequently with other Critical Care Network who are looking to emulate what we do!



Your hard work is key to the success of clinical benchmarking, your desire for quality improvement to benefit your patients is inspiring.....



# Resources

Batchelor A (2021) *Adult Critical Care GIRFT Programme National Speciality report*, Available at: <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/08/Adult-Critical-Care-Aug21L.pdf>

Bevan H, Eglin S, Gollop R, Inglis S, Laughton J, Lee J, McBride M, Penny J, Stout J, Turner J, Wells J, Wilkinson J (2005) *Improvement Leaders Guide, Evaluating Improvement, General Improvement Skills*, NHS Institute for Innovation and Improvement

Benchmarking tools/Best Practice education Posters available at

[Benchmarking Group - West Yorkshire Critical Care Operational Delivery Network \(wyccn.org\)](http://www.wyccn.org)

Fulbrook, P, Lovegrove, J, Hay, K, Coyer, (2023) State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis, *Journal of Clinical Nursing*, 32(15), p. 4947-4961.

ICS/FICM (2026) *Guidelines for the Provision of Intensive Care Services: Version 3* Available at: [Intensive Care Society | GPICS](https://www.intensivesocietysociety.org/gpics)

Litton, E., Guidet, B. and De Lange, D., (2020) National registries: lessons learnt from quality improvement initiatives in intensive care. *Journal of Critical Care*, 60, pp.311-318.

National Health service (2019) *The NHS Long Term Plan*. Available at <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

National Health Service (2022) *D05 Adult Critical Care Service Specification*. Available at :<https://www.england.nhs.uk/wp-content/uploads/2019/05/220502S-adult-critical-care-service-specification.pdf>

National Health service (2023) *Adult Critical Care Programme toolkits v2 FINAL*. Available at [https://future.nhs.uk/CCC\\_COVID19/view?objectID=165629957](https://future.nhs.uk/CCC_COVID19/view?objectID=165629957).

National Institute for Clinical Excellence (2012) *The commissioning and benchmark tool*, available at [www.nice.org.uk](http://www.nice.org.uk)

Peabody, J.W., Paculdo, D.R., Tamondong-Lachica, D., Florentino, J., Ouenes, O., Shimkhada, R., DeMaria, L. and Burgon, T.B., 2016. Improving clinical practice using a novel engagement approach: measurement, benchmarking and feedback, a longitudinal study. *Journal of Clinical Medicine Research*, 8(9), p.633.

Royal College of Nursing (2017) *Understanding Benchmarking, RCN Guidance for nursing staff working with children and young people*. Available at <https://www.rcn.org.uk/Professional-Development/publications/pub-00633>

Scruth E (2023) Determining Quality Metrics for the Intensive Care Unit: Is it Time for Data sharing and New Metrics? *Australian Critical Care*, 36, (3) 293-294

Willmington, C., Belardi, P., Murante, A.M. et al. The contribution of benchmarking to quality improvement in healthcare. A systematic literature review. *BMC Health Serv Res* 22, 139 (2022)

