

# Community Benchmarking Programme 2026/27

Supporting Workforce, Productivity & Operational Improvement Across Community Services

A collaborative benchmarking framework supporting NHS community providers to improve productivity, standardise workforce roles, and target service sustainability.

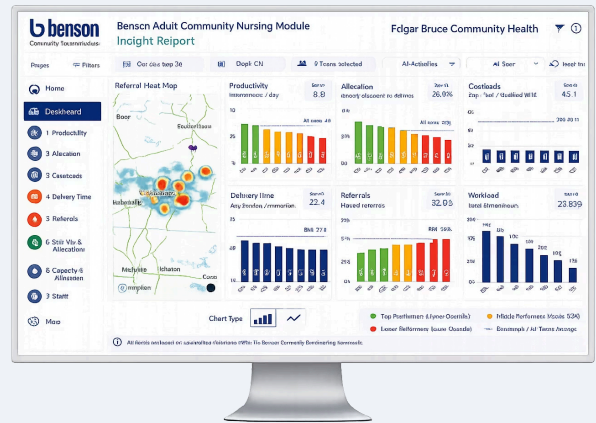
Community Nursing & Community Therapies / Rehabilitation Services

Benson Health | Programme Year: 1 June 2026 – 31 May 2027

- 60+ Operational Metrics
- 7 Health Domains
- 4 Quarterly Reviews



## PROGRAMME OUTPUTS



Benchmarking Report – Productivity Metrics



Insight Report – Dashboard

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Community Benchmarking  
Programme 2026/27

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Benson Health | 2026/27

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# About This Document

Benson Health is inviting NHS community providers to join the participating provider cohort for the national Community Benchmarking Programme 2026/27.

## Built on Proven Foundations

Benson Health supports community services through operational analytics, benchmarking and improvement programmes at scale.

This programme builds on the 2023/24 national pilot involving 7 Community Nursing providers.

The 2026 model extends coverage to both Community Nursing and Community Therapies services, with a stronger analytical framework, shared operational learning and peer collaboration to support collective improvement.

Expressions of interest: contact [benchmarking@bensonhealth.co.uk](mailto:benchmarking@bensonhealth.co.uk)

## Programme Summary

### Purpose

This document sets out the structure, scope, deliverables and commercials for the Benson Community Benchmarking Programme 2026/27, to support your organisation's decision to participate.

### Service Disciplines

Community Nursing and/or Community Rehabilitation Services.

### What You Receive

Quarterly Benchmarking reports, quarterly (or monthly) Insight reports (internal teams).

Access to the Benson application for 5 users.

Invitation to participate in quarterly meetings for service leads, and data leads. Ongoing support.

### Programme Dates

1 June 2026 – 31 May 2027 with option to renew. Setup within two weeks. Quarterly data submissions (initial for Q/E 31/3). Low internal resource requirement (expect 1 hr / data submission).

### Commercials

£9,500 per annum + VAT. for 12 months. Includes 5 user licences, quarterly reviews, all reports and involvement in the national benchmarking group..

### Your Commitment

Minimal impact on resources: Analysts submit standard extracts from your existing systems and manage access for local users.

### Next Steps

Pre-procurement discussions and data specification. Contact [info@bensonhealth.co.uk](mailto:info@bensonhealth.co.uk) or visit [www.bensonhealth.co.uk](http://www.bensonhealth.co.uk)

# 1. Programme Overview

Helping NHS community providers build a clearer, more objective understanding of operational performance, workforce utilisation and service variation.

## The Challenge

Community services are under increasing pressure to improve productivity, reduce waiting times and deliver more care within constrained workforce growth.

However many providers lack operational systems to objectively understand where variation exists, how their performance compares, or where improvement is most needed.

This programme aims to provide:

- A consistent view of operational performance across teams
- Objective visibility of how clinical time and capacity are used
- Comparable workforce metrics benchmarked against peers
- Standardised data to support workforce redesign and planning

## Programme at a Glance

### Service Scope

Community Nursing & Community Therapies / Rehabilitation Services

### Metrics

60+ standardised operational metrics across 7 performance domains

### Data Sources

EPR, ESR and eRoster operational data

### Framework

Standardised national benchmarking framework with quarterly reviews

### Programme Year

1 June 2026 – 31 May 2027

## How the Programme Helps

### Internal Benchmarking

Identify variation in performance, productivity and workforce utilisation across your own teams and services

### External Benchmarking

Compare performance fairly against a growing cohort of NHS community peer organisations

### Workforce & Capacity Insight

Understand how clinical time, staffing and capacity are being used across your services

## 2. Programme Objectives

The programme enables NHS community providers to participate in a national NHS operational benchmarking and improvement framework, using standardised operational datasets derived from raw workforce, activity and operational data.

- Enable NHS community providers to benchmark operational performance internally across teams and services
- Provide external benchmarking against a growing cohort of NHS community peer organisations
- Generate standardised, comparable datasets from raw EPR, eRoster and ESR extracts
- Support workforce planning, productivity analysis and operational improvement
- Deliver accessible, continuously available insight through a secure benchmarking application
- Support shared operational learning and peer collaboration across participating providers
- Identify emerging good practice and areas of unwarranted variation
- Promote continuous operational improvement across community services

Programme Period

1 June  
2026

31 May  
2027

4

Quarterly reviews

## Key Operational Focus Areas

The programme focuses analytical effort on four operational areas where variation is most significant and improvement opportunity is greatest.

### Productivity & Clinical Time

Contact rates, clinical time utilisation and visits per WTE

### Workforce Model & Skill Mix

Band-level deployment, delegation and staffing structure

### Sustainability & Workforce Pressure

Sickness, turnover, vacancy rates and workforce resilience

### Capacity & Demand

Caseload volumes, referral patterns and throughput efficiency

# 3. How the Programme Works

The programme follows a structured and low-burden operational cycle designed to minimise demands on participating organisations whilst supporting both internal improvement discussions and external collaborative benchmarking across the participating provider cohort.

Through regular benchmarking refreshes, shared operational insight and facilitated review discussions, the programme enables organisations to identify variation, explore emerging good practice and support evidence-based operational improvement internally and alongside NHS community peers.



## Raw Data Submission

Monthly or quarterly extracts from EPR, eRoster and ESR. The initial submission is 12 months of historic data, following by quarterly update. These should take no longer than one hour to generate.



## Processing & Standardisation

Secure ingestion, cleaning, validation and aggregation of data into standardised classifications. This supports objective comparison across an established set of community metrics.



## Benchmarking & Insight

Insight is generated both internally across teams and services within the organisation, and externally against participating NHS community peer providers.



## Reports & Dashboards

The reports are published to the secure Benson online App. Users can login and interact with their reports at any time. Reports may also be exported to static PDF documents and for PowerPoint presentations.



## Collaborative Quarterly Reviews

Facilitated review discussions with Benson Health to interpret variation, identify emerging good practice and discuss operational approaches and improvement activity



## Operational Improvement

The programme helps teams explore unwarranted variation, improve consistency of delivery, share emerging good practice and support evidence-based actions to improve productivity, workforce utilisation, access and overall operational performance.

# 4. Reports & Deliverables

Participating organisations receive access to reports via the Benson Community App for allocated users, static PDF digital versions of the reports, and structured support throughout the programme year. These deliverables support both individual organisational insight and collective improvement across the participating cohort.



## Insight Report

Internal operational performance across teams and services for all applicable service metrics



## Benchmarking Report

External comparison against NHS community peer organisations



## Quarterly Reviews

4 facilitated analytical review meetings per year involving participating providers



## Benson NHS App Access

Continuous access to reports and dashboards via the Benson application



## Shared Learning & Collaboration

Quarterly collaborative review discussions and operational insight sharing across the participating provider cohort, including identification of emerging good practice and shared interpretation of variation.

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## Report Contents at a Glance

### INTERNAL

#### Insight Report

- **Operational performance** by team
- **Productivity & activity** metrics
- **Caseload & demand** analysis
- **Workforce utilisation** & skill mix
- **Rolling 12-month** trends
- **Complexity profiling** of patient caseload
- **Travel estimates** by team
- **Gap identification** for improvement

### EXTERNAL

#### Benchmarking Report

- **Peer comparison** across NHS providers on all service metrics
- **Local profile** including deprivation, rurality, age and demand drivers
- **Comparator selection** – choose demographically aligned sites
- **Performance narrative** with key trends and differences

# 5. Access and Sample Reports

Community Benchmarking Programme  
2026/27

Benson Health

## Sample Reports



Benchmarking  
Report



Insight (Internal)  
Report

Report formats evolve in response to provider feedback.

## Accessing the App

This section provides excerpts from the new reports.

Users are provided with **secure access** to the Benson Community App. No software installation is required: users access the App online. A local administrator sets up and modifies users.

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### Secure Access

5 user licences included as standard, with role-based access control

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### Always Current

Reports refreshed automatically following each data submission cycle

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### Intuitive Interface

Designed for operational and non-technical users using visual interfaces

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### Exportable Reports

Export for board papers, operational reviews and presentations

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The Benson App allows users to access and interact with the two reports in the following ways:

- Log in at any time
- Choose metrics area and display mode
- Filter by dates
- Filter by staff type
- Filter by activity type
- Compare with all teams / providers or selected
- Print and copy visuals into emails, presentations and reports
- Review support guidance and videos
- Request support ticket

# 5.1 Benchmarking Report – Sample pages

The community benchmarking report comprises several pages, with a main customisable Dashboard and sections for each of the 7 health domains covering all metrics and allowing users to drill in on each metric. Users navigate using the panel on the left. There is a filter section at the top allowing users to change the scope of the report.

## National Community Benchmarking Report

🔍 ℹ️ ?

📅 Oct 25 - Mar 26
🏠 Dept: CN
👥 10 Providers selected
👤 Staff: B5s only

**Benchmarking Report**

- 🏠 Home
- 📊 Dashboard
- 📈 1 Productivity
- 👥 2 Workforce & Sustainability
- 📅 3 Activity & Caseload
- 🔄 4 Demand & Flow
- 👤 5 Skill Mix & Allocation
- 🕒 6 Capacity & Utilisation
- 📊 7 Performance & Access
- ⚖️ 8 Operational Variation & Benchmarking
- 📍 Map
- ⚙️ Settings

### Provider metrics summary

Provider	Shift days	Shift hrs (ex break)	Delivery hrs	Clinical hrs	Non clin hrs	Clinical % of shift	Patient visits /day	Home visits %	Clinics after 1pm	Shift days /WTE/mth	Avg travel allow(mins)
Provider 1	2,698	17,890	6,823	6,823	11,068	38%	8.46	100%	22%	14.05	0.00
Provider 2	910	5,978	2,658	2,658	3,320	44%	8.44	100%	52%	16.85	0.00
Provider 3	1,409	9,620	4,166	4,166	5,454	43%	8.75	100%	3%	13.81	0.00
Provider 4	1,155	7,366	3,063	3,063	4,303	42%	7.89	99%	9%	13.75	0.00
Provider 5	1,411	9,155	3,449	3,449	5,706	38%	7.66	99%	1%	14.70	0.00
Provider 6	1,776	11,120	4,905	4,905	6,215	44%	7.68	99%	11%	14.80	0.00
Provider 7	1,013	7,231	2,587	2,587	4,644	36%	6.16	99%	17%	12.99	0.00
Provider 8	2,184	13,356	6,558	6,558	6,798	49%	7.57	97%	10%	15.83	0.00
Provider 9	441	2,889	1,393	1,393	1,496	48%	7.81	96%	23%	14.70	0.00
Provider 10	1,000	6,021	2,999	2,999	3,022	45%	7.79	98%	15%	14.60	0.00
<b>Total</b>	<b>12,997</b>	<b>84,606</b>	<b>35,601</b>	<b>35,601</b>	<b>49,005</b>	<b>42%</b>	<b>7.90</b>	<b>99%</b>	<b>15%</b>	<b>14.54</b>	<b>0.00</b>

#### Clinic type (by clinical hours)

WNDC	30.65%
INSU	12.14%
OTHR	9.15%
DIAG	8.80%
MEDI	3.65%
PALI	2.20%
P...	
CONT	16.67%
VENE	
IN...	

#### Total work (clinical vs non clinical)

43%

#### Clinical % of Shift – All Providers (Q3)

All Providers Average (40%)

Provider 3: 43%

ℹ️ All metrics are based on standardised definitions within the Benson Community Benchmarking Framework.

## Benchmarking Report | Productivity Metrics

🔍 ℹ️ ?

📅 Oct 25 - Mar 26 (Q3)
🏠 Dept: CN
👥 Provider 3 selected
👤 All Teams

**Benchmarking Report**

- 🏠 Home
- 📊 Dashboard
- 📈 1 Productivity
- 👥 2 Workforce & Sustainability
- 📅 3 Activity & Caseload
- 🔄 4 Demand & Flow
- 👤 5 Skill Mix & Allocation
- 🕒 6 Capacity & Utilisation
- 📊 7 Performance & Access
- ⚖️ 8 Operational Variation & Benchmarking
- 📍 Map
- ⚙️ Settings

### Productivity Summary – Provider 3

Metric	Last Quarter (Q3 Oct 25 - Mar 26)	Previous Quarter (Q2 Jul 25 - Sep 25)	% Change	All Providers Average	Rank (/10)
★ Clinical % of Shift	43%	41%	+4.9% ▲	40%	4
Contacts per WTE	32.6	30.1	+8.3% ▲	28.7	3
Visits per WTE	21.4	19.8	+8.1% ▲	18.6	3
Clinical Hours per Day (per WTE)	5.6	5.3	+5.7% ▲	5.1	4
Travel Time %	14%	15%	-6.7% ▼	16%	2
Productive Time Ratio (Clinical Hours / Total Hours)	63%	60%	+5.0% ▲	59%	3
Interventions per Staff Member	18.7	17.2	+8.7% ▲	16.2	3
Indirect vs Direct Care Time % (Indirect)	37%	40%	-7.5% ▼	41%	2

#### Clinical % of Shift

43% Last Quarter (Q3 Oct 25 - Mar 26) | 41% Previous Quarter (Q2 Jul 25 - Sep 25) | +4.9% ▲ % Change

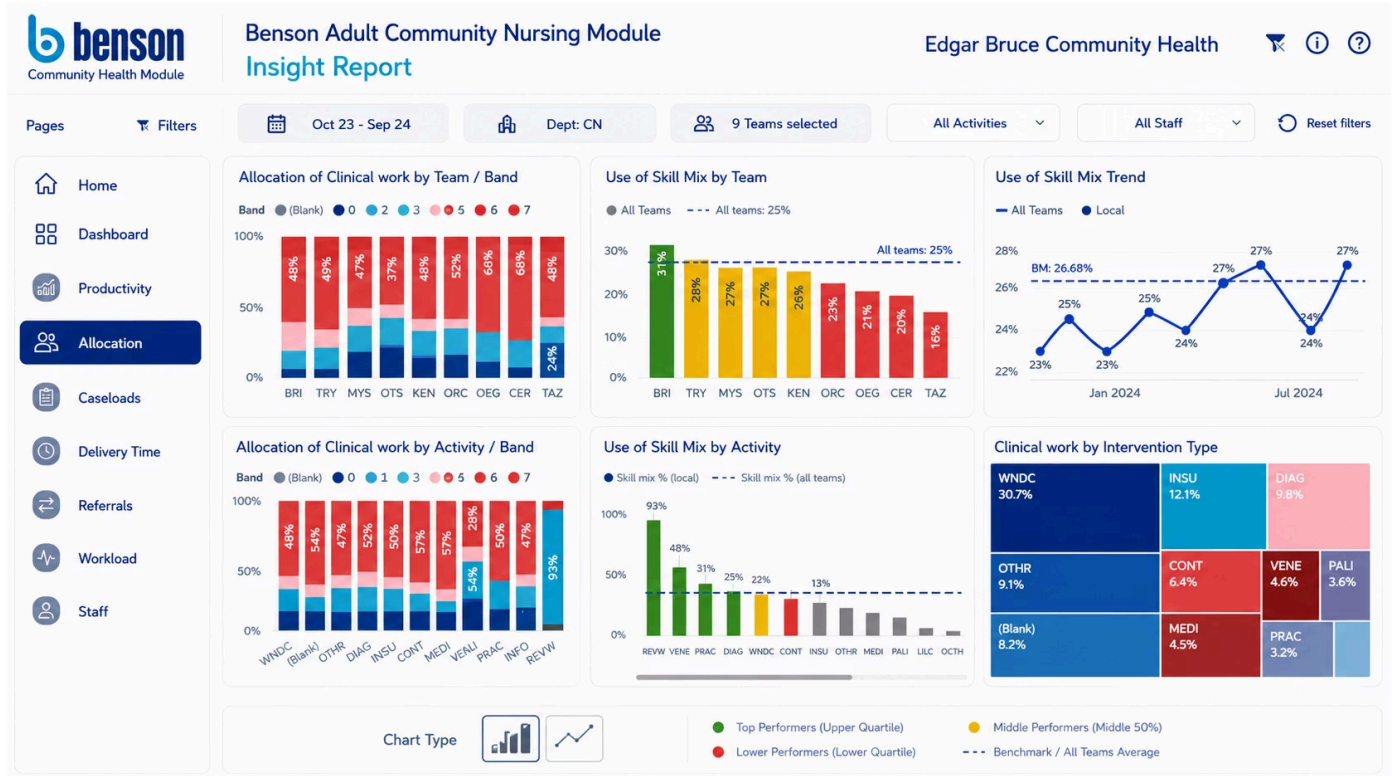
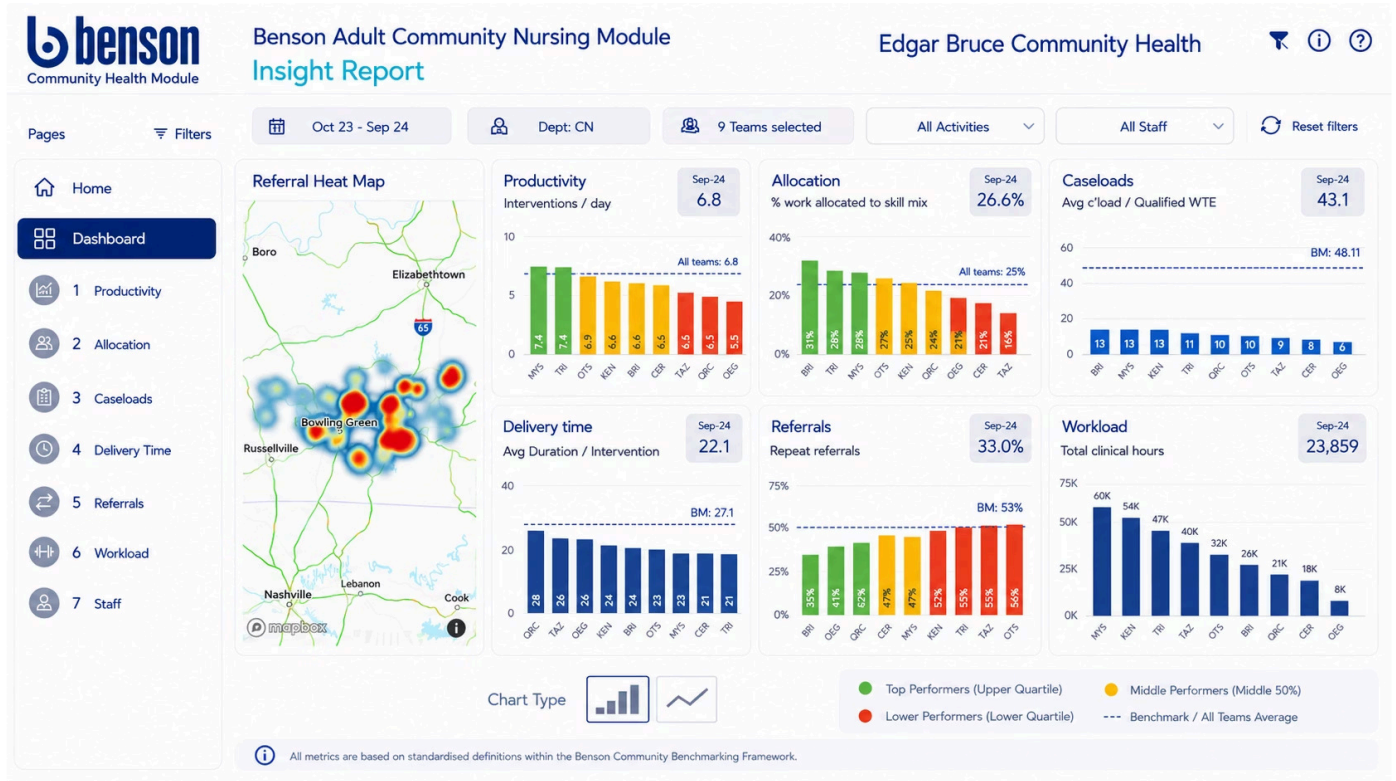
40% All Providers Average | Rank (out of 10): 4

#### Distribution – All Providers (Q3)

ℹ️ Metrics are based on standardised definitions within the Benson Community Benchmarking Framework.

# 5.2 Insight Report – Sample pages

The Insight Report allows health providers to compare each service metric across their teams. Filters allow users to apply the filters by activity type, staff type and change the time period. Navigation is achieved using the panel on the left.










Sample: Benson Demo Report– Insight Module

# 6. Metrics Framework

The programme benchmarks performance across 7 core operational domains, encompassing 60 standardised metrics aligned to NHS strategic priorities including the 10 Year Health Plan and 2025/26 Planning Guidance. The framework continues to evolve through provider collaboration and operational feedback from participating organisations, ensuring metrics remain aligned to the realities of community service delivery.

See the **Appendix** for a full list of metrics and calculations.

 <b>Productivity &amp; Clinical Capacity</b> Clinical time utilisation, visits per WTE, contacts per shift, band-level productivity	 <b>Workforce Utilisation &amp; Staffing</b> Substantive vs bank vs agency mix, fill rates, management ratios	 <b>Workforce Sustainability &amp; Health</b> Staff turnover, sickness absence, vacancy rates, average tenure
 <b>Clinical Activity &amp; Delivery Model</b> Visit patterns, referral duration, home visit rates, travel time	 <b>Clinical Allocation &amp; Skill Mix</b> Band-level activity distribution, senior clinician deployment, delegation opportunity	 <b>Demand &amp; Caseload</b> Referral volumes, active caseload, new-to-review ratios, demand trends
 <b>Flow, Throughput &amp; Timeliness</b> Waiting times, discharge rates, throughput efficiency, response times		

7

Core Metric Domains

60+

Operational Metrics

# 7. Data Requirements, Security & Governance

Benson is a generic system that works with all EPRs. Benson's standard data specification has been designed to work with all community datasets.

## Required Data Sources

Participating organisations submit raw operational extracts from the following core systems:

<b>EPR Systems</b> (e.g. SystmOne, EMIS, RiO) produces referrals and clinical extracts	<b>eRoster Systems</b> (e.g. Allocate, Rotamaster) produces staff shift data
<b>ESR</b> NHS Electronic Staff Record workforce data. Produces staff information (role, band, WTE, start/finish dates etc.)	

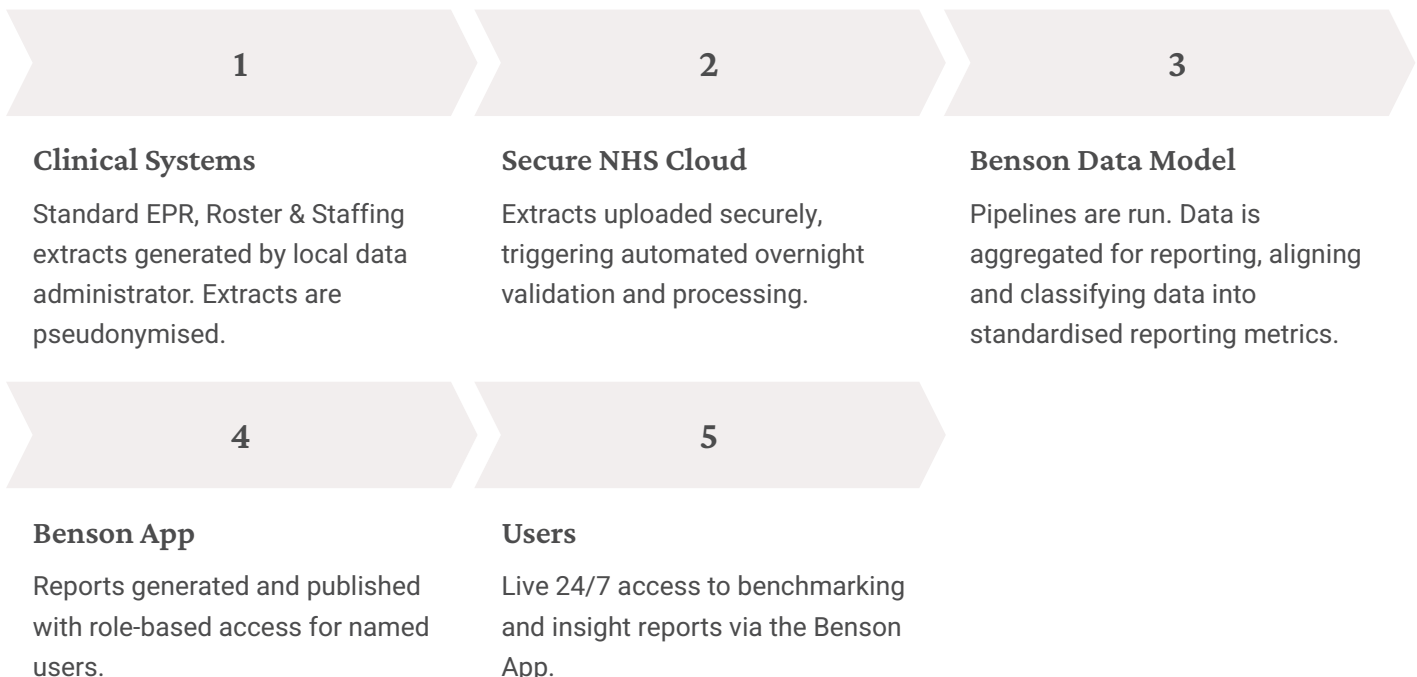
A full data specification will be provided with the onboarding. We can support the development of standardised queries to pull the extracts.

## Governance & Confidentiality

The programme operates within a robust governance framework aligned to NHS data standards.

<b>Data Confidentiality</b> All participant data is strictly confidential. Anonymised, aggregated outputs only.	<b>Secure Transfer</b> Extracts submitted via NHS compliant secure transfer and approved cloud environments.
<b>Data Processing Agreement</b> A formal DPA is in place with each participating organisation.	<b>Automated processing</b> Extracts are automatically validated and processed, no manual processing

## How Data Flows



## 8. Expected Benefits

Community Benchmarking Programme 2026/27

Benson Health

Participating provider organisations may use the programme to support a range of operational and strategic projects. As part of a national framework, the programme also enables collective learning, shared insight and the development of common approaches to community benchmarking. For a practical example, see case study in next section.

### **Identify Actionable Variation**

Identify and address actionable variation in operational performance across teams

### **Workforce Optimisation**

Understand skill mix, productivity and workforce sustainability in context

### **Operational Visibility**

Gain clear, objective visibility of performance across all community service areas

### **Evidence-Based Planning**

Use benchmarked data to inform operational planning and resource allocation

### **Good Practice Identification**

Identify high-performing teams and replicate effective approaches

### **Peer Benchmarking**

Understand how your organisation compares against NHS community peers

### **Wider Operational Insight**

Access wider operational insight from peer providers across the participating cohort

### **Learning from High Performers**

Opportunity to identify and learn from high-performing services

### **Standardised Benchmarking Development**

Participation in the collective development of standardised community benchmarking approaches

### **Consistency in Planning**

Improved consistency of operational discussions and planning across organisations

# 9. Case Study

CASE STUDY

## West Suffolk NHS Foundation Trust

Community Nursing Benchmarking & Operational Insight | Presented through the Queen's Nursing Institute (QNI)

*Standardised operational benchmarking provided improved visibility of workforce utilisation, productivity variation and opportunities for service improvement across Community Nursing teams.*

West Suffolk NHS Foundation Trust / QNI



### The Challenge

Community Nursing teams were operating with fragmented operational reporting and limited visibility across teams and localities. Workforce, activity and productivity information was spread across multiple systems, making it difficult to objectively compare performance, understand workload pressures or identify operational variation. This limited the ability to support evidence-based improvement planning, workforce optimisation and more informed operational decision-making across services.

### Key Areas of Analysis

- Productivity & Clinical Utilisation
- Workforce Allocation & Skill Mix
- Referral Demand & Caseload
- Operational Variation Between Teams

### Outcomes

**Improved visibility of team-level variation**

**Delegation opportunities identified**

**Workload pressures better understood**

**Evidence base for workforce redesign**

**More objective operational discussions**

**Enhanced benchmarking capability**

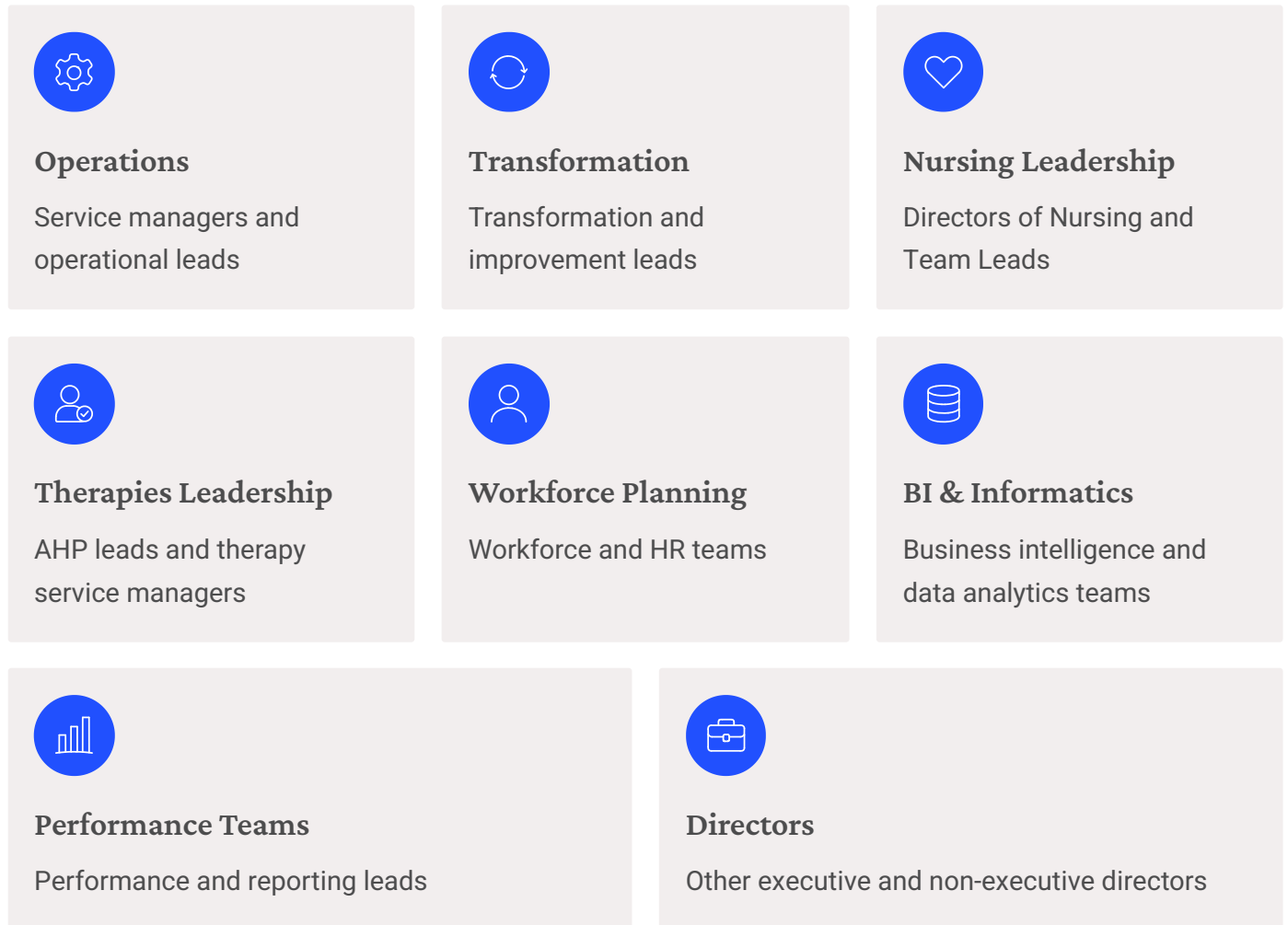
### Impact

The programme supported a more data-driven approach to operational management and workforce planning, helping teams identify variation, understand pressures and support transformation discussions.

*Outputs were later presented through the Queen's Nursing Institute (QNI) as an example of operational benchmarking supporting community service improvement.*

# 10. Who Should Be Involved?

Effective participation typically involves colleagues from across the following areas:



The App and Reports can be used to support existing or new operational and cross-functional strategies. For instance:

- Targeting productivity
- Workforce allocation and planning
- Travel reduction or optimisation
- New ways of working
- Allocation / delegation to skill mix

# 11. Commercials & Next Steps

## Programme Cost

# £9,500

Per annum | 1 June 2026 – 31 May 2027

### Included as Standard:

- Participation in the full benchmarking programme
- 5 user licences included as standard
- Insight, Staff and Benchmarking Reports
- 24/7 access to the Benson application
- Quarterly review and shared learning sessions
- Rolling 12-month trend analysis
- Data Processing Agreement
- Facilitated light-touch engagement between participating providers

Additional users: £20 per user/month

Data uploads and Insight reports may also be available on a monthly basis

Pricing fixed for the 2026/27 programme year

No additional expenses

## Next Steps

Organisations wishing to participate in the 2026/27 programme are invited to join the participating cohort within our collaborative benchmarking programme. This brings together a national provider group with limited places to support meaningful peer engagement and shared learning.

1

### Express Interest

Contact Benson Health or drop your email to discuss joining the participating cohort and request further information

2

### Introductory Discussion

Pre-procurement call to discuss your organisation's requirements and confirm fit

3

### Confirm Participation

Complete the Data Processing Agreement and confirm submission timetable

4

### Onboarding & Setup

Setup takes less than 2 weeks. Prepare your first quarterly data submission

## Contact Benson Health

[info@bensonhealth.co.uk](mailto:info@bensonhealth.co.uk)

[www.bensonhealth.co.uk](http://www.bensonhealth.co.uk)

Expressions of interest open to all UK providers

Places are limited to support meaningful peer engagement across the participating cohort.

## Framework Note

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Metrics and definitions continue to evolve through provider collaboration, operational feedback and ongoing development of the Benson standardised community benchmarking framework.

Benson Health | Community Benchmarking Programme  
2026/27

## Framework Summary

# 7

Health Domains

# 60+

Standardised Metrics

# 2

Health Disciplines

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### Dynamic Framework

Metric definitions and thresholds are reviewed annually in collaboration with participating organisations, ensuring the framework reflects collective learning and shared priorities over time.

### Provider Collaboration

The framework is shaped by operational feedback from NHS community providers across the cohort, supporting the continued development of standardised approaches.

### Community Metrics Library

A list of metrics is available on the next page. The full metrics definition guide including calculation methods is available on request from Benson Health or via our website

For further information contact [info@bensonhealth.co.uk](mailto:info@bensonhealth.co.uk) | [www.bensonhealth.co.uk](http://www.bensonhealth.co.uk)

## Benchmarking Metrics Framework — Full Metrics by Domain

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### A1. Productivity

- Clinical % of Shift
- Contacts per WTE
- Visits per WTE
- Clinical Hours per Day
- Travel Time %
- Productive Time Ratio
- Interventions per Staff Member
- Indirect vs Direct Care Time

### A2. Workforce & Sustainability

- Vacancy Rate
- Sickness Rate
- Turnover Rate
- Bank & Agency Usage
- Clinical Availability
- Average WTE per Team
- Overtime %
- Workforce Stability Index

### A3. Activity & Caseload

- Active Caseload
- Caseload per WTE
- New Referrals
- Discharges
- Contacts per Referral
- Average Referral Duration
- Follow-up Activity
- Face-to-Face vs Remote Contacts

### A4. Demand & Flow

- Referral Growth Rate
- Waiting List Size
- Time to First Contact
- Referral Sources
- Urgent Referrals %
- Waiting Time Performance

### A5. Skill Mix & Allocation

- Activity by Band
- Band 2–4 Utilisation
- Senior Clinical Allocation
- Skill Mix Ratio
- Delegation Patterns
- Workforce Composition
- Clinical Allocation by Grade

### A6. Capacity & Utilisation

- Available Clinical Capacity
- Capacity vs Demand
- Appointment Utilisation
- Shift Utilisation
- Unused Capacity
- Service Coverage
- Clinical Availability %

### A7. Performance, Intensity & Access

- Waiting Time Compliance
- Response Times
- Contact Timeliness
- Referral to Assessment Time
- Caseload Review Compliance
- Access Performance Indicators
- Did Not Attend (DNA) Rate

Full metric definitions and calculation methodology available on request. Contact [info@bensohealth.co.uk](mailto:info@bensohealth.co.uk)