Homerton University Hospital NHS Foundation Trust

Use of Resources assessment report

Homerton Row
London E9 6SR

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Date of publication:
10 August 2018

This report describes our judgement of the Use of Resources and our combined rating for quality and resources for the trust.

Ratings

Overall quality rating for this trust	**Good**
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Our overall quality rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led. These ratings are based on what we found when we inspected, and other information available to us. You can find information about these ratings in our inspection report for this trust and in the related evidence appendix. (See www.cqc.org.uk/provider/RQX/reports)

Are resources used productively?	**Good**

Combined rating for quality and use of resources	**Good**

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our

five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Use of Resources assessment and rating

NHS Improvement are currently planning to assess all non-specialist acute NHS trusts and foundation trusts for their Use of Resources assessments.

The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence. This analysis is followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

Combined rating for Quality and Use of Resources

Our combined rating for Quality and Use of Resources is awarded by combining our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating, using the ratings principles included in our guidance for NHS trusts.

The combined rating for Quality and Use of Resources for this trust was good because:

- We took into account the current ratings of the four core services that were not inspected at this time and aggregated the ratings with the four core services we did inspect at Homerton University Hospital.
- We rated urgent and emergency services as outstanding overall, with an outstanding rating applied to the caring, responsive and well-led domains. We also rated medical care (including care of the older person) as outstanding overall, with an outstanding rating applied to responsive and well-led domains.
- All other services at Homerton University Hospital we rated good. However, we rated the well-led domain in maternity services as requires improvement
- We took in to consideration the trust community health services we inspected in 2017. Both community health services for adults and community health services for children, young people and families were rated good across all domains at that time.
- We also considered our inspection of the Mary Seacole Nursing Home in 2017 which was rated good.
- A well-led review was carried out and the trust was rated good overall.
- The trust was rated good for Use of Resources.

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Date of site visit:
15 May 2018

Date of publication
10 August 2018

This report describes NHS Improvement's assessment of how effectively this trust uses its resources. It is based on a combination of data on the trust's performance over the previous twelve months, our local intelligence and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

The Use of Resources rating for this trust is published by CQC alongside its other trust-level ratings. All six trust-level ratings for the trust's key questions (safe, effective, caring, responsive, well-led, use of resources) are aggregated to yield the trust's combined rating.

How effectively is the trust using its resources?	**Good**

How we carried out this assessment

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team has, according to the published framework, examined the trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the trust, and the trust's own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance. All KLOEs, initial metrics and prompts can be found in the Use of Resources assessment framework.

We visited the trust on 15 May 2018 and met the trust's executive team (including the chief executive), a non-executive director (in this case, the chair) and relevant senior management responsible for the areas under this assessment's KLOEs.

Findings

Is the trust using its resources productively to maximise patient benefit?	Good

We rated use of resources as good because the trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients:

- The trust spends less on pay and other goods and services per weighted unit of activity (WAU) than most other trusts nationally. This indicates that the trust is more productive at delivering services than other trusts by showing that, on average, the trust spends less to treat the same number of patients.
- The trust's A&E performance is one of the best in the country, achieving the 95% standard in 6 of the previous 12 months, and achieving over 94% in a further 4 months. This has been achieved through good clinical engagement, patient flow and excellent discharge performance, with few emergency readmissions.
- Staff turnover is comparable to peers and staff sickness rates are the lowest nationally.
- The trust has delivered innovative use of Allied Health Professionals (AHPs), particularly in its community musculoskeletal (MSK) service where Extended Scope Physiotherapist's have trained to become musculoskeletal sonographers to provide diagnostic ultrasound as well as ultrasound guided injections for the MSK conditions they encounter in their clinics in a primary care setting.
- The trust's clinical support services and back office functions benchmark well overall nationally for financial year 2016/17, and the trust is able to evidence discrete improvement over the previous financial year (2017/18).
- The trust has a good track record of managing spend within plan. The trust balanced its budget in financial year 2017/18, reporting a surplus of £7.1m. The trust is able to meet its financial obligations and pay its staff and suppliers in the immediate term, as demonstrated by its capital service and liquidity metrics which obtain the best score under the Single Oversight Framework (SOF). The trust is maintaining positive cash balances without the need for interim support in the last 12 months.
- The trust has improved its underlying financial position over the past twelve months and there is evidence of a systematic approach to identifying and realising efficiency opportunities.

How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?

- The trust is proactively managing its resources in the face of operational demands.

- The trust has shown exceptional performance against the A&E 4-hour national standard. Since April 2016, the trust has consistently reported performance above 92%, with the exception of March 2018 (91.7%), and has achieved the 95% standard in 6 of the previous 12 months up to March 2018.
- The trust believes this is due to effective patient flow as a result of:
    - consultant input into discharge, (including effective consultant physician working patterns)
    - well performing service managers and clinical manager
    - creation of ambulatory care service; and,
    - the integrated independent discharge teams that work across the three integrated divisions of the trust and their ability to manage patients out of the trust into their community services.
- At 3.9%, emergency readmission rates are significantly better than the national median of 7.4% from October to December of financial year 2017/18. This means patients are less likely to require additional medical treatment for the same condition at this trust compared to other trusts nationally. The trust maintains that this is the result of having good intermediate care provision and trust provided community services which helps keep emergency readmissions low.
- The Did Not Attend (DNA) rate for the trust has been consistently poor; the trust reported 14.9% from October to December of financial year 2017/18. This is the second worst in the country and well below the national average of 7.4%. The trust recognises this as an area for improvement and has implemented some measures to address including text reminders.
- The trust has engaged well with the Getting It Right First Time (GIRFT) programme on Orthopaedics. While there is less evidence of improvement relating to other GIRFT specialities, this is due to the trust having fewer specialist surgical services.
- Fewer patients are coming into hospital unnecessarily prior to emergency treatment compared to most other hospitals in England. However, the data suggests that more patients are coming into hospital prior to planned treatment.
    - On pre-procedure elective bed days, at 0.46 days, the trust is performing in the highest (worst) quartile when compared nationally (national median is 0.13 days). The trust maintained that this was due to data collection on neuro rehab and the split between how elective and non-elective activity is recorded.
    - On pre-procedure non-elective bed days, at 0.67 days, the trust is performing better than the national median of 0.78 days.
- Theatre touchtime utilisation was 81% in December 2017, below the national benchmark of 85% but better than the national median of 79%. The trust recognises this as an area for improvement and has engaged external support as part of the national theatre efficiency programme.

How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?

- Staff costs are generally well-controlled, demonstrated by pay cost per WAU and sickness levels. Staff turnover is improving and is close to the national median. The trust is operating within its agency cap. There are some examples of staffing innovation replacing traditional models of care delivery (including the use of Allied Health Professionals and Non-Radiologist Reporters).

- For 2016/17 the trust had an overall pay cost per WAU of £2,081, compared with a national median of £2,157, placing it in the second lowest (best) cost quartile nationally. This means that it spends less on staff per unit of activity than most trusts nationally. The trust pay cost per WAU is better than the national median for medical and nursing professional staff groups. While it scores higher in the Allied Health Professional staff group cost per WAU, it believes that innovative use of AHPs helps reduce the overall pay costs (e.g. through substantially therapy led wards).
- Staff retention at the trust has shown improvement and is close to the national median. The retention rate improved over the previous 3 months to 79.5% in January 2018 (national median is 86.2%). At 2.9% in December 2017, staff sickness rates are the best nationally (national average of 4.0%). The trust is able to evidence that the main reasons for leaving employment at the trust was due to career progression or relocation. The trust maintains that this is due to seeking more specialist work that the trust is unable to provide.
- The trust reported that all consultants had a job plan and described the process as positive. The trust further recognised that the process on its own does not result in good care but that their consultant body showed real commitment and dedication to the trust.
- The trust uses a high number of AHPs including Extended Scope Practitioners (ESPs), ultrasonographers, prescribers and diagnostics. In addition, non-radiologist reporting has been in place for a number of years. In particular, the trust has ESPs trained as musculoskeletal sonographers to provide diagnostic ultrasound as well as ultrasound guided injections for the MSK conditions they encounter in their clinics in a primary care setting
- The trust measures the impact of the above through regular audit and agreed KPIs. Its model for AHPs above was an HSJ award nominee under economic benefit and patient experience.
- In terms of their AHPs, the trust has basic job plans in place to quantify clinical capacity, and also use electronic roster systems and record activity electronically.

How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?

- The trust's medicines cost per WAU (£212) is low when compared nationally (£355). However, as part of the Top Ten Medicines programme, it has room to improve; achieving 85% of the savings target against a national median of 100%. The trust has made limited progress in implementing switching opportunities. The trust set out that this is due to City and Hackney CCG not initially signing up to a risk share on switching to biosimilars, and a lack of senior pharmacy capacity at the trust. However, the trust has recently agreed a gain share on their largest spend biosimilar. In addition, the trust has shown limited progress against a number of other pharmacy opportunities identified. For example use of pharmacists qualified as independent prescribers has only recently been rolled out, despite being part of the pharmacy transformation plan since May 2017.
- The trust's cost per test for pathology is £3.20 which places it in the highest (worst) quartile and among the worst 10 nationally. The trust noted that having conducted a benchmarking exercise locally in 2017, it revealed that trust's staffing structure is heavy, non-pay costs were higher and procurement costs were higher. The trust is considering plans to join the North East London (NEL) Barts Healthcare centred pathology network, but a final decision is yet to be made.
- The trust has taken internal measures and has worked with partner organisations to improve the productivity of its Radiology service. It has replaced a CT scanner and changed working practices which released savings. In addition the trust has particularly innovative

practice relating to the use of Non-Radiologist Reporters and will attempt to roll this out to ultrasounds where sonographers could scan instead of consultants for particular conditions.

How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?

- The trust shows areas of good practice in managing its corporate services and compares well on a range of relevant metrics in financial year 2016/17. Moreover, through new leadership in finance, estates and procurement the trust has made progress in delivering further progress in these metrics in 2017/18.
- For 2016/17 the trust had an overall non-pay cost per WAU of £1,161 compared with a national median of £1,301. This places it in the lowest (best) cost quartile nationally.
- The cost of running its Human Resources (HR) department is higher in financial year 2016/17 than the national average (£1,169,267 compared to £874,010 per £100m turnover). The trust believes that this is due to the addition of education and training costs which they have included in the metric, without which the trust would be comparable to the national average.
- The cost of running its Finance department is higher in financial year 2016/17 than the national average (£899,970 compared to £670,512 per £100m turnover). The trust has since April 2018 outsourced the provision of transactional finance tasks to NHS Shared Business Services (SBS), which the trust expects will save £200,000 per year, and result in the trust comparing favourably with the national average.
- The trust's Procurement Process Efficiency and Price Performance Score of 31.1, places it in the lowest (worst) quartile nationally, which suggests that the trusts procurement processes have not been efficient and it has not historically succeeded in driving down costs on the things it buys. While the trust's Procurement department cost per WAU is £338, and therefore less expensive than the national median of £375, this was due to a previous lack of senior capacity in the department.
- We note that the trust has in the past 6 months increased senior capacity in the procurement function including a substantive Head of Procurement and outsourced transactional elements to SBS in order to drive greater efficiency gains. While 91.8% of procurement was via electronic catalogue in financial year 2016/17 (national median 93.3%), the trust has evidenced that this has improved to 95% over the previous year.
- At £390 per square metre in financial year 2016/17, the trusts estates and facilities costs benchmark is greater than the national median. However, we note that the trust is an integrated trust with 36 community sites in addition to the acute site at Homerton Hospital, which has an impact on this metric. The trust has evidenced that it understands the drivers of the costs of the estate and has begun rationalising its community sites; it has saved approximately £500k on a recurrent basis through closing one community site. Hard facilities management (FM) costs are at £87 per square metre, lower than the national median (£94). Soft FM costs of £142 per square metre are also better than relevant benchmark (£151).

How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?

- The trust has a good track record of managing spending in line with plans, having achieved its planned Control Total (CT) for the past two years. The trust has accepted its control total for financial year 2018/19.
- The trust reported a surplus of £7.1 million against a CT of £6.4m in financial year 2017/18, and a surplus of £4.1m (against a CT of £1.4m) in financial year 2016/17. However in both years this included the benefit of one-off items including Sustainability and Transformation Funding (STF) and non-recurrent Cost Improvement Programmes (CIPs) and the trust had an underlying deficit in financial year 2017/18 of £5.4m – compared to the previous year of £5.6m.
- In financial year 2017/18 the trust had an ambitious CIP of £13.1m against which they delivered £10.0 million (77%). However, of this, £6m was non-recurrent schemes including one-off contract renegotiations and valuation uplifts. This is a key area for improvement; delivering more recurrent CIPs will be required in order to maintain longer term sustainability of the trust.
- The trust is not reliant on any external cash support (loans) and is able to meet its financial obligations and pay its staff and suppliers in the immediate term. This is reflected in its capital service and liquidity metrics which both score 1 (the best rating) against the criteria of the single oversight framework.
- The trust has begun to use costing data to generate Service Line Reporting (SLR) information for each specialty, and has a good understanding of the contribution that different services generate. This information is used, in conjunction with national benchmarking data from the Model Hospital and reference costing to support financially sound decision making about service changes.
- The trust is not reliant on external consultancy support to help it deliver its operational and financial targets. It has however used consultants on discrete programmes for its Organisational Design, Theatre efficiency and pharmacy delivery.

Areas of outstanding practice

- The trust's A&E performance is one of the best in the country, achieving the 95% standard in 6 of the previous 12 months, and achieving over 94% in a further 4 months. This has been achieved through good clinical engagement, patient flow and excellent discharge performance, with few emergency readmissions.
- Staff retention at the trust has shown improvement and is close to the national median. The retention rate improved over the previous 3 months to 79.5% in January 2018 (national median is 86.2%). At 2.9% in December 2017, staff sickness rates are the best nationally (national average of 4.0%). The trust is able to evidence that the main reasons for leaving employment at the trust was due to career progression or relocation. The trust maintains that this is due to seeking more specialist work that the trust is unable to provide.
- The trust has delivered innovative use of Allied Health Professionals (AHPs), particularly in its community musculoskeletal (MSK) service where Extended Scope Physiotherapist's have trained to become musculoskeletal sonographers to provide diagnostic ultrasound as well as ultrasound guided injections for the MSK conditions they encounter in their clinics in a primary care setting.

Areas for improvement

- The trust has among the highest (worst) DNA rates nationally. The trust recognises this as an area for improvement and has implemented some measures to address including text reminders
- The trust's pre-procedure elective bed days are higher (worse) than the national median.
- Theatre costs per FTE (Full Time Equivalent) is worse than the national median. £39,082 compared to the median of £32,228. The trust is dealing with this via the FourEyes national theatre programme.
- The trust has delivered a significant proportion of its CIP programme through non-recurrent means. Increasing and maintaining recurrent delivery, and ensuring the programme is transformational is an area for improvement.

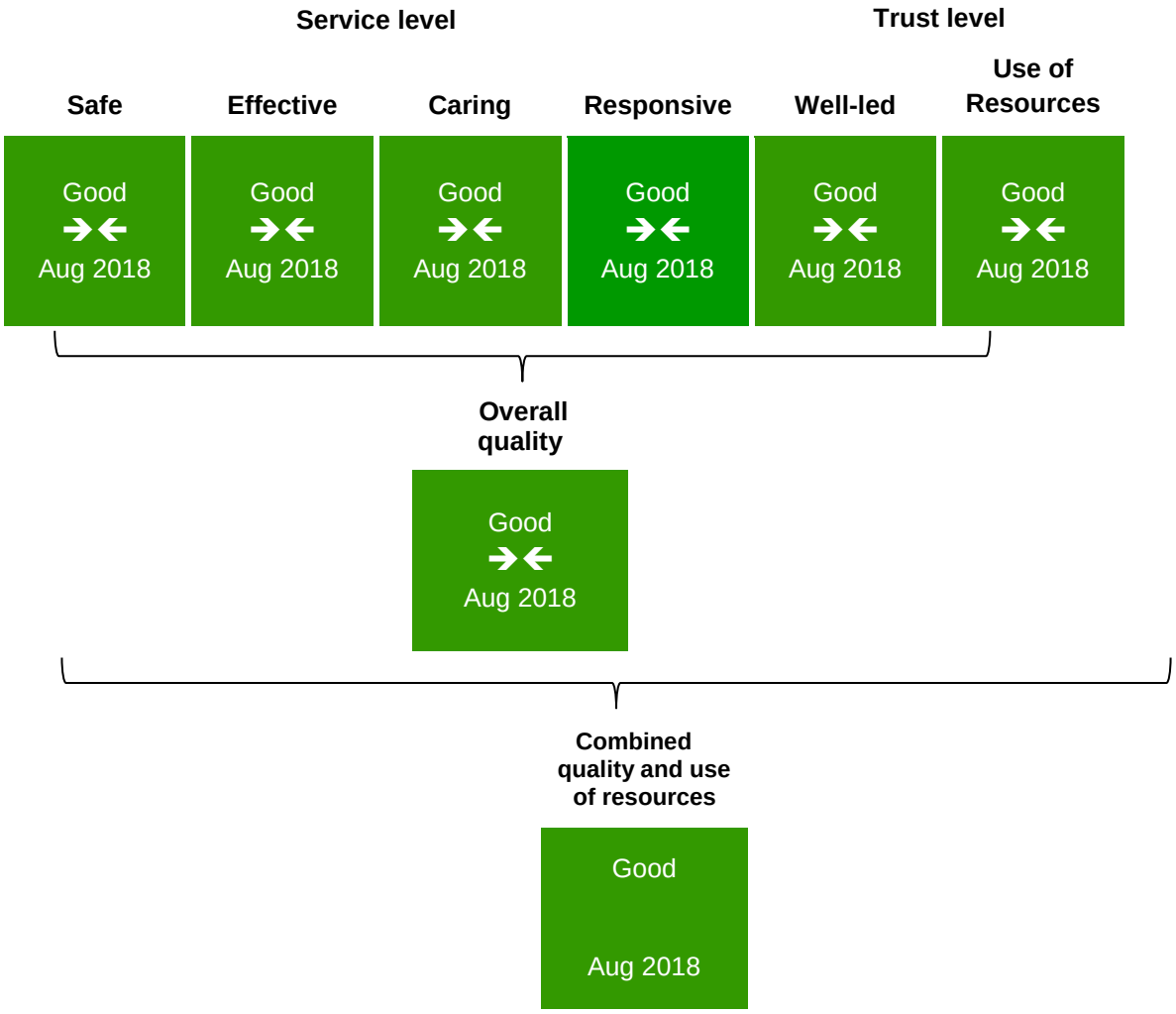
Ratings tables

Key to tables					
Ratings	Inadequate	Requires improvement	Good	Outstanding	
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = date key question inspected					

***** Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust



Use of Resources report glossary

Term	Definition
18-week referral to treatment target	According to this national target, over 92% of patients should wait no longer than 18 weeks from GP referral to treatment.
4-hour A&E target	According to this national target, over 95% of patients should spend four hours or less in A&E from arrival to transfer, admission or discharge.
Agency spend	Over reliance on agency staff can significantly increase costs without increasing productivity. Organisations should aim to reduce the proportion of their pay bill spent on agency staff.
Allied health professional (AHP)	The term ‘allied health professional’ encompasses practitioners from 12 diverse groups, including podiatrists, dietitians, osteopaths, physiotherapists, diagnostic radiographers, and speech and language therapists.
AHP cost per WAU	This is an AHP specific version of the pay cost per WAU metric. This allows trusts to query why their AHP pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Biosimilar medicine	A biosimilar medicine is a biological medicine which has been shown not to have any clinically meaningful differences from the originator medicine in terms of quality, safety and efficacy.
Cancer 62-day wait target	According to this national target, 85% of patients should begin their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. The target is 90% for NHS cancer screening service referrals.
Capital service capacity	This metric assesses the degree to which the organisation’s generated income covers its financing obligations.

Care hours per patient day (CHPPD)	CHPPD measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers. It can be used to identify unwarranted variation in productivity between wards that have similar speciality, length of stay, layout and patient acuity and dependency.
Cost improvement programme (CIP)	CIPs are identified schemes to increase efficiency or reduce expenditure. These can include recurrent (year on year) and non-recurrent (one-off) savings. CIPs are integral to all trusts' financial planning and require good, sustained performance to be achieved.
Control total	Control totals represent the minimum level of financial performance required for the year, against which trust boards, governing bodies and chief executives of trusts are held accountable.
Diagnostic 6-week wait target	According to this national target, at least 99% of patients should wait no longer than 6 weeks for a diagnostic procedure.
Did not attend (DNA) rate	A high level of DNAs indicates a system that might be making unnecessary outpatient appointments or failing to communicate clearly with patients. It also might mean the hospital has made appointments at inappropriate times, eg school closing hour. Patients might not be clear how to rearrange an appointment. Lowering this rate would help the trust save costs on unconfirmed appointments and increase system efficiency.
Distance from financial plan	This metric measures the variance between the trust's annual financial plan and its actual performance. Trusts are expected to be on, or ahead, of financial plan, to ensure the sector achieves, or exceeds, its annual forecast. Being behind plan may be the result of poor financial management, poor financial planning or both.
Doctors cost per WAU	This is a doctor specific version of the pay cost per WAU metric. This allows trusts to query why their doctor pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Delayed transfers of care (DTOC)	A DTOC from acute or non-acute care occurs when a patient is ready to depart from such care is still occupying a bed. This happens for a number of reasons, such as awaiting completion of assessment, public funding, further non-acute NHS care, residential home placement or availability, or care package in own home, or due to patient or family choice.
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation divided by total revenue. This is a measurement of an organisation's operating profitability as a percentage of its total revenue.
Emergency readmissions	This metric looks at the number of emergency readmissions within 30 days of the original procedure/stay, and the associated financial opportunity of reducing this number. The percentage of patients readmitted to hospital within 30 days of discharge can be an indicator of the quality of care received during the first admission and how appropriate the original decision made to discharge was.
Electronic staff record (ESR)	ESR is an electronic human resources and payroll database system used by the NHS to manage its staff.

Estates cost per square metre	This metric examines the overall cost-effectiveness of the trust's estates, looking at the cost per square metre. The aim is to reduce property costs relative to those paid by peers over time.
Finance cost per £100 million turnover	This metric shows the annual cost of the finance department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department's services should also be considered.
Getting It Right First Time (GIRFT) programme	GIRFT is a national programme designed to improve medical care within the NHS by reducing unwarranted variations.
Human Resources (HR) cost per £100 million turnover	This metric shows the annual cost of the trust's HR department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department's services should also be considered.
Income and expenditure (I&E) margin	This metric measures the degree to which an organisation is operating at a surplus or deficit. Operating at a sustained deficit indicates that a provider may not be financially viable or sustainable.
Key line of enquiry (KLOE)	KLOEs are high-level questions around which the Use of Resources assessment framework is based and the lens through which trust performance on Use of Resources should be seen.
Liquidity (days)	This metric measures the days of operating costs held in cash or cash equivalent forms. This reflects the provider's ability to pay staff and suppliers in the immediate term. Providers should maintain a positive number of days of liquidity.
Model Hospital	The Model Hospital is a digital tool designed to help NHS providers improve their productivity and efficiency. It gives trusts information on key performance metrics, from board to ward, advises them on the most efficient allocation of resources and allows them to measure performance against one another using data, benchmarks and good practice to identify what good looks like.
Non-pay cost per WAU	This metric shows the non-staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less per standardised unit of activity than other trusts. This allows trusts to investigate why their non-pay spend is higher or lower than national peers.
Nurses cost per WAU	This is a nurse specific version of the pay cost per WAU metric. This allows trusts to query why their nurse pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Overall cost per test	The cost per test is the average cost of undertaking one pathology test across all disciplines, taking into account all pay and non-pay cost items. Low value is preferable to a high value but the mix of tests across disciplines and the specialist nature of work undertaken should be considered. This should be done by selecting the appropriate peer group ('Pathology') on the Model Hospital. Other metrics to consider are discipline level cost per test.

Pay cost per WAU	This metric shows the staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less on staff per standardised unit of activity than other trusts. This allows trusts to investigate why their pay is higher or lower than national peers.
Peer group	Peer group is defined by the trust's size according to spend for benchmarking purposes.
Private Finance Initiative (PFI)	PFI is a procurement method which uses private sector investment in order to deliver infrastructure and/or services for the public sector.
Patient-level costs	Patient-level costs are calculated by tracing resources actually used by a patient and associated costs
Pre-procedure elective bed days	This metric looks at the length of stay between admission and an elective procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.
Pre-procedure non-elective bed days	This metric looks at the length of stay between admission and an emergency procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.
Procurement Process Efficiency and Price Performance Score	This metric provides an indication of the operational efficiency and price performance of the trust's procurement process. It provides a combined score of 5 individual metrics which assess both engagement with price benchmarking (the process element) and the prices secured for the goods purchased compared to other trusts (the performance element). A high score indicates that the procurement function of the trust is efficient and is performing well in securing the best prices.
Sickness absence	High levels of staff sickness absence can have a negative impact on organisational performance and productivity. Organisations should aim to reduce the number of days lost through sickness absence over time.
Single Oversight Framework (SOF)	The Single Oversight Framework (SOF) sets out how NHS Improvement oversees NHS trusts and NHS foundation trusts, using a consistent approach. It helps NHS Improvement to determine the type and level of support that trusts need to meet the requirements in the Framework.
Service line reporting (SLR)	SLR brings together the income generated by services and the costs associated with providing that service to patients for each operational unit. Management of service lines enables trusts to better understand the combined view of resources, costs and income, and hence profit and loss, by service line or speciality rather than at trust or directorate level.
Supporting Professional Activities (SPA)	Activities that underpin direct clinical care, such as training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.

Sustainability and Transformation Fund (STF)	The Sustainability and Transformation Fund provides funding to support and incentivise the sustainable provision of efficient, effective and economic NHS services based on financial and operational performance.
Staff retention rate	This metric considers the stability of the workforce. Some turnover in an organisation is acceptable and healthy, but a high level can have a negative impact on organisational performance (eg through loss of capacity, skills and knowledge). In most circumstances organisations should seek to reduce the percentage of leavers over time.
Top Ten Medicines	Top Ten Medicines, linked with the Medicines Value Programme, sets trusts specific monthly savings targets related to their choice of medicines. This includes the uptake of biosimilar medicines, the use of new generic medicines and choice of product for clinical reasons. These metrics report trusts' % achievement against these targets. Trusts can assess their success in pursuing these savings (relative to national peers).
Weighted activity unit (WAU)	The weighted activity unit is a measure of activity where one WAU is a unit of hospital activity equivalent to an average elective inpatient stay.