Kingston Hospital NHS Foundation Trust

Use of Resources assessment report

Galsworthy Road
Kingston upon Thames
Surrey KT2 7QB

Tel: 020 8546 7711
https://www.kingstonhospital.nhs.uk/

Date of publication: 30 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	**Outstanding ☆**
Are services safe?	**Good ●**
Are services effective?	**Good ●**
Are services caring?	**Outstanding ☆**
Are services responsive?	**Good ●**
Are services well-led?	**Outstanding ☆**

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/RAX/reports)

Are resources used productively?	**Requires improvement ●**

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.

Use of Resources assessments are designed to improve understanding of how effectively and efficiently trusts are using their resources – including their finances, workforce, estates and facilities, technology and procurement – to provide high quality, efficient and sustainable care for patients. The assessments will form part of NHS Improvement's approach to oversight and improvement through the Single Oversight Framework (SOF), identifying support needs and good practice to help drive improvement.

The assessment enables trusts to demonstrate to patients, communities and taxpayers that you are delivering services efficiently and effectively, while providing care that meets the CQC five key domains: safe, effective, caring, responsive and well-led.

The starting point for Use of Resources assessments will be an analysis of trust performance against a small number of initial metrics, local intelligence gathered during NHS Improvement's day-to-day interactions with the trust, as well as any other relevant evidence, such as specific data and analysis drawn from the work of the Operational Productivity directorate within NHS Improvement and made available to trusts through the Model Hospital.

This analysis will be followed by a qualitative assessment carried out during a one-day site visit to the trust and using the Key Lines of Enquiry (KLOEs) and prompts to help probe trust performance in a consistent and comparable manner.

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.

This is the first time that we have awarded a combined rating for Quality and Use of Resources at this trust. The combined rating for Quality and Use of Resources for this trust was good, because:

- We rated safe, effective and responsive as good. We rated caring and well-led as outstanding;
- We took into account the current ratings of five core services not inspected at this time. Hence, all eight services across the trust are rated overall as good.
- The overall ratings for Kingston Hospital has improved.
- The trust was rated requires improvement for Use of Resources; and
- Although the trust is currently delivering outstanding services to patients, as reflected in its outstanding rating for overall quality, we had concerns about its financial performance and productive use of resources in the 12 months prior to the inspection, which are reflected in the Requires Improvement Use of Resources rating and therefore limit the combined rating to Good overall.

Kingston Hospital NHS Foundation Trust

Use of Resources assessment report

Galsworthy Road
Kingston upon Thames
Surrey KT2 7QB

Tel: 020 8546 7711
https://www.kingstonhospital.nhs.uk/

Date of site visit:
7 June 2018

Date of publication:

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?	**Requires improvement**

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?	Requires improvement

We rated use of resources as requires improvement because the trust does not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care.

The trust has been unable to meet its financial plan for the previous financial year 2017/18 and has not delivered recurrent cost improvements against its plan. It is also significantly reliant on cash support (loans) to meet its financial obligations. These are key areas for improvement for the trust, and are a key focus for the 2018/19 financial year. We note the trust does now have a detailed understanding of the drivers of its deficit and can demonstrate a Cost Improvement Programme (CIP) plan for 2018/19 financial year that is transformative and aligned to the operational deficit drivers identified.

- The trust achieves a number of its operational targets, and benchmarks well on a number of productivity metrics and can articulate a coherent plan to deliver its financial plans going forward.
- 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.
- Staff turnover is comparable to peers and it staff sickness rate is the second lowest (best) nationally.
- 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 demonstrate excellent value of their Human Resources (HR) function through the outcomes of the Health and Wellbeing strategy.
- The trust has achieved Accident and Emergency (A&E) performance above 90% in seven of the previous 12 months, and for May 2018 achieved 91.86%. This is better than the national median of 88.96%, but is below the standard of 95%.
- The improvement in A&E performance has been achieved through good clinical engagement, patient flow and excellent discharge performance. The trust's Delayed Transfers of Care (DTOC) rates have decreased from 6.5% to 3.1%.
- 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, based on a comprehensive understanding of the drivers of its deficit.
- However, the trust has not achieved its financial plan for 2017/18 by £6.8m, achieving a deficit of £5.9m against a planned surplus of £0.9m. In addition, the trust's CIP delivery fell short of plan by £4.1m (delivering £7.9m against a plan of £12m).
- As a result, the trust is reliant on significant Department of Health and Social Care (DHSC) cash support to fund its deficit, although we note that this is a key focus for the trust and that cash controls and processes in place appeared to be robust.

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 delivered better performance against the A&E 4-hour national standard than the national median. Since May 2017, the trust has reported performance above 90% in seven of twelve months. However, the trust has not achieved the 95% standard since April 2016, and has only performed better than 92% twice over the previous two years.
- The trust notes that hospital flow at the front end has improved through the following:
    - A GP lead position to improve the focus of the Urgent Treatment Centre.
    - A different skill mix amongst matrons to empower junior staff. Difficulties around recruitment so trust have looked at the expertise and differences in various staff groups to support the flow and delivery in the Emergency Department (ED).
- In addition, flow through the back end of the hospital was noted as having improved through excellent working with five Clinical Commissioning Groups (CCGs) and local authorities across 2 NHS regions (London and Surrey), through discharge teams in order to ability to manage patients out of the trust into community services. The DTOC rate at the trust has reduced from 6.5% to 3.1% as a result of this closer working with system partners.
- At 8.15%, emergency readmission rates are marginally worse than the national median of 7.4% as at December 2017. This means patients are slightly more likely to require additional medical treatment for the same condition at this trust compared to other trusts nationally. The trust is aware of the issue, and following a review of a proportion of medical records by the Medical Director, the trust believes there is no evidence of inappropriate discharge.
- The Did Not Attend (DNA) rate for the trust has consistently low; the trust reported 6.53% from October to December of financial year 2017/18. This is among the second best quartile of trusts nationally and is well below the national median of 7.4%. Measures the trust has taken include calling all patients, in particular speciality areas identified as problems, and updating the content of text reminders. In addition the trust has agreed a robust access policy with partners, which has contributed to the positive outcome.
- The trust has engaged well with the Getting It Right First Time (GIRFT) programme across a number of specialities.
- 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 0.15 days, the trust is performing marginally worse than the national median of 0.13 days. The increase was noted as being due to an increase in medical outliers in surgical wards over the winter period.
    - On pre-procedure non-elective bed days, at 0.68 days, the trust is performing better than the national median of 0.78 days.
- Theatre touchtime utilisation was 80% 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 this is a key focus of the CIP for financial year 2018/19.

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 ceiling.
- For 2016/17 the trust had an overall pay cost per WAU of £1,951, compared with a national median of £2,157, placing it in the lowest 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 nursing professional staff groups, but is slightly higher for medical staff (£537 against a nation median of £515). However, this is due to the trust bearing the income and cost of medical staff undertaking work at the Queen Mary Hospital Roehampton under the South West London Elective Orthopaedic Centre (SWLEOC), while the activity is reported elsewhere. Adjusting for this means the trust's adjusted cost per WAU is £518; comparable to the national median.
- 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 79.3% in January 2018 (national median is 86.2%). At 3.1% in December 2017, staff sickness rates are the best nationally (national average of 4.0%). The trust's Health and Well-being strategy is well developed.
- 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.

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 (£286) is low when compared nationally (£355). The trust is in the top (best) quartile for medicines savings, with a total to March 2018 of £1.41m. The trust has outsourced outpatient pharmacy and the use of homecare medicines supply route to support the cost effective supply of medicines.
- The trust's cost per test for pathology is £2.38 which places it in the lowest (best) quartile nationally. The trust's pathology service is largely provided through the South West London (SWL) Pathology network.
- The trust's diagnostic performance is excellent, having achieved the 1% standard each month over the previous 2 years. The trust is in the process of training assistant practitioners and reporting radiographers as part of its strategy for the next year.

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 £1,186 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 marginally higher in financial year 2016/17 than the national average (£1.01m compared to £1.0m per £100m turnover).

However, the trust is able to evidence significant value from the HR function, which has driven the Health and Well-being strategy, which in turn has led to better staff retention, lower sickness, and higher staff satisfaction on the staff survey.

- The cost of running its finance department is higher in financial year 2016/17 than the national average (£1.03m compared to £0.8m per £100m turnover). This is comparable to trusts of a similar type and while the trust has further opportunity in terms of potentially outsourcing transactional finance function, the trust is able to articulate value to divisions through better grip and control and more up to date management reporting.
- The trust's Procurement Process Efficiency and Price Performance Score of 49.6, compares to the lower national benchmark of 50. This suggests that the trusts procurement processes have been marginally less efficient and that it has not historically succeeded in driving down costs on the things it buys. However, the trust believes that there is a high service spend in comparison to product spend, which skews the overall performance under this metric. We also note that the trust's procurement department cost per WAU is £349, and therefore less expensive than the national median of £375.
- At £446, the estates and facilities cost per WAU is greater than the trust type benchmark of £395 for the financial year 2016/17. The trust has identified that this is an area for improvement, and has conducted an analysis which breaks down the opportunities between soft facilities management (FM), finance costs, utilisation of clinical space and maintenance costs.

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

- The trust failed to achieve its financial plan in 2017/18, achieving a deficit of £5.9m against a planned surplus of £0.9m. In addition, the trust's CIP delivery fell short of plan by £4.1m (delivering £7.9m against a plan of £12m). Of the CIP delivered, 18% was non-recurrent.
- As a consequence of its deficit position, the trust is significantly reliant on any external cash support (loans) in order 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 4 (the worst rating) against the criteria of the single oversight framework (SOF). However, we note that this is a key focus for the trust and that cash controls and processes in place appeared to be robust.
- The trust has a comprehensive understanding of the drivers of its deficit, having engaged an external supplier to provide a detailed analysis. The trust is also able to evidence CIPs for 2018/19 is aligned to the operational drivers of the deficit, and that it is actively engaging with the Sustainability and Transformation Partnership (STP) in ways which would rectify both their operational and financial issues. For example, the trust is working with the South London Acute Care Collaborative to utilise capacity at the trust to deal with elective waiting lists at other providers.
- The trust received external support toward their Financial Improvement Programme (FIP) programme in 2017/18. Following the handover from the supplier, 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, including support on the drivers of deficit report, Organisational design and estates contract reviews.

Areas of outstanding practice

- 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 79.3% in January 2018 (national median is 86.2%). At 3.1% in December 2017, staff sickness rates are the best nationally (national average of 4.0%).
- The trust has developed and is delivering a comprehensive Health and Well-being strategy, focusing on physical and mental health. This has resulted in positive staff survey outcomes, lower turnover, higher retention as set out above.
- The trust's collaborative working with its numerous system partners (5 CCGs and Local Authorities across 2 NHS regions) has been instrumental in reducing DTOCs, reducing Length of Stay and improving discharges.

Areas for improvement

- The trust has failed to hit its control total for 2017/18 and only delivered 66% of its CIPs. The trust does now have a detailed understanding of the drivers of its deficit and can demonstrate a CIP plan for 2018/19 that is transformative and aligned to the operational drivers identified.
- The trust has delivered a significant proportion of its CIP programme through non-recurrent means. Ensuring the 2018/19 programme delivers recurrently as planned is a key priority for the trust.
- Theatre costs per FTE (Full Time Equivalent) are worse than the national median. £35,743 compared to the median of £32,228. The trust is dealing with this via their CIP programme for 2018/19.

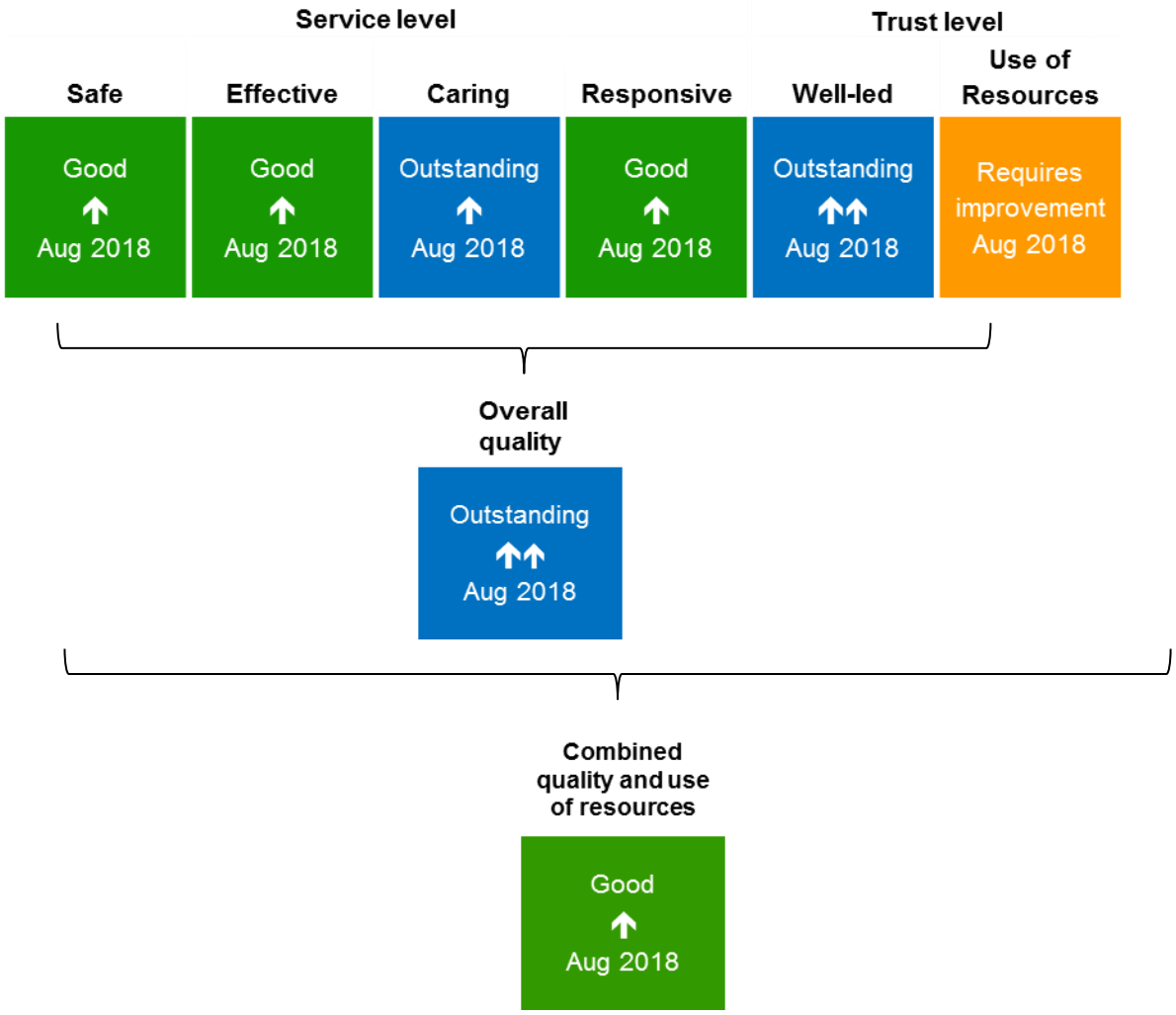
Ratings tables

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.