Bolton NHS Foundation Trust

Use of Resources assessment report

Address
Royal Bolton Hospital
Minerva Road, Farnworth
Bolton, BL4 0JR
Tel: 01204 390390
www.boltonft.nhs.uk

Date of publication: 11 April 2019

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?	**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/RMC/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.

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:

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, effective, caring and responsive as good.
- We rated all of the trust's eight acute services as good. In rating the trust, we took into account the current ratings of the five acute, Bolton One and community services not inspected this time.
- We rated well-led for the trust as outstanding.
- The trust had taken the appropriate actions relating to the requirements of the previous inspection.
- The trust was rated Good for use of resources. Full details of the assessment can be found on the following pages.
- The trust was rated good overall for quality which gives a combined rating of good.

At the Royal Bolton Hospital;

- We inspected urgent and emergency care services during this inspection to check if improvement had been made since our last inspection in 2016. The ratings for safe, effective and responsive improved from requires improvement to good. This improved the overall rating for this service to good.
- We inspected medical care (including older people's care) and found that there had been improvement since our last inspection in 2016. The rating for safe improved from requires improvement to good and caring improved to outstanding.
- We inspected maternity services and rated the service as good across all domains.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RMC/reports.

NHS Improvement

Bolton NHS Foundation Trust

Use of Resources assessment report

Address
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Tel: 01204 390390
www.boltonft.nhs.uk

Date of site visit:
27 November 2018

Date of NHS 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 12 months, our local intelligence, the trust's commentary on its performance, and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

Are resources used productively?	**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 27 November 2018 and met the trust's leadership team including the chief executive and the chair, as well as 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 the trust's use of resources as Good.
- The trust has delivered a surplus before the receipt of any provider sustainability funding (PSF) for the past four years and has sufficient cash reserves to meet its financial obligations. This financial performance places the trust is a small cohort of acute trusts that are in surplus without sustainability funding.
- In 2017/18 the trust delivered a surplus of £2.2 million before PSF (£7.9 million after PSF of £5.7 million). In 2018/19 the trust plans to deliver its control total, a surplus before PSF of £1.6 million (£12.7million with PSF) and as at quarter 2, the trust is on track to achieve this
- For 2017/18 the trust spend on pay and other goods and services per weighted unit of activity (WAU) is broadly in line with the national median with an overall cost per WAU of £3,493 compared to a national median of £3,486. This indicates that the trust has average productivity at delivering services showing that, on average, the trust spends broadly the same to deliver the same number of services.
- The trusts pay cost per WAU for 2017/18, at £2,434, is above the national median of £2,180. However, the trusts non-pay cost per WAU, at £1,058, is below the national median of £1,307.
- Individual areas where the trust's productivity compared particularly well included Delayed Transfers of Care (DTOC) rates, non-pay cost per WAU and staff retention. Opportunities for improvement were identified in pay cost per WAU, staff sickness, clinical productivity and procurement.
- At the time of the assessment, the trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT) and Accident & Emergency (A&E), however, the trust was achieving the Cancer operational performance standard.
- The trust was able to demonstrate use of innovative workforce models including their collaboration with the University of Bolton for which the trust had received recognition from the Department of Health.
- The trust also described how it is working closely with other stakeholders to promote Bolton as a "Brand" and a great place to live and work. The trust is working in collaboration with Bolton CCG, Bolton Council and the Third Sector to promote careers and opportunities in Bolton.

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

- At the time of the assessment in November 2018, the trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT) and Accident & Emergency (A&E), however, the trust was achieving the Cancer operational performance standard. Despite being below the national 95% standard for A&E, the trust has seen a demonstrable sustained improvement in A&E performance with October 2018 reported at 91.3%, the highest level of performance in A&E in the last 12 months. Significant work has taken place over the last 6 months with the trust and the Emergency Care Intensive Support Team (ECIST) to reduce daily variation in A&E performance and improve

patient flow metrics such as stranded and super stranded patients. The trust has consistently achieved the cancer 62-day standard for the last four quarters with Q2 2018/19 at 94.2%. Whilst the trust is not achieving the RTT standard, (89.4% against the 92% standard), the trust has maintained the waiting list position at levels below March 2018.

- Patients are more likely to require additional medical treatment for the same condition at this trust compared to other trusts. At 9.97%, emergency readmission rates are above the national median of 9.06% as at quarter 2 2018/19. Following the assessment, the trust provided supplementary information to show that there was a data recording issue for cardiology and respiratory admissions whereby this cohort of patients were being incorrectly recorded as a readmission as opposed to a planned follow up. The trust has subsequently taken action to rectify this position, however, the correction will not be reflected in the model hospital figures until the next refresh. The trust estimates that the impact will be an improvement of between 0.4% and 0.6% reduction in re-admission, which would put the trust in line with the national median.

- The trust remains focused on reducing readmissions and have undertaken several pieces of work to improve areas of high readmissions:
    - Respiratory - The trust established a direct access service for GPs where they can seek specialist respiratory advice over the telephone with the aim of avoiding a hospital readmission. An integrated pathway has been developed between primary care and community care and an additional acute respiratory nurse post has been established. The rapid access clinic offers services 5 days a week. Patients at risk are actively managed by telephone as opposed to face to face. The trust report that by condensing the work in the summer months, this has freed up 90 patient slots for winter to deal with emergencies.
    - Integrated Community Paediatric Service (ICPS) – The trust provided a case study which described the work that had been done to safely readmit children back into secondary care in a more managed way. The aim was not necessarily to reduce appropriate readmissions, but to improve the quality of care for patients by ensuring timely and relevant information is provided to the receiving professional for children who are appropriately assessed as requiring a readmission to secondary care.

- Overall, more patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England.
    - On pre-procedure elective bed days, at 0.12, the trust is performing in line with the median (0.12) when compared nationally. The trust described their drive to ensure all possible day cases are managed through the day care unit and that patients are not brought in the day before planned surgery without clinical indicators. Overall, 94% of elective patients in the trust were admitted on day of surgery in 2016/17, improving to 96% in 2018/19 to date. The trust described recent development which has seen a move for Ear Nose and Throat (ENT) from inpatient to day cases freeing up approximately 60 bed days a month.
    - On pre-procedure non-elective bed days, at 1.34, the trust is performing significantly above the national median of 0.65, placing the trust in the highest (worst) quartile and the second worst in the country. Following the assessment, the trust provided supplementary information which shows there is an impact of medical and surgical ambulatory care patient activity in the trust not being recorded as a non-elective admission. This results in the trust appearing to have a less rapid turnaround and volume of procedures conducted on the ‘same day’ than other trusts, because ambulatory care admissions data for the trust is not currently included in non-elective pre-op bed days calculation. The trust provided the findings from a recent audit which showed that 224 ambulatory care attendances in quarter 1 and 2 2018/19 had a procedure on the same day, however,

these are not reported in the trust figures, as they were not recorded as a non-elective admission. The trust has advised that as part of the model hospital ambassador programme, they are undergoing a systematic programme of review of the metrics.

- The trust provided a number of examples which have improved clinical productivity by coordinating services across the local health and care economy:
  - Bolton Rough Sleeping Outreach and Engagement Project - The trust worked with Bolton Council and the homeless service outreach team in 2017 which they evidenced led to an 83% reduction in A&E attendances. The trust has taken an additional step of integrating the homeless persons housing officer into the Integrated Discharge Team (IDT).
  - Virtual Fracture Clinic - The trust have established a virtual fracture clinic and introduced self-managed fracture pathways in order to reduce the number of patients seen unnecessarily at a face to face fracture clinic. As a result of the changes to the management of fractures the trust has; reduced the number of unnecessary face to face appointments with many patients not returning after their initial visit to A&E, established standardised fracture pathways and improved the use of the advanced practitioner workforce. There have been improvements in waiting times for fracture clinics as a result and patient experience is reported to have improved.
  - Immedicare Pathway to Admission Avoidance – the trust have a virtual assessment team based at Airedale Hospital providing skype type consultation for residents of residential and nursing homes in Bolton that are at risk of a hospital admission. The pathway enables a same day response from advanced practitioners from the trust's community health/social care admission avoidance team (AAT). Between September 2018 and November 2018 there were 94 referrals to the AAT, 79 referrals were accepted with only 3 patients requiring an admission and 76 patients remaining in the nursing/residential home with a treatment plan in place for care from the AAT. The Bolton locality is the best performing locality in Greater Manchester for admissions from care homes.

- The Did Not Attend (DNA) rate for the trust is high at 9.03% for Q2 2018/19 compared to the national median of 7.32%, however, an improvement was noted between Q2 2017/18 at 9.12% to 8.69% in Q1 2018/19. The trust reported a number of initiatives and outlined that focussed deep dives were conducted in areas with high DNA over the last 12 months. The trust provided a number of examples where improvements had been seen at a specialty level due to focussed work.
  - Text Messaging/Call Reminder Systems
  - Sexual Health – the trust introduced an additional option with SMS reminders for the sexual health service which allowed a patient the ability to cancel their appointment. The trust provided a published paper from the International Journal of STD and Aids, September 2018, that evidenced that the ability to cancel an appointment led to a decrease in the DNA rates from 14.42% to 12.18% and cancellations in advance increased by 14.28% from 24.4% to 38.68%. By increasing the number of cancelled appointments in advance, this meant that these appointments were not 'wasted' and could be offered to other patients and reduce waiting times.
  - Ophthalmology - An offsite virtual clinic for ophthalmology was established ('Open Eyes'). The service is led by AHP/technicians and utilises a paperless system. This service has replaced 5,000 outpatient slots now delivered in community setting with an additional 2,500 slots created. The service currently specialises in glaucoma and retinal follow up and the trust reported that follow-up outpatient appointments for glaucoma and retinal have reduced by approximately 68% in the last 12 months. The trust note that they are developing additional pathways.

- The trust reports a delayed transfers of care (DTOC) rate of 2.9% in October 2018 which is lower than average and lower than the trust's own target rate of 3.5%. DTOC rates have been improving between November 2017 at 4.7% to 2.9% at October 2018. The trust has introduced an Integrated Discharge Team (IDT) across health and social care and cites this team as a key contributor to improvement. The trust evidenced that as a result of the work to reduce DTOC levels, they have reduced overall occupied bed days from an average of 15,752 a month to 15,529 a month resulting in 223 fewer occupied bed days per month. This has led to an average of 10 beds less open in 2018, compared with 2017, whilst maintaining a trust level bed occupancy of c85% and improved A&E performance.

- The trust was able to demonstrate engagement with the GIRFT programme with 6 reviews having taken place at the time of the assessment and with the Medical Director taking a leadership role. The trust provided a number of examples of improvements following GIRFT visits which includes the introduction of virtual fracture clinic; this released one clinic a week which facilitated a change to sessions to manage elective demand. Surgery also re-organised services to provide a weekly gall bladder removal list to reduce time to theatre and the trust is tracking a trajectory of improvement from a baseline of 6% in 14 days, aiming for 19% in line with peers.

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

- For 2018/19, the trust had a pay cost per WAU of £2,434 compared to a national median of £2,180, placing the trust in the highest (worst) quartile. This means that it spends more on staff per unit of activity than most trusts.
- The trust is in the highest (worst) quartile for nursing (£967 compared with a national median of £710) and Allied Health Professional (AHP) cost per WAU (£184 compared with a national median of £130). However, the trust benchmarks in the lowest (best) quartile for medical cost per WAU (£412 compared with a national median of £533). The trust stated the reason for higher than median nursing and AHP costs was due to providing community services which is primarily a nurse-led service. In addition, the trust also employs nurses to work in primary care and neighbourhoods. The trust is currently engaged with the Model Hospital Ambassador programme and is working with the Model Hospital team to develop WAU for integrated organisations to support specific understanding of areas for further efficiency opportunities.
- The trust gave a number of examples where they have developed new staff roles to address shortages and reduce pay costs. This includes investing in AHPs and nurses, enhancing non-medical prescribing, and the development of nurse-led services (instead of consultant led). For example, the trust described in the Emergency Department a workforce redesign was undertaken to reduce the reliance on medical staff which has resulted in; 7 Advanced Nurse Practitioners in post, Specialist Chest Pain Nurses based in the ED, Physiotherapists as part of the wider ED Team, Nurse Consultants in minor injuries, and a Home First team of AHPs supporting the medical team which has resulted in earlier decision making and deflects approximately 7 patients per day from admission.
- The trust did not meet the agency ceiling as set by NHS Improvement in 2017/18 and the trust is not on track to meet its agency ceiling as set by NHS Improvement for 2018/19. The trust is forecasting to meet planned agency spend for 208/19. The ceiling as set by NHS Improvement would equate to 2.5% of the trust's pay bill, however, meeting their planned spend would amount to agency spend being 3.5% of the trust's pay bill against a national average of 4.6%.
- For 2016/17, the trust had an agency cost per WAU of £92 compared with a national median of £137, placing the trust in the second lowest (best) quartile. However, for 2017/18, the trust

has moved to the second highest (worst) quartile with an agency cost per WAU of £109 compared with a national median of £107.

- The trust described some measures in place to reduce overall agency spend, such as recruitment into key consultant vacancies in anaesthetics, radiology, histopathology, surgery, obstetrics and gynaecology. There is also an increased focus on grip and control for agency spend.
- In addition, the trust explained they are working on migrating agency staff to the trust internal bank and described some success for nurses and medical staff. The trust advised most bank staff are the trust's own staff. Consultants have been approached at personal level and 10 A&E consultants have recently signed up for the trust's medical bank. Rotational trainees are now automatically signed into the trust's bank and 75%-80% of doctors in training are signed on to the trust's internal bank.
- The trust is making effective use of AHPs to improve flow. The trust was selected to be part of the first wave of the NHS Improvement collaborative "AHPs Supporting Patient Flow". The trust also described innovative AHP roles that had been developed to support the medical and nursing workforce to deliver high quality care. Such roles include Ophthalmology Technicians and Ward Pharmacists team.
- The trust described the introduction of a dedicate Ward Pharmacy team to improve patient flow, improve accuracy and timeliness of discharges, reduce medication related issues/problems and reduce the time spent by medical and nursing staff on medicines management. The trust stated that as a result of introducing this service there has been a reduced turnaround time for discharge medications, increased optimisation of patients own medications by 15%, a reduction in wasted medications, safer discharges and improved quality of discharge information to GP as well as improving patient experience.
- To ensure safe staffing the trust uses a variety of tools and methods to match acuity and staffing which take skills and experiences and supervisory roles into account. SafeCare software is fully integrated with the e-roster system across the trust. The trust described during the assessment that there is twice daily input into SafeCare which allows the organisation to monitor staffing matched to acuity. The trust stated staff are moved in real time according to acuity of patients. Senior staff (matrons) cover Out Of Hours (OOH) to ensure escalation actions can always be taken. The trust also utilises Care Hours Per Patient Day (CHPPD) which is available as a real-time resource and the trust intend to integrate this measure for consideration as part of daily staffing reviews.
- The trust has full e-roster roll out for nursing, AHP, clerical and management. E-rostering for medical staff is in place for A&E and Obstetrics and Gynaecology. A roll out plan for the remaining medical staff has been developed.
- The trust has seen a 10% reduction in unavailable hours and 85% of rosters are agreed at least 4 weeks in advance with the aim of achieving 6 weeks.
- Medical vacancy rates are currently down from 100 to 40 with an ambition to move to 20 or 30. The main gaps remaining are for senior and middle grade posts. The trust still has some gaps in hard to recruit to medical positions, however, the trust continues with a concerted focus on recruitment. The trust noted it is looking to create rotational posts for example A&E and critical care/paediatrics to make posts more attractive.
- The trust has a vacancy rate of 78 WTE for nurses. The trust has provided details of progress in relation to nurse recruitment, particularly in relation to newly qualified staff. Furthermore, the trust provided details of how it collaborates closely with Bolton University and expect the first wave of student nurses from the university to qualify in 2019. This along with a rolling recruitment of experienced nurses will bring the trust close to full nursing establishment.

- The trust was able to demonstrate, through their collaboration with the University of Bolton, they have significantly increased the number of student nurse places from 50 in 2016/17 to 180 in 2018/19 and as a result of this the trust had received recognition from the Department of Health. This increase in student placements will also support increased nurse recruitment in the coming years.
- The trust described how it is working closely with other stakeholders to promote Bolton as a "Brand" and a great place to live and work. The trust is working in collaboration with Bolton CCG, Bolton Council and the Third Sector to promote careers and opportunities in Bolton.
- 100% of consultants have job plans. A standard approach for job planning has been rolled out for AHP and specialist nurses. The trust also noted job plans will soon be electronically accessible. In 2018/19 the trust is reviewing job plans to improve alignment with demand and capacity planning, moving to incorporate smart objectives and management time. The trust is currently working with external specialist advice on further development of job plans for medical staff. One area the trust stated would be addressed are unwanted variations in pay for OOH.
- Staff retention at the trust is good, with a retention rate of 87.8% in September 2018 against a national median of 85.6%.
- At 4.6% in June 2018, staff sickness rates are worse than the national average of 3.75%. Since the inspection, sickness rates at the trust have continued to rise and data from August 2018 indicates a sickness rate increase to 5.39% compared to a national median of 3.95%. The trust described, at the time of the assessment, approximately 3% of sickness absence was due to long term sickness.
- The trust provided evidence that they understood the causes of sickness and had implemented initiatives to support staff to prevent sickness absence and support staff back to work. The trust also described support and training for managers in relation to absence management.
- The trust has introduced an Attendance Matters team who undertake daily sickness management reports and aim to support staff who call in sick by signposting to available help and support and allow quicker access to occupational health, physiotherapy, counselling etc. The trust provided evidence that the two Divisions who had been supported by the Attendance Management Team had seen a reduction in sickness absence by 0.32% and 0.95%.
- The trust highlighted that stress had been reported as the number one cause for sickness absence and as a result they had increased the counselling offer. The staff group with the highest levels of sickness were Health Care Assistants (HCAs) and the trust has introduced "listening lunches" for HCAs to discuss any concerns they may have.
- The trust provided evidence that their own Organisational Development (OD) team had conversations with staff who say that their financial worries have led to mental health issues, anxiety and increased stress levels which have affected their overall wellbeing and a personal sense of reduced productivity and presenteeism. One initiative introduced to address this that the assessment team felt was particularly commendable was the introduction of a Neybar (a financial wellbeing provider) scheme to support the financial wellbeing of staff.
- The trust described that staff wellbeing is usually concerned with the physical and mental health of staff, with many organisations having developed initiatives to support this. The trust recognised that financial wellbeing is an emerging strand to the wellbeing agenda and one which recognises the significant adverse impact on staff productivity and mental wellbeing brought on through stress and anxieties relating to a staff members personal financial situation. To address this the trust has introduced the Neyber scheme with the aim to reduce

the financial worries of employees and build financial confidence and resilience. It enables staff to borrow sensibly, get out of debt, start saving and plan their money effectively by accessing better value financial products through the workplace via payroll deduction, enabling them to save and to improve their financial health and engagement at work. The Neyber service is free of charge and because it is not salary sacrifice, rather is salary deduction, it does not generate any income for the trust.

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

- The trust's overall cost per test, at £1.70 for 2017/18, benchmarks below the national median of £1.86, placing the trust in the second lowest (best) quartile.
- The trust was able to provide evidence of areas that it has worked in collaboration with other service providers on pathology, for example, in collaboration with Greater Manchester for a Red Cell Dosing Calculator which led to an efficiency saving of £200,000 for the trust.
- For imaging services, the trust benchmarks well with an overall cost per report of £43.13 against a national median of £50.18. The trust has high number of vacancies for consultant radiologists and shows high agency costs, with agency bank and overtime costs representing 8% of the pay budget (compared to a national median of 5.2%). The trust was able to articulate a detailed understanding of both the issues that had caused this and the solutions that have been put in place to resolve reliance on agency staff, including embarking on training for chest reporting aiming to move at radiographer led reporting service, reduction on reliance on locums and collaboration with 2 other trusts and universities to develop training schemes.
- The trust's medicines cost per WAU is relatively low at £276 compared to the national median of £320. As part of the Top Ten Medicines programme, it is making good progress in delivering on nationally identified savings opportunities, achieving 81% of the savings target against a lower national benchmark of 80% and upper benchmark of 100%. The trust has made good progress in implementing switching opportunities for Infliximab, although it has not been possible to track progress in relation to other biosimilars due to the trust choosing not to subscribe to Define.
- The trust has a lower than median number of pharmacists actively prescribing (10% compared to national benchmark of 38%), however, was able to demonstrate that this has improved due to putting in place a dedicated ward pharmacy service to admission areas to improve medicine optimisation. As a result of this, the level of pharmacists actively prescribing went from 10% to a current position 18%, and with a projection that this will improve further.
- The trust was able to provide evidence of key digital initiatives, however, it was not able to provide evidence showing how these have tangibly improved operational productivity, mainly because they were recent implementations:
    - Digital portal for patient tracking through the discharge process
    - Development of ophthalmology virtual clinics
    - Bolton Care record across community and acute services
    - Bolton is reference site for virtual desktop across all estates.
    - A&E equipped with Visual Display Equipment in all areas to help improve efficiency
    - New patient entertainment (Hospedia) unit has just been introduced as a pilot, which will reduce reliance on multiple devices.

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

- For 2017/18 the trust had an overall non-pay cost per WAU of £1,058 compared with a national median of £1,307, placing the trust in the lowest (best) quartile. This indicates the trust spends less on other goods and services per WAU than most other trusts nationally.
- For 2017/18 the trust has a finance function cost per £100m turnover of £702,564 compared with a national median of £676,480, placing the trust in the second highest (worst) quartile. This represents an increase from 2016/17 when the trust was below the national median and at the time of the assessment the trust were unable to articulate reasons for this increase.
- For the same period the trust has Human Resources (HR) function cost per £100m turnover of £786,274 compared with a national median of £898,020, placing the trust in the second lowest (best) quartile nationally. For Payroll, the trust has a cost per £100m turnover of £92, 679 compared with a national median of £898,803.
- The trust was able to provide examples of consolidating back office functions (payroll and HR) locally in Bolton with the Clinical Commissiong Group (CCG) and primary care services to reduce costs across the system. This resulted in a reduced price per payslip (£2.52 compared to national median of £3.72). They have also developed a joint Business Intelligence function with the CCG.
- The trusts procurement processes appear relatively inefficient as reflected in the trust's Procurement Process Efficiency and Price Performance Score of 49, placing the trust in the second highest (worst) quartile. However, the trust reported this score is low due to the fact they do not submit Carter metrics for measuring. The trust are 95th in the 2017/18 procurement league table out of 136.
- The trust have submitted a PPIB Purchase Order for year 3 and are working with the wider Greater Manchester Health and Social Care group to review CIP opportunities. Bolton are part of the North West Procurement Development and by signing up to the National Pricing Matrix agreement, there has been a £39,000k saving on Home Delivery Service Community spend.
- At £292 per square metre in 2017/18 the trust's estates and facilities costs benchmark below the national median of £342. At £280 per square metre, backlog maintenance is above the national median of £186. The trust provided evidence that demonstrated £6.8 million investment in backlog over the last 5 years, however, this has only altered the gross backlog position by £851,000 over this period. In addition, the trust has a critical infrastructure risk per square metre of £120 compared with a national median of £94.
- The trust has recently established a Wholly Owned Subsidiary for Estates and Facilities services and provided evidence that supported the following benefits delivered or in progress:
    - Improvements to the patient environment
    - Improvement in PLACE assessment scores
    - Flexible portering service
    - Improved communication and efficiency of service delivery
    - Improved cleaning service
    - Improved patient meal service
    - Reduced reliance on agency staffing
    - Lower Public Dividend Capital charge
    - Capital efficiencies of circa £2m

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

- The trust has delivered a surplus before the receipt of any sustainability funding for the past four years and has sufficient cash reserves to meet its financial obligations.
- In 2017/18 the trust delivered a surplus of £2.2 million before PSF (£7.9 million after PSF of £5.7 million).
- In 2018/19 the trust plans to deliver its control total, a surplus before PSF of £1.6 million (£12.7million with PSF). At quarter 2 it is at the planned level of outturn.
- The trust delivered all its planned savings of £20.6 million in 2017/18. In 2018/19 the trust has a cost improvement plan (CIP) of £15.5 million (4.8% of its expenditure). It had delivered £3.2 million of this at quarter 2 and is currently forecasting to fall short of its plans by approximately £5 million and has developed mitigations to ensure the overall plan is delivered.
- £3.5 million (17%) of the trust's 2017/18 CIP was delivered non-recurrently and the trust forecasts that a similar level (£3.1million) of CIP delivery in 2018/19 will be non-recurrent. Historically, the majority of CIP schemes have been managed corporately by the finance team and the trust recognised that it needs to now start delivering transformational schemes. Anew executive post of Director of Strategic Transformation has recently been created and appointed to and the trust is pursuing funding opportunities with the CCG.
- The trust has adequate cash reserves and is consistently able to meet its financial obligations and pay its staff and suppliers in the immediate term. The trust is not reliant on short-term loans to maintain positive cash balances. The trust's cash position is reported to and discussed at the finance committee.
- The trust provides the divisions with a suit of information from a range of costing systems including Model Hospital to assist with the identification of CIP opportunities. The trust was an early implementer of the NHSI Costing Transformation Programme. The trust reports quarterly to the Finance and Investment Committee on the identification of efficiency opportunities.
- The trust has a good relationship with the local CCG and has an aligned incentive contract.
- The trust has a low consultancy expenditure of £196,000 in 2017/18 reduced from £458,000 in 2016/17.
- The trust's Reference Cost Index (RCI) figures have remained stable in 2016/17 and 2017/18 at 99, just below average baseline of 100 (good).

Outstanding practice

- The trust provided details of how it collaborates closely with Bolton University. The trust was able to demonstrate through this collaboration they have significantly increased the number of student nurse places from 50 in 2016/17 to 180 in 2018/19 and as a result of this the trust had received recognition from the Department of Health. This increase in student placements will also support increased nurse recruitment in the coming years.

Areas for improvement

- The trust would benefit from engaging further with some of the benchmarking opportunities arising within the NHS, to assist with the identification of areas of improvement and opportunity.
- The trust should aim to reduce its dependence on non-recurrent CIP schemes.
- At 4.6% in June 2018, staff sickness rates are worse than the national average of 3.75%. Since the assessment, sickness rates at the trust have continued to rise and data from August 2018 indicates a sickness rate increase to 5.4% compared to a national median of 3.95%. The trust should consider expediting plans or developing further actions to address sickness rates.
- For 2016/17, the trust had an agency cost per WAU of £92 compared with a national median of £137, placing the trust in the second lowest (best) quartile. However, for 2017/18, the trust has moved to the second highest (worst) quartile with an agency cost per WAU of £109 compared with a national median of £107. The trust would benefit from further analysis and understanding of the reason for the increased costs.
- On pre-procedure non-elective bed days, at 1.35, the trust is performing significantly above the national median of 0.65, placing the trust in the highest (worst) quartile and the second worst in the country. Noting there is a data issue to resolve, the trust needs to swiftly ensure the correct data is being used by Model Hospital so it can accurately benchmark itself.
- Although improving, the Did Not Attend (DNA) rate for the trust is high at 9.02% for Q2 2018/19 when compared with a national median of 7.29%.

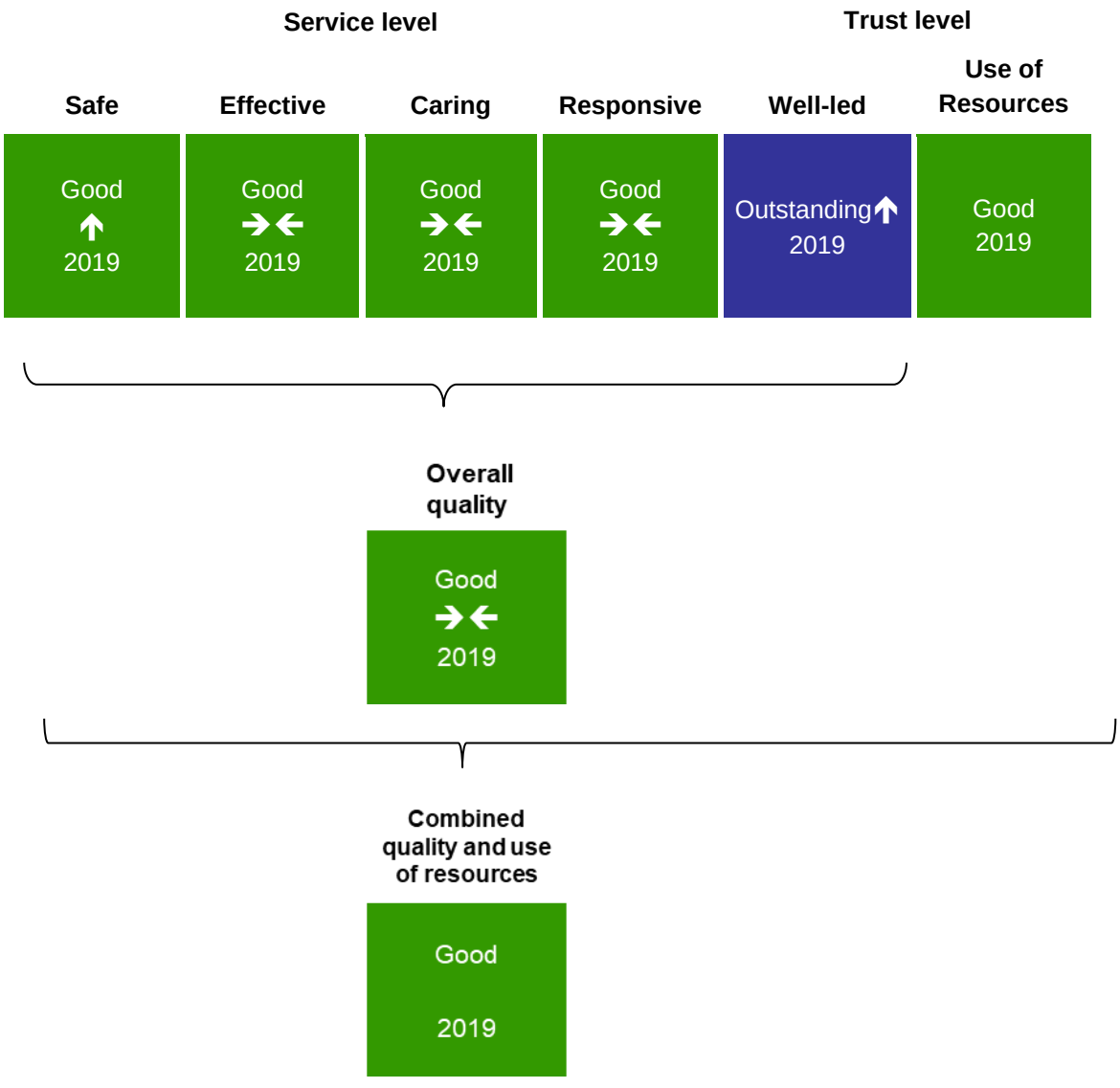
Ratings tables

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)	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.

cost per £100 million turnover	
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.
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.
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.