Cambridge University Hospitals NHS foundation NHS trust

Use of Resources assessment report

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

Ratings

Overall quality rating for this trust	**Good** ●
Are services safe?	**Good** ●
Are services effective?	**Good** ●
Are services caring?	**Outstanding** ☆
Are services responsive?	**Requires improvement** ●
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/RGT/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 NHS trust taking into account the quality of services as well as the NHS trust's productivity and sustainability. This rating combines our five NHS 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 NHS trusts for their Use of Resources assessments.

The aim of the assessment is to improve understanding of how productively NHS trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of NHS 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 NHS trust.

Combined rating for Quality and Use of Resources

Our combined rating for Quality and Use of Resources is awarded by combining our five NHS 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 NHS trust. The combined rating for Quality and Use of Resources for this NHS trust was good, because:

- The use of resources at this trust was rated as requires improvement. The trust's deficit position had worsened and performance against the productivity metrics in assessment framework was varied.
- Caring and well led were rated as outstanding. Safe and effective were rated as good and responsive was rated as requires improvement.
- In rating the trust, we considered the current ratings of the four core services we had not inspected this time. Whilst the trust had improved, there remained a rating of requires improvement for responsive.
- We rated all core services apart from end of life care as good overall. End of life care was rated as outstanding.
- Urgent and emergency care was rated as good overall, the safe domain had improved from requires improvement to good. The effective domain remained as good. The caring domain and the well led domain was rated as outstanding, but the responsive domain was rated as requires improvement.
- Although the trust was outstanding in the caring domain and the well led domain, the trust was rated as good overall because the responsive domain remained as a rating of requires improvement.

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Use of Resources assessment report

Tel: 01223 245 151
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Date of site visit:
12th November 2018

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This report describes NHS Improvement's assessment of how effectively this NHS trust uses its resources. It is based on a combination of data on the NHS 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 NHS trust's leadership team.

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

How effectively is the NHS 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 NHS trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the NHS trust, and the NHS 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 NHS trust on 12th November 2018 and met the NHS trust's executive team (including the chief executive), the chair and relevant senior management responsible for the areas under this assessment's KLOEs.

Findings

Is the NHS trust using its resources productively to maximise patient benefit?	Requires improvement

We rated the use of resources at this NHS trust as Requires Improvement. The NHS trust is performing well across several productivity metrics, underpinned in several cases with the use of technology. However, it has historically operated with a deficit, which has worsened in this current year, due to the need to address estates issues and support recurrent savings. The assessment identified areas for improvement, some of which the trust is progressing, that have been noted further within the report.

The NHS trust is achieving top quartile performance across most of the productivity metrics in clinical services such as readmission rates, Did Not Attend (DNA) rates and elective pre-procedure bed days**.** This means that fewer patients are being admitted for the same condition and there is better utilisation of bed and clinic capacity when compared with other NHS trusts. However, Delayed Transfers of Care (DTOCs) remain significantly above the national benchmark and further work is required (in collaboration with system partners) to bring this down.

Workforce productivity compares well, with the overall use of temporary staffing remaining below national median and the NHS trust spending considerably less than most NHS trusts on agency staffing to deliver its activity. The NHS trust's agency cost per WAU benchmarks in the lowest cost quartile and agency spend is maintained below the agency ceiling set by NHS Improvement. Workforce productivity metrics such as overall pay cost per WAU benchmark below national median and sickness absences are well managed with top quartile performance. Staff retention however remains a challenge and despite some improvements over the last twelve months, the NHS trust continues to benchmark in the worst quartile.

Since its exit from a pathology venture in May 2017 (which was due to the high cost of the services), the NHS trust has worked to bring down the costs in pathology, with reported successes in reducing agency spend. The NHS trust is maintaining high utilisation of its lab facilities and can absorb annual increases in activity at marginal cost. The NHS trust still provides services to three neighbouring NHS trusts which allows it to achieve benefits of scale in procurement.

The NHS trust is progressing well in achieving the savings opportunities identified as part of the top ten medicines programme and has also realised additional drug savings from other initiatives. The NHS trust's investment in prescribing pharmacists is higher than most NHS trusts, and it is making use of these to deliver better medicines optimisation and to drive operational efficiencies.

Procurement scores indicate that the NHS trust's procurement processes are better than most NHS trusts in driving down cost, with the NHS trust ranking in the top ten on the NHS Improvement procurement league table.

Technology has been a key enabler for productivity enhancements at this NHS trust. The NHS trust has invested in a range of systems to support its clinical and business processes which has facilitated improvements in patient care and overall productivity. This investment however has been at a high cost, which the NHS trust identifies as one of the major contributory factors to its deficit position, as a result the trust's supplies and services cost per WAU is the highest in the country. The NHS trust has retendered its existing IT hardware service contract to save cost

and is also looking at options to spread the costs by providing access to some of the system functionalities to partners in its local health economy.

Historically, investment in the maintenance of the estate has not been adequate which has led to the build-up of a significant backlog and a high infrastructure risk. The NHS trust's critical infrastructure risk and backlog maintenance estimates benchmark in the highest cost quartile nationally. The NHS trust attributes this lack of investment to funding constraints arising from its historical deficit position and limited capital funding. Consequently, the NHS trust has had to undertake remedial fire works on its estate, which has contributed to the worsening of its financial position.

The NHS trust currently operates with a deficit and although its financial position was better than the control total in 2017/18 (an improvement on the previous year), the trust did not sign up to its control total for 2018/19. The NHS trust is planning for a significant deterioration in its deficit position which is forecast at £16.7 million more than the control total. This means that the trust's deficit will increase from 6.7% of turnover to 11.3% of turnover in 2018/19. The NHS trust attributes this deterioration primarily to the required essential fire work on its estate and the one-off termination costs of the IT hardware service contract. Recurring savings are however expected from the latter.

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

The NHS trust performs well across most of the clinical services productivity metrics, which indicates efficient use of resources and better patient experience. Further work is however required to reduce the Delayed Transfers of Care (DTOCs) which remain significantly above the national benchmark.

- At the time of the assessment in November 2018, the NHS trust had variable performance against the constitutional operational standards. It was meeting the standards for the 62-day wait for cancer screening referrals and the Diagnostic 6-week wait, but performance for the 62- day wait for urgent GP referrals, 4-hour wait in Accident and Emergency and 18-Week Referral to Treatment wait, remains below national standards.
- For the period July 2018 to September 2018, non-elective pre-procedure bed days were 0.51, which is an improvement from the previous quarter, placing the NHS trust below the national median of 0.65 and in the best quartile nationally. This indicates a reduction to the time patients are waiting in hospital prior to their non-elective surgery. The NHS trust however has had a fluctuating trend over the assessment period and needs to ensure that this improvement is sustained.
- Pre-procedure bed days for electives though improved at 0.17, remain slightly above national median of 0.12, indicating that there may be scope to further reduce the number of patients coming into hospital unnecessarily before the day of surgery. The NHS trust is working to improve this position by increasing procedures performed as day cases, and evidence provided demonstrated an overall improvement in the proportion of daycase admissions.
- Patients being treated at the NHS trust are less likely to require additional medical treatment for the same condition when compared with other NHS trusts. For the period July 2018 to September 2018, emergency readmission rates at 5.84% are below the national median of 7.76%. The NHS trust attributes this success to its urgent and emergency care model, which ensures robust assessments within the emergency department and where required, stabilisation of patients in a short stay facility (acute hub) with reablement services. The NHS trust also has effective follow up arrangements

after discharge, with patients monitored through outpatients or ambulatory care services.

- The DTOC rate at 7.8% is significantly higher than the national standard of 3.5%. The NHS trust identifies a number of factors driving this, which include, capacity constraints in care provision outside the hospital, domiciliary care and reablement service provision, and gaps in the current continuing health care (CHC) pathway especially within care brokerage, social care involvement and management of self-funding patients.
- The NHS trust has a process in place to reduce the impact of internal delays on DTOCs which entails early identification and address of potential DTOCs. In addition, the NHS trust has reviewed its patient choice policy and has trained staff to improve patient communication so that patients and their relatives adequately prepare for discharge. Further work is required on a systemwide basis to effectively reduce DTOC rates. This is a priority for the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which the NHS trust is leading.
- The DNA rate for the NHS trust at 4.40% for the period July to September 2019, is significantly lower than the national median of 7.29%, placing it in the best performing quartile. This indicates that the NHS trust's processes support effective utilisation of outpatient capacity. The NHS trust attributes this success to their outpatients operating model which includes a separate back office (administration) function that manages patient appointments and the use of a more effective two-way patient text messaging service. The NHS trust also uses telemedicine for some specialised services and has specialist satellite units set up to provide care closer to patient homes, reducing the need to travel to hospital.
- The NHS trust is using the output from 'Getting It Right First Time' visits to identify areas for productivity improvements. Progress is monitored through divisional performance meetings and examples of reported benefits to date include an increase in the daycase rates for orthopaedics and ENT specialities (with the added benefit of waiting list reductions in 2018/19), and the use of robotic surgery in urology which has reduced length of stay for patients.

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

The NHS trust's use of agency and overall temporary staffing remains significantly lower than other NHS trusts, with agency spend maintained below the NHS Improvement ceiling. Sickness absence is well managed, and the NHS trust is also making good use of alternative roles to provide resilience within clinical teams. Further work is however required to improve the staff retention rates.

- For 2017/18, the NHS trust's overall pay cost per weighted activity unit (WAU) is £1,903 compared with the national median of £2,180, placing it in the lowest cost quartile nationally. The breakdown of staff costs per WAU however, shows that the NHS trust's medical staffing cost per WAU benchmarks above the national median.
- Medical staffing cost per WAU at £544 is above the national median of £533 and in the second highest quartile nationally. The NHS trust attributes this cost variation to the relatively higher proportion of complex activity it performs. Comparison with other NHS trusts that have similar activity profiles appears to support this view, as the median medical staffing cost per WAU for this peer group of NHS trusts is also £544.
- The NHS trust has a well-established job planning process with signoff devolved to clinical divisional management. To ensure consultant engagement, the job planning

process is linked to pay rewards and benefits. 92% of consultants have an active job plan held electronically. The NHS trust has also capped the number of programmed activities it funds to 12 for each consultant to control costs.

- The NHS trust has made progress with embedding use of alternative workforce models in its services which has provided increased service capacity and resilience in medical teams. Examples of the new roles established include, reporting radiographers who provide additional capacity for plain film reporting and advanced nurse practitioners (ACPs) undertaking diagnostic work in endoscopy.
- The NHS trust spends significantly less on agency to deliver its activity as indicated by the agency costs per WAU which is £30 for 2017/18, placing it in the lowest cost quartile nationally. The use of overall temporary staffing is also significantly lower than most NHS trusts. Agency spend for 2017/18 at £7.2 million was £3.0 million below the ceiling set by NHS Improvement, which position is being maintained in 2018/19.
- E-rostering is used by the NHS trust to support effective deployment of its nursing, midwifery and junior medical workforce, and an acuity model is used to ensure the nursing staffing levels meet patient need. The NHS trust also has a flexible staffing model that allows resources to be reallocated to other clinical areas when required.
- There has been a slight improvement in the overall staff retention rate from 79.9% in October 2017 to 83.2% in September 2018, but this remains below the national median of 85.8% and is in the lowest (worst) quartile nationally. The NHS trust uses information from exit interviews to inform its retention strategy and has retention initiatives in place such as; a programme of support for new recruits, and opportunities for flexible working, staff rotation and career progression. The NHS trust undertakes recruitment drives locally and overseas, primarily for its nursing workforce, with resettlement support available to the new recruits.
- Overall Sickness absence rates have been maintained below national median with the September 2018 performance at 3.09% which is better than the national median of 3.95% and places the NHS trust in the lowest (best) quartile nationally. The NHS trust's sickness management policy focusses on identifying key drivers of sickness absences and providing targeted support to staff groups with higher reported sickness absences.

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

Following the exit from the pathology joint venture, the NHS trust has made progress in addressing the high pathology service cost. The NHS trust is performing well against its top ten medicines target, and there is good use of technology to drive productivity in clinical and business processes.

- The overall cost per test in pathology at £1.60 for 2017/18, is below the national median of £1.86 and places the NHS trust in the second lowest cost quartile nationally. The NHS trust exited the Transforming Pathology Partnership in May 2017 due to the high cost of the service. The NHS trust has now stabilised and started to reduce pathology costs, reporting successes in reduction of agency staff costs. Pathology facilities also have a high level of utilisation, with the NHS trust able to absorb annual increases in workload at marginal cost. The NHS trust retained the provision of non-urgent Pathology work on behalf of three other neighbouring NHS trusts, which provides benefit of scale opportunities such as procurement of consumables.
- Radiology services costs are high with pay costs being the key driver. The overall cost per report at £98.37 for 2017/18, is above the national median of £50 and places the

NHS trust in the top quartile nationally. The NHS trust provides out of hours interventional radiology services to other trusts in the Midlands and East region as well as other diagnostic services to six neighbouring trusts. The higher cost of investigations and treatments (which are mainly provided by tertiary hospitals) is also a contributory factor to the high service costs. The NHS trust's cost per report however benchmarks above the peer group median of £62.84.

- The NHS trust's pharmacy, staff and medicines cost per WAU at £533 for 2017/18 is above the national median of £359 and in the highest cost quartile. The NHS trust attributes the high costs to the level of investment it has made in pharmacy staff and technology to drive productivity, and the expensive medicines used in treatments which are exclusively provided by a few tertiary hospitals.
- When compared with other NHS trusts that have similar activity profiles, the NHS trust's medicines spend per WAU at £487 (though higher than the national median of £320), is in line with the median for this peer group of NHS trusts. This indicates that the expensive medicines are a contributory factor to the relatively higher costs in pharmacy services.
- The NHS trust has high numbers of prescribing pharmacists with 49% active prescribers compared to national median of 35%. Prescribing pharmacists support medicines optimisation, driving safety, efficiency and cost reduction. The NHS trust uses prescribing pharmacists to facilitate a quicker discharge process and an overall reduction in time patients spend in hospital. Pharmacists are also deployed in the Emergency department to help reduce unnecessary admissions.
- E-prescribing has been fully implemented, with further investment in robotic dispensers and the bar-coding of medicines, which all together facilitates better medicine optimisation, reduction in dispensing errors and quicker discharge processes. This technology investment in pharmacy services has also been a key enabler for the achievement of additional drug savings of £3.8 million in 2017/18.
- As part of the Top Ten Medicines initiative, the NHS trust has been reasonably successful in switching patients to best value biosimilar medicines, realising savings of £5.57 million in 2017/18.
- The NHS trust is making good use of technology to enhance productivity and patient care. It has a modern electronic patient record system known as eHospital, which holds a single electronic record for every patient across its sites, with capability for real-time updates, clinical decision support and integration with other systems to support process automation. The NHS trust cited a range of benefits such as, clinicians having access to real time patient medical information and improvements in clinical management including early detection of life threatening conditions such as sepsis and reductions in drug errors.
- Other examples of using technology to improve productivity include implementation of virtual fracture clinics to reduce repeat visits to hospital and the use of radio-frequency identification labels to track equipment, facilitating effective medical device management and overall improvement in asset utilisation.
- The technology investments however have come at a significant cost which the NHS trust identifies as one of the structural factors contributing to its underlying deficit position.

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

The NHS trust's procurement processes are effective in driving down costs, and its corporate services are value for money. The NHS trust's EPR system, though effective in enhancing care and productivity, is a key driver for the trust's high non-pay cost. The historical under investment in the estate has led to an increase in the spend on reactive maintenance work, which is adversely impacting the NHS trust's financial position.

- For 2016/17, the NHS trust had an overall non-pay cost per WAU of £1,823 compared to a national median of £1,301. A key component and driver of the high Non-Pay cost is the supplies and services cost. The NHS trust's supplies and services cost per WAU at £773 is the highest in the country and significantly above the national average of £375. The NHS trust has identified the cost of its eHospital IT system as the major contributory factor to this high cost. The NHS trust has terminated the hardware managed service element of the contract is expected to save £3.5 million per annum from December 2019.

- However, the NHS trust is 9th out of 136 in the NHS Improvement Procurement League Table, indicating that the NHS trust has good procedures in place to drive down its non-pay costs. Good use is being made of the NHS Improvement Purchasing Price Index Benchmark tool, and the price performance score as calculated by NHS Improvement ranks 6th out of 136. All the procurement price performance metrics for the NHS trust are in the best quartile nationally. This indicates that the NHS trust is achieving good prices for many of its purchases.

- The NHS trust is also on schedule to achieve its planned procurement savings of £2 million in 2018/19 and has been successful in agreeing some standardisation of consumables with North West Anglia NHS Foundation NHS trust.

- The estates and facilities costs per square metre for 2017/18 at £462 is above the national benchmark of £379 and in the most expensive quartile nationally. The NHS trust indicated that a correction to this figure (associated with depreciation charges) is required which would bring it down to £411, the adjusted value however remains above the national benchmark. In part, the high cost is as a result of the investment in essential fire safety work in some wards, but It also reflects a historical lack of investment in the hospital estate. The NHS trust cited financial constraints brought about by the historical deficit position, inadequate capital funding and the financial turnaround process, as the key reason for the under investment in its estate.

- The NHS trust has 50 wards which are currently undergoing refurbishment, however with a single decant ward, the current refurbishment rate will take a significant time to complete. In addition, 8 of the NHS trust's 36 operating theatres are over 40 years old and have not benefited from a comprehensive refurbishment programme. The NHS trust is undertaking maintenance work of its theatres over the weekends.

- The NHS trust has quantified its critical infrastructure risk at £24.69 million which is in the highest quartile nationally. This equates to £110 per square metre which is almost double the NHS Improvement suggested benchmark of £57 per square metre. The level of backlog maintenance is £454 per square metre, which is in the worst quartile nationally and significantly more than the NHS benchmark of £186.

- The cost of running corporate services is lower than most NHS trusts as indicated by their cost per £100 million of turnover. Human Resources costs per £100 million turnover are £0.55 million, and Finance costs are £0.67 million. Both are below the national medians and suggest that the NHS trust has a higher level of efficiency in these back-office functions.

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

Despite achieving improvements in previous years, the NHS trust's deficit position has worsened in 2018/19, with a forecast deficit that is 11.3% of turnover compared to 6.7% in 2017/18, and although some of the drivers are non-recurrent, the NHS trust remains with an underlying deficit of 8.7% which needs to be addressed. The historical deficit performance also means that the NHS trust requires additional cash support to fund its operations.

- The NHS trust's reported financial position for 2017/18, was an improvement on the previous year's performance, and better than its control total of £59.1 million deficit before STF (£42.1 million after STF). The NHS trust reported a deficit of £55.9 million before STF (£31.7 million after STF) compared to £70.9 in 2016/17.
- The NHS trust however did not sign up to its control total for 2018/19 of £77 million deficit before PSF, but instead has a deficit plan of £93.7 million, which is worse than the 2017/18 outturn. The NHS trust cited the main reasons for the worse position as, expected costs for remedial fireworks, loss of income as a result of this work and termination costs of the IT managed service contract.
- At the time of the assessment in November 2018, the NHS trust was on track to deliver its plan, reporting a deficit of £55.8 million against a YTD plan of £55.7 million, with the underlying (recurrent) deficit position as £45.4 million.
- The NHS trust delivered its £49.0 million CIP Plan for 2017/18 (5.72% of Income), with 80% of this reported to be recurrent. It is also on track to deliver the 2018/19 CIP, though at £40 million, this will be lower than the previous year's value. The NHS trust explained this was due to the loss of opportunities for further income generation as a result of the ongoing essential fire work on its estate. The value of income generation schemes in the NHS trust reduced to less than half, from £22 million in 2017/18 (45.4% of overall CIP) to £10.4 million in 2018/19 (£26.1% of overall CIP).
- Due to the NHS trust's historical deficit position, it does not internally generate cash and requires additional cash support in the interim to consistently meet its financial obligations and pay its staff and suppliers. Cash requirements for the year are identified during the planning phase and the NHS trust manages its cash position according to plan.
- The NHS trust is well advanced in the use of costing data and service line reporting across its service lines. This is used to generate financial reports that are actively used to manage speciality and divisional financial performance. Costing data is also used to support business cases and service development decisions.
- The NHS trust has undertaken a range of actions to improve its income position. Examples include, improving quality of activity information used to support income billing, providing services to other NHS trusts (for instance, interventional radiology and non-urgent pathology work) and actively seeking to expand the income base by securing new income generating opportunities. The NHS trust has also negotiated a guaranteed income contract with its main local commissioner for 2018/19, which means that one third of its income (£230 million) is secured and not subject to fluctuations arising from capacity and operational disruptions.
- The NHS trust is not reliant on advice from external advisors or consultants. Expenditure on management consultants has reduced significantly since 2016/17 when the NHS trust was relying on management consultancy support to reduce its deficit. The NHS trust is forecasting minimal expenditure on management consultants for 2018/19.

Outstanding practice

- The NHS trust's use of technology in its clinical and business processes to drive operational efficiency and better patient experience.
- The NHS trust's pharmacy staffing model which has helped reduce hospital admissions, facilitate prompt hospital discharge, and reduce medicine dispensing errors.
- Good use of the Purchasing Price Index Benchmark tool to secure good prices and drive down cost of purchases.
- The NHS trust has been recognised for its excellent engagement with the GIRFT programme in improving productivity.

Areas for improvement

We have identified scope for improvement in the following areas:

- The backlog maintenance and critical infrastructure risk is high and needs to be reduced so that patient safety does not become compromised in the future.
- The Delayed Transfers of Care (DTOC) rates remain high and the NHS trust should continue to work towards reducing them (in collaboration with system partners).
- There is a high proportion income generation CIPs which may not be sustainable in future years. This needs to be maintained at reasonable levels in future financial plans.
- Further work is required to reduce the underlying deficit.
- Continued focus is required on areas where the NHS trust has made improvements, but performance is still below national medians, in particular overall staff retention.
- The trust should continue working to realise the benefits from the investment in the eHospital system.

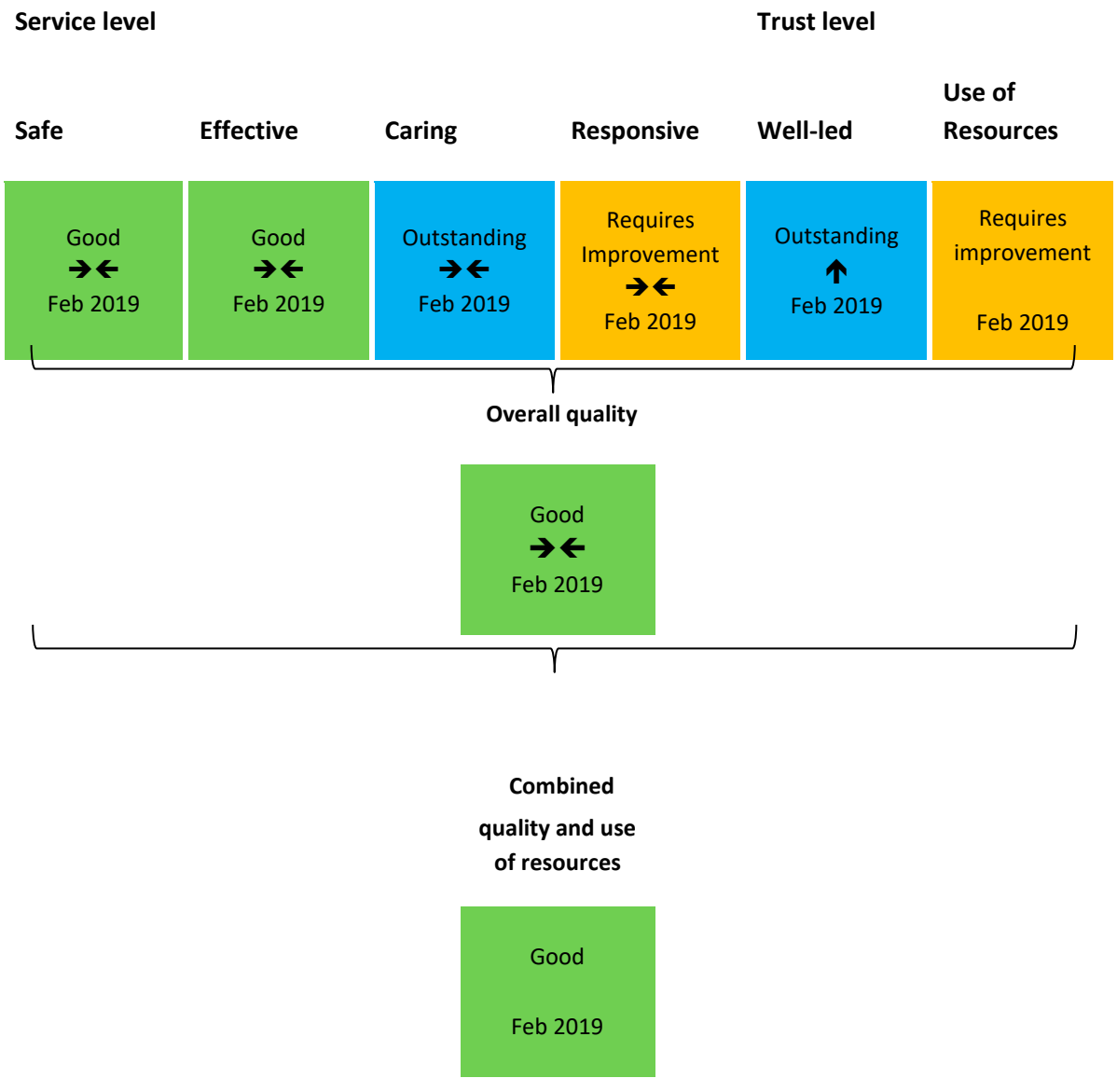
Ratings tables

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 NHS 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 NHS 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 NHS trust boards, governing bodies and chief executives of NHS 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 NHS trust save costs on unconfirmed appointments and increase system efficiency.
Distance from financial plan	This metric measures the variance between the NHS trust's annual financial plan and its actual performance. NHS 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 NHS 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 NHS 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 NHS 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 NHS trust's HR department for each £100 million of NHS 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 NHS 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 NHS 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 NHS trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the NHS trust spends less per standardised unit of activity than other NHS trusts. This allows NHS 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 NHS 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 NHS trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the NHS trust spends less on staff per standardised unit of activity than other NHS trusts. This allows NHS trusts to investigate why their pay is higher or lower than national peers.
Peer group	Peer group is defined by the NHS 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 NHS 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 NHS trusts (the performance element). A high score indicates that the procurement function of the NHS 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 NHS trusts, using a consistent approach. It helps NHS Improvement to determine the type and level of support that NHS 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 NHS 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 NHS 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 NHS 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 NHS trusts' % achievement against these targets. NHS 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.