Chesterfield Royal Hospital NHS Foundation Trust

Use of Resources assessment report

Chesterfield Road
Calow
Chesterfield
Derbyshire
S44 5BL
Tel: X01246277271
www.chesterfieldroyal.nhs.uk

Date of publication: 25 January 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?	**Good**

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

- We rated, safe, effective, caring, responsive, and well-led as good and safe as requires improvement.
- We took into account the current ratings of the four core services not inspected at this time.
- Eight out of the nine core services this trust provides are rated as good overall.
- The trust was rated good for use of resources. Full details of the assessment can be found on the following pages.

Chesterfield Royal Hospital NHS Foundation Trust

Use of Resources assessment report

Chesterfield Road
Calow
Chesterfield
Derbyshire
S44 5BL
Tel: 01246 277271
www.chestesrfieldroyal.nhs.uk

Date of site visit:
18/10/2018

Date of NHS publication:
25 January 2019

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 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 18 October 2018 and met the NHS trust's executive team (including the chief executive), a non-executive director and relevant senior management responsible for the areas under this assessment's KLOEs.

Summary of findings

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

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

For 2016/17, the NHS trust's cost per Weighted Activity Unit (WAU) of £3,357 places it below the national average £3,484, indicating that it spends relatively less than most NHS trusts to deliver the same amount of activity. Areas where the NHS trust compares particularly well are nursing workforce, estates and facilities and clinical support services.

The NHS trust's efforts to improve recruitment and retention of its nursing workforce successfully delivered a zero-vacancy rate for band 5 registered nurses in October 2018 and contributed to the overall reduction in agency costs. The NHS trust has continued to make further improvements within its nursing workforce, which include investment in more effective workforce deployment software.

The estates and facilities cost per square metre benchmarks in the lowest quartile nationally which indicates that the cost of running its estate is lower than most NHS trusts. The NHS trust has an effective estates maintenance programme and its backlog maintenance levels are lower than most NHS trusts in England.

Pathology services have been merged with a neighbouring NHS trust facilitating lower operating costs and making services more resilient. The NHS trust is successfully switching patients to best value biosimilar drugs, performing better than the national benchmark. It proactively uses pharmacists to prescribe medicines which enables a faster discharge process.

There have been productivity improvements across the NHS trust's clinical services over the last twelve months, with reductions in readmission and Did Not Attend (DNA) rates, and pre-procedure bed days. This means that fewer patients are being readmitted for the same condition and there are some improvements in the utilisation of bed and clinic capacity.

The NHS trust works with partners to ensure patients receive joined-up care following discharge and it has one of the lowest Delayed Transfers of Care (DTOCs) levels in the country. It also works with neighbouring NHS trusts to provide out of hour care in some hard to recruit clinical services, which has contributed to reduced medical agency costs. Although it is not meeting all the constitutional operational performance standards, the NHS trust's performance is above national averages.

For 2017/18, the NHS trust did not achieve its control total of £0.3 million deficit before Sustainability and Transformation Fund (STF) and £6 million surplus with STF. The NHS trust delivered a £1.8 million deficit before STF (0.7% of operating income) and a surplus of £4 million after STF. As at September 2018, the NHS trust was meeting its 2018/19 year to date plan and forecasting achievement of its control total, which is £1.1 million deficit before Provider Sustainability Fund (PSF) and £5.3 million after PSF.

Overall agency costs reduced in 2017/18, compared to the previous year, but remain above the ceiling set by NHS Improvement. The reductions which were mainly in agency nursing spend were offset by increases in medical agency spend. The NHS trust is working to meet the agency ceiling this year and will require a stronger focus on reducing its medical vacancies, which is the key driver for agency spend.

Compared with other NHS trusts, the trust has not engaged well with the NHS Improvement procurement initiatives and as such, it has missed opportunities to realise process and price efficiencies in its procurement operations

The NHS trust has achieved productivity improvements across its clinical services over the last twelve months and has demonstrated working with partners to ensure joined up care for patients following discharge. Although it is not meeting all the constitutional operational standards, its performance is above national averages.

- At the time of the assessment in October 2018, the NHS trust was meeting the constitutional operational performance standards for Cancer. It was not meeting the standards for Referral to Treatment (RTT), Diagnostics and Accident & Emergency (A&E), but its performance was above national averages.
- For the period April 2018 to June 2018 the NHS trust's emergency readmission rates of 7.98% are slightly above the national median of 7.64%. This means that patients are more likely to require additional medical treatment for the same condition at this NHS trust compared to other providers nationally. However, there has been an improvement over the last 12 months as a result of targeted initiatives including engagement with the system to better support frequent A&E attenders in the community.
- For the period April 2018 to June 2018 fewer patients are coming into hospital unnecessarily prior to elective treatment compared to most other hospitals in England, however more patients are waiting in hospital unnecessarily prior to non-elective treatment.
    - On pre-procedure elective bed days, at 0.06, the NHS trust is performing in the lowest (best) quartile when compared nationally, the national median is 0.11.
    - Although for pre-procedure non-elective bed days (0.72) the NHS trust is performing slightly worse than the national median (0.69), the NHS trust's performance has improved over the last 12 months due to a focus on the Red2Green initiative. This is a visual management system that helps identify wasted time in a patient's journey. The NHS trust also has extended days for medical staff in the Emergency Medical Unit to enable more timely decision making around patient care.
- The Did Not Attend (DNA) rate for the NHS trust is 7.04% which is consistent with the national median. The NHS trust has delivered improvements to the DNA rate over the last 12 months through improved communication with patients and it is exploring alternative ways of delivering patient care including Skype appointments for ante-natal and post-natal therapies appointments.
- The NHS trust's DTOC rate at 1.4%, is much lower than national average. The NHS trust demonstrated understanding of the main DTOCs drivers and has engaged with system partners to address them. The NHS trust has a fully integrated discharge team and works closely with partners to ensure swift response when issues are escalated.
- The NHS trust has actively engaged with the national 'Getting it Right First Time' (GIRFT) programme for some services with action plans in place. It has utilised GIRFT findings to change clinical practice and drive some improvements, for example a reduced

length of stay for patients with fractured neck of femur. There is however, further scope for the NHS trust to utilise GIRFT recommendations in delivering more productivity improvements across its services.

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

The NHS trust's performance against key workforce productivity measures is better than most other NHS trusts. Its pay cost per WAU, sickness and retention rates are all better than national averages. The NHS trust has also been successful in achieving a zero-vacancy rate for its registered nursing workforce and an overall reduction in agency spend**.**

- For 2016/17, the NHS trust had an overall pay cost per weighted activity unit (WAU) of £2,109, compared with the national median of £2,157 placing it in the second lowest cost quartile nationally. This means that overall, it spends less on staff per unit of activity than most other NHS trusts. The NHS trust's medical staffing and AHP costs per WAU however, benchmark above the national average.
- Compared to the previous year, there an overall reduction in agency spend for 2017/18 but it still exceeded the NHS Improvement agency ceiling by £1.8 million. This was due to the sustained use of escalation beds to mitigate urgent care pressures during Winter. The NHS trust has continued to reduce its overall spend on agency staffing and is working towards bringing this in line with the 2018/19 agency ceiling. The reduction is largely driven by improvements within its nursing workforce.
- The NHS trust has an innovative approach to its ward staffing model known as 'Team around the Patient' (TaP), which makes better use of the skills already available in teams. This was featured as an NHS employer best practice case study. It has introduced several new posts to enhance resilience in the ward staffing, which include Advanced Clinical Practitioners, Nursing Associates and Nursing Assistants, all supported by a clinical educator infrastructure.
- In October 2018, the NHS trust achieved a zero-vacancy rate for its registered nursing establishment. It is working closely with the local university to increase the number of undergraduate nurse training places and actively engages with newly qualified nurses through its onboarding process to secure the new recruits.
- Nursing agency staff are mainly used to cover registered nursing sickness and maternity absences, and this is actively monitored by the Director of Nursing. The NHS trust does not use agency staff to cover non-registered nursing absences. The NHS trust is part of a regional non-medical bank collaboration, which includes three other neighbouring NHS trusts with a joint working group in place to maximise bank fill rates.
- The NHS trust has implemented more effective software for deployment of its nursing and midwifery workforce which is expected to be in full use for all adult in patient areas by March 2019.
- Medical agency spend increased year on year as at August 2018. The spend is largely driven by vacancies and the NHS trust has adopted some innovative and collaborative approaches to reduce reliance on medical agency staff, but more work is required to reduce this spend and bring the overall agency spend in line with the agency ceiling.
- The NHS trust has undertaken recruitment drives locally and overseas with successful appointments to medical posts including five Emergency Department (ED) consultant roles. It is also working in collaboration with neighbouring NHS trusts to provide hard to recruit clinical services for instance, a shared out of hours on call rota with common

clinical protocols, which facilitates a 7-day service for ENT. This has resulted in increased consultant capacity and reduced agency costs in ENT.

- The NHS trust has trialled non-medical roles such as specialist nurses in stroke services, physician associates in ED and it has also taken part in a pilot for a regional medical bank, which is being evaluated and expected to continue.
- The proportion of total consultants with an active job plan for 2017/18 was 90%. There is an established job planning process which is devolved to clinical divisions and undertaken jointly by clinical directors and general managers. The NHS trust does not currently use technology to support its medical workforce deployment.
- The staff retention rate at 86.3% is better than the national median of 85.6% (April 2018) and sickness absence rate for March 2017 to March 2018 was 3.4% placing the NHS trust in the lowest (best) quartile nationally.
- The NHS trust has an effective recruitment and retention strategy which includes flexible working options for most staff and targeted training opportunities for hard to recruit staff groups such as junior doctors. Improvements in staff engagement from 2017 to 2018 have been predominantly driven via the NHS trust Listening into Action approach, which was implemented with the support of external consultants.

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

Overall the NHS trust's clinical support services present good value for money. It is working with partners to maintain low operating costs in pathology and has been successful in switching patients to biosimilar drugs, performing better than the national benchmark. Further effort is however, required to reduce the high outsourcing costs in imaging.

- The pathology cost per test is £1.88 which is below the national average. The NHS trust has merged its pathology operations with University Hospitals Derby and Burton NHS trust and this has helped make the service more resilient and enables the NHS trust to benefit from economies of scale.
- The levels of imaging activity that are currently outsourced are relatively high. 9% of the NHS trust's imaging costs relate to outsourcing, which places it in the highest cost quartile nationally. The NHS trust has been working with other NHS trusts in the East Midlands to go live on a joint working approach for imaging from March 2019.
- The NHS trust's medicines cost per WAU of £269 for 2016/17 is in the second quartile and below the national average of £320. The NHS trust has relatively high numbers of prescribing pharmacists and use these to facilitate quicker discharge and reductions in patient time spent in hospital, although the NHS trust does not have enough pharmacists to run this model for 7 days a week.
- Dose banding of chemotherapy was 55% in 2016/17, which is below the national average of 79%. The NHS trust has increased this percentage to 70% in 2017/18. Using standardised dose bands for chemotherapy is encouraged as they are more cost-effective than bespoke chemotherapy doses.
- As part of the Top Ten Medicines initiative, the NHS trust has been very successful in switching patients to best value biosimilar medicines. The percentages of patients switched are 100% for Infliximab, 100% for Etanercept, 81% for Rituximab. As a result, the NHS trust saved £1.26 million for the health economy.

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 overall non-pay expenditure is lower than most NHS trusts in England. It compares particularly well on its Estates and Facilities management, having one of the lowest backlog maintenance levels nationally. The NHS trust would, however, benefit from better engagement with NHS Improvement procurement improvement initiatives to drive process and price efficiencies in its procurement operations.

- For 2016/17 the NHS trust had an overall non-pay cost per WAU of £1,248. This is below the national average of £1,301.
- The supplies and services cost per WAU in 2016/17 was £350 which is in the second quartile and below the national average of £375.
- The NHS trust's spending analysis suggests that procurement savings of £324,000 have been achieved in 2017/18 to date. This falls short of the value of opportunities estimated by NHS improvement using the PPIB database which indicates that the NHS trust should be aiming for procurement savings of between £659,000 and £2.08 million. The NHS trust's procurement service has carried out collaborative working with the local authority and local college, but not with other NHS organisations where the opportunities for sharing common catalogues and contracts for medical products should yield bigger savings opportunities.
- The NHS trust is fifth from bottom of the NHS Improvement Procurement League Table, indicating that there is more work required to strengthen procurement procedures and obtain better product prices. Little use has been made of the NHS Improvement Purchasing Price Index Benchmark (PPIB) tool with only 29 logins in the period from January to March 2018, which is less than the national average of 344. This is one of the lowest in the country and indicates there is scope to make much more use of the PPIB tool to drive down prices. Furthermore, only 18% of the NHS trust's non-pay spend is in PPIB which leaves 82% not price matched or benchmarked against best price.
- Many of the metrics drawn from the Purchasing Price Index Benchmark tool show the NHS trust is not achieving good results in terms of the prices it is paying for goods and services. The indicative price variance metrics show that the variance from minimum price is 10.91%. which is worse than the national average variation of 10.64%.
- The estates and facilities cost per square metre is £223 which is in the best quartile nationally. The estates and facilities cost per WAU is £385 which is slightly below the national average and the NHS Improvement benchmark of £395.
- The levels of backlog maintenance are very low at £4 per square metre. This is one of the lowest in the country and compares very favourably with the national average of £197. The NHS trust has an infrastructure investment plan that has enabled it to prioritise key areas, replace the generator systems and upgrade water and heating systems.
- Relative to other NHS trusts, laundry items per WAU are 39.9, which is in the highest quartile and laundry costs per item are £0.32, which is slightly below the national average of £0.33. Portering costs per square metre are £11. These compare well with the NHS Improvement national benchmark of £19
- Food costs per meal were £4.26 which is above the NHS Improvement suggested benchmark of £3.59. However, the NHS trust has delivered CIP savings relating to its catering costs by reducing the meals per patient day and introducing a new electronic ordering system to reduce wastage and prevent over-ordering.

- The costs of running corporate services are in line with national averages as indicated by the Human Resources and Finance costs per £100 million turnover. For 2016/17, the Human Resources cost per £100 million turnover are £874,010 (compared with the national average of £874,000). Finance costs are £694,762 (compared with national average of £670,000).

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

The NHS trust did not achieve the control total for 2017/18 but was delivering its financial plan at the time of the assessment and forecasting achievement of its 2018/19 control total, with an improvement to its underlying financial position. The NHS trust has cash reserves and, unlike most NHS trusts, it is not reliant on short-term loans to meet its obligations.

- The NHS trust did not achieve the control total for 2017/18, which was £0.03 million deficit before STF and £6.04 million surplus, with STF. The NHS trust reported a deficit of £1.77 million (0.7% of turnover) before STF, and £4.06 million surplus, with STF.
- A combination of factors contributed to this including loss of income and under delivery against CIP target. The NHS trust's income loss resulted from an unfavourable contract arbitration outcome relating to the previous year's income contract and displacement of elective activity due to non-elective demand pressures.
- For 2017/18, the NHS trust had an ambitious CIP target of £10.83 million (4.4% of planned income) but was able to deliver only £5.8 million (2.4%). The CIP plans required some changes to service provision which were not affected.
- The NHS trust is on track to deliver its 2018/19 control total of £1.1 million deficit (0.4% of turnover) before PSF and £5.3 million surplus after PSF. As at September 2018, the NHS trust's reported half-year performance was on plan.
- For 2018/19 the NHS trust's CIP target is £7.9 million (3.2% of planned income) and, as at September 2018, the NHS trust had transacted £2.87 million of this, with 76% on a recurrent basis. The NHS trust is forecasting full year delivery of £6.6 million, which is £1.3 million below plan.
- The NHS trust's underlying deficit for 2017/18 was £7.3 million (3.8% of turnover) and this is expected to reduce to £1.1 million deficit in 2018/19.
- The NHS trust has cash reserves and can consistently meet its financial obligations and pay its staff and suppliers, as reflected by its capital service and liquidity metrics. The NHS trust is not reliant on short-term loans to meet its financial obligations or to maintain its positive cash balance.
- The NHS trust makes good use of costing data and service line reporting across its service lines. This is used to generate financial reports for each specialty which are actively used to manage specialty and divisional financial performance.
- The NHS trust has not actively explored opportunities to maximise its income through potential commercial opportunities. It however ensures effectiveness in income recovery for its clinical activity through regular review of income in the service line reports and maintaining completeness of it activity and billing information.

The NHS trust is not routinely reliant on advice from external advisors or consultants, however they commissioned external consultancies in 2017/18, at a cost of £591,000, to provide support for reducing outsourcing costs in imaging, improving theatre and outpatient capacity utilisation and staff engagement levels. The NHS trust has demonstrated improvements in staff engagement and its reported annualised benefits from the investment was £845,000 at project completion.

Outstanding practice

We identified the following areas of outstanding practice:

- The smooth and swift transition to a shared pathology service with University Hospitals Derby and Burton NHS Trust.
- The progress in switching patients to biosimilars is amongst the best in the country.
- The NHS trust has minimal levels of backlog maintenance as a result of targeting investment in key risk areas in recent years.

Areas for improvement

We identified scope for improvement in the following areas:

- Work to reduce medical vacancies and overall agency spend.
- Further improve CIP delivery performance.
- Increase the use of dose banded chemotherapy.
- Increase the use of the PPIB database to obtain better unit prices for supplies and services.
- Increase collaboration with other NHS trusts to get better economies of scale for supplies and services.
- Negotiate lower unit prices for meals and laundry.

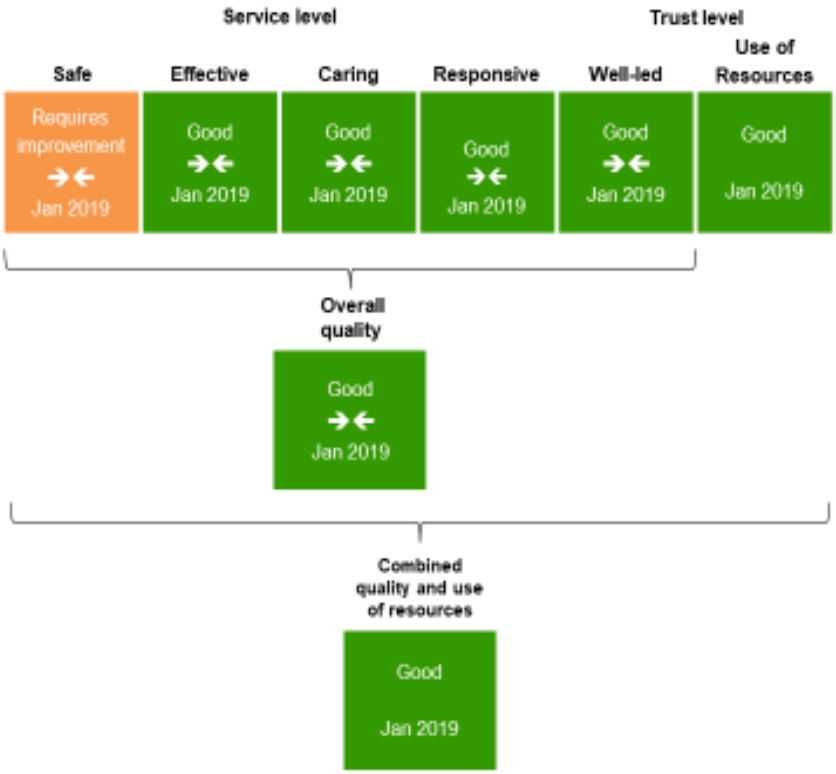
Ratings tables

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.