Northumbria Healthcare NHS Foundation Trust

Use of Resources assessment report

Address
Rake Lane
North Shields
Tyne and Wear
NE29 8NH
Tel: 0344 811 8111
www.northumbria.nhs.uk

Date of publication: 16 October 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	**Outstanding**
Are services safe?	**Good**
Are services effective?	**Outstanding**
Are services caring?	**Outstanding**
Are services responsive?	**Outstanding**
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/RTF/reports)

Are resources used productively?	**Outstanding** ☆

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

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 Outstanding, because:

- We rated effective, caring and responsive as outstanding and safe and well-led were rated as good. Four ratings stayed the same as our previous inspection in 2016.
- In rating the trust, we took in to account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- We rated well led for the trust overall as good. This was not an aggregation of the core service ratings for well led.
- The trust was rated Outstanding for use of resources. Full details of the assessment can be found on the following pages.

NHS Improvement

Northumbria Healthcare NHS Foundation Trust

Use of Resources assessment report

Address
Rake Lane
North Shields
Tyne and Wear
NE29 8NH
Tel: 0344 811 8111
www.northumbria.nhs.uk

Date of site visit:
10 June 2019

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?	**Outstanding** ☆

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 10 June 2019 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?	Outstanding ☆

- We rated the trust's use of resources as Outstanding.
- For 2017/18 the trusts spend on pay and other goods and services per weighted unit of activity (WAU) is lower than most other trusts nationally with an overall cost per WAU of £3,307 compared to the national median of £3,486. This indicates that the trust is more productive at delivering services than other trusts by showing that, on average, the trust spends less to deliver the same number of services.
- In 2018/19 the trust reported a surplus, excluding Sustainability and Transformation Funding, of £13.7m against a control total and plan of £13.1m surplus, therefore, a favourable variance of £0.6m.
- For 2019/20 the trust has agreed to a surplus control total of £17.8m, excluding Provider Sustainability Funding (PSF) of £6.6m and as at month 2, the trust is forecasting to deliver the position in full.
- During 2017/18, the trust was able to meet its financial obligations and pay its staff and suppliers. The trust is not reliant on short-term loans to maintain positive cash balances.
- The trust has a cost improvement plan (CIP) of £16.2m (or 2.4% of its expenditure) and is forecasting to deliver against plans. The trust delivered £29.4m efficiency savings in the previous financial year, which was £1.1m less than the annual plan. 49% of the in year delivery was recurrent.
- Individual areas where the trust's productivity compared particularly well included; clinical productivity, Did Not Attend rates, Delayed Transfers of Care, workforce, pharmacy and estates and facilities. Opportunities for improvement were identified in sickness absence rates, pathology and some corporate services costs.
- The trust was able to demonstrate the use of innovative workforce models and initiatives including nursing associates, medicines assistants and chemotherapy medicines assistants. The trust was also able to demonstrate a clear theme of using technology and innovation to improve productivity throughout the trust, for example through: NerveCentre, a clinical safety tool and e-Meds, the digitisation of the medicines management process.

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

- The trust has taken an active approach to managing its resources to provide clinical services that operate productivity to maximise benefits to patients.
- The trust plays a key leadership role in ensuring clinical productivity improvements are achieved by appropriately coordinating services across the local health and care economy. There are numerous examples of clinical pathway design that has led to the traditional clinical and operational boundaries being blurred, including the Hospital to Home respiratory service; the Shine Multidisciplinary Review of medications; and the Nursing Home community matrons support into nursing and residential homes.

- At the time of the assessment in June 2019, the trust was not meeting the constitutional operational performance standards around Cancer and Accident & Emergency (A&E), however, it was meeting the performance standard for Referral to Treatment (RTT) and diagnostics. Despite being below the national 95% standard for A&E at the time of the assessment, the trust has maintained strong performance across the previous 12 months, with performance remaining above 93% each month.
- At 9.79%, emergency readmission rates are above the national median of 7.86% as at quarter 3 2018/19. The trust highlighted that due to the clinical strategy regarding Same Day Emergency care and the recording of this activity as admitted patient spells and adverse impact on the reported emergency readmissions measures has been noted as a coding issue. If this is issue is adjusted for there is a 2% to 3% decrease in the recorded readmissions rate.
- The trust has undertaken a detailed analysis and identified a number of key clinical pathways on which to focus to reduce patient readmissions; these are related to younger patients with mental health needs as well as alcohol related admissions.
- The trust undertakes regular clinical audits of readmissions to provide assurance that any outlier status is due to the data associated with this model of care rather than any clinical concerns.
- Fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England.
    - On pre-procedure elective bed days, at 0.07, the trust is performing in the second lowest (best) quartile and below the median when compared nationally – the national median is 0.13. The trust provided examples of innovative practice that have contributed to this position, including day case surgery for endoscopic full thickness resection of polyps procedures, hysterectomy and hip replacement. Significant work has been undertaken on preoperative preparation of the patient, health optimisation and communication.
    - On pre-procedure non-elective bed days, at 0.66, the trust is performing in the second lowest (best) and is in line with the median when compared nationally. The trust has focused specific clinical pathways that have contributed to this performance, one example being the delivering of non-elective peri anal abscess as day case.
- The Did Not Attend (DNA) rate for the trust is low at 6.98% compared to a national median of 7.32% for quarter 3 2018/19. It was noted that the trust has in place a DNA improvement programme across both medicine and surgery. This has involved undertaking a full diagnostic to understand the reasons behind DNA's. In addition, a text message service is in place and the trust is reviewing its access policies. The trust demonstrated a large piece of work is ongoing focusing upon rheumatology and first attendance.
- At 1% for March 2019, the trust reports a delayed transfers of care (DTOC) rate that is lower than average and lower than the trust's own target rate. DTOC rates have remained low, below 1.1%, over the previous 12 months. The trust explained that this is as a result of the development of the Home Safe service that co-ordinates and supports the timely discharge of patients. The trust is proactive in working closely with the local authority to provide fully integrated community services.
- The trust is fully engaged with the Getting it Right First Time (GIRFT) programme where the opportunity to reduce variation and improve productivity has been embraced. This is particularly notable within orthopaedics and Total Hip replacement (THR) and Total Knee

Replacement (TKR) with a length of stay of 2.4 days as well as Surgical Site Infections and procurement. The trust is a pilot site for Care of the Elderly workstream.

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

- The trust has effective control over staff costs with low pay growth and low pay cost per weighted activity unit (WAU). Innovative and efficient staffing models and roles are used to deliver high quality and sustainable care. This reflects a cost-conscious Organisational Development culture which deploys innovative solutions to increase process automation, improve efficiency and address national and local workforce challenges.
- For 2017/18 the trust had an overall pay cost per WAU of £2,161, compared with a national median of £2,180, placing it in the second lowest (best) quartile nationally. This means that it spends less on staff per unit of activity than most trusts.
- The trust is in the lowest (best) quartile for substantive Medical cost per WAU (£404 compared to a national median of £533); the second highest (worst) quartile for Nursing cost per WAU (£756 compared to a national median of £710); and the highest (worst) quartile for Allied Health Professionals (AHP) cost per WAU (£171 compared to a national median of £130). However, the trust noted they run a joint acute and community services AHP service and therefore, their AHP cost per WAU is distorted – the community adjusted AHP cost per WAU is £106 compared to a national median of £114.
- The trust was able to describe how it has developed the wider 'clinical family' to replace traditional medical roles, and how it has actively developed and recruited innovative new nursing and AHP roles to ensure there is an appropriate skill mix for the work being carried out, for example:
    - Over the past two years the trust has supported the training and development of Trainee Nursing Associates across all business units and sites. This programme of education provides an opportunity to upskill Nursing Assistants and the trust is preparing to welcome the first cohort of 16 Registered Nursing Associates in the North East into their first posts.
    - Pharmacy assistants were employed to work on inpatient wards in a new Band 3 role as Medicines Assistants (MA).
    - The concept has been rolled out in the development of the Chemotherapy Medicines Assistant (CMA) posts which were created in conjunction with Macmillan Cancer Support in 2018. These posts were funded to bridge the gap between pharmacy and nursing staff delivering oncology care to meet the growing needs of the service and enable the trust to improve patient experience and aid in the reduction of waste from high cost chemotherapy drugs.

- The trust met its agency ceiling as set by NHS Improvement for 2017/18 and again in 2018/19. It is spending less than the national average on agency as a proportion of total pay spend and is in the top (best) quartile at 1.54%. The trust noted the following has impacted on this position:
    - It achieved significant reductions in the cost of agency staff through working with a master vendor agency (Pulse) to reduce the rate paid by offering the in-cap rate if the booking was made in excess of 72 hours in advance of the shift (then moved down to 48 hours).
    - At the same time the trust started working very closely with Nurse Directors to manage recruitment and target areas of high vacancies; holding recruitment events with the support of the communications team. It became mandatory that vacancies were advertised quickly, and recruitment timescales were monitored fortnightly. The process for booking agency nursing shifts was also revised.

- The trust led on the development of a regional collaborative bank for junior doctors and the IT systems required to support this.

- The trust is making effective use of e-rostering via the Allocate Electronic Rostering and Attendance (ERA) system capturing real-time data of all agenda for change staff.
- Routine annual job planning is in place to organise and effectively deploy the consultant workforce; all consultants directly employed by the trust have a signed off job plan recorded on Health Roster. The trust is currently mid-implementation of an e-job planning system (Allocate) which will enable the trust to review all job plans as they are agreed at a newly convened job planning panel.
- Staff retention at the trust is good, with a retention rate of 88.4% in December 2018 against a national median of 85.6%. This year's NHS staff survey was published in February 2019, with the trust achieving a response rate of 72%, which is one of the highest response rates in the country for acute trusts.
- The trust described a number of initiatives implemented to retain staff, these include the "Aspire" programme which helps nurses to move wards more easily, and harmonisation of specialty doctors' terms & conditions, leading to improved T&Cs.
- The trust has reduced the average Time to Hire from 34.4 days in December 2018 to 16.4 days in April 2019. The reduction in working days to recruit a member of staff was achieved through:
    - Moving to TRAC – an automated recruitment system.
    - The "Aspire" programme which streamlines the internal process for nurses to move between positions on different wards at the same grade.
    - Using the new TRAC process, interview slots can be booked online as can appointments to view documents.

- At 4.48% in November 2018, staff sickness rates were worse than the national average of 4.35%. The trust was able to demonstrate the sickness absence rate has fallen to 4.27% in March 2019 and 4.32% in April 2019. The trust noted this has been achieved via the following recent improvement actions:
    - The health at work policy combines both short and long-term absence into total days lost and all are covered by the same process and supportive interventions.
    - As mental health and musculoskeletal conditions are the highest reasons for sickness absence the trust has improved support in these areas. The trust has developed a fast track staff physio service into which staff can self-refer.
    - The trust also has a first day triage for staff who report in sick with a mental health issue and have an in-house staff psychology service.
    - The trust has a range of pro-active interventions such as mindfulness training, managers training in managing difficult conversations, and manager's health and well-being training.
    - The trust is an exemplar employer in the NHSE staff health and well-being programme.
    - The trust has an in-house mediation service for staff in dispute and a conflict resolution process.

- The trust has been working with Northumberland Community Bank, who are developing a range of packages to support staff. The project is in its infancy but the offer to staff will include personal financial management training, access to cheaper loans and access to payroll deducted saving schemes.

- In October 2017 the trust's Volunteer Service received the Investors in Volunteering accreditation, the first NHS trust in the north of England to do so and one of only 7 in the UK to have achieved this accreditation. The trust has almost 1,000 volunteers who undertake a number of roles across the trust's hospital sites.

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

- The overall cost per test at the trust benchmarks in the second highest (worst) quartile at £2.15 against a national median of £1.86. The trust recognised the high cost per test and demonstrated it continually reviews how this can be reduced. The test per capita is in the second highest (worst) quartile at 26.1 against a national median of 22.6.
- The trust is working collaboratively with the North Cumbria and North East Pathology Network to implement the recommendations from the Carter Review into operational productivity in the NHS of a hub and spoke delivery model at scale. They provide a service across the Northumbria geography (8 acute and multiple community sites) with a commitment to provide local services wherever possible. The trust noted this leads to an increase in complexity and costs. However, the trust identified significant quality and workforce benefits to the model which include:
    - A standardised way of working across the organisation at diagnostic clinical team level
    - 24/7 service at the urgent care site ensuring rapid diagnostics and contribution to patient flow and low length of stay
    - Redesign of roles to include support development of workforce that can dissect to free Consultant time
    - Foundation programme to replicate rotation of training.
- The trust is an active partner within the Integrated Care System. This includes collaboration within procurement working together on an active procurement of a shared Picture Archiving and Communication System (PACS) across the collaborative which will allow the introduction of capability for home working radiologists improving work life balance.
- The overall cost per report is £42.93 placing the trust in the second lowest (best) quartile against a national median of £50.05. The trust is engaged with the North East & North Cumbria imaging group and the lead radiographer is an advisor to the national improvement programme.
- The percentage of Consultant Radiologist posts that are vacant at the trust, at 43.1%, is the 5th highest nationally and the trust noted this is the reason for significant agency and outsourcing costs to ensure quality of reports and quick turnaround for patients.
- The trust's medicines cost per WAU is low at £170 when 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 161% of the savings target up to March 2018 and additional savings of £2.23m up to March 2019.
- The trust demonstrated the pharmacy team is an integral part of the clinical ward teams with 85% of Pharmacy time spent on clinical activity for 2017/18 compared to the national median of 76%, and with 80% of pharmacists actively prescribing compared to 35% nationally. The trust noted this has a positive impact on patient discharge and potential length of stay.
- The trust introduced Medicine Assistants roles as part of a pilot with the aim of contributing to saving nurse time and to bridge the gap between nursing and pharmacy

professionals. The pilot demonstrated a statistically significant reduction in the length of time to completing morning medication administration. On average 17.4 hours of medicines related activity per ward per week was carried out by Medicine Assistants rather than by nursing staff.

- The trust uses technology in innovative ways to improve productivity, for example, through telephone follow-up appointments and virtual fracture clinics, especially for patients from north Northumberland, thereby reducing the number of miles patients and relatives have to travel for their appointments (i.e. since May 2019, a total of 3,045 miles have been saved for orthopaedic review patients); the use of electronic catalogues for procurement and medical staff job planning through Allocate e-rostering.
- In addition the trust introduced NerveCentre in the Emergency Department as a clinical safety tool in September 2018. The core components of the implementation were to standardise triage, improve clinical safety through e-observations, provide visibility of key clinical process stages (e.g. waiting to see a clinician), understand process times and triggers, and enable full view of the department, outstanding actions and tasks via digital dashboards.
- The trust also uses eMeds - the digitisation of the medicines management process, incorporating prescribing and administration of medicines, clinical decision support and clinical review. The electronic systems used at Northumbria are MedChart for inpatient use and ChemoCare for chemotherapy. MedChart is live in all (except Maternity and Paediatrics) inpatient areas across the trust, covering 9 sites and including 47 wards/clinical areas.

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 a non-pay cost per WAU of £1,147 against a national median of £1,307 which places 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.
- The cost of running its Finance department is below the national average with a 2017/18 cost per £100m turnover of £446.48k compared to a national median of £676.48k, placing the trust in the lowest (best) quartile. The trust is working collaboratively with local partners to improve efficiencies which can be demonstrated by the development of a shared finance ledger system. The consortium has been in operation for 18 years and provides the Oracle ledger system to 39 organisations.
- Payroll has been consolidated across the trust with electronic payroll across the organisation. The trust hosts the NHS Payroll Services and is based on replicating an in-house payroll team with all aspects of payroll, pension and expenses delivered within the organisation. This service is offered to other trusts and over 88,000 NHS employees across the country are paid through this service.
- For Human Resources (HR), the trust had a cost per £100m turnover of £958.71k compared to a national median of £898.02k, placing the trust in the second highest (worst) quartile. However, the trust provides Occupational Health services to the council and the costs associated with this are included within the overall HR function cost. Therefore, the trust believe the HR function cost would be more in line with the national median if these costs were excluded.
- For IM&T, the trust benchmarks in the second highest (worst) quartile with a cost per £100 turnover of £2.99m compared to a national median of £2.47m. The trust noted this is as a result of investment in technology which includes a technology refresh comprising of: updating the server estate and piloting new ways of working which will make teams

more efficient; a programme to upgrade all PCs (with 600 to date replaced) enabling quicker access to systems in outpatients; and the implementation of a 'NerveCentre' which allows digital programme to capture clinical information.

- The trust's procurement processes are relatively efficient and tend to successfully drive down costs on the things it buys. This is reflected in the trust's Procurement Process Efficiency and Price Performance Score of 69 which placed it in the second highest (best) quartile when compared with a national average of 66.
- The trust is performing well in the terms of % variance from median and minimum across all products procured. However, the % variance for Top 500 products is 10.5% against a national median of 9.6% and achieving 15% best price in the Top 500 products. It was noted there is opportunity to reduce prices by collaborative working via linking in to SCCL/Tower procurement route.
- The trust was able to demonstrate a focus on driving out efficiencies in its procurement, for example in its recent procurement model for pressure relieving mattresses with the aim of improving quality and reducing risk to patients. This procurement provided easier hospital to home transition as patients are provided with the same equipment. The process reduced storage and easier onsite decontamination. Based on current expenditure levels, the overall 5 year expected savings are £1,414k.
- At £294 per square metre in 2017/18, the trust estates and facilities cost benchmark below the national average of £342. Both the Soft Facilities Management (FM) costs and Hard FM cost benchmark in the lowest (best) quartile nationally at £133 and £74 respectively. It was noted the trusts portering costs per square metre were higher than average at £21 compared to a national median of £19. However, the trust explained this is as a result of the multi-acute and community sites operated.
- For 2017/18 the trust had a total backlog maintenance cost of £106 per square metre compared to a benchmark value of £254 per square metre. Critical Infrastructure Risk across the trust, at £6 per square metre, is significantly lower than the benchmark value of £102 per square metre. The trust noted the estates and facilities strategy and overall financial position has allowed the trust to invest in new premises across its geography.

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

- In 2018/19 the trust reported a surplus of £33.7m which included £20.1m Sustainability and Transformation Funding (STF). The trust has an excellent historical record of managing spending within available resources and in line with plans.
- In 2018/19 the trust reported a surplus excluding STF of £13.7m against a control total and plan of £13.1m surplus, therefore, a favourable variance of £0.6m. Alongside this, a score of one (best possible) was delivered by the trust on the distance from plan financial metric.
- For 2019/20 the trust has agreed to a surplus control total of £17.8m, excluding Provider Sustainability Funding (PSF) of £6.6m and as at month 2, the trust is forecasting to deliver the position in full.
- In addition, the trust is not reliant on external loans to meet its financial obligations and deliver its services.
- The trust has a cost improvement plan (CIP) of £16.2m (or 2.4% of its expenditure) and is forecasting to deliver against plans. The trust delivered £29.4m efficiency savings in the

previous financial year, which was £1.1m less than the annual plan. 49% of the in year delivery was recurrent.

- The trust has a well-developed 5 year financial strategy in place in which an operational surplus is maintained both within all years and cumulative position. The trust has a detailed sensitivity analysis modelling the outcomes of various potential future events.
- The trust has a number of loans in place to support capital developments, including the development of Northumbria Specialist Emergency Care Hospital (NSECH) and also to finance the PFI buy out, which generated significant revenue savings circa £3.6m per annum.
- The liquidity (days) value was 54.17 in February 2019, with a position for March 2019, taken from the draft accounts, of 32.91. The liquidity (days) value is a key priority for the trust and is closely monitored by the Trust Board. The trust had an Income and Expenditure margin of 4.60% in February 2019, with a position for March 2019 from the draft accounts of 5.30%.
- The trust continues to maximise the revenue generated from its significant commercial operations via a number of subsidiary companies. A Board approved Commercial Strategy in place which was refreshed January 2019. Profits generated from commercial activities are consolidated fully within the trusts reported position and reinvested into frontline patient services.
- The trust uses costing information (service line reporting and reference costs), by division and clinical area, well to inform decision making such as the Provision of New Respiratory Consultant within Respiratory Medicine.
- The trust does not use management consultants on a regular basis, instead relying on in house expertise. When considering the commercial contracts in place the trust is a net exporter of management consultancy services.

Outstanding practice

- The trust was able to describe how it has developed the wider 'clinical family' to replace traditional medical roles, for example:
    - Trainee Nursing Associates across all business units and sites providing an opportunity to upskill Nursing Assistants.
    - The trust introduced Medicine Assistants roles as part of a pilot with the aim of contributing to saving nurse time and to bridge the gap between nursing and pharmacy professionals. The pilot demonstrated a statistically significant reduction in the length of time to completing morning medication administration. On average 17.4 hours of medicines related activity per ward per week was carried out by Medicine Assistants rather than by nursing staff.
    - The concept has been rolled out in the development of the Chemotherapy Medicines Assistant (CMA) posts which were created in conjunction with Macmillan Cancer Support in 2018. These posts were funded to bridge the gap between pharmacy and nursing staff delivering oncology care to meet the growing needs of the service and enable the trust to improve patient experience and aid in the reduction of waste from high cost chemotherapy drugs.

- In October 2017 the trust's Volunteer Service received the Investors in Volunteering accreditation, the first NHS trust in the north of England to do so and one of only 7 in the

UK to have achieved this accreditation. The trust has almost 1,000 volunteers who undertake a number of roles across the trust's hospital sites.

- The trust was able to demonstrate a clear theme of using technology and innovation to improve productivity throughout the trust through examples such as:
    - NerveCentre – a clinical safety tool to standardise triage, improve clinical safety through e-observations, provide visibility of key stages in clinical processes, understand process times and triggers, and enable full view of the department, outstanding actions and tasks via digital dashboards.
    - eMeds - the digitisation of the medicines management process, incorporating prescribing and administration of medicines, clinical decision support and clinical review. The electronic systems used at Northumbria are MedChart for inpatient use and ChemoCare for chemotherapy. MedChart is live in all (except Maternity and Paediatrics) inpatient areas across the trust, covering 9 sites and including 47 wards/clinical areas.

Areas for improvement

- The trust benchmarks above the national median for overall cost per test in pathology.
- At 4.48% in November 2018, staff sickness rates were worse than the national average of 4.35%. The trust noted recent improvements in this area, however, the trust would benefit from further work in this area.
- Emergency readmission rates are above the national median.

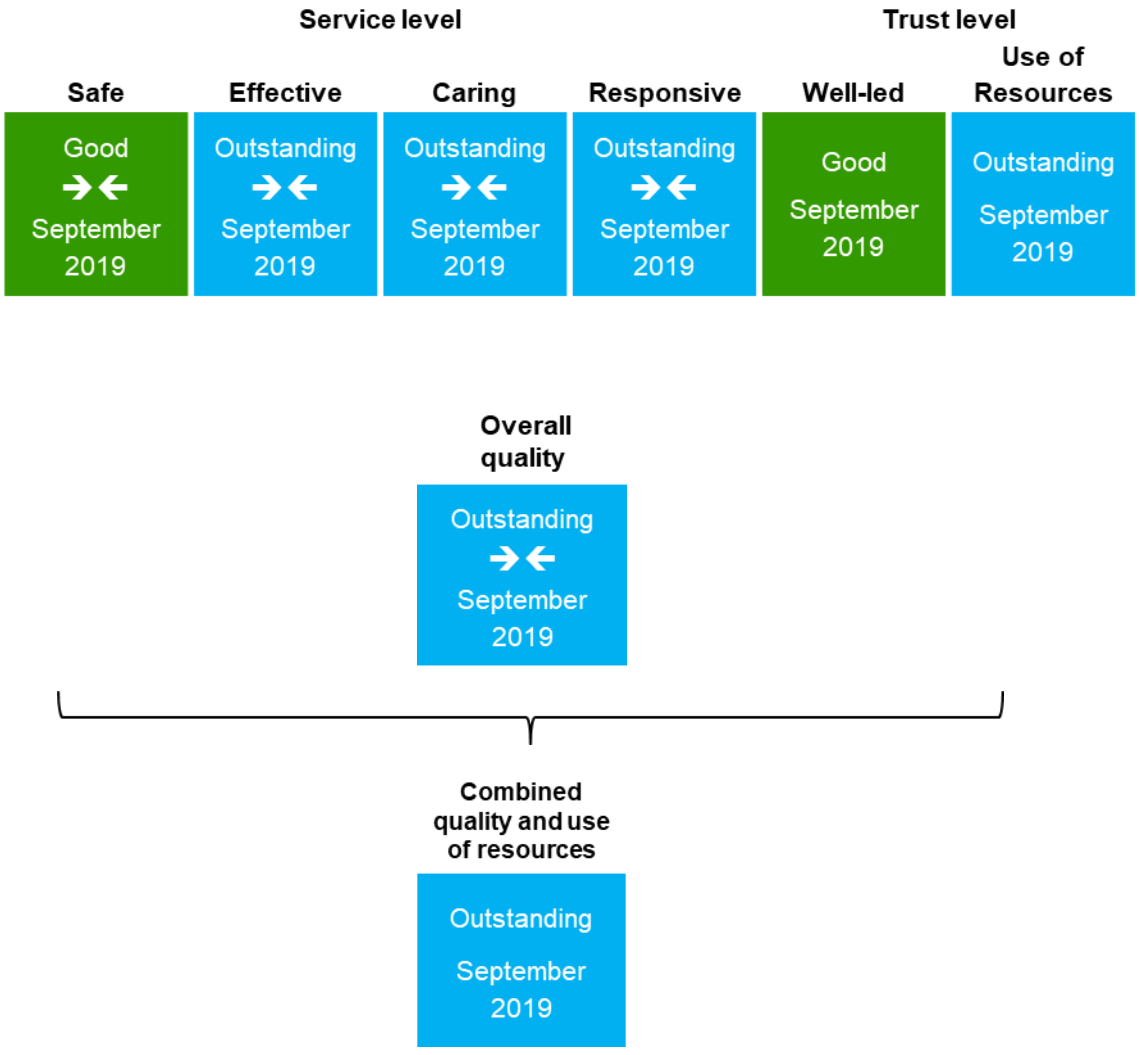
Ratings tables

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.