Tameside and Glossop Integrated Care NHS Foundation Trust

Use of Resources assessment report

Address
Silver Springs House
Fountain Street
Ashton under Lyne
OL6 9RW
Tel: 0161 922 6000
www.tamesidehospital.nhs.uk

Date of publication: 4 July 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/RMP/reports)

Are resources used productively?	**Requires improvement**

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Use of Resources assessment and rating

NHS Improvement are currently planning to assess all non-specialist acute NHS trusts and foundation trusts for their Use of Resources assessments.

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. We rated eleven of the trust's 12 services as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.
- Since our last inspection, there had been improvement in the completion of mandatory training across the trust and the concerns raised within maternity services had been addressed.
- There were enough staff with the right qualifications, competence, skill and experience, in most areas, to deliver care and treatment to meet patient's needs.
- Effective systems were in place to protect patients from abuse, manage patient risk and safety incidents and provide evidence-based care.
- The trust controlled infection risk well. Equipment and premises were kept clean in most areas and there were systems and processes in place to prevent the spread of infection.
- Staff cared for patients with compassion. Feedback from patients and most carers confirmed that staff treated them well and with kindness.
- There had been significant work undertaken to prevent admission to hospital, support people in their homes and improve access and flow across the trust. There were demonstrable reductions in length of stay, a reduction in patient cancellations, reduction in long stay beds and evidence of admission avoidance.
- Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed. The executive and service level teams were delivering good operational performance as well as being focused on the development

of the local integrated care system. There was evidence of compassionate, inclusive and effective leadership across the organisation.

However:

- There were not enough children's nurses and emergency paediatric consultants to deliver a consistent 24-hour paediatric emergency care service in line with national guidance (DH Facing the Future).
- Within the Stamford Unit delivering community inpatient services, the therapy service was limited to five days a week; therapy staff did not feel they were able to offer rehabilitation as much as they wanted to.
- The trust was rated Requires Improvement for use of resources. Full details of the assessment can be found on the following pages.

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Date of site visit:
05 March 2019

Date of NHS publication: 4 July 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?	**Requires improvement**

How we carried out this assessment

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team has, according to the published framework, examined the trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the trust, and the trust's own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance. All KLOEs, initial metrics and prompts can be found in the Use of Resources assessment framework.

We visited the trust on 05 March 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?	Requires improvement

- We rated the trust's use of resources as Requires Improvement.
- Whilst the trust failed to balance its budget in 2017/18, reporting a deficit of £23.7 million (11.2% of turnover), this was £0.6m better than the plan it set for 2017/18 of £24.3m. For 2018/19, the trust delivered a deficit of £15.8m which is 7% of turnover and £3.3m better than the control total. The trust has a track record of delivering the financial plan that it sets.
- The trust delivered savings of £12.6m (4.9%) in 2018/19 which was only £0.4m less than plan; £6.3m of these savings were recurrent. For the previous year, the trust delivered savings of £7.7m (3.2%).
- The trust spends more on pay and other goods and services per weighted unit of activity than most other trusts nationally. For 2017/18, the trust had an overall cost per weighted activity unit (WAU) of £3,744, compared with a national median of £3,486. This indicates that the trust is less productive at delivering services than other trusts by showing that, on average, the trust spends more to deliver the same number of services.
- For the same period, the trust had a total pay cost per WAU of £2,593 compared with a national median of £2,180, placing the trust in the highest (worst) quartile. However, the trust benchmarked in the lowest (best) quartile for non-pay cost per WAU, at £1,150 compared to a national median of £1,307.
- The trust is reliant on external loans to meet its financial obligations and deliver its services but is proactive in managing its cash in order to delay its borrowing requirements.
- At the time of the assessment in March 2019, the trust was not meeting the constitutional operational performance standard for Accident & Emergency (A&E). However, the trust was meeting the operational standards around Referral to Treatment (RTT), Cancer and Diagnostics.
- Individual areas where the trust's productivity compared particularly well included non-pay cost per WAU, pharmacy, pathology and staff retention. Opportunities for improvement were identified in clinical productivity, readmission rates, staff sickness, corporate services and procurement.
- The trust was able to demonstrate it had embraced the use of innovative workforce models including the use of Advance Nurse Practitioners, GP Fellowship in training posts and on ward pharmacists and physiotherapists.
- The trust was able to demonstrate a clear theme of using technology and innovation to improve productivity throughout the trust, including the implementation of an application, Navenio, a portering app which allows live data to be available enabling the trust to review activity and response, removing the need for clinical staff to pick up portering duties due to unavailability.

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

- At the time of the assessment in March 2019, the trust was not meeting the constitutional operational performance standard for Accident & Emergency (A&E). However, the trust was meeting the operational standards around Referral to Treatment (RTT), Cancer and Diagnostics.
- Patients are more likely to require additional medical treatment for the same condition at this trust compared to other trusts. At 10.53%, emergency readmission rates are above the national median of 9.06% for quarter 2 2018/19, placing the trust in the highest (worst) quartile. The trust demonstrated through risk-adjusted analysis that readmissions are above the median for respiratory services, but within an expected range. The trust has several initiatives focussed on this cohort, including a respiratory improvement programmes which has shown a consistent downward trend in 30-day readmissions.
- Following the assessment, more recent data was provided to demonstrate for quarter 3 2018/19, the readmission rate had improved, at 8.33% compared to a national median of 7.86%, moving the trust into the second highest (worst) quartile.
- More patients are coming into hospital prior to treatment compared to most other hospitals in England:
    - On pre-procedure elective bed days, at 0.19, the trust is performing in the second highest (worst) quartile and above the median when compared nationally – the national median is 0.12. The trust identified that colorectal patients requiring bowel preparation, which has a longer pre-procedure work up, are a relatively large proportion of their elective programme and are looking at opportunities to improve patient preparation through their GIRFT programme.
    - On pre-procedure non-elective bed days, at 1.09, the trust is performing in the highest (worst) quartile and above the median when compared nationally – the national median is 0.65.
- The Did Not Attend (DNA) rate for the trust is high, at 8.13% for quarter 2 2018/19 compared with a national median of 7.32%. The trust were able to evidence several actions have been introduced to minimise the DNA rates across the trust, including text and telephone reminders and clinical telephone follow up appointments.
- The trust has developed into an Integrated Care Organisation (ICO) across community, acute and social care, and working with primary, mental health and social care partners to lead a vertically integrated service. A neighbourhood model has been established with collocated district nursing and social worker teams, which is facilitating population health approaches, holistic assessments and reducing duplication. The trust and wider system have rolled out a number of programmes which are reducing demand on the acute site, including; a GP led Extensivist programme working with residents with long term and complex needs, digital support to care homes, and community IV services which have reduced hospital admissions.
- The trust reports a delayed transfers of care (DTOC) rate that is higher than average and higher than the trust's own target rate. DTOC rates have been improving from over 10% in November 2016 to less than 5% throughout 2018/19. The trust has seen a significant reduction in the number of stranded patients by 42% through October to December 2019 and have seen an improvement in bed occupancy from 95% in January 2018 to less than 88% in January 2019. The trust attributed this to a system wide approach comprising of a weekly multi-agency forum and rapid improvement cycles structured around monthly 'RESET weeks' with a primary focus on patient flow.
- The trust has excellent engagement in the GIRFT programme, and an embedded governance model with clinical leadership for delivering recommendations. So far, the trust has engaged in 33 GIRFT service line reviews and have undertaken several visits to

review service lines. Significant improvements to the overall length of stay and facture neck of femur performance have been attributed to GIRFT engagement. Wider improvements have also been delivered across ear nose and throat (for example day case tonsillectomy rates) and orthopaedics (ringfenced bed capacity).

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

- For 2017/18 the trust had an overall pay cost per WAU of £2,593, compared with a national median of £2,180, placing it in the highest (worst) quartile nationally. This means that it spends more on staff per unit of activity than most trusts.
- The trust is in the highest (worst) quartile for Nursing cost per WAU (£914 compared to a national median of £710) and Allied Health Professional (AHP) cost per WAU (£173 compared to a national median of £130). However, it benchmarks in the lowest (best) quartile for medical cost per WAU, at £460 compared to a national median of £533. The trust provided evidence to show an error in their reference cost submission which has affected their WAU positions. If recalculated the WAUs would reduce, however, the trust would remain in the same quartiles for all WAU metrics.
- The trust noted that their high AHP and Nursing costs are in part due to the provision of community services. Due to the size of the organisation, the impact of having specialist nurses also increases the trusts overall nursing cost per WAU. The trust have also increased their substantive Nursing workforce significantly in order to reduce the reliance on agency staff and agency expenditure.
- The trust gave a number of examples of developing new staff roles and innovative workforce models to address shortages and reduce pay costs. This includes ward based physiotherapists with extensive roles on respiratory wards and intermediate care beds, ward based pharmacists, Advance Nurse Practitioners, radiographer training posts and Physician Associates. The trust has also introduced a GP fellowship role in conjunction with Health Education England, whereby individuals in the role work part time in primary care and part time within the hospital.
- The trust met its agency ceiling as set by NHS Improvement for 2017/18 and is forecasting to meet its ceiling in 2018/19. It is spending less than the national average (4.18% compared to a national average of 4.4%) on agency as a proportion of total pay spend. The trust identified a number of hard to recruit to specialities that are currently driving their agency spend, such as radiology, dermatology and gastroenterology.
- For 2017/18 the trust had an agency cost per WAU of £175 compared with a national median of £107, placing it in the highest (worst) quartile. However, the trust were able to demonstrate there would be an improvement in its agency cost per WAU going forward. The trust's agency spend has reduced significantly from c£12.7m in 2016/17 to a forecast of £6.8m in 2018/19 and was able to demonstrate this had been achieved across all staff groups. For example for AHPs, the agency spend had reduced from £1.26m in 2016/17 to £0.44m in 2018/19 and for Nursing staff, reduced from £3.2m in 2016/17 to £1.8m in 2018/19.
- The trust has implemented e-rostering, using HealthRoster, across nursing, AHP and community staff and are on track to roll out e-rostering across other areas of the workforce such as domestics, IT, portering and catering staff. The electronic system publishes roster 6 weeks in advance and allows for proactive management of staffing and resourcing issues. The trust noted there is a two way interface with HealthRoster and NHS Professionals to ensure an effective bookings and approval process for temporary staff.

- As of December 2018, 85% of consultants had a completed job plan. The trust has also undertaken job planning for specialist nurses and AHPs. A revised job planning policy has been drafted and training has been rolled out in 2017/18 with further sessions planned in 2019/20. In addition, the trust created an in house electronic job planning tool to standardise the process and ensure consistency across job plans.
- Staff retention at the trust is good, with a retention rate of 87.0% in November 2018 against a national median of 85.9%, placing it in the second highest (best) quartile nationally. The trust have developed a retention plan which included a number of initiatives such as an internal transfer scheme and promotion of flexible working opportunities.
- At 5.71% in October 2018, staff sickness rates are above the national average of 4.27%. The trust explained the local health economy, from which over 70% of the trust's workforce come from, has some of the highest depravation rates and lowest life expectancy in the country which is in part a driver of the trust's sickness rates. Long term absence was also highlighted as the main driver of sickness across the trust. The trust have introduced hot spot meetings and deep dives within specialities and have determined the main reasons for sickness absence are musculoskeletal (MSK), anxiety, stress and mental health related illnesses.
- The trust have introduced a health and well-being strategy which has included a number of initiatives to support staff. This includes mental health first aid training and the introduction of Mental Health Champions; a mental health nurse within occupational health; resilience training for staff and a dedicated MSK group to consider actions to improve MSK health. The trust also held a Health and Wellbeing event where complimentary therapies, mindfulness, mental health advice and physical wellbeing assessments took place.

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

- For 2017/18 the overall cost per test at the trust, at £1.60, benchmarks in the second lowest (best) quartile compared to a national median of £1.86.
- The trust is engaged with the project to create a pathology network across Greater Manchester and has a Service Level Agreement in place with Manchester University NHS Foundation Trust (MFT) for the provision of non-urgent microbiology services. The trust also has a collaborative agreement in place with MFT for Histopathology. The trust is actively exploring collaborative options for blood sciences and haematology services.
- For imaging, the cost per report is slightly higher than the median at £33.88 pay cost compared with a national median of £33.25. The trust recognised it has aged equipment with 38% of x-ray equipment over 10 years old compared to national median of 22%. The trust evidenced a business case to show recent replacement of equipment that will have lowered the level of aged equipment and was able to demonstrate a risk based approach to the allocation of capital that meant that further replacements had been prioritised below other more urgent capital requirements.
- For 2017/18 the trust has the third best medicines cost per WAU nationally; at £163, it benchmarks in the lowest (best) quartile and below the national median of £320. As of March 2018, as part of the Top Ten Medicines programme, it is making good progress in delivering on nationally identified savings opportunities, achieving 142% of the savings target. The trust was also able to demonstrate it had made good progress in implementing switching opportunities for biosimilars where appropriate, and that stockholding had reduced from 30 days to 19 days.

- Sunday on ward pharmacy hours per day benchmark lower (worse) than the median, at 4 hours compared to a benchmark of 5 hours. The trust advised that this position has not changed since 2016/17 and this results in the need to 'catch up' on a Monday.
- The trust has a lower than median number of pharmacists prescribing (30% compared to a national median of 33%) and also benchmark below the national median for pharmacy time spent on clinical activity (72% compared to a national median of 76%). The trust provided evidence to demonstrate recent improvements across its pharmacy costs and wider medicines optimisation and noted the improvements are in part due to the increased use of Neighbourhood pharmacists who have a patient facing role within the community.
- The trust was able to demonstrate a clear theme of using technology and innovation to improve productivity throughout the trust as provided some examples including virtual fracture clinics, e-referrals and the development of a digital falls assessment tool in collaboration with Health Innovation Manchester.
- In addition, the trust is using technology in a number of innovative ways through projects such as;
    - A digital health service which aims to reduce emergency attendances and admissions of older people through supporting them to remain within their own residence where possible. The service is deployed to all Tameside and Glossop care homes covering around 1000 residents and supports staff via Skype to take basic observations, provide advice and avoid unnecessary admissions to hospital, as well as supporting the management of patients at the end of life. The Digital Health and Community Response Service similarly supports teams in providing care in residents' own homes. The trust demonstrated between October 2017 and October 2018, this service had responded to 3,189 falls and prevented 2,799 ambulance call outs. This digital health service was awarded the Health Tech Award for Using Digital Technology in 2018.
    - Navenio – a portering app which monitors all portering activity in real time, with a live dashboard to inform team leaders of any demands on the service. The app has allowed the trust to review activity and response, has removed the need for clinical staff to pick up portering duties due to unavailability, has resulted in a reduction in the time spend logging calls and a reduction in overtime by increasing shift efficiency.

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

- For 2017/18 the trust had an overall non-pay cost per WAU of £1,150, compared with a national median of £1,307, placing it in the lowest (best) quartile nationally. This shows the trust spends less on other goods and services than most other trusts nationally.
- The cost of running its Finance and Human Resources (HR) departments is higher than the national average, however, the trust noted this is in part as a result of being a smaller trust. The trust's HR function cost per £100m turnover benchmarks in the highest (worst) quartile, at £1.12m compared to a national median of £898,020.
- At £843,470, the trust's finance function cost per £100m turnover is in the highest (worst) quartile when compared to a national median of £676,480. The trust explained the implementation of a new ledger incurred non-recurrent IT costs within the finance function which has impacted on the cost per £100m turnover. In addition, the trust have established a Finance Improvement Team (FIT) as a dedicated resource to support delivery of efficiency savings and best practice and the majority of the costs for this team

are within the finance function, also contributing to a higher than median overall cost. However, for 2018/19 the FIT forecast to save c.£1.76m; which is a return on investment of £18 for every £1 invested in year.

- For 2017/18, the trust has an IM&T function cost per £100m turnover of £2.91m compared with a national median of £2.47m. The trust has significantly invested in application purchase at £874,000 per £100m turnover compared to national median of £350,300 per £100m turnover. The trust has its own development team for the development applications, which has successfully developed a range of systems including the Electronic CAS (eCAS) card, Child Safeguarding Tool, Ambulatory Care Tracker and Electronic Medical Handover form.
- The trust is collaborating on corporate services and consequently moved its general ledger to East Lancashire Financial Services which is the preferred provider as part of the Greater Manchester corporate services delivery vehicle. The trust is engaging with Greater Manchester on all collaboration programmes.
- The trust's procurement processes are relatively inefficient and tend not 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 31, which placed it in the highest (worst) quartile when compared with a national average of 57. The trust's 2017/18 Procurement League Table position was 127 out of 136. However, the trust reported that this low score is as result of not submitting Carter metrics for measuring. The trust provided evidence to demonstrate their league table position would be significantly improved, had the data been submitted.
- The trust demonstrated they are collaborating well on procurement and have saved £62k per annum working as part of the Greater Manchester Health and Social Care Partnership. The trust has also collaborated on a wider footprint with 19 other trusts and saved in excess of £0.3m. The trust has achieved Level 1 NHS Commercial and Procurement Standards and have submitted a Procurement Transformation plan. At the time of the assessment, the trust were also at the final stages of the application process for the Level 2 accreditation.
- At £340 per square metre in 2017/18, the trust's estates and facilities costs benchmark just below the national average of £342 per square metre. The trust also benchmarks below the national median for Hard Facilities Management (FM) costs per metre squared (£65 compared to a national median of £80) and Soft FM costs per square metre (£112 compared to a national median of £127.)
- The trust has a total backlog maintenance figure of £76 per metre squared compared to a national median of £182 per square metre.
- The trust has a high amount of space used for non-clinical purposes at 35.9% compared to benchmark value of 33.8%. The trust was able to provide project programmes which demonstrated an understanding of underutilised space and a plan to reduce trust space.

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

- The trust is in deficit but has an excellent track record of managing spending in line with plans. Whilst the trust failed to balance its budget in 2017/18, reporting a deficit of £23.7 million (11.2% of turnover), this was £0.6m better than the plan it set for 2017/18 of £24.3m. For 2018/19, the trust delivered a deficit of £15.8m which is 7% of turnover and £3.3m better than the control total.

- The trust delivered savings of £12.6m (4.9%) in 2018/19 which was only £0.4m less than plan; £6.3m of these savings were recurrent. For the previous year, the trust delivered savings of £7.7m (3.2%).
- The trust has an ambitious cost improvement plan (CIP) of £13.0 million (or 5.3% of its expenditure) and is currently forecasting to deliver against its plans. The trust delivered 106% of its planned savings in the previous financial year, of which 62% were non-recurrent.
- The trust has reduced the reliance on non-recurrent CIP in 2018/19 from 62% in 2017/18 to 41% and these levels of non-recurrent CIP were planned at the start of the year rather than materialising in-year to offset any non-recurrent delivery. The trust has a number of cross cutting strategic projects informed by Model Hospital and GIRFT as well as procurement projects and divisional schemes.
- The trust has relatively low cash reserves and is not able to consistently meet its financial obligations and pay its staff, suppliers and PFI obligations in the immediate term, as reflected by its capital service and liquidity metrics. The trust is reliant on short-term loans to maintain positive cash balances but is proactive in managing its cash in order to delay its borrowing requirements.
- The trust incurs minimal expenditure on external consultancy spending £147k in 2017/18 which is 0.07% of expenditure. As at month 10 consultancy expenditure is £115k.

Outstanding practice

- The Extensive Care Service Model is a neighbourhood based, GP-led service focussing on residents with multiple long term conditions and associated health and social care issues. The trust's analysis (at Q3 2018/19) indicated that for patients using the service, emergency department attendances reduced by 45%, admissions by 40% and bed days by 51%.
- The trust was able to demonstrate a clear theme of using technology and innovation to improve productivity throughout the trust through examples such as:
    - A digital health service which aims to reduce emergency attendances and admissions of older people through supporting them to remain within their own residence where possible. The service is deployed to all Tameside and Glossop care homes covering around 1000 residents and supports staff via Skype to take basic observations, provide advice and avoid unnecessary admissions to hospital, as well as supporting the management of patients at the end of life. The Digital Health and Community Response Service similarly supports teams in providing care in residents' own homes. The trust demonstrated between October 2017 and October 2018, this service had responded to 3,189 falls and prevented 2,799 ambulance call outs. This digital health service was awarded the Health Tech Award for Using Digital Technology in 2018.
    - Navenio - a portering app which monitors all portering activity in real time, with a live dashboard to inform team leaders of any demands on the service. The app has allowed the trust to review activity and response, has removed the need for clinical staff to pick up portering duties due to unavailability, has resulted in a reduction in the time spend logging calls and a reduction in overtime by increasing shift efficiency.

Areas for improvement

- The trust needs to develop a plan with system partners to return to financial balance and remove the requirement for borrowing to meet its financial obligations.
- At 5.71% in October 2018, sickness absence rates are significantly above the national average. Although some initiatives are already in place, the trust should consider further analysis and working with local partners to understand the reasons for sickness absence and develop further actions to address sickness rates.
- The trust's pre-procedure elective and non-elective bed days benchmark above the national median.
- DNA rates are high compared to the national average.
- As reflected in the Procurement Process Efficiency and Price Performance Score of 31, the trust's procurement processes are relatively inefficient and tend not to successfully drive down costs on the things it buys.
- The trust benchmarks above the national average for the majority of corporate services, including HR, Finance and IM&T cost per £100m turnover.

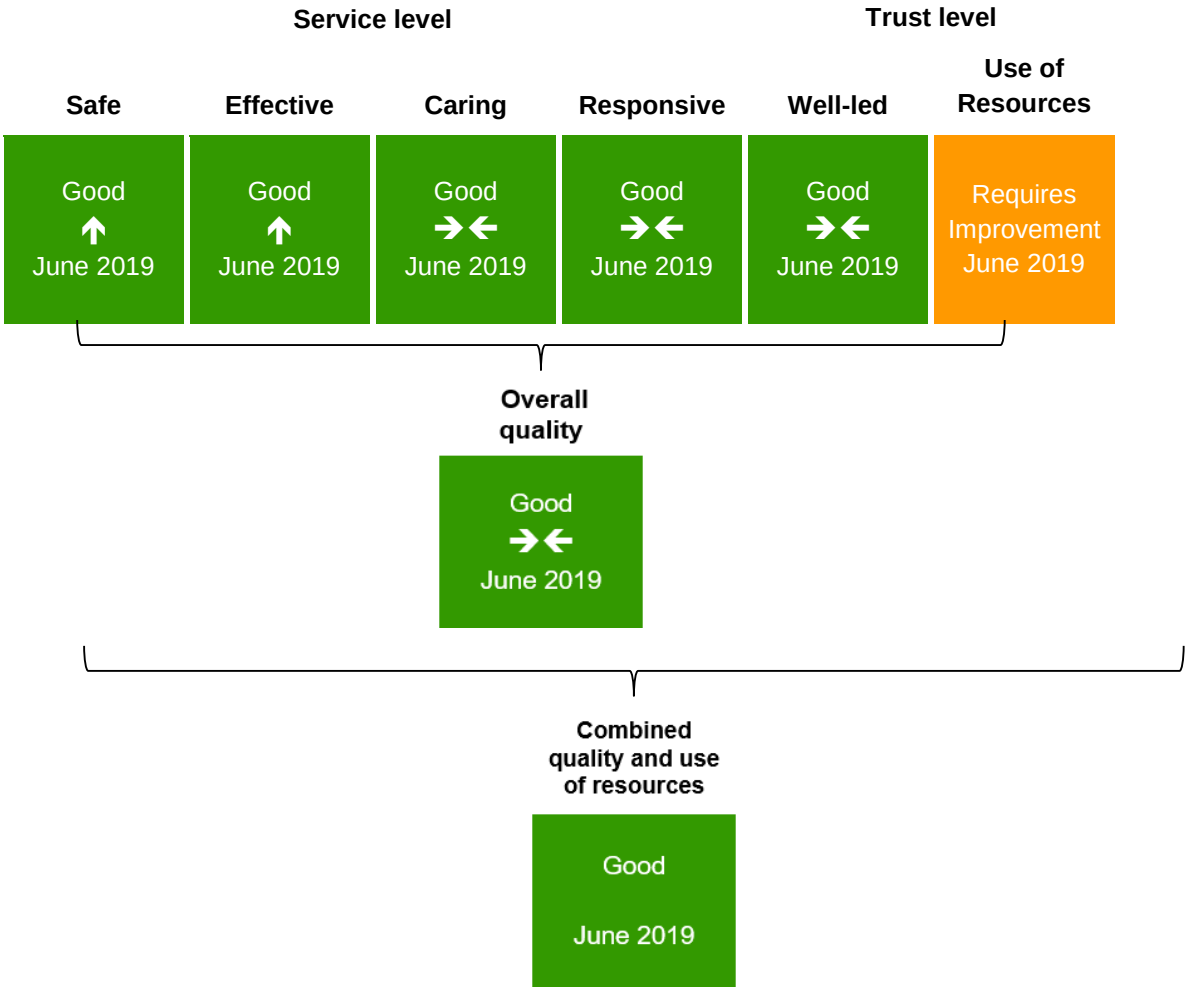
Ratings tables

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.