York Teaching Hospital NHS Foundation Trust

Use of Resources assessment report

Address
Wigginton Road
York
YO31 8HE
Tel: 01904 631313
www.yorkhospitals.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	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

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/RCB/reports)

Are resources used productively?	**Requires improvement**

Combined rating for quality and use of resources	**Requires improvement**

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.

The combined rating for Quality and Use of Resources for this trust was requires improvement because:

- We rated, effective, caring and responsive as good, and safe and well led as requires improvement. In rating the trust, we took into account the current ratings of the services not inspected this time.
- York Hospital was not inspected at this time; therefore, its ratings remained the same. In 2017 the hospital was rated as good overall. We rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- Scarborough Hospital was rated as requires improvement overall. We rated safe as inadequate, effective, responsive and well-led as requires improvement and caring as good.
- Bridlington Hospital was rated as good overall. We rated safe, effective, caring, and responsive as good, and well-led as requires improvement.
- Community services were not inspected at this time; therefore, ratings remained the same. In 2017 we rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- We rated well-led for the trust overall as requires improvement.
- The trust was rated requires improvement for use of resources. Full details of the assessment can be found on the following pages.

York Teaching Hospital NHS Foundation Trust

Use of Resources assessment report

Address
Wigginton Road
York
YO31 8HE
Tel: 01904 631313
www.yorkhospitals.nhs.uk

Date of site visit:
02 July 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?	**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 02 July 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.
- In 2018/19 the trust reported a surplus of £4.0m against a control total and plan of £1.9m deficit. For 2019/20 the trust agreed a control total of breakeven primarily as a result of an increase of £7.3m in national support funding, and as of the first quarter are £0.8m ahead of plan.
- In 2018/19 the trust delivered a £24.8m cost improvement plan (CIP) (5.7% of its expenditure) against a plan of £21.7m which was above the average provider sector delivery for 2018/19, however, 42% of this was non recurrent. In 2019/20 the trust has a CIP plan of £17.1m (3.2.% of its expenditure) which, as a percentage of expenditure, is 33% lower compared to 2018/19 plans and 43% lower compared to 2018/19 delivery. As at the first quarter the trust is £0.1m below plan with delivery by more non recurrent means than expected.
- The trust is reliant on external loans to meet its financial obligations and deliver its services.
- The trust spends less on pay and other goods and services per weighted unit of activity (WAU) compared to most trusts nationally. At £3,376, the trusts overall cost per WAU benchmarks below 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.
- Underneath this headline metric, the trusts non-pay cost per WAU, at £1,123 is below the national median of £1,307. However, the trusts pay cost per WAU, at £2,253, is above the national median of £2,180.
- Individual areas where the trust's productivity compared particularly well included pre-procedure bed days, Did Not Attend (DNA) rates, procurement processes and pharmacy.
- Opportunities for improvement were identified in overall pay costs, staff retention, agency costs, corporate services and some elements of their estates and facilities costs.

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 July 2019, the trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT), Cancer and Accident and Emergency (A&E). RTT showed a deteriorating trend to 80% at April 2019; Cancer 62-day performance was 80.6% in May 2019; and A&E performance had deteriorated during the winter period from 90% in October 2018 to 80.5% in April 2019, with an improvement to 81.9% in May 2019.
- Patients are more likely to require additional medical treatment for the same condition at this trust compared to other trusts. At 7.85%, emergency readmission rates are above the national median of 7.73% for quarter 4 2018/19. The trust noted they had developed ambulatory care pathways to avoid readmission and were using data to target specific specialities, for instance, developing respiratory hot clinics to help manage a 12% increase in referrals to the community response team (over the preceding 12 months).

- Fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England:
    - On pre-procedure elective bed days, at 0.05, the trust is performing in the lowest (best) quartile and below the median when compared nationally – the national median is 0.12.
    - On pre-procedure non-elective bed days, at 0.41, the trust is performing in the lowest (best) quartile and below the median when compared nationally – the national median is 0.66. The trust noted this is in part as a result of the introduction of a Surgical Assessment Unit (SAU) in December 2016 which enables those patients who may not need to be admitted to hospital to have tests and scans completed before a decision is taken regarding the next steps of care. The trust were able to demonstrate in the 50 week period following opening, general surgery admissions were reduced by 13.5%, despite a 0.5% increase in referrals and less than 40% of patients seen in the SAU required admission.
- The Gynaecology Assessment Unit (GAU) was established in January 2017 to provide an alternative to non-elective admission for patients requiring an urgent gynaecology assessment. The unit has continued to evolve, increasing opening hours through winter 2018/19. The trust noted the impact this has had on non-elective admissions has been a reduction from an average of 125 admissions before opening, to an average of 108 admissions since then. The trust demonstrated the financial impact of this in 2018/19 has been an estimated opportunity cost saving of £140k per year.
- The trust has taken a three-pronged approach to reducing the time patients spend in hospital, including providing early senior assessment and decision making to avoid the need for an overnight stay in hospital; applying SAFER principles at ward level; and taking a partnership approach to address barriers to discharge and get people home as soon as they are medically able. The trust was able to demonstrate that the initiatives alongside this approach had led to an additional 6% of patients aged 75+ being turned around (not admitted) by the Frailty service since opening in April 2017 and a reduced attendance to admission conversion rate from 55.7% (6 months to October 2017) to 50.2% (6 months to April 2019).
- For April 2019, at 6.3%, the trust reports a delayed transfers of care (DTOC) rate that is higher than average and higher than the trust's own target rate of 3.5%. DTOC rates have been deteriorating between May 2018 at 5.1% and April 2019 at 6.3%. The trust reports that the Scarborough Hospital site consistently meets the 3.5% target, with performance issues relating to the York Hospital site. In addition, the number of DTOCs attributable to Social Care were more than 20% higher for the trust than the national average in 2018/19.
- Despite the worsening DTOC performance figures there has been a consistent reduction in length of stay for those patients over 65 over the last 12 months. This has reduced from a baseline of 7 days to 5.5 days. The trust was also able to demonstrate a 21% reduction in the number of super stranded patients. The trust noted it had introduced a home intravenous therapy service which had demonstrated some impact since its inception in February 2019.By the end of May 2019, 885 bed days had been saved with a financial saving of £238.9k.
- The Did Not Attend (DNA) rate for the trust is low at 4.91% for quarter 4 2018/19. The trust explained this is driven by work across certain specialties, in addition to trust wide programmes to reduce DNAs such as a text reminder service across all specialities. The trust was also able to demonstrate improvements made to their Patient Access Call Centre, including extending the opening hours of the service and ensuring extra cover during peak periods. The trust noted this had resulted in call abandonment rates reducing from 50% to less than 5% and in call answer rates reducing from an average of 10

minutes to less than 10 seconds. The trust were able to directly link a reduction in DNA rates to the improvements implemented in this service.

- The trust has engaged well with the Getting It Right First Time (GIRFT) programme and to further maximise future opportunity has recently established a GIRFT assurance Board chaired by the Director of Finance. Examples of improvements as a result of GIRFT include; a 70% redirection of patients back to primary care following imaging/ non obstetric ultrasound and the enhanced recovery of patients undergoing a Total Hip or Total Knee replacement, with the length of stay reducing from 1.5 days to less than 1 day. in addition, the financial impact of the reduction in length of stay for this patient cohort is an estimated opportunity cost saving of £0.2m.

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 £2,253 compared with a national median of £2,180, placing it in the second highest (worst) quartile nationally. This means that it spends more on staff per unit of activity than most trusts. The trust noted that this is in part due to the provision of community services in 2017/18 which have since been transferred to another provider and the trust anticipate this will therefore reduce their overall cost per WAU in the future. In addition, the trust explained their current structure drives a high pay cost, for example; the need to staff two A&E sites. The trust utilised the Calderdale Framework and was able to remove £360k from the Allied Health Professionals pay bill during 2018/19.
- The trust benchmarks above the national median for Nursing cost per WAU and Allied Health Professional (AHP) cost per WAU (£745 compared to £710 and £172 compared to £130 respectively). The trust noted the AHP cost per WAU is impacted by the hosting of AHP staff for City Healthcare Partnerships. At £524, the trust's medical cost per WAU is below the national median of £533. The Trust detailed a number of contributing factors. These include:
    - Paying incentives for internal bank including paying the persons substantive pay grade plus 5% or 15% in Winter.
    - The trust also have a large MSK team which in addition to supporting patients they also support occupational therapy services for staff.
- For 2017/18 the trust had an agency cost per WAU of £121 compared to the national median of £107, placing the trust in the second highest (worst) quartile. In 2017/18 and 2018/19 the trust failed to meet the agency ceiling as set by NHS Improvement and at the time of the assessment they were above the ceiling for 2019/20. It is spending more than the national average on agency as a proportion of total pay spend (4.8% compared to 4.4%). The trust demonstrated work has been done to increase grip and control and switch staff from bank to agency where possible. The trust had a high reliance on AHP agency at the Scarborough site, however, due to various initiatives over the last year the vacancy rate has reduced from 30% last year to 0.6 wte at the time of the assessment. However, the trust has been unable to achieve significant reductions in the cost of agency and locum staff due to vacancies and gaps in the current rotas to ensure safe staffing levels and operational delivery.
- To address the high vacancy rates the trust explained the main focus has been on recruitment and retention across both medical and nurse roles. For example, the trust implemented the East Coast Medical Recruitment Project in July 2018 which has resulted in the medical vacancy rate reducing from 21% (July 2018) to 15.8% (May 2019) in Scarborough, with particular gains in certain specialities. There does, however, remain high vacancy rates for Elderly medicine, emergency and acute and Radiology. With

regards to Nursing, the trust developed a programme with Coventry University to train nurses on the East Coast which commenced in September 2018 with the first co-hort graduating in 2020.

- The trust were able to describe a number of alternative workforce models that have been put in place to address shortages and reduce the reliance on agency staff including; Advance Clinical Practitioners, Trainee Nurse Associates Physicians Associates. The trust also noted it has significantly invested in apprenticeships over the previous 12 months, increasing these posts from 28 (May 2018) to 167 (May 2019).
- E rostering is widely used across nursing with 98% of inpatient areas covered and plans in place to improve uptake in non-medical roles, including AHPs and pharmacy. The trust noted there have been IT issues with e-rostering for medics and the trust is working up new plans to achieve similar results for those achieved in nursing.
- The trust is currently in the process of implementing an electronic solution for medical job planning. Roll out began in January 2019 and at the time of the assessment 88% of doctors had a job plan ready to be signed off or in progress.
- Staff retention at the trust shows room for improvement with a retention rate of 84.8% in December 2018 against a national median of 85.6%. The trust has implemented a number of measures to improve retention rates such as flexible medical and dental salary grades, and an initiative called 'Stay conversation' which encourages people who are considering leaving to discuss options and barriers to progression.
- At 4.69% in November 2018, staff sickness rates benchmark worse than the national median of 4.35%. However, the trust was able to demonstrate the results for 2019/20 are showing an improvement in the sickness rate with March 2019 figures at 3.88%. The trust was able to demonstrate an understanding of the hotspot areas, for example, identifying estates and facilities as an area for concern. In addition, anxiety, depression and MSK related illnesses are the most common reasons for sickness absence. The trust has implemented a new sickness policy together with a number initiatives to drive down the sickness rate including; clinical psychologists in Occupational Health, staff counselling and additional physiotherapy support.

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

- For 2017/18, the overall Pathology cost per test is £1.63, which places it in the second lowest (best) quartile when compared nationally against a median of £1.86. The trust noted this is in part due to the successful renegotiation and delivery of the 'managed service' contract which is provided to the trust via Roche, and which resulted in reduced costs of £300k that were largely incurred in 2017/18 but also saw £50,000 of this total saving realised in 2018/19.
- Whilst the trust's test per capita position of 23.9 was above the national median of 22.5, the trust demonstrated steps have been taken which have resulted in better demand management arrangements and a reduction in the number of unnecessary pathology tests. For example, the trust moved to the RISC system in May 2018 which has resulted in hundreds of inappropriate tests being cancelled, saving the trust £18k per annum.
- With regards to collaboration, the trust are part of the Yorkshire Pathology Network programme, working with Hull University Teaching Hospitals NHS Trust, and were able to demonstrate progress regarding how services could be best reconfigured to support future collaborative working arrangements across providers in the network.
- For radiology, in 2017/18 the trust had an overall cost per report of £49.59, just below the national median of £50.05. The trust is working as part of the Yorkshire Imaging

Collaborative as well as the Humber Coast & Vale network, however, at the time of the assessment it was still understanding the level of benefits it was expecting to receive from these ventures.

- New workforce models have been introduced across the trust including an increase in the number of reporting radiographers and the recruitment of consultant radiographers to support breast screening and CT.
- The trust medicines cost per WAU, at £359, benchmarks in the second highest (worst) quartile and above the national median of £320, however, is below the peer median (trust size/spend) of £373. This relatively high cost is in part due to the number of extended pharmacist roles which the trust employs, mix of specialisms and the challenges of operating two sites. However, the trust were able to demonstrate the positive impact which the pharmacists it employs were having on clinical staff time with an opportunity cost saving estimated at £160,000 pa. Other benefits associated with pharmacists transcribing were also provided including better medicines optimisation, quicker resolution of patient discrepancies or omitted doses and more accurate discharge notifications.
- As part of the top 10 medicines programme, it is making good progress in delivering on nationally identified savings, achieving £2.33m savings in 2018/19 in addition to £3.24m delivered in 2017/18. The trust has made good progress in implementing switching opportunities for biosimilars where appropriate, however, there are more opportunities to pursue to Etanercept and Rituximab.
- The trust is using technology in innovative ways to improve operational productivity including:
    - The in-house development and introduction of an Electronic Prescribing and Medicines Administration (EPMA) system. The trust were able to demonstrate this has had a positive impact in reducing the number of medication errors, reducing the pharmacy workforce by 1 wte band 6 post (saving the trust £50,000per annum), and a reduction in critical medicines from 14 on average per month to 6 per month; and
    - The development of an automated track system in Pathology which has helped the trust achieve the reporting of 94% of samples from A&E within an hour.

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 £1,123, 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 per unit of activity than most other trusts nationally.
- The cost of running its Finance and Human Resources (HR) departments are above the national average. For 2017/18, the finance function cost per £100m turnover was £730.55k compared to a national median of £676.48k. The trust explained that they had made conscious decisions in some areas which would drive up the cost, for example they employed additional staff in payroll in order run a weekly payroll for bank staff to help with pay costs.
- For HR, the trust has a cost per £100m turnover of £1.1m compared to the national median of £898.02k. The trust explained their data submission for this metric included £800k of costs which should not have been included, and that the reported position therefore is not accurate. The trust also noted, when adjusted for this error, the costs would be in line with the national median. In addition, the trust noted some of the services included in their data submission also developed income for the trust, for example, Occupational Health.

- At £2.63m, the trust's IM&T cost per £100m turnover benchmarks slightly above the national median of £2.47m.
- 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 Procurement Process Efficiency and Price Performance Score of 71.4, placing it in the second highest (best) quartile. The trust's procurement function has seen an improvement over the previous 12 months with an improved ranking in the national procurement league table moving from 54th in April 2017 to 51st in April 2018; and it has supported the delivery of £3.1m savings over 2018/19 as opposed to a Model Hospital non-pay savings target of £2.42m.
- However, the trust's cost per WAU is £381 for its Supplies and Services against a national average of £364 which means that the overall cost is comparatively more expensive. This is also supported by what the trust spends on its procurement function per £100m turnover, at £257.17k compared to a national median of £206.35k. At the time of the assessment, the trust was not able to demonstrate any plans or proposals to help reduce these costs.
- For 2017/18, the trusts estates and facilities costs benchmark in the lowest (best) quartile with a cost per metre squared of £248 compared to a national median of £342. The trust set up a Limited Liability Partnership with Northumbria Healthcare Facilities Management Limited (95% ownership and 5% ownership respectively) in October 2018 helping to deliver £3.5m of savings in 2018/19, which was below the planned saving of £5m.
- The trust's cleaning costs vary across the sites from c.£80 per square metre at Malton to c.£29 per square metre at St Monica's. The trust noted this was as a result of the equal allocation of overheads to smaller sites. However, Model Hospital data suggests that there is a potential saving of £1.2m to be made across cleaning services and the trust is working with NHS Improvement and NHS England to understand this opportunity.
- The trust's total backlog maintenance benchmarks significantly above the national median with a cost per square metre of £354 compared to a national median of £186 per square metre. The trust also has a critical infrastructure risk of £128 per square metre compared to a national median of £57 per square metre. However, it was noted that this is due to the high critical infrastructure risk at the Scarborough Hospital site of £356 per square metre.

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 £4.0m against a control total and plan of £1.9m deficit. For 2019/20 the trust agreed a control total of breakeven primarily as a result of an increase of £7.3m in national support funding, and as of the first quarter are £0.8m ahead of plan.
- In 2018/19 the trust had a CIP plan of £21.7m (4.8% of its expenditure) and it delivered £24.8m (5.7% of expenditure), 42% of which was non recurrent which largely reflected a one-off benefit from establishment of a LLP with 95% trust ownership. Whilst there is a high proportion of non-recurrent CIP the high percentage of savings shows a level of CIP delivery which was above the average provider sector delivery for 2018/19.
- In 2019/20 the trust has a CIP plan of £17.1m (3.2.% of its expenditure), which as a percentage of expenditure is 33% lower compared to 2018/19 plans and 43% lower compared to 2018/19 delivery. As at month 3 the trust are £0.1m below plan with delivery by more non recurrent means than expected.
- In 2019/20 the trust has agreed that it will cover one third of the £11.1m risk associated with the local health system saving plan not being delivered. At the point at which the assessment was undertaken there had been minimal actions taken to deliver the savings

required, and the trust needs identify a further £3.7m savings individually and/or through working with system partners in order to deliver their control total.

- The trust has relatively low cash reserves and is not able to consistently meet its financial obligations and pay its staff and suppliers 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 balance due sustainability funding being paid quarterly in arrears.
- The trust has been using Service Line reporting for a number of years. The trust were able to provide examples where this has been used in practice, for example: it had been used to reduce the cost of anaesthetists in theatres.
- The trust noted it is looking to maximise non-clinical income and showed evidence of a 14%increase in overseas income.
- At the time of the assessment the trust Better Payment Practice was low at 14.9% for number of invoices and 18.3% for value. The trust explained this was a result of the implementation of North East Patches ledger which has meant there has been delay in paying invoices. This has resulted in a number of emergency payments, however, due to the trust's good relationships with suppliers, it has not caused operational issues.

Outstanding practice

Areas for improvement

- The trust did not meet its agency ceiling as set by NHS Improvement for 2018/19 and it is spending more than the national average on agency as a proportion of total pay spend.
- For December 2018, at 84.8%, retention rates are lower than the national median. Although some initiatives are already in place, the trust should consider further work to understand the reasons for this and develop further actions to address retention rates.
- The trust benchmarks above the national average for a number of its back office function costs and the trust should consider further work to reduce this.
- The trust's total backlog maintenance and critical infrastructure risk benchmark significantly above the national median.
- The trust's use of resources was not enabling it to meet the constitutional operational performance standards around Referral to Treatment (RTT), Cancer or Accident & Emergency (A&E) at the time of assessment.

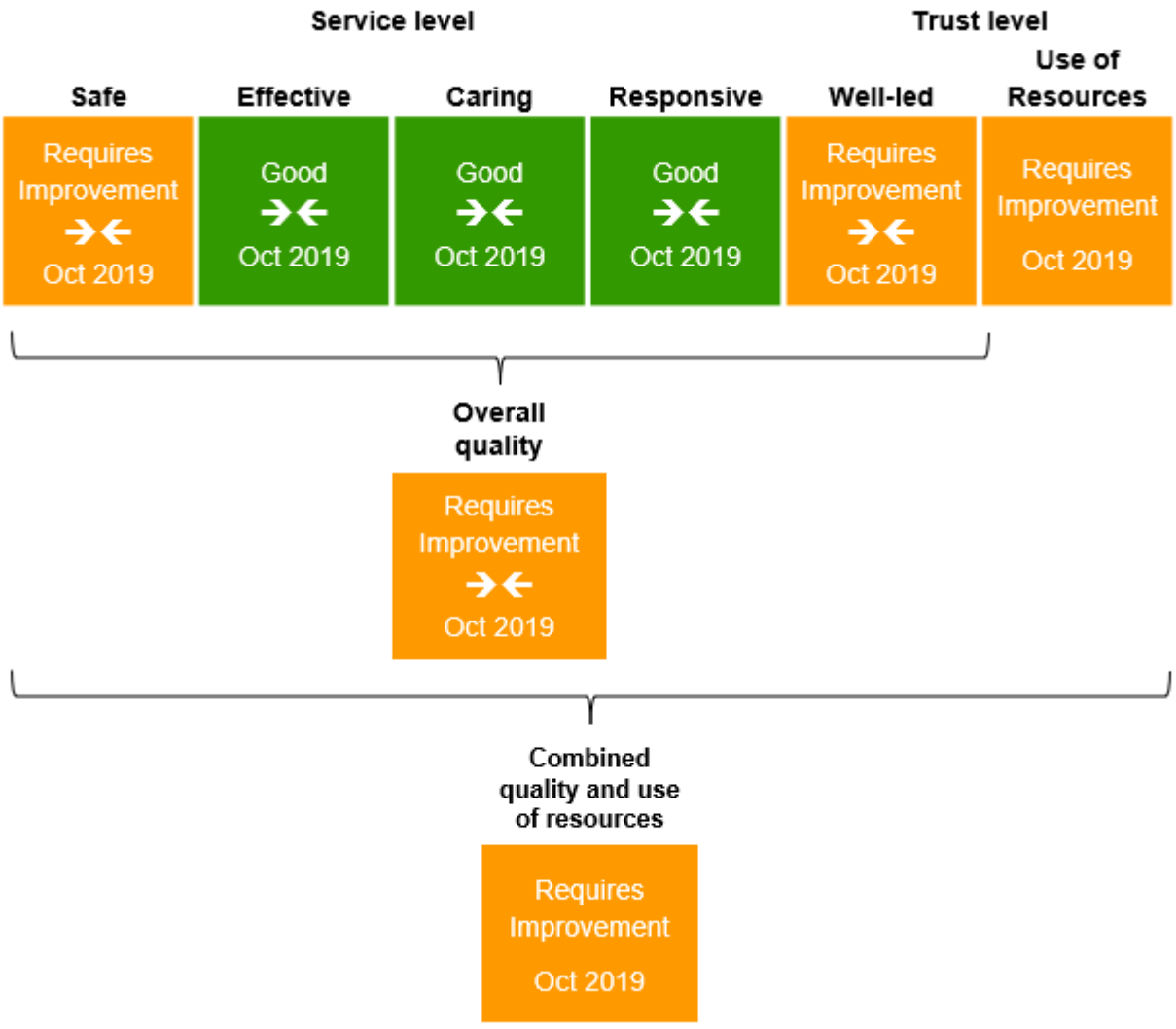
Ratings tables

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) cost per £100 million turnover	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.

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.