Stockport NHS Foundation Trust

Use of Resources assessment report

Stepping Hill Hospital
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Date of publication: 15/05/2020

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?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

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 rating of combined quality and resources stayed the same. We rated it as requires improvement because:

• We rated safe, effective, responsive and well led as requires improvement. We rated caring as good.

• The trust was rated requires improvement for use of resources.

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Date of inspection visit: 28 Jan to 27 Feb 2020
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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 twelve months, our local intelligence and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

Proposed rating for this trust?	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 12 February 2020 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

Requires improvement

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

We rated the trust's use of resources as requires improvement. The trust is in deficit and has an inconsistent track record of managing spend within resources. Although the trust has agreed the control total for 2019/20, at the time of the assessment there remained a number of risks associated with the delivery of this plan. Since

the previous Use of Resources assessment in September 2018, the trust has seen some improvements and was able to demonstrate a number of areas of good practice, particularly within Pharmacy. However, the trust has also seen a number of metrics deteriorate and has faced particular challenges regarding operational performance over the previous 12 months.

- We rated the trust's use of resources as requires improvement.
- In 2018/19 the trust did not accept their control total and set an internal plan of £33.8m deficit, against which the trust reported a deficit of £30.8m (including £0.6m bonus of provider sustainability funding (PSF)).
- For 2019/20 the trust has signed up to the control total and plan of £3.4m deficit, which includes £24.5m of PSF. The trust has faced a number of pressures in year; however, as at month 11 they were on track to deliver the control total by year end.
- The trust has an ambitious cost improvement plan (CIP) of £14.2m (or 4.14% of its expenditure) and is currently forecasting to deliver against its plans, however, at the time of the assessment there was £1.3m still unidentified.
- The trust is reliant on external loans to meet its financial obligations and deliver its services, borrowing £14m in year and £38.8m cumulatively.
- The trust spends more on pay and other goods and services per weighted unit of activity (WAU) than most other trusts nationally. The trust's overall cost per WAU for 2017/18 was £3,592 compared to a national median of £3,486 which represents a slight increase from the previous Use of Resources assessment in September 2018. 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.
- This overall headline metric is primarily driven by a high pay cost per WAU at £2,515 compared to a national median of £2,180. The trust's non-pay cost per WAU benchmarks comparatively well at £1,077 against a national median of £1,307.
- Individual areas where the trust's productivity compared well included clinical productivity such as pre-procedure bed days and pharmacy. Opportunities for improvement were identified within Delayed Transfers of Care, staff retention, operational performance and an increasing pay bill.

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 February 2020 the trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT), Cancer, Diagnostics and Accident & Emergency (A&E). In the 12 months from December 2018 to November 2019, RTT ranged from 78.8 - 84.2% (target 92%); Cancer 62 day performance ranged from 65.7 - 86.7% (target of 85% only met in 2 of the 12 months); and A&E performance ranged between 59.1 - 81.0% (target 95%).
- The trust have established specialist multi-disciplinary teams (MDTs) which also included 'straight to test' radiology pathways following the identification of delays in radiology reporting and histopathology. Pathology have implemented a computerized tomography (CT) and cancer tracker. These improvements have released capacity but has to be considered in the context of a 22% increase in Cancer 2 week wait referrals into the trust.
- Patients are more likely to require additional medical treatment for the same condition at this trust compared to other trusts. At 8.4%, 30 day emergency readmission rates are slightly above the national median of 7.94% as at November 2019. The trust explained there is a discrepancy within current coding arrangements relating to self-referring patients in Acute Medical and Elderly Care and Paediatric assessment where there was a length of stay of less than 24 hours. These self-referrals are expediating discharge home but are also generating an 'emergency re-admission' code.
- Over the last 12 months and since the previous Use of Resources assessment in September 2018, the trust have been able to demonstrate a reduction in the Emergency readmissions (30 days) rate, average monthly percentage of super-stranded patients (over 21 days) and Long Length of Stay patients as a percentage of total occupied beds to support bed capacity. During the last 12 months bed occupancy has averaged at 88.15% (range 87.5% - 89.9%) which is slightly higher (worse) than the target of 85% but better than the minimum expectation of 92%.
- The trust were able to demonstrate that they have worked with the local systems with respect to End-of-Life care and local residential homes. The trust identified that certain care homes were referring people numerous times whilst on an end of life pathway, creating many hospital admissions. By working with the regulated care sector, this has been reduced over the last 12 months; for example, one care home generated a reduction from 148 bed days and 13 people to 15 bed days and 2 people.
- Fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England, as at quarter 2 2019/2020.

- On pre-procedure elective bed days, at 0.07, the trust was performing in the lowest (best) quartile and below the median when compared nationally – the national median is 0.12. The trust has remained below the national median over the previous 12 months. The trust has an Established Enhanced Recovery after Surgery (ERAS) programme in place, including patient education especially with the i-cough package. In addition, colorectal has seen reduction in length of stay from 12 to 8 days, with patient satisfaction at an average of 92%.
- On pre-procedure non-elective bed days, at 0.47, the trust was performing in the lowest (best) quartile and below the median when compared nationally – the national median is 0.65. The trust has seen a steady improvement in this metric since the previous Use of Resources assessment and has remained below the national median for the previous 12 months. The trust reported this is being supported by effective theatre utilisation processes which focus upon theatre procedures, theatre sessions and touch time utilisation.
- The Did Not Attend (DNA) rate for the trust is high at 7.16% for quarter 2 2019/20 against a national median of 7.13%. However, it is recognised that the trust's DNA rates have fallen from 8.23% in quarter 2 2018/19. The trust cited the Outpatients Improvement Programme (OIP) as a reason for this improvement. The trust explained the current focus of this is on the implementation of digital communications with patients in the form of a pre-appointment reminder two-way text messaging, thus performing as both a reminder and a method for patients responding if they wanted to cancel the appointment. In addition, the Patient Initiated Follow Up (PIFU) which supports the identification of patients appropriate for self-management and providing them with a means to initiate an appointment if required as opposed to giving them an appointment at a set time.
- Furthermore, the trust has introduced virtual fracture clinics to reduce the requirement of face to face appointments. For example; the trust has implemented the Eyes Wise programme and virtual glaucoma clinics, with 65 patients accessing the virtual clinic since September 2019. An audit has identified that this captured 95% of suitable patients for the virtual clinic. The trust reported that patient choice is still influencing clinic type at present.
- The trust reports a delayed transfers of care (DTOC) average rate of 3.76% for the 12 months from December 2018 to November 2019, which is higher than the 3.5% standard but lower than the North West average of 4.38%. DTOC rates have fluctuated from 2.8% to 4.4% over the previous 12 months. This has been achieved by decreasing variation in Length of Stay as part of the 'reducing days away from home' approach; coaching and support of clinical staff; an increased focus and understanding of fidelity of application to the SAFER bundle, including red to green principles; and the development of Criteria Led discharge.
- The trust was able to demonstrate participation and engagement with the Get It Right First Time (GIRFT) programme and reported an improved level of clinical leadership over the previous 12 months. The Medical Director is the Executive Board member for the GIRFT programme. The trust explained that using the GIRFT metrics and programme approach has led to the ringfencing of an elective orthopaedic unit which has supported performance (92% RTT) and led to realigned services and a reduction in consultant time, leading to cost savings. This approach has been replicated in other areas to generate release of resource; some examples given were:
- In Urology – straight to test MRI prostate pathways leading to more day case surgery.
- In Anaesthetics – introduced mechanisms to capture comorbidity which has led to the trust achieving appropriate income levels generated by complete coding.
- In Spinal care– fidelity with the national back and radicular pathways which means that the trust is now able to access best practice tariff.

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 £2,515 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 and represents an increase from the previous Use of Resources assessment. The trust explained the higher costs are in part driven by a reliance on agency staffing to cover gaps in medical and nursing rotas, and in particular in relation to high premium payments for specialist medical consultant roles.
- Underneath the headline pay cost metric, the trust benchmarks in the highest (worst) quartile for both substantive nursing cost per WAU, at £917 compared to a national median of £710, and substantive Allied Health Professional (AHP) cost per WAU, at £165 compared to a national median of £130. Although it benchmarks in the lowest (best) quartile for substantive medical cost per WAU at £451 compared to a national median of £533.
- For nursing and AHPs the trust explained their high costs are in part due to initiatives in place to address medical recruitment challenges, such as the introduction of Specialist Nurse roles, Advance Nurse Practitioner roles and Advanced AHP Practitioner roles. Furthermore, the trust cited the provision of community services impacting on the overall nursing and AHP cost, however, when using the trust's own analysis and adjusting for the community services the trust still remains above the national median for both cost per WAU metrics.

- For medical staffing, whilst the trust benchmarks favourably on cost per WAU, it was recognised that this only reflects the substantive staff cost and does not take into account the trust's spend on medical agency, which the trust recognised is still a high proportion of their overall agency spend. The trust reported recent increases in the substantive medical workforce will lead to an increase in the overall medical cost per WAU and in turn, a reduction in vacancies and the requirement for medical agency spend.
- For 2017/18 the trust had an agency cost per WAU of £141 compared to a national median of £107. In 2018/19 the trust did not meet is agency ceiling as set by NHS Improvement, with a spend of £11.2m which was £700,000 above ceiling. At 5% in 2018/19, the trust was spending more than the national average (4.4%) on agency as a percentage of total pay bill.
- For 2019/20 the trust is forecasting to meet its agency ceiling and at the end of month 9 had spent £7.5m of the £10.5m ceiling to date. The trust highlighted that despite agency spend still being high, spend has been trending downwards as a result of sustained focus and governance arrangements which includes an Establishment Control Panel to review any agency role requests on a weekly basis. Weekly meetings are also held at Business Group level to review agency and bank usage before Executive level sign off and the trust reported high levels of scrutiny taking place for those roles that are price cap overrides to ensure value for money.
- Additional strategies implemented by the trust to reduce agency usage include;
- Over the winter period, the trust introduced an enhanced hourly rate for additional shifts as a means of incentivising internal staff and reduce the reliance on agency staff
- Continued growth of the internal bank, including the development of an estates and facilities and an admin and clerical bank to reduce overtime costs
- Closer working with NHS Professionals on moving to weekly pay where possible
- The trust was able to demonstrate it has implemented some strategies in order to grow its substantive workforce. The trust provided information to show 32 international nurses had arrived at the trust between June and December 2019, with further cohorts due throughout the coming months in 2020. The Trust created a Stockport shortage occupation list which covered hard to recruit areas and as a result has been successful in appointing to a number of posts medical staff examples of this are: 3 substantive Consultant Gastroenterologists, which has also enabled the trust to introduce a 7 day GI bleed rota; 1 Acute Medicine Physician and 1 Emergency Medicine Physician which has reduced locum spend in these areas. In addition, the Trust has increased consultant capacity in both Rheumatology and Respiratory medicine out with the RRP framework
- The trust has continued to introduce revised skill mix and alternative roles such as; advanced clinical practitioners, physician associates, pharmacy technicians and trainee nurse associates.
- At the time of the assessment 92% of consultants had job plans. The trust reported this had recently dropped from 95% as some had re-opened for annual review. Job plans were not in place for specialist nurses at the time, but it was noted the trust were undergoing a review of this and were scoping out the next phase of rolling these job plans out.
- E-rostering is in place across some staffing groups and the trust reported it was working towards having e-rostering across all clinical business groups by June 2020.
- Staff retention at the trust shows room for improvement, with a retention rate of 84.9% in December 2019 against a national median of 86.2%. The trust reported this is as a result of the impact of various factors including high vacancy rates, competition within the local health employment market, national shortages and lower levels of staff engagement. The trust explained focussed work to reduce turnover was underway, including work on their value and behaviours, nursing staff 'itchy feet' conversations, changes to skill mix and workforce redesign.
- At 4.47% in November 2019, staff sickness rates were better than the national median of 4.54%, however, the trust saw an increase in their sickness rate for December 2019 to 5.01%, moving the trust above the national median of 4.77%. The trust explained the main reasons cited for sickness absence are musculoskeletal and stress related. As a result the trust have introduced a dedicated workforce health and wellbeing role supporting a range of proactive initiatives to support staff such as; resilience classes, mindfulness training, yoga classes and a walking club. In addition, the trust continues to implement a comprehensive flu vaccination campaign. The trust had recently implemented a revised sickness absence policy, although it was too early to early to assess impact at the time of the assessment.

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

- At £1.31, the overall cost per test at the trust benchmarks in the lowest (best) quartile nationally. This represents a significant improvement from the previous Use of Resources assessment (£1.76 2016/17), however, it is important to note the trust explained this is as a result of a revised and now more accurate data submission for 2018/19.

- Underneath this headline metric, the trust remains above the national median for both the cellular pathology and microbiology cost per test and reported this is as a consequence of a national shortage of appropriate resource which has in turn led to the use of locum staff and outsourcing to sustain service provision. The trust demonstrated it has a recruitment plan in place and has successfully recruited to some vacant posts which should show an improved position for the trust in these areas.
- The trust is working collaboratively with the Greater Manchester Network in areas such as Medical Coroners and the Andrology Service.
- For imaging, the cost per report has seen a significant increase when compared to the previous year; 2017/18 at £40.64 and 2018/19 at £58.06. The trust reported this was due to a planned reduction and maintenance of imaging backlogs, non-recurrent costs associated with locum cover to support the breast service until the service is transferred and an increase in substantive medical staff. The trust recognised these initial steps would increase costs but explained once the full service redesign process was complete, the cost would reduce in the long term.
- At 25.2%, outsourcing costs as a percentage of total imaging costs are significantly higher than the national median of 5.6%. The trust explained it operates a managed MR service which is wholly outsourced and therefore distorts this figure.
- Recruitment of consultant staff has improved over the past 12 months and the trust has seen a reduction in Medical vacancies for Consultant Radiologists from 34.4% (2018) to 15.1% (2019). Plain X-Ray reports by radiographer has also increased from 36.5% (2018) to 49.2% (2019) and the trust anticipates this will improve further following the planned increase in establishment of reporting radiographers.
- The trust's medicines cost per WAU is low at £230 in comparison to the national median of £320, placing it in the lowest (best) quartile. The trust performs well across a number of pharmacy metrics when compared to the national median, including; number of days stockholding (9 compared to 21 median), pharmacy time on clinical activity (90% compared to 76% median) and percentage of pharmacists actively prescribing (65% compared to 35% median).
- When looking at the Top Ten Medicines programme, the trust is achieved £841.25k of additional savings to November 2019. The trust has also made progress in implementing switching opportunities for biosimilars including; Infliximab (68% as of December 2019) and Rituximab (100% as of December 2019), however, did note that there are more opportunities to pursue for Adalimumab (45% as of December 2019).
- The trust is actively participating in collaboration and Chairs the Greater Manchester Pharmacy Collaborative, including supporting and promoting best practice of the centralisation of pharmacy stores, aseptic services review, advanced practitioner prescribing, and pharmacy led outpatient clinics.
- The trusts is using some technology in innovative ways to improve operational productivity, for example through the sustained use of a pharmacy dashboard, e-prescribing to efficiently deliver drugs to patients, introducing paper light processes in its community services noting an improvement in the School nursing KPIs and a reduction in travel expenses.

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 £1,077, compared with a national median of £1,307, placing it in the lowest (best) quartile nationally. This represents an improvement on the previous year (£1,154 in 2016/17).
- The cost of running its Finance function is high with a cost per £100m income of £741.45k compared to the national median of £653.29 and has increased from the previous year (£725,366). This is driven by above median costs for a number of sub-function areas including management accounts, costing and service improvement/PMO team. The trust highlighted the higher function cost is driven by investment, for example; in 2 Strategic Accountant roles which are used to help drive the Clinical Services Efficiency Programme. In addition, it includes a number of maternity leave covers which have incurred additional non-recurrent costs. The finance department has recently won a number of awards for their work and has achieved a Future Focussed Financed Level 3 accreditation.
- The Human Resources (HR) function cost also benchmarks above the national median for 2018/19, with a cost per £100m turnover of £971.29k in comparison to a national median of £910.73k. The trust explained this is in part due to the high cost of its Occupational Health Service which is consultant led and therefore has a higher medical staff skill mix. Although higher than the national average, it emphasised this is another key area of investment for the trust given the recruitment and retention issues it currently faces.
- The trust has recently outsourced its payroll function and are a member of the Greater Manchester collaboration.

- For its IM&T function, the trust benchmarks below the national median and in the second lowest (best) quartile with a function cost per £100m income of £2.27m compared to a national median of £2.52m. Whilst this is low, the trust recognised its function costs are primarily driven by the costs incurred as a result of the Electronic Patient Record (EPR) system which was not implemented, together with the associated costs for the resource requirements for maintaining paper medical records as a result.
- The trusts procurement function cost per £100m income, at £293.05k, is higher than national median of £208.41k. Data shows the trust's procurement processes are relatively inefficient as reflected by their procurement league table position of 101 (out of 136) as of quarter 2 2019/20. The trust benchmarks above the national median for both its price performance score and process efficiency score (46.5 and 56.4 respectively) for the same time period. The trust highlighted that they are unable to score additional points within these metrics to improve their position, for example, in areas such as Electronic Data Interchange, due to software limitations.
- However, the trusts supplies and services cost per WAU of £289 is below the national median of £364 which shows the trust spends less on these areas per weighted activity unit than most other trusts nationally. The trust is also a member of the Greater Manchester wide procurement collaborative and reported savings are identified, evaluated and implemented where appropriate.
- At £404 per square metre in 2018/19, the trust's estates and facilities costs benchmark significantly above the national median of £377. This is an increase from the previous year where costs were £312 per square metre (2017/18). The trust explained this increase is in part a short-term consequence of the Estates Strategy to eradicate at risk buildings which includes the maintenance and demolition of buildings, which in turn reduces the trusts occupied floor space.
- In addition, the trust has seen an increase in both its Hard and Soft facilities management (FM) costs. Despite the increase Hard FM costs, at £91 per square metre have remained below the benchmark value of £100, however, the Soft FM costs have increased to £159 per square metre against a benchmark value of £148 and are now in the highest (worst) quartile.
- At £553 per square metre, the trust's overall backlog maintenance is significantly above the benchmark value of £200. Similarly the trust's critical infrastructure risk of £240 square metre is above the benchmark value of £89. However, the trust has achieved a £52m reduction in backlog maintenance between 2017/18 and 2018/19 and has demonstrated some improvement in its estates quality and safety metrics.

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

- The trust is in currently in a deficit position. In 2018/19 the trust did not accept their control total and set an internal plan of £33.8m deficit, against which the trust reported a deficit of £30.8m, including £0.6m bonus PSF.
- For 2019/20 the trust did agree their control total and plan of £3.4m deficit, which includes £24.5m of PSF. The trust has faced a number of pressures in year; however, they are managing the risk and at month 11 are on track to deliver the control total by year end. To help achieve this they have implemented a Financial Improvement Group, attended by the trust's business groups, to drive the reduction in run rate needed to achieve the plan.
- The trust has an ambitious cost improvement plan (CIP) of £14.2m (or 4.14% of its expenditure) and is currently forecasting to deliver against its plans, however, at the time of the assessment there was £1.3m of CIP still unidentified. The trust delivered 85% of its planned savings in the previous financial year, of which 63% were non-recurrent.
- At the time of the trust's last assessment, the ownership of CIP outside the finance department was highlighted as an area for improvement. The trust has worked on business units owning the CIP programme and has renamed their programme to Clinical Services Efficiency Program. However, delivery of recurrent CIPs still remains a challenge.
- The trust has an underlying deficit of circa £30m. The trust demonstrated it has been working to analyse the drivers of this and believe £9.5m of it to be structural, £7.8m due to historic deficits and £11m due to the geographical location of the trust.
- The trust has 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 balances, borrowing £14m in year and £38.8m cumulatively.
- The trust has implemented a cash action group in order to improve cash levels. The trust reported this has had some success as the they were able to delay borrowing in 2019/20.
- The trust is not achieving its Better Payment Practice (BPP) metrics but highlighted this was part of a conscious decision as part of the FIP programme to move suppliers to 60 days payment terms and wrote to them in advance of this, and therefore, this hasn't had an impact on operational activities

- The trust has continued to develop their costing model since the last assessment and provided evidence to show they have conducted 18 service reviews over the last 12 months. The Patient Level Costing System (PLICs) at the trust was a Healthcare Financial Management Association (HFMA) case study in May 2019.
- The trust demonstrated it pursues a number of avenues for additional income, including hosting North West quality control onsite, Occupational Health Services, onsite pharmacy and Stockport pharmaceuticals.
- In 2018/19 the trust used £0.5m on consultancy fees.

Areas for improvement

- The trust needs to fully understand and address its underlying financial position and to develop a plan with system partners to return to financial balance and remove the requirement for borrowing to meet its financial obligations.
- The trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT), Cancer, Diagnostics or Accident & Emergency (A&E) at the time of assessment.
- The trust's overall cost per WAU remains high and has increased since the previous Use of Resources assessment. This is primarily driven by an increase in pay costs across all staffing groups.
- Despite a small improvement, DNA rates remain above the national median and the trust would benefit from work to understand and reduce these.
- At the time of the assessment the trust's DTOC rate was above the standard and increasing.
- Staff retention shows room for improvement and has reduced since the previous Use of Resources assessment in 2018. Although some initiatives have been implemented, the trust would benefit from further work to improve overall staff retention.

Ratings tables

Key to tables					
Ratings	**Not rated**	**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 last rating published					

***** 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

Service level

Trust level

Safe	Effective	Caring	Responsive	Well-led	Use of Resources
Requires improvement →← 2020	Requires improvement →← 2020	Good →← 2020	Requires improvement →← 2020	Requires improvement →← 2020	Requires improvement ↑ 2020

Overall quality

Requires improvement →← 2020

Combined quality and use of resources

Requires improvement →← 2020

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.

Term	Definition
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.

Term	Definition
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.

Term	Definition
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.