Whittington Health NHS Trust

Use of Resources assessment report

Magdala Avenue
London
N19 5NF
Tel: 02072723070
www.whittington.nhs.uk

Date of publication: 20/03/2020

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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Are resources used productively?	Good

Combined rating for quality and use of resources	Good

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

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

Use of Resources assessment and rating

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

The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence. This analysis is followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

Combined rating for Quality and Use of Resources

The rating for Use of Resources for this NHS trust was good.

NHS Trust

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Date of inspection visit: 3 December 2019 to 15 January 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?	Good

How we carried out this assessment

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team has, according to the published framework, examined the NHS trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the NHS trust, and the NHS trust's own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance. All KLOEs, initial metrics and prompts can be found in the Use of Resources assessment framework. The NHS trust site visit was done on 11th November 2019 during which the assessment team met with the NHS trust's executive team including the Chief Executive.

Findings

Good

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

We rated use of resources as good because the NHS trust has demonstrated a good understanding of areas of improvements with credible plans to achieve target performance:

- The NHS trust has an excellent track record of managing its expenditure within available resources. This is evidenced by the fact that the NHS trust has met its plan and control total (including PSF) for each of the financial years from 2015/16. The same period has also seen a significant improvement in the underlying position from a deficit of £13.1 million in 2015/16, to a planned and forecasted deficit of £4.9 million by the end of 2019/20.

- The NHS trust can meet its immediate financial obligations as it is maintaining positive cash balances and is forecasting the same for the rest of the financial year.
- The NHS trust has a track record of delivering savings of above £10 million in each of the financial years from 2016/17 through its cost improvement programme. Although the current year's savings target is challenging for the NHS trust, this risk has already been offset by identified mitigations that allow the Board to have the confidence to forecast control total and annual plan delivery.
- The NHS trust is implementing priority transformation programmes that have been developed in partnership with local commissioners such as – bed optimisation, outpatient transformation, same day emergency care, theatre productivity and musculoskeletal pathway redesign.
- As at September 2019, the NHS trust is in the national top quartile for pre-procedure non-elective bed days (0.39) and second quartile for pre-procedure elective bed days (0.8). These results demonstrate the work undertaken to streamline pre-operative and elective admission pathways. The NHS trust is also in the top quartile for emergency readmissions within 30 days performance because of improved pathways across acute and community services.

However, the NHS trust has further opportunities for improvement:

- Although the NHS trust is implementing 'system working' transformation programmes and new initiatives in A&E to support flow, emergency waiting time performance has significantly deteriorated over the past 12 months. An area for improvement is for the NHS trust to engage further with local commissioners (including local authorities for adult social care) to ensure that capacity and resource gains from improved productivity enable better emergency waiting time performance.
- The NHS trust, being an integrated organisation, understands that the reason for outlier performance against some of the national 'model hospital' benchmarks is due to organisational form. However, an area of improvement is for the NHS trust to identify its integrated organisation peer group and develop fit for purpose alternative benchmarks to objectively critic and optimise its productivity and best practice performance.
- While the NHS trust has a good recent record for CIP identification and delivery, it is finding delivering the current year £12.3 million efficiency savings target challenging. As at September 2019, the NHS trust had only managed to deliver £3 million (48%) out of its £6.2 million half year savings target. Another opportunity for improvement for the trust is to review its CIP identification processes and project delivery architecture to achieve better performance against efficiency savings plans. To achieve its short to medium term sustainability objectives, the trust, as an integrated care organisation, should look to further yield the unique opportunities its organisational form allows to transform patient pathways, exploit digital productivity offers and partner with local healthcare providers and commissioners (including local authorities for adult social care) to inform its efficiency programmes.

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

- The NHS trust did not meet the national waiting time standard for Accident and Emergency (A&E) performance over the past 12 months. There had been some improvement in the past year and in June 2019 performance was 90.1%. Their position deteriorated to 83.59% in October 2019, marginally better than the national median of 82.44%. This places the NHS trust in the third quartile nationally. The NHS trust has implemented several new initiatives in A&E to support timely movement of patients through the hospital such as, the introduction of a frailty pathway, the ambulatory care unit and Emergency Medical Unit. The impact within the waiting time data has not been seen due to other challenges in the North Central London system over the June, July and August such as increases in delayed transfers of care (DTOC).
- The NHS trust reports an increase in the DTOC rate since April 2019. The NHS trust undertakes regular multi agency discharge events (MADE), intended to support the discharge of patients and to enable the NHS trust to understand the causes of delays. Analysis of this data has highlighted that there are several areas which are outside of the control of the NHS trust and are challenges in the wider primary, care home and social care settings. The NHS trust is actively working with its social and care home partners to deliver improvement and reduce delays for patients.
- The NHS trust has performed well against the Referral-to-Treatment (RTT) standard and has consistently achieved this target over the past 12 months. In September 2019, the NHS trust's performance was 92.05% against a national median of 84.48%.
- The NHS trust has also consistently delivered the nationally mandated waiting time standard for diagnostic tests since September 2018, meaning less than 1% of patients have waited longer than 6 weeks for a diagnostic procedure.
- In September 2019, the NHS trust's 62-day Cancer Performance from Urgent GP Referral was above the required standard at 87.88%. However, performance has been variable over the past 12 months and the NHS trust has implemented a plan to maintain the compliance seen in September.

- Emergency readmission rates at the NHS trust are among the lowest in the country and below the national median. The NHS trust has reduced the number of emergency readmissions over the past 12 months from 8.31% in July to September 2018/19, to 6.78 for July to September 2019/20. The NHS trust's excellent performance in this area has been attributed to the increase in resources for the Integrated Care Aging Team (ICAT), specialist frailty pathways to care for patients at home where appropriate and a proactive screening service in primary care.
- In July to September 2019/20 the NHS trust reported 0.11 for pre-procedure elective bed days, against a national median of 0.12. This places it in the second (best) quartile nationally. A high percentage of the NHS trust's elective treatment is already delivered as day case and the NHS trust has streamlined preadmission pathways to reduce the number of patients being admitted the day before elective procedures. Minimising pre and post procedure length of stay has supported the reduction in the number of beds open which is part of the hospital's Bed Optimisation Programme.
- For pre-procedure elective bed days, at 0.42, the NHS trust is performing significantly better than the national median on 0.65. This places the NHS trust in the first (best) quartile when compared nationally, which means fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England. The NHS trust has protected emergency surgery and trauma theatre list each day to minimise the time emergency patients wait for their procedures.
- At 12%, the NHS trust as one of the highest percentage of patients who did not attend (DNA) for their scheduled outpatient appointments in July to September 2019, when compared nationally. This is an area of improvement for the NHS trust and they have developed a plan for improvement, including taking part in pilots projects for Virtual appointments and e-consultations.
- The NHS trust's Executive Medical Director is the designated responsible officer for the Getting It Right First Time Programme (GIRFT). The NHS trust has actively engaged with GIRFT deep dive reviews with high levels of attendance from multidisciplinary teams including support services, the Executive and CEO. The NHS trust has a clear governance process for monitoring the implementation of actions and has several improvement examples. Savings have been realised through the changes made, particularly in trauma and orthopaedics. There are further opportunities which the NHS trust has identified which should provide further savings once completed.
- The NHS trust has a programme to develop staff skills in utilising Quality Improvement (QI) methodology to improve care across the organisation. The Medical Director has been designated as the executive lead for QI. They have a QI lead; online QI training and 200 staff have had face to face QI training. An annual meeting in June showcased some of the QI work including a project which won Nursing Times Award 2019, to improve collaborative working to make Schools in Islington more Asthma Friendly and for their pioneering work to develop group consultations for children with viral-induced wheeze.

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

- In 2017/18 the NHS trust had an overall pay cost per WAU of £2,710, compared with a national median of £2,180. This means that it spends more than most NHS trusts on staff per unit of activity and places the NHS trust in the fourth (worst) quartile nationally. Within this headline metric the NHS trust's pay cost per WAU is better than the national median for Medical staff, £528 compared to the national median of £533, but is worse than the national median for Nursing pay, £820 compared to a national median of £710, and Allied Health Professional (AHP) at £271, compared to a national median of £130. The NHS trust provides community services as an integrated organisation and, although the data collected is adjusted for this community activity, the NHS trust has explained that more accurate cost per WAU data will be produced with the submission of community model hospital activity.
- The NHS trust did not meet its agency ceiling as set by NHS Improvement for 2018/19 but is forecasting to meet its ceiling in 2019/20. It has reduced agency spend from June to September 2019 through use of a collaborative staff bank, which was introduced across North Central London in May 2019, and undertaking weekly reviews of agency requests to provide senior support and challenge the unwarranted use of temporary staff. This has resulted in some wards being 'agency-free-zones'.
- The staff retention rate was 88.8% in November 2019 against a national median of 88.3%. This places the trust in the fourth (best) quartile nationally. The NHS trust has implemented several initiatives for the recruitment and retention of the workforce and have seen improvement in staff turnover and a reduction in nursing vacancies. Initiatives to support this include:
  - Recruitment of internationally educated nurses with a 100% retention rate for this staff group in 2018/2019.
  - Collaborative recruitment and selection policy for North Central London.
  - Increased recruitment and retention of newly qualified nurses with an embedded preceptorship programme.
  - A focus on improving the culture and staff experience through wellbeing events and a comprehensive leadership development programme.

- The NHS trust has been a forerunner in implementing the new Nursing Associate (NA) roles. Since 2017, 18 NAs have completed their training and are part of the NHS trust workforce, with 28 trainee NAs currently on the programme. Quality impact assessments have been undertaken and there has been success in community and inpatient areas.
- The NHS trust has an established eRoster system for all nursing staff. Key metrics are monitored monthly by the Associate Directors of Nursing to ensure effective deployment of the nursing workforce. There is a plan to electronically roster the AHP and medical staff, however this is at the initial stage of implementation.
- There is an evidence-based programme to set nursing establishments across the NHS trust in line with the Developing Workforce Safeguards guidance. They report the safe staffing assessment and outcomes to the NHS trust board every 6 months.
- All consultant job plans are required to be reviewed annually. In May 2019, only 7% of electronic job plans were fully signed off. Following a detailed internal audit, the NHS trust has implemented several recommendations and in October 2019, 59% of the electronic job plans are in the sign off stages, demonstrating significant improvement. Further improvement is planned to include its wider application to other professional groups within multidisciplinary team settings.
- At 3.27%, staff sickness rates are better than the national average of 4.11%. The NHS trust ensures that managers are appropriately trained to support staff sickness and key metrics are regularly monitored to identify and act where required.

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

- The NHS trust has performed well against the top ten medicines savings target and overperformed by 154% in June 2019. The pharmacy staff and medicines cost per WAU was £209 as at September 2019 against a national median of £368. This places the NHS trust in the first quartile nationally. The NHS trust has also shown improvements in the following areas:
  - the number of days stockholding has reduced over the last year from 28 days in 2016/7 to 22 days against a national median of 21 days as at September 2019.
  - the percentage of pharmacist time spent on actively prescribing has increased from 25% in 2016/17 to 50% as at Q4 2017/18 against a national median of 35%.
  - antibiotic usage which has decreased from 8,409 defined daily doses (DDI) per 1,000 admissions in 2016/17 to 5,221 DDI per 1,000 admission as at September 2019 and now closer to the national median of 4,756 DDD per 1000 admissions.
  - Pharmacist time spent on clinical pharmacy activities improved from 73% in 2017/18 to 76% as at September 2019 against a national median of 76%. This places the NHS trust in the second quartile nationally.
  - Sunday on-ward pharmacy hours has been maintained at 8 hours against a national median of 4 hours. This places the NHS trust in the second quartile nationally.
  - E-commerce ordering (AAH) is 95% in September 2019 against a national median of 94%. This places the NHS trust in the third (better) quartile nationally.
  - Through innovative roles developed in the ICS, pharmacy provides a clinical service to optimise medicine use in care homes, patients' homes and in the community.
- The NHS trust's overall pathology cost per test in 2018/19 is £2.11 against a national median of £1.86. This places it in the third quartile nationally. The total tests per capita is at 17.5 in 2018/19 against a national median of 24.3 and demonstrates the NHS trust is progressing testing strategies that are in line with good practice. The overall cost per capita is £36.98 in 2018/19 against a national average of £41.69. This places the NHS trust in the first (best) quartile nationally. Areas for further improvements relate to the overall cost per tests for cellular pathology and microbiology which are significantly higher than their respective national median rates and places the NHS trust in the fourth (worst) quartiles for these specific metrics and may be driven by vacancies in the services and the reliance on temporary staffing cover. This NHS trust is making significant progress towards a networked solution for their pathology services and has identified the benefits that they will achieve and how they will improve services for patients.
- As at March 2019, the NHS trust is in the second quartile nationally for its performance on radiology cost per report, outsourcing and insourcing costs as a percentage of total imaging costs. This demonstrates significant improvement in comparison to corresponding performance in 2016/17, and evidences improved cost effectiveness resultant from insourcing a higher proportion of the department's work.
- Temporary staffing and overtime as a percentage of total imaging costs is 5.4% against a national median of 6.0% as at March 2019. This places the NHS trust in the second quartile nationally. The backlog as a percentage of overall activity is recorded as being very low in as at March 2019 and places the NHS trust in the first quartile nationally. DNA

rates for mammography, fluoroscopy, DEXA and CT have not improved or have deteriorated since 2016/17 and the NHS trust remains in the fourth (worst) quartile nationally. DNA rates for imaging requires a further sustained focus. It is noted that there are several trials and pilots underway relating to text messaging, e- consultations and virtual clinics that will need to be evaluated and embedded where appropriate going forward. The NHS trust will also need to explore what networking opportunities are available with neighbouring providers to reduce unwarranted variation.

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

- For financial year 2018/19 the NHS trust had an overall non-pay cost per WAU of £1,127 compared with a national median of £1,307. This places it in the first (best) quartile nationally.
- The cost of the finance function for financial year 2018/19 is £758,160 per £100m of turnover against a national median of £653,290. This places it in the third quartile nationally. It is noted that the finance function has seen a reduction in costs since 2016/17 when the cost was £987,500. Further reviews are planned for 2019/20 relating to, payroll, accounts payable and receivable and a process review with the upgraded financial ledger. The PMO documentation relating to clinical transformation schemes should also be reviewed to include the full range of benefits realisation for each scheme, most notably those which relate to patient flows, patient experience and managing demand. The Financial Management department is also working collaboratively within the ICS.
- The cost of the Human Resources (HR) function has improved from 2016/17 and is £875,570m per £100m turnover for 2018/19 against a national median of £910,730. This places it in the second quartile nationally. The Occupational Health and Wellbeing sub-function cost per £100m turnover is £177,960 against a national median of £129,150. This places the NHS trust in the third quartile nationally. It is noted that the Occupational Health service is a hosted service for several local providers. The recruitment sub function cost per £100m income has improved since 2016/17 and is £121,920 as at 2018/19 against a national median of £109,280. This places the NHS trust in the third quartile nationally. The temporary staffing sub function cost per £100m income has increased from 2016/17 and is £94,078 as at 2018/19 against a national median of £64,371. This places the NHS trust in the third quartile nationally. It is noted that the NHS trust intends to transfer its temporary staffing office to an outsourced provider in 2019/20. The medical staffing sub function cost per £100m income has improved from 2016/17 and is at £66,408 for 2018/19 against a national median of £48,480. This places the NHS trust in the third quartile nationally. The Workforce information and analytics sub-function cost per £100m income has increased significantly since 2016/17 and is £66,210 against a national median of £43,119. This places the NHS trust in the third quartile nationally.
- The cost of the procurement function per £100m turnover has improved since 2017/18 and is £247,070 in 2018/19 against a national median of £208,410. This places the NHS trust in the third quartile nationally. It is noted that this provision for this service is across four NHS trusts. The NHS trust's Procurement Process Efficiency and Price Performance Score for Q4 2018/19 is 65 against a national median of 69. This places it in the third quartile nationally. This represents an improvement on the NHS trust's ranking in 2017/18 where it was placed at position 91. There are notable increases in the costs of e-catalogue and procurement systems since 2017/18 which places the NHS trust in the fourth (worst) quartile nationally for both respective areas. The NHS trust is actively engaged with the shared service provision and will be working towards a common interoperable infrastructure within the next two years. There are also plans to achieve level 2 accreditation in 2020.
- The NHS trust's estates and facilities (E&F) cost per m^2 for the financial year 2018/19 is £357 compared to a national median of £377. This places it in the second quartile nationally. Hard FM costs per m^2 for 2018/19 is £67 against a national median of £100 and places the NHS trust in the first (best) quartile nationally. Soft FM costs per m^2 is £85 against a national median of £148 and places the NHS trust in the first (best) quartile nationally. It is noted that both hard and soft FM costs have increased in comparison to prior years. The critical infrastructure risk per m^2 is £67 in 2018/19 against a national benchmark of £89. This places the NHS trust in the second quartile national, however it is noted that there has been an increase of 37% in costs for this metric compared to associated costs reported in 2016/17. The total backlog maintenance costs per m^2 for 2018/19 is £277 against a national median of £200 and places the NHS trust in the fourth (worst) quartile. It is noted that there has been an increase in costs associated with this metric by 31% compared to associated figures reported for 2016/17. The energy cost per kWh is £0.0693 against a national median of £0.0593. This places the NHS trust in the fourth quartile nationally. It is noted that the NHS trust is currently reviewing its energy costs which is also incorporated into the NHS trust's estates strategy.
- According to the model hospital benchmarks (beta version), the NHS trust's costs of the IM&T function per £100m turnover is £2.41 million in 2018/19 against a national median of £2.52 million. This places the NHS trust in the second quartile nationally. The metrics that underpin the overall cost benchmark performance of the department is variable when compared to the respective national median values. The costs associated with paper records, IT programme management, and applications development all benchmark favourably when compared to the

respective national medians and places the NHS trust in the first quartile nationally. The costs associated with transactions, networks, telecoms and clinical coding are below the respective national medians and places the NHS trust in the second quartile nationally for these metrics. The costs associated with non-transaction, enabling infrastructure, end-point devices, service management, applications, specific systems and licenses and information services are all above their respective national medians and places the NHS trust in the third quartile nationally for these metrics. The costs associated with security, data centre and applications purchase are significantly above the national medians and places the NHS trust in the fourth (worst) quartile for these metrics. It is noted that the NHS trust has developed its digital strategy which will focus on clinical transformation and resilience in terms of cyber security. This is at a relatively early stage of development.

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

- The NHS trust reported a surplus (including Provider Sustainability Funding - PSF) of £28.2 million in the financial year 2018/19 which was £5.5 million ahead of plan and control total. The NHS trust has accepted its control total for financial year 2019/20 and is planning to deliver a breakeven position (including PSF). As at September 2019 (month six) the NHS trust was behind plan by £3.9 million (including PSF) but remains on track to achieve plan through identified non-recurrent mitigations. The NHS trust has met its plans since 2015/16.
- The NHS trust had an underlying deficit of £9.9 million in 2018/19 which is 3.1% of turnover. The NHS trust plans to reduce this in 2019/20 to £4.9 million through delivery of £5 million recurrent efficiency schemes. This is now doubtful given the month six year to date performance and planned non-recurrent mitigations.
- The NHS trust planned a CIP programme of £16.5 million (4.9% of operating expenditure) in financial year 2018/19 and delivered £13.3 million savings. For the current financial year (2019/20), the trust planned a CIP programme of £12.3 million (3.6% of operating expenditure). At September 2019 the trust is behind plan for CIP delivery by £3.2 million (£3.0 million delivered against a plan of £6.2 million). The trust is still forecasting to deliver its CIP programme and has identified non-recurrent mitigations as contingency.
- The NHS trust has adequate cash reserves and can consistently meet its financial obligations and pay its staff and suppliers in the immediate term. As at September 2019, the NHS trust reported £32.9 million cash which is £5.5 million ahead of plan and is forecasting cash reserves of £35.5 million (£11.6 million ahead of plan) by the end of 2019/20 financial year.

Outstanding practice

- Workforce: In May 2019, 7% of electronic job plans which were fully signed off. Following a detailed internal audit and the appointment of a new Medical Director – the NHS trust has implemented several of the resultant recommendations and by October 2019, 59% of the electronic job plans were in the sign-off stages, demonstrating outstanding achievement over a four-month period.

Areas for improvement

- Clinical: National benchmarks place the NHS trust's Accident and Emergency (A&E) performance in the third quartile. Although the NHS trust has credible plans to address current performance, further intensive effort is indicated, particularly over the winter period.
- Radiology: DNA rates for mammography, fluoroscopy, DEXA and CT have not improved or have deteriorated since 2016/17 and the NHS trust remains in the fourth (worst) quartile nationally. DNA rates for imaging requires a further sustained focus. The NHS trust will also need to explore what networking opportunities are available with neighbouring providers to reduce unwarranted variation.
- Finance: As at September 2019, the NHS trust had only managed to deliver £3 million (48%) out of its £6.2 million half year savings target. The NHS trust needs to review its CIP identification and delivery process to ensure better performance in future years.
- Finance: The PMO documentation relating to clinical transformation schemes should also be reviewed to include the full range of benefits realisation for each scheme, most notably those which relate to patient flows, patient experience and managing demand.

- Procurement: There are notable increases in the costs of e-catalogue and procurement systems since 2017/18 which places the NHS trust in the fourth (worst) quartile nationally for both respective areas. The NHS trust will need to demonstrate improvements in these areas, possibly also linked to plans for the shared service provision.
- Pathology: Areas for further improvements relate to the overall cost per tests for cellular pathology and microbiology which are significantly higher than their respective national median rates and places the NHS trust in the fourth (worst) quartiles for these specific metrics. It is noted that options for networking pathology services with neighbouring providers is already underway.
- Estates: The energy cost per kWh is £0.0693 against a national median of £0.0593. This places the NHS trust in the fourth quartile nationally. The NHS trust will need to demonstrate an improvement in this area in the short and medium term which may also be linked to the overall NHS trust's estates strategy.
- IM&T: The costs associated with security, data centre and applications purchase are significantly above the national medians and places the NHS trust in the fourth (worst) quartile for these metrics. These will need to be reviewed and improvement plans for the short and medium term developed.

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 →← Mar 2020	Good →← Mar 2020	Outstanding →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good Mar 2020

Overall quality

Good →← Mar 2020

Combined quality and use of resources

Good Mar 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.