Royal Surrey NHS Foundation Trust

Use of Resources assessment report

Egerton Road
Guildford
Surrey
GU2 7XX
Tel: 01483571122
www.royalsurrey.nhs.uk

Date of publication: 22/06/2020

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Outstanding
Are services well-led?	Good

Are resources used productively?	Outstanding

Combined rating for quality and use of resources	Good

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

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

Use of Resources assessment and rating

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

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

Combined rating for Quality and Use of Resources

Our rating of the trust stayed the same. We rated it as good.

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Royal Surrey NHS Foundation Trust

Use of Resources assessment report

Egerton Road
Guildford
Surrey
GU2 7XX
Tel: 01483571122
www.royalsurrey.nhs.uk

Date of inspection visit: 04 March to 05 March 2020
Date of publication: 22/06/2020

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?	Outstanding ☆

How we carried out this assessment

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

We visited the trust on 26 February 2020 and met the trust's executive team (including the chief executive), a non-executive director (in this case, the chair) and relevant senior management responsible for the areas under this assessment's KLOEs. The Senior Responsible Officer for the Surrey Heartlands Integrated Care Partnership which the trust is part of, also attended as an observer.

We visited the trust slightly before the COVID-19 pandemics significantly impacted the NHS and as a result, our assessment did not take account of any actual or potential consequences on the trust's operations and finance.

Findings

Outstanding ☆

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

We rated Use of Resources as outstanding. The trust demonstrated an efficient and innovative use of its resources evidenced by its low overall cost per weighted activity unit and underpinned by a well embedded continuous improvement strategy. The trust used its surplus financial position to invest in its services for the benefit of patients. It worked collaboratively with its local health partners driving service improvement and transformation locally.

- This was the second use of resources assessment at this trust. Since our last visit in February 2018, the trust had progressed on the areas we had identified as requiring improvements. The trust had improved the understanding of its cost base and had satisfactorily produced and submitted its reference and patient level costing information to national bodies. Although staff retention remained in the lowest quartile nationally, the trust had a good understanding of its drivers and had in place several measures to improve retention.
- The trust had a low overall cost per weighted activity unit (WAU, see glossary) for 2017/18 and 2018/19 which benchmarked in the best quartile nationally with overall pay costs also benchmarking in the lowest (best) quartile nationally demonstrating productive use of resources.
- The trust had a well embedded quality improvement programme which supported the trust and its local system to continuously improve patient safety, quality of care and capacity by removing waste from day-to-day activities. Staff were aware how they could contribute to delivering efficiencies and understood the financial cost of harm and there were good evidence of innovations and improvement brought out by staff.
- During our assessment, we noted that the trust was working very collaboratively with its local partners within Guildford and Waverley integrated care partnership (ICP) with many examples of joint work delivering common benefits in such areas as pharmacy, workforce, information technology, clinical services (stroke, dermatology etc). The trust led the delivery of the ICP's financial recovery plan and co-chaired the joint transformation programme with very positive feedback on their contribution from system partners
- The trust benchmarked well on most aspects of clinical services and had engaged well on the 'getting it right first time' national programme with evidence of productivity and service improvements delivered. Where they did not benchmark favourably, this was generally as a result of being a regional centre for cancer resulting in some areas of higher cost reflecting the trust's patient case mix. At the time of the assessment, the trust did not meet 3 of the constitutional standards although it performed generally above the national median for those. It had invested in improvements to its emergency department, same day emergency care and frailty pathways during 2018/19 and could demonstrate a sustained positive impact on 4-hour performance and length of stay.
- The trust's pay cost benchmarked in the lowest (best) quartile nationally for 2017/18 and 2018/19 and there were evidence the trust used its workforce efficiently although the trust still had a higher than national median agency staff as a proportion of its pay bill. The trust had implemented measures to support and develop staff and used advanced roles efficiently and saw these as means to improve their retention rate. In particular, the trust had reduced vacancies for medical, nursing and allied health professional (AHP) staff. The development of advanced roles for AHPs had improved productivity and capacity in other clinical roles. The trust was making good use of apprenticeship and develop a career pathway for healthcare assistants. It also rotated its staff between acute and community services to help develop staff, relieve vacancy pressure and support greater collaboration between services.
- The trust was part of a mature and exemplar pathology network which delivered an efficient service. The trust's pharmacy services were relatively efficient with the high cost of medicines driven by the high level of chemotherapy services delivered at the trust which was a regional cancer centre. The trust needed to improve the coverage of its pharmacy 7-day service. Radiology presented a mixed picture with good consultant productivity but a high level of outsourcing and backlog.
- The trust's corporate services provided an efficient service and supported local and national work. Where relevant, the trust worked with local partners to derive common benefits from the procurement of a joint system to digitise the whole patient journey. The trust had sought commercial opportunities to deliver some of its services to (e.g. procurement) to achieve savings and improve services.

- Following a period of financial deficit, the trust had delivered financial surpluses in the last 3 years. It now held a significant cash balance and had low debt. The trust had reinvested its surpluses and cash into the improvement of its services. The trust had over-delivered its cost improvement plan (CIP) in 2018/19 and was on track to overachieve it in 2019/20. The trust had invested in its costing function and at the time of the assessment, there were evidence significant progress had been made on our previous assessment with data used internally to understand services and support decision making on service improvement, and on productivity and efficiency plans. The trust operated within an integrated care system (ICS) in financial deficit. The trust however worked collaboratively, leading the financial recovery and at the time of the assessment, the local system had over-delivered its plan for 2019/20. The trust now had an important system leadership role to play in its wider ICS to support collaborative working, productivity and efficiency to help the ICS address its financial deficit.

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

The trust benchmarked very well against the clinical services metrics and showed a clear focus on delivering improvement through their quality improvement programme and their engagement in national initiatives such as Getting It Right First Time (GIRFT). Where the trust did not benchmark favourably, this was as result of being a regional centre. The trust did not meet 3 of the constitutional standards but performed generally above the national median for these.

- At the time of the assessment, the trust's achievement against the constitutional standards was as follows:
  - 82.23% for 4-hour accident and emergency (A&E) (type 1) (January 2020);
  - 83.46% for 18-weeks referral to treatment (RTT) (January 2020);
  - 98.60% for 6-week diagnostic (February 2020);
  - 87.12% for 62-day cancer (December 2019)
- The trust last met the average monthly A&E target in June 2018. The trust has demonstrated steady improvement in performance from late 2019/20 as planned improvements had reduced patient waiting time. However, the trust's daily performance had shown significant variability, some days achieving 90% and some only 60% due to surges in patient demand and a relatively small emergency department (ED) The average achievement of 82.23% benchmarked better than peers and national median.
- During our visit, the trust described the improvement workstreams in place including early assessment and treatment in ED; establishing new same day emergency care pathways and frailty pathways. They reported this had helped the trust meet the 9% increase in A&E attendances, especially in the frail elderly, while improving 4-hour A&E performance year on year. The next steps were to identify frailty and collateral histories at ambulance handovers bringing forward comprehensive geriatric assessment and joining up care with community teams.
- Financial investment had delivered improvements to estate and created an opportunity to improve patient flow and the emergency care unit also had a teenagers' waiting area. Clinical leadership had been strengthened and staff now had a single sign on for all IT systems which helped productivity.
- The trust had invested in out of hospital care with new services such as the home IV service and discharge to assess models. They had put in place partnership arrangements in the commissioning of domiciliary care. This afforded the trust more influence in how services were run with the effect of keeping patients at home instead of admitting and allowing faster discharge. Additionally, in partnership with a national charity, the trust provided a chemotherapy bus which reached into the community so patients could receive their treatment near to where they lived.
- The trust was one of the best performing trusts for ambulance handovers in under 30 minutes in January 2020. This was in partly due to rapid access to assessment by optimising the consultant workforce.
- The trust's performance did not meet the RTT standard at the time of the assessment although the trust benchmarked better than the national median. This had deteriorated over the last 8 months and was reportedly due to high unplanned consultant sickness, and the impact of national changes to the medical pension allowance which had reduced consultant capacity. The trust was focusing on improving the most challenged specialities including surgery and had increased the numbers of mid-grade medical clinicians to address this. The trust used telemedicine in prisons which meant patients had easier access to clinical advice. They had additionally purchased capacity in private providers.
- The trust's performance against the diagnostics 6-week standard was slightly worse than the national standard for February 2020. Actions taken by the trust had been effective and improvement was being made. They were working with other local trusts to identify where patients could be seen the fastest, with the potential to locate services in specialist areas. Full compliance was expected by April 2020.

- The trust's performance against the cancer 62-day target benchmarked very well and in the highest quartile nationally for quarter 3 2019/20. The trust is a regional cancer centre and provided specialist cancer care to patients from a wide area of the south east. The trust had worked in partnership with a national charity and significantly invested in buildings and the patient environment. They had introduced a one stop diagnostic pathway and had undertaken work across the system to improve the speed with which patients were referred from other trusts.
- The trust showed a mixed picture for the average length of stay for patients and performed well for emergency admissions at 9.2 days compared to national median of 9.4 days but was slightly above average for elective admissions at 3.1 days compared to 2.9 days nationally. The trust had established a short stay frailty ward where patients received care from a frailty team and intensive therapy to allow them to get mobile faster and to be discharged faster. This redesign had led to a reduced median length of stay from 4.89 days to 3.0. Overall over 75 years old non-elective median length of stay was down by 24%.
- The trust was below the national benchmark for delayed transfers of care (December 2019) 2.19% compared to a national target of no more than 3.5%. Focus going forward was on improving standardisation of ward discharge processes and full implementation of 7 day working including of pharmacy services. The trust had worked to improve patient pathways into the community and was seeking to commission their own care home placements.
- The trust performed well in terms of pre-procedure non-elective bed days (0.42 compared to national 0.65, quarter 2 2019/20). Performance for pre-procedure elective bed days was similar to the national median which demonstrated success because as a cancer centre the trust took patients from a wide geographical area and to be ready for early surgery travel the night before would be required regularly. Additionally, some particularly complex and long operations started at 6.30am and required admission the day prior to surgery.
- The trust was extremely effective in using outpatient appointments and had one of the best 'did not attend' rates in quarter 2 2019/20 and was in the best quartile nationally.
- The conversion rate from day patients to overnight stays was 13% compared to the national of 11%. The trust was seeking to understand this issue further but highlighted the impact of being the regional centre for paediatric ear, nose and throat surgery having to transfer in any patients from the local areas that required an unexpected overnight stay.
- The emergency readmission rate (9.27%) at quarter 2 2019/20 was higher than peers and the national median (7.85%) and benchmarked in the worst quartile nationally. A trust audit in April 2019 had found that 85% of readmissions were unavoidable, and most patients were frail and with multiple admissions over the last 12 months, and some were in the final months of life. The trust anticipated that work with partners to improve the advanced care planning in the health system to avoid these admissions would enable patients to stay in the community, and therefore impact positively on readmission rates.
- The trust had engaged well with the Getting It Right First Time (GIRFT) national programme and several services had become more efficient because of this, for example the average length of stay following major joint surgery had reduced to 1.8 days. Other successes were that the trust had the highest percentage of well controlled type 1 diabetics, the lowest length of stay for colorectal resection, for liver resection and for prostate surgery. The focus of work going forward would be to improve theatre utilisation and increase the types of procedures undertaken as day surgery. The trust was seeking to digitalise where possible and had the second highest use of robotics surgery in the country.
- The trust had focused on a significant outpatient transformation programme. This included implementing non-face to face follow up appointments, triaging, IT improvements. The trust reported that its work to improve clinic utilisation, develop new models of care such as video and off site clinics and improve processes around clinical alteration had increased the volumes of patients being seen off site by around a third and telephone clinics by around 20% when compared to the prior year. The work done had especially been useful for cancer patients who may live a distance from the centre. The trust had a preoperative online assessment, improving the patient experience and increasing efficiency. The trust had worked in partnership with local trusts in the organisation and centralisation of stroke, dermatology, haematology and nuclear medicine services which delivered economies of scale including a rationalisation of on call rotas.
- The trust has implemented the NHS England and Improvement Vital Signs Quality Improvement (QI) programme. The programme supported providers and systems to transform and to continuously improve patient safety, quality of care and capacity by removing waste from day-to-day activities. Staff received basic QI training on induction and all band 7 staff had a more detailed training (yellow belt). It was evident that staff had embraced the programme's principles and constantly sought to improve care and use the PDSA (Plan Do Study Act) cycle to test ideas. Staff were

aware how they could contribute to delivering efficiencies and they understood the financial cost of harm such as falls and pressure ulcers. Staff had worked on QI programmes to improve patient pathways, administration processes, outcomes following cardiac arrest (in the top 10 nationally) and embedding learning from serious incidents. The QI approach could be seen in practice in team huddles in ED, wards and in executive team meetings.

- It was apparent that the trust had a proactive approach to improving patient outcomes and they were an early adopter of Vital Pac, a system that identified early deterioration of a patient and early diagnosis of sepsis. The trust had one of the best mortality rates nationally and a significantly lower mortality rate for all patients admitted with sepsis (16.7% compared to 25.8% nationally) and a lower mortality rate for patients with septic shock (37.8% compared to 51.2% nationally). By reducing harm, the trust had been able to invest in services including maternity and dementia friendly care, and the chief nurse had access to a significant financial safety reserve from which she could fund any immediate changes required to ensure services were safe and appropriately staffed.
- The trust had worked with system colleagues to deliver advanced care planning in the community with the result that the number of patients coming into hospital toward the end of their life was low. When patients were unavoidably in hospital the trust provided an exceptionally compassionate care plan called YODO (You Only Die Once). This initiative had been developed by staff. As an example, to improve the experience of dying patients who wanted just one more Christmas, a ward had a pretend Christmas to make this happen.

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

The trust had an efficient workforce as reflected in the its low overall pay bill cost per WAU which benchmarked for 2017/18 and 2018/19 in the best quartile nationally. The trust had measures to support and develop staff and used advanced roles efficiently. It had a low retention rate which it was addressing and was working collaboratively with its system to share practice.

- The trust's overall pay cost per WAU for 2017/18 was £1,863 compared to the national benchmark of £2,180 and benchmarked in the lowest (best) quartile nationally. The information available for 2018/19 which comprised clinical staff pay costs only, showed that the trust was still in the lowest (best) quartile for medical, nursing and professional, technical and therapies staff costs.
- When considered separately the substantive nursing cost per WAU in 2017/18 was exceptionally efficient at £520 compared to national of £710. For 2018/19 the overall nursing (substantive and temporary) cost per WAU was £643 compared to the national median of £892, placing the trust in the lowest (best) quartile – the trust had the second lowest cost per WAU nationally. The trust had an established and successful international recruitment programme from the Philippines resulting in 20 new nurses joining the trust each month. The trust recognised the importance of developing their own staff and had established a pathway for staff starting at the 'sitter' level to health care assistant and to registered nurse.
- Medical substantive cost per WAU in 2017/18 was £525 compared to national median of £533 and sat in the second lowest (best) quartile nationally. For 2018/19, the total (substantive and temporary) medical cost was £580 compared to a national figure of £763 and benchmarked in the lowest (best) quartile nationally. The trust had increased their profile as an attractive employer and could attract a good calibre of medics. They had reduced the number of vacancies for medical staff and additionally increased the number of substantive employees. At the time of the assessment 80% of medical staff had a job plan, the gap was reportedly due to the scrutiny this was being given to ensure plans reflected organisational needs and the trust expected this to be 100% by April 2020.
- Allied Health Professional (AHP) substantive cost per WAU in 2017/18 were £135 which was higher than the national median of £130 and benchmarked in the second highest (worst) quartile nationally. The Model Hospital did not have any comparable cost per WAU for 2018/19 due to a change in the national methodology. The trust had invested in the development of innovative advanced roles for AHPs, especially in radiography and muscular skeletal services. They had several consultants allied health professionals who were paid at a higher grade. For example, the muscular skeletal pathways were triaged by consultant physiotherapists, the cost of this impacting on the AHP cost per WAU but contributing to the lower medical staff cost per WAU. This provided a good career pathway for AHPs, was supporting staff retention, and by maximising the AHP role was helping to improve productivity and capacity in other clinical roles.
- Agency costs in 2017/18 benchmarked positively at £95 against a national median of £107. However, the trust used a higher proportion of temporary staff than peers and national medians, 5.87% compared to 5.34% and 3.97% respectively (February 2020). The trust reported they cared for a high number of mental health patients, and very sick patients, that required specialing (1 to 1 nursing care), and they employed agency staff to provide this. The trust now employed 'sitters' who were lower grade staff who would work with patients with cognitive impairment and provide purposeful tasks. The trust reported being successful in converting agency staff to substantive staff.

- In January 2020 the nursing vacancy rate had decreased significantly from 13% (April 2019) to 8.1% with 70 whole time equivalent more substantive nurses in post compared to December 2018. The trust acknowledged a particularly difficult area was the community hospitals which were often isolated with limited transport links. Actions taken had included relocating corporate clinical staff to these sites to add resilience, specific international recruitment and rotation of staff from the acute site. The trust had a range of other measures in place to attract staff including financial awards and to get new recruits into post as quickly as possible they had introduced a new recruitment process which had resulted in an 'interview to recruit period' of just 2.4 weeks.
- The trust offered a range of apprenticeship options and had made good use of its apprenticeship levy. They had been working in partnership with Health Education England (HEE) to provide a level 1 pre-health care assistant (HCA) course called RED (Royal Surrey Retention and Engagement Direct) for staff and provided education on health and safety, interview skills and opportunities for experience. This served well as an entry point to the HCA role and the trust had significantly decreased HCA vacancies and the requirement for agency HCAs. The trust had developed an excellent introduction to care book for those new to healthcare. Healthcare assistants then had the opportunity to move onto the nursing associate apprenticeships. The trust worked with diverse groups to raise awareness and highlight opportunities for development for staff with protected characteristics.
- The trust was part of a system wide workforce action board where there was a focus on sharing practice and collaboration. Developing advanced roles and skill mixing staff was a priority for the trust. This had resulted in a high number of advanced nursing practitioners taking on the roles that would have traditionally been the domain of a doctor. One excellent example of this impacting patient care was that oncology advanced care practitioners could admit directly when required. The trust had a robust pathway for assistant practitioners and were at the time of the assessment introducing nursing associates.
- The staff retention was 82.2% (12 months to January 2020) compared to the national median of 86.3% and benchmarked in the lowest (worst) quartile nationally. The trust had analysed reasons for leaving by ward/department and had developed a good understanding of the issues and had made some progress in reducing the medical staff turnover. They had established career clinics, and offered continued professional development and had a varied offer to suit all staff by seconding onto clinical and business Masters programmes. The trust had established an internal transfer scheme and approximately 5 staff per month could choose to use this and these were staff who might have otherwise resigned if this scheme had not been in place.
- Staff turnover was 0.90% (for January 2020) compared to the national average of 0.92% and benchmarked in the second-best quartile nationally and showed an improving picture on the past year. The trust was focused on improving retention and had recruited a senior nurse to lead the health and wellbeing strategy for the trust with a programme that included counselling, resilience and mindfulness sessions. The trust had introduced a new guide for managers and made improvements to the environment. The trust had a scheme called Wagestream whereby staff could request up to 50% of their salary early to help with any financial challenges that fell within the month.
- The trust had a low staff sickness rate at 3.42% (November 2019) against a national median of 4.89% and benchmarked in the lowest (best) quartile nationally. Staff survey results were very good. The results showed that the trust position was similar to the benchmark in 4 of 11 domains and were above in the remaining 7. 70% of staff would recommend the trust as a place to work and 80% would recommend the care.

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

The trust was part of a mature and exemplar pathology network which delivered an efficient service to the trust. The trust's pharmacy service was relatively efficient with the high medicine cost per WAU resulting from the large volume of chemotherapy services delivered by the trust as a regional cancer centre. The trust however did not have any 7-day service for pharmacy and needed to progress on this. The trust showed a mixed picture on radiology with good consultant productivity but a high level of outsourcing and backlog which the trust hoped to reduce through increasing capacity and new equipment.

Pharmacy

- For 2018/19, the trust had a medicines cost per WAU of £532 which benchmarked higher than the national median of £369 and in the highest (worst) quartile nationally. The trust was a regional cancer centre and reported providing one of the highest volumes of chemotherapy services in England with 63% of the trust's total drug spend related to oncology. The trust also had an increasing immunotherapy service provided from an on-site aseptic manufacturing unit and was a regional centre for Hepatitis-C ODN service.
- The trust had a medicines transformation programme and was progressing with e-prescribing which was already in place for oncology with a view to complete the roll-out over the following two years.

- The trust had several initiatives to improve its pharmacy services. It had created a wholly owned pharmacy subsidiary which the trust reported had supported the improvement of outpatient pharmacy services. It was working with the wider healthcare system on medicines optimisation: it had optimised medicines in care homes and implemented pharmacist workforce planning across the integrated care system (ICS). This work was however in early stages but was predicted to realise significant efficiencies across the system. The trust was introducing a mobile chemotherapy IV administration service from February 2020 which would bring the service closer to patients' homes as well as increase capacity and deliver a shared financial benefit to the NHS estimated around £1 million per annum.
- The trust had progressed in several areas, demonstrating an efficient service. The percentage of pharmacist time spent on actively prescribing was 80% in 2018/19 against a national median of 78%. This placed the trust in the second-best quartile nationally. The trust had put in place a rolling programme of training placements to further improve in this area going forward. Pharmacist time spent on clinical pharmacy activities at 76% (September 2019) was at the level of the national median. Antibiotic usage had decreased from 3,895 defined daily doses (DDD) per 1,000 admissions in 2017/18 to 3,815 DDD per 1,000 admission in 2018/19 which was significantly better than the national median of 4,757. The trust was one of the best performers nationally with regards to antibiotics usage. This was the result of its overall governance arrangements, as well the introduction of specific measures such as its 'auto stop and tell' policy supported by an App which prompted clinicians to review antibiotics prescriptions. Microbiologists also participated to daily ward rounds.
- However, Sunday on ward pharmacy hours was reported as zero in the Model Hospital against a national average of 4 hours. The trust acknowledged the position and had recently approved a business case for a 7-day service which included specific support to emergency admissions. The trust however needed to progress at pace to provide a 7-day service.
- The trust had performed well against the top ten medicines savings target and had overperformed by 131% as at March 2018. It had delivered £1.7 million further savings in 2018/19 and had delivered a further £2 million as at February 2020.

Pathology

- The trust's pathology services were delivered through a joint venture - Berkshire and Surrey Pathology Services ('BSPS') - which was one of the first pathology networks to have been established nationally. The network was a national exemplar and was delivering financial savings to the participant trusts through economies of scale and improved controls. The data in the Model Hospital for the whole network showed a very efficient service with the network benchmarking consistently in the best or second-best quartiles.
- However, it was not possible to establish how the trust benchmarked for pathology expenditure and the percentage of non-pay costs as these were given at network level rather than for the trust specifically and consequently appeared very high compared to peers and the national median.
- The trust was however aware of the performance of the network through reporting to the trust board and operationally, one of the clinical divisions managed the relationship with the network. The latest financial report showed that the trust would have saved £1.1 million since 2015/16, despite rising inflation and activity.
- The national GIRFT team had carried out a lessons learnt review during the year which had demonstrated real consolidation and harmonisation of the services between the 4 partner organisations and had helped the network support others in both the South and Midlands regions.
- The trust reported that they had benefitted from the maturity of the network which had been in place for 21 years and there were plans for future developments including digitalisation.

Radiology

- The trust's radiology services presented a mixed picture. The trust benchmarked in the second worst quartile for overall cost per report at £69.43 compared to £50.24 for peers and a national median of £50.24.
- The trust had a high level of outsourcing costs as a percentage of total imaging costs (16% compared to 6% for peers and 5.6% nationally). This was despite an apparently productive consultant body with all consultant's metrics (MRI and CT backlogs, reports per reporting professional activity (PA) and vacancies) in the second-best quartile nationally. The trust had re-procured two MRI state of the art scanners which it expected would provide additional capacity and reduce the future requirement for outsourcing.

- For radiography, the metrics indicated a service under pressure. The trust had a high level of reporting backlog as a percentage of overall X-ray activity and benchmarked in the worst quartile nationally (0.99%) and well above peers (0.21%). It also had a very high level of auto-reporting at 25.8% which was much higher than peers (11%) and national medians (10.6%) and the recommended level of around 12%. Although, we noted that the level of auto-reporting had decreased from 2017/18 when it was at 33.6%.
- The trust had increased the number of advanced practitioners in plain film reporting to introduce hot chest reporting in early 2020 to enable the trust to meet the faster diagnostic standard lung pathway. It also provided training and development opportunities (e.g. enhanced roles including in community services) to retain its staff and had resorted to international recruitment to recruit new staff. The trust also hoped the arrival of new state of the art equipment would render the service attractive to new and existing staff.
- The trust had a relatively recent equipment except for MRI and non-obstetrical ultrasound machines. The radiology diagnostic strategy included an equipment replacement programme. In 2019, the trust had installed 2 state of the art CT scanners and 7 Ultrasound machines. To support its community sites, the trust had installed a new radiology department in Cranleigh Community Hospital and had replaced its imaging equipment at Haslemere Community Hospital. The trust had also secured funding for a replacement MRI scanner and tomosynthesis machine for 2020 and had the approval to rebuild their MRI suite and install an additional MRI scanner.
- The data available on Model Hospital had gaps in terms of the trust's metrics for 'did not attend' (DNA) rates. The data available showed that the trust benchmarked in the worst quartile nationally for MRI DNA rate but was in the second-best quartile for CT and non-obstetrical ultrasound scans.
- The trust expected to slightly overachieve on its £2.3 million savings plan across its clinical support services. This included £0.4 million savings in radiology. Further savings (around £2 million) were expected from non-pay costs which would be achieved through the trust's Healthcare Partners Limited (HPL) subsidiary.

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

The trust's corporate services were run efficiently, providing services externally to the trust and working collaboratively with other organisations locally to derive common benefits. The trust however needed to progress with some areas of estates and facilities and demonstrate further the benefits of the procurement solution which had not yet cascaded into model hospital metrics.

- For 2017/18 the trust had an overall non-pay cost per WAU of £1,442 compared with a national median of £1,307. This placed it in the worst quartile nationally. There was not comparative data for 2018/19 due to a change of the national costing methodology.
- The cost of the finance function for 2018/19 was £0.954 million per £100 million of turnover against a national median of £0.653 million. This placed it in the worst quartile nationally. It was however noted that the function delivered work for the local health system and the trust's subsidiaries, and there had been some investment in the team to support the trust's financial turnaround a few years ago, although this had now been completed. The trust had assessed that the cost of the function, excluding the work carried out on projects not specifically related to the trust, would be closer to the national median. The trust was looking to develop an improvement plan for the finance function over the next two years which included investment in a new financial ledger which would deliver efficiencies.
- The cost of the human resources (HR) function was £0.635 million per £100 million turnover for 2018/19 against a national median of £1.087 million. This placed the trust in the best quartile nationally. The trust also benchmarked well (in the second best or best quartile nationally) for most functional areas where information was provided. However, the trust benchmarked in the worst national quartile for the recruitment sub function with a cost per £100m turnover of £0.292 million against a national median of £0.109 million. This reflected the decision to invest in this area given the challenges facing the organisation in terms of recruitment and retention as well as the cost of international recruitment and advertisement. It was noted that staff turnover had decreased over time. This improvement had moved the trust position from the worst quartile in March 2018 to the second-best quartile nationally as at January 2020.
- The trust had also considered outsourcing some HR subfunctions, but this had been discarded as not a suitable option for the trust. The trust was however working collaboratively with the wider health system to identify areas of mutual benefit going forward.
- The trust's information management and technology (IM&T) function cost per £100 million turnover was £2.60 million in 2018/19 against a national median of £2.52 million. This placed the trust in the second worst quartile nationally

with several subfunctions also benchmarking in the second worst quartile. The trust had developed its digital strategy and invested in the appointment of a chief information officer. The strategy focused on clinical transformation and resilience in terms of cyber security and would be implemented over the next two years and the trust expected it would generate efficiencies in the future.

- As part of its strategic ambition, the trust had worked in partnership with other local trusts to develop a common electronic patient record (EPR). The system,which would be common across two trusts and aligned to a third one was expected to be a significant enabler for improvement in care through integration and better networking across acute and community services providers. One of the largest and most innovative EPR system nationally, this would require a significant level of resources and investment and presented material risk to the trust and a Joint Digital Governance Model provided system leadership and oversight of the programme. The trust also worked with local partners on several other projects. It had partnered with a local trust to jointly procure a single system across both organisations to digitise the whole patient journey. They now shared a common platform and where in discussion with another local trust to join the same platform. This allowed the standardisation of the clinical and back office processes around one single patient record and journey. The trust was working with other local partners on several other initiatives (e.g. system wide video system to do telemedicine).
- The trust delivered its procurement function through a wholly owned subsidiary Healthcare Partners Limited, which had allowed the consolidation of the provision of fully managed medical equipment, technical and procurement services. The cost of the procurement function per £100m turnover was £0.328 million as at March 2019 against a national median of £0.208 million. This placed the trust in the worst quartile nationally. However, we noted that this service provided direct support to a national procurement scheme as well as being engaged with other commercially innovative partnerships which contributed to the higher cost of the function compared to other trusts. The service had also been configured to provide junior buyers to undertake work that may have been undertaken previously by clinicians, therefore releasing more time for clinical activities. The trust reported that the subsidiary would deliver around £2.5 million cost savings during 2019/20 with a further £3 million expected the following year.
- In the most recent data available on the Model Hospital and through other sources, the trust had showed a mixed picture:
  - The trust's Procurement Process Efficiency and Price Performance Score as at quarter 2 2019/20 was 19 against a national median of 57. This placed the trust in the worst quartile nationally. The trust had a plan in place to improve on this area and progress must be made and sustained.
  - The percentage of transactions on e-catalogue was 90.7% as at April 2019 against a national median of 94.7%. This placed the trust in the worst quartile nationally. The trust had undertaken work to improve on this area which would be reflected in the future.
  - The percentage of invoices matched to an electronically generated purchase order was 80.1% as at April 2019 against a national median of 88.5%. This placed the trust in the worst quartile nationally.
  - The trust had not achieved level 1 accreditation for the NHS standard for procurement as at January 2020 against a benchmark value of level 2 accreditation nationally. However, the trust had developed plans to achieve level 1 accreditation in 2020.
- The trust's estates and facilities (E&F) cost per square meter for 2018/19 was £376 compared to a national median of £396. This placed it in the second-best quartile nationally.
- The trust benchmarked well nationally in several areas. The backlog maintenance cost per square meter had shown an improvement since 2016/17 and was at £43 in 2018/19 against a national median of £200. This placed the trust in the best quartile nationally. Hard facilities management (FM) costs per square meter for 2018/19 was £86 against a national median of £100 and placed the trust in the best quartile nationally.
- However, there were areas where the trust could improve. Soft FM cost per square meter was £170 against a national median of £148 and placed the trust in the worst quartile nationally. It was noted that soft FM costs had increased in comparison to prior years. The trust was reviewing its contract arrangements to identify efficiencies in this area. The energy cost per square meter was £35.4 in 2018/9 against a national median of £28.4 which placed the trust in the worst quartile nationally. The trust had implemented several initiatives that were designed to deliver efficiencies going forward.
- The cost per patient meal was £4.55 in 2018/19 against a national benchmark of £4.21. This placed the trust in the worst quartile nationally. The Trust had reviewed the catering system and implemented a new process which had improved patient satisfaction, reduced waste and was expected to improve costs.

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

For 2018/19, the trust had an overall cost per WAU which benchmarked in the lowest (best) quartile nationally. The trust had delivered surpluses over the last three years, meeting its control total and held a significant cash balance. It had over-delivered its cost improvement plans (CIPs) in the previous year and expected to do so again in 2019/20. The had invested in its costing team and had service line reporting and patient level costing in place. The trust's financial position had to be considered in the context of a local health system in financial deficit and the trust was working collaboratively within its system to improve the system financial position including through a common transformation agenda.

- The trust had delivered surpluses since 2017/18. In 2018/19, the trust had delivered £38.7 million surplus including provider sustainability funding (PSF) (£6.3 million surplus excluding PSF). For 2019/20, at the end of February 2020, the trust was on track to deliver £7.3m million surplus control total (including PSF and emergency rate funding (MRET)) and a £1.7 million deficit excluding PSF and MRET (0.45% of turnover). The 2019/20 lower financial performance resulted from a decrease in PSF received from £32 million in 2018/19 (£18.4 million more than originally planned) to £4.9 million in 2019/20. The trust's 2019/20 plan also included £4.5 million of investment in several initiatives to improve patient access and experience (e.g. resourcing the newly opened urology centre, electronic patient records, enhanced diagnostics and outpatient capacity) and £2 million to fund additional winter bed capacity and investment in community services.
- The trust had over-delivered on its cost improvement programme (CIP) in 2018/19 (117%) and was on track to overachieve its CIP in 2019/20 (114%) with both years CIP representing 3.9% of expenditure. The trust had continued to benefit from the improvements made a few years earlier under its financial turnaround with a well-established infrastructure to identify and deliver its CIP and the requirement for savings well embedded into the organisation. In 2019/20, the trust had a target CIP of £14.5 million although it had identified £18.2 million worth of schemes. 65% of the schemes had been identified by the clinical divisions and were more transactional in nature with the remaining 35% being delivered through transformation schemes such as medicine management, theatre transformation, workforce and procurement. We however noted a slight decrease in the percentage of schemes delivered recurrently from 84% in 2018/19 to 65% in 2019/20. The trust however explained that some of the non-recurrent schemes provide year on year savings opportunities.
- A recent external review had estimated the trust's underlying financial position to £2.5 million deficit in 2017/18 improving to a deficit of £1.7 million in 2018/19 and 2019/20. The trust had an objective to deliver a £2 million underlying surplus each year to allow continuous investments in services. The trust's own estimate was closer to this objective (£1.2 million surplus in 2017/18 and £0.9 million in 2018/19) with the difference being attributed to these non-recurrent CIPs providing year on year savings opportunities (estimated around 50% of non-recurrent CIPs).
- The trust was part of the Guildford and Waverley integrated care partnership (G&W ICP) which was in financial deficit. The trust had agreed a contract with a £3.6 million 'discount', but which provided the trust with the assurance it would earn enough income to meet its control total and therefore earn PSF monies. The G&W ICP had developed a financial recovery plan which the trust's finance director was driving supported by an ICP transformation programme which was co-chaired by the trust's director of transformation. The ICP's progress against the financial recovery plan was reported to the trust's board each month and at the end of 2019/20 the ICP delivered a £2.5 million improvement on 2018/19, £1.9 million better than plan.
- We noted during our last assessment in 2018, that the trust's reference cost submission had been rejected by national bodies due to poor data quality. Since, the trust had invested in its costing function and improved data quality and had satisfactorily submitted its latest cost return. The trust had patient level costing data (PLICS) and service line reporting with information provided regularly to the operational teams and clinical divisions via QlikView. Service line information was discussed at the finance and transformation committee and divisions held to account on their delivery of their budget and cost improvement schemes. The trust had identified further improvements it wanted to make to improve data quality and reporting and reporting using the information for divisional deep dives, planning as well as to support business cases.
- The trust's overall cost per WAU for 2018/19, at £3,047 benchmarked in the lowest quartile nationally and its reference cost for the same year showed a further improvement on prior year to 0.87 which compared better than most acute non-specialist trusts. When compared to others nationally, the trust was amongst those with the best productivity and which achieved a financial surplus and delivered good quality of care.
- The trust's forecasted a £75.7 million cash balance at the end of 2019/20. This was driven by the trust's ongoing surplus position including the receipt of £58.2 million sustainability and transformation funding and PSF across 2017/18 and 2018/19. As a result, the trust had had a liquidity rating of 1 (best) for the last two years and expected to keep

the rating in 2019/20. This allowed the trust to keep a low debt level and repay in advance some of its outstanding debt. The trust's borrowings were set to reduce during 2019/20 from £16.6 million to £6.0 million. The trust had used its surplus and cash to invest in several initiatives such as the completion of its urology centre, the expansion of its surgical robotic fleet and complete the emergency department transformation scheme.

- The trust actively sought to earn commercial income and leverage its commercial partnerships with both private and public organisations. The trust had earnt £5.6 million of private patient income in 2018/19. The trust had an active clinical trial unit with at the end of 2018/19, 392 active trials, 93 of which were commercially sponsored. The trust had several ventures which offered more advantageous ways to deliver services for the benefit of NHS patients or secure services at better value for money (e.g. procurement, equipment, pharmacy dispensary, facilities management etc). At the time of the assessment, the trust was also in negotiations with the largest global provider of radiotherapy services to run their private patient radiotherapy services and give the trust access to brand new technology not otherwise available to NHS patients.
- In 2019/20, the trust forecast to spend £2.9 million on management consultancy, an increase on 2018/19 when the trust spent £2.0 million.

Outstanding practice

During our assessment we identified several outstanding practice areas. Below are some of the key or most innovative ones:

- The trust carried out surgical preadmission using an online assessment which avoids patients having to travel for an outpatient fitness for surgery appointment. This saves time for patients, and resources in terms of staff and requirement for estate.
- When patients are unavoidably in hospital for their last days the trust provides an exceptional compassionate care and support to families, developed as part of the Trust's 'YODO' (You Only Die Once) initiative.
- In partnership with a national charity, the trust provides a 'chemotherapy bus' which reaches into the community so patients can receive their treatment near to where they live.
- The trust is using telemedicine to provide care in prisons.
- The chief nurse has access to a significant financial safety reserve from which she can fund any immediate changes required to ensure services are safe and appropriately staffed.
- The trust has in place a community rotation scheme for staff.
- The trust is part of the Berkshire & Surrey Pathology Services which is one of the national exemplar networks.
- The trust is one of the best performers nationally with regards to antibiotics prescription. The trust has introduced a 'auto stop and tell' policy supported by an App which prompts clinicians to review antibiotics prescriptions.

Areas for improvement

The following have been identified as key areas where the trust has opportunities for further improvement:

- The trust's performance against the A&E target is very variable and the trust needs to continue to drive improvements towards achieving the target on a more consistent basis.
- The trust needs to continue to drive an improvement in its retention rate.
- The planned implementation of the new electronic patient record is ambitious and innovative. However, as a major change to core systems to be phased in across two acute providers and aligned to a third one, the trust must ensure that the project is appropriately supported by robust programme and risk management, board governance, very senior clinical and operational leadership and IT expertise. The trust has confirmed it has established a Joint Digital Governance Model that will provide programme oversight and direction to achieve this. We would also recommend maintaining regular dialogue with NHSX colleagues throughout planning and implementation.
- The trust should continue to engage at system level in its integrated care partnership and across the wider integrated care system to support collaborative working and shared delivery of transformation, productivity and efficiency improvements to improve the system's financial position.
- The trust should take action in response to outlying areas in the Model Hospital data to improve productivity/ efficiency wherever appropriate in these areas, specifically:
  - Theatre productivity: The trust should continue to focus on improving its theatre utilisation and increase the types of procedures undertaken as day surgery.

- Radiology: Plain x-ray reports by auto reporting has shown an improvement although it remains higher than the national median and recommended level. The trust needs to reduce its rate of auto-reporting further.
- Radiology: The trust has a high DNA rate for MRI. The trust needs to reduce it to closer to the national median.
- Pharmacy: the trust needs to progress at pace to improve the 7-day coverage for pharmacy services.
- Procurement: The trust has not achieved level 1 accreditation for the NHS standard for procurement as at January 2020 against a benchmark value of level 2 accreditation nationally. The trust should prioritise the accreditation process.
- Pathology: Reporting against national Model Hospital benchmarking data needs to be made explicit for all sites in the pathology network.

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

Safe	Effective	Caring	Responsive
Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Outstanding →← Jun 2020

Trust level

Well-led	Use of Resources
Good May 2018	Outstanding ↑ Jun 2020

Overall quality

Outstanding ↑ Jun 2020

Combined quality and use of resources

Good →← Jun 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.