Chelsea and Westminster Hospital NHS Foundation Trust

Use of Resources assessment report

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Date of publication: 31/01/2020

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?	Good
Are services well-led?	Outstanding

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

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

NHS Trust

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Date of inspection visit: 19 Nov to 28 Nov 2019
Date of publication: 31/01/2020

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 13th August 2019 and met the trust's executive team including the Chief Executive, and relevant senior management responsible for the areas under this assessment's KLOEs.

Findings

Outstanding ☆

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

We rated use of resources as outstanding because the trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients:

- The trust was rated as outstanding in the previous Use of Resources assessment and there were numerous areas of outstanding practice noted including its overall approach to improvement and its reductions in agency use. The trust continues its strong performance in these areas there are a number of additional areas of outstanding practice to highlight in this report:

- The trust reported a surplus including Provider Sustainability Funding (PSF) of £40.5 million in the financial year 2018/19 which was £13.7 million ahead of plan and control total. The trust has accepted its Control Total for financial year 2019/20 and is planning for a surplus of £11.8 million (including PSF) As at July 2019 (month four) the trust is on track to achieve this plan. The trust has a consistent track record of managing spending within available resources and in line with plans. The trust has met its plans since 2016/17.
- The trust planned a CIP programme of £25.1 million (3.8% of operating expenditure) in financial year 2018/19 and delivered £25.2 million. 100% of this CIP was reported as delivered recurrently.
- The trust's A&E performance is very strong compared to national performance. The trust has frequently achieved the 95% performance target over the past 12 months and performance has not fallen below 93%. This places performance in the top few trusts in the country
- The trust performs well against emergency readmission rates. The trust reported emergency readmission rates of 5.61% in April to June 2019 against a national median of 9.35%. This places it in the first (best) quartile nationally.
- The trust has a very strong approach to driving improvement including how it engages with the national Getting It Right First Time programme (GIRFT). The trust's approach was highlighted by GIRFT as good practice in the "Getting it Right in Leadership: learning from the GIRFT experience" publication.
- Since April 2016 the Trust's substantive workforce has increased by 400 whole time equivalents (WTEs) with 100 WTE more doctors and 250 WTE more nurses. This is following a sustained recruitment effort and investment in clinical services. This has reduced agency costs by £4 million (19%) between 2017/18 and 2018/19. Year to date in July 2019/20 the trust is £2.1 million (35%) below its agency ceiling and in 2018/19 the trust was £1.4 million below its agency ceiling.
- Sickness and absence rate for April to June 2019 was 2.45% against a national median of 4.06%. This places it in the first (best) quartile nationally.There were a number of areas highlighted in the previous report as areas for improvement including staff retention, DNA rates, medical job planning, imaging productivity and estates and facilities costs. And while many of these remain a challenge the trust can demonstrate improvement in all of these areas:
  - Staff retention performance has improved from 77.2% in October 2017 noted in the report to 78.1% in December 2018. This has improved following implementation of its Retention Improvement Plan with support from NHS England and Improvement's Retention Support Programme. However, the trust's retention rate is among the lowest in the country and this remains an area of ongoing focus for the trust.
  - DNA performance in April to June 2018 was 10.55% and has since improved to 9.15% in April to June 2019. DNAs have been a key areas of focus for the Outpatient Transformation programme and key initiatives over the past 12 months have been extension of the text messaging system and procurement of a digital system that enables patients to make and reschedule appointments and receive this outpatient letters online.
  - As at August 2019 80% of the trust's consultants have a job plan complete for 2019/20. In the prior inspection in January 2018 85% of job plans were complete for 2017/18 which demonstrates the trust is ahead of where is was in the previous inspection.
  - The trust's radiology cost per report in financial year 2018/19 is £46.13 against a national median of £52.94. This places it in the second quartile nationally. As part of the investment in substantive clinical staff the trust has invested in consultant radiologists over the past 12 months which has reduced the reliance on outsourcing and temporary staffing.
  - The trust's estates and facilities (E&F) cost per m^2 for the financial year 2018/19 is £493 compared to a national median of £377. This places it in the fourth (worst) quartile nationally. This is however an improvement from the 2017/18 cost per m^2 of £545. While the trust's estates costs benchmark as more expensive, they do score very strongly across a range of metrics for the quality, safety and productivity of estate.
- There are a small number of areas of additional challenge the trust is experiencing in the most recent inspection period.
- The trust had an underlying deficit of £13.6 million in 2018/19 which is 2% of turnover. The trust has plans to reduce this in 2019/20 through recurrent efficiency delivery to £1.3 million which is 0.2% of turnover.
- The trust diagnostics performance has been variable and over the past 12 months the trust has not achieved the target three times in September 2018, April 2019 and June 2019. In July 2019 however the trust has returned to compliance and reports 99.6% against a national median of 98.2%. This places it in the first (best) quartile nationally.
- The trust's 62 Cancer performance from urgent GP referral over the past 12 months has generally performed well apart from two months of non-compliance in April and May 2019. This was due to a capacity issue in Urology which has now been addressed. Performance for July 2019 was 85.5% against a national median is 78.0%. This places it in the first (best) quartile nationally.

- Overall the trust has improved its overall performance in Use of Resources since its previous inspection and continues to demonstrate a large number of outstanding and innovative practice.

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's A&E performance is very strong compared to national performance. The trust has frequently achieved the 95% performance target over the past 12 months and performance has not fallen below 93%. This places performance in the top few trusts in the country. From May 2019 the trust is one of the providers trialling the new A&E standards. The trust also performs well on delayed transfers of care with performance in March 2019 of 409 days against a national median of 579. This places the trust in the second quartile.
- The trust has performed well against the Referral-to-Treatment (RTT) standard and has achieved this target in all but one of the past 12 months. In August 2018 the trust's performance was 91.1% following challenges from the implementation on the new electronic patient record (EPR) system on the West Middlesex site. The trust is implementing EPR on the Chelsea site in November 2019 and comprehensive preparation work is underway for this including learning from the West Middlesex implementation. The Trust's RTT performance was 93.1% in July 2019 against a national median of 85.1%. This places it in the first (best) quartile nationally.
- The trust diagnostics performance has been variable and over the past 12 months the trust has not achieved the target three times in September 2018, April 2019 and June 2019. In July 2019 the trust has returned to compliance and reports 99.6% against a national median of 98.2%. This places it in the first (best) quartile nationally.
- The trust's 62 Cancer performance from urgent GP referral over the past 12 months has generally performed well apart from two months of non-compliance in April and May 2019. This was due to a capacity issue in Urology which has now been addressed. Performance for July 2019 was 85.5% against a national median is 78.0%. This places it in the first (best) quartile nationally.
- For pre-procedure elective bed days, the trust reported 0.14 during April to June 2019 against a national median of 0.12. This places it in the third quartile nationally. While there are still improvements to be made this performance does demonstrate considerable improvement over the past 12 months. Performance in April to June 2018 was 0.19 against a national median of 0.11. Minimising pre and post procedure length of stay is a specific focus of the Elective Theatre Productivity Transformation programme.
- Pre-procedure non-elective bed days is an area of strong performance for the trust. Performance in April to June 2019 was 0.32 against a national median of 0.66. This places the trust in the top quartile nationally. Like pre-procedure elective bed days the non-elective bed days has been an area of improved performance over the past 12 months. Performance in April to June 2018 was 0.42. The trust continues to maintain a focus on this area of performance. An example is their use of trauma coordinators supporting the discharge of patients prior to procedures, returning to have their surgery as a day case where it is clinically appropriate.
- The Did Not Attend (DNA) rate in April to June 2019 was 9.15% against a national median of 7.01%. This places the trust in the bottom quartile nationally. The trust's DNA rates were identified as an area for improvement in the previous Use of Resources report. While still in the bottom quartile nationally the trust has made sustained improvements over the past 12 months and its performance for this metric is better than the London average. Performance in April to June 2018 was 10.55% and the London average performance in April to June 2019 was 10.12%. Work is ongoing to drive continued improvements. DNAs have been a key areas of focus for the Outpatient Transformation programme and key initiatives over the past 12 months have been extension of the text messaging system and procurement of a digital system that enables patients to make and reschedule appointments and receive this outpatient letters online.
- The trust performs well against emergency readmission rates. The trust reported emergency readmission rates of 5.61% in April to June 2019 against a national median of 9.35%. This places it in the first (best) quartile nationally. This has been achieved through initiatives such as the Response at Time of Crisis project and expanded community rapid response services at both sites and the establishment of the Older Adult Support Team service, providing consultant advice to GPs and urgent outpatient reviews to support patients to remain out of hospital.
- The trust has a very strong approach to driving improvement including how it engages with the national Getting It Right First Time programme (GIRFT). The trust's approach was highlighted by GIRFT as good practice in the "Getting it Right in Leadership: learning from the GIRFT experience" publication. The trust uses a range of external inputs to inform its improvement programme including GIRFT, Model Hospital, Dr Foster, and peer review amongst others. These are combined with internal inputs such as quality, performance, workforce and finance data, internal

benchmarking and the ward accreditation programme. This information is used to inform and drive the speciality deep dives (75 across all specialties). The outputs of these deep dives then feed into improvement programmes. These are currently theatre productivity, bed productivity, outpatient productivity, corporate productivity, temporary staffing, procurement, medicines and diagnostics.

- This systematic and established approach reports progress into the monthly Improvement Board and is supported by strong clinical engagement and executive leadership, demonstrating an embedded culture of improvement in the way the organisation manages all aspects of their business In addition to being highlighted by GIRFT as demonstrating good practice the trust is able to evidence numerous examples of clinical improvement that has been supported by this approach. Two examples are noted above in the performance improvement seen in pre-procedure elective bed days and DNAs. Another specific project is the mouth care project. It was recognised that stroke patients often rely on assistance for oral hygiene but the care being provided was not consistent between staff and wards. The project introduced a trust-wide oral care protocol, new more effective equipment and an awareness campaign. The impact for stroke patients has been a reduction in hospital acquired pneumonia of 67%, an associated reduction in mortality of 75% and a 70% reduction in antibiotic usage.

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

- In financial year 2017/18 the trust had an overall pay cost per Weighted Activity Unit (WAU) of £1,908 against a national median of £2,180. This places it in the first (best) quartile nationally. The low pay cost per WAU should be seen in the context of the relatively high proportion of outsourced services which is reflected in the higher non-pay costs per WAU.
- Within the total pay cost, substantive nursing costs per WAU in 2017/18 is £594 against a national median of £710 (first quartile). The trust undertakes bi-annual acuity and dependency audits and establishments are reviewed annually to ensure safe staffing. Nursing staffing is directly monitored against clinical safety outcomes, providing assurance that, whilst cost are low, staffing levels are within recommended safe levels. When benchmarked the trusts Care Hours Per Patient Day (CHPPD) is consistently above both the national and recommended peer median.
- AHP substantive costs per WAU in 2017/18 is £80 against a national median of £130 (first quartile). The low AHP costs can be attributed to rotational staff are employed by another. However, there are areas where AHPs are underrepresented and the trust recognises this is an area of opportunity. The trust runs a seven-day therapy service covering emergency pathways, respiratory and orthopaedics and is reviewing options to develop this service further.
- Substantive medical costs per WAU in 2017/18 is £542 against a national median of £533 (third quartile). The trust has deliberately invested in its medical workforce and particularly its substantive staff. The trust also makes use of the Patchwork medical shift booking IT system which supports the low levels of medical agency staff.
- Since April 2016 the Trust's substantive workforce has increased by 400 whole time equivalents (WTEs) with 100 WTE more doctors and 250 WTE more nurses. This is following a sustained recruitment effort and investment in clinical services. This has reduced agency costs by £4 million (19%) between 2017/18 and 2018/19. Year to date in July 2019/20 the trust is £2.1m (35%) below its agency ceiling and in 2018/19 the trust was £1.4 million below its agency ceiling. The trust has a weekly Executive led pay review meeting to maintain a tight grip on pay spend, including temporary staffing, with some wards achieve zero agency usage.
- The staff retention rate was 78.1% in December 2018 against a national median of 85.6%. This places the trust in the bottom (worst) quartile nationally. However, when compared to a London median of 81.7% performance is more comparable. The Trust's performance has also improved following implementation of its Retention Improvement Plan with support from NHS Improvement's Retention Support Programme. This was highlighted as an area for improvement in the prior year report and although performance has improved from 77.2% in October 2017 noted in the report to 78.1% in December 2018, however, the trust's retention rate is among the lowest in the country and this remains an area of ongoing focus for the trust.
- Sickness and absence rate for April to June 2019 was 2.45% against a national median of 4.06%. This places it in the first (best) quartile nationally. The trust's strong performance is supported by an Advisory team in HR and OD who have a key objective to support managers with sickness. This includes proactively reviewing monthly sickness triggers and supporting managers with advice and formal meetings if needed.
- As at August 2019 80% of the trust's consultants have a job plan complete.
- Electronic rostering is embedded across the nursing workforce using the MAPS eRostering system. Staffing capacity is discussed at daily bed meetings and the safer staffing module of the electronic rostering system is updated twice a day.
- The trust has not yet rolled out electronic rostering across the Allied Health Professionals (AHP) workforce and medical workforce but this is planned for completion in financial year 2019/2020.

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

- The trust has performed well against the of the top ten medicines savings target as at March 2018 is achieving 138%. Medicines cost per WAU in financial year 2017/18 was £475 against a national median of £320. This is warranted variation as the Trust processes a very high percentage of high cost medicines due to its work in areas such as HIV. In the most recent data available on Model Hospital (2017/18) the trust flags in the bottom two quartiles for a number of pharmacy and medicines metrics. These include pharmacist time spend on clinical pharmacy activities, percentage of pharmacists actively prescribing, percentage of medicines reconciliation within 24 hours of admission and number of days stockholding. These have all been areas of focus for the trust and have all seen marked improvements in the most recent data the trust has provided which relates to June 2019.
  - Pharmacist time on clinical pharmacy activities was 60% in 2017/18 against a national median of 76% and the trust is reporting 77%.
  - The percentage of pharmacists actively prescribing was 25% in 2017/18 against a national median of 35% and is now at 56%.
  - The percentage of medicines reconciliation within 24 hours of admission was 46% in 2017/18 against a national median of 74% and is now 93%.
  - The number of days stockholding was 32 in 2017/18 against a national median of 21 and is now 25 days.
  - The trust has improved performance in these areas primarily through recruitment in an additional 12 WTE registered pharmacy staff.
- The trust's pathology service is delivered through the North West London Pathology collaborative and data is aggregated for this whole service which operates across three providers. The trust's overall cost per test in 2018/19 is £1.80 against a national median of £1.86. This places it in the second quartile nationally. The Pathology collaborative launched in 2016 and the trust continues to support the collaborative in delivering its current as well as new programmes of efficiency opportunities that are available.
- The trust's radiology cost per report in financial year 2018/19 is £46.13 against a national median of £52.94. This places it in the second quartile nationally. However there are a number of areas of focus in terms of improvement. The outsourcing costs as a percentage of the total imaging costs is 15.5% against a national benchmark of 4.9% as at March 2019. This places it in the fourth quartile nationally and can mainly be attributed to higher levels of vacancies across a number of disciplines as well as pockets of high level sickness absences in the services when compared to national benchmarks for these areas.

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

- For financial year 2017/18 the trust had an overall non-pay cost per WAU of £1,414 compared with a national median of £1,307. This places it in the third (second worst) quartile nationally. As previously noted, the trust's high proportion of contracted out services, e.g. IT, pathology, payroll and hard and soft facilities management drives a higher non-pay cost, and a lower pay cost per WAU.
- The cost of the finance function for financial year 2018/19 is £678,140 per £100 million of turnover against a national median of £653,290. This places it in the third quartile nationally. Accounts receivable costs in particular are high due to the inclusion of Private Patient credit control (which is included within private patient units in other trusts). The Trust also currently has all areas of finance in-house other than audit and payroll. Plans are underway to consolidate Accounts payable and payroll with other providers in the region. The finance department has made innovative use of technology to drive efficiency in the use of robotic process automation (RPA) technology. This has reduced the time spent by staff on repetitive time-consuming tasks such as reconciliation of monthly accounts and accruals. This is now being expanded to a wider range of finance and back office functions including Human Resources.
- The cost of the Human Resources (HR) function for the financial year 2018/19 is £780,530 per £100 million turnover against a national median of £910,730. This places it in the second quartile nationally. The trust is exploring further quality and efficiency initiatives, such as the application of robotic process automation (RPA) technology in HR processes, but it is noted the important role this department has in supporting improvements in agency spend, staff retention and maintaining low sickness levels which remain areas of priority focus for the trust going forward.
- The procurement cost per £100 million turnover is £170,690 against a national median of £208,410. This places the trust in the second quartile. The procurement league table ranking which is formulated from a suite of standards procurement metrics is 82 for January to March 2019 against a national median of 67. This places it in the third quartile nationally. This represents progress in performance in comparison to the same period in the prior year where a score of 102 was recorded. The trust is part of the North West London procurement collaborative.

- The trust's estates and facilities (E&F) cost per m^2 for the financial year 2018/19 is £493 compared to a national median of £377. This places it in the fourth (worst) quartile nationally. The hard facilities management (FM) cost per m^2 for the financial year 2018/19 is £88 against a benchmark of £107. The soft facilities management (FM) cost for the financial year 2018/19 per m^2 is £145 against the benchmark of £133. Within this, particular areas that benchmark in the bottom quartile for 2018/19 are Portering, Water and Sewage costs, cleaning and food costs (all £ per m^2). While the trust's estates costs benchmark as more expensive, they do score very strongly across a range of metrics for the quality, safety and productivity of estate.
  - For financial year 2017/18 the trust has occupied floor area (m^2 per WAU) of 0.79 against a national median of 1.22. This places the trust in the top quartile nationally.
  - For financial year 2017/18 the trust has amount of non-clinical space (%) of 28.7% against a national median of 34.7%. This places the trust in the top quartile nationally.
  - For financial year 2018/19 the trust has backlog maintenance of £105 per m^2 against a benchmark of £233 per m^2.
  - For financial year 2017/18 the trust has Cleanliness – Patient Led Assessment Score of 99.9% against a national median of 99.3%. This places the trust in the top quartile nationally.
  - For financial year 2017/18 the trust has Privacy, Dignity & Wellbeing – Patient Led Assessment Score of 93.7% against a national median of 84.7%. This places the trust in the top quartile nationally.

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

- The trust reported a surplus (including Provider Sustainability Funding - PSF) of £40.5 million in the financial year 2018/19 which was £13.7 million ahead of plan and control total. The trust has accepted its Control Total for financial year 2019/20 and is planning for a surplus of £11.8 million (including PSF) As at July 2019 (month four) the trust is on track to achieve this plan. The trust has a consistent track record of managing spending within available resources and in line with plans. The trust has met its plans since 2016/17.
- The trust had an underlying deficit of £13.6 million in 2018/19 which is 2% of turnover. The trust has plans to reduce this in 2019/20 through recurrent efficiency delivery to £1.3 million which is 0.2% of turnover.
- The trust planned a CIP programme of £25.1 million (3.8% of operating expenditure) in financial year 2018/19 and delivered £25.2 million. 100% of this CIP was reported as delivered recurrently.
- In financial year 2019/20 the trust is planning a CIP programme of £25.5 million (3.7% of operating expenditure). At July 2019 the trust is behind plan for CIP delivery by £1.4 million (£5.0 million delivered against a plan of £6.4 million). The trust is still forecasting to deliver its CIP programme in full in 2019/20 consistent with its performance in prior years.
- The trust has adequate cash reserves and is able to consistently meet its financial obligations and pay its staff and suppliers in the immediate term. In March 2019 the trust reported £100.3 million cash balance. In July 2019 the trust reported £128.7 million cash which is £25.8 million ahead of plan. The Trust's liquidity is a SOF score of 1 in M4 2019/20 and the capital service capacity is a SOF score of 2. Overall for the trust completed 2018/19 with a use of resources SOF score of 1 and is forecasting maintaining this in 2019/20.

Outstanding practice

- The trust reported a surplus (including Provider Sustainability Funding - PSF) of £40.5 million in the financial year 2018/19 which was £13.7 million ahead of plan and control total. The trust has accepted its Control Total for financial year 2019/20 and is planning for a surplus of £11.8 million (including PSF) As at July 2019 (month four) the trust is on track to achieve this plan. The trust has a consistent track record of managing spending within available resources and in line with plans. The trust has met its plans since 2016/17.
- The trust planned a CIP programme of £25.1 million (3.8% of operating expenditure) in financial year 2018/19 and delivered £25.2 million. 100% of this CIP was reported as delivered recurrently.
- The trust's A&E performance is very strong compared to national performance. The trust has frequently achieved the 95% performance target over the past 12 months and performance has not fallen below 93%. This places performance in the top few trusts in the country
- The trust performs well against emergency readmission rates. The trust reported emergency readmission rates of 5.61% in June 2019 against a national median of 9.35%. This places it in the first (best) quartile nationally.
- The trust has a very strong approach to driving improvement including how it engages with the national Getting It Right First Time programme (GIRFT). The trust's approach was highlighted by GIRFT as good practice in the "Getting it Right in Leadership: learning from the GIRFT experience" publication.

- Since April 2016 the Trust's substantive workforce has increased by 400 whole time equivalents (WTEs) with 100 WTE more doctors and 250 WTE more nurses. This is following a sustained recruitment effort and investment in clinical services. This has reduced agency costs by £4 million (19%) between 2017/18 and 2018/19. Year to date in July 2019 the trust is £2.1 million (35%) below its agency ceiling and in 2018/19 the trust was £1.4m below its agency ceiling.
- Sickness and absence rate for Q1 2019/20 was 2.45% against a national median of 4.06%. This places it in the first (best) quartile nationally.

Areas for improvement

- The trust had an underlying deficit of £13.6 million in 2018/19 which is 2% of turnover. The trust has plans to reduce this in 2019/20 through recurrent efficiency delivery to £1.3 million which is 0.2% of turnover.
- The trust diagnostics performance has been variable and over the past 12 months the trust has not achieved the target three times in September 2018, April 2019 and June 2019. In July 2019 however the trust has returned to compliance and reports 99.6% against a national median of 98.2%.
- Staff retention performance has improved from 77.2% in October 2017 noted in the report to 78.1% in December 2018. This has improved following implementation of its Retention Improvement Plan with support from NHS Improvement's Retention Support Programme. However, the trust's retention rate is among the lowest in the country and this remains an area of ongoing focus for the trust.
- The staff retention rate was 78.1% in December 2018 against a national median of 85.6%. This places the trust in the bottom (worst) quartile nationally.
- The Did Not Attend (DNA) rate Q1 2019/20 was 9.15% against a national median of 7.01%. This places the trust in the bottom quartile nationally.

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
Good ➔➔ Jan 2020	Good ➔➔ Jan 2020	Good ➔➔ Jan 2020	Good ➔➔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ➔➔ Jan 2020

Overall quality

Good ➔➔ Jan 2020

Combined quality and use of resources

Good ➔➔ Jan 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.