Bradford Teaching Hospitals NHS Foundation Trust

Use of Resources assessment report

Trust Headquarters
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Bradford
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Date of publication: 09/04/2020

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

Are resources used productively?	Good

Combined rating for quality and use of resources	Good

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

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

Use of Resources assessment and rating

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

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

Combined rating for Quality and Use of Resources

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Date of inspection visit: 13 Nov 12 Dec
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This report describes NHS Improvement's assessment of how effectively this trust uses its resources. It is based on a combination of data on the trust's performance over the previous twelve months, our local intelligence and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

Proposed rating for this trust?	Good

How we carried out this assessment

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

We visited the trust on 27 November 2019 and met the trust's leadership team including the chief executive and the chair, as well as relevant senior management responsible for the areas under this assessment's KLOEs.

Findings

Good

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

We rated the trust's use of resources as Good. The trust is in surplus and has a good track record of managing spend in line with plans. However, at the time of the assessment there were a number of potential risks associated with the trust delivering the 2019/20 financial plan.

The trust benchmarked well when compared nationally across a range of metrics and were able to demonstrate an embedded quality improvement approach and strong collaborative working. Furthermore, the trust showed its use of technology has led to efficiency and productivity gains. However, the trust continues to have workforce challenges in relation to high pay costs and high sickness absence levels.

- In 2018/19 the trust reported a surplus of £6.4m (including £13.9m of provider sustainability funding (PSF)) against a control total and plan of £2.8m surplus. For 2019/20 the trust has a control total and plan of breakeven (including £12.5m PSF, FF and MRET funding); however, there are a number of significant risks facing the trust which may make the delivery of this a challenge.
- The trust has a cost improvement plan (CIP) of £16.2m (or 3.67% of its expenditure) and is currently forecasting to deliver against its plans. The trust not reliant on external loans to meet its financial obligations and deliver its services.
- Individual areas where the trust's productivity compared particularly well included Delayed Transfers of Care, Did Not Attend rates, staff retention and pathology. In addition, the trust has seen a reduction in agency spend and is forecasting a further reduction under ceiling in 2019/20.

However;

- The trust spends more on pay and other goods and services per weighted unit of activity (WAU) than most other trusts nationally. For 2017/18 at £3,562, the trust's overall cost per WAU benchmarks above the national median of £3,486. This indicates that the trust is less productive at delivering services than other trusts by showing that, on average, the trust spends more to deliver the same number of services. Underneath this headline metric, the trust is above the national median for both its pay and non-pay cost per WAU.
- Despite improvements the trust was not meeting the constitutional operational performance standards at the time of the assessment.
- Further opportunities for improvement were identified in staff sickness, imaging services and some elements of estates and facilities including waste management and portering. Although the trust highlighted data quality issues following the implementation of a new electronic patient record (EPR), the trust emergency readmission rate and clinical productivity metrics benchmarked above the national average.

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

- At the time of the assessment in November 2019, the trust was not meeting the constitutional operational performance standards around Referral to Treatment (RTT), Cancer, Diagnostics and Accident & Emergency (A&E). However, Cancer 62 day wait performance has improved from 69% in September 2018 to 81.3% in August 2019 and RTT has improved from 75.1% in September 2018 to 83.5% in August 2019.
- The trust uses a sustainable quality improvement approach to make best use of its resources within clinical services. The trust provided numerous examples where this approach had been adopted across the whole trust to improve clinical productivity. These include:
  - The use of virtual wards: the trust has a virtual diagnostic ward and a virtual elderly care ward. The virtual diagnostic ward enables patients to be discharged from hospital whilst still undergoing any necessary investigations within the same timeframe as an inpatient admission. Over a period of 12 months, this approach has saved 2500 inpatient bed days which is the equivalent of £900,000.
  - Cancer pathways: focussed work to review and process map pathways and diagnostic reporting has led to an 18 day reduction in time to diagnosis in three specialities between April and September 2019.

- The trust has worked across the health and social care economy to co-ordinate services that make best use of clinical resources:
  - The Children and Young Person's Ambulatory Care Experience (ACE) team was developed in partnership with Clinical Commissioning Groups (CCGs) and GPs and offers an alternative to attending or referring to the A&E department. The service receives direct referrals from GPs to the consultant on call. The ACE team provides assessment and treatment within the child or young person's home and also offer this service to support discharge from the A&E department or on discharge from the children's unit. Between December 2017 and September 2019, the service enabled 401 out of 478 children or young people to remain at home saving an estimated 558 bed days (£179k).
  - The implementation of a Bed Bureau GP line as an alternative to direct referrals to A&E has supported both admission avoidance and improved management of capacity and demand for beds. The trust evidenced on average, 50% of calls to the line resulted in admission avoidance between April 2019 and November 2019 with an overall reduction in GP admissions of 9%. By tracking patients who require an admission by using the trust EPR system, the trust has also been able to reduce long waits for beds.
  - Suspected cancer two week waits in dermatology: through work with primary care, the trust redesigned the dermatology pathway to enable criteria based triage where patients with non-benign skin conditions could be referred to GPs with a special interest in dermatology to free up capacity within secondary care to focus on patients with suspected cancer. The trust evidenced this has supported an improvement in two week wait performance from 7.6% during October 2018 to 92.1% in September 2019.
- The trust reports a delayed transfers of care (DTOC) rate that is lower than the standard of 3.5%. DTOC rates have been consistently low during the previous 12 months (range from 0.8% to 1.8%). The trust has also met its target to reduce the number of patients in hospital for more than 21 days by 40%. A multi-agency discharge team conduct weekly ward rounds to review all patients with a hospital stay of 14 days or more, with an additional virtual review of those patients in hospital for more than 7 days. There is also a long established discharge to assess model in place which ensures patients receive assessments in the most appropriate environment whilst also contributing to shorter lengths of stay.
- National data indicates that the trust has an emergency readmission rate of 10.96%, placing the trust in the highest (worst) quartile when compared to the national median of 7.85% during quarter 2 2019/20. The trust told us that this is as a result of recording issues within the electronic patient record that log planned reattendances or assessments as readmissions. The trust has undertaken a detailed piece of the work to understand the recording issues and following recalculation told us that their readmission rates are similar to the national median. The trust did identify four specialities where emergency readmissions were higher than average and has undertaken a focussed review to identify where improvements to pathways can be made.
- National data suggests that more patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England. However, the trust told us that there are data quality issues in their national data submissions and provided recalculated metrics;
  - At 0.28, pre-procedure elective bed days are above the national median of 0.12. When adjusted for data quality issues, at 0.10, trust data shows the trust is performing below the median when compared nationally.
  - At 0.66, pre-procedure non-elective bed days are about the same as the national median of 0.65. When adjusted for data quality issues, at 0.59, trust data shows the trust is performing below the median when compared nationally.
  - The trust has increased the use of pre-operative assessment clinics to prevent admissions before the day of procedure and explained it has plans to increase this further. The trust benchmarks positively for day case rates (87.6% vs national median of 77.1%) and there has also been a focus on increasing day case procedures within ear, nose and throat, urology, head and neck and vascular to prevent overnight admissions both before and after procedures.
- The Did Not Attend (DNA) rate for the trust is in the lowest (best) quartile at 5.46% for quarter 2 2019/20 against a national median of 7.13%. The trust's own data (when corrected for a technical error) shows that the DNA rate is higher (worse) than this. The trust uses a two-way texting system to send appointment reminders allowing patients to confirm or cancel their appointments by replying to a text reminder. The trust has also introduced patient initiated follow ups in some specialities to prevent unnecessary follow up appointments, with plans to expand this further as part of their out-patient improvement programme. So far, 805 patients have been included in this pathway. The trust has also commenced virtual appointments in some specialities and has increased the amount of non-face to face appointments from 5.5% in April 2018 to 8.6% in August 2019.

- The trust has engaged with the Getting It Right First Time (GIRFT) programme and has an established process for developing and monitoring action plans resulting from GIRFT reviews. The trust has a dedicated Model Hospital and analytics team that use GIRFT reports, model hospital and other benchmarking data to support clinical business units to prioritise improvement work. Examples of improvements made as a result of GIRFT reviews include:
  - Within women's services, booking all Botox injections or cystoscopies in an outpatient setting under local anaesthetic in order to meet best practice tariff.
  - In oral and maxillofacial surgery, a reduction in length of stay from 2.1 days in 2017 to 1.5 days (oral surgery) and from 1.1 days in 2017 to 0.9 days in 2018 (maxillofacial).
  - An increase in day case rates in urology from 68.9% in April 2018 to 77.2% in May 2019 when the national average was 72.1%.

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

- For 2017/18, the trust had an overall pay cost per WAU of £2,214 compared with a national median of £2,175, placing it in the second highest (worst) quartile nationally. This is largely driven by high medical staff costs per WAU as a large teaching hospital (£587 compared to a national median of £533) and high corporate, admin and estates staff costs per WAU (£436 compared to a national median of £359). For all other areas the trust has a lower cost per WAU than the respective national average.
- The trust reported the high medical cost per WAU as a direct consequence of the EPR implementation in 2017/18 when overall activity by all points of delivery fell by 9% against an increase in cost base. The trust told us they are predicting the cost per WAU for 2018/19 is likely to show improvement due to a 12% increase in activity against 4.5% increase in costs.
- The trust has improved its medical staffing recruitment (70 consultants in the last 3 years), reduced its medical agency usage (8 locum doctors as of November 2019) and at the time of the assessment had a medical retention rate of 94%. Medical temporary staff costs are also lower than peer at 8% compared to the 14.4% national position. Since May 2016 the trust has also achieved Direct Engagement VAT efficiency savings of £2.4m.
- The trust is in the top quartile in respect of the delivery of 7-day consultant care with more than 95% job plan completion in 2018/19 and an appraisal rate of 98%. The trusts premium rate sessions has also reduced from 2017/18. The trust's ongoing analysis of medical costs, which arises from a purposeful senior decision maker model, is triangulated with outcomes and options for other workforce solutions and has led to the trust's Bradford Improvement Programme priorities such as Outpatients and diagnostic workforce plans including Band 5 development.
- The trust demonstrated it is efficient in how it uses registered nurses and midwives. It has a relatively low pay cost per WAU for nursing (£690 compared to the national median of £710) and Allied Health Professionals (AHPs) (£124 compared to the national median of £130) in 2017/18 which is further supported by a cost per care hour for registered nurses and midwives of £20.39 compared to a national median of £23.65, placing the trust in the lowest (best) quartile nationally. This is despite registered nurses and midwives providing 8.6 care hours per patient day, compared to a national median of 8.2, placing it in the second highest (best) quartile for this metric. The enhanced care pilot has contributed to reduced workforce spend.
- The 2017/18 trust corporate admin and estates cost per WAU was £436 against the peer median of £360. The trust reported this is as a result of the EPR which saw the trust incur £659k of additional admin cost in 2017/18 to support the implementation excluding agency spend. The trust currently has no agency costs for administration roles. The trust's total FTE per £100m of turnover equates to 78.5 in 2018/19 (compared to a national average of 71.8).
- The trust met its agency ceiling as set by NHS Improvement for 2018/19 spending £10.4m against a ceiling of £10.7m. This is a significant reduction from 2017/18, where spend was £14.7m. The trust is currently forecasting to be below its 2019/20 agency ceiling of £12.49m, with an internal plan of £10m.
- The trust demonstrated it has robust management processes in place for authorising agency shifts. The trust has created a 'Flexible Workforce department' which manages all agency and bank bookings centrally. All Nursing, estates, AHPs and facilities staff currently use e-roster and there is a project to move more than 400 Junior Doctors onto an electronic rostering system by February 2021. This is expected to generate revenue savings of £12k in year 1, £68k in year 2 and £41k recurrently.
- In 2017/18 the trust had an agency cost per WAU of £133 compared to the national median of £107 placing it in the second highest (worst) quartile for agency cost. However, the trust's other non-substantive staff cost per WAU is £119 compared to the national median of £157. The trust has worked on developing its bank and 69.2% of its temporary

staffing spend in 2018/19 was on bank staff, with 30.8% being agency spend. The trust reported it is accelerating recruitment to the nurse bank, with monthly recruitment exercises for registered nurses, Health Care Assistants (HCAs) and Operating Department Practitioners (ODPs), and with auto-bank enrolment for new starters to substantive posts.

- The trust was in the first wave for trainee nurse associate recruitment with 57 in post at the time of the assessment. The trust has 37 Advanced Care/Advance Clinical Practitioners, including Advanced Care Radiographer practitioners, and 13 Physicians Associates currently in post. The trust has recruited 57 apprenticeships from April 2019 resulting in 271 in total on the programme at the time of the assessment.
- Staff retention at the trust is good with a retention rate of 86.5% in December 2018 which places the trust in the second highest (best) quartile when compared nationally. The trust described a process of enhanced engagement with staff using 'Let's Talk' engagement events and 'Work as One' initiatives to ensure staff feel more involved and empowered. The trust also described specific retention initiatives, such as transfer windows and 'stay' interviews, as well as quarterly retention interviews with newly qualified staff through their first year of post qualification work.
- At 4.4% in July 2019, staff sickness rates are worse than the national average of 3.96% placing the trust in the second highest (worst) quartile nationally. The trust told us that it has put in place specific actions which focus on both the management of attendance and promoting staff health and wellbeing. The trust told us that intensive HR support is being provided to those areas which has high absence rates e.g. Children's Services where they have reduced sickness rates from a high of 6.03% in January 2019 to 2.13% in September 2019.
- In response to identification of anxiety, stress and depression as the top reason for absence, the trust reviewed the skill mix in the occupational health service and now directly employs a physiotherapist and occupational therapist as part of the team with both MIND and REMPLOY providing support to staff. The trust also focusses on areas such as medical job plans with more than 12 PAs in order to support resilience.

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

- For 2017/18, the overall cost per test at the trust benchmarks in the lowest (best) quartile nationally at £1.57 against a national median of £1.86. The trust highlighted this is in part due to below median non-pay costs in all pathology specialities which suggests effective supplier contracts. The trust stated that these are managed through the Joint Venture company established with Airedale NHS Foundation Trust, known as Integrated Pathology Solutions LLP. The trust described a good awareness of the model hospital cost per test metric and stated that they were undertaking further analysis to identify a target value.
- The trust has collaborated with Airedale NHS Foundation Trust to form two wholly owned subsidiary companies to provide clinical pathology services and to manage the equipment and facilities. The stated benefits realised by the trust from the collaboration are both contributing to clinical quality and financial return.
- The trust has also been collaborating across the West Yorkshire & Harrogate (WYAAT) region to deliver on the 29 National Pathology Network agenda. In 2019/20 the trust incorporated Harrogate and District NHS Foundation Trust pathology services into its JV.
- The trust acknowledged that there is a need for better use of technology in the pathology services and has approved a business case for a replacement Laboratory Information Management System (LIMS) in conjunction with the WYAAT group of pathology services and has secured capital funds to enable the procurement and implementation.
- With regards to imaging, the trust's overall cost per report benchmarks in the second highest (worst) quartile at £58.73 compared to a national median of £51.67 for 2017/18. The trust has been working collaboratively through the Yorkshire Imaging Collaborative to develop and support its imaging services with a primary focus on its PACS systems. The trust's Chief Information Officer is the Lead Senior Responsible Officer for the programme that has been rolling out a shared PACS across the region.
- The trust has a high dependency on an outsourced model for reporting plain film X-ray, with the outsourcing costs at 9.6% of total imaging costs as compared to a national median of 4.9%. This placed the trust in the highest (worst) quartile. Whilst the trust has 30.8% plain X-ray reports reported by in house radiographers compared to the national median of 30%, the trust told us it had evaluated the use of outsourcing remained a better value for money judgement at present than using radiologists.
- The trust's medicines cost per WAU is relatively high when compared nationally at £352 compared to a national median of £320 for 2018/17. However, the trust explained this calculation includes £2.4m (6%) of medication spend on behalf of other organisations (South West Yorkshire NHS FT and Overgate Hospice).

- As part of the Top Ten Medicines programme, it is making good progress in delivering on nationally identified savings opportunities, achieving £2.79m of savings in 2018/19 and an additional £2.17m to September 2019. With regards to biosimilars, the trust has made good progress in implementing switching opportunities, in particular for Adalimumab. However, it was highlighted that there are more opportunities to pursue for Infliximab.
- The trust reported Pharmacy, safety and prioritisation huddles take place and the newly implemented EPR system has enabled greater efficiencies across the department. The trust described the collaborative work between pharmacy services that has delivered plans for shared warehousing and the use of robotics for antibiotic delivery.
- The trust provides a 7 day service with 12 hours of Sunday on ward clinical pharmacy time, benchmarking it well against the national median of 4 hours. For 2017/18, the trust's pharmacist time on clinical activity (62% compared to a national median of 76%) and percentage of pharmacists actively prescribing (29% compared to a national median of 35%) were both below the national median, however, the trust informed us at the time of the assessment both metrics had improved in 2019 and were at 90% and 38% respectively for in house staff.
- The trust was able to demonstrate an extensive use of technology to improve productivity, the most significant of which is the new EPR system which had demonstrated benefits in delivery and management of patient's medication, more accurate counting and coding, appropriate patient location and clinical safety.
- The trust also described the role that technology had played in supporting its virtual diagnostic ward and the award-winning Ambulatory Care Experience (ACE) programme supporting paediatric care at home.

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

- For 2017/18 the trust had an overall non-pay cost per WAU of £1,347 compared with a national median of £1,307 placing it in the second highest (worst) quartile nationally. This represents an improvement on the previous year but also suggests the trust may be able to reduce its spending on supplies and services.
- The cost of running its Finance department is higher than the national median, however, the trust believes this function delivers good value for money. The finance function cost per £100m income for 2018/19 was £770.95k compared to a national median of £653.29k. The trust attributes the higher costs to the retention of staff during transition to an outsourced financial accounts and treasury management service, which the trust acknowledged is now under review.
- At £621.24k compared to a national median of £910.73k per £100m turnover, the cost of the Human Resources function is significantly lower than the national average. The trust advised education costs sit within the Medical Directorate and the HR systems are reported within the IM&T function which in part accounts for the lower than median costs.
- For IM&T, the trust has a function cost of £1.84m compared to a national median of £2.52m per £100m income.
- There was evidence of corporate services collaboration across the West Yorkshire region with the Human Resources function having implemented a HR passporting system that enables clinicians to work across trusts and the procurement function working on a shared work programme to deliver financial benefits.
- The trust's procurement processes are relatively efficient and tend to successfully drive down costs on the things it buys. This is reflected in the trust's Procurement Process Efficiency and Price Performance Score of 70, which placed it in the second highest (best) quartile when compared with a national average of 69.5.
- The trust demonstrated it uses the PPIB tool to benchmark and identify opportunities. However, use of technology within procurement could be improved with only 82% of invoices matched electronically when compared with the national median 0f 87.7%.
- At £259 per square metre in 2017/18, the trust's estates and facilities costs benchmark below the national average of £342. The hard and soft facilities management (FM) costs are also below benchmark values at; £83 per square metre against a benchmark of £93 per square metre, and £112 per square metre against a benchmark of £122 per square metre respectively. The trust identified areas for improvement within its total waste management (£229 per tonne compared to a benchmark value of £220) and portering (£18 compared to a benchmark value of £16). The trust had been planning to introduce a wholly owned subsidiary in 2019/20, however, this is not now progressing.
- For 2017/18, the trust's overall backlog maintenance costs were £135 per square metre compared to a benchmark value of £186 placing it in the lowest (best) quartile. The trust is also in the lowest quartile for critical infrastructure risk at £9 per square metre compared to a benchmark value of £57.

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

- The trust has a good track record of managing spending within available resources and in line with plans.

- In 2018/19 the trust reported a surplus of £6.4m (including £13.9m PSF) against a control total and plan of £2.8m surplus. For 2019/20 the trust has a control total and plan of breakeven (including £12.5m PSF, FF and MRET funding), however, at the time of the assessment the trust had withdrawn from the Wholly Owned Subsidiary (WOS), Bradford Healthcare Facilities Management Ltd (BHFML) which had been set up in 2018/19 to provide their Estates, Facilities and Clinical Engineering Services. This has put the delivery of the 2019/20 plan at risk. The trust is working with NHS England and NHS Improvement and system partners to mitigate the risk, so the system control total is still met and PSF still received within the system.
- The trust has an underlying deficit of circa £12.5m, the majority of which is due to a historical under recording of activity and therefore payment of income, which the local commissioners acknowledge but is currently unaffordable within the system.
- The trust has a cost improvement plan (CIP) of £16.2m (or 3.67% of its expenditure) and is currently forecasting to deliver against its plans albeit with risk relating to the WOS. However, at the time of the assessment there were only 31.8% of the plans fully developed. The trust over delivered their planned savings of £26.6m in the previous financial year by £5.9m, of which 42% were non-recurrent.
- The trust's CIP is managed through the finance team. There is a weekly CIP meeting chaired by the Director of Finance and a quarterly meeting with executives to look at CIP planning and delivery.
- In line with the implementation of the new Clinical Business Units, the finance team introduced two new Senior Business Partner roles to help lead the finance agenda. Alongside which the trust has developed a new budgetary control framework which makes clear areas such as levels of authority and accountability framework. Each of the clinical business units also have regular focused performance reviews where issues are discussed and escalated where appropriate.
- The trust has also built a strong Business Intelligence team by moving all performance functions into a central team. These support the clinical business units with the service improvement agenda.
- The trust is not reliant on external loans to maintain positive cash balances, however, should the risk in the plan materialise there may be issues with cash.
- The trust uses PLICs and model hospital to identify efficiency opportunities.
- The trust does not currently have a material level of non-clinical income other than their research and education income, however, the trust told us this is an avenue they are looking to pursue in the future.
- In 2018/19 the trust spent £1.3m on consultancy which was around support for the set up of the WOS and other commercial opportunities.

Outstanding practice

- The trust has introduced a virtual diagnostic ward which enables patients to be discharged from hospital whilst still undergoing any necessary investigations within the same timeframe as an inpatient. Over a period of 12 months, this approach has saved 2,500 inpatient bed days which is the equivalent of £900,000.
- The trusts Children's and Young Persons Ambulatory Care Experience (ACE) team has worked with system partners to introduce a service which enables children and young people to receive care at home wherever possible. The trust reported this avoids hospital admissions and supports earlier discharge and estimated it has saved 558 bed days in a period of 10 months.

Areas for improvement

- Recognising there have been some data issues, the emergency readmission rate for the trust is high when compared to the national average and the trust would benefit from further work in this area to reduce these.
- The trust recognised it has a medically led model which is driving a high pay cost. The trust would benefit from further work to understand the benefits this delivers in terms of quality and whether this could be reduced further.
- Whilst there are a number of initiatives which have been implemented, sickness absence rates remain higher than the national average.
- The trust was not meeting the constitutional operational performance standards for RTT, Diagnostics, Cancer or A&E.

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 ↑ Apr 2020	Requires improvement ➔➔ Apr 2020	Good ➔➔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good Apr 2020

Overall quality

Good ↑ Apr 2020

Combined quality and use of resources

Good Apr 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.