Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Use of Resources assessment report

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Date of publication: 19/02/2020

This report describes our judgement of the Use of Resources and our combined rating for quality and resources for the trust.

Ratings

Overall quality rating for this trust	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	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

Our combined rating for Quality and Use of Resources is awarded by combining our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating, using the ratings principles included in our guidance for NHS trusts.

The combined rating for Quality and Use of Resources for this trust was good because we rated, effective, caring and responsive as good, and safe and well led as requires improvement. In rating the trust, we took into account the current ratings of the services not inspected this time.

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Date of inspection visit: 03 September to 10 October 2019
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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.

Are resources used productively?	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 19 September 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

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

We rated the trust's use of resources as Good. The trust compares well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. However, the trust continues to have workforce challenges in relation to high sickness levels and high agency spend, together with high corporate services function costs. The trust reported a surplus in 2018/19 and is on track to deliver their 2019/20 control total.

- The trust spends less on pay and other goods and services per weighted unit of activity (WAU) than most other trusts nationally. At £3,396, the trusts overall cost per WAU benchmarks in the second lowest (best) quartile when compared to a national median of £3,486. This indicates that the trust is more productive at delivering services than other trusts by showing that, on average, the trust spends less to deliver the same number of services.
- In 2018/19 the trust reported a surplus of £4.1m against a control total and plan of £6.6m deficit. The trusts governance and management arrangements enabled it to respond to and successfully mitigate some significant financial risks that arose during 2018/19 to deliver the required control total performance. For 2019/20 the trust has a control total and plan of breakeven, which it is on target to meet as at quarter 1.
- The trust has a cost improvement plan (CIP) of £13.2m (or 3.11% of its expenditure). At the end of quarter 1 the trust has £11.8m identified (2.9% of its expenditure and 89% of their target) and is currently forecasting to deliver against its plans.
- The trust has adequate cash reserves and at the time of the assessment was not reliant on external loans to meet its financial obligations.
- Individual areas where the trust's productivity compared particularly well included Delayed Transfers of Care, clinical productivity, pharmacy and procurement.
- The trust provided evidence to demonstrate it plans patient discharge, transfer or transition to other services that are most appropriate. There is evidence of pathway redesign and development to make best use of resources and patients are admitted in a timely way before procedures.
- The trust has made good progress in implementing switching opportunities for biosimilars and evidenced good clinical engagement and use of alternative workforce roles within pharmacy as the reasons for this. In addition, the trust was able to demonstrate some innovative use of technology that has supported increased productivity for example through the use of virtual clinics, patient tracking systems and a number of projects which, at the time of the assessment, were part way through implementation.
- However, opportunities for improvement were identified in Did Not Attend rates, agency spend, staff sickness rates, corporate services and some elements of estates and facilities.
- In 2018/19 the trust did not meet its agency ceiling as set by NHS Improvement and although forecasting to meet it's ceiling in 2019/20, was above the ceiling at the time of the assessment. The trust benchmarks above the national median for its finance, human resources, IM&T and procurement function cost. In addition, the trust's backlog maintenance and critical infrastructure risk are significantly higher (worse than) the benchmark value.

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 had taken an active approach to managing its resources to provide clinical services that operate productively to maximise benefits to patients. The trust uses a quality improvement method to deliver improvements in both the quality of care and the use of its resources.
- At the time of the assessment in September 2019, the trust was not meeting the constitutional operational performance standards around Referral to Treatment (86.6% June 2019), Cancer (82.5% June 2019), Diagnostics (1.3% June 2019) and Accident and Emergency (90.3% July 2019). However, the trust performed above the average for North East and Yorkshire between August 2018 and June 2019 on these standards.
- At 2%, the trust reports a delayed transfers of care (DTOC) rate that is better than average and better than the trusts own target rate of 3.5%. DTOC rates have consistently been better than the standard between July 2018 and June 2019. The trust has worked collaboratively with local authorities and community health providers to reduce delayed transfers of care and ensure patients receive their care in the most appropriate setting. This collaborative work includes co-location of an integrated discharge team who take a proactive approach to managing complex discharge cases, and a weekly surge and escalation meeting to manage flow within the hospital. The trust uses a "Home First" approach and has long established discharge to assess and trusted assessor models in place.
- Fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England:
    - On pre-procedure elective bed days, at 0.06, the trust is performing in the lowest (best) quartile when compared to a national median of 0.12. During 2019 the trust introduced an elective flow co-ordinator whose duties include scrutinising and challenging unnecessary early admissions.
    - On pre-procedure non-elective bed days, at 0.65, the trust is performing just below the national median of 0.65, placing it in the second lowest (best) quartile. The trust has implemented an emergency surgical assessment centre which has shifted the focus of care to an ambulatory model where patients are discharged home and return for an emergency day case procedure or are admitted on the day of treatment.

- The trust shared a number of examples of innovative pathways introduced to make best use of its resources as well as improving patient experience and reducing delays. These included:
    - ◦ ▪ A one stop prostate clinic service for patients with suspected cancer which has reduced the time to biopsy by 27 days and time to MRI by 11 days, as well as reducing the number of patient appointments required from referral to diagnosis from 6 to 2.
    - The introduction of a virtual fracture clinic using extended scope physiotherapists to provide expert advice via telephone or email to patients requiring orthopaedic input following an accident and emergency (A&E) attendance. The trust noted the virtual clinics have reduced the number of times patients are required to attend the hospital and have enabled the trust to meet best practice trauma standards. 63% of patients are now managed in this way.
    - A "straight to test" pathway for patients with suspected colorectal cancer. This has resulted in a reduction in the number of days patients' wait for an endoscopy by 18 days as well as releasing capacity in outpatients by reducing the number of consultant led first appointments from 27 to zero.
- Patients are less likely to require additional medical treatment for the same condition at this trust compared to other trusts. At 7.64%, emergency readmission rates are slightly below (better than) the national median of 7.73% as at quarter 4 2018/19. The trust has developed ambulatory care pathways to reduce the need for admission or readmission including the introduction of 20 pre-bookable clinic slots per day for use by GPs or A&E. The trust reported 75% cent of patients seen on an ambulatory care pathway are discharged without the need for admission.
- Working in partnership with local Clinical Commissioning Groups (CCGs) and GPs, the trust has introduced an advice and guidance service to avoid admissions, reduce unnecessary referrals to secondary care and provide patients with earlier advice and treatment. Between August 2017 and May 2019, use of the service resulted in admission avoidance of 8% and referral avoidance of 41% across all specialities (excluding acute medicine). In acute medicine, 51% of calls to the service resulted in patients being treated out of hospital. The estimated net savings to the CCG were £135,000 between August 2017 and May 2019. The trust noted the service has been particularly successful in acute medicine, elderly medicine and paediatrics.
- The trust has identified opportunities to improve theatre productivity by increasing theatre throughput and maximising local anaesthetic lists. Improved planning has removed the need for an anaesthetist on 8 lists and has delivered savings of £80,000 between April and July 2019, with a forecasted saving of £682,000 during 2019/20.
- The Did Not Attend (DNA) rate for the trust is in the highest (worst) quartile at 9.28% for quarter 4 2018/19 against a national median of 6.96%. However, this has reduced from 10.2% in quarter 2 2018/19. The trust explained it had, along with the CCGs, commissioned a review from Healthwatch to understand the reasons that people did not attend their hospital appointments, the outcomes of which informed their outpatient programme. At the time of the assessment the trust was in the process of rolling out a digital patient communication system which they anticipate will reduce the DNA rate and subsequently improve outpatient utilisation. The system had been implemented in ophthalmology during August 2019 and the trust had seen a 50% reduction in DNAs for new and follow up appointments. The trust had also undertaken a quality improvement project in the call handling centre which had improved call handling and reduced the number of abandoned calls from 36% in May 2019 to 21% in September 2019.
- The trust had engaged well with the Getting it Right First Time (GIRFT) programme and had appointed a GIRFT clinical lead to drive the programme forwards across the trust. There have been visits to a number of specialities including trauma and orthopaedics, vascular and gynaecology. A number of changes have been implemented following GIRFT reviews, including a quality improvement project to reduce the use of theatres for hysteroscopy procedures resulting in an 11.5% increase in patients accessing a hysteroscopy within the outpatient environment.

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 £2,231, compared with a national median of £2,180, placing it in the second highest (worst) quartile nationally. This means that it spends more on staff per unit of activity than the majority of other trusts.
- Underpinning this headline metric, the trust benchmarks in the second highest (worst) quartile for Nursing cost per WAU (£754 compared to a national median of £710) and Allied Health Professionals (AHPs) cost per WAU (£145 compared to a national median of £130). At £531, the trust's medical cost per WAU is just below the national median of £533, however, this does not reflect the trust's relatively high use of agency medical staff.
- For 2017/18, the trust had an agency cost per WAU of £136 compared to a national median of £107. The trust noted this figure in part reflects the historical and ongoing challenges to recruit to particular areas within the trust, including medical staff in the emergency department.

- In 2018/19 the trust did not meet its agency ceiling as set by NHS Improvement, exceeding it by £1.1m. At the end of quarter one the trust was above the agency ceiling for 2019/20 but were forecasting to meet this by year end. The trust reported agency spend and the reliance on temporary staff is being managed through internal processes which are optimising the use of this workforce group when required. The trust has moved to a master Vendor model which has reduced spend by £40k per annum. The trust have also taken wider actions on this agenda including a collaborative with four local NHS providers to work to share their medical banks. It was noted this approach has a range of benefits including increasing options for utilising bank workers first, creating an easy registration process for bank workers and providing greater assurances of temporary workers entering the trusts.
- The trust has also reviewed their grip and control meetings and refreshed the process to help control the agency. This includes the use of the NHS Professionals 'Golden Key' method which sets out the procedure when short notice gaps in rotas require temporary staff and which is included the trusts standard operating procedures for internal control on agency staff spend. This includes ensuring other options, such as availability of staff from other wards in the Division have been considered before the deployment of temporary workforce.
- The trust demonstrated it has taken strategic actions to mitigate the risk of an ongoing reliance on agency medical staff in their emergency department through a programme offering training to overseas medical schools to provide an international rotation of emergency medicine doctors. The qualification at the end of the programme is membership to the Royal College of Emergency Medicine and a fellowship in Quality Improvement. Key areas of the programme include integrating leadership, management and Quality Improvement with clinical skills and supporting a culture of continuous quality improvement in emergency medicine. The trust reported the next tranche of doctors joining this programme are scheduled to join the trust in November 2019 and subsequently reduce the need for temporary medical staffing. In addition, increasing the attractiveness of the trust as a place to work and offering training and research opportunities has enabled the trust to increase the number of substantively employed consultants in the emergency department from 5 to 18.
- The trust spends a comparatively low amount on agency nursing staff and noted a contributing factor to this is the collaboration with other acute providers in South Yorkshire and Bassetlaw and the reduced administration costs this increased purchasing power enables.
- The trust provided evidence on actions being taken to improve the productivity of its workforce with the development and roll-out of innovative workforce models, including:
    - In response to workforce challenges the trust has increased the use of advanced clinical practitioners, for example; in the Care of the Elderly team in the rehabilitation unit at Montagu Hospital.
    - The introduction of the band 3 cancer care co-ordinator role in order to cover the admin work and therefore free up the nursing staff for clinical duties.
    - The development of the trainee assistant practitioner role in partnership with other NHS providers in the region. The trust noted this approach enables healthcare assistants, upon training, to carry out assessment, treatment and care as identified within their defined role and may be responsible for a delegated caseload. It was noted assistant practitioners work to written protocols with clearly defined escalation procedures.
- E-rostering is in place for circa 90% of nursing staff and 30% of AHP staff, with plans in place for all staff to be on the electronic roster system. The trust noted the use of electronic workforce tools has seen improvements, for example in lead in time for the approval of staffing rosters from 26 to 34 days in the last 12 months. In addition, at the time of the assessment the trust had started the roll out of Allocate for the medical workforce.
- The trust demonstrated it has taken a proactive approach to reviewing the skill mix in the organisation, for example, with the use of the Safer Nursing Care Tool to optimise the use of nursing staff from a safety, quality and efficiency perspective. The trust also demonstrated it is matching patient acuity with workforce resources available, for example, in the deployment of therapy staff within the emergency department to provide clinical input to complement the medical care, including assessment of patients for discharge and rehabilitation.
- At the time of the assessment the trust reported 87% of consultants had an active job plan within the trust. It was noted consultation with medical staff has taken place over the last 2 years to improve this to as close as practicable to 100%. These developments are taking place in parallel to the trust introducing electronic job planning for medical staff, with a number of specialities trialling this including, ED, trauma and orthopaedics. In addition, the trust demonstrated plans in place to roll out electronic job planning for AHP staff.
- Staff retention at the trust is positive, with a retention rate of 86.9% in December 2018 against a national median of 85.6%. The trust demonstrated it has taken a range of actions to support this position including:
    - Band 6 & 7 Leadership Development Programme
    - Internal Transfer / Career Coaching Scheme
    - Band 5 skills in practice
    - Flexible Working

- At 4.65% in November 2018, staff sickness rates were worse than the national average of 4.35%. More recent data for June 2019 demonstrates an improvement in the sickness absence rate to 4.16%, however, this was still above the national median of 3.96%. The trust reported actions being taken in response to this include additional training and support to managers in effective sickness absence management, alongside direct actions such as the musculoskeletal physiotherapy service and the introduction of a staff support team which is a group of staff available to support colleagues after a traumatic incident.

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

- For 2017/18 the overall pathology cost per test is £1.56, which places it in the lowest (best) quartile when compared to a national median of £1.86. Further analysis shows the trust benchmarked very low for the blood science cost per test which outweighs the slightly higher cost per test of the other two specialities of pathology, Microbiology and Cellular pathology.
- The trust is working collaboratively with other trusts in the South Yorkshire & Bassetlaw pathology network evidenced through the following;
    - The CEO of the trust is the chair of the executive steering board and the operational transformation group. With their active engagement the network has developed an outline case for change which has modelled benefits for the trust from workforce and equipment transformation.
    - Through collaborative working the trust has introduced Faecal Immunochemical test (FIT) testing to its clinical pathways and a shared recruitment process to Histopathologist posts.
- For radiology, in 2017/18 the trust had an overall cost per report of £40.26 which benchmarks it in the lowest (best) quartile when compared to the national median of £51.67. The trust has supported collaborative working in Imaging services across South Yorkshire & Bassetlaw and in particular delivered a number of beneficial service improvements, including an increase in radiographer reporting delivering a financial benefit of £54k with plans to further expand the radiographer reporting model.
- The trust's medicines cost per WAU for 2017/18, at £321, is just above the national median of £320. As part of the Top Ten Medicines programme, it is making good progress in delivering on nationally identified savings opportunities, achieving £1.8m in savings to March 2019 and an additional £868k delivered to June 2019. The trust has made good progress in implementing switching opportunities for biosimilars where appropriate, with all biosimilar uptake rates over the benchmark value. The trust evidenced good clinical engagement and in particular the early clinical buy-in and providing support through a pharmacy technician practitioner as a direct point of contact for queries to be resolved, as reasons for the higher than benchmark uptake rates.
- The trust noted the workforce and skill mix reviews undertaken in pharmacy had contributed to the higher than median pharmacy time on clinical activity (84% compared to national median of 76%) and higher than median % of pharmacists actively prescribing (43% against national median of 35%). The trust reported the use of the pharmacy technician practitioner role has also supported the reintroduction of the weekend clinical pharmacy service at Bassetlaw. Sunday on-ward clinical pharmacy time, at 9 hours, is significantly higher (better than) than the national median of 4 hours. The trust reported there is a full clinical on ward service provided, together with 2 clinical pharmacy teams available at the weekend providing input to all emergency admissions.
- The trust was able to demonstrate some innovative use of technology that has supported increased productivity, and the use of good change management tools (6 sigma and QI) and processes to support the implementation. The trust provided a listing of 14 projects that were implemented or part way through implementation, examples of which are;
    - The 'Dr Doctor' tool implemented in August 2019 which has delivered improvement against the DNA rate in service areas such as Ophthalmology, with evidence of 50% reduction.
    - 'Hospital @' reducing bleep usage and ability to prioritise more urgent patients freeing up nursing time.
    - 'Order comms' (ICE system) to enable GP practices to request medical imaging tests and therefore leading to a reduction in paper and fax usage.
    - Inpatient Flow (bed management) now implemented across all sites of the trust and realising a saving in excess of £75k per annum through reduction of staff previously used to manually asses bed availability.
- The trust piloted a virtual clinic for outpatient within General Medicine in 2018, with the results demonstrating an increase in the number of patients being treated more quickly and efficiently, in particular with patients being discharged earlier without the need for face to face appointments. In addition, the trust introduced a patient tracking system for patients who are being portered for medical imaging. The system enables porters to know how many patients are waiting to be collected to be taken for imaging and enables more efficient and effective workload planning.

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 £1,165 compared with a national median of £1,307 placing it in the lowest (best) quartile nationally. This means that it spends less on other goods and services than most other trusts nationally.
- The cost of running its Finance and Human Resources (HR) departments are higher than the national average.
- For 2017/18, the trust's finance function cost per £100 turnover benchmarked in the highest (worst) quartile at £751.82k compared to a national median of £676.48k. The trust attributed this to the recently outsourced financial accounts, accounts payable and accounts receivable functions to SBS and having retained some of the staff through the transition period to ensure no loss of corporate memory, particularly with ledger transition. Through monthly contract monitoring against KPIs, the trust has plans to now reduce the duplicated costs of service.
- For the HR function cost per £100m turnover, the trust was in the highest (worst) quartile at £1.13m against a national median of £898.02k for 2017/18. However, for HR the trust noted this function cost included hosted Health Education England staff and clinical educator roles, which accounts for some of this variance.
- The trusts IM&T cost per £100m turnover was high for 2017/18 at £2.94m compared to a national median of £2.47m. The trust has now agreed across the Doncaster & Bassetlaw NHS organisations to have a single IT director and has commenced work to standardise on purchased IT equipment.
- The trust has commenced collaborative working across corporate functions and discussed the success realised through collaborative working, in particular across the procurement function for example;
    - They have standardised on tendering approach and tools, reducing the administrative costs and sharing specialist knowledge.
    - In particular the trust highlighted the work they had led across the South Yorkshire & Bassetlaw area on a procurement of clinical staff agencies that had reduced the number of agencies used from 39 to 6 and realised a shared saving across the region of c£500k.
- 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 80, which placed it above the national average of 65.1 and the upper benchmark value of 79. In addition, the trust's supplies and services cost for 2017/18 was in the lowest (best) quartile at £278 compared to a national median of £364, demonstrating the trusts spends less on supplies and services per unit of activity than most other trusts.
- The trust has low recorded usage of the PPIB tool in the data period ending June 2019, although in the last quarter of 2018/19 the trust achieved a 60.7 PPIB usage score demonstrating improvements.
- For 2017/18, the trust was in the highest (worst) quartile for the procurement function cost per £100m turnover with a value of £307.42k against a national median of £206.25k. The trust reported it is now working on collaborative procurement schemes but did not provide evidence to explain the assessment of value from this increased cost of procurement.
- At £235 per square metre in 2017/18, the trust's estates and facilities costs benchmark significantly below (better than) the national average of £342.
- The trust has a high backlog maintenance cost at £494 per square metre against a benchmark value of £254 per square metre. In addition, the trusts critical infrastructure risk is high with a cost per square metre of £431 against a benchmark value of £102 per square metre. The trust described the process by which it uses a risk register to prioritise expenditure on backlog issues and demonstrated awareness of assessing new risks emerging and the re-direction of funding to address patient safety. The trust provided the example of deploying capital to modernise lifts that had within the plan period become increasingly unreliable.
- The trust reported it is actively looking at opportunities to better utilise its estate and provided information that illustrated a generation of income for the trust of £120k from the sale of no longer required clinical premises at Chequer Road.

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 £4.1m against a control total and plan of £6.6m deficit. The trusts governance and management arrangements enabled it to respond to and successfully mitigate some significant financial risks that arose during 2018/19 to deliver the required control total performance.

- For 2019/20 the trust has a control total and plan of breakeven, which it is on target to meet as at quarter 1. The improvement from 2018/19 to 2019/20 is due to an improvement in the trusts delivery of their financial plan and not related to an increase in national support.
- The trust has an underlying deficit of circa £30m and demonstrated it has an understanding of the drivers and are taking a number of interventions to address the deficit.
- The trust has a cost improvement plan (CIP) of £13.2m (or 3.11% of its expenditure). At the end of quarter 1 the trust has £11.8m identified (2.9% of its expenditure and 89% of their target) and are currently forecasting to deliver against its plans. The trust delivered 68% of its planned savings in the previous financial year, of which 21% were non-recurrent, which is an improvement from the 47% in 2017/18.
- 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, as reflected by its capital service and liquidity metrics. The trust is not reliant on short-term loans to maintain positive cash balances. However, the trust was drawing down revenue cash support in 2018/19 and previous years. This is not required in 2019/20 as a result of, amongst other things, the changes to provider funding arrangements. However, the trust does bear the impact of high levels of previous borrowings with interest charges which affects the capital service cover ratio.
- The trust demonstrated it has improved its underlying liquidity with careful management of the debtors, including the appointment of a debt recovery specialist as well as improving processes to ensure creditors are paid in a timely manner. This is monitored by the trusts cash committee which has trust wide membership.
- The trust issues Patient Level Information and Costing Systems (PLICS) monthly and it forms part of their performance framework. PLICS was also used alongside Model hospital to set targets for CIP in 2019/20.
- The trust reported it explores additional income opportunities where ever possible and had a number of examples including a profit share of the private hospital on site. The finance director also sits on the trusts commercial board to explore any further opportunities.
- The trust spent £1.3m on consultancy fees in 2018/19 which was for a number of projects including support around the trusts efficiency programme and the establishment of a wholly owned subsidiary.

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Areas for improvement

- The trust has an underlying deficit of circa £30m and needs to continue to pursue interventions to address that deficit.
- The Did Not Attend (DNA) rate for the trust is high at 9.28% for quarter 4 2018/19 against a national median of 6.96%. The trust should continue work to reduce the number of patients who do not attend their hospital appointments.
- The trust benchmarks significantly above the national average for corporate services, including HR, Finance, IM&T and procurement cost per £100m turnover.
- At the time of the assessment, the trust was not meeting the constitutional operational performance standards around Cancer, A&E, RTT or diagnostic waiting times.
- The trust currently has high levels of backlog maintenance and critical infrastructure risk and needs to continue to address this.

Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

***** Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Service level

Trust level

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

Overall quality

Good ↑ Feb 2020

Combined quality and use of resources

Good Feb 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.