University Hospitals of Leicester NHS trust

Use of Resources assessment report

Trust HQ, Level 3 Balmoral
Leicester Royal Infirmary
Leicester
Leicestershire
LE1 5WW

Tel: 01162588940
www.leicestershospitals.nhs.uk

Date of publication: 5 February 2020

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

Ratings

Overall quality rating for this NHS trust	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Our overall quality rating combines our five NHS trust-level quality ratings of safe, effective, caring, responsive and well-led. These ratings are based on what we found when we inspected, and other information available to us. You can find information about these ratings in our inspection report for this NHS trust and in the related evidence appendix. (See www.cqc.org.uk/provider/RWE/reports)

Are resources used productively?	**Requires improvement**

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 NHS trust taking into account the quality of services as well as the NHS trust's productivity and sustainability. This rating combines our five NHS 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 NHS trusts for their Use of Resources assessments.

The aim of the assessment is to improve understanding of how productively NHS trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of NHS 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 NHS trust.

Combined rating for Quality and Use of Resources

Our combined rating for Quality and Use of Resources is awarded by combining our five NHS 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.

This is the first time that we have awarded a combined rating for Quality and Use of Resources at this NHS trust. The combined rating for Quality and Use of Resources for this NHS trust was good, because:

- We rated effective, caring , responsive and well-led as good and safe as requires improvement.
- In rating the trust, we took into account the current ratings of services not inspected this time.
- We rated six of the core services we inspected at this inspection as good and three as requires improvement overall.
- We rated well-led for the trust overall as good.
- The overall rating for the trust's acute locations remained the same.
- The trust was rated requires improvement for use of resources. Full details of the assessment can be found on the following pages.

University Hospitals of Leicester NHS trust

Use of Resources assessment report

Date of site visit:
15th October 2019

Tel: 01162588940
www.leicestershospitals.nhs.uk

Date of publication: 5 February 2020

This report describes NHS Improvement's assessment of how effectively this NHS trust uses its resources. It is based on a combination of data on the NHS 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 NHS trust's leadership team.

The Use of Resources rating for this NHS trust is published by CQC alongside its other NHS trust-level ratings. All six NHS trust-level ratings for the NHS trust's key questions (safe, effective, caring, responsive, well-led, use of resources) are aggregated to yield the NHS trust's combined rating. A summary of the Use of Resources report is also included in CQC's inspection report for this NHS trust.

How effectively is the NHS trust using its resources?	**Requires improvement**

How we carried out this assessment

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

We visited the NHS trust on 15th October 2019 and met the NHS trust's executive team (including the chief executive), the chair and relevant senior management responsible for the areas under this assessment's KLOEs.

Findings

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

We rated the use of resources at this NHS trust as Requires Improvement. The NHS trust has not managed spend within its plans, and its financial performance has deteriorated from previous years. The NHS trust's performance against productivity metrics suggests it has several unmet efficiency opportunities. The NHS trust however has some areas of commendable practice which are mentioned in the body of the report.

- For 2018/19, the NHS trust did not achieve its control totals and the reported position was a deterioration from the previous years. The NHS trust reported a £54.8 million deficit without PSF (5.52% of turnover) against a control total of £21.2 million deficit (2.2% of turnover), and a £44.9 million deficit with PSF against a breakeven control total.
- For 2019/20, the NHS trust has a control total and plan of £48.7 million deficit before PSF, FRF and MRET (4.77%), and £10.7 million deficit with the additional funding. Although the NHS trust was reporting achievement of the year to date plan at the time of the assessment (October 2019), it had identified significant risks to delivering its control totals. The impact had not been quantified, nor included in the forecast.
- Due to its historical deficit position, the NHS trust is reliant on additional cash support to meet its financial obligations and maintain a positive cash balance. Its performance against the Better Payment Practice Code (BPPC) is worse than most NHS trusts.
- The NHS trust has been able to achieve some productivity gains in its clinical services, through engaging with national improvement programmes. However, some improvement initiatives which have been supported by external management consultancies, for instance the theatre transformation programme, have not yet delivered the expected benefits.
- The NHS trust's clinical services metrics also largely indicate that there remains scope for further productivity improvements in clinical services, and performance against the national constitutional operational standards is variable with a deteriorating performance in some.
- Overall use of agency staffing is lower than most NHS trusts, with the NHS trust utilising its internal bank to cover gaps. The NHS trust uses alternative roles to deliver activity and create resilience in clinical teams, and its staff retention and sickness absence rates compare well nationally. However, the registered nursing vacancy rate is high and the medical staffing WAU suggests there are opportunities to further reduce medical pay costs of delivering activity.
- The NHS trust has realised some benefits of scale in its pathology operations due to its large size, which contributes to its low pathology cost per test. However, comparison with peers that are part of an established network, suggests that there are further productivity gains to be achieved.
- Although finance and HR costs are low compared to other NHS trusts, the NHS trust recognises that further work is required to achieve operational efficiency and effectiveness, and it has developed a corporate transformation programme to drive the improvements.

- The NHS trust has not been able to make the required investment in the maintenance of its estate due to capital funding constraints. This has led to accumulation of high maintenance backlog and infrastructural risks.
- The NHS trust's performance on the procurement league table suggests its procurement processes are relatively efficient, however opportunities remain to improve price performance and drive down the cost of purchases.

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

The NHS trust's performance against clinical services productivity metrics suggests there remains scope to improve utilisation of its clinical services, and there are some improvement initiatives in place aimed at realising the productivity gains. Performance against the national constitutional operational standards is variable with a deteriorating performance against some of the standards.

- At the time of the assessment in November 2019, latest data showed that performance against the national constitutional operational standards was variable. The NHS trust was meeting the 62-day wait NHS cancer screening service referrals and the Diagnostic 6-week wait. The NHS trust was not meeting the 18-Week Referral to Treatment (RTT), Cancer 62-day wait urgent referral from GP and the 4-hour wait Accident & Emergency (A&E) standards. Performance for the latter has deteriorated is worse than most other NHS trusts.
- Pre-procedure elective bed days at 0.23, are higher than the national median of 0.12 (July to September 2019) and benchmark in the worst quartile nationally. This means more patients are admitted before the day of their surgery, compared to other NHS trusts. Evidence provided by the NHS trust shows that most pre-procedure admissions relate to patients requiring complex surgery.
- Pre-procedure non-elective bed days at 0.78, are also higher (worse) than the national median at 0.6 (July to September 2019). This means that more patients are waiting in hospital for their treatments when compared to other NHS trusts. Delays associated with diagnostic processes are cited as the primary reason for this performance. Other reasons include, ITU bed capacity constraints and requirement for multi-disciplinary review of some patients.
- At 8.25%, 30-day emergency readmission rates are higher (worse) than the national median of 7.85 % for the period July to September 2019. Readmissions are monitored regularly through clinical audits, and the NHS trust had identified that errors in activity capture are contributing to the higher readmission figures. Patients who are brought back for planned treatments in ambulatory care units are recorded as readmissions. The NHS trust has also identified that there is a high proportion of frail patients being readmitted, and it has been leading a pilot for integrated system care for frail patients, working with other partners in local health system. Most of the actions have been completed, however their impact on readmissions has not been assessed. The NHS trust also has a ward supported by therapists, that provides care for patients who are not able to go to community beds.
- The NHS trust has some initiatives in place to improve bed capacity utilisation, addressing length of stay and unnecessary admissions. They include regular modelling and implementation of national patient flow initiatives, such as Red2Green. The NHS trust has an integrated discharge team and continues to review discharge processes to achieve prompter patient discharges for instance, putting in place a robust criteria led

discharge approach and improving turnaround times for preparation of discharge medicines.

- Did not attend (DNA) rates at 6.82% are lower (better) than the national median of 7.13% for the period July to September 2019. This suggests better utilisation of the NHS trust's outpatient services. Improvements have been achieved through an outpatient transformation programme, which is a system wide programme that includes using virtual services and specialist nurses to support outpatient clinics, and implementation of two-way text reminders for patient appointments.
- The NHS trust also has a theatre productivity improvement programme which is addressing improvements in quality of services and utilisation of theatre facilities. The programme has been supported by an external management consultancy. The NHS trust provided evidence of benefits realised from this programme, which shows initial reductions in cancellation rates, however the improvement does not appear to have been sustained.
- The NHS trust has had 24 GIRFT reviews to date. There is executive representation at the GIRFT visits, and the divisional management lead on the implementation of recommendations in their respective areas. The NHS trust's executive quality board has oversight over the clinical services improvement programmes. Examples of improvements made to date include; improved activity capture processes (addressing depth of coding), rationalisation of protheses used in joint replacements and increased throughput on ENT theatre lists.

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

The NHS trust's pay cost of delivering activity compares well, and its overall use of agency staffing is lower than most NHS trusts. The NHS trust is making use of alternative roles to deliver activity and create resilience in clinical teams, and its staff retention and sickness absence rates also compare well nationally. Further work is required to address high vacancy rates in some areas.

- For 2017/18, the NHS trust had an overall pay cost per weighted activity unit (WAU) of £2,091, compared with the national median of £2,180, placing it in the second lowest cost quartile nationally. This means that overall, it spends less on staff per unit of activity than most other NHS trusts. The NHS trust's medical staffing costs per WAU however, benchmark above the national median in the second highest quartile.
- The NHS trust has achieved a sustained reduction in agency spend, which has been maintained below the agency ceiling as set by NHS England and Improvement. In 2018/19, agency spend as proportion of total pay costs was 2.9% (compared 3.4% in 2017/18). This is lower than most other NHS trusts. The NHS trust has established controls on the use of agency, and expenditure is monitored by a premium spend group that includes finance and human resource representation and executive oversight. The NHS trust also has an internal bank service which it utilises to cover gaps.
- In September 2019, the NHS trust had an overall vacancy rate of 9.79%, which is above their internal of 7.5%. Higher vacancies are still reported against nursing workforce (15.4%) which NHS trust indicated are mainly within its Medicine division. Evidence provided by the NHS trust shows that it has been able to reduce vacancies in Emergency Department, despite an increase in the number of posts. This success is partly attributed to the new build, which makes it attractive to staff

- There are several initiatives in place to improve recruitment rates for nursing staff for instance, there is an established and innovative relationship with local universities, where nursing students are employed by the NHS trust and supported by the University. This supports retention of newly qualified nurses. The NHS trust has also engaged in successful overseas recruitment programmes for nursing staff and supports them through the transition process.
- The NHS trust is using alternative roles to enhance resilience within both the medical and nursing team. There is a significant number of advanced care practitioners (ACP) supporting clinics, the emergency department and imaging services. The NHS trust uses senior nurses to supervise the ACP training, hence not reliant on medical staffing capacity.
- The trust has an accredited apprenticeship and development centre which delivers programmes in leadership, health and customer services including the nursing associate training programme, providing training services to the local health economy including hospices. There are currently 160 nursing associates in training, and the NHS trust also earns income from this arrangement.
- The overall staff retention rate at 86.9% is better than the national median of 85.9% (Dec 2018), and the overall sickness absence rate at 3.63% is also below (better than) the national median of 4.11% (September 2019). The NHS trust has been part of the NHS England and Improvement recruitment and retention collaborative and actively engages with staff through a “Listening into Action” approach. The NHS trust also conducts exits interviews to understand and address reasons for staff turnover.
- The proportion of consultants with an active job plan for 2018/19 was 86%. The NHS trust has an established electronic job planning process which includes a combination of team and individual job planning. The NHS trust is currently rolling out e-rostering to some of its medical staffing.
- E-rostering is used for deployment of nursing staff and there are several key performance indicators used regularly within the organisation to monitor the effectiveness of the e-rostering process. Evidence provided by the NHS trust shows that there is robust monitoring and good performance against the indicators. Rosters are signed off on an average of 38 days in advance, and there are minimal unused hours within rotas. Acuity and bed management tools are utilised to maintain safe staffing across the NHS trust. The NHS trust have good oversight, monitoring and reporting of staff movement to maintain safe staffing. Acuity and bed management tools are also used to maintain safe staffing across the NHS trust.
- In September 2019, Care Hours Per Patient Day (CHPPD) was 9.0 and higher than the national median of 8.0. The NHS trust attributed this to a high number of patients who require one to one supervision within inpatient ward areas but acknowledged that further analysis of CHPPD is required to understand this further.

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

The cost of running pathology services is lower than other NHS trusts, however further gains could be achieved through collaboration. There is some use of pharmacy staff to support patient flow and resilience in clinical teams. Pharmacy staff also provide support to other

providers in the community, which contributed to the achievement of savings from switching to best value biosimilars medicines.

- The overall cost per test at £1.61 benchmarks better than the national median of £1.81, and in the second lowest quartile nationally. The large size of the organisation means its pathology services realises some benefits of scale in operations, however when compared with peers that are part of an established network, there are further productivity gains that can be achieved.
- Although there have been previous attempts at working with other NHS trusts to deliver pathology services through a network, these have not been successful. The NHS trust is now working with other NHS trusts in the network, allocated by NHS England and NHS Improvement, to support the national strategy of pathology services collaboration. There is an MOU in place with further work required to establish the network.
- The NHS trust has introduced consultant Biomedical Science (BMS) roles and invested in administrative staff, which will release Consultant Pathologists' time to undertake other clinical work, improving their productivity. Additionally, the NHS trust has rolled out speech recognition technology, which reduces transcription costs and improves reporting turnaround.
- The radiology department operates at scale, in terms of volumes, equipment and staffing levels. The NHS trust has established radiographer reporting and is looking to expanding this further, based on clinical pathways rather than body areas.
- The NHS trust outsources some of its radiology reporting to manage the backlog. The outsourcing costs however remain lower than other NHS trusts (based on March 2019 data). The NHS trust is undertaking pilots in cardiac imaging to manage demand through request for imaging, rather than a scan type. The initiative will be rolled out if successful. A robust demand and capacity model for reporting and acquisition has also been developed to support workflow efficiency.
- The NHS trust has previously been a member of the East Midlands Radiology Consortium (EMRAD) imaging network but withdrew from it, citing, instability in service provision and the impact this was having on its clinical services. However, the NHS trust is committed to supporting an imaging network within the East Midlands, and it provides interventional radiology services to some neighbouring NHS trusts.
- The NHS trust's pharmacy staff and medicines cost per WAU is relatively high when compared nationally, however this is line with peers. The NHS trust highlighted that the higher pharmacy staffing costs were due to the use of its pharmacy staff in the community, to support care homes and switching of medicines to best value biosimilars. There is also some use of pharmacists to deliver patient facing activities on medical wards, acute admission units and frailty services.
- The NHS trust has worked to increase the number of prescribing pharmacists. This includes working with their local university to provide a prescribing module as part of the pharmacist postgraduate diploma course, and the NHS trust is retaining more of the trained pharmacy staff. Pharmacists prescribe as part of a multidisciplinary team in renal, respiratory, oncology, infectious diseases and paediatrics, including Consultant Pharmacist-led care in renal transplant immunosuppression and difficult asthma.
- As part of the Top Ten Medicines programme, the NHS trust is making good progress in delivering on the nationally identified savings opportunities from switching to best value biosimilars. The NHS trust reported savings of £ 4.96 million in 2017/18, which was above the upper benchmark. Further savings of £5.99 million and 5.04 million have been reported in 2018/19 and 2019/20 respectively.

- The NHS trust also reported further savings of £2 million in 2018/19, against in-tariff drug expenditure. Some of the savings have been achieved through working as part of the regional pharmacy procurement hub. The hub is looking to extending services to West Midlands to secure greater benefits of scale. In addition, they are partnering with a private provider to deliver closed-loop unit dose medicines dispensing and administration, which will deliver efficiency savings on medicines spend and improve safety.
- The NHS trust provided several examples of using technology to support workforce and service productivity. The NHS trust has an electronic patient record system and its implementation in the Emergency department (ED) has almost delivered a paperless working environment. Clinicians in ED and Clinical Decision Unit (CDU) at one of its sites, have a 'tap on and tap off' technology to log into and out of IT stations, which saves time and allows clinicians to easily work on the move. The NHS trust has rolled out an Electronic Prescribing and Medicines administration system and has tracking and trigger escalation tools for areas such as sepsis to improve response.

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

Corporate service costs benchmark lower than most other NHS trusts, however there is scope to improve the function's process efficiency and effectiveness. Procurement league scores suggest the NHS trusts procurement processes are relatively efficient, although price performance can be improved further. The NHS trust has a high estates maintenance backlog, which it attributes to the aged estate, and capital constraints limiting the maintenance work that can be done.

- For 2017/18 the NHS trust had an overall non-pay cost per WAU of £1,273, compared with a national median of £1,307, placing it in the second lowest cost quartile nationally. Supplies are Services cost per WAU is slightly above the national median, in the second highest cost quartile.
- The costs of running the Finance and Human Resources (HR) departments, relative to turnover, are lower than the national median. The cost of the HR function is £0.84 million compared to a national median of £0.91 million (2018/19). However, there is scope for further productivity improvement, for instance, in payroll services where costs have been high and there are substantial levels of errors. Payroll services are currently outsourced. The NHS trust has almost concluded resolving these challenges, and it has developed a corporate transformation programme, that includes improvements such as electronic payslips, which it expects will be more cost effective.
- The recruitment process times are higher (worse) than the national median across all staff groups with an average time to hire of 86 days compared with a national median of 59. Some of the delays are attributed to the current pay expenditure control measures, which include review of roles requirements and consideration of skill mix opportunities. The NHS trust has an internal target of 60 days and has implemented an electronic recruitment system to support the improvement. Other improvements include investment in a HR business partner model to better support the divisional management.
- The financial function cost at £0.37 million per 100m turnover is significantly lower than the national median of £0.65 million (2018/19). A review of the support function conducted in 2018/19 identified opportunities to improve finance processes and quality of financial information, which the NHS trust expects to achieve with the support of technology solutions.
- The NHS trust has a Procurement Process Efficiency and Price Performance Score of 81, which gives it a procurement league table rank of 31 out of 133 NHS trusts. This

suggests that its procurement processes are relatively efficient and tend to successfully drive down costs on the things it buys. The NHS trust however benchmarks in the second highest quartile for the percentage price variance for top 100 and top 500 products, which indicates that there may be further opportunities to secure better prices. The NHS trust cited legacy contracts as the main reason for the price performance and is in the process of negotiating better prices.

- The procurement department uses an online questionnaire programme to seek feedback from its users on its performance and identify areas of improvement. The NHS trust developed a contract management framework this year and is training contract managers who will support the clinical management groups.
- The procurement department has demonstrated achievement of savings associated with collaborative working with other NHS trusts in Leicester and outside of the wider STP footprint.
- At £389 per square metre in 2017/18, the NHS trust's estates and facilities costs are above the benchmark value of £342. The NHS trust has recently rehoused its previously outsourced facilities management service and is in a transition phase with ongoing recruitment to the required staffing numbers to manage the estate. As a result, it is using some contractors for specific pieces of work which is impacting on the overall costs per m2. The NHS trust has also developed an estates training academy, as a strategy to address estates staff shortages in the market place. The NHS trust also provides the estates and facilities management services to the local partnership NHS trust.
- The critical infrastructure risk (£85/m2, total risk £20.57million) and backlog maintenance (£318/m2, total risk £77.15 million) are significantly higher than benchmark values and peer medians (2017/18). The NHS trust indicated it has limited capital resources which is allocated on a risk basis covering estates, medical equipment and IM&T. This limits the investment in maintaining its estate, and evidence provided shows only 42% of maintenance work is undertaken on planned basis. The NHS trust has secured £10 million capital funding in 2019/20, some of which will be used to address the structural and integrity issues within its estate.
- The NHS trust's energy use is higher than the national median, which it attributes this to the age of the estate and is in process of developing improvement solutions. Space utilisation compares well, with the amount of non-clinical space and underutilised space all lower (better) than the benchmark value.

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

The NHS trust is not managing expenditure within its plans and the financial position has deteriorated from previous years. The NHS trust remains reliant of cash support to meet its financial obligations and its creditor payment performance is below target and worse than most other NHS trusts.

- For 2018/19, the NHS trust did not achieve its control total of £21.2 million deficit excluding PSF (2.2% of turnover), and breakeven position with PSF. The NHS trust reported a position that was significantly worse than its control totals, £54.8 million deficit without PSF (5.52% of turnover) and £44.9 million deficit with PSF. This adverse outturn position was largely as a result of technical adjustments relating to financial benefits assumed in the previous year's cost improvement plan and pay overspends. The 2018/19 position was also a deterioration from the previous year.

- For 2019/20, the NHS trust has a control total and plan of £48.7 million deficit before PSF, FRF and MRET (4.77%), and £10.7 million deficit with additional funding. At the time of the assessment, the NHS trust was reporting achievement of the year to date plan (October 2019).
- Although the NHS trust was forecasting delivery of its full plan, it had identified risks to achieving it for instance, not delivering efficiencies to the full CIP value and not delivering the planned elective activity. These risks have not been quantified. The NHS trust highlighted various mitigations in place for instance, a more robust approach to working with and supporting operational divisions responsible for delivering the efficiencies, and better winter planning to manage non-elective demand.
- The NHS trust reported achieving CIP of £51.6 million (4.8% of expenditure) for 2018/19, which was marginally better than plan, and 75% of this was reported as recurrent. At the time of the assessment, the NHS trust was reporting achievement of its year to date CIP plan of £13.9 million (October 2019), mostly on a recurrent basis.
- The NHS trust is reliant on additional cash support in the interim to consistently meet its financial obligations and maintain its positive cash balance. Cash requirements are planned at the start of the year and monitored throughout the year. At the time of the assessment, the NHS trust had not required additional emergency borrowing over and above its plan. The cumulative working capital/revenue support loans balance at August 2019 was reported as £262.6 million.
- The NHS trust's performance against the better payment practice is below the target of 95%. At the time of the assessment (October 2019), the valid invoices paid within 30 days were 38.1% by number and 64.1% by value, which is lower than most other acute non-specialist NHS trusts.
- The NHS trust has developed service line reporting but is not consistently using this as part of monitoring financial performance. The NHS trust provided some evidence to demonstrate the use of costing and service line performance data, however it recognises that its use needs to be improved.
- The NHS trust's income performance for 2018/19 was in line with plan. The NHS trust achieved PSF funding of £10 million and earned £22.4 million from various commercial income streams.
- The NHS trust is currently using external management consultancy support with its theatres and outpatients services productivity improvement programmes. The NHS trust CIP for 2019/20 includes efficiency targets of up to £6.5 million in these areas, however supporting evidence of performance against these targets has not been provided. The NHS trust reported spend of £0.6 million on external consultancy expenditure in 2018/19, and £0.4 million at September 2019.

Outstanding practice

- There is an established and innovative relationship with local universities to support workforce requirements
    - Nursing students are employed by the NHS trust and supported by the University. This supports retention of newly qualified nurses.

    - The NHS trust has worked to increase the number of prescribing pharmacists by working with their local university to provide a prescribing module as part of the pharmacist postgraduate diploma training course.
- The NHS trust has an accredited apprenticeship and development centre which delivers programmes in leadership, health and customer services including the nursing associate training programme, providing training services to the local health economy including hospices. There are currently 160 nursing associates in training, and the NHS trust also earns income from this arrangement

Areas for improvement

We have identified scope for improvement in the following areas:

- The NHS trust should work at pace to address the financial risks that have been identified in 2019/20 and minimise further deterioration in its financial position.
- The NHS trust should ensure that it secures the expected benefits from its theatres and outpatient services transformation programmes.
- Continued focus is required to reduce the registered nursing vacancy rate.
- The NHS trust should progress the work being undertaken to secure better prices in its procurement operations.
- The NHS trust recognises the requirement to address structural and integrity issues related to its aged estate and should continue prioritising maintenance work, addressing infrastructural risk and minimising impact on operations.
- The NHS trust has identified the efficiency opportunities in its finance and human resources function and should progress implementation of the respective improvement initiatives that have been developed in its corporate transformation programme.
- Continued focus is required to improve the NHS trust's performance against constitutional operational standards.
- The NHS trust should progress working towards developing collaborative working partnerships with other NHS organisations, to secure further benefits of scale within its support services.
- The NHS trust should continue working to drive improvements in bed capacity utilisation, including addressing the delays contributing to the higher pre-procedure bed days.

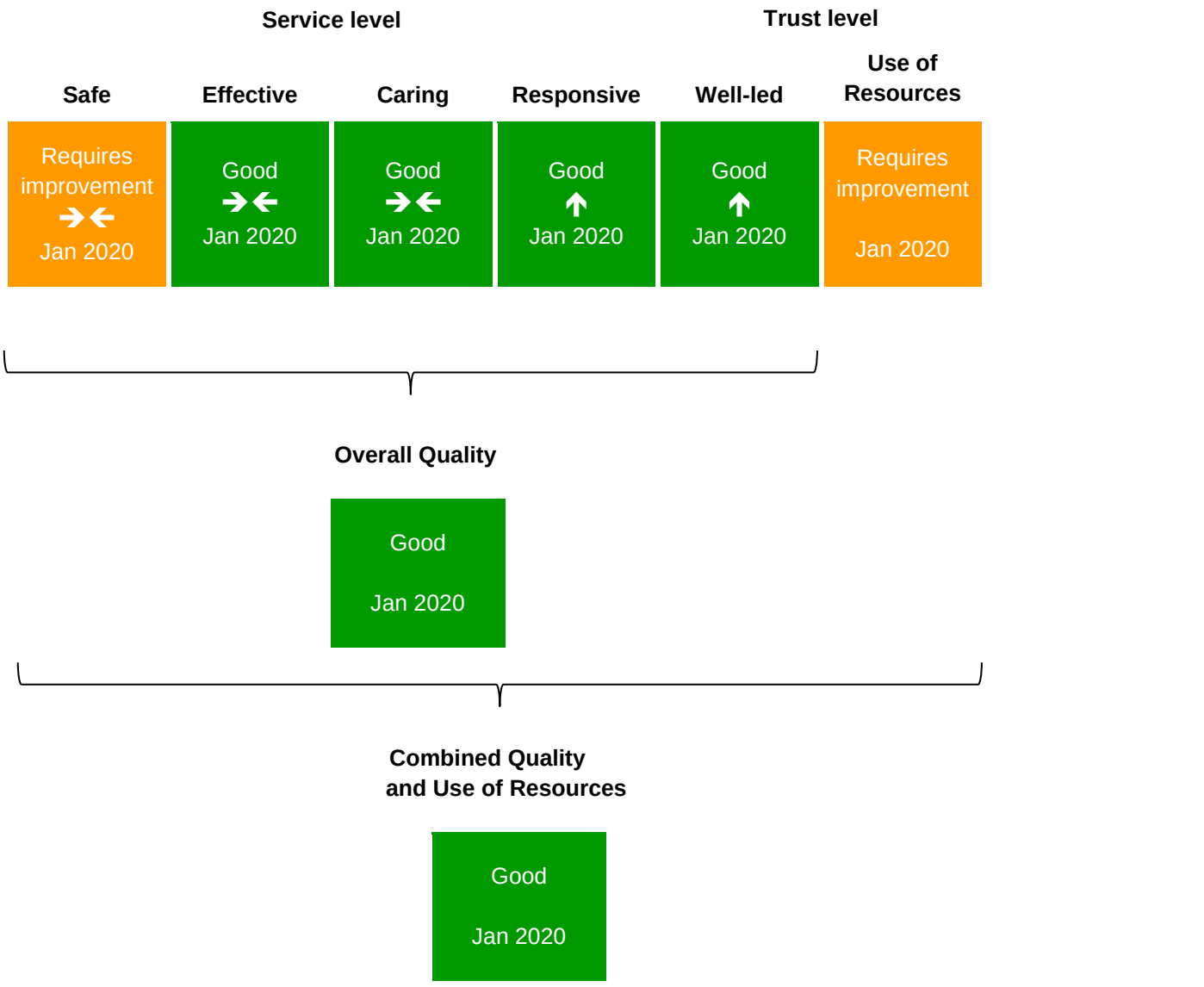
Ratings tables

Key to tables					
Ratings	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 key question inspected					

***** 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



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 NHS 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 NHS 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 NHS trust boards, governing bodies and chief executives of NHS 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.

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 NHS trust save costs on unconfirmed appointments and increase system efficiency.
Distance from financial plan	This metric measures the variance between the NHS trust's annual financial plan and its actual performance. NHS 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 NHS 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 NHS 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 NHS 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)	This metric shows the annual cost of the NHS trust's HR department for each £100 million of NHS trust turnover. A low value is preferable to a high value

cost per £100 million turnover	but the quality and efficiency of the department's services should also be considered.
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 NHS 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 NHS 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 NHS trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the NHS trust spends less per standardised unit of activity than other NHS trusts. This allows NHS 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 NHS 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 NHS trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the NHS trust spends less on staff per standardised unit of activity than other NHS trusts. This allows NHS trusts to investigate why their pay is higher or lower than national peers.
Peer group	Peer group is defined by the NHS 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.
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 NHS 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 NHS trusts (the performance element). A high score indicates that the procurement function of the NHS 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.
Single Oversight Framework (SOF)	The Single Oversight Framework (SOF) sets out how NHS Improvement oversees NHS trusts and NHS NHS trusts, using a consistent approach. It helps NHS Improvement to determine the type and level of support that NHS trusts need to meet the requirements in the Framework.
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 NHS 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 NHS 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.
Sustainability and Transformation Fund (STF)	The Sustainability and Transformation Fund provides funding to support and incentivise the sustainable provision of efficient, effective and economic NHS services based on financial and operational performance.
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 NHS 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 NHS trusts' %

	achievement against these targets. NHS 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.