Airedale NHS Foundation Trust

Use of Resources assessment report

Address
Skipton Road, Keighley
West Yorkshire, BD20 6TD
Tel: 01535 652511
www.airedale-trust.nhs.uk

Date of publication:

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	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Our overall quality rating combines our five 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 trust and in the related evidence appendix. (See www.cqc.org.uk/provider/RCF/reports)

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.

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

- We rated safe, and well-led at core service level as requires improvement; effective, caring and responsive were rated as good.
- Well led at provider level was rated as requires improvement.
- We took into account the current ratings of the four core acute services and three community services not inspected at this time. Hence, two services across the trust are rated overall as requires improvement, and the remaining ten services are rated good;
- The overall ratings for the trust's acute location remained the same, as requires improvement.
- The trust was rated good for use of resources. Full details of the assessment can be found on the following pages.

NHS Improvement

Airedale NHS Foundation Trust

Use of Resources assessment report

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Skipton Road, Keighley
West Yorkshire, BD20 6TD
Tel: 01535 652511
www.airedale-trust.nhs.uk

Date of site visit:
20 November 2018

Date of publication:
<xx.MONTH.201x>

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 12 months, our local intelligence, the trust's commentary on its performance, 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 20 November 2018 and met the trust's executive team (including the chief executive), a non-executive director (in this case, the Chair) and relevant senior management responsible for the areas under this assessment's KLOEs.

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 has a good financial history of delivering a surplus and has delivered its control total since the introduction of these in 2016/17. In 2017/18, the trust delivered a surplus of £0.845m (excluding sustainability funding) and has a planned surplus of £0.418m in 2018/19 (excluding sustainability funding).
- The trust is good across all the financial metrics achieving an NHS Improvement Finance Use of Resources risk rating of 1 (best) in 2017/18 and forecasting to maintain this for 2018/19.
- For 2017/18, the trust had an overall cost per weighted unit of activity (WAU) of £3,496 compared to a national median of £3,486.
- The trusts non-pay cost per WAU, at £1,169 is below the national median of £1,307. This means the trust spends less on other goods and services per WAU than most other trusts nationally. However, the trust pay cost per WAU, at £2,328, is above the national median of £2,180, placing it in the second highest (worst) quartile nationally. This means the trust spends more on pay per WAU than most other trusts nationally.
- Individual areas of the trust productivity that compared well and benchmarked in the top (best quartile) included, non-pay costs per weighted activity unit (WAU), estates and facilities costs per square metre, Human Resource (HR) function cost per £100m turnover, and delivery of 152% of the national target for pharmacy savings from switching to biosimilars.
- The trust has pursued a strategy to reduce costs and improve quality by delivering services in-house and via alternative delivery methods such as the pathology joint venture (JV) and through the newly created subsidiary company, AGH Solutions Ltd (AGHS), managing estates, facilities and procurement at the trust. The trust has also pursued commercial opportunities through its telemedicine service across care homes and GP practices nationally. This commercial approach is intended to support the trust's overall financial position and optimisation of its use of resources. This strategy does mean that the trust incurs more pay costs and consequently the trust spends more on pay per WAU than most other trusts nationally who do not have this strategy, however, this is offset by the income it receives.
- The trust has an innovative, flexible and technological approach to its clinical services with a good focus on sustainable workforce models and delivery of care. This has allowed the trust to continue to deliver services for its communities which are efficient and patient-focused, demonstrating effective use of trust resources. Recent examples are the launch of the trust's new ambulatory unit using a highly skilled non-medical workforce and the 'chemo bus' delivering care closer to patients' homes.
- The trust has an embedded Right Care quality improvement strategy which it has used for 5 years. This takes a proactive approach to linking Cost Improvement Plans (CIP) with operational productivity, safety and quality, informed by benchmarking and aligned with Getting It Right First time (GIRFT) plans in the trust. Through this the trust achieved savings of £9.8m (5.6% in 2017/18) from its CIPs and is forecasting delivery of £7.6m (4.3%) in 2018/19.

- The trust is not reliant on external loans to meet its financial obligations and deliver its services, liquidity days were 6.9 at October 2018, in the best quartile nationally.

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

- At the time of the assessment, the September 2018 national data set identified the trust as sustaining delivery of the constitutional operational performance standard for Referral to Treatment (RTT) and the 62-day cancer standard. The Accident and Emergency (A&E) standard delivery for October was 92.7%, with the trust ranked 28th out of 134 trusts nationally. A&E standard delivery between March and October is 92%, which places the trust at 33rd nationally. In September 2018, delivery of the diagnostics standard recovered following several months of capacity issues within one particular service-line. The trust continues to manage the impact of high non-elective attendances which are 7.7% higher than in October 2017 and 6.6% higher year to date (YTD).
- The trust's emergency readmission rates at quarter 2 2018/19 were 9.50%, above the national median of 9.06% and placing them in the second highest (worst) quartile. This means that currently, patients are more likely to require additional medical treatment for the same condition at this trust compared to other trusts. The trust was able to demonstrate that they have a good understanding of the specialities which drive these metrics and described how they are targeting improvements. One example provided was the impact of a pathway and incorrect coding change in May 2018 for ambulatory care which the trust understands to have contributed to this. The data has been corrected from October 2018 and the trust expects to see an improvement going forward.
- On pre-procedure non-elective bed days, at 0.84, the trust is performing in the highest (worst) quartile and above the national median of 0.65. This is within the context of medical activity being higher than surgical activity. The trust was able to demonstrate that they have a good understanding of the specialities which drive these metrics and described how they are targeting improvements on, for example, optimisation of patient's heath prior to procedures which they understand has been a contributing factor. Actions undertaken by the trust include ensuring a full 24-hour antibiotic treatment prior to surgery on the abscess pathway to improve clinical outcomes, improving the fractured neck of femur pathway so that 75% of patient's surgery is now completed within 36 hours and the introduction of a weekly hot gall bladder list to support timely intervention.
- On pre-procedure elective bed days, at 0.09, the trust is performing in the second lowest (best) quartile and below the national median of 0.12.
- The non-elective Length of Stay (LoS) has fallen from 6.7 days to 5.6 days in 2018 and the impact of the LoS improvements over several years has avoided the need to invest in an additional 58 beds.
- The trust's Delayed Transfer of Care (DTOC) rate has remained lower than the national average of 4.5% at 1.8% in August 2018, and improvements since 2016 have resulted in 9 beds saved. Weekend discharges have increased by 11% since 2014.
- The trust has a long history of working with its system partners to reduce, avoid and improve hospital inpatient stays and DTOCs. This is delivered through programmes such as the creation of the new ambulatory unit which has resulted in a 71% increase in the use of ambulatory pathways avoiding the necessity for 45 inpatient beds at a cost of £2.2m. Other initiatives have included development of acute assessment and "frailty" services, including Multi Agency Integrated Discharge Teams (health and social care) introduced in November 2017 and trusted assessors (care homes and social services). In March 2018 the trust was asked to write a Local Government Association best practice guide because

of its strong performance in managing DTOC. In response to the reduced choice of intermediate care beds offered to patients because of its rural geography, and as an enabler for admission avoidance, the Airedale and Craven collaborative care team provide intermediate care to patients in their own homes using a virtual ward model supported by the innovative technology advances the trust have made.

- The trust's innovative telemedicine service offer includes patients in care homes, their own homes and prisons, as well as the Gold Line, a dedicated 24/7 telephone service for people who may be in their last year of life, also supporting admission avoidance locally and across the country.
- The Did Not Attend (DNA) rate for the trust is 7.54% for quarter 2 2018/19, placing the trust above the national median of 7.32% and in the second highest (worst) quartile nationally. The trust explained they use technology routinely to address this, such as text reminders and the NetCall service, and focus additional strategies on those services with the highest DNA ratios.
- The trust has participated in the Getting It Right First Time (GIRFT) programme to deliver improvements. Examples include an enhanced recovery programme and reduced follow ups (such as the urology new to follow-up ratio improved from 1:5 to 1:3 in 2017/18).
- The trust has made improvements in the productivity of its outpatients' services using electronic referrals and pathway design. The trust is also one of five national project sites for the Accelerate, Coordinate, Evaluate (ACE) Programme which is innovative in the detection and early diagnosis of cancer.
- The speech and language service has been recognised nationally for its excellent patient feedback and an innovative telemedicine stammering service. The trusts Overall Assessment of the Speaker's Experience of Stuttering (OASES) Evaluation demonstrated patients' improvements from 3.6 (moderate/severe patient severity) to 2.1 (mild/moderate) post therapy.
- The trust took the decision to consolidate its cardiac services, including the bed base, in 2018. This was an enabler to improve activity throughput, increasing the number of procedures passing through the cardiac catheterisation laboratory from 97 per month to 116 per month post the consolidation.
- The recent introduction of the 'Chemo Bus', a first in the region, is an initiative to improve the experience of patients allowing care closer to home whilst addressing the capacity and increasing demand issues in the Haematology and Oncology Day Unit. The unit has 4 treatment chairs creating a capacity increase of up to 23%.
- Therapy service improvements have seen reduced waiting times and higher activity outputs.

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

- For 2017/18, the trust had a pay cost per WAU of £2,328 compared with a national median of £2,180, placing it in the second highest (worst) quartile nationally. The trust was able to demonstrate an understanding of the higher than median pay cost per WAU and the reasons behind this. Recognising that reducing these costs through workforce reconfiguration takes some time, the trust's strategy to deliver higher non-pay efficiencies to off-set this and, therefore, ensure its financial obligations are fully met has been consistently achieved.
- For 2017/18 the trust demonstrated it has effective control over its staffing costs and is not exceeding its staffing budget. The trust noted that the benchmarked pay costs are a

reflection of low vacancies and high fill rates with associated good outcomes for patients and delivery of key performance standards. It is also due to the trust's overall strategy to remain financially stable and improve quality by delivering services in-house and via alternative delivery methods. This is demonstrated in the overall pay cost per WAU of £2,328, compared with a national median of £2,180, placing it in the second highest (worst) quartile nationally.

- The trust met its agency ceiling as set by NHS Improvement for 2017/18, however, it is not forecasting to meet its ceiling in 2018/19. There are robust processes in place for the authorisation of agency shifts and at £70 the trust benchmarks below the national median of £108 and in the second lowest (best) quartile for agency cost per WAU. The trust spent 3% on agency as a proportion of total pay spend in 2017/18 against a national average of 4.6% and is planning to spend 3.9% in 2018/19. The trust has seen an increase in agency spend during 2018 linked to the increase in non-elective activity which has been covered by additional income. Where the trust has brought services back in-house it has also seen a short-term reliance on agency whilst vacancies are filled.
- The trust stated that a proportion of the high pay cost is as a result of providing community services. The trust also has a high degree of rurality resulting in increased travel times for staff working in the community, therefore reducing their productivity comparted to community workers in a more urban area. The trust detailed a number of other contributory factors to explain why pay cost per WAU is higher than the national median. These include:
    - The provision of a telehealth service which by its nature must be delivered by highly skilled, experienced and therefore higher-banded nurses
    - An investment in 20 advanced clinical practitioners (ACPs) who are banded at band 7 (in training) or band 8a.
    - Hosted therapy services at GP practices, the local hospice and admission avoidance schemes, where this activity is not included in trust WAU calculations
    - A workforce profile where over 34% of registered nursing staff are over 50 and at the top of their pay band
    - The delivery of services in-house, such as pathology and some estates and facilities costs which would be otherwise recorded as non-pay costs/WAU.
- The trust proactively works to address its challenges in recruiting particular staff groups in innovative ways. For example, following a review of skill mix the trust has grown the numbers of ACPs from 2 in 2016, to 20 in 2018. ACPs undertake clinical work that would traditionally have been undertaken by the medical workforce. The increase in the ACP workforce has resulted in only a marginal increase in agency spend on junior doctors despite growing non-elective activity. The trust expects further benefits to be realised when the remaining 60% of ACPs complete their training. The trust continues to complete skill mix reviews in recognition of the challenges in recruiting doctors and registered nurses and through this work has demonstrated a 40% reduction in registered nurse vacancies.
- Other examples of innovative workforce models implemented include:
    - Introduction of FY3 posts to cover junior doctor gaps and reduce reliance on temporary staffing. Along with combining the FY1 and FY2 rota, this has contributed to a saving of £14,000 per month in medicine and the emergency department since August 2018 in addition to the quality and safety benefits realised of a substantive workforce.
    - The introduction of band 3 medical assistants to support junior doctors with both clinical and administrative tasks along with discharge liaison officers on each ward to release registered nursing time.
    - Recruiting 17 nurse associates and the introduction of nurse apprenticeships.

    - Using ACPs to cover the junior doctor rota within elderly medicine.
    - An increase in the numbers of reporting radiographers, along with an increase in the numbers of PICC lines inserted by radiographers.
    - Piloting a pharmacy assistant to support medication rounds and patient education on the stroke unit.
- There is a proactive approach to reviewing the workforce to ensure workforce capacity meets demand. For example, the trust has reduced the numbers of midwives it employs in response to the falling birth rate, resulting in savings of £250,000 over the last two years. An executive-led vacancy control panel meets fortnightly to provide challenge and scrutiny to vacancies as they arise ensuring the trust only recruits staff when required. The trust has identified a number of services where nationally defined staffing models lead to excessive costs, despite a reduced demand for the service and has therefore begun to work with a neighbouring trust to review service and workforce models for the future.
- The trust had seen an increase in numbers of whole time equivalent (WTE) staff employed and a subsequent growth in the pay bill during 2017/18. This was a result of the TUPE of a number of staff into a pathology joint venture and creation of a wholly owned subsidiary. Pay bill growth during 2018/19 had been lower than inflation at the time of the assessment.
- The trust uses an e-rostering system for ward-based nursing staff. Improved rostering practices and controls have reduced the number of staff owing more than 12 hours from 87 in January to 51 in October and untaken annual leave from £60,000 in 2016/17 to £24,000 in 2017/18. The system has also increased the visibility of rostering across the week and compliance with required skill mix.
- All eligible consultants have a job plan which is reviewed on an annual basis. The trust identified that there was a difference in the ratio of direct clinical care (DCC) sessions to supporting professional activity (SPAs) in consultant job plans and has now standardised and aligned SPAs to the national median. The trust recognises there is further work to complete in aligning job planning to demand and capacity modelling. The trust has not yet undertaken job planning for AHPs or specialist nurses but intends to roll this out.
- Staff retention rate was 86.1% in July 2018 which places the trust in the second lowest (best) quartile when compared nationally, this is despite the TUPE impact of trust staff transferring to AGHS during this timeframe which will worsen this metric. The trust has identified a need to provide additional support to retain graduate nurses and has recruited into a pastoral role to provide additional support to this staff group.
- At 4.17% in June 2018, staff sickness rates are worse than the national average of 3.76%. The trust told us that the recruitment of a sickness absence case manager had led to an improvement in the reporting and recording of sickness absence. The trust has seen a reducing sickness rate since January 2018 when absence was 5.32%. Recognising that mental health was the main reason for long term absence, the trust implemented a range of schemes to support mental health and well-being and has seen a 20% reduction in the number of staff absent due to stress.

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

- For 2016/17, the trust's overall cost per test was £1.21, placing the trust in the lowest (best) quartile nationally and below the national median of £1.99. In addition, productivity levels per full time equivalent (FTE) are high, with an overall test per FTE within the upper (best) quartile (117,290 tests, compared to a peer median of 47,200).
- The trust was able to evidence that it had progressed well in pathology services through the

development of a Joint Venture (JV) with Bradford Teaching Hospitals FT at the beginning of 2017. As part of this process, 40 staff were transferred into the organisation from another trust and there was a heavy reliance in agency and locum staff. This meant that the trust benchmarked as having high costs per FTE (£53,774 per FTE against a peer median of £46,108), however the trust was able provide examples of how it has worked to reduce this cost, including putting a single management structure in place for the JV and reducing overall headcount.

- Additionally, the trust was able to show that it had been able to transform the pathology service through standardisation processes and had reversed a £1 million per annum loss into a break-even position. The trust noted it is seeking to collaborate further with other trusts in relation to pathology.
- With regard to Imaging Services, it was highlighted that the trust has high costs per report (£59.25 per report against a national median of £50.18) and that the pay cost per report is also high (£41.94 against a national median of £33.23). The trust explained that it has large radiology costs away from its main hospital site, given that radiology is provided at 4 sites trust-wide. The trust has also had difficulties recruiting, which it considers is due to a national shortage of sonographers and its remote geographical location.
- Despite this, the trust was able to demonstrate that it had considered alternative workforce models to try to reduce costs, including extending practice of Band 7 radiology staff and reducing the level of premium rate radiology. It had also undertaken recent restructuring and organisational development work to resolve some significant staff availability issues and felt that this had led to better performance which would lead to an improvement in the metrics. The trust was able to demonstrate a robust understanding of the challenges it had faced and was able to show that it had implemented a plan to resolve these.
- At £302 in 2016/17, the trust's medicines cost per WAU is relatively low when compared to the national median of £320. As part of the Top Ten Medicines programme the trust has overdelivered on nationally identified savings opportunities, achieving 152% of the savings target, above the upper benchmark of 100%. The trust demonstrated that it has made a conscious decision to prioritise efforts on service delivery, medicines reconciliation and moving to bio-similars. The evidence shows that performance in this regard has been high, and that the trust performs well in relation to delivery of savings.
- For pharmacy services, the trust was able to show that it had made conscious management decisions which had led to some metrics being outliers. For example, it had reduced Sunday hours of service as a cost saving measure because it had not seen any impact on weekend patient discharges from having a Sunday service in place. The trust performed at 2.5 hours Sunday service in 2016-17, compared to a national median of 5.5 hours. Despite the reduction in this service, the trust still benchmarks well for Sunday discharges.
- Recent staff sickness issues had led to a conscious decision by the trust to increase pharmacy stockholding to mitigate risk, which is an outlier at 24 days compared to a national median of 19 days.
- Performance at the trust is especially low in relation to the percentage of pharmacists actively prescribing with the trust performing at 4% compared to a national median of 32.5%. The trust explained this is something they are aware of and plans are in place to increase this level to 46% by 2020, against a national plan of 50%. Difficulties have been faced by the trust in relation to the lead in time for a non-medical prescriber training period, and the need to maintain services in a small, geographically remote trust whilst staff are trained.
- The trust was able to show that it is using technology in innovative ways to improve operational productivity. They have created a JV, Immedicare, with a private sector partner

and this has grown over the last 12 months, delivering telemedicine into nursing homes. Alongside this the trust uses Telemedicine to support its award winning 'Goldline' service, as well as partnering with Care UK to deliver services into prisons. The trust has also utilised Telemedicine to develop a Single Point of Access Care Hub to support their strategy for an integrated service with the community teams.

- In addition to this, the trust has implemented e-rostering, e-prescribing, and is incrementally implementing a fully integrated health record that provides direct links with Primary Care.

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 £1,169, compared with a national median of £1,307, placing it in the lowest (best) quartile nationally.
- The cost of running its finance department is higher than the national average. For 2017/18, the trust benchmarked in the second highest (worst) quartile at £724,960 per £100m turnover compared with a national median of £676,480 per £100m turnover. The trust was able to demonstrate that it understood the reasons for this, with management costs appearing high due to the small size of the trust and the trust's commercial model. For 2017/18, the trusts HR function cost, at £700,620 per £100m turnover compared with a national median of £898,020 per £100m turnover, is in the lowest (best) quartile.
- The majority of IM&T services are in-house only, however, there has been a recent shared Head of Information Governance post put in place with another trust in order to secure a high calibre candidate and introduce system working. The trust achieves a low cost per device in IM&T, and the overall IM&T function is £2.33 million per £100m turnover, compared to a national median of £2.47 million per £100m turnover.
- The trust benchmarks in the upper (best) quartile for its overall weighted assessment on procurement productivity at 69. The trust is one of the highest PPIB users in the country, and states that every price is checked on PPIB and used to challenge suppliers. The trust is working well with other trusts on procurement matters, providing a service to a neighbouring trust and managing joint tender arrangements across the West Yorkshire Association of Acute Trusts (WYAAT). They have achieved year on year saving of £1 million per annum over recent years.
- At £239 per square metre in 2017/18, the trust's estates and facilities costs benchmark in the lowest (best) quartile and below the national average of £342 per square metre. This was considered alongside a rising backlog position, which is much higher than the national benchmark (£335 per square metre compared to £182 per square metre). The trust was able to evidence that despite the difficult backlog situation, estates risk was competently managed and well understood and the trust has a long-term estates plan to be funded from the continuation of financial surplus generation at the trust.
- Through the subsidiary company which has been created, previously outsourced contracts have been brought back in-house and there are proposals to continue this trend. This has led to savings of £125,000 per annum alongside savings of £2 million per annum delivered as a result of creation of the company. The company is using its commercial standing to generate further income for the trust, including winning a recent project management contract with other NHS providers.

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

- The trust is in surplus and has a good track record of managing spending within available

resources and in-line with plans.

- In 2017/18, the trust reported an overall surplus of £7.5 million including sustainability funding, £3 million better than its control total, driven by sustainability funding allocation and incentives awarded to trusts who delivered control totals. The trust has an overall surplus plan for 2018/19 of £5.2 million including sustainability funding.
- The trust is good across all the financial metrics achieving an NHS Improvement Finance Use of Resources risk rating of 1 (best) in 2017/18 and is forecasting to maintain this for 2018/19.
- The trust has a good history of CIP delivery and achieved CIP savings of £9.8 million (5.6%) in 2017/18 and is forecasting delivery of £7.6 million (4.3%) in 2018/19, of which 75% will be delivered recurrently.
- The trust is not reliant on external loans to meet its financial obligations and deliver its services, liquidity days were 6.9 at October 2018, within the best quartile nationally. The trust was able to demonstrate actions within its cash committee that ensured a good focus remained on protection of cash at the trust.
- The trust provided evidence of service line and patient level costing and information data being used in the trust and confirmed how this is used to support service areas identify opportunities for improvement.

Outstanding practice

- The trust has an embedded Right Care quality improvement strategy which it has used for 5 years taking a proactive approach to linking CIP plans with operational productivity, safety and quality, informed by benchmarking and aligned with GIRFT in the trust. Through this the trust achieved CIP savings of £9.8 million (5.6% in 2017/18) and is forecasting deliver of £7.6 million (4.3%) in 2018/19.
- The trust has a wide range of alternative workforce models and shows innovation across a range of multi-disciplinary teams to address the workforce challenges locally and nationally, this embedded approach to reshaping the workforce is seen in the limited reliance on agency staffing.
- The trust's innovative Telemedicine service offer includes patients in care homes, their own homes and prisons, alongside the Gold Line, a dedicated 24/7 telephone service for people who may be in their last year of life. This supports admission avoidance locally and across the country.
- The trust has delivered savings from the introduction of its pathology joint venture and by working with neighbouring trusts was able to demonstrate how is it ahead of the national agenda to create pathology networks.

Areas for improvement

- The trust recognises the benefits it has seen in electronic patient records across maternity, therapy services and outpatients and has a strategic plan, affordable within its capital and revenue plans, to build on existing systems in order to have a single electronic patient record across the Airedale system. This development will further aid productivity opportunities and the ability to reduce costs improving overall use of resources.
- The trust has a level of backlog maintenance which requires a longer term rebuild of

elements of the estate, the trust would benefit from a time defined strategy regarding when this will be addressed, and surpluses required to resource this.

- The trust should continue its improvement journey for the fractured neck of femur pathway.

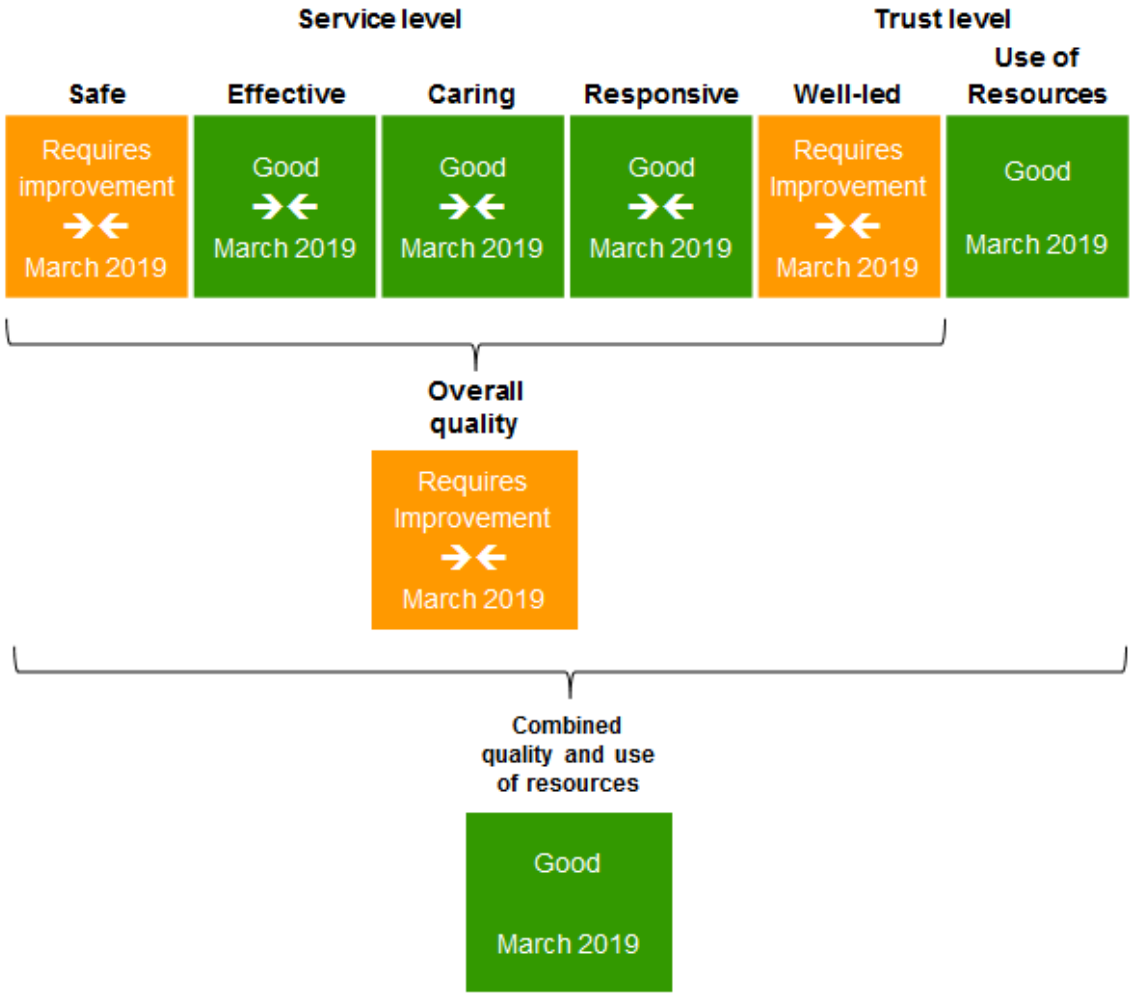
Ratings tables

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 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.
Did not attend	A high level of DNAs indicates a system that might be making unnecessary

(DNA) rate	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.

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.
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.