

Use of Resources assessment: a brief guide for acute non-specialist trusts

October 2017

The purpose of the Use of Resources assessment is to improve understanding of how effectively and efficiently trusts are using their resources – including their finances, workforce, estates and facilities, technology and procurement – to provide high quality, efficient and sustainable care for patients.

They will help NHS Improvement to identify support needs and identify good practice to spread and drive improvement across the sector.

They should also be a useful improvement tool for you, providing an opportunity to demonstrate to patients, communities and taxpayers that you are delivering services efficiently and effectively, while providing care that meets the Care Quality Commission (CQC) five standards: safe, effective, caring, responsive and well-led.

Preparing for the assessments

How to prepare for a Use of Resources assessment?

The first step in preparing for a Use of Resources assessment is to review and familiarise yourself with the [Use of Resources assessment framework](#).

For other preparation, we will ask you to review the initial Use of Resources metrics on the [Model Hospital](#), provide high-level commentary against the Use of Resources key lines of enquiry (KLOEs) and submit any extra evidence or more recent data that might help inform the assessment. We will publish detailed guidance on preparing for Use of Resources assessments in November 2017.

As part of each Use of Resources assessment, there will be a one-day onsite component during which approximately five senior staff from NHS Improvement visit the trust and interview its senior leadership. We ask you to make a meeting room capable of seating around 10–12 people available on the day of the assessment.

What will happen during the onsite phase of the Use of Resources assessment?

Timings	Meeting	Overview	Trust attendees
09.30 – 10.00	Internal briefing meeting for NHS Improvement’s assessment team (Representatives from the trust are not required to attend this session)		
10.00 – 10.30	Introduction	10 mins: Introduction 20 mins: Trust introduction and overview of performance against key lines of enquiry (KLOEs)	Chief executive Chair Director of finance Chief operating officer
10.30 – 10.45	NHS Improvement assessment team corroboration session		
10.45 – 12.15	Clinical services and People	45 mins: Questions on Clinical services KLOE 45 mins: Questions on People KLOE	Medical director HR director Nursing director Director of finance Chief operating officer Allied health professional lead
12.15-13.00	Lunch and NHS Improvement assessment team corroboration session		
13.00 – 14.45	Operational and Finance	60 mins: Questions on Clinical support services KLOE and Corporate services, procurement, estates and facilities KLOE 45 mins: Questions on Finance KLOE	Director of finance Medical director HR director Chief operating officer Chief pharmacist Head of estates Head of procurement
14.45 – 15.00	NHS Improvement assessment team corroboration session		
15.00 – 15.30	Overall use of resources	30 mins: Follow-up session on findings from the day	Chief executive
15.30 – 16.30	NHS Improvement assessment team corroboration and debrief meeting		
16.30 – 17.00	Summary and wrap up	30 mins: NHS Improvement to share early findings and initial recommendations	Chief executive Chair Director of finance Chief operating officer

An overview of the KLOE questions can be found on page 10 of the [Use of Resources framework](#).

After the assessment visit, we will prepare a draft Use of Resources report and rating.

In 2017 and early 2018, CQC will be piloting how we integrate our Use of Resources assessments with CQC's inspection, reporting and rating processes.

As we test the best way to integrate processes, we are likely to pilot the publication of some of these initial Use of Resources assessments alongside CQC's existing inspection reports, including indicative or 'shadow' ratings.

What is the purpose of the introduction session at the beginning of the onsite visit?

As outlined in the agenda above, each assessment schedule contains a 30-minute introductory session. The first 10 minutes is a chance for the Use of Resources assessment team to introduce themselves to the trust.

The remaining 20 minutes is an opportunity for you to introduce the trust and provide the Use of Resources assessment team with some context – for example about how you're working with system partners or any other relevant information about the broader health and care economy.

This is not a formal presentation. You do not need to prepare written briefings or PowerPoint slides.

Who will the Use of Resources assessment team need to meet?

During the onsite visit, we will require access to the trust's senior leadership team. This includes: the chair, chief executive, director of finance, chief operating officer, medical director, HR director, nursing director, chief pharmacist, head of estates, head of procurement and allied health professional (AHP) lead.

As shown in the agenda not all the trust personnel listed above are required to attend every session. Equally, if you other staff who hold relevant expertise should be present during one of the interview sessions, please discuss this with the assessment chair. We would ask that you keep the number of trust representatives at each session to no more than eight.

What evidence/information should you submit to NHS Improvement before the assessment?

The Use of Resources assessment is framed around five key lines of enquiry (KLOEs), each focusing on a different element of a trust's resources, ranging from operational productivity to finances. (For more information on the KLOEs see the [Use of Resources framework](#).)

Before the onsite visit, you need to submit a commentary against each of these five KLOEs. We will send you the KLOE commentary form to complete when we write with the date of the assessment. As noted above, we will shortly publish guidance for trusts on how to complete the KLOE commentary and how to submit any other evidence or data you feel is relevant.

What other evidence will the assessment team draw on?

As outlined in the Use of Resources framework the starting point of a Use of Resources assessment will be an analysis by the assessment team of the trust's current performance – and performance over the last 12 months – against:

- a selection of initial metrics (see page 8 of the [Use of Resources framework](#))
- local knowledge of the trust gathered by us as part of our day-to-day interactions with you
- other relevant evidence, such as the other data available in the [Model Hospital](#) (ie other than the initial metrics).

We will use this analysis and the qualitative assessment during the one-day site visit to the trust to help us to probe performance in a way that is consistent and comparable across different providers.

How can trusts share more up-to-date data than is currently available on the Model Hospital?

We recognise that although data is uploaded to the [Model Hospital](#) regularly there is a time lag on some datasets, ie data reflects performance from the previous year, quarter or month.

Trusts should be reassured that analysis of Model Hospital data is only one component of the Use of Resources assessment. The assessment team will always probe and test Model Hospital data with the trust during the visit. We will also always explore both the context and drivers behind a trust's performance.

Where trusts have access to more recent data for a specific metric, we encourage you to supply it to the Use of Resources assessment team alongside your KLOE commentary submission.

How much notice will you get of the Use of Resources assessment?

Most trusts will be alerted to the upcoming Use of Resources assessment when CQC issues a Provider Information Request (PIR) notifying them about their upcoming core services and trust-wide well-led inspection. In parallel, NHS Improvement will get in touch with the trust's chief executive to let them know that we will be carrying out a Use of Resources assessment, ideally before CQC's well-led inspection.

Where we undertake the Use of Resources assessments at a different time to the CQC's inspections, we will contact trusts directly and alert them to their upcoming Use of Resources assessment.

We will always try to give you at least one month's notice of an upcoming assessment, but this may not always be possible depending on team availability.

Will all trusts undergo a Use of Resources assessment?

Initially only non-specialist acute trusts will be assessed for Use of Resources, due to the better availability and quality of productivity data for this sector.

Specialist acute, ambulance, mental health and community services will be included in the Use of Resources framework once appropriate metrics are developed and this data becomes available

How often will Use of Resources assessments take place?

We will carry out Use of Resources assessments in all non-specialist acute trusts by the end of 2019. Trusts will only be assessed once in that period.

How can you challenge the accuracy and completeness of the information in the Use of Resources report?

As is the case for CQC inspection reports, trusts can challenge the accuracy and completeness of the information outlined in the Use of Resources report, but cannot challenge the rating.

You will receive a copy of the Use of Resources report in the weeks after the assessment. You will then have the opportunity to review the report and challenge the accuracy and completeness of the report.

How the Use of Resources assessment fits into the broader oversight landscape

Use of Resources assessment and CQC inspections

The Use of Resources assessment sits alongside the inspections undertaken by CQC as part of its new inspection regime.

Where possible, your Use of Resources assessment will take place when the CQC is undertaking its core services and trust-level well-led inspections. Where this is the case, we anticipate that the Use of Resources assessment will occur in the weeks before a well-led inspection, but not at the same time as a core services inspection.

The difference between Use of Resources and trust-wide well-led reviews – why financial governance is not part of Use of Resources

The Use of Resources assessment primarily focuses on trust's current and past (over the previous 12 months) performance against the 5 KLOEs. It does not cover a trust's strategy or plans for improving performance.

CQC's new trust-wide well-led reviews include an increased focus on resource and financial governance, including trust plans and other strategy for improving financial performance. More information about the CQC's new trust-wide well-led framework can be found [here](#).

The Use of Resources assessment is separate to the well-led inspection but any relevant information or insights will be fed into the well-led inspection.

How the Use of Resources assessment relates to your Single Oversight Framework finance score

Under the Finance and Use of Resources theme in the [Single Oversight Framework](#), trusts are currently scored each month against a number of finance metrics, resulting in an overall finance score. Once a trust has undergone a Use of Resources assessment and been given a proposed rating, we will use the Use of Resources report and rating, alongside the finance score, to inform our wider consideration of the provider's support needs relating to this theme.

In between Use of Resources assessments, we will continue to monitor a trust's finances and operational productivity – and associated support needs – using the finance score and operational productivity metrics available through the [Model Hospital](#), alongside other relevant evidence.

We will consider changes in the monthly finance score and other indicators of financial performance and operational productivity in the context of the last Use of Resources assessment when considering support needs.

We will not combine the finance score and use of resources rating into a single score.

How does the performance of the broader health and care economy impact on Use of Resources assessments?

Our current regulatory and oversight models focus on individual organisations rather than local health economies, and the Use of Resources assessment is consistent with this.

However, we understand that trusts are not working in isolation and are, through sustainability and transformation partnerships (STPs) and in other ways, working collaboratively with partners across their local health and care systems.

While we think it is valuable to understand how trusts are influencing the use of resources across their local systems, the Use of Resources assessment is focused on how you are using your resources effectively in the context of the funds available to you.

As the Use of Resources assessment approach combines quantitative and qualitative information to give a holistic assessment of how a trust is using its resources, we will draw on relevant local health economy intelligence to inform the assessments.

We will try to understand how far a trust is working with the local system to improve its use of resources. In line with ongoing national policy developments, we will continue to explore with other national partners how our regulatory model can be adapted to incorporate oversight of local health economies, as well as the individual provider organisations in those health economies.

For more information

If you have any queries about Use of Resources assessments please contact [nhsi.Use of Resourcesenquiries@nhs.net](mailto:nhsi.UseofResourcesenquiries@nhs.net)

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