

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

Updated February 2018

The purpose of this guide is to give practical advice to providers about how to prepare for Use of Resources assessments and submit evidence to NHS Improvement.

It includes what to expect on the day of the assessment and after the assessment, and also outlines how the Use of Resources framework and assessment align with the broader regulatory environment.

## What is the purpose of Use of Resources assessments?

Use of Resources assessments are designed 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. The assessments will form part of NHS Improvement's approach to oversight and improvement through the Single Oversight Framework (SOF), identifying support needs and good practice to help drive improvement.

The Use of Resources assessment will also generate a report and rating which will be published by the Care Quality Commission (CQC).

The assessment should be a useful improvement tool, enabling you to demonstrate to patients, communities and taxpayers that you are delivering services efficiently and effectively, while providing care that meets the CQC five key domains: safe, effective, caring, responsive and well-led.

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

## Preparing for the assessments

The first step in preparing for a Use of Resources assessment is to familiarise yourself with the [Use of Resources assessment framework](#), paying particular attention to the:

- five key lines of enquiry (KLOEs) we will use as the lens through which we assess how well your trust is using its resources (see page 4 of the framework)
- evidence our teams will draw on, ie a basket of initial metrics, extra data or information collected by us and shared by you, local intelligence from our day-to-day interactions with you, and evidence gathered during the on-site qualitative assessment (see pages 6-9 of the framework).
- prompt questions (see pages 10-11 of the framework). We will rely on these during the site visit, but will not be bound by them. Assessment teams are likely to ask extra questions and will not necessarily use all the prompts during the assessment.

### **How should trusts use the Model Hospital to prepare for assessment?**

As part of the assessment, Use of Resources assessment teams will critically analyse your performance on each of the initial Use of Resources metrics. These can be found in the Finance and Use of Resources compartment in the [Model Hospital](#).

During the site visit, we may ask you about your performance on these initial metrics and the drivers behind this. As part of your preparation please review your performance so you are able to comment on the trust's performance where asked. You may find the questions on page 7 of the framework a helpful way to guide your thinking.

Our assessment teams will also review the wider metrics in the [Model Hospital](#) as part of their preparation. They may ask you to explain your performance on any of these, so for other preparation, we ask you to review those too. We do not expect you to review them all in detail, but suggest you focus your attention where you are an outlier (ie you are performing significantly better or worse than your peers) or where your performance has changed over time (either improving or deteriorating).

### **What evidence/information should trusts submit to NHS Improvement before the assessment?**

Ahead of our visit to your trust, you will be asked to provide us with a high-level commentary against the five KLOEs and encouraged to submit any extra evidence or more recent data that might help inform the assessment.

The KLOE commentary form is a pre-assessment questionnaire we send you ahead of your assessment. **It is not a self-assessment** – the assessment team will review your

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commentary as part of their preparation for the assessment and will use it to help focus on particular lines of questioning.

Please provide concise answers – no more than 250 to 500 words per KLOE. We are looking for a **high-level overview** of how you believe your organisation is using its resources.

### What information should be provided in the KLOE commentary form?

- In what areas is the trust doing well, and how is the trust able to deliver this performance?
- What are particular areas of focus for the trust?
- In what areas does the trust have room for improvement?
- Why has the trust not been able to deliver these improvements to date?

### What information is not required in the KLOE commentary form?

- A detailed explanation for your performance on each of the initial metrics.
- Answers to the prompt questions on pages 10-11 of the framework.
- Commentary covering leadership, governance or strategic plans for the future.

## 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.

However, 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 always explore both the context and drivers behind a trust's performance.

Where you have 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. We ask that you only send us a manageable amount of data, and only data that is only directly related to the Use of Resources assessment.

## What happens on the day of the assessment?

Each assessment will feature 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.

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## **How should trusts prepare for the introduction session?**

Each assessment schedule (Appendix 1) contains a 30-minute introductory session. The first 10 minutes are for the assessment team to introduce themselves and give an overview of what to expect of the day, and what will happen after the assessment.

The remaining 20 minutes are for you to introduce yourselves and provide the assessment team with insights and context about the trust. This is not a formal presentation - written briefings and PowerPoint slides are not required.

Your presentation should cover:

- the trust's setup (ie number of sites, types of services provided)
- the population served, patient demographics
- things you're doing well and are proud of
- any major challenges.

You may also wish to provide the assessment team with some insights into how you are working with system partners and any other relevant insights about the broader health and care economy. Please note that this information is not part of the assessment framework, but may provide important context.

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

We will want to meet with the trust's senior leadership team, including those listed in the agenda (see Appendix 1).

As shown in the agenda not all the trust colleagues listed are required to attend every session. Equally, if you would like other staff with relevant expertise to be present during one of the interview sessions, please discuss this with the NHS Improvement assessment chair. Please keep the number of trust representatives at each session to no more than eight.

## **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) as part of its programme of scheduled service-level and well-led inspections. In parallel, NHS Improvement will get in touch with the trust's chief executive to let them know we will be carrying out a Use of Resources assessment, ideally before CQC's well-led inspection.

Where we carry out 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 aim to give you at least one month's notice of an upcoming assessment.

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## **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 these trusts.

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

## **What happens after the assessment?**

In the days immediately after your assessment we may request further evidence, which we will use this to inform the report and to ensure there is sufficient and robust evidence to support the proposed rating.

## **Will the Use of Resources report be published?**

Yes. All assessments will culminate in the production of a report. Our assessment teams will draw on the evidence gathered during the assessment to write the report.

You will receive a copy of the draft Use of Resources report in the weeks after the assessment. You will then have an opportunity to review it and challenge accuracy and completeness before it is published (see below).

Once the report is finalised, it will be published on CQC's website.

## **Will trusts have the opportunity to review the draft Use of Resources report before it is published?**

Yes. As for CQC inspection reports, you can challenge the accuracy and completeness of the information in the draft Use of Resources report as part of the factual accuracy process.

Again, as for CQC inspection reports, as part of the ratings review process you will also have the chance to request a review of the Use of Resources rating after the full report is published.

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

### **How does the Use of Resources assessment align with CQC inspections?**

The Use of Resources assessment sits alongside the CQC inspections as part of CQC's new inspection regime.

We anticipate that the Use of Resources assessment will occur in the weeks before a well-led inspection, but preferably not at the same time as a core services inspection.

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Once you have had your Use of Resources assessment, you will not undergo another Use of Resources assessment until CQC has restarted its next round of inspection activity.

## **What is the difference between Use of Resources and trust-wide well-led reviews – why is financial governance 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 five KLOEs. It does not cover a trust's future strategy or plans for improving performance, nor does it cover a trust's leadership, governance, systems or processes.

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 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 does the Use of Resources rating relate to the Single Oversight Framework finance score?**

Under the Finance and Use of Resources theme in the [Single Oversight Framework](#), trusts are scored each month against several 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 draft Use of Resources report and proposed rating, alongside the finance score, to inform our wider consideration of support needs.

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.

Please note, CQC will publish this Use of Resources score alongside the Use of Resources report and the CQC's other quality ratings. This score will remain on the CQC website until you undergo your next assessment

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## **How does the performance of the broader health and care economy affect 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.

We know that trusts are, through sustainability and transformation partnerships (STPs), working collaboratively with partners across their local health and care systems. However, 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 focuses on how you are using your resources effectively in the context of the funds available to you.

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 also continue to explore with other national partners how to adapt our regulatory model to incorporate oversight of local health economies, as well as the individual provider organisations in those health economies.

## Appendix 1. Use of Resources assessment agenda

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