PROVIDERS DELIVER

ACHIEVING VALUE FOR MONEY

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NHS Providers

PROVIDERS DELIVER

Providers Deliver
Achieving value for money

Contents

Foreword

Welcome to *Providers Deliver: achieving value for money*. This is the tenth report in the publication series where we celebrate and share the work of NHS trusts and foundation trusts, as they continually strive to improve services for patients and service users, despite facing challenging operational and financial pressures. The 2024/25 NHS operational planning guidance positioned improving the productivity of the NHS as one of its core priorities (NHS England, 2024a). This report will explore how trusts across all sectors have been identifying innovative solutions to improve their productivity and continue delivering on the priorities of their local populations.

In July last year, we published *Stretched to the Limit: tackling the NHS productivity challenge*, which examined the various barriers trust leaders identified as stalling the NHS' return to pre-pandemic levels of productivity growth (NHS Providers, 2023). As we continue our recovery from the Covid-19 pandemic, trusts are working flat out to tackle record-high care backlogs and long waiting lists, at the same time as identifying significant efficiency savings and delivering more activity within existing resources while maintaining high quality patient care.

The aim of this report is to move the conversation on from 'diagnosing' the NHS' productivity challenges and highlight a variety of the 'treatment' plans trusts have identified which have had a material impact on their productivity levels. Trusts are at the heart of many of the innovative solutions across health and care and are best placed to lead the NHS' efforts to improve delivery models, streamline internal processes, adopt new technologies and allocate resources most efficiently and effectively to deliver results for the populations they serve.

Trust leaders are committed to doing all that they can to achieve the best value for money for taxpayers. As a result, the provider sector wants to ensure productivity is viewed through a much wider lens of improvement and the concept of 'value'. When measuring NHS productivity, there is a risk that government and national bodies focus on the technical definition of productivity as a formula comprised of examining the total number of 'inputs' (NHS funding, number of staff) for the total number of 'outputs' (the amount of activity delivered). Instead, through the conversations I have with trust leaders, there is a clear focus on striving to improve outcomes for patients, which will simultaneously help the NHS to be more productive. The NHS needs a vision to unite behind and I believe that vision should focus on the priorities of patients. Our *Picture of health* briefing outlines five shared commitments that will help realise the next generation NHS, driving greater national productivity and delivering clinical excellence (NHS Providers, 2024).

As this report highlights, there are a variety of factors which can help improve productivity across the health service – some of these are within the capacity of trusts to influence and control. However, if we are serious about improving the sustainability of the health service and want to enable it to be as productive as possible, then the efforts of trusts to improve productivity have to be matched by efforts across government to tackle some of the long-term enablers of productivity growth, such as capital investment to improve the NHS' infrastructure. Recent analysis by the Health Foundation highlights that technology has the potential to free up staff time and improve productivity. However, in order for such productivity benefits to be fully realised, it is imperative that sufficient time and resource is dedicated towards empowering staff to repurpose freed up time most effectively, either on patient care, training, or research. (Horton & Moulds, 2024). As the following report shows, trusts are committed to do their part to improve productivity; but they need support from government and national bodies to unlock their full potential.

Sir Julian Hartley
Chief Executive
NHS Providers

Introduction

There is no doubt that the pandemic brought with it significant disruption and exacerbated many of the challenges that the NHS was already facing. Figures from the Office for National Statistics show that quality-adjusted healthcare productivity was 6.6% lower over the 2021/22 financial year than the 2019/20 financial year (ONS, 2024a). Further analysis from the Institute for Fiscal Studies shows that the NHS has significantly more staff than it did before the pandemic; however, growth in activity levels has been disproportionately slower (Warner & Zaranko, 2023). NHS England's own estimation of the acute sector productivity gap is approximately 11% lower than pre-pandemic levels (NHS England, 2024b). Earlier this year, NHS England published its 2024/25 priorities and operational planning guidance which set out the ambition for the health service to have a "relentless focus on improvement, reducing delays and unnecessary processes" in an effort to recover productivity back to pre-pandemic levels (NHS England, 2024a). Trust leaders are focused on delivering optimal value for patients and welcome NHS England's directive that "recovering productivity is categorically not about staff working harder" (NHS England, 2023a).

Trusts are firmly focused on improving their productivity levels within a challenging financial and operational context. They are making notable progress in some areas, including reducing the number of long waiters across elective care and in diagnostics, with 2.2 million diagnostic tests carried out in March 2024 (14% higher than pre-pandemic levels) (NHS England, 2024c). However, the overall picture suggests trusts are facing significant difficulties in delivering key operational priorities. The elective waiting list continues to hover around 7.5 million people and urgent and emergency care departments continue to experience real pressure with 2.3 million A&E attendances in March 2024 alone – the highest level ever recorded (NHS England, 2024d). Ambulance demand remains considerably higher than pre-pandemic levels, with the number of category 1 incidents being 39% higher than the equivalent period in 2019. Significant challenges remain across the community and mental health sectors as well; over one million people are on the waiting list for community services and mental health referrals were 46.7% higher in March 2024 than in March 2020 (NHS England, 2024e) (NHS England, 2024f). The operational performance data demonstrates the intense pressure on services across all sectors.

As well as these operational concerns, trust leaders identified a number of barriers in our *Stretched to the Limit* report that were preventing them from accelerating productivity growth (NHS Providers, 2023). One of the biggest challenges identified by trust leaders is staff exhaustion, burnout and low morale – evidenced by the NHS staff survey results which show 42.7% of staff often or always feel worn out at the end of their shift and 30.4% feel burnt out because of their work (NHS England, 2024g). While it is difficult to quantify the effect of burnout and low morale on NHS productivity levels, it would be fair to assume that a tired and pressurised workforce is not conducive to increased productivity growth. Further pressure on the workforce can be seen through increased spending on temporary staffing support, high vacancy rates (more than 100,000 across the NHS) and a sustained period of industrial action from a number of different staff groups, all of which have constrained activity growth, damaged staff morale and stretched trusts' budgets (NHS England, 2024h). Trust leaders have also highlighted that they are seeing a sustained increase in patient acuity since the pandemic, often seeing patients who are sicker and

presenting with more complex conditions, requiring more resources and staff time to deliver their care. All of the above equates to an incredibly challenging picture for the NHS and a complex environment within which to nurture sustained productivity growth.

In March's Spring Budget the government announced an additional £3.4bn of funding on digital transformation over three years from 2025/26 to unlock a proposed £35bn in cumulative productivity savings before 2030 (HM Treasury, 2024). In return for this investment, NHS England committed to publishing an NHS productivity plan and metrics in summer 2024 and achieving 1.9% average productivity growth in the period to 2029/30. This target is at the upper end of the 1.5% – 2% ambition over 15 years as set out in the NHS Long Term Workforce Plan in 2023 and would represent a substantial increase on historical NHS productivity growth (NHS England, 2023a). Trust leaders are hopeful that the productivity metrics will help support all types of trust to enhance their understanding of their productivity levels, benchmark with similar organisations and identify areas for improvement. Current productivity metrics use the 'weighted activity unit' which measures hospital output, while adjusting for differences in case mix. However, this metric is not easily translated to community and mental health trusts. Furthermore, the limited benchmarking available for these sectors' activity and cost bases makes it a considerable challenge to accurately measure trusts' productivity levels. If national productivity metrics are to be applicable across all sectors and a common currency for productivity metrics is established, then it is vital that the scale and quality of data available for community and mental health trusts is improved.

This report looks at a number of case studies which highlight the success some trusts have had in developing local initiatives to improve their productivity and, as part of this, patient care. Clinical leaders from across the NHS have outlined how using a framework for continuous improvement can deliver better value, both financially and operationally, and act as a lever for productive efficiency. The key themes explored include:

- **Taking a holistic approach to improving productivity** – Prioritising improvements to patient care also pays dividends for improving productivity. Central London Community Healthcare NHS Trust (CLCH) has taken a value-based approach to productivity which looks at how resources can be best utilised to improve outcomes for patients. CLCH has implemented a variety of pilots which have achieved better outcomes for patients as well as opening up the capacity across their community nursing teams.
- **Collaborating to tackle shared challenges** – The mutual aid scheme across the Foundation Group and the efficiency of South Warwickshire University NHS Foundation Trust's surgical hub has provided significant productivity benefits and enabled patients waiting across the wider region to be seen much faster than before. Tighter collaboration between trusts across systems and regions has improved data-sharing and benchmarking across trust networks, enabling best practice to be shared and implemented widely.
- **Digital tools to free up staff time** – Oxleas NHS Foundation Trust has focused its efforts on ensuring its staff have the right tools to work in the most effective way possible. The trust has rolled out a series of digital tools designed to give patients more control and choice over their care, and simultaneously allow staff to spend more time on delivering care rather than on administrative processes.

- **Improving whole-system productivity** – North West Ambulance Service NHS Trust (NWAS) has implemented a number of local measures which may not provide immediate benefits to the trust's own productivity. However, both initiatives have made a significant difference in improving the productivity of the wider health system. Local measures designed and developed by NWAS have enabled patients to get the right level of care much sooner, taking pressure off emergency departments and the wider health system. This case study highlights why it is important to adopt a whole-system approach to productivity – as costs incurred by one trust, may pay productivity dividends elsewhere throughout the wider health system.
- **Incentivising staff to help tackle waiting lists** – Calderdale and Huddersfield NHS Foundation Trust's introduction of a bespoke payment model, alongside the trust's efforts to optimise the tracking of patients, has resulted in a significant reduction in the number of patients waiting over 52 weeks for care. The trust's theatre improvement model has also helped to engage staff and foster a culture of continuous improvement throughout the trust's theatre activity, benefitting both staff and patients.

This report shares some of the approaches trusts have taken to deliver increased productivity levels, despite a challenging operational context. Trusts will continue to explore all available avenues to eliminate waste, drive up activity levels, deliver high-quality care and provide greater value for money to the taxpayer.

PROVIDERS DELIVER

The view from Thea Stein

Chief Executive, Nuffield Trust

Calling a truce on the productivity problem

There is a productivity challenge facing the NHS, and we must collectively find a way to analyse the problem, agree on the root causes and set the conditions for improvement. All these steps are complex. In a blog I recently wrote for the Nuffield Trust, I laid out my central thesis that the reason we are not having the conversations we need about these issues is due to a lack of psychological safety in all layers of the system, from HM Treasury to the front line. While trust boards can put up an 'umbrella' of security over their own organisation, maybe even sometimes over a whole place or integrated care systems (ICS), this is increasingly hard in our febrile and tense national environment. Even where this is in place, it is challenging to do the vital analysis, research and local 'discovery' needed when the national system is mired in overt or covert narratives of blame.

This is urgent. All political parties are concerned to understand the central issues as presented – more money, more staff, lower outputs. The public are experiencing changes in terms of serious delays and problems of access – they know that something is different but even the language is misunderstood and contested. No patient has ever talked about outputs and no clinician goes to work thinking about productivity.

No study to date has got us very far in reaching a comprehensive shared understanding of this puzzle that all parties accept. There is ample evidence of a problem, but the questions about why we have this problem, and what can be done about it, are not sticking. That is the crucial bit of the puzzle. Why aren't all parts of the system, from the Chancellor to the frontline, engaged collectively in pursuit of these questions? I would posit it is because the NHS is hearing this discourse that there's more money, more staff yet lower productivity as a statement of accusation and dismissal of effort and worth.

I have previously called for a "productivity truce", where all parties acknowledge how they have become sucked into these subculture narratives of blame and easy tropes that have got in the way of the best research and understanding. If we could set all these aside, we would then be able to properly explore the key theories that explain what is happening, and crucially co-produce solutions. When I was a community trust CEO, I was in many rooms where we were arguing about measurement and, certainly, where I complained (rightly of course!) that community, primary care, mental health and indeed third sector activity were not counted or included appropriately. But despite the validity of that argument (and others), there is something going on.

We must look methodically at the theories that could explain the situation. Increasingly a statement about productivity lies at the heart of any announcements of new money into the health service – as shown with the Spring Budget – but there is significant uncertainty and often a lack of belief about how to deliver the assumed productivity improvements. Productivity and what "it" can achieve in the public sector is second only to AI as a magical idea that is going to be swiftly transformational.

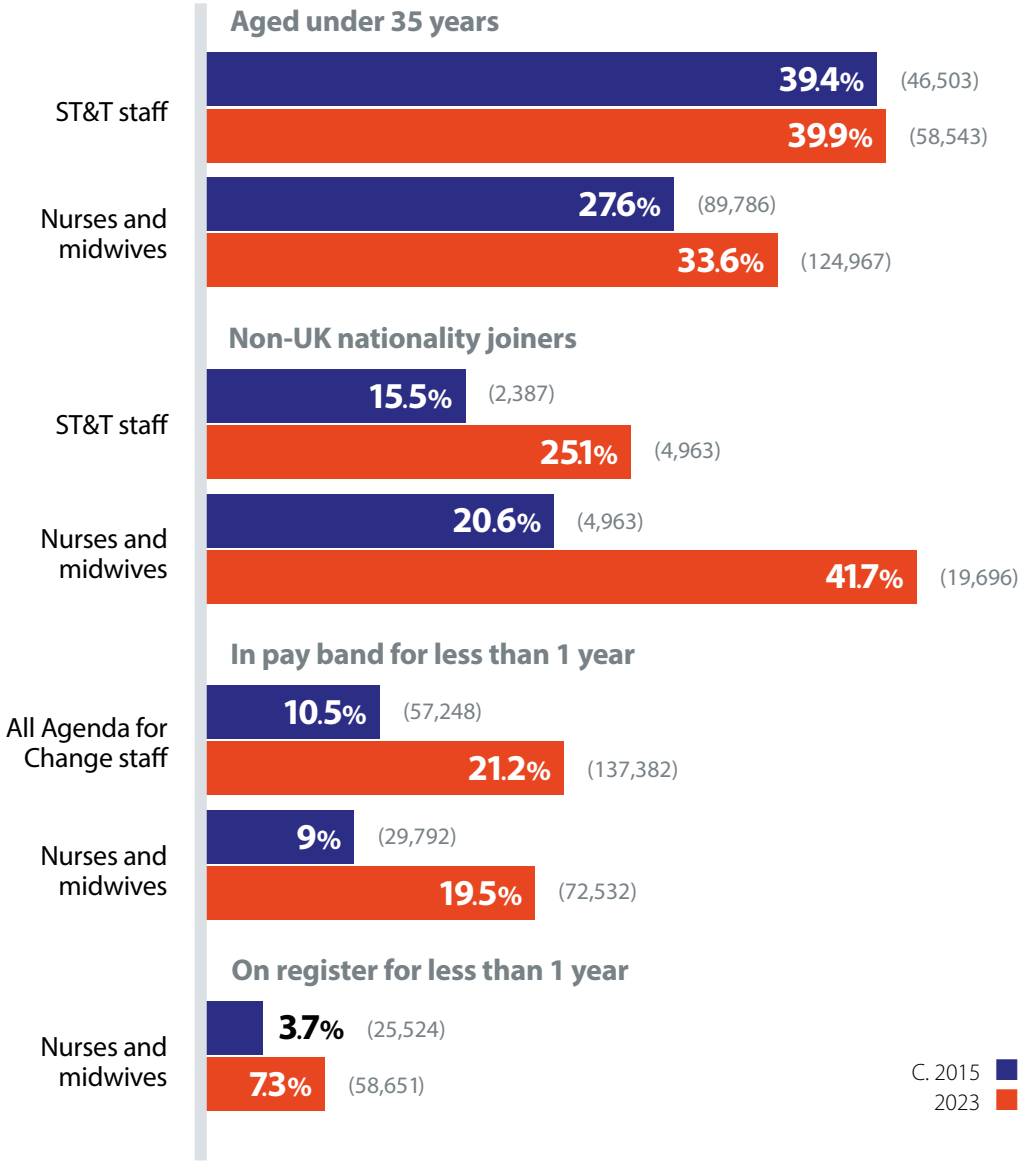
And yet there is a lot to be curious about. Taking a breath and doing thoughtful research in a place of psychological safety, at either national or local or place level, could allow us to tackle the productivity issue in an interesting way. It is much discussed that the workforce is younger and less experienced, but surprisingly it is little researched. We looked at this, and found that a higher proportion of health service workers in recent years are new to their career and to the seniority of their role, as well as to the NHS more generally (see chart).

Having so many young people within the NHS in our biggest staff groups – nursing and allied health professionals (AHPs) – should be something to celebrate. There is a wide range of research that shows that while age alone is a weak predictor of job performance, the interplay between age, experience and specific job demands plays a crucial role in determining productivity. Maybe this is one of the many routes open for us to explore in solving the productivity paradox. It would also lead to new interventions around appropriate training education and support. This is only one of many examples.

But first we need the conditions for success, with the most important being psychological safety across the system.

Figure 1

More health service workers are new to their career or to the NHS.



Note: ST&T staff = scientific, therapeutic & technical staff, which includes allied health professions. All measures have focussed on those in Agenda for Change Bands 5-7 except for those on the professional register for less than a year. Changes shown by Agenda for Change band and by age are relative to 2015 levels, changes in non-UK nationality joiners are relative to 2017, and changes in those on the professional register are relative to 2018. No data were available for scientific, therapeutic & technical staff in their band for less than a year so all Agenda for Change staff have been used as a comparison.

Source: Nuffield Trust analysis of NHS Digital data MC register data.

CASE STUDY 1

Taking a holistic approach to improving productivity

Central London Community Healthcare NHS Trust

NHS
Central London
Community Healthcare
NHS Trust

Themes >

- Improving clinical outcomes for patients
- Benchmarking performance
- Engaging staff to target improvement

Central London Community Healthcare NHS Trust (CLCH) provides more than 90 clinical services to a population of over four million across 11 London boroughs and Hertfordshire. As one of the largest community healthcare providers in the country, the trust's 4,600 staff are dedicated to providing high-quality care to patients in their own home or across over 650 sites located across the trust's footprint.

Taking a holistic approach to improving productivity

At the forefront of CLCH's approach to improving productivity is clarity about what that word really means for their organisation. For example, understanding what goods looks like for them might differ from other trusts' approaches. This local understanding tells a more nuanced story than national media headlines which suggest a drop in productivity since before the pandemic. CLCH staff are often seeing similar, if not more, numbers of patients with higher care needs than they would have done prior to the pandemic. Therefore, viewing their productivity as an organisation through the lens of increasing activity levels is not the optimal way to target improvement. Instead, the trust has channelled its energies into improving clinical outcomes for patients, with the wider aim being that this will have a corresponding impact on the trust's productivity too.

In recent years, the trust has experienced a significant growth in demand which has resulted in planned care teams often working at full capacity. The challenges this presented have been exacerbated by nation-wide difficulties recruiting additional district nurses to help manage rising caseloads. One example of an innovative approach taken at CLCH to address this issue is with a service for patients with leg ulcers. CLCH took the decision to hire a leg ulcer specialist as part of a pilot programme within one of their community nursing planned care teams based in Hertfordshire. While this was initially more expensive, it reduced the number of visits required per week for people on the team's caseload by 43%, increasing the capacity of the service. The pilot also reduced the average hours of community nursing time required before discharge from 110 hours to 68 hours, indicating that the pilot has also helped to improve healing rates for patients. By primarily focusing on improving outcomes for patients, CLCH is simultaneously unlocking productivity gains and adding more value for patients.

With the aim of helping patients to become more independent, CLCH also developed a pilot programme across their community nursing team based in Merton which seeks to provide more personalised care for patients. The programme sought to empower patients to take an active role in their ongoing care, helping them to understand their individual

care needs and help them move further towards a more independent care plan. As well as improving the independence of patients, the programme also reduced the total number of visits required for all patients suitable for self-care during the pilot and 20% of patients were able to be discharged earlier from the service.

The trust has also looked towards digital solutions to help improve the quality of care offered to patients and free up service capacity. In Barnet, across CLCH's musculoskeletal physiotherapy service, the trust has introduced a digital self-management tool to help provide personalised self-management to support the clinical journeys of patients. Average uptake of the self-management tool is approximately 300 patients per month who are able to self-manage using the digital platform following triage. This has helped to reduce the trust's first to follow up ratio for the service and has provided the trust with additional capacity to focus on reducing waiting lists.

The move to more integrated care presents an opportunity to standardise the different delivery models previously commissioned by clinical commissioning groups (CCGs) and implement a more productive model of care. Through bringing clinical leadership teams together, the trust found several examples where the same service was being provided in different ways. With a view to establishing a common approach to care, the trust engaged with clinical leaders from a range of services to establish standardised processes and a set of desired clinical outcomes for each service. By focusing on a desired outcome model, the trust continued to emphasise improving the quality of care provided to patients as a key route to being more productive.

Measuring and benchmarking productivity in the community sector

At the centre of the trust's approach to improving productivity is a newly designed productivity framework which will provide the board with timely and accurate data across a range of relevant productivity metrics, for example, throughput ratios and the utilisation of clinic appointments. The aim of the productivity framework is to assist the trust in enhancing its own understanding of current productivity levels through providing sufficient data across a variety of standardised metrics to help benchmark performance against historical performance levels. CLCH monitors data across all its pathways – in a similar way acute trusts would measure performance across referral to treatment pathways – which has helped CLCH to ensure no patient waits over 40 weeks for the care they need.

The trust has also strengthened partnerships with fellow community providers across London and in Birmingham and Cambridgeshire. Provider collaboration has enabled CLCH to co-design and develop core standards that will enable meaningful data comparison across organisations. Unlike the acute sector, where data comparison between providers is more straightforward and relatively commonplace, the community sector faces challenges in agreeing common and comparable measures to generate baseline data to benchmark performance across organisations.

Reflections

CLCH is striving to improve productivity levels and to deliver maximum value for patients. The trust recognises that it is on a journey to improve how it views its own organisational productivity. The newly designed productivity framework will help guide the trust's approach to improving its productivity and identify areas across a variety of services where improvement can be targeted. Critically, the trust's ambition is to ensure that its approach to productivity engages front line staff in identifying opportunities for improvement and continues to put patients first.

Looking ahead, the trust is planning to continue to divert energy into thinking more strategically about earlier intervention to prevent the deterioration of illness and create a more sustainable service.

CASE STUDY 2

Reducing waiting times by maximising efficiency

South Warwickshire University NHS Foundation Trust

Themes >

- Increasing theatre productivity
- Mutual aid
- Reducing waiting times

South Warwickshire University NHS Foundation Trust (SWFT) is an acute and community trust that provides services from four hospitals as well as community services to over half a million people across Warwickshire. Following a strategic refresh in 2022, SWFT has identified improvements to productivity as a key strategic pillar of its organisational strategy which is focused on supporting patients to lead healthier and happier lives.

Reducing waiting times by maximising the efficiency of surgical hubs

The trust has set up a mobile operating theatre to conduct elective orthopaedic procedures, with a corridor connecting it to SWFT's existing orthopaedic elective ward. This has helped to streamline the entire patient experience and ensured all the necessary clinical adjacencies are in place to keep the patient pathway as efficient as possible.

One of the key reasons for the trust's success has been its creation of a back up list of 'diamond patients'. In addition to having a set list of patients scheduled for procedures each day, 'diamond patients' have agreed to be seen at short notice should any cancellations arise. Patients on the diamond list are contacted by 9am on the day of surgery to let them know if they can be seen on that particular day. This has brought significant benefits to theatre productivity as it has ensured that the trust can consistently carry out a minimum of four procedures a day and has meant that no slot has been abandoned since the mobile facility opened.

Furthermore, the trust has tripled its day case rates and reduced length of stay (day one discharges have increased to 80%) to ensure there is sufficient bed capacity available to treat the increased volume of elective patients treated via the new surgical hub. These improvements have partially been achieved by expanding post-operative patient management, with the on-site therapy offer being extended to 8pm each day to help SWFT discharge patients more efficiently.

Overall, the new surgical hub has substantially increased SWFT's elective capacity, with the trust previously having the capacity to carry out approximately 1,200 procedures each year. This has now been expanded to over 1,600 procedures annually. The new facility has offered significant benefits to patients who are now being seen much quicker, preventing a deterioration in conditions and helping to ensure speedy recoveries. While this expanded capacity has offered benefits for the local area, it has also allowed the trust to support system partners in reducing waiting times for their patients through mutual aid programmes.

CASE STUDY 2

Mutual aid – collaborating with partners to tackle shared challenges

SWFT is a member of the Foundation Group, alongside Wye Valley NHS Foundation Trust, George Eliot Hospital NHS Trust and Worcester Acute Hospitals NHS Trust, which is organised under a shared leadership model. All members share the same chief executive and chair, but remain sovereign organisations with their own board and committee structures.

One of the primary benefits of being part of the Foundation Group has been the structure it has created for peer-to-peer networking and relationship building between the group's members. These connections have enabled them to work closer together to develop innovative solutions to shared challenges and learn from what's working in each other's organisations.

Following the pandemic, and to support the group's efforts to recover care backlogs, a mutual aid programme was established with the trusts agreeing to a set of shared objectives and goals across a range of different service lines, including trauma and orthopaedic surgery, general surgery and urology. The group host fortnightly mutual aid meetings, which allows operational teams to check in with each other, share data and identify opportunities where support can be provided. For example, SWFT has consistently had a strong frailty model and has supported other group members in identifying solutions to improve their performance. The trust has now established a regular process with another group member, treating ten of their long-waiting elective patients each month and agreeing to operate on them within four weeks.

The benefits to patients are clear. Those on waiting lists have been offered treatment at alternative sites within the group in order to be seen quicker as well as offering patients with more complex care needs access to the specialities of the wider group. The programme has substantially reduced waiting times for some patients and has effectively utilised expertise across the group. The programme has received broad support from both patients and clinicians and its adaptability has meant the programme can be replicated across a broader range of service lines provided by the group, taking learning from previous models into account to maximise efficiency.

Overall, the group's mutual aid programme highlights how effective collaboration between trusts can yield substantial benefits for patients, by reducing waiting times and expanding their access to a wider range of clinical expertise, as well as improve the productivity of the respective organisations.

Reflections

The new surgical hub at SWFT has had a significant impact in reducing waiting times for patients, both in the local area and throughout the wider region. However, while such an expansion in surgical capacity may not be possible for all trusts, the work SWFT has carried out to optimise bed capacity, reduce length of stay and maximise theatre productivity offers valuable lessons for others.

Furthermore, the trust's emphasis on working with its partners and expanding its mutual aid programme highlights how effective collaboration between providers can simultaneously improve productivity for organisations and offer better outcomes for patients.

CASE STUDY 3

Securing the foundations to digitise care

Oxleas NHS Foundation Trust

Themes >

- Digital transformation
- Embedding cultural change
- Freeing up staff time

Oxleas NHS Foundation Trust provides community and mental health services to a population of just under two million people across south east London and parts of Kent. The trust also provides offender healthcare within secure environments across Kent, south east and south west London and more recently across ten prisons in parts of the south west. The trust's efforts to improve productivity sit side by side with digital transformation and identifying digital solutions to help staff to provide the best care they can.

Securing the foundations to digitise care

As an immediate response to the challenges of the pandemic, the initial focus has been on ensuring the right infrastructure and equipment are in place to enable staff to work in an effective and agile way. Part of the trust's recent work has included transitioning from a mainly desktop to a 'laptop estate,' so staff have reliable connectivity and flexibility to work remotely. Many of their community care teams had already benefitted from the roll out of iPads, which let them access patient records remotely.

The trust has also supported the introduction of digital devices, such as tablets, on inpatient wards. This allows staff to conduct routine observations and record patients' progress in real time. Despite facing challenges with delivering training during the pandemic, their roll out has reduced reliance on a time-consuming paper-based system and freed up staff to concentrate on providing care for patients. It's also had the additional benefit of providing a richer data set to ensure patients are receiving the appropriate levels of observation.

Improving patient care while moving it online

Other digital initiatives have empowered patients to have more control and choice over their care. Before the pandemic, the trust conducted about 1,000 video consultations per year. Now, the trust averages around 2,800 video consultations per month, following a decrease from their peak during the pandemic. Virtual appointments are a good option for many patients, giving them greater choice over how their care is delivered (where this is clinically appropriate). It also offers greater scope for staff to work flexibly, while continuing to see a higher volume of patients per day.

In June 2023, the trust completed the six-month roll out of electronic prescribing across all its 23 inpatient wards. This has improved the use of medicines, reduced the risk of patients missing their medication and supported staff to manage medication requests from patients. A staff survey completed during the project roll out showed 94% thought the system saved them time, 56% said it meant they had more time for patient care and

26% said it had improved their wellbeing. Approximately 45 minutes of nursing time per ward, per day was saved because of reduced medication queries, medication orders and scanning and uploading of drug charts.

Patients and staff have also benefited from the implementation of Oxcare, the co-produced patient engagement platform, which supports service users and their network to play an active role in their care. Patients can message securely with their care team at any time and access a resource library covering a wide range of conditions and support offers. Clinicians can also gain a deeper understanding of their patients' needs and reduce the time spent on information gathering during appointments. This is possible because the platform allows patients to fill out an 'About Me' section and complete a questionnaire before their appointment. Additionally, patients can use the diary feature to monitor health indicators such as weight, smoking habits, and activity levels. By allowing trusts to see protected characteristics data, it also has the added benefit of helping them to understand what they can do differently to support patients.

Investing time in cultural change

Implementing these changes did not happen overnight and investing time and energy into engaging with staff from the outset was a crucial element of the trust's digital transformation. The trust wanted to ensure they had a clear understanding of the current processes. Multi-disciplinary staff from a range of services were involved in designing the new ways of working; shadowing clinicians at work also helped with scoping areas for improvement or standardisation. The digital team understood that with platforms like Oxcare, the clinical teams were the best people to determine how it could be best utilised to support patients.

The trust is also keen to support staff and ensure deployment of the technology is effective. It has uploaded useful content to its intranet, introduced 'digital weeks' and hosted face-to-face drop-in sessions to help staff improve their digital skills and understand how to use the tools at their disposal more efficiently and effectively.

Reflections

The cultural change required for effective implementation of the digital initiatives and realising their subsequent productivity benefits is no small feat, although the trust benefited from the integration of its data, ICT and digital transformation teams. For the tools to be used effectively, an element of cultural change needed to take place and close working between the ICT and trust communications team to support this. Oxleas emphasised that getting buy-in and sponsorship from staff on the ground at an early stage was key, as well as recognising the time needed for the productivity gains to be seen.

The trust is clear this is not the end of their journey. Oxleas is constantly horizon scanning to understand how it can further improve operations at the trust. For example, the trust is now exploring how it can unlock further productivity gains by potentially automating some of the higher volume tasks in HR and other services to let staff focus their energies on less standardised work. They are also exploring how AI and new technologies can boost productivity in both clinical and non-clinical roles.

CASE STUDY 4

Improving whole-system productivity

North West Ambulance Service NHS Trust

Themes >

- Whole-system productivity
- Mitigating patient harm
- Right care, right place

North West Ambulance Service NHS Trust (NWAS) provides the region's emergency ambulance service, receiving approximately 1.7 million 999 calls and attending over one million emergency incidents each year. NWAS also delivers the NHS 111 service for the region, handling around 1.7 million calls each year, and assisting with more than 1.3 million patient transport journeys. The trust serves a population of over seven million people and employs more than 7,000 staff across Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and Glossop.

Improving whole-system productivity by offering video consultations across NHS 111 services

In early 2020, NWAS worked closely with NHS Digital on a small-scale trial which looked to offer video consultations to patients contacting the trust's NHS 111 service. Following the success of the trial, NWAS decided to continue and extend the offer across the clinical workforce and factored them into the initial training of clinicians across the service. Implementing and embedding new working practices can often be challenging, particularly around new technology. To assist with the roll-out of the programme and kickstart the cultural change to embed the technology into typical working practices, the trust appointed a number of clinical champions and trainers. The champions have acted as strong advocates of video consultations and the benefits they bring to patients and helped to promote the adoption of the technology across the trust.

Feedback from patients has been overwhelmingly positive, with patients reporting they felt better taken care of and received an additional level of reassurance that a clinician had 'seen' and heard their concerns. The evaluation carried out by the trust to evidence the impact of the programme highlights that patients who have been triaged using video consultations tend to receive the right level of care sooner. Video consultations give clinicians the ability to recognise when escalation of care is required, enabling them to identify and manage patient risk more effectively.

The evaluation work carried out by NWAS shows the impact of video consultation triage on whole-system productivity. Using the example of paediatric rash outcomes, patients who have been triaged via video consultations are less likely to be diverted to urgent and emergency care pathways. Patients who were triaged using video consultation were 14% more likely to continue their treatment at home than patients who were triaged without video consultations. The productivity benefit of this initiative is quite clear. From a clinical perspective, patients get to the right level of care sooner

than they would have done without video consultations, taking pressure off the wider health system through reduced hospital admissions, inefficient referral pathways and timelier diagnosis of conditions.

Implementing local measures to escalate care and mitigate patient harm

Over the course of 2022 and 2023, the trust saw 16 serious mental-health related incidents where patients had taken an intentional overdose, and several incidents where unfortunately patients had died or come to significant harm. Where a patient or member of the public would contact 999 or 111 in the event of an overdose, they would go through the NHS Pathways triage system which would typically elicit a Category 3 response – which NWAS aims to respond to 90% of the time within two hours as per the Ambulance Response Programme. In a typical triage process, the call handler would request information regarding what medication had been taken, how much was taken and when was this taken. In order to mitigate the harm and risk to patients, the trust recognised it needed to implement a local measure in order to ensure that patients who had potentially overdosed on high-risk medications could access care much faster.

Working with the trust's internal pharmacy team and using evidence from recent coronial inquests, the team at NWAS pulled together a list of 20 high-risk drugs that were commonly seen in overdose incidents. The trust then implemented an advanced questionnaire module into its triage process which would prompt the call handler to ask if the patient had taken any drugs on the high-risk drugs list. If the patient had identified any of the drugs or medication on the list, the incident would be upgraded to elicit a Category 2 response – which would be responded to in an average time of 18 minutes. Additionally, patients who identified as having taken a high-risk drug would receive a clinical review to determine the level of risk to the patient.

Since implementing the initiative in November 2023, the advanced questionnaire has been used over 4,400 times and over 1,700 calls were upgraded from a Category 3 to a Category 2 response. Patients are being seen quicker and clinicians now spend less time on scene and are conveying patients to hospitals faster. The initiative has had a transformative effect on reducing risk to patients in the area with there being a significant reduction in serious incidents relating to overdoses and an improvement in safety for vulnerable patients across the region. In terms of the impact on productivity, this has provided significant benefits to the wider system, with reduced hospital admissions in overdose-related incidents, improved health outcomes for patients and patients being treated upstream and directed to appropriate support from system partners.

CASE STUDY 4

Reflections

Both examples from NWAS highlight the importance of adopting a whole-system view of improving productivity. Initiatives which may not provide immediate benefits to the individual trust's organisational productivity will still likely make a significant difference to the productivity of the wider health system and lead to better outcomes for patients. The two represent excellent examples of why trusts are best placed to identify local measures to deliver productivity gains across the health system and ensure patients receive the best care possible.

CASE STUDY 5

Incentivising staff to help tackle waiting lists

Calderdale and Huddersfield NHS FT

Themes >

- Incentivising staff
- Improving theatre productivity
- Optimising patient tracking

Calderdale and Huddersfield NHS Foundation Trust (CHFT) employs over 6,900 staff delivering a range of services from two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary. Services are also delivered across a number of community sites and local health centres in Calderdale. In 2023/24 the trust treated more than 114,000 patients as inpatients or day cases, 178,000 accident and emergency attendances and delivered over 4,300 babies. The trust's five-year strategic plan – which aligns with the wider strategy for West Yorkshire ICS – includes a commitment to enhancing productivity and demonstrating value for money.

Incentivising staff to expand capacity and tackle waiting lists

As is well documented, the pandemic brought significant disruption to hospital capacity. During the pandemic, hospitals shifted resources towards opening more beds to tackle Covid-19 which, with little spare capacity, meant elective care services were hugely disrupted. Following the pandemic, CHFT took the decision to pause elective work for slightly longer than a number of system partners and faced further challenges with staffing levels across their theatres – with sickness rates remaining high and significant staff turnover both during and after the pandemic across theatre teams. The trust's elective care backlog peaked at 3,970 patients waiting over 52 weeks in March 2021. To reduce the trust's waiting list, CHFT began utilising insourcing and outsourcing to rebuild the capacity lost over the pandemic. However, CHFT's clinicians were frustrated by the cost implications and felt that continuing with insourcing and outsourcing didn't represent a suitable permanent solution to the additional capacity the trust required to tackle the care backlog sustainably.

In April 2022, CHFT rolled out a new cost per case system which sought to pay all theatre staff on the number of patients that have been operated on rather than the amount of time they have worked. Initially, the model started on a relatively small scale across only a few different specialties but has now been expanded across all surgical specialties. The system is completely voluntary and is only available to staff working weekends. The bespoke payment model was welcomed by theatre staff. The cost per case rates were set at a value that provided both value for money for CHFT and the NHS in comparison to outsourcing, but also at a rate that would incentivise colleagues to participate in cost per case lists and maximise throughput. The trust found the cost per case lists were often oversubscribed, with staff behaviours also changing with increased patient engagement, decreased turnaround times between procedures and with a commitment to continue delivering high quality care.

Since April 2022, the trust has operated on 2,075 patients across the 270 weekend surgical lists. The cost per case model has had a positive impact on improving productivity levels and reducing the trust's elective care backlog. Over 2023, CHFT reduced the number of patients waiting over 52 weeks from 1,130 to 11, a reduction of 99%. Furthermore, in December 2023, CHFT was the top performing trust for capped theatre utilisation at 84.8%. In parallel to the success of the cost per case model, a key factor in improving the trust's elective performance has been its focus on improving the tracking of patients. This has resulted in the trust being consistently one of the strongest performers for waiting list accuracy. The trust manages its referral to treatment (RTT) performance by analysing specialty waiting lists and breaking patient pathways down into their component parts so that capacity can be focussed appropriately as well as ensuring booking systems and processes are supporting the chronological treatment of RTT patients, including tackling health inequalities.

Changing behaviours through a new theatre improvement model

In support of the trust's elective recovery plan, CHFT introduced a new theatre improvement model to help transform and modernise its surgical theatre work. Rather than engaging with expensive external consultancies to design and implement change in theatres, the trust went through a restructuring process to free-up a clinical role to focus purely on transformation and modernisation, rather than on the day-to-day management of theatres. Through this model the trust has been able to establish collaborative groups for each surgical specialty comprised of surgeons, anaesthetists, theatre teams and operational managers who are all jointly tasked with delivering continuous improvements in their theatres. By engaging with all the different staff groups across theatres, this improvement model has facilitated specialties to understand how their internal processes could be improved or streamlined, what barriers to performance they are collectively experiencing, as well as using data to monitor performance and identify opportunities for improvement. Central to the model is bringing staff together to create a culture of openness and inclusivity to identify where performance could be improved. The improvement model has been received well by staff who have felt empowered to identify efficiency opportunities and thereby support improvements in productivity and optimising performance.

Reflections

In its recovery from the pandemic, CHFT has revolutionised its approach to tackling its elective care backlog – with significant success. By introducing a bespoke payment model that incentivises staff to work on weekend surgical lists and investing in optimising the tracking of patients, the trust has made significant inroads into reducing the overall size of the waiting list as well as reducing waiting times for patients. Furthermore, the trust's theatre improvement model has helped to embed a focus of improvement throughout the trust's surgical specialties, resulting in CHFT being one of the top performing trusts for theatre utilisation. Both initiatives have been spearheaded through an approach which sought to empower and engage staff to identify opportunities where productivity could be improved, that would ultimately benefit the patients they serve.

How can trusts be supported to go further and faster in improving their productivity?

While there are a number of factors influencing productivity that are within the gift of trusts to control and influence, it is also critical to recognise that the converse is equally true. Productivity growth is dependent on a number of long-term enablers which would help transform the NHS to tackle the challenges of the future.

Redesigning services with digital solutions

The level of digital maturity across trusts varies widely. As with the maintenance backlog, limited operational capital budgets have restricted trusts' ability to substantially improve NHS technology and digital assets over the current Spending Review period. The government's £3.4bn investment in digital technologies across the NHS announced at the Spring Budget is welcome news for trusts. Improving their digital capabilities will better enable staff to focus on clinical priorities as well as enhancing the experience of patients, through widening access to care, by offering virtual appointments or liaising with clinicians using patient engagement platforms. Given financial pressures on day-to-day spending in successive years since the pandemic, it is vital that government and national bodies protect spending on digital technologies to avoid crucial transformation budgets being raided to supplement revenue budgets.

Approximately 60% of the additional funding announced at the Spring Budget will be targeted at upgrading outdated IT systems and ensuring all trusts have electronic patient records (EPRs) (HM Treasury, 2024). NHS staff will welcome additional funding which is designed to reduce the time spent by staff entering and searching for data, increasing productivity and supporting a population health management approach to prevent ill health across local communities. If government wants to see a sustainable increase in NHS productivity then it is imperative it works towards enabling the digitisation of the NHS at pace. As outlined by the Health Foundation, in order to maximise the value of additional staff time freed-up by digital technologies, national bodies must develop a culture that will support staff to devote additional time to training and research, as well as increasing care volumes (Horton & Moulds, 2024). It is important to recognise that digital investment will not necessarily deliver immediate productivity improvements. Therefore, if government and national bodies want to unlock substantial productivity savings for the long term, there needs to be sufficient focus on empowering and enabling staff to maximise the productivity benefits of new technologies.

Repairing the dilapidated NHS estate

Inflation has significantly damaged the value of the October 2021 Spending Review settlement which saw capital investment increased to an average of £8bn per annum – substantially higher than the £3bn average per annum between 2010-19 (NHS England, 2022). Trusts welcomed the multi-year settlement announced at the last spending review, however, inflationary pressures have significantly eroded the value of increased capital budgets. Tight operational capital budgets have left trusts with very little headroom to invest in their estate and update antiquated equipment and buildings in disrepair. As a result, the latest estates return information collection (ERIC) data for 2022/23 shows the NHS maintenance backlog has continued its deterioration to a now record-high level of

£11.6bn. Trusts are managing significant levels of risk across their estate, with the most worrying aspect of the ERIC data showing that the proportion of the backlog categorised as 'high' risk now stands at £2.3bn – over six times higher than the equivalent figure for 2013/14 (NHS England, 2023b).

Trust leaders have continually raised the very real impact the maintenance backlog has on their productivity, including medical procedures being disrupted, postponed or cancelled, patients being moved from wards as a result of faulty equipment or safety hazards, and outdated mental health hospitals which do not provide a suitable therapeutic environment for mental health patients. There is an urgent need for government to provide trusts with the necessary capital funding to eradicate the maintenance backlog and enable trusts to provide safe, therapeutic environments for staff to deliver high quality patient care – this will result in a substantial boost to NHS productivity levels.

Transforming the NHS estate

Trusts are continuing to find it exceedingly difficult to access strategic capital funding to invest in major health infrastructure projects. Over 100 applications were made from trusts for the final eight places on the New Hospital Programme (NHP) highlighting the vital need for capital investment to enable trusts to overhaul their ageing NHS estates (Dunhill et al., 2023). Trusts excluded from the programme are concerned about access to national capital funding to prioritise the redevelopment of their estate. The NHP alone is insufficient to meet the total capital funding needs of the NHS. Furthermore, given the national priority on elective recovery and the shortage of mental health and community trusts in the NHP, many trust leaders are concerned about the underinvestment in mental health and community services. Government must ensure that adequate capital funding is available to support additional infrastructure projects where there is a clear economic case for investment as well as a public interest.

Trusts also play a key role in creating economic and social value for communities as anchor institutions, generating economic growth and prosperity as local employers and providing integral services to their local population. There is a clear productivity benefit in refurbishing ageing estates and providing a first-class environment for hard-working NHS staff to deliver high quality patient care. Government must consider widening access to strategic capital envelopes to enable trusts from all sectors to deliver the transformation required to optimise patient flow and deliver high-quality, integrated care across the whole system.

Reforming an underfunded social care system

Improving the flow of patients in and out of hospital is a vital component to delivering increased productivity levels. Trusts recognise there are a variety of factors which have held up patients from being discharged from hospitals, including issues with internal discharge processes. Research conducted by the Nuffield Trust highlights that the most frequent reason for delays to patients being discharged from hospital was waiting for further support packages to be made available at home – typically organised either by NHS community services or through adult social care (Nuffield Trust, 2023).

Trusts are concerned about the lack of capacity in the social care sector to keep people well at home and ensure timely discharge, with delays to social care assessments limiting trusts' ability to free up bed capacity and lengthening patients' stay in hospitals. It is widely accepted that extended stays in hospitals often result in poorer health outcomes for patients.

Trusts are keen for government to progress with previously planned reforms to the social care system. However, it is also clear that alongside changes to how the social care system operates, government must also commit to ensuring there is a sustainable settlement in place for local government to ensure social care is sufficiently financed. This will enable social care providers to direct resources across the range of services they provide, supporting the NHS with discharging patients from hospital, but also targeting investment in prevention and early intervention initiatives to support people to stay well at home.

Expanding primary and community care

Trust leaders support a shifting of resources towards targeting the prevention of ill health over the longer term. The NHS should take a much broader view of productivity when examining how it can deliver value for the taxpayer. It is far more productive to concentrate effort and resources towards initiatives that will reduce the number of patients requiring care. It is imperative that strategies to improve productivity across the NHS need to frame the issue as a whole-system challenge, rather than focusing too closely on individual organisational productivity. Fixing any fragmentation across all care pathways and ensuring a joined-up approach to productivity between all care providers will inevitably help trusts to reduce duplication, remove inefficiencies and deliver better outcomes for patients.

To improve whole-system productivity, government should expand capacity across primary and community care. The health and care system needs to pivot towards investing in early intervention schemes and adopt a population health management approach to healthcare delivery. Additionally, there is a proportion of the population's ill health which is not preventable, but requires resources in upstream services that enable long-term conditions to be managed effectively and avoid further deterioration. By expanding the capacity across primary and community care, this will enable patients to receive the most appropriate level of care, reduce the pressure on discharging patients from hospital and result in patients being treated in less costly settings. Government must support trusts to invest in schemes designed to prevent ill health, as such schemes will take some time to have an impact on the demand levels experienced across all sectors. To support the drive to improve population health, it would also be sensible for government to increase the public health grant – which has been cut by 28% on a real-terms-per-person basis since 2015/16 (Finch et al, 2024). Trusts want to see further investment in upstream services that will help to reduce the burden on the NHS and prevent inequalities.

Implementing the NHS Long Term Workforce Plan

Trusts welcomed the publication of the NHS Long Term Workforce Plan (LTWP) in June 2023 and its focus on ensuring the NHS has an established workforce pipeline to manage future demand levels, improving staff wellbeing and retaining current staff. Government must ensure the LTWP is fully implemented and funded to support staff recruitment, training and retention initiatives over the lifecycle of the plan. Trusts understand current financial pressures have led to an increased focus on controlling temporary staffing levels, especially eliminating off-framework agency spending, and ensuring trusts consolidate total workforce growth over 2023/24. However, trusts are also cognisant that total workforce numbers need to increase over the long term if the health service is to keep pace with an ageing population and mounting demand pressures.

The LTWP also focuses on the retention of current staff as a key pillar to ensuring the NHS is well-resourced and equipped for future challenges. However, as the recent NHS staff survey results show, all indicators related to staff burnout remain persistently high (NHS England, 2024g). For example, due to the relentless operational pressures during the pandemic and post-pandemic recovery, some staff are, understandably, less likely to work unpaid overtime, or take on additional shifts. If productivity is to sustainably increase over the long term, then government and national bodies must channel efforts into improving staff morale, reducing burnout and ensuring staff feel adequately supported in their roles.

Underpinning the modelling of the LTWP is the assumption that labour productivity within the NHS will grow between 1.5% – 2% each year (NHS England, 2023a). Indeed, NHS England has now committed to deliver 1.9% annual productivity growth over the period 2025/26 to 2029/30. In order to achieve this level of productivity growth, government has to recognise the interdependencies between productivity, capital investment (including digital) and a well-resourced workforce. If government wants to see productivity targets met over the long term and see the benefits of the LTWP fully realised, then it must do more to ensure the long-term enablers of productivity have seen sufficient investment. This includes supporting the NHS to develop an inclusive, open culture which enables innovation and empowers staff to drive forward initiatives that deliver better quality, more cost-efficient care.

The NHS is well placed to help support the government's wider aim to improve the productivity of the national economy. Over 2.8 million people are currently economically inactive due to long-term sickness, highlighting how the NHS plays a crucial role in preventing ill health, treating patients on waiting lists and supporting their recovery back to work (ONS, 2024b). If government wants to tackle productivity throughout the economy, a good starting place would be investing in the long-term enablers of productivity growth across the NHS.

Conclusion

Trusts are united in their determination to deliver high value care for patients, service users and taxpayers. They are doing everything within their gift to recover care backlogs as quickly as possible and manage ever-increasing demand levels, while continuing to offer first-class patient care. This report highlights a range of trust-led initiatives that are aimed at targeting productivity growth.

However, although trusts have some degree of control over how they can improve productivity, it is clear that government must address the long-term enablers of productivity growth. If the NHS is to be more productive in the future, the government must look at adopting a step change in capital investment to repair the dilapidated NHS estate and expand capacity across primary and community care to allow for a greater shift in care closer to home. NHS Providers' *Picture of health* briefing sets out the rationale for building a new infrastructure programme to ensure the next generation NHS has the resources it requires to deliver improved productivity levels and cope with the demand levels of the future (NHS Providers, 2024).

At the heart of the NHS' drive to improve productivity levels is staff, but the answer is clearly not asking them to work even harder. Government must ensure the LTWP is fully implemented and funded, as well as enabling staff to maximise the productivity of new digital technologies, and investing to improve the estate in which they work. Furthermore, in order to provide care in the right place at the right time and free up capacity across the NHS, trusts want to see the government deliver a reformed and fully funded social care system to enable social care providers to continue supporting patients at home.

As evidenced by the various case studies in this report, it is vital that conversations on improving the productivity of the NHS should focus on targeting improvement towards what matters most to patients – improved health outcomes. By taking a patient-first approach to improving productivity, it will be possible to improve clinical outcomes, offer better support to staff and achieve better value for money for taxpayers.

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