Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard

Board of Directors

30th November 2019

Integrated Dashboard

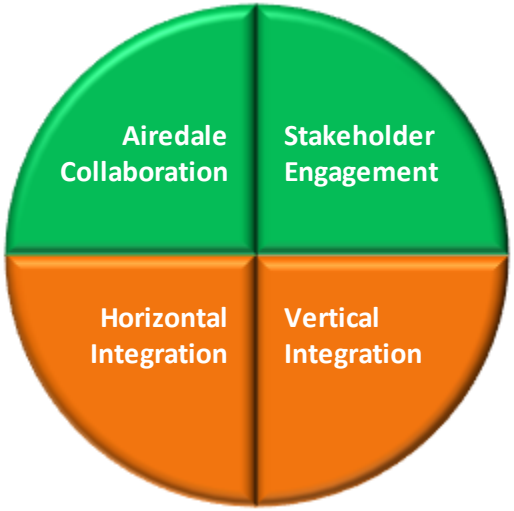
30th November 2019

To provide outstanding care for patients

To deliver our key performance targets and financial plan

To be in the top 20% of employers

To collaborate effectively with local and regional partners



To be a continually learning organisation

Headlines

The **strong benchmark (internal and peer) performance across a range of quality metrics has been sustained**. Improvements have been sustained in a majority of metrics in the past two months' reference period. Change in the 'falls with harm' rating is a reflection of the small increase in November 2019.

Delivery of the Emergency Care Standard (ECS) remains a challenge with year to date performance at 76.63%. Daily huddles and a manager of the day role are in place to review the previous day's performance, closely monitor performance in the Emergency Department and resolve any issues that are having negative impact. The implementation of Same Day Emergency Care is progressing and referrals from the Emergency Department to the ACU ward have increased. The Frailty work stream has commenced and the number of referrals from the Emergency Department to elderly virtual ward has increased in November 2019.

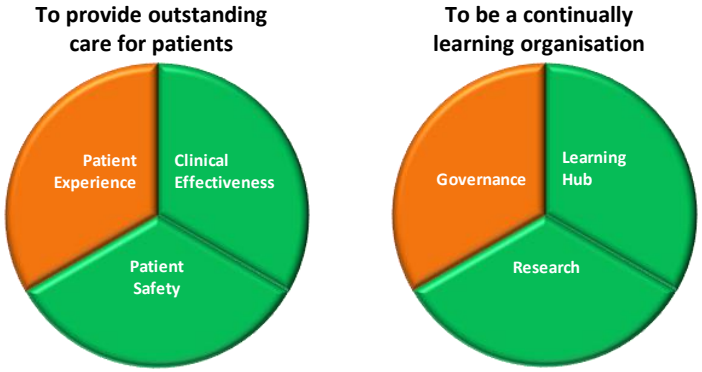
Short term sickness continues to be a challenge.

The **Cancer Improvement Plan is ongoing with performance for 2 Week Wait remaining above standard** despite increased fast track demand. The 62 Day First Treatment standard was not achieved in October 2019 but additional Clinical Oncology and Robotic Surgery capacity supported a reduction in the number of patients with long waits in Urology during November 2019.

The **Referral to Treatment (RTT) Incomplete performance was 85.3% for November 2019. There were no patients waiting more than 52 weeks** at the end of November 2019 and the same is anticipated at the end of December 2019. Recovery plans are being monitored weekly for each specialty where performance is behind plan.

The **month 8 position is a pre-PSF deficit of £8.6m which is in line with the plan** and control total. 100% of the PSF available for Month 8 has been assumed in the position, equating to £7.4m. An additional £0.5m of bonus PSF relating to 18/19 was received in June 2019. This therefore shows that the Trust is ahead of plan on PSF cash. This results in a post-PSF deficit of £1.3m which is ahead of plan by the £0.5m.

Quality Dashboard
30th November 2019



For the Patient safety indicators 9 of the 14 indicators continue to demonstrate achieving compliance with trust/national expectations. **Notable strong performance in infection prevention and harm free care** with positive peer benchmarking. Of the remaining 5 indicators improvements demonstrated previously have continued except in the falls with harm which has shown a slight increase (one patient) on previous.

There are 5 Patient experience indicators that have maintained their performance. A detailed progress on patient experience reporting has been through the Quality Committee.

Regarding Clinical Effectiveness, **Learning from deaths continues to demonstrate strong performanc**e. The new Medical Examiner role is due to be implemented (with Airedale Hospital Foundation Trust) from April 2020. A Readmissions improvement programme Improvement programme is now established and is reporting through to the Quality Committee.

Finance & Performance Dashboard 30th November 2019

The **month 8 position is a pre-PSF deficit of £8.6m which is in line with the plan** and control total. 100% of the PSF available for Month 8 has been assumed in the position, equating to £7.4m. An additional £0.5m of bonus PSF relating to 18/19 was received in June 2019. This therefore shows that the Trust is ahead of plan on PSF cash. This results in a post-PSF deficit of £1.3m which is ahead of plan by the £0.5m.

The **CIP efficiency programme has delivered £8.1m against £8.4m cumulative CIP target** in the first 8 months of the financial year. A forecast unaddressed savings gap remains, which must be resolved to deliver the control total. Current projections show £12.2m savings will be delivered by year end against £16.2m target. Weekly CIP meetings have improved projections from CBUs, however progress remains inadequate to give assurance that the control total will be delivered. The formal forecast shared with NHSI at Month 8 is full delivery of the £12.5m pre-PSF control total deficit and recovery of the full £12.5m PSF to achieve the breakeven post-PSF control total.

The **internal mid-case pre-PSF I&E forecast has been revised at Month 8 to a deficit of £15m (£2.5m adverse variance**) which excludes the impact of the Wholly Owned Subsidiary. The trajectory of this latest forecast suggests that the Q4 control total will not be achieved, resulting in a loss to the Trust of £4.4m PSF cash. The Care Groups have been tasked with developing detailed recovery plans over the coming months for executive review and implementation to mitigate the £2.5m adverse variance.

The **Emergency Care Standard performance for Type 1 & 3 attendances was 73.41% for November 2019**. Average daily attendances for 2019/20 to date are 383 which is in line with 2018/19 and an increase of 3.80% (14 patients per day) compared to 369 in 2017/18. The Emergency Care Improvement Programme continues with focus on expansion in the use of green zone, effective navigation, clinical co-ordination and increasing same day emergency care. Daily huddles and a manager of the day role are in place to review the previous day, closely monitor performance in the Emergency Department and resolve any issues that are having negative impact.

Cancer 2 Week Wait performance for October 2019 was 96% and is projected at 96% for November 2019 against a the national standard of 93%. Fast track referrals have increased for most tumour groups but routine capacity and demand planning alongside daily escalation triggers are supporting positive performance for this indicator.

Cancer 62 Day First Treatment performance for October 2019 was 80.32%, projected to remain below the standard in November 2019. Earlier diagnosis and improvements in inter provider transfer performance are supporting all tumour groups but the main area of concern remains Urology. Clinical Oncology capacity is being closely managed and extra sessions are planned to reduce the wait time which alongside increased surgical capacity is supporting treatment of long waiting patients.

The **Referral to Treatment (RTT) Incomplete performance was 85.28% for November 2019**. There were no patients waiting more than 52 weeks at the end of November 2019 and the same is anticipated at the end of December 2019. Recovery plans are being monitored weekly for each specialty where performance is behind plan.

The **diagnostic waiting list (DM01) performance was 97.36% in September 2019** with only Endoscopy not meeting the 99% target. Cystoscopy performance improved to meet target for the first time post EPR. The Endoscopy position deteriorated slightly due to the loss of Locum capacity and increased cancer demand. An additional Gastro Consultant is being recruited and is expected to start in the Q4 2019/20 with Locum cover from December 2019.

Workforce Dashboard
30th November 2019

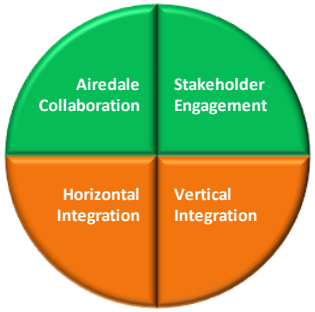
There is an **increased number of staff in post** with use of bank staff being maximised.

Short term sickness continues to be a challenge with Flu Vaccination ahead of trajectory with 66.8% of frontline staff vaccinated (most recent data).

Appraisal rates maintained at 90% with 270 appraisals needing to be undertaken by end of December to hit 95%.

Partnership Dashboard
30th November 2019

To collaborate effectively with local and regional partners



With respect to **Stakeholder Engagement**, recent work to consult account managers on the current status of the Trust's relationships with their respective stakeholders has been completed. The results have been analysed and shared with the Partnerships Committee and Senior Leadership Team. Results are largely positive and improved in comparison to 2018.

With regard to **Vertical Integration a review of the health and care based programmes in Bradford District and Craven is complete** and a new structure for the programmes is planned for the start of the next financial year. The Trust is also starting to work with the new Primary Care Networks on joint service developments.

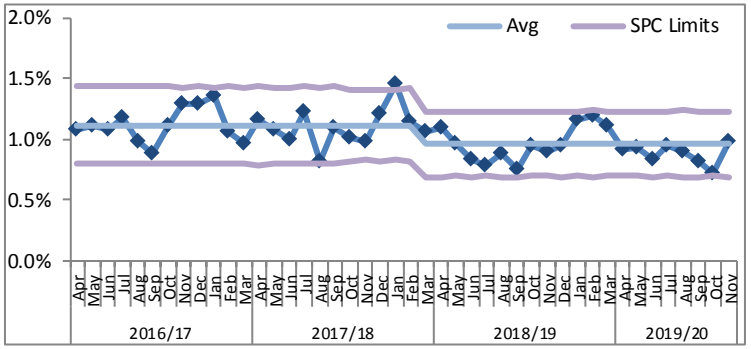
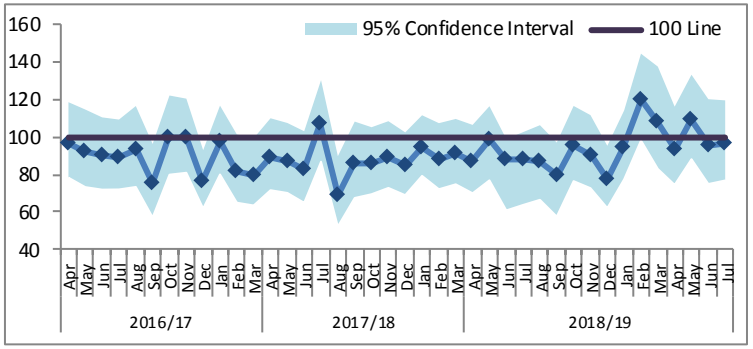
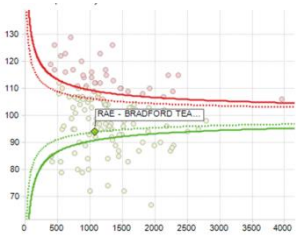
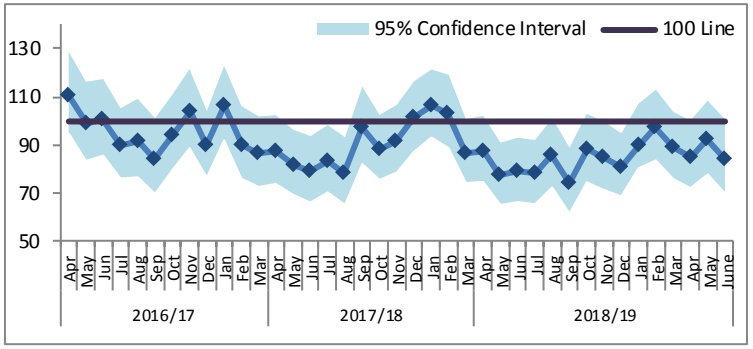
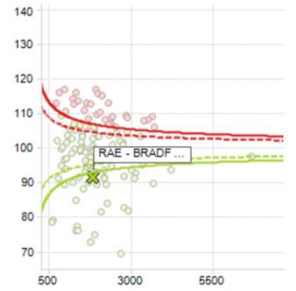
In relation to **Horizontal Integration the Trust has created a number of service profiles** which have been drawn up with the assistance of our CBUs. These will be used to inform the Trust's response to a secondary care strategy for West Yorkshire and Harrogate (WY&H). A meeting was held with WYAAT on 19 December 2019 to begin these discussions.

The **Airedale Collaboration work continues to create a joint clinical strategy** between our Trust and Airedale NHS Foundation Trust. A clinical summit was held in October 2019.

To provide outstanding care for patients

Clinical Effectiveness

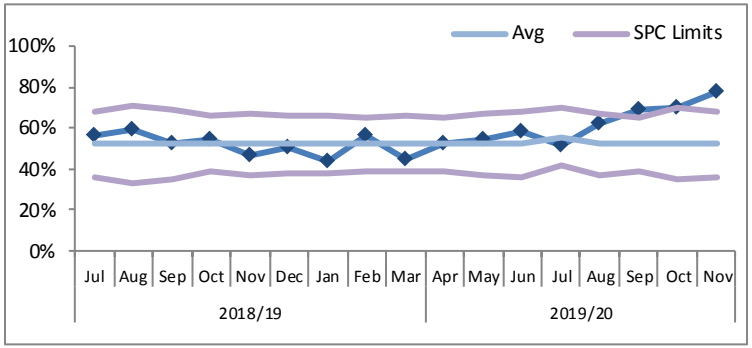
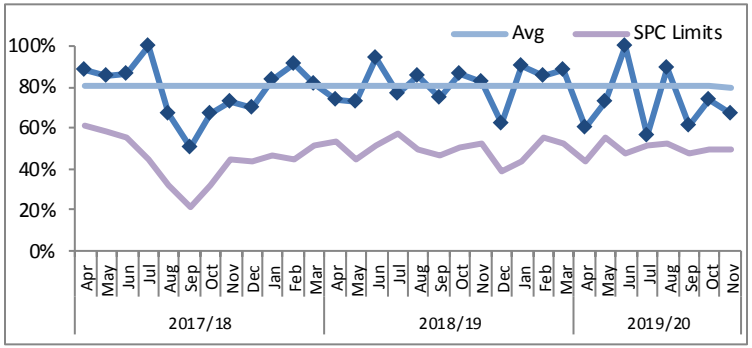
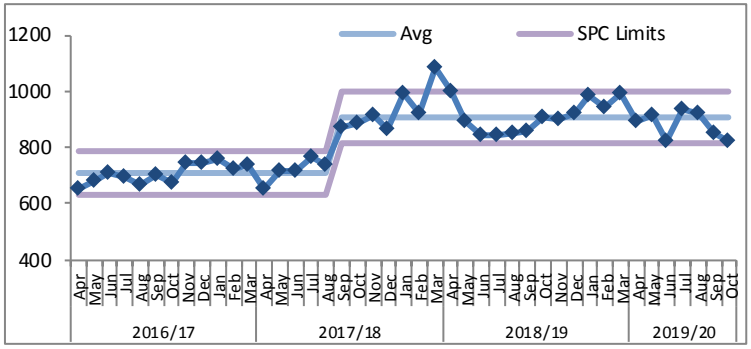
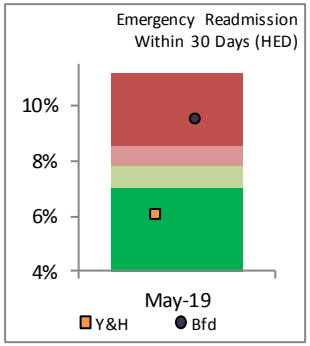
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Crude Mortality		Crude death rate has remained constant throughout the last eighteen months, with expected seasonal variation. Improving learning from mortality is now delivered though the 'learning from deaths' process. Reporting on progress to the Quality Committee is via the quarterly learning from deaths report.	No benchmark comparator available
Hospital Standardised Mortality Ratio		Our Hospital Standardised Mortality Ratio (HSMR) continues to demonstrate a 'better than expected' rate.	
Summary Hospital-level Mortality Indicator		The Summary Hospital-level Mortality Indicator (SHMI) continues to demonstrate a 'better than expected' rate.	

To provide outstanding care for patients

Clinical Effectiveness

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Deaths Screened		The trust has shown a steady improvement in the screening of deaths. Working is progressing with colleagues from Airedale to implement the national medical examiner role from April 2020.	No benchmark comparator available
Learning From Deaths		The Trust has consistently provided good or excellent care to 80% of our patients reviewed by structure judgement review.	No benchmark comparator available
Readmissions		Readmissions have reduced in October 2019. Trends at a specialty level have been reviewed and a clinical review of readmissions is being undertaken by the Chief Medical Officers (CMO's) office.	

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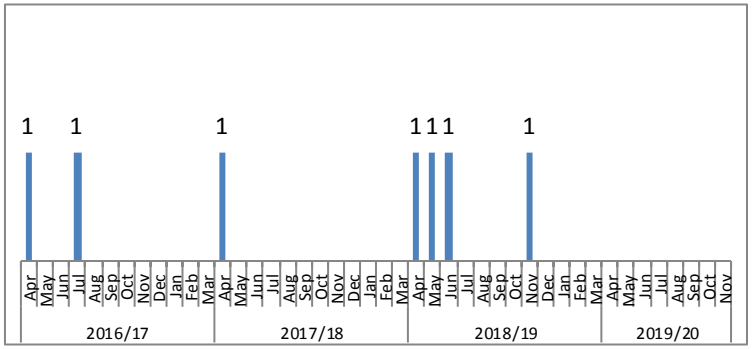
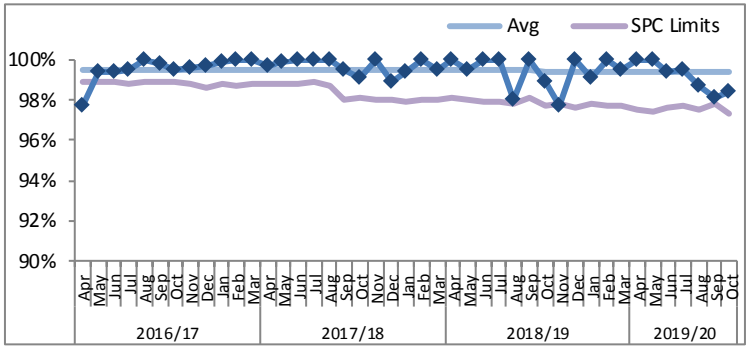
Patient Safety

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Never Events		There have been no never events in 2019/20 to the end of November 2019.	No benchmark comparator available
Audit of WHO Checklist		Compliance has sustained at or above 98% compliance with many months at 100%. Data by theatre block is shared directly with leaders to help drive this sustained improvement. Recent dip is being investigated and communication to all staff (learning matters) has been undertaken.	No benchmark comparator available

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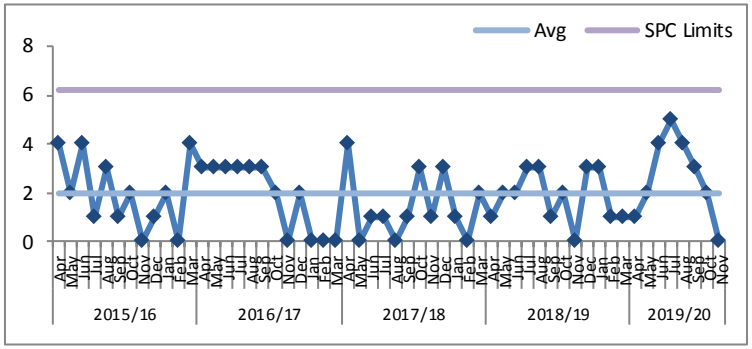
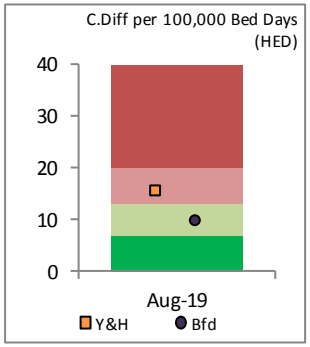
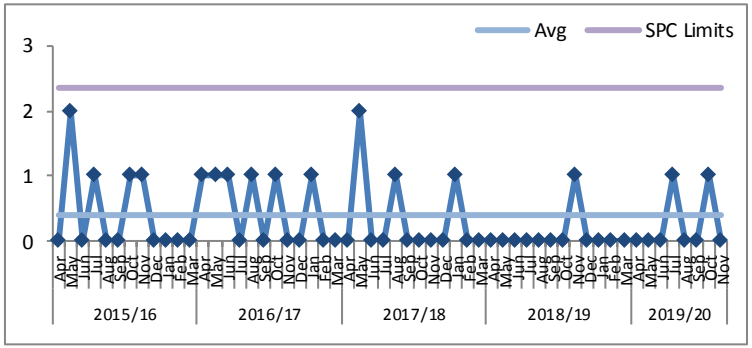
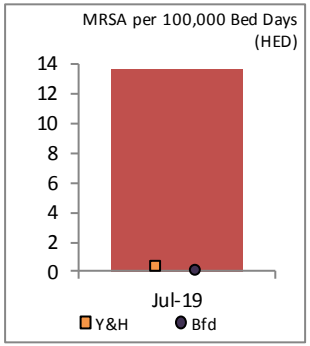
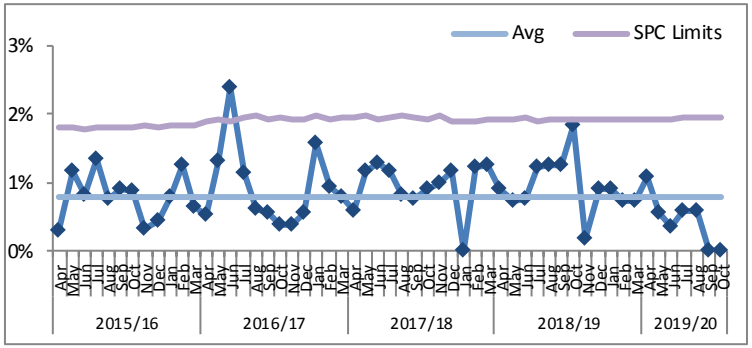
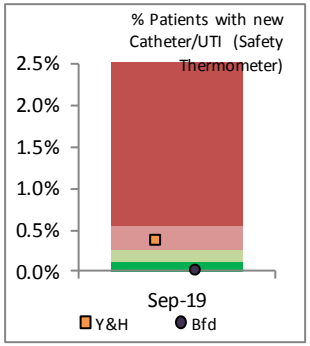
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
C Difficile		After an increase in cases during the summer we have seen less cases over the last few months.	
MRSA		A case in October 2019, a full break down and root cause is included in the Q2 Infection Control Committee (ICC) report. Nil failings in care identified.	
Catheters and UTIs		Improvement work over the last year is showing sustained improvement.	

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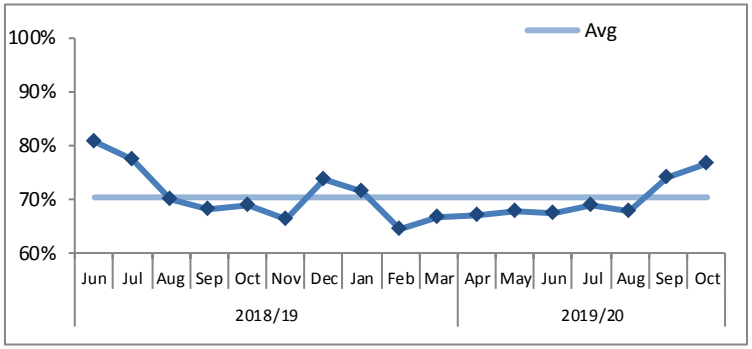
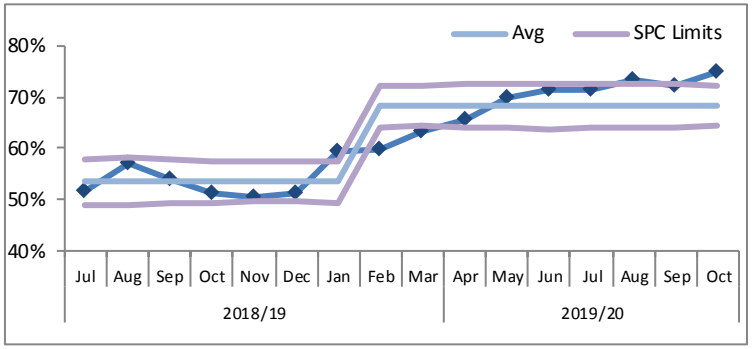
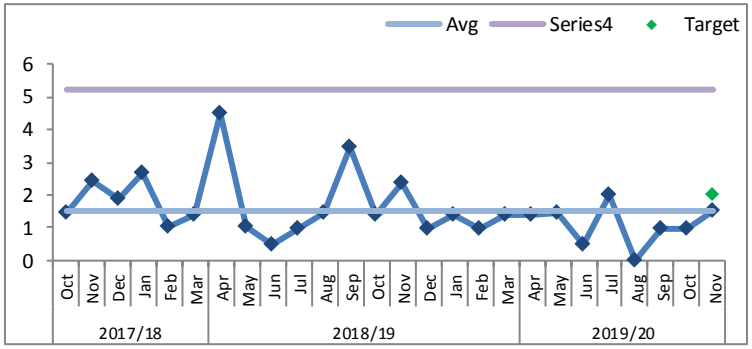
Patient Safety

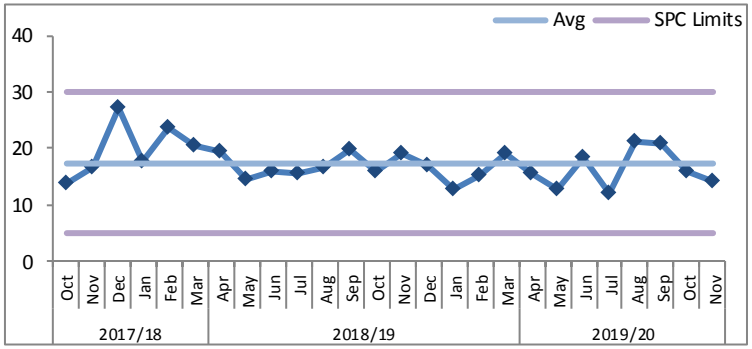
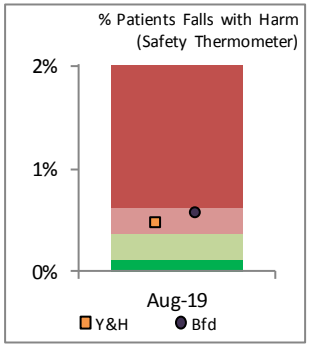
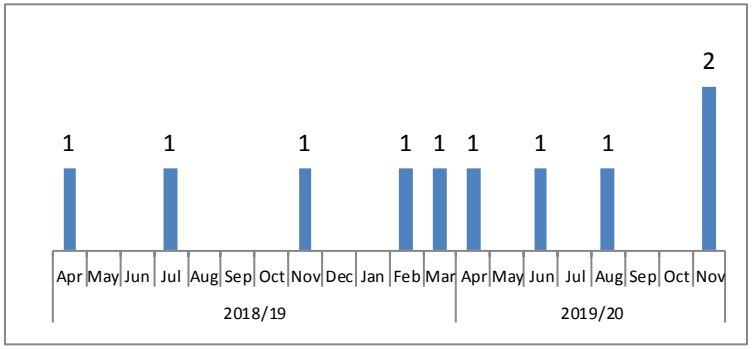
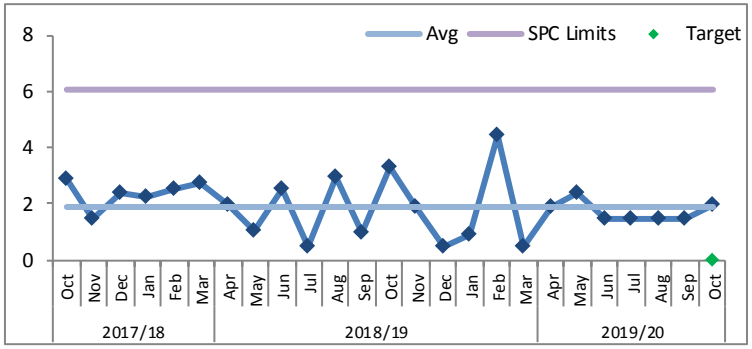
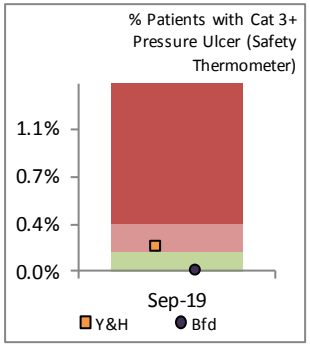
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis patients receive antibiotics within an hour		Continued improvement, detailed breakdown is included within the sepsis report.	No benchmark comparator available
Sepsis Percentage of Patients Screened		Continued improvement, detailed breakdown is included within the sepsis report.	No benchmark comparator available
Serious Incidents per 10,000 bed days		Incidents that meet the criteria for the declaration of a Serious Incident (SI) are reported on the Strategic Executive Information System (StEIS) and a root cause investigation is commissioned. They are reported to the Quality Committee. All recommendations made are subject to action planning to minimise risk of reoccurrence. There is a detailed process of assurance to assess the effectiveness of action planning. Fluctuations in the number of monthly Serious Incidents (SI's) are anticipated and the Quality Oversight System is in place to ensure identified themes or trends are acted upon.	No benchmark comparator available

To provide outstanding care for patients

Patient Safety

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Falls with Harm per 10,000 bed days		Remains stable. Detailed work commenced to implement falls Commissioning for Quality and Innovation (CQUIN).	
Falls with Severe Harm		Full level 1 / falls Root Cause Analysis (RCA) investigation in process, there is no correlation between wards / site.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		The trend remains static, strict RCA in process.	

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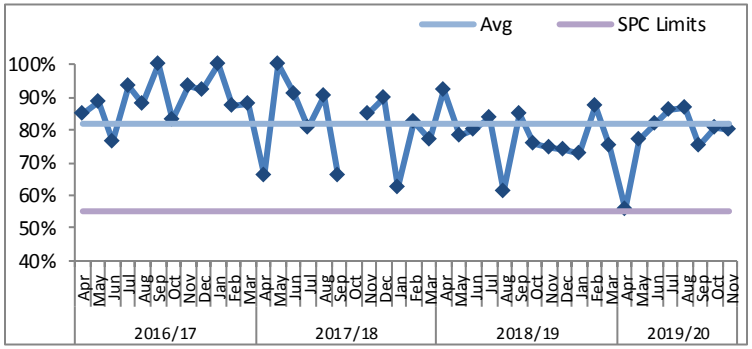
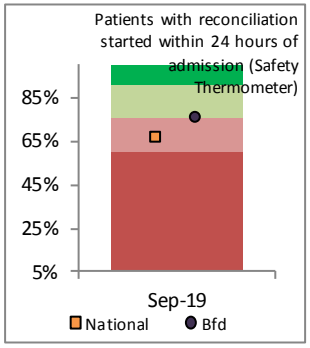
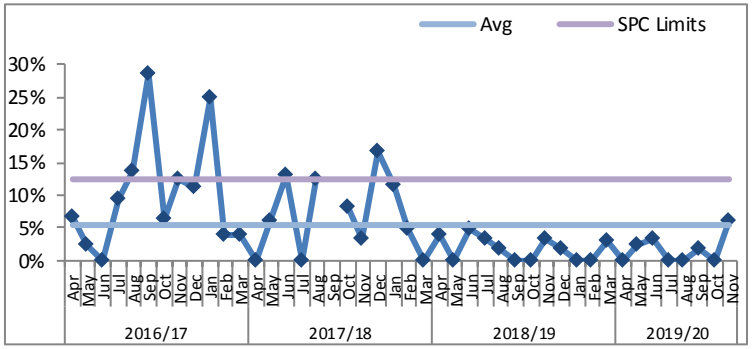
Patient Safety

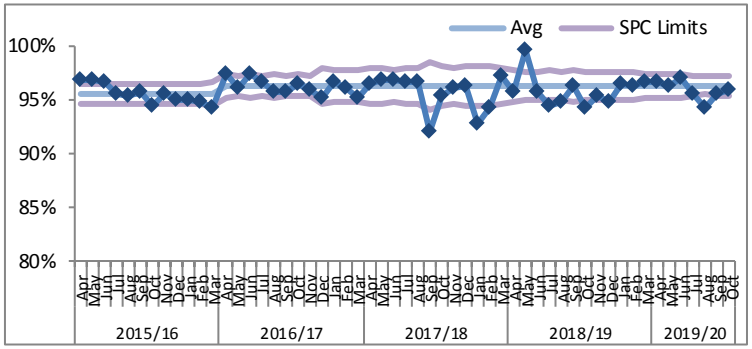
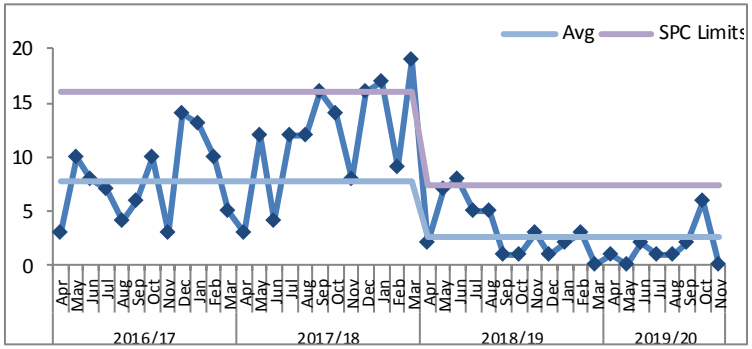
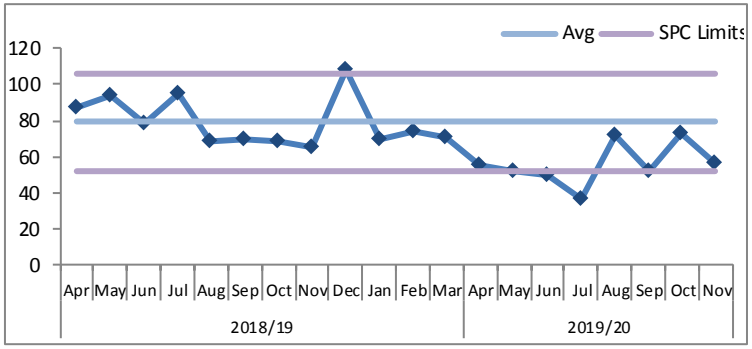
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Medicine Reconciliation		The Trust performs well against this standard and benchmarks positively compared to peers.	
Missed Doses		This new metric has shown significant improvement over the past 18 months. Benchmark data is not yet available but will be sourced for future reports.	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

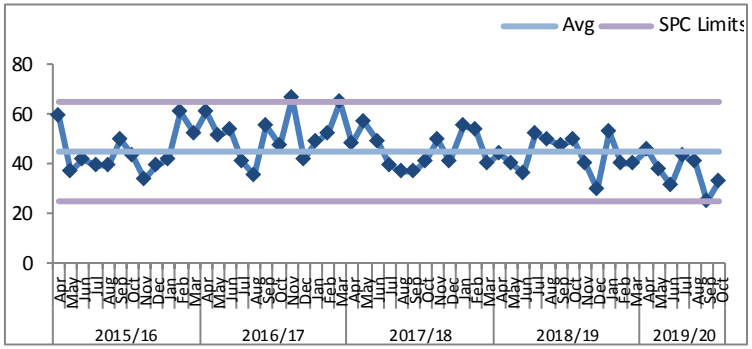
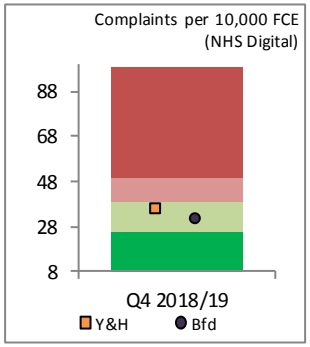
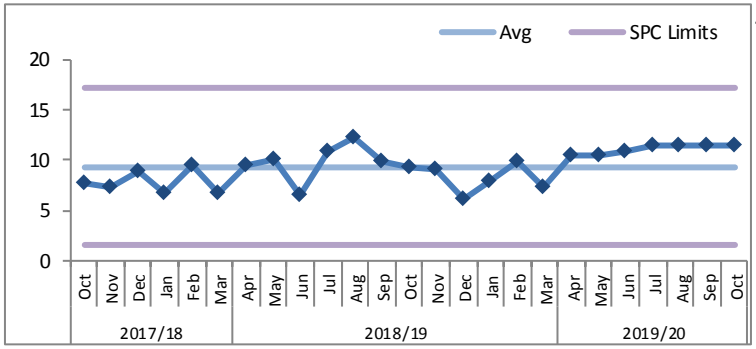
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Friends & Family Test		FFT shows improvement in both numbers of responses and percentage to recommend. Detail is provided in Q2 Patient Experience Report.	No benchmark comparator available
Night Time Transfers		There has been an increase in night time transfers, this is related to the increase in demand for beds and acuity of patients.	No benchmark comparator available
Night Time Discharges		The number of night time discharges continues to reduce, we are aware that we do not always record the actual time of discharge correctly. The Command Centre will help to improve this by having more visibility.	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Complaints		Monitoring continues on a weekly basis of the number of complaints by Clinical Business Units (CBU's). We are seeing less complaints than in previous years, further break down is included in the Quarter 2 Patient Experience Report.	
Complaints Closed per 10,000 bed days		The trajectories are now beyond the improvement period set and need to be revised as part of the 2019/20 metrics. Proposal due from Patient first committee following analysis of Q4 2018/19.	No benchmark comparator available

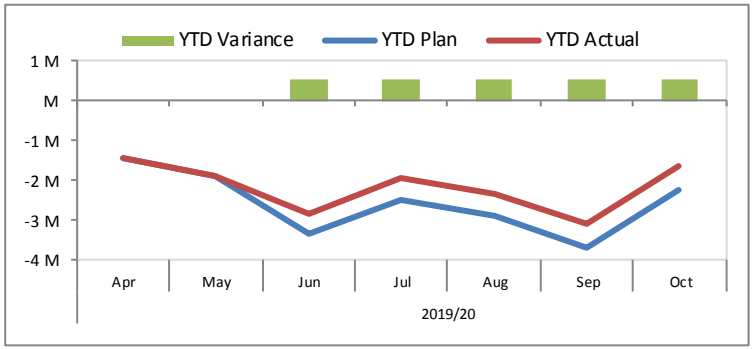
To deliver our key performance targets and financial plan

Finance

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Delivery of Income and Expenditure Plan



The year to date (YTD) deficit excluding Provider Sustainability Fund (PSF) is in line with the control total plan of £7.9m. The bottom line including PSF is £0.5m ahead of plan due to the bonus PSF received in Month 3. The forecast presented to NHS Improvement represents full delivery of the £12.5m deficit pre-PSF control total in 2019/20. Internal forecasts suggest a most likely pre-PSF deficit of £15.0m at year end noting a significant degree of challenge to deliver this position. The Care Groups have been tasked with developing detailed recovery plans for executive review and implementation in early November, however the risk to control total delivery in 2019/20 is now significant.

No benchmark comparator available

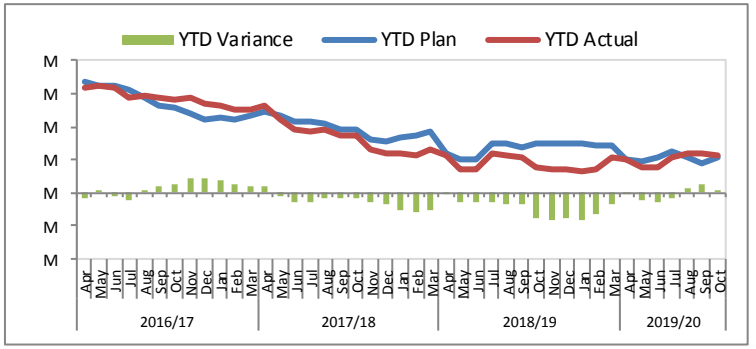
Use of Resources

NHSI Use of Resources Risk Rating (UoR) As at 31/10/2019	Plan YTD	Actual YTD	*Last Month*	RAG
Capital service cover rating	**3**	3	3	
Liquidity rating	**2**	1	1	
I&E margin rating	**3**	3	3	
I&E margin: from financial plan	**1**	1	1	
Agency rating	**1**	1	1	
Combined UoR (after triggers)	**2**	**2**		

At Month 7, the Trust has an overall rating of 2 which is in line with plan. Although the Income and Expenditure (I&E) position is in line with plan, the I&E margin % metric is rated at 3 due to the phasing of the Trust's efficiency plans and weighting of the Provider Sustainability Fund/Financial Recovery Fund both being towards the latter months of the financial year

No benchmark comparator available

Delivery of Cash Plan



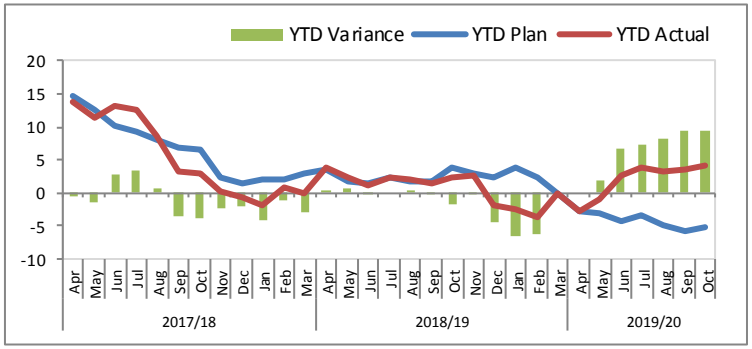
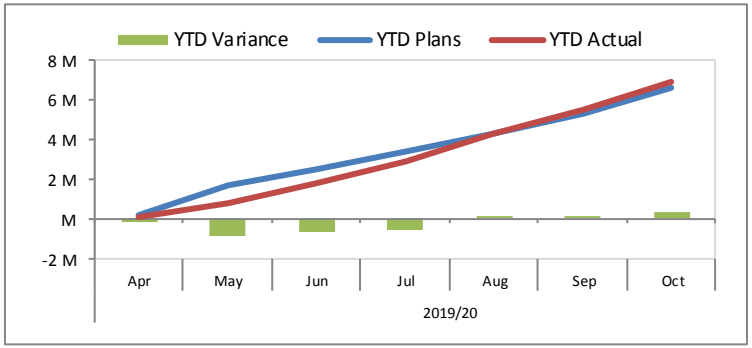
Year to date cash is ahead of plan by £1.6m. Receipt of the £7.1m PSF bonus for achieving the 18/19 control total has led to an above plan balance. This has been reduced by the higher than planned prepayments (4.0m) inventories (£1.2m) and deferred income (£2.0m). Forecast closing cash, assuming full delivery of the efficiency programme, is £20.3m which is £8.3m above plan. This is primarily due to the £7.1m PSF bonus and additional deferred income of £1m. Should the Trust fail to deliver any further efficiencies in the current year closing cash is forecast to be £8.5m.

No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date liquidity is 4 days which is 9.2 days above plan. This is a result of achieving the control total set by NHS Improvement in 18/19 and receiving Provider Sustainability Fund (PSF) above the planned amount (£7.1m). Forecast closing liquidity is -1.2 days, 7.9 days above plan. This forecast assumes full delivery of the Trusts efficiency programme. Should the Trust fail to deliver further efficiencies liquidity is forecast to fall to a closing balance of negative 14.1 days.	No benchmark comparator available
Bradford Improvement Plan		The Trust has delivered £7.0m of efficiencies by Month 7 which is in line with plan. However, Clinical Business Unit (CBU) and corporate management teams have recorded only £4.3m of recurrent Cost Improvement Plan (CIP) savings to date. The balance of £2.7m has been delivered via non-recurrent savings. A total of £12.2m of projected efficiency plans have been forecast by budget holders. If this position remains unchanged, this would leave the Trust £4.0m short of its efficiency target for 2019/20, jeopardising delivery of the control total.	No benchmark comparator available

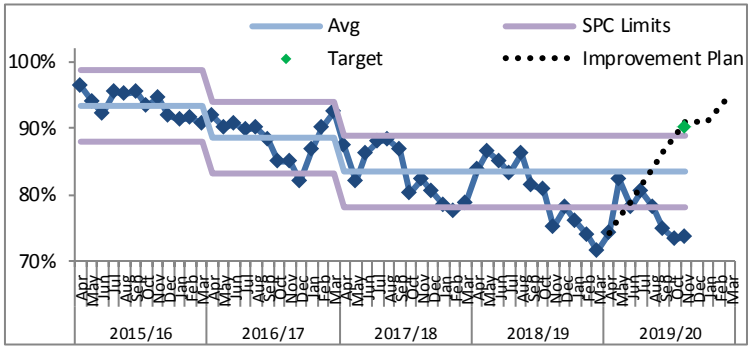
To deliver our key performance targets and financial plan

Performance

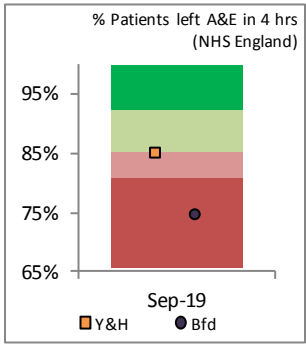
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Emergency Care Standard



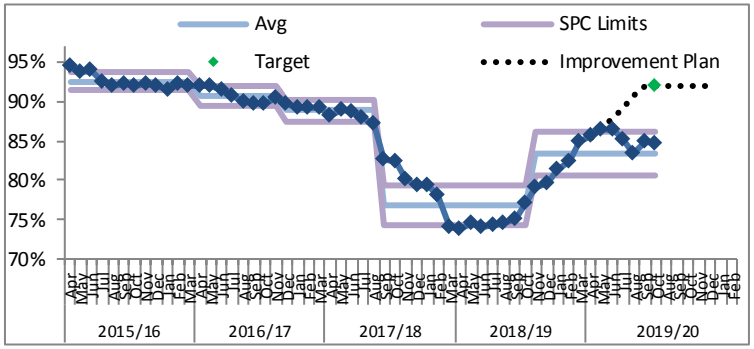
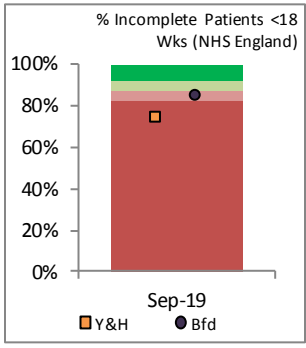
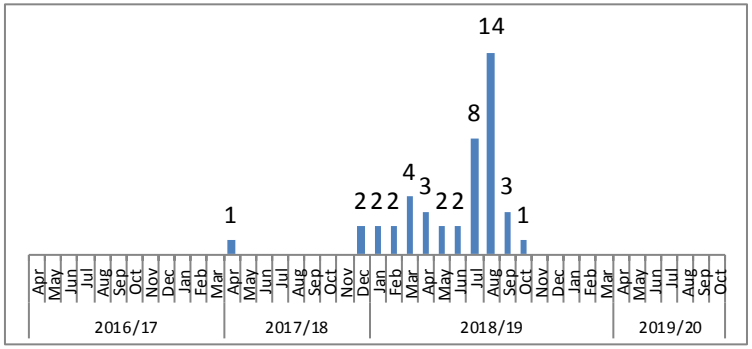
Emergency Care Standard (ECS) performance (type 1 and 3) was 73.4% in November 2019 with increased demand on Paediatrics and Majors, and high bed occupancy being the main issues. There is a continued focus on strengthening navigation, streaming and the major's co-ordinator roles to ensure better flow within the department. The implementation of Same Day Emergency Care continues and the number of admissions to Ambulatory Care Unit (ACU) from the Emergency Department (ED) has increased.



To deliver our key performance targets and financial plan

Performance

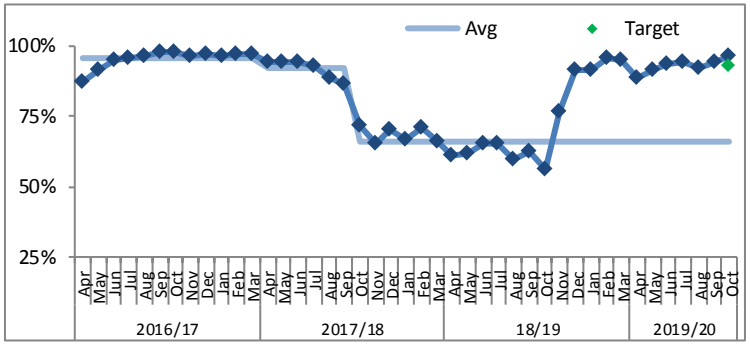
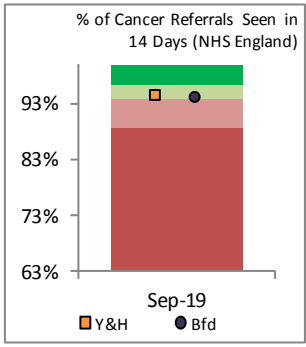
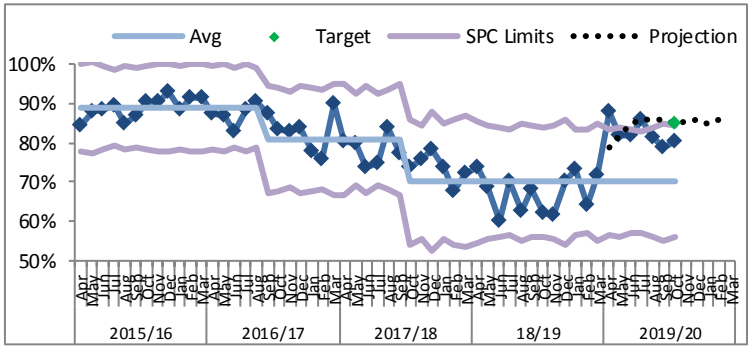
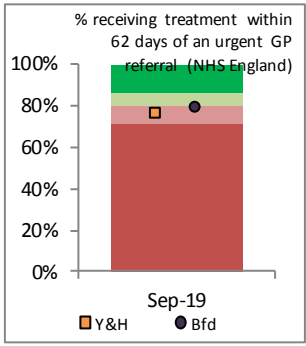
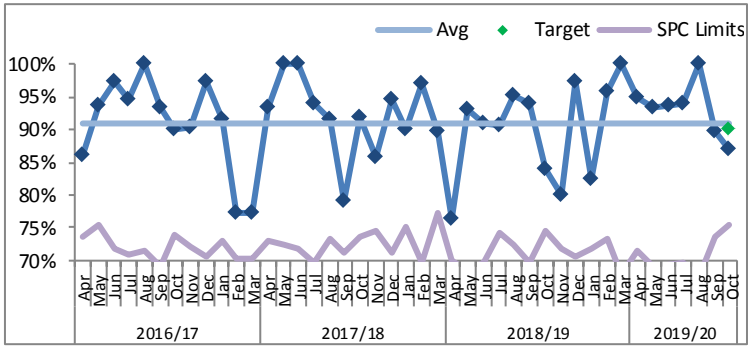
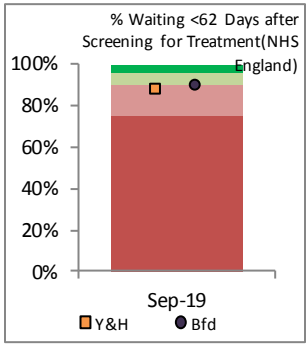
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
RTT 18 Week Incomplete		Incomplete performance remained at 84.8% for October 2019. Waiting list validation, outpatient and inpatient productivity projects, and recovery plans identifying short term capacity requirements are in place (e.g. prioritising inpatient, new or follow up outpatient activity based on waiting list profiles).	
RTT 52 Week Wait		The Trust reported 0 incomplete 52 week waits in October 2019, which is the 12th consecutive month with no breaches. Daily review of all management plans for patients waiting over 34 weeks continues, with weekly escalation through the Planned Care Access Group and updates to the Chief Operating Officer (COO).	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

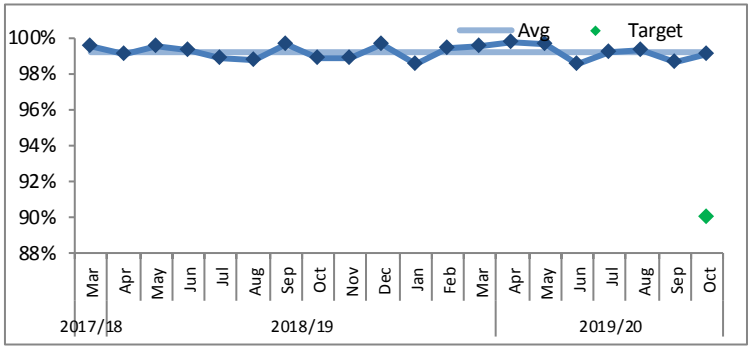
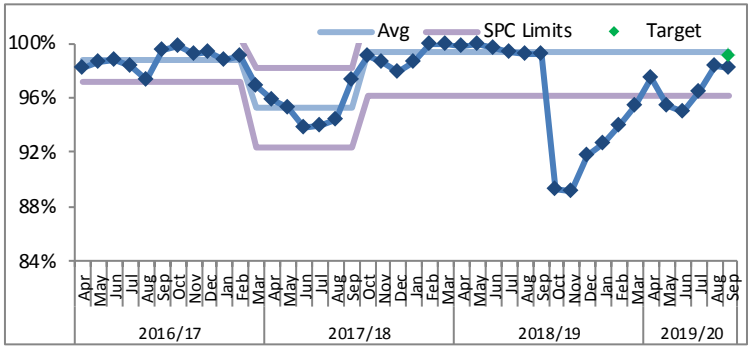
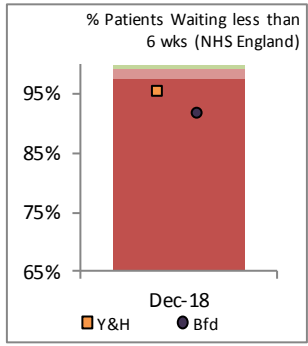
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		October 2019 performance against the 2 week-wait cancer standard was 96.03% which remains above the 93% target.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for October 2019 was 80.32% against a target of 85%. Delays in the Lower and Upper Gastrointestinal (GI) diagnostic phase and longs waits for clinical oncology for Urology remain the main challenges to performance. Improvement across these pathways is progressing and a recent reduction in waits over 62 days is a positive indicator for future performance against this standard.	
Cancer 62 Day Screening		Performance remained below standard due to a combination of Endoscopy capacity, patient choice, and complex pathways involving multiple diagnostic tests.	

To deliver our key performance targets and financial plan

Performance

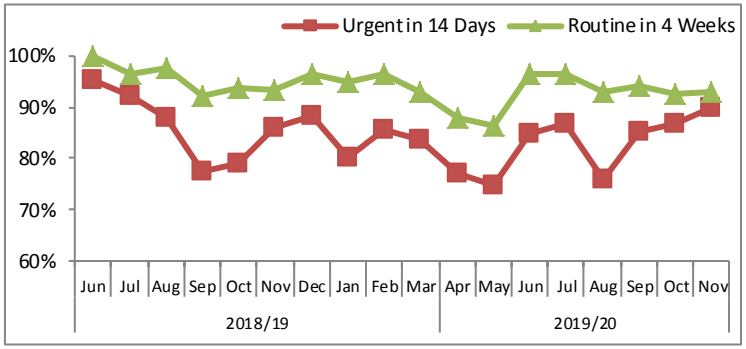
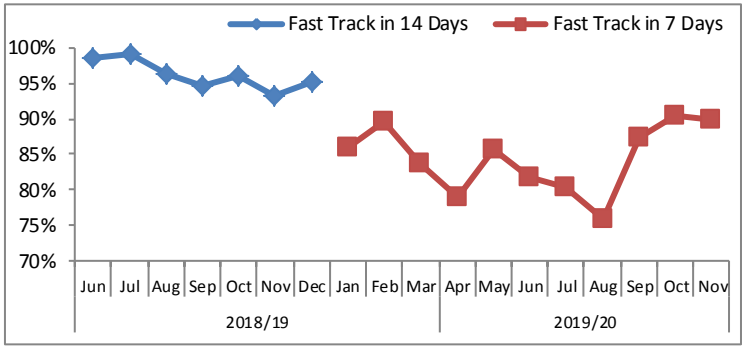
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Full Blood Count to Wards < 2 Hours		Performance continues to achieve compliance with target.	No benchmark comparator available
Diagnostic Waits		Performance for October 2019 deteriorated to 96.55% compared to 98.18% in September 2019 as a result of capacity issues in the Endoscopy unit. An additional consultant is being recruited and is expected to start in Q4 2019/20. Options to provide further capacity for waiting list reduction are being presented to Trust Senior Leadership Team (SLT). Following successful waiting list reductions Cystoscopy reported only 2 patients waiting over 6 weeks in October 2019.	

To deliver our key performance targets and financial plan

Performance

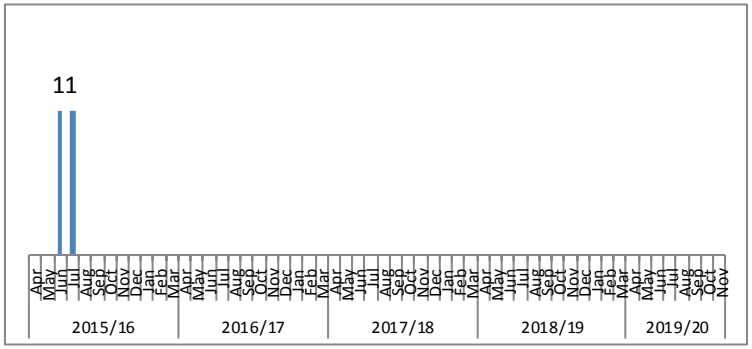
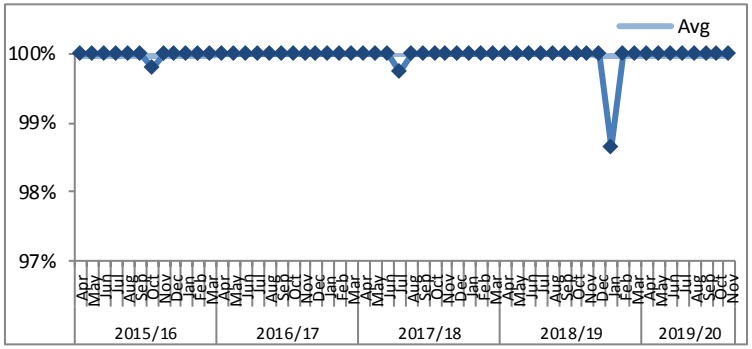
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Radiology Turnaround Time Outpatients		Turnaround times for routine and urgent reports were sustained in November 2019. Uptake of additional sessions remains a challenge but to offset some of the reduction the Trust continues to send a number of general Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans to an outsourcing company for reporting.	No benchmark comparator available
Radiology Turnaround Time Frast Track		Improved performance was sustained in November 2019. Additional reporting capacity has been secured for December 2019 to help maintain this during a period of increased annual leave.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

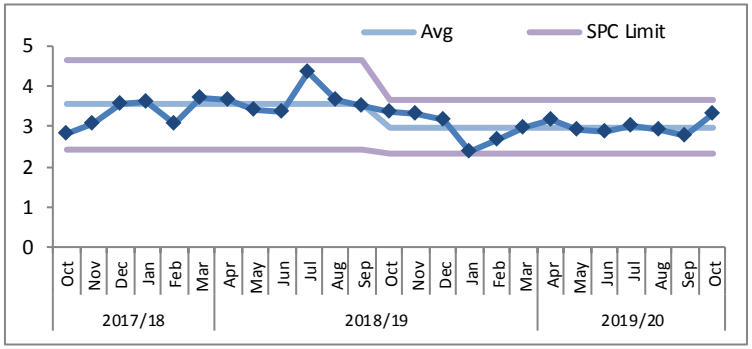
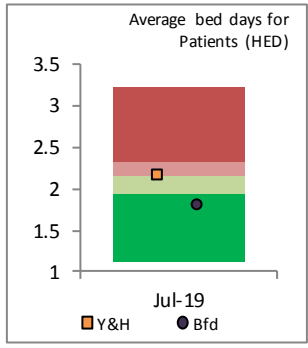
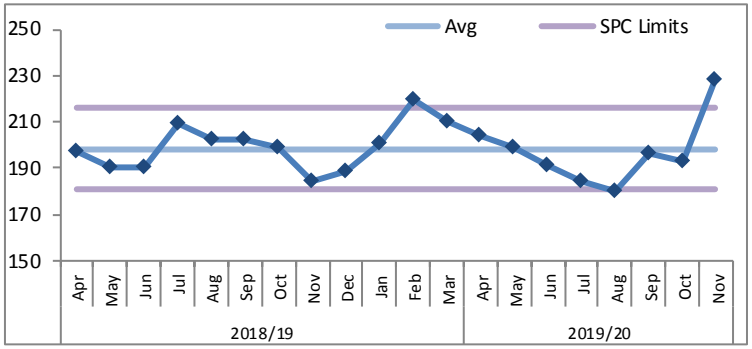
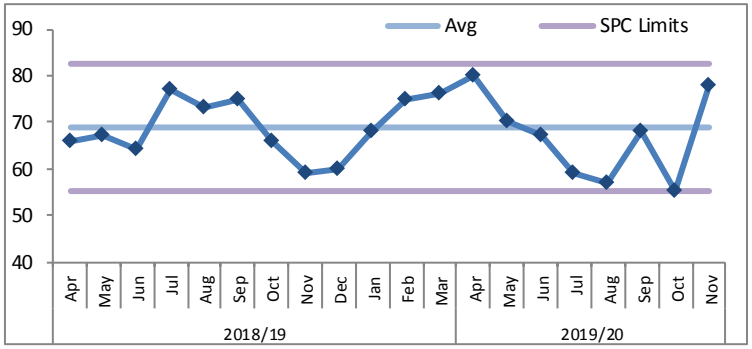
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Mixed Sex Breaches		There have been no Mixed Sex Breaches.	No benchmark comparator available
Mission Critical Systems Uptime		The Trust continues to maintain a high level of uptime for all information systems however there has been telecommunication network issues with the external lines for which we are reviewing with the suppliers.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

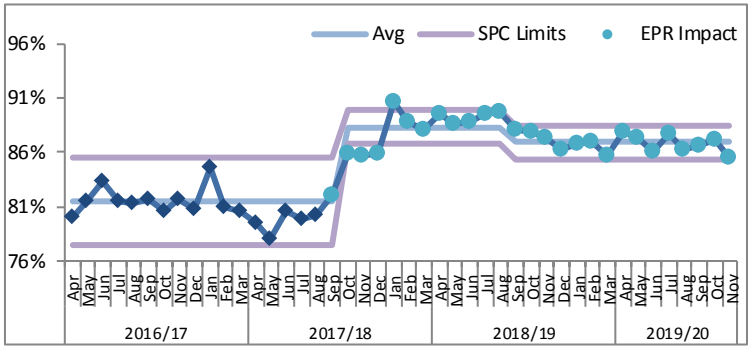
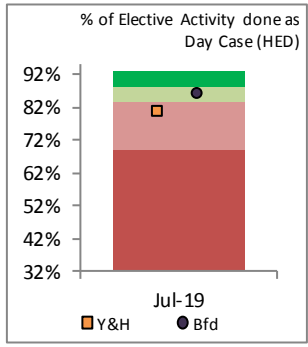
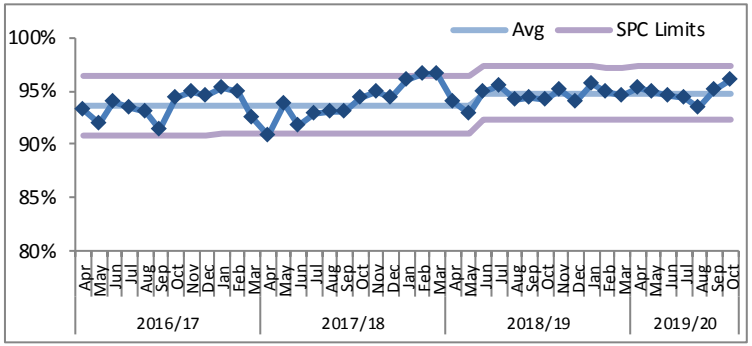
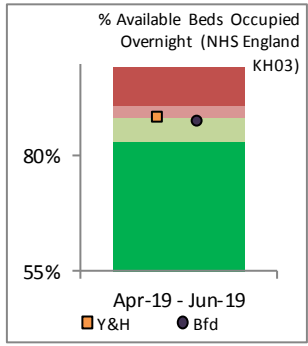
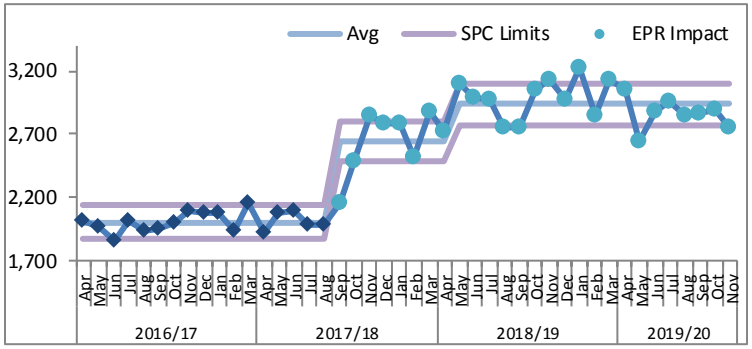
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Length of stay increased in October 2019, although remained within control limits. The Trust continues to benchmark positively against regional and national averages for both elective and non-elective length of stay and received positive feedback in a recent GIRFT (Getting It Right First Time) report.	
Stranded Patients Length of Stay >= 7 days		The number of patients staying over 7 days increased in November 2019 due to an increase in the acuity of patients. Senior leadership alongside the Multi-agency Integrated Discharge Team (MAIDT) service continue to support the discharge process.	No benchmark comparator available
Super Stranded Patients Length of Stay >= 21 days		The daily average increased in November 2019 following an deterioration in Delayed Transfer of Care (DTOC) for home care packages and an increase in patients who were not medically fit for discharge requiring further intervention. Weekly oversight remains in place and senior leadership alongside the MAIDT service continue to support the discharge process.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

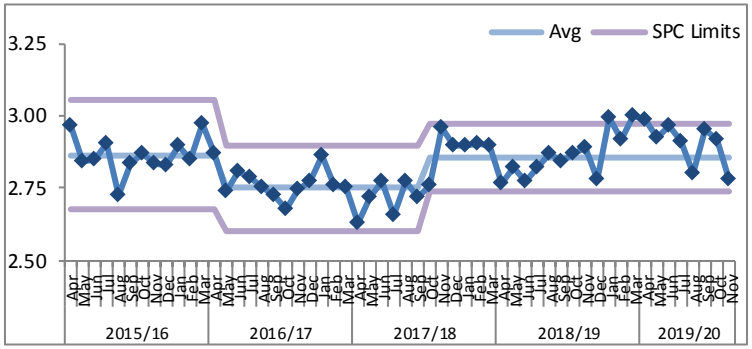
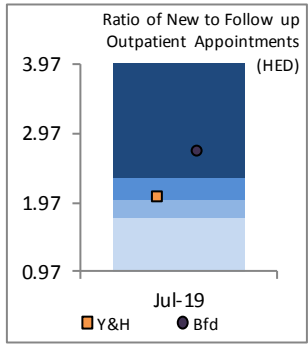
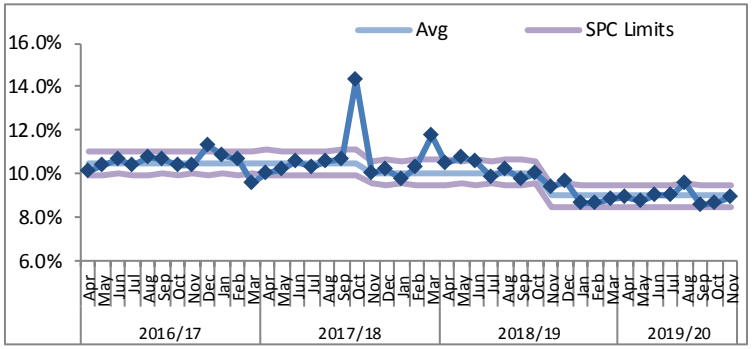
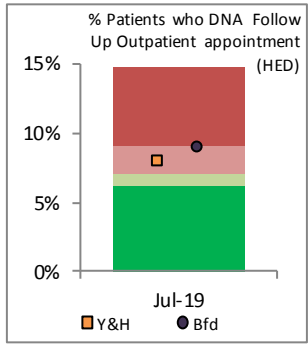
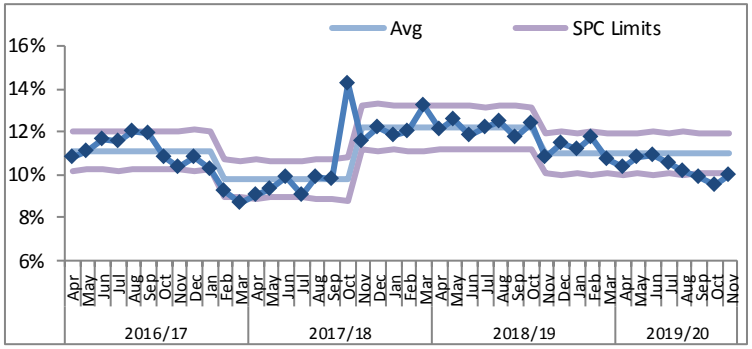
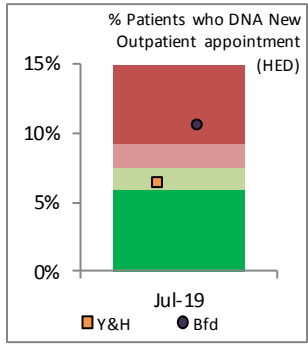
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Day Case Rate		Day case rates continue to be above the national and regional average.	
Bed Occupancy		Bed occupancy increased slightly during October 2019 which has increased the challenges when admitting patients to the Hospital. The Trust is involved in the national SAFER collaborative and there are a number of actions within the Emergency Care Improvement Plan which will help reduce admissions, improve timely discharge and support reduced bed occupancy.	
Disharges before 1pm		The total number of discharges before 1pm dropped slightly during November 2019 but remained in line with previous months as a percentage of total discharges.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

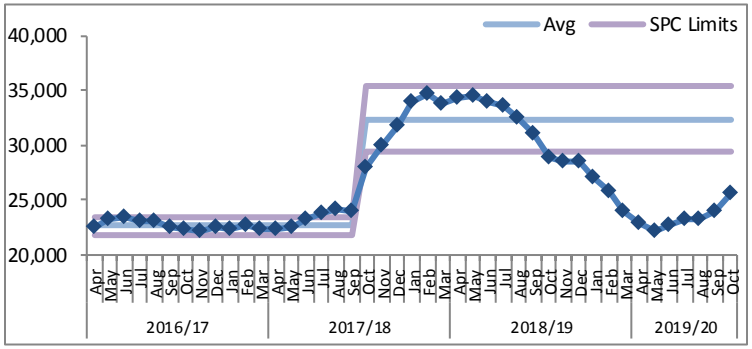
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New to Follow Up Ratio		The new to follow up ratio reduced during November 2019 with comparative activity levels to previous months suggesting a genuine shift from follow up to new appointments in a number of specialties.	
Did not Attend Follow Up		Did not attend (DNA) rates for follow up patients have remained stable during 2019/20 following an improvement when two way texts were introduced in September 2018.	
Did not Attend New		Did not attend (DNA) rates for new appointments improved when two way texts were introduced in September 2018. The rate in 2019/20 has improved further as specialty specific actions have been implemented.	

To deliver our key performance targets and financial plan

Productivity

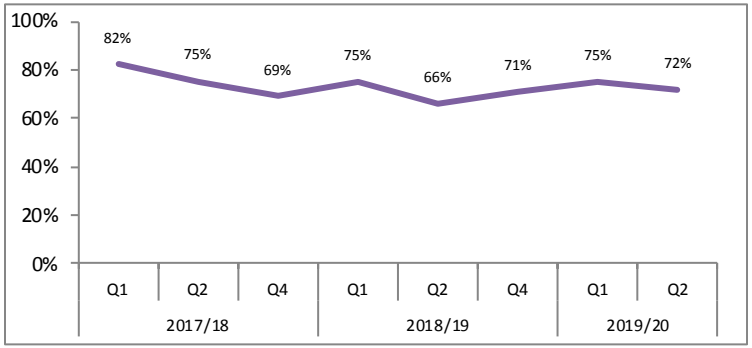
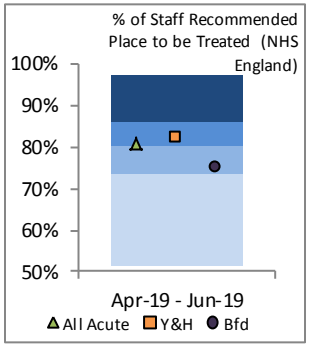
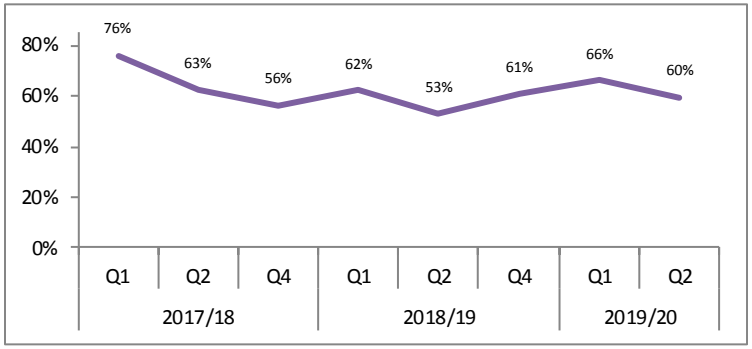
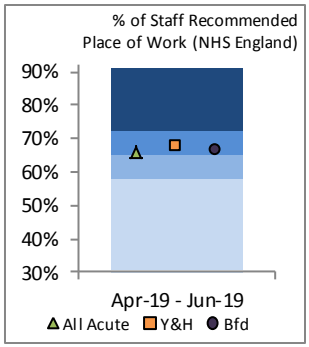
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total elective waiting list increased by 1,607 patients during October 2019. This correlates with reduced outpatient activity during the half term holiday and an increase in the number of new pathways reported for the month. Waiting list validation, outpatient and inpatient productivity projects, and recovery plans identifying short term capacity requirements are in place.	No benchmark comparator available

To be in the top 20% of employers

Engagement

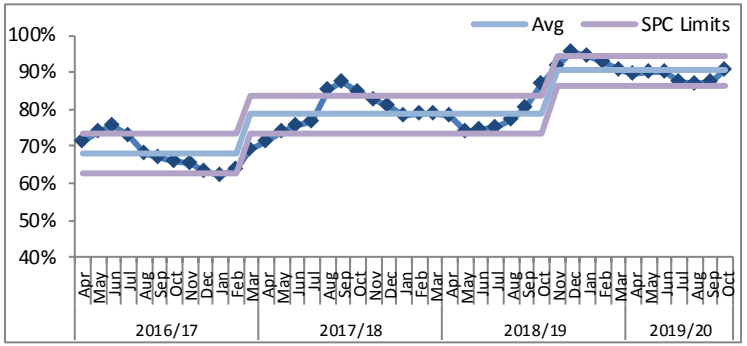
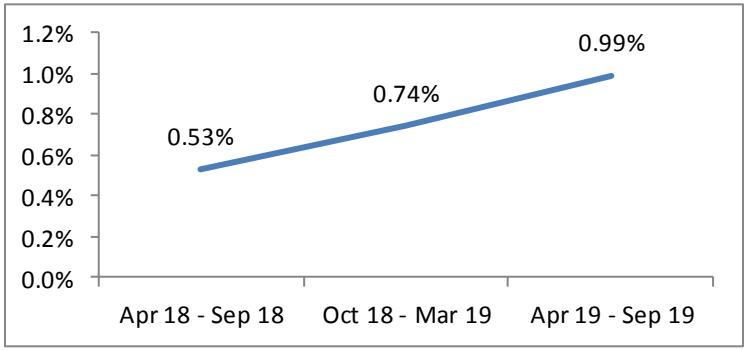
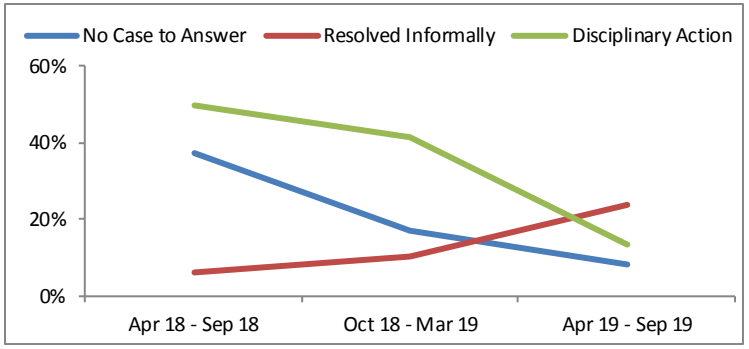
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Staff FFT Treatment		The NHS Staff Survey closed on 29 November 2019 and the question asking staff if they recommend our Trust as place to receive care or treatment is included; results will be available early 2020. Preparations are underway for the Staff Friends and Family Test (SFFT) for Q4.	
Staff FFT Work		This question is also asked in the NHS Staff Survey. Preparations are underway for the Q4 SFFT and to encourage uptake of the survey particularly at Clinical Business Unit (CBU) level.	

To be in the top 20% of employers

Engagement

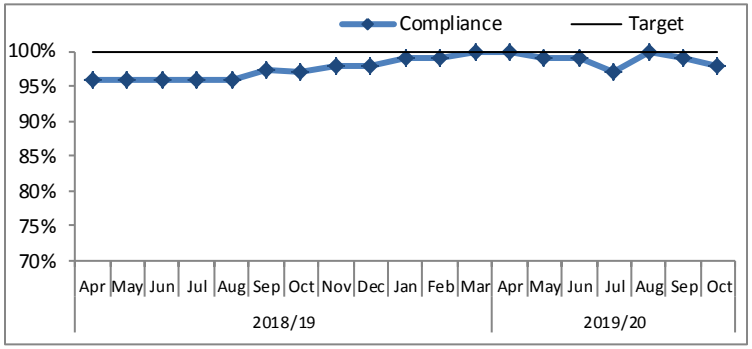
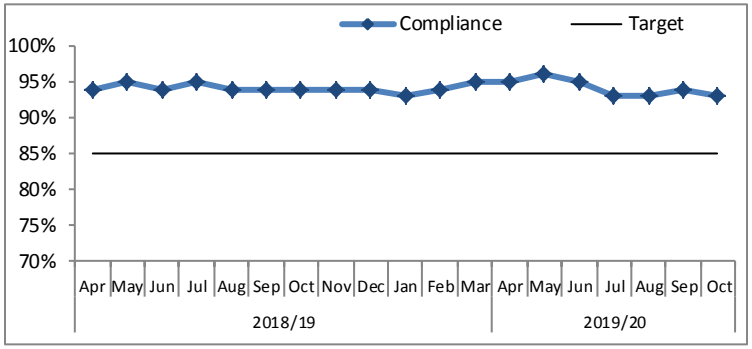
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Appraisal Rate Non-Medical		The number of appraisals was 90.61% in October 2019 (final figures will be finalised on 12 December 2019 in respect of November position). Care Group Directors and Heads of Departments continue to focus on appraisals as a priority to meet 95% by the end of December 2019. Managers are being reminded to record completed appraisals promptly so records held on ESR are accurate and up to date and to use ESR to make sure appraisals due in December 2019 are completed.	No benchmark comparator available
Contacts with Advocacy service		The number of contacts with the Staff Advocacy Service has risen steadily since its introduction in August 2018. In the last six months 37% of all contacts with the service were resolved informally. Next update April 2020 (for period ending 31 March 2020).	No benchmark comparator available
Harassment & Bullying Outcomes		The graph shows that the percentage of Bullying and Harassment cases resulting in Disciplinary Action has continued to decrease in the last 6 months to 13% of all investigations commenced in the 6 month period from April 2019 to September 2019. The largest proportion of cases (24%) were resolved informally. The number of investigations resulting in no case to answer has also steadily declined. Next update April 2020 (for period ending 31 March 2020).	No benchmark comparator available

To be in the top 20% of employers

Training & Development

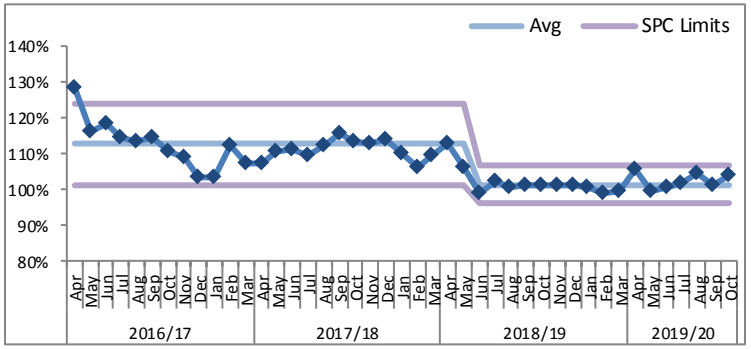
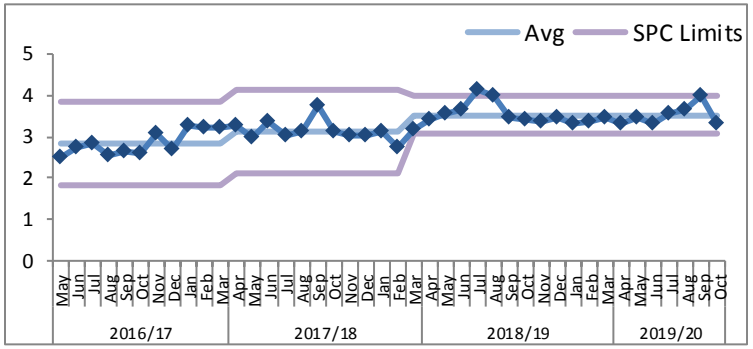
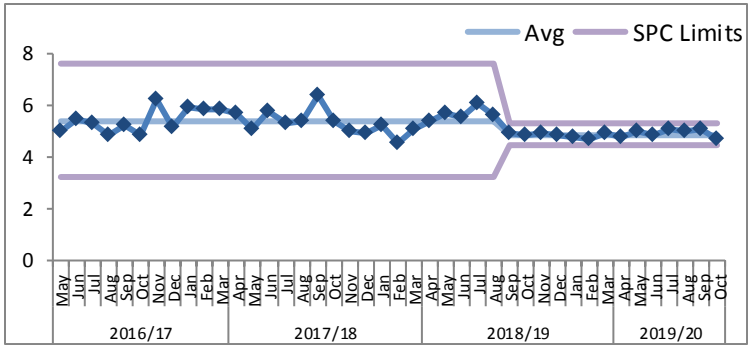
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New Starter Training		The slight variance in performance is being investigated and rectified. There is a comprehensive escalation process in place to track delivery of performance at an individual level.	No benchmark comparator available
Refresher Training		The Trust has consistently exceeded its target refresher training standard since April 2018, averaging over 95%. Work now focussed on performance at service line level.	No benchmark comparator available

To be in the top 20% of employers

Staffing

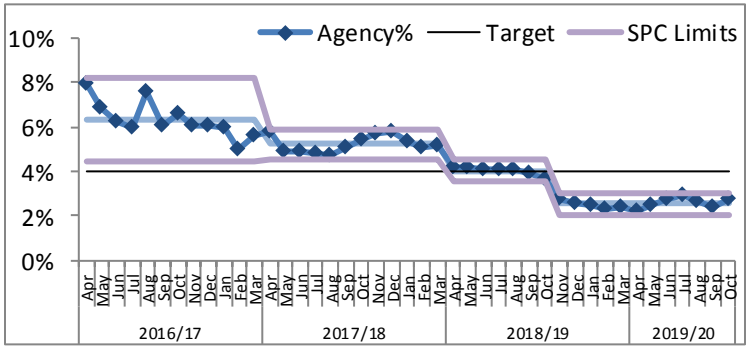
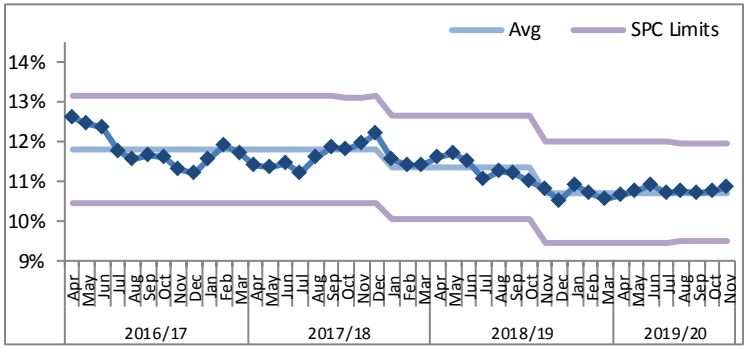
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Care Staff Shifts Filled		Fill rates are now consistently 100% and are as expected.	No benchmark comparator available
Care Staff Care Hours		The carer workforce has stabilised in line with our workforce plans, benchmarks appropriately with Model Hospital data.	No benchmark comparator available
Nursing Care Hours		Rate remains stable and benchmarks appropriately with model hospital data.	No benchmark comparator available

To be in the top 20% of employers

Staffing

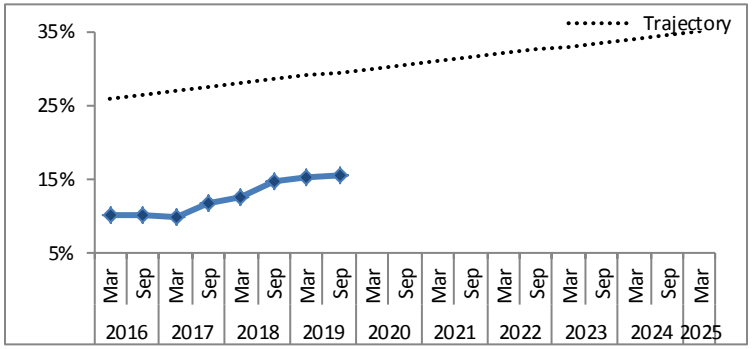
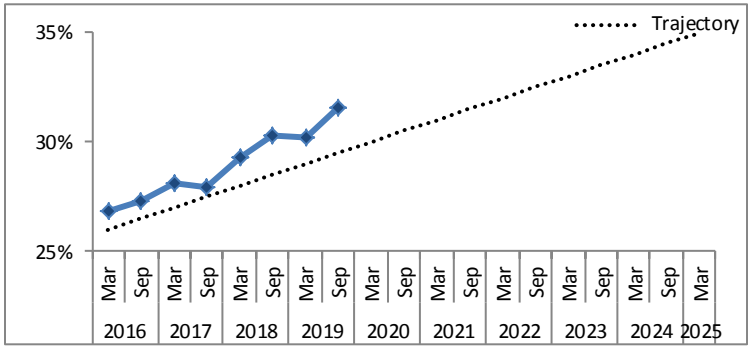
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		The overall deployment of bank and agency registered nurses has increased in the reporting month but only 0.2 FTE (Full Time Equivalent) agency Healthcare Assistants (HCA's) were used this month. Administrative and Clerical agency use has remained under 1 FTE. Agency use across the Medical and Dental staff group has reduced slightly in the reporting period; as has the use of Allied Health Professionals (AHP's).	No benchmark comparator available
Staff Turnover		Turnover has increased slightly at Trust level in November 2019 to 10.85% from 10.74% in October 2019. Increases were seen in all areas apart from Unplanned Care and Research. Turnover remains low compared to historical levels in the Trust.	No benchmark comparator available

To be in the top 20% of employers

Equality & Diversity

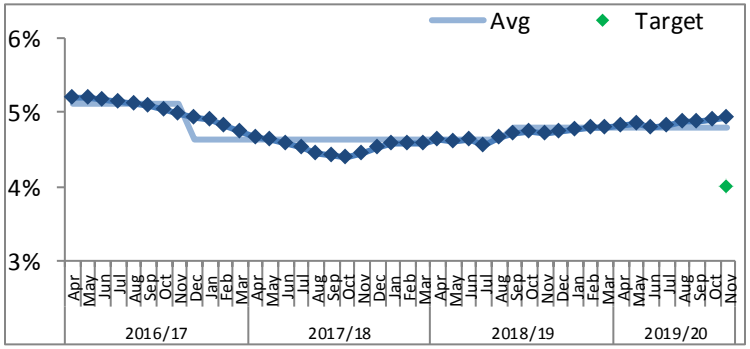
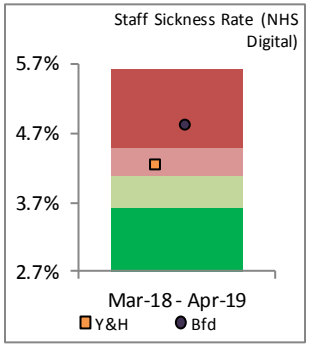
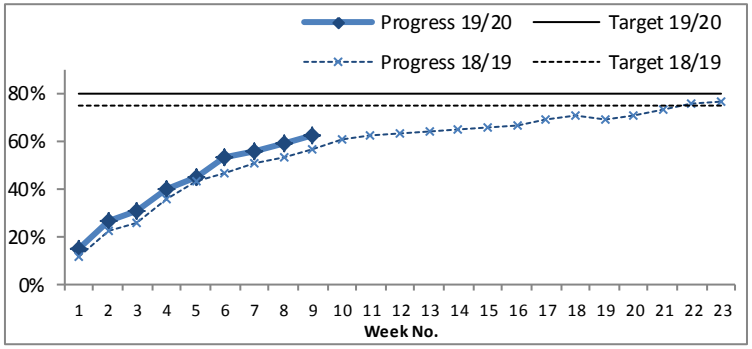
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
BAME Senior Leaders		We have increased our number of Black, Asian and Minority Ethnic (BAME) staff at Bands 8 and 9 over the past six months by 0.23%. However, based on the current trajectory, we would miss our employment target to have a senior workforce reflective of the local population (35% by 2025) by around 9%. Although the trajectory figure has remained static since April 2019, the margin has reduced by 1% over the last 12 months (trajectory in September 2018 was set at 10% below target). Senior BAME staff continue to be involved in recruitment for Band 8 and 9 posts, with the aim of accelerating progress on this target. Next update April 2020 (for period ending 31 March 2020).	No benchmark comparator available
BAME Workforce		The proportion of BAME staff in the workforce increased by 0.86% to 31.61% since March 2019 (30.2% at March 2019). The trajectory figure continues to take us 4% ahead of our target of having a workforce reflective of the local population (35% by 2025). Next update April 2020 (for period ending 31 March 2020).	No benchmark comparator available

To be in the top 20% of employers

Health & Wellbeing

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Staff Sickness Absence		The rolling 12 month sickness absence rate at the end of November 2019 was 4.92%. Slight increases were seen in all areas with the exception of Unplanned Care which showed a slight reduction. The Trust target has been set at 4.5% which we will be monitoring Care Groups and corporate departments against.	
Frontline Staff Flu Vaccination		In line with planned trajectory with coverage of 62.7% Frontline staff.	No benchmark comparator available

To collaborate effectively with local and regional partners

Partnership

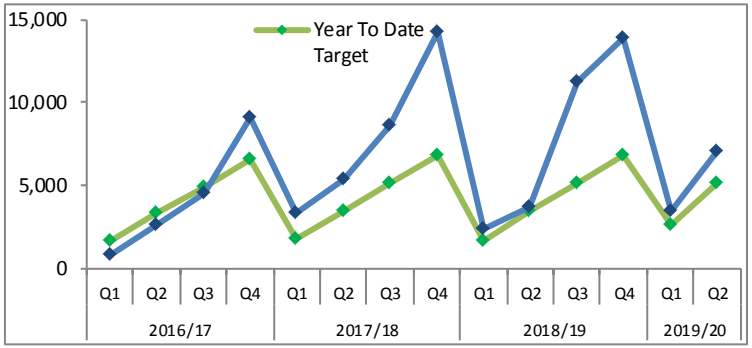
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stakeholder Engagement	The Trusts' systematic approach to stakeholder management identifies key external partners. For each, an executive sponsor and an account manager has been identified, with responsibility for maintaining/improving the health of the relationship. The October 2019 Stakeholder Engagement Survey results and self-assessments have been analysed and shared with the Partnerships Committee and Senior Leadership Team. Results (largely positive and improved in comparison to 2018) have also been shared with specific account managers where possible and the overall summary of results are to be provided to all account managers. Review of the stakeholders to be requested from the Senior Leadership Team in December 2019.		No benchmark comparator available
Vertical Integration	The Trust is working with its fellow providers in Bradford to work together to develop models of care which best meet the needs of service users and patients. The Trust signed a 'Strategic Partnering Agreement', drafted by the partners in Bradford District and Craven (BDC) at the end of March 2019, and this has been approved by all partners. This sets out how decisions and collaboration will happen at 'place' in the future. A review of the health and care based programmes in BDC is complete, and a new structure for the programmes is planned for the start of the next financial year. The Trust is also contributing to 11 Community Partnerships across Bradford and starting to work with the 10 newly formed Primary Care Networks on joint service developments.		No benchmark comparator available
Horizontal Integration	The Trust is working with its partner organisations in formal governance arrangements and programmes in the West Yorkshire Association of Acute Trusts (WYAAT) the West Yorkshire and Harrogate Health and Care Partnership Integrated Care System, with Trust executives involved in multiple fora examining both strategic and operational collaboration issues. The Trust has created a number of service profiles, in response to the service profiles for 26 areas that WYAAT has created. These profiles have been discussed and agreed with each of the Clinical Business Units and will be used to inform the Trust's response to a secondary care strategy for West Yorkshire and Harrogate (WY&H). A meeting is to be held with WYAAT to begin these discussions on 19 December 2019.		No benchmark comparator available
Airedale Collaboration	The Airedale Collaboration programme between Bradford Teaching Hospitals Foundation Trust (BTHFT) and Airedale NHS Foundation Trust, formally started with a clinical summit on 8 April 2019. Workshops have been held in some specialties, and programme governance, incorporating a Strategic Collaboration Board and Steering Group has been established to monitor and oversee progress. Clinical leads for a number of specialties, and for the programme as a whole, have been recruited to. The prioritisation for the programme has been completed with specialties divided into those that will be covered in the first year and those that will be covered in the second year of the programme. The programme is in the process of defining its overall strategy, which will be validated with input from execs and wider staff groups across both trusts. This was discussed at a clinical summit in October 2019.		No benchmark comparator available

To be a continually learning organisation

Learning Hub, Research

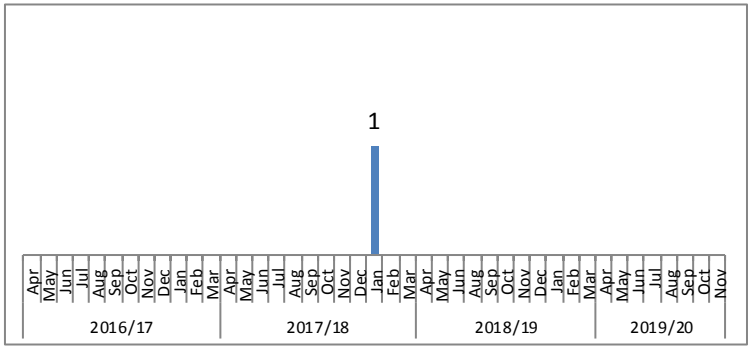
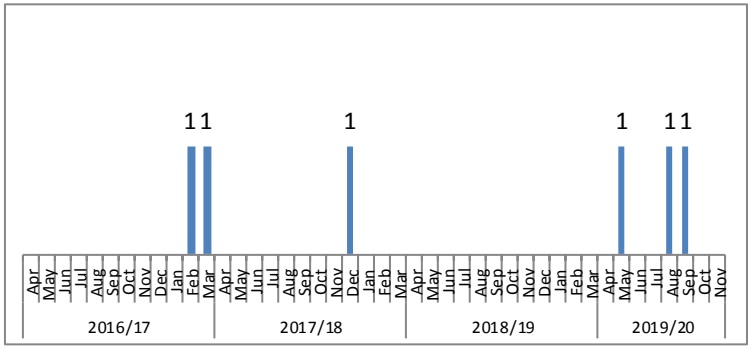
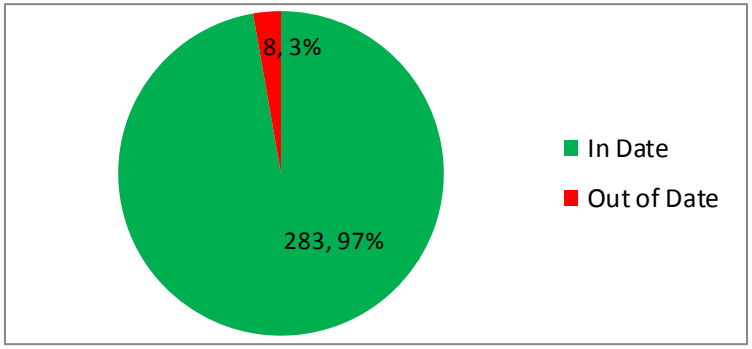
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Learning Hub		The Learning Hub continues to work to generate and assimilate learning from precursor events across the Trust, and now routinely incorporating learning from external events, for instance through the sharing of Serious Incident learning from other organisations, Healthcare Safety Investigation Branch (HSIB) and the National Reporting and Learning System (NRLS). The first monthly learning award, which has been developed with the support of the family of a child whose death in our hospital was the catalyst for significant system wide learning, will be awarded at the end of Q1 2019/20.	No benchmark comparator available
Research Patients Recruited		Number of participants recruited to National Institute of Health Research (NIHR) Portfolio Studies since 2016/17, including commercial and non-commercial studies, remains strong and above recruitment target.	No benchmark comparator available

To provide outstanding care for patients

Governance

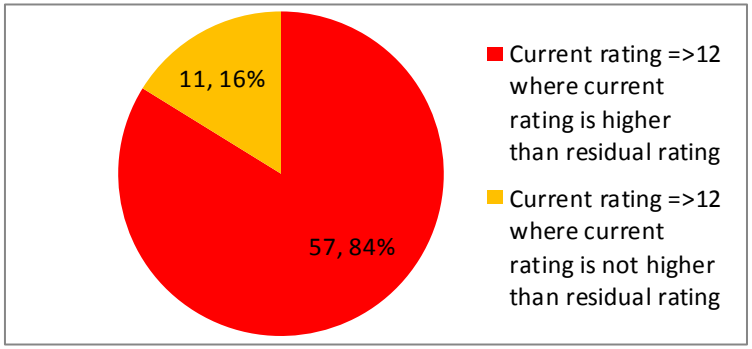
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Duty of Candour		There were no Duty of Candour breaches to date in 2019/20.	No benchmark comparator available
Information Governance Breaches		The Information Commissioner's Office has closed the one open reportable Information governance breach with no action.	No benchmark comparator available
Out of date Policies		A focussed programme of work continues in order to improve the Trust position in relation to Trust-wide policies and their management. There is significant confidence about the approach to managing locally developed guidance within departments.	No benchmark comparator available

To provide outstanding care for patients

Governance

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Risks not Mitigated		A recent Internal Audit report in relation to the implementation of the risk management strategy resulted in a significant assurance rating. As a result the metrics used to monitor the quality of governance in the Trust are being reviewed.	No benchmark comparator available

Glossary

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To provide outstanding care for patients				
Clinical Effectiveness				
Crude Mortality	Crude Mortality rates, i.e., per admissions.	Chief Medical Officer	RAG criteria Executive informed	3.9
HSMR	The mortality indicator is evaluated from a standardised mortality ratio (SMR). The formula for the ratio is observed deaths divided by expected deaths, multiplied by 100. This is calculated for each provider within the data.	Chief Medical Officer	RAG criteria Executive informed	4.7
SHMI	The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.	Chief Medical Officer	RAG criteria Executive informed	4.7
Deaths Screened	Percentage of Deaths Screened	Chief Medical Officer	Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits	To be confirmed
Learning from Deaths	Proportion of reviews undertaken finding good or excellent care provided	Chief Medical Officer	Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits	To be confirmed
Readmissions	The number of readmissions within 30 days of discharge from hospital.	Chief Operating Officer	Red >= 7.8%, Amber >=6.7% & < 7.8%, Green <6.7%	2.4
Patient Safety				
Never Events	The number of serious incidents that occur despite there being defined processes and procedures to prevent them.	Chief Medical Officer	Red > 0, Green = 0	4.0
Audit of WHO checklist	Audit of the World Health Organisation surgical checklist monitoring the number that were complete compared to the number of checklists.	Chief Medical Officer	Red < 90%, Amber >=90% & < 95%, Green >=95%	2.9
Clostridium Difficile (C. Diff)	The number of cases either attributable or pending review.	Chief Nurse	Red >= 3, Amber = 2, Green <=1	3.9
MRSA	Counts of patients with Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia.	Chief Nurse	Per month: Red >= 1, Green 0	3.9
CAUTI	Urinary tract infections in patients with a catheter. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red > 1.5%, Amber 1%-1.5%, Green < 1%	4.1

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Patient Safety (cont.)				
Sepsis Patients antibiotics	Percentage of patients who were found to have sepsis during the screening process and received IV antibiotics within 1 hour.	Chief Nurse	RAG threshold being reviewed	To be confirmed
Sepsis Patients Screened	Percentage of patients screened for Sepsis	Chief Medical Officer	Red < 50%, Amber 50%-90%, Green >= 90%	5.0
Serious Incidents	Unexpected or avoidable death, serious harm, never events, service delivery prevention compared to all incidents reported.	Director of Strategy and Integration	Red > 5, Amber 3-5, Green <=2	4.0
Falls with Harm	Patient falls resulting from harm per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red upper quartile, Amber mid quartiles, Green lower quartile	4.3
Falls with Severe Harm	Falls with Harm classed as Severe	Chief Nurse	Red = reported for consecutive months, Amber = 1, Green = 0	4.3
Pressure Ulcers Cat3+	Number of reported hospital acquired category 3 and 4 pressure ulcers per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red >= 6, Amber 5, Green < 5	4.3
Medicine Reconciliation	Proportion of patients with reconciliation started within 24 hours of admission. We measure reconciliation started as a proxy for completed as the staff do the reconciliation from start to finish at once.	Chief Medical Officer	Red < national average Amber - national average <= 0 - 5% Green >= national average > 5%	3.9
Missed Doses	Proportion of patients with an omission of a critical medicine	Chief Nurse	Red - above national average Amber – 0 - <1% below the average Green - > 1%+ the national average	3.9
Patient Experience				
Friends and Family Test	The percentage of patients who strongly recommend the Trust.	Chief Nurse	RAG criteria Executive informed	2.6
Night time transfers	The number of non-clinical bed moves out of hours.	Chief Nurse	Red > 0, Green = 0	2.4
Night time discharges	Discharges out of hospital between 12am and 6am. Excludes transfers to other hospital providers, self-discharges and assessment patients.	Chief Nurse	Red = Outside control limits, Green = Inside control limits	2.3
Complaints	Number of complaints.	Chief Nurse	Red >= 50, Amber 40-49, Green < 40	4.7
Complaints closed	Number of complaints closed per 10,000 bed days.	Chief Nurse	Red below average, Green above average	4.7

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To deliver our key performance targets and financial plan				
Finance				
Delivery of Income & Expenditure Plan	Delivery of finances against plan.	Director of Finance	Red – off plan (adverse) Green on plan or better	3.3
Use of Resources – Financial	Use of resources is a calculation on the status of a number of financial measures – Capital Servicing Capacity, Liquidity, I & E Margin, and Agency Spend.	Director of Finance	Red - Rating of 4 Amber – Rating of 2 or 3 Green – Rating of 1	3.3
Delivery of Cash Plan	Delivery of cash against plan.	Director of Finance	Red Cash below £5m Amber Cash between £5m & £10m Green Cash over £10m	3.3
Liquidity Rating	A measure of how many days an organisation can continue to fund its operations based on the level of net current assets and available borrowing.	Director of Finance	Red > minus 14 days liquidity Amber - 0 days to minus 4 days liquidity Green – greater than 0 days liquidity	4.1
Bradford Improvement Plan	Bradford Improvement Plan progress against target.	Director of Finance	Red >10% off plan (adverse) Amber 0% - 10% off plan (adverse) Green – on plan or better	3.3

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Performance				
Emergency Care Standard	Percentage of patients seen in A&E within 4 hours.	Chief Operating Officer	Red < 90%, Green >= 90%	2.4
RTT 18 weeks Incomplete	Percentage of patients waiting within 18 weeks on an incomplete pathway.	Chief Operating Officer	Red < 92%, Green >= 92%	3.9
RTT 52 weeks waits	Number of patients waiting more than 52 weeks.	Chief Operating Officer	Red > 0, Green = 0	4.0
Cancer 2 week wait GP	Percentage of patients who have waited a maximum of 2 weeks to see a specialist for all patients referred with suspected cancer symptoms	Chief Operating Officer	Red < 93%, Green >= 93%	3.9
Cancer Urgent 62 day GP	Proportion of patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer.	Chief Operating Officer	Red < 85%, Green >= 85%	3.9
Cancer Urgent 62 day Screening	Proportion of patients receiving treatment for cancer within 62 days of an NHS Cancer Screening service.	Chief Operating Officer	Red < 96%, Green >= 96%	3.9
Full Blood Count acute wards 2 hours	The time taken for the laboratory to process Full Blood Counts samples from all Acute Wards and validated results are available on the Laboratory Information Management System (LIMS). The time measured is from the sample being booked on to the LIMS and results being validated on the LIMS and available to requestors	Chief Operating Officer	Red <85%, Amber >=85% & < 90%, Green >=90%	3.9
Diagnostic Waits	Percentage of patients who have waited less than 6 weeks for a diagnostic test.	Chief Operating Officer	Red < 99%,Green >= 99%	3.4
Radiology Turnaround Time OP	Radiology Turnaround Time for Outpatient Scan to Report. Percentage reported within 14 days for Urgent and within 4 weeks for Routine.	Chief Operating Officer	Red <95%, Amber >=95% & < 98%, Green >=98%	3.8
Radiology Turnaround Time Fast Track	Radiology Turnaround Time for Fast Track Scan to Report. Percentage reported within 14 days.	Chief Operating Officer	Red <95%, Amber >=95% & < 98%, Green >=98%	3.8
Mixed Sex Breaches	Number of occurrences of unjustified mixing in relation to sleeping accommodation.	Chief Operating Officer	Red > 0, Green = 0	5.0
Mission Critical Systems Uptime	Percentage of time all Mission Critical Systems were up and running	Chief Digital and Information Officer	Red <99.7%, Amber >=99.7% & < 99.9%, Green >=99.9%	4.3

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Productivity				
Length of Stay	The average length of stay for patients, in days.	Chief Operating Officer	RAG criteria Executive informed	2.0
Stranded Patients LoS >=7	The average number of patients (excluding Maternity) who have been in hospital 7 days or more.	Chief Operating Officer	RAG criteria Executive informed	4.1
Super Stranded Patients LoS >=21	The average number of patients (excluding Maternity) who have been in hospital 21 days or more.	Chief Operating Officer	Red >71, Amber 62-71, Green <= 62	4.1
Elective Day Case Rate	The number of patients admitted for planned procedure and leave same day as a % of all procedures.	Chief Operating Officer	Red < 83%, Amber <87% & >=83% ,Green >= 87%	1.0
Bed Occupancy	Average percentage of available beds which were occupied overnight.	Chief Operating Officer	Red >=95%, Amber 85-95%, Green <85%	2.3
Discharges before 1pm	Number of discharges from hospital which happened before 1 pm.	Chief Operating Officer	Red = Outside control limits, Green = Inside control limits	2.3
New to Follow-up Ratio	The ratio between New and Follow Up Outpatient appointments. Benchmarking data is from HED, which has a subtly different calculation, which can result in very small differences in numbers.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.4
DNA Follow-up	This is the % of Follow-up Outpatient appointments where the patient does not attend.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.6
DNA New	This is the % of New Outpatient appointments where the patient does not attend.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.6
Elective wait list	Wait list of patients on an elective pathway.	Chief Operating Officer	Red Greater than last month Green Less than last month	3.7

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To be in the top 20% of employers				
Engagement				
Staff FFT Treatment	Percentage of staff recommending the Trust as a place to receive care or treatment as part of the staff Friends and Family Test.	Director of Human Resources	Red <Yorkshire &Humber, Green >Yorkshire &Humber	4.4
Staff FFT Work	Percentage of staff recommending the Trust as a place to work as part of the staff Friends and Family Test.	Director of Human Resources	Red <Yorkshire &Humber, Green >Yorkshire &Humber	4.4
Appraisal Rate Non-medical	Percentage of eligible staff employed at the Trust who have had an appraisal in the last 12 months.	Director of Human Resources	Red <75%, Amber >=75% and <95%, Green >=95%	5.0
Contacts with Advocacy service	Percentage of Staff Advocate Service Contacts resulting in investigations.	Director of Human Resources	Green > from last period in number of contacts Red < in number of contacts	3.6
Harassment & Bullying outcomes	Percentage of Harassment and Bullying related Contacts resulting in disciplinary action.	Director of Human Resources	Green < from last period in Bullying and Harassment cases resulting in Disciplinary Action Red > from last period in Bullying and Harassment cases resulting in Disciplinary Action	4.6 4.4
Training & Development				4.4
New Starter Training	Percentage of new staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 90%, Amber >=90% & <100%, Green = 100%	
Refresher Training	Percentage of staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 75%, Amber >=75% & <85%, Green >= 85%	

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Staffing				
Care Staff Shifts filled	Percentage of time care staff staffing hours are filled compared with planned.	Chief Nurse	Red < 80%, Amber 80% – 95%, Green > 95%	3.7
Care Staff Care Hours	Total of the actual number care staff hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Nursing Care Hours	Total of the actual number of Registered Nurse / Midwife hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Use of Agency Staff	Agency Full Time Equivalents (FTE's) as a percentage of all FTE's.	Director of Human Resources	RAG criteria subjective.	4.0
Staff Turnover	Number of employees who have left the organisation in the past 12 months as a percentage of the average number of employees over the same period.	Director of Human Resources	Red > 14%, Amber 12% – 14%, Green < 12%	4.0
Equality & Diversity				
BAME Senior Leaders	Percentage of staff employed in Band 8+ Senior Manger roles at the Trust who are of Black, Asian or Minority Ethnic (BAME) background.	Director of Human Resources	Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	4.6
BAME Workforce	Percentage of staff employed at the Trust who are of Black, Asian or Minority Ethnic (BAME) background.	Director of Human Resources	Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	5.0
Health & Wellbeing				
Staff Sickness Absence	Percentage of staff time lost due to sickness in a given period (the reported month, year to date is the previous 12 months rolling average for which the Trust target is 4%.	Director of Human Resources	Red >1% point above Target, Amber within 1% point above Target, Green <= Target	4.0
Frontline Staff Flu Vaccination	Flu vaccine uptake percentage amongst frontline staff	Director of Human Resources	To be confirmed	To be confirmed

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To collaborate effectively with local and regional partners				
Partnership				
Stakeholder Engagement	The Hospital's systematic approach to stakeholder management identifies key external partners, and for each an executive sponsor and an account manager has been identified, with responsibility for maintaining/improving the health of the relationship.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
Vertical Integration	Working with local partners and contribute to the formal establishment of a responsive, integrated care system.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
Horizontal Integration	Working with other providers to ensure resilient services, reduce outcome variation, address workforce shortages, and achieve efficiencies. Contribute to the establishment of an effective Integrated Care System in West Yorkshire and Harrogate.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
Airedale Collaboration	Working with Airedale NHS Foundation Trust to collaborate effectively to improve the services offered to patients, ensuring they are more resilient. The programme will address workforce shortages together.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To provide outstanding care for patients				
Learning Hub				
Learning Hub Progress	Progress on embedding the Learning Hub in the Trust against the plan.	Director of Strategy and Integration	RAG criteria subjective.	Qualitative Metric
Research				
Research patients recruited	Number of patients recruited to studies against the planned recruitment.	Chief Medical Officer	Red <60%, Amber >=60% & <80%, Green >=80%	4.0
Governance				
Duty of Candour	Patient informed duty of candour.	Director of Strategy and Integration	Red > 0, Green = 0	4.0
Information Governance Breaches	The number of reported breaches of information governance standards.	Chief Digital and Information Officer	Red > 6, Amber <=6 & > 2, Green <=2	3.7
Out of Date Policies	Percentage of policies that are currently out of date.	Director of Strategy and Integration	Red < 95%, Amber >=95% & <100%, Green = 100%	3.3
Risk not Mitigated	Risks not Mitigated that are beyond their action plan date.	Director of Strategy and Integration	Red > 15%, Amber >5% and <=15%, Green <=5%	3.1

Dashboard Key

Bradford Teaching Hospitals
NHS Foundation Trust

Summary Charts

Trust objective

Objective "Slices"
Key areas contributing to the Trust objective. Each slice includes relevant "composite" metrics which contribute to an overarching Red, Amber, Green (RAG) rating.

RAG Rating Calculations

Objective Slice RAG
Weighted score of composite metric RAGs (Red=1, Amber=2, Green=3) within a slice divided by the number of composite indicators within a slice.
Red =< 1.5
Amber > 1.5
Green => 2.5

Metric RAG
Each metric has separate RAG criteria updated on a monthly basis by Responsible Owners as defined in the Metric glossary. This demonstrates the current status of the metric.

DQ Kite Mark

RAG status of assurance of the data quality of the information being presented – average score RAG rated across 7 domains; timeliness, audit, reliability, relevance, granularity, validation and completeness.

DQ Score	Summary
1.0	Insufficient systems, processes or documentation available to provide assurance on the asset (i.e. dataset).
2.0	Limited systems, process and documentation are available and therefore assurance is limited.
3.0	Systems, processes and documentation are available and the asset has been locally verified to provide assurance.
4.0	Full systems, processes and documentation are available and the asset has been locally verified to provide assurance.
5.0	Full systems, processes and documentation are available and the asset has been independently verified with full assurance provided.

Statistical Process Control (SPC) Chart

The information is generally presented using "control limits" to determine whether any one month is statistically high or low. The average is calculated over the first 12 months, and after this time if there is a period of 8 months in a row which are all above (or below) the average, a new average and control limits are calculated from this point.

Benchmarking

The majority of benchmarking charts show information for the most recently available period. The range of other Acute Trusts values are split into 4 quartiles, showing the range of the bottom 25% of Trust values, 25-50% of Trust values etc. The value for Bradford Teaching Hospitals is shown alongside a single value looking at the average of Acute trusts in Yorkshire and Humber.