Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard
Board of Directors

31st January 2020

Integrated Dashboard

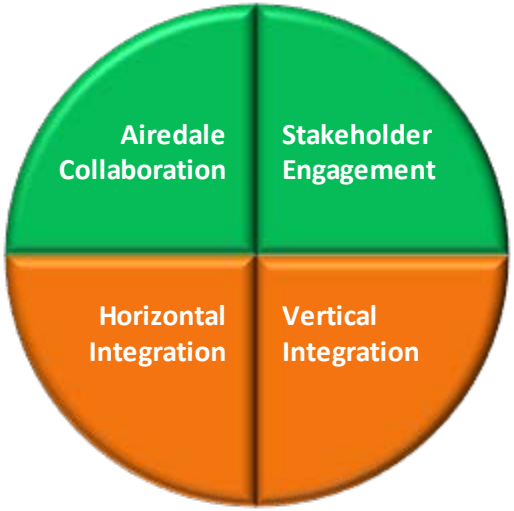
31st January 2020

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

Learning from deaths, sepsis identification, medicines safety and research recruitment **continues to demonstrate good performance**.

A new stillbirth rate is presented which has been stable for the past 2 months.

The month 10 position is a pre-PSF deficit of £16m which is adverse to plan by £5.8m . This represents the adverse financial impact of not progressing with the Wholly Owned Subsidiary (WOS). The regulators have confirmed that dispensation will be given to exclude the WOS cancellation impact from the 2019/20 Control Total. 100% of the PSF available in the 10 months to the end of January 2020 has been assumed in the position, equating to £10.1m. 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 £5.9m which is behind plan by £5.3m.

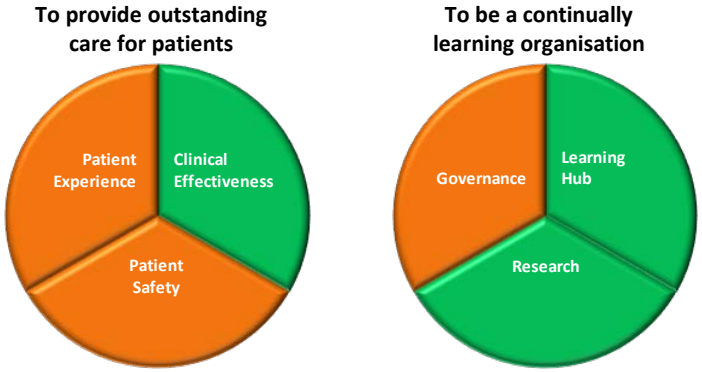
The **mid-case year end forecast** excluding the adverse £6.1m Income & Expenditure impact of the cancellation of the WOS is a pre-PSF Income & Expenditure deficit of £12.5m, which would **mean full control total delivery in 2019/20**.

The **Emergency Care Standard performance for Type 1 & 3 attendances was 73.28%** for January 2020. Both **acuity and bed occupancy rates increased** during winter which impacted negatively on ECS performance.

Front line **staff vaccination target achieved at 82%.**

Appraisal rates at 94.54% with no dip in January 2020 performance.

Quality Dashboard 31st January 2020



Learning from deaths, sepsis identification, medicines safety and research recruitment **continues to demonstrate good performance.**

A new metric is presented for stillbirth rate which has been stable for the past 2 months.

Readmissions rates are subject to a detailed analysis and improvement programme coordinated through the Chief Medical Officer's Team.

Finance & Performance Dashboard 31st January 2020

The month 10 position is a pre-PSF deficit of £16m which is adverse to plan by £5.8m. This represents the adverse financial impact of not progressing with the Wholly Owned Subsidiary (WOS). The regulators have confirmed dispensation will be given to exclude the WOS cancellation impact from the 2019/20 Control Total. 100% of the PSF available in the 10 months to the end of January 2020 has been assumed in the position, equating to £10.1m. An additional £0.5m of bonus PSF relating to 2018/19 was received in June 2019. The Trust is ahead of plan on PSF cash. This results in a post-PSF deficit of £5.9m which is behind plan by £5.3m.

The mid-case year end forecast excluding the adverse £6.1m Income & Expenditure impact of the cancellation of the WOS is a pre-PSF I&E deficit of £12.5m, which would mean full control total delivery in 2019/20. This is the same as the previous forecast and is increased confidence of non-recurrent technical measures delivery however a significant degree of risk remains in the forecast. Reliance on non-recurrent measures will directly adversely impact the financial challenge in 2020/21.

The CIP efficiency programme has delivered £10.4m against the £12.2m cumulative target at month 10. Current projections are that £12.7m of CIP savings will be delivered by year end against the £16.2m target. The CIP shortfall is expected to be fully offset by non-recurrent measures in Quarter 4, although reliant on income and expenditure run rates remaining in line with current forecasts.

The **Emergency Care Standard performance for Type 1 & 3 attendances was 73.28% for January 2020.** Both **acuity and bed occupancy rates increased** which impacted negatively on performance. The implementation of Same Day Emergency Care continues and the Frailty work stream is underway, increasing referrals from the Emergency Department (ED) to other parts of the hospital. Daily huddles and the manager of the day role remain, reviewing the previous day, closely monitoring ED performance and resolving issues. Average daily attendances year to date are 383, in line with last year and an increase of 3.80% (14 patients/day) from 2017/18.

Cancer 2 Week Wait performance for December 2019 was 96.40% and is currently projected to remain above standard at 93.96% for January 2020. Reduced Endoscopy capacity resulted in the slight performance drop in both Lower and Upper GI in January 2020; this remains the main concern following recovery elsewhere.

Cancer 62 Day First Treatment performance for December 2019 was 82.91% and is forecast to remain below target in January 2020. First appointment and earlier diagnosis improvements have reduced the number of waits exceeding 62 days. The main area of concern remains Urology, focussing on Clinical Oncology and Surgical capacity post-MDT to support recovery to above the standard during March 2020.

The **Referral to Treatment (RTT) Incomplete performance was 85.29% for January 2020** and the **total waiting list size remained relatively static**. There were no patients waiting more than 52 weeks; same anticipated for February 2020. Recovery plans are monitored weekly where performance is behind plan or deteriorating.

The **diagnostic waiting list (DM01) performance was 97.94% in January 2020,** a slight improvement. The Endoscopy position is slowly improving however cancer pressures continue which impacts on the capacity to support the recovery. An additional Gastroenterology Consultant has been recruited and is expected to commence in May 2020. The service is actively working on securing a Locum Consultant to cover the interim capacity gap.

Workforce Dashboard
31st January 2020

Front line staff **vaccination target achieved at 82%.**

Appraisal rates at 94.54% with no dip in January 2020performance.

Staff engagement is rated **red based on Staff Friends and Family Quarter 2 performance**.

The **Staff Survey results for Q3 show us as above average** compared to other Acute Trusts on these indicators.

The training and development performance metrics met with stability on staffing metrics.

Partnership Dashboard
31st December 2019

To collaborate effectively with local and regional partners

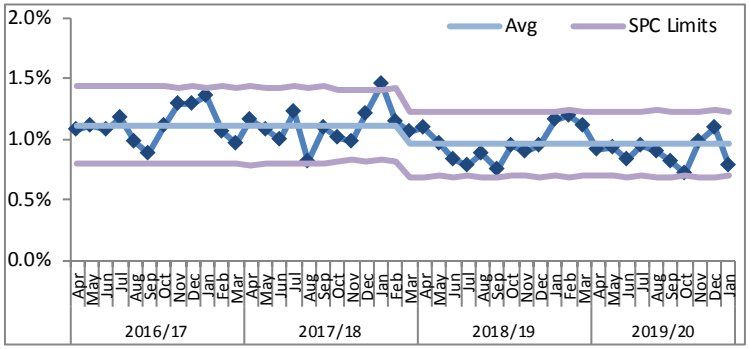
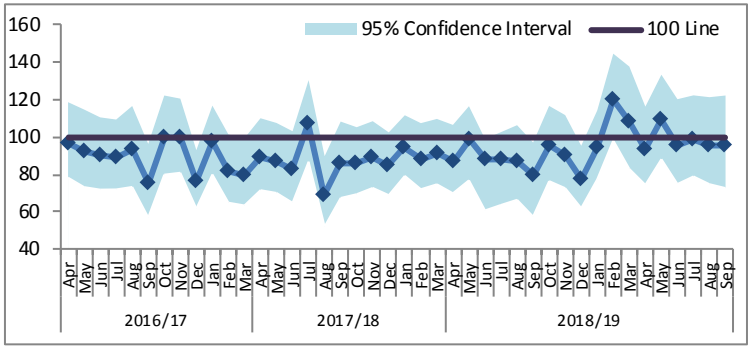
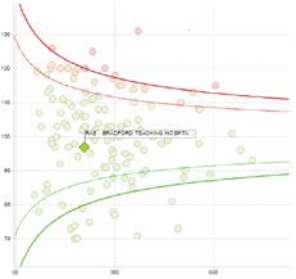
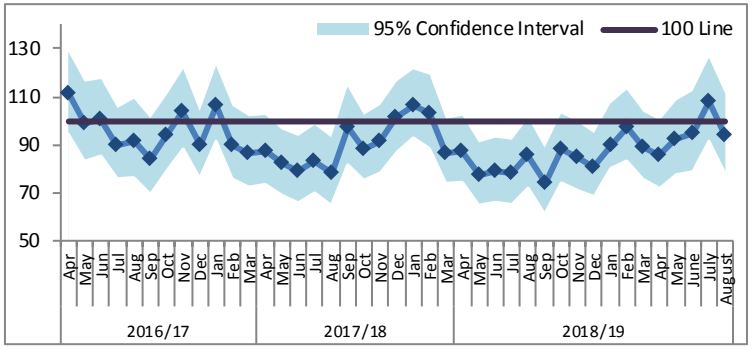
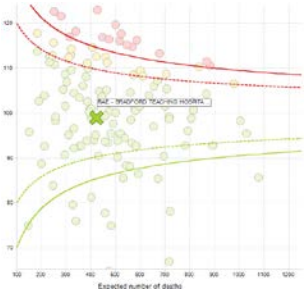
Vertical integration (Bradford place): A review of the health and care based programmes in Bradford District and Craven is complete and a new structure for the programmes is planned for the start of the next financial year. The Trust is also starting to work with the new Primary Care Networks on joint service developments.

Acute Provider Collaboration (with Airedale FT): Our Strategic Collaboration Board has agreed plans to streamline phase one of the acute provider collaboration so that it focuses the work in phase 1 on a reduced list of specialties to maximise the prospects of success. The specialties have been chosen after discussion within both organisations.

To provide outstanding care for patients

Clinical Effectiveness

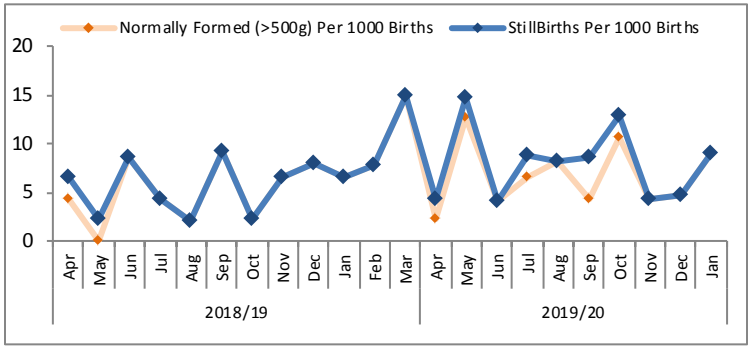
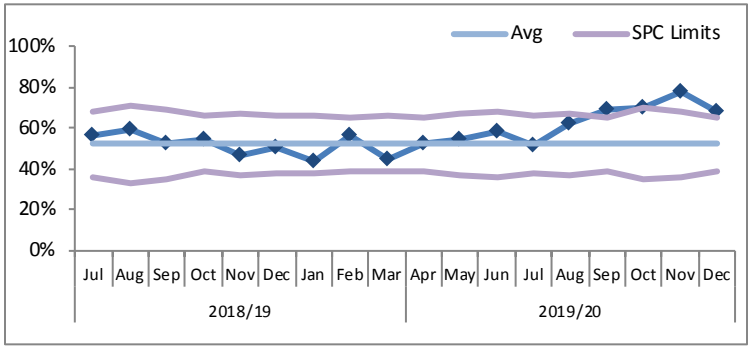
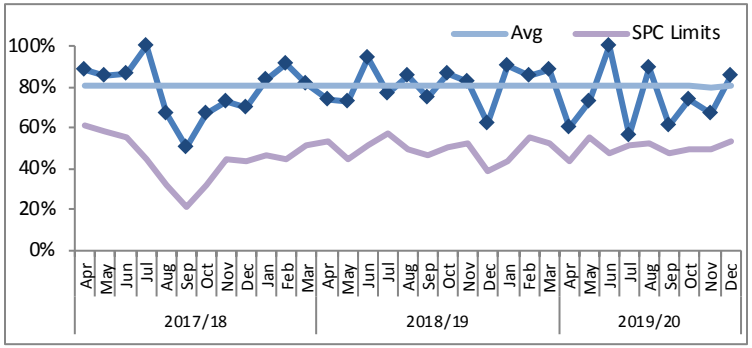
Bradford Teaching Hospitals NHS Foundation Trust

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) demonstrates that the Trust is 'within expected' for this metric	
Summary Hospital-level Mortality Indicator		The Summary Hospital-level Mortality Indicator (SHMI) demonstrates that the Trust is 'within expected' for this metric.	

To provide outstanding care for patients

Clinical Effectiveness

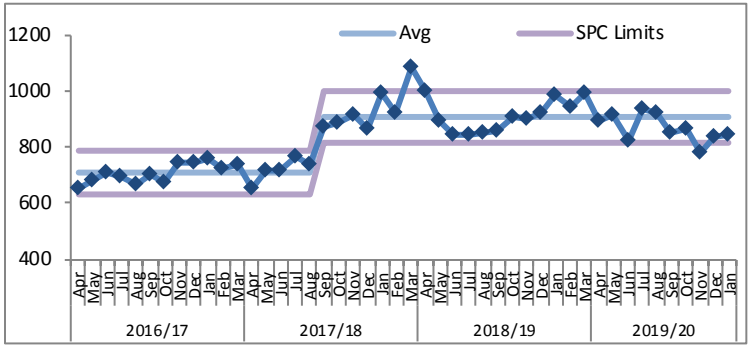
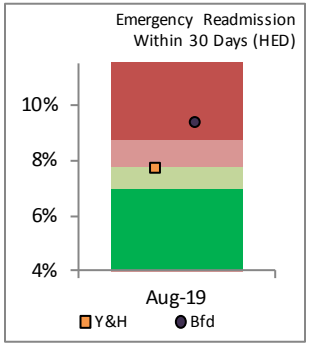
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stillbirths per 1,000 births		This is a new metric which aims to monitor the number and rates of stillbirths. The are two lines which reflect the total and those where the foetus is > 500g and normally formed.	No benchmark comparator available
Deaths Screened		The trust has shown a steady improvement in the screening of deaths. Work 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

To provide outstanding care for patients

Clinical Effectiveness

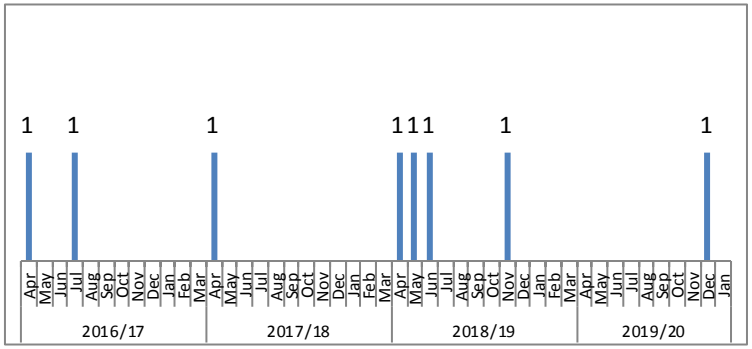
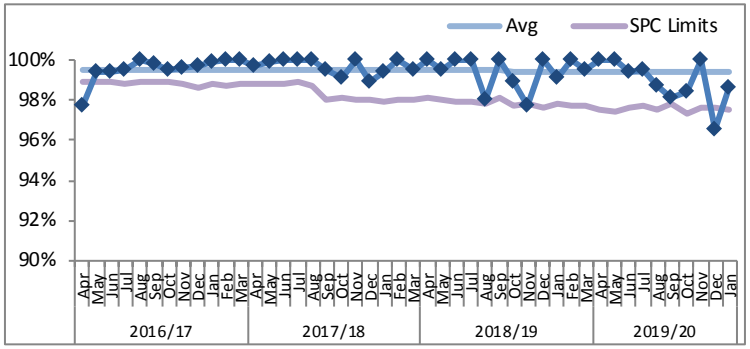
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Readmissions		Readmissions 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.	

To provide outstanding care for patients

Patient Safety

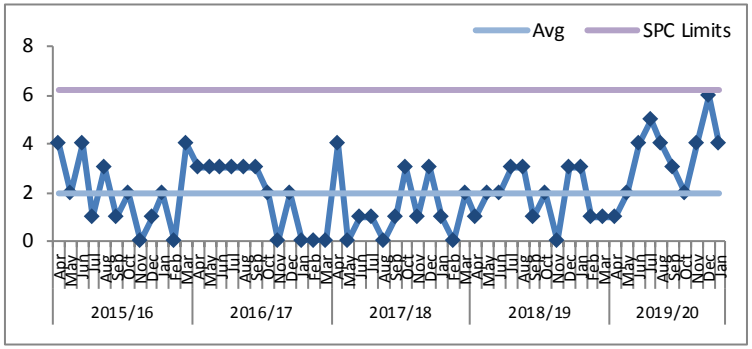
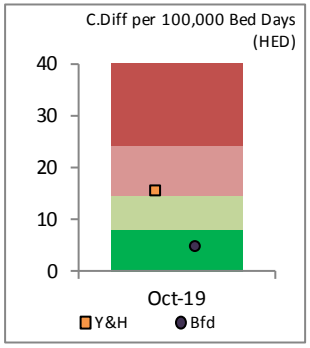
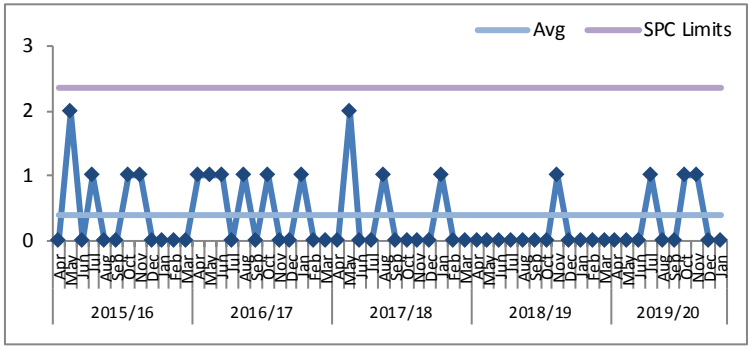
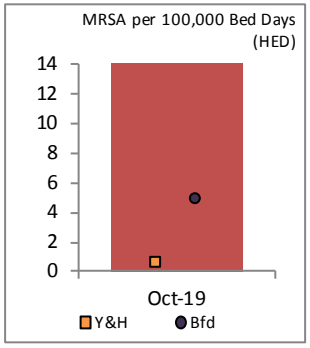
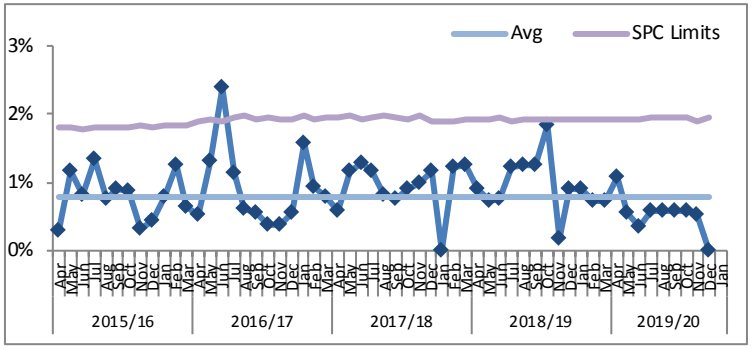
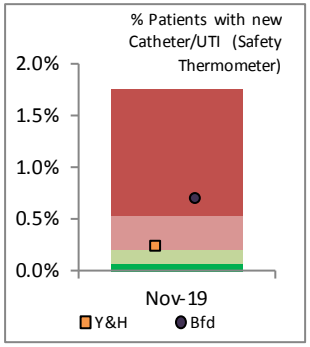
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Never Events		Nil Never Events in January 2020.	No benchmark comparator available
Audit of WHO Checklist		Detailed work has taken place to monitor weekly performance within those theatres where performance has fallen. Communication has been shared to all staff.	No benchmark comparator available

To provide outstanding care for patients

Patient Safety

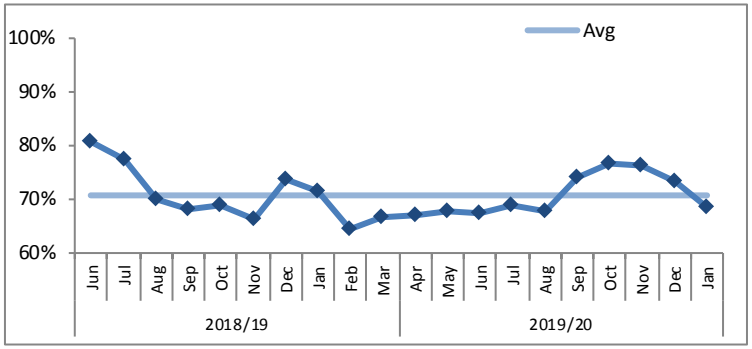
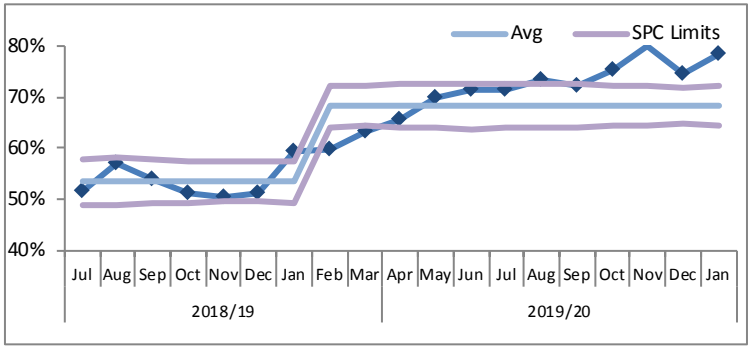
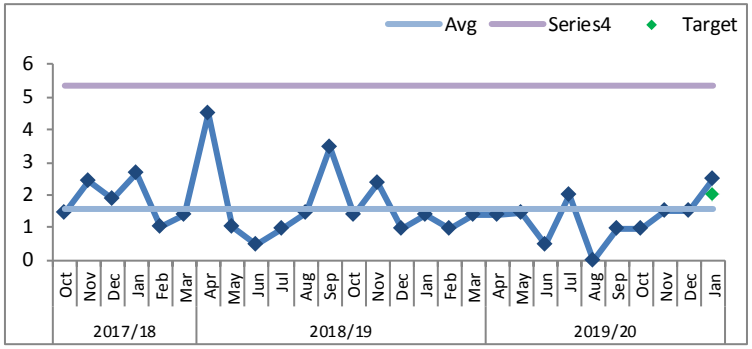
NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
C Difficile		Deep dive undertaken at last Quality Committee, will continue to monitor, no worrying signs of lapses in care.	
MRSA		Nil new cases.	
Catheters and UTIs		Improvement work over the last year is showing sustained improvement.	

To provide outstanding care for patients

Patient Safety

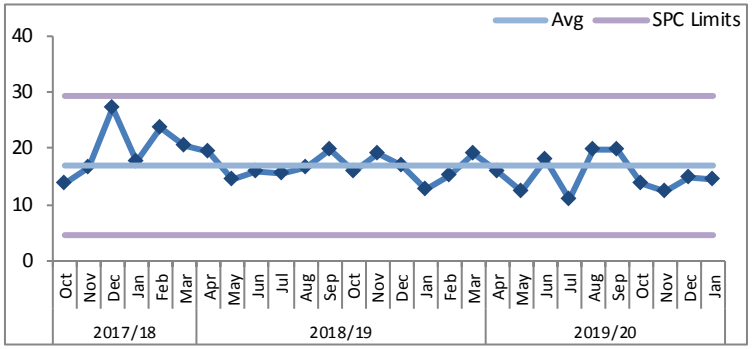
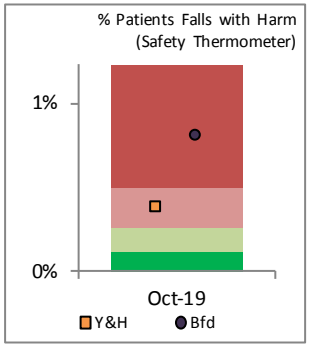
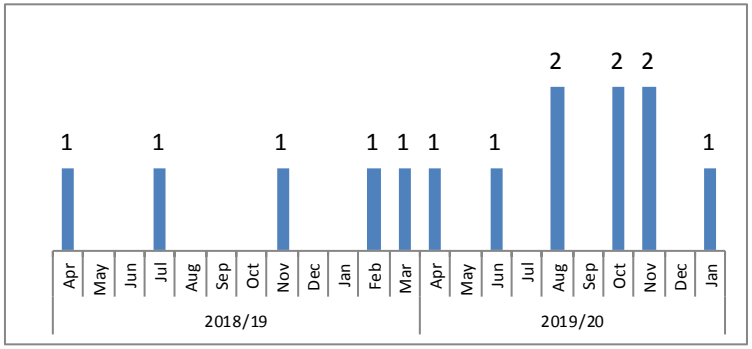
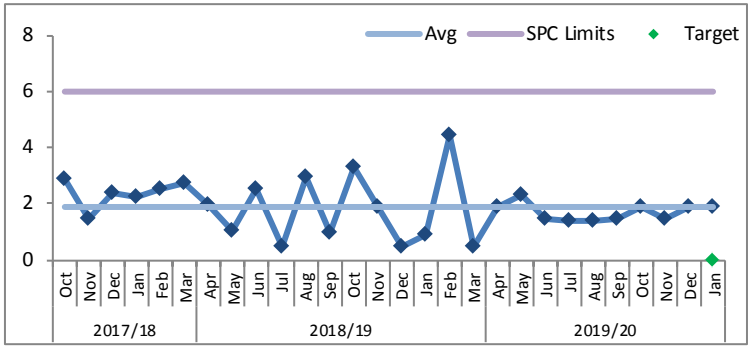
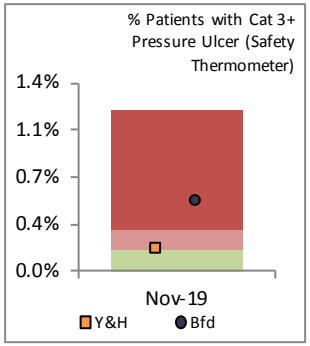
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis patients receive antibiotics within an hour		Progress has been difficult over the winter months due to increase pressures and demands, work programme in place.	No benchmark comparator available
Sepsis Percentage of Patients Screened		Progress remains as expected.	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

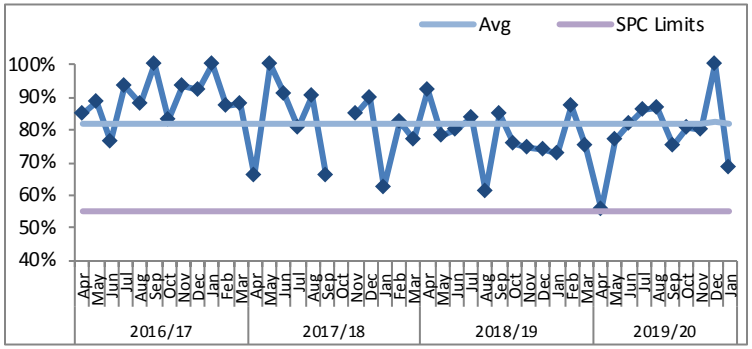
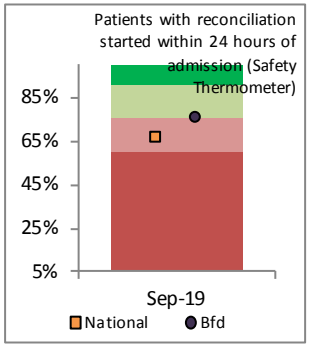
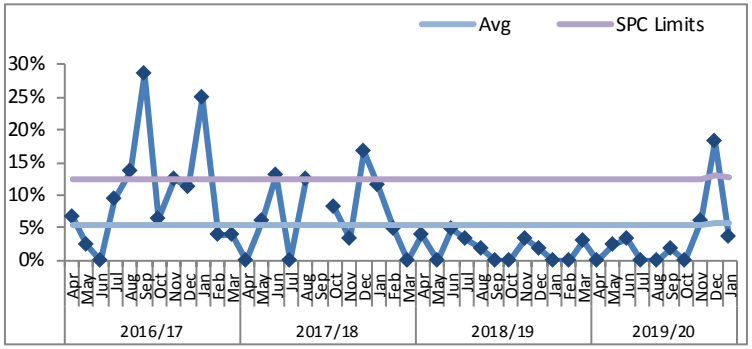
Bradford Teaching Hospitals NHS Foundation Trust

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 / sites.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		The trend remains static, strict RCA in process.	

To provide outstanding care for patients

Patient Safety

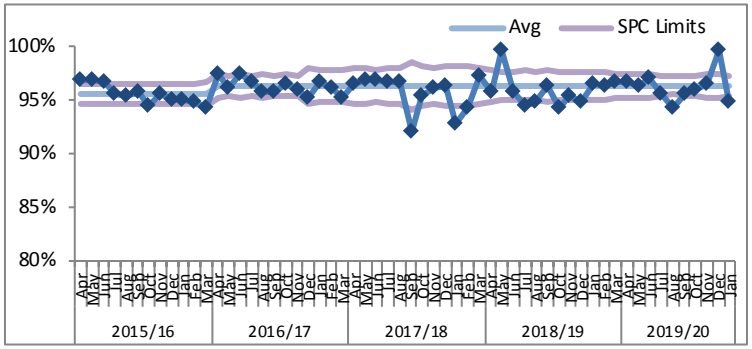
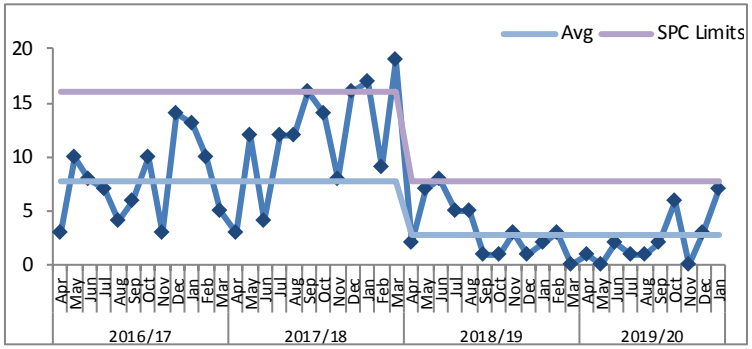
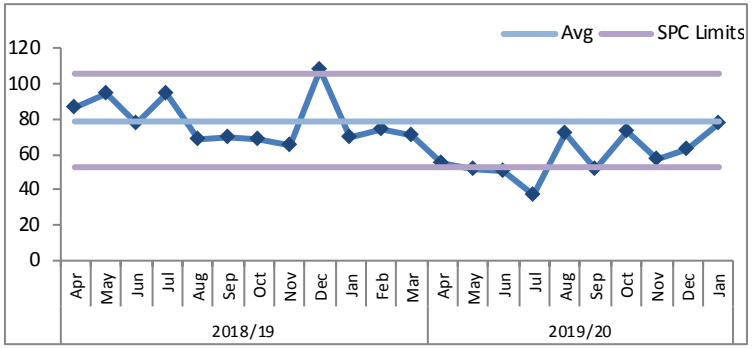
Bradford Teaching Hospitals
NHS Foundation Trust

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. Chief Nurse has asked the Chief Pharmacist to report on the missed doses to the patient safety committee.	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

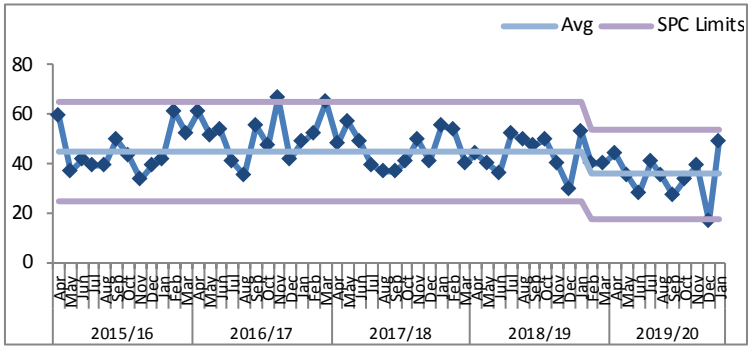
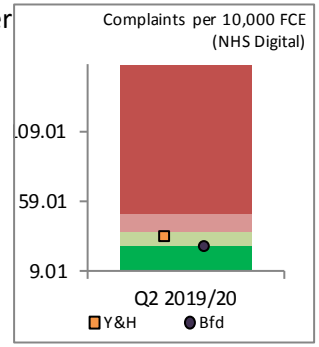
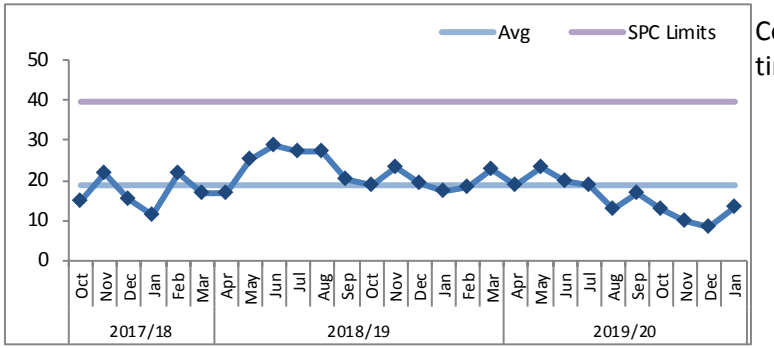
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Friends & Family Test		Friends and Family Test (FFT) shows steady progress. Detail is provided in the Q3 Patient Experience Report.	No benchmark comparator available
Night Time Transfers		Seasonal demand and variation, need to understand further the increases. Exception report requested to go to March 2020 Patient safety committee.	No benchmark comparator available
Night Time Discharges		Seasonal demand and variation, need to understand further the increases. Exception report requested to go to March Patient safety committee .	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

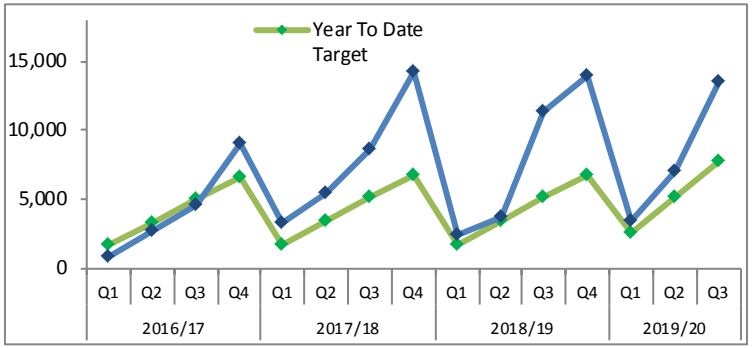
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Complaints		Complaints remain satisfactory with a decreasing trend over time.	
Complaints Closed per 10,000 bed days		Complaints remain satisfactory with a decreasing trend over time.	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 2020/21.	No benchmark comparator available
Research Patients Recruited		Number of participants recruited to National Institute of Health Research Portfolio Studies since 2016/17, including commercial and non-commercial studies, remains strong and above recruitment target.	No benchmark comparator available

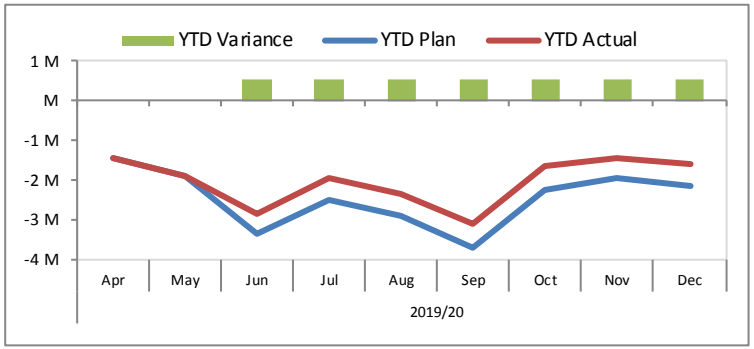
To deliver our key performance targets and financial plan

Finance

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Delivery of Income and Expenditure Plan



The £16.2m year to date (YTD) deficit excluding Provider Sustainability Fund (PSF) is £5.8m adverse to the control total plan of £10.4m. The £5.8m represents the YTD adverse financial impact of not progressing with the Wholly Owned Subsidiary (WOS). The regulators have confirmed that dispensation will be given to exclude the full impact of the WOS cancellation from the 2019/20 control total. £0.5m of bonus PSF relating to 2018/19 was received in 2019/20 which means the bottom line including PSF is a deficit of £5.3m. The forecast presented to NHS Improvement represents full delivery of the £12.5m deficit pre-PSF control total in 2019/20 excluding the impact of the WOS.

No benchmark comparator available

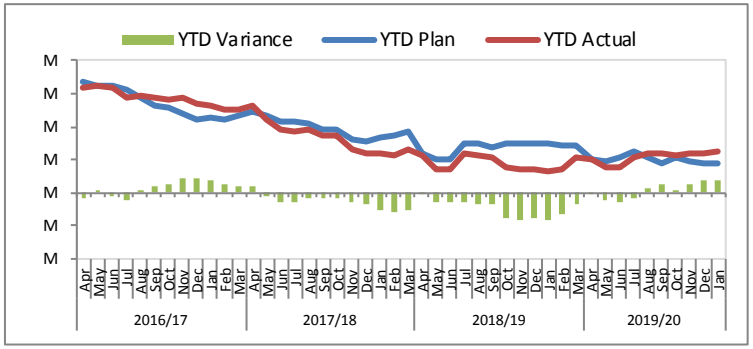
Use of Resources

NHSI Use of Resources Risk Rating (UoR) As at 31/12/2019	Plan YTD	Actual YTD	*Last Month*	RAG
Capital service cover rating	**3**	4	3	
Liquidity rating	**2**	1	1	
I&E margin rating	**3**	4	3	
I&E margin: from financial plan	**1**	1	1	
Agency rating	**1**	1	1	
Combined UoR (after triggers)	**2**	**3**	**2**	

At Month 10, the Trust has an overall rating of 3 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 PSF / Financial Recovery Fund both being towards the latter months of the financial year.

No benchmark comparator available

Delivery of Cash Plan



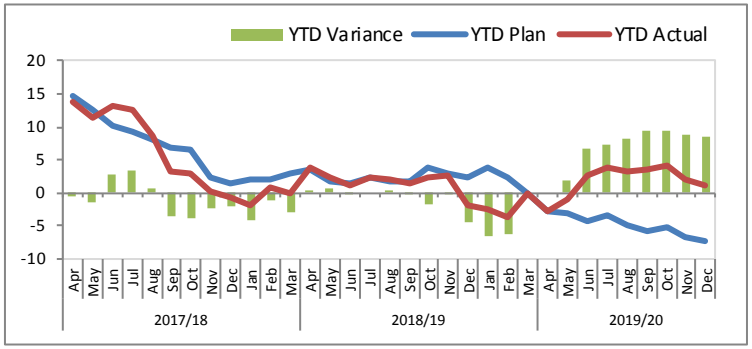
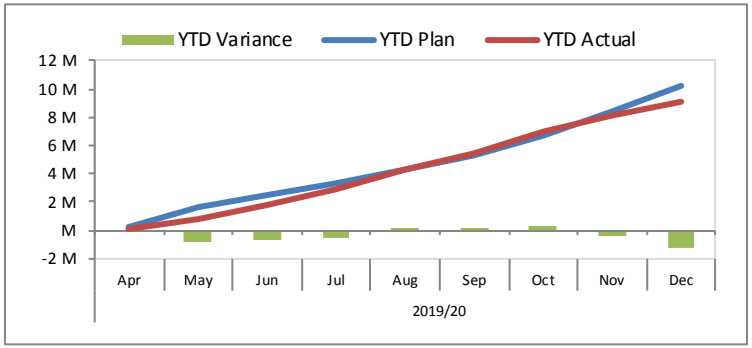
YTD cash is ahead of plan by £7.8m. The key cash flow movements include an increase in deferred income (£5m), reduced capital expenditure (£4.5m) and increased payables (£3.8m). These positive cash flows have been offset by a shortfall on I&E performance (£6.3m) and an increase in inventories (£0.7m). Forecast closing cash, assuming full delivery of the efficiency programme, is £25.6m which is £13.7m above plan. This is due to the £7.1m PSF bonus, increased deferred income of £4.7m, capital slippage of £4.3m and increased payables of £3.8m. This has been offset in part by the forecast deficit of £6.1m.

No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

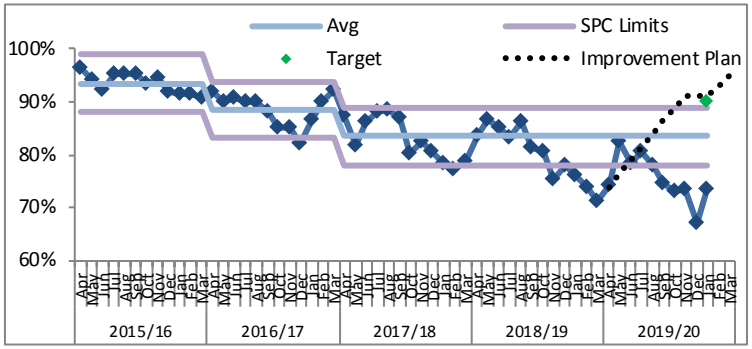
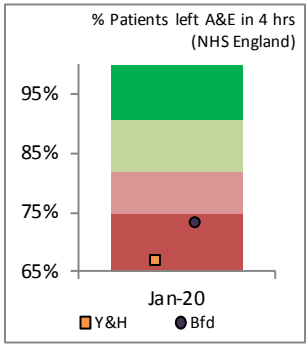
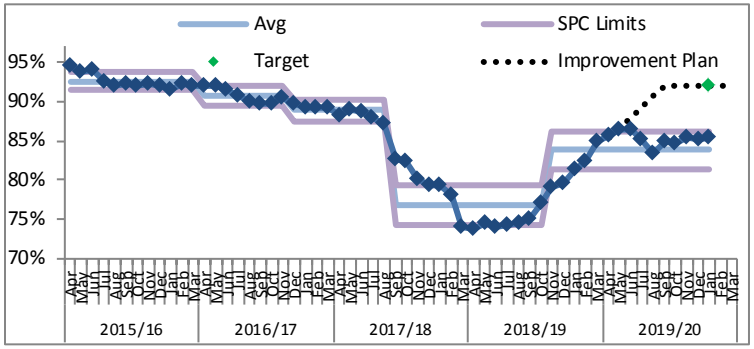
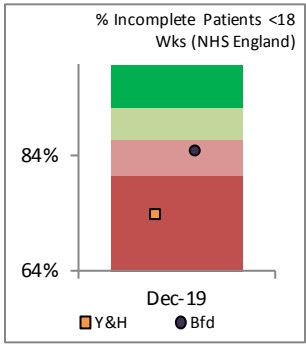
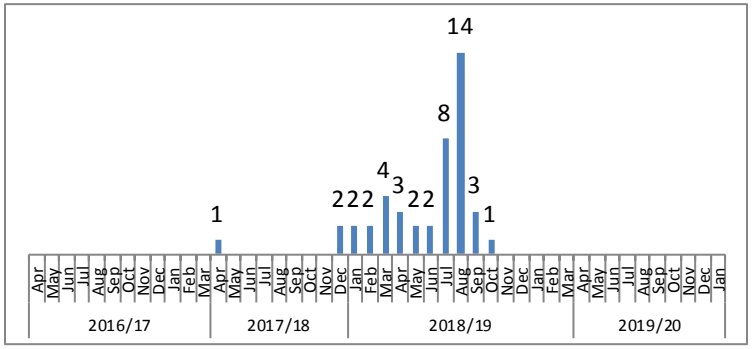
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date (YTD) liquidity is 2.2 days which is 9.1 days above plan. This is a result of achieving the control total set by NHS Improvement in 2018/19 and receiving Provider Sustainability Fund (PSF) above the planned amount (£7.1m) and slippages in the capital programme (£4.3m). Forecast closing liquidity is 0.8 days, 9.9 days above plan.	No benchmark comparator available
Bradford Improvement Plan		The Trust has delivered £10.4m of efficiencies by Month 10 which is below the plan of £12.2m. Clinical Business Unit (CBU) and corporate management teams have recorded only £6.5m of recurrent Cost Improvement Plan (CIP) savings to date. The balance has been delivered via non-recurrent savings. A total of £12.6m of projected efficiency plans have been forecast by budget holders. If this position remains unchanged, this would leave the Trust £3.6m 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

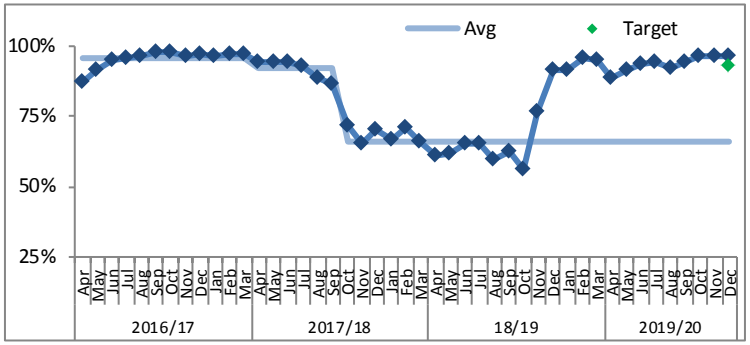
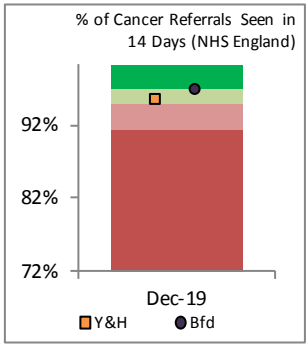
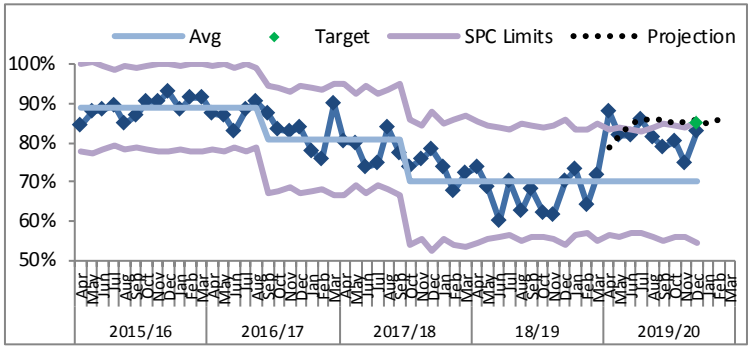
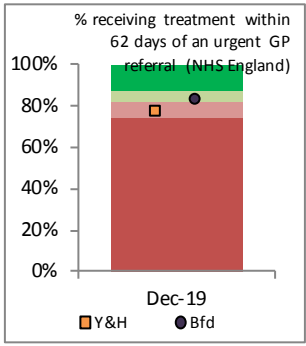
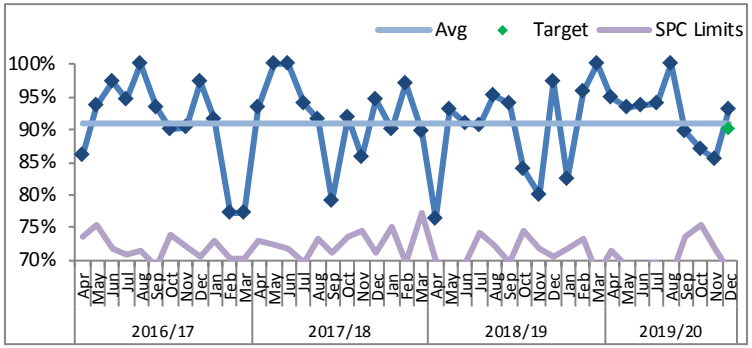
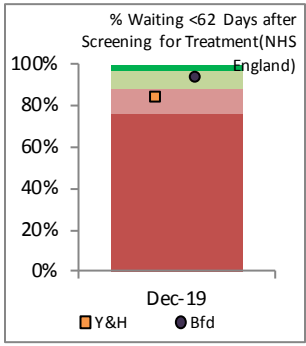
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance (type 1 and 3) improved to 73.28% in January 2020 with reduction in overall length of stay (LOS) in the department. Acuity remains high with high bed occupancy rates. The implementation of Same Day Emergency Care (SDEC) continues and the Frailty work stream is underway. These are increasing referrals from the Emergency Department (ED) to other parts of the Hospital. Daily huddles and a manager of the day role remain in place to review the previous day, closely monitor performance in the ED and resolve any issues that are having negative impact.	
RTT 18 Week Incomplete		Incomplete performance is 85.29% for January 2020. Waiting list validation, outpatient and inpatient productivity projects, and recovery plans identifying short term capacity requirements are in place (for example, 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 January 2020, which is the 15th 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

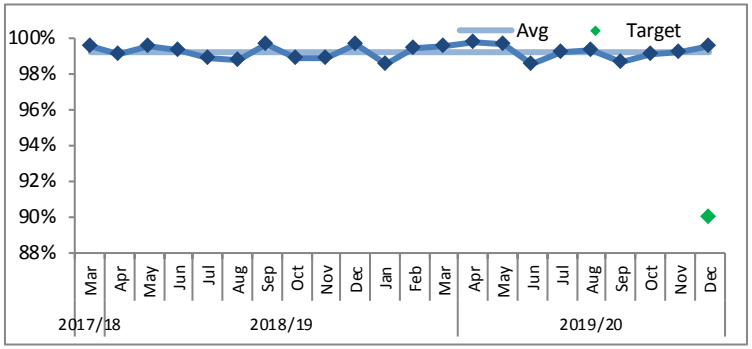
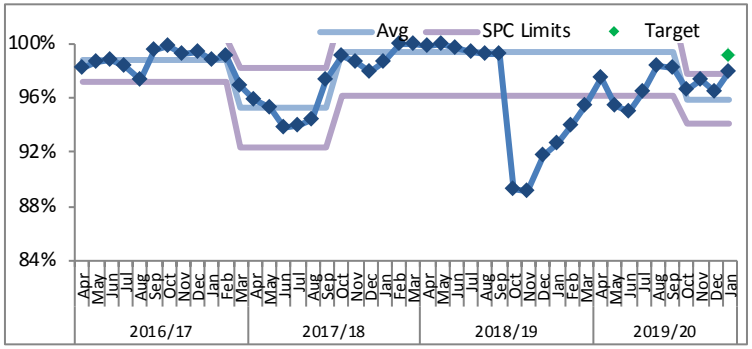
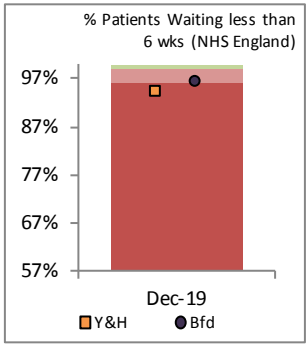
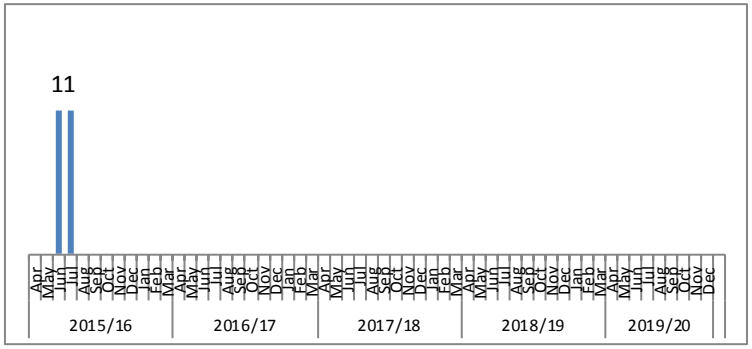
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		December 2019 performance against the 2 Week-Wait cancer standard was 96.40% which remains above the 93% target.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for December 2019 was 82.91% against a target of 85%. Delays in the Lower and Upper Gastrointestinal (GI) diagnostic phase and delays for Clinical Oncology and surgical treatment for Urology due to capacity remain the main challenges to performance. Recovery plans across these pathways are progressing with performance expected to recover to above target from March 2020.	
Cancer 62 Day Screening		Performance recovered above standard in December 2019 due to slight improvements in the endoscopy position. January 2020 performance is forecast to remain above target.	

To deliver our key performance targets and financial plan

Performance

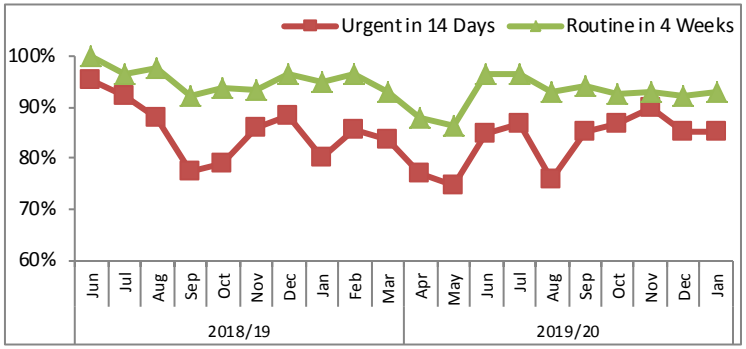
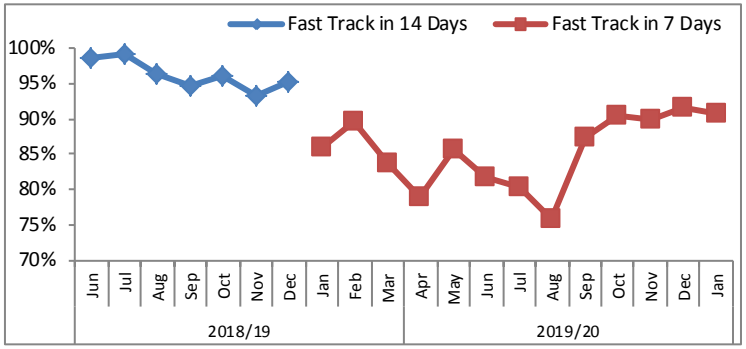
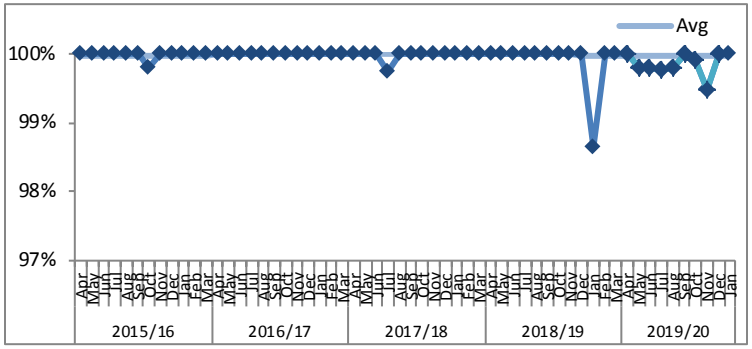
Bradford Teaching Hospitals NHS Foundation Trust

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 January 2020 was 97.9% with the majority of delays being for Endoscopy tests. An additional consultant has been appointed and the service is seeking Locum cover, which alongside opening the 6th room in the unit will help match capacity to demand and support waiting list reduction plans through backfill sessions. 	
Mixed Sex Breaches		There have been no mixed sex breaches.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

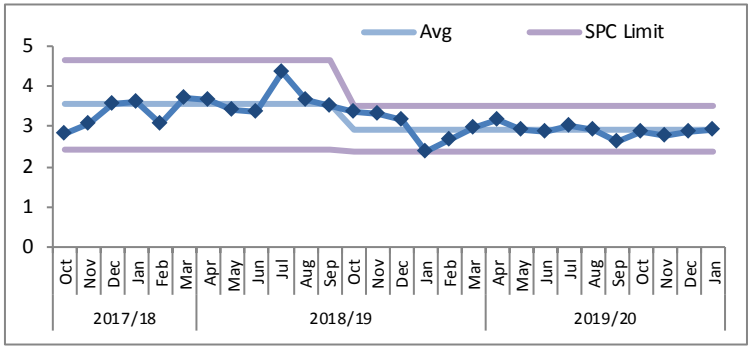
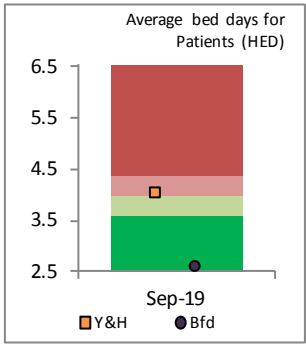
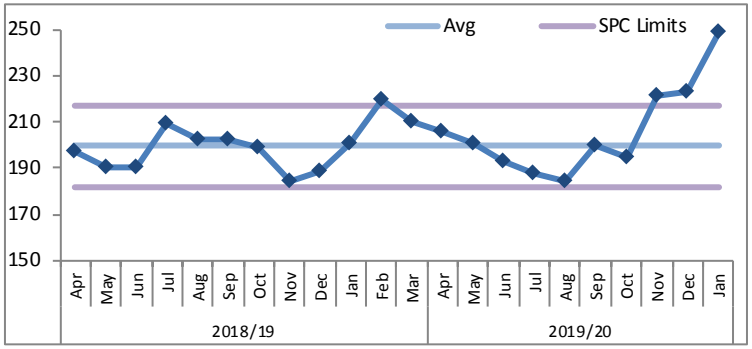
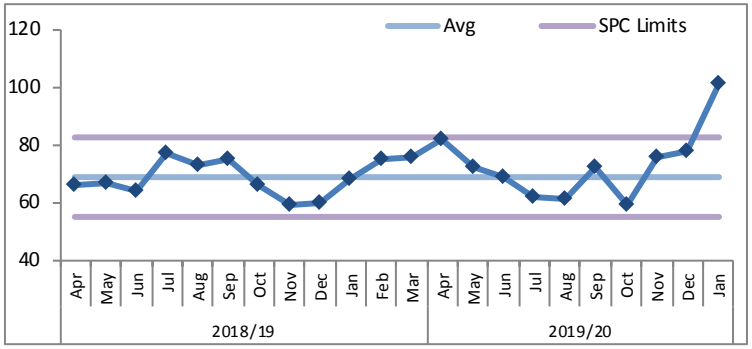
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Radiology Turnaround Time Outpatients		Turnaround times for routine and urgent reports were sustained in January 2020. 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 January 2020.	No benchmark comparator available
Mission Critical Systems Uptime		The uptime metric has been revised to include fixed line (i.e., not mobile) telephony as a Mission Critical Systems, which are all included in this metric. This metric monitors downtime regardless of cause. The Trust has experienced a number of unplanned partial downtimes to the telephony networks, some as a result of external issues and two internally in the past six months. The Trust is in the process of replacing its private automatic branch exchanges (PABX), which operates the fixed line telephony networks. This work is expected to complete by the end of the Summer 2020.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

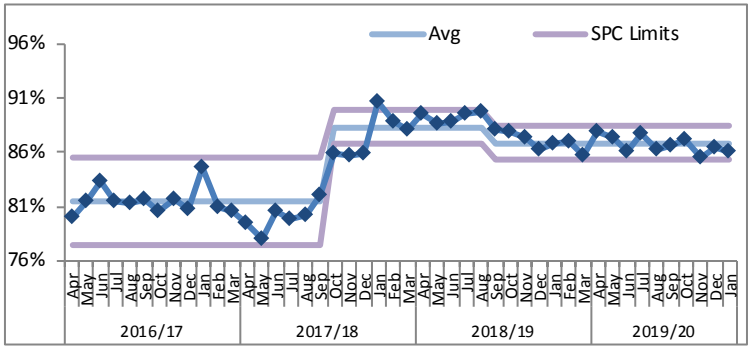
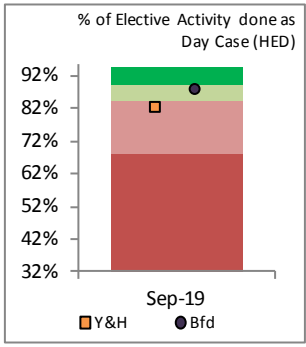
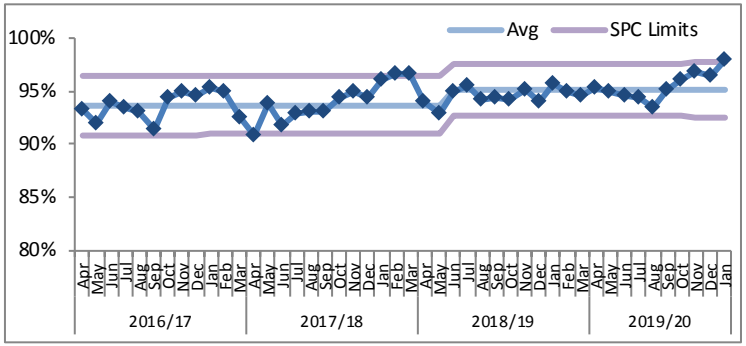
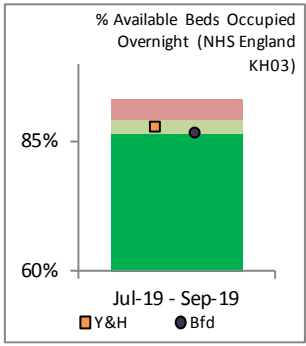
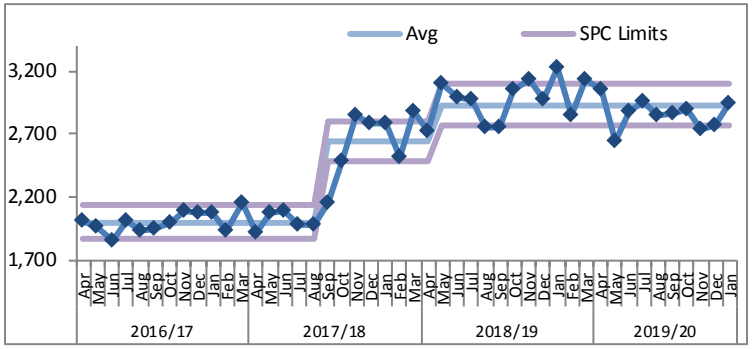
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Average length of stay (LoS) remains in line with the mean for 2019/20. 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 Getting It Right First Time (GIRFT) report.	
Stranded Patients Length of Stay >= 7 days		The number of patients staying over 7 days increased in January 2020 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 number of patients staying above 21 days LoS increased in January 2020 following due to capacity issues within home care packages and an increase in patients who were not medically fit for discharge requiring further intervention. There has also been increased demand for patients requiring therapy input ahead of discharge. 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

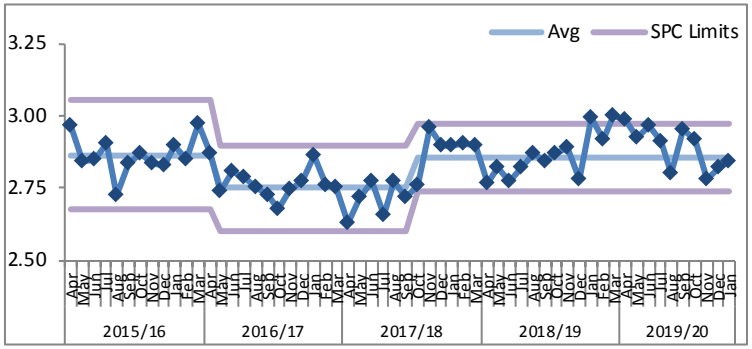
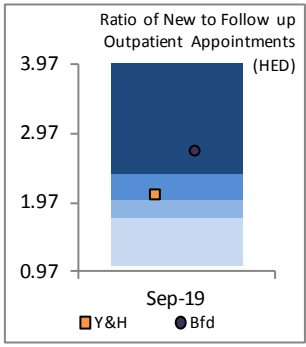
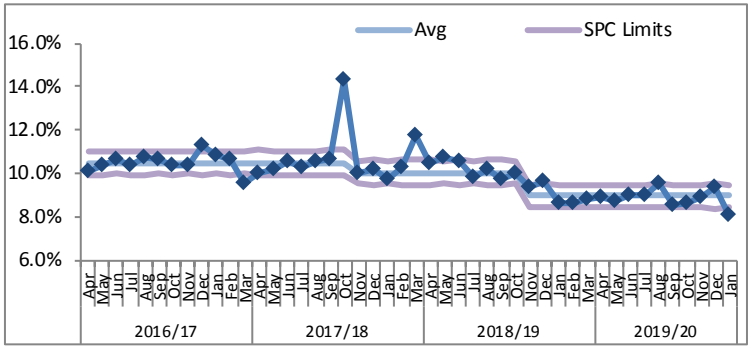
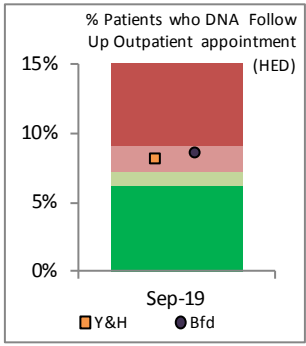
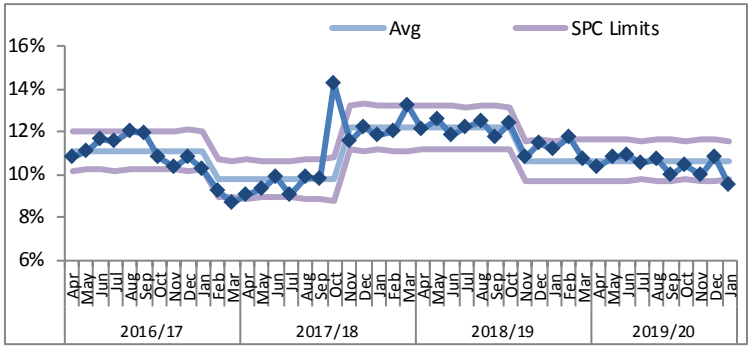
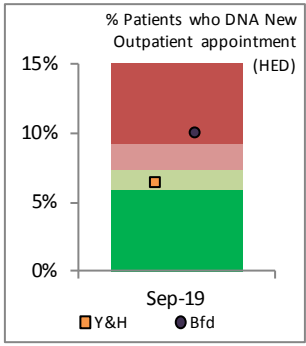
Bradford Teaching Hospitals NHS Foundation Trust

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 January 2020, this 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 January 2020 remained in line with previous months when viewed as the percentage of total discharges.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

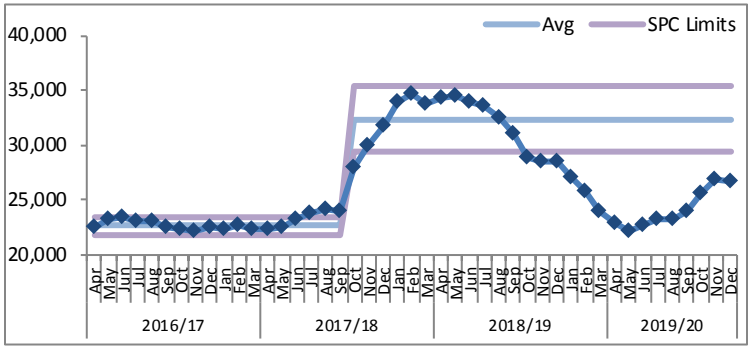
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New to Follow Up Ratio		The new to follow up ratio in January 2020 remained below the mean but within control limits.	
Did not Attend Follow Up		Did not attend (DNA) rates continue to improve. Specialty-specific actions are being implemented through out-patient improvement work-streams.	
Did not Attend New		Did not attend (DNA) rates continue to improve. Specialty-specific actions are being implemented through out-patient improvement work-streams.	

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 remained relatively static in January 2020. Waiting list validation, outpatient and inpatient productivity projects, and recovery plans identifying short term capacity requirements are in place.	No benchmark comparator available

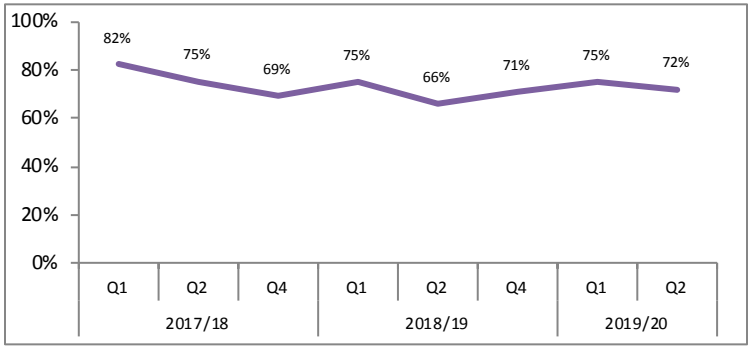
To be in the top 20% of employers

Engagement

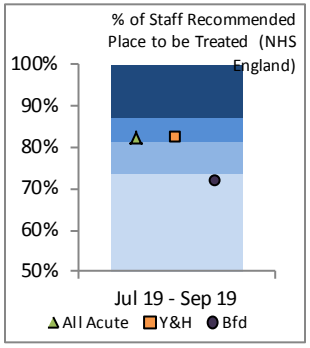
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

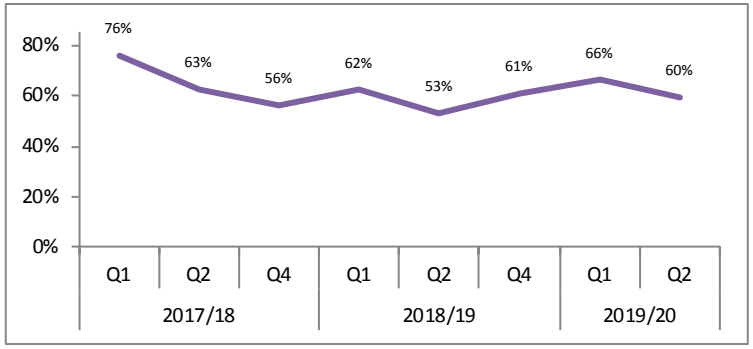
Staff FFT Treatment



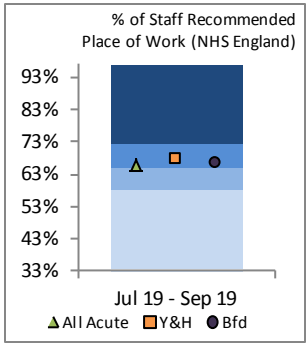
The NHS Staff Survey 2019 results show that 71% of staff would be happy with the standard of care provided if a friend or relative needed treatment; this is a positive shift compared to 68% in 2018 and is above the average of 70.5% for the acute trusts peer group. The best score is 87.4%. There is a positive upward trend since 2016 (65.8%). Preparations are underway for the Staff Friends and Family Test (SFFT) for Q4 which takes place from 9th to 29th March 2020. Clinical Business Units (CBU's) and Corporate Service departments are encouraged to get feedback from their teams so we can continuously improve the services we provide.



Staff FFT Work



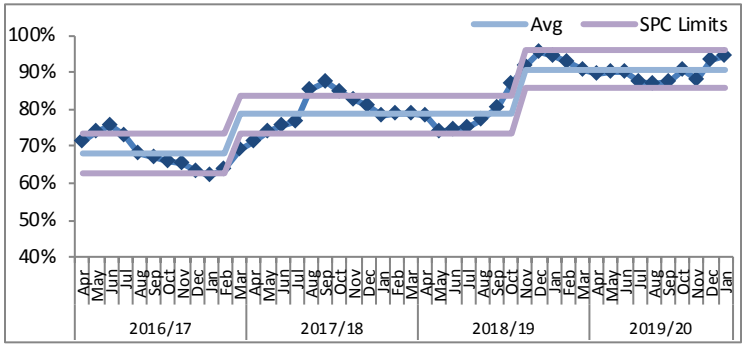
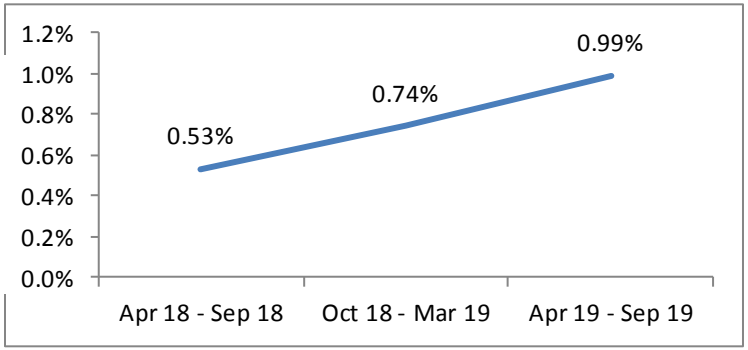
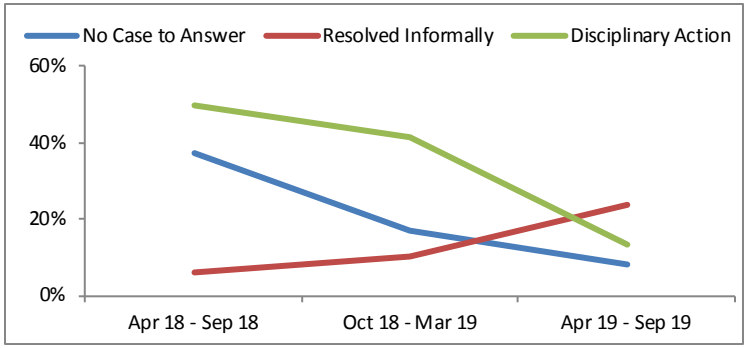
The NHS Staff Survey 2019 results show that 68.5% of staff would recommend us as a place to work; this is a significant positive shift compared to 64.7% in the 2018 survey and above the average of 62.5% for the acute trust peer group. The best score is 78.9%, a decrease since last year when it was 81.1%. Plans are underway to work with staff to help us meet the 'best' in our benchmarking group. There has been a significant positive shift in scores since 2015 (53.3%). The Staff Friends and Family Test (SFFT) for Q4 takes place from 9th to 29th March 2020. Clinical Business Units (CBU's) and Corporate Service departments are encouraged to get feedback from their teams about working here so we can continuously improve how it feels to work here.



To be in the top 20% of employers

Engagement

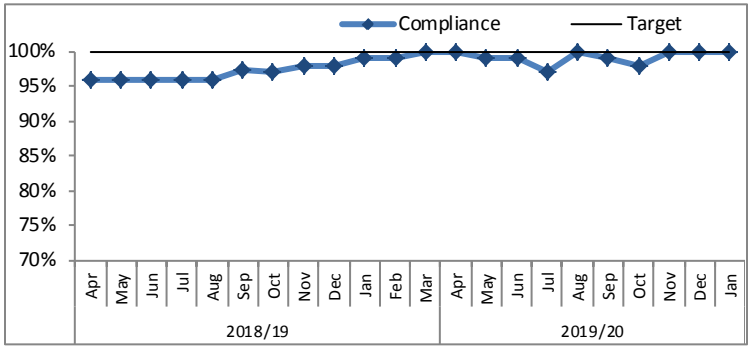
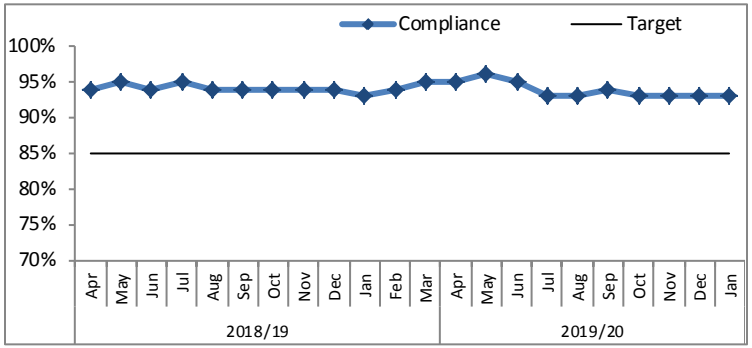
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Appraisal Rate Non-Medical		The appraisal completion rate has increased to 94.54% at the end of January 2020. Our plan is to maintain completion at 95% whilst we review our approach for 2020/2021. The Planned Care Group rate has slightly dropped to 94.93%; Unplanned Care achieved 93.46% at the end of January 2020, an increase on 90% for December 2019. Corporate Services, Pharmacy and Estates and Facilities have completion rates above 95%. Making sure all eligible staff have an effective appraisal remains a priority.	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 31st 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

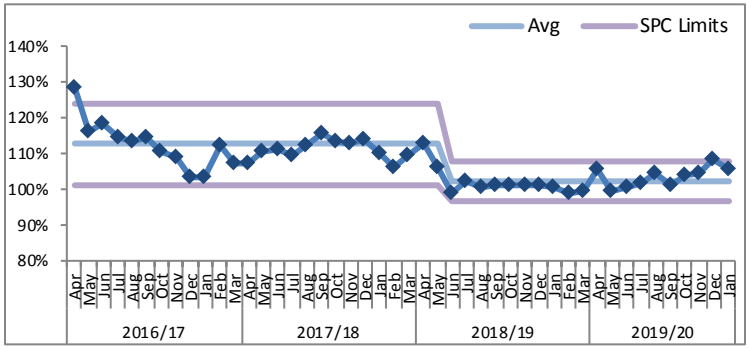
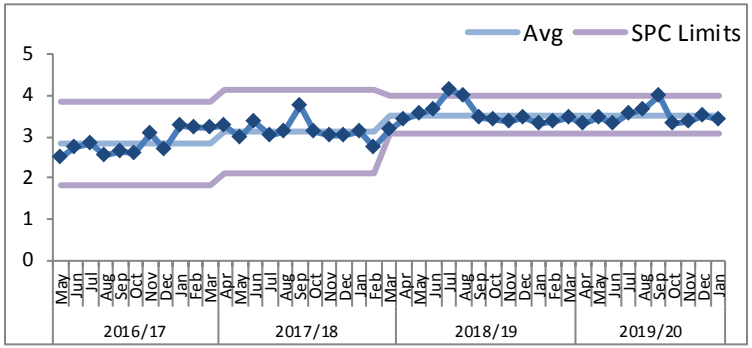
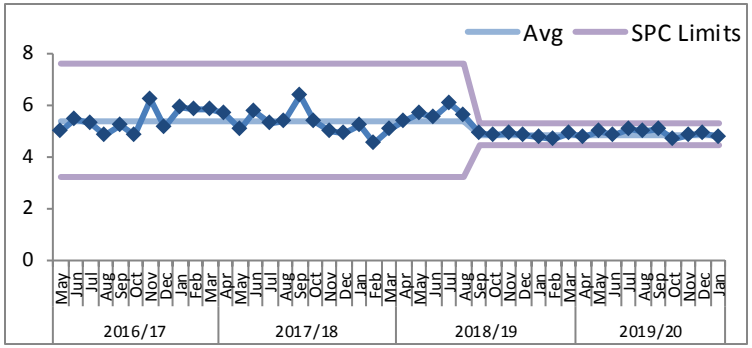
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New Starter Training		The new starter compliance rate has been achieved for the past 2 months.	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

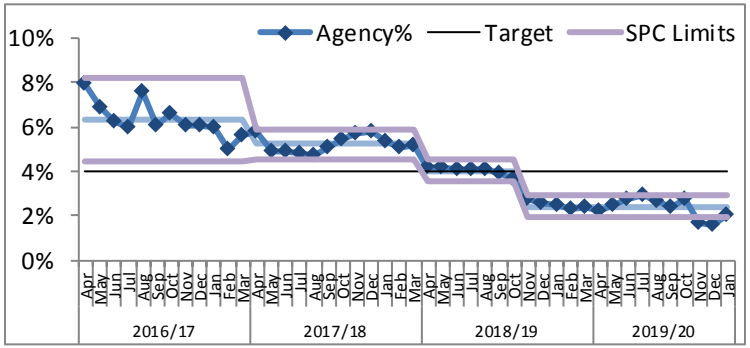
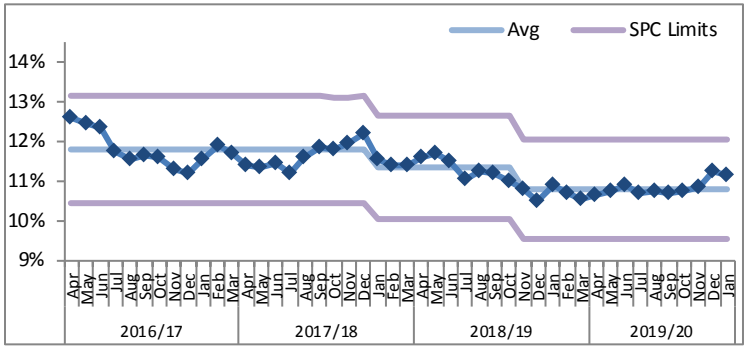
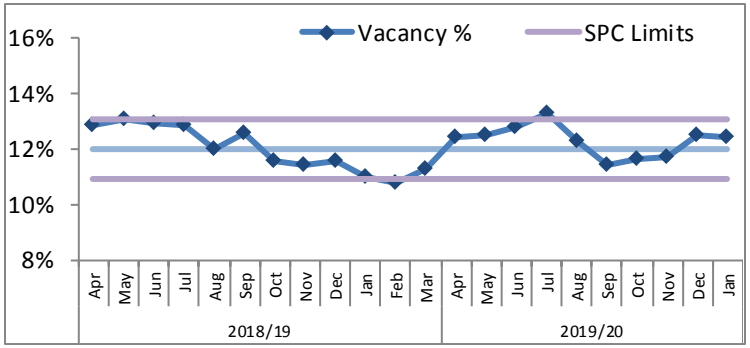
Bradford Teaching Hospitals
NHS Foundation Trust

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

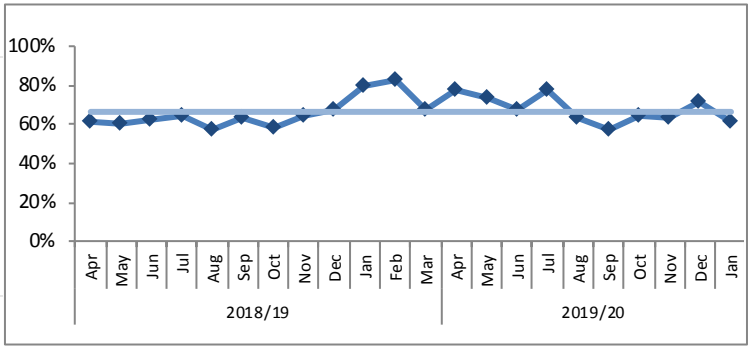
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		Agency use overall has increased from December 2019 with bank usage having decreased. Agency use across the Medical and Dental staff group has stayed stable with the Allied Health Professionals (AHP's) group showing a slight increase. Our agency spend continues to be under the maximum ceiling and agency usage continues to be tightly managed.	No benchmark comparator available
Staff Turnover		Turnover has reduced slightly at Trust level in January 2020 to 11.14% from 11.27% in December 2019. Increases were seen in Pharmacy and Corporate Services with all other areas showing reductions.	No benchmark comparator available
Vacancies		The vacancy rate remains stable against the vacancy section.	No benchmark comparator available

To be in the top 20% of employers

Staffing

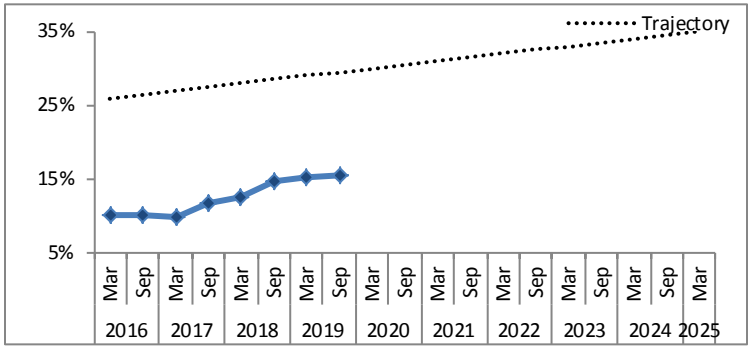
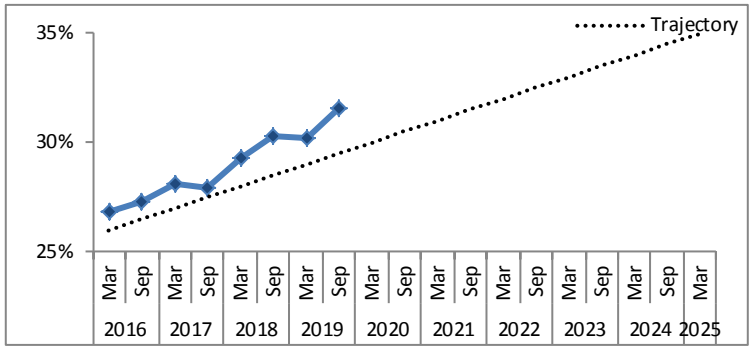
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Maternity patients receiving 1:1 care		A dip in performance in January 2020 due to acuity and volume of women. All mitigations in place and supernumerary coordinator maintained.	No benchmark comparator available

To be in the top 20% of employers

Equality & Diversity

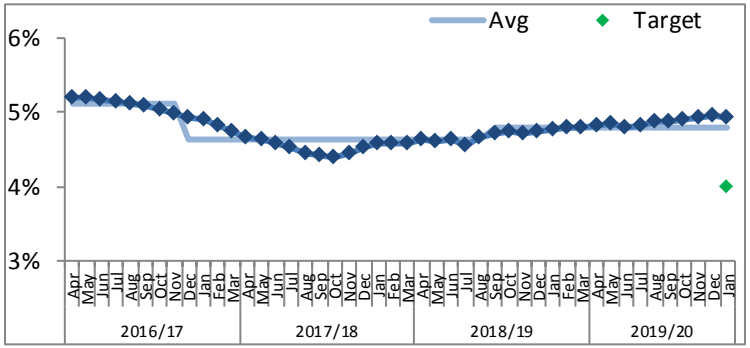
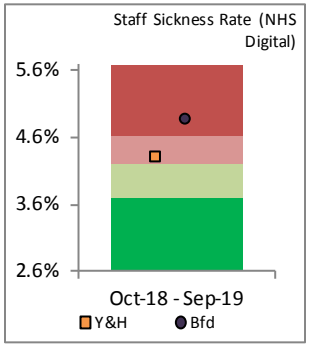
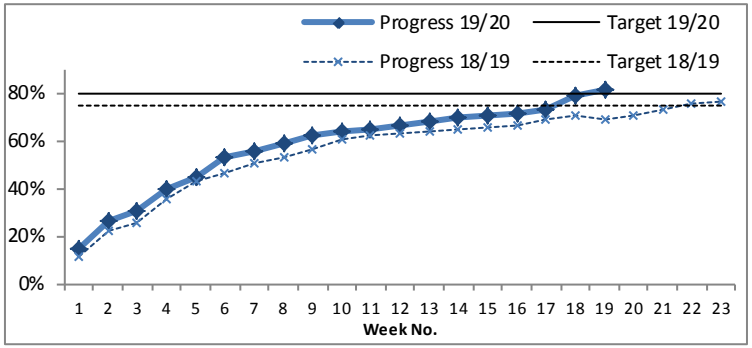
Bradford Teaching Hospitals
NHS Foundation Trust

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 January 2020 was 4.94%. Increases were seen in Pharmacy and Estates and Facilities with all other areas showing slight reductions. The Trust target has been set at 4.5% which we will be monitoring Care Groups and corporate departments against.	
Frontline Staff Flu Vaccination		Flu vaccine uptake amongst frontline staff on 14 February 2020 was 81.6%. Commissioning for Quality and Innovation (CQUIN) target was 80% of frontline staff by the end of February 2020 and which the Trust has successfully achieved. 6.8% of frontline staff have declined the vaccine to date. Vaccinators continue to circulate within the Trust offering the flu vaccination until 29 February 2020. Occupational Health continues to advertise flu sessions on global email and Lets Talk.	No benchmark comparator available

To collaborate effectively with local and regional partners

Partnership

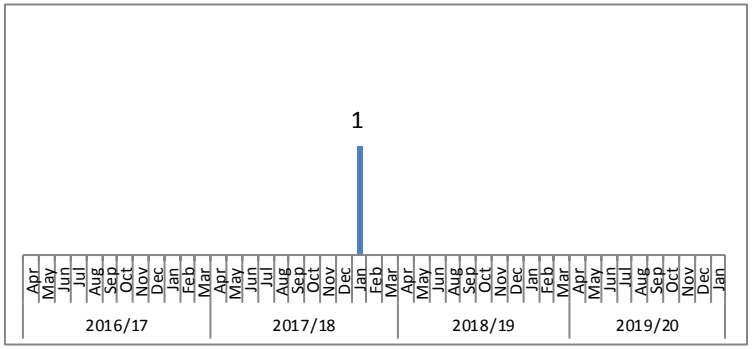
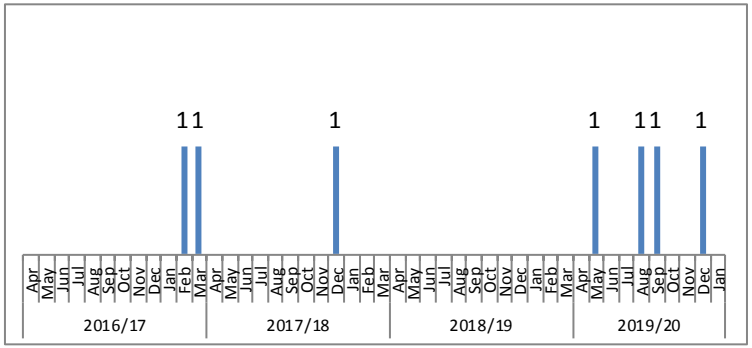
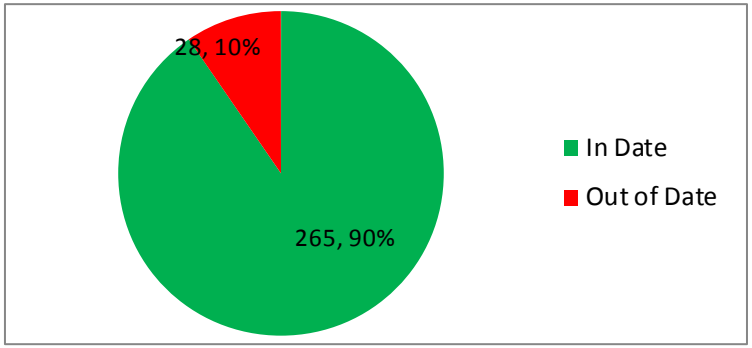
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stakeholder Engagement		Potential key performance indicators (KPIs) have been discussed at the Partnerships Committee but there was no support for a numerical representation, instead the Committee receives periodic qualitative updates. 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 included within the process to be undertaken in January 2020.	No benchmark comparator available
Vertical Integration		Partnerships Committee has advised that the red, amber, green (RAG) rating should be based on a subjective assessment, in the absence of a meaningful, readily understandable hard metric. 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		Partnerships Committee has advised that the RAG rating should be based on a subjective assessment, in the absence of a meaningful, readily understandable hard metric. 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 completed a number of service profiles, in response to the service profiles for 26 areas that WYAAT has created. These profiles were discussed with WYAAT at a meeting on 19 December 2019. The Trust is broadly supportive of the suggestions made by WYAAT for each specialty and we are pressing our view that many services should be provided on a two network (west of WY and east of WY) approach.	No benchmark comparator available
Airedale Collaboration		The Acute Provider Collaboration (APC) programme between BTHFT and Airedale NHS Foundation Trust formally began with a clinical summit on 8 April 2019. A PMO led by a joint Exec lead is in place. 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. Four clinical leads for the programme as a whole have been recruited. A very successful second clinical summit took place in October 2019. The scope of programme in year one will be streamlined in January 2020 to reflect the need for more prioritisation of resource.	No benchmark comparator available

To provide outstanding care for patients

Governance

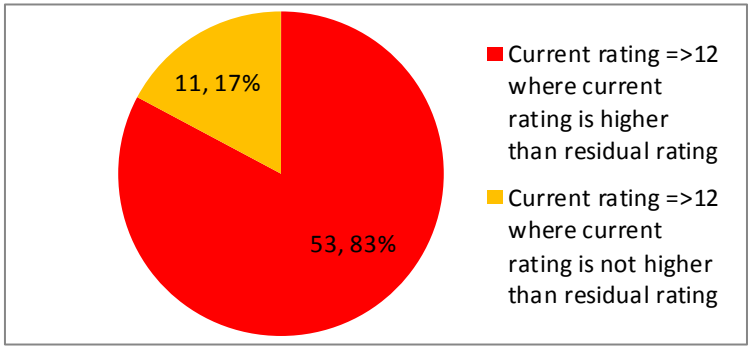
Bradford Teaching Hospitals NHS Foundation Trust

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		There has been one information governance breach in December 2019. The Trust has reported this to the Information Commissioner's Office (ICO). There are no other open incidents with the ICO. Further education measures are being taken.	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

NHS
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	Red – Latest 2 points in a row above upper control limit, Amber – latest point above upper control limit, Green – Below upper control limit	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	Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean	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	Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean	4.7
Stillbirths per 1,000 births	Number of stillbirths per 1,000 births and number of stillbirths over 500g per 1,000 births	Chief Medical Officer	Red > 7, Amber 5 - 7, Green < 5	To be confirmed
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 Medical Officer	Red bottom 25% of Trusts, Amber middle 50% of Trusts, Green Lowest 25% of trusts	2.4

Glossary Continued

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
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
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 criteria subjective – Executive informed.	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	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

Glossary Continued

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Patient Experience				
Friends and Family Test	The percentage of patients who strongly recommend the Trust.	Chief Nurse	RAG criteria subjective – 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

NHS
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

NHS
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
Mixed Sex Breaches	Number of occurrences of unjustified mixing in relation to sleeping accommodation.	Chief Operating Officer	Red > 0, Green = 0	5.0
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
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

NHS
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	Red Top 25% of Trusts, Amber 50-75% of Trusts, Green Better than mean	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	Red >208, Amber 189-207, Green <= 189	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

NHS
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	New metric in a phase of trending therefore RAG criteria subjective. – Executive informed.	3.6
Harassment & Bullying outcomes	Percentage of Harassment and Bullying related Contacts resulting in disciplinary action.	Director of Human Resources	New metric in a phase of trending therefore RAG criteria subjective. – Executive informed.	4.6
Training & Development				
New Starter Training	Percentage of new staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 90%, Amber >=90% & <100%, Green = 100%	4.4
Refresher Training	Percentage of staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 75%, Amber >=75% & <85%, Green >= 85%	4.4

Glossary Continued

NHS
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
Vacancies	Percentage of vacancies against the funded establishment	Director of Human Resources	RAG Criteria being reviewed.	3.6
Maternity patients receiving 1:1 care	Percentage of maternity patients receiving one-to-one care	Chief Nurse	RAG Criteria being reviewed.	To be confirmed
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	RAG Criteria being reviewed.	To be confirmed

Glossary Continued

NHS
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

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To be a continually learning organisation				
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 – Executive informed.	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 12 and above whose current rating is above the target (residual) rating.	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 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	Insufficient systems, processes or documentation available to provide assurance on the asset (i.e. dataset).
2	Limited systems, process and documentation are available and therefore assurance is limited.
3	Systems, processes and documentation are available and the asset has been locally verified to provide assurance.
4	Full systems, processes and documentation are available and the asset has been locally verified to provide assurance.
5	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.