Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard

Board of Directors

31st May 2020

Integrated Dashboard

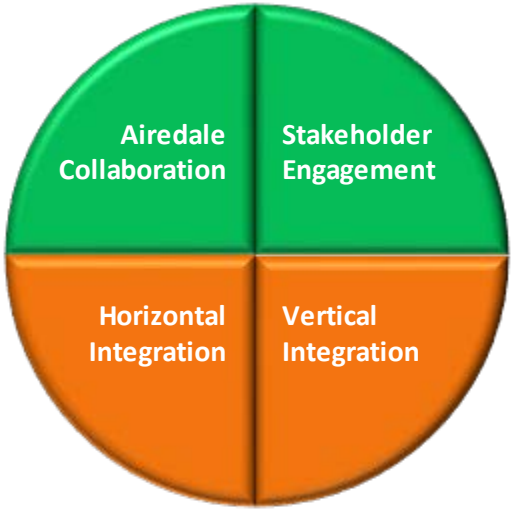
31st May 2020

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

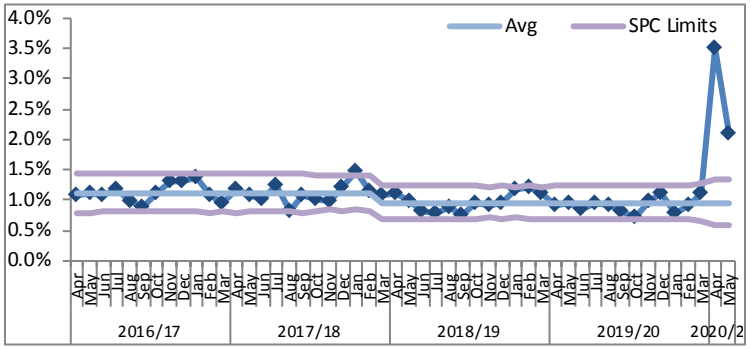
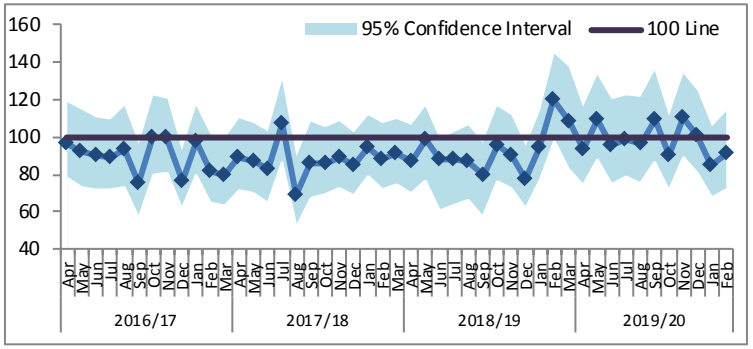
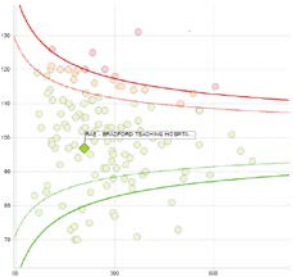
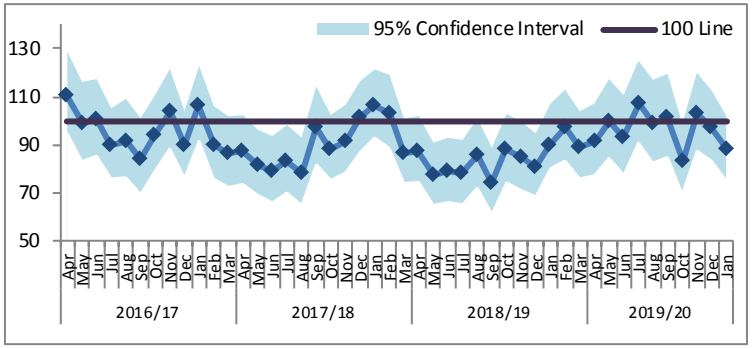
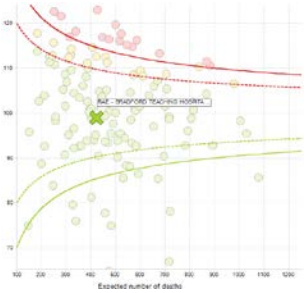


To be a continually learning organisation

To provide outstanding care for patients

Clinical Effectiveness

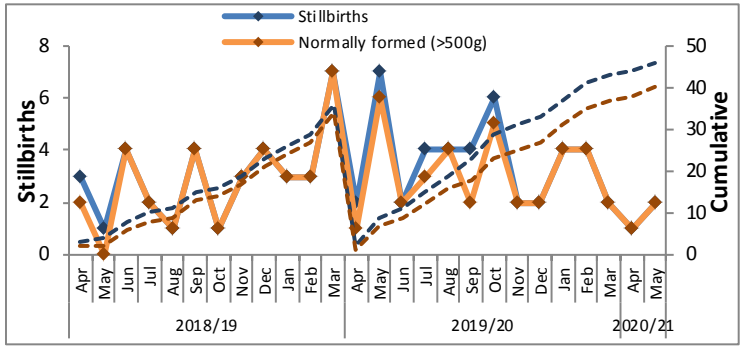
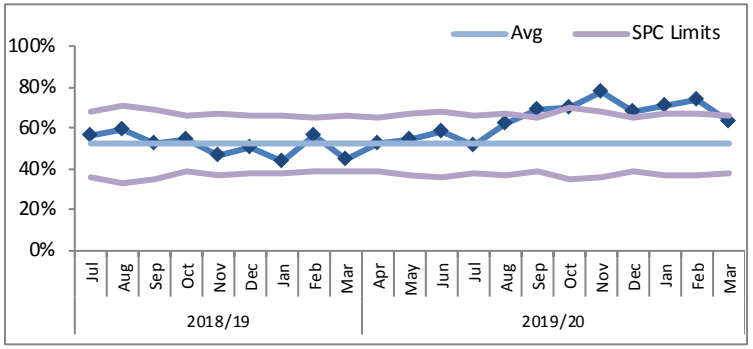
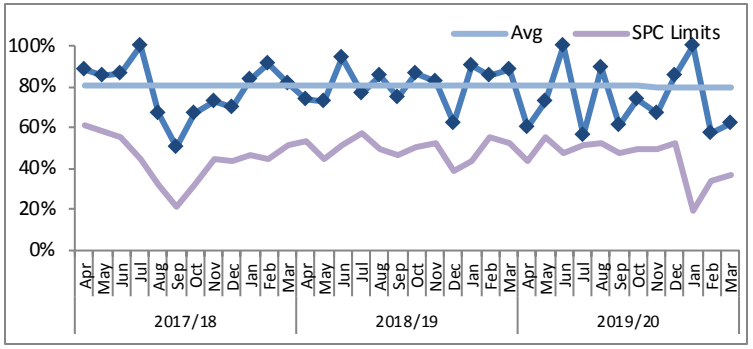
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Crude Mortality		As predicted due to COVID-19 impact the crude death rate rose but has subsequently reduced. It is anticipated that as our activity returns to more normal levels the crude death rate will realign toward previous although it is may always remain higher as we deliver services differently.	No benchmark comparator available
Hospital Standardised Mortality Ratio		Our Hospital Standardised Mortality Ratio (HSMR) demonstrates that the Trust is 'within expected' for this metric. It is unclear what will happen to the HSMR as a result of the COVID-19 pandemic although this will be delayed for many months.	
Summary Hospital-level Mortality Indicator		The Summary Hospital-level Mortality Indicator (SHMI) demonstrates that the Trust is 'within expected' for this metric. It is unclear what will happen to the HSMR as a result of the COVID-19 pandemic although this will be delayed for many months.	

To provide outstanding care for patients

Clinical Effectiveness

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stillbirths		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. The rate of still births (normally formed) has fallen over the past 3 months. It is anticipated that this will remain at a constant level of 2 to 3 per month.	No benchmark comparator available
Deaths Screened		The Trust has shown a steady improvement in the screening of deaths. Work to progress with colleagues from Airedale to implement the national medical examiner role has been delayed due to the COVID-19 pandemic. It is anticipated that this will rise over the remainder of 2020/21 once the medical examiner process is implemented.	No benchmark comparator available
Learning From Deaths		The Trust consistently provides good or excellent care to our patients reviewed by structure judgement review (SJR). This metric will be reviewed as the medical examiner process is implemented.	No benchmark comparator available

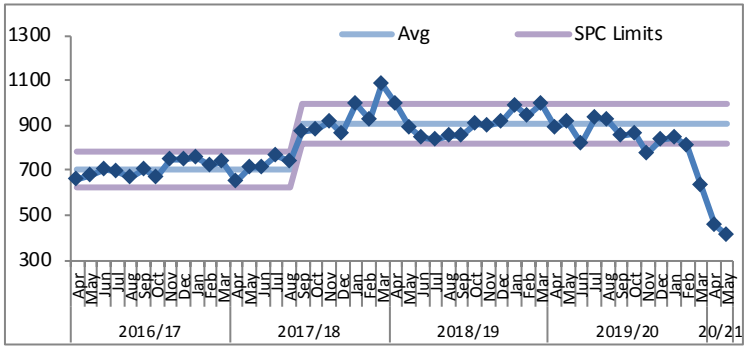
To provide outstanding care for patients

Clinical Effectiveness

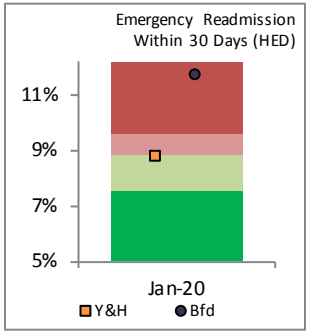
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Readmissions



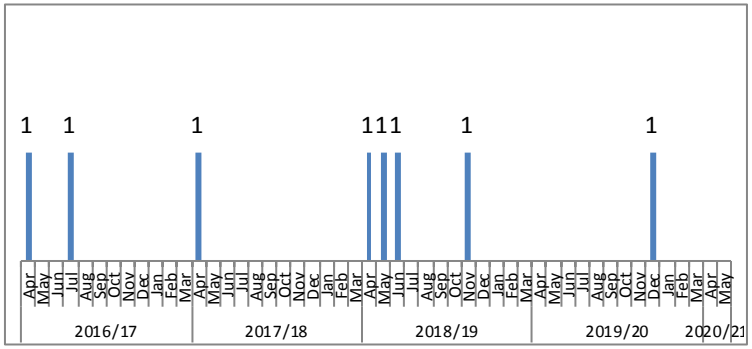
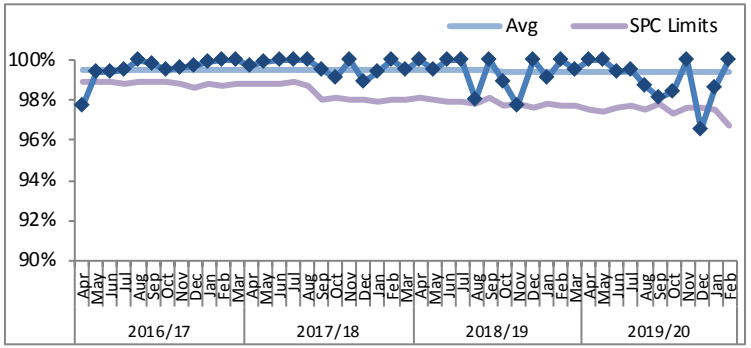
The fall in readmissions is likely to be as a consequence of COVID-19 and reduction in all other activity. It may be some months before we understand the 'steady state' for readmissions in order to re-launch the improvement programme.



To provide outstanding care for patients

Patient Safety

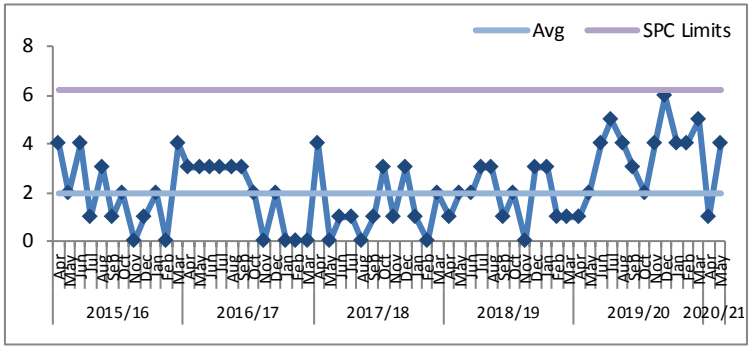
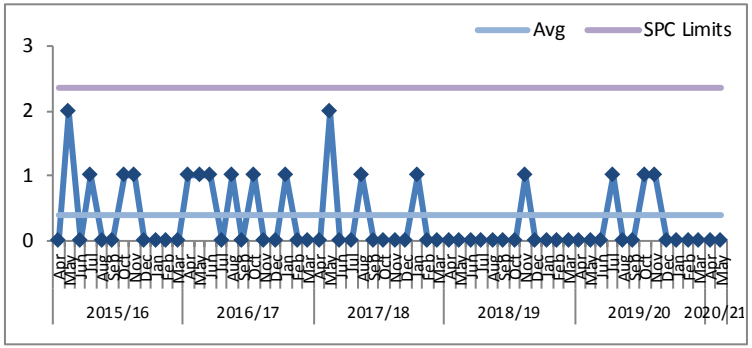
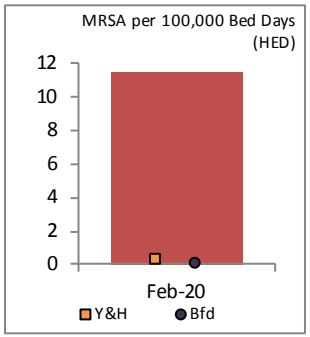
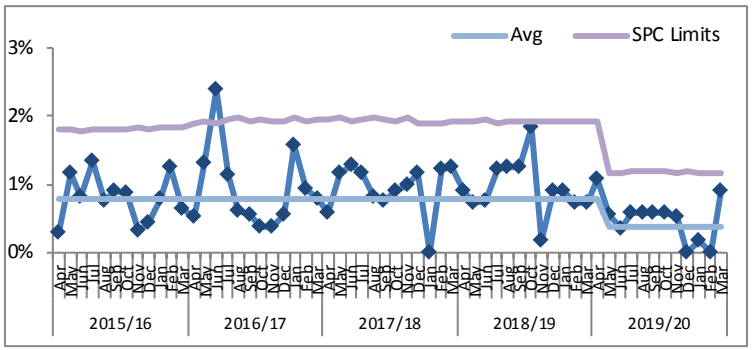
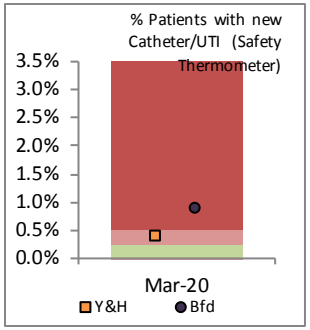
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Never Events		For the year 2019/20 there has been one never event. There were no never events in April 2020. We are not anticipating further never events.	No benchmark comparator available
Audit of WHO Checklist		Compliance has recovered and continues to be >98% year to date (YTD). Fall in December 2019 has now corrected following detailed work with the relevant theatre areas. The value of this measure will diminish during the COVID-19 pandemic as the number of theatre lists has significantly reduced. Based on the Care Quality Commission (CQC) feedback we intend to roll out observational audits.	No benchmark comparator available

To provide outstanding care for patients

Patient Safety

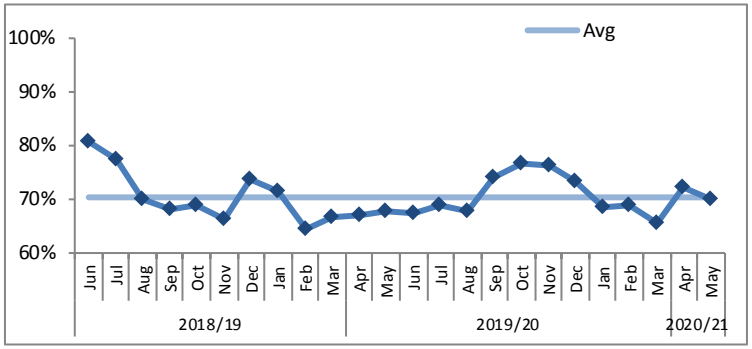
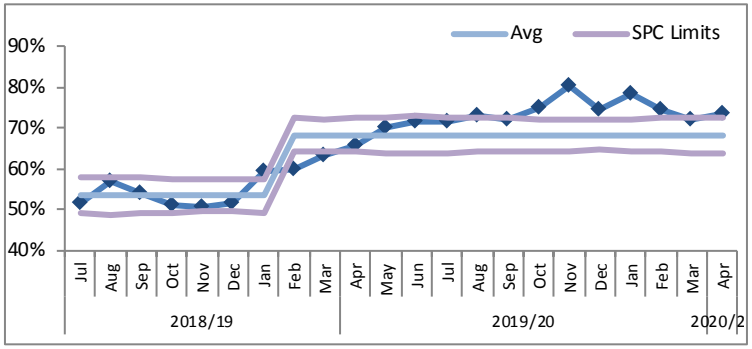
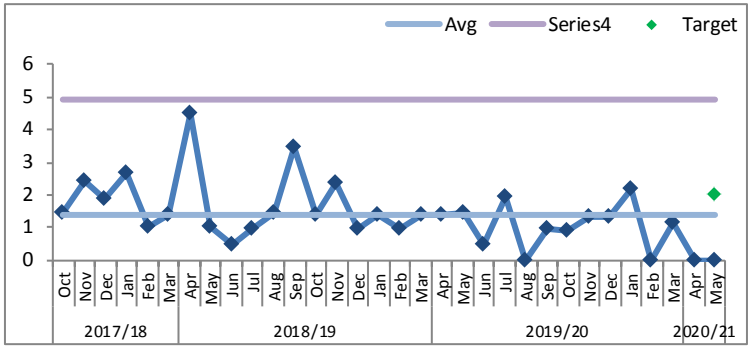
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
C Difficile		No lapses in care or outbreaks reported.	
MRSA		Nil new cases.	
Catheters and UTIs		Increase in month, to evaluate via Infection Control Committee (ICC).	

To provide outstanding care for patients

Patient Safety

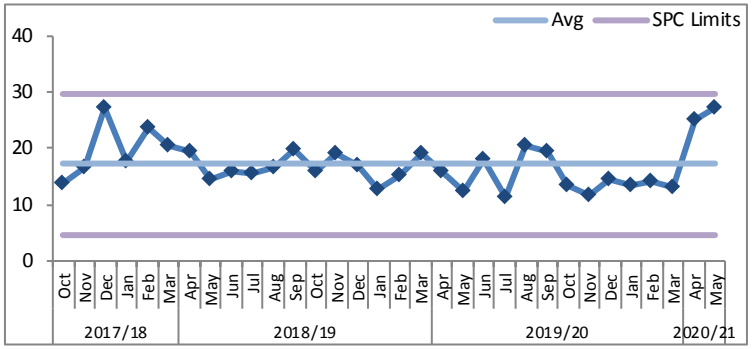
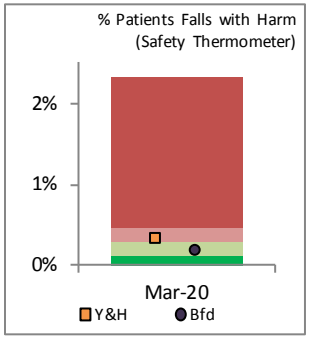
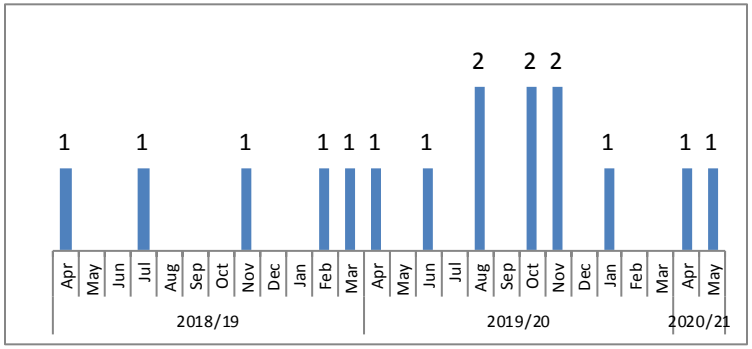
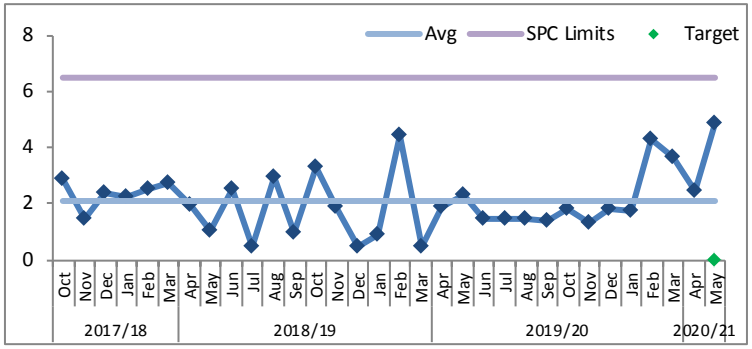
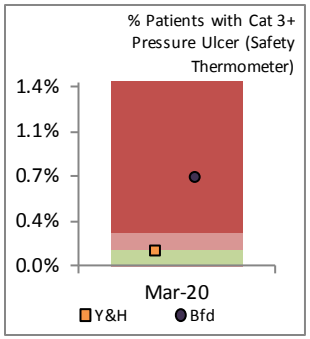
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis patients receive antibiotics within an hour		Pressures on service continue, this position may deteriorate due to COVID-19.	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

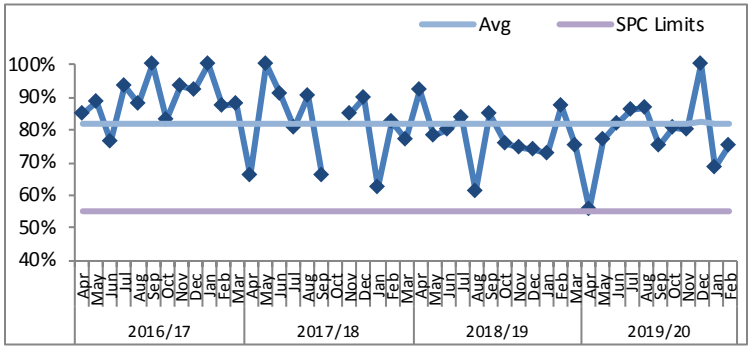
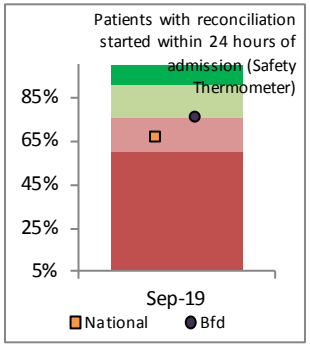
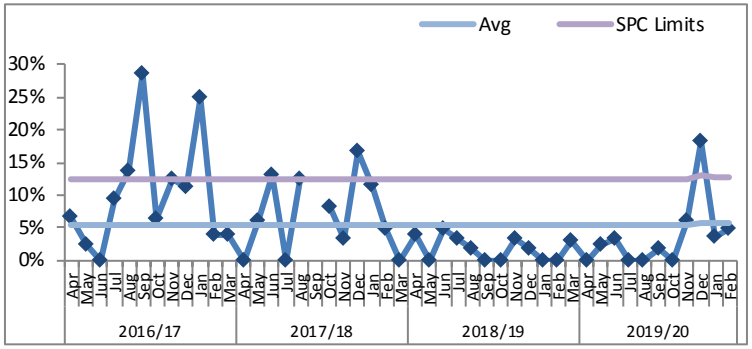
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Falls with Harm per 10,000 bed days		Numbers have increased, potentially due to change in patient demographic (no electives).	
Falls with Severe Harm		1 fall with harm, hand injury.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		The February peak was linked to a small number of patients with more than one pressure ulcer. The numbers in May 2020 are mainly due to COVID-19 patients and proning/Endotracheal tubes/Non-invasive masks.	

To provide outstanding care for patients

Patient Safety

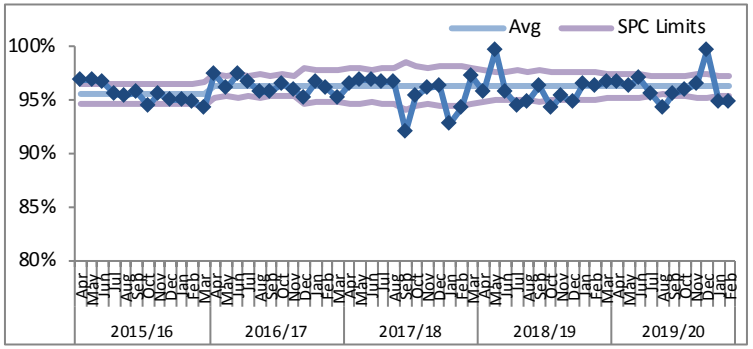
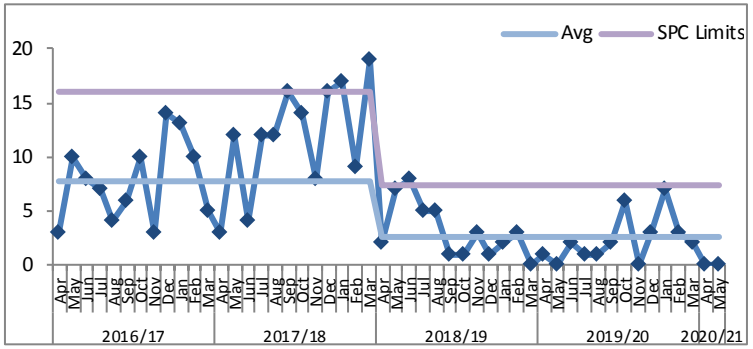
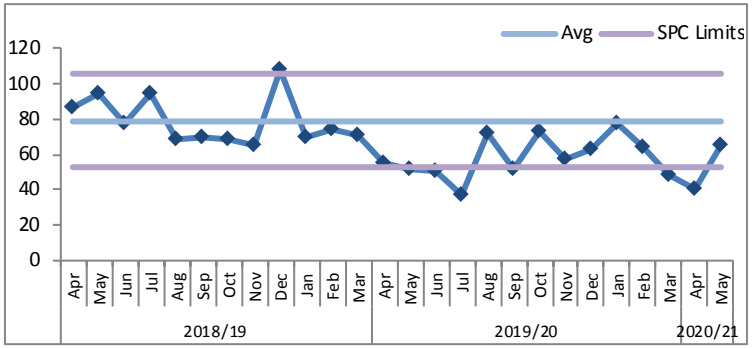
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Medicine Reconciliation		The Trust has paused the recording of this metric during COVID-19.	
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

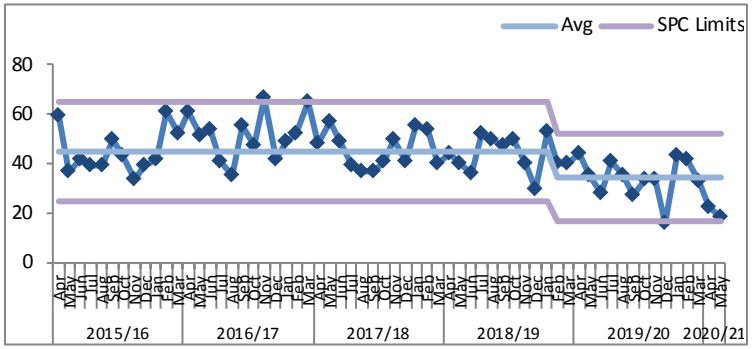
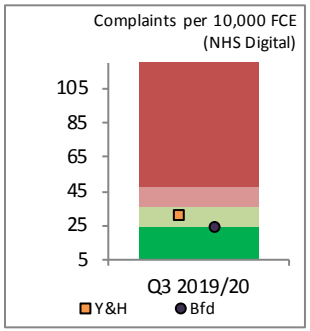
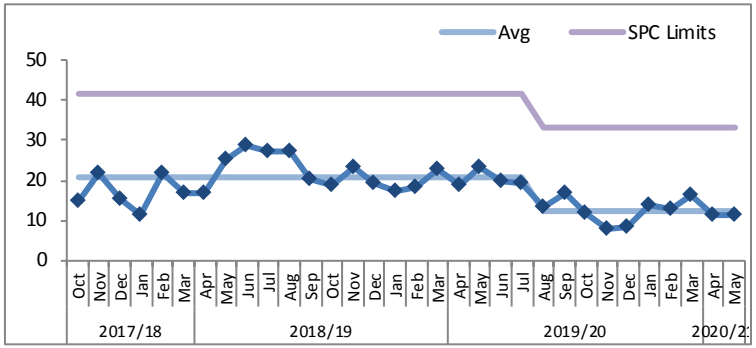
Bradford Teaching Hospitals NHS Foundation Trust

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		Exception report requested to go to March 2020 Patient Safety Committee. Response due when Committee reinstated.	No benchmark comparator available
Night Time Discharges		Await response from Patient Safety Sub-Committee when Committee is reinstated.	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

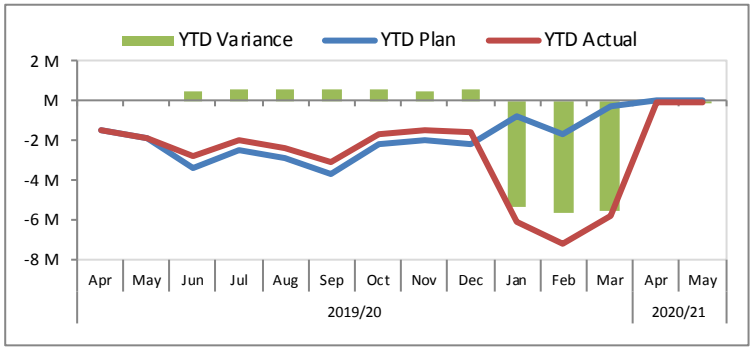
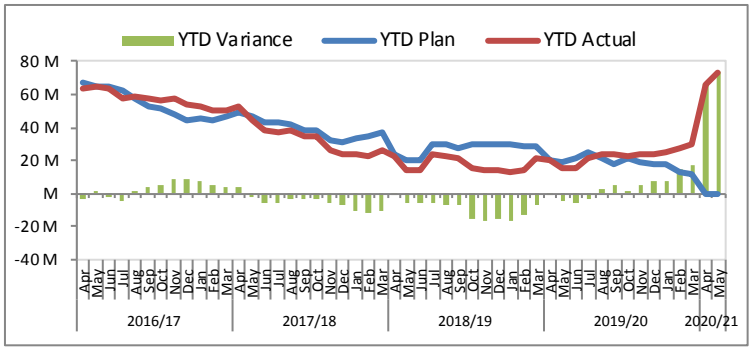
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Complaints		This indicator is no longer applicable for benchmarking purposes.	
Complaints Closed per 10,000 bed days		We have paused most of complaints responses over the last few months.	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

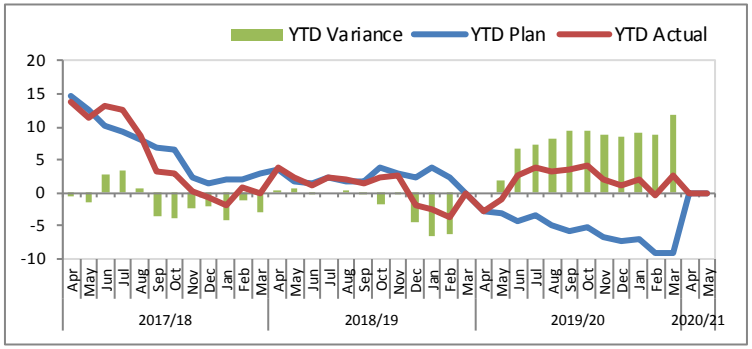
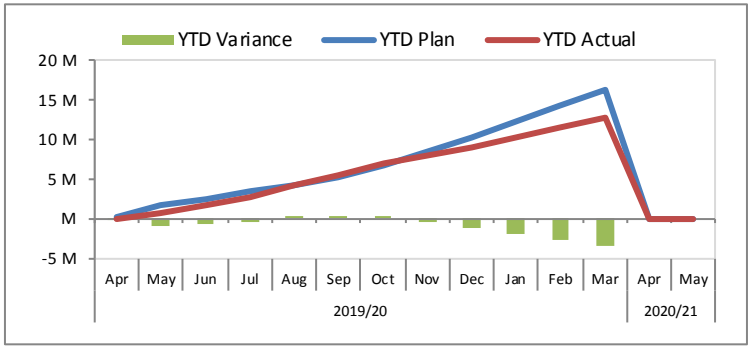
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Delivery of Income and Expenditure Plan		The established financial regime has been suspended, replaced with a simplified framework in response to COVID-19. This is designed to ensure providers receive sufficient cash to facilitate the required response while delivering a breakeven position. For the financial year to May 2020, the Trust reported a £5.1m deficit prior to top up funding. This deficit is £3.5m greater than NHS England/Improvement's (NHSE/I) projection. At a summarised level this £3.3m adverse variance can be explained by: understatement of baseline by NHSE/I (£3.2m pressure), loss of Research and Development (R&D) income (£1.2m pressure), underspends due to reduced business as usual/clinical activity (£4.6m benefit) and COVID-19 related expenditure (£3.7m pressure). A total of £5.1m of top up funding is reflected in Month 2 to deliver the break-even position required by NHSE/I. There remains a risk to full recovery of this accrued top up income should NHSE/I not consider some of the identified COVID-19 costs to be appropriate.	No benchmark comparator available
Delivery of Cash Plan		Year to date cash is £73.8m an increase of £44.2m on the opening balance of £29.6m. This is largely a result of the interim COVID-19 financial regime which requires Commissioners to pre-pay providers by 1 month leading to an additional £32m of cash for the Trust. The cash balance has been further increased by a £8.8m reduction in receivables, which includes receipt of the quarter 4 Provider Sustainability Fund (PSF) monies for 2019/20 financial performance.	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

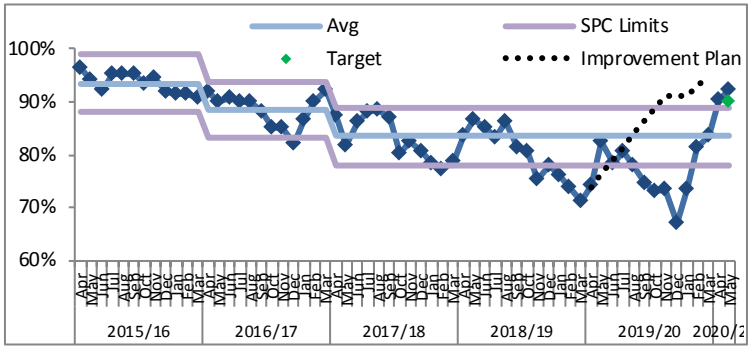
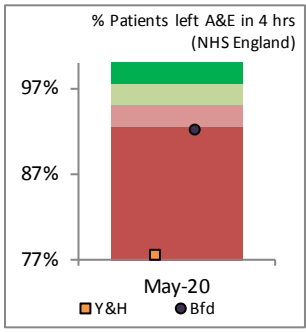
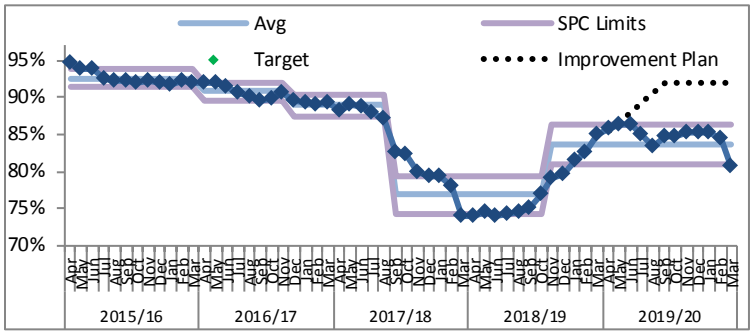
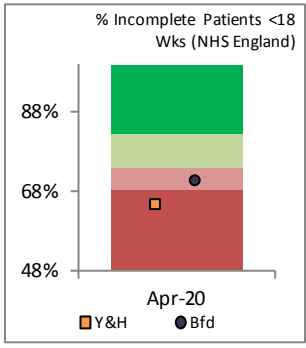
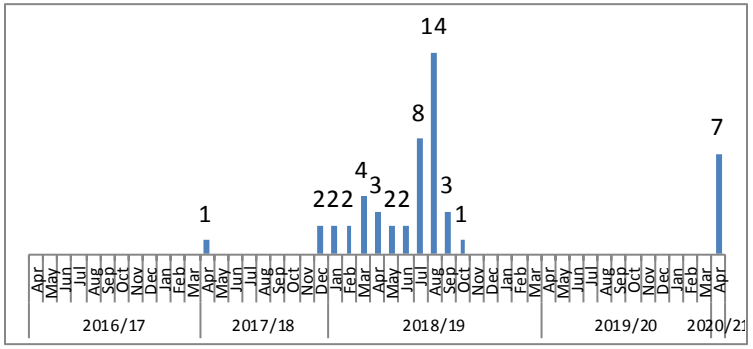
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date (YTD) liquidity is 7.9 days which is a nil movement from the closing balance in 2019/20. Liquidity has not increased despite the improvements to the Trusts cash balance. The cash balance has been improved as a result of pre-payments from the Commissioners. Despite improving cash this has no effect on liquidity as it creates a balancing liability that the Trust will need to meet.	No benchmark comparator available
Bradford Improvement Plan		The interim simplified framework does not place any Cost Improvement Plan (CIP) or efficiency requirements upon providers.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

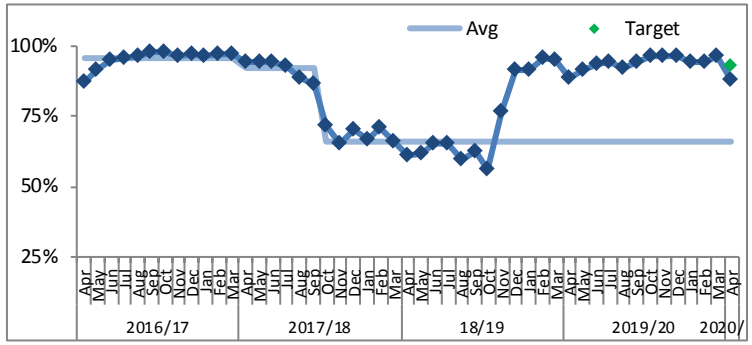
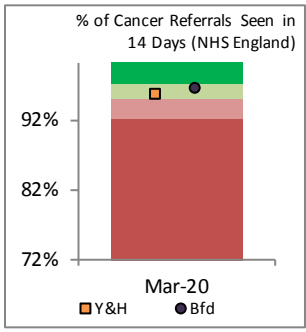
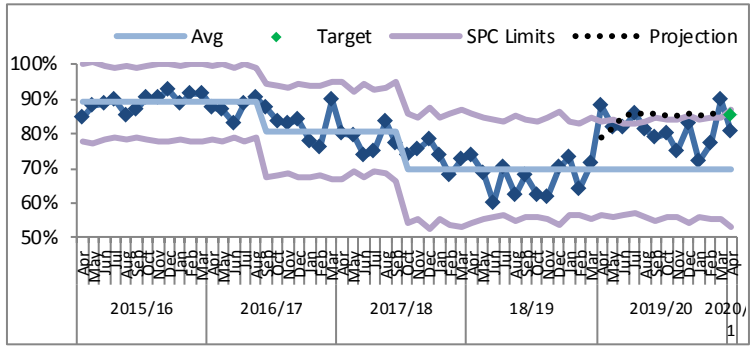
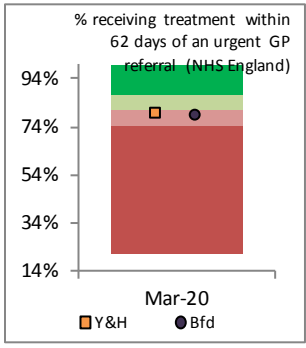
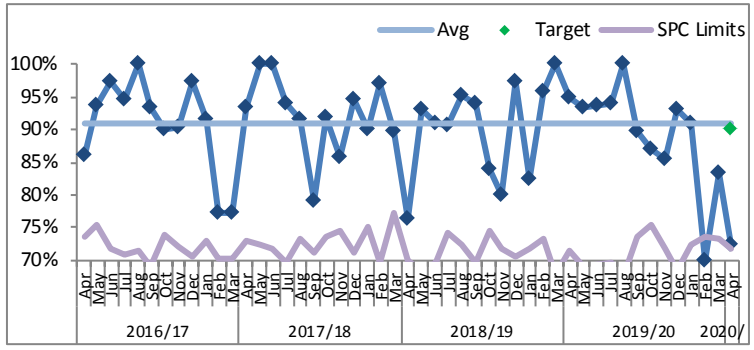
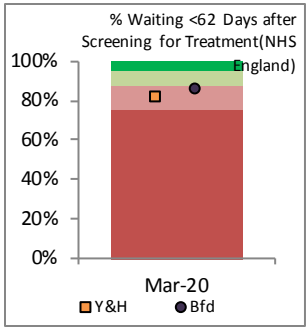
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance (type 1 and 3) has improved to 92.09% in May 2020. Attendances have started to increase following the peak COVID-19 period of April 2020. The improvement in May 2020 was predominately for Paediatrics and minor injury/illness, and correlated with increased see and treat activity. The focus on same day emergency care has also contributed to improved performance.	
RTT 18 Week Incomplete		In response to the COVID-19 pandemic all routine Referral to Treatment (RTT) referrals were halted. During this period only emergency and cancer or urgent elective activity was undertaken. As a result overall waiting times increased . As a consequence the total waiting list size reduced but with a greater proportion of patients waiting over 18 weeks. This resulted in the 18 week RTT standard performance deteriorating to 59.48% for May 2020.	
RTT 52 Week Wait		The Trust reported 25 incomplete 52 week waits for May 2020, due to a national directive to halt all non urgent elective activity in response to the COVID-19 pandemic. There has therefore been an increase in the waiting time of non urgent patients. All long waits have been reviewed using clinical prioritisation guidelines and daily review of management plans for patients waiting over 32 weeks continues. This process will ensure no clinically urgent cases wait longer than necessary.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

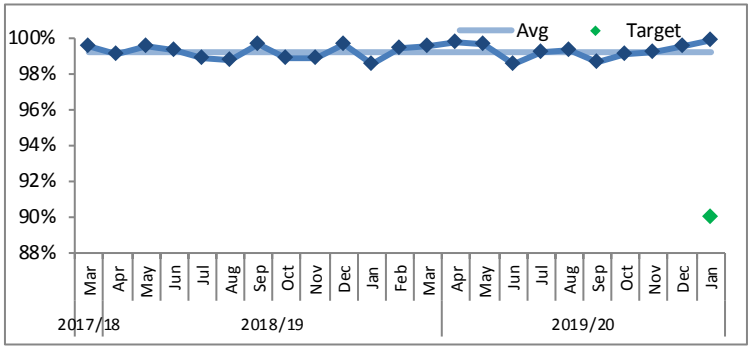
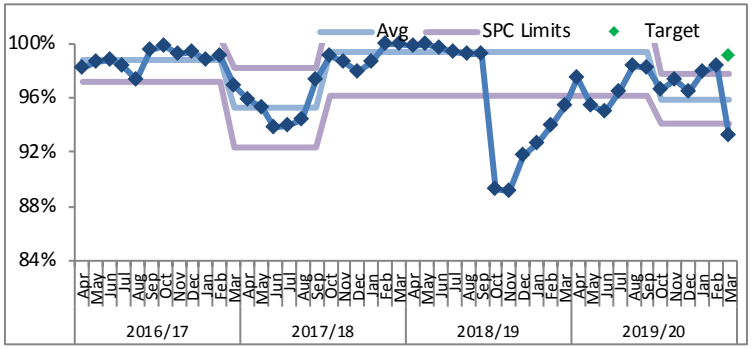
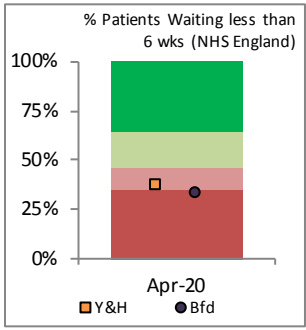
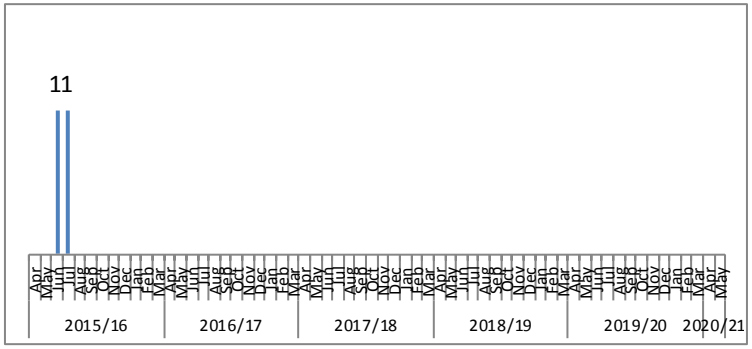
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		April 2020 performance against the 2 Week-Wait cancer standard was 88.09% following reduced capacity in response to COVID-19. May and June 2020 performance is forecast to improve to meet target as part of the COVID-19 phase 2 restart process which is prioritising all capacity on urgent or cancer patients.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for April 2020 was 80.74%. Diagnostic and surgical capacity has been reduced in response to COVID-19 which has resulted in delay for treatment in patients whose cancer progression is unlikely to be impacted by a delay in treatment. Surgical capacity has been prioritised for patients whose disease progression is time sensitive .	
Cancer 62 Day Screening		Reduced diagnostic and surgical capacity is also impacting on the cancer 62 day screening standard.	

To deliver our key performance targets and financial plan

Performance

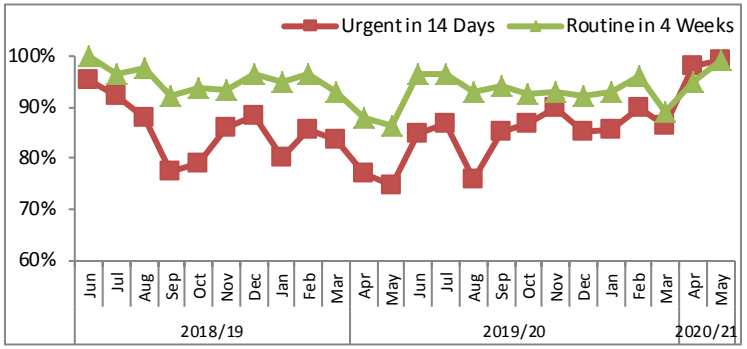
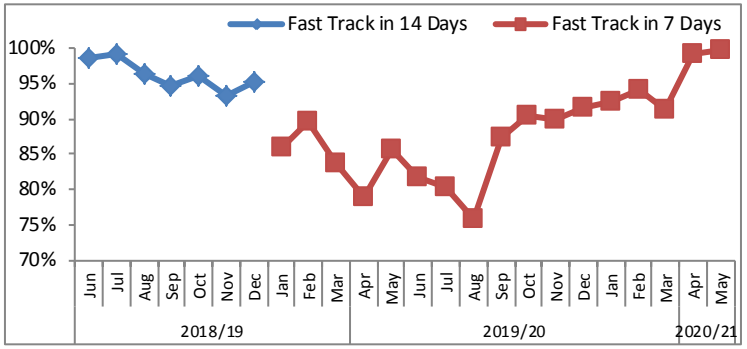
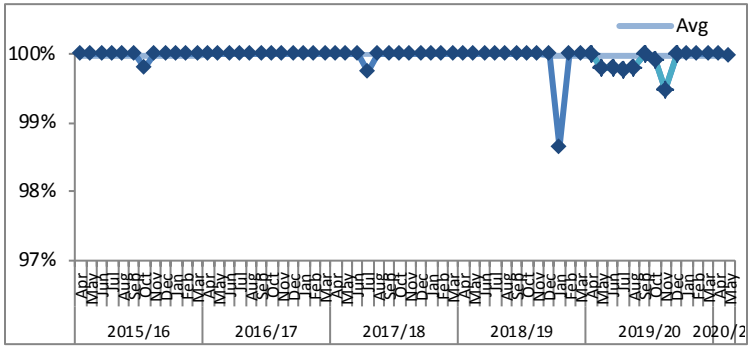
Bradford Teaching Hospitals NHS Foundation Trust

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		As part of the COVID-19 response routine radiology and all non urgent endoscopy was halted from mid-March 2020. Routine endoscopy and other diagnostics are planned to re-commence as part of the restart plan.	
Mixed Sex Breaches		There have been no mixed sex breaches.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

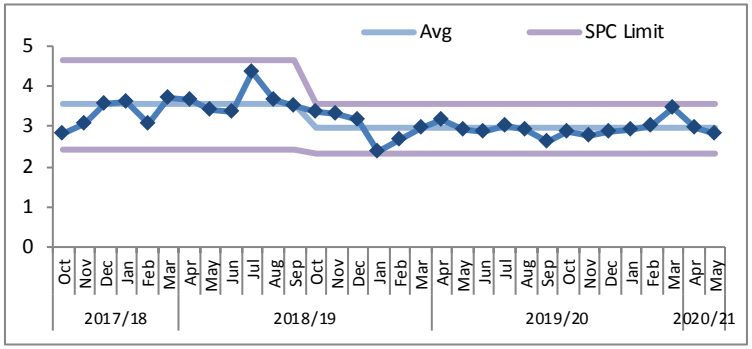
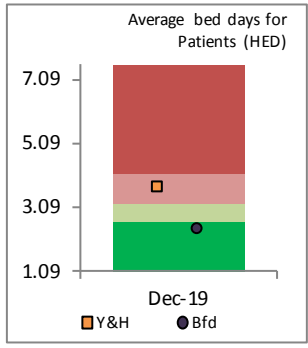
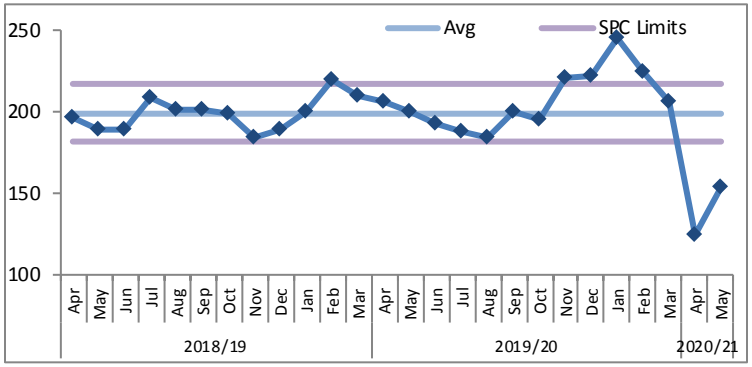
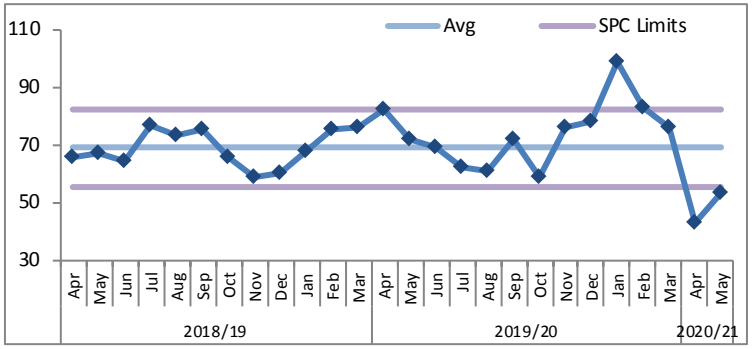
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Radiology Turnaround Time Outpatients		Turnaround times improved but the volume of tests done reduced with a significant growth in waiting list volumes as a result of the COVID-19 response.	No benchmark comparator available
Radiology Turnaround Time Frast Track		Performance improved to above target in April 2020 and this was sustained in May 2020.	No benchmark comparator available
Mission Critical Systems Uptime		Uptime remains fairly strong. During COVID-19 the NHS took advantage of an existing pilot of patient video consultation and rolled it out across the country rapidly. This service is currently considered a vital digital service to the Trust and as such has been added to the Mission Critical list. This national service had a brief unplanned downtime recently. Lessons learned and a debrief will be done nationally. Locally business continuity plans will be put in place.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

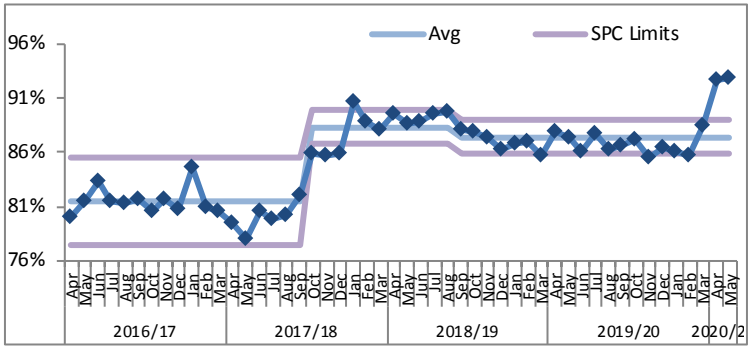
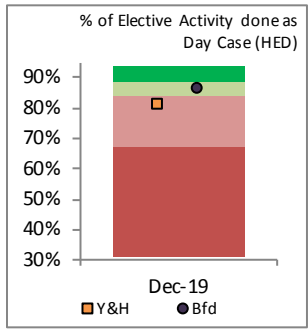
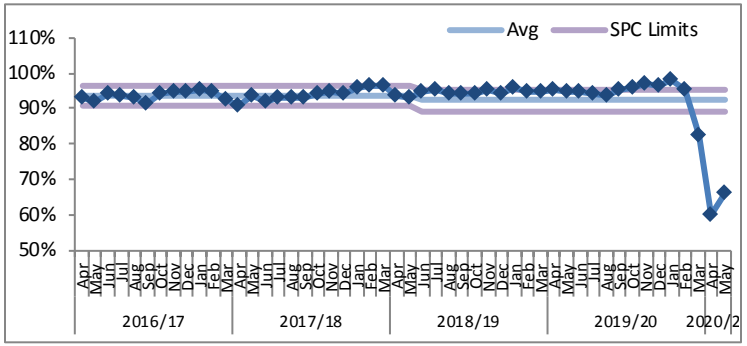
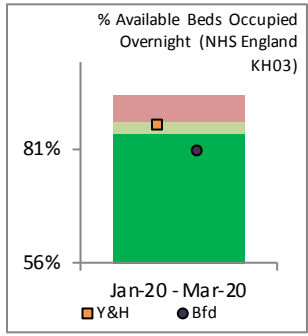
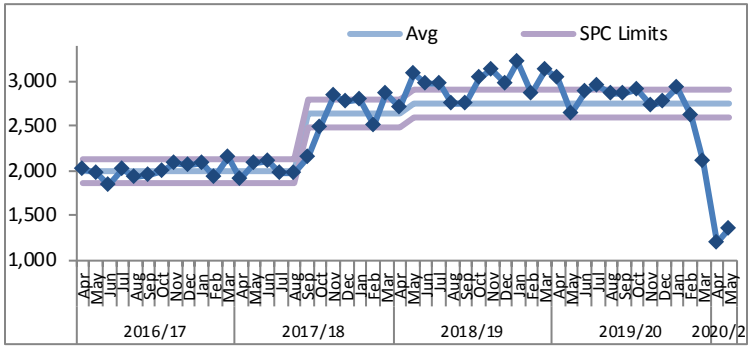
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Average length of stay (LoS) returned to the mean in April and May 2020. Overall length of stay is likely to increase due to reduced elective activity and high COVID-19 related inpatient spells.	
Stranded Patients Length of Stay >= 7 days		The number of patients staying over 7 days decreased significantly in April 2020 due a focus on increasing discharges in response to the COVID-19 pandemic. The number started to rise following the increase in COVID-19 admissions and increased LOS in this cohort of patients.	No benchmark comparator available
Super Stranded Patients Length of Stay >= 21 days		The daily average number of patients staying above 21 days LoS also reduced in April 2020 but has started to increase throughout may, mainly due to long LoS in COVID-19 patients requiring critical care.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

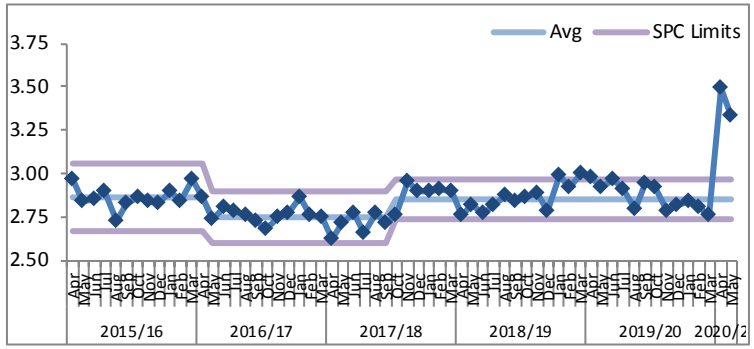
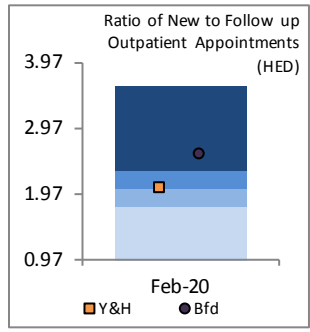
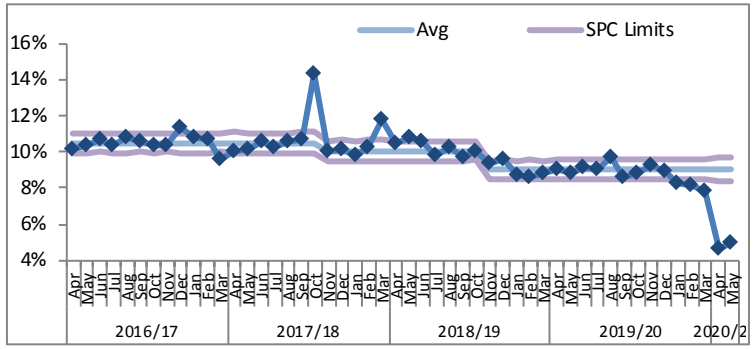
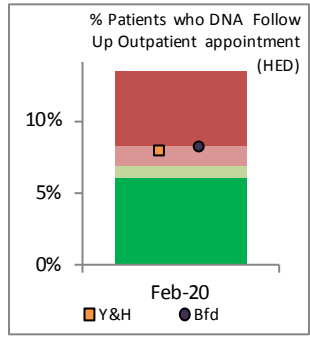
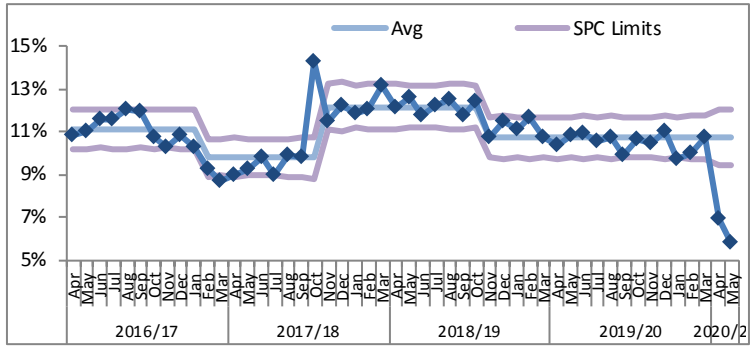
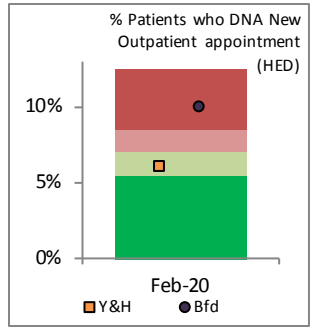
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Day Case Rate		Day case rates continue to be above the national and regional average and increased further as non-urgent elective in-patient activity stopped as part of the COVID-19 response.	
Bed Occupancy		Bed occupancy decreased significantly from mid-March 2020 as the hospital responded to the COVID-19 outbreak. Ward configuration has been adapted to provide red and green separation of patients and lower bed occupancy has been sustained.	
Disharges before 1pm		The total number of discharges before 1pm reduced as total discharges also reduced.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

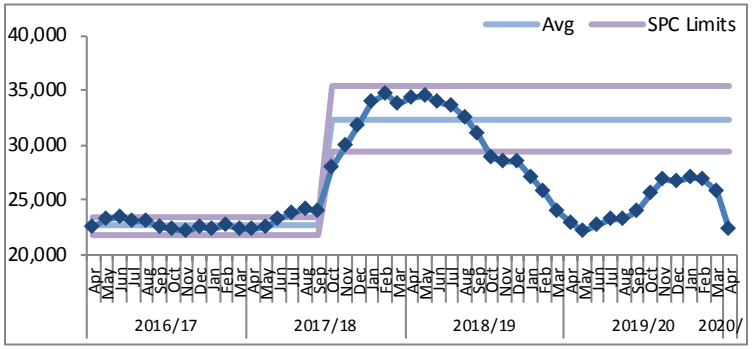
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New to Follow Up Ratio		Total outpatient activity was lower in response to COVID-19 and routine referrals significantly reduced, this has impacted a number of outpatient measures including the new to follow up ratio.	
Did not Attend Follow Up		Did not attend (DNA) rates also appear to have been impacted by changes made in response to COVID-19, particularly the change from face to face to video or telephone contact.	
Did not Attend New		Did not attend (DNA) rates also appear to have been impacted by changes made in response to COVID-19, particularly the shift from face to face to video or telephone contact.	

To deliver our key performance targets and financial plan

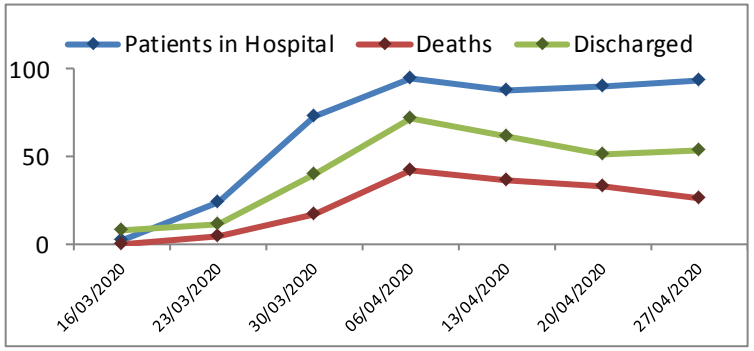
Productivity

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total elective waiting list reduced by over 5,000 since mid-March 2020, mainly due to a halt in routine outpatient referrals as well as full waiting list validation.	No benchmark comparator available

Covid-19

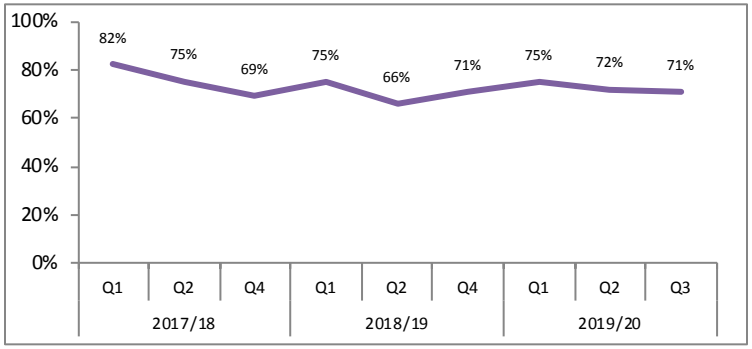
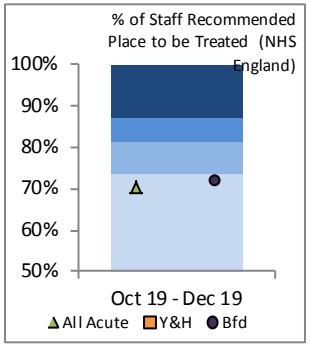
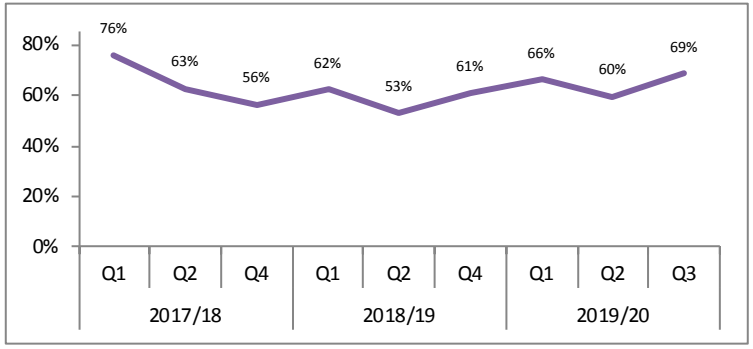
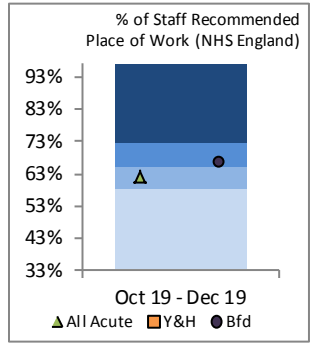
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
COVID-19		This is a new addition to the Quality dashboard covering the COVID-19 period. It indicates that whilst the peak in admissions and deaths was in early April 2020, the Trust continues to face a significant COVID-19 challenge. There are early signs of reductions in deaths with greater numbers of survivors although admissions are unchanged. It is anticipated that further reductions in admissions and deaths will occur in line with the national/regional picture	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		NHS England and Improvement has temporarily suspended carrying out the Staff Friends and Family Test (FFT) during the pandemic. There will be no data submission (including Q4 2019/20 data) or publication until further notice.	
Staff FFT Work		NHS England and Improvement has temporarily suspended carrying out the Staff FFT during the pandemic. There will be no data submission (including Q4 2019/20 data) or publication until further notice.	

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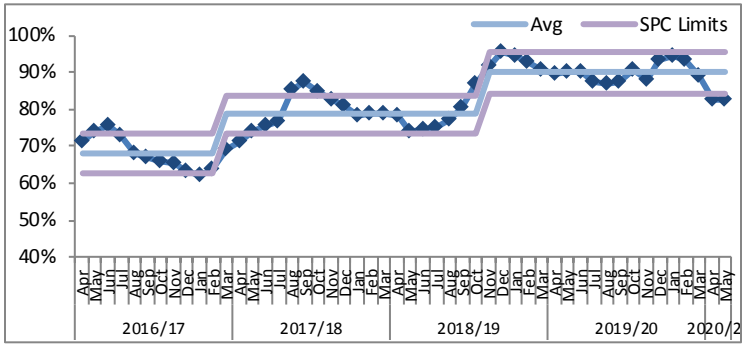
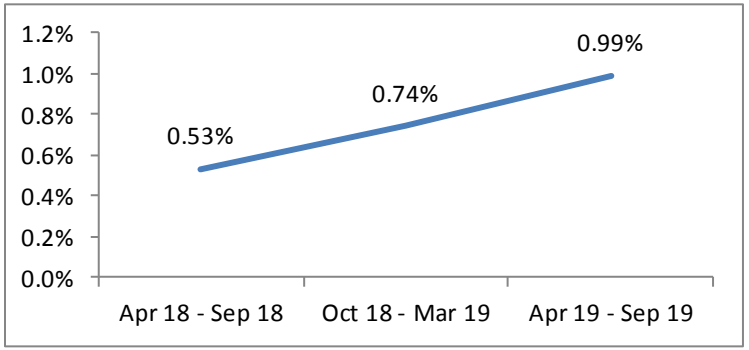
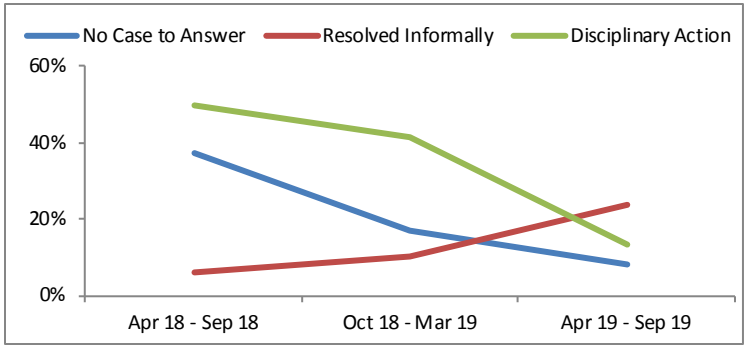
Engagement

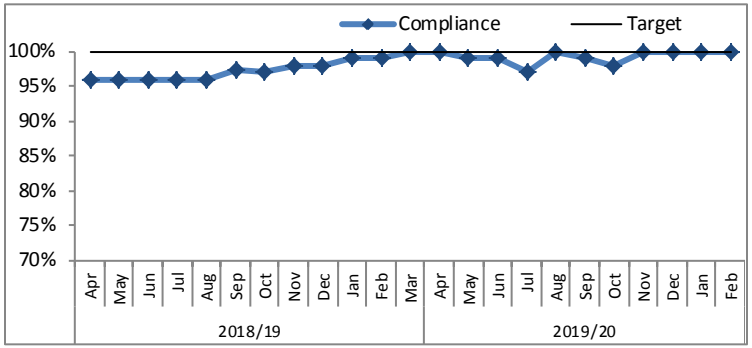
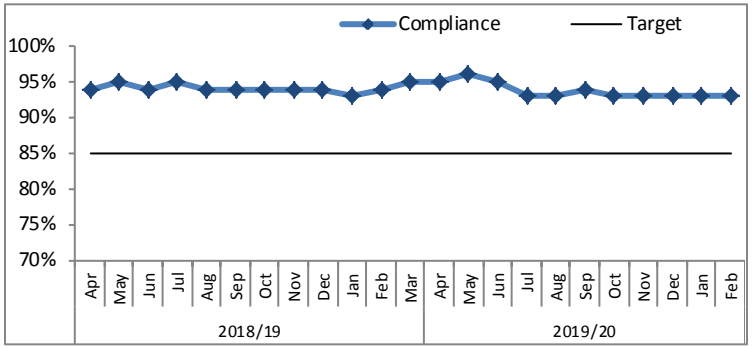
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Appraisal Rate Non-Medical		Reporting suspended.	No benchmark comparator available
Contacts with Advocacy service		Reporting to recommence July 2020.	No benchmark comparator available
Harassment & Bullying Outcomes		Reporting to recommence July 2020.	No benchmark comparator available

To be in the top 20% of employers

Training & Development

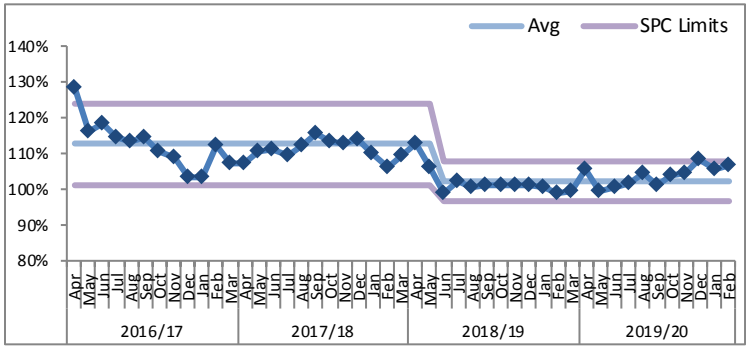
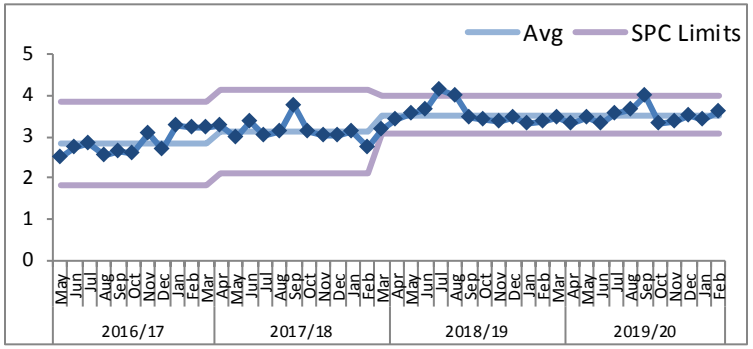
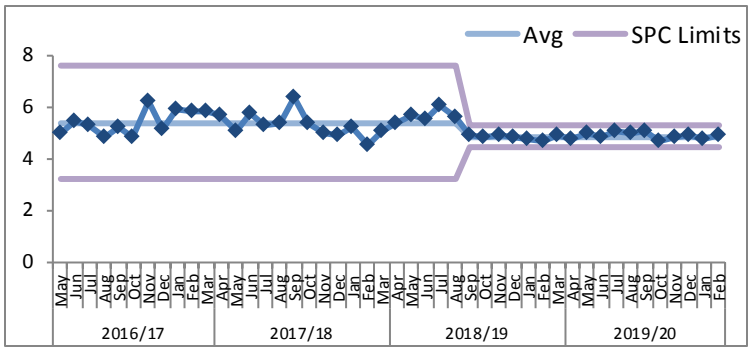
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New Starter Training		The new starter compliance rate has been achieved for the past 4 months. The impact of the COVID-19 pandemic needs to be determined. We have continued to provide new starter training during COVID-19.	No benchmark comparator available
Refresher Training		The Trust has paused all refresher training during COVID-19. We are working to restart the training in the coming months. Up to February 2019 the trust standard has been met, averaging over 95%.	No benchmark comparator available

To be in the top 20% of employers

Staffing

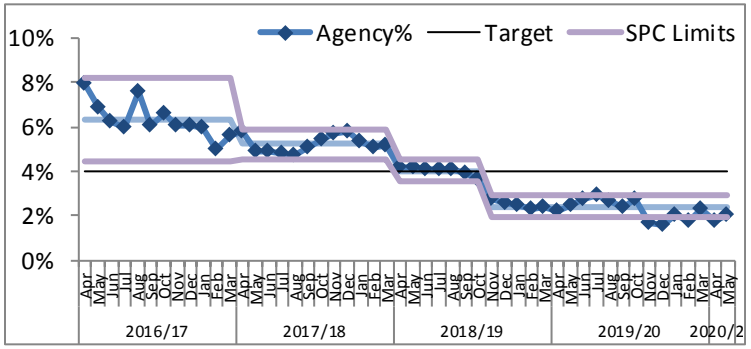
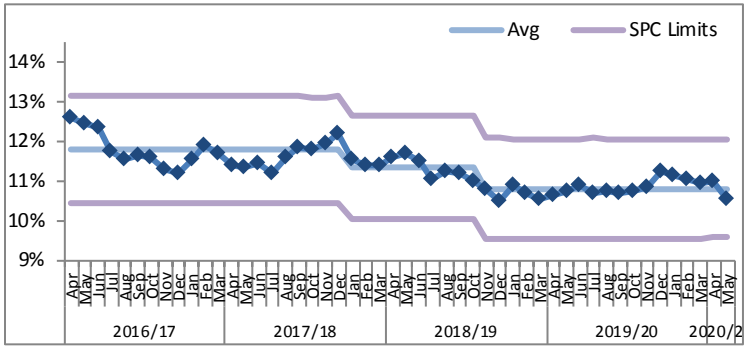
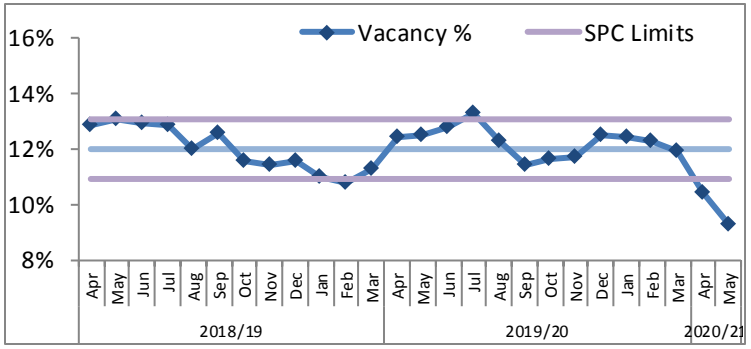
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Care Staff Shifts Filled		Reporting suspended.	No benchmark comparator available
Care Staff Care Hours		Reporting suspended.	No benchmark comparator available
Nursing Care Hours		Reporting suspended.	No benchmark comparator available

To be in the top 20% of employers

Staffing

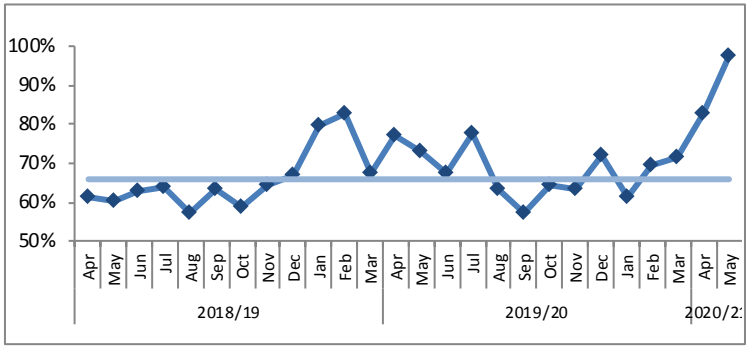
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		Agency use overall has increased in May 2020. Bank usage has remained static in the reporting period overall. Agency staffing across the Medical and Dental staff group has not changed whilst bank use has reduced. Due to COVID-19 there has been new agency use in the Administrative and Clerical group due to additional Information Technology (IT) resources being deployed in the Trust. In the Nursing and Midwifery group we have seen an increase in agency use of 8 Full Time Equivalents (FTE) and a slight reduction in bank use. The deployment of bank HCAs though has started to increase again and our fill rates have improved. Agency spend continues to be under the ceiling	No benchmark comparator available
Staff Turnover		The Trust Turnover rate has reduced to 10.57% in May from 10.98% in April 2020. Slight reductions were seen in all areas of the Trust.	No benchmark comparator available
Vacancies		The vacancy data at present does not reflect the true vacancy position in the Trust due to the deployment of staff in relation to COVID-19.	No benchmark comparator available

To be in the top 20% of employers

Staffing

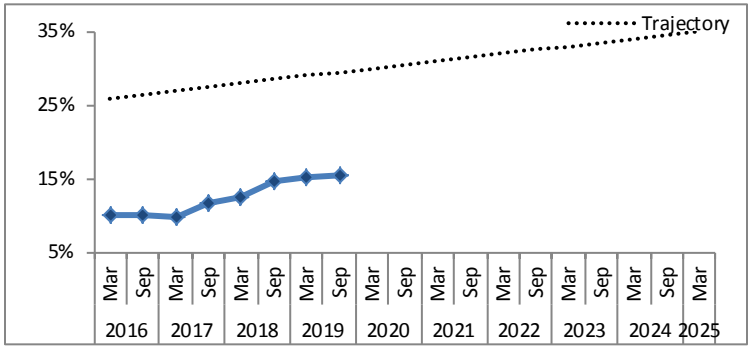
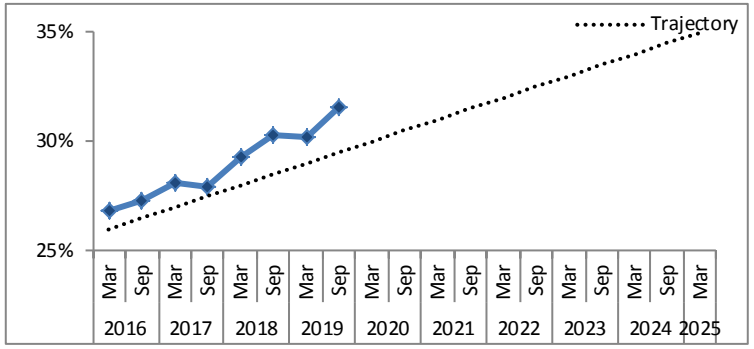
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Maternity patients receiving 1:1 care		A sustained month on month improvement.	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		Reporting on last 6 month position to take place in July 2020.	No benchmark comparator available
BAME Workforce		Reporting on last 6 month position to take place in July 2020.	No benchmark comparator available

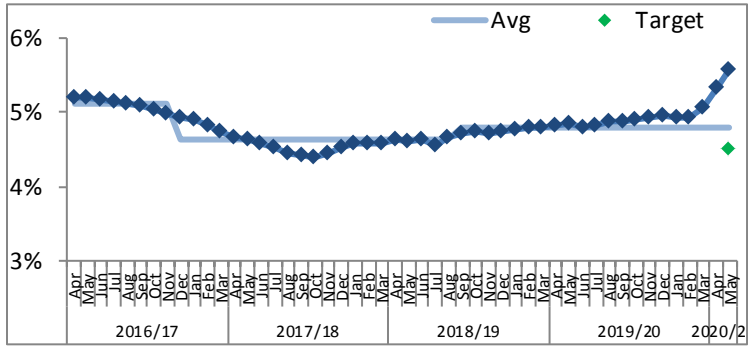
To be in the top 20% of employers

Health & Wellbeing

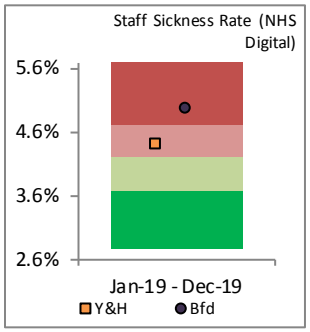
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Staff Sickness Absence



The rolling 12 month sickness absence rate at the end of May 2020 was 5.58% with increases seen in all areas of the Trust. A slight improvement however was seen in the monthly sickness rate. This figure does not include staff who are self-isolating or shielding.



To collaborate effectively with local and regional partners

Partnership

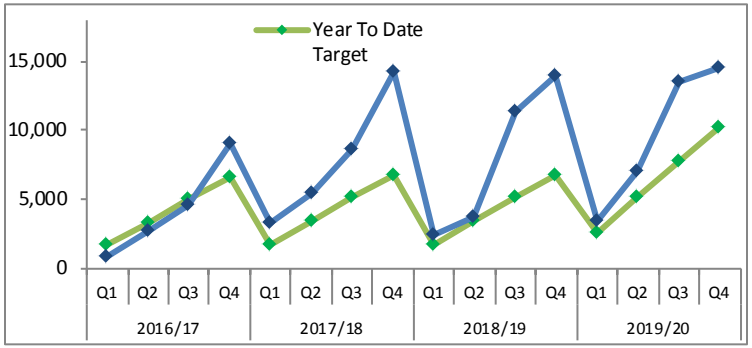
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stakeholder Engagement	The stakeholder management work programme has not been operating during the COVID-19 response, and the list of stakeholders will be reviewed before it restarts to reflect new ways of working and revised priorities in the new environment.		No benchmark comparator available
Vertical Integration	The Trust signed a 'Strategic Partnering Agreement' with 13 partners across Bradford District and Craven at the end of March 2019. The Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) Chief Executive has taken on the role of system lead for Bradford and now chairs the Bradford Health and Care Partnership Board. A new Executive Board replaces the former Integration and Change Board to bring together senior leaders across Bradford and Airedale, Wharfedale and Craven. These Boards will oversee a new programme of system-wide transformation projects looking at (i) access to care (ii) diabetes (iii) respiratory (iv) cardiovascular (v) frailty (vi) children and young people's mental health and (vii) Better Births. The Trust is working constructively with the 10 newly formed Primary Care Networks on these projects and supporting them in other areas such as shared First Contact Physiotherapy roles.		No benchmark comparator available
Horizontal Integration	The Trust is working with partner organisations across the Integrated Care System (ICS) to develop and implement plans aimed at restart and recovery. This is being informed by engagement work to gather people's health and care experiences during the COVID-19 pandemic and through a work stream to understand the direct and indirect impacts of COVID-19 on different population groups. Principles governing the ICS response to restart and recovery have been agreed; work will be outcomes and safety focused, will consider the response across the breadth of the partnership, will use existing governance arrangements, will analyse issues at a West Yorkshire and Harrogate level but will recognise that most planning and delivery will take place at a local "place" level. The decision to make BTHFT one of the two arterial centres in West Yorkshire has been confirmed. Work to implement the new model is now underway.		No benchmark comparator available
Airedale Collaboration	Collaboration between BTHFT and Airedale NHS Foundation Trust remains a high priority for our organisation. As the Bradford District and Craven "place" has agreed a set of system wide transformation projects it is likely that in future the acute collaboration programme will increasingly focus on supporting the providers in working together on these priorities.		No benchmark comparator available

To be a continually learning organisation

Learning Hub, Research

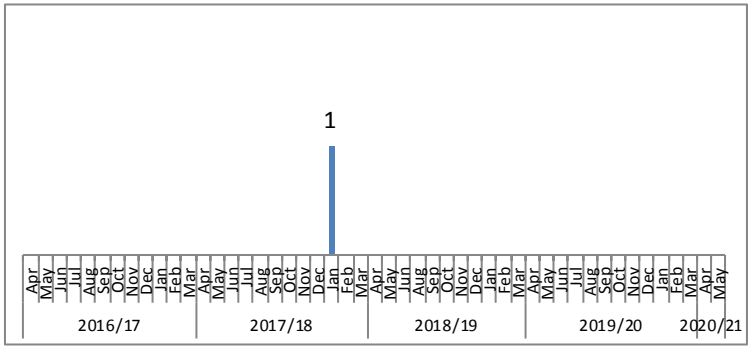
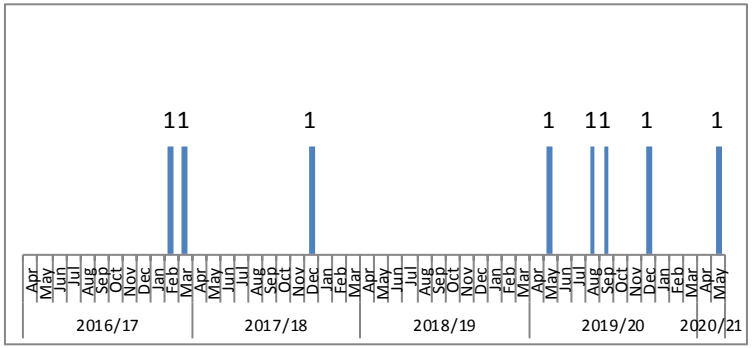
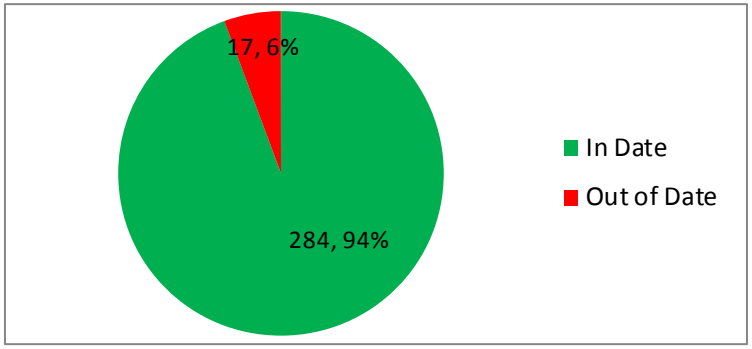
Bradford Teaching Hospitals NHS Foundation Trust

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 (NIHR) Portfolio Studies since 2016/17, including commercial and non-commercial studies, remains strong and above recruitment target. All patient recruitment to trials has been paused for the COVID-9 period. The trust has a strong recruitment to COVID-19 trials but this overall metric will alter for Q1 2020/21.	No benchmark comparator available

To provide outstanding care for patients

Governance

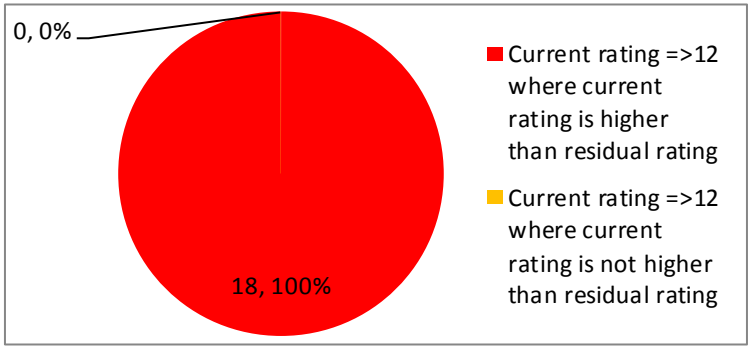
Bradford Teaching Hospitals NHS Foundation Trust

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 Trust has reported one breach to the Information Commissioner's Office (ICO). The breach is currently being investigated. The ICO has acknowledged the breach and is awaiting the investigation.	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	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	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

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

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

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
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
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
Covid-19				
COVID-19	For Covid-19 patients – average number in hospital, number who died, number discharged to usual place of residence	Chief Medical Officer	RAG criteria subjective – Executive informed.	To be confirmed

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	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

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

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 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.