Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard

Board of Directors

30th September 2020

Integrated Dashboard

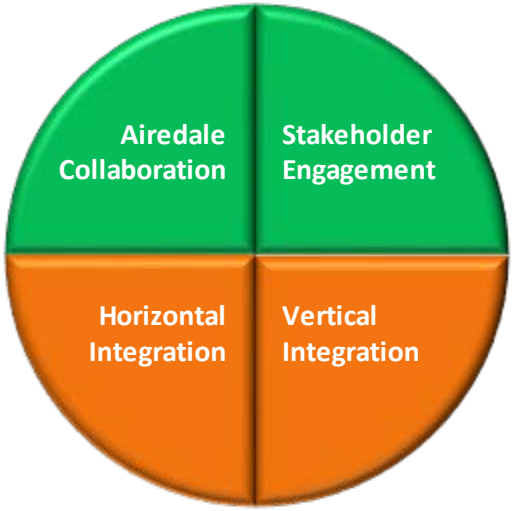
30th September 2020

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

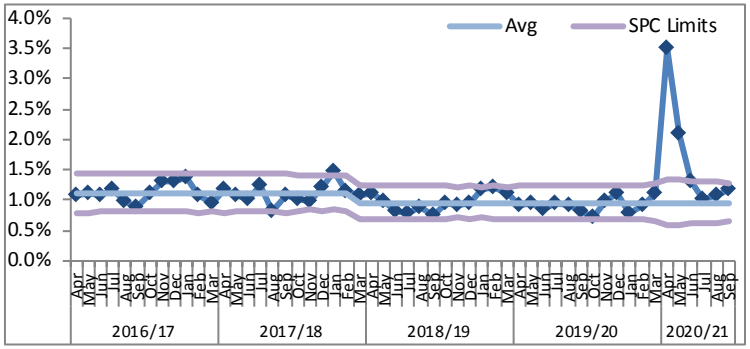
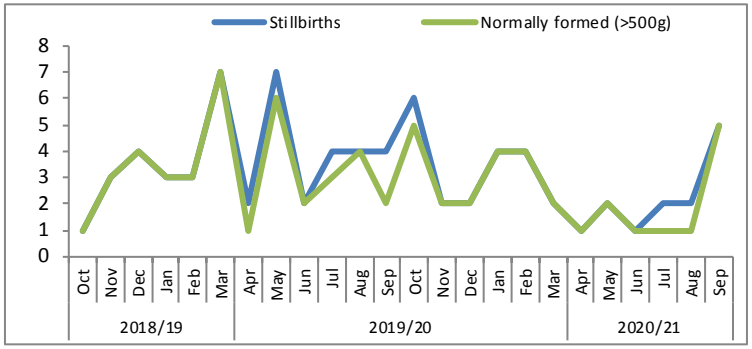


To be a continually learning organisation

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. The crude death rate appears to be realigning to pre-covid rates.	No benchmark comparator available
Stillbirths		The number of still births remains consistent between 1 and 2 per month, this is as expected.	No benchmark comparator available

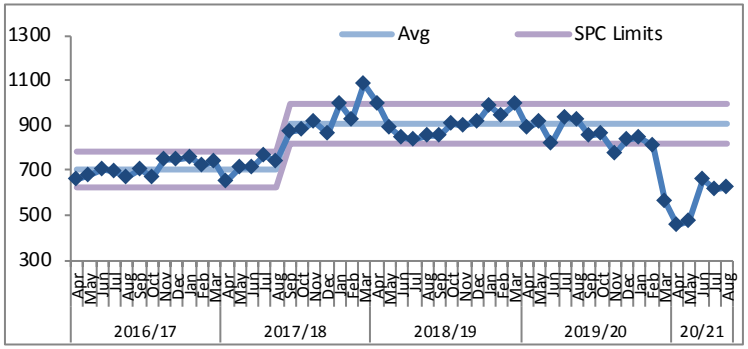
To provide outstanding care for patients

Clinical Effectiveness

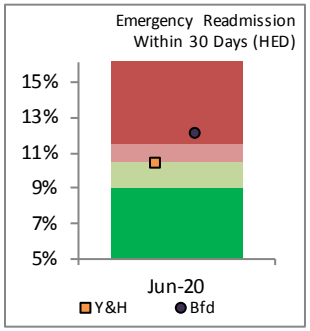
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Readmissions



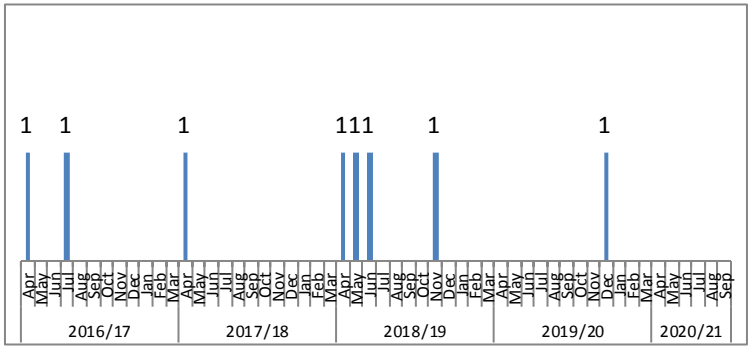
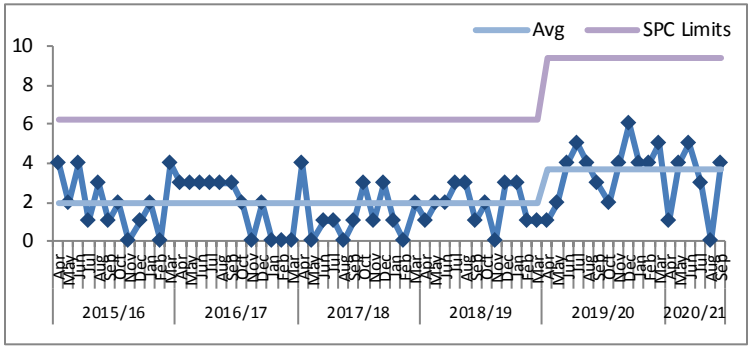
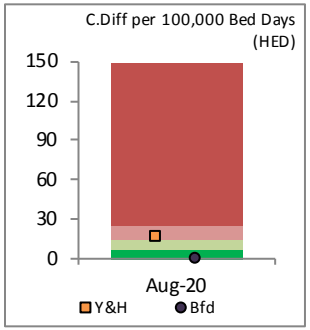
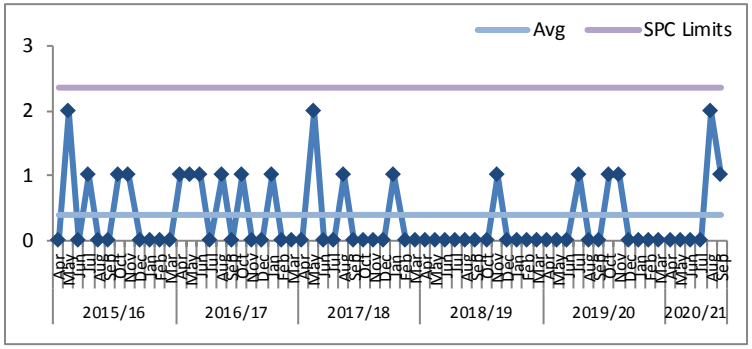
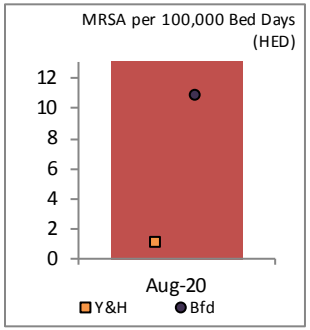
The fall in readmissions is likely to be as a consequence of COVID-19 and reduction in all other activity. It may be some months before we understand the 'steady state' for readmissions to consider re-launch the improvement programme.



To provide outstanding care for patients

Patient Safety

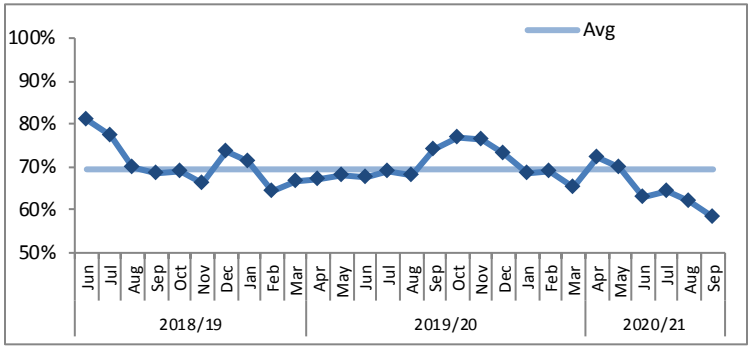
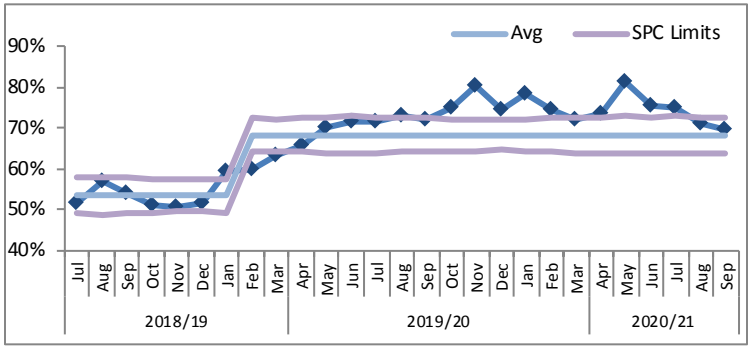
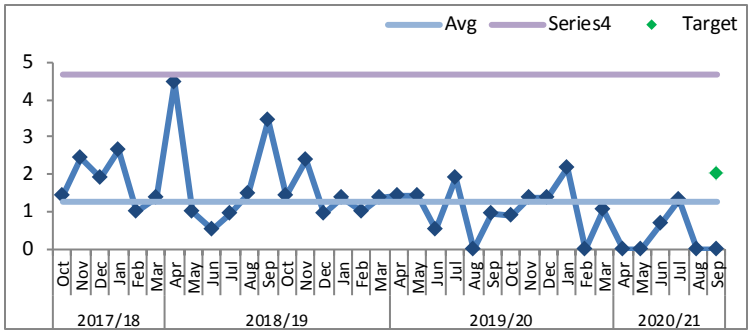
Bradford Teaching Hospitals NHS Foundation Trust

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 June 2020. We are not anticipating further never events.	No benchmark comparator available
C Difficile		No lapses in care or outbreaks reported.	
MRSA		2 cases reported in August 2020, no link between either cases, both cases very complex, full PIR in process, early indicator suggests no lapses in care or cross infection.	

To provide outstanding care for patients

Patient Safety

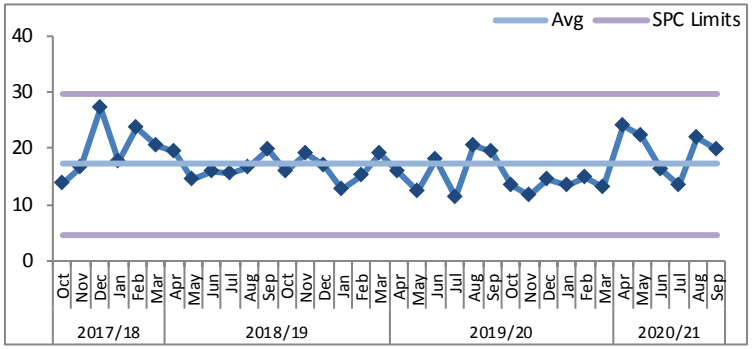
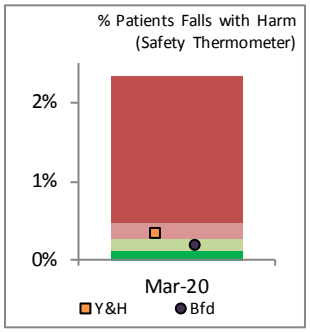
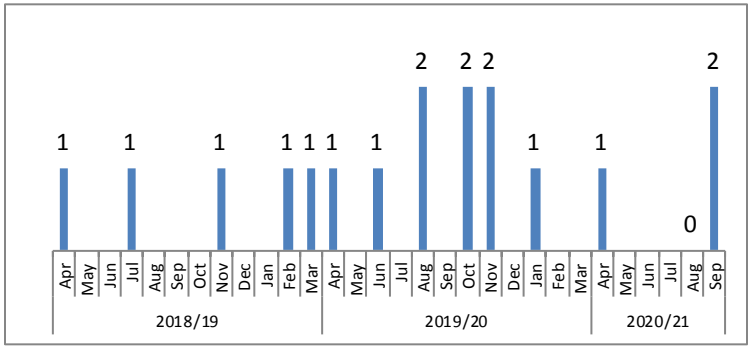
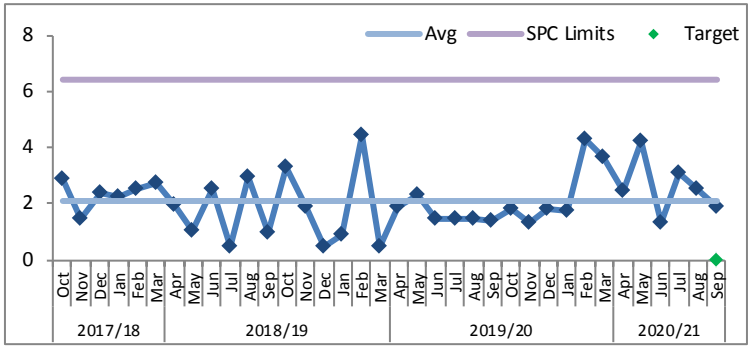
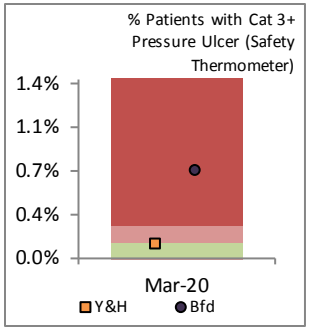
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis patients receive antibiotics within an hour		Increasing numbers of patients is impacting on the ability to prescribe and administer antibiotics within the hour. Lead sepsis nurse has returned to full duties and is working in recovery plans / mitigation	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

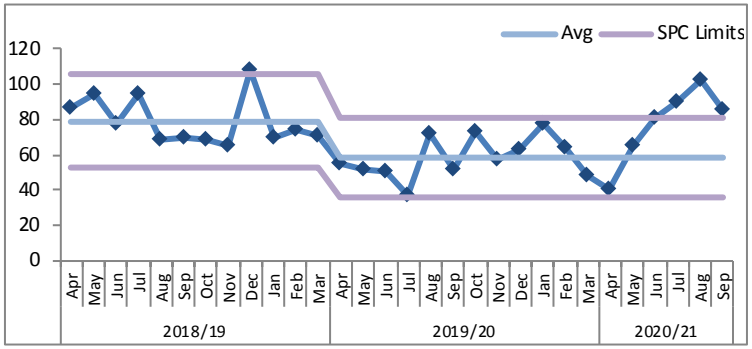
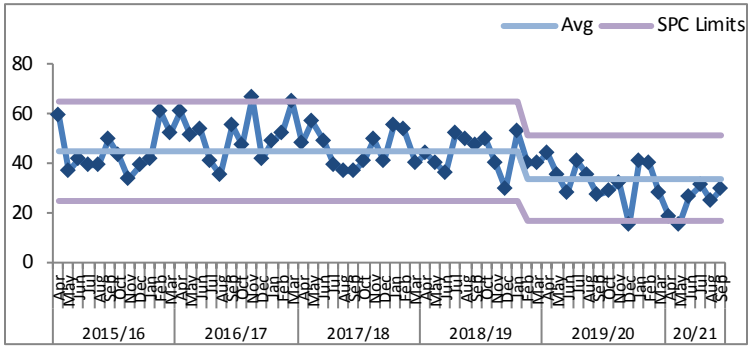
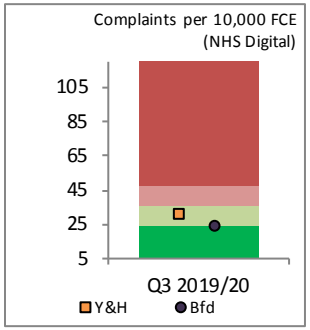
Bradford Teaching Hospitals NHS Foundation Trust

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). Note this includes falls with or without a member of staff and includes falls with minimal harm	
Falls with Severe Harm		Falls with severe harm remain at zero.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		Numbers have returned to baseline. However, we are seeing increasing numbers of patients requiring non-invasive ventilation (NIV) and these numbers may well increase if we have a second wave of COVID	

To provide outstanding care for patients

Patient Experience

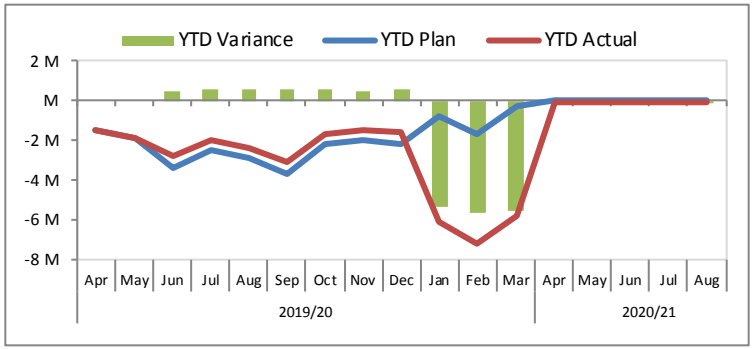
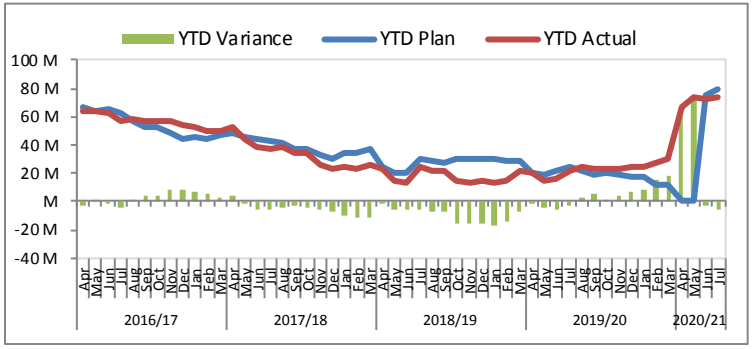
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Night Time Discharges		Earlier in the year the number of night-time discharges was reviewed. This indicated the numbers reported were higher due to electronic time stamp in EPR when discharge documentation completed. Rolling audit is planned from September 2020 to review the data.	No benchmark comparator available
Complaints		This indicator is no longer applicable for benchmarking purposes.	

To deliver our key performance targets and financial plan

Finance

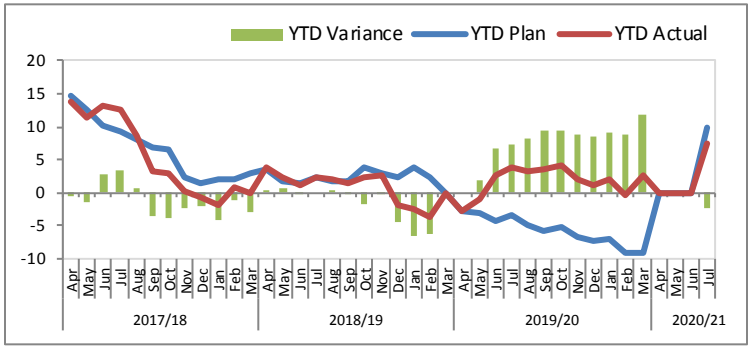
Bradford Teaching Hospitals NHS Foundation Trust

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 Septeber 2020, the Trust reported a £17.4m deficit prior to top up funding. This deficit is £13.7m greater than NHS England/Improvement's (NHSE/I) projection. At a summarised level this £13.7m adverse variance can be explained by: understatement of baseline by NHSE/I (£9.4m pressure), loss of Research and Development (R&D) income (£5.0m pressure), loss of car park income (£0.7m pressure) underspends due to reduced business as usual/clinical activity (£9.4m benefit) and COVID-19 related expenditure (£11.7m pressure). A total of £17.4m of top up funding is reflected in Month 6 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 £76.3m which is £2.5m above plan (£73.8m). The additional cash is due to higher levels of deferred income (£5.5m) which has largely been generated by the research and development department, and higher than planned payables (£2.7m) which is the result of a delayed Public Dividend Capital (PDC) dividend payment. PDC dividend will now be paid during Autumn 2020/21. These positive cash movements are partially offset by capital cash spend above plan (£2.1m) and delayed receipt of PDC funding to support capital investments (£3.6m) of which £2.0m relates to digital funding.	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

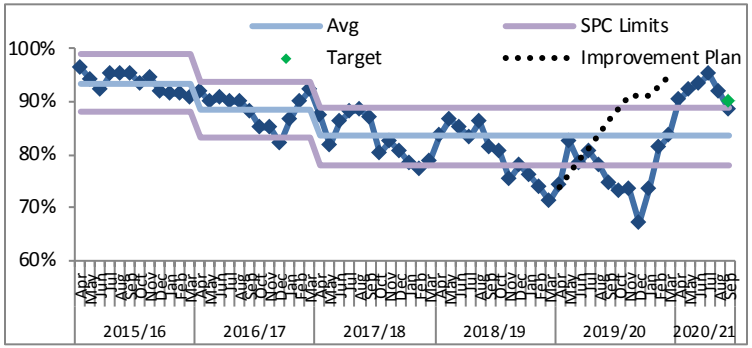
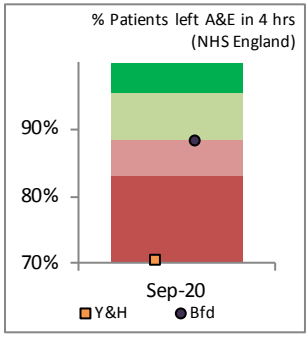
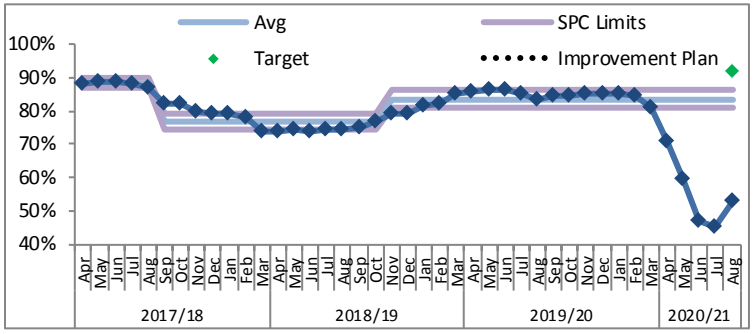
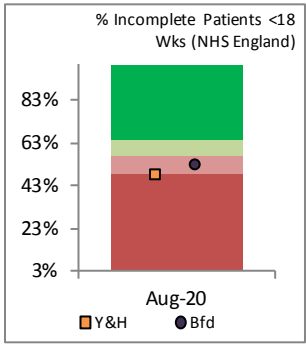
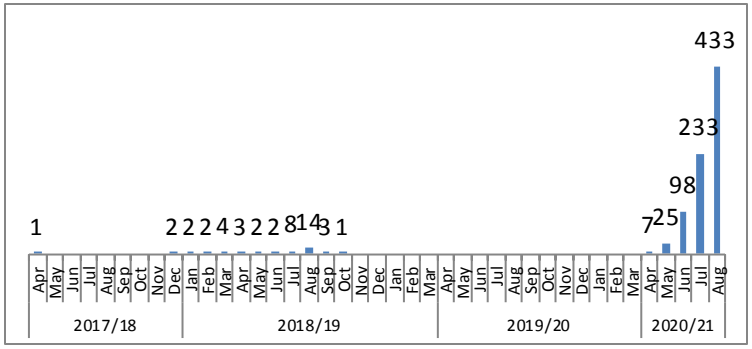
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date (YTD) liquidity is 8.8 days which is 3.1 days lower than plan and an in year increase of 0.6 days from the opening balance. The variance to plan is a result PDC funding of £3.6m included in the year to date plan which is yet to be received. Liquidity is forecast to fall in quarter fall to 1.2 days as a result of the capital programme largely being delivered in quarters 3 and 4.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

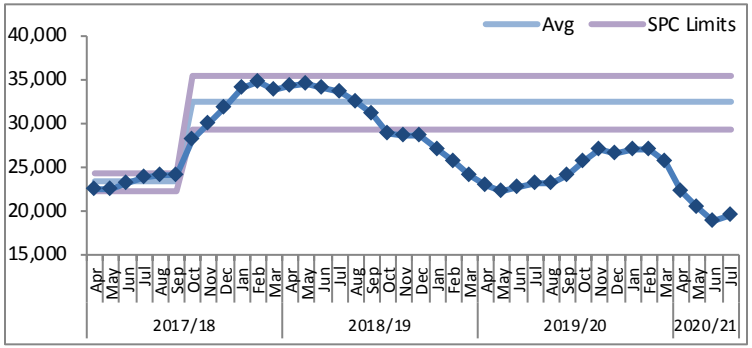
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance was 88.37% which remains above the England average. This performance is for type 1 only as the GP stream has moved off site – inclusion of these attends as type 3 would increase overall performance by 1.25%. Performance for type 1 only is in the upper quartile nationally. ED attendances are nearing pre-COVID levels but the use of see and treat and same day emergency care (SDEC) pathways are helping to sustain higher ECS performance.	
RTT 18 Week Incomplete		RTT performance is forecast to improve to 56.50% in September. This relates to GP referral demand increasing the total waiting list size with growth in the number of patients waiting less than 18 weeks. Elective activity increased during September in line with restart and recovery plans however the rise in COVID-19 demand will result in reduced elective activity during October.	
RTT 52 Week Wait		The Trust is forecasting 788 incomplete 52 week waits for September 2020. All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues. This process will ensure no clinically urgent cases wait longer than necessary but due to ongoing COVID-19 pressures treatment capacity will be allocated based on clinical urgency. The Trust are engaged with the national clinical validation programme and will support patients in understanding their options for deferring treatment.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

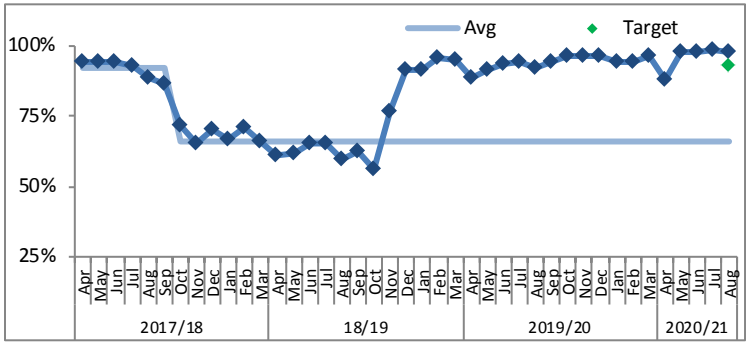
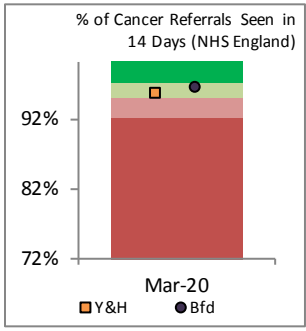
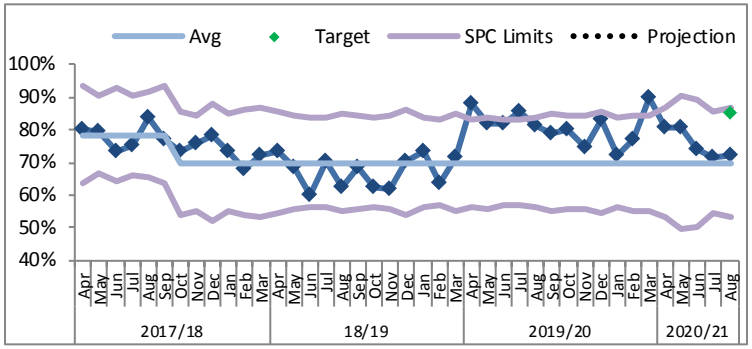
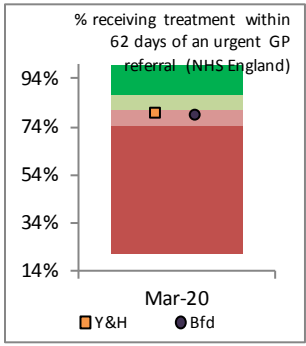
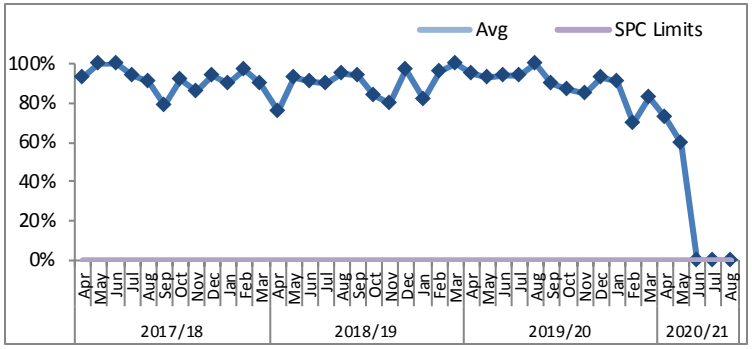
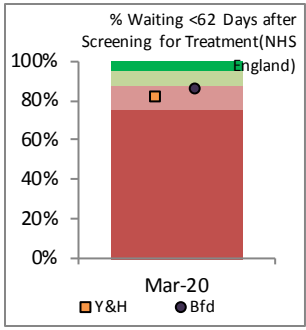
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total elective waiting list is forecast to increase by 500 during September 2020 in line with the continued increase in GP referrals. The forecast total waiting list size at the end of September is 21,542.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

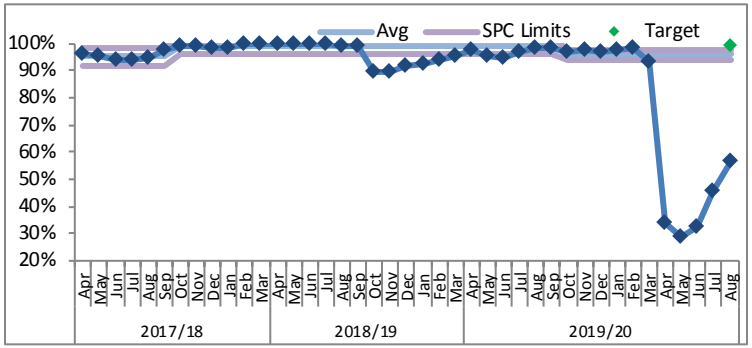
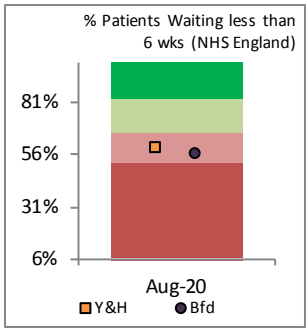
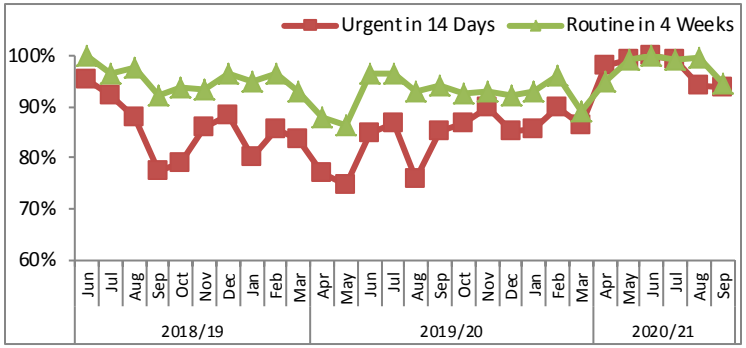
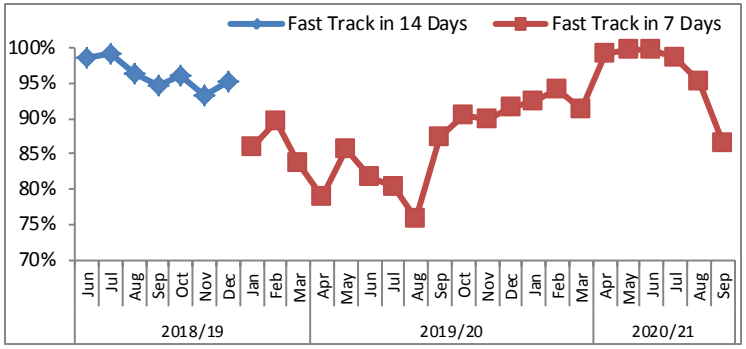
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		August 2020 performance against the 2 Week-Wait Cancer standard was 97.41% with tumour groups continuing to prioritise capacity for Cancer referrals. September performance is expected to drop slightly due to increased demand on the Upper GI pathway and limited endoscopy capacity available to respond (in response to COVID-19). Capacity has since been increased with performance expected to improve during October.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for August 2020 was 81.26%. Diagnostic and surgical capacity is being prioritised in support of long cancer waits created during the first wave of COVID-19. Improvements in time to diagnosis and decision to treat can be noted and the total waiting list over 62 days has reduced from over 150 to 100 at the end of September. Performance will remain below target whilst long waits are being cleared.	
Cancer 62 Day Screening		The number of treatments for this measure are low and all have been outside of target but this is expected to significantly improve from September following the increase of elective activity.	

To deliver our key performance targets and financial plan

Performance

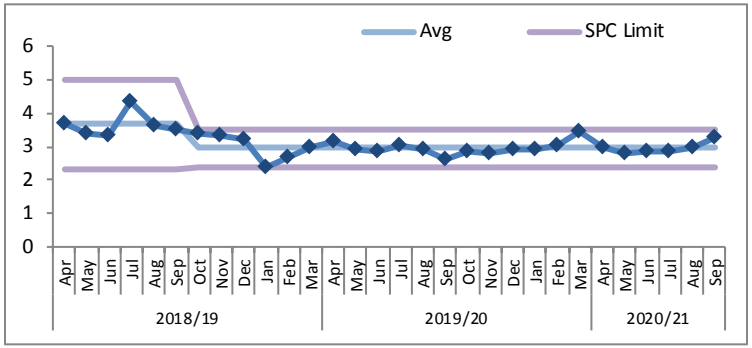
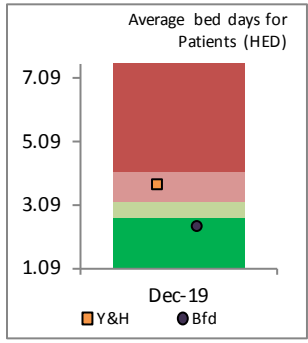
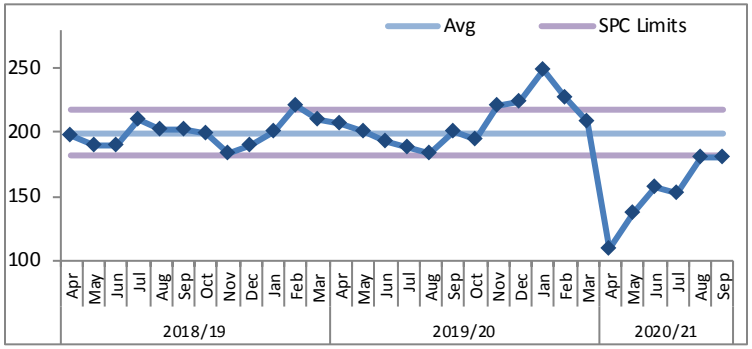
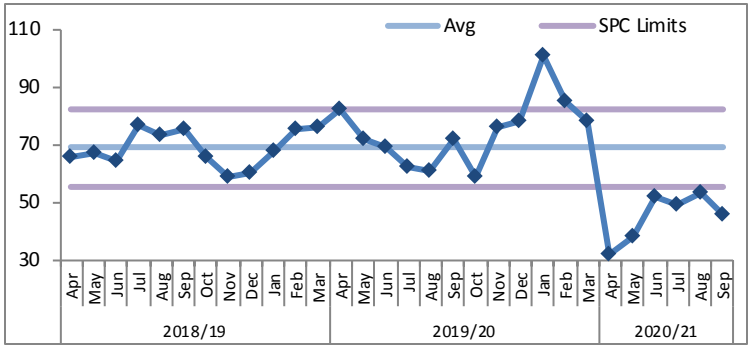
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Diagnostic Waits		September 2020 performance was 53.76% with a significant reduction in the waiting list size. Radiology waiting times are forecast to improve to within the 6 week standard from October onwards following implementation of restart plans. Endoscopy performance was impacted by the sending of routine work to the independent sector which is supporting overall demand management but has reduced the number of waits under 6 weeks.	
Radiology Turnaround Time Outpatients		Turnaround times improved in April 2020 and have since remained stable. Referrals have increased in recent weeks which has resulted in a small delay for some urgent reporting which has been addressed through additional sessions.	No benchmark comparator available
Radiology Turnaround Time Frast Track		Performance improved to above target in April 2020 and this has been sustained since. Referrals have increased in recent weeks which has resulted in a small delay for some fast track reporting which has been addressed through additional sessions. This resulted in two weeks below 85% in September but performance is now back at 98%.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

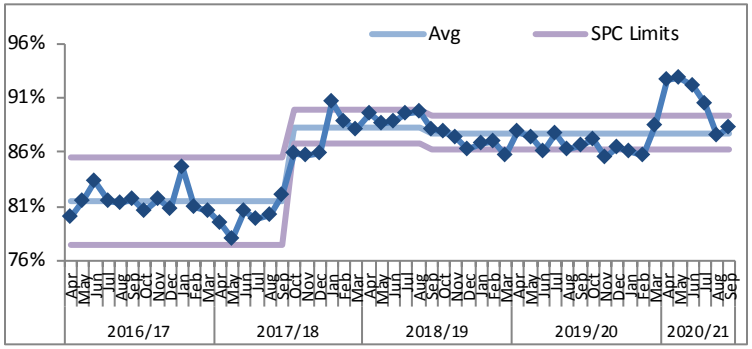
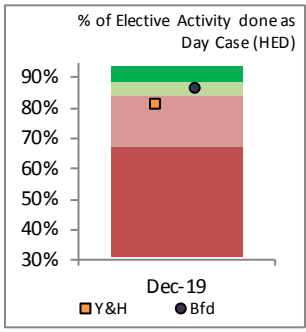
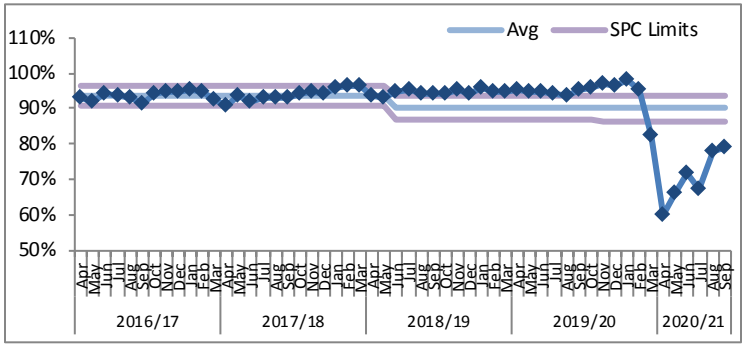
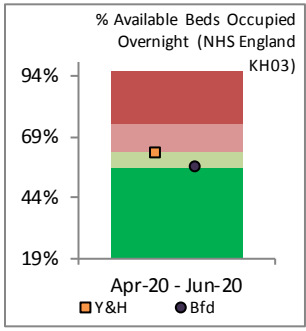
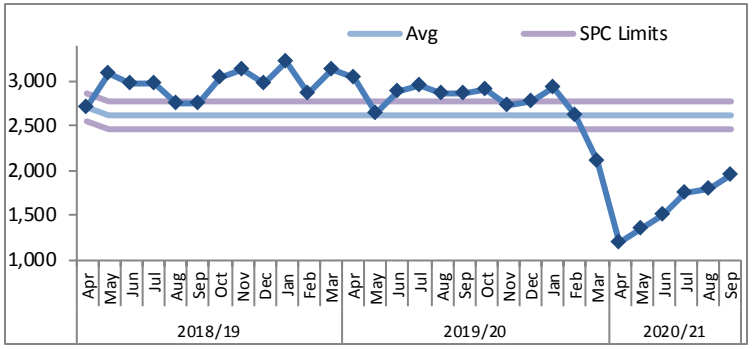
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Average length of stay (LoS) has increased slightly but remains within control limits.	
Stranded Patients Length of Stay >= 7 days		The weekly multi-disciplinary (MDT) review meeting of patients above 7 days length of stay remains in place.	No benchmark comparator available
Super Stranded Patients Length of Stay >= 21 days		Stable position as the review of patients over 21 day LOS is being conducted 5 days a week by the command centre team, therapies and the MAIDT in order to implement rapid support that may facilitate an earlier discharge.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

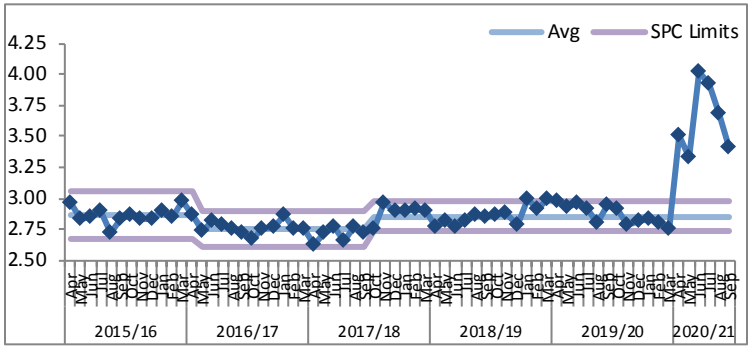
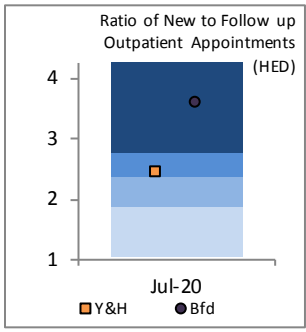
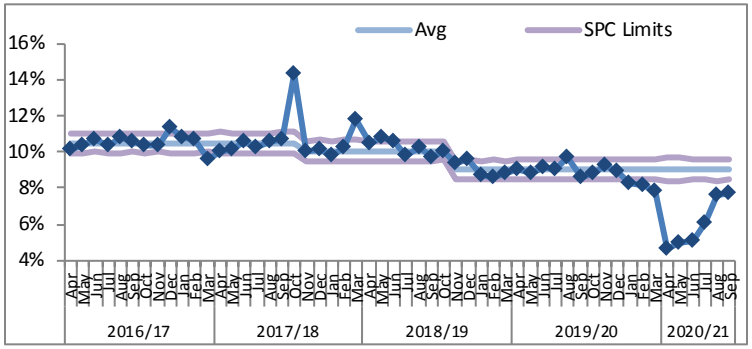
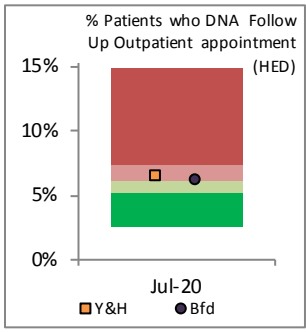
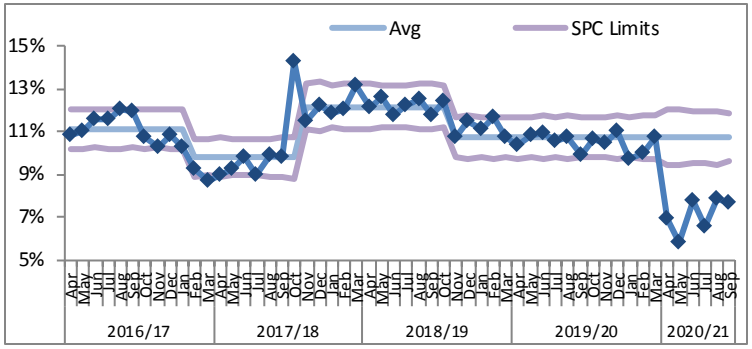
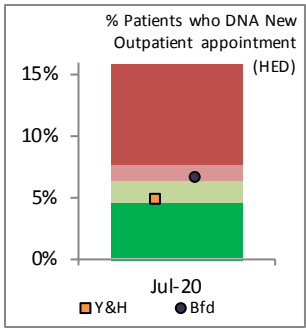
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Day Case Rate		Day case rates continue to be above the national and regional average. They increased further as non-urgent elective in-patient activity stopped as part of the COVID-19 response but as this is reinstated they are returning towards the historic mean.	
Bed Occupancy		Bed occupancy remains below pre-COVID levels however there has been an increase since April 2020 which is in line with the increase in the number of Accident and Emergency (A&E) attendances (and subsequent admissions). Ward configuration has been adapted to provide red and green separation of patients and compliance with social distancing which has slightly reduced the total bed count.	
Disharges before 1pm		The total number of discharges before 1pm have increased since April 2020 as there has been an increase in total discharges, the percentage discharged before 1pm has remained stable.	No benchmark comparator available

To deliver our key performance targets and financial plan

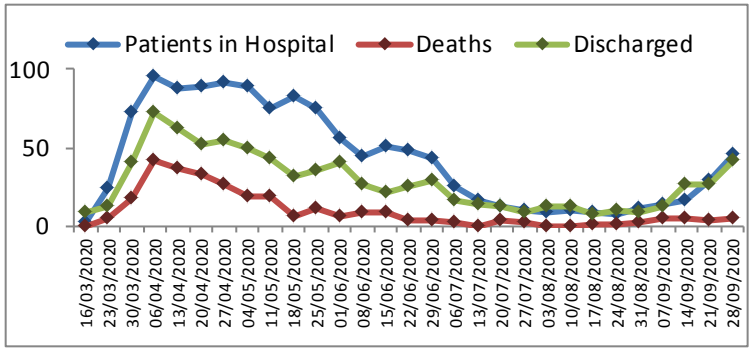
Productivity

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New to Follow Up Ratio		The use of video and telephone clinics in response to COVID-19 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.	

Covid-19

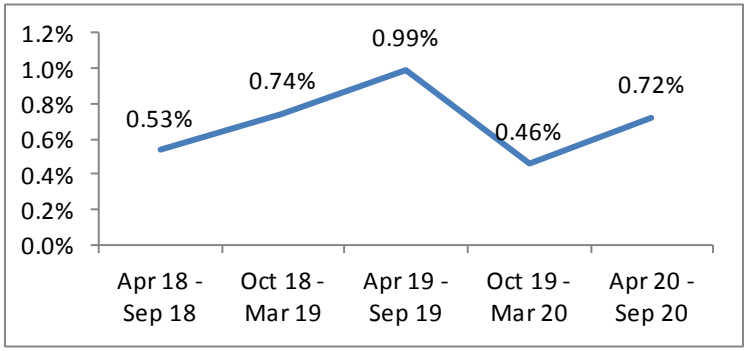
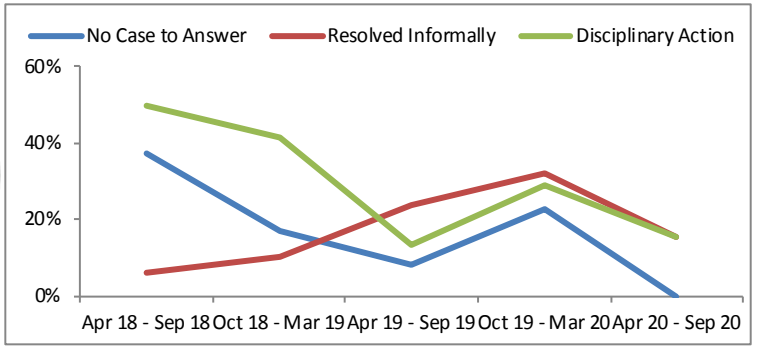
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
COVID-19		Covid demand now rising within the in-patient bed base.	No benchmark comparator available

To be in the top 20% of employers

Engagement

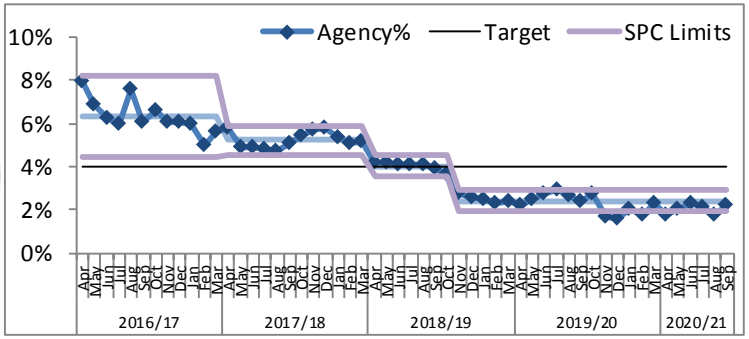
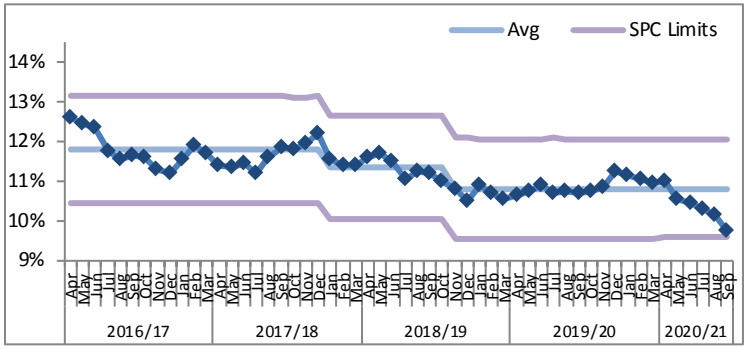
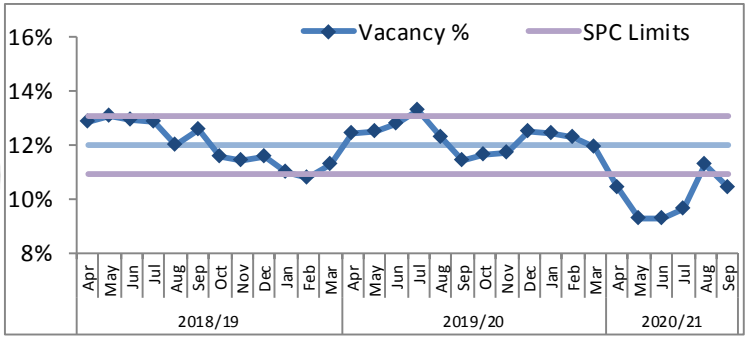
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Contacts with Advocacy service		The number of contacts with the Staff Advocacy Service rose steadily since its introduction in August 2018. Following a slight downturn in contacts during the period 01/10/2019 to 31/03/2020, this has increased again over the last 6 months (01/04/2020 to 30/09/2020). During the last 6 months the number of contacts being resolved informally has risen slightly from 50% to 53%. Although, this cannot be correlated it is hoped a rise in informal resolution of cases will impact positively on formal cases being processed. The Equality, Diversity and Inclusion team are reviewing the Staff Advocacy service as part of a wider campaign for Dignity and Respect in the organisation throughout 2020/2021. The Diversity and Inclusion Unit have developed, in partnership with colleagues in OD, a one hour webinar on Civility in the Workplace and its impact, this will be rolled out for all managers and team leaders across the Trust. Next update April 2021 (for the period 01/10/2020 to 31/03/2021).	No benchmark comparator available
Harassment & Bullying Outcomes		The graph shows that the percentage of formal Bullying and Harassment cases during the period (01/04/20 to 30/09/20) has reduced by 60% from the previous reporting period (01/10/19 to 31/03/20) from 31 to 13 cases. 92% (or 12) of the 13 cases reported during this period were new cases. 9 of these cases remain ongoing. Some delays have been experienced due to Covid-19. Of the 4 cases completed during the period 2 resulted in disciplinary action and 2 resulted in informal action. There were no cases where there was “no case to answer” during this period.	No benchmark comparator available

To be in the top 20% of employers

Staffing

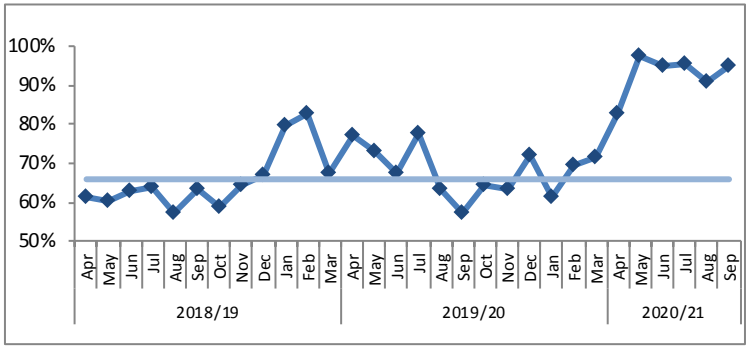
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		We have seen an increase in Agency use overall in September 2020. There has been a shift from bank to agency, particularly in the Nursing & Midwifery staff group. Agency staffing across the Medical and Dental staff group has remained static. Allied Health Professional agency use has also remained unchanged. Due to COVID-19 we had an increase in agency use in July, which has remained in place in August and September, in the Administrative and Clerical group due to additional Information Technology (IT) resources being deployed in the Trust and also an increase in security staff to cover the door security. Arrangements for visiting remained in place so increased security continued. Agency spend continues to be under the ceiling.	No benchmark comparator available
Staff Turnover		The Trust Turnover rate has reduced to 9.74% in September 2020 from 10.12% in August 2020. Reductions were seen in all areas with the exception of Corporate Services which has shown a slight increase and Research which has remained stable.	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

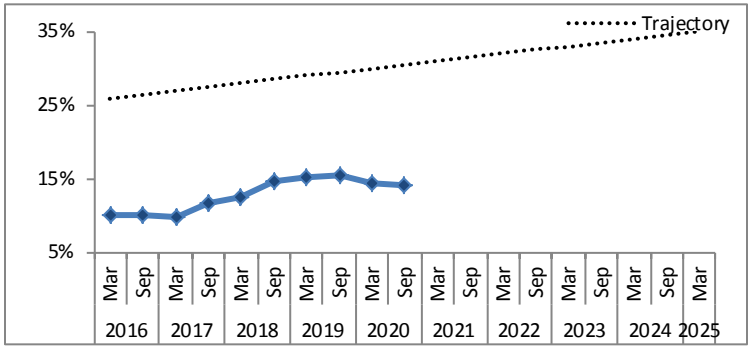
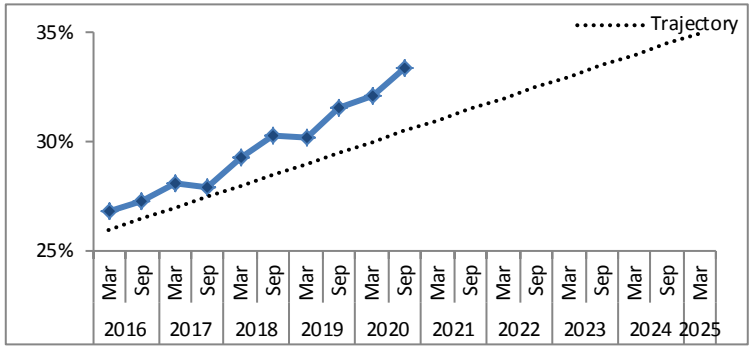
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Maternity patients receiving 1:1 care		The number is consistently over 90%	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		The proportion of Black, Asian and Minority Ethnic (BAME) staff at Bands 8 and 9 has slightly decreased by 0.27% during the period 01/04/2020 to 30/09/2020 to 14.24%. This 0.27% decrease means that out of the 11 appointments we recruited 1 BAME member of staff. Based on the current trajectory as of 30th September 2020 we will miss our employment target to have a senior workforce reflective of the local population (35% by 2025) by almost 13%. BAME representation in our senior workforce continues to be a major focus for the Equality, Diversity & Inclusion team and features heavily in our 2020 Workforce Race Equality Standard (WRES) action plan. A number of different activities are being rolled out including internal Reciprocal Mentoring scheme and an external mentoring scheme for Bands 8a and above. We will explore targetted recruitment with the potential for positive action under the Equality Act. We are also working together as the West Yorkshire & Harrogate Health and Care Partnership via the Regional BAME network who have also developed and now launched the BAME Fellowship Programme which has been widely disseminated across the Trust and BAME staff have been encouraged to apply. We have recently appointed a BAME Executive colleague which will improve our overall representation at very senior management level. Next update April 2021 (for the period 01.10.2020 – 31.03.2021.	No benchmark comparator available
BAME Workforce		The proportion of BAME staff in the workforce as a whole has increased by 1.24% during the period 01/04/2020 to 30/09/2020. The trajectory figure continues to take us just over 4% ahead of our target of having a workforce reflective of the local population (35% by 2025). Next update April 2021 (for the period 01.10.2020 – 31.03.2021.	No benchmark comparator available

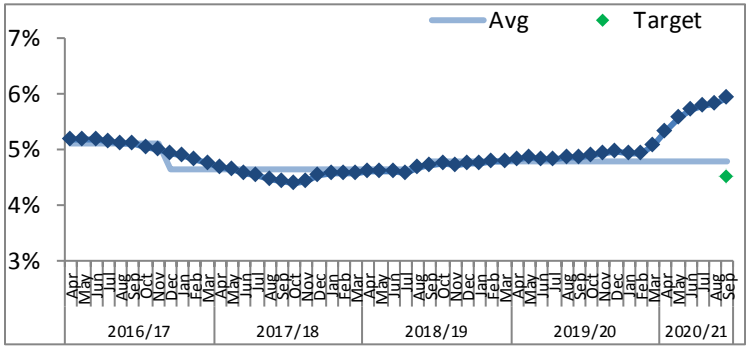
To be in the top 20% of employers

Health & Wellbeing

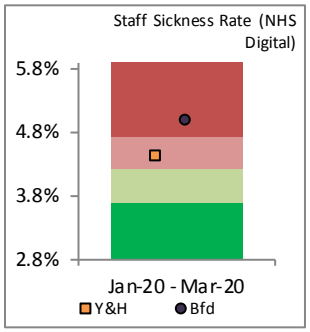
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Staff Sickness Absence



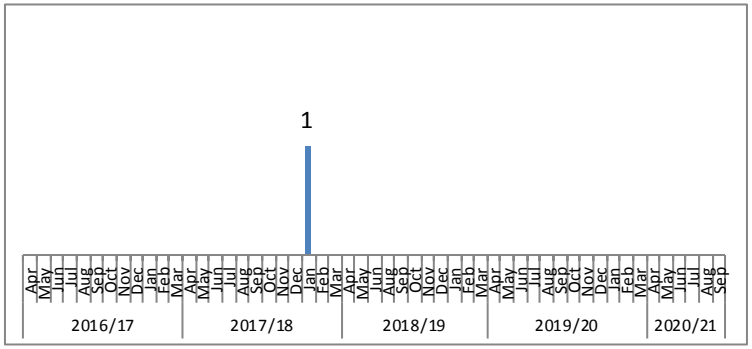
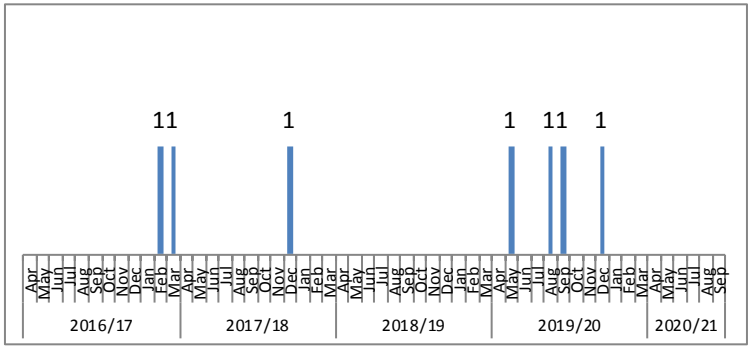
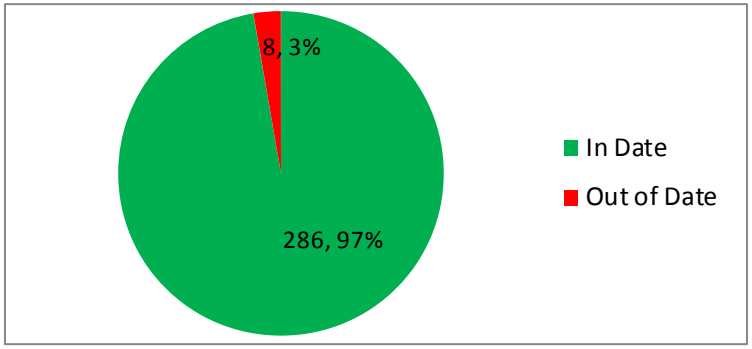
The rolling 12 month sickness absence rate at the end of September 2020 was 5.91% with increases seen in all areas of the Trust with the exception of Corporate Services which has a slight reduction. This figure does not include staff who are self-isolating which amounted to 1.42% in September.



To provide outstanding care for patients

Governance

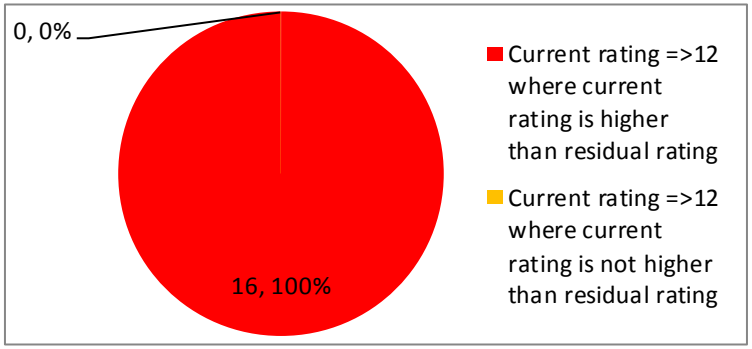
Bradford Teaching Hospitals NHS Foundation Trust

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 are no open incidents with the Information Commissioner's Office.	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
Use of Resources – Financial	Use of resources is a calculation on the status of a number of financial measures – Capital Servicing Capacity, Liquidity, I & E Margin, and Agency Spend.	Director of Finance	Red - Rating of 4 Amber – Rating of 2 or 3 Green – Rating of 1	3.3
Delivery of Cash Plan	Delivery of cash against plan.	Director of Finance	Red Cash below £5m Amber Cash between £5m & £10m Green Cash over £10m	3.3
Liquidity Rating	A measure of how many days an organisation can continue to fund its operations based on the level of net current assets and available borrowing.	Director of Finance	Red > minus 14 days liquidity Amber - 0 days to minus 4 days liquidity Green – greater than 0 days liquidity	4.1
Bradford Improvement Plan	Bradford Improvement Plan progress against target.	Director of Finance	Red >10% off plan (adverse) Amber 0% - 10% off plan (adverse) Green – on plan or better	3.3

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Performance				
Emergency Care Standard	Percentage of patients seen in A&E within 4 hours.	Chief Operating Officer	Red < 90%, Green >= 90%	2.4
RTT 18 weeks Incomplete	Percentage of patients waiting within 18 weeks on an incomplete pathway.	Chief Operating Officer	Red < 92%, Green >= 92%	3.9
RTT 52 weeks waits	Number of patients waiting more than 52 weeks.	Chief Operating Officer	Red > 0, Green = 0	4.0
Cancer 2 week wait GP	Percentage of patients who have waited a maximum of 2 weeks to see a specialist for all patients referred with suspected cancer symptoms	Chief Operating Officer	Red < 93%, Green >= 93%	3.9
Cancer Urgent 62 day GP	Proportion of patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer.	Chief Operating Officer	Red < 85%, Green >= 85%	3.9
Cancer Urgent 62 day Screening	Proportion of patients receiving treatment for cancer within 62 days of an NHS Cancer Screening service.	Chief Operating Officer	Red < 96%, Green >= 96%	3.9
Full Blood Count acute wards 2 hours	The time taken for the laboratory to process Full Blood Counts samples from all Acute Wards and validated results are available on the Laboratory Information Management System (LIMS). The time measured is from the sample being booked on to the LIMS and results being validated on the LIMS and available to requestors	Chief Operating Officer	Red <85%, Amber >=85% & < 90%, Green >=90%	3.9
Diagnostic Waits	Percentage of patients who have waited less than 6 weeks for a diagnostic test.	Chief Operating Officer	Red < 99%,Green >= 99%	3.4
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 4.5%.	Director of Human Resources	Red >1% point above Target, Amber within 1% point above Target, Green <= Target	4.0

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.