Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard

Board of Directors

30th November 2020

Integrated Dashboard

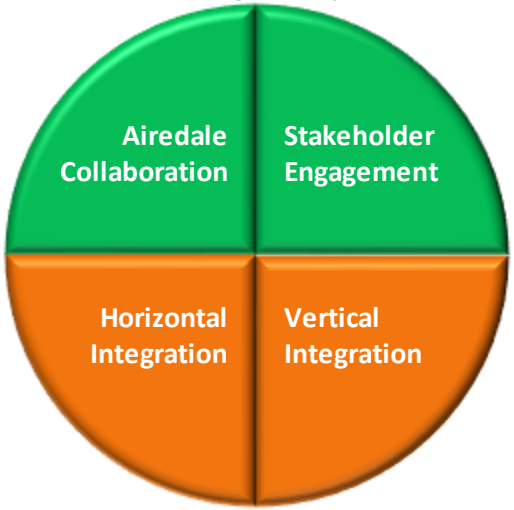
30th November 2020

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

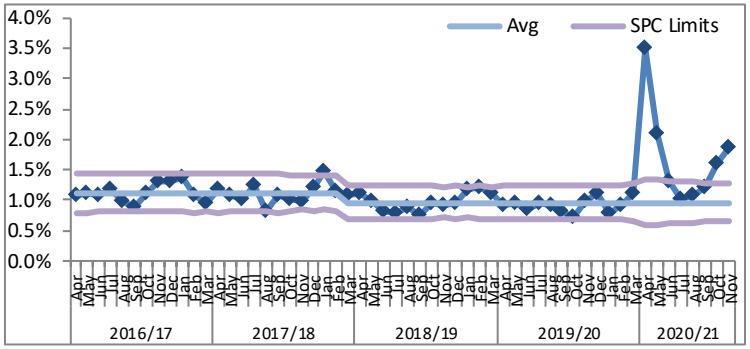
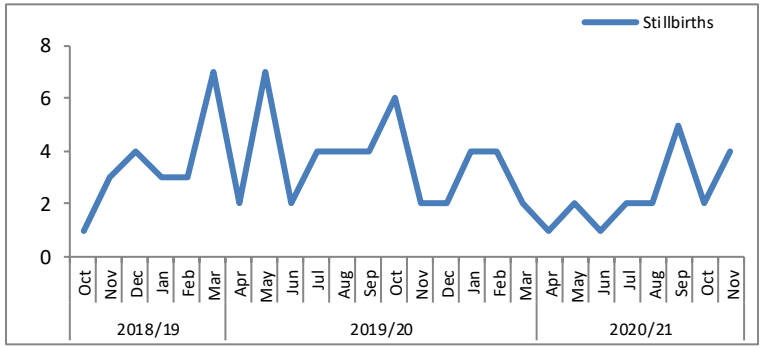


To be a continually learning organisation

To provide outstanding care for patients

Clinical Effectiveness

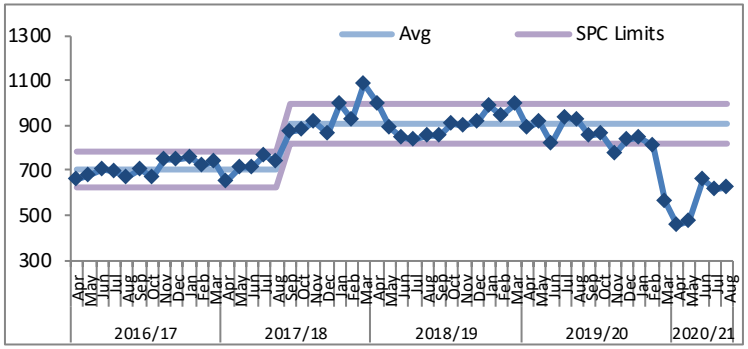
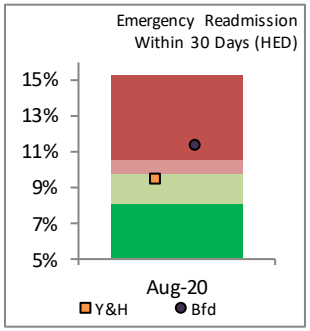
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Crude Mortality		There has been a small rise in October 2020 as second wave of COVID-19 impacts the crude death rate due to total patient numbers in the trust reduced as a consequence of pausing elective inpatient work. Anticipate a further rise in December and January 2021.	No benchmark comparator available
Stillbirths		The learning from each stillbirth is taken through the Outstanding Maternity services (OMS) programme and will report through the Quality academy in the future.	No benchmark comparator available

To provide outstanding care for patients

Clinical Effectiveness

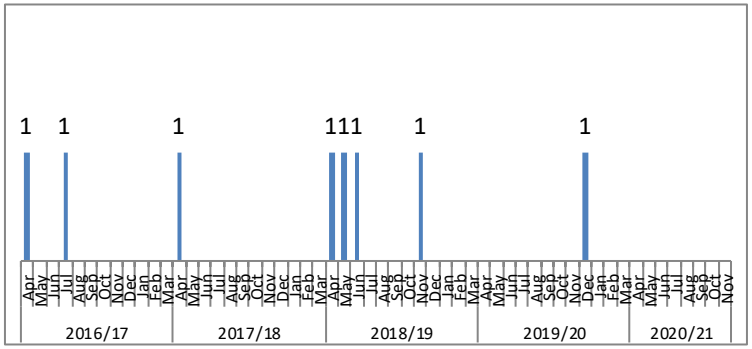
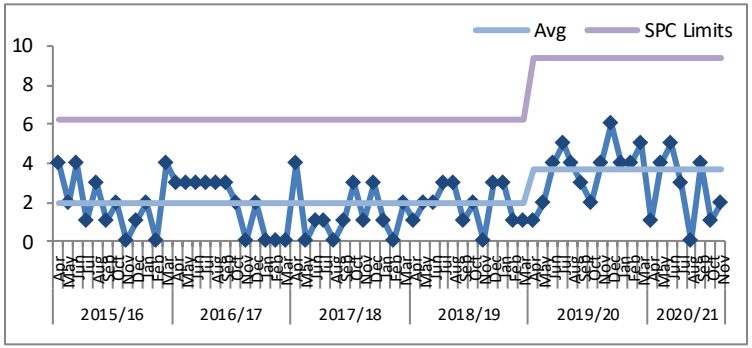
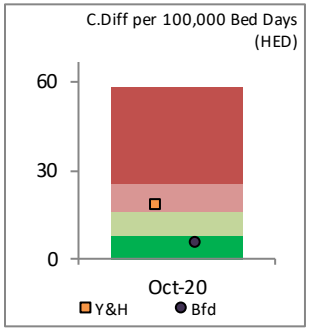
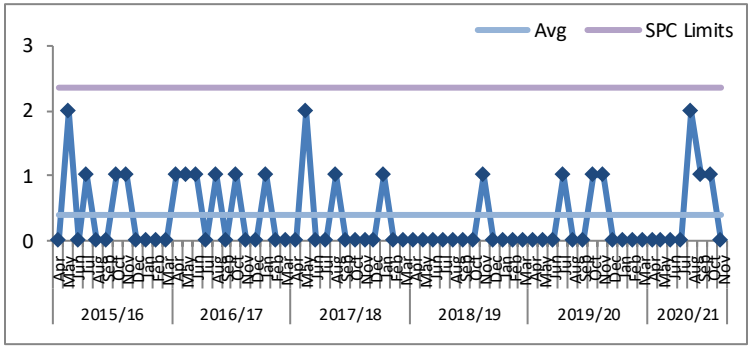
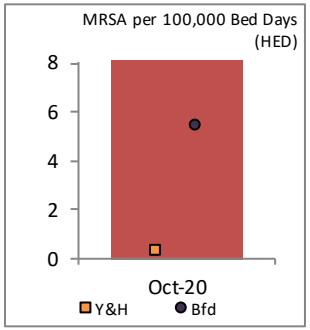
Bradford Teaching Hospitals
NHS Foundation Trust

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

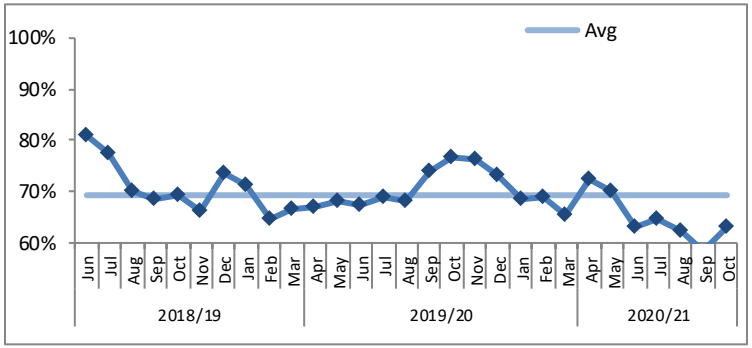
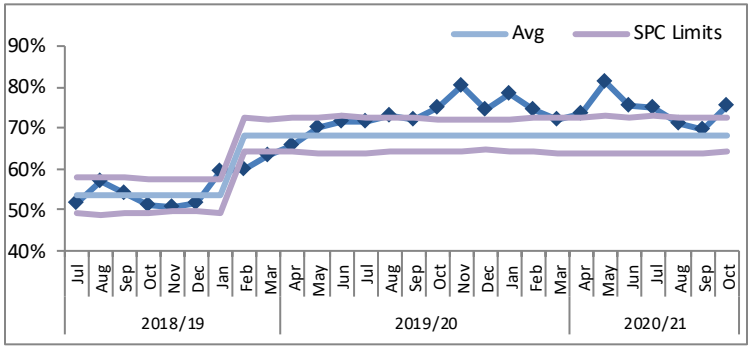
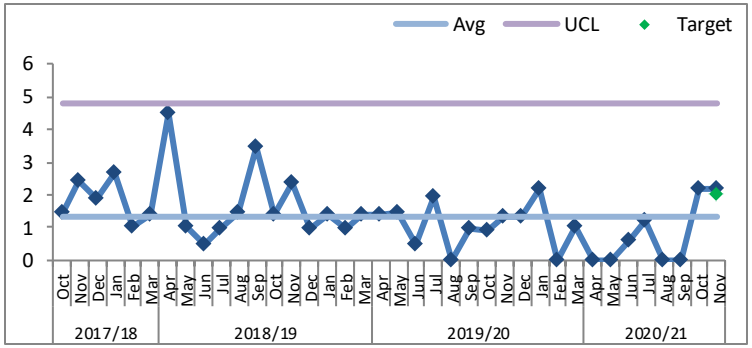
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Never Events		In the year 2019/20 there was one never event. There have been no never events reported since December 2019.	No benchmark comparator available
C Difficile		Metric commentary not updated No lapses in care or outbreaks reported.	
MRSA		Metric commentary not updated 1 case in September – post infection review (PIR) underway.	

To provide outstanding care for patients

Patient Safety

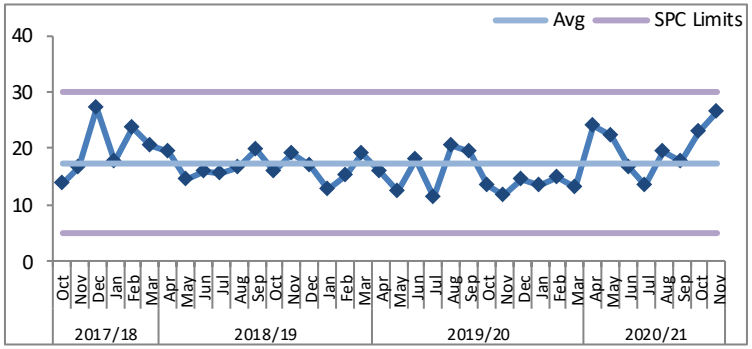
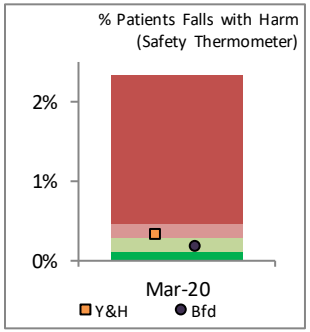
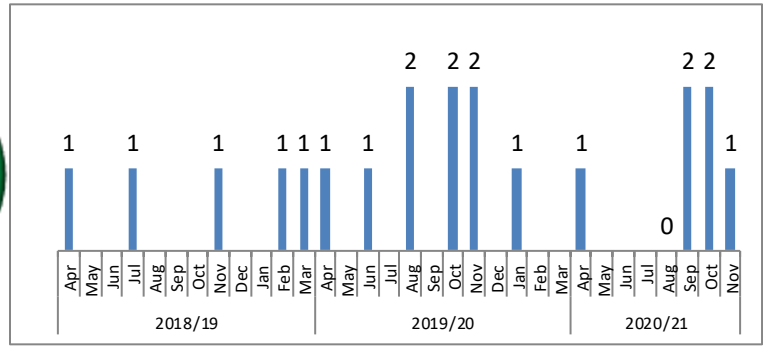
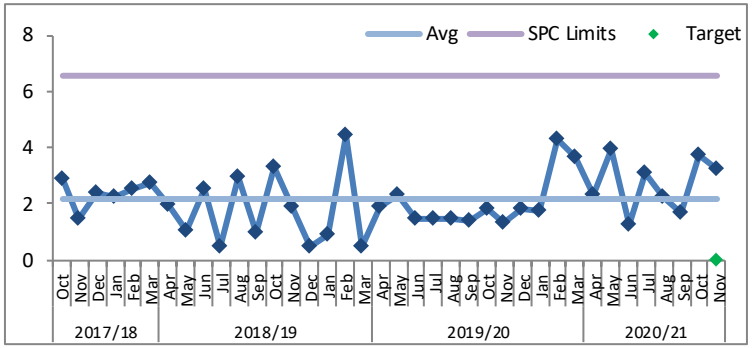
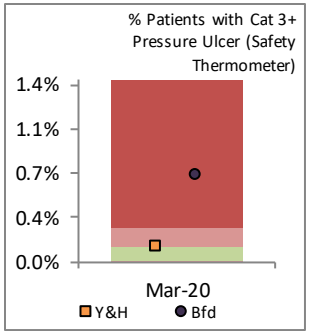
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis patients receive antibiotics within an hour		Metric commentary not updated 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		Metric commentary not updated Progress remains as expected.	No benchmark comparator available
Serious Incidents per 10,000 bed days		Four Serious Incidents.	No benchmark comparator available

To provide outstanding care for patients

Patient Safety

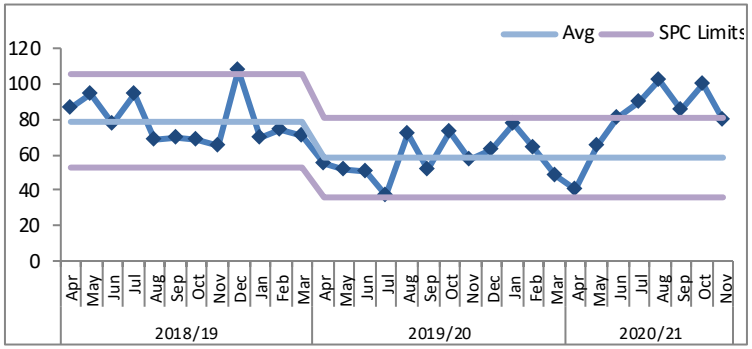
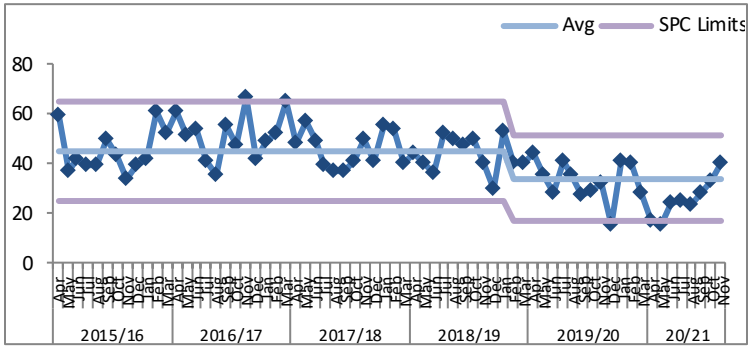
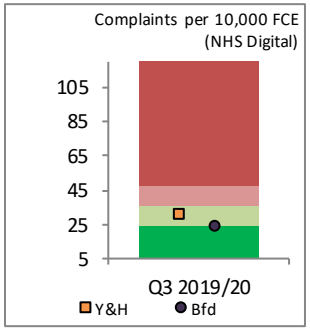
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Falls with Harm per 10,000 bed days		Metric commentary not updated 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		Metric commentary not updated Two Falls, one reported as a Serious Incident in October 2020.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		Metric commentary not updated 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-19.	

To provide outstanding care for patients

Patient Experience

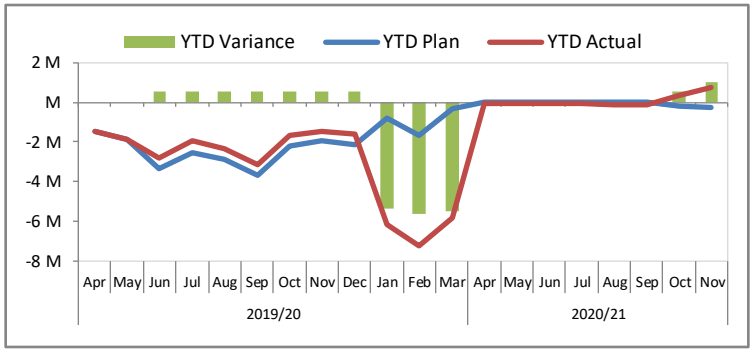
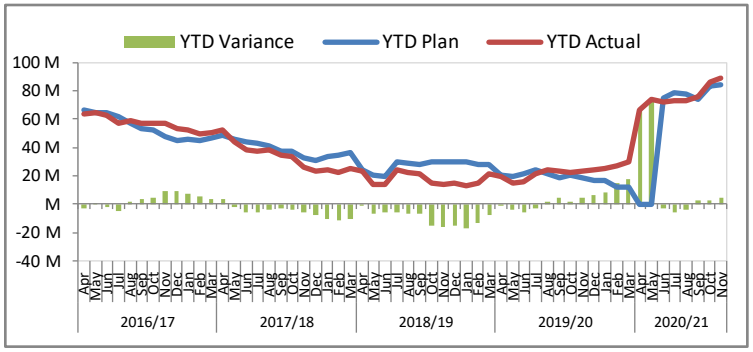
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Night Time Discharges		Metric commentary not updated 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		Metric commentary not updated This indicator is no longer applicable for benchmarking purposes.	

To deliver our key performance targets and financial plan

Finance

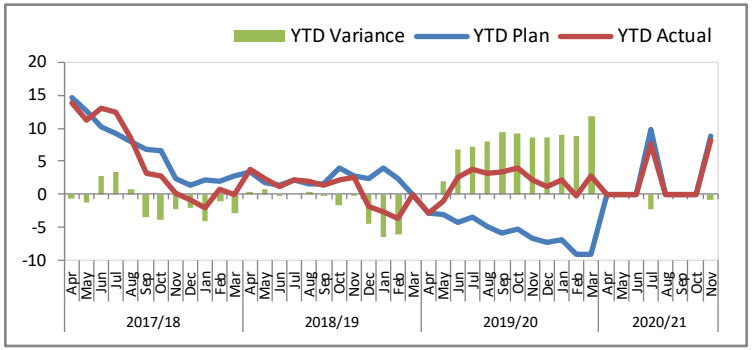
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Delivery of Income and Expenditure Plan		The interim funding regime for Quarters 1 & 2 has now come to an end. The new financial regime in place for the second half of the year is based on delivery of activity level in line with those for the same period last financial year with top-up and COVID-19 funding now consolidated in an increased NHS block payment. The Trust's response to the COVID-19 pandemic has resulted in lower than planned activity levels and lower than planned expenditure. For the financial year to November 2020, the Trust reported a bottom line position of £0.9m favourable to the plan. There remains a risk to full recovery of this accrued top up income relating to M1-6 should NHS England/Improvement not consider some of the identified COVID-19 costs to be appropriate. There is also £1.5m risk to income included in this position associated with the Elective Incentive Scheme (EIS) which has not been accounted for in line with guidance from NHS I.	No benchmark comparator available
Delivery of Cash Plan		Year to date cash is £88.7m which is £4.7m above plan (£84.0m). The increased cash balance is due to deferred income being more than planned (£4.8m) relating to income received from Health Education England (HEE). Additional cash has also been generated through better than plan Income and Expenditure (I&E) performance (£1.0m) and higher than planned payables balance (£2.0m). These positive cash movements are partially offset by capital cash spend above plan (£2.4m), higher than planned receivables (£0.6m) and slippage on PDC funded capital schemes delaying the drawdown of funds (£0.8m). Year-end forecast cash is £31.4m which is £0.9m above plan (£30.5m).	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

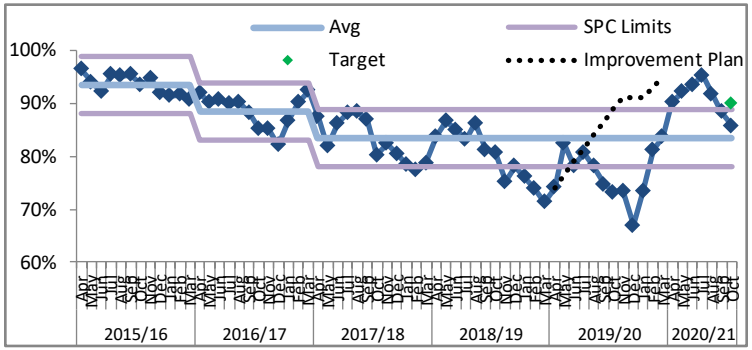
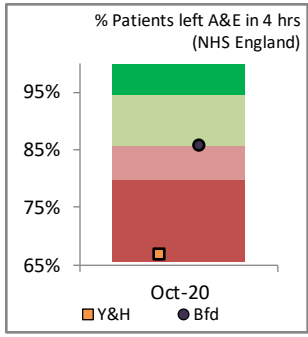
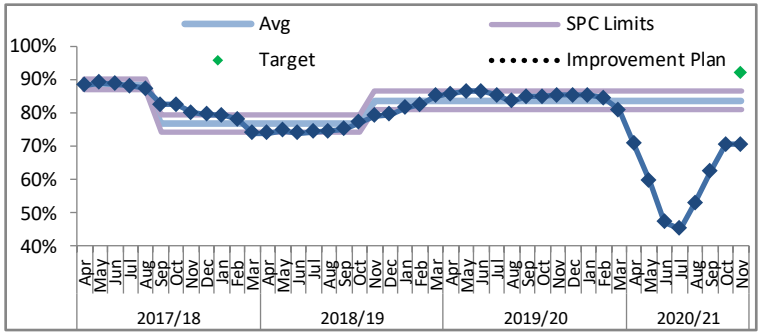
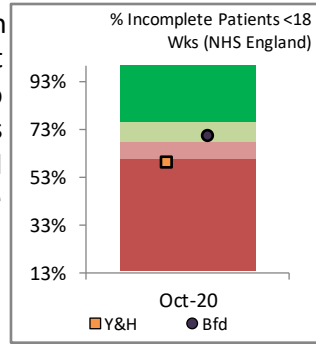
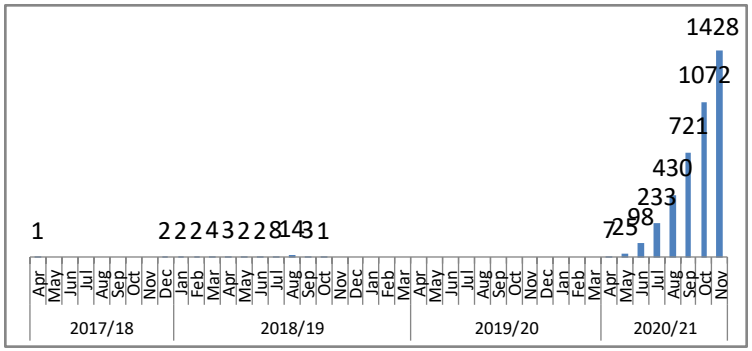
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date (YTD) liquidity is 8.1 days which is 0.8 days lower than plan and an in year reduction of 0.8 days from the opening balance. Liquidity is below plan due an £0.8m reduction in the Trusts working capital as a result of capital expenditure being higher than plan and slippage on Public Dividend Capital (PDC) funded capital scheme delaying receipt of funds. Liquidity is forecast to reduce throughout quarters 3 and 4 as a result of the capital programme being phased in the second half of the year and due to a planned revenue deficit from October to March 2021. Closing liquidity is forecast at negative 0.3 days which is 0.8 days above plan.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

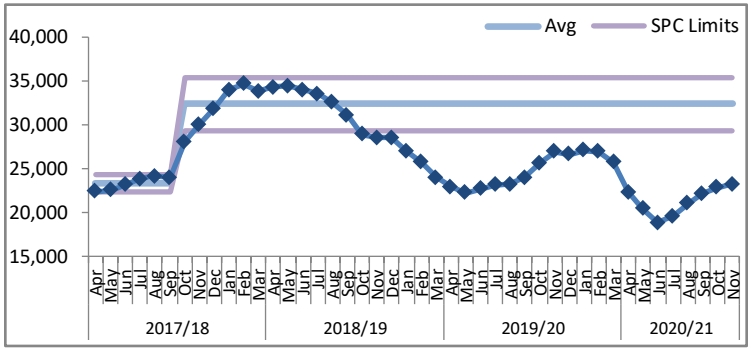
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance was at 86.43% for November, which remains above the England average. This performance is for type 1 only as the GP stream has moved off site – inclusion of these attendances as type 3 would increase overall performance by an average of 1.25%. Performance for type 1 only is in the upper quartile regionally and nationally. The use of see and treat and same day emergency care (SDEC) pathways are helping to sustain higher ECS performance.	
RTT 18 Week Incomplete		Referral to Treatment (RTT) performance was 70.52% in October 2020. GP referral demand has remained consistent and above levels seen during the first COVID-19 spike. Due to the second COVID-19 spike activity has reduced which is causing the total waiting list to increase and performance will deteriorate over winter. The independent sector will continue to be utilised to support elective capacity.	
RTT 52 Week Wait		The Trust is forecasting 1,428 incomplete 52 week waits for November 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.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

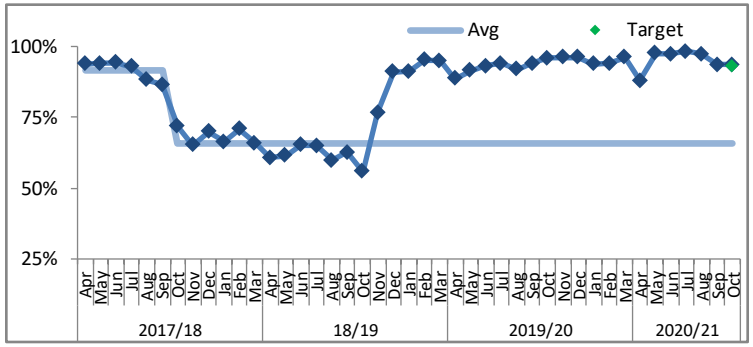
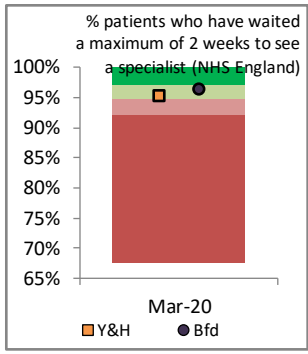
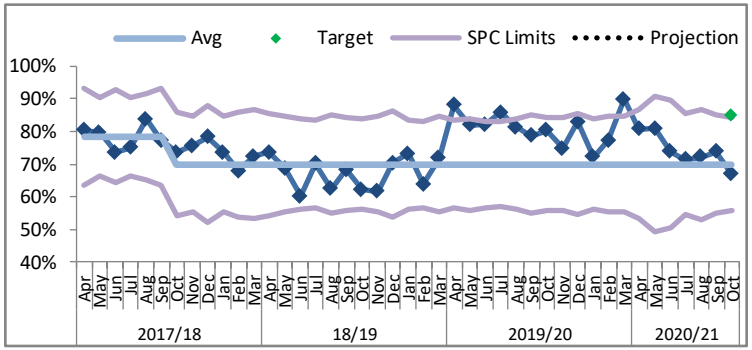
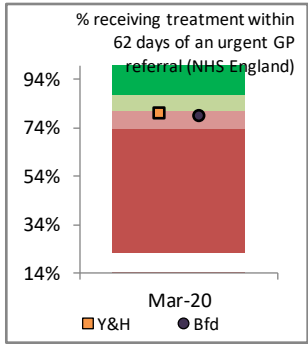
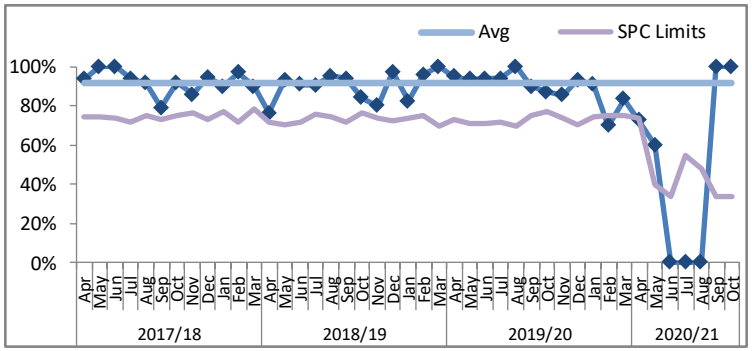
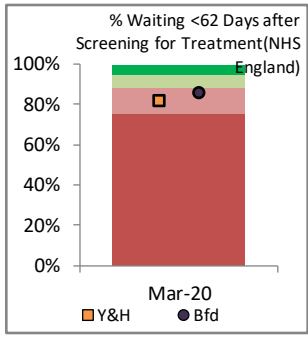
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total elective waiting list is forecast to increase during November 2020 in line with the continued increase in GP referrals and a reduction in elective activity during the second COVID-19 spike. The forecast total waiting list size at the end of November is 22,601.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		October 2020 performance against the 2 Week-Wait Cancer standard was 93.77% with tumour groups continuing to prioritise capacity for Cancer referrals. October performance is expected to also meet this standard. In comparison to other providers in Yorkshire and Humber our performance remains above average.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for October 2020 was 66.84%. 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 177 to 85 at the end of November. Performance will remain below target whilst long waiters are being treated.	
Cancer 62 Day Screening		The number of treatments for this measure are low and following the increase of elective activity all were within target.	

To deliver our key performance targets and financial plan

Performance

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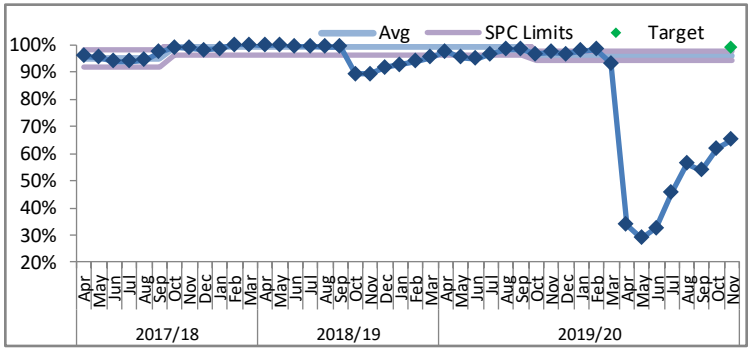
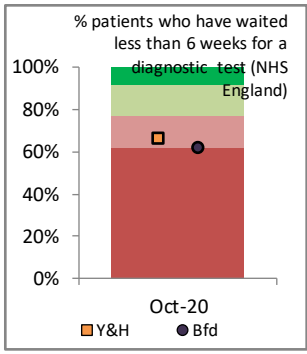
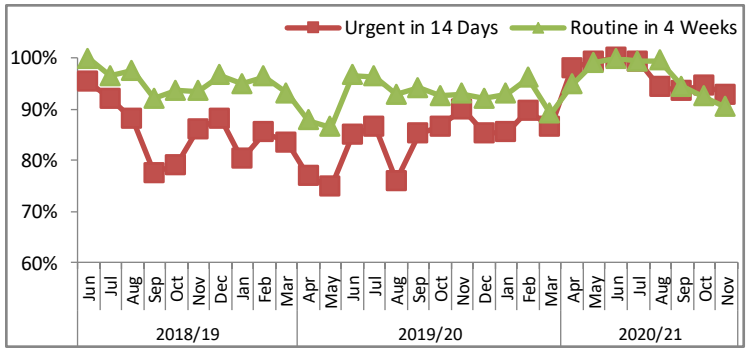
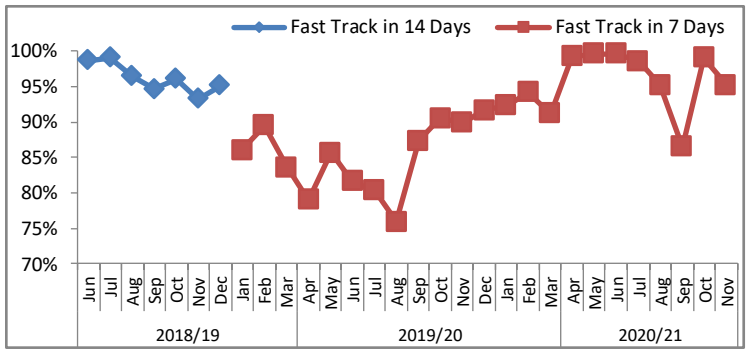
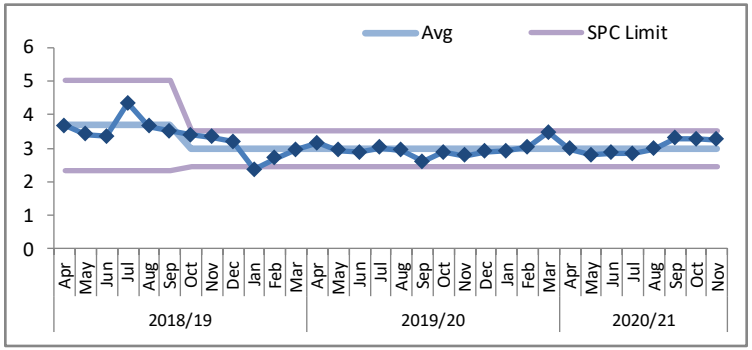
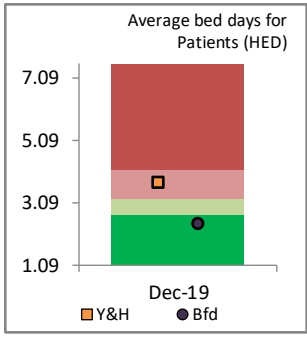
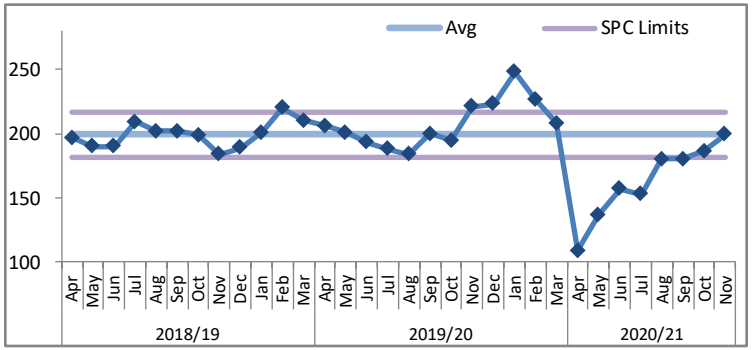
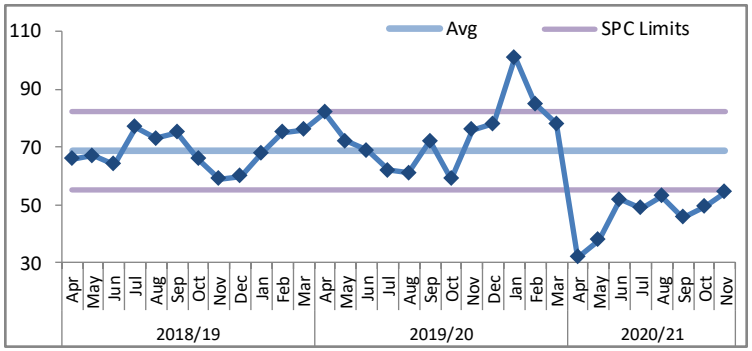
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Diagnostic Waits		November 2020 performance improved to 65.26% with a further reduction in the waiting list size. Endoscopy performance remains challenged which is impacting on our overall diagnostic position. This is a national/regional issue and we continue to work with the independent sector and partners at a place based level.	
Radiology Turnaround Time Outpatients		Turnaround times (scan to report) have reduced in recent months but improvements in time from request to scan mean overall performance from request to report has not been negatively impacted.	No benchmark comparator available
Radiology Turnaround Time Frast Track		Despite a slight drop in turnaround time performance against the two week request to report standard remained above 98%.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

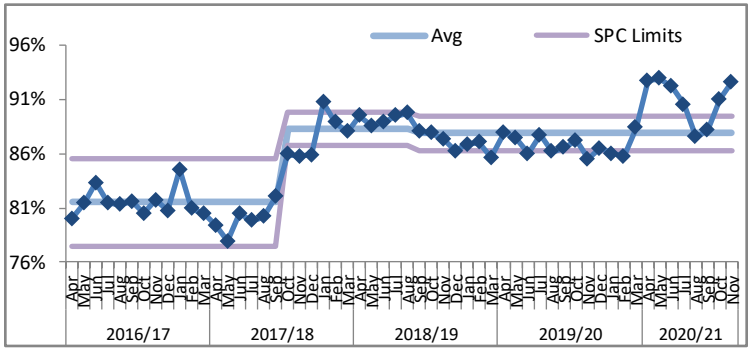
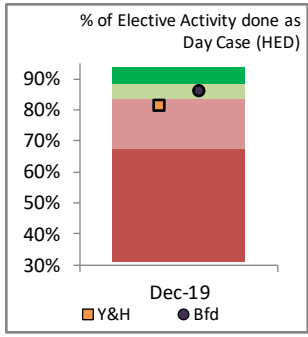
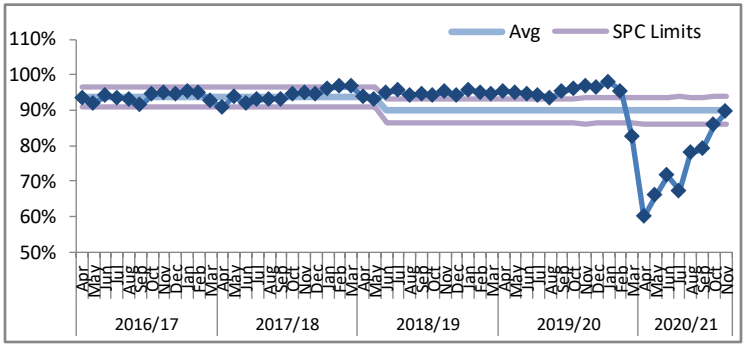
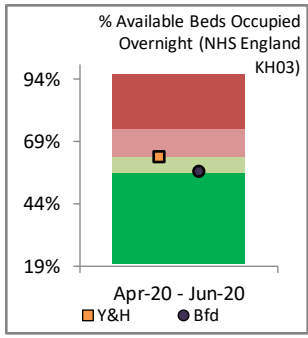
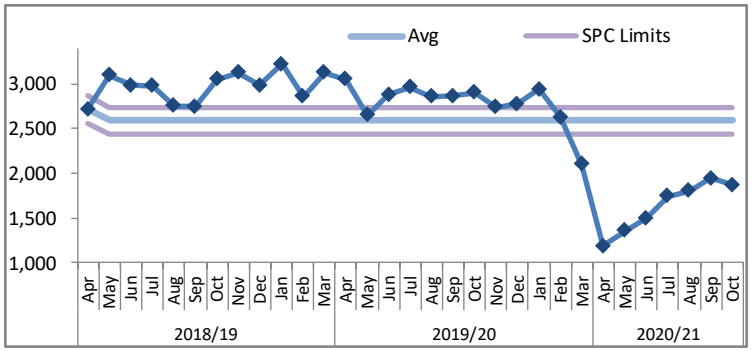
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Average length of stay (LoS) has increased slightly but remains within control limits and better than the Yorkshire and Humber average.	
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. As occupancy increases it is expected this metric will also increase.	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 Multi-agency Integrated Discharge Team (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

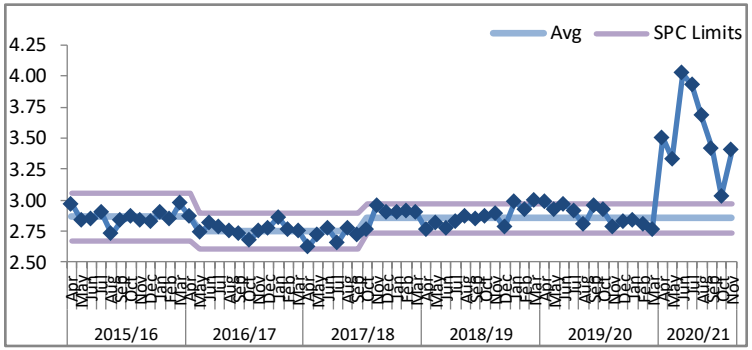
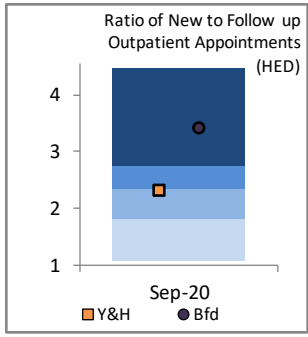
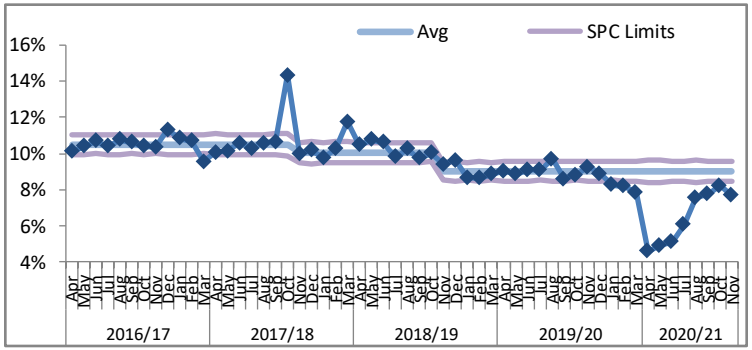
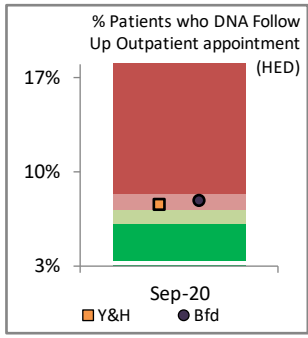
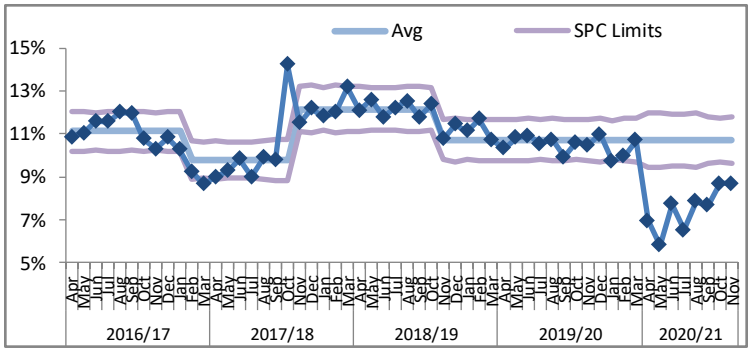
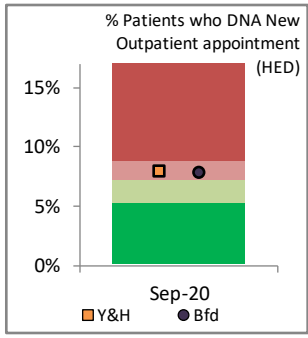
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Day Case Rate		Day case rates continue to be above the national and regional average. The increase in October/November 2020 is a consequence of reduced elective inpatient spells at BRI during the second COVID-19 spike.	
Bed Occupancy		Bed occupancy remains below pre-COVID-19 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 meaning occupancy above 85% presents operational challenges on patient placement and flow.	
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 within control limits.	No benchmark comparator available

To deliver our key performance targets and financial plan

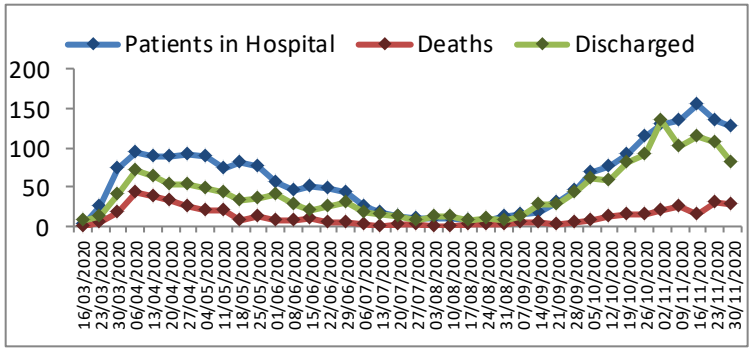
Productivity

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. As new clinic templates are built and become operational this data will improve (as seen in the trends post June 2020).	
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

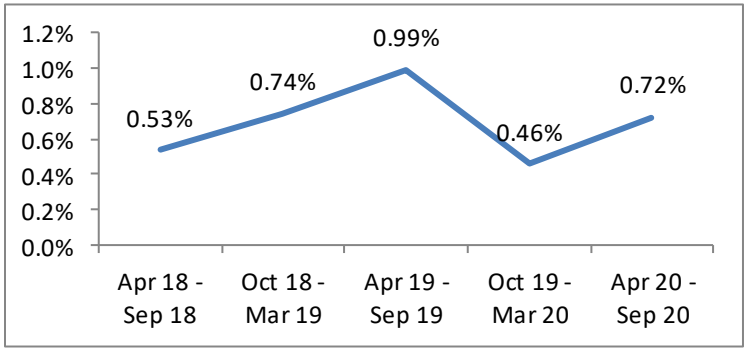
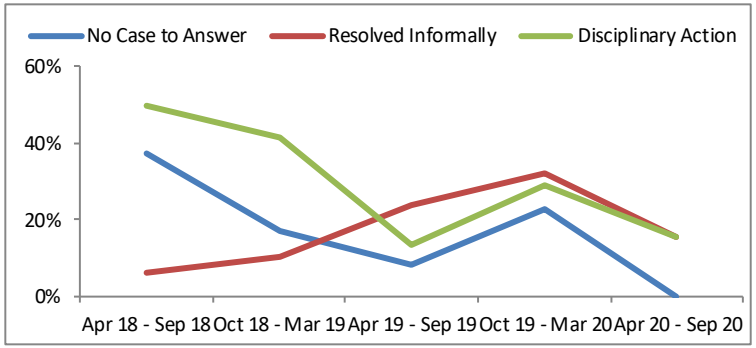
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
COVID-19		Second wave peaked in November 2020 with COVID occupancy at 180% and ventilated patients at 140% of the first wave peak. Daily COVID related deaths in November were 3.5 compared to 4.5 in April 2020. We are currently experiencing a third increase in COVID-19 admissions post the Christmas and New Year period.	No benchmark comparator available

To be in the top 20% of employers

Engagement

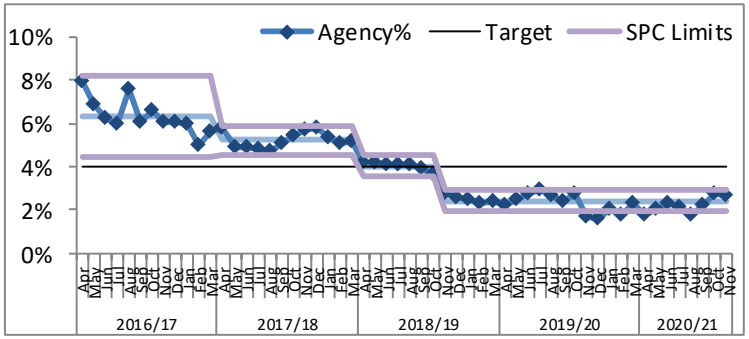
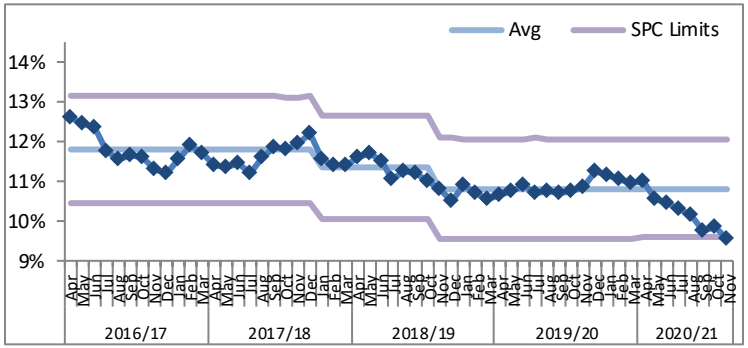
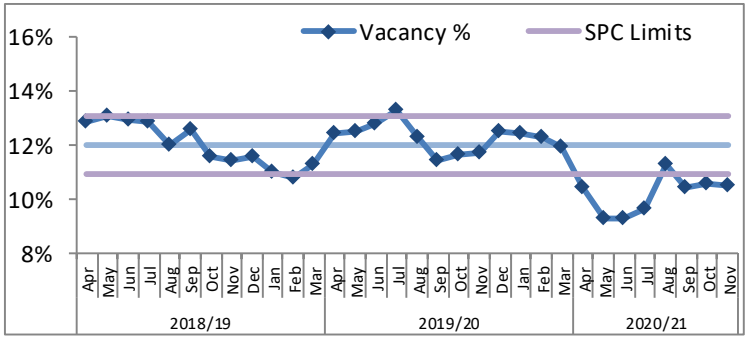
Bradford Teaching Hospitals
NHS Foundation Trust

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 Organisation Development, 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 on-going. 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

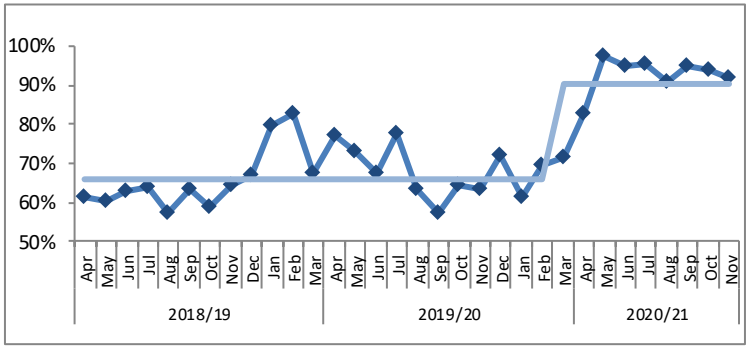
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		Whilst we have seen a decrease in bank and agency use overall in November 2020, bank has increased in the Nursing and Midwifery registered staff group. Agency staffing across the Medical and Dental staff group has remained static. Allied Health Professional bank and agency use has remained unchanged. Due to COVID-19 we have continued to use agency in the Administrative and Clerical group due to additional Information Technology (IT) resources being deployed in the Trust during the pandemic and also due an increased security requirement to cover the door security. Agency spend continues to be under the ceiling.	No benchmark comparator available
Staff Turnover		The Trust Turnover rate has reduced slightly to 9.52% in November 2020 from 9.82% in October 2020. Decreases were seen in all areas with the exception of Planned Care and Pharmacy which have shown slight increases.	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

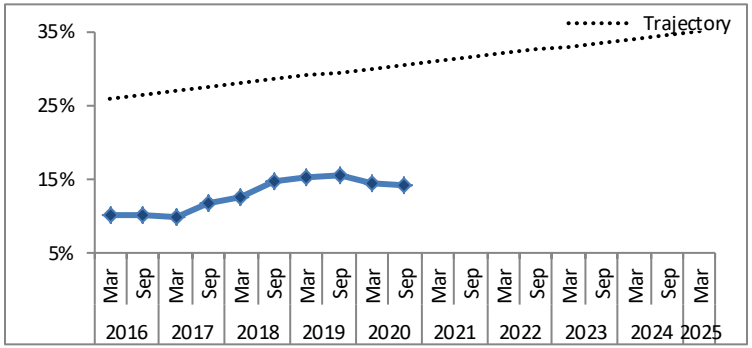
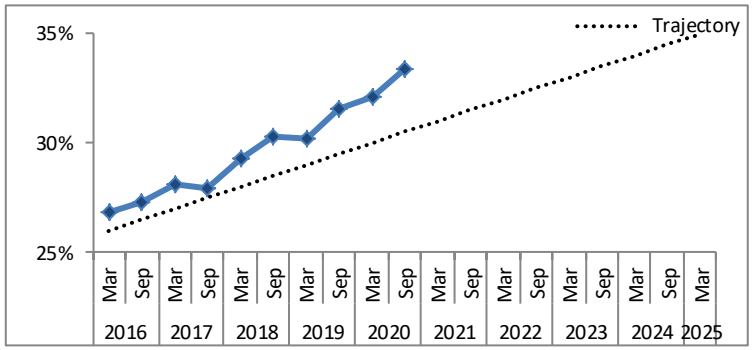
Bradford Teaching Hospitals
NHS Foundation Trust

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

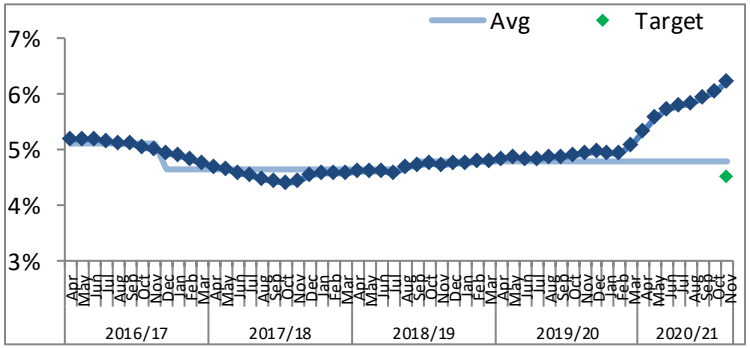
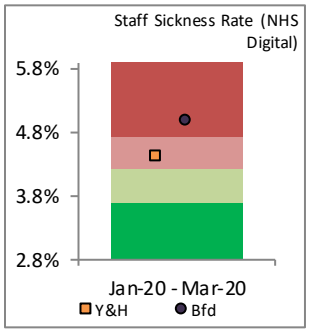
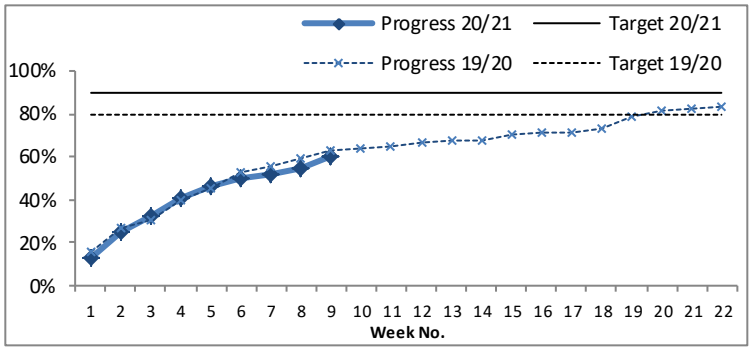
Bradford Teaching Hospitals
NHS Foundation Trust

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 and 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 targeted recruitment with the potential for positive action under the Equality Act. We are also working together as the West Yorkshire and 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 November 2020 was 6.23% with increases seen in all areas of the Trust with the exception of Corporate Services and Research which have both shown a slight reduction. This figure does not include staff who are self-isolating which amounted to 2.65% in November 2020.	
Frontline Staff Flu Vaccination		Flu vaccination continues. Current progress is in line with the previous year.	No benchmark comparator available

To collaborate effectively with local and regional partners

Partnership

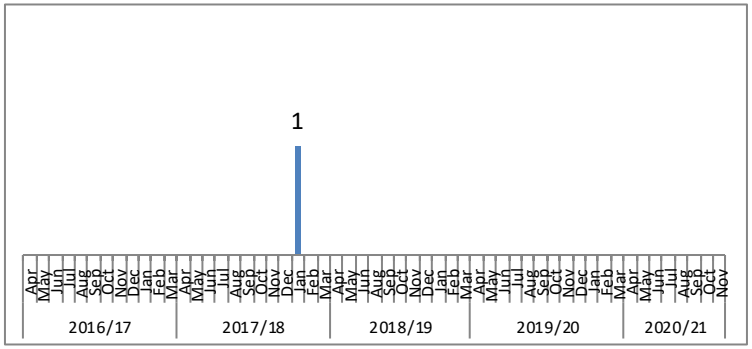
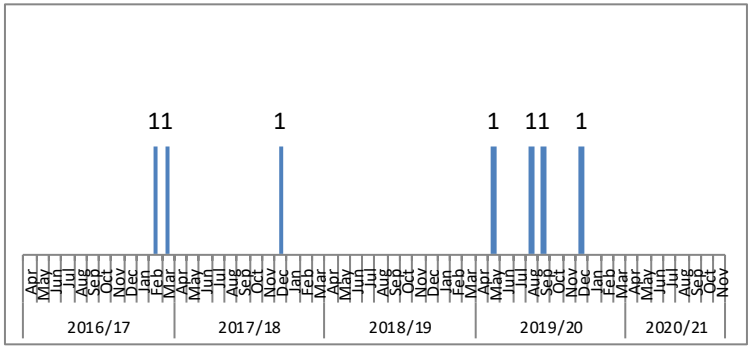
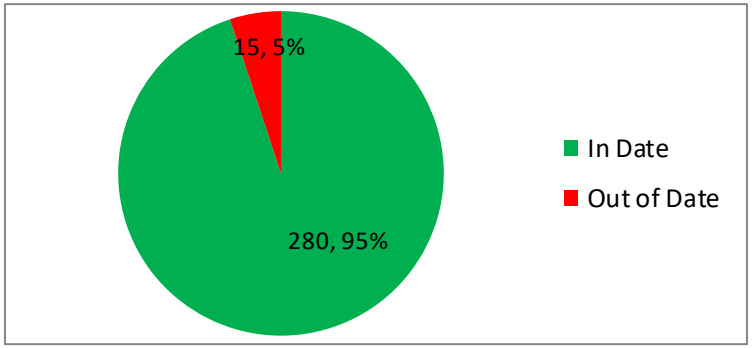
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stakeholder Engagement		The stakeholder management work programme has not been operating during the COVID-19 response. How we manage our "partnerships" in the round may need revision as there is now a change of focus onto Act as One and West Yorkshire & Harrogate Healthcare Partnership (WYHHCP) and Bradford Health and Care Partnership Board (BHCPB) rather than necessarily "vertical" or "horizontal". As such, we'll need to rethink stakeholder management more generally. Nonetheless there are already some good examples of how in future we might invest more in managing the relationship with a few key partners, for example our Chief Nurse dialogue with the Care Quality Commission, or our Director of Strategy partnering with the University's Working Academy (responsible for much of our digital development and video film-making).	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 chairs the Bradford Health and Care Partnership Board. The Executive Board brings together senior leaders across Bradford and Airedale, Wharfedale and Craven. These Boards oversee Act as One, a programme of system-wide transformation projects looking at (i) access to care (ii) diabetes (iii) respiratory (iv) cardiovascular (v) ageing well (vi) children and young people's wellbeing and (vii) Better Births. The Trust is working constructively with the 12 PCNs across Bradford District and Craven on these projects and supporting them in other areas such as shared First Contact Physiotherapy roles. The Trust is also involved in programmes across Bradford aimed at reducing health inequalities, particularly in the most deprived areas. We are actively engaged in refreshing the Strategic Partnering Agreement to build a basis for future alignment and perhaps the creation of a single Integrated Care Organisation.	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, whilst managing new waves of COVID-19 as they emerge. 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. The decision to make BTHFT one of the two arterial centres in West Yorkshire has been implemented, with the new service opening at the end of 2020. Other projects currently underway include shared solutions for imaging services and for pathology. The NHS England plans for the future of integrated care may have some impact on the way we work across the Integrated Care System (ICS), and BTHFT has been actively involved in developing the ICS and West Yorkshire Association of Acute Trusts (WYAAT) responses to NHS England's consultation on putting ICSs on a statutory footing	No benchmark comparator available
Airedale Collaboration		Collaboration between BTHFT and Airedale NHS Foundation Trust remains a high priority for our organisation. Work previously undertaken through the collaboration will inform the detail of the Act as One programme, with the benefit of including a wider range of partner organisations, whilst the relationship between the trusts remains important in ensuring the cohesive delivery of acute services.	No benchmark comparator available

To be a continually learning organisation

Governance

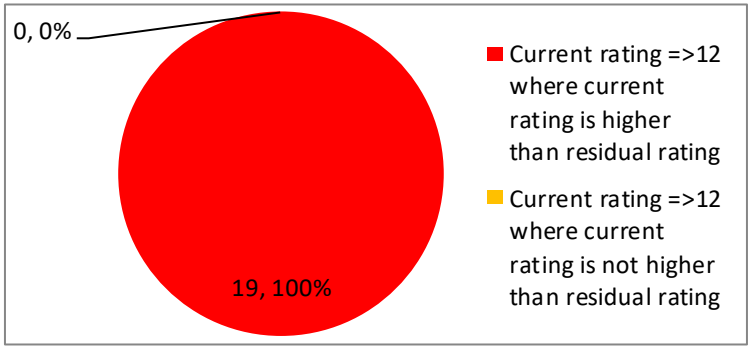
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Duty of Candour		There were no Duty of Candour breaches to date in 2020/21.	No benchmark comparator available
Information Governance Breaches		There are no open incidents with the Information Commissioner's Office (ICO).	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. Compliance of policies within their review date stands at 97% with no policies more than 6 months past their review date.	No benchmark comparator available

To be a continually learning organisation

Governance

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Risks not Mitigated		The Care Groups are reviewing and updating their local risks.	No benchmark comparator available

Glossary

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To provide outstanding care for patients				
Clinical Effectiveness				
Crude Mortality	Crude Mortality rates, i.e., per admissions.	Chief Medical Officer	Red – Latest 2 points in a row above upper control limit, Amber – latest point above upper control limit, Green – Below upper control limit	3.9
HSMR	The mortality indicator is evaluated from a standardised mortality ratio (SMR). The formula for the ratio is observed deaths divided by expected deaths, multiplied by 100. This is calculated for each provider within the data.	Chief Medical Officer	Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean	4.7
SHMI	The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.	Chief Medical Officer	Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean	4.7
Stillbirths	Number of stillbirths per 1,000 births and number of stillbirths over 500g per 1,000 births	Chief Medical Officer	Red > 7, Amber 5 - 7, Green < 5	To be confirmed
Deaths Screened	Percentage of Deaths Screened	Chief Medical Officer	Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits	To be confirmed
Learning from Deaths	Proportion of reviews undertaken finding good or excellent care provided	Chief Medical Officer	Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits	To be confirmed
Readmissions	The number of readmissions within 30 days of discharge from hospital.	Chief Medical Officer	Red bottom 25% of Trusts, Amber middle 50% of Trusts, Green Lowest 25% of trusts	2.4

Glossary Continued

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Patient Safety				
Never Events	The number of serious incidents that occur despite there being defined processes and procedures to prevent them.	Chief Medical Officer	Red > 0, Green = 0	4.0
Audit of WHO checklist	Audit of the World Health Organisation surgical checklist monitoring the number that were complete compared to the number of checklists.	Chief Medical Officer	Red < 90%, Amber >=90% & < 95%, Green >=95%	2.9
Clostridium Difficile (C. Diff)	The number of cases either attributable or pending review.	Chief Nurse	Red >= 3, Amber = 2, Green <=1	3.9
MRSA	Counts of patients with Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia.	Chief Nurse	Per month: Red >= 1, Green 0	3.9
CAUTI	Urinary tract infections in patients with a catheter. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red > 1.5%, Amber 1%-1.5%, Green < 1%	4.1
Sepsis Patients antibiotics	Percentage of patients who were found to have sepsis during the screening process and received IV antibiotics within 1 hour.	Chief Nurse	RAG criteria subjective – Executive informed.	To be confirmed
Sepsis Patients Screened	Percentage of patients screened for Sepsis	Chief Medical Officer	Red < 50%, Amber 50%-90%, Green >= 90%	5.0
Serious Incidents	Unexpected or avoidable death, serious harm, never events, service delivery prevention compared to all incidents reported.	Director of Strategy and Integration	Red > 5, Amber 3-5, Green <=2	4.0
Falls with Harm	Patient falls resulting from harm per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red upper quartile, Amber mid quartiles, Green lower quartile	4.3
Falls with Severe Harm	Falls with Harm classed as Severe	Chief Nurse	Red = reported for consecutive months, Amber = 1, Green = 0	4.3
Pressure Ulcers Cat3+	Number of reported hospital acquired category 3 and 4 pressure ulcers per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information.	Chief Nurse	Red >= 6, Amber 5, Green < 5	4.3
Medicine Reconciliation	Proportion of patients with reconciliation started within 24 hours of admission	Chief Medical Officer	Red < national average Amber - national average <= 0 - 5% Green >= national average > 5%	3.9
Missed Doses	Proportion of patients with an omission of a critical medicine	Chief Nurse	Red - above national average Amber – 0 - <1% below the average Green - > 1%+ the national average	3.9

Glossary Continued

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

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

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

Glossary Continued

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Productivity				
Length of Stay	The average length of stay for patients, in days.	Chief Operating Officer	Red Top 25% of Trusts, Amber 50-75% of Trusts, Green Better than mean	2.0
Stranded Patients LoS >=7	The average number of patients (excluding Maternity) who have been in hospital 7 days or more.	Chief Operating Officer	Red >208, Amber 189-207, Green <= 189	4.1
Super Stranded Patients LoS >=21	The average number of patients (excluding Maternity) who have been in hospital 21 days or more.	Chief Operating Officer	Red >71, Amber 62-71, Green <= 62	4.1
Elective Day Case Rate	The number of patients admitted for planned procedure and leave same day as a % of all procedures.	Chief Operating Officer	Red < 83%, Amber <87% & >=83% ,Green >= 87%	1.0
Bed Occupancy	Average percentage of available beds which were occupied overnight.	Chief Operating Officer	Red >=95%, Amber 85-95%, Green <85%	2.3
Discharges before 1pm	Number of discharges from hospital which happened before 1 pm.	Chief Operating Officer	Red = Outside control limits, Green = Inside control limits	2.3
New to Follow-up Ratio	The ratio between New and Follow Up Outpatient appointments. Benchmarking data is from HED, which has a subtly different calculation, which can result in very small differences in numbers.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.4
DNA Follow-up	This is the % of Follow-up Outpatient appointments where the patient does not attend.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.6
DNA New	This is the % of New Outpatient appointments where the patient does not attend.	Chief Operating Officer	Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	2.6
Elective wait list	Wait list of patients on an elective pathway.	Chief Operating Officer	Red Greater than last month Green Less than last month	3.7
Covid-19				
COVID-19	For Covid-19 patients – average number in hospital, number who died, number discharged to usual place of residence	Chief Operating 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

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Staffing				
Care Staff Shifts filled	Percentage of time care staff staffing hours are filled compared with planned.	Chief Nurse	Red < 80%, Amber 80% – 95%, Green > 95%	3.7
Care Staff Care Hours	Total of the actual number care staff hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Nursing Care Hours	Total of the actual number of Registered Nurse / Midwife hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Use of Agency Staff	Agency Full Time Equivalents (FTE's) as a percentage of all FTE's.	Director of Human Resources	RAG criteria subjective.	4.0
Staff Turnover	Number of employees who have left the organisation in the past 12 months as a percentage of the average number of employees over the same period.	Director of Human Resources	Red > 14%, Amber 12% – 14%, Green < 12%	4.0
Vacancies	Percentage of vacancies against the funded establishment	Director of Human Resources	RAG Criteria being reviewed.	3.6
Maternity patients receiving 1:1 care	Percentage of maternity patients receiving one-to-one care	Chief Nurse	RAG Criteria being reviewed.	To be confirmed
Equality & Diversity				
BAME Senior Leaders	Percentage of staff employed in Band 8+ Senior Manger roles at the Trust who are of Black, Asian or Minority Ethnic (BAME) background.	Director of Human Resources	Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	4.6
BAME Workforce	Percentage of staff employed at the Trust who are of Black, Asian or Minority Ethnic (BAME) background.	Director of Human Resources	Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	5.0
Health & Wellbeing				
Staff Sickness Absence	Percentage of staff time lost due to sickness in a given period (the reported month, year to date is the previous 12 months rolling average for which the Trust target is 4.5%.	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 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

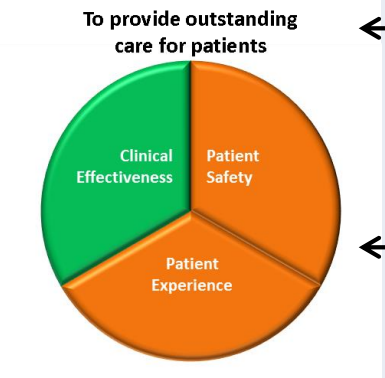
Bradford Teaching Hospitals
NHS Foundation Trust

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.