

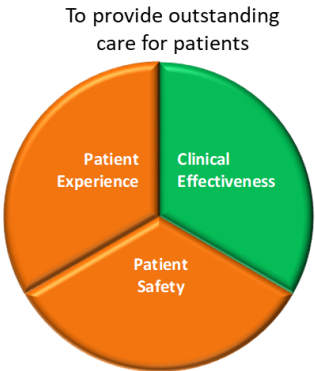
Partnership Dashboard

30th September 2021

To collaborate effectively with
local and regional partners



Integrated Dashboard
30th September 2021



To collaborate effectively with local and regional partners

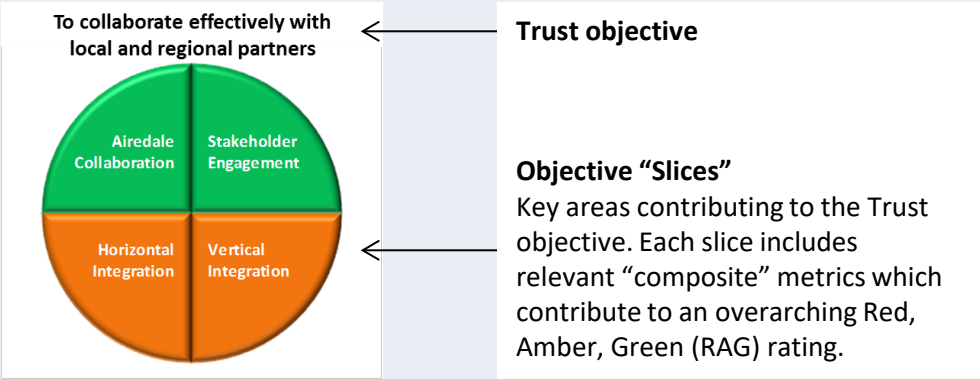
Partnership

Metric / Status	Trend	Challenges and Successes	Benchmarks
	<p>The stakeholder management work programme has not been operating during the COVID-19 response. We are looking at how we manage our “partnerships” 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).</p>		No benchmark comparator available
	<p>The Trust signed a ‘Strategic Partnering Agreement’ with 13 partners across Bradford District and Craven at the end of March 2019. This SPA has recently been reviewed following its first year in existence, and this review has informed the development of the ICP in response to the proposed legislation and changes to the ICS. The ICP’s strategic direction has been reviewed to consider whether it is in line with the Health and Social Care Bill, and partners across the system are working on a System Strategy. Aplan on a Page has been developed and has been welcomed by partners, with a full version of the strategy due to be published in the coming weeks. BTHFT retains its involvement in all 10 Bradford CPs and will continue to do so. The governance structure around community partnerships has changed, and it is now part of the Act as One overall governance structure. BTHFT representation in all levels of Act as One governance has been mapped and is in the process of being reviewed to ensure there is representation where it is needed.</p>		No benchmark comparator available
	<p>The Trust is working with partner organisations across the Integrated Care System (ICS) to address the provisions of the Health and Social Care Bill. Work is underway to develop the structure for the ICS NHS Board (ICB) and how it will relate to the 5 Place Based Partnerships in West Yorkshire. Work in WYHCP is progressing well and is supported by a WYHCP Future Design and Transition Group and Leaders Reference Group. Plans aimed at restart and recovery, whilst managing residual waves of COVID-19, are also being implemented. Other projects currently underway include shared solutions for imaging services and for pathology. Projects previously paused due to Covid-19 such as the Procurement savings plan have restarted. Work to develop an OBC for the Pharmacy aseptics programme is also underway. Guidance on the design framework for ICSs was published by NHS England on 16 June 2021, and additional guidance to support its implementation was published in August and September 2021. Cathy Elliott, Chair of BDCT, has been appointed Chair Designate of the West Yorkshire Integrated Care Board.</p>		No benchmark comparator available
	<p>Much of the work previously undertaken through the collaboration has been absorbed into 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.</p>		No benchmark comparator available

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

Dashboard Key

Summary Charts



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.