Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard
Board of Directors

30th September 2021

Integrated Dashboard

30th September 2021

To provide outstanding care for patients

To deliver our key performance targets and financial plan

To be in the top 20% of employers

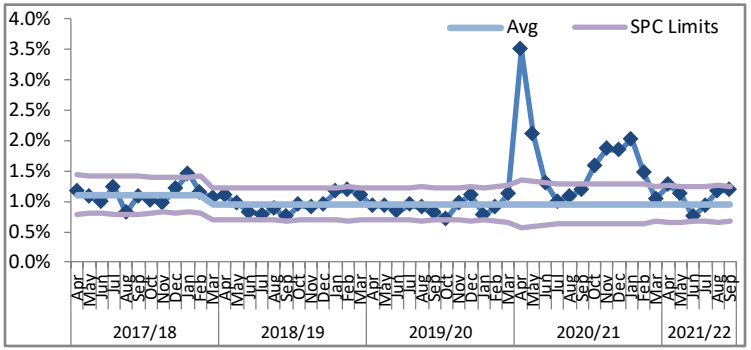
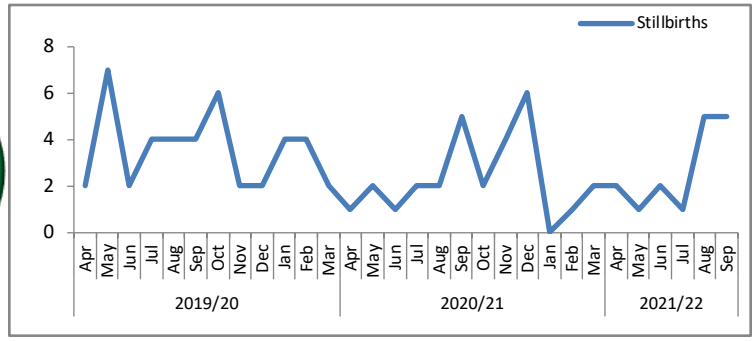
To collaborate effectively with local and regional partners

To be a continually learning organisation

To provide outstanding care for patients

Clinical Effectiveness

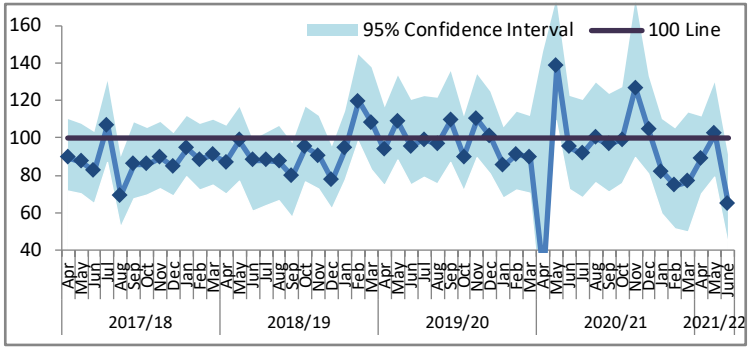
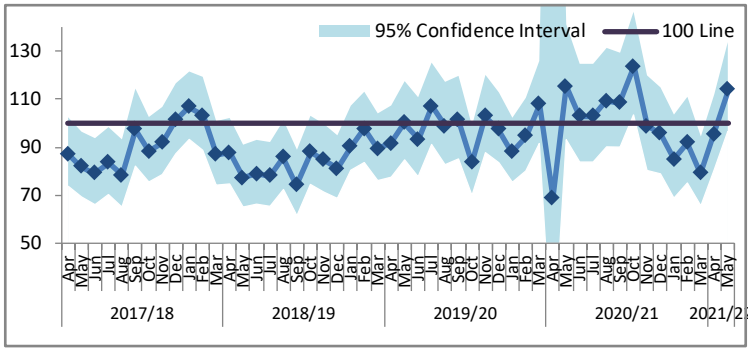
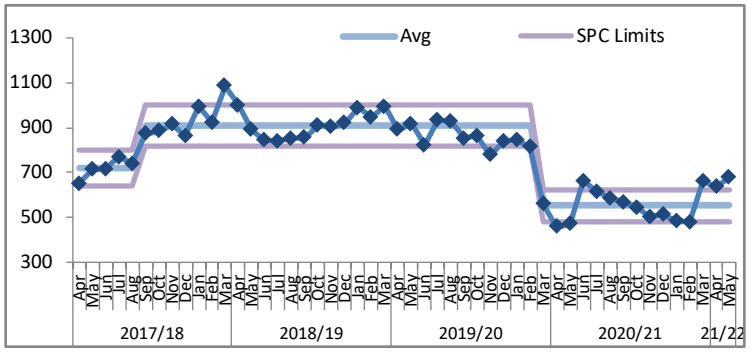
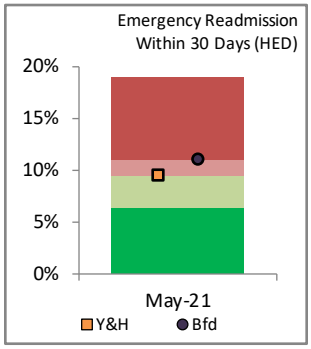
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Crude Mortality		This data will continue to be monitored and a deeper analysis of our Healthcare Evaluation Dataset (HED) is continuing to understand the trusts Summary Hospital-level Mortality Indicator (SHMI) against the national data.	No benchmark comparator available
Stillbirths		There has been an increase in IUD's in August and September. Thematic reviews completed and reported to Board in September. Commentary not updated	No benchmark comparator available

To provide outstanding care for patients

Clinical Effectiveness

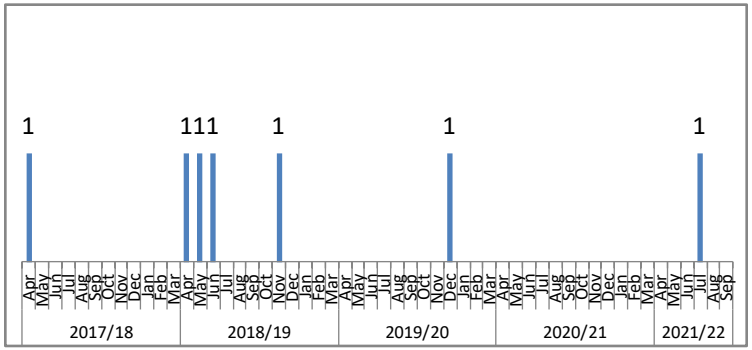
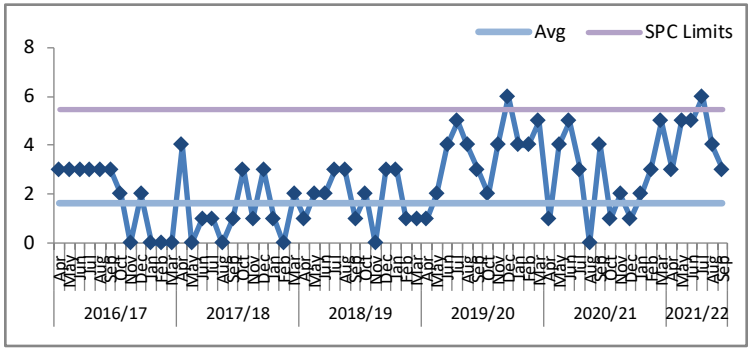
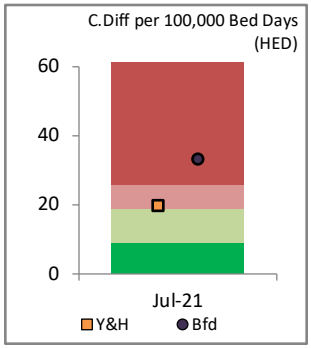
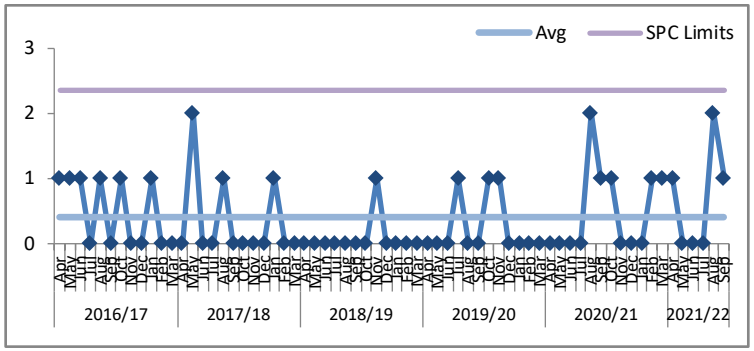
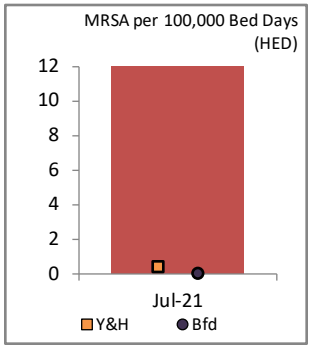
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Hospital Standardised Mortality Ratio		The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group. We are in the process of exploring the Trust's HSMR performance and factors that affect the overall figure. We are taking a joint working approach between the Learning from Deaths team and Business Intelligence.	No benchmark comparator available
Summary Hospital-level Mortality Indicator		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. We are in the process of exploring the Trust's SHMI performance and factors that affect the overall figure. We are taking a joint working approach between the Learning from Deaths team and Business Intelligence.	No benchmark comparator available
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

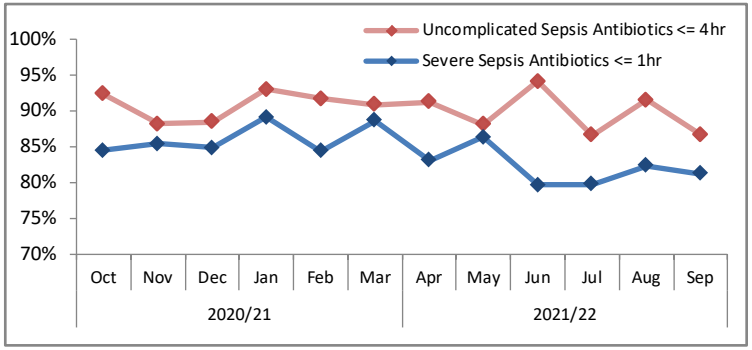
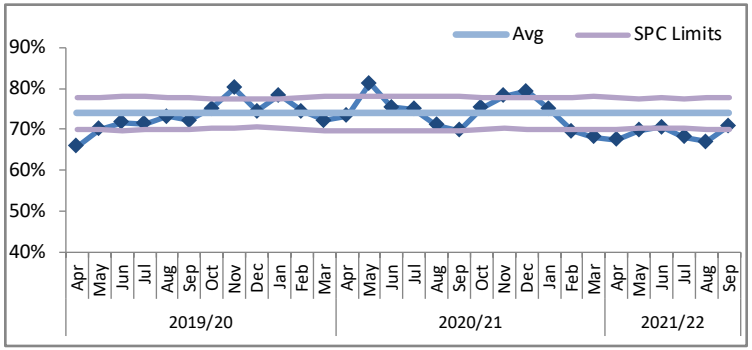
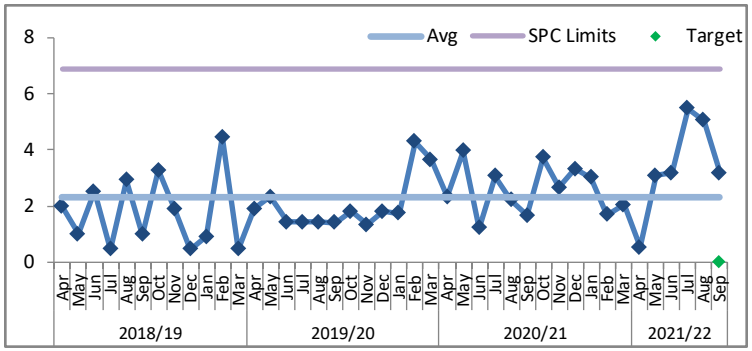
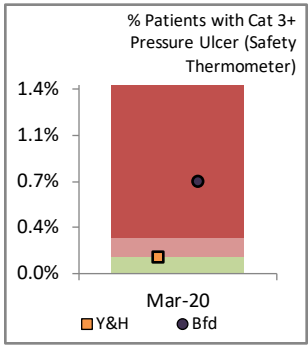
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Never Events		In the year 2019/20 there was one never event. The Trust has reported one Never Event in July 2021 relating to the transfusion of incompatible blood products where the recipients blood group was inconclusive.	No benchmark comparator available
C Difficile		No lapses in care or outbreaks reported. Cases within normal control limits and below national contract objectives.	
MRSA		We have seen an increase in MRSA infection with no common link to ward or clinical team and multifactorial clinical root cause. MRSA improvement plan in place and monitored through IPCC.	

To provide outstanding care for patients

Patient Safety

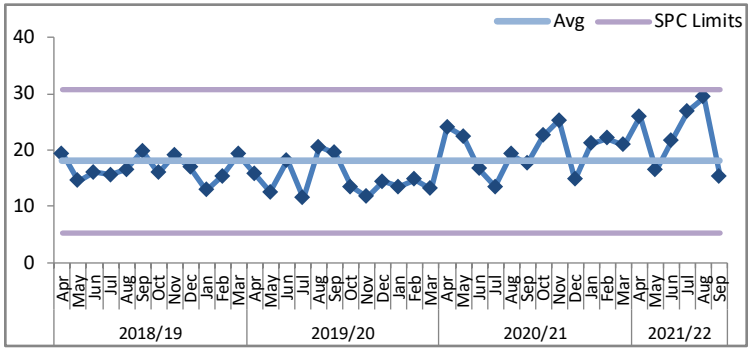
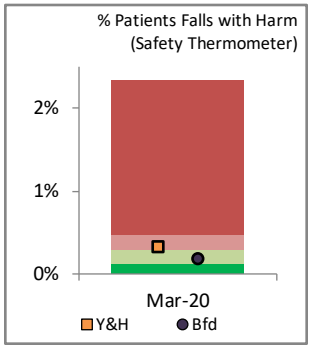
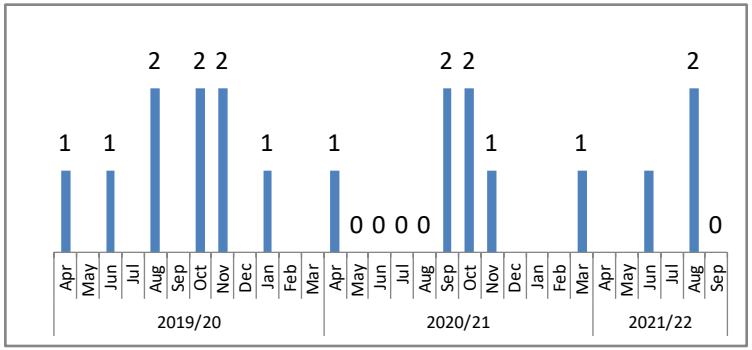
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Uncomplicated and Severe Sepsis Antibiotics		Recent audit identified that 90% patients triggering the Sepsis alert on EPR due to high NEWS score and who do not start timely antibiotics have not had sepsis – high NEWS score was due to other illness triggers. Audit to be repeated in November. Ongoing QI to support Sepsis programme is in progress.	No benchmark comparator available
Sepsis Percentage of Patients Screened		Percentages are improving with continued improvement work. Focus on training for junior medical staff has supported this improvement.	No benchmark comparator available
Pressure Ulcers Cat 3+ per 10,000 bed days		Pressure ulcer incidents are above the average but below the upper limit. Numbers are also expected to be higher due to patient acuity. RCAs are being completed for all cat 3 and above.	

To provide outstanding care for patients

Patient Safety

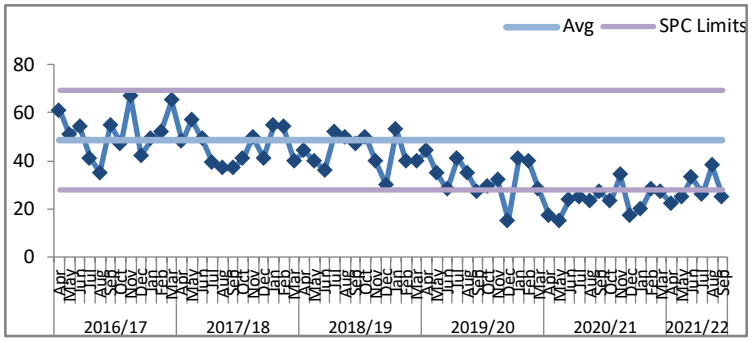
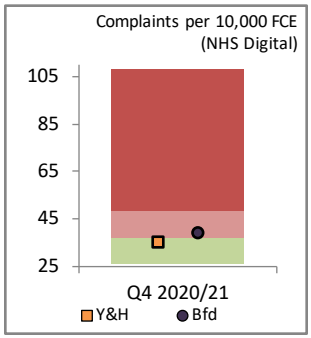
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Falls with Harm per 10,000 bed days		Falls remain within Statistical Process Control (SPC) limits. Commentary not updated	
Falls with Severe Harm		Full Root Cause Analysis (RCA) in progress for any falls with moderate or above harm. One fall in June Commentary not updated	No benchmark comparator available

To provide outstanding care for patients

Patient Experience

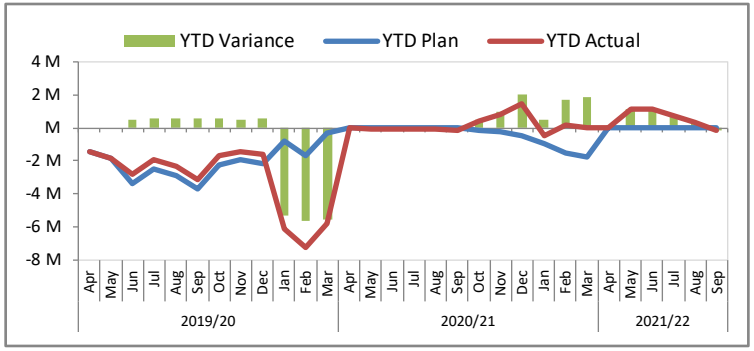
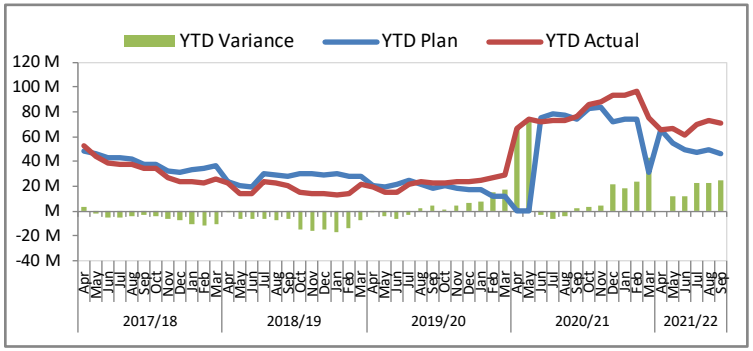
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Complaints		Complaints remain static.	

To deliver our key performance targets and financial plan

Finance

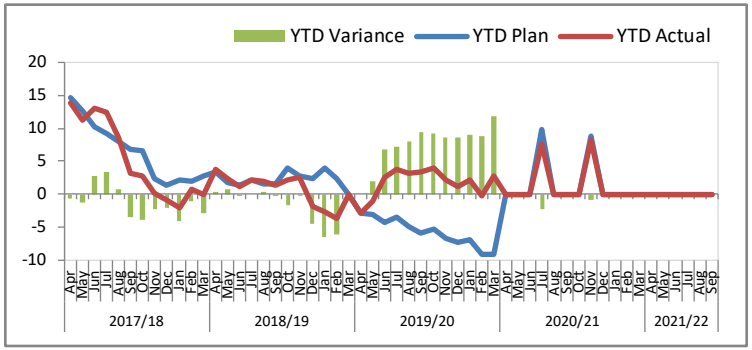
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Delivery of Income and Expenditure Plan		The Trust has reported a breakeven position at Month 6, this is in line with the plan for H1 and the H1 forecast agreed with the ICS. The Year To Date (YTD) position includes £1.3m of Elective Recovery Funding (ERF). Current run rates and projections suggest the Trust should be able to deliver a break even position for H2.	No benchmark comparator available
Delivery of Cash Plan		Cash as at 30 September 2021 (£71.1m) was ahead of plan (£46.7m) by £24.4m. The Trust had more cash than due to higher than planned trade payables (£30.4m) balances which include a variety of general expenditure accruals and payroll accruals including higher the provision for untaken annual leave (£7m). The cash balance was reduced by additional receivables of £6.7m.	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

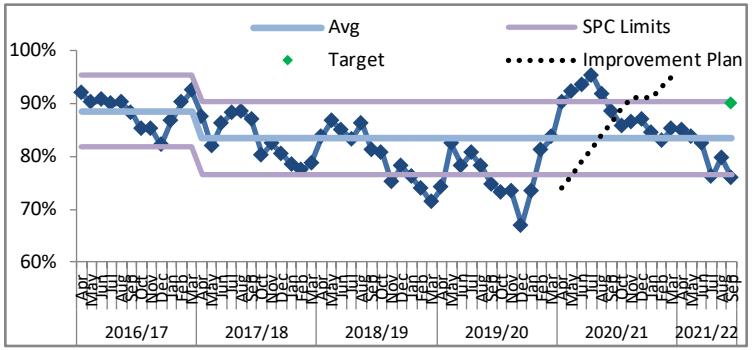
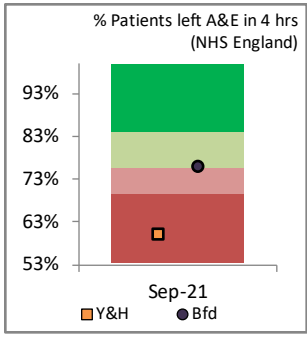
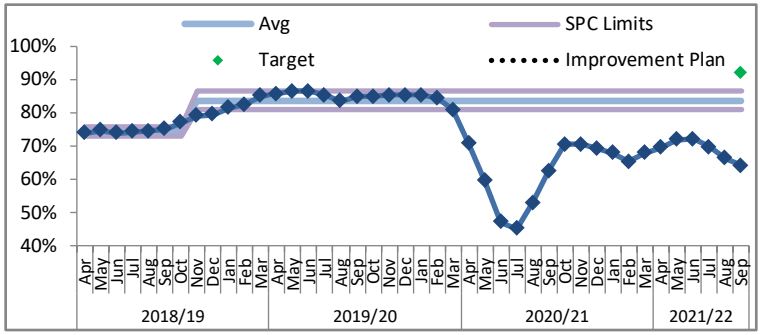
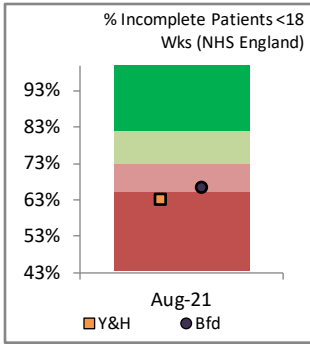
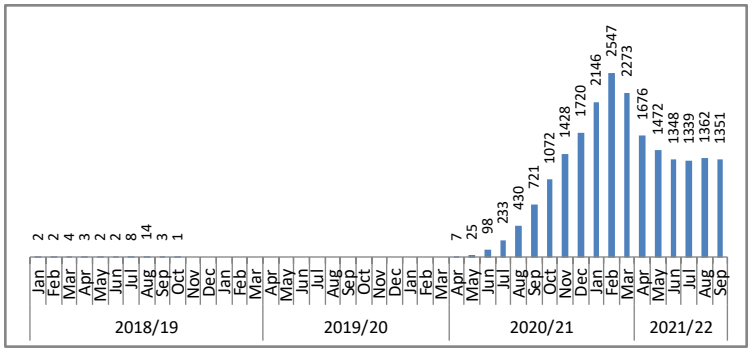
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Year to date (YTD) liquidity is 4.6 days which is 2.3 days lower than plan (6.9). Liquidity is lower than plan due to more deferred income being considered current than included in the plan and lower than planned public dividend capital received (£0.5m).	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

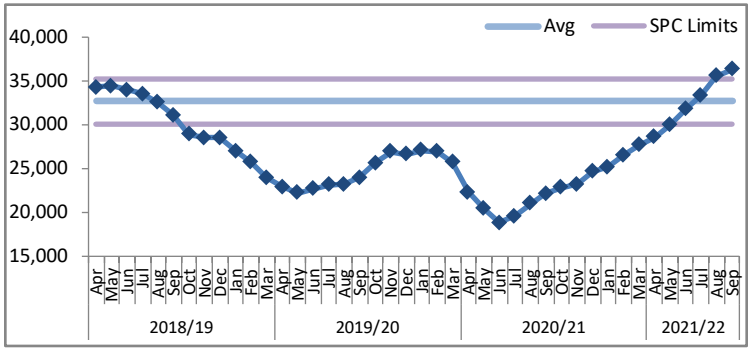
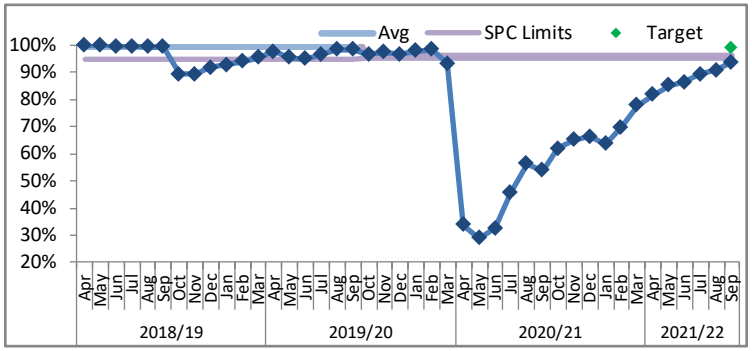
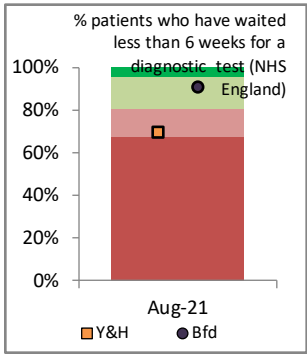
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance was at 75.33% for September 2021, which is above peer average in the weekly NEY data sets. Attendances to the Emergency Department increased to above historic average, predominately for Paediatrics, following a reduction in August. We continue to use see and treat and Same Day Emergency Care (SDEC) pathways to help avoid admissions and congestions within the department whilst longer term improvement plans are being progressed which will divert unnecessary attendances and further improve flow.	
RTT 18 Week Incomplete		Referral to Treatment (RTT) performance was 64.12% in September 2021. This reflects growth in over 18 week waits as increased demand is now progressing beyond this threshold without a clock stop. This matches the national trend, although benchmarking data for this period is not yet finalised. Theatre and outpatient recovery programmes are in place and once treatment numbers improve the waiting list position will also improve.	
RTT 52 Week Wait		The Trust had 1,351 incomplete 52 week waits at the end of August 2021. All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues. The 52 week waits are predominately for P3 and P4 surgical treatments, this position will improve in Q4 when additional theatre capacity is in place and these patients are listed for surgery.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

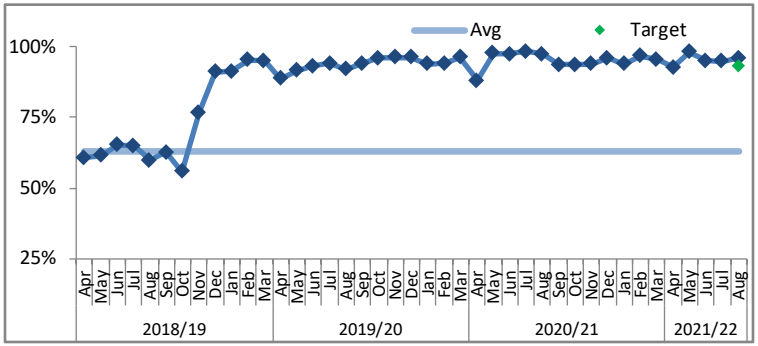
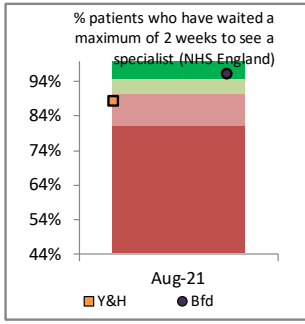
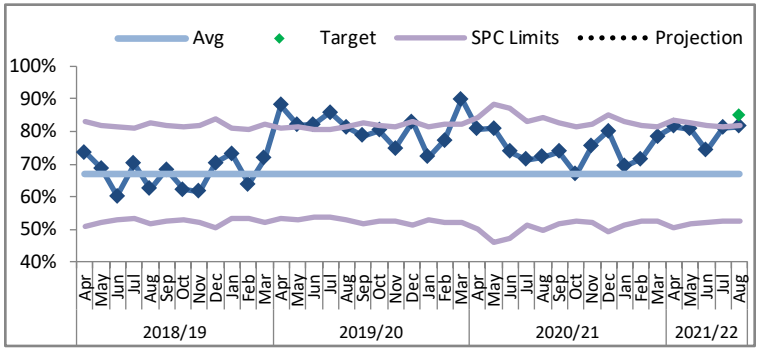
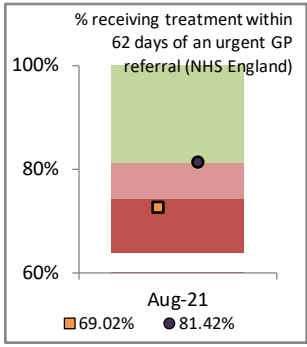
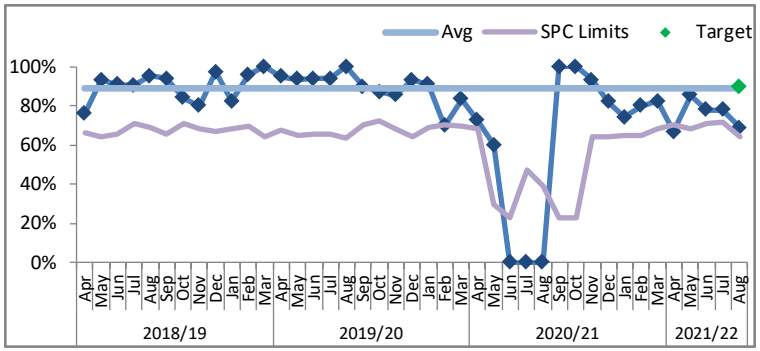
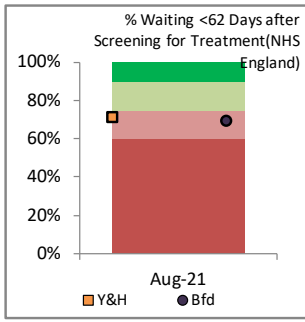
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total elective waiting list continues to increase. Referral demand has remained consistent during 2021/22 and the elective recovery work of the Trust has not yet managed to reach a level to match this. Theatre improvements and extended use of the independent sector in half two will reduce the inpatient gap and outpatient models are under review with a focus on increasing decisions per appointment. Transfer of patients to the IS will reduce growth in September and October and increased capacity in Q4 should be sufficient to support waiting list reductions towards the end of the year.	No benchmark comparator available
Diagnostic Waits		August 2021 performance improved to 93.57% with the majority of modalities having recovered to pre-COVID-19 performance. Endoscopy remains challenged but is improving. Echocardiography improvements during August and September have almost fully recovered this position showing how quick recovery can be. BTHFT benchmarks in the upper quartile for this indicator.	

To deliver our key performance targets and financial plan

Performance

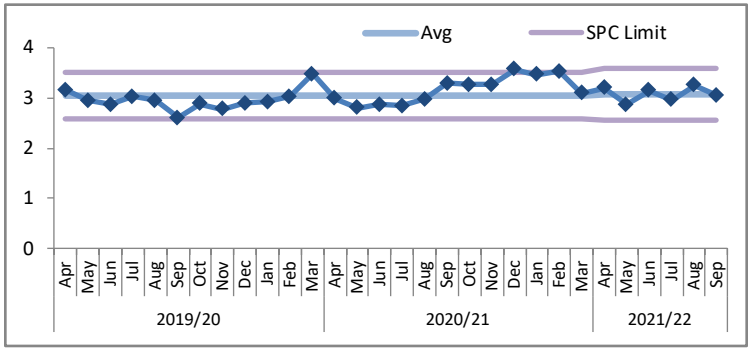
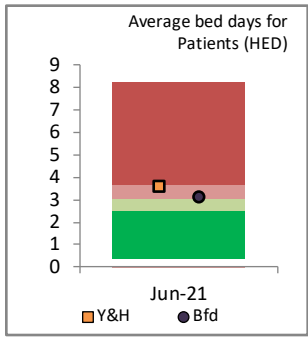
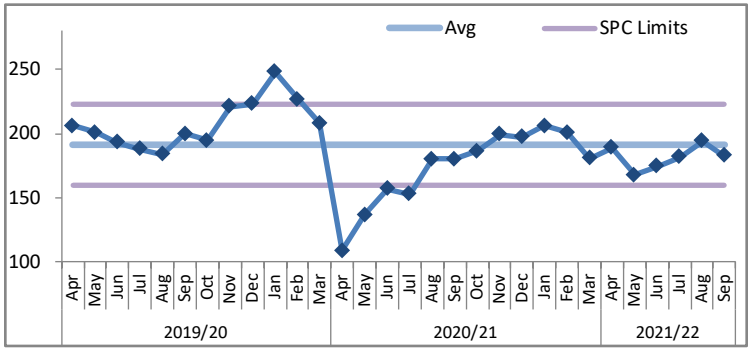
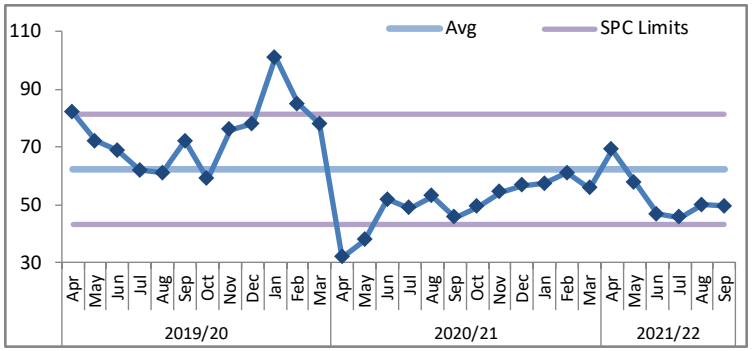
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		August 2021 performance against the 2 Week-Wait Cancer standard was 96.23% but is forecast to drop below the 93% target in September following demand and capacity pressures on the Skin and GI pathways. Overall referral demand remains above historic averages which has resulted in some tumour groups booking at day 13. This is being closely monitored and daily escalation is in place but the risk of breaches is higher as a result. Longer term improvement plans are being established to help services deal with what is forecast to be a sustained increase in demand.	
Cancer 62 Day Urgent GP		Cancer 62 Day First Treatment performance for August 2021 was 81.97%. Diagnostic and surgical capacity is being prioritised in support of long cancer waits with improvements in time to diagnosis and decision to treat. The total waiting list over 62 days has stabilised at around 30. Performance will remain below target whilst the remaining long waiters are being treated which is likely to continue during Q3. The Trust is forecasting attainment of this target by year end.	
Cancer 62 Day Screening		Performance for this indicator reflects the complexity of pathways, patient concordance, and delays in diagnosis across Breast and Lower gastrointestinal (GI) services.	

To deliver our key performance targets and financial plan

Productivity

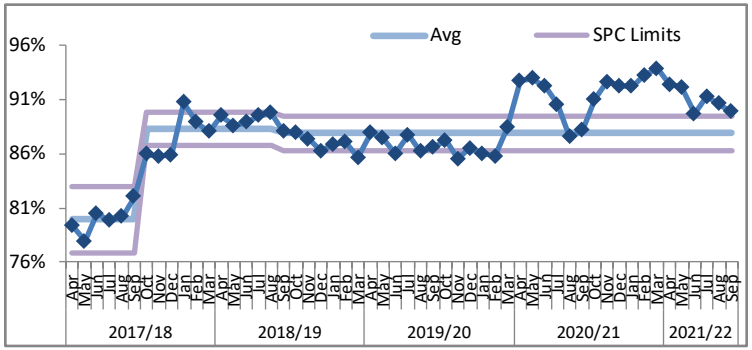
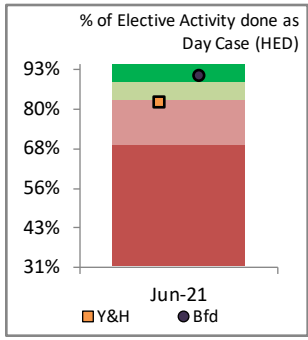
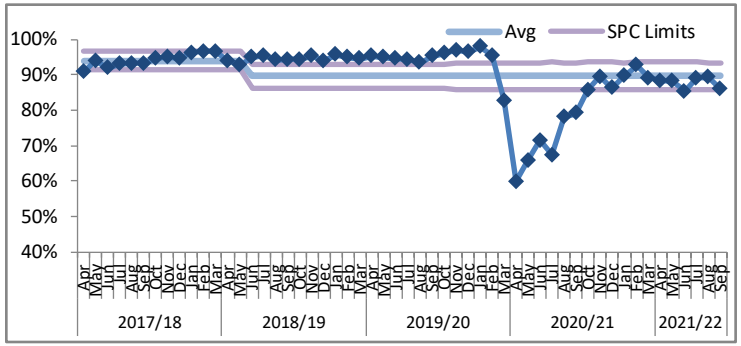
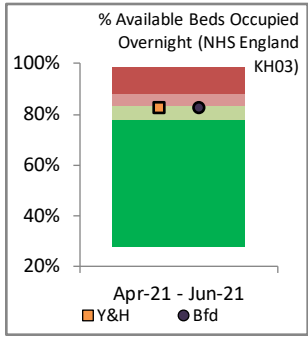
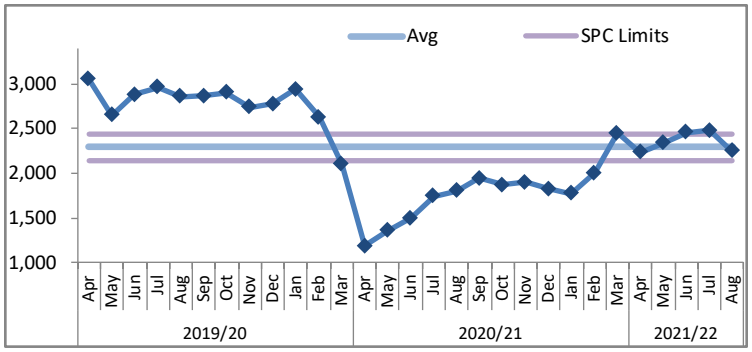
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Length of Stay		Average length of stay (LoS) remains within control limits and benchmarks better than peers.	
Stranded Patients Length of Stay >= 7 days		The weekly multi-disciplinary (MDT) review meeting of patients above 7 days length of stay (LoS) remains in place. This supports timely discharge and the Trust benchmarks well for all LoS indicators.	No benchmark comparator available
Super Stranded Patients Length of Stay >= 21 days		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. Performance has been good throughout summer.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

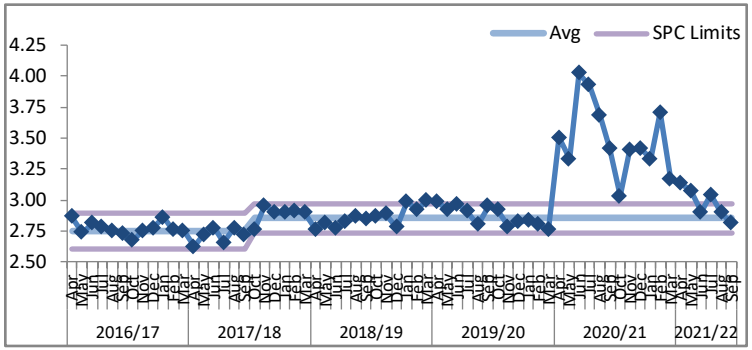
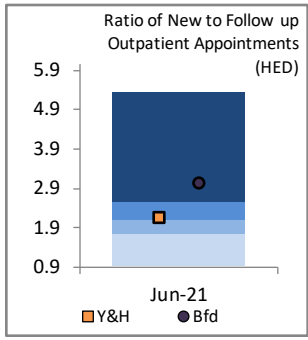
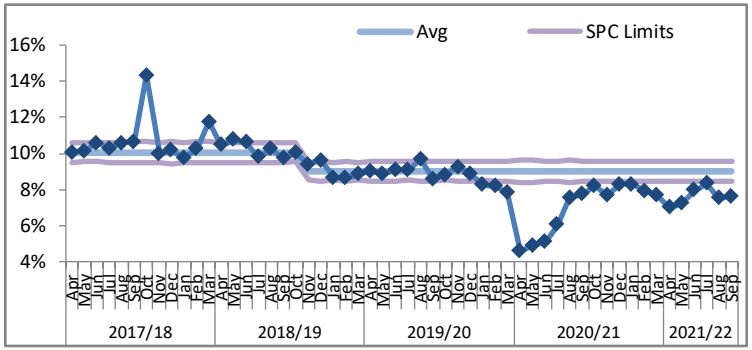
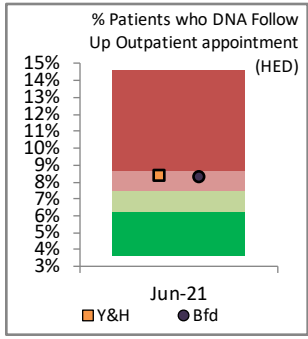
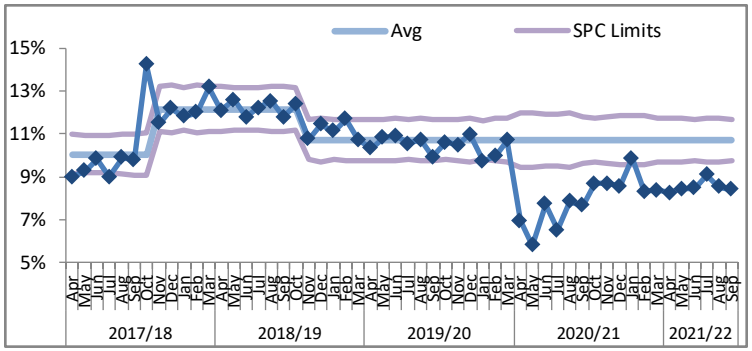
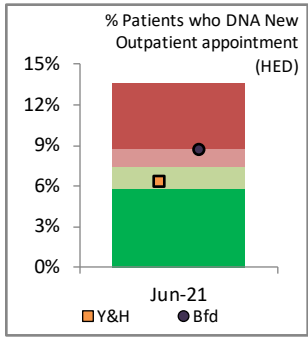
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Day Case Rate		Day case rates continue to be above the national and regional average.	
Bed Occupancy		Bed occupancy remains below pre-COVID-19 levels. Same day emergency care has prevented further increase during a period of high acute demand. 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		Discharges before 1pm remains under review with a focus on earlier discharge maintained to facilitate patient flow. Performance is consistently within control limits when considered as a percentage of discharges.	No benchmark comparator available

To deliver our key performance targets and financial plan

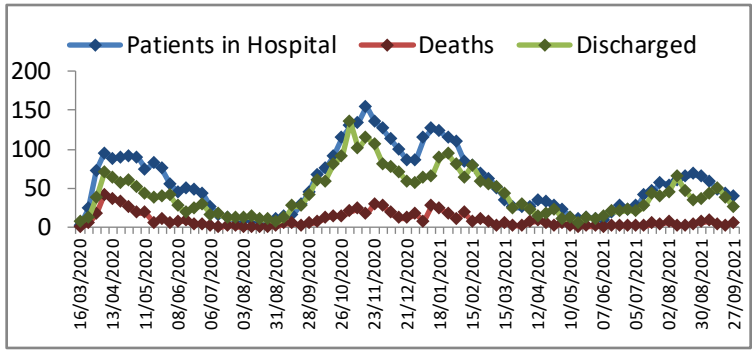
Productivity

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
New to Follow Up Ratio		The 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 template changes near completion this has improved to within control limits.	
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

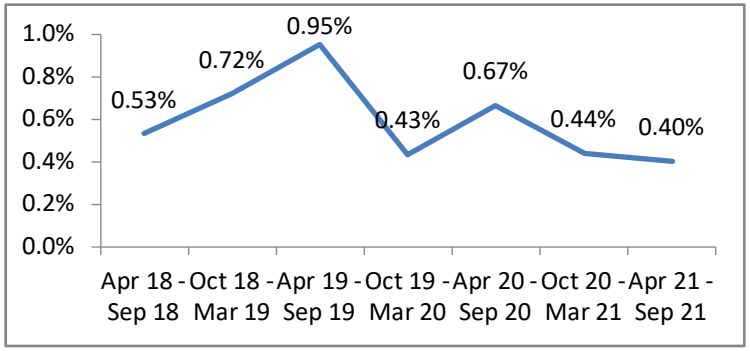
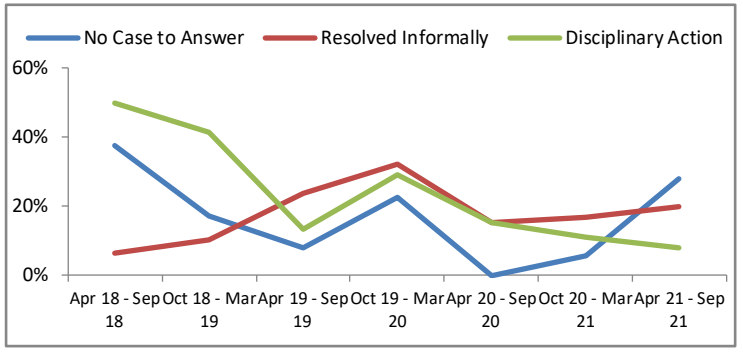
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
COVID-19		COVID-19 demand has remained high throughout quarter two and this is forecast to continue during winter. Command and Control meetings have been fully reinstated and COVID-19 surge plans are being followed.	No benchmark comparator available

To be in the top 20% of employers

Engagement

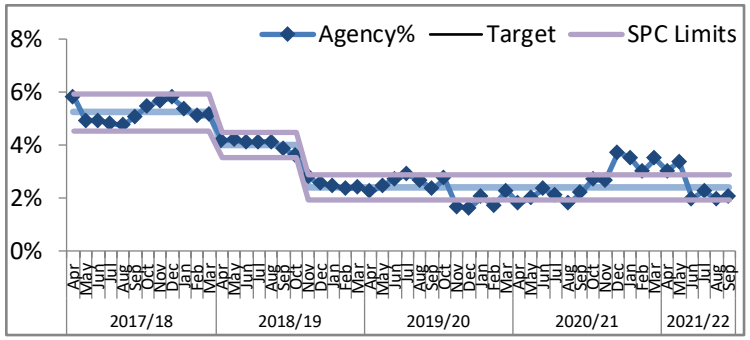
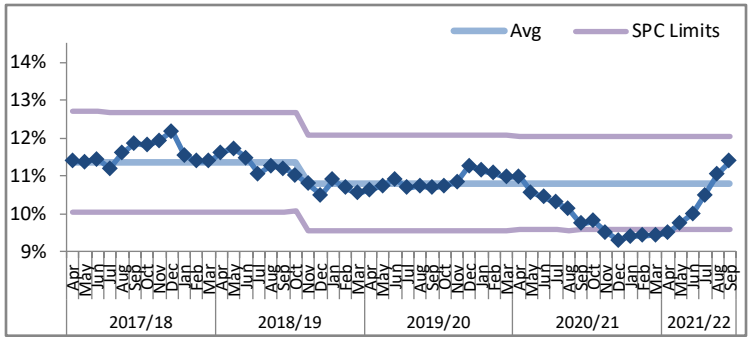
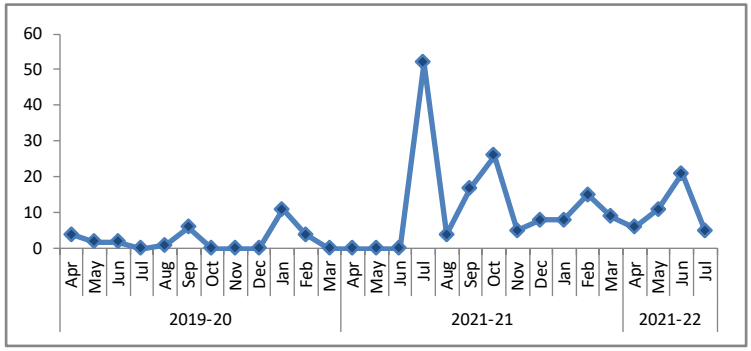
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Contacts with Advocacy service		Contacts with the staff advocacy service remain fairly constant. 61% of contacts were successfully resolved informally. Although three contacts were engaged in formal processes, they were all referred to the staff advocacy for support with an existing formal complaint. A number of contacts related to advice around the provision of reasonable adjustments and interpretation of the disability equality policy. It is hoped the roll out of disability equality training over the coming months will alleviate some of these issues and improve the experience of staff with long term health conditions. The Trust is in the process of launching its Workplace Mediation Service. The service will facilitate informal cases focussing on win, win outcomes for all parties involved. Next update May 2022 (for 01/10/21 to 31/03/22).	No benchmark comparator available
Harassment & Bullying Outcomes		Although the number of harassment and bullying related investigations is slightly higher in this period than in the previous six months, this is only by seven cases. 36% of cases are still ongoing. It is worth noting that Employee Relations cases were paused for much of 2020 and early 2021, resulting in an unusual reduction in the number of cases. ER work recommenced in April this year. There is a noticeable increase in ER cases related to Bullying and Harassment/ general conduct as a result of lockdown/ the pandemic, with resilience/ tolerance lower due to fatigue. The Trust is currently reviewing its approach to Civility in the workplace and this will play a crucial role in the wider culture change required, with focus on "nipping things in the bud' at an early stage. The new Trust mediation service is also hoped to have a positive impact on the number of formal cases. Next update May 2022 (for the period 01/10/21 to 31/03/22).	No benchmark comparator available

To be in the top 20% of employers

Staffing

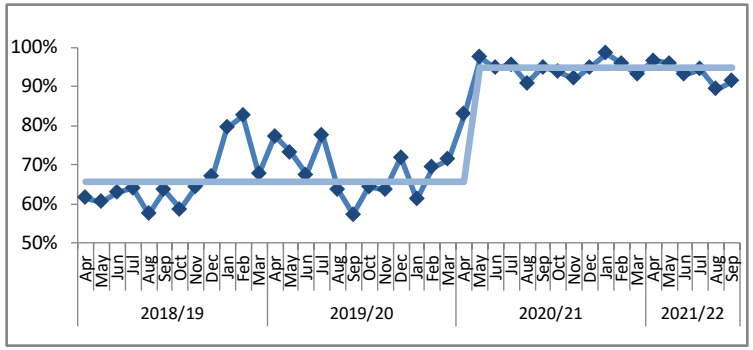
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Use of Agency Staff		In September the Trust has seen a slight increase in agency use and a slight decrease in bank use overall. This was reflected the most in Estates and Ancillary with an increase of 9 FTE in agency and a decrease in 2 FTE in bank. All other staff groups remained static across the reporting period.	No benchmark comparator available
Staff Turnover		Turnover has seen an increase to 11.38% in September 2021 from 11.06% in August 2021. Turnover has increased slightly across all areas of the Trust apart from Research which has remained stable.	No benchmark comparator available
Apprentice Starts		We currently have 269 staff on an apprenticeship programme in the Trust. Apprenticeship programmes are wide ranging with examples being the Advanced Care Practitioner, Registered Nurse degree apprenticeship and Nursing Associate, ranging across administrative, technical and trades roles in the Trust. We continue to encourage managers to consider at recruitment approval stage if a role can be suitable for an apprenticeship.	

To be in the top 20% of employers

Staffing

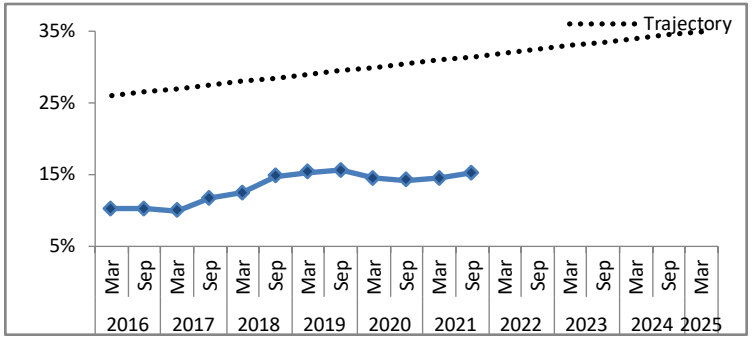
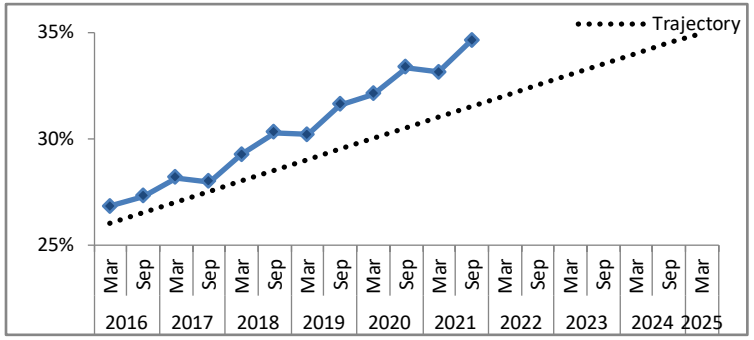
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Maternity patients receiving 1:1 care		The trend is consistently over 90%, dipping to 89% in August due to acuity of women and reduced staff. Commentary not updated	No benchmark comparator available

To be in the top 20% of employers

Equality & Diversity

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
BAME Senior Leaders		We have seen a slight increase in our Ethnic Minority representation at Senior Management levels over the last six months which has risen from 14.5% to 15.22%. This is a positive step in our ambitions to have a senior workforce reflective of the local population (35% by 2025). As a Trust we are taking a positive action and targeted approach in the recruitment to senior leadership roles, and we continue to focus our efforts in supporting senior BAME colleagues in various leadership development programmes, including two who have joined the West Yorkshire and Harrogate BAME Fellowship and five participated in the very successful REACH mentorship programme, of which three have already now further advanced their careers. Our own Trust Reciprocal Mentoring Scheme for aspiring leaders will be launched in January 2022. With our continued focussed efforts we are on a unique journey in ensuring our workforce reflects the communities that we serve across all levels of the organisation. Next update May 2022 (for the period 01/10/21 to 31/03/22).	No benchmark comparator available
BAME Workforce		The proportion of BAME staff in the workforce has increased in the last six months to 34.65% and our trajectory continues to take us 4% ahead of our target of having a workforce reflective of the local population (35%) by 2025. Current work ongoing to raise the profile of Race Equality in the Trust, an Equality Impact Assessment and review of our Recruitment & Selection practices, and an exploration of best practice approaches to improving the culture in the organisation should help in ensuring we continue to be an outstanding employer in this respect. Next update May 2022 (for the period 01/10/21 to 31/03/22).	No benchmark comparator available

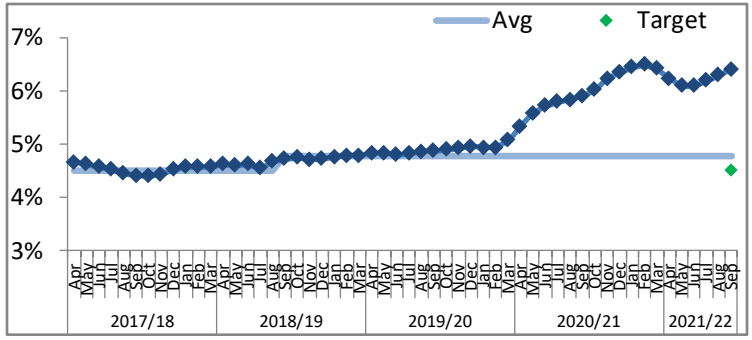
To be in the top 20% of employers

Health & Wellbeing

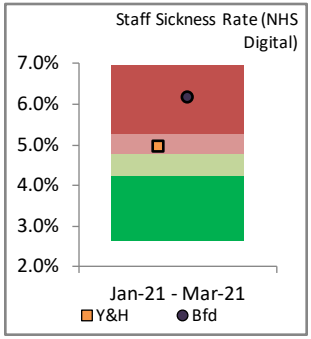
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Staff Sickness Absence



The rolling 12 month sickness absence rate at the end of September 2021 was 6.41% with increases seen in all areas of the Trust apart from Corporate and Research which have shown slight reductions. This figure does not include staff who are self-isolating which is 0.57% in September, which is a reduction from 0.77% in August 2021. COVID-19 related sickness has increased from 0.93% in August to 1.12% in September 2021.



To collaborate effectively with local and regional partners

Partnership

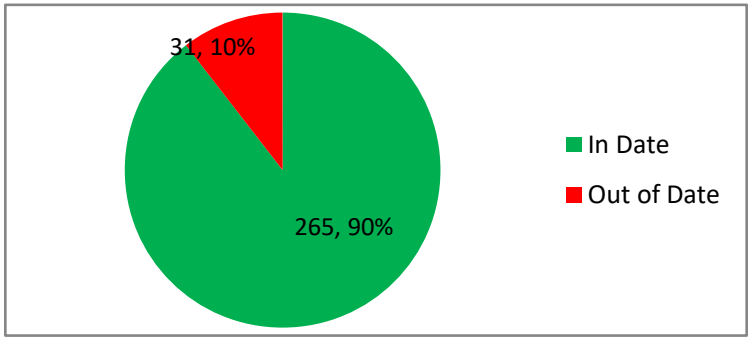
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Stakeholder Engagement	The stakeholder management work programme has not been operating during the COVID-19 response. 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).		No benchmark comparator available
Act as One	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.		No benchmark comparator available
Place ICS & WYAAT	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.		No benchmark comparator available
Airedale Collaboration	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.		No benchmark comparator available

To be a continually learning organisation

Governance

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Out of date Policies		Total Trust wide policies stands at 296. 31 policies are at present outside their review date (excluding the two PGD's). There is 88.9% compliance (against target of 95%). Focussed work continues to bring out of date policies into date. Two PGD's are six months past their review date.	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 Nurse	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
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
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
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
Complaints	Number of complaints.	Chief Nurse	Red >= 50, Amber 40-49, Green < 40	4.7

Glossary

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 14 days liquidity Green – greater than 0 days liquidity	4.1

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
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
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
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

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
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

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
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
Frontline Staff Flu Vaccination	Flu vaccine uptake percentage amongst frontline staff	Director of Human Resources	RAG Criteria being reviewed.	4.6

Glossary

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

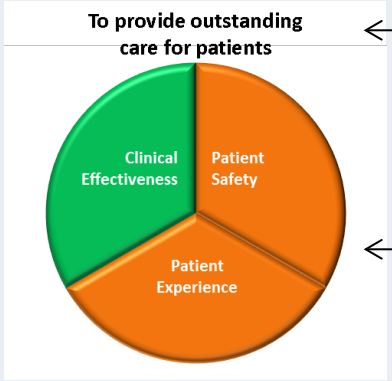
Bradford Teaching Hospitals
NHS Foundation Trust

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

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.