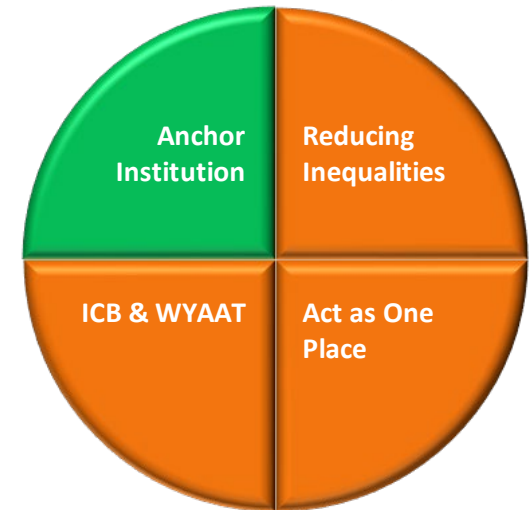


# Partnership Dashboard

31<sup>st</sup> May 2022

To collaborate effectively with local  
and regional partners,  
to reduce health inequalities  
and achieve shared goals



### Integrated Dashboard 31<sup>st</sup> May 2022

To provide outstanding care for patients,  
delivered with kindness



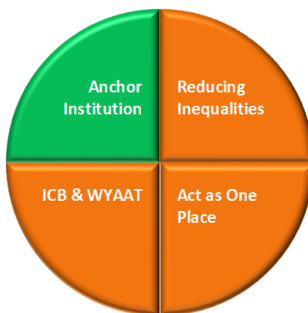
To deliver our financial plan  
and key performance targets



To be one of the best NHS employers,  
Prioritising the health and wellbeing of our  
people and embracing equality, diversity  
and inclusion



To collaborate effectively with  
local and regional partners



To be a continually learning organisation and  
recognised as leaders in research, education and innovation



# To collaborate effectively with local and regional partners

## Partnership

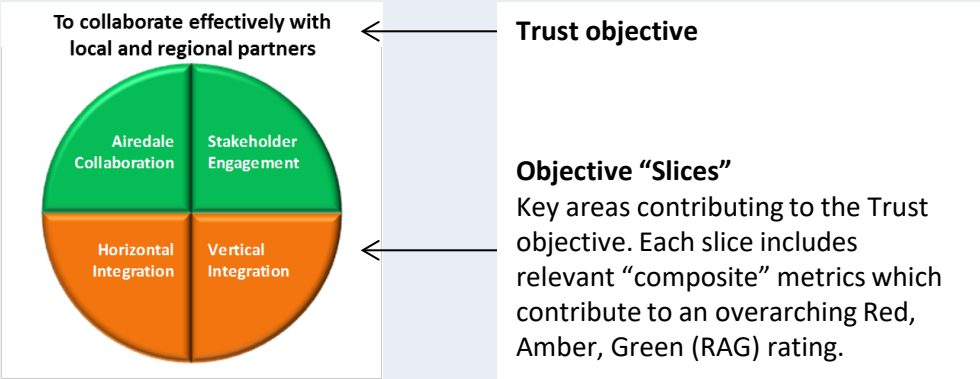
Metric / Status	Trend	Challenges and Successes	Benchmarks
	<p>There is wide agreement on the scale of the challenge but not yet a single coherent programme of action; BTHFT will focus on the factors it can directly influence while collaborating to achieve greater impact. Work is underway to collate details of all Trust work across the CBUs and identify opportunities to address health inequalities. A need has been identified for increased community engagement and to raise awareness for staff. Data to support Population Health Management has been sourced from the Performance team at the CCG relating to the Stroke specialty to support discussion on the team in relation to inequalities. This pilot approach will be evaluated and then repeated with each specialty. BTHFT is a member of the BD&amp;C Inequalities Alliance, RIC Steering Group and there is also now a standing item on the Equality and Diversity Council agenda to discuss inequalities.</p>		No benchmark comparator available
	<p>The Place Based Partnership across Bradford District and Craven is operating in shadow form in anticipation of the legislation passing through Parliament and coming into effect in July 2022. A revised governance structure has been developed, with new committees being created including a new Children’s Partnership Board ensures there is a focus on improving care for children and young people following external scrutiny. BTHFT is actively involved in all 7 system-wide transformation programmes, and leading on three of them (access, diabetes and respiratory).</p>		No benchmark comparator available
	<p>Recruitment to most of the senior roles in the new ICS structure has been completed and the shadow ICS has been operating from 1 April 2022. The Health and Care Bill remains in Parliamentary process, although it is anticipated that it will progress in time to come into effect in July 2022. BTHFT is actively involved in new and existing clinical and operational networks, and discussions about sustainability of WY-wide services. Proposals for the future of non-surgical oncology are taking shape following work carried out by Sir Mike Richards in 2021, with the intention of consolidating provision of the service across WY. The recommended lead providers for these services are CHFT (Huddersfield) and LHTT (SJH) with some provision for acute oncology for those sites with an ED. BTHFT will be affected; inpatient bed numbers will be reconfigured across trusts accordingly .</p>		No benchmark comparator available
	<p>The Bradford Inequalities Research Unit (BIRU) is taking a data driven approach to understand poor detection rates and management of chronic illnesses and premature mortality. Act as One enables BTHFT and other organisations to work together to address the big issues that affect the health and wellbeing of the people of Bradford. BTHFT has programmes underway to widen access to employment with Project Search, Apprenticeships, improving the band 8/8+ BAME representation at BTHFT and school outreach projects. Similarly, many sustainability initiatives are proceeding involving procurement, asset management and travel. Use of our facilities is being explored and there will be a focus on Population Health Management (via the Reducing Inequalities workstream above). BTHFT is actively supporting the new “Alliance for Life Chances” (formerly “Opportunity Areas”) which brings together system partners with a focus on early years, educational attainment &amp; employment prospects</p>		No benchmark comparator available

# Glossary

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals				
Partnership				
Reducing Inequalities	Working with partners to contribute to the overall reduction of health inequalities across Bradford District and Craven.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
Act as One Place	Working with local partners and contribute to the formal establishment of a responsive, integrated care system, and to actively participate in system-wide programmes of work.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
ICS and WYAAT	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.	Director of Strategy & Integration	RAG rating subjectively agreed by the committee	Qualitative Metric
Anchor Institution	Working across Bradford to ensure the Trust is actively engaging with the population to support community development through anchor attributed such as employment initiatives, local procurement and developing the estate as a community asset.	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.