Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard
Board of Directors

31st May 2022

Please note:
Full suite of Quality metrics is not included as there is an ongoing process to resolve data quality issues relating to some metrics.

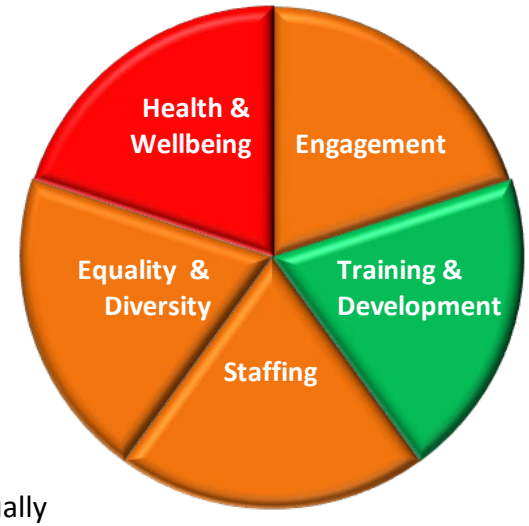
Integrated Dashboard

31st May 2022

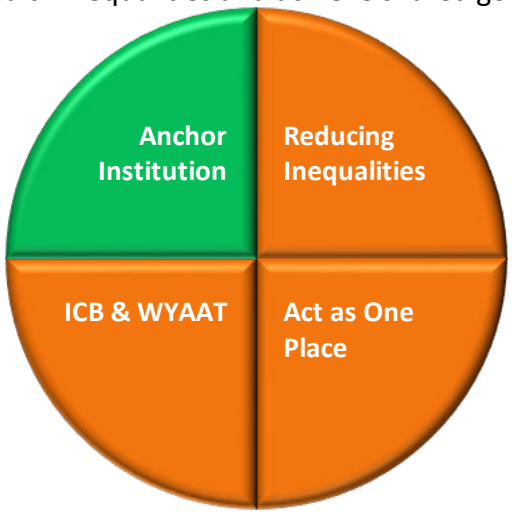
To provide outstanding care for patients, delivered with kindness

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 reduce health inequalities and achieve shared goals

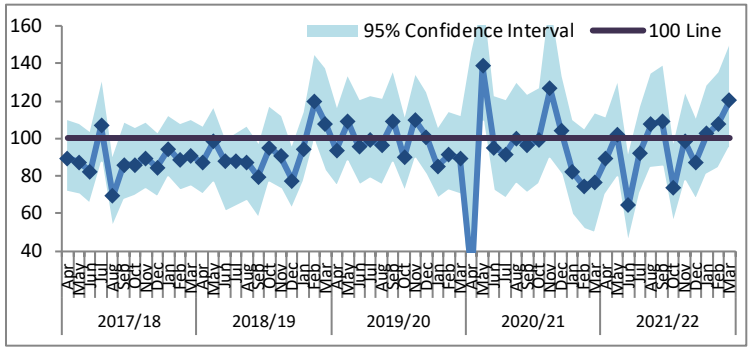
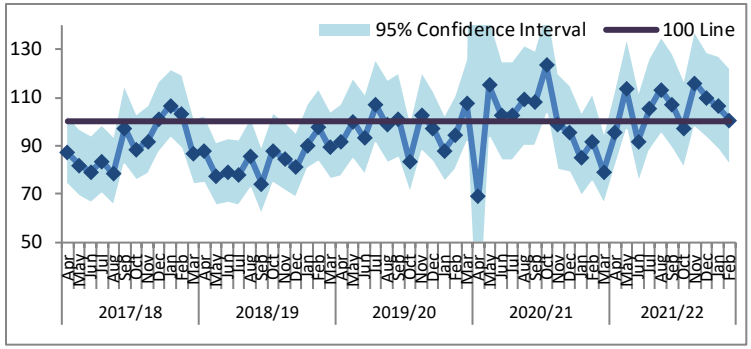
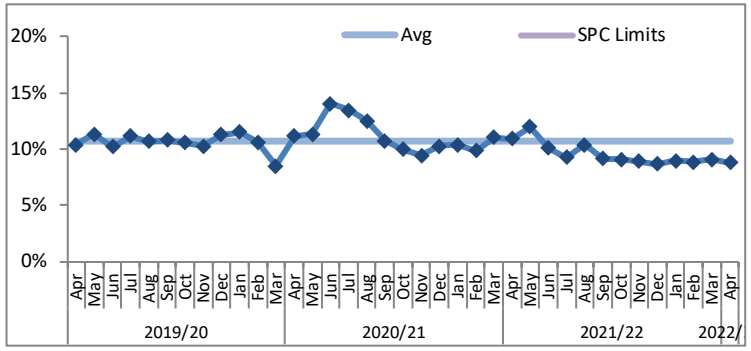
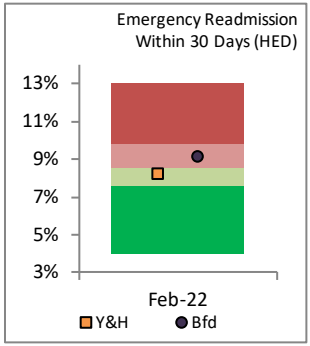


To be a continually learning organisation and recognised as leaders in research, education and innovation

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. HSMR (12 month rolling) HES inpatients (May 2022): 99.86 – within expected range.	No benchmark comparator available
Summary Hospital-level Mortality Indicator		The SHMI is the ration between the actual number of patients who die during the or within 28 days of 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. It is important to note that SHMI is not an indication of avoidable deaths or quality of care. SHMI (12 month rolling) HES-ONS Linked Mortality Datasets (May 2022): 104.13 – within expected range.	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. Discussions are taking place to identify a lead to support the re-launch of the improvement programme.	

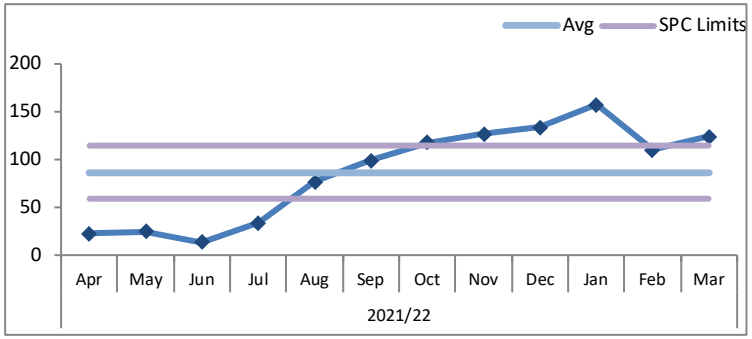
To provide outstanding care for patients

Learning from Deaths

Bradford Teaching Hospitals NHS Foundation Trust

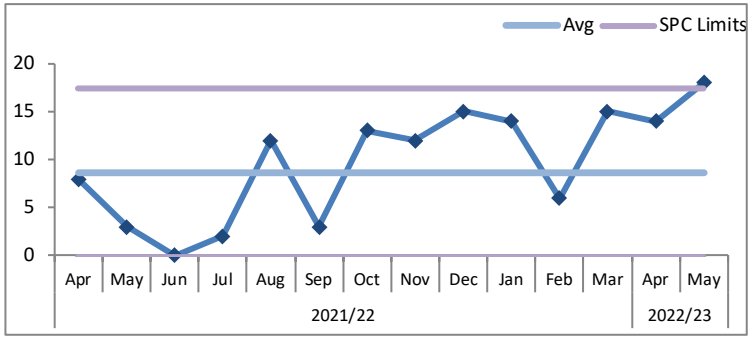
Metric / Status	Trend	Challenges and Successes	Benchmarks

Deaths Scrutinised by the Medical Examiner



Since October 2021, the ME Office routinely scrutinise 100% of adult deaths at BTHFT.

Number of SJR Requests raised



In May 2022, there were a total of 18 SJR requests in which eight have been completed. The Learning from Deaths team is currently working to reduce a backlog of SJR requests that occurred over the Q4 in 2021/22 (n=49). This was in part owing to the Trust's response to ensure the safe delivery care during the most recent COVID-19 pandemic wave and reducing burden on clinical staff. Requests for SJR's have been largely owing to patients that have been identified as having a healthcare onset covid infection (HOCI) (n=17), and patients with mental health concerns (n=11) or learning disabilities (n=8). Cases that were identified as HOCI by the Medical Examiner but subsequently found to have been community acquired will not go through for SJR (n=13). Work is underway led by the Learning from Deaths team to address the back log rapidly e.g. creating a multidisciplinary team to conduct multiple reviews, development of a SJR electronic application and setting up small teams to conduct cluster SJR reviews for patients with HOCI's. In addition, training has been given this month to add a further six clinical staff, over three specialties, to our roster of reviewers.

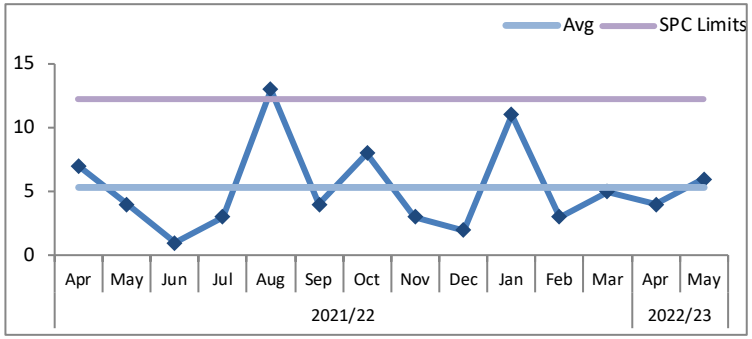
To provide outstanding care for patients

Learning from Deaths

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Deaths subject to Case Record Review

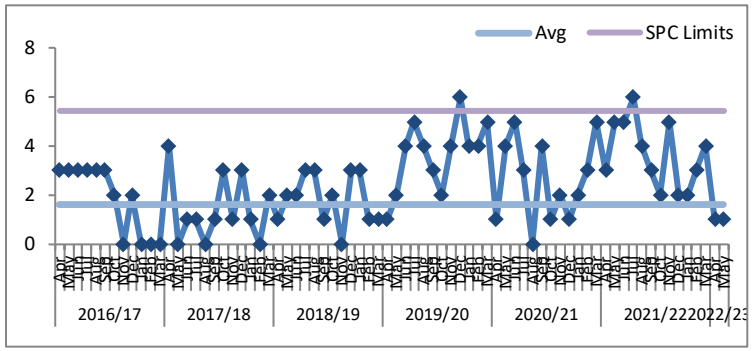
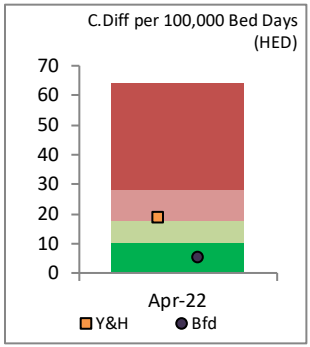
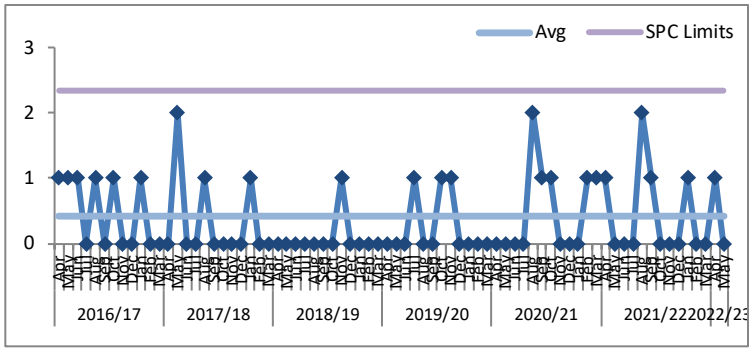
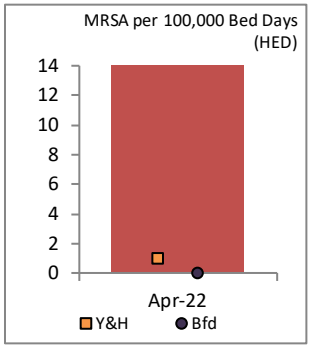


These cases are identified for a more in-depth case review as part of the trusts review of patient safety incidents.

To provide outstanding care for patients

Patient Safety

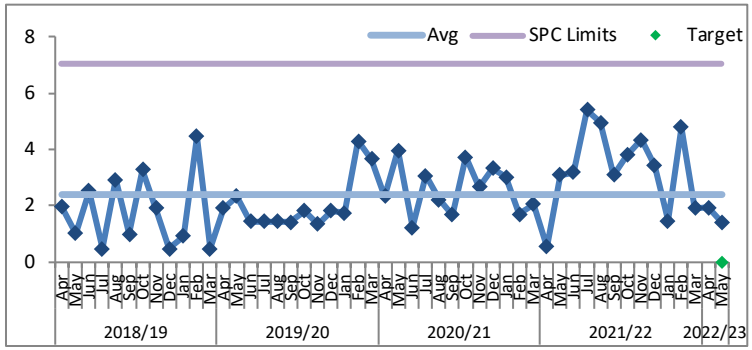
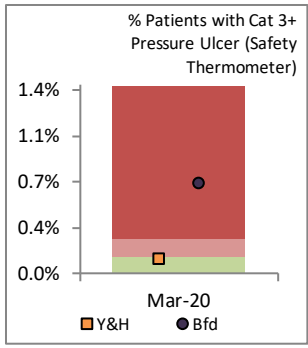
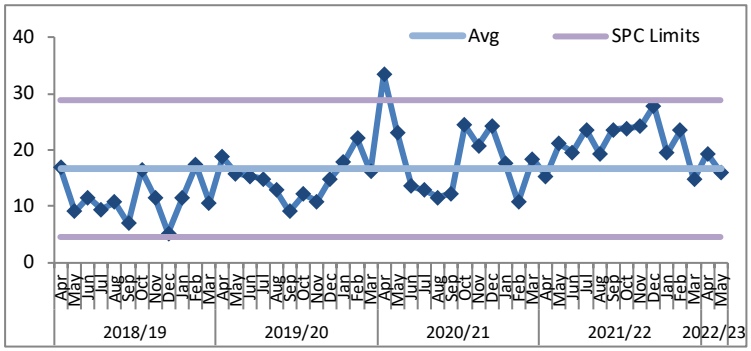
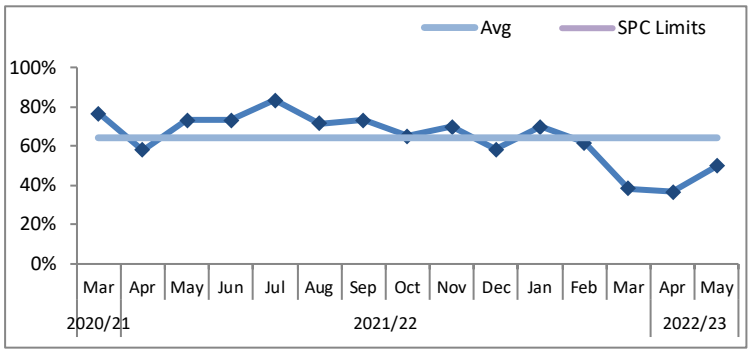
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
C Difficile		No lapses in care or outbreaks reported. Cases within normal control limits and below national contract objectives.	
MRSA		MRSA improvement plan in place and monitored through IPCC.	

To provide outstanding care for patients

Patient Safety

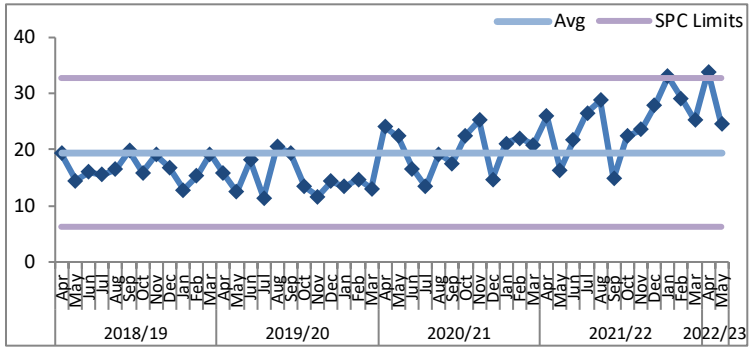
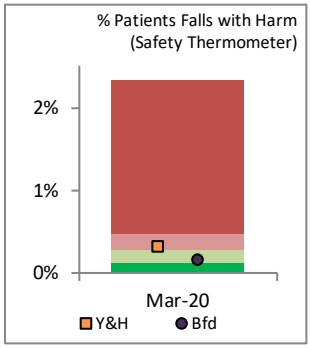
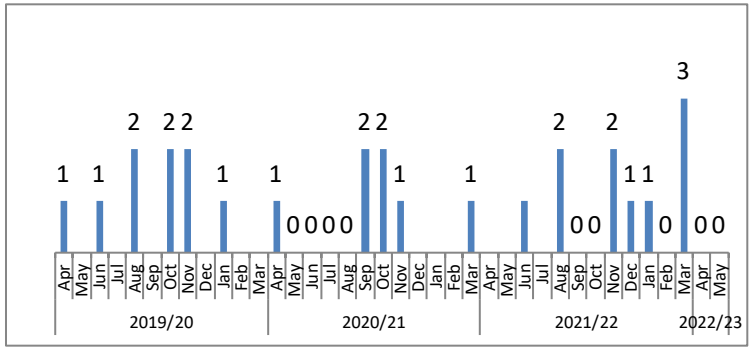
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Pressure Ulcers Cat 3+ per 10,000 bed days		Pressure Ulcers are below average. This will be attributed to the decrease in non-invasive ventilation and targeted work by the tissue viability nurse team.	
Pressure Ulcers per 10,000 bed days		NEW METRIC	
Medicine Reconciliation		Medicines reconciliation is the overarching formal process of obtaining a complete accurate and up to date list of the patient's current medicines and comparing this list to the prescribed medication, taking into account adherence prior to admission and the patient's current clinical presentation. Medicines reconciliation is considered complete when any discrepancies identified have been communicated to the relevant health care professional for resolution. The data shows the percentage of patients that had medicines reconciliation carried out by pharmacy team within 24 hours of admission from a sample of sixty patients.	

To provide outstanding care for patients

Patient Safety

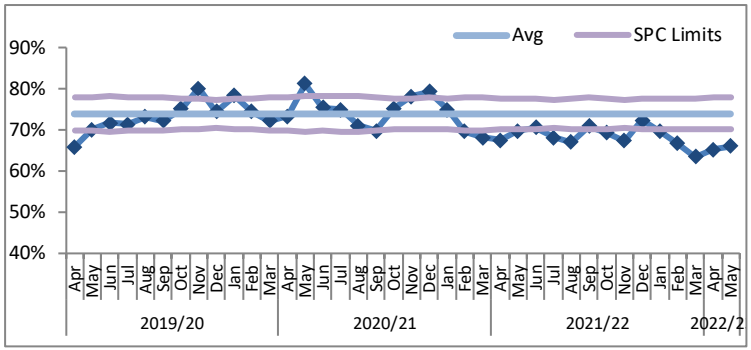
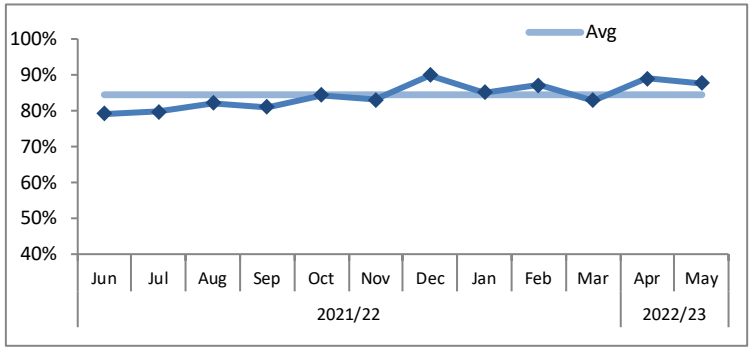
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Falls with Harm per 10,000 bed days		A quality improvement programme for fall preventions is being co-led and developed by the Chief Nurses Team and Quality Improvement Team, with the aim of launching the programme in May 2022. This will involve reviewing the current process to monitor and manage reported in-patient falls. It is anticipated that we will enhance the way we learn and improve from our data to reduce the number of in-patient falls (with and without harm) by March 2023. Quality Improvement programme re-launched May 2022 at PSG. Approval for B7 falls lead as test of change to learn from the no / low harm incidents we report.	
Falls with Severe Harm		No new falls with severe harm, panel is reviewing previous months	No benchmark comparator available

To provide outstanding care for patients

Patient Safety

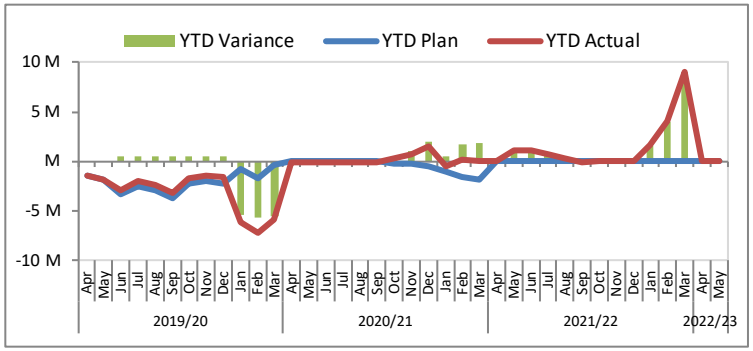
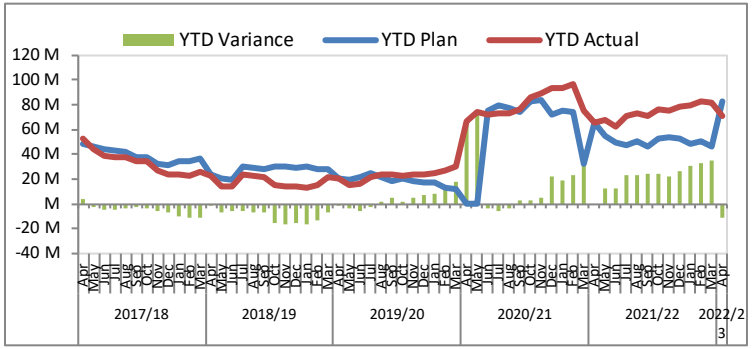
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Sepsis Percentage of Patients Screened		Average % screened currently sits at 65% across the trust this has been maintained throughout the year so far. Challenges remain on being able to extract the data from EPR onto the sepsis dashboard, BI team are actively working on this. Daily discussions with clinicians within clinical areas has resumed to raise awareness of importance of completing screening.	
Severe Sepsis antibiotics given within an hour		Patients triggering for severe sepsis and receiving antibiotics within one hour currently sits at 86% . Our aim is to achieve >90%. We are also reporting on patients recorded as uncomplicated sepsis and receiving antibiotics within three hours, in line with national recommendations from Academy of Medial Royal Colleges on time to antimicrobial treatment for sepsis in May 2022, this currently sits at 92%.	

To deliver our key performance targets and financial plan

Finance

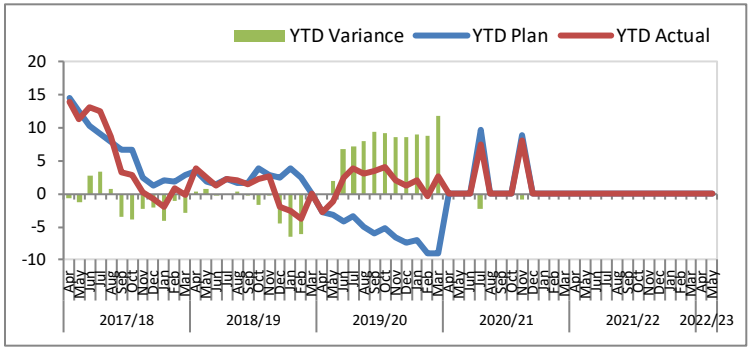
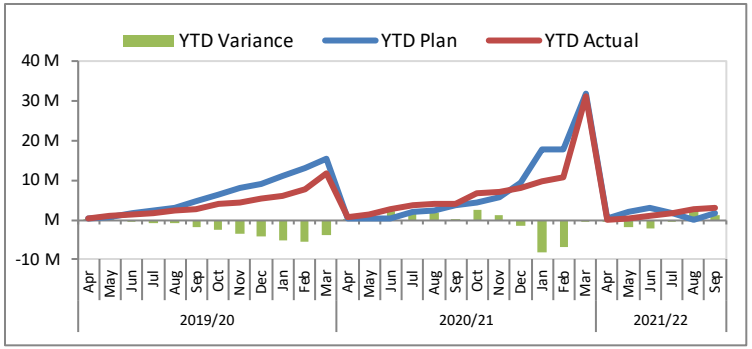
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Delivery of Income and Expenditure Plan		The Trust has reported a YTD breakeven position at M2 which is in line with the YTD plan. The YTD position includes £2.0m of Elective Recovery Funding (ERF).	No benchmark comparator available
Delivery of Cash Plan		Year to date cash is £77.1m which is £6.3m above plan. The main reasons for the variance from plan are: 1. Increase in trade and other payables £6.4m 2. Increase in deferred income £0.9m 3. Increase in provisions £0.6m 4. Increase in capital expenditure* (£1.7m) Total cash movement £6.2m * Increase in capital 'cash' expenditure largely relates to 2021/22 invoices being paid earlier than expected. Closing cash is expecting to be within 2022/23 plan (£42.8m).	No benchmark comparator available

To deliver our key performance targets and financial plan

Finance

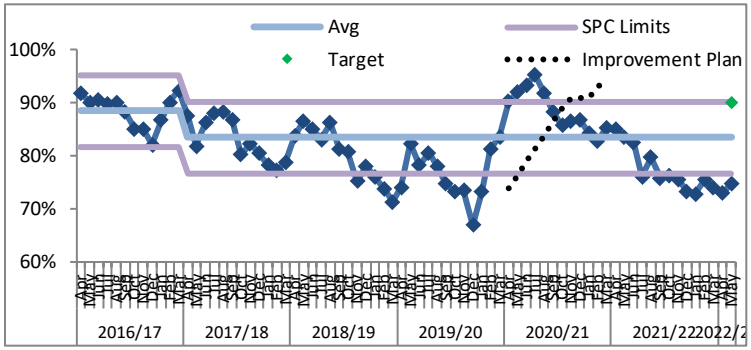
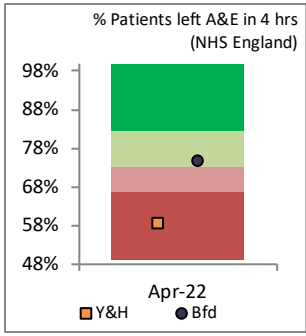
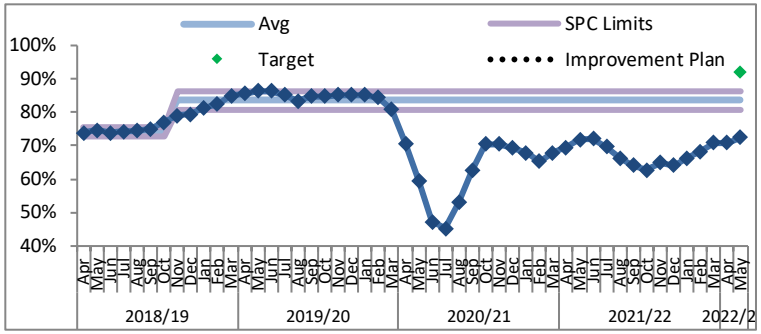
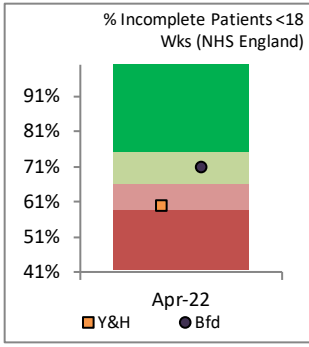
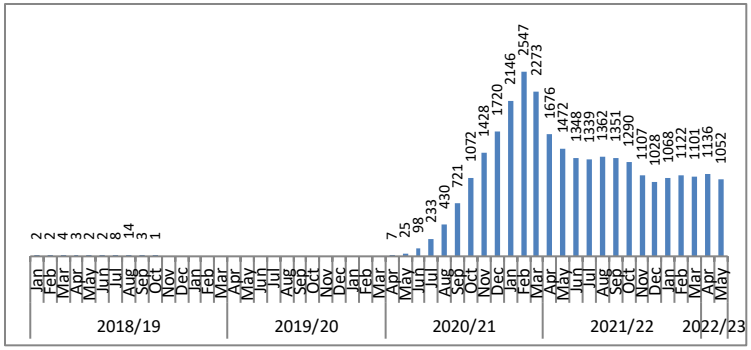
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Liquidity rating		Liquidity represents the number of days the Trust could meet its operating costs from its liquid resources (current assets less stocks and current liabilities). Year to date liquidity is negative 2.0 days which is higher than plan by 2.2 days. The Trust has higher than planned a net current asset which has led to an above plan liquidity rating. The main reasons for this are: 1. Less than plan: IFRS 16 Leases current liability £1.0m 2. Less than plan: 2022/23 Capital Expenditure £1.8m	No benchmark comparator available
Delivery of Capital Plan		Year to date 2022/23 capital spend is £0.2m which is £2.1m lower than plan. This is largely due to slippage against the profiled capital spend for: 1. Maternity Theatres £1.0m 2. Cardiology Digital Systems £0.5m 3. EPR Theatres and Anaesthesia £0.4m 2022/23 forecast capital expenditure is expected to be in line with budget by 31 March 2023 £26.9m)	

To deliver our key performance targets and financial plan

Performance

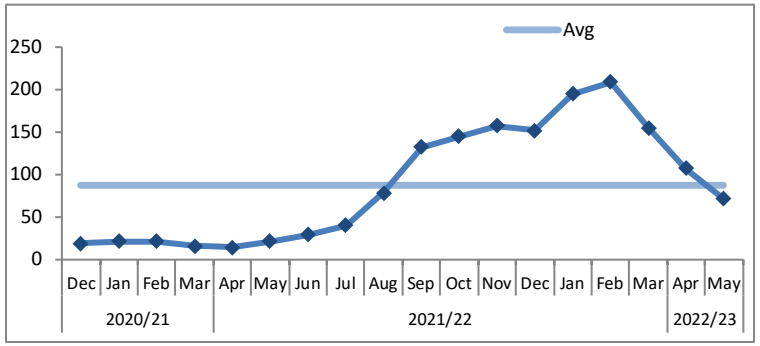
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Emergency Care Standard		Emergency Care Standard (ECS) performance was at 74.84% for May 2022, which remains above peer and national average. We continue to use see and treat and Same Day Emergency Care (SDEC) pathways to help avoid admissions and congestion within the department whilst longer term improvement plans are being progressed which will divert unnecessary attendances and further improve flow. Attendances remain at or above pre-COVID levels.	
RTT 18 Week Incomplete		RTT performance continues to track the national trend and is above peer and national average. From March 2022 theatre capacity has been significantly increased which supported a step change in admitted clock stops and an improvement in RTT performance.	
RTT 52 Week Wait		The Trust had 1,052 incomplete 52 week waits at the end of May 2022. 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.	No benchmark comparator available

To deliver our key performance targets and financial plan

Performance

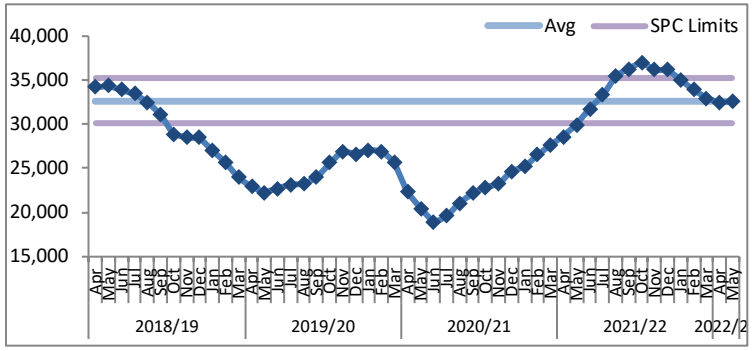
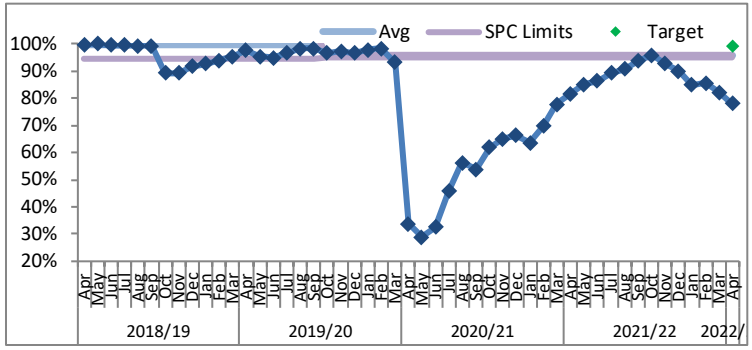
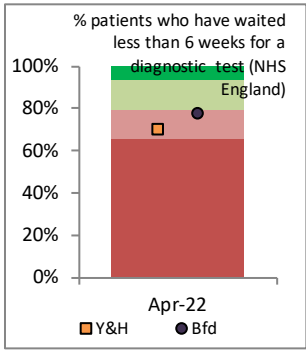
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
RTT 18 week > 104 week wait		All 104 week waits are reviewed by senior operational staff weekly and plans expedited where possible. The focus is to achieve a zero position by the end of June 2022 and performance is in line with the trajectory needed to achieve this, with the exception of P6 and complex pathways.	

To deliver our key performance targets and financial plan

Performance

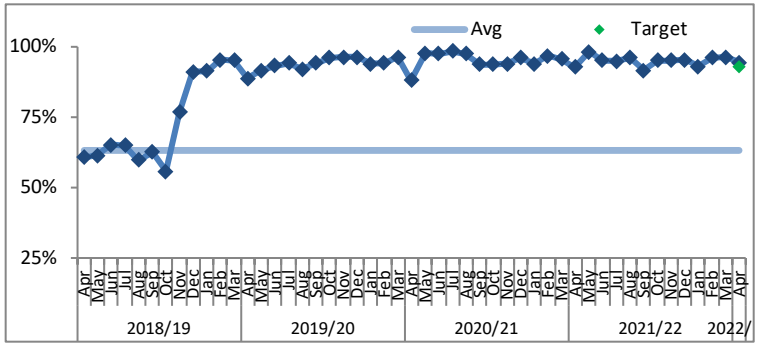
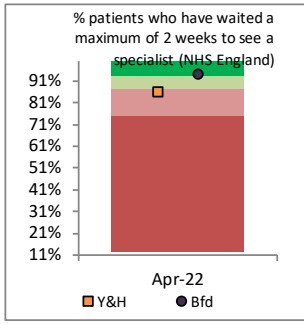
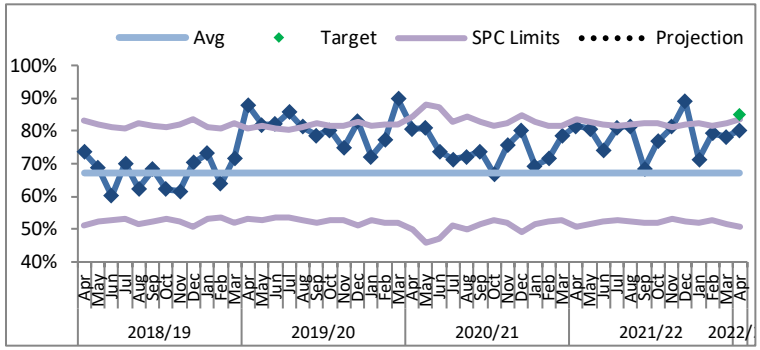
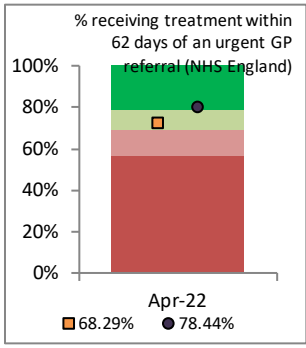
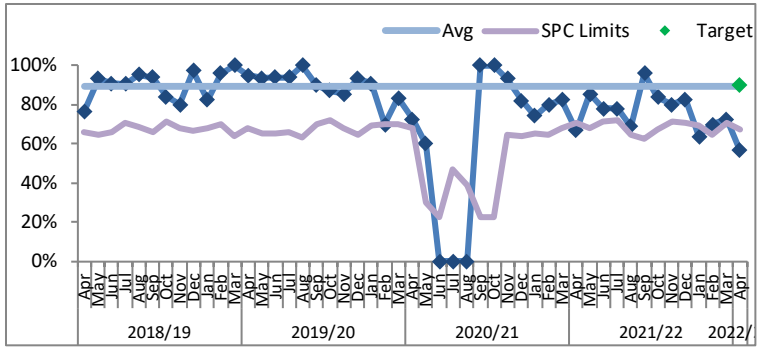
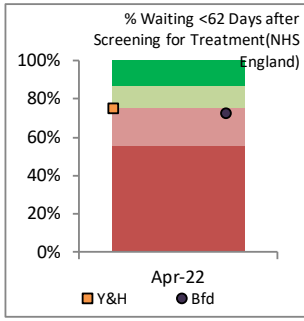
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Elective Waiting List		The total RTT waiting list has reduced in recent months. Referral triage and the use of advice and guidance have reduced demand, data quality processes have been strengthened and elective recovery plans agreed. As theatre capacity increases the waiting list will reduce further, although since April 2022 clock starts have increased which could negate the impact of the additional clock stops.	No benchmark comparator available
Diagnostic Waits		Performance has deteriorated slightly over winter due to the loss of an MRI scanner and delays in procuring Respiratory Physiology equipment. MRI capacity has been increased and recovery is planned during Q1, whereby the Trust anticipates performance returning to the upper quartile nationally. May performance has improved in line with the additional MRI activity.	

To deliver our key performance targets and financial plan

Performance

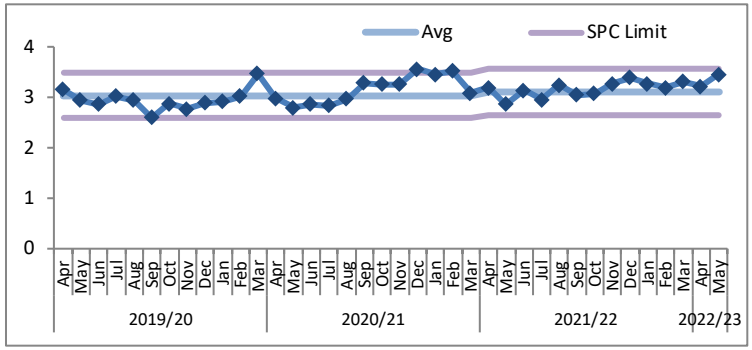
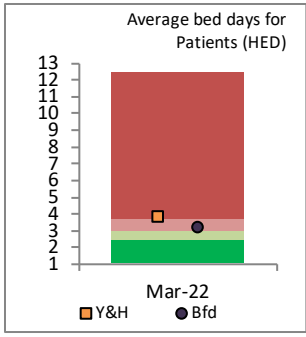
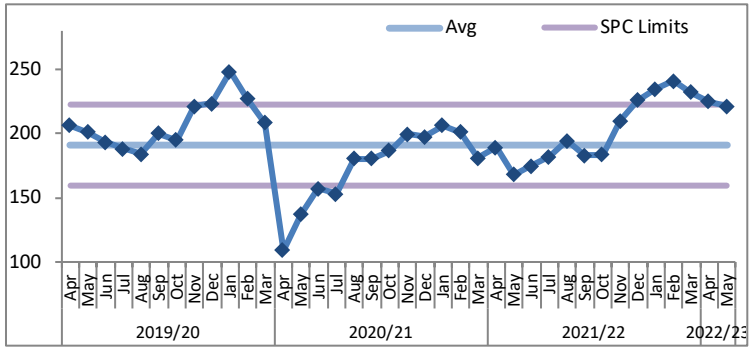
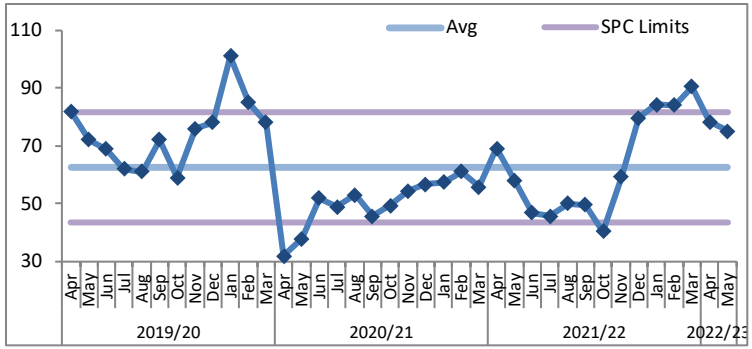
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Cancer 2 Week GP		April 2022 performance against the 2 Week-Wait Cancer standard was above target at 94.33%. Overall referral demand remains above historic averages which has resulted in some tumour groups booking at day 13. BTHFT benchmarks in the upper quartile nationally for this standard.	
Cancer 62 Day Urgent GP		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 had reduced by the end of Q4 but increased patient initiated delays and challenges within Gynaecology and GI pathways have seen this increase. Short term actions are in place for these pathways which compliment longer term improvement ambitions.	
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

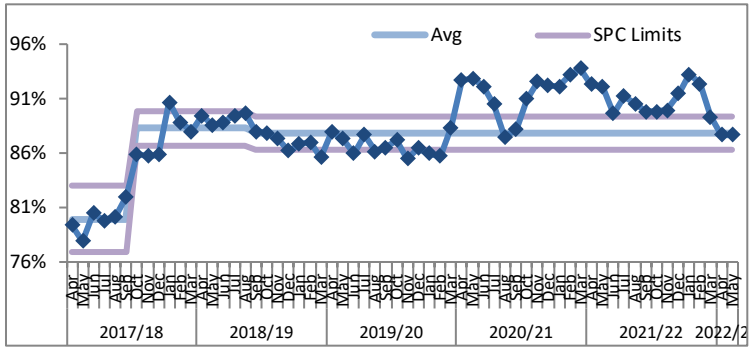
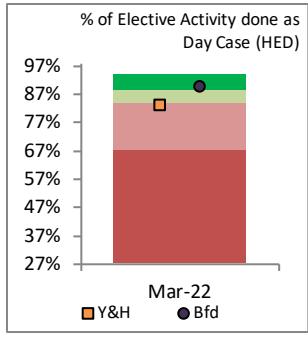
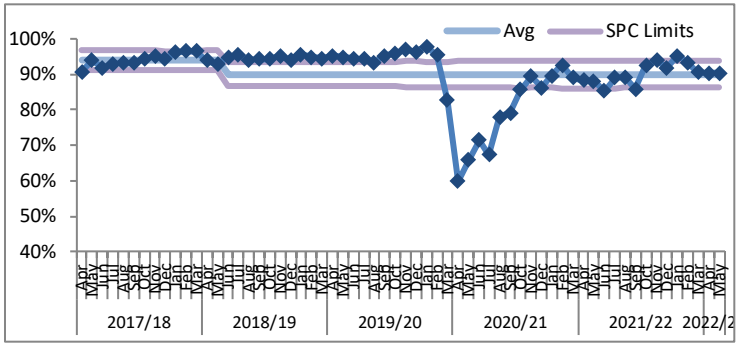
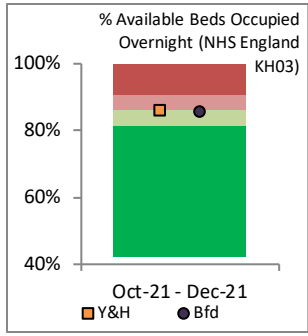
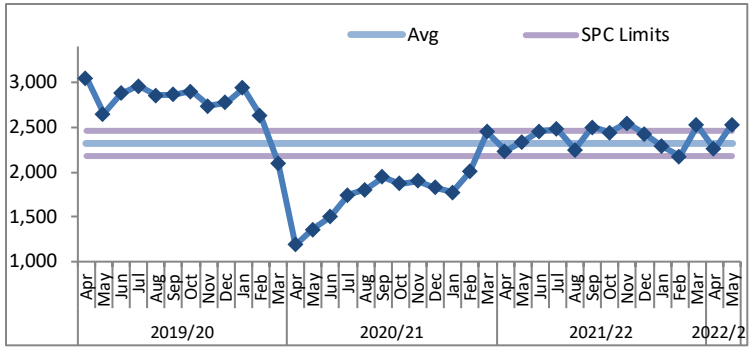
Bradford Teaching Hospitals NHS Foundation Trust

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. Increases in long length of stay relate to the increased COVID demand and long staying stroke patients.	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. When considered as a proportion of spells the Trust benchmarks better than average compared to peer and national data.	No benchmark comparator available

To deliver our key performance targets and financial plan

Productivity

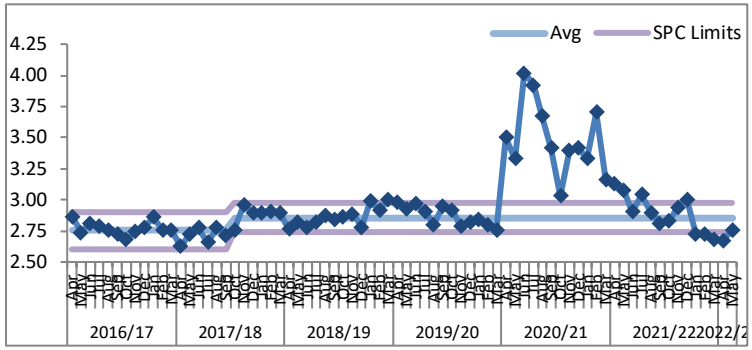
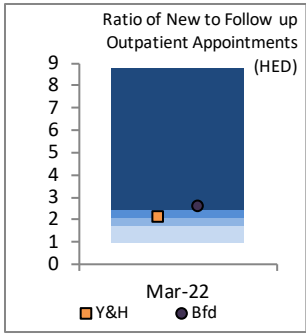
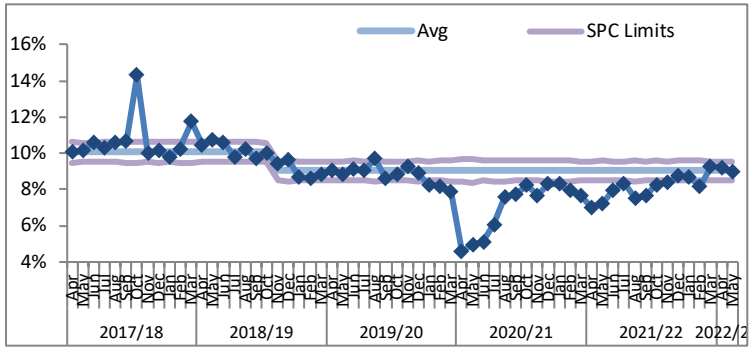
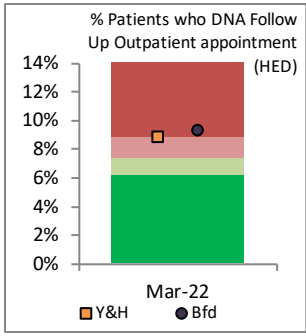
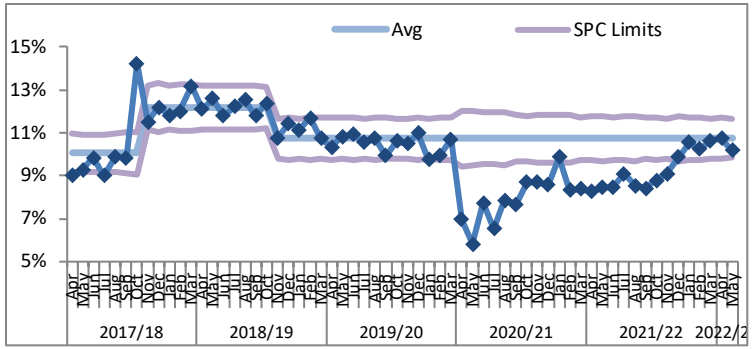
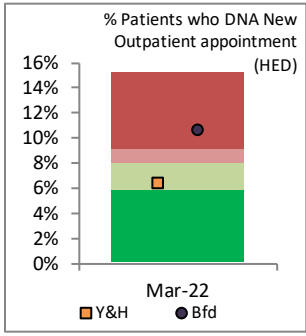
Bradford Teaching Hospitals NHS Foundation Trust

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		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

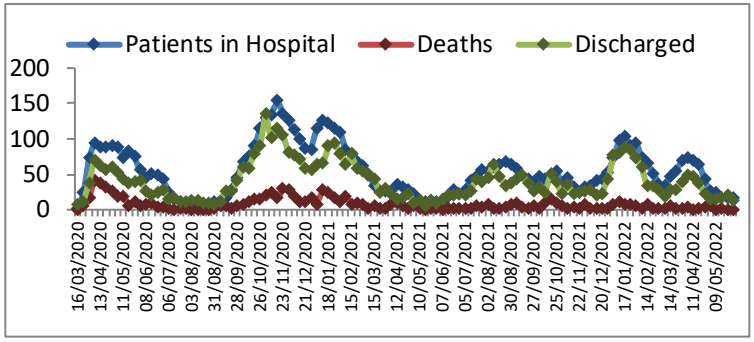
Productivity

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 templates have been implemented this has returned to the mean.	
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. This is being explored by the VRI programme.	
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 change from face to face to video or telephone contact. This is being explored by the VRI programme.	

Covid-19

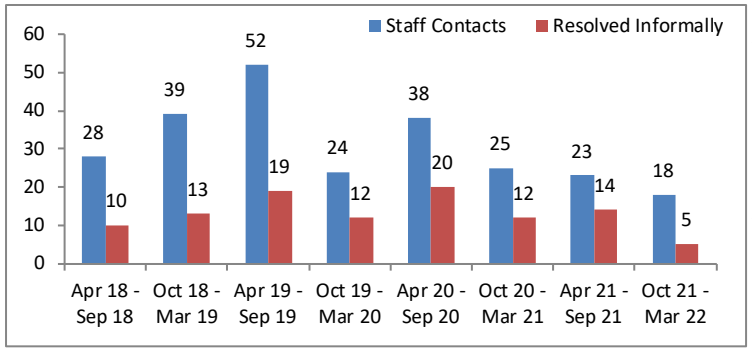
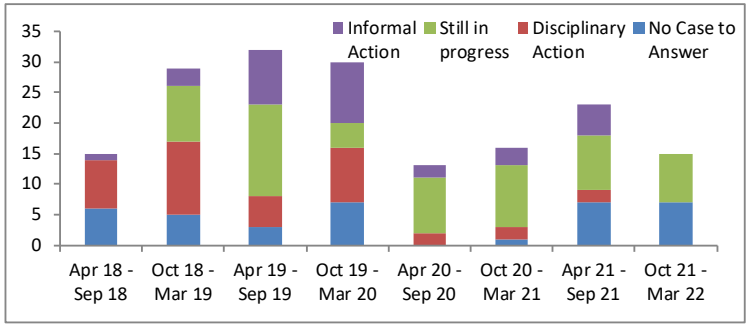
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
COVID-19		COVID-19 demand increased significantly due to the Omicron variant and have subsequently reduced.	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 have dipped slightly in the last 6 months and the proportion of cases being resolved informally has also reduced slightly to 28%. 28% of cases involved providing valuable support to staff already undergoing formal processes. The service will undergo a review in the coming months as part of the planned work around civility in the workplace. This may indicate a need to expand and promote the refreshed service more widely and ensure that it complements other ongoing activity/ support provided, including the new workplace mediation service (which now provides a further avenue for resolving conflict informally). Next update November 2022 (for the period 01/04/22 to 30/09/22)	No benchmark comparator available
Harassment & Bullying Outcomes		The number of formal cases ongoing during the last 6 months has dipped significantly from 25 to 15 cases (with 8 of these cases still in progress). This is a really positive reduction in the number of formal cases. However, it is worth noting that the hold on formal cases as a result of the pandemic may still be impacting on the figures. Of the 7 cases that were completed during the period 100% of the outcomes were “no case to answer”. The Trust is planning to launch its civility in the workplace campaign in June 2022 and, along with the new workplace mediation service this will play a crucial role in the wider culture change required, with focus on “nipping things in the bud” at an early stage. Next update November 2022 (for the period 01/04/22 to 30/09/22)	No benchmark comparator available

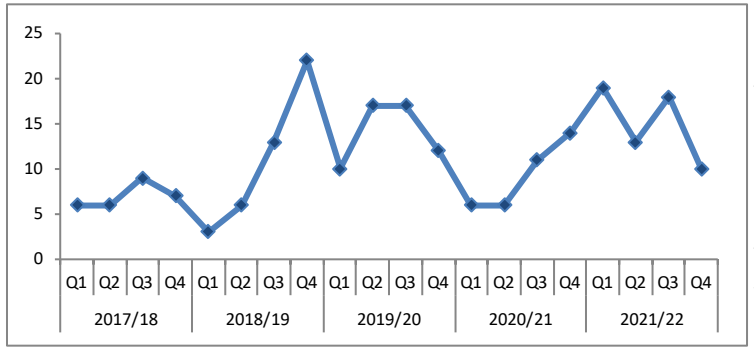
To be in the top 20% of employers

Engagement

Bradford Teaching Hospitals NHS Foundation Trust

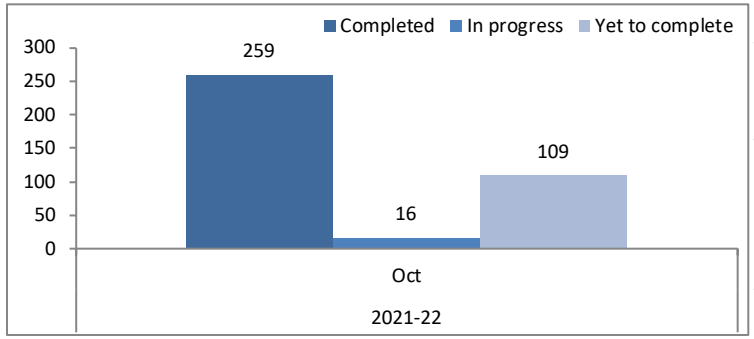
Metric / Status	Trend	Challenges and Successes	Benchmarks

Referrals to FTSU



10 concerns were raised to the Freedom to Speak Up team in Q4. Only one of the 10 concerns was raised anonymously via the FTSU App. These are dealt with on an individual basis; the National Guardian's Office advocate that staff should be able to raise concerns anonymously if necessary. Of the 10 concerns raised in Q4, three were patient safety concerns, two were due to bullying and harassment and two were relating to the Trust's values and behaviours. The other three single concerns were safe staffing, recruitment practice and 'other' (redeployment). The National Guardian's Office have specific categories to report on only.

Appraisal Rate Medical



The appraisal year for medical appraisals runs 1st April to 31st March. Because of the suspension of appraisal activity during January and February 2022 due to the surge in Covid cases, it is inevitable that some appraisals will be missed. We anticipate that number to be around 40. In addition, doctors who joined the Trust in the later part of the year would not have had the time to have an appraisal in that year. These doctors are often locum doctors on short term contracts, and owing to staffing pressures, were greater in number than usual. The total number of doctors who did not have an appraisal for valid reasons was 101, and these will be categorised as approved missed appraisals (outcome 2). We have not had any unapproved missed appraisals (outcome 3) for the 2021/22 year.

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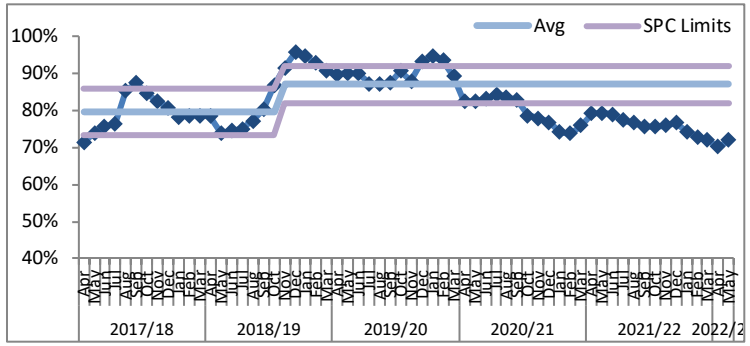
Engagement

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Appraisal Rate Non-Medical



The non-Medical appraisal rate for May 2022 has increased slightly to 71.94% from 70.50% in April 2022. Planned and Unplanned Care have both seen an increase in appraisal rate with all other areas of the Trust showing a decrease. An approach to improve the quality and compliance of non-medical appraisals has recently been approved. An internal audit is currently underway.

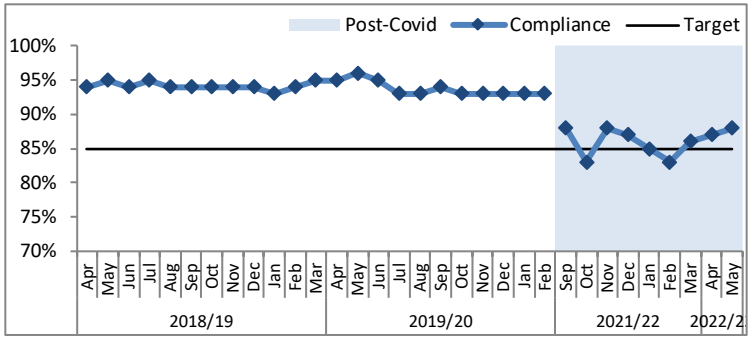
To be in the top 20% of employers

Training & Development

Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Core Mandatory Training

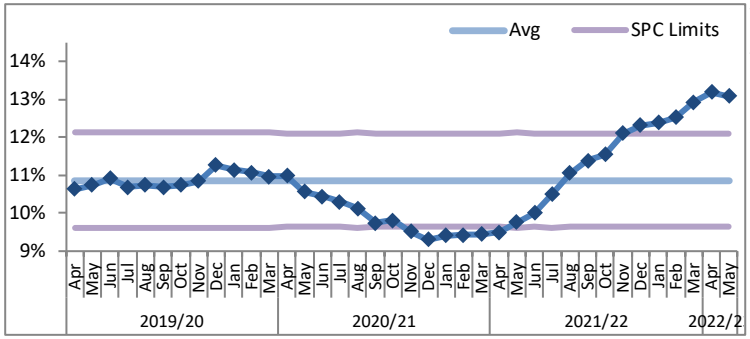
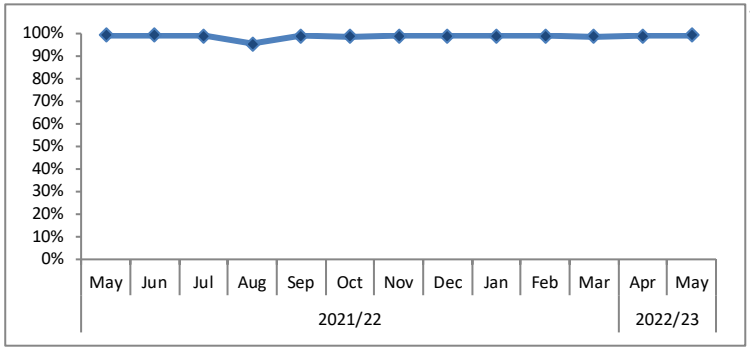
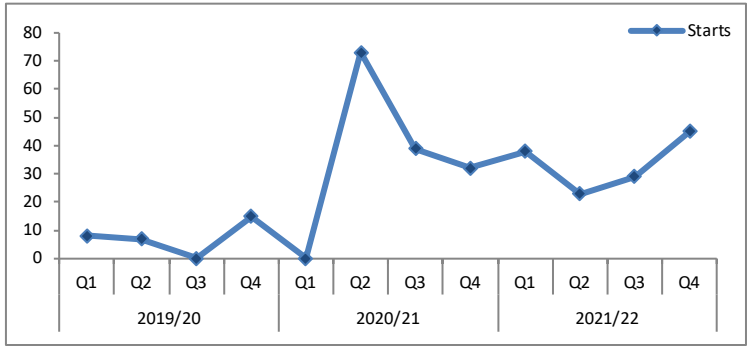


The compliance metric for core mandatory training is set at 85% across all 10 core subjects. The overall compliance across all subjects is 88% for May. A total of 4 subjects have compliance rates below target (Resuscitation 75%, Information Governance 82%, Fire Safety 83%, Moving and Handling 78%). There are specific actions plans in place to address those subjects with lower than target compliance. Overall compliance with mandatory training is increasing across the board.

To be in the top 20% of employers

Staffing

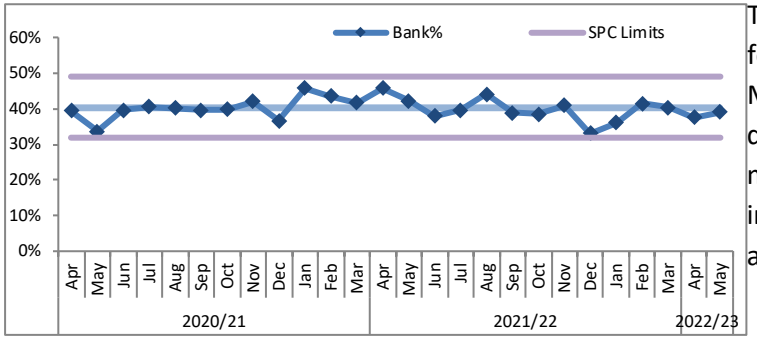
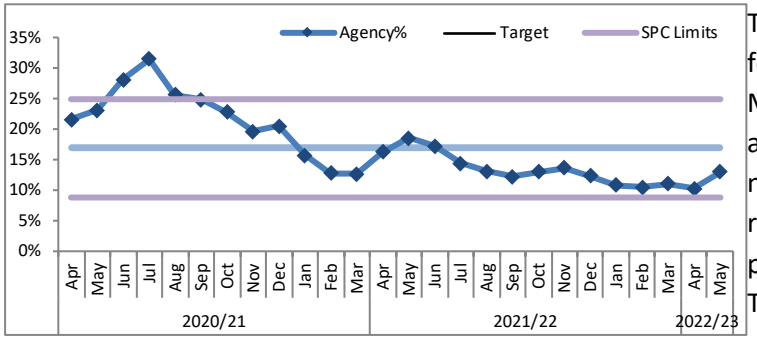
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Staff Turnover		Turnover has seen a slight decrease to 13.08% in May 2022 from 13.18% in April 2022. Turnover has reduced slightly across all areas of the Trust apart from Corporate Services which has shown a slight increase.	No benchmark comparator available
Staff Stability		The stability index shows the percentage of staff who are in post at the start of each month and remain in post at the end of the month. The stability rate is 99.4% in May 2022 which is up from 99.0% in April 2022. The rate is consistently around 98% to 99% throughout the year however it does dip in August down to 95.58%,, and this is because staff on fixed term contracts are included and there are large numbers of junior doctors who leave in August.	
Number on an apprenticeship programme		Bradford Teaching Hospitals NHS Foundation Trust currently has 297 members of staff on an apprenticeship programme. The first quarter of this year has seen 27 members of staff start an apprenticeship, no staff members have completed their studies so far. These are in a wide range of levels, ranging from an entry level qualification to masters level qualifications. The subjects mirror the variety of roles offered across the trust, including Nursing, Allied Health Professionals and Health Scientists to technical, administrative and trade roles.	

To be in the top 20% of employers

Staffing

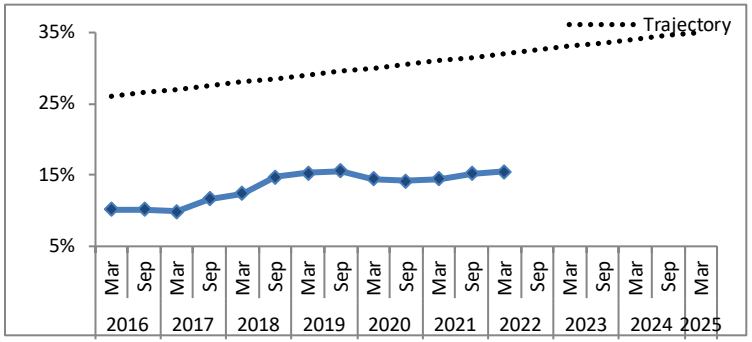
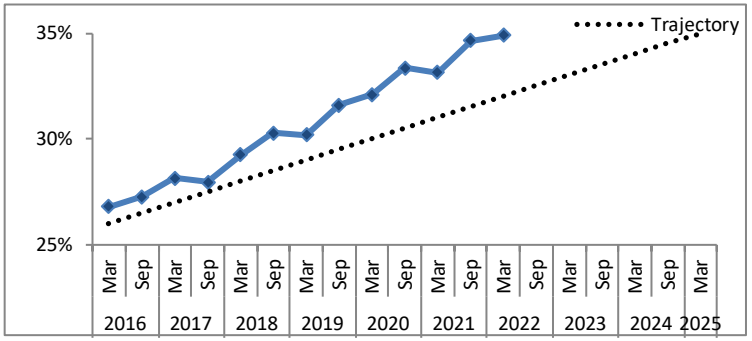
Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Nursing Bank Fill Rate		This newly introduced metric reports on the monthly fill rates for bank staff working as Registered Nurses, HCA/HCSW, Midwives and Theatre Practitioners and ODPs. In May we saw a drop in the number of shifts requested to be filled over the month compared to the previous month. We filled 6,300 shifts in the month with bank staff. This is split 2,042 registered staff and 4,258 unregistered.	
Nursing Agency Fill Rate		This newly introduced metric reports on the monthly fill rates for agency staff working as Registered Nurses, HCA/HCSW, Midwives and Theatre Practitioners and ODPs. We only use agency HCA/HCSW in exceptional circumstances, hence the low number. In May we saw a drop in the number of shifts requested to be filled over the month compared to the previous month. Agency staff filled 699 shifts in the month. This is split 680 registered staff and 19 unregistered.	

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		A further slight increase in our Ethnic Minority representation at Senior Management levels over the last 6 months which has risen from 15.22% to 15.5%. This is a positive step in our ambitions to have a senior workforce reflective of the local population (35% by 2025). We continue to focus our efforts on providing development opportunities for aspiring leaders from an Ethnic Minority background and in ensuring we consider positive action approaches to recruitment for senior level roles as they arise. Next update November 2022 (for the period 01/04/22 to 30/09/22)	No benchmark comparator available
BAME Workforce		The proportion of Ethnic Minority staff in the workforce has increased slightly again in the last 6 months from 34.65% to 34.9% indicating we have effectively achieved our target of having an overall workforce reflective of the local population (35%). Our focus in going forward will be to ensure we achieve this at all levels in the organisation. Next update November 2022 (for the period 01/04/22 to 30/09/22)	No benchmark comparator available

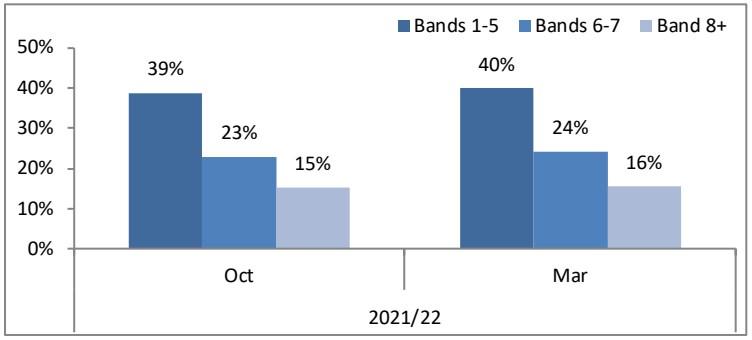
To be in the top 20% of employers

Equality & Diversity

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

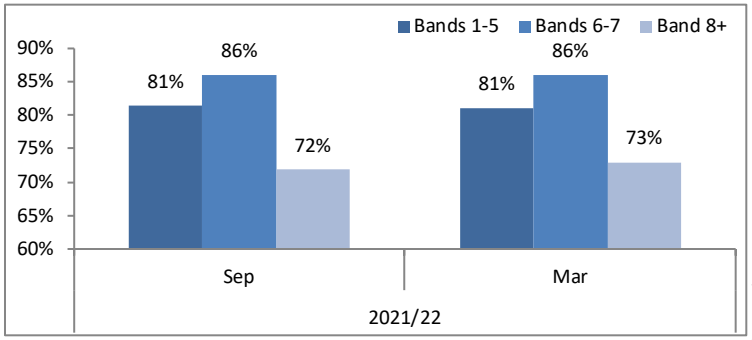
Ethnic minority workforce by band group



The data shows that ethnic minority staff are over represented in the lower bands (at 39.84%) and representation decreases as banding increases, with the most significant under representation at senior levels (15.5%). Positively there has been a 1% increase over the last 6 months at every level (which is reflected in our overall workforce figure). The focus of our WRES action plan will continue to address the need to work with our Race Equality Staff Inclusion network to ensure the development offers provided meet the required need of our ethnically diverse staff and with consideration of some targeted approaches for staff at bands 5-7 and above.

Next update November 2022 (for the period 01/04/22 to 30/09/22)

Female workforce by band group



Females currently make up 82% of our non-medical workforce (Nb Gender pay gap figures are slightly different as they incorporate medical & dental staff). Whilst they are proportionately represented at lower levels (81%), they continue to be significantly under-represented at senior levels (73%) and slightly over-represented at middle management levels (86%). In the last 6 months we have seen a 1% increase at senior management levels, which is positive, but with no change at middle management level (Bands 6/7). We are working collaboratively with our gender equality reference group to address gender inequalities in the workplace, with focus on women in leadership and addressing potential blockages to development (including flexible working).

Next update November 2022 (for the period 01/04/22 to 30/09/22)

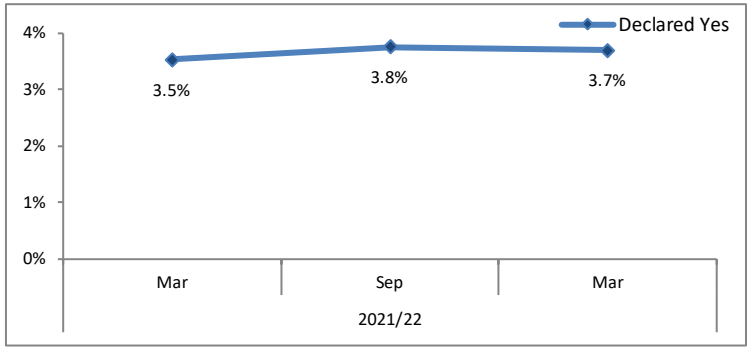
To be in the top 20% of employers

Equality & Diversity

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Disability Declaration Rate

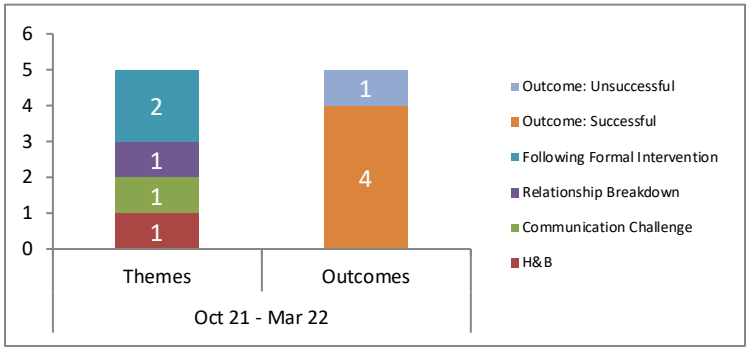


Our current disability declaration rate as recorded in the Electronic Staff Record (ESR) has remained fairly static at around 4% since we commenced reporting this for the Workforce Disability Equality Standard (WDES) in 2018. There continues to be a significantly higher proportion of staff survey respondents (c. 23% in 2021) who declare a disability/ long term health condition, indicating there are at least 19% of staff who have not declared their status in ESR.

Increasing confidence in declaring a disability is a key focus for the WDES action plan, including; roll out of the disability equality training, collaborative work with the Enable staff equality network to raise the profile of disability equality across the Trust combined with a further equality census.

Next update November 2022 (for the period 01/04/22 to 30/09/22)

Contacts with Mediation Service



7 staff were trained as accredited workplace mediators and the workplace mediation service underwent a soft launch in October 2021 with plans for a more formal launch and wider comms as part of the civility launch (June 2022). 5 cases with a range of themes were undertaken during the 6 month reference period with successful outcomes/ actions agreed in 4 out of the 5 cases (80%). Initial feedback has been very positive, although has highlighted a need to ensure cases are appropriately referred.

Next update November 2022 (for the period 01/04/22 to 30/09/22)

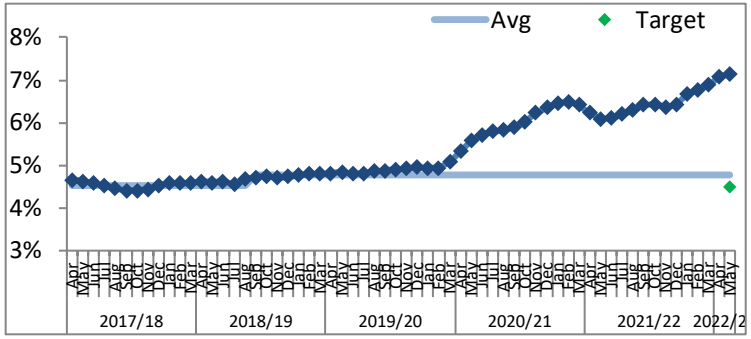
To be in the top 20% of employers

Health & Wellbeing

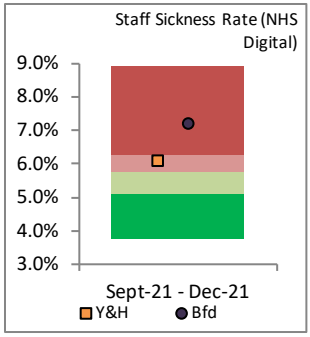
Bradford Teaching Hospitals
NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks

Staff Sickness Absence



The rolling 12 month sickness absence rate at the end of May 2022 was 7.14% with increases seen in Planned Care, Pharmacy and Estates & Facilities. There was no change in Unplanned Care whilst Corporate Services and Research both showed a slight reduction. This figure does not include staff who are self-isolating which is 0.08% in May, which is a decrease from 0.12% in April 2022. Covid-19 related sickness has reduced from 1.90% in April to 0.93% in May 2022. Monthly absence in May reduced to 6.25% from 7.51% in April.



To collaborate effectively with local and regional partners

Partnership

Bradford Teaching Hospitals NHS Foundation Trust

Metric / Status	Trend	Challenges and Successes	Benchmarks
Reducing Inequalities	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&C Inequalities Alliance, RIC Steering Group and there is also now a standing item on the Equality and Diversity Council agenda to discuss inequalities.		No benchmark comparator available
Act as One Place	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).		No benchmark comparator available
ICB & WYAAT	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 LTHT (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 .		No benchmark comparator available
Anchor Institution	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 & employment prospects		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

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 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 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

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 Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To be in the top 20% of employers				
Engagement				
Staff FFT Treatment	Percentage of staff recommending the Trust as a place to receive care or treatment as part of the staff Friends and Family Test.	Director of Human Resources	Red <Yorkshire &Humber, Green >Yorkshire &Humber	4.4
Staff FFT Work	Percentage of staff recommending the Trust as a place to work as part of the staff Friends and Family Test.	Director of Human Resources	Red <Yorkshire &Humber, Green >Yorkshire &Humber	4.4
Appraisal Rate Non-medical	Percentage of eligible staff employed at the Trust who have had an appraisal in the last 12 months.	Director of Human Resources	Red <75%, Amber >=75% and <95%, Green >=95%	5.0
Contacts with Advocacy service	Percentage of Staff Advocate Service Contacts resulting in investigations.	Director of Human Resources	New metric in a phase of trending therefore RAG criteria subjective. – Executive informed.	3.6
Harassment & Bullying outcomes	Percentage of Harassment and Bullying related Contacts resulting in disciplinary action.	Director of Human Resources	New metric in a phase of trending therefore RAG criteria subjective. – Executive informed.	4.6
Training & Development				
New Starter Training	Percentage of new staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 90%, Amber >=90% & <100%, Green = 100%	4.4
Refresher Training	Percentage of staff who are compliant with mandatory training requirements.	Chief Medical Officer	Red < 75%, Amber >=75% & <85%, Green >= 85%	4.4

Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
Staffing				
Care Staff Shifts filled	Percentage of time care staff staffing hours are filled compared with planned.	Chief Nurse	Red < 80%, Amber 80% – 95%, Green > 95%	3.7
Care Staff Care Hours	Total of the actual number care staff hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Nursing Care Hours	Total of the actual number of Registered Nurse / Midwife hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month.	Chief Nurse	Red = Lower two quartiles, Green = Upper two quartiles	3.7
Use of Agency Staff	Agency Full Time Equivalents (FTE's) as a percentage of all FTE's.	Director of Human Resources	RAG criteria subjective.	4.0
Staff Turnover	Number of employees who have left the organisation in the past 12 months as a percentage of the average number of employees over the same period.	Director of Human Resources	Red > 14%, Amber 12% – 14%, Green < 12%	4.0
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 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				
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

Glossary Continued

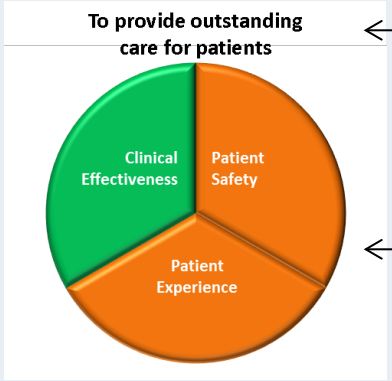
Bradford Teaching Hospitals
NHS Foundation Trust

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.