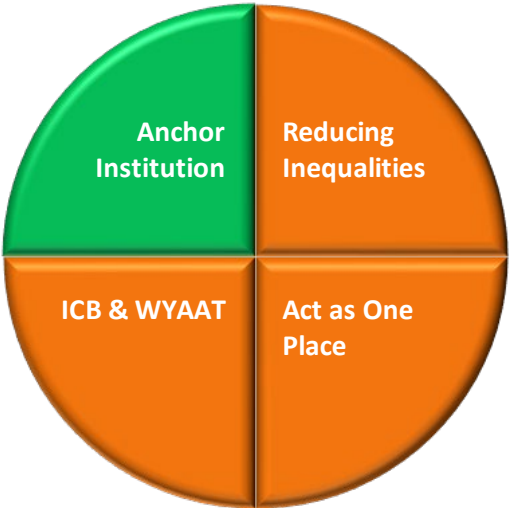
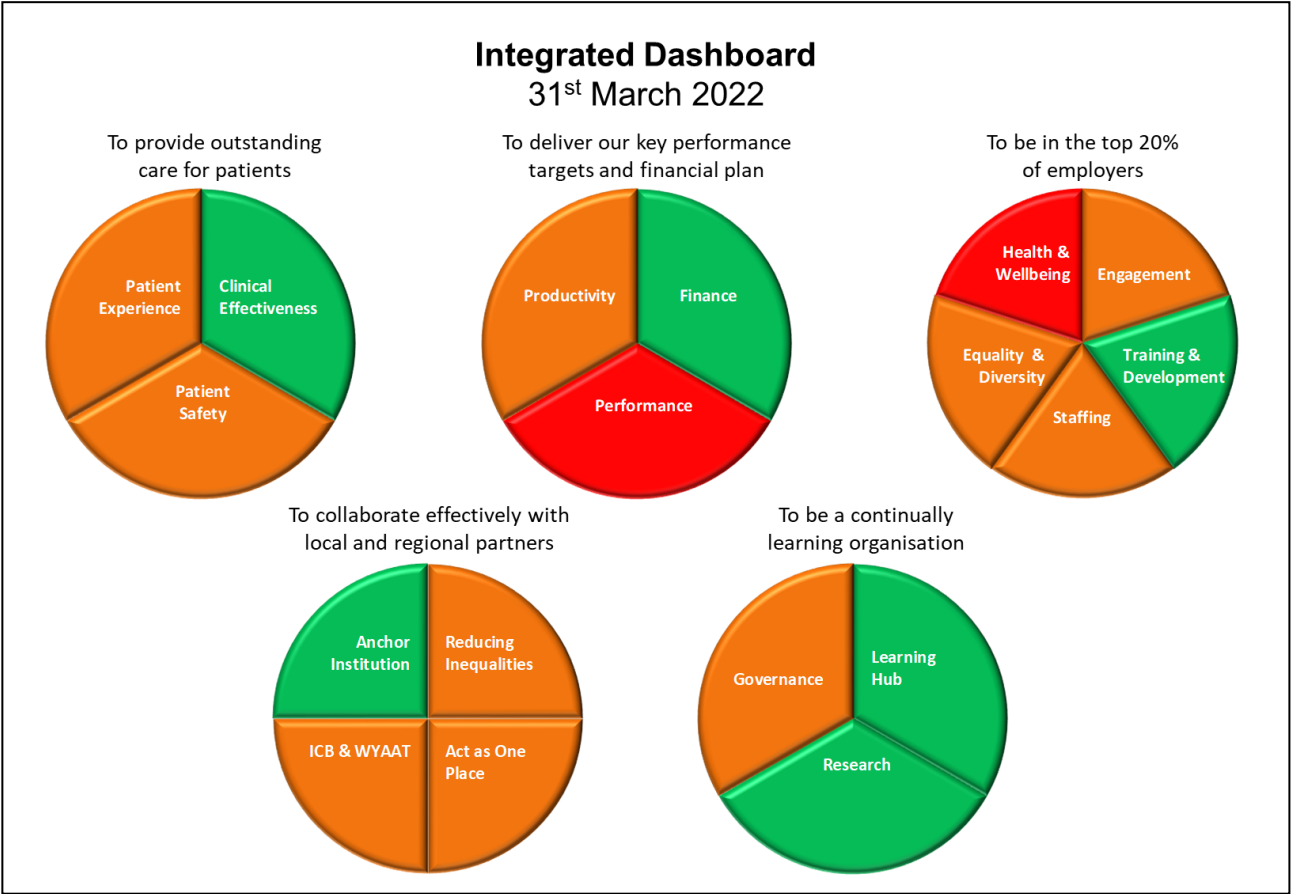


Partnership Dashboard

31st August 2022

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



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. An analysis of waiting times has been undertaken to understand the impact of some factors on time to treatment. 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 has been trialled with four CBUs and it's intended this will be repeated with each CSU in the new structure. 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.</p> | | No benchmark comparator available |
| | <p>The new Place Based Partnership across Bradford District and Craven came into effect in July 2022. Proposals for a reset of priorities are being implemented with a renewed focus on five topics: Children & Young People; Workforce Development; Resilient Communities (<i>the name may change</i>); Access to Care; Mental Health, LD and Neurodiversity. The previous geographical Partnership Boards (ie Bradford and Airedale respectively) are being refocused on these five priority areas. Discussions are taking place on the scope of each of the priorities and how they will be delivered across the system. The intention with the new programme structure is that it remains as flexible as possible to allow for changing priorities. BTHFT is actively involved in the current 7 system-wide transformation programmes, and leading on three of them (access, diabetes and respiratory). The extent to which diabetes and respiratory will continue as discrete workstreams is yet to be determined</p> | | No benchmark comparator available |
| | <p>Recruitment to most of the senior roles in the new ICS structure has been completed and the ICS has been officially operating since 1 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 .</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 & employment prospects</p> | | No benchmark comparator available |

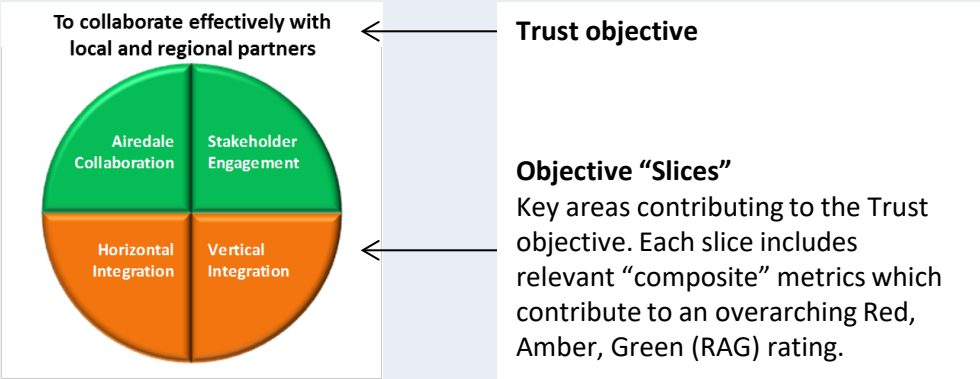


Glossary

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|------------------------------------|---|--------------------|
| To collaborate effectively with local and regional partners | | | | |
| 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.