

# Partnership Dashboard

30<sup>th</sup> September 2022

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

### Integrated Dashboard 30<sup>th</sup> September 2022

To provide outstanding care for patients, delivered with kindness



To deliver our financial plan and key performance targets



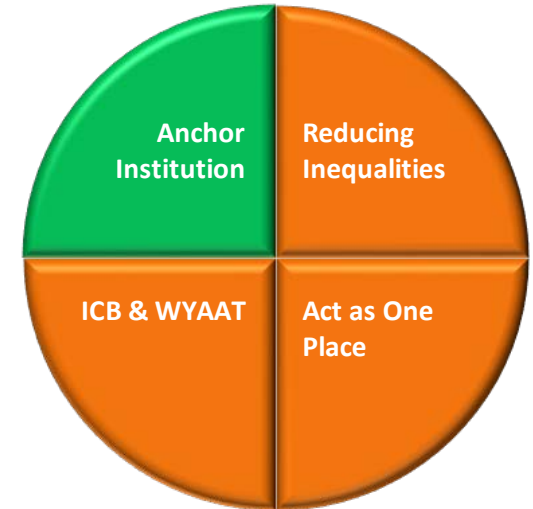
To be one of the best NHS employers, Prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion



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

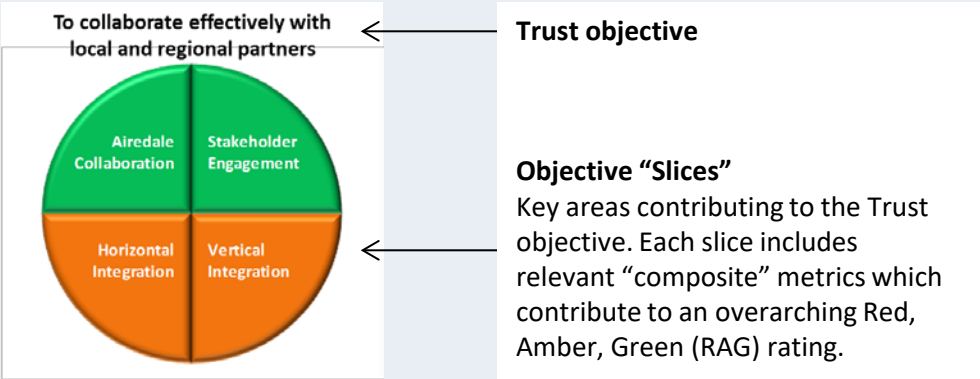
## Partnership

Metric / Status	Trend	Challenges and Successes	Benchmarks
	<p>BTHFT will focus on the factors it can directly influence while collaborating to achieve greater impact. For example there are links to our position as an Anchor organisation within BD&amp;C. There is already a significant amount of activity by our teams to address inequalities but not always recognised as such as we are collating information across the CSUs and identifying opportunities to share best practice and address health inequalities. An analysis of waiting times has been undertaken to understand the impact of factors – including ethnicity and deprivation - on time to treatment. As a pilot exercise, Population Health Management data relating to the Stroke has been sourced to support CSU inequalities discussion. This approach will be repeated with each CSU in the new structure. BTHFT is a member of the BD&amp;C Reducing 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>BD&amp;C Health &amp; Care Partnership was formally established as a committee of the WY ICB in July 2022, with a renewed focus on five topics: Children &amp; Young People; Workforce Development; Communities; Access to Care; Mental Health, LD &amp; Neurodiversity. Each has an oversight Board which effectively replaces the previous Bradford and AWC Partnership Boards. BTHFT continues to support the diabetes and respiratory transformation work although these are no longer entirely discrete programmes. All BD&amp;C HCP activity is aligned to the Core 20 plus 5 inequalities approach.</p>		No benchmark comparator available
	<p>BTHFT is actively involved in new and existing clinical and operational networks, and discussions about sustainability of WY-wide services. For example, 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. There is agreement on a joint approach to the provision of aseptic services, with a super hub at Leeds and further investment in BTHFT’s “spoke”. The WY 5 year strategy is being renewed and will be published in March 2023, after sign off by the Partnership Board and NHSE. The 10 Big Ambitions will remain, with renewed emphasis on wellbeing, sustainability and other issues. The remainder of the strategy will change to reflect local priorities as well as the national asks.</p>		No benchmark comparator available
	<p>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. 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. BTHFT is 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

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.