

Integrated Dashboard

Board of Directors

31st October 2022

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To provide outstanding care for patients,
delivered with kindness



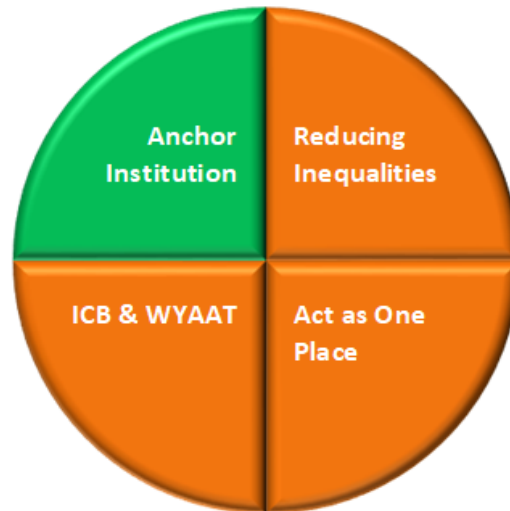
To deliver our financial plan
and key performance targets



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 provide outstanding care for patients

Clinical Effectiveness

Metric / Status	Trend	Challenges and Successes	Benchmarks
<div>Hospital Standardised Mortality Ratio</div>		<p>The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of the observed to the expected number of in-hospital deaths at the end of a continuous inpatient (CIP) spell, multiplied by 100 for 56 diagnosis groups in a specified patient group. If the HSMR is significantly higher or lower than expected this will trigger further investigation, as this could signal data quality issues, changes in pathways/practices, or issues with quality of care. HSMR (12 month rolling) HES inpatients (October 2022): 101.76 – within expected range.</p>	<p>No benchmark comparator available</p>
<div>Summary Hospital-level Mortality Indicator</div>		<p>The Summary Hospital-level Mortality Indicator (SHMI) shows the ratio of the observed to the expected number of deaths up to 30 days after discharge from hospital, multiplied by 100. The SHMI reports on mortality at trust level for acute trusts across the NHS in England, and is evaluated over all diagnosis groups in a specified patient group. It excludes stillbirths, and a death is counted only once and to the last discharging acute provider. The SHMI value is not an indication of avoidable deaths or a measure of the quality of care delivered. If the HSMR is significantly higher or lower than expected this will trigger further investigation, as this could signal data quality issues, changes in pathways/practices, or issues with quality of care. SHMI (12 month rolling) HES-ONS Linked Mortality Datasets (October 2022): 107.94 – within expected range.</p>	<p>No benchmark comparator available</p>
<div>Readmissions</div>		<p>BTHFT readmission rates continue to fall and are consistently below the 3 year average of 10.1%, with the last 3 months being at 8.5%. This may reflect the impact of additional post-discharge follow-up clinics that have been implemented in a number of specialties post-COVID. Whilst this is slightly higher than the Y&H average (8.4% vs 7.1%) this has to be balanced against the fact that Bradford have significantly lower length of stays than other Trusts in the region.</p>	

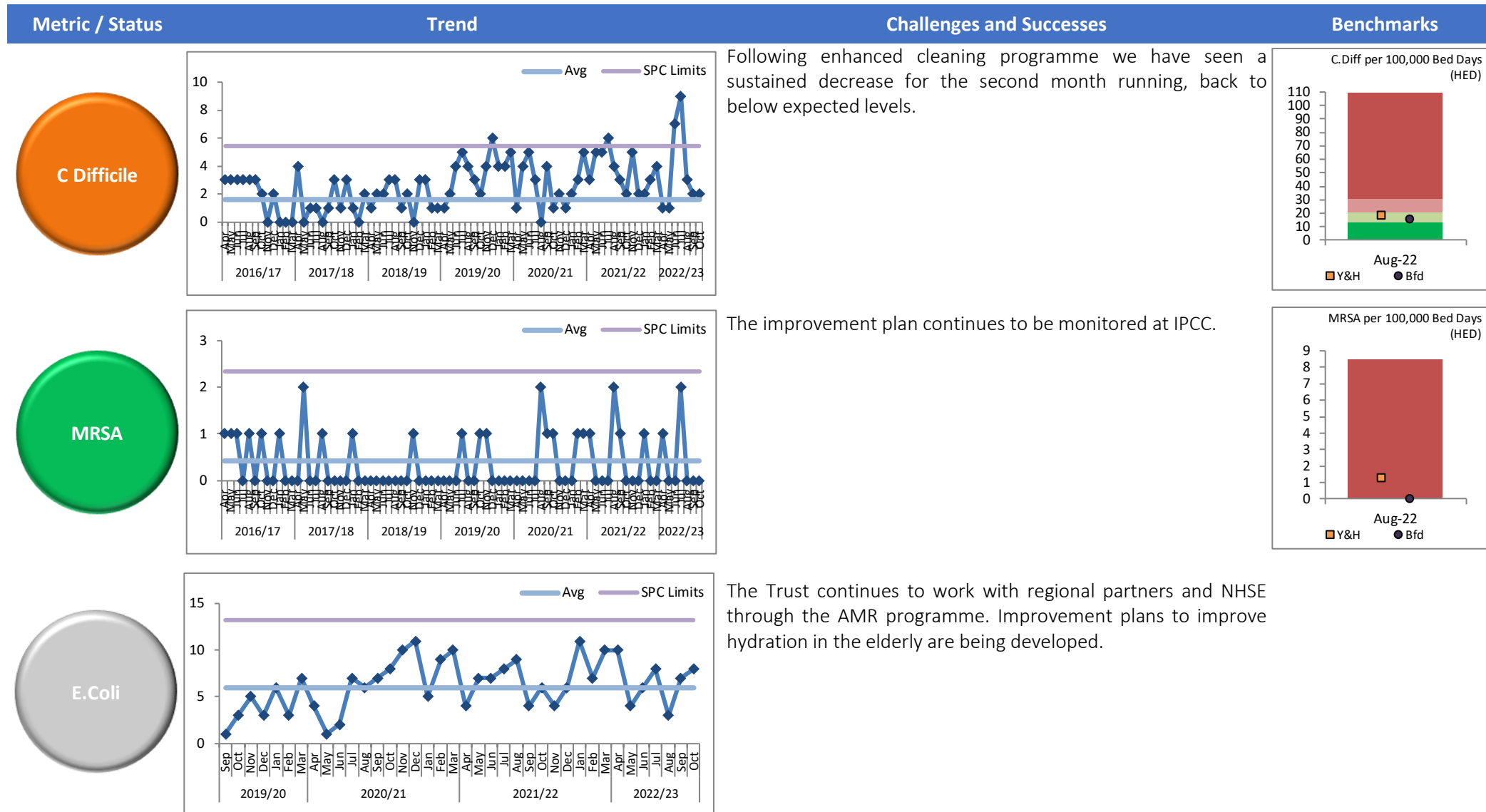
To provide outstanding care for patients

Learning from Deaths

Metric / Status	Trend	Challenges and Successes	Benchmarks																																																																																
<div>Percentage of deaths Scrutinised by the Medical Examiner</div>	<table border="1"> <caption>Percentage of deaths Scrutinised by the Medical Examiner</caption> <thead> <tr> <th>Month</th> <th>Avg</th> <th>SPC Limits (Lower)</th> <th>SPC Limits (Upper)</th> </tr> </thead> <tbody> <tr><td>Apr 2021</td><td>20%</td><td>55%</td><td>85%</td></tr> <tr><td>May 2021</td><td>22%</td><td>55%</td><td>85%</td></tr> <tr><td>Jun 2021</td><td>18%</td><td>55%</td><td>85%</td></tr> <tr><td>Jul 2021</td><td>30%</td><td>55%</td><td>85%</td></tr> <tr><td>Aug 2021</td><td>60%</td><td>55%</td><td>85%</td></tr> <tr><td>Sep 2021</td><td>70%</td><td>55%</td><td>85%</td></tr> <tr><td>Oct 2021</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Nov 2021</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Dec 2021</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Jan 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Feb 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Mar 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Apr 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>May 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Jun 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Jul 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Aug 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Sep 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> <tr><td>Oct 2022</td><td>100%</td><td>55%</td><td>85%</td></tr> </tbody> </table>	Month	Avg	SPC Limits (Lower)	SPC Limits (Upper)	Apr 2021	20%	55%	85%	May 2021	22%	55%	85%	Jun 2021	18%	55%	85%	Jul 2021	30%	55%	85%	Aug 2021	60%	55%	85%	Sep 2021	70%	55%	85%	Oct 2021	100%	55%	85%	Nov 2021	100%	55%	85%	Dec 2021	100%	55%	85%	Jan 2022	100%	55%	85%	Feb 2022	100%	55%	85%	Mar 2022	100%	55%	85%	Apr 2022	100%	55%	85%	May 2022	100%	55%	85%	Jun 2022	100%	55%	85%	Jul 2022	100%	55%	85%	Aug 2022	100%	55%	85%	Sep 2022	100%	55%	85%	Oct 2022	100%	55%	85%	<p>We continue to meet 100% scrutiny for all hospital deaths. There were 138 hospital deaths dealt with via our office in October 2022. We have engaged with 30% of the GP practices in our remit (16 out of 55 GP sites) and are currently receiving referrals from these practices. However, not all practices are referring every death. In October 2022, we scrutinised 24 Community deaths.</p>	
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Patient Safety



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Metric / Status	Trend	Challenges and Successes	Benchmarks
<div>Pressure Ulcers Cat 3+ per 10,000 bed days</div>	<p>The chart displays the average rate of Category 3+ pressure ulcers per 10,000 bed days over five fiscal years. The average rate fluctuates between approximately 1 and 5, with a notable peak in early 2022. The SPC limits are set at approximately 0.5 and 7. The target is marked at 0.</p>	<p>We experienced another covid wave late 2021/early 2022 however, pressure ulcers have reduced since the beginning of the year. We have started a QI project to investigate and identify improvement ideas relating to wound assessment. We are also preparing to move to a new pressure ulcer risk assessment tool for most of our inpatient areas (excluding maternity & NNU). This is provisionally planned for the end of November but is dependent on the development of an e-learning package. This piece of work is being delivered in partnership with CHFT.</p>	<p>The bar chart compares the percentage of patients with Category 3+ pressure ulcers for two groups in March 2020. The Y&H group (yellow bar) has a rate of approximately 0.1%, while the Bfd group (black dot) has a rate of approximately 0.7%.</p>
<div>Pressure Ulcers per 10,000 bed days</div>	<p>The chart shows the average rate of all pressure ulcers per 10,000 bed days over five fiscal years. The average rate fluctuates between approximately 10 and 35, with a significant peak in early 2021. The SPC limits are set at approximately 5 and 28.</p>	<p>We experienced another covid wave late 2021/early 2022 however, pressure ulcers have reduced since the beginning of the year. We have started a QI project to investigate and identify improvement ideas relating to wound assessment. We are also preparing to move to a new pressure ulcer risk assessment tool for most of our inpatient areas (excluding maternity & NNU). This is provisionally planned for the end of November but is dependent on the development of an e-learning package. This piece of work is being delivered in partnership with CHFT.</p>	
<div>Medicine Reconciliation</div>	<p>The chart displays the percentage of patients for whom medicine reconciliation was completed within 24 hours of admission over three fiscal years. The average rate fluctuates between approximately 40% and 80%, with a notable dip in early 2022. The SPC limits are set at approximately 60% and 80%.</p>	<p>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.</p>	

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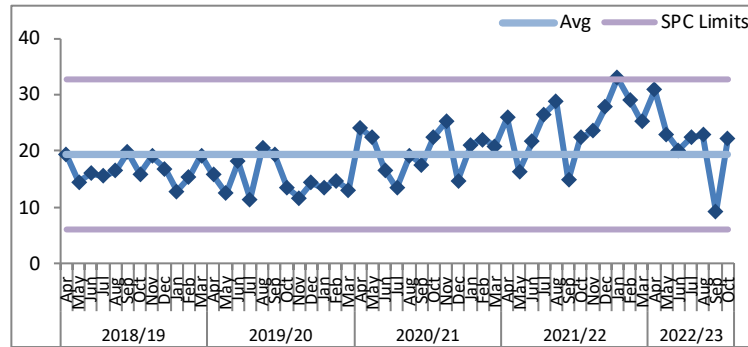
Metric / Status

Trend

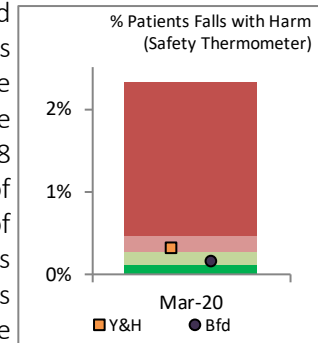
Challenges and Successes

Benchmarks

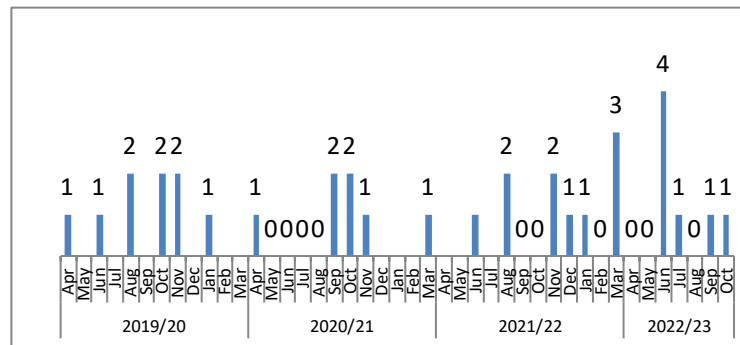
Falls with Harm per 10,000 bed days



There has been a decrease in the total number of falls with and without harm per 10,000 bed days in September. The data is currently at the lowest point observed since April 2018. The reported falls data has been the driving force behind the delivery of the 'Falls Roadshow'. Over the last three months, 18 areas have been visited. Each visit consists of: presentation of an SPC chart displaying area specific data for falls, delivery of Quality Improvement Foundation Training, delivery of falls improvement package and general conversations around falls management to facilitate a bespoke response for future improvement work. The Falls Improvement Group aim to maintain a reduction in the total number of falls observed. By Dec 2022, we anticipate all areas will have had their introductory falls roadshow visit. We also aspire to have started some more focused improvement work in high priority areas, identified through data.



Falls with Severe Harm



Falls are being monitored via the falls group – investigations in place for any falls with harm. Presentation of falls work planned at December Quality and Safety Academy

No benchmark comparator available

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Metric / Status	Trend	Challenges and Successes	Benchmarks
<div>Sepsis Percentage of Patients Screened</div>	<p>The chart displays the percentage of patients screened for sepsis over a four-year period. The y-axis ranges from 40% to 90%. The x-axis shows months from April 2019 to October 2022. The average (blue line) fluctuates between approximately 65% and 80%. The SPC limits (purple lines) are set at approximately 75% (upper) and 65% (lower). There is a significant downward trend starting in late 2021, reaching a low of about 55% in late 2022.</p>	<p>Sepsis screening is sitting around 60% across the Trust. Engagement with key areas to look at ways of making improvements. Working with AED to look at starting a QIP to ensure patient safety is maintained within the department. Training delivered to junior Dr's to increase awareness and need to complete screening. National changes are due in the new year regarding sepsis screening pathways and discussions are underway with EPR and CHFT to understand the implications for both trusts.</p>	
<div>Severe Sepsis antibiotics given within an hour</div>	<p>The chart displays the percentage of severe sepsis patients receiving antibiotics within an hour over a 16-month period. The y-axis ranges from 40% to 100%. The x-axis shows months from June 2021 to October 2022. The average (blue line) fluctuates between approximately 80% and 90%, with a peak in December 2021 and a dip in August 2022.</p>	<p>Performance is at 84% and remains lower than our expected target of >90%. Closely monitoring to understand data and highlighted to CSU leads for wider dissemination and discussion within clinical areas.</p>	

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<div>Stillbirths</div>	<div><table><caption>Stillbirths Trend Data (Estimated)</caption><thead><tr><th>Month</th><th>Stillbirths</th></tr></thead><tbody><tr><td>Apr 2019</td><td>2</td></tr><tr><td>May 2019</td><td>7</td></tr><tr><td>Jun 2019</td><td>2</td></tr><tr><td>Jul 2019</td><td>4</td></tr><tr><td>Aug 2019</td><td>4</td></tr><tr><td>Sep 2019</td><td>4</td></tr><tr><td>Oct 2019</td><td>6</td></tr><tr><td>Nov 2019</td><td>2</td></tr><tr><td>Dec 2019</td><td>2</td></tr><tr><td>Jan 2020</td><td>4</td></tr><tr><td>Feb 2020</td><td>4</td></tr><tr><td>Mar 2020</td><td>2</td></tr><tr><td>Apr 2020</td><td>1</td></tr><tr><td>May 2020</td><td>2</td></tr><tr><td>Jun 2020</td><td>1</td></tr><tr><td>Jul 2020</td><td>2</td></tr><tr><td>Aug 2020</td><td>2</td></tr><tr><td>Sep 2020</td><td>5</td></tr><tr><td>Oct 2020</td><td>2</td></tr><tr><td>Nov 2020</td><td>6</td></tr><tr><td>Dec 2020</td><td>4</td></tr><tr><td>Jan 2021</td><td>1</td></tr><tr><td>Feb 2021</td><td>1</td></tr><tr><td>Mar 2021</td><td>2</td></tr><tr><td>Apr 2021</td><td>2</td></tr><tr><td>May 2021</td><td>1</td></tr><tr><td>Jun 2021</td><td>2</td></tr><tr><td>Jul 2021</td><td>1</td></tr><tr><td>Aug 2021</td><td>5</td></tr><tr><td>Sep 2021</td><td>5</td></tr><tr><td>Oct 2021</td><td>1</td></tr><tr><td>Nov 2021</td><td>1</td></tr><tr><td>Dec 2021</td><td>5</td></tr><tr><td>Jan 2022</td><td>1</td></tr><tr><td>Feb 2022</td><td>3</td></tr><tr><td>Mar 2022</td><td>2</td></tr><tr><td>Apr 2022</td><td>2</td></tr><tr><td>May 2022</td><td>1</td></tr><tr><td>Jun 2022</td><td>1</td></tr><tr><td>Jul 2022</td><td>3</td></tr><tr><td>Aug 2022</td><td>6</td></tr><tr><td>Sep 2022</td><td>2</td></tr></tbody></table></div>	Month	Stillbirths	Apr 2019	2	May 2019	7	Jun 2019	2	Jul 2019	4	Aug 2019	4	Sep 2019	4	Oct 2019	6	Nov 2019	2	Dec 2019	2	Jan 2020	4	Feb 2020	4	Mar 2020	2	Apr 2020	1	May 2020	2	Jun 2020	1	Jul 2020	2	Aug 2020	2	Sep 2020	5	Oct 2020	2	Nov 2020	6	Dec 2020	4	Jan 2021	1	Feb 2021	1	Mar 2021	2	Apr 2021	2	May 2021	1	Jun 2021	2	Jul 2021	1	Aug 2021	5	Sep 2021	5	Oct 2021	1	Nov 2021	1	Dec 2021	5	Jan 2022	1	Feb 2022	3	Mar 2022	2	Apr 2022	2	May 2022	1	Jun 2022	1	Jul 2022	3	Aug 2022	6	Sep 2022	2	<p>There have been 5 stillbirths in October. All stillbirths to date in 2022 have been subject to an independent review by a retired Consultant Obstetrician and Gynaecologist, specifically looking for themes and trends. Review concluded that the quality of the 72 hour clinical reviews and investigations were of a high standard. Themes included the number of small babies born to Pakistani mothers, and whether Bradford needs to consider reviewing existing scan guidance. A review of the 5 deaths in October also highlighted increasing health inequalities affecting access to maternity care, which the service is proactively trying to address.</p>																									
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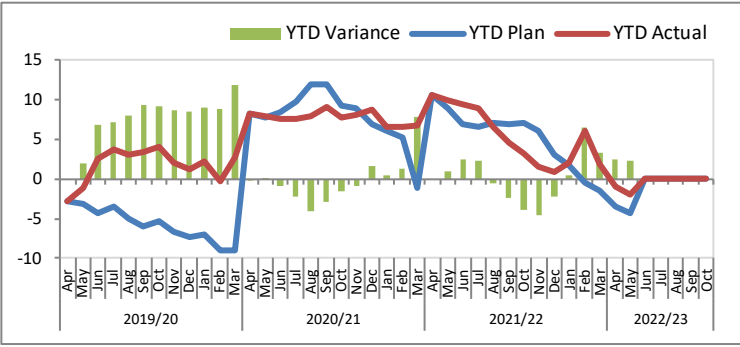

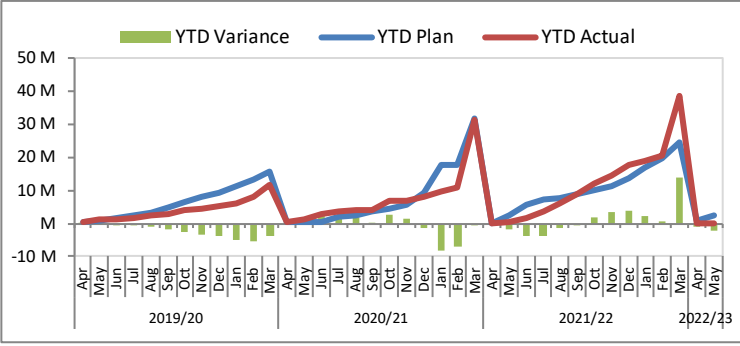
To deliver our key performance targets and financial plan

Finance

Metric / Status	Trend	Challenges and Successes	Benchmarks
<div>Delivery of Income and Expenditure Plan</div>		<p>The Trust has reported a cumulative breakeven Income & Expenditure (I&E) position for the year to Month 7, which is in line with the plan. The organisation continues to forecast delivery of a breakeven position at year end.</p> <p>The underlying position is a cumulative surplus of £1.4m. However, the rate of expenditure is expected to increase in the latter half of the year due to inflationary pressures, planned recruitment, winter pressures and approved investments coming on line.</p> <p>There has been no improvement in October in CSU and corporate departmental forecasts for the delivery of efficiencies in the second half of the financial year, which means the Trust will rely on non-recurrent measures to deliver the breakeven plan for the year. The lack of recurrent solutions developed to date will present a major financial challenge in the next financial year if it is not addressed in the coming months. Increased focus on supporting the CSUs to identify and deliver their efficiency plans is being put in place.</p>	<p>No benchmark comparator available</p>
<div>Delivery of Cash Plan</div>		<p>Year to date cash is £82.9m which is £17.8m above plan (£65.1m). The main reasons for the variance from plan are:</p> <ol style="list-style-type: none"> 1. Increase in trade and other payables £9.1m 2. Increase in provisions £0.6m 3. Reduction in capital expenditure £6.5m 4. Increase in receivables (£2.7m) <p>Closing cash is expecting to be £70.1m which is £27.3m above plan (£42.8m).</p>	<p>No benchmark comparator available</p>

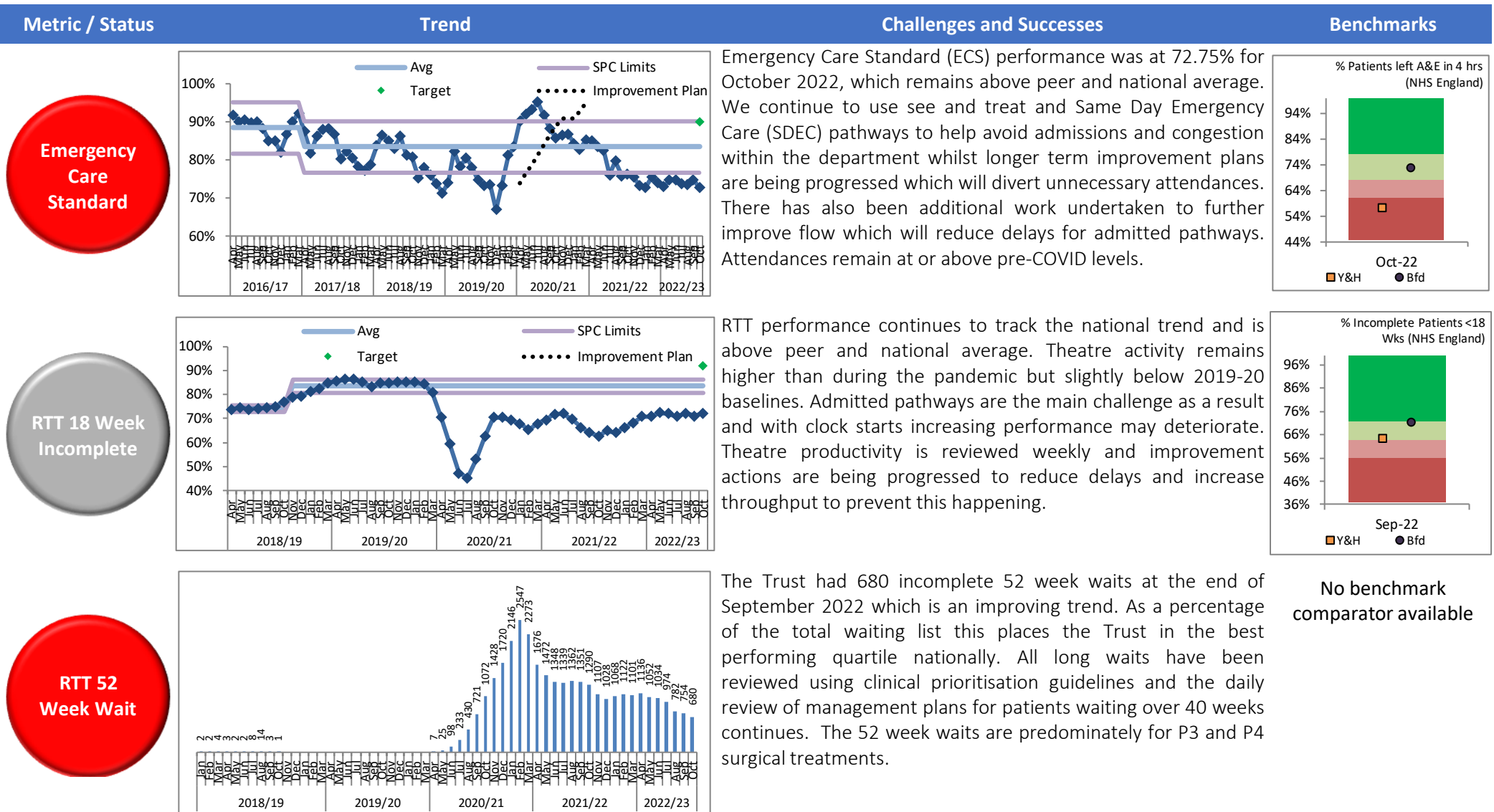
To deliver our key performance targets and financial plan

Finance

Metric / Status	Trend	Challenges and Successes	Benchmarks
 <p>Liquidity rating</p>		<p>Liquidity represents the number of days the Trust could meet its operating costs from its liquid resources (current assets less stocks and current liabilities).</p> <p>Year to date liquidity is positive 0.5 days which is 5.4 days higher than plan (negative 4.9 days). The Trust has higher than planned net current (liquid) assets which has led to an above plan liquidity rating. The main reasons for this are:</p> <ol style="list-style-type: none"> 1. Less than plan : IFRS 16 Leases current liability £0.6m 2. Less than plan : 2022/23 Capital Expenditure £6.4m 	<p>No benchmark comparator available</p>
 <p>Delivery of Capital Plan</p>		<p>Year to date 2022/23 capital spend is £3.0m which is £6.4m lower than plan. This is due to slippage against the profiled capital spend for:</p> <p>Equipment - Receipt of MRI Scanner £1.7m</p> <p>Digital - 21/22 digital schemes not delivered at month 7 £1.2m.</p> <p>Estates – Rolling Backlog and Service Infrastructure (£0.7m), Radiology Room 6 Equipment £0.2m, OMS (£0.3m), Single Isolation Room (£0.2m) and other estate Schemes (£0.5m)</p> <p>2022/23 forecast capital expenditure is expected to be £35.2m which is £11.8m above plan (£23.4m).</p> <p>The main reasons for this are:</p> <ol style="list-style-type: none"> 1. External unplanned TIF and PDC funding received in year (+£11.8m); 2. Underspend reported for SLH DCU (-£4.4m); 3. 21/22 valuation exercise unspent in year (+£4.4m) <p>Forecast capital expenditure (£35.2m) will be £4.4m less than total capital budget (£39.6m) due to risks to deliverability of SLH DCU in this financial year (£4.4m).</p>	

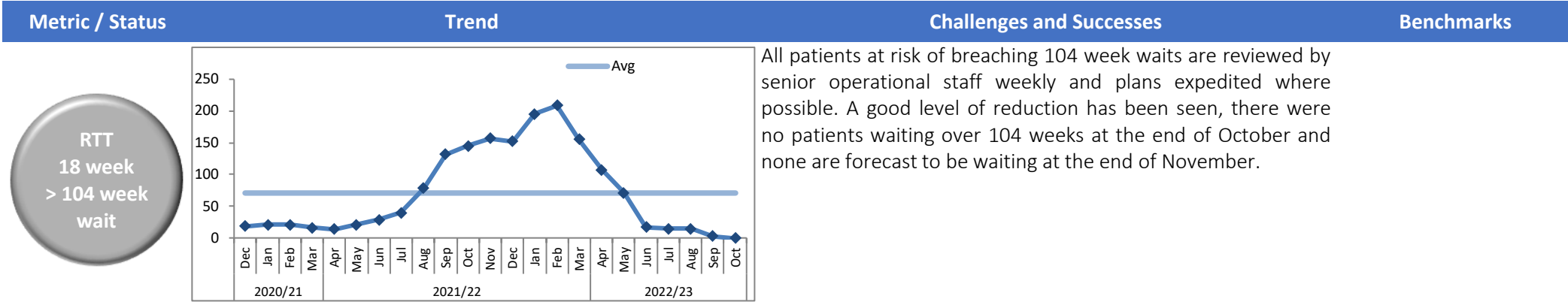
To deliver our key performance targets and financial plan

Performance



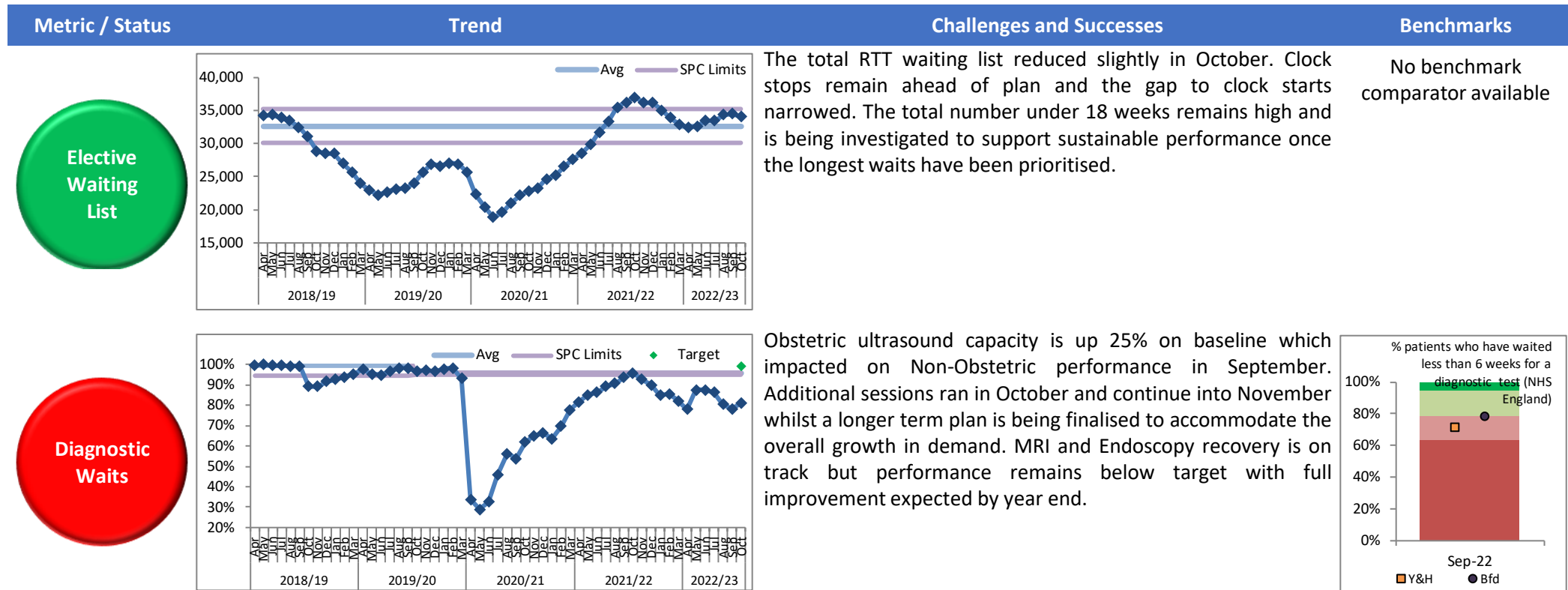
To deliver our key performance targets and financial plan

Performance



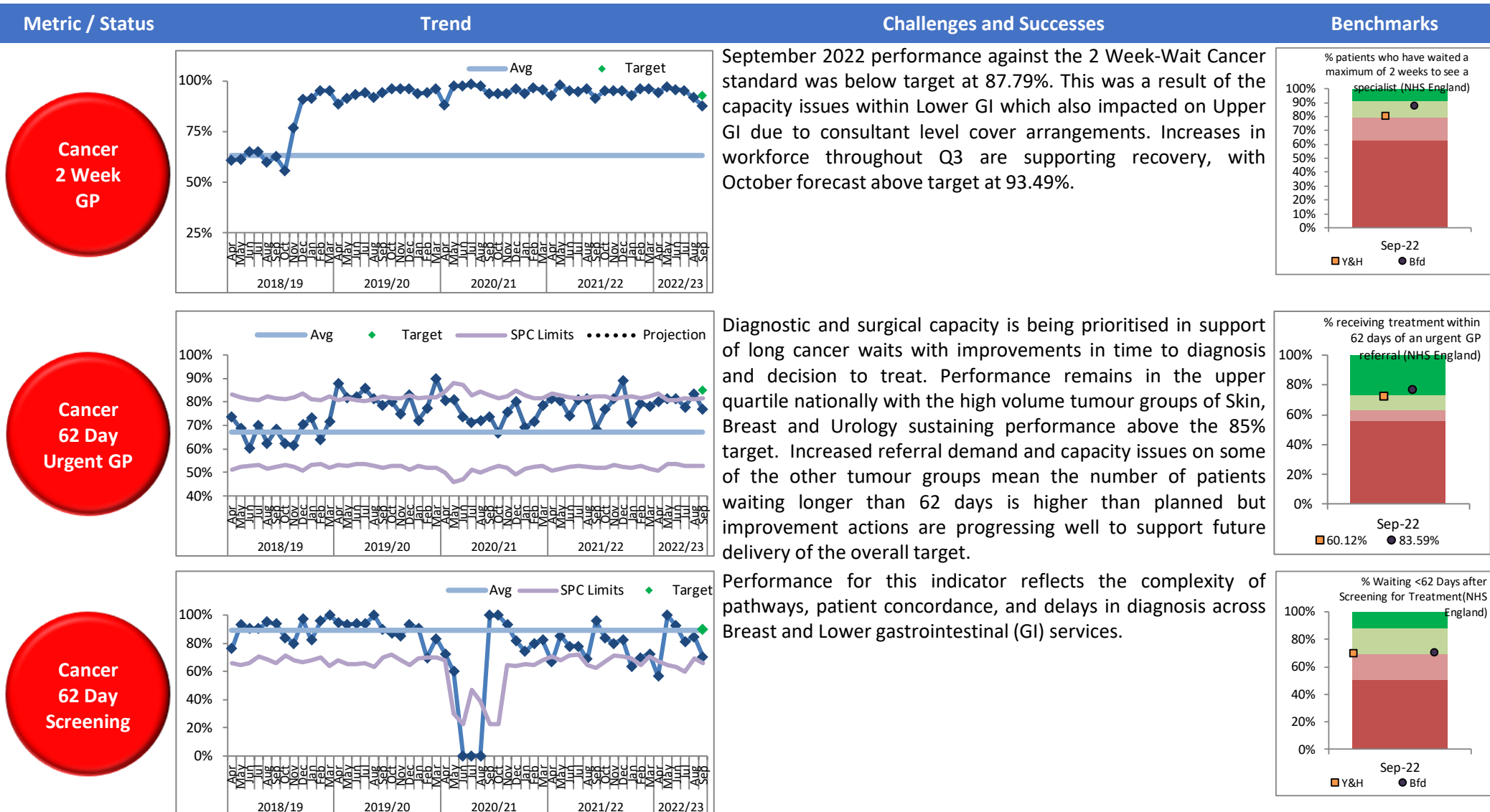
To deliver our key performance targets and financial plan

Performance



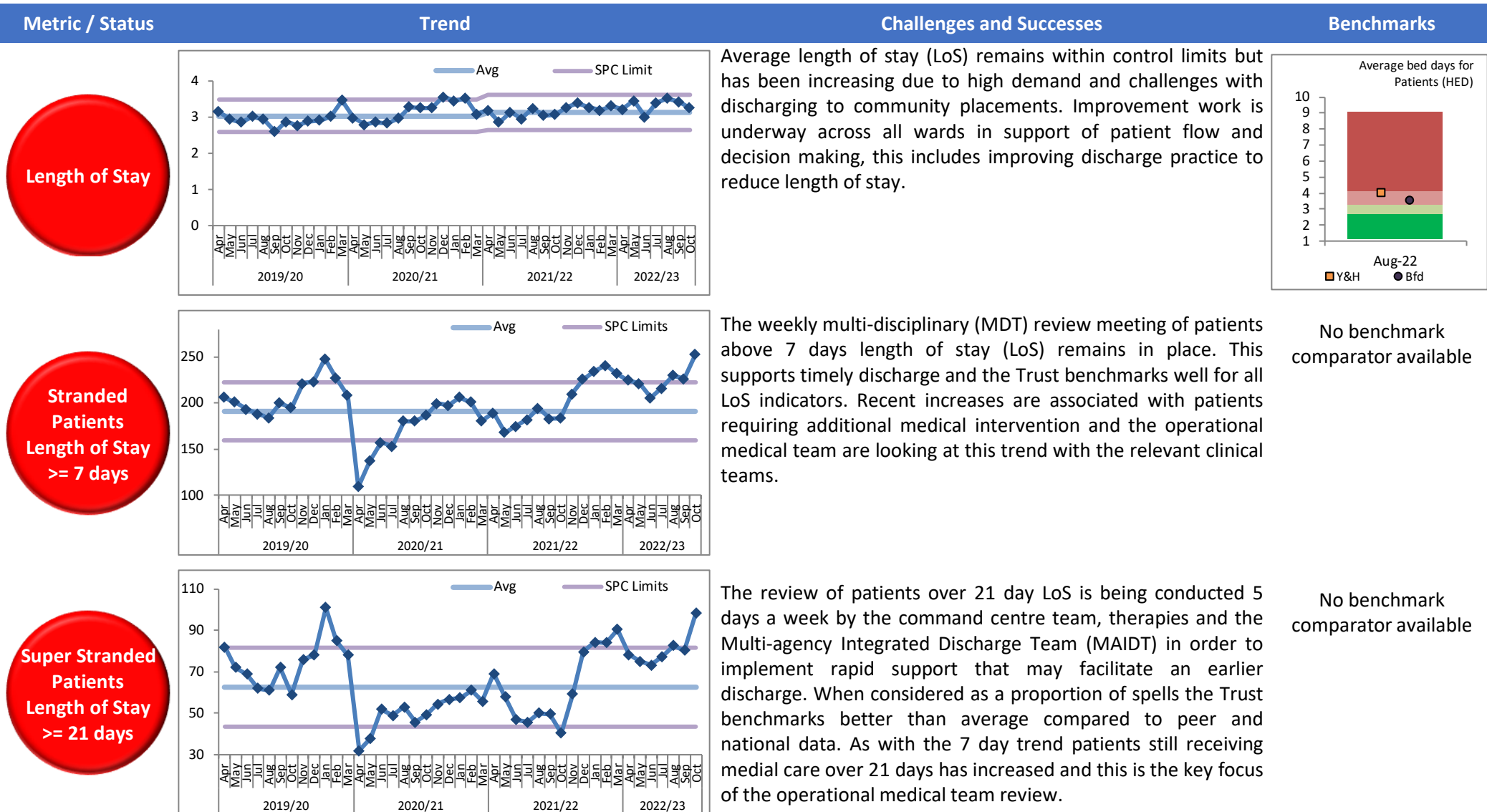
To deliver our key performance targets and financial plan

Performance



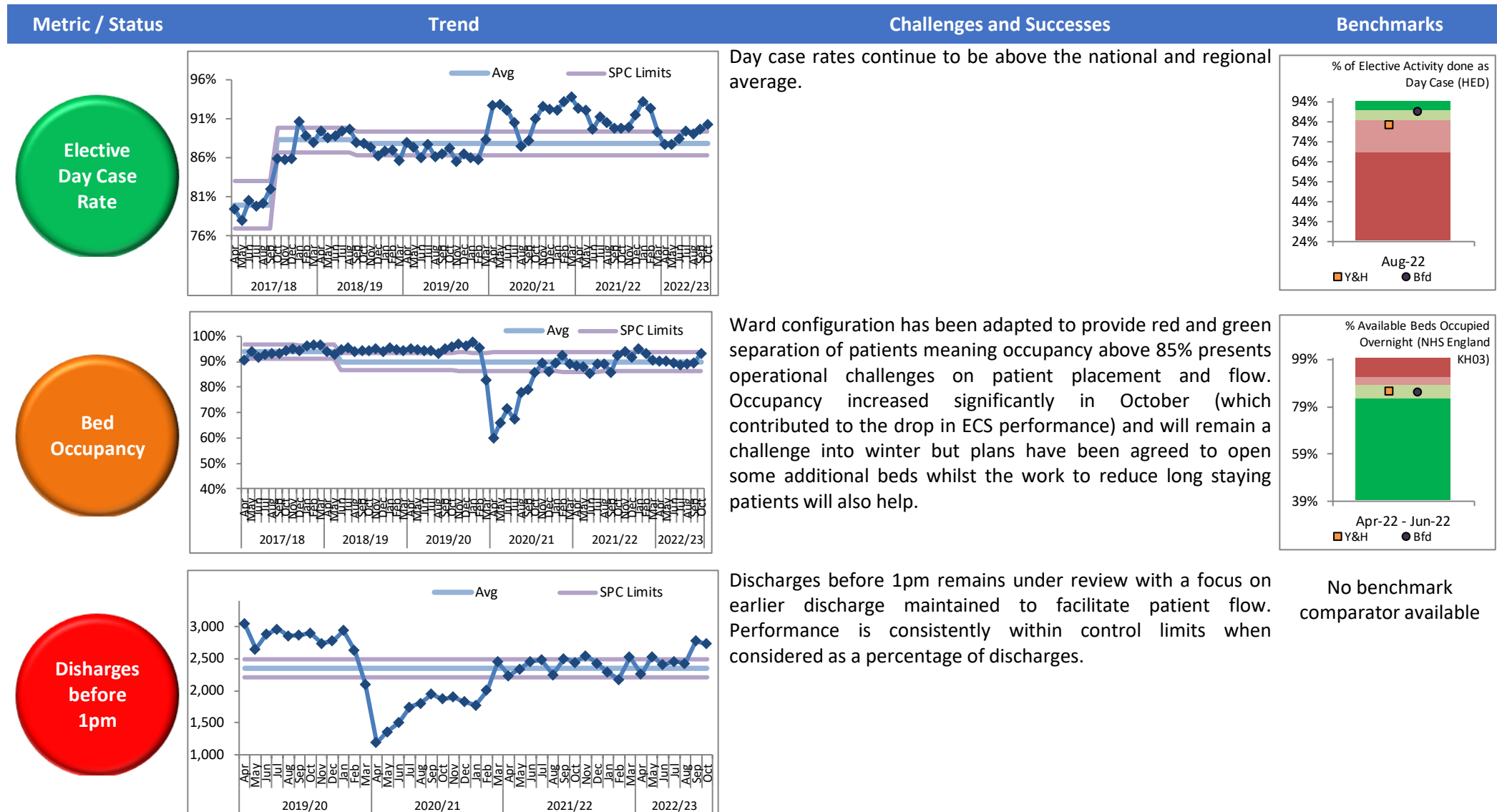
To deliver our key performance targets and financial plan

Productivity



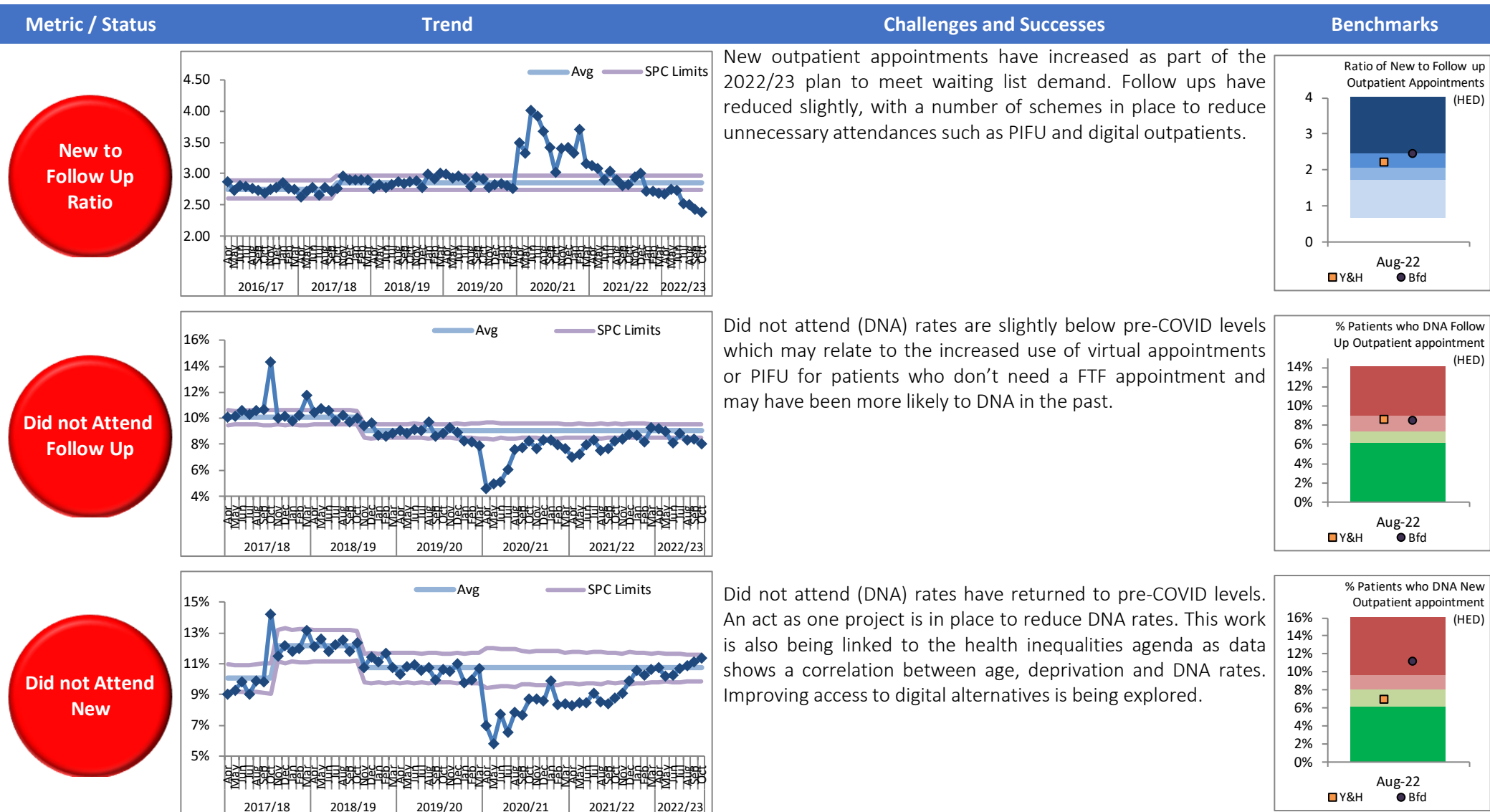
To deliver our key performance targets and financial plan

Productivity

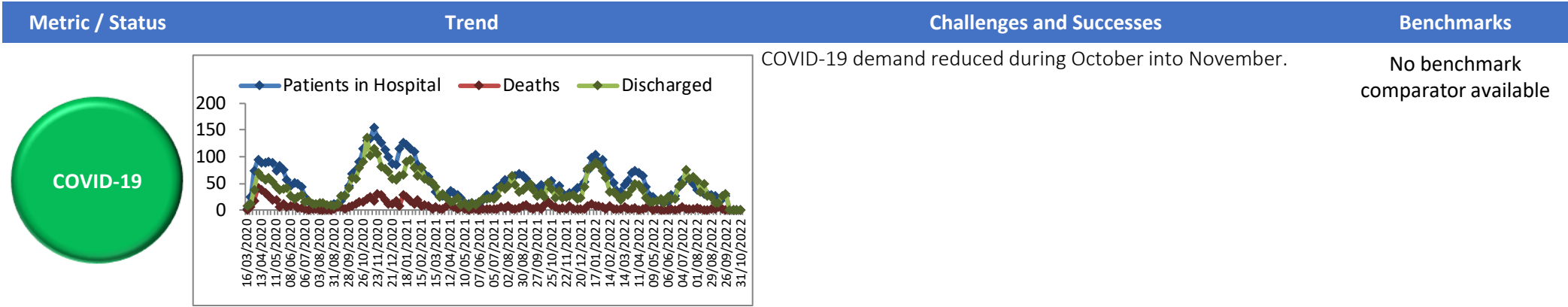


To deliver our key performance targets and financial plan

Productivity



Covid-19



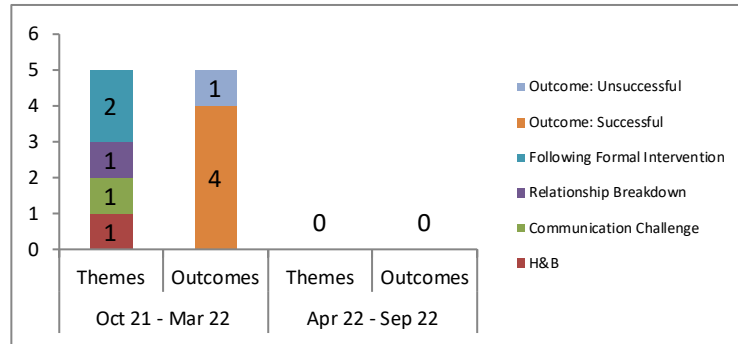
To be in the top 20% of employers

Engagement

Metric / Status	Trend	Challenges and Successes	Benchmarks																																																		
<div>Contacts with Advocacy service</div>	<div><table><thead><tr><th>Period</th><th>Staff Contacts</th><th>Resolved Informally</th></tr></thead><tbody><tr><td>Apr 18 - Sep 18</td><td>28</td><td>10</td></tr><tr><td>Oct 18 - Mar 19</td><td>39</td><td>13</td></tr><tr><td>Apr 19 - Sep 19</td><td>52</td><td>19</td></tr><tr><td>Oct 19 - Mar 20</td><td>24</td><td>12</td></tr><tr><td>Apr 20 - Sep 20</td><td>38</td><td>20</td></tr><tr><td>Oct 20 - Mar 21</td><td>25</td><td>12</td></tr><tr><td>Apr 21 - Sep 21</td><td>23</td><td>14</td></tr><tr><td>Oct 21 - Mar 22</td><td>18</td><td>5</td></tr><tr><td>Apr 22 - Sep 22</td><td>12</td><td>7</td></tr></tbody></table></div>	Period	Staff Contacts	Resolved Informally	Apr 18 - Sep 18	28	10	Oct 18 - Mar 19	39	13	Apr 19 - Sep 19	52	19	Oct 19 - Mar 20	24	12	Apr 20 - Sep 20	38	20	Oct 20 - Mar 21	25	12	Apr 21 - Sep 21	23	14	Oct 21 - Mar 22	18	5	Apr 22 - Sep 22	12	7	<p>Contacts with the Staff Advocacy service have dipped slightly in the last 6 months. However, of those who contacted the service 58% of issues were resolved informally. A full review of the role and remit of staff advocates is currently underway, with insights from the civility advisory panel being sought to help shape the service in going forward and to ensure we maximise its potential). This may indicate a need to both expand and promote the refreshed service more widely.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23).</p>	No benchmark comparator available																				
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<div>Harassment & Bullying Outcomes</div>	<div><table><thead><tr><th>Period</th><th>No Case to Answer</th><th>Disciplinary Action</th><th>Still in progress</th><th>Informal Action</th></tr></thead><tbody><tr><td>Apr 18 - Sep 18</td><td>6</td><td>4</td><td>0</td><td>5</td></tr><tr><td>Oct 18 - Mar 19</td><td>5</td><td>11</td><td>10</td><td>2</td></tr><tr><td>Apr 19 - Sep 19</td><td>3</td><td>5</td><td>15</td><td>10</td></tr><tr><td>Oct 19 - Mar 20</td><td>7</td><td>8</td><td>5</td><td>10</td></tr><tr><td>Apr 20 - Sep 20</td><td>2</td><td>1</td><td>8</td><td>2</td></tr><tr><td>Oct 20 - Mar 21</td><td>2</td><td>1</td><td>8</td><td>2</td></tr><tr><td>Apr 21 - Sep 21</td><td>7</td><td>2</td><td>8</td><td>3</td></tr><tr><td>Oct 21 - Mar 22</td><td>7</td><td>0</td><td>8</td><td>0</td></tr><tr><td>Apr 22 - Sep 22</td><td>7</td><td>0</td><td>6</td><td>1</td></tr></tbody></table></div>	Period	No Case to Answer	Disciplinary Action	Still in progress	Informal Action	Apr 18 - Sep 18	6	4	0	5	Oct 18 - Mar 19	5	11	10	2	Apr 19 - Sep 19	3	5	15	10	Oct 19 - Mar 20	7	8	5	10	Apr 20 - Sep 20	2	1	8	2	Oct 20 - Mar 21	2	1	8	2	Apr 21 - Sep 21	7	2	8	3	Oct 21 - Mar 22	7	0	8	0	Apr 22 - Sep 22	7	0	6	1	<p>The number of formal cases has remained fairly static over the last 6 months and at lower than pre-pandemic levels, which is a positive. Of the 8 cases that were completed during the period 90% of the outcomes were “no case to answer” with just 1 case resulting in “informal action”. Our Trust-wide civility in the workplace campaign has now been launched. The Introduction of a new staff charter, workplace mediation service, poster campaign and training for line managers and staff amongst other initiatives under development will all play a crucial role in the wider culture change required to reduce the number of formal cases, with a focus on “nipping issues in the bud” at an early stage.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23).</p>	No benchmark comparator available
Period	No Case to Answer	Disciplinary Action	Still in progress	Informal Action																																																	
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To be in the top 20% of employers Equality & Diversity

Metric / Status	Trend	Challenges and Successes	Benchmarks
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* (please see narrative)

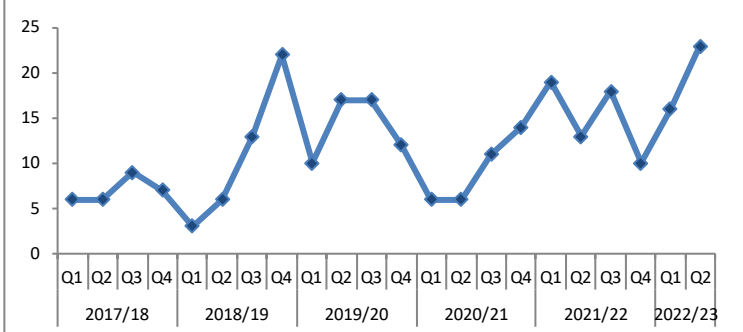
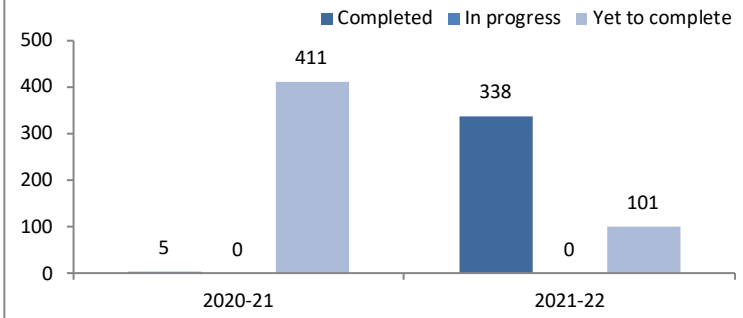
Although no interactive mediation sessions have taken place during the 6 month period, there have been 4 contacts with the service. One of these withdrew from the process, 1 case is on hold (until both parties are ready), and 2 cases are still at the initial discussion stage. The role of the mediation coordinator often involves active engagement with both parties in explaining how mediation works. This often involves a discussion on the best possible options in dealing with any workplace disagreements/conflict, this plays a crucial role in getting parties to understand the mediation process and the importance of 'nipping things in the bud'.

Work is underway to promote the service with a myth busting Let's Talk article planned, further sharing of the published information leaflet, a stand on the main concourse at BRI for "anti-bullying week", and a series of further launch events to follow (aligned to the workplace civility work) and with an opportunity for managers/ staff to talk to the mediators about the service.

Next update May 2023 (for the period 01/10/22 to 31/03/23).

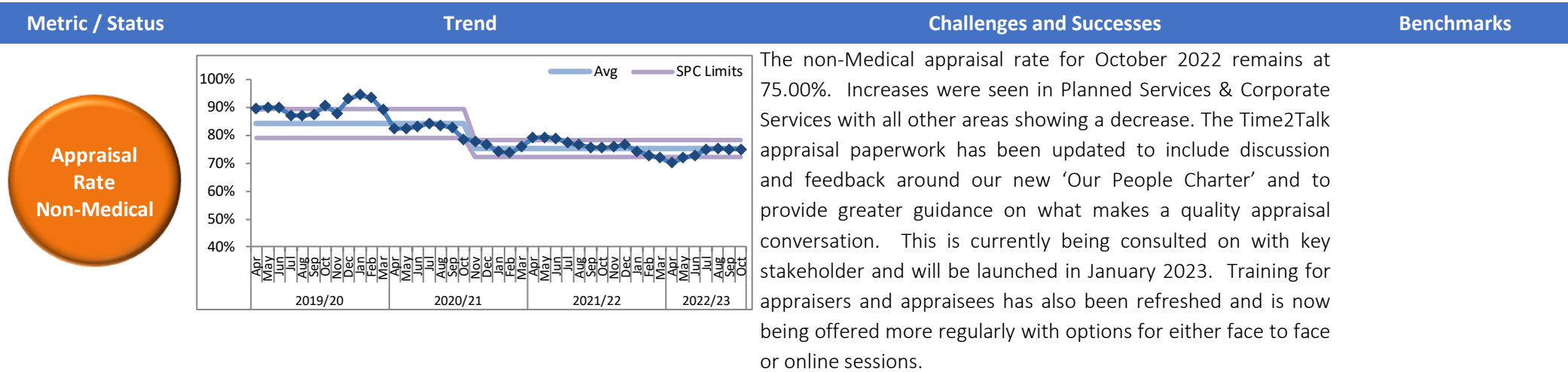
To be in the top 20% of employers

Engagement

Metric / Status	Trend	Challenges and Successes	Benchmarks																																			
<div>Referrals to FTSU</div>	 <table><caption>Referrals to FTSU (Estimated Data)</caption><thead><tr><th>Period</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr></thead><tbody><tr><td>2017/18</td><td>6</td><td>6</td><td>9</td><td>7</td></tr><tr><td>2018/19</td><td>3</td><td>6</td><td>13</td><td>22</td></tr><tr><td>2019/20</td><td>10</td><td>17</td><td>17</td><td>12</td></tr><tr><td>2020/21</td><td>6</td><td>6</td><td>11</td><td>14</td></tr><tr><td>2021/22</td><td>19</td><td>13</td><td>18</td><td>10</td></tr><tr><td>2022/23</td><td>16</td><td>23</td><td></td><td></td></tr></tbody></table>	Period	Q1	Q2	Q3	Q4	2017/18	6	6	9	7	2018/19	3	6	13	22	2019/20	10	17	17	12	2020/21	6	6	11	14	2021/22	19	13	18	10	2022/23	16	23			<p>In Q2 there were 23 concerns raised to the Freedom to Speak Up team. 2 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 23 concerns raised in Q2, 10 concerns were raised due to inappropriate attitudes and behaviours, and 5 concerns were raised about patient safety or quality. 5 concerns were raised due to bullying or harassment. 4 concerns were due to worker safety or wellbeing. The National Guardian’s Office have specific categories to report on only.</p>	
Period	Q1	Q2	Q3	Q4																																		
2017/18	6	6	9	7																																		
2018/19	3	6	13	22																																		
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<div>Appraisal Rate Medical</div>	 <table><caption>Appraisal Rate Medical (Actual Data)</caption><thead><tr><th>Period</th><th>Completed</th><th>In progress</th><th>Yet to complete</th></tr></thead><tbody><tr><td>2020-21</td><td>5</td><td>0</td><td>411</td></tr><tr><td>2021-22</td><td>338</td><td>0</td><td>101</td></tr></tbody></table>	Period	Completed	In progress	Yet to complete	2020-21	5	0	411	2021-22	338	0	101	<p>2020-21: Limited number of appraisals between 1st April 2020 and 31st March 2021 as permitted by the guidance of flexibility during this period by NHSE. This was due to high caseload of Covid-19 seen in Bradford with resultant sustained pressures in workloads throughout the Trust.</p> <p>2021-22: 338 (76.99%) doctors received an Outcome Measure 1 (Completed appraisal). 101 (23.01%) doctors were allocated an Outcome Measure 2 (Approved Missed appraisal). This group includes doctors on sick leave, maternity leave, recent retirements and new connections at 31st March 2022 who have not been in post for a sufficient duration to have undergone the appraisal process. There were no Outcome Measure 3 appraisals (Unapproved Missed appraisal) for this period.</p>																								
Period	Completed	In progress	Yet to complete																																			
2020-21	5	0	411																																			
2021-22	338	0	101																																			

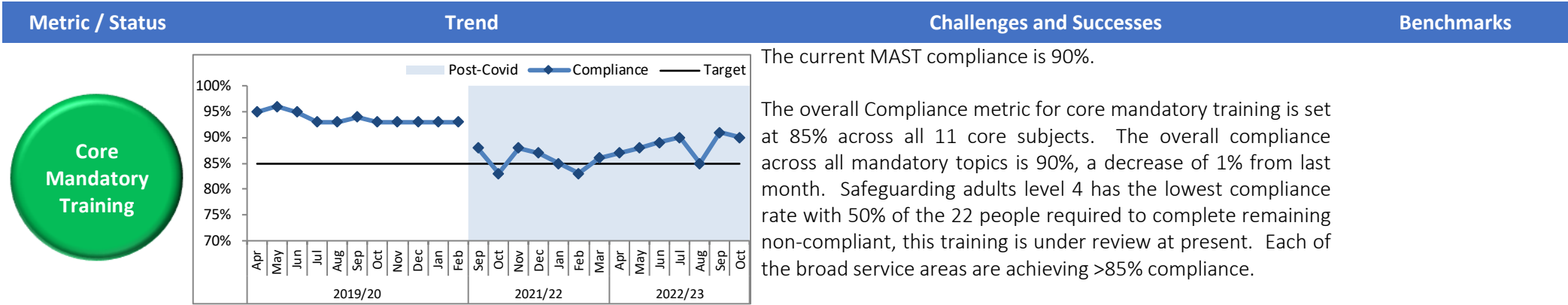
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Engagement



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Training & Development



To be in the top 20% of employers

Staffing

Metric / Status	Trend	Challenges and Successes	Benchmarks																																																																																																																																																																																
<div>Staff Turnover</div>	<table><caption>Staff Turnover Data (Estimated)</caption><thead><tr><th>Month</th><th>Avg (%)</th><th>SPC Upper (%)</th><th>SPC Lower (%)</th></tr></thead><tbody><tr><td>Apr 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>May 2019</td><td>10.8</td><td>12.0</td><td>9.5</td></tr><tr><td>Jun 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jul 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Aug 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Sep 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Oct 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Nov 2019</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Dec 2019</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Jan 2020</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Feb 2020</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Mar 2020</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Apr 2020</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>May 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jun 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jul 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Aug 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Sep 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Oct 2020</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Nov 2020</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Dec 2020</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jan 2021</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Feb 2021</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Mar 2021</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Apr 2021</td><td>9.5</td><td>12.0</td><td>9.5</td></tr><tr><td>May 2021</td><td>10.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Jun 2021</td><td>10.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jul 2021</td><td>11.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Aug 2021</td><td>11.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Sep 2021</td><td>12.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Oct 2021</td><td>12.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Nov 2021</td><td>12.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Dec 2021</td><td>12.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jan 2022</td><td>12.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Feb 2022</td><td>12.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Mar 2022</td><td>13.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Apr 2022</td><td>13.0</td><td>12.0</td><td>9.5</td></tr><tr><td>May 2022</td><td>13.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Jun 2022</td><td>13.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Jul 2022</td><td>13.5</td><td>12.0</td><td>9.5</td></tr><tr><td>Aug 2022</td><td>13.0</td><td>12.0</td><td>9.5</td></tr><tr><td>Sep 2022</td><td>12.77</td><td>12.0</td><td>9.5</td></tr><tr><td>Oct 2022</td><td>12.69</td><td>12.0</td><td>9.5</td></tr></tbody></table>	Month	Avg (%)	SPC Upper (%)	SPC Lower (%)	Apr 2019	10.5	12.0	9.5	May 2019	10.8	12.0	9.5	Jun 2019	10.5	12.0	9.5	Jul 2019	10.5	12.0	9.5	Aug 2019	10.5	12.0	9.5	Sep 2019	10.5	12.0	9.5	Oct 2019	10.5	12.0	9.5	Nov 2019	10.5	12.0	9.5	Dec 2019	11.0	12.0	9.5	Jan 2020	11.0	12.0	9.5	Feb 2020	11.0	12.0	9.5	Mar 2020	11.0	12.0	9.5	Apr 2020	11.0	12.0	9.5	May 2020	10.5	12.0	9.5	Jun 2020	10.5	12.0	9.5	Jul 2020	10.5	12.0	9.5	Aug 2020	10.5	12.0	9.5	Sep 2020	10.5	12.0	9.5	Oct 2020	10.5	12.0	9.5	Nov 2020	9.5	12.0	9.5	Dec 2020	9.5	12.0	9.5	Jan 2021	9.5	12.0	9.5	Feb 2021	9.5	12.0	9.5	Mar 2021	9.5	12.0	9.5	Apr 2021	9.5	12.0	9.5	May 2021	10.0	12.0	9.5	Jun 2021	10.5	12.0	9.5	Jul 2021	11.0	12.0	9.5	Aug 2021	11.5	12.0	9.5	Sep 2021	12.0	12.0	9.5	Oct 2021	12.5	12.0	9.5	Nov 2021	12.5	12.0	9.5	Dec 2021	12.5	12.0	9.5	Jan 2022	12.5	12.0	9.5	Feb 2022	12.5	12.0	9.5	Mar 2022	13.0	12.0	9.5	Apr 2022	13.0	12.0	9.5	May 2022	13.0	12.0	9.5	Jun 2022	13.5	12.0	9.5	Jul 2022	13.5	12.0	9.5	Aug 2022	13.0	12.0	9.5	Sep 2022	12.77	12.0	9.5	Oct 2022	12.69	12.0	9.5	Turnover has seen a slight decrease to 12.69% in October 2022 from 12.77% in September 2022. Diagnostic & Corporate Operational Services showed an increase whilst all other areas show a decrease compared to September.	No benchmark comparator available
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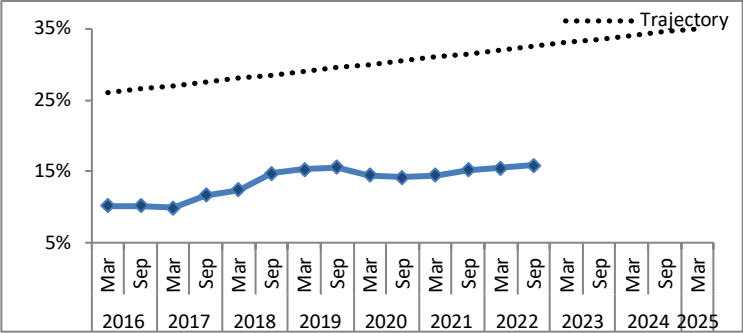

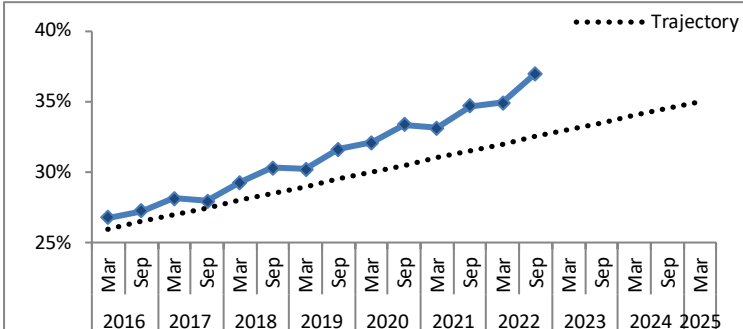
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Staffing

Metric / Status	Trend	Challenges and Successes	Benchmarks																
<div>Nursing Bank Fill Rate</div>		<p>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 October the fill rates we filled were 5,480 shifts in the month with bank staff. This is split 2,385 registered staff and 3,095 unregistered. Out of the 2,385 filled registered shifts, 360 were filled by registered Theatre staff.</p>																	
<div>Nursing Agency Fill Rate</div>		<p>This 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. Agency staff filled 644 shifts in the month of October. This is split 570 registered staff and 74 unregistered. Out of the 570 filled registered shifts, 51 were filled by registered Theatre staff.</p>																	
<div>e-Job Planning</div>	<table border="1"> <thead> <tr> <th>Month</th> <th>Allied Health Professional</th> <th>Medics</th> <th>Nurses</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>44%</td> <td>5%</td> <td>51%</td> </tr> <tr> <td>Jul</td> <td>61%</td> <td>9%</td> <td>64%</td> </tr> <tr> <td>Oct</td> <td>69%</td> <td>10%</td> <td>63%</td> </tr> </tbody> </table>	Month	Allied Health Professional	Medics	Nurses	Apr	44%	5%	51%	Jul	61%	9%	64%	Oct	69%	10%	63%	<p>This newly shared data highlights the percentage of signed off job plans within the recently rolled out electronic system. The electronic job planning system has been implemented for Medics (consultants/specialist doctors), Allied Health Professionals and Nurses (Clinical Nurse Specialists). Over the past 6 months we have seen an increase in each area for agreed job plans. There are currently 868 clinicians registered within the system, all with a job plan either in progress or signed off. This figure is made up of 369 Medics, 318 AHPs and 181 Nurses. A Programme Board is also in place and is regularly monitoring the process and signed off plans.</p>	
Month	Allied Health Professional	Medics	Nurses																
Apr	44%	5%	51%																
Jul	61%	9%	64%																
Oct	69%	10%	63%																

To be in the top 20% of employers

Equality & Diversity

Metric / Status	Trend	Challenges and Successes	Benchmarks
		<p>A further slight increase in our Ethnic Minority representation at Senior Management levels over the last 6 months which has risen from 15.5% to 15.85%. Whilst the overall proportion of staff at Band 8a+ remains fairly static (c. 16%), there have been improvements within that group. Although only small numbers, in the last 6 months there have been increases at 8d for non-clinical staff and 8c for clinical staff, which is really positive. At our current rate of trajectory, achieving our ambition to have a senior workforce reflective of the local population (35% by 2025) will be challenging. However, this continues to be a key focus of our WRES action plan as 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.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23)</p>	No benchmark comparator available
		<p>The proportion of ethnic minority staff in the workforce has increased again in the last 6 months from 34.9% to 36.96%. We are now surpassing 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 representation at all levels in the organisation.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23).</p>	No benchmark comparator available

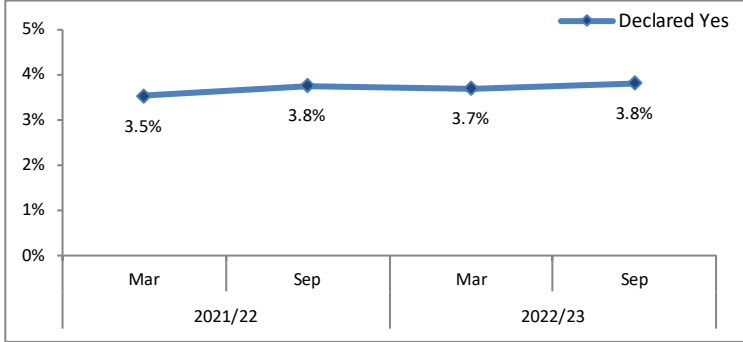
To be in the top 20% of employers

Equality & Diversity

Metric / Status	Trend	Challenges and Successes	Benchmarks																
<div data-bbox="249 329 479 558"> <p>Ethnic minority workforce by band group</p> </div>	<div data-bbox="496 287 1230 615"> <table border="1"> <thead> <tr> <th>Period</th> <th>Bands 1-5</th> <th>Bands 6-7</th> <th>Band 8+</th> </tr> </thead> <tbody> <tr> <td>Oct 2021/22</td> <td>39%</td> <td>23%</td> <td>15%</td> </tr> <tr> <td>Mar 2021/22</td> <td>40%</td> <td>24%</td> <td>16%</td> </tr> <tr> <td>Sep 2022/23</td> <td>42%</td> <td>25%</td> <td>16%</td> </tr> </tbody> </table> </div>	Period	Bands 1-5	Bands 6-7	Band 8+	Oct 2021/22	39%	23%	15%	Mar 2021/22	40%	24%	16%	Sep 2022/23	42%	25%	16%	<p>The data shows that there is an over-representation of ethnic minority staff in lower bands with the representation at Bands 1-5 increasing from 40% to 42%. Above Band 5 there continues to be an under-representation, but positively, this senior level under-representation is gradually reducing. We have seen a further 1% increase in ethnic minority staff at Bands 6 to 7 over the last 6 months from 24% to 25%. Our WRES action plan continues to focus on engaging with the race equality staff inclusion network in ensuring that development offers meet the needs of our ethnically diverse staff and with consideration of some targeted approaches for staff at Bands 5-7.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23)</p>	
Period	Bands 1-5	Bands 6-7	Band 8+																
Oct 2021/22	39%	23%	15%																
Mar 2021/22	40%	24%	16%																
Sep 2022/23	42%	25%	16%																
<div data-bbox="249 843 479 1072"> <p>Female workforce by band group</p> </div>	<div data-bbox="496 801 1230 1129"> <table border="1"> <thead> <tr> <th>Period</th> <th>Bands 1-5</th> <th>Bands 6-7</th> <th>Band 8+</th> </tr> </thead> <tbody> <tr> <td>Sep 2021/22</td> <td>81%</td> <td>86%</td> <td>72%</td> </tr> <tr> <td>Mar 2021/22</td> <td>81%</td> <td>86%</td> <td>73%</td> </tr> <tr> <td>Sep 2022/23</td> <td>81%</td> <td>85%</td> <td>74%</td> </tr> </tbody> </table> </div>	Period	Bands 1-5	Bands 6-7	Band 8+	Sep 2021/22	81%	86%	72%	Mar 2021/22	81%	86%	73%	Sep 2022/23	81%	85%	74%	<p>Females currently make up 82% of our non-medical workforce. Whilst they are proportionately represented at lower levels (81%), they continue to be under-represented at senior levels (74%), and slightly over-represented at middle management levels (85%). Positively, over the last 6 months there has been a 1% increase in females at Band 8+ and a 1% decrease in females at Band 6 to 7 (moving both groups closer to proportionate representation).</p> <p>We are working collaboratively with our gender equality reference group and the wider ICS to address gender inequalities in the workplace, with focus on women in leadership and addressing potential blockages to development.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23).</p>	
Period	Bands 1-5	Bands 6-7	Band 8+																
Sep 2021/22	81%	86%	72%																
Mar 2021/22	81%	86%	73%																
Sep 2022/23	81%	85%	74%																

To be in the top 20% of employers

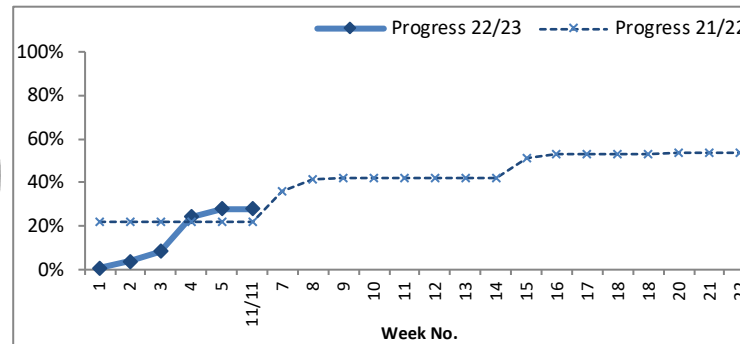
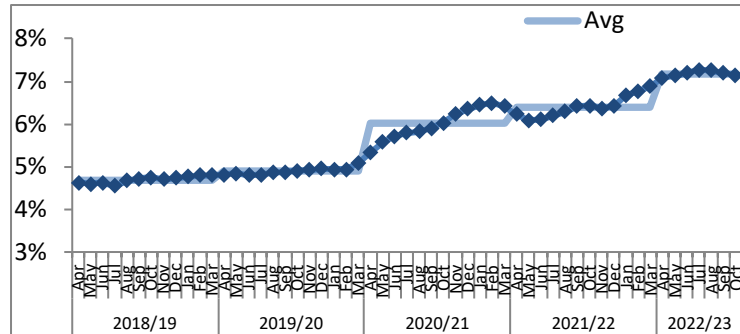
Equality & Diversity

Metric / Status	Trend	Challenges and Successes	Benchmarks													
<div>Disability Declaration Rate</div>	<div><table><caption>Disability Declaration Rate Trend</caption><thead><tr><th>Period</th><th>Month</th><th>Declared Yes (%)</th></tr></thead><tbody><tr><td rowspan="2">2021/22</td><td>Mar</td><td>3.5%</td></tr><tr><td>Sep</td><td>3.8%</td></tr><tr><td rowspan="2">2022/23</td><td>Mar</td><td>3.7%</td></tr><tr><td>Sep</td><td>3.8%</td></tr></tbody></table></div>	Period	Month	Declared Yes (%)	2021/22	Mar	3.5%	Sep	3.8%	2022/23	Mar	3.7%	Sep	3.8%	<p>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 declared a disability/ long term health condition, indicating there are at least 19% of staff who have not declared their status in ESR. We continue to work with our Enable staff network in increasing confidence to declare a disability which includes our recently developed and launched disability equality video. The video highlights the positive experiences of a number of staff working at the Trust who share their positive lived experiences. The video will be accompanied by a travelling photography exhibition and will be shared across our sites. In addition to this we will be showcasing both the video and photography exhibition during Disability History Month (DHM) in December 2022. As part of our DHM celebrations the Trust has also worked with partners in the Bradford District and Craven Health & Care Partnership to develop and deliver a programme of events to take place during the week of 5 to 9 December. These events entitled “Inspire & Enable Disability Festival” have been co-produced and will be co-delivered with colleagues from our disabled staff networks and other staff who have lived experience of a disability.</p> <p>Next update May 2023 (for the period 01/10/22 to 31/03/23)</p>	
Period	Month	Declared Yes (%)														
2021/22	Mar	3.5%														
	Sep	3.8%														
2022/23	Mar	3.7%														
	Sep	3.8%														

To be in the top 20% of employers

Health & Wellbeing

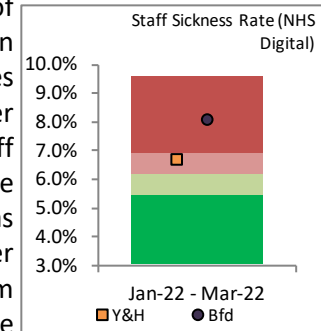
Metric / Status	Trend	Challenges and Successes	Benchmarks
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The rolling 12 month sickness absence rate at the end of October 2022 was 7.15% compared to 7.19% in September. Slight increases were seen in Planned Services and Diagnostic & Corporate Operational Services; all other areas have shown a decrease. This figure does not include staff who are self-isolating which is 0.02% in October, which is the same as in September 2022. Covid-19 related sickness has increased from 0.75% in September to 1.09% in October 2022. Monthly absence in October increased to 6.71% from 6.18% in September. Sickness target to be reviewed by the Looking After Our People Delivery Group.





Flu Vaccination – local uptake figures show 31.3% of frontline healthcare workers have had their flu vaccination with national data showing we have vaccinated 36.2% of staff. Numbers attending the concourse are reducing so we are increasing mobile flu clinics targeting specific areas of low uptake, this will include twilight shifts to capture night staff. We are also offering pop up clinics at ward/department meetings and educational events. General managers have been sent the uptake figures for their specific areas and have been asked to encourage staff to take up the opportunity of vaccination. Myth busting communications have been issued and a virtual Q&A session is being planned for staff who might have concerns about the winter vaccination.

Covid Vaccination – central uptake figures show 36.6% of eligible staff have had their Covid vaccination. This is compared to a regional figure of 42.4% and a national figure of 42.3%. Data quality checks are being undertaken on the local data from ESR as staff may have received a 3rd, 4th or 5th booster dose as part of the Autumn campaign. A virtual Q&A session is being planned for staff who might have concerns about the winter vaccination.



To collaborate effectively with local and regional partners

Partnership

Metric / Status	Trend	Challenges and Successes	Benchmarks
 <p>Reducing Inequalities</p>	<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&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&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>Act as One Place</p>	<p>BD&C Health & Care Partnership was formally established as a committee of the WY ICB in July 2022, with a renewed focus on five topics: Children & Young People; Workforce Development; Communities; Access to Care; Mental Health, LD & 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&C HCP activity is aligned to the Core 20 plus 5 inequalities approach.</p>		No benchmark comparator available
 <p>ICB & WYAAT</p>	<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>Anchor Institution</p>	<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 & employment prospects</p>		No benchmark comparator available

Glossary

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To provide outstanding care for patients, delivered with kindness				
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

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

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

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To deliver our financial plan and key performance targets				
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

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

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 < 50 th Percentile England, Amber 50 – 25 th 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 < 50 th Percentile England, Amber 50 – 25 th 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 < 50 th Percentile England, Amber 50 – 25 th 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

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion				
Engagement				4.4
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	5.0
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%	3.6
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.	4.6
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				4.4
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%	

Glossary Continued

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 Manager 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

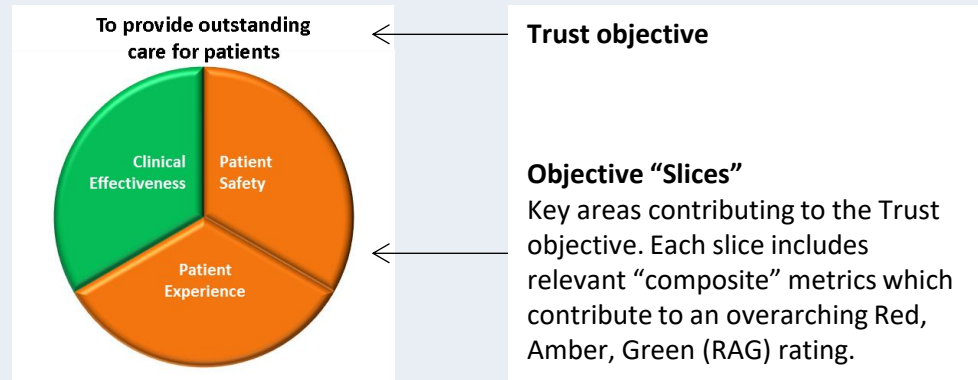
Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals				
Partnership				
Reducing Inequalities	Working with partners to contribute to the overall reduction of health inequalities 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

Glossary Continued

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To be a continually learning organisation and recognised as leaders in research, education and innovation				
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

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 $\Rightarrow 2.5$

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.