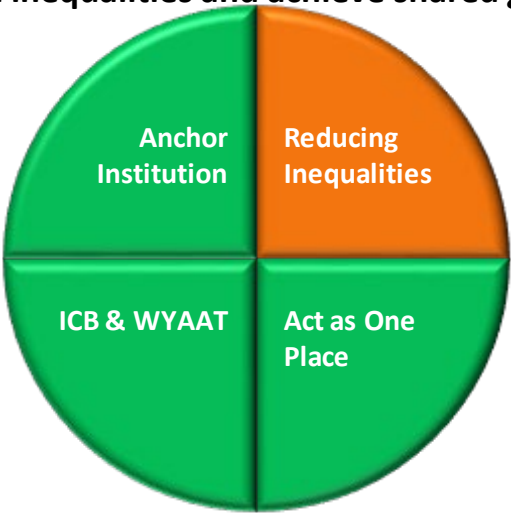


Partnership Dashboard

31st July 2023

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



Integrated Dashboard
31st May 2023

To provide outstanding care for patients,
delivered with kindness



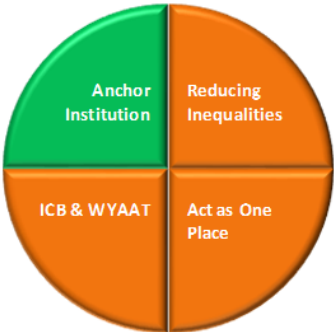
To deliver our financial plan
and key performance targets



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
<div>Reducing Inequalities</div>	<p>There is significant activity across the Trust to address inequalities in access, experience and outcomes, but not always recognised as such. We are collating information from CSUs and identifying opportunities to share best practice. An analysis of waiting times to understand the impact of factors – including ethnicity and deprivation - shows variation in referral rates needing further investigation. Health inequalities has a dedicated section of the new EDI Strategy (published June 2023). Five priorities have been agreed (at EDC in March 2023): making HIs a priority of focus for our teams; utilising data; our role as an anchor organisation; care based on population profiles; collaboration with other organisations to address HIs. A refreshed action plan - based on these priorities - is being developed. BTHFT is a member of BD&C Reducing Inequalities Alliance, RIC Steering Group, and inequalities is now a standing item on the Equality & Diversity Council agenda</p>		No benchmark comparator available
<div>Act as One Place</div>	<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 and Families; Workforce Development; Communities; Access to Care; Mental Health, LD & Neurodiversity. BTHFT supports these priorities, and is prominent in the diabetes and respiratory transformation work although these are no longer discrete programmes. All BD&C HCP activity is aligned to the Core 20 plus 5 inequalities approach. Consideration is being given to the implications for the ICB of the reduction in central funding.</p>		No benchmark comparator available
<div>ICB & WYAAT</div>	<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”. BTHFT has contributed to the WY 5 year integrated care strategy (published March 2023), and is supporting WYAAT’s strategy development (publication due April 2024). Following announcements on reduction in funding for ICBs nationally, work is underway to consider the implications and how efficiencies across the system might be made. The recommendations from the Hewitt review are also being considered alongside this to ensure consistency in the way both are implemented. BTHFT also contributed to the ongoing NHS75 review work led by the NHS Assembly.</p>		No benchmark comparator available
<div>Anchor Institution</div>	<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

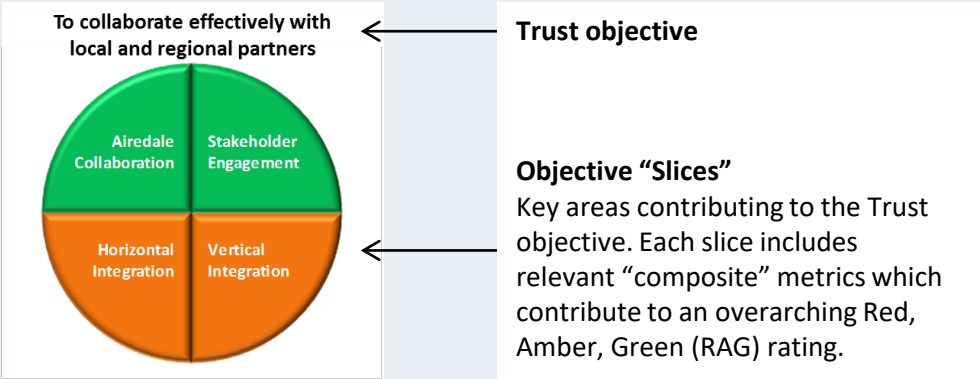


Glossary

Indicator	Definition	Responsible Exec	RAG Criteria	DQ Kitemark Score
To 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 $\Rightarrow 2.5$

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.