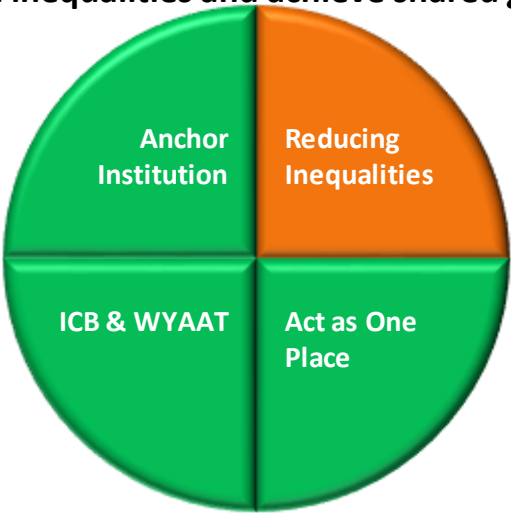


# Partnership Dashboard

30 September 2023

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



Integrated Dashboard  
31<sup>st</sup> 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
	<p>Significant activity across the Trust to address inequalities in access, experience and outcomes, continues. 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) showed variation in referral rates that is being investigated. Health Inequalities has a dedicated section in the new EDI Strategy (published June 2023) and 5 priorities have been agreed and published in this strategy. These are “making HIs a priority of focus for our teams”, “utilising data”, “our role as an anchor organisation”, “care based on population profiles” and “collaboration with other organisations to address HIs”. An action plan aligned to these workstreams has been refreshed. An Anchor Institution Assessment for BTHFT has been carried out to understand any potential areas of focus. The Health Equity Assessment Tool (HEAT) training module has been integrated into ESR and communicated across the Trust. BTHFT is a member of BD&amp;C Reducing Inequalities Alliance, RIC Steering Group, and inequalities is now a standing item on the Equality &amp; Diversity Council agenda</p>		No benchmark comparator available
	<p>BD&amp;C Health &amp; Care Partnership was formally established with a renewed focus on five topics: Children, Young People and Families; Workforce Development; Communities; Access to Care; Mental Health, LD &amp; Neurodiversity. BTHFT supports these priorities and is prominent in the diabetes and respiratory transformation work although these are no longer discrete programmes. All BD&amp;C HCP activity is aligned to the Core 20 plus 5 inequalities approach. The implications of the reduction in funding through the ICB mean that the workforce is under review, with redundancies among ICB staff expected. Some of the priority programmes may have to review current workload to ensure it is manageable with the revised staffing figures.</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, the future of non-surgical oncology, with the intention of consolidating provision of the service across WY. Agreement has been reached on a joint approach to the provision of aseptic services, with a super hub at Leeds and further investment in BTHFT’s “spoke”. Work is progressing to consider the implications and how efficiencies across the ICB might be made. The Trust’s status as one of 10 national test and evaluation sites of the NHS Clinical Entrepreneur Programme alongside Leeds Teaching Hospitals has created an opportunity to develop a WYAAT-wide approach to innovation – discussions on how best to progress this are underway.</p>		No benchmark comparator available
	<p>Act as One enables BTHFT to work with partners to address the big issues that affect the health of local people. We have programmes to widen access to employment e.g. Project Search, Apprenticeships, improving Band 8/8+ BAME representation at BTHFT and school outreach projects. A new initiative was launched in September 2023 and is the partnership, as a Bradford Place, with Generation Medics in a project aimed at assisting young people from underprivileged communities into careers in health and social care. The Bradford Inequalities Research Unit (BIRU) is also 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” which brings together system partners with a focus on early years, educational attainment &amp; employment prospects</p>		No benchmark comparator available

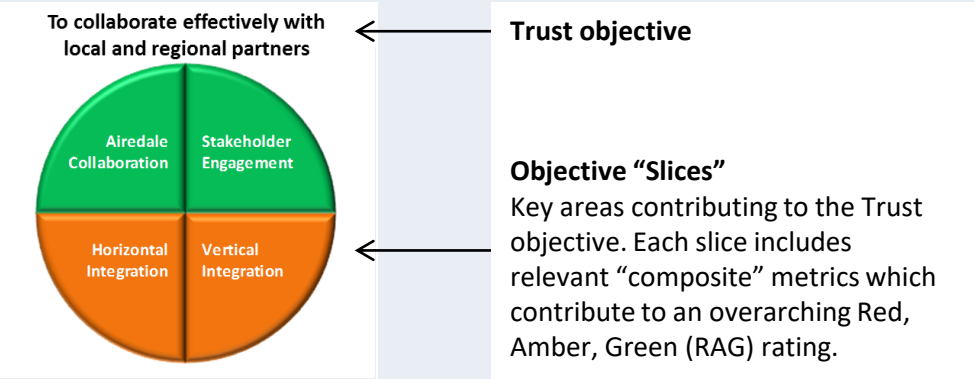


# Glossary

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.