Bradford Teaching Hospitals
NHS Foundation Trust

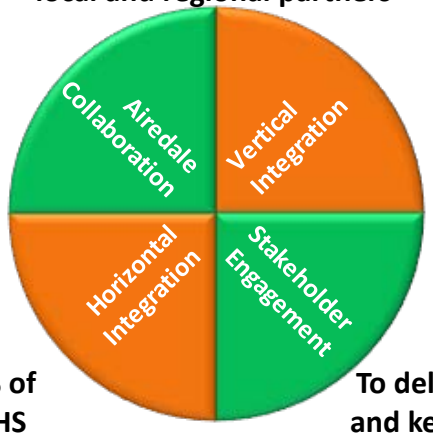
Integrated Dashboard
Board of Directors

31st July 2019

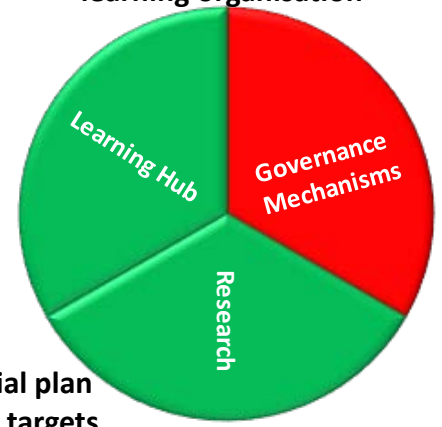
31st July 2019

To provide outstanding care for our patients

To collaborate effectively with local and regional partners

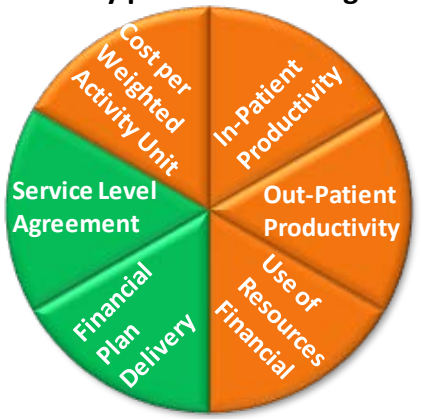


To be a continually learning organisation

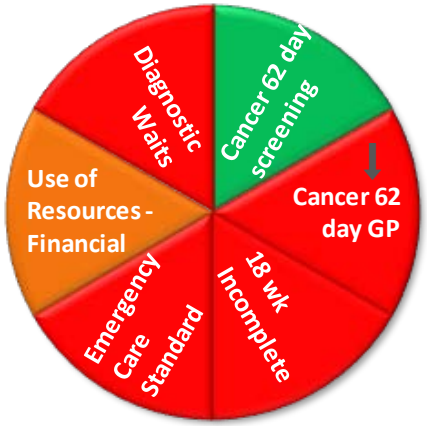


To be in the top 20% of employers in the NHS

To deliver out financial plan and key performance targets

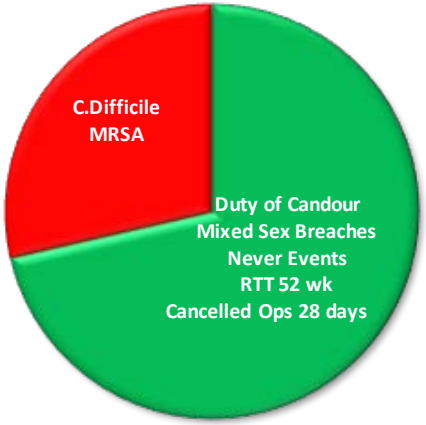


Single Oversight Framework

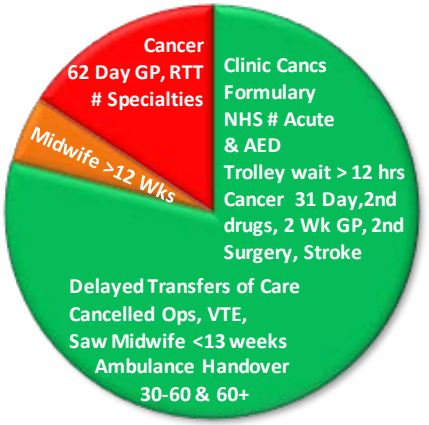


National targets

Financial



Non-Financial



Headlines

Overall we are pleased with the progress against the quality indicators. We continue to have good performance against all mortality indicators, infection control and VTE patient harm.

Continuous **learning and sustainable quality improvement remains integral** to the effective management of high quality care. There are currently a number of initiatives, recently the NHS Improvement Transition Collaboration and the Patient Experience Collaborative.

Delivery of the **Emergency Care Standard (ECS) remains a challenge**. The introduction of the Navigation Nurse and Major's Consultant roles have supported the reduction in breaches within Major's by 8.77%. Capacity issues due to GP staffing gaps in the Green Zone have continued; monthly operational meetings are in place to support an improvement in the GP fill rate. Four System-level work-streams are in place to help support a reduction in attendances to the Emergency Department over winter. The Same Day Emergency Care work-stream has progressed and several pathways are now operational.

The **Cancer Improvement Plan performance for 2 Week Wait remaining above standard** despite increased fast track demand. The 62 Day First Treatment standard remains below target in June 2019 but improvement work to reduce pathway delays focusing on Faster 28-day Diagnosis and pathway analysis should support recovery. Additional Clinical Oncology capacity will also support a reduction in the number of patients with long waits.

The **Referral to Treatment (RTT) incomplete performance was 85.10% for July 2019** with the total waiting list increasing by 480 patients as a result mainly of reduced planned activity due to clinical capacity gaps against a growing demand and fewer consultants willing to undertake premium rate activity sessions. **There were no patients waiting more than 52 weeks** at the end of July 2019 and the same is anticipated at the end of August 2019. Recovery plans are being monitored weekly for each specialty where performance is behind plan or showing a significant deterioration.

The **Month 4 position is a pre-PSF deficit of £5.2m which is in line with the plan** and control total. The post-PSF position is a deficit of £2.0m which is ahead of plan by the £0.6m, due to bonus PSF funding received in June 2019. NHS Improvement discount the bonus PSF from their assessment of Control Total delivery.

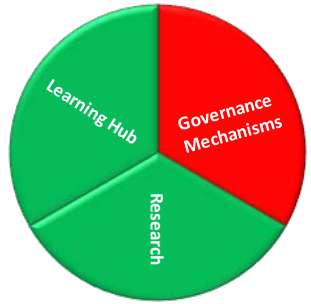
Appraisal rates are at 87.5%. New starter training and refresher training saw a dip in compliance in July 2019 which has been escalated and actions put in place to address. Workforce metrics are stable overall.

Our teams have recently won national awards, including the HSJ Patient Safety Award for SketchNotes, the Police Commissioner Award for safeguarding sexual assault victims, and the Digital Health award for Team of the Year. There are a number of other awards for which we have been shortlisted.

Quality Dashboard
31st July 2019

To provide outstanding care for our patients

To be a continually learning organisation



There are signs of **improvement in sepsis treatments**.

Readmission rates have reduced although a comprehensive review of the causes of readmissions by specialty is underway and will be reported to the Quality Committee.

Focussed work on the Friends and Family Test and the gathering of real time patient feedback has led to **step change improvement in the Friends and Family Test.**

Continuous **learning and sustainable quality improvement remains integral** to the effective management of high quality care. There are currently a number of initiatives, recently the NHS Improvement Transition Collaboration and the Patient Experience Collaborative.

The **key quality indicators** have been reviewed and are in the process of being updated.

Workforce Dashboard
31st July 2019

To be in the top 20% of employers in the NHS

Appraisal rates are at 87.5% compared to 75% in July 2018. Care Groups and corporate departments have plans in place to meet the targeted 95% at end December 2019.

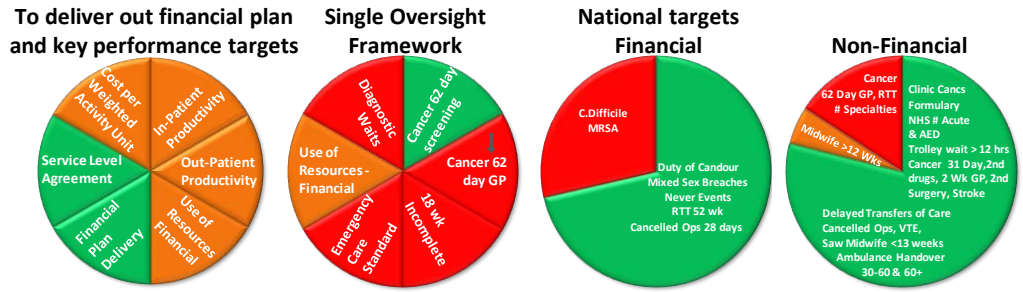
Staff Friends and Family Quarter 1 results showed an improved position against other Acute Trusts in staff recommending the Trust as a place to work whilst there was an improvement in recommending treatment and care this has remained lower than other Acute Trusts.

Nursing care hours and fill rates remain stable.

Agency usage remains under the ceiling and continues to be tightly managed with Healthcare Assistant agency use at 0.3 WTE for this period.

New starter training and refresher training compliance has dipped in July 2019; escalation processes in place for staff, training leads and subject matter experts including communication to staff about access and support. The escalation work includes Information Governance, Fire Safety and Infection Control.

Finance & Performance Dashboard 31st July 2019



The **Emergency Care Standard performance for Type 1 & 3 attendances improved to 80.50%** in July 2019. Average daily attendances for 2019/20 are 386 which is in line with 2018/19. The Improvement Programme continues with focus on increasing the use of the Green Zone, effective navigation, clinical co-ordination and same day emergency care. There is an introduction of navigation/coordination roles supports improved waiting times.

Cancer 2 Week Wait performance for June 2019 was 93.23% and is currently projected at 94.11% July 2019. Breast referrals remain high but extra capacity has allowed backlog clearance with recovery above 93% for Breast expected in August 2019. Lower and Upper GI referrals since April 2019 have increased by 10% whilst capacity has reduced from gaps in the Endoscopy rota (combination of leave and sickness). Outpatient capacity is being converted to Endoscopy sessions to mitigate the impact on the waiting list, but performance has deteriorated in July and August 2019. Daily escalation is in place to prevent breaches.

Cancer 62 Day First Treatment performance for June 2019 was 82.03% and is currently projected at 84.68% July 2019. Reducing pathway delays is the main focus for 2019/20 through the establishment of the Faster 28-day Diagnosis work stream and pathway analysis across all tumour groups using the NHS Improvement tool. Extra Clinical Oncology capacity in July through September 2019 should allow clearance of long waiters and improve Urology performance. Capacity issues in the Lower GI speciality continue in Endoscopy, however there will be extra capacity from September 2019 that should support recovery.

The **Referral to Treatment (RTT) Incomplete performance was 85.10% for July 2019** with the total waiting list increasing by 480 patients due to reduction in activity during the latter part of the month. No patients were waiting more than 52 weeks at end July 2019, the same is anticipated end August 2019.

The **diagnostic waiting list (DM01) performance improved to 96.48% in July 2019** following further validation of the waiting list and additional capacity for Cystoscopy. Recovery plans are monitored weekly and whilst challenges remain within Endoscopy performance is trending in the right direction.

The **CIP efficiency programme has underachieved against the £3.3m cumulative CIP target by £0.5m** delivering £2.9m of savings in 4 months. Current projections are that £10.7m of CIP savings will be delivered by year end against the £16.2m target. This scenario would leave a £5.5m shortfall against the savings target for the year and would result in failure to deliver the Control Total.

The Month 4 position is a pre-PSF deficit of £5.2m which is in line with the plan and control total. The post-PSF position is a deficit of £2.0m which is ahead of plan by the £0.6m, due to bonus PSF funding received in June 2019. NHSI discount the bonus PSF from their assessment of control total delivery.

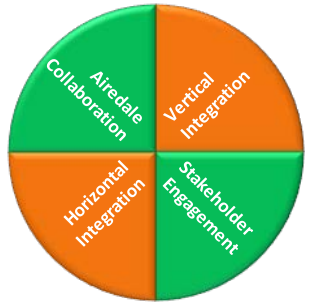
The **best case forecast, shared with NHS Improvement at Month 4, is full delivery** of the £12.5m pre-PSF control total deficit and recovery of the full £12.5m PSF to achieve the breakeven post-PSF Control Total. The mid-case forecast is a deficit of £18.4m.

Year to date capital expenditure is £1.70m which is £0.70m less than the year to date plan submitted to NHSI of £2.40m

Year to date liquidity is 3.8 days which is 7.2 days above plan. Forecast closing liquidity is 1.1 days, 10.2 days above plan. This forecast assumes full delivery of the Trusts efficiency programme. Should the Trust fail to deliver further efficiencies liquidity is forecast to fall to a closing balance of negative 8.9 days.

Partnership Dashboard
31st July 2019

To collaborate effectively with local and regional partners



Airedale Collaboration is seeing positive progress made to date, including the clinical leadership that had been put in place at a programme level and in individual specialties. The Committee were updated that a high level strategy will be drafted, to describe what the Collaboration programme is trying to deliver. The Committee discussed how risks that need consideration by other Trust Committees should be addressed.

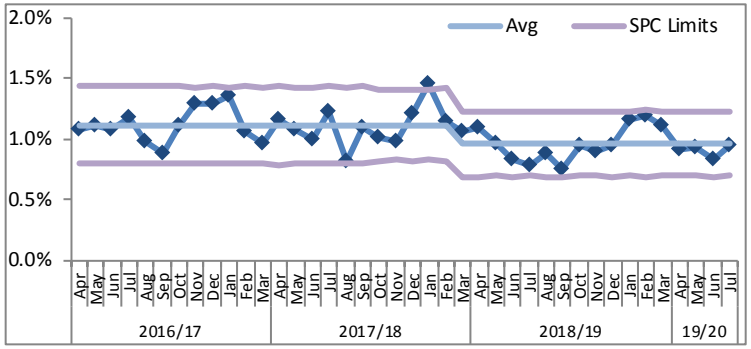
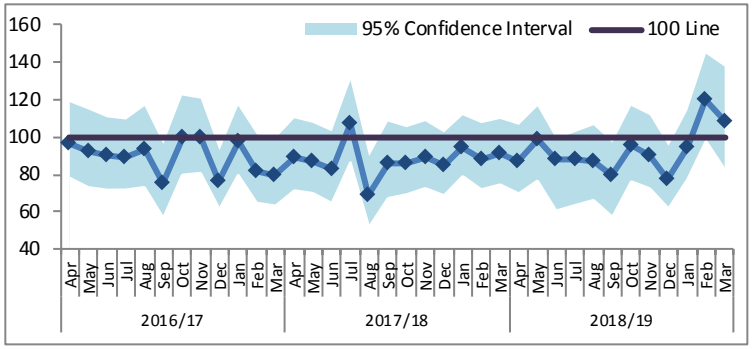
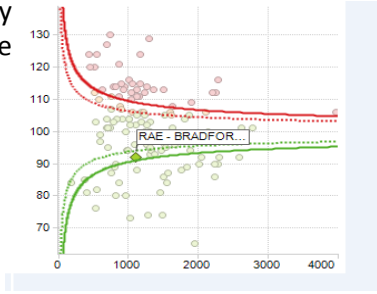
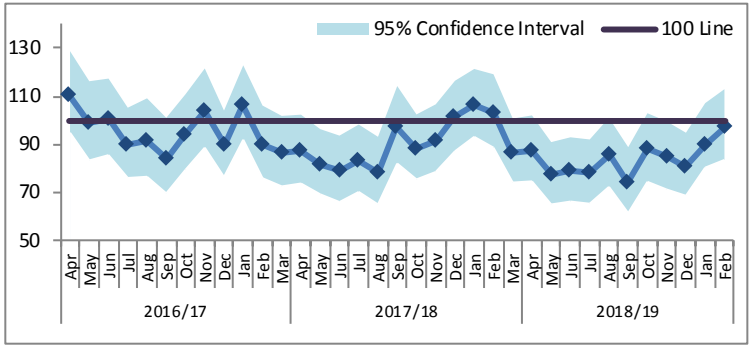
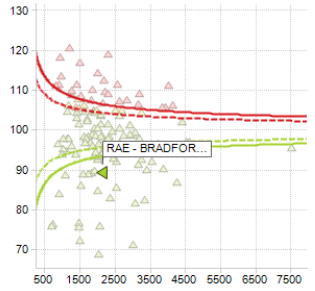
Vertical integration – The Committee noted that the Trust is participating in a **system-wide review of programmes** and strategy refresh for *Happy Healthy and at Home*, which will report in the autumn. In addition the Committee was updated on the latest developments regarding Primary Care Networks and Community Partnerships, and the funding allocated to Bradford City CCG to reduce health inequalities. The Committee discussed how the Trust could link with the Primary Care Networks' Clinical Directors.

Horizontal integration – The Committee noted that a five year strategy for the West Yorkshire and Harrogate Health and Care Partnership is being drafted. The Committee noted the current operational pressures regarding vascular and how this is impacting on the proposed West Yorkshire Vascular Network, which consists of a new model with two arterial centres in WY&H, including one at Bradford Royal Infirmary.

Stakeholder engagement – The Committee receives reports on stakeholder engagement twice a year and the next report will be November 2019.

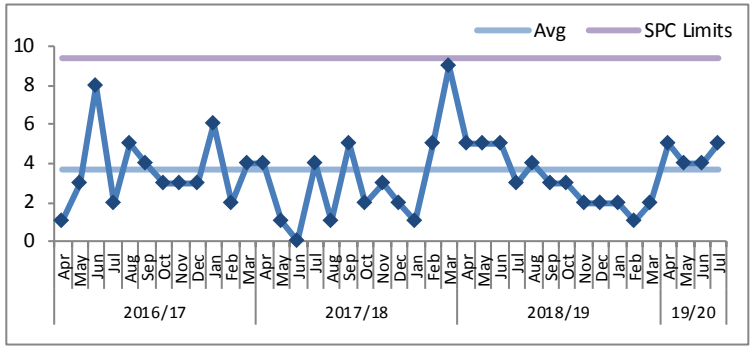
Appendix

To provide outstanding care for patients

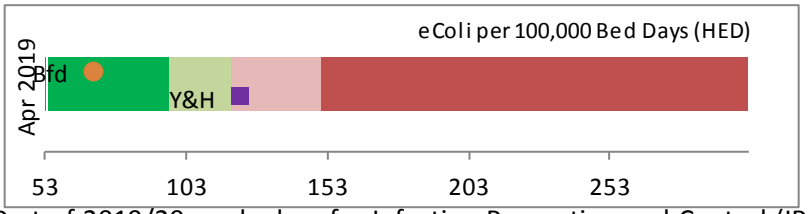
	Trend	Challenges and Successes	Comparison	Exec Lead
Crude Mortality		Crude death rate has remained constant throughout the last eighteen months, with expected seasonal variation. There is no regional or national benchmarking data for this measure. Improving learning from mortality is now delivered though the 'learning from deaths' process. Reporting on progress to the Quality Committee is via the quarterly learning from deaths report.		Chief Medical Officer
Hospital Standardised Mortality Ratio		Our Hospital Standardised Mortality Ratio (HSMR) continues to demonstrate a 'better than expected' rate.	 Apr 2018 - Mar 2019	Chief Medical Officer
Summary Hospital-level Mortality Indicator		The Summary Hospital-level Mortality Indicator (SHMI) continues to demonstrate a 'better than expected' rate.	 Jan 2018 - Dec 2018	Chief Medical Officer

To provide outstanding care for patients

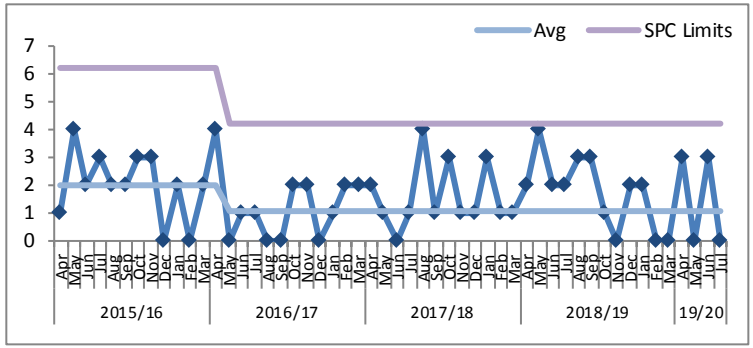
Trend	Challenges and Successes	Comparison	Exec Lead



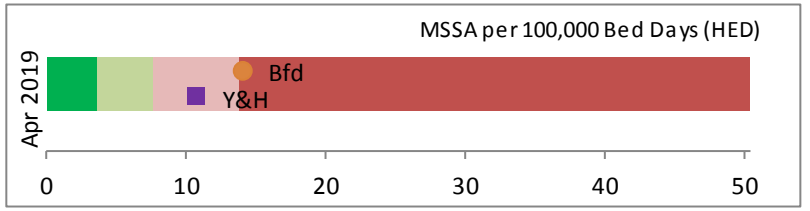
As part of the 2019/20 work plan we will focus on all Gram negative bacteraemias including E.Coli. This work will form a quality improvement programme which will focus on supporting the correct diagnosis of urinary infections, patient hydration, and improving sepsis recognition. This information now only includes hospital acquired E.Coli infection data, in line with the other infection metrics.



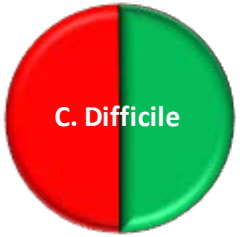
Chief Nurse

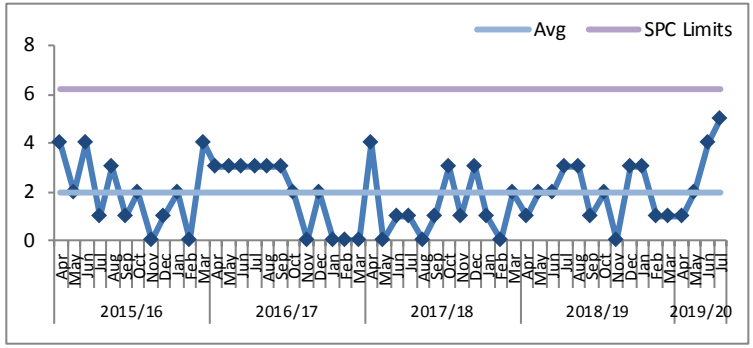


Part of 2019/20 work plan for Infection Prevention and Control (IPC) with the implementation of competency assessment for aseptic non touch technique (ANTT). On-going improvements are overseen by Infection Prevention and Control and reviewed on a quarterly basis.

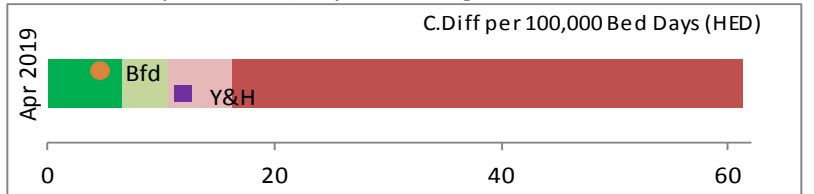


Chief Nurse



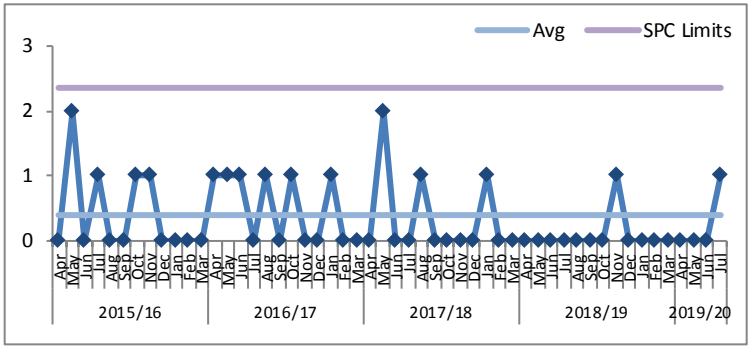
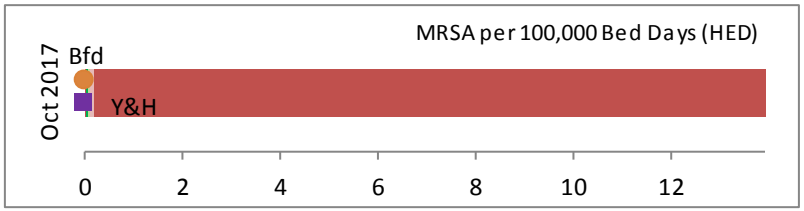
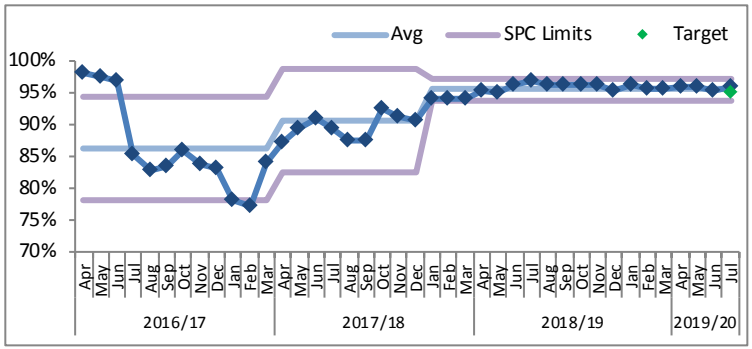
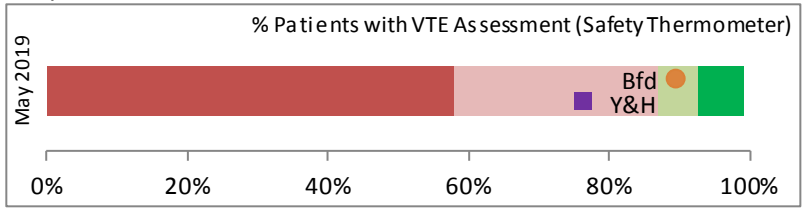
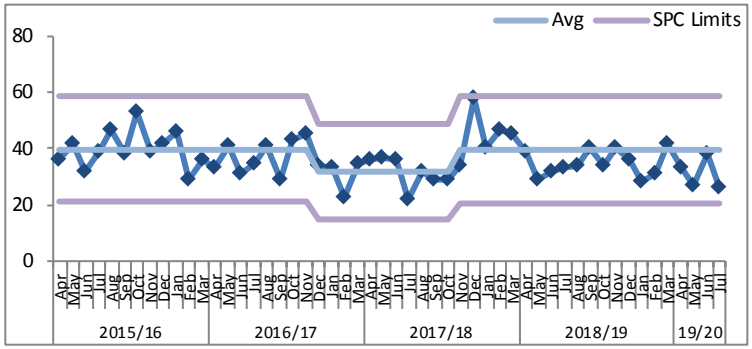
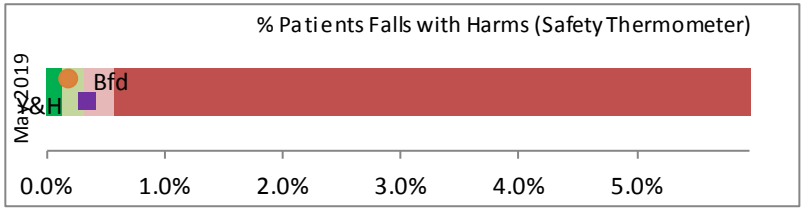


An increase in Trust attributed cases has been reported in June/July. These cases are related to changes to the reporting algorithm for financial year 2019/20; adding a prior healthcare exposure (i.e. previous admission within 4 weeks), reducing the number of days to apportion Trust attributed cases from three or more (post 72hr) to two or more (post 48hrs) days following admission.

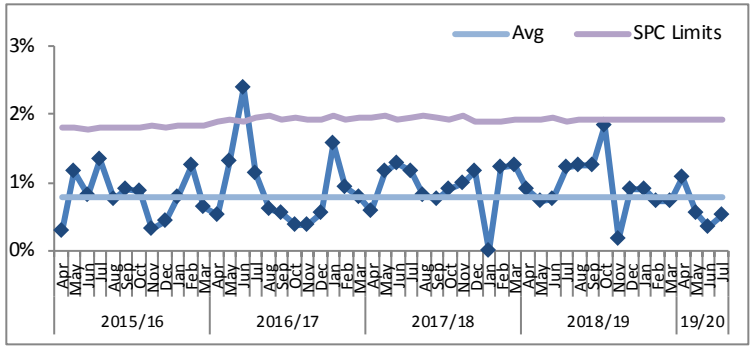
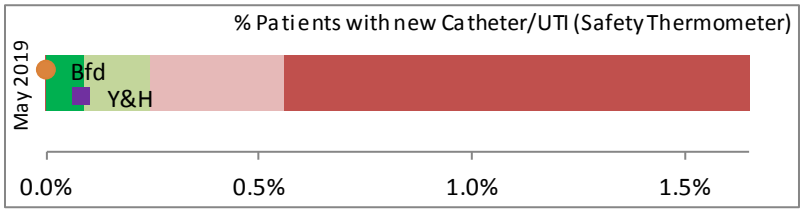
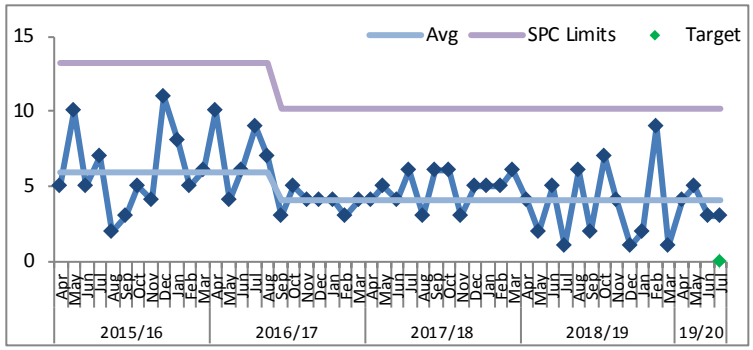
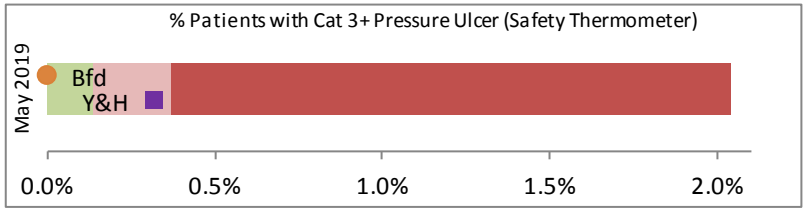
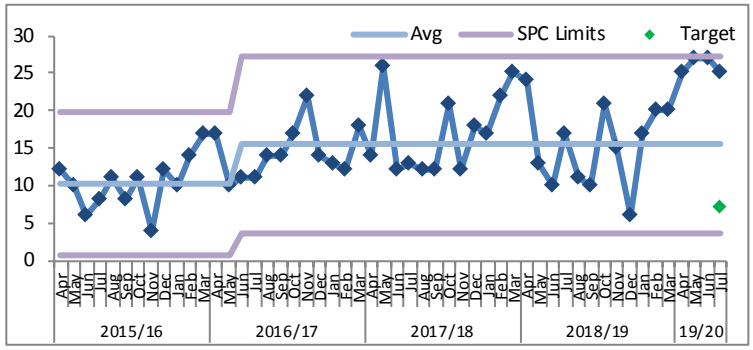
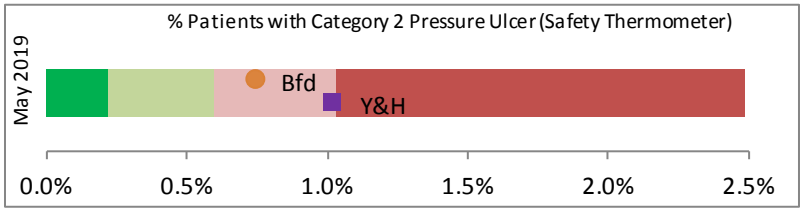


Chief Nurse

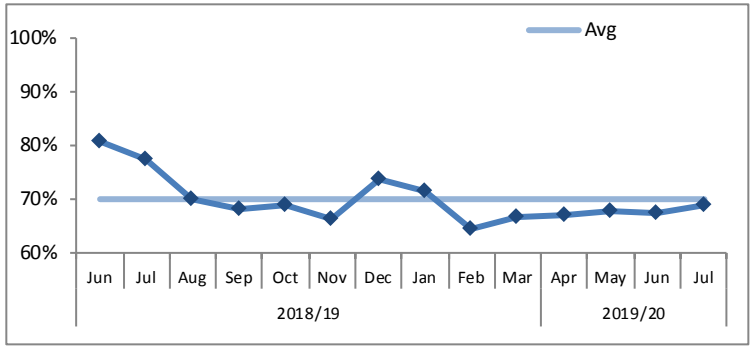
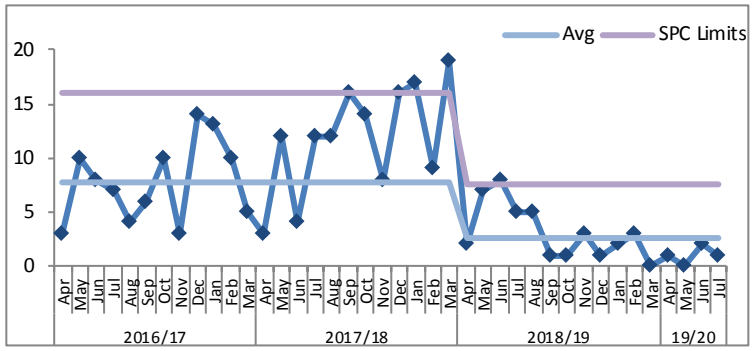
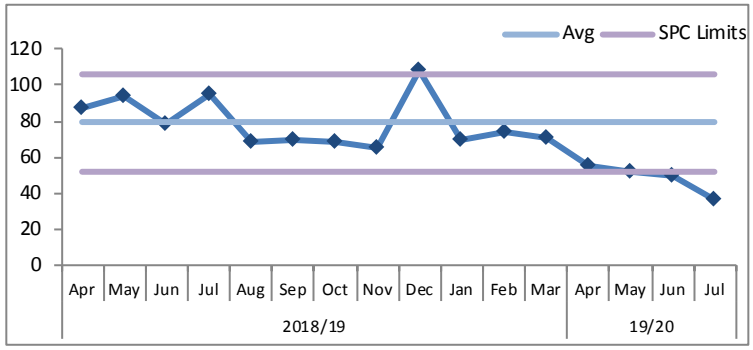
To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
MRSA		One case in November 2018 and one case in July 2019 has been apportioned to the Trust. The Post Infection Review (PIR) has identified the root cause as community acquired pneumonia and has not identified any deficits in care. However, a contributory factor was the IV (Intravenous) antibiotic prescribed, not deemed an effective treatment for MRSA. Under Public Health England (PHE) guidelines the case remains attributable to the Trust as the blood culture was taken on day 3 of admission and therefore outside the required limit of 48 hours from admission.		Chief Nurse
VTE Assessment		The Venous Thromboembolism (VTE) assessment shows sustained compliance with the standard.		Chief Medical Officer
Falls with Harm		Falls with harm remain stable and in line with peers.		Chief Nurse

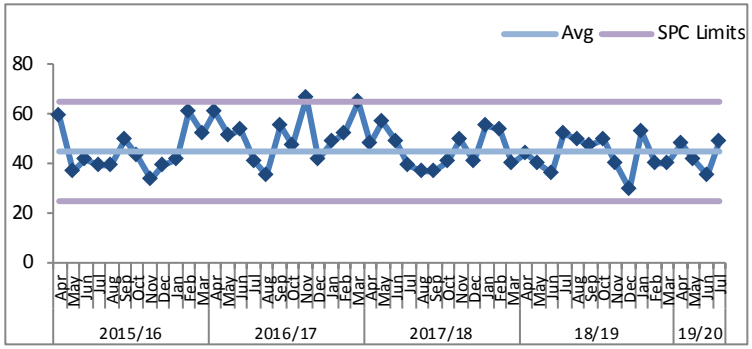
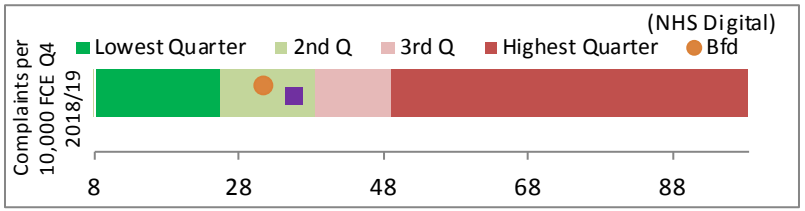
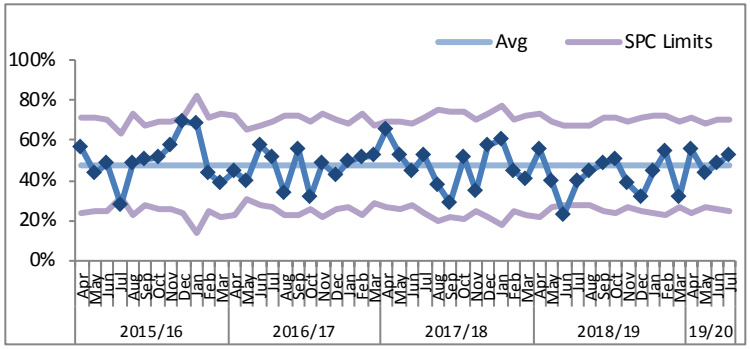
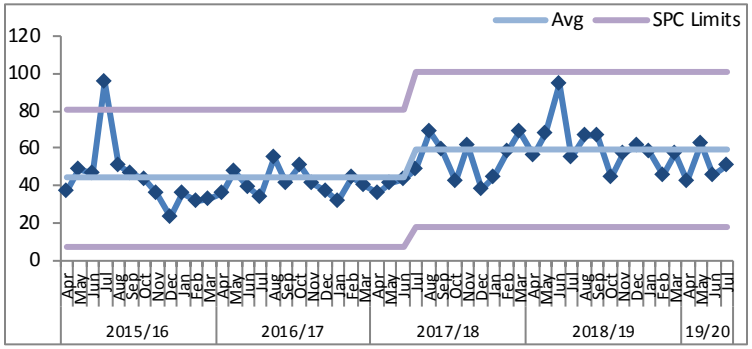
To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
Catheters & UTIs		Catheters and Urinary Tract Infections (CAUTI) remains stable and in line with peers.		Chief Nurse
Pressure Ulcers Cat 3+		Call to action in place in July. Position continues to be monitored on a daily basis. June reports shows a reduction on previous two months.		Chief Nurse
Pressure Ulcers Cat 2		Upward trend led to a Call to Action in July. Position continues to be monitored on a daily basis.		Chief Nurse

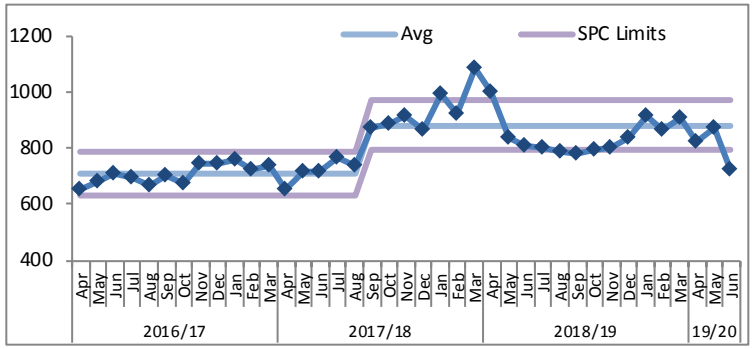
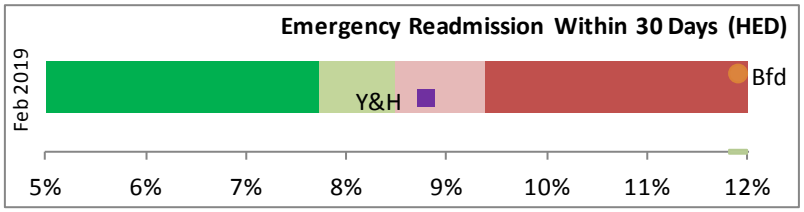
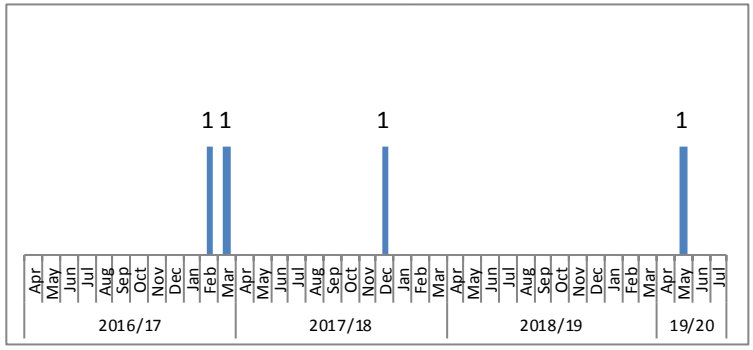
To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
Sepsis patients receive antibiotics within an hour		Continues to be stable at circa 70%. No national benchmark data available. Detailed improvement work ongoing with high risk areas.		Chief Nurse
Night-time Transfers		Night time transfers remain low.		Chief Operating Officer
Night-time Discharges		Chief nurse to provide update on sample of patients in May 2019.		Chief Nurse

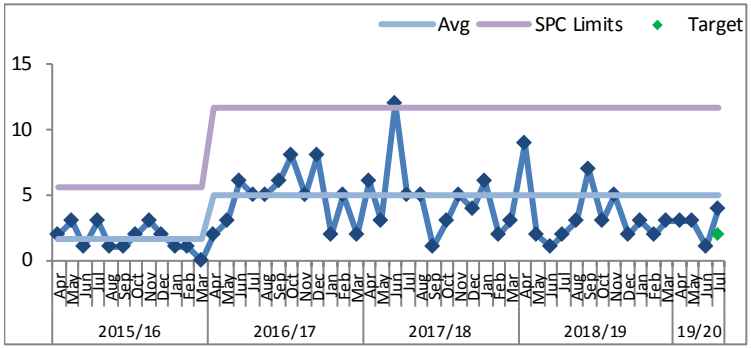
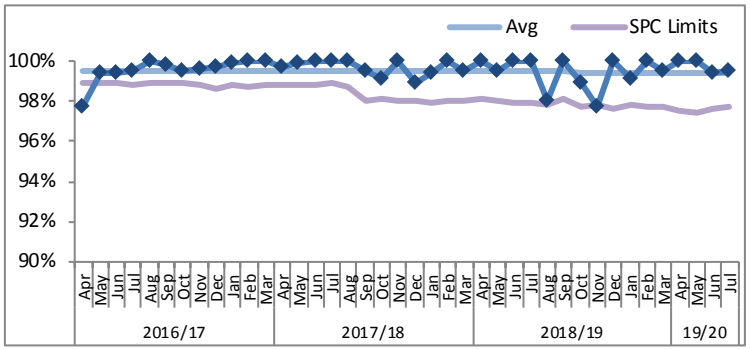
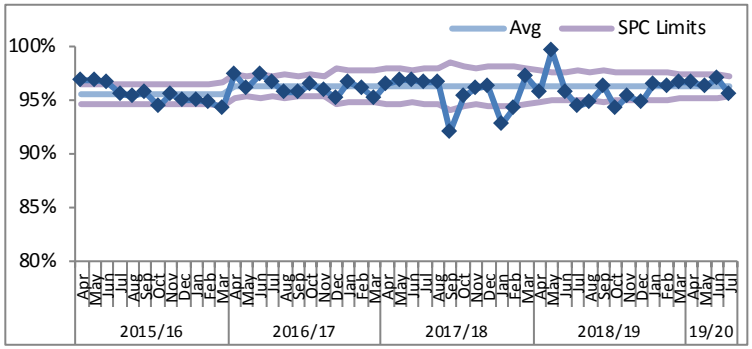
To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
Complaints		Monitoring continues on a weekly basis of the number of complaints by Clinical Business Units (CBU's). 		Chief Nurse
Complaints Closed		The trajectories are now beyond the improvement period set and need to be revised as part of the 2019/20 metrics. Proposal due from Patient first Committee following analysis of Q4 2018/19.		Chief Nurse
Complaints Working Days Turnaround Time		The trajectories are now beyond the improvement period set and need to be revised as part of the 2019/20 metrics. Proposal due from Patient first Committee following analysis of Q4 2018/19.		Chief Nurse

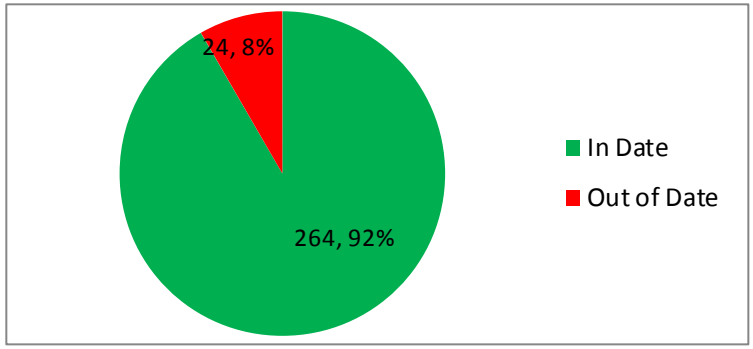
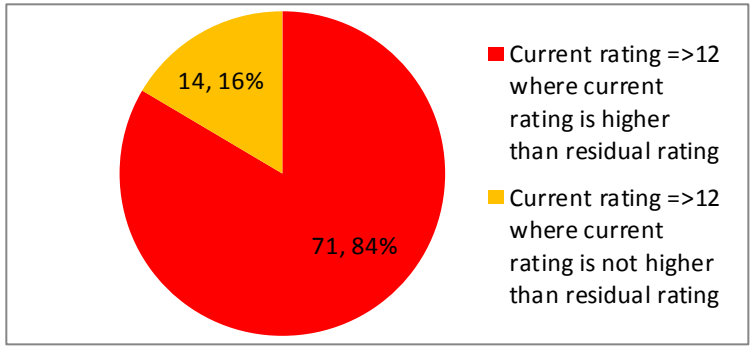
To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
Readmissions		A comprehensive review is in progress and will report formally to August Quality Committee. 		Chief Operating Officer
Information Governance Breaches		The Trust has reported an information governance breach to the Information Commissioner's Office in May 2019. An investigation is underway. A second breach has occurred and been reported in August 2019.	No comparator data is published.	Chief Digital and Information Officer

To provide outstanding care for patients

	Trend	Challenges and Successes	Comparison	Exec Lead
Serious Incidents		Incidents that meet the criteria for the declaration of a serious incident (SI) are reported on the Strategic Executive Information System (StEIS) and a root cause investigation is commissioned. They are reported to the Quality Committee. All recommendations made are subject to action planning to minimise risk of reoccurrence. There is a detailed process of assurance to assess the effectiveness of action planning. Fluctuations in the number of monthly Serious Incidents (SI's) are anticipated and the Quality Oversight System is in place to ensure identified themes or trends are acted upon.		Director of Strategy and Integration
Audit of WHO Checklist		Compliance has sustained at or above 98% compliance with many months at 100%. Data by theatre block is shared directly with leaders to help drive this sustained improvement.	No comparator data is available.	Chief Medical Officer
Friends and Family Test		The Friends and Family Test (FFT) has recovered back to normal baseline after a drop in September 2017/18. Further detailed work to improve number of returns has started. New national guidance to be issued.		Chief Nurse

To be a continually learning organisation

	Trend	Challenges and Successes	Comparison	Exec Lead
Out of date Policies		A focussed programme of work continues in order to improve the Trust position in relation to Trust-wide policies and their management. There is significant confidence about the approach to managing locally developed guidance within Divisions.		Director of Strategy and Integration
Risks not Mitigated		A recent Internal Audit report in relation to the implementation of the risk management strategy resulted in a significant assurance rating. As a result the metrics used to monitor the quality of governance in the Trust are being reviewed.		Director of Strategy and Integration

To be a continually learning organisation

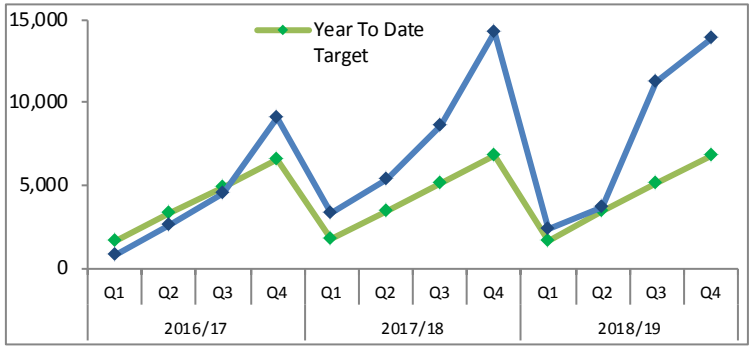
Trend	Challenges and Successes	Comparison	Exec Lead

Learning Hub

The Learning Hub continues to work to generate and assimilate learning from precursor events across the Trust, and now routinely incorporating learning from external events, for instance through the sharing of Serious Incident learning from other organisations, Healthcare Safety Investigation Branch (HSIB) and the National Reporting and Learning System (NRLS). The first monthly learning award, which has been developed with the support of the family of a child whose death in our hospital was the catalyst for significant system wide learning, will be awarded at the end of Q1 2019/20.

Director of Strategy and Integration

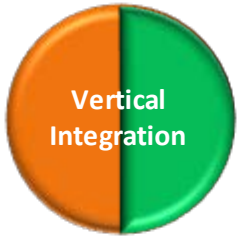
Research Patients Recruited



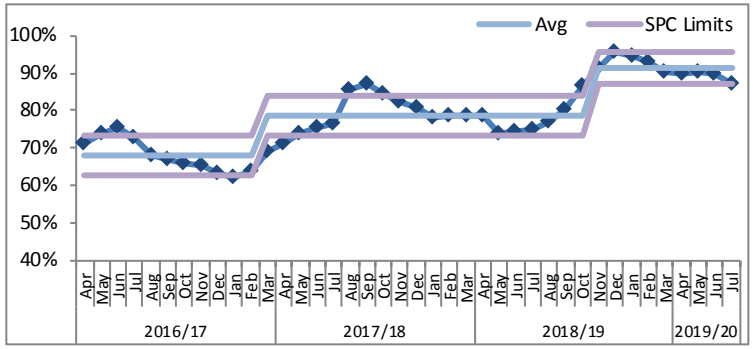
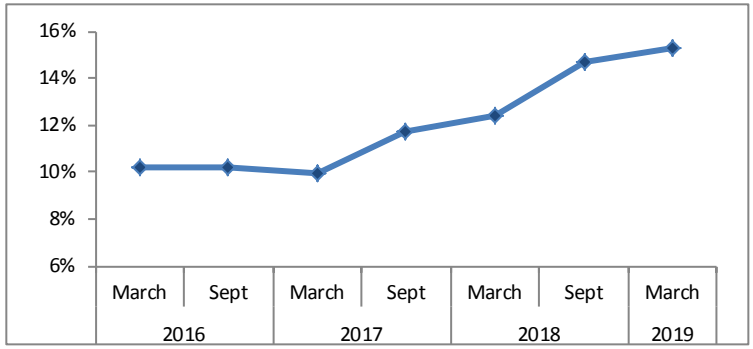
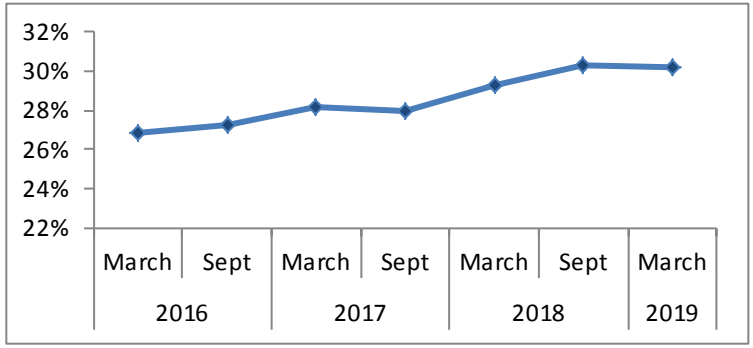
Number of participants recruited to National Institute of Health Research Portfolio Studies since 2016/17, including commercial and non-commercial studies, remains strong and above recruitment target.

Chief Medical Officer

To collaborate effectively with local and regional partners

	Trend	Challenges and Successes	Comparison	Exec Lead
	The Trusts' systematic approach to stakeholder management identifies key external partners. For each, an executive sponsor and an account manager has been identified, with responsibility for maintaining/improving the health of the relationship. To date, a total of 52 stakeholders have now been self-assessed by account managers. An update on progress was provided to May's Partnerships Committee.			Director of Strategy & Integration
	The Trust is working with its fellow providers in Bradford to work together to develop models of care which best meet the needs of service users and patients. The Trust signed a 'Strategic Partnering Agreement', drafted by the partners in Bradford District and Craven (BDC) at the end of March, and this has been approved by all partners. This sets out how decisions and collaboration will happen at 'place' in the future. A review of the health and care based programmes in BDC is underway. The configuration of Community Partnerships in Bradford has changed as a result of the creation of Primary Care Networks (PCNs). The Trust is working through how to respond to these changes and how to influence the PCNs.			Director of Strategy & Integration
	The Trust is working with its partner organisations in formal governance arrangements and programmes in the West Yorkshire Association of Acute Trusts (WYAAT) the West Yorkshire and Harrogate Health and Care Partnership (WYHCP) Integrated Care System, with Trust executives involved in multiple fora examining both strategic and operational collaboration issues. Recently, the Trust has worked with partners in WYAAT to agree on the future configuration of vascular services in across West Yorkshire, and to manage the service pressures in interventional radiology.			Director of Strategy & Integration
	The Airedale Collaboration programme between BTHFT and Airedale NHS Foundation Trust (ANHSFT), formally started with a clinical summit on 8 April. Workshops have been held in some specialties, and the programme governance, incorporating a Strategic Collaboration Board and Steering Group have been established to monitor and oversee the progress of the work. Clinical leads for a number of specialties, and for the programme as a whole, have been recruited to. The prioritisation for the programme has been completed with specialties divided into those that will be covered in the first year and those that will be covered in the second year of the programme. The programme is in the process of defining its overall strategy, which will be validated with input from execs and wider staff groups across both trusts. Work is ongoing to see if an easily understandable hard metric can be developed to provide the RAG (Red, Amber, Green) rating for this item.			Director of Strategy & Integration

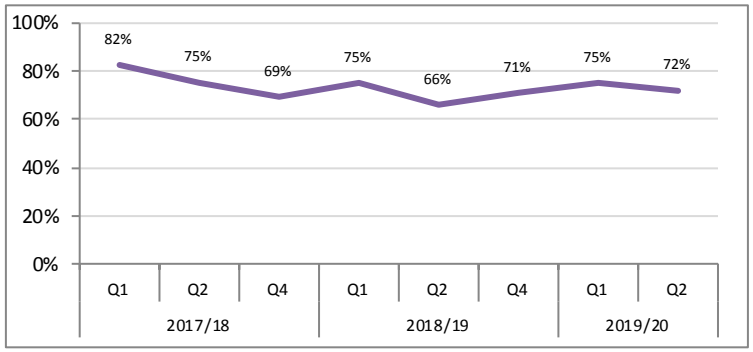
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
Appraisal Rate Non-Medical		The number of appraisals completed decreased for the first time to 87.5% in July 2019, though a number of departments still have completion rates over 90%. The Care Groups are currently working on trajectory plans to make sure they meet the target of 95% by the end of December 2019.		Director of Human Resources
BAME % Senior Leaders		We have increased in the number of Black, Asian, Minority and Ethnic (BAME) staff at bands 8 and 9 over the past six months. However, based on the current trajectory, we would miss our employment target to have a senior workforce reflective of the local population by 2025 by around 9%. This has reduced from 10%. No comparator data is available. Senior BAME staff are now involved in recruitment for Band 8 and 9 posts, with the aim of accelerating progress on this target. Next update October 2019 (for period ending 31 September 2019).		Director of Human Resources
BAME % Workforce		Good progress is being made. We are about 4% ahead of our trajectory to have a workforce reflective of the local ethnic population by 2025. Next update October 2019 (for period ending 31 September 2019).		Director of Human Resources

To be in the top 20% of employers in the NHS

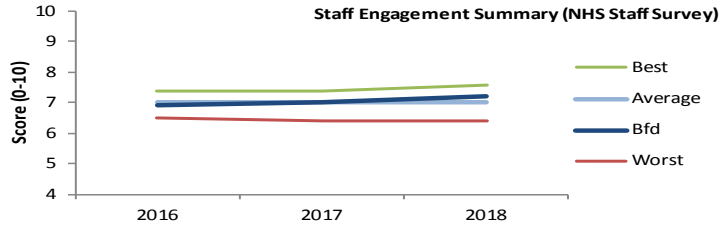
Trend	Challenges and Successes	Comparison	Exec Lead

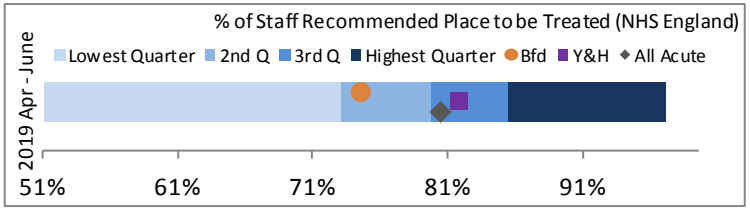
Staff FFT Treatment



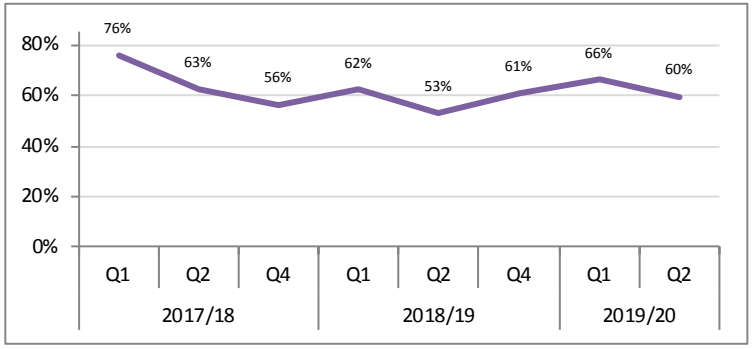
The Staff Friends and Family Test (SFFT) for Q2 2019/20 ran for three weeks from 5–25 August 2019. A campaign to promote the SFFT took place in the run up to and during the survey, using paper surveys for those with limited access to take part online. Results from Q2 will be reported to the next Workforce Committee. The national Q1 SFFT results show 81% would recommend their Trust as a place to receive treatment compared to our figure of 75%. Preparations are underway for the national NHS Staff Survey which takes place in September 2019.

Director of Human Resources



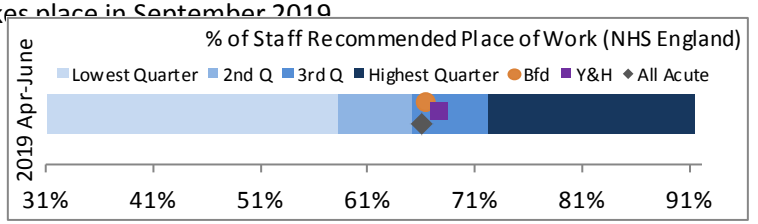


Staff FFT Work

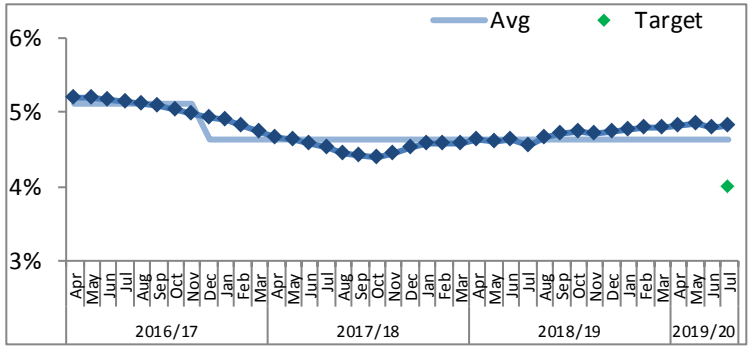
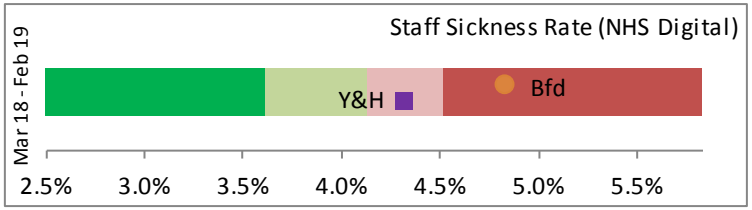
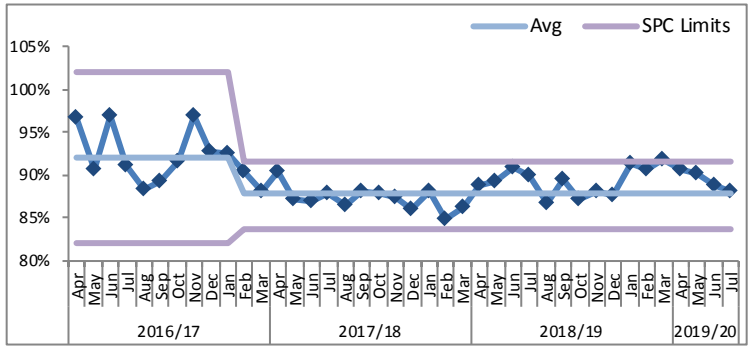
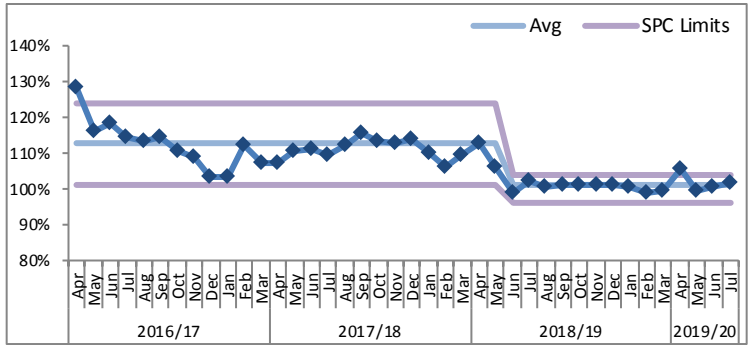


The national Q1 2019/20 SFFT results show 66% would recommend their Trust as a place to work which is the same as our local result of 66%. Preparations are underway for the national NHS Staff Survey which takes place in September 2019.

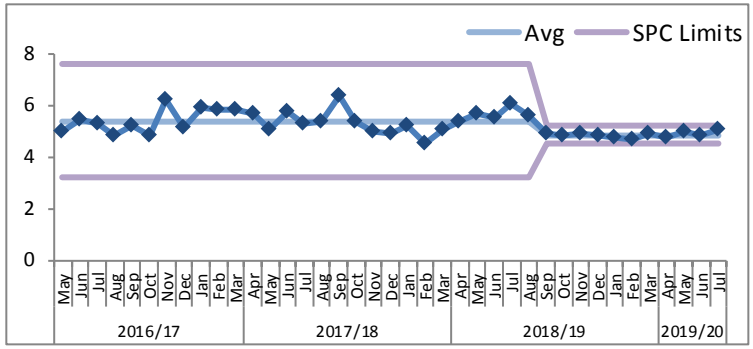
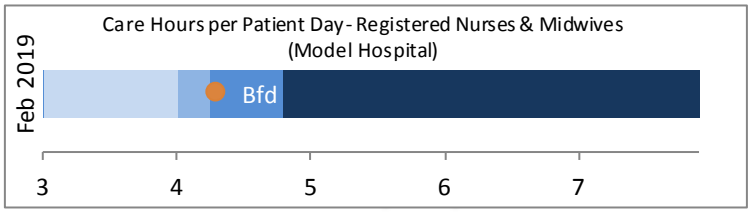
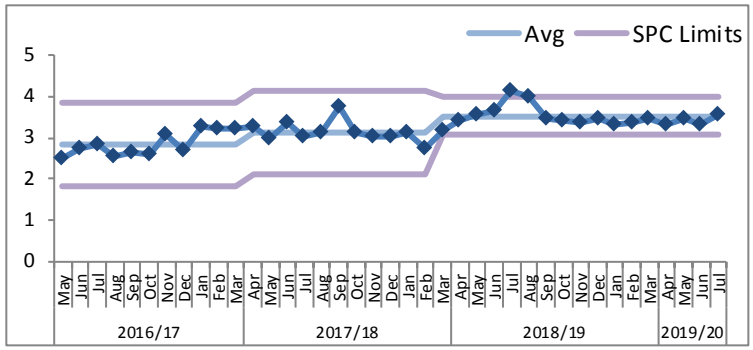
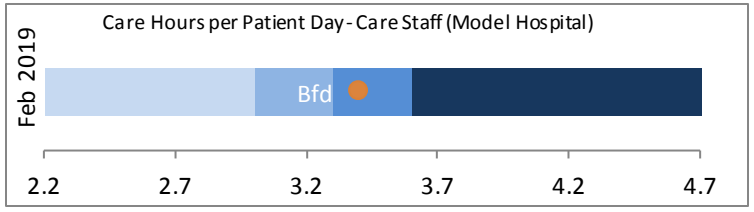
Director of Human Resources



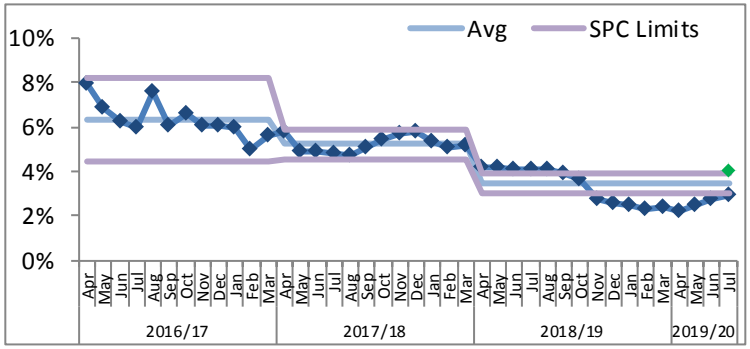
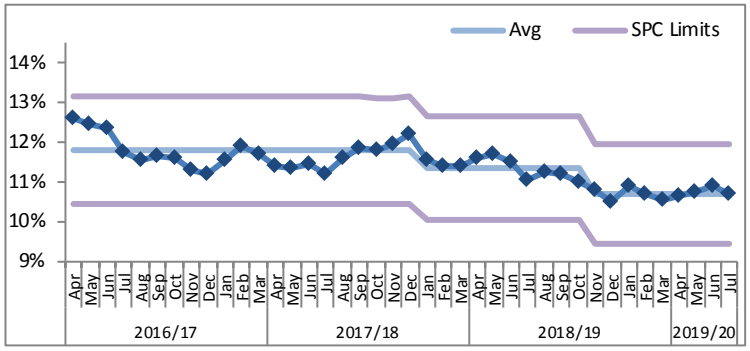
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
Sickness		The rolling 12 month sickness absence rate at the end of July 2019 is 4.82%. Increases were seen in Planned Care and Estates and Facilities, small variances were seen in all other areas. The Trust target has been set at 4.5% which we will be monitoring Care Groups and corporate departments against.		Director of Human Resources
Nursing Shifts Filled		Fill rates for Registered Nurses remains relatively stable around 90%. See Nurse staffing report for more details.		Chief Nurse
Care Staff Shifts Filled		Fill rates are now consistently 100% and are as expected.		Chief Nurse

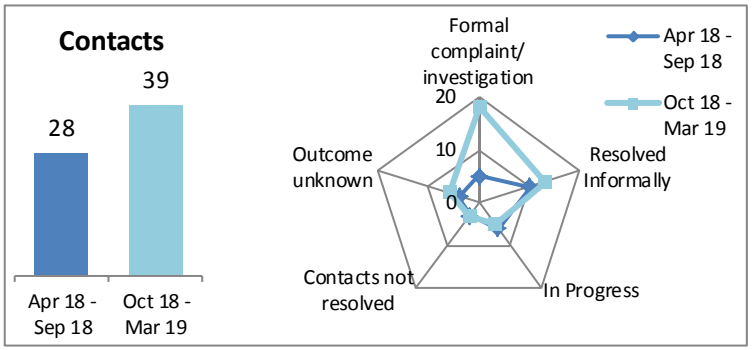
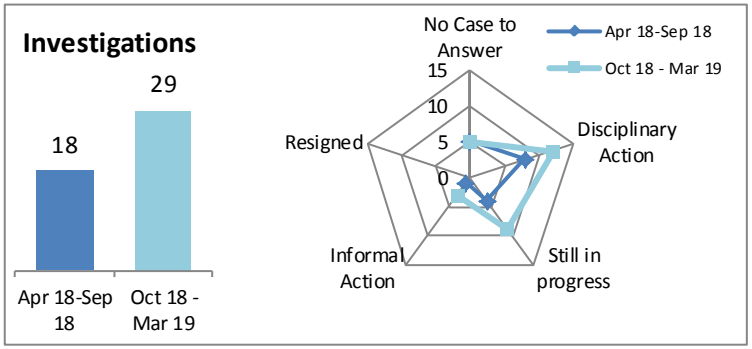
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
Nursing Care Hours		Rate remains stable and benchmarks appropriately with model hospital data.		Chief Nurse
Care Staff Care Hours		The carer workforce has stabilised in line with our workforce plans, benchmarks appropriately with model hospital data.		Chief Nurse

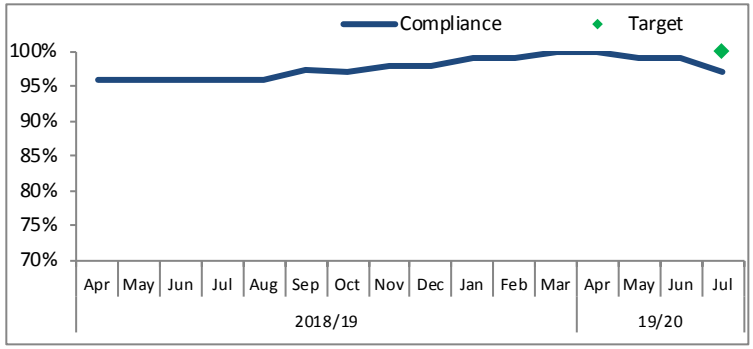
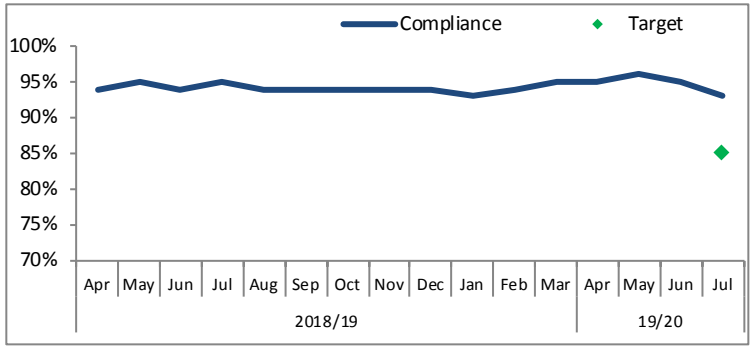
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
Agency % of FTE		Agency use across the Allied Health Professional (AHP) and Medical and Dental staff group has remained static in the reporting period. Administrative and Clerical use has reduced to just 1.56 whole time equivalent (WTE). This will reduce further due to new NHS Improvement rules from September 2019 that we can no longer use any Administrative and Clerical agency workers apart from Clinical Coders or for specific projects on patients safety grounds. There has been a slight increase in registered nurse due mainly to the school holiday period. Healthcare Assistants (HCA's) agency use has ceased, unless in exceptional patient safety circumstances and only 0.3 WTE was used during this period.		Director of Human Resources
Turnover		Turnover has reduced slightly at Trust level in July 2019 to 10.69% from 10.92% in June 2019. Increases were seen in Pharmacy and Estates and Facilities, with all other areas seeing reductions. Turnover remains low compared to historical levels in the Trust.		Director of Human Resources

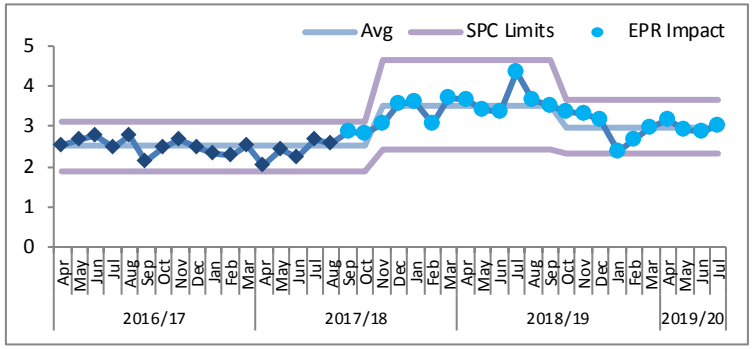
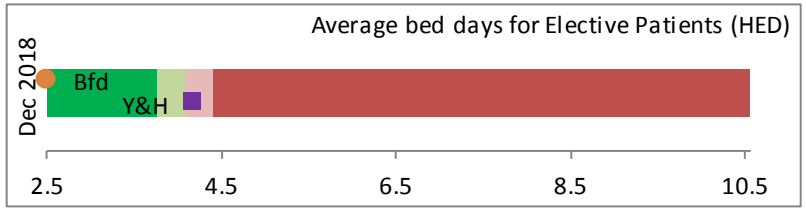
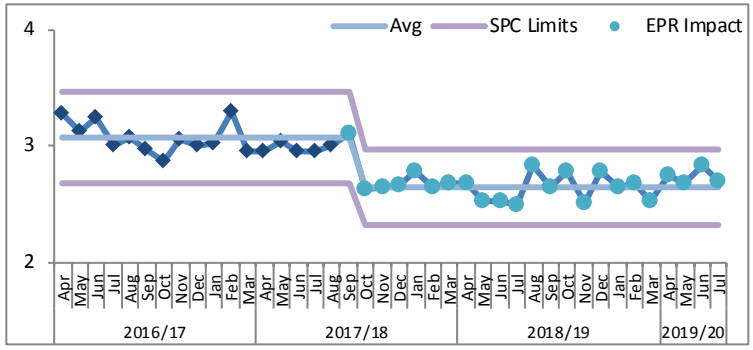
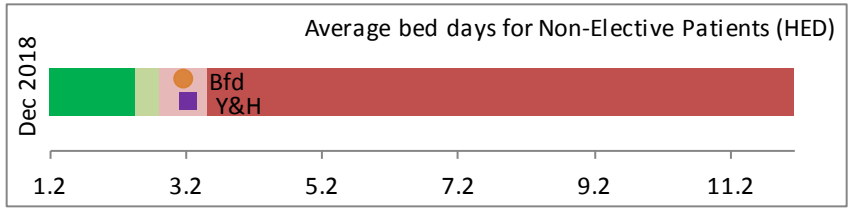
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
Staff Advocate Service Contacts & Outcomes		Anticipate the number of contacts with the Staff Advocacy Service to increase following the introduction of the new service. Unfortunately, there will always be a number of unknown outcomes, due to people contacting the service and then ceasing contact or leaving the Trust. A feedback form, better triangulation of data with Human Resources (HR) and regular updates from the staff advocates will help to eliminate some of these unknown outcomes. Next update October 2019.		Director of Human Resources
Harassment & Bullying Related Investigations		The first column shows the number of investigations relating the Harassment and Bullying and the route which they been received; Freedom to Speak Up (FTSU), Harassment and Bullying (H&B) complaint or conduct investigation – it also shows the outcomes. It is worth noting that one case came through the Freedom to Speak Up route. Outcomes have not been broken down to further detail so as not to identify any individuals. Next update October 2019.		Director of Human Resources

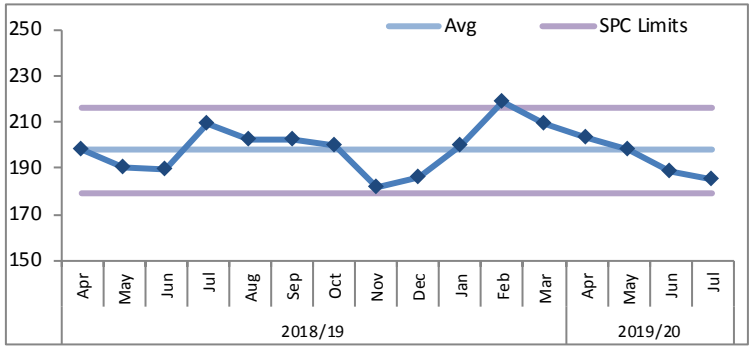
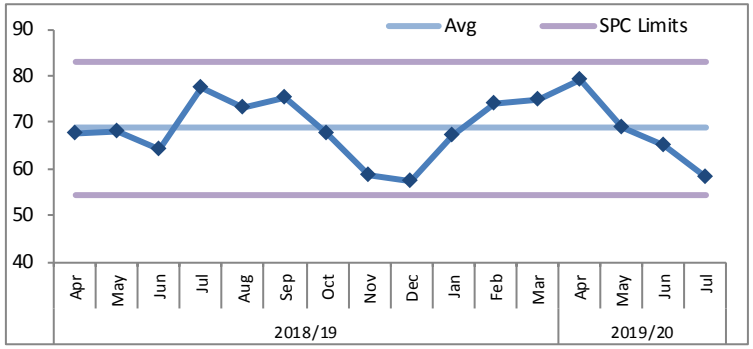
To be in the top 20% of employers in the NHS

	Trend	Challenges and Successes	Comparison	Exec Lead
New Starter Training		The slight variance in performance is being investigated and rectified. There is a comprehensive escalation process in place to track delivery of performance at an individual level.	Comparator data not available.	Chief Medical Officer
Refresher Training		The Trust has consistently exceeded its target refresher training standard since April 2018, averaging over 95%. Work now focussed on performance at service line level.	Comparator data not available.	Chief Medical Officer

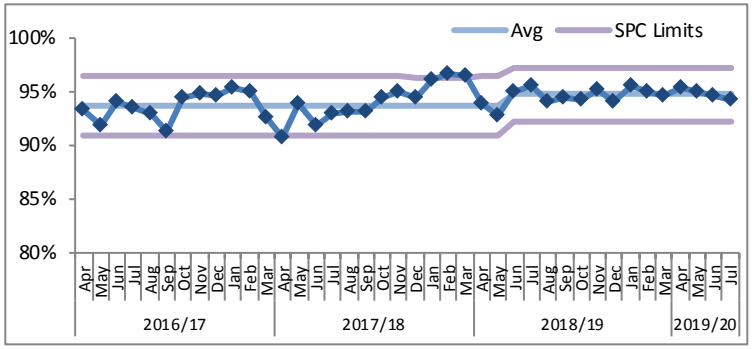
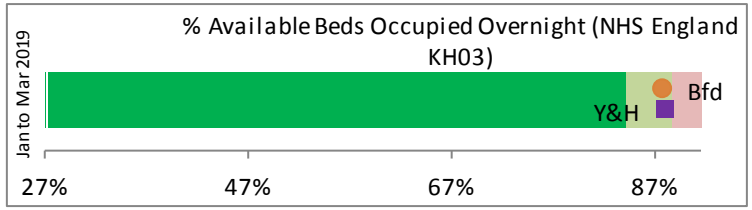
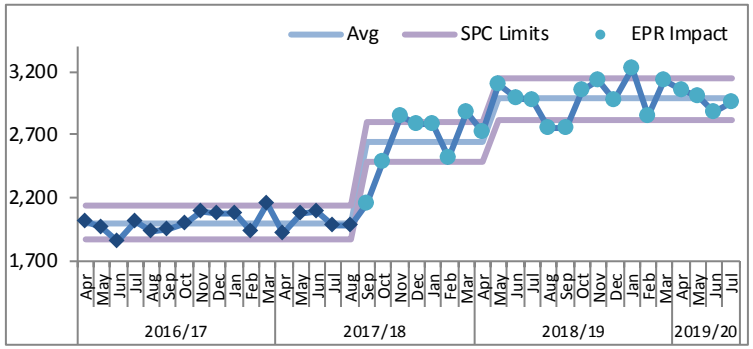
To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Length of Stay Elective		Average length of stay is within confidence intervals and benchmarks positively against the national average and the Yorkshire and Humber region.		Chief Operating Officer
Length of Stay Non-Elective & Assessments		Average length of stay is within confidence intervals and benchmarks positively against the Yorkshire and Humber region average.		Chief Operating Officer

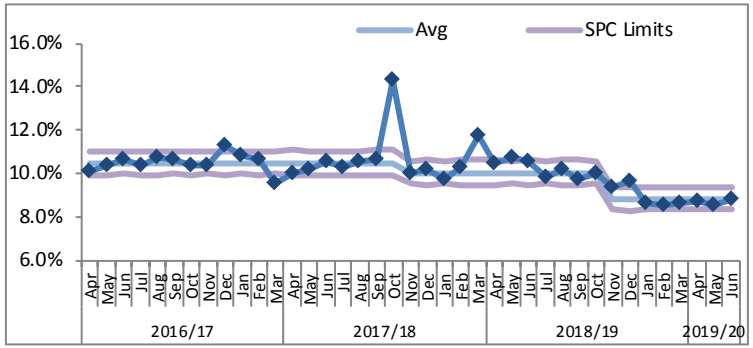
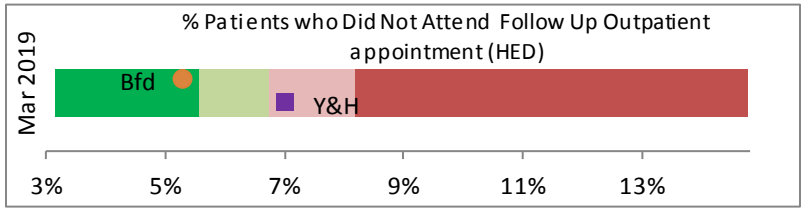
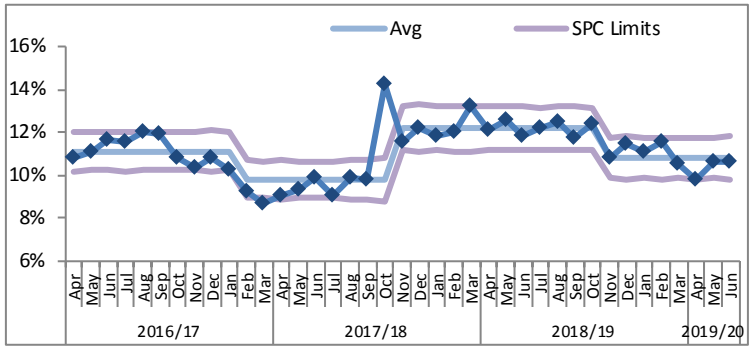
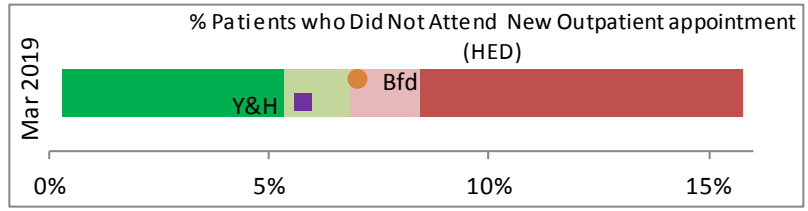
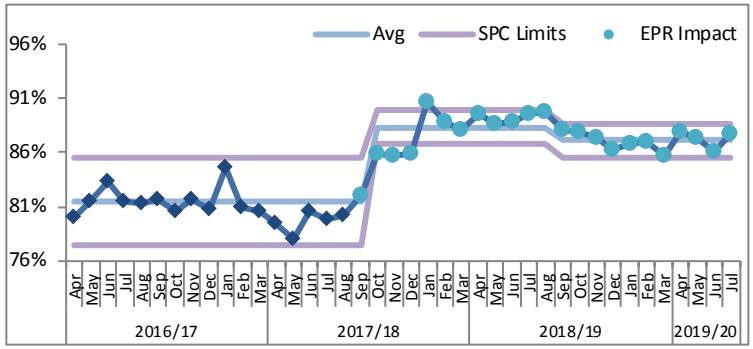
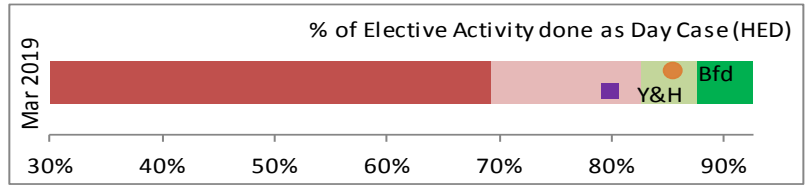
To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Stranded Patients Length of Stay >= 7 days		Weekly multi-disciplinary reviews have included all patients with a length of stay (LOS) over 14 days, this has helped reduce the number of patients with a length of stay greater than 7 days during June and July 2019.		Chief Operating Officer
Super Stranded Patients Length of Stay >= 21 days		Continued improvement can be seen in July 2019 position. There remains a twice weekly review of stranded patients, including a weekly multi-disciplinary review of patients with a length of stay over 14 days. The improvement plan for 2019/20 includes improved use of Estimated Discharge Date (EDD), a system wide frailty project led by the Chief Operating Officer (COO) has been established with the aim of reducing admissions and supporting patients in their normal place of residence. This work stream reports to the system finance and performance Committee. Weekly reporting to NHS England / Improvement of 21 day LOS continues.		Chief Operating Officer

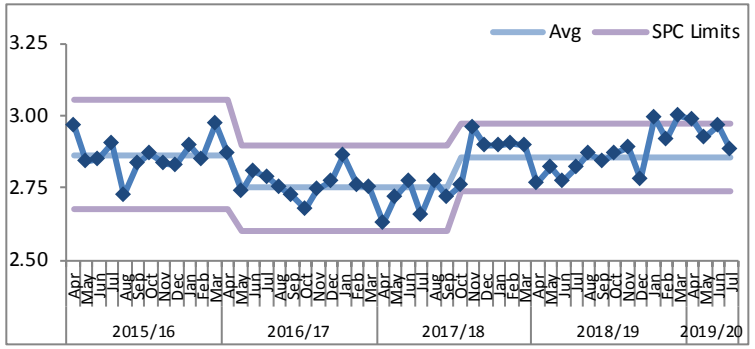
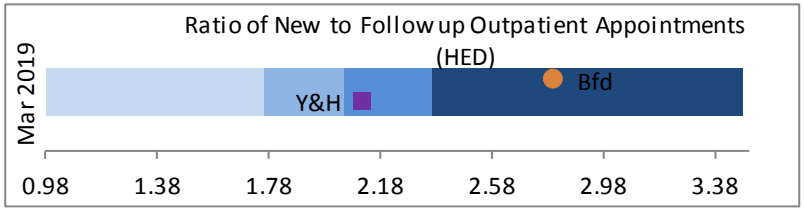
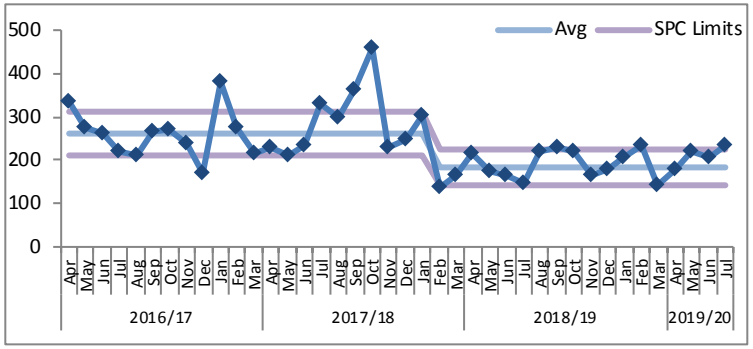
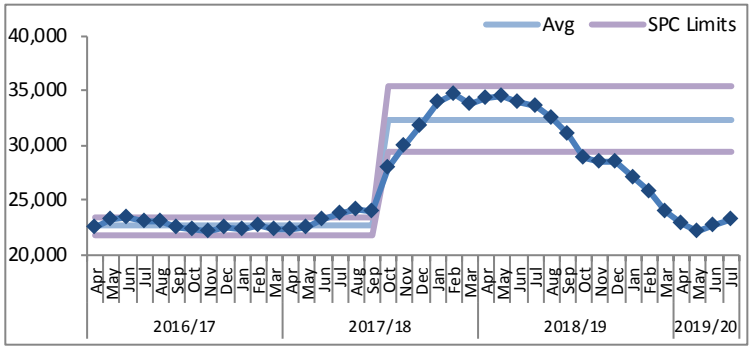
To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Bed Occupancy		Bed occupancy continues on an average of 95%. The Trust is involved in the national SAFER collaborative and there are a number of actions within the Emergency Care Improvement Plan which will help reduce admissions, improve timely discharge and support reduced bed occupancy.		Chief Operating Officer
Discharges before 1PM		Discharge targets by ward have been implemented with a daily review in place. The total number of discharges before 1pm remained above the lower control limit during July 2019.		Chief Operating Officer

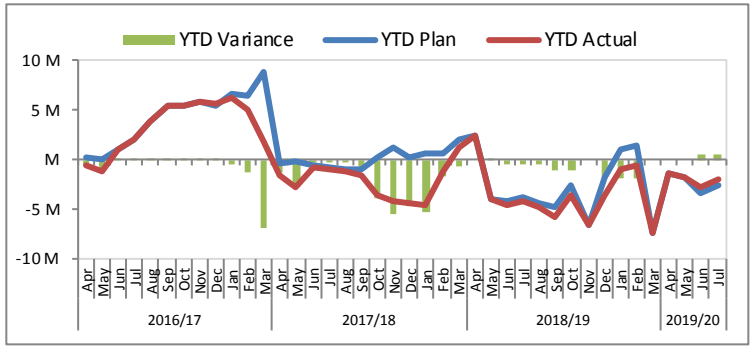
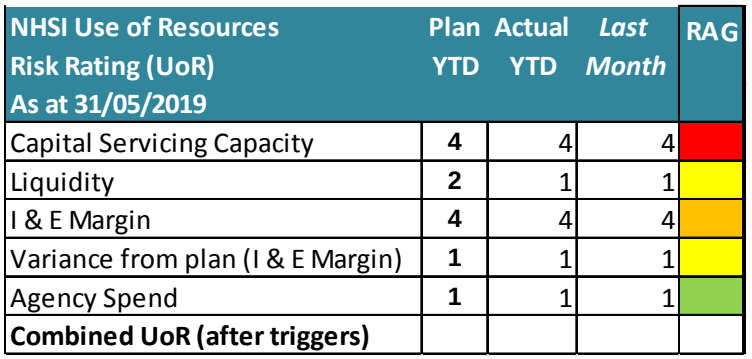
To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Did not Attend Follow-Ups		Did not attend (DNA) rates have improved during 2018/19 following an increase post EPR. The trend has been more consistent in recent months.		Chief Operating Officer
Did not Attend New		DNA rates have improved during 2018/19 following an increase post EPR. Reducing unnecessary referrals and follow up appointments will support a reduction in DNA's.		Chief Operating Officer
Elective Day Case Rate		Day case rates continue to be above the national and regional average.		Chief Operating Officer

To deliver our financial plan and key performance targets

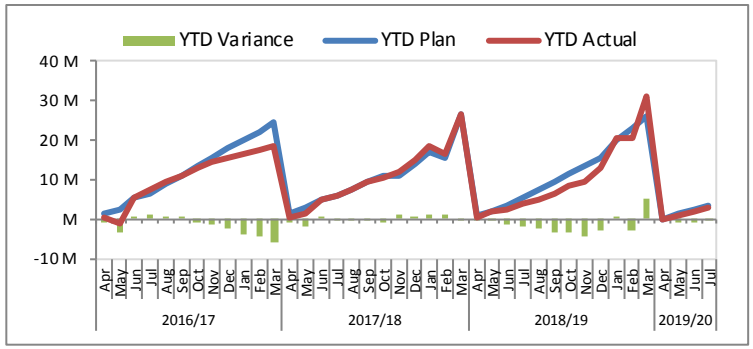
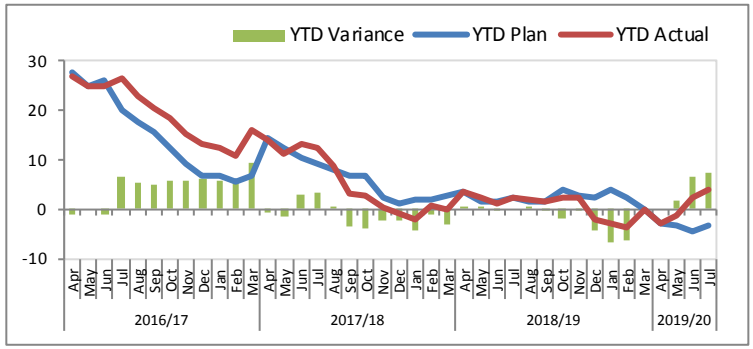
	Trend	Challenges and Successes	Comparison	Exec Lead
New to Follow-up Ratio		Reducing this ratio is a key part of the 2019/20 improvement programme for both the Trust and the system. 		Chief Operating Officer
Short notice Clinic Cancellations		The number of short notice clinic cancellations increased in July 2019 due to the volume of late annual leave requests that were approved. Areas with the highest volumes have been reviewed and whilst the individual decisions were justified they have agreed to review admin process to try and reduce the likelihood of reoccurrence.		Chief Operating Officer
Elective Wait List		The total waiting list size increased slightly in July 2019. Activity levels reduced due to annual leave in the latter half of the month. Recovery plans are monitored weekly and improvements to booking and waiting list management processes are ongoing.		Chief Operating Officer

To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Delivery of Financial Plan		The year to date (YTD) deficit excluding Provider Sustainability Fund (PSF) is in line with the control total plan. £0.5m of bonus PSF relating to 2018/19 was received in Month 3 (June 2019) which means the bottom line including PSF is £0.5m ahead of plan. The forecast presented in this table mirrors the bottom line forecast shared with NHS Improvement which formally remains full delivery of the £12.5m deficit pre-PSF control total in 2019/20. Recent internal modelling and forecasts provided by the Trust's budget holders suggest there will need to be significant identification of additional efficiencies if this forecast is to be achieved. Internal forecasts suggest a deficit of £17.3 - £19m at year end, which would be £4.8m - £6.5m below the control total. The Trust continues to investigate opportunities to address this shortfall via increased internal efficiencies, run rate controls and collaboration with the local NHS System. However, there remains a significant unmitigated risk to delivery of the 2019/20 control total.		Director of Finance
Use of Resources - Financial		At Month 4, the Trust has an overall rating of 3 which is in line with plan. Although the scores for three of the five metrics are 1 and the Liquidity score is better than planned, the presence of two ratings of 4 means the Trust cannot achieve a rating better than 3.		Director of Finance

NHSI Use of Resources Risk Rating (UoR) As at 31/05/2019	Plan YTD	Actual YTD	*Last Month*	RAG
Capital Servicing Capacity	**4**	4	4	
Liquidity	**2**	1	1	
I & E Margin	**4**	4	4	
Variance from plan (I & E Margin)	**1**	1	1	
Agency Spend	**1**	1	1	
Combined UoR (after triggers)				

To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Bradford Improvement Plan		The annual plan requires £4.4m of efficiencies to be delivered by Month 4. This has been achieved and the Trust has delivered the year to date control total. However, Clinical Business Unit (CBU) and corporate management teams have recorded only £3.7m of recurrent Cost Improvement Plan (CIP) savings to date. The balance of £0.7m has been delivered via non-recurrent savings both within CBU's and corporate departments and against planned reserves expenditure. As at Month 4, a total of £9m of projected efficiency plans have been forecast by budget holders which is supplemented by an expected £1.9m of non-recurrent underspends. If this position remains unchanged, this would leave the Trust £5.3m short of its efficiency target for 2019/20, jeopardising delivery of the control total. A number of opportunities from the planning stage remain available to the Trust. CBU's have been tasked with working through these to bridge the savings gap. To ensure visibility for the Committee of the most up to date position, these savings will not be included in the CIP forecast until sign off by the relevant budget holders. The Bradford and Airedale NHS System continues to work on options to address the £3m system savings target included in the Trust's overall £16.2m target, however until further clarity on the scope and timing of these savings is available, the Trust cannot rely on them to bridge the gap.		Director of Finance
Liquidity rating		Year to date liquidity is 3.8 days which is 7.2 days above plan. This is a result of achieving the control total set by NHS Improvement and receiving PSF above the planned amount (£6.6m). The Trust has planned for liquidity to fall from a planned opening of balance negative 2 days to negative 9 days. The planned reduction was a result of reducing cash due to extra investment in the capital programme. The plan excluded the PSF bonus which has led to a higher than planned year to date liquidity. Forecast closing liquidity is 1.1 days, 10.2 days above plan. The improved year end position is a result of the PSF bonus funding to be received in July 2019 and the capital slippage of £2.3m.		Director of Finance

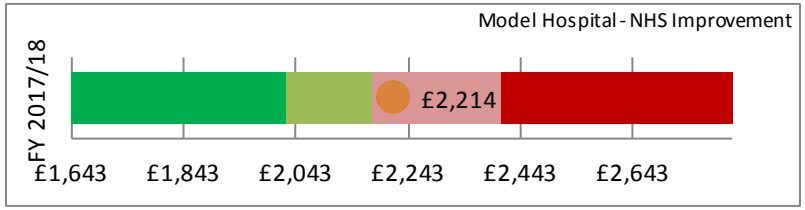
To deliver our financial plan and key performance targets

Trend	Challenges and Successes	Comparison	Exec Lead

Total Pay Cost Per WAU

The Model Hospital pay and non-pay costs per Weighted Average Unit (WAU) are the 2017/18 figures based on the 2017/18 Reference Costs and audited accounts. These metrics are updated annually and will next be updated by the Model Hospital with the 2018/19 costs and activity in late 2019. For the 2017/18 cost base and coded activity, the Trust's pay cost per WAU is £2,214. This places the Trust in the upper-mid quartile for this metric. The lower quartile (best performing) ranges from £1,643 to £2,015 and the lower mid-quartile ranges from £2,026 to £2,180. This high level metric suggests that the Trust spent more on staffing for the volume and casemix of work carried out in 2017/18 than would have been expected based on average expenditure in other NHS Providers in that year. At this high level, the Model Hospital suggests the Trust has the opportunity to reduce pay expenditure by up to £8.1m by replicating upper quartile cost performance for the 2017/18 coded casemix. Work in ongoing to validate the true realisable opportunity for the Trust.

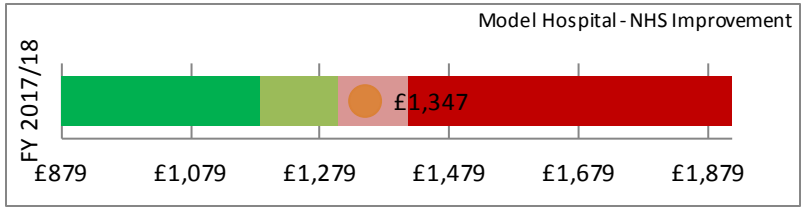
Director of Finance



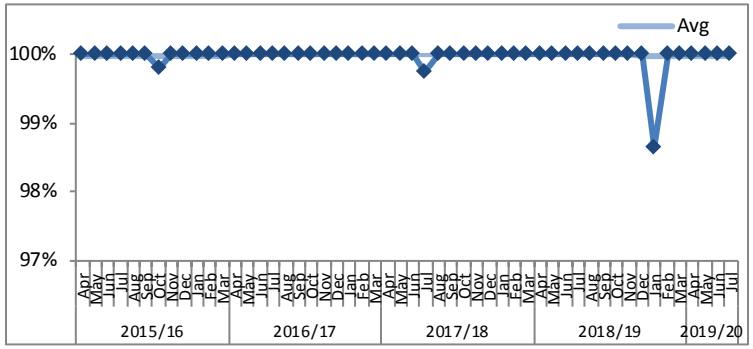
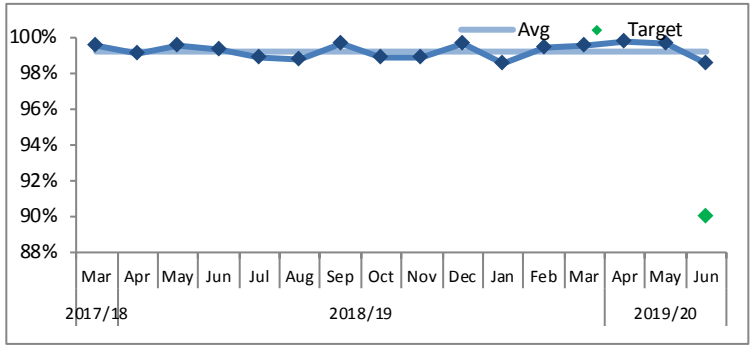
Total Non-Pay Cost Per WAU

For the 2017/18 cost base and coded activity, the Trust's non-pay cost per WAU is £1,347. This places the Trust in the upper-mid quartile for this metric. The lower quartile (best performing) ranges from £879 to £1,187 and the lower mid-quartile ranges from £1,190 to £1,307. This high level metric suggests that the Trust spent more on non-staffing items (such as drugs, medical consumables and non-clinical supplies and services) for the volume and casemix of work carried out in 2017/18 than would have been expected based on average expenditure in other NHS Providers in that year. The Model Hospital does not present an overall opportunity for improving the Trust's 2017/18 non-pay expenditure per WAU to the national upper quartile performance, however it appears to be substantial. Work in ongoing to validate the true realisable opportunity for the Trust. To improve this metric, the Trust would need to either reduce expenditure on staffing or increase the volume or complexity of coded activity.

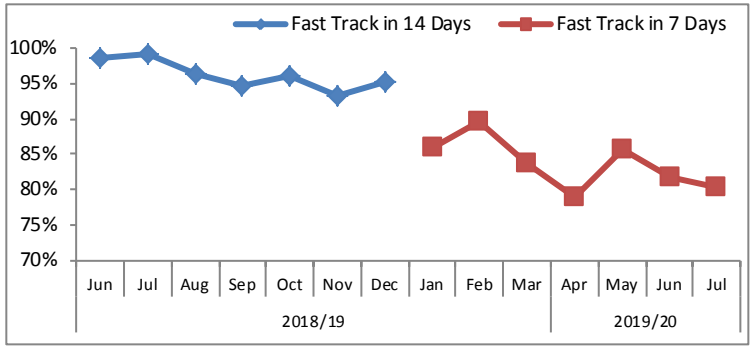
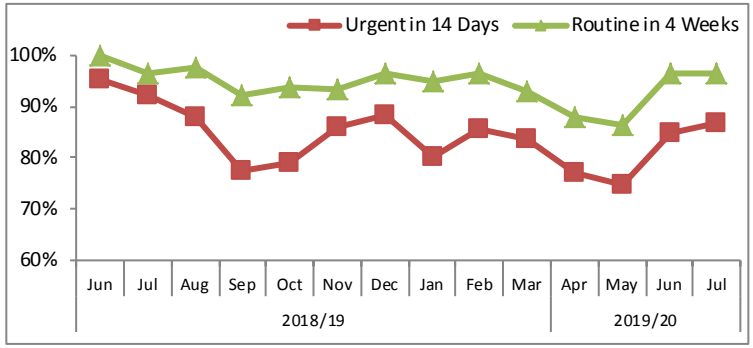
Director of Finance



To deliver our financial plan and key performance targets

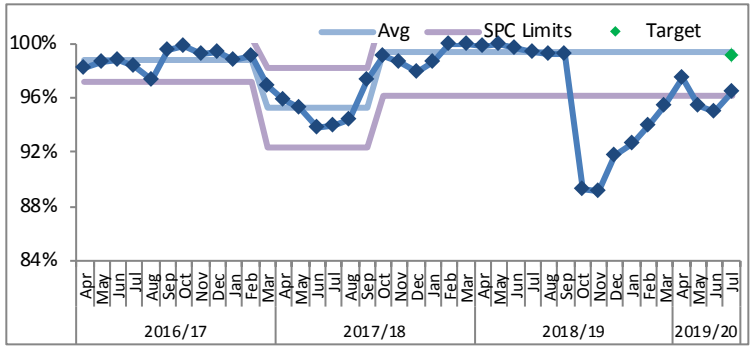
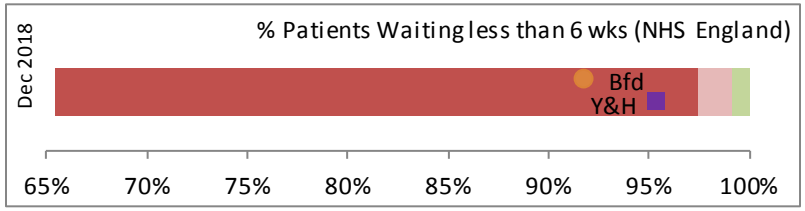
	Trend	Challenges and Successes	Comparison	Exec Lead
Mission Critical Systems Uptime		The Trust is maintaining a high level of uptime.		Chief Digital and Information Officer
Full Blood Count to Wards < 2 Hours		Performance continues to achieve compliance since the introduction of this target.		Chief Operating Officer

To deliver our financial plan and key performance targets

	Trend	Challenges and Successes	Comparison	Exec Lead
Radiology Reporting Turnaround Time Fast Track		Performance for July 2019 was 80.40%. In total, there were 248 patients where reporting was not completed within 7 days. Of these, 219 related to Computed Tomography (CT). For the month of July, Radiology started to better identify patients who were still in a diagnostic phase and had a long wait in order to improve Trust performance against the cancer 62 day standard. A reduction in additional premium rate activity reporting sessions linked to the pension issue cap continues to impact the position.		Chief Operating Officer
Radiology Reporting Turnaround Time Outpatients		There is some improvement in urgent turnaround times, while routine turnaround times are largely comparable to the previous month. To offset some of the reduction in additional reporting sessions we are continuing to send a number of general CT and Magnetic Resonance Imaging (MRI) scans to an outsourcing company for reporting.		Chief Operating Officer

National Indicators

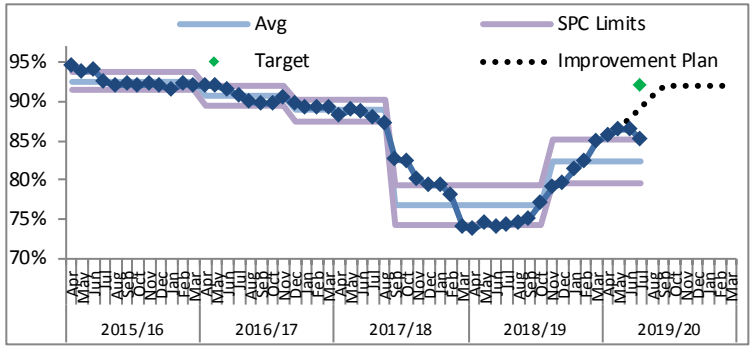
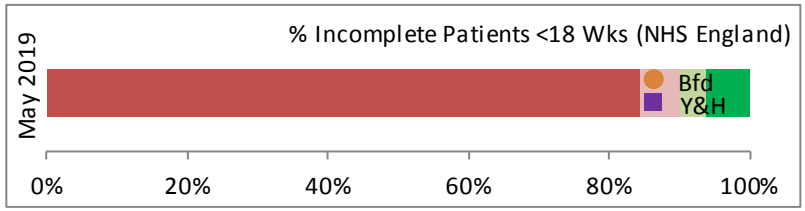
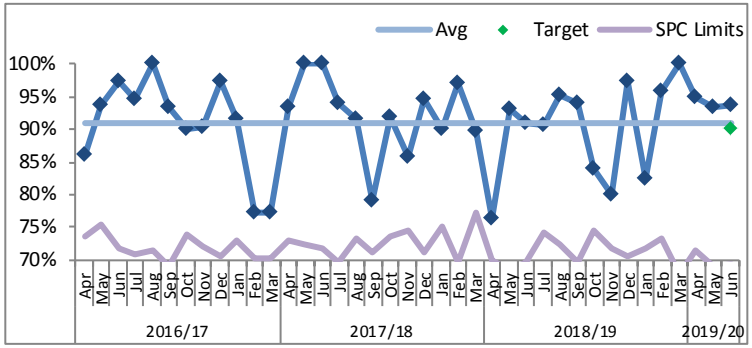
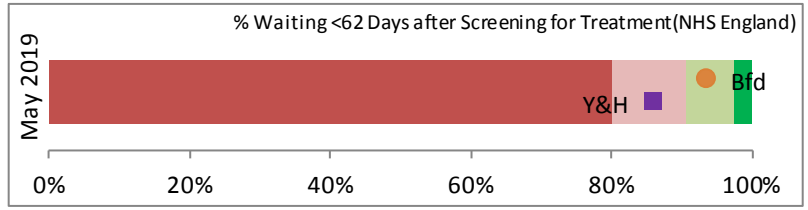
Single Oversight Framework

	Trend	Challenges and Successes	Comparison	Exec Lead
Diagnostic Waits		Performance for July 2019 was reported at 96.48% for DM01 (monthly Diagnostics Waiting Times and Activity data) reportable tests, which is an improvement on the previous month. Endoscopy validation improved the position for these tests. Additional Cystoscopy activity continues to be delivered and this will recover the position for this test by November 2019. 		Chief Operating Officer

	NHSI Use of Resources Risk Rating (UoR) As at 31/05/2019	Plan YTD	Actual YTD	*Last Month*	RAG	Challenges and Successes	Exec Lead
Use of Resources - Financial	Capital Servicing Capacity	4	4	4		At Month 4, the Trust has an overall rating of 3 which is in line with plan. Although the scores for three of the five metrics are 1 and the Liquidity score is better than planned, the presence of two ratings of 4 means the Trust cannot achieve a rating better than 3.	Director of Finance
	Liquidity	2	1	1			
	I & E Margin	4	4	4			
	Variance from plan (I & E Margin)	1	1	1			
	Agency Spend	1	1	1			
	Combined UoR (after triggers)						

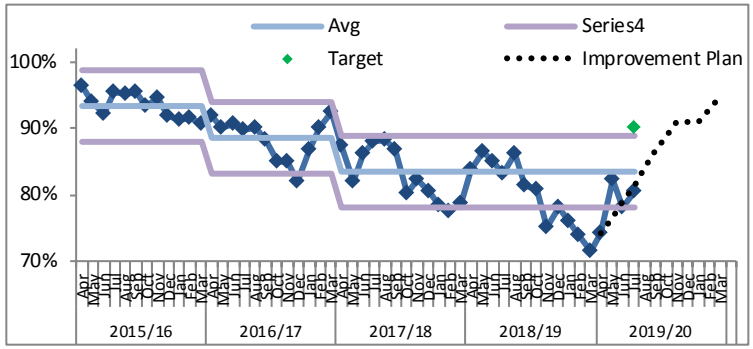
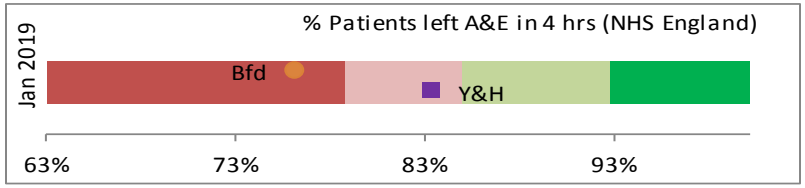
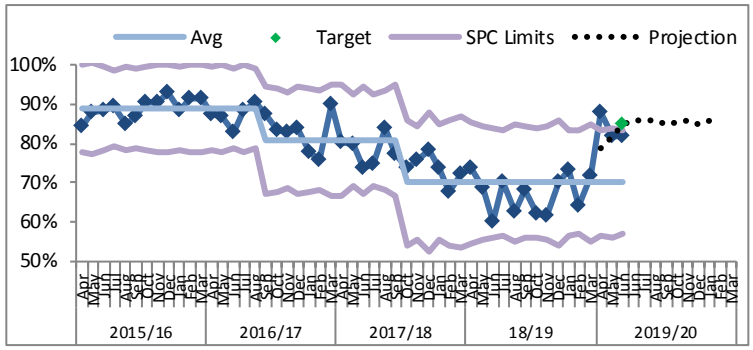
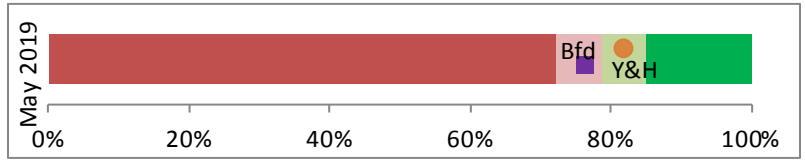
National Indicators

Single Oversight Framework

	Trend	Challenges and Successes	Exec Lead
RTT 18 Week Incomplete		Incomplete performance for July 2019 is 85.10% and below improvement plan. This is mainly due to a reduction in premium rate activity uptake and capacity gaps across several specialties. The planned care improvement programme is focused in increase elective productivity and improved waiting list management. 	Chief Operating Officer
Cancer Urgent 62 Day Screening		This standard continues to be met. 	Chief Operating Officer

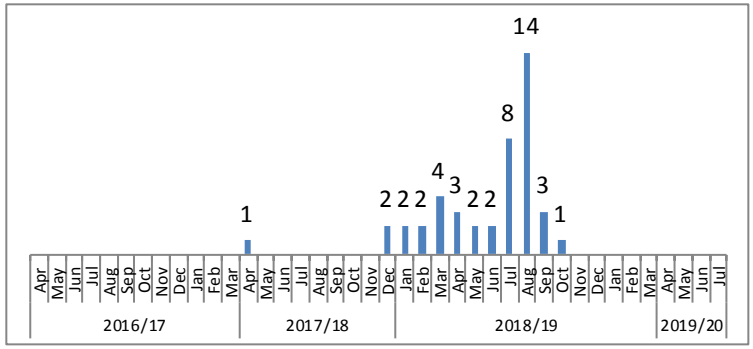
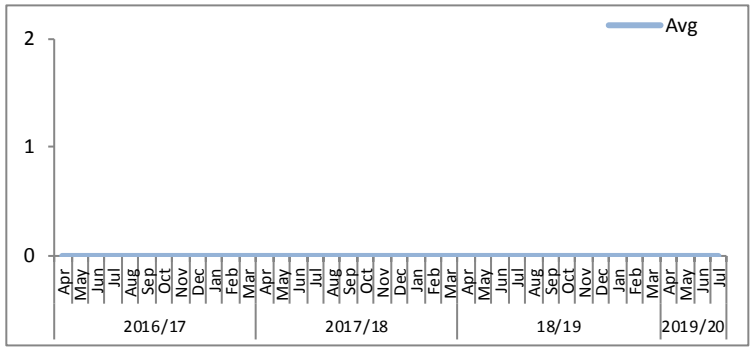
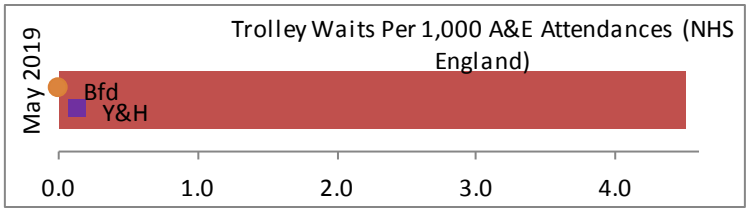
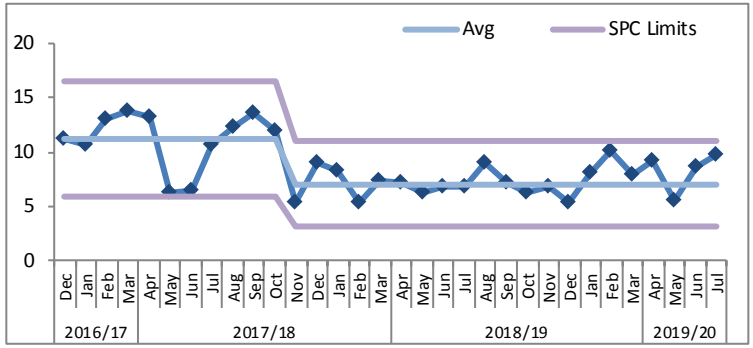
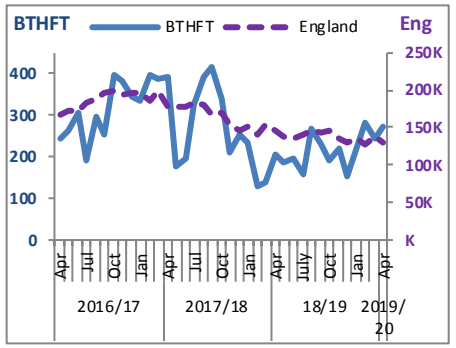
National Indicators

Single Oversight Framework

	Trend	Challenges and Successes	Comparison	Exec Lead
Emergency Care Standard		Emergency Care Standard (ECS) performance (type 1 and 3) improved to 80.50% in July 2019. There is a continued focus on strengthening navigation, streaming and the major's co-ordinator roles to ensure better flow within the department is sustained.		Chief Operating Officer
Cancer Urgent 62 Day GP		Cancer 62 Day First Treatment performance for June 2019 was 82.03%, which remains a significant improvement on the 2018/19 position, although slightly below standard. Delays in the Lower Gastrointestinal (GI) diagnostic phase and longs waits for clinical oncology for Urology remain the main challenges. 2 week wait and 62 day treatment capacity matches demand suggesting that once diagnostic performance is improved overall cancer standards can be sustained		Chief Operating Officer

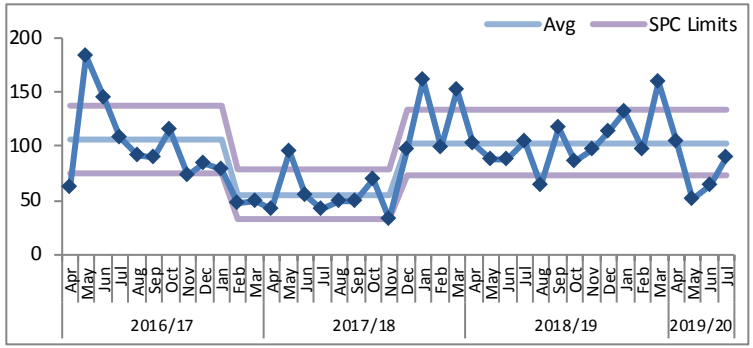
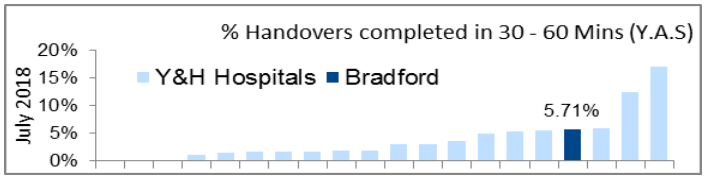
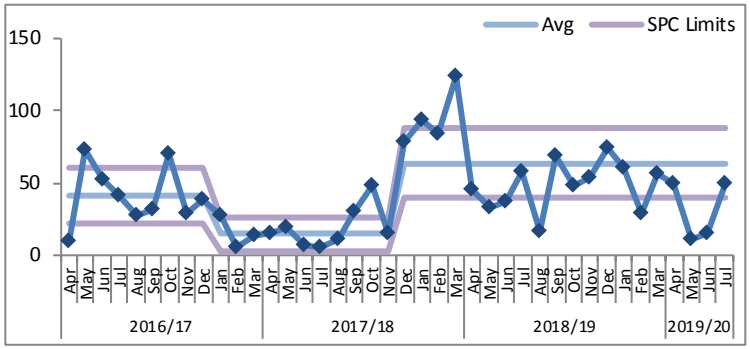
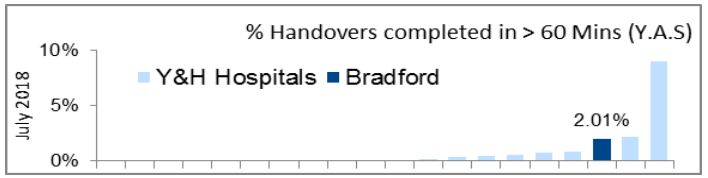
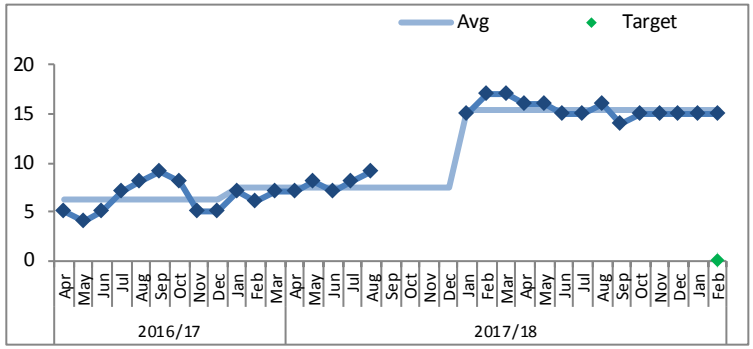
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Exec Lead
RTT 52 Week Wait		The Trust reported 0 incomplete 52 week waits in July 2019, which is the 9th consecutive month with no breaches. Daily review of all management plans for patients waiting over 35 weeks continues, with weekly escalation through the Planned Care Recovery group and updates to the Chief Operating Officer (COO).	Chief Operating Officer
Trolley Waits > 12 Hours		There have been no over 12 hour trolley waits. 	Chief Operating Officer
Delayed Transfers of Care		Performance remains within statistical process control (SPC) limits for the Trust and better than the national standard. 	Chief Operating Officer

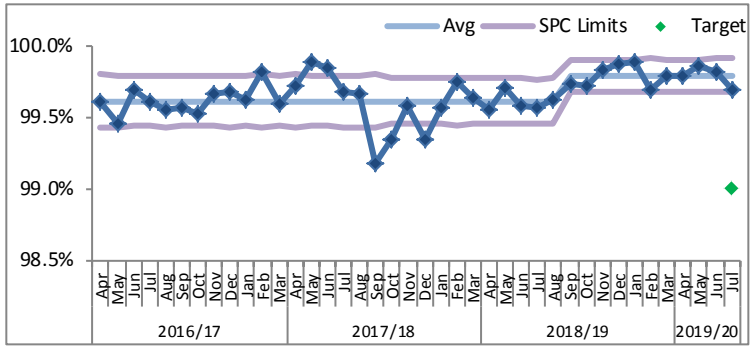
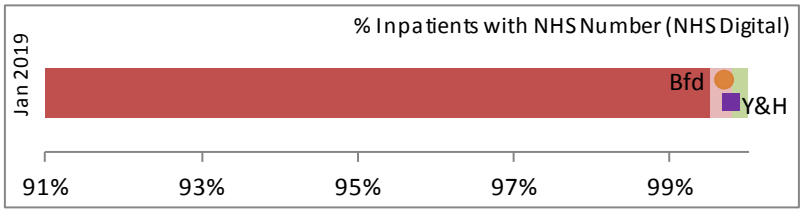
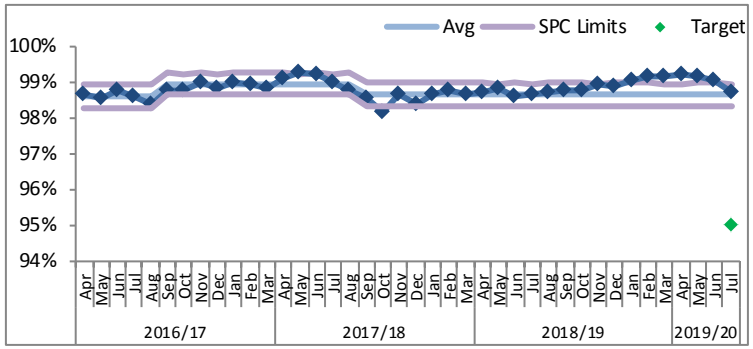
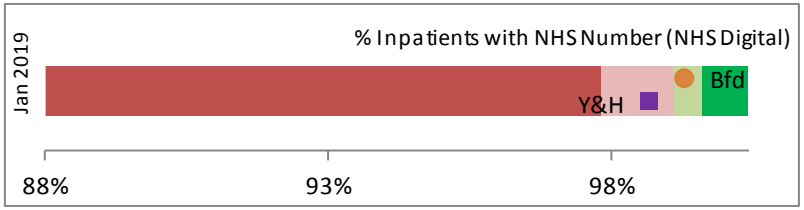
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
Ambulance Handover 30-60 mins		In July 2019 the number of ambulance handover delays attributable to the Trust taking 30-60 minute was 90 (fully validated). Actions to improve ambulance handover processes are being implemented including creation of an Ambulance Reception area.		Chief Operating Officer
Ambulance Handover >60 mins		In July 2019 the number of ambulance handovers delays attributable to the Trust taking over 60 minutes was 49 (fully validated). This increase was caused by 3 days where Emergency Care Standard (ECS) performance was also poor. Performance in August is predicted to improve.		Chief Operating Officer
RTT Number of Specialties		Recovery plans are in place for all specialties and progress is tracked weekly at the planned care performance meeting.		Chief Operating Officer

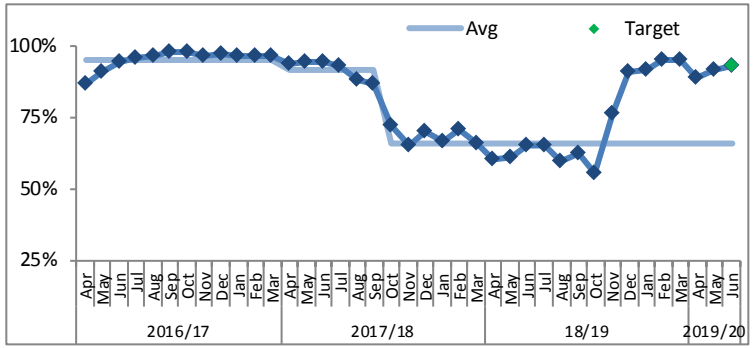
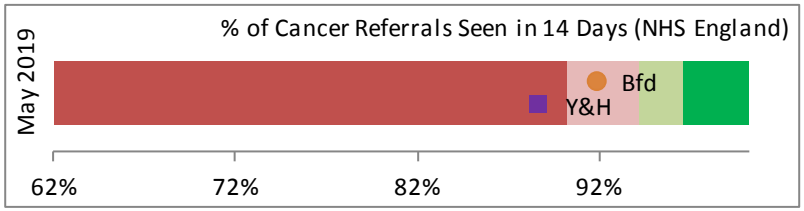
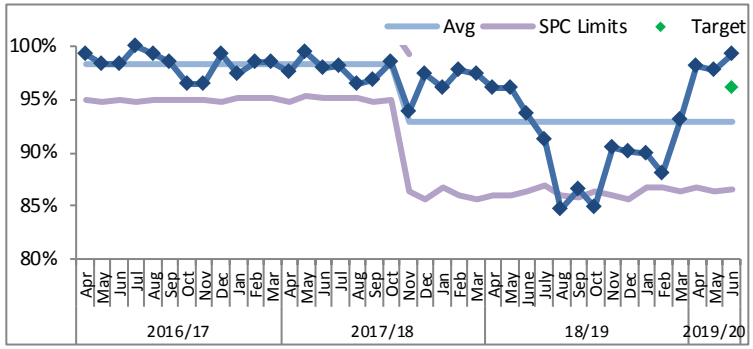
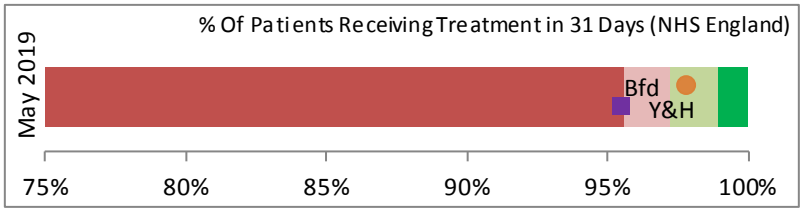
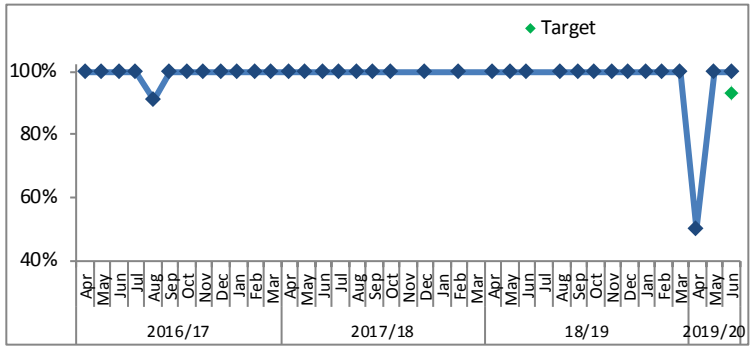
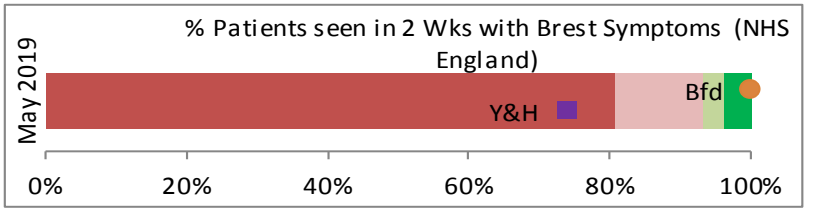
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
NHS No's Acute		With the standardisation and integration of the patient administration system (PAS) data, as the one source of truth, the Trust compliance to NHS Number use is strong. Issues are related to EPR embedding and will improve.		Chief Digital and Information Officer
NHS No's A&E		With the standardisation and integration of the patient administration system (PAS) data, as the one source of truth, the Trust compliance to NHS Number use is strong.		Chief Digital and Information Officer

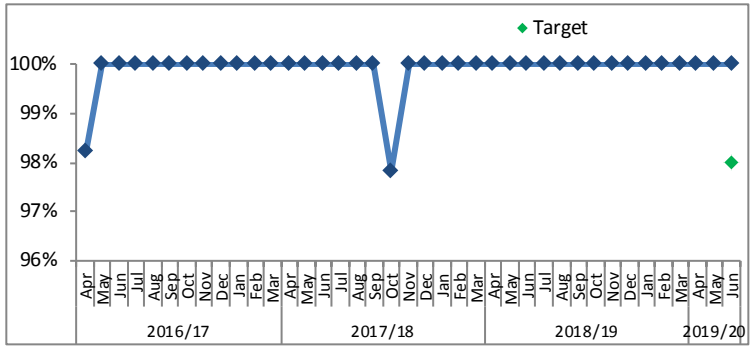
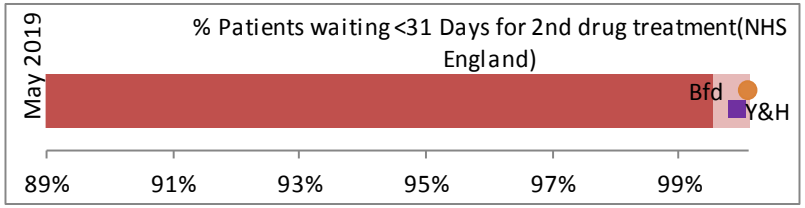
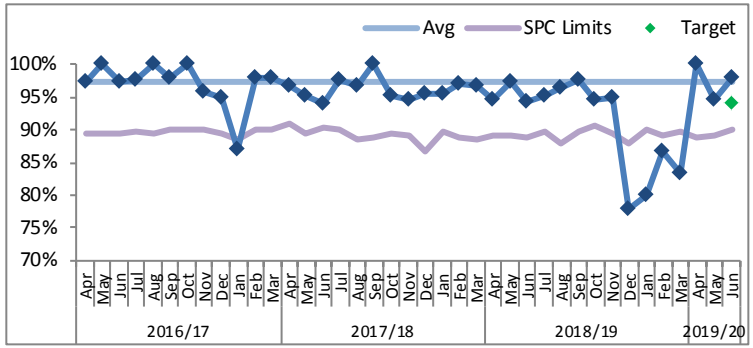
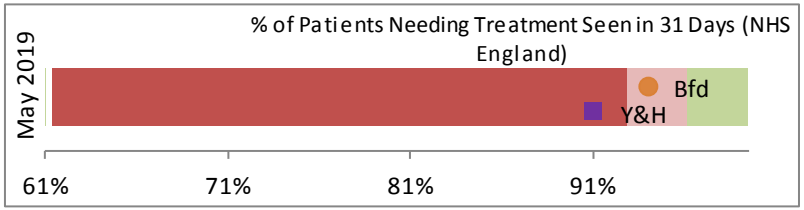
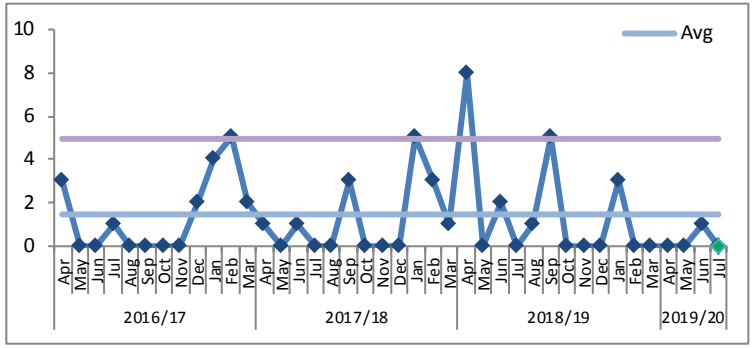
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
Cancer 2 Week GP		June 2019 performance against the 2 week-wait cancer standard was 93.23% which is above the 93% target. Performance in July 2019 is also forecasted above the 93% target.		Chief Operating Officer
Cancer 31 Day 1st Treatment		Performance continues to meet the target for this standard.		Chief Operating Officer
Cancer 2 Week - Breast		Performance continues to meet the target for this standard.		Chief Operating Officer

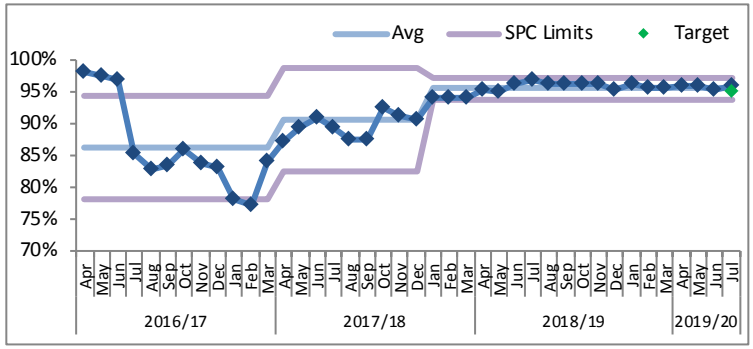
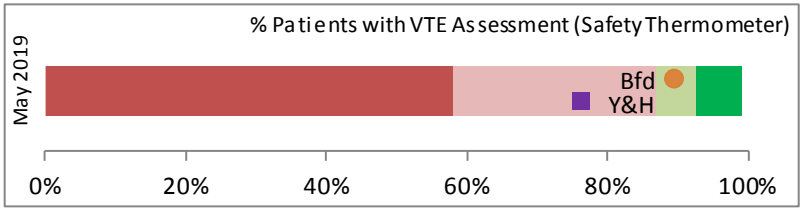
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
Cancer 2nd Treatment Drugs		Performance continues to meet the target for this standard.		Chief Operating Officer
Cancer 2nd Treatment Surgery		Performance continues to meet the target for this standard.		Chief Operating Officer
Cancelled Operations 28 day		There was 0 breaches of the 28 day standard in July 2019.		Chief Operating Officer

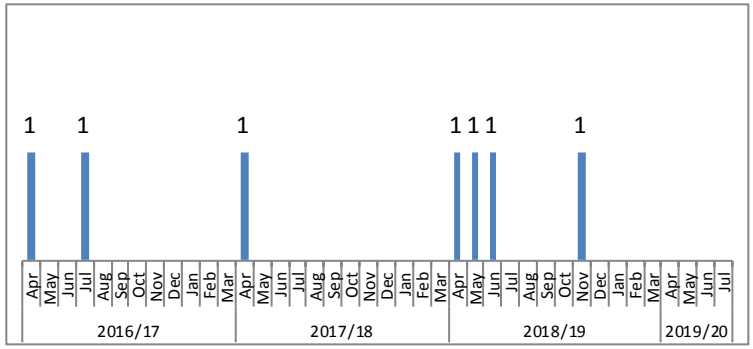
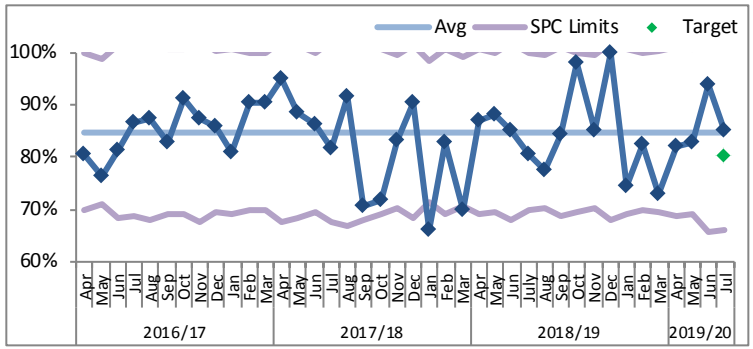
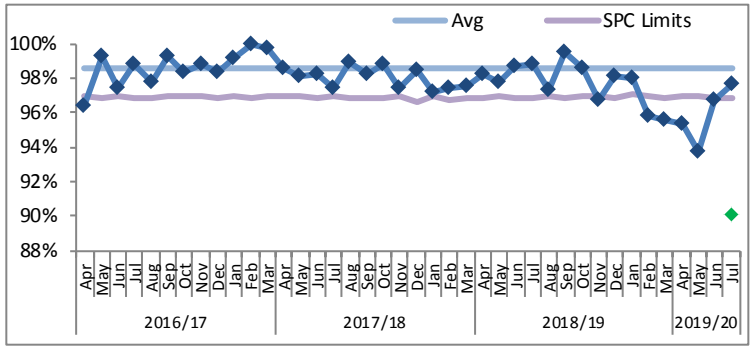
National Indicators

National Target – Non-Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
VTE Assessment		The Venous Thromboembolism (VTE) assessment shows sustained compliance with the standard. 		Chief Medical Officer
Formulary		The Trust ensures that the Formulary is published on the website.	No comparator data is available.	Chief Digital and Information Officer

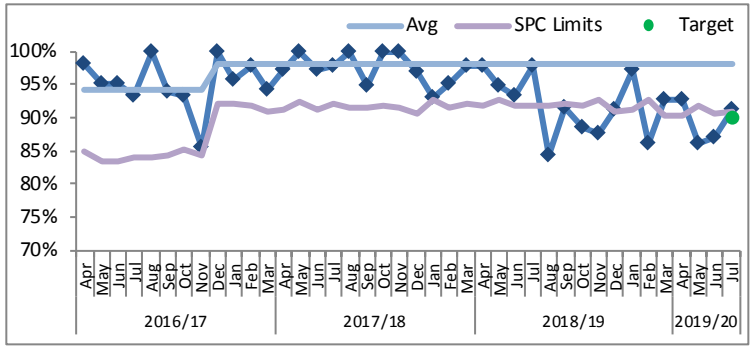
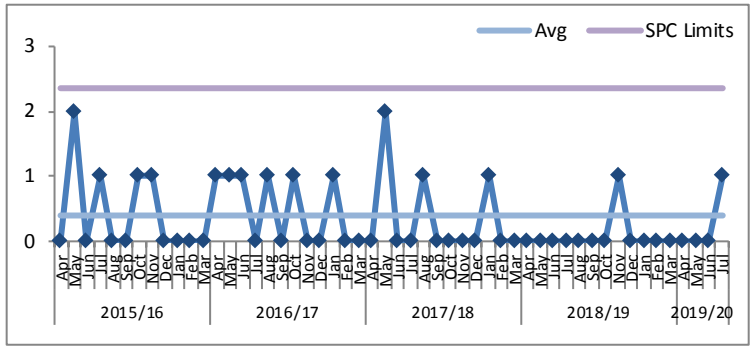
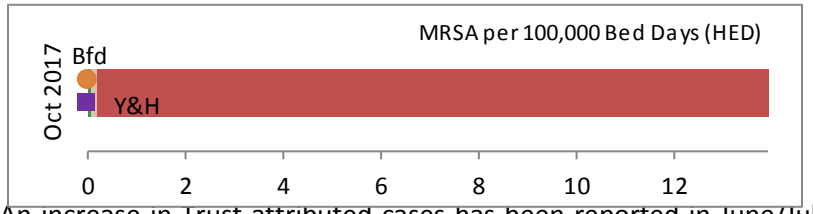
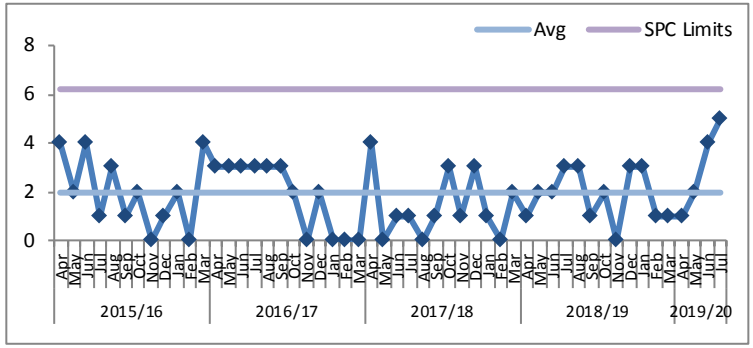
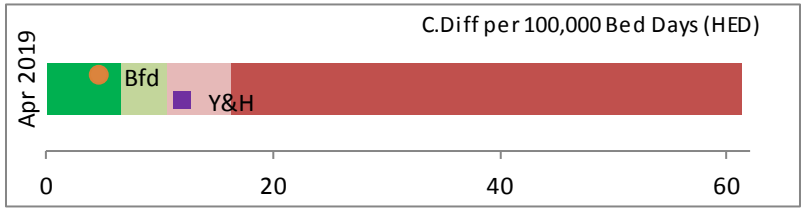
National Indicators

National Target – Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
Never Events		There were no never events in July 2019.	No comparator data is available.	Chief Operating Officer
Stroke Strategy		Performance remained above target in July 2019.		Chief Operating Officer
Seen By Midwife <13 Weeks		The threshold continues to be achieved.		Chief Operating Officer

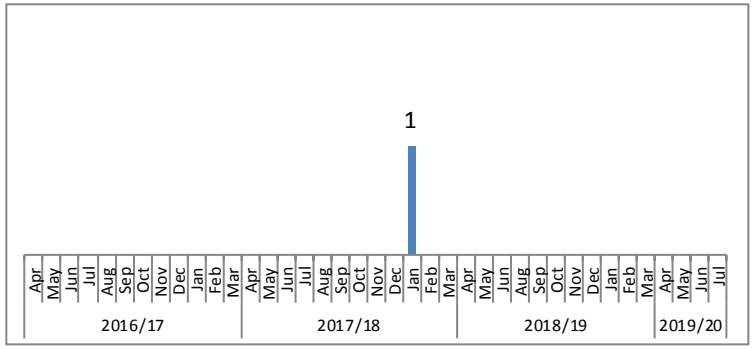
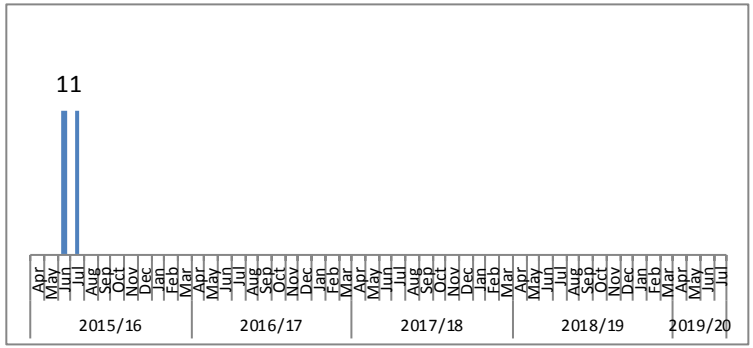
National Indicators

National Target – Financial

	Trend	Challenges and Successes	Comparison	Exec Lead
Seen By Midwife > 12 Weeks		New booking and escalation processes supported performance to recover to above target in July 2019.		Chief Operating Officer
MRSA		One case in July 2019 has been apportioned to the Trust. The Post Infection Review (PIR) has identified the root cause as community acquired pneumonia and has not identified any deficits in care, however, a contributory factor was the IV (Intravenous) antibiotic prescribed was not an effective treatment for MRSA. under Public Health England (PHE) guidelines the case remains attributable to the Trust as the blood culture was taken on day 3 of admission and therefore outside the required limit of 48 hours from admission. 		Chief Nurse
C. Difficile		An increase in Trust attributed cases has been reported in June/July. These cases are related to changes to the reporting algorithm for financial year 2019/20 are; Adding a prior healthcare exposure (i.e. previous admission within 4 weeks), Reducing the number of days to apportion Trust attributed cases from three or more (post 72hr) to two or more (post 48hrs) days following admission. A PIR (post infection review) for each case has been undertaken and lessons learnt and action plans agreed with the relevant Clinical Business Unit. 		Chief Nurse

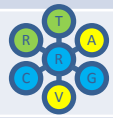
National Indicators

National Target – Financial

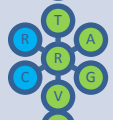
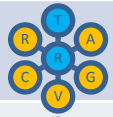
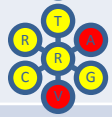
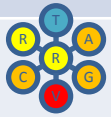
	Trend	Challenges and Successes	Comparison	Exec Lead
Duty of Candour		There were no Duty of Candour breaches to date in 2019/20.		Director of Strategy and Integration
Mixed Sex Breaches		There have been no Mixed Sex Breaches.		Chief Operating Officer

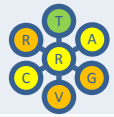
Glossary

Indicator	Definition	Data Quality Kite-Mark
To provide outstanding care for our patients		
Mortality		
Crude Mortality	Crude Mortality rates, i.e., per admissions.	
Hospital Standardised Mortality Ratio	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.	
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.	
Infections		
C Difficile	The number of cases either attributable or pending review. Red >= 3, Amber = 2, Green <=1	
eColi	Counts of patients with Escherichia coli (eColi). Red >=30 Amber >=20 and <30, Green <20	
MRSA	Counts of patients with Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia Per month: Red >= 1, Green 0	
MSSA	Counts of patients with Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia Per month: Red >= 3, Amber 2, Green <= 1 Per year: Red >= 30, Amber 20-29, Green < 20	

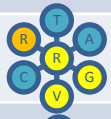
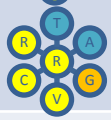
Indicator	Definition	Data Quality Kite-Mark
Harm Free Care		
VTE Assessment	VTE risk assessments completed Red < 90%, Amber >=90% & < 95%, Green >=95%	
Falls with Harm	Patient falls resulting from harm. The benchmarking data comes from the Safety Thermometer prevalence information. Red >= 40, Amber >=25 & < 40, Green <25	
Catheters & UTIs	Urinary tract infections in patients with a catheter. The benchmarking data comes from the Safety Thermometer prevalence information. Red > 1.5%, Amber 1%-1.5%, Green < 1%	
Pressure Ulcers Cat 3+	Number of reported hospital acquired category 3 and 4 pressure ulcers. The benchmarking data comes from the Safety Thermometer prevalence information. Red >= 6, Amber 5, Green < 5	
Pressure Ulcers Cat 2+	Number of reported hospital acquired category 2 pressure ulcers. The benchmarking data comes from the Safety Thermometer prevalence information. Red >= 20, Amber 15-19, Green < 15	
Sepsis patients receive antibiotics within an hour	Percentage of patients who were found to have sepsis during the screening process and received IV antibiotics within 1 hour	

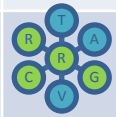
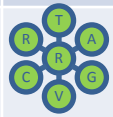
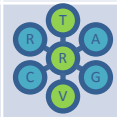
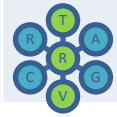
Glossary

Indicator	Definition	Data Quality Kite-Mark
Patient Experience		
Complaints	Number of complaints. Red >= 50, Amber 40-49, Green < 40	
Complaints Closed	Percentage of complaints closed within agreed timescales Red < 95%, Green >=95%	
Complaints Turnaround Time	The average number of working days between Date Received and Date Replied for complaints.	
Friends and Family Test	The % of patients who Strongly Recommend the Trust.	
Night-time Transfers	The number of non-clinical bed moves out of hours Red > 0, Green = 0	
Night-time Discharges	Discharges out of hospital between 12am and 6am. Excludes transfers to other hospital providers, self-discharges and assessment patients. Red = Outside control limits, Green = Inside control limits	
Information Governance Breaches	The number of reported breaches of the information governance standards Red > 6, Amber <=6 & > 2, Green <=2	
Readmissions		
Readmissions	The number of readmissions within 30 days of discharge from hospital. Red >= 7.8%, Amber >=6.7% & < 7.8%, Green <6.7%	

Indicator	Definition	Data Quality Kite-Mark
Audits		
Audit of WHO Checklist	Audit of the World Health Organisation surgical checklist monitoring the number that were complete compared to the number of checklists Red < 90%, Amber >=90% & < 95%, Green >=95%	
Serious Incidents	Unexpected or avoidable death, serious harm, never events, service delivery prevention compared to all incidents reported Red > 5, Amber 3-5, Green <=2	
To be a continually learning organisation		
Learning Hub		
Progress on embedding the Learning Hub	Progress on embedding the Learning Hub in the Trust against the plan.	Qualitative Metric
Research		
Research patients recruited	Number of patients recruited to studies against the planned recruitment. Red <60%, Amber >=60% & <80%, Green >=80%	

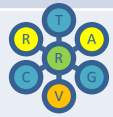
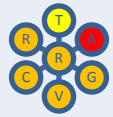
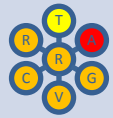
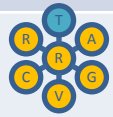
Glossary

Indicator	Definition	Data Quality Kite-Mark
To be a continually learning organisation		
Training		
New Starter Training	% of new staff who are compliant with mandatory training requirements Red < 90%, Amber >=90% & <100%, Green = 100%	
Refresher Training	% of staff who are compliant with mandatory training requirements Red < 75%, Amber >=75% & <85%, Green >= 85%	
Governance Mechanisms		
Out of date policies	% of policies that are currently out of and within date. Red < 95%, Amber >=95% & <100%, Green = 100%	
Risks not mitigated	Risks 12 and above whose current rating is above the target (residual) rating. Red > 15%, Amber >5% and <=15%, Green <=5%	
To collaborate effectively with local and regional partners		
Stakeholder Engagement	The Hospital's systematic approach to stakeholder management identifies key external partners, and for each an executive sponsor and an account manager has been identified, with responsibility for maintaining/improving the health of the relationship.	Qualitative Metric
Vertical Integration	Working with local partners and contribute to the formal establishment of a responsive, integrated care system. RAG rating subjectively agreed by the Committee	Qualitative Metric
Horizontal Integration	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 and Harrogate. RAG rating subjectively agreed by the Committee	Qualitative Metric
Airedale Collaboration	Working with Airedale NHS Foundation Trust to collaborate effectively to improve the services offered to patients, ensuring they are more resilient. The programme will address workforce shortages together. RAG rating subjectively agreed by the Committee.	Qualitative Metric

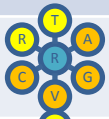
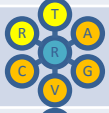
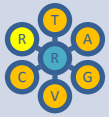
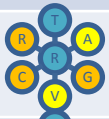
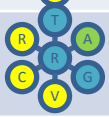
Indicator	Definition	Data Quality Kite-Mark
To be in the top 20% of employers in the NHS		
Appraisals		
Appraisal Rate Non-Medical	% of eligible staff employed at the trusts who have had an appraisal in the last 12 months. Red <75%, Amber >=75% and <95%, Green >=95%	
Experience		
BAME % Senior Leaders	% of staff employed in Band 8+ Senior Manger roles at the trust who are of Black, Asian or Minority Ethnic background Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	
BAME % Workforce	% of staff employed at the trust who are of Black, Asian or Minority Ethnic background. Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target	
Staff FFT Treatment	% of staff recommending the trust as a place to receive care or treatment. Red <Yorkshire &Humber, Green >Yorkshire &Humber	
Staff FFT Work	% of staff recommending the trust as a place to work. Red <Yorkshire &Humber, Green >Yorkshire &Humber	

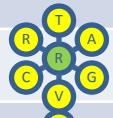
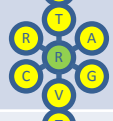
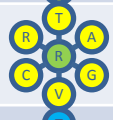
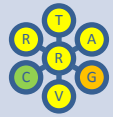
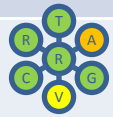
Glossary

Indicator	Definition	Data Quality Kite-Mark
Sickness		
Sickness	% of time lost due to sickness in a given period (the reported month, year to date is the previous 12 months rolling average for which Trust target is 4.00%) Red >1% point above Target, Amber within 1% point above Target, Green <= Target	
Staffing Levels		
Nursing Staff Fill Rate	% of time nursing staff staffing hours filled as planned Red < 80%, Amber 80% – 95%, Green > 95%	
Care Staff Fill Rate	% of time care staff staffing hours filled as planned Red < 80%, Amber 80% – 95%, Green > 95%	
Nursing Care Hours	Total of the actual number of RN /RM hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month. Red = Lower two quartiles, Green = Upper two quartiles	
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. Red = Lower two quartiles, Green = Upper two quartiles	
Agency % of FTE	Agency FTEs as a percentage of all FTEs	

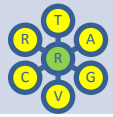
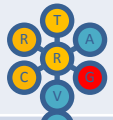
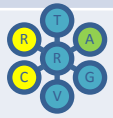
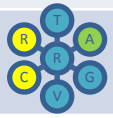
Indicator	Definition	Data Quality Kite-Mark
Retention		
Turnover	Number of employees who have left the organisation in the past 12 months as a % of the average number of employees over the same period Red > 14%, Amber 12% – 14%, Green < 12%	
Additional Workforce metrics		
Staff Advocate Service Contacts and Outcomes	Contacts and Outcomes for the Staff Advocate Service	
Harassment & Bullying Related Investigations	Investigations arising from Harassment & Bullying and outcomes	
To deliver our financial plan and key performance targets		
In-Patient Productivity		
Length of Stay Elective	The average length of stay for elective patients, in days. The benchmark data is for Acute trusts for June 2017 from HED, which has a subtly different calculation, which can result in very small differences in numbers. Red < 50th Percentile England, Amber 50 – 25th Percentile ,Green Upper Quartile England	
Length of Stay Non-Elective	The average length of stay for non-elective patients, in days. The benchmark data is for Acute trusts for June 2017 from HED, which has a subtly different calculation, which can result in very small differences in numbers. Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	
Bed Occupancy	Average % of available beds which were occupied overnight. Red >=95%, Amber 85-95%, Green <85%	

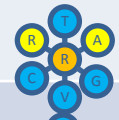
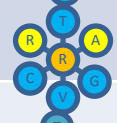
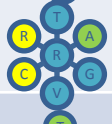
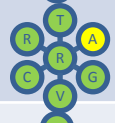
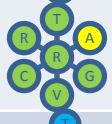
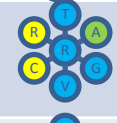
Glossary

Indicator	Definition	Data Quality Kite-Mark
In-Patient Productivity (cont.)		
Stranded Patients LoS >= 7 days	The average number of patients (excluding Maternity) who have been in hospital 7 days or more.	
Super Stranded Patients LoS >= 21 days	The average number of patients (excluding Maternity) who have been in hospital 21 days or more. Red >= 62, Amber 56-61, Green <= 55 (Based on the baseline of 72)	
Discharges before 1 pm	Number of discharges from hospital which happened before 1 pm. Red = Outside control limits, Green = Inside control limits	
Out-Patient Productivity		
Did Not Attend Follow-Up	This is the % of Follow-up Outpatient appointments where the patient does not attend. Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	
Did Not Attend New	This is the % of New Outpatient appointments where the patient does not attend. Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	
Elective Day Case Rate	The number of patients admitted for planned procedure and leave same day as a % of all procedures. Red < 83%, Amber <87% & >=83% ,Green >= 87%	
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. Red < 50th Percentile England, Amber 50 – 25th Percentile, Green Upper Quartile England	
Short Notice Clinic Cancellations	Clinics cancelled within the 6 week timeframe. Red 5% higher 17/18 avg, Amber within 5% of 17/18 avg, Green 5% less 17/18 avg	
Elective Wait List	Wait list of patients on an elective pathway. Red Greater than last month, Amber , Green Less than last month	

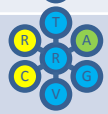
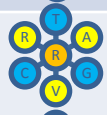
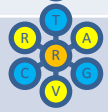
Indicator	Definition	Data Quality Kite-Mark
Finance		
Delivery of financial plan	Delivery of finances against plan.	
Use of Resources - Financial	Use of resources is a calculation on the status of a number of financial measures – Capital Servicing Capacity, Liquidity, I & E Margin, and Agency Spend.	
Cost Improvement Plan	Cost Improvement Plan progress against target.	
Liquidity	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.	
Cost Per Weighted Activity Unit		
Total Pay Cost Per WAU	A WAU (Weighted Activity Unit) represents the average amount of clinical activity of any type that can be produced in an average hospital for £3,500 (calculated by the Model Hospital). The Pay Cost per WAU metric shows the amount the trust spends on pay (ie staffing) per WAU across all areas of NHS clinical activity. Red – 4th quartile, Amber – 2nd/3rd quartiles, Green – 1st quartile	
Total Non-Pay Cost Per WAU	The Non-Pay Cost per WAU metric shows the amount the trust spends on non-pay (ie expenditure other than on staffing) per WAU across all areas of NHS clinical activity. Red – 4th quartile, Amber – 2nd/3rd quartiles, Green – 1st quartile	
Service Level Agreements		
Mission Critical Systems	Percentage of time all Mission Critical Systems were up and running Red <99.7%, Amber >=99.7% & < 99.9%, Green >=99.9%	
Full Blood Count Acute Wards within 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 Red <85%, Amber >=85% & < 90%, Green >=90%	

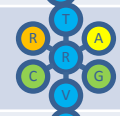
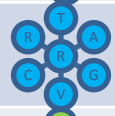
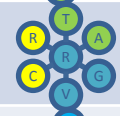
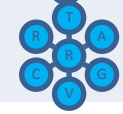
Glossary

Indicator	Definition	Data Quality Kite-Mark
Service Level Agreements - continued		
Radiology Turnaround Time Fast Track	Radiology Turnaround Time for Fast Track Scan to Report. Percentage reported within 14 days. Red <95%, Amber >=95% & < 98%, Green >=98%	
Radiology Turnaround Time Outpatients	Radiology Turnaround Time for Outpatient Scan to Report. Percentage reported within 14 days for Urgent and within 4 weeks for Routine. Red <95%, Amber >=95% & < 98%, Green >=98%	
National Indicators		
Single Oversight Framework		
Diagnostic waits	% of patients who have waited less than 6 weeks for a diagnostic test. Red < 99%,Green >= 99%	
User of Resources	Calculation on the status of a number of financial measures – Capital Servicing Capacity, Liquidity, I & E Margin, and Agency Spend.	
Emergency Care Standard	% patients seen in A&E within 4 hours. Red < 90%, Green >= 90%	
RTT 18 Week Incomplete	Percentage of patients waiting within 18 weeks on an incomplete pathway. Red < 92%, Green >= 92%	
Cancer Urgent 62 day Screening	Proportion of patients receiving treatment for cancer within 62 days of an NHS Cancer Screening service. Red < 96%, Green >= 96%	
Cancer Urgent 62 Day GP	Proportion of patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer. Red < 85%, Green >= 85%	

Indicator	Definition	Data Quality Kite-Mark
Non-Financial		
Trolley Waits >12 hours	Trolley waits of > 12 hours. Red > 0, Green = 0	
Delayed Transfers of Care	Average number of patients per day who had a delayed transfer; when an adult inpatient is ready to go home or move to a less acute stage of care but is prevented from doing so. Red > 12.44, Green <= 12.44	
Ambulance Handover 30-60 mins	Ambulance handover taking longer than 30 – 60 minutes to handover. Red > Same Month LY, Green <=Same Month LY	
Ambulance Handover >60 mins	Ambulance handover taking longer than 60 minutes to handover. Red > Same Month LY, Green <=Same Month LY	
RTT # Specialties	Number of specialties not achieving RTT incomplete. Red > 0, Green = 0	
NHS # field completion acute	Completion of valid NHS # field in acute commissioning data sets submitted via SUS Red < 99%, Green >= 99%	
NHS # field completion AED	Completion of valid NHS # field in AED commissioning data sets submitted via SUS. Red < 95%, Green >= 95%	
Cancer 2 Week GP	% patients who have waited a maximum of 2 weeks to see a specialist for all patients referred with suspected cancer symptoms Red < 93%, Green >= 93%	
Cancer 1st Treatment	Patients that have a decision to treat them surgically for a cancer diagnosis should have a date for their treatment within 31 days of the decision to treat. Red < 94%, Green >= 94%	

Glossary

Indicator	Definition	Data Quality Kite-Mark
Non-Financial continued		
Cancer 2 Week Breast	Proportion of patients with breast symptoms where cancer not initially suspected referred to a specialist who are seen within 2 weeks of referral. Red < 93%, Green >= 93%	
Cancer 2nd Treatment Drugs	Proportion of patients waiting no more than 31 days for second or subsequent drug treatments. Red < 98%, Green >= 98%	
Cancer 2nd Treatment Surgery	Patients that require further surgery following initial treatment should receive treatment within 31 days . Red < 94%, Green >= 94%	
VTE Assessments	VTE risk assessments completed. Red < 90%, Amber >= 90% & < 95%, Green >= 95%	
Formulary published	Hospital formulary is published on the Trust's external website. Red Not published, Green Published	
Stroke Strategy	Implementation of the Stroke Strategy – patients who spend at least 90% of their time on a stroke unit. Red < 80%, Green >= 80%	
Seen by Midwife < 13 wks	Percentage of women who presented before 12 weeks 6 days who have seen a midwife within 12 weeks and 6 days of pregnancy. Red <85 %, Amber >= 85% & < 90 %, Green >= 90%	
Seen by Midwife > 12 wks	Percentage of women who presented after 12 weeks 6 days who have seen a midwife within 2 weeks. Red <85 %, Amber >= 85% & < 90 %, Green >= 90%	

Indicator	Definition	Data Quality Kite-Mark
Financial		
Never Events	The number of serious incidents that occur despite there being defined processes and procedures to prevent them. Red > 0, Green = 0	
MRSA	Counts of patients with Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia. Red > 0, Green = 0	
C Difficile	Number of cases either attributable or pending review. Red > 4, Amber 3, Green <3	
Duty of Candour	Patient informed duty of candour. Red > 0, Green = 0	
Mixed Sex Accommodation	Number of occurrences of unjustified mixing in relation to sleeping accommodation. Red > 0, Green = 0	
RTT 52 Week Wait	Number of patients waiting more than 52 weeks. Red > 0, Green = 0	
Cancelled Operations 28 Days	Number of patients who were cancelled on day of surgery and subsequently not been treated. Red > 0, Green = 0	

Glossary

Status

Colour-coding:

Red = 2 or more Red Indicators from within the Domain (represented by a circle) or a Composite Indicator. For a single indicator - Off target

Amber = 0 Red and half or more Amber Indicators from within the Domain, For a single indicator – On target, but at risk

Green = 0 Red and less than half Amber; or All Green Composite Indicators. For a single indicator - On target

Arrows (applies to strategic objective and Single Oversight Framework pie-slices):

An upward arrow indicates the RAG of a particular pie-slice has improved from the previous month

A downward arrow indicates the RAG of a particular pie-slice has deteriorated from the previous month

No arrow indicates no change from the previous month

Indicator:

Left-hand side of Indicator is Current Status

Right-hand side of Indicator is Planned Status

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.

Data Quality (DQ) Kite-Mark

RAG status of assurance of the data quality of the information being presented. The Data Quality Kite-Mark is currently being piloted and will be updated with feedback.

Score/ Rating	Summary
1	Insufficient systems, processes or documentation are available to provide any assurance on the asset (data set). A narrative response on actions being taken to manage the asset is required.
2	Limited systems, processes and documentation are available therefore the assurance on the data set is also limited. A narrative response on actions being taken to manage the asset is required.
3	Systems, processes and documentation are available and the asset has been locally verified with assurance provided. A narrative response on actions being taken to manage the asset is not required.
4	Full systems, processes and documentation are available and the asset has been locally verified with assurance provided.
5	Full systems, processes and documentation are available and the asset has been independently verified with full assurance provided.