Bradford Teaching Hospitals
NHS Foundation Trust

# Integrated Dashboard

## Board of Directors

31st July 2020

# Integrated Dashboard

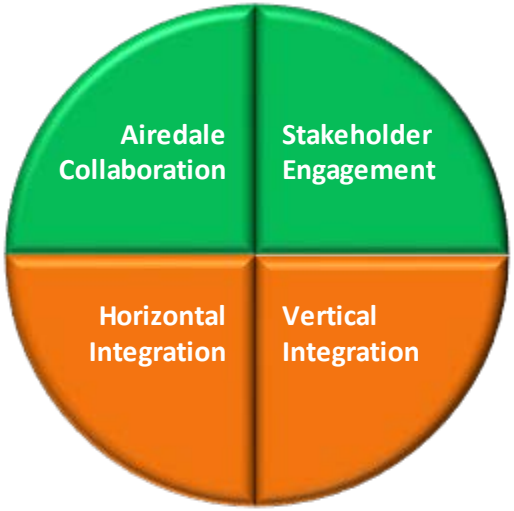
31st July 2020

To provide outstanding care for patients


To deliver our key performance targets and financial plan


To be in the top 20% of employers


To collaborate effectively with local and regional partners

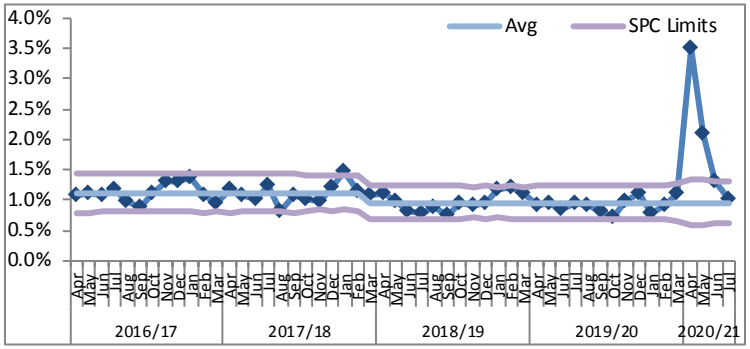
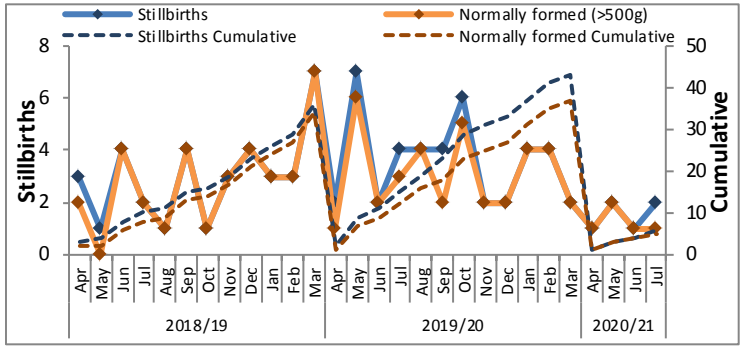



To be a continually learning organisation

# To provide outstanding care for patients

## Clinical Effectiveness

Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Crude Mortality |  | As predicted due to COVID-19 impact the crude death rate rose but has subsequently reduced. The crude death rate appears to be realigning to pre-covid rates. | No benchmark comparator available |
| Stillbirths |  | This is a new metric which aims to monitor the number and rates of stillbirths. The are two lines which reflect the total and those where the foetus is > 500g and normally formed. The rate of still births (normally formed) continues to remain constant at 2 to 3 per month which is lower than previous periods in 19/20. | No benchmark comparator available |

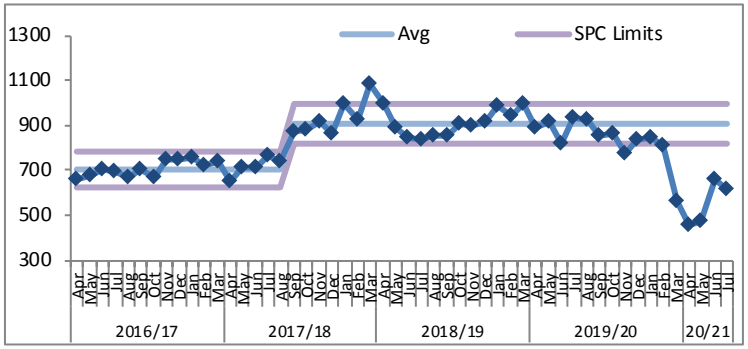
# To provide outstanding care for patients

## Clinical Effectiveness

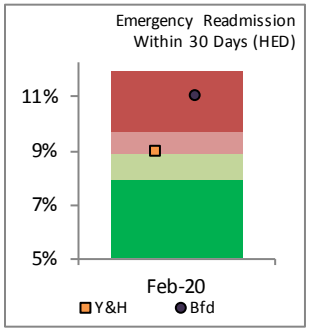
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|

**Readmissions**



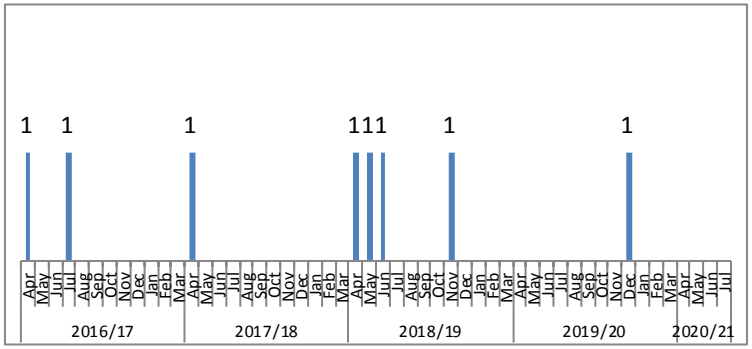
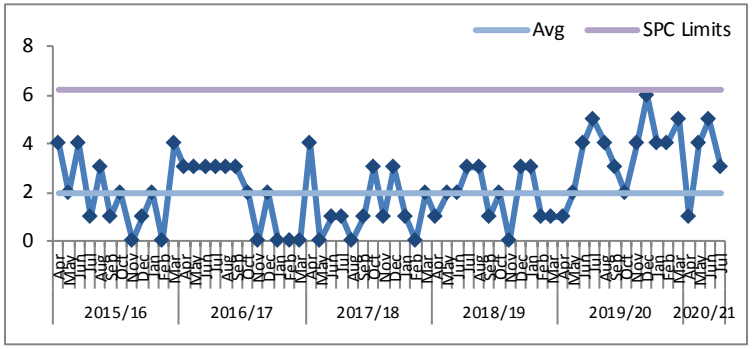
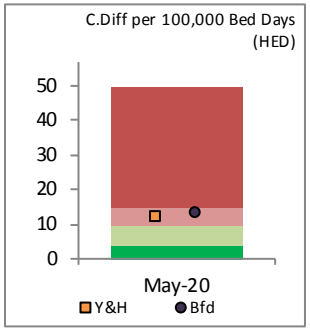
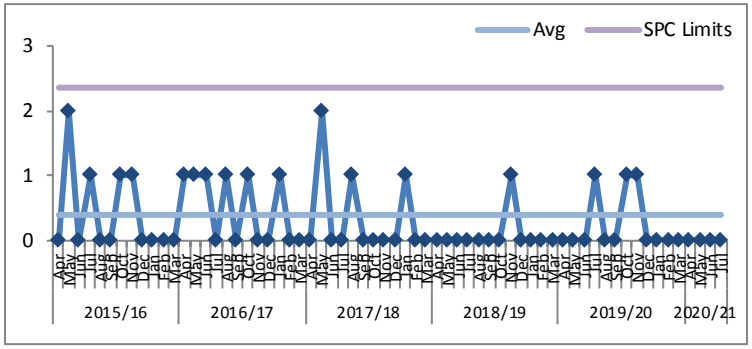
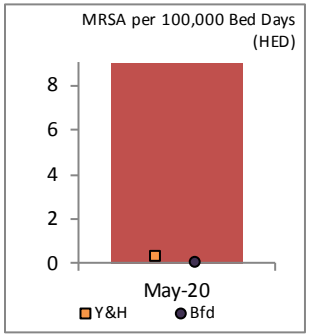

The fall in readmissions is likely to be as a consequence of COVID-19 and reduction in all other activity. It may be some months before we understand the 'steady state' for readmissions to consider re-launch the improvement programme.



# To provide outstanding care for patients

## Patient Safety

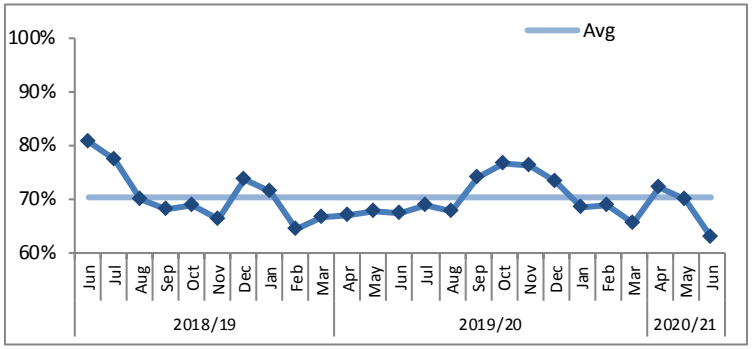
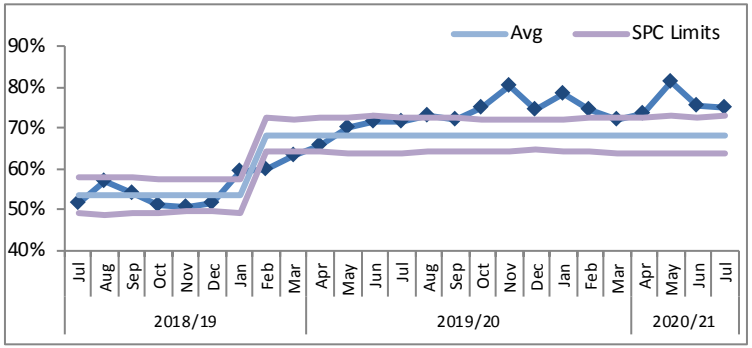
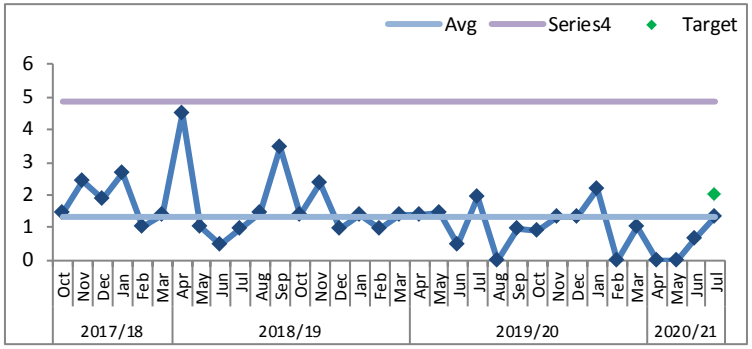
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Never Events |  | For the year 2019/20 there has been one never event. There were no never events in June 2020. We are not anticipating further never events. | No benchmark comparator available |
| C Difficile |  | No lapses in care or outbreaks reported. |  |
| MRSA |  | Nil new cases. |  |

# To provide outstanding care for patients

## Patient Safety

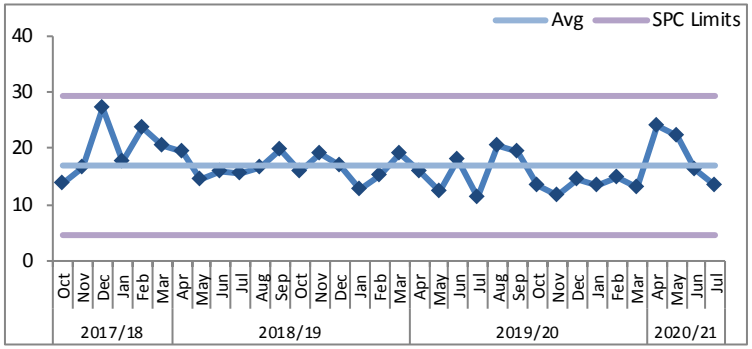
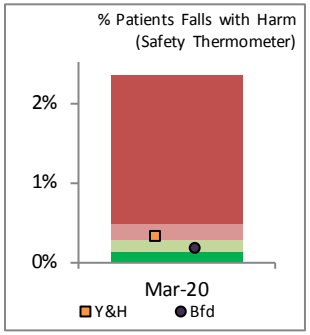
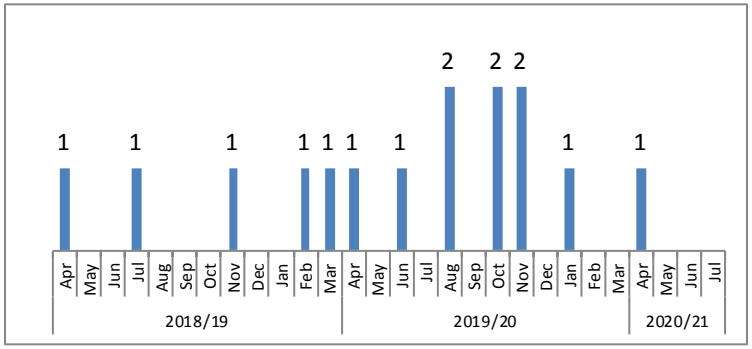
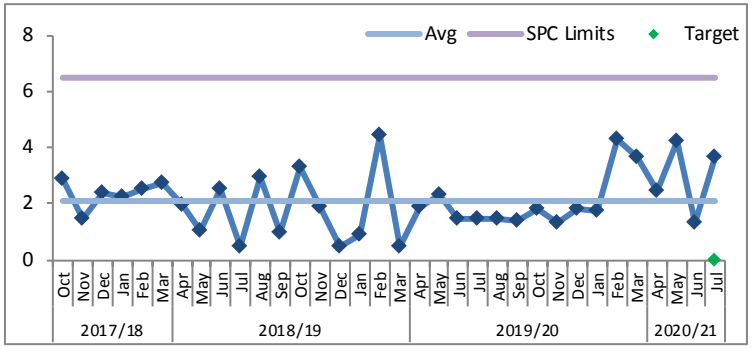
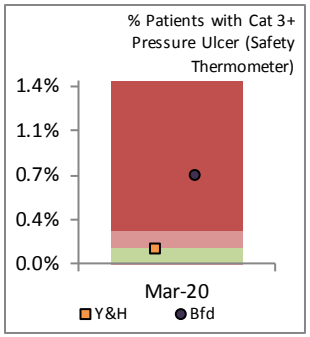
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Sepsis patients receive antibiotics within an hour |   | Pressures on service continue, this position may deteriorate due to COVID-19. | No benchmark comparator available |
| Sepsis Percentage of Patients Screened |   | Progress remains as expected. | No benchmark comparator available |
| Serious Incidents per 10,000 bed days |   | 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. | No benchmark comparator available |

# To provide outstanding care for patients

## Patient Safety

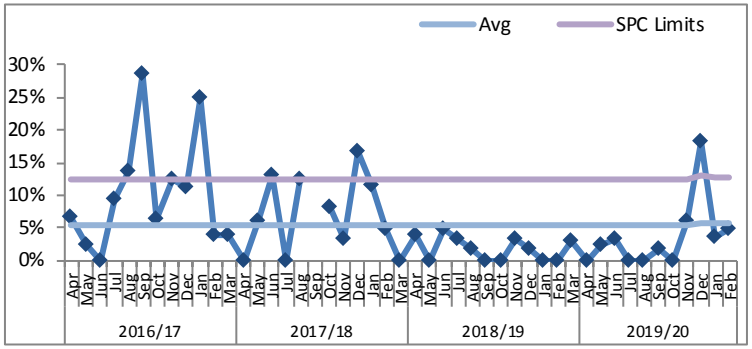
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Falls with Harm per 10,000 bed days |  | Numbers have increased, potentially due to change in patient demographic (no electives). |  |
| Falls with Severe Harm |  | No falls with harm in July 2020. | No benchmark comparator available |
| Pressure Ulcers Cat 3+ per 10,000 bed days |  | The February peak was linked to a small number of patients with more than one pressure ulcer. The numbers in May 2020 are mainly due to COVID-19 patients and proning/Endotracheal tubes/Non-invasive masks. Improved position in June 2020. |  |

# To provide outstanding care for patients

## Patient Safety

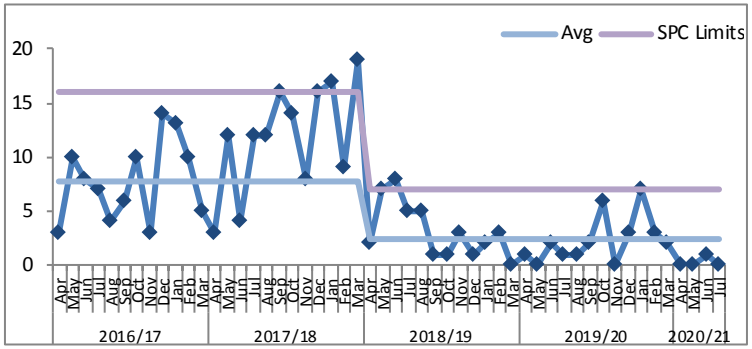
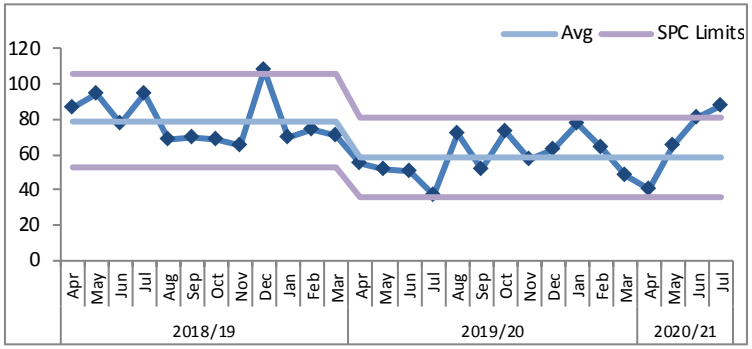
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Missed Doses |  | Benchmark data is not yet available, work to source data is planned. Chief Nurse has asked the Chief Pharmacist to report on the missed doses to the Patient Safety Committee. | No benchmark comparator available |

# To provide outstanding care for patients

## Patient Experience

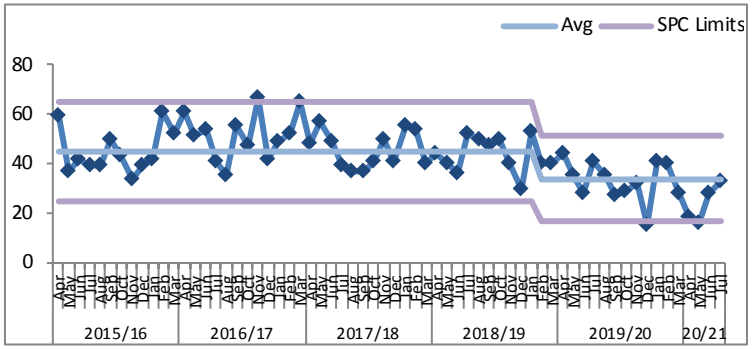
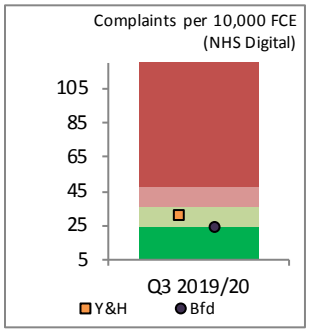
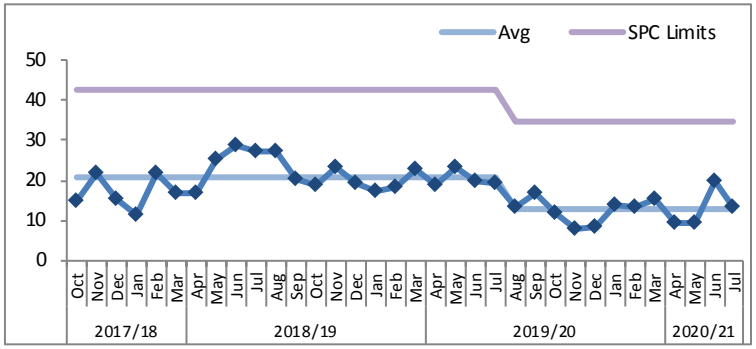
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Night Time Transfers |  | Exception report requested to go to March 2020 Patient Safety Committee. Response due when Committee reinstated. | No benchmark comparator available |
| Night Time Discharges |  | Await response from Patient Safety Sub-Committee when Committee is reinstated. | No benchmark comparator available |

# To provide outstanding care for patients

## Patient Experience

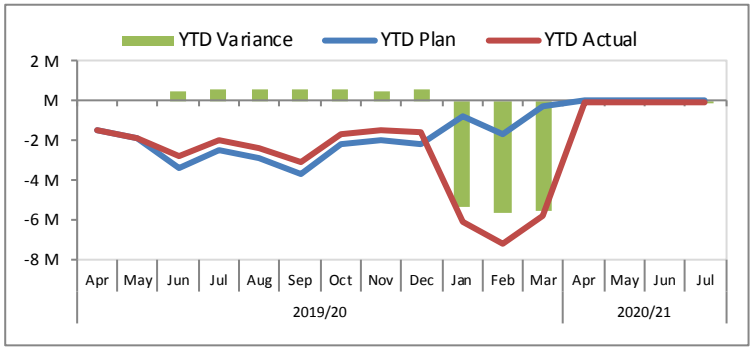
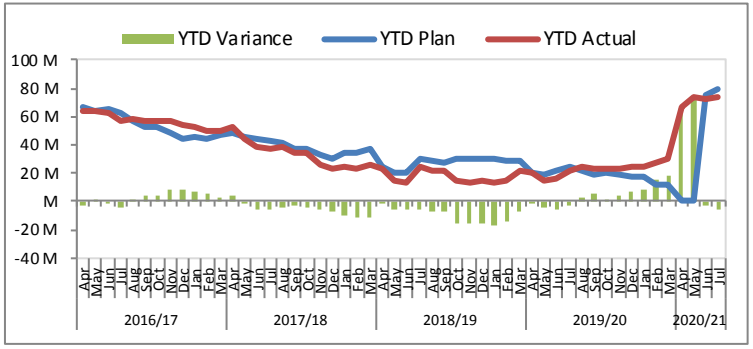
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Complaints |  | This indicator is no longer applicable for benchmarking purposes. |  |
| Complaints Closed per 10,000 bed days |  | The complaints process has been restarted during June 2020. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

Finance

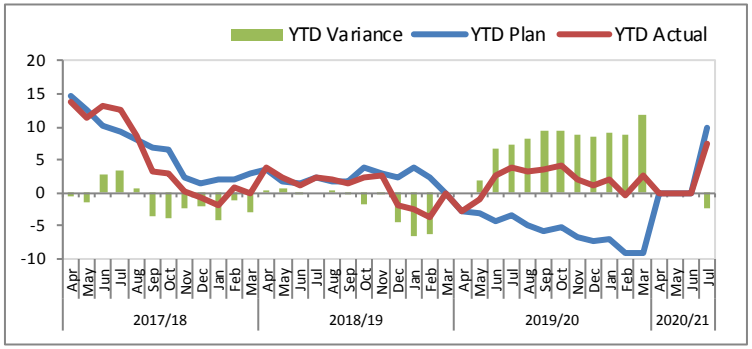
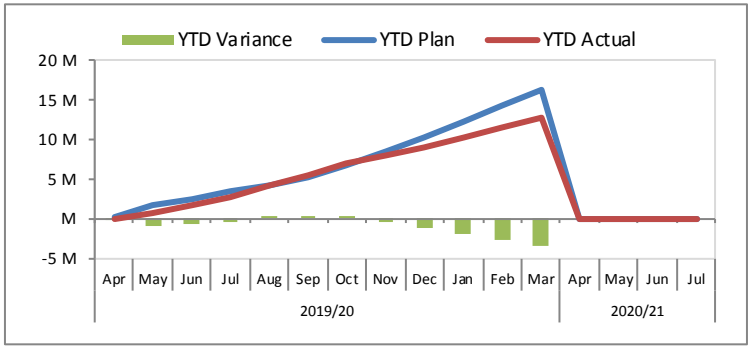
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Delivery of Income and Expenditure Plan |  | The established financial regime has been suspended, replaced with a simplified framework in response to COVID-19. This is designed to ensure providers receive sufficient cash to facilitate the required response while delivering a breakeven position. For the financial year to July 2020, the Trust reported a £10.6m deficit prior to top up funding. This deficit is £7.5m greater than NHS England/Improvement's (NHSE/I) projection. At a summarised level this £7.5m adverse variance can be explained by: understatement of baseline by NHSE/I (£6.4m pressure), loss of Research and Development (R&D) income (£2.4m pressure), loss of car park income (£0.5m pressure) underspends due to reduced business as usual/clinical activity (£9.7m benefit) and COVID-19 related expenditure (£7.9m pressure). A total of £10.6m of top up funding is reflected in Month 4 to deliver the break-even position required by NHSE/I. There remains a risk to full recovery of this accrued top up income should NHSE/I not consider some of the identified COVID-19 costs to be appropriate | No benchmark comparator available |
| Delivery of Cash Plan |  | Year to date cash is £73.3m an increase of £43.7m on the opening balance of £29.6m. This is largely a result of the interim COVID-19 financial regime which requires Commissioners to pre-pay providers by 1 month leading to an additional £34.4m of cash for the Trust. The cash balance has been further increased by a £4.6m reduction in receivables, which includes receipt of the quarter 4 Provider Sustainability Fund (PSF) monies for 2019/20 financial performance and by an income and expenditure (I&E) surplus of £5.9m excluding depreciation charges (non-cash). | No benchmark comparator available |

# To deliver our key performance targets and financial plan

## Finance

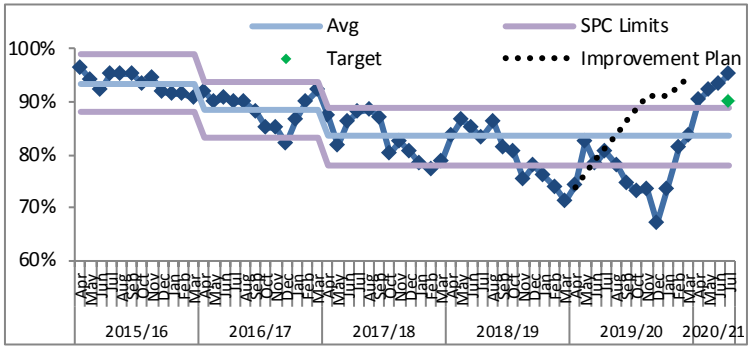
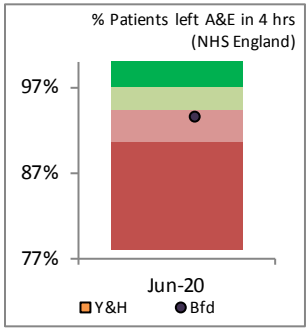
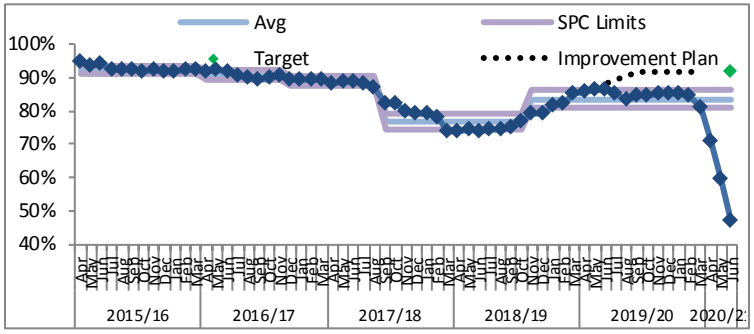
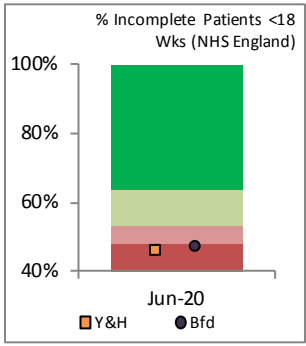
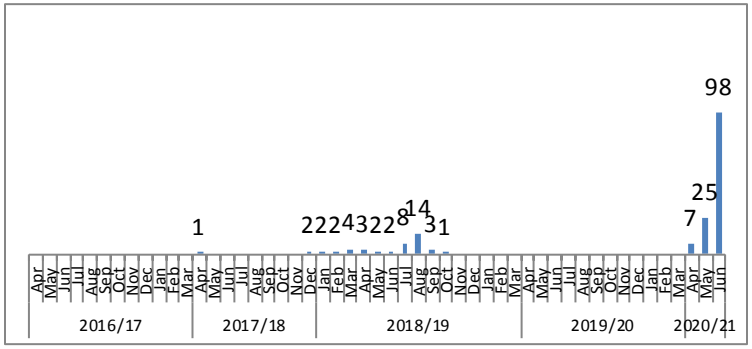
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Liquidity rating |  | Year to date (YTD) liquidity is 7.5 days which is a decrease of 0.7 days from the closing balance in 2019/20. This is 2.3 days below the planned 9.8 days. The variance to plan is a result of an additional £3m of operating expenditure due to COVID-19 costs which are being reimbursed through the interim financial regime. Effectively these extra costs have shortened how low the Trust could be financed from its existing assets. Liquidity has also been reduced by higher than planned capital expenditure of £1.7m and a shortfall of £1.4m against expected Public Dividend Capital (PDC) income, to fund capital expenditure related to COVID 19, which is pending approval. | No benchmark comparator available |
| Bradford Improvement Plan |  | The interim simplified framework does not place any Cost Improvement Plan (CIP) or efficiency requirements upon providers. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

Performance

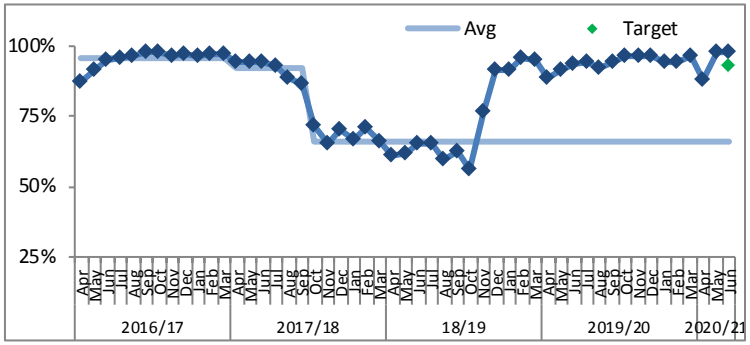
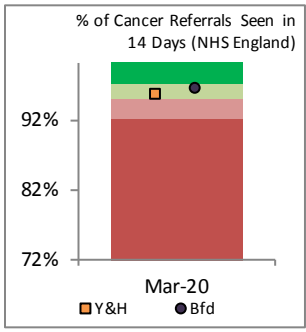
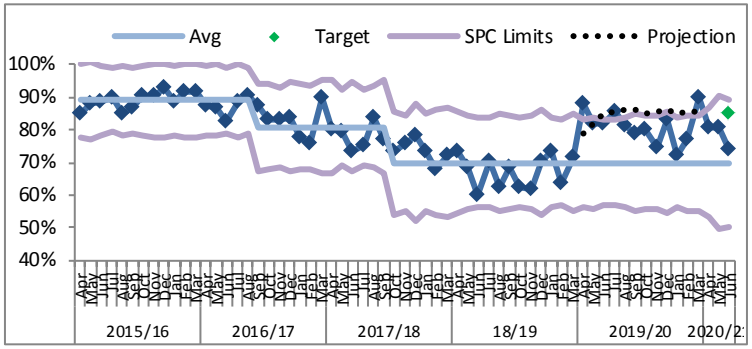
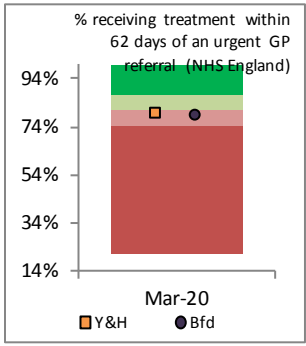
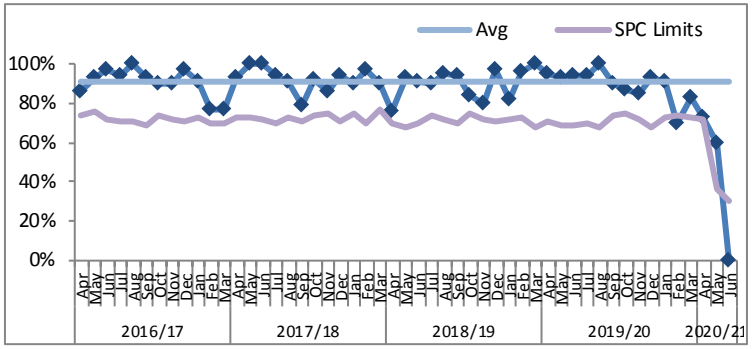
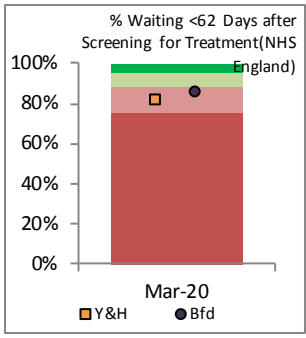
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Emergency Care Standard |  | Emergency Care Standard (ECS) performance (type 1 and 3) has improved to 95.24% in July 2020. This performance is for type 1 only as the GP stream has moved off site. Attendances increased further and are nearing pre-COVID levels but the use of see and treat and same day emergency care (SDEC) pathways are preventing high numbers of patients being seen within Major's which is keeping breach numbers low. |  |
| RTT 18 Week Incomplete |  | The deterioration of Referral to Treatment (RTT) performance slowed in July 2020 as increased routine referrals started to rebalance the waiting list shape. Performance dropped from 47.23% in June 2020 to 45.19% in July but it is anticipated that through the restart and recovery programme this will now start to improve. |  |
| RTT 52 Week Wait |  | The Trust reported 233 incomplete 52 week waits for July 2020. This is a result of the national directive to halt all non urgent elective activity in response to the COVID-19 pandemic increasing in the waiting time of non urgent patients. All long waits have been reviewed using clinical prioritisation guidelines and daily review of management plans for patients waiting over 32 weeks continues. This process will ensure no clinically urgent cases wait longer than necessary. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

Performance

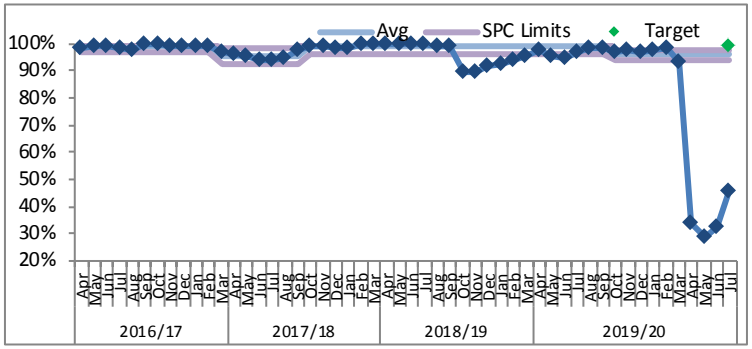
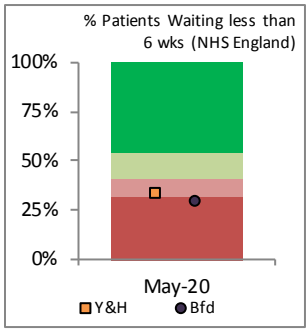
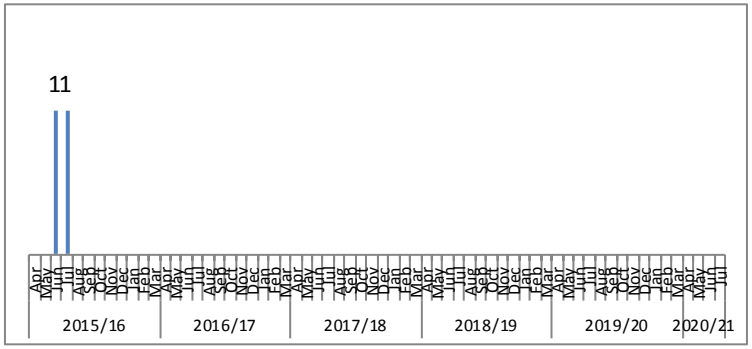
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Cancer 2 Week GP |  | June 2020 performance against the 2 Week-Wait Cancer standard was 97.44% with tumour groups able to prioritise capacity for Cancer referrals. |  |
| Cancer 62 Day Urgent GP |  | Cancer 62 Day First Treatment performance for June 2020 was 73.47%. Diagnostic and surgical capacity has been reduced in response to COVID-19 which has resulted in delay for treatment in patients whose Cancer progression is unlikely to be impacted by a delay in treatment. Surgical capacity has been prioritised for patients whose disease progression is time sensitive. |  |
| Cancer 62 Day Screening |  | Reduced diagnostic and surgical capacity is also impacting on the Cancer 62 day screening standard. |  |

# To deliver our key performance targets and financial plan

Performance

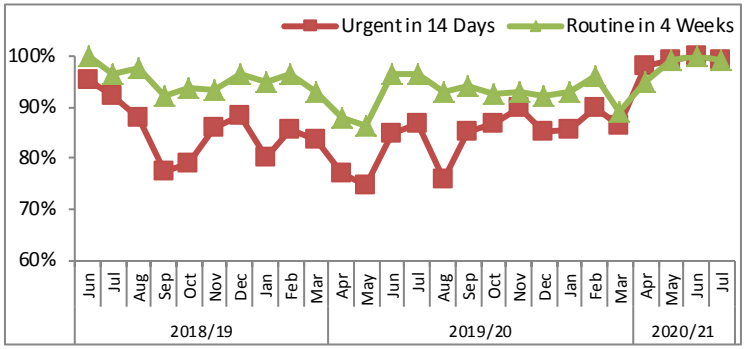
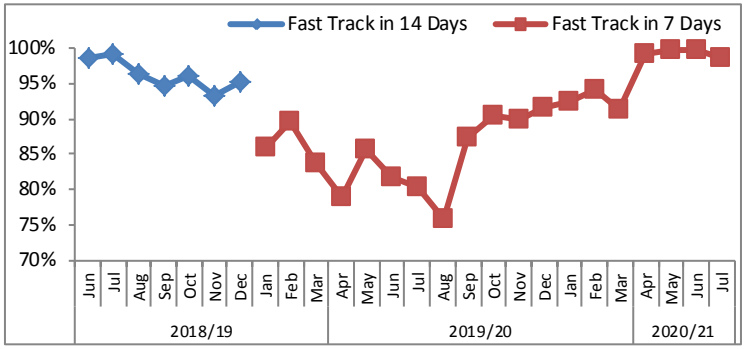
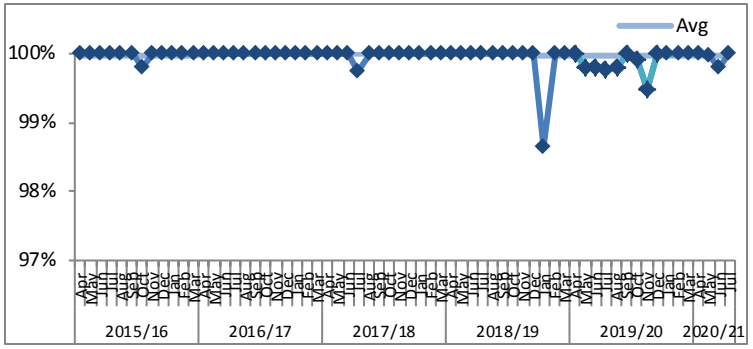
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Diagnostic Waits |  | As part of the COVID-19 response routine radiology and all non urgent endoscopy was halted from mid-March 2020. Additional in house capacity and independent sector capacity has been created for Urgent and Fast Track diagnostics. Routine endoscopy and other diagnostics are planned to re-commence as part of the restart plan, which will further improve diagnostic wait times during the remainder of 2020/21. |  |
| Mixed Sex Breaches |  | There have been no mixed sex breaches. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

## Performance

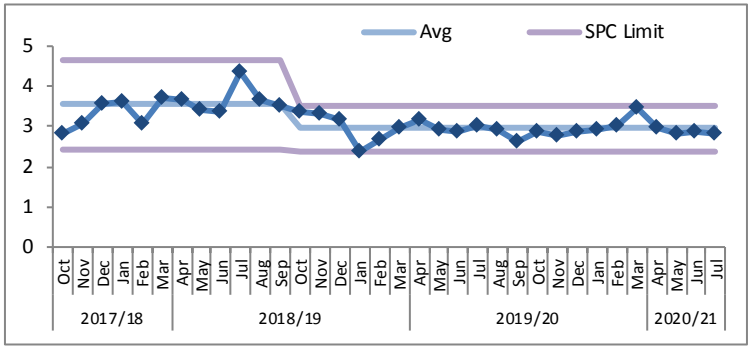
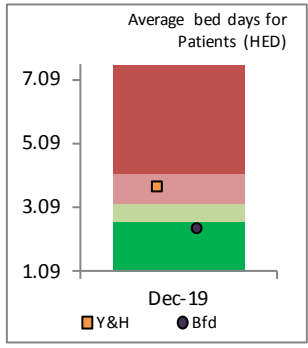
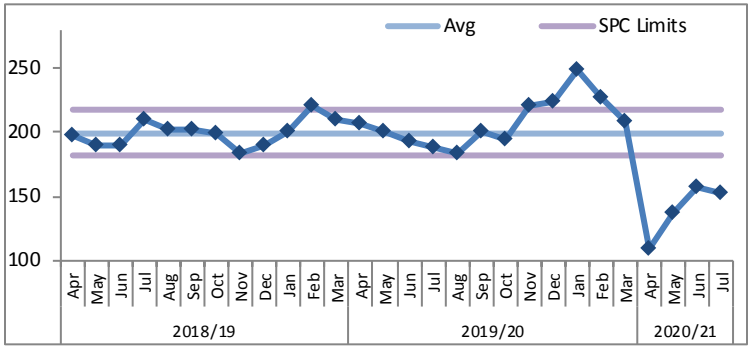
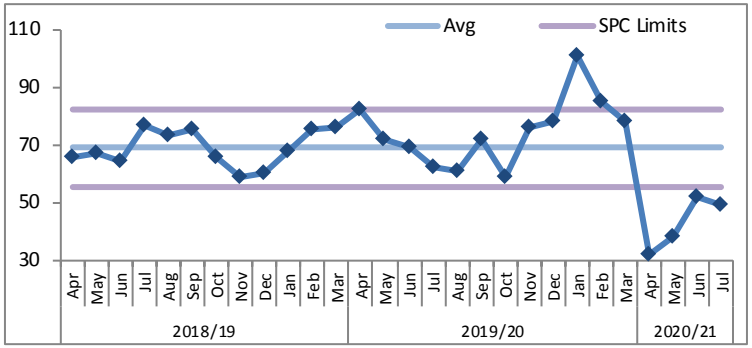
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Radiology Turnaround Time Outpatients |   | Turnaround times improved in April 2020 and have since remained stable, although it should be noted that this is against reduced overall numbers. | No benchmark comparator available |
| Radiology Turnaround Time Frast Track |   | Performance improved to above target in April 2020 and this has been sustained since. | No benchmark comparator available |
| Mission Critical Systems Uptime |   | Uptime remains fairly strong. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

## Productivity

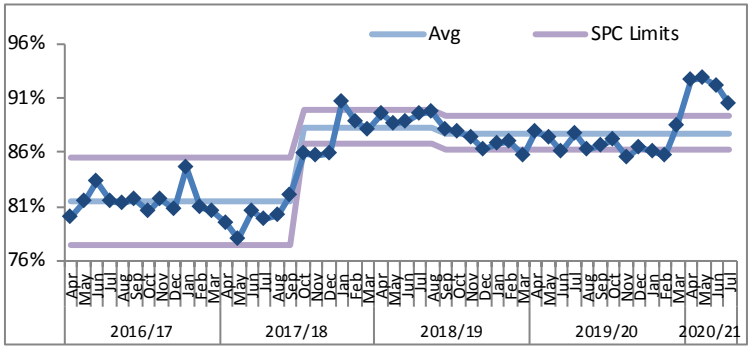
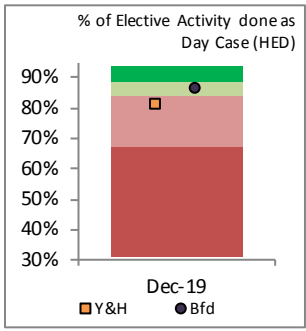
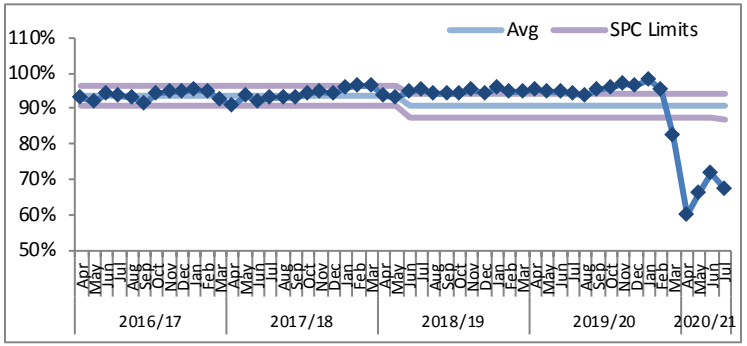
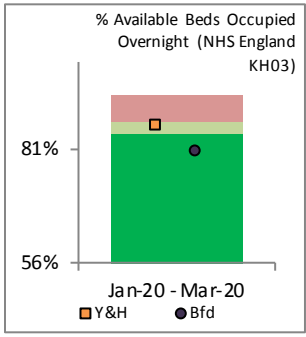
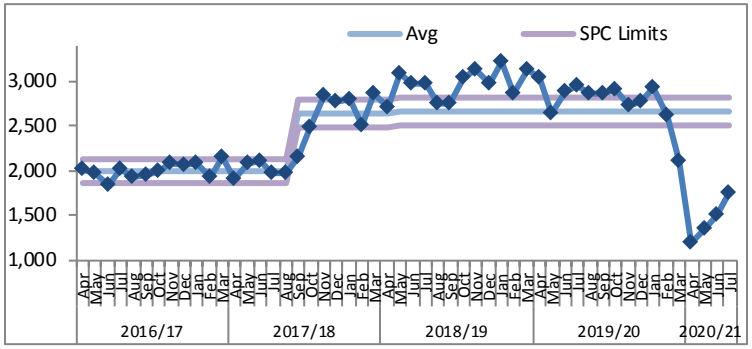
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Length of Stay |  | Average length of stay (LoS) remains stable. |  |
| Stranded Patients Length of Stay >= 7 days |  | Following a sharp decrease during the peak COVID-19 period, the number is increasing as a result of overall increases in inpatient numbers and the stroke unit for a number of patients. The weekly multi-disciplinary (MDT) review meeting of patients above 7 days length of stay remains in place. | No benchmark comparator available |
| Super Stranded Patients Length of Stay >= 21 days |  | The daily average number of patients staying above 21 days LoS also reduced in April 2020 but has started to increase during the last three months, mainly due to the increased length of stay of patients requiring further medical intervention. The majority of patients reported remain clinically unfit for discharge but the multi-agency integrated discharge (MAID) Team including hospital staff, community providers and the local authority continue to work together to minimise any delays to discharge. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

## Productivity

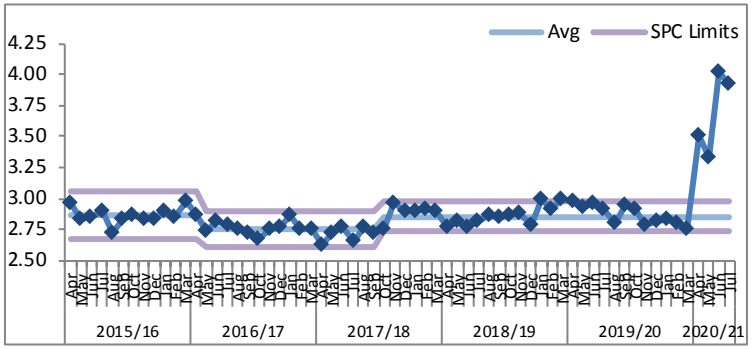
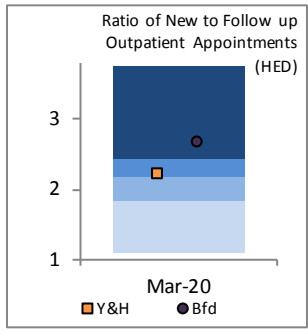
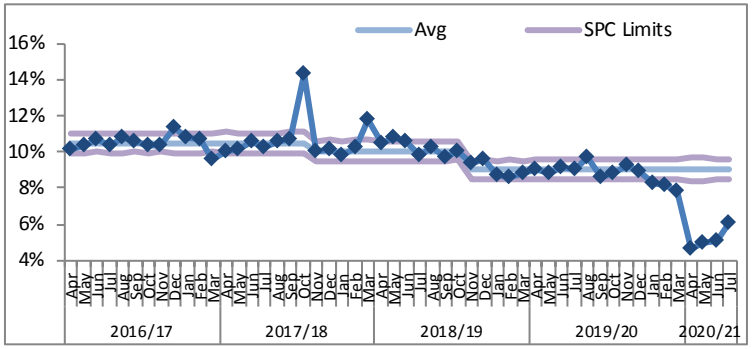
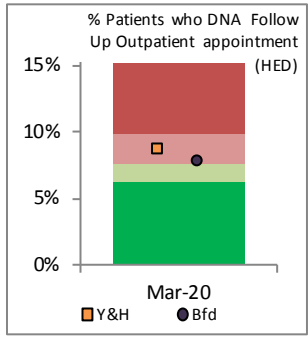
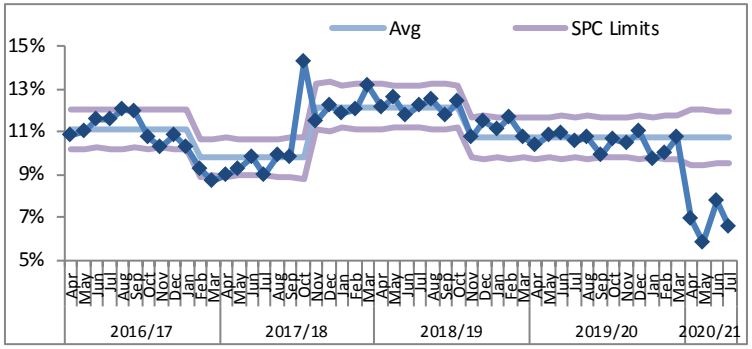
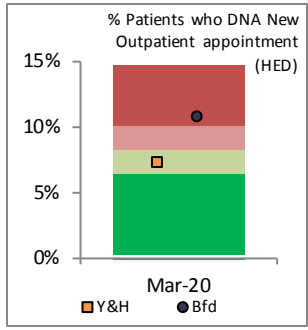
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Elective Day Case Rate |  | Day case rates continue to be above the national and regional average. They increased further as non-urgent elective in-patient activity stopped as part of the COVID-19 response but as this is reinstated they are returning towards the historic mean. |  |
| Bed Occupancy |  | Bed occupancy remains below pre-COVID levels however there has been a slight increase since April 2020 which is in line with the increase in the number of Accident and Emergency (A&E) attendances. Ward configuration has been adapted to provide red and green separation of patients and compliance with social distancing which has slightly reduced the total bed count. |  |
| Disharges before 1pm |  | The total number of discharges before 1pm have increased since April 2020 as there has been an increase in total discharges. | No benchmark comparator available |

# To deliver our key performance targets and financial plan

## Productivity

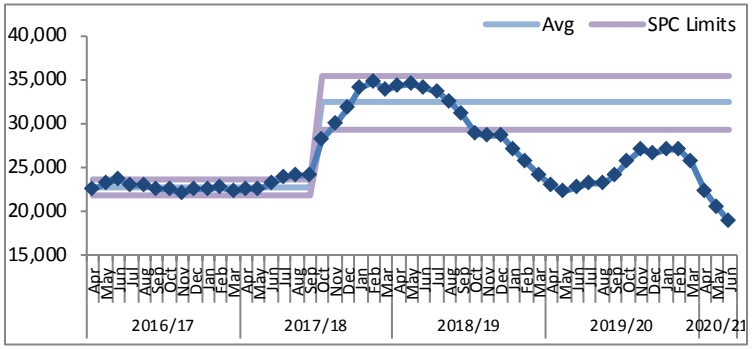
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| New to Follow Up Ratio |  | Total outpatient activity was lower in response to COVID-19 and routine referrals significantly reduced, this has impacted a number of outpatient measures including the new to follow up ratio. |  |
| Did not Attend Follow Up |  | Did not attend (DNA) rates also appear to have been impacted by changes made in response to COVID-19, particularly the change from face to face to video or telephone contact. |  |
| Did not Attend New |  | Did not attend (DNA) rates also appear to have been impacted by changes made in response to COVID-19, particularly the shift from face to face to video or telephone contact. |  |

# To deliver our key performance targets and financial plan

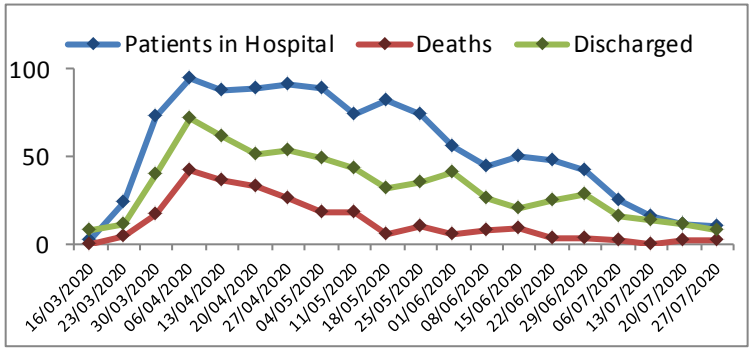
## Productivity

Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Elective Waiting List |  | The total elective waiting list reduced by over 6,000 since mid-March 2020, mainly due to a halt in routine outpatient referrals as well as full waiting list validation. It increased slightly during July 2020 following the resumption of routine GP referrals. | No benchmark comparator available |

# Covid-19

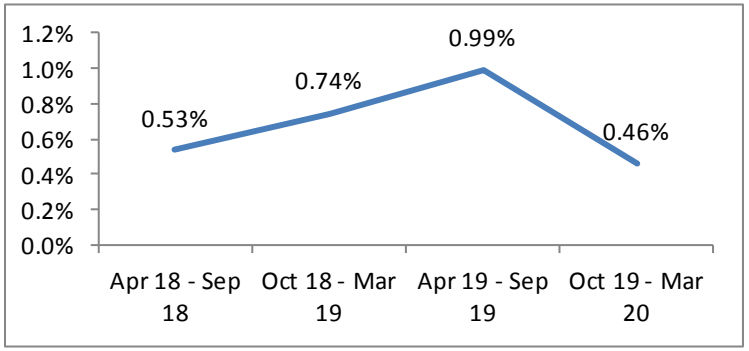
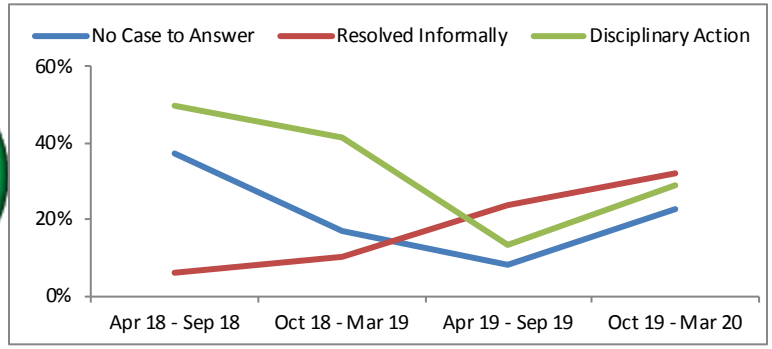
Bradford Teaching Hospitals
NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| COVID-19 |  | This metric covers the COVID-19 pandemic. It demonstrates continued recovery (as seen nationally) from a peak in admissions and deaths to a baseline in July of < 15 inpatients and very few deaths. | No benchmark comparator available |

# To be in the top 20% of employers

## Engagement

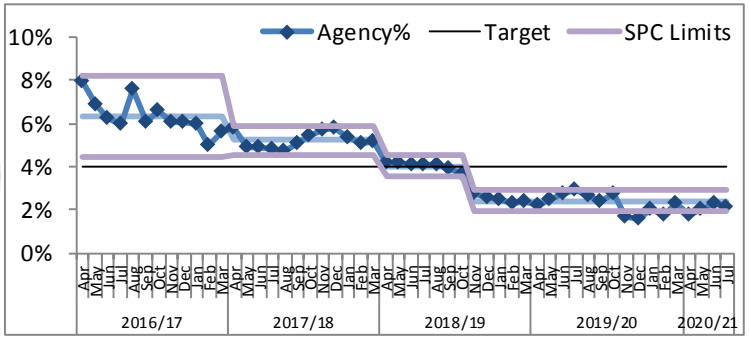
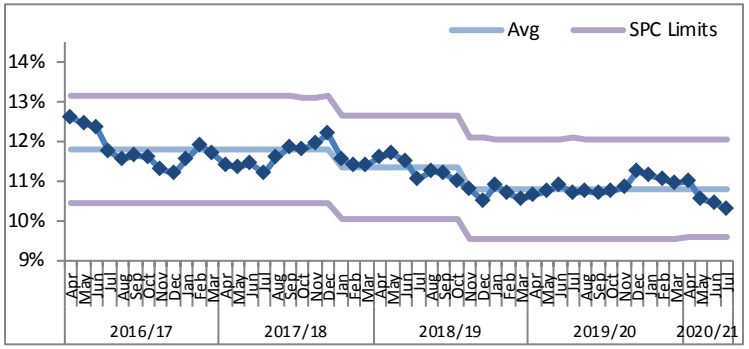
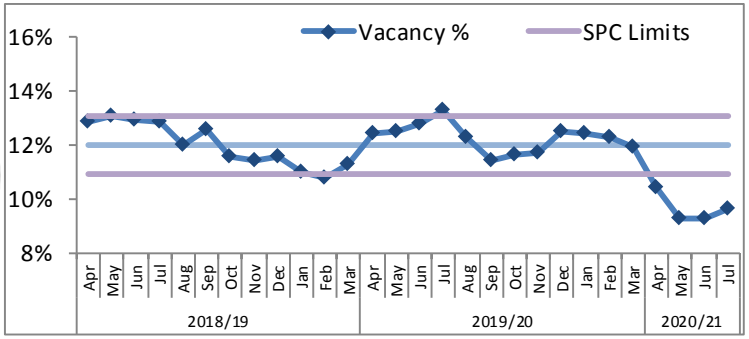
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Contacts with Advocacy service |  | The number of contacts with the Staff Advocacy Service has risen steadily since its introduction in August 2018. During the period 01/10/2019 to 31/03/2020 there has been a noticeable downturn in contacts with the service. However, during this period 50% of all contacts with the service were resolved informally. The Equality, Diversity and Inclusion team have plans to review and refresh this service as part of a wider campaign for Dignity and Respect in the organisation. Next update October 2020 (for the period 01/04/2020 to 30/09/2020). | No benchmark comparator available |
| Harassment & Bullying Outcomes |  | The graph shows that the percentage of Bullying and Harassment cases resulting in Disciplinary Action increased by 16% during the period 01/10/2019 to 31/03/2020 compared to the previous 6 month period. Likewise the number of cases where there was “no case to answer” has also increased by 15%. The Diversity and Inclusion Unit are in the process of renewing our approach to Dignity and Respect in the Workplace with particular focus on Informal Conflict Resolution. This will support and empower managers to focus on “nipping issues in the bud”. Positively, the number of cases dealt with informally has increased by 8% during this period. Only 23% of those cases reported during this period were new cases, with the majority being longer term cases gaining a resolution during the reference period. Only 6 new formal investigations commenced during the period 01/10/2019 to 31/03/2020. Next update October 2020 (for the period 01/04/2020 to 30/09/2020). | No benchmark comparator available |

# To be in the top 20% of employers

Staffing

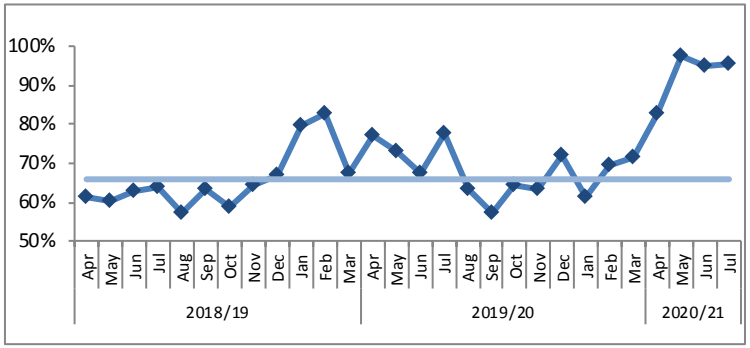
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Use of Agency Staff |  | We have seen a decrease in Agency use overall in July 2020. There has been a shift from agency use to bank, particularly in the Nursing & Midwifery staff group and in the use of bank Healthcare Assistants. Agency staffing across the Medical and Dental staff group has remained static whilst bank use has increased by nearly 5 whole time equivalents (WTE). Allied Health Professional agency use has also remained unchanged. Due to COVID-19 we have again seen an increase in agency use in the Administrative and Clerical group due to additional Information Technology (IT) resources being deployed in the Trust and also an increase in security staff to cover the door security. Agency spend continues to be under the ceiling. | No benchmark comparator available |
| Staff Turnover |  | The Trust Turnover rate has reduced to 10.31% in July 2020 from 10.45% in June 2020. Reductions were seen in all areas except from Research which remained stable and Corporate Services which showed a slight increase. | No benchmark comparator available |
| Vacancies |  | The vacancy data at present does not reflect the true vacancy position in the Trust due to the deployment of staff in relation to COVID-19. | No benchmark comparator available |

# To be in the top 20% of employers

Staffing

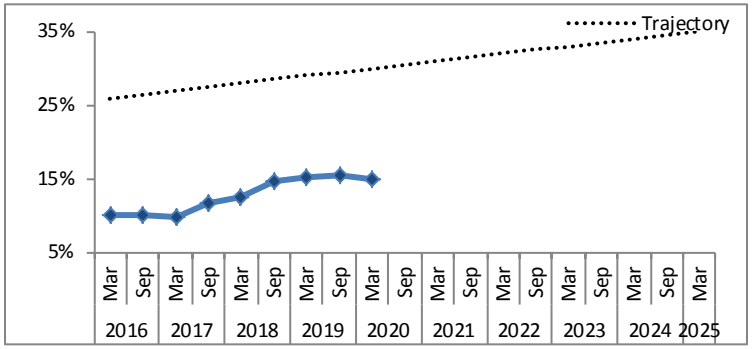
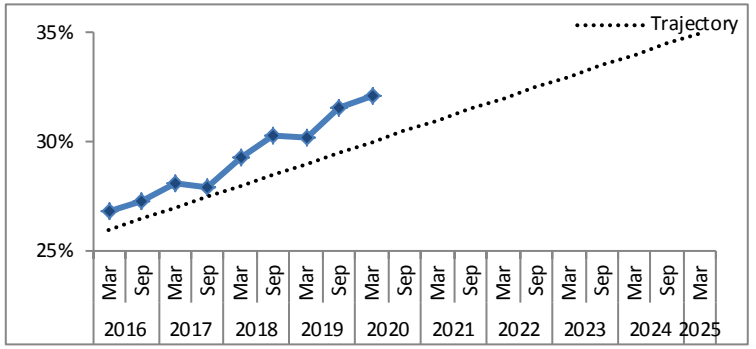
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Maternity patients receiving 1:1 care |  | A sustained month on month improvement. | No benchmark comparator available |

# To be in the top 20% of employers

## Equality & Diversity

Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| BAME Senior Leaders |  | The proportion of Black, Asian and Minority Ethnic (BAME) staff at Bands 8 and 9 has decreased by 0.67% during the period 01/10/2019 to 31/03/2019 to 14.89%. This 0.67% decrease equates to 8 staff (13 senior BAME staff who left the Trust, offset against 5 senior BAME staff who joined the Trust). On further analysis: 7 of these 13 leavers can be attributed to the Tupe transfer of some pharmacy services to Bradford District Care Trust (BDCT) and 1 further staff member who left through flexible retirement. Based on the current trajectory (as at 31st March 2020) we will miss our employment target to have a senior workforce reflective of the local population (35% by 2025) by almost 12%. BAME representation in our senior workforce continues to be a major focus for the Equality, Diversity & Inclusion team and will feature heavily in our 2020 Workforce Race Equality Standard (WRES) action plan. A number of different activities are being rolled out including Reciprocal Mentoring, Representation on BAME recruitment panels (at 8a+) and targeted recruitment with the potential for positive action under the Equality Act. We are also working together as a system and on a regional level to have a positive impact on this agenda. Next update October 2020 (for the period 01/04/2020 to 30/09/2020). | No benchmark comparator available |
| BAME Workforce |  | The proportion of BAME staff in the workforce as a whole has increased by 0.5% during the period 01/10/2019 to 31/03/2020. The trajectory figure continues to take us just over 5% ahead of our target of having a workforce reflective of the local population (35% by 2025). Next update October 2020 (for the period 01/04/2020 to 30/09/2020). | No benchmark comparator available |

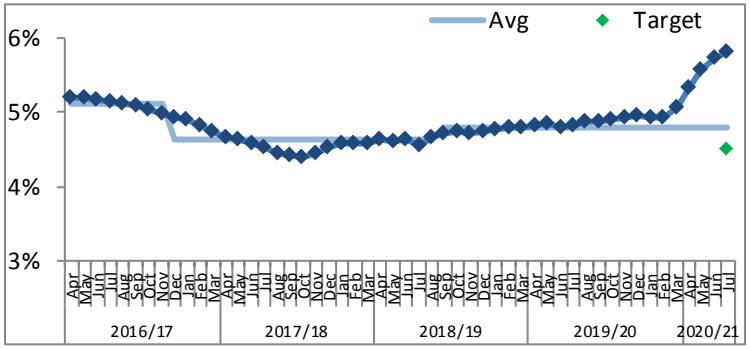
# To be in the top 20% of employers

## Health & Wellbeing

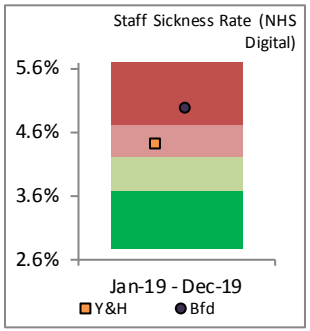
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|

**Staff Sickness Absence**




The rolling 12 month sickness absence rate at the end of July 2020 was 5.80% with increases seen in all areas of the Trust with the exception of Corporate Services and Research which have both seen a slight reduction. This figure does not include staff who are self-isolating or shielding due to COVID-19.



# To collaborate effectively with local and regional partners

Partnership

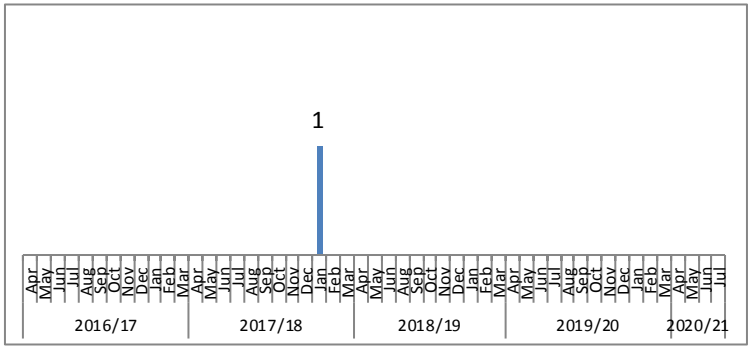
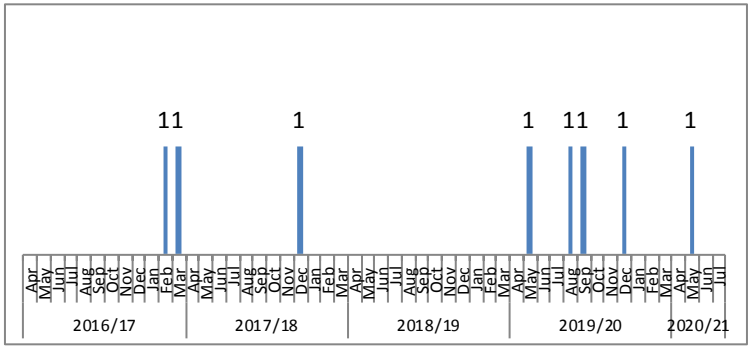
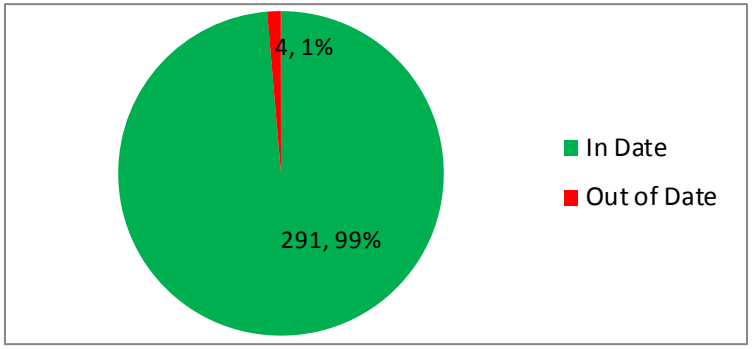
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Stakeholder Engagement | The stakeholder management work programme has not been operating during the COVID-19 response, and the list of stakeholders will be reviewed before it restarts to reflect new ways of working and revised priorities in the new environment. | | No benchmark comparator available |
| Vertical Integration | The Trust signed a 'Strategic Partnering Agreement' with 13 partners across Bradford District and Craven at the end of March 2019. The Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) Chief Executive has taken on the role of system lead for Bradford and now chairs the Bradford Health and Care Partnership Board. A new Executive Board replaces the former Integration and Change Board to bring together senior leaders across Bradford and Airedale, Wharfedale and Craven. These Boards will oversee a new programme of system-wide transformation projects looking at (i) access to care (ii) diabetes (iii) respiratory (iv) cardiovascular (v) frailty (vi) children and young people's mental health and (vii) Better Births. The Trust is working constructively with the 10 newly formed Primary Care Networks on these projects and supporting them in other areas such as shared First Contact Physiotherapy roles. | | No benchmark comparator available |
| Horizontal Integration | The Trust is working with partner organisations across the Integrated Care System (ICS) to develop and implement plans aimed at restart and recovery. This is being informed by engagement work to gather people's health and care experiences during the COVID-19 pandemic and through a work stream to understand the direct and indirect impacts of COVID-19 on different population groups. Principles governing the ICS response to restart and recovery have been agreed; work will be outcomes and safety focused, will consider the response across the breadth of the partnership, will use existing governance arrangements, will analyse issues at a West Yorkshire and Harrogate level but will recognise that most planning and delivery will take place at a local "place" level. The decision to make BTHFT one of the two arterial centres in West Yorkshire has been confirmed. Work to implement the new model is now underway. | | No benchmark comparator available |
| Airedale Collaboration | Collaboration between BTHFT and Airedale NHS Foundation Trust remains a high priority for our organisation, however the approach no longer relies on a discrete programme. Instead collaboration between acute hospitals (and other partners) is woven though all the workstreams of the Act as One Programme. It is also possible for the two Trusts to agree to work together (more likely continue working together) on established areas of activity, for example stroke improvement, even if these are not explicitly part of the Act as One initiative. | | No benchmark comparator available |

# To provide outstanding care for patients

## Governance

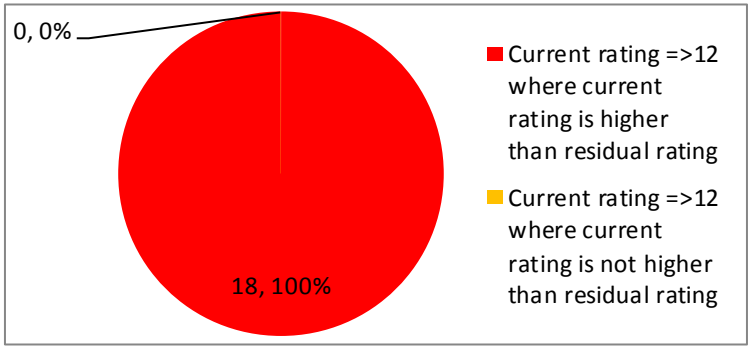
Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| Duty of Candour |   | There were no Duty of Candour breaches to date in 2019/20. | No benchmark comparator available |
| Information Governance Breaches |   | There are no open incidents with the Information Commissioner's Office. | No benchmark comparator available |
| 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 departments. | No benchmark comparator available |

# To provide outstanding care for patients

## Governance

Bradford Teaching Hospitals NHS Foundation Trust

| Metric / Status | Trend | Challenges and Successes | Benchmarks |
|---|---|---|---|
| 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. | No benchmark comparator available |

# Glossary

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **To provide outstanding care for patients** | | | | |
| **Clinical Effectiveness** | | | | |
| **Crude Mortality** | Crude Mortality rates, i.e., per admissions. | Chief Medical Officer | Red – Latest 2 points in a row above upper control limit, Amber – latest point above upper control limit, Green – Below upper control limit | 3.9 |
| **HSMR** | The mortality indicator is evaluated from a standardised mortality ratio (SMR). The formula for the ratio is observed deaths divided by expected deaths, multiplied by 100. This is calculated for each provider within the data. | Chief Medical Officer | Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean | 4.7 |
| **SHMI** | The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. | Chief Medical Officer | Red Benchmark 3 standard deviations above mean, Amber 2 standard deviations above mean, Green within two standard deviations above mean | 4.7 |
| **Stillbirths** | Number of stillbirths per 1,000 births and number of stillbirths over 500g per 1,000 births | Chief Medical Officer | Red > 7, Amber 5 - 7, Green < 5 | To be confirmed |
| **Deaths Screened** | Percentage of Deaths Screened | Chief Medical Officer | Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits | To be confirmed |
| **Learning from Deaths** | Proportion of reviews undertaken finding good or excellent care provided | Chief Medical Officer | Red Two consecutive points outside control limits, Amber Outside control limits, Green Within control limits | To be confirmed |
| **Readmissions** | The number of readmissions within 30 days of discharge from hospital. | Chief Medical Officer | Red bottom 25% of Trusts, Amber middle 50% of Trusts, Green Lowest 25% of trusts | 2.4 |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **Patient Safety** | | | | |
| **Never Events** | The number of serious incidents that occur despite there being defined processes and procedures to prevent them. | Chief Medical Officer | Red > 0, Green = 0 | 4.0 |
| **Audit of WHO checklist** | Audit of the World Health Organisation surgical checklist monitoring the number that were complete compared to the number of checklists. | Chief Medical Officer | Red < 90%, Amber >=90% & < 95%, Green >=95% | 2.9 |
| **Clostridium Difficile (C. Diff)** | The number of cases either attributable or pending review. | Chief Nurse | Red >= 3, Amber = 2, Green <=1 | 3.9 |
| **MRSA** | Counts of patients with Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia. | Chief Nurse | Per month: Red >= 1, Green 0 | 3.9 |
| **CAUTI** | Urinary tract infections in patients with a catheter. The benchmarking data comes from the Safety Thermometer prevalence information. | Chief Nurse | Red > 1.5%, Amber 1%-1.5%, Green < 1% | 4.1 |
| **Sepsis Patients antibiotics** | Percentage of patients who were found to have sepsis during the screening process and received IV antibiotics within 1 hour. | Chief Nurse | RAG criteria subjective – Executive informed. | To be confirmed |
| **Sepsis Patients Screened** | Percentage of patients screened for Sepsis | Chief Medical Officer | Red < 50%, Amber 50%-90%, Green >= 90% | 5.0 |
| **Serious Incidents** | Unexpected or avoidable death, serious harm, never events, service delivery prevention compared to all incidents reported. | Director of Strategy and Integration | Red > 5, Amber 3-5, Green <=2 | 4.0 |
| **Falls with Harm** | Patient falls resulting from harm per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information. | Chief Nurse | Red upper quartile, Amber mid quartiles, Green lower quartile | 4.3 |
| **Falls with Severe Harm** | Falls with Harm classed as Severe | Chief Nurse | Red = reported for consecutive months, Amber = 1, Green = 0 | 4.3 |
| **Pressure Ulcers Cat3+** | Number of reported hospital acquired category 3 and 4 pressure ulcers per 10,000 bed days. The benchmarking data comes from the Safety Thermometer prevalence information. | Chief Nurse | Red >= 6, Amber 5, Green < 5 | 4.3 |
| **Medicine Reconciliation** | Proportion of patients with reconciliation started within 24 hours of admission | Chief Medical Officer | Red < national average<br>Amber - national average <= 0 - 5%<br>Green >= national average > 5% | 3.9 |
| **Missed Doses** | Proportion of patients with an omission of a critical medicine | Chief Nurse | Red - above national average<br>Amber – 0 - <1% below the average<br>Green - > 1%+ the national average | 3.9 |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **Patient Experience** | | | | |
| **Friends and Family Test** | The percentage of patients who strongly recommend the Trust. | Chief Nurse | RAG criteria subjective – Executive informed. | 2.6 |
| **Night time transfers** | The number of non-clinical bed moves out of hours. | Chief Nurse | Red > 0, Green = 0 | 2.4 |
| **Night time discharges** | Discharges out of hospital between 12am and 6am. Excludes transfers to other hospital providers, self-discharges and assessment patients. | Chief Nurse | Red = Outside control limits, Green = Inside control limits | 2.3 |
| **Complaints** | Number of complaints. | Chief Nurse | Red >= 50, Amber 40-49, Green < 40 | 4.7 |
| **Complaints closed** | Number of complaints closed per 10,000 bed days. | Chief Nurse | Red below average, Green above average | 4.7 |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **To deliver our key performance targets and financial plan** | | | | |
| **Finance** | | | | |
| **Delivery of Income & Expenditure Plan** | Delivery of finances against plan. | Director of Finance | Red – off plan (adverse)<br>Green on plan or better | 3.3 |
| **Use of Resources – Financial** | Use of resources is a calculation on the status of a number of financial measures – Capital Servicing Capacity, Liquidity, I & E Margin, and Agency Spend. | Director of Finance | Red - Rating of 4<br>Amber – Rating of 2 or 3<br>Green – Rating of 1 | 3.3 |
| **Delivery of Cash Plan** | Delivery of cash against plan. | Director of Finance | Red Cash below £5m<br>Amber Cash between £5m & £10m<br>Green Cash over £10m | 3.3 |
| **Liquidity Rating** | A measure of how many days an organisation can continue to fund its operations based on the level of net current assets and available borrowing. | Director of Finance | Red > minus 14 days liquidity<br>Amber - 0 days to minus 4 days liquidity<br>Green – greater than 0 days liquidity | 4.1 |
| **Bradford Improvement Plan** | Bradford Improvement Plan progress against target. | Director of Finance | Red >10% off plan (adverse)<br>Amber 0% - 10% off plan (adverse)<br>Green – on plan or better | 3.3 |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **Performance** | | | | |
| **Emergency Care Standard** | Percentage of patients seen in A&E within 4 hours. | Chief Operating Officer | Red < 90%, Green >= 90% | 2.4 |
| **RTT 18 weeks Incomplete** | Percentage of patients waiting within 18 weeks on an incomplete pathway. | Chief Operating Officer | Red < 92%, Green >= 92% | 3.9 |
| **RTT 52 weeks waits** | Number of patients waiting more than 52 weeks. | Chief Operating Officer | Red > 0, Green = 0 | 4.0 |
| **Cancer 2 week wait GP** | Percentage of patients who have waited a maximum of 2 weeks to see a specialist for all patients referred with suspected cancer symptoms | Chief Operating Officer | Red < 93%, Green >= 93% | 3.9 |
| **Cancer Urgent 62 day GP** | Proportion of patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer. | Chief Operating Officer | Red < 85%, Green >= 85% | 3.9 |
| **Cancer Urgent 62 day Screening** | Proportion of patients receiving treatment for cancer within 62 days of an NHS Cancer Screening service. | Chief Operating Officer | Red < 96%, Green >= 96% | 3.9 |
| **Full Blood Count acute wards 2 hours** | The time taken for the laboratory to process Full Blood Counts samples from all Acute Wards and validated results are available on the Laboratory Information Management System (LIMS). The time measured is from the sample being booked on to the LIMS and results being validated on the LIMS and available to requestors | Chief Operating Officer | Red <85%, Amber >=85% & < 90%, Green >=90% | 3.9 |
| **Diagnostic Waits** | Percentage of patients who have waited less than 6 weeks for a diagnostic test. | Chief Operating Officer | Red < 99%,Green >= 99% | 3.4 |
| **Mixed Sex Breaches** | Number of occurrences of unjustified mixing in relation to sleeping accommodation. | Chief Operating Officer | Red > 0, Green = 0 | 5.0 |
| **Radiology Turnaround Time OP** | Radiology Turnaround Time for Outpatient Scan to Report. Percentage reported within 14 days for Urgent and within 4 weeks for Routine. | Chief Operating Officer | Red <95%, Amber >=95% & < 98%, Green >=98% | 3.8 |
| **Radiology Turnaround Time Fast Track** | Radiology Turnaround Time for Fast Track Scan to Report. Percentage reported within 14 days. | Chief Operating Officer | Red <95%, Amber >=95% & < 98%, Green >=98% | 3.8 |
| **Mission Critical Systems Uptime** | Percentage of time all Mission Critical Systems were up and running | Chief Digital and Information Officer | Red <99.7%, Amber >=99.7% & < 99.9%, Green >=99.9% | 4.3 |

# Glossary Continued

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **Productivity** | | | | |
| **Length of Stay** | The average length of stay for patients, in days. | Chief Operating Officer | Red Top 25% of Trusts, Amber 50-75% of Trusts, Green Better than mean | 2.0 |
| **Stranded Patients LoS >=7** | The average number of patients (excluding Maternity) who have been in hospital 7 days or more. | Chief Operating Officer | Red >208, Amber 189-207, Green <= 189 | 4.1 |
| **Super Stranded Patients LoS >=21** | The average number of patients (excluding Maternity) who have been in hospital 21 days or more. | Chief Operating Officer | Red >71, Amber 62-71, Green <= 62 | 4.1 |
| **Elective Day Case Rate** | The number of patients admitted for planned procedure and leave same day as a % of all procedures. | Chief Operating Officer | Red < 83%, Amber <87% & >=83% ,Green >= 87% | 1.0 |
| **Bed Occupancy** | Average percentage of available beds which were occupied overnight. | Chief Operating Officer | Red >=95%, Amber 85-95%, Green <85% | 2.3 |
| **Discharges before 1pm** | Number of discharges from hospital which happened before 1 pm. | Chief Operating Officer | Red = Outside control limits, Green = Inside control limits | 2.3 |
| **New to Follow-up Ratio** | The ratio between New and Follow Up Outpatient appointments. Benchmarking data is from HED, which has a subtly different calculation, which can result in very small differences in numbers. | Chief Operating Officer | Red < 50$^{th}$ Percentile England, Amber 50 – 25$^{th}$ Percentile, Green Upper Quartile England | 2.4 |
| **DNA Follow-up** | This is the % of Follow-up Outpatient appointments where the patient does not attend. | Chief Operating Officer | Red < 50$^{th}$ Percentile England, Amber 50 – 25$^{th}$ Percentile, Green Upper Quartile England | 2.6 |
| **DNA New** | This is the % of New Outpatient appointments where the patient does not attend. | Chief Operating Officer | Red < 50$^{th}$ Percentile England, Amber 50 – 25$^{th}$ Percentile, Green Upper Quartile England | 2.6 |
| **Elective wait list** | Wait list of patients on an elective pathway. | Chief Operating Officer | Red Greater than last month Green Less than last month | 3.7 |
| **Covid-19** | | | | |
| **COVID-19** | For Covid-19 patients – average number in hospital, number who died, number discharged to usual place of residence | Chief Medical Officer | RAG criteria subjective – Executive informed. | To be confirmed |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **To be in the top 20% of employers** | | | | |
| **Engagement** | | | | |
| **Staff FFT Treatment** | Percentage of staff recommending the Trust as a place to receive care or treatment as part of the staff Friends and Family Test. | Director of Human Resources | Red <Yorkshire &Humber, Green >Yorkshire &Humber | 4.4 |
| **Staff FFT Work** | Percentage of staff recommending the Trust as a place to work as part of the staff Friends and Family Test. | Director of Human Resources | Red <Yorkshire &Humber, Green >Yorkshire &Humber | 4.4 |
| **Appraisal Rate Non-medical** | Percentage of eligible staff employed at the Trust who have had an appraisal in the last 12 months. | Director of Human Resources | Red <75%, Amber >=75% and <95%, Green >=95% | 5.0 |
| **Contacts with Advocacy service** | Percentage of Staff Advocate Service Contacts resulting in investigations. | Director of Human Resources | New metric in a phase of trending therefore RAG criteria subjective. – Executive informed. | 3.6 |
| **Harassment & Bullying outcomes** | Percentage of Harassment and Bullying related Contacts resulting in disciplinary action. | Director of Human Resources | New metric in a phase of trending therefore RAG criteria subjective. – Executive informed. | 4.6 |
| **Training & Development** | | | | |
| **New Starter Training** | Percentage of new staff who are compliant with mandatory training requirements. | Chief Medical Officer | Red < 90%, Amber >=90% & <100%, Green = 100% | 4.4 |
| **Refresher Training** | Percentage of staff who are compliant with mandatory training requirements. | Chief Medical Officer | Red < 75%, Amber >=75% & <85%, Green >= 85% | 4.4 |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **Staffing** | | | | |
| **Care Staff Shifts filled** | Percentage of time care staff staffing hours are filled compared with planned. | Chief Nurse | Red < 80%, Amber 80% – 95%, Green > 95% | 3.7 |
| **Care Staff Care Hours** | Total of the actual number care staff hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month. | Chief Nurse | Red = Lower two quartiles, Green = Upper two quartiles | 3.7 |
| **Nursing Care Hours** | Total of the actual number of Registered Nurse / Midwife hours for the month divided by the total number of patients who were an inpatient at midnight for each day of that month. | Chief Nurse | Red = Lower two quartiles, Green = Upper two quartiles | 3.7 |
| **Use of Agency Staff** | Agency Full Time Equivalents (FTE's) as a percentage of all FTE's. | Director of Human Resources | RAG criteria subjective. | 4.0 |
| **Staff Turnover** | Number of employees who have left the organisation in the past 12 months as a percentage of the average number of employees over the same period. | Director of Human Resources | Red > 14%, Amber 12% – 14%, Green < 12% | 4.0 |
| **Vacancies** | Percentage of vacancies against the funded establishment | Director of Human Resources | RAG Criteria being reviewed. | 3.6 |
| **Maternity patients receiving 1:1 care** | Percentage of maternity patients receiving one-to-one care | Chief Nurse | RAG Criteria being reviewed. | To be confirmed |
| **Equality & Diversity** | | | | |
| **BAME Senior Leaders** | Percentage of staff employed in Band 8+ Senior Manger roles at the Trust who are of Black, Asian or Minority Ethnic (BAME) background. | Director of Human Resources | Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target | 4.6 |
| **BAME Workforce** | Percentage of staff employed at the Trust who are of Black, Asian or Minority Ethnic (BAME) background. | Director of Human Resources | Red >=2% below Trajectory Target, Amber >2% of Target, Green >= Target | 5.0 |
| **Health & Wellbeing** | | | | |
| **Staff Sickness Absence** | Percentage of staff time lost due to sickness in a given period (the reported month, year to date is the previous 12 months rolling average for which the Trust target is 4.5%. | Director of Human Resources | Red >1% point above Target, Amber within 1% point above Target, Green <= Target | 4.0 |

# Glossary Continued

Bradford Teaching Hospitals NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **To collaborate effectively with local and regional partners** | | | | |
| **Partnership** | | | | |
| **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. | Director of Strategy & Integration | RAG rating subjectively agreed by the committee | Qualitative Metric |
| **Vertical Integration** | Working with local partners and contribute to the formal establishment of a responsive, integrated care system. | Director of Strategy & Integration | 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. | Director of Strategy & Integration | 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. | Director of Strategy & Integration | RAG rating subjectively agreed by the committee | Qualitative Metric |

# Glossary Continued

Bradford Teaching Hospitals
NHS Foundation Trust

| Indicator | Definition | Responsible Exec | RAG Criteria | DQ Kitemark Score |
|---|---|---|---|---|
| **To be a continually learning organisation** | | | | |
| **Learning Hub** | | | | |
| **Learning Hub Progress** | Progress on embedding the Learning Hub in the Trust against the plan. | Director of Strategy and Integration | RAG criteria subjective – Executive informed. | Qualitative Metric |
| **Research** | | | | |
| **Research patients recruited** | Number of patients recruited to studies against the planned recruitment. | Chief Medical Officer | Red <60%, Amber >=60% & <80%, Green >=80% | 4.0 |
| **Governance** | | | | |
| **Duty of Candour** | Patient informed duty of candour. | Director of Strategy and Integration | Red > 0, Green = 0 | 4.0 |
| **Information Governance Breaches** | The number of reported breaches of information governance standards. | Chief Digital and Information Officer | Red > 6, Amber <=6 & > 2, Green <=2 | 3.7 |
| **Out of Date Policies** | Percentage of policies that are currently out of date. | Director of Strategy and Integration | Red < 95%, Amber >=95% & <100%, Green = 100% | 3.3 |
| **Risk not Mitigated** | Risks 12 and above whose current rating is above the target (residual) rating. | Director of Strategy and Integration | Red > 15%, Amber >5% and <=15%, Green <=5% | 3.1 |

# Dashboard Key

Bradford Teaching Hospitals
NHS Foundation Trust

## Summary Charts


**Trust objective**

**Objective "Slices"**
Key areas contributing to the Trust objective. Each slice includes relevant "composite" metrics which contribute to an overarching Red, Amber, Green (RAG) rating.

## RAG Rating Calculations

**Objective Slice RAG**
Weighted score of composite metric RAGs within a slice divided by the number of composite indicators within a slice.
**Red =< 1.5**
**Amber > 1.5**
**Green => 2.5**

**Metric RAG**
Each metric has separate RAG criteria updated on a monthly basis by Responsible Owners as defined in the Metric glossary. This demonstrates the current status of the metric.

## DQ Kite Mark

RAG status of assurance of the data quality of the information being presented – average score RAG rated across 7 domains; timeliness, audit, reliability, relevance, granularity, validation and completeness.

| DQ Score | Summary |
|---|---|
| 1 | Insufficient systems, processes or documentation available to provide assurance on the asset (i.e. dataset). |
| 2 | Limited systems, process and documentation are available and therefore assurance is limited. |
| 3 | Systems, processes and documentation are available and the asset has been locally verified to provide assurance. |
| 4 | Full systems, processes and documentation are available and the asset has been locally verified to provide assurance. |
| 5 | Full systems, processes and documentation are available and the asset has been independently verified with full assurance provided. |

## Statistical Process Control (SPC) Chart

The information is generally presented using "control limits" to determine whether any one month is statistically high or low. The average is calculated over the first 12 months, and after this time if there is a period of 8 months in a row which are all above (or below) the average, a new average and control limits are calculated from this point.

## Benchmarking

The majority of benchmarking charts show information for the most recently available period. The range of other Acute Trusts values are split into 4 quartiles, showing the range of the bottom 25% of Trust values, 25-50% of Trust values etc. The value for Bradford Teaching Hospitals is shown alongside a single value looking at the average of Acute trusts in Yorkshire and Humber.