NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE			MEETING DATE	
Trust Board			24/05/2018	
TITLE of PAPER	Service Transformation Programme		**PAPER REF**	6.3
STRATEGIC OBJECTIVE(S)	Ensure continuous service improvement and innovation Provide a safe and caring service which demonstrates an efficient use of resources			
PURPOSE OF THE PAPER	To provide an update on the Trusts four Transformational schemes and update the Board on work streams supported or managed by the PMO function.			
For Approval	☐	**For Assurance**		☐
For Decision	☐	**Discussion/Information**		☒
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DISCUSSED AT / INFORMED BY – include date(s) as appropriate (*free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper*): TMG and Quality Committee March 2018

PREVIOUSLY AGREED AT:	**Committee/Group:** Choose an item.	**Date:** Click to enter date
RECOMMENDATION(S)	It is recommended that the Trust Board notes the updates provided on the Trusts Transformational schemes and additional Service / Quality improvement projects supported through the PMO.	

RISK ASSESSMENT	Yes	No
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☐	☒
Diversity and Inclusion Implications If 'Yes' – please attach to the back of this paper	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	2: Effective 5: Well led
NHSI Single Oversight Framework **Choose a THEME(s)**	3. Finance & Use of Resources 6. Leadership & Improvement Capability (Well-Led)

1. PURPOSE/AIM

1.1 To provide an update on the Trust's four transformational schemes and update the Board on work streams supported or managed by the PMO function.

2. BACKGROUND/CONTEXT

2.1 The Trust's four transformational programmes were RAG rated at year end 17/18 as follows

A&E Amber

2.2 In light of the Planning Guidance received in February, priority was shifted to work streams that will improve ARP performance. A number of business cases were approved by commissioners and this has formed three key workstreams.

Hub & Spoke Green

2.3 The AVP delivery model has been agreed and work continues with the architect to determine costs and fit out requirements for Huddersfield AVP while the revised fit out costs for Leeds have been presented. The Doncaster STP business case was approved for onward transmission and has now been forwarded to the STP and NHSI for feedback.

PTS Amber

2.4 Many areas of the programme are now "green" the parts remaining as amber include understanding of the benefits of the programme. The York and Scarborough mobilisation project has commenced and is reporting as green. The forecasting and resourcing project has been completed. HRW/Harrogate eligibility criteria has made significant progress. The revised questions for patients have been tested, signed off and the impact understood. A draft appeals process and marketing plan have been completed and are awaiting input from commissioners.

Integrated Urgent & Emergency Care Amber

2.5 The programme has now been reviewed and priority areas are being finalised with a focus on four areas:-

- Integrated Urgent Care Specification (IUC) Tender
- See, Treat & Refer Project including Pathways, AP Schemes & UTCs
- High Impact Urgent Care Pathways
- System Flow Project including LAT and reconfiguration agenda

2.6 Leads for each project are being identified.

Service Transformation Programme 2018-19

2.7 The Service Transformation programme for 2018-19 has been substantially reviewed to ensure alignment to the updated strategy and key drivers in reltion to ARP and Integrated Urgent and Emergency Care. Ongoing workfrom the programmes in 17/18 will be migrated into the new Programme Board structure. The Four Transformation boards are as follows with priority projects listed for each group:

Service Delivery & Integrated Workforce Model

2.8 RRV to DCA aims:

- Change DCA to RRV ratio from 2:1 to 5:1
- Reduction of Category 2 mean by up to 2:29
- Improve utilisation of vehicles
- RRV focussed on high acuity Category1 & Category 3,4 see treat and refer
- Improve non conveyance rate
- Free up DCA's to respond to Category 1 & 2

2.9 EOC Functional review aims:

- Reorganise EOC into 6 operational zones
- Increase clinical capacity by 30 FTE clinicians with aim to increase H&T to 10%
- Developing local knowledge to support non conveyance to ED
- Improve efficiency cat2 – cat 4 (reduction in fewer resources dispatched)
- Reduce allocation time for cat 1 from 32 seconds to 15 seconds
- Ability to implement DMP by zone
- Improve meal break allocation
- Reduce end of shift overrun
- Decrease DCA on scene time
- Reduce repeat calls

2.10 Low Acuity Transport aims:

- Free up frontline resource for response to higher category calls
- Introduce a more cost effective model for low acuity patients
- Triage of low acuity patients through dedicated LAT desk ensuring they receive the most appropriate response
- Review in Q4 for possible expansion to 30 crews

2.11 Other key developments include

- NHS 111/IUC service design
- EOC/CAS synergies
- Integrated workforce plan across the operational service lines

2.12 **Operational Place Based Care**

- YAS place based plan for all health economies
- YAS participation in UTCs and OOH provider alliances
- Place level understanding of high volume urgent care flows and our response – Care homes, falls mental health, community engagement – Volunteer roles/NY Pendant Scheme, tri-service collaboration.
- Total transport
- PTS West service design
- System capacity escalation plan (proactive demand management)

2.13 **Infrastructure**

- EPR and integrated health records – MIG, SCR
- Single YAS record
- Ambulance Radio Programme start up
- Telephony/CAD NAA
- Hub and Spoke roll out

- AVP Leeds and Huddersfield
- AVP – development of medicines management
- Tri-service developments
- Logistics/estates/facilities improvement project

2.14 **Capacity & Capability**

- Strategy delivery – capacity assessment
- Leadership and talent development
- Values and behaviours implementation
- Quality Improvement Strategy
- Service line performance framework/SLM – (Analytical capability, Service Line Management/PLICS, Embedded performance processes)
- VFM and productivity improvements aligned to national Ambulance Productivity programme and Northern Ambulance Alliance

Service Improvement

2.15 The PMO team is continuing to develop work alongside teams across the trust to identify, plan and support projects which aim to improve quality and efficiency. Key work streams include:-

- **Clinician Recruitment** attracting and retaining clinicians focusing on how we recruit and our offer once on board to aid retention. Initial work to review and develop our offer is almost complete and further work will now commence which will include initial work to scope and develop a bank of clinicians.
- **Recruitment Process** early work is being scoped looking at a timetable/flowchart with roles and responsibilities and timescales for the recruitment process. Guidance for shortlisting for managers and guidance for applicants on how to prepare an application form to assist in meeting the essential criteria. This will progress to an end to end process review in early 2018.
- **Paperless Strategy** Working with ICT to review paper based processes with some of the highest users such as PTS, Datix system and Training with a view to improve efficiency and reduce paper usage. This will also aid wider work on implementation of an Electronic Document Management system. Initial work with only very minor changes in PTS has saved in excess of 12,000 sheets per year.
- **A&E Job Cycle Time** this will include several work streams looking at variations across regions in on scene time and terrafix review to understand wheels moving times. Work has been carried out to identify variations in on scene time across localities which are now being shared with locality managers with a view to identifying possible causes.
- **Statutory and Mandatory Training Compliance Reporting** to ensure alignment to national standards a number of changes are required. This will allow accurate tracking of compliance for all Statutory and Mandatory training requirements.

2.16 There are also two work streams in the early stages of development. One is in A&E where the PMO have run initial workshops with the West Yorkshire A&E management team to identify and develop efficiencies in West Yorkshire. Initial work is also being carried out with Fleet, Estates & Procurement on a possible logistics transformational scheme.

3. PROPOSALS/NEXT STEPS

3.1 Work will continue to progress the Service/Quality Improvement schemes with PMO working in collaboration with the Quality Improvement team on the above and further work will also take place to identify priority areas for Service Quality improvement across the Trust.

4.   RISK ASSESSMENT

4.1   Risks within programmes are regularly updated through the Trust Risk Manager and Risk and Assurance Group.

5.   RECOMMENDATIONS

5.1   It is recommended that the Trust Board notes the updates provided on the Trusts Transformational schemes and additional Service / Quality improvement projects supported through the PMO.
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