| MEETING TITLE Trust Board Meeting in Public | | | MEETING DATE 30/08/2018 | |
|---|---|---|---|---|
| **TITLE of PAPER** | Service Transformation Programme Update | | **PAPER REF** | 3.2 |
| **STRATEGIC OBJECTIVE(S)** | All | | | |
| **PURPOSE OF THE PAPER** | The purpose of the paper is to provide an update to the Trust Board on the current position and next steps in relation to the refreshed service transformation programme. | | | |
| **For Approval** | ☒ | **For Assurance** | | ☒ |
| **For Decision** | ☐ | **Discussion/Information** | | ☒ |
| **AUTHOR / LEAD** | Gavin Austin, Head of Performance Improvement and PMO | **ACCOUNTABLE DIRECTOR** | Steve Page – Executive Director of Quality, Governance and Performance Assurance/ Deputy Chief Executive | |

| DISCUSSED AT / INFORMED BY – | | | |
|---|---|---|---|
| The updated arrangements for the key Trust change programmes were agreed in April 2018 through the Trust Executive Group and Trust Board. Subsequent discussions on the key workstreams have been progressed through the four refreshed Transformation Programme Boards, with an overview of developments reported to the Trust Eexecutive Group. | | | |
| **PREVIOUSLY AGREED AT:** | **Committee/Group:** | | **Date:** |
| **RECOMMENDATION(S)** | It is recommended that the Trust Board:<br>• Notes the progress made to date across the four programmes and further planned development.<br>• Supports the current suggested priority areas outlined within each of the four programmes. | | |

| RISK ASSESSMENT | Yes | No |
|---|---|---|
| **Corporate Risk Register and/or Board Assurance Framework amended**<br>*If 'Yes' – expand in Section 4. / attached paper* | ☐ | ☒ |
| **Equality Impact Assessment - *[New]***<br>*If 'Yes' – expand in Section 2. / attached paper* | ☐ | ☒ |
| **Resource Implications (Financial, Workforce, other - specify)**<br>*If 'Yes' – expand in Section 2. / attached paper* | ☒ | ☐ |
| **Legal implications/Regulatory requirements**<br>*If 'Yes' – expand in Section 2. / attached paper* | ☐ | ☒ |

| ASSURANCE/COMPLIANCE | | |
|---|---|---|
| **Care Quality Commission**<br>**Choose a DOMAIN(s)** | All<br>All | |
| **NHSI Single Oversight Framework**<br>**Choose a THEME(s)** | 1. All<br>1. All | |

## 1.    PURPOSE/AIM

1.1    The purpose of the paper is to provide an update to the Trust Board on the current position and next steps in relation to the refreshed service transformation programme.

## 2.    BACKGROUND/CONTEXT

2.1    The Transformation Programme governance arrangements have recently been re-designed following TEG and Board discussion in April 2018.

2.2    The programme was substantially redesigned to reflect changing national and local priorities and to address a number of key issues:

- The alignment to strategy to ensure a clear vehicle for delivery of objectives
- Increased scale and complexity of the transformation required.
- A need for step-change in cross-directorate working – enabling collective ownership and delivery of complex, cross-cutting work-streams
- A need for a more co-ordinated cross-directorate focus in external place based developments
- Better alignment of the strategies for support functions to delivery of the future operational model.
- Ensuring clarity about the deliverables, timescales and resources
- Systematic development of organisational capacity and capability to underpin delivery

2.3    The diagram below provides an overview of programme governance:



Corporate Programme Management August 2018
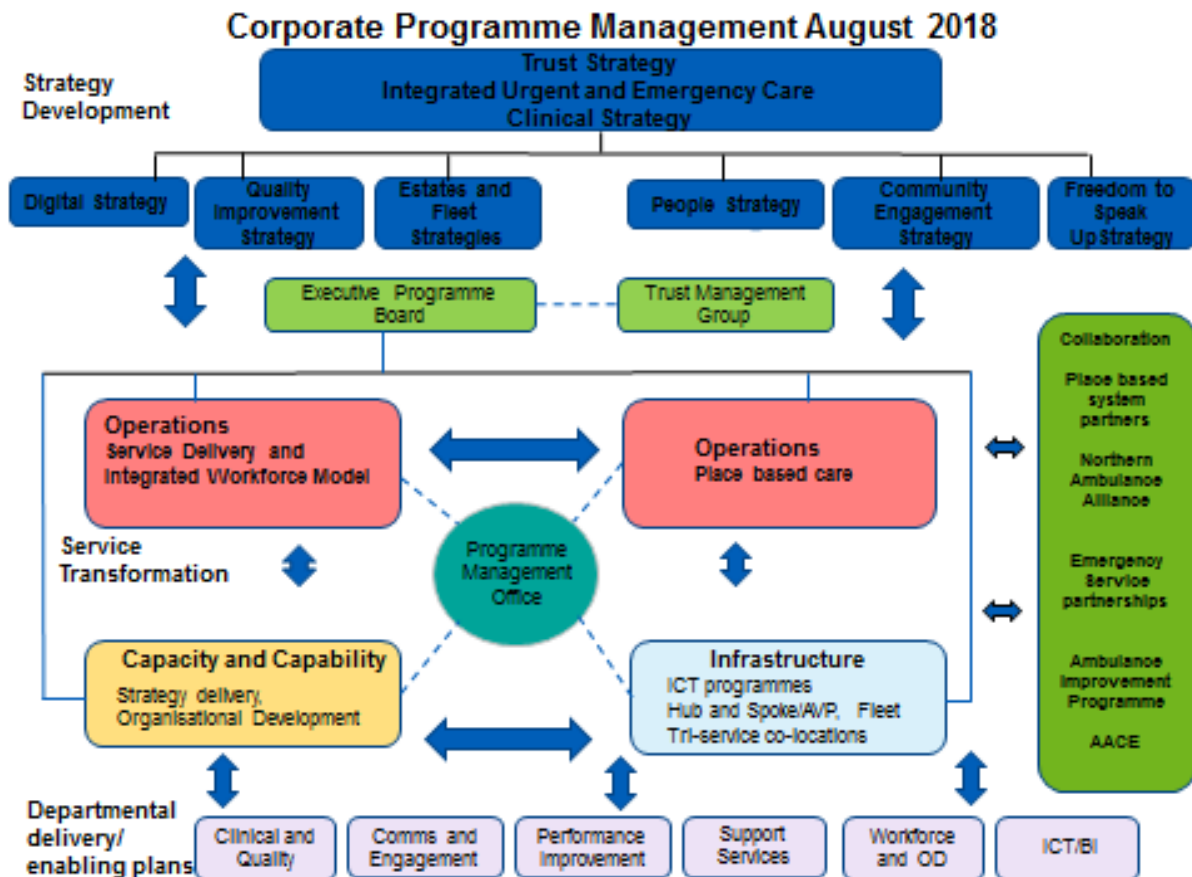
2.4    The focus of the four Programme Boards is summarised below:

- **Service Delivery and Integrated Workforce -** largely internal, cross-directorate projects which will focus on strategic developments in the Trust's operational service delivery model. This includes the key developments associated with the implementation of the national Ambulance Response Programme (ARP) standards and Integrated Urgent Care (IUC) strategy.
- **Place Based Care  -** external engagement and development to support delivery of system benefits associated with IUC and the ARP standards and wider system resilience, including contribution to local urgent care service and workforce models, and realising opportunities for greater community engagement to support innovative care delivery.
- **Infrastructure -** development of Trust infrastructure, to underpin delivery of the corporate objectives.  This will include implementation of key digital developments and of the Trust strategy for Hub and Spoke and Vehicle Preparation.  The programme will be fully aligned to the underpin delivery of IUC and ARP standards, and to realise quality and productivity benefits across Trust functions and for the wider health system.
- **Capacity and Capability -** ensuring that the Trust has the necessary capacity and capability to deliver its 5-year strategy and the associated transformation plans.  This will include a focus on leadership and development and staff engagement.

The programme will also focus on the delivery of value for money and productivity improvements, particularly in the corporate and support functions, aligned to the national and Northern Ambulance Alliance programmes.

2.5 The four Programme Boards are now fully functional. Residual work from the previously existing programme groups has been moved to business as usual within the relevant area, or where necessary transferred to the new arrangements.

2.6 Initial Programme Board meetings have been focused on ensuring clarity about the key deliverables in each workstream. As plans are developed, milestones, key performance indicators and trajectories are being defined for each project, and this will be used as the basis for ongoing assurance processes via the Programme Boards.

2.7 Work has also been undertaken to identify the alignment of strategic CIP opoortunities to the transformation plan workstreams. An initial summary of this mapping is attached as Appendix 1.

2.8 An update on each of the four Programme Boards is as outlined in Section 3 below.


**3.    CURRENT POSITION**


See tables below.

## 3.1 Service Delivery & Integrated Workforce Model

**Overview**
- Initial scoping of workstreams as outlined below
- Alignment to Demand and Capacity Group and updated operational modelling supported by AACE team
- Development of trajectory metrics for A&E ARP implementation plans to inform Programme Board
- Integrated workforce workshop held 12 July to inform development of detailed project plans
- Further work progressing with commissioners and Expert Working Group on ARP pipeline

| Work stream/ project | Current Status | Programme Board Indicators |
|---|---|---|
| RRV to DCA – increasing the number fo DCAs in the operational model | • Fleet plans on track - RRV fleet reducing as planned. 40 additional DCA to be operational by 15 Nov taking fleet to 379 operatioabnal vs plan of 380<br>• Recruitment of ECAs slightly behind track, with elements of risk around volume of traini ng required. Mitigating action in place to support delivery by January 19.<br>• Consultation with RRV staff affected in August.<br>• Workforce elements of the programme remain the key risk | • ARP performance vs trajectory (operational and clinical)<br>• Fleet vs plan<br>• Operational hours vs plan<br>• Spend vs budget plan |
| EOC development | • Additional clinician recruitment under way, via aligned approach with NHS 111. Initial 10 slightly behind schedule - intial 10 to be operational mid-December.<br>• Extension of functional redesign pilot agreed – start date TBC<br>• Further work to agree estate capacity for clinicians agreed<br>• Commissioner discussion ongoing via Expert Working Group | • Additional 30 Clinical Adviser recruitment vs plan<br>• H&T vs plan<br>• Spend vs budget plan |
| Low Acuity Transport | • Plan for increased capacity of 14 crews within overall model<br>• Ongoing discussions about phase 2 and potential future operational models<br>• Link to wider strategic discussions on opportunities to better manage overall patient flow | • Operational LAT resources vs plan<br>• % activity via LAT<br>• Spend vs budget plan |
| A&E efficiencies | • Interventions to reduce job cycle time – plan to implement performance cells<br>• Mealbreaks<br>• End of shift overtime – implementation due from Oct 2018<br>• Wiider review of operational workforce policy is under way | • Job cycle time<br>• Mealbreaks in window<br>• End of shift overtime<br>• CIP delivery |
| 111/IUC redesign | • The tender has been submitted and the Trust is engaged in the continuing process based around structured dialogue.<br>• Service design being considered in the context of the wider Trust operational model | • Tender deadlines and evaluation |
| EOC/CAS synergies | • Previously opportunities for short/medium and longer terms options are under discussion which have the potential to support clinical and operational efficiency.<br>• Specific developments will be agreed when there is sufficient clarity in relation to the 111/IUC tender | • Clinical recruitment and retention<br>• CIP delivery |
| Integrated workforce plan | • A workshop was held in July to scope issues<br>• A project group is being established to develop detailed implementation plans on priority issues – short/medium and longer term | • Recruitment/training v plan<br>• SP and AP staff to plan when agreed<br>• Multi-professional skillmix |
| EPR development; Local Health Care Records project; National Records Locator | • pilot complete and full roll ot under way.<br>• Development of EPR to capture NHS number agreed<br>• Further review in Programme Board if/when requires discussion/approval for next stage development.<br>• YAS activel;y engaged in STP development of LHCR<br>• Pilots of NRL in other Trusts. NHS Digital supporting YAS. | • TBC as/when we scope the next phase of EPR |

## 3.2 Operational Place Based Care

| | **Overview** | |
|---|---|---|
| | • Programme Board meetings commenced | |
| | • Initial scoping of workstreams as outlined below | |
| **Work stream/ project** | **Current Status** | **Programme Board Indicators** |
| YAS Place based plans | • Current mapping of engagement and activities shared. Further work under way to supplement existing information.<br>• Place Based Working Group reviewed to support process | • Activity vs overall engagement plan when finalised |
| Participation in UTC and OOH developments | • YAS involved on a number of fronts including walking centre models, diversionary pathways in A&E, service changes<br>• A review of Y&H regions UTC plans is being undertaken for the next meeting to cover referral criteria, staffing models | • TBC |
| Place level understanding of high volume urgent care flows and our response - Care homes, falls, mental health | • Care homes, falls, frailty - a number of initiatives to support an appropriate response to care homes and to frail patients, particularly those who have fallen are in progress with different health economies.<br>• The personalised and safe care in care homes initiative has commenced in Sheffield City and funded by Sheffield CCG<br>• Work is underway on a mapping exercise to identify care home intervention schemes across the region<br>• The Urgent Care Lead Nurse is completing an overview of work that is in progress and will develop best practice guidance for discussion at the programme board | • Number of calls from care homes<br>• Conveyance following care home calls |
| North Yorkshire Pendant Scheme | • Developing in partnership.<br>• Work under way to identify volunteers<br>• Development of clinical pathweay also in progress.<br>• PID to be developed. | • TBC |
| Community engagement | • The YAS collaboration working group has met twice with the ToR and scope for the group agreed. Work has started on pulling together a register of all collaborations which will then be submitted to the Home Office. | • TBC |
| Tr-service collaboration | • A blue light collaboration group has been established and a stock take completed of the partnerships and collaborations in place in each area.<br>• Exploration of tri-service partnership working at the new facilities to be commissioned in Doncaster and Hull and opportunities at other stations is underway. | • TBC |
| Place based collaboration | • A number of discussions continue to support systems with service reconfiguration plans and innovative solutions that YAS can enable to support transformation. Current priorities are SYB Acute Service Review, WY Stroke and developments<br>• Planning continues in all areas to support appropriate response to capacity and demand pressures e.g. Winter and this includes early pilots of a system wide Escalation Management System in SYB. | • |
| PTS West service design and total transport | • Place based conversations (e.g West) and internal discussion exploring potential opportunities around better management of patient flow.<br>• Further developmental discussions in progress outside Programme Board. | • TBC |
| Proactive demand management | • Exploration of potential approaches to supporting system demand, drawing on learning from other services. | • TBC |

## 3.3 Infrastructure

| Overview | | |
|---|---|---|
| • Two meetings held to-date. Next meeting scheduled for 2 August 2018. (May need to be re-arranged)<br>• Initial scoping of workstreams as outlined below<br>• Subsequent discussion on ICT projects and alignment to Programme Board also completed.<br>• Digital strategy under development and the programme will be aligned to this. | | |
| Hub and spoke – Doncaster, Sheffield, Bradford | • Plans for Doncaster progressing – construction tender launched July and contracts to be awarded in October<br>• Possible options for replacement training facility and interim solution being considered in Hub and Spoke Project Group.<br>• Work under way to identify future spoke locations, which will take into account the new ORH operational modelling.<br>• Future review of wider Estate plan to ensure alignment and identify opportunities for external collaboraion | • Vehicle availability<br>• Operationanal hours saved<br>• Quality – vehicvle cleanliness and stock audits<br>• Staff satisfaction |
| AVP Leeds and Huddersfield | • Plans in place and progressing – tender due out on 28 August<br>• Both sites planned to be operational by 3 December<br>• Medicines Management module in development as part of the roll out plan | • Vehicle availability<br>• Operationanal hours saved<br>• Quality – vehicvle cleanliness and stock audits<br>• Staff satisfaction |
| Logistics, Estates, Facilities improvement | • Discussion of outline ideas and potential efficiency gains.<br>• Full scoping to be brought back to Programme Board – Oct/Nov | • Process efficiency<br>• Cost reduction<br>• Staff satisfaction |
| Unified Communications | • Focus on increased mobile working, remote clinical triage, back office efficiencies, linked to telephony technology procurement – 18 month lead, with deployment 2-5 years<br>• Business case and alignment to NAA reviewed by Programme Board and TEG, progressing to Finance and Investment Committee review in Sept<br>• Business applications and deployment plan summary to be produced for Programme Board | • TBC based on benefits realisation plan in business case |
| Ambulance Radio Programme | • Plan to go live with control room solution Sept 19, with implementation commencing May 19<br>• Potential funding for MDT developments<br>• Project implementation group, with operational leadership now being establkished | • TBC |
| Paperless and Automation | • ICT working with PMO and procurement – 2-3 year prog.<br>• Short term quick wins – focused on high users e.g. training school (Link to QI Fellow), PTS, Datix system. Initial work in PTS with minor changes has saved 12,000 sheets per year.<br>• ESR development a key element<br>• Detailed project plan to be produced for Programme Board | • Reduced paper usage<br>• Cost reduction<br>• Process efficiency<br>• Staff satisfaction |
| Single YAS Record | • 2 year project<br>• Currently aiming to start 19/20, as dependent on NHS number in EPR<br>• Outline scope to be produced for Programme Board | • TBC |
| NAA - Single CAD | • Currently being explored via NAA programme | |
| Core internal communications | • Focused on basic internal communications – infrastructure and accessibility<br>• Head of ICT drafting paper for TMG, with a view to implementation plan | • 100% staff connectivity<br>• Staff survey measures – awareness of key developments, satisfaction |

## 3.4  Capacity & Capability

| | | |
|---|---|---|
| **Overview**<br>• Initial scoping of workstreams as outlined below<br>• Work has continued outside programme board on Well Led review and actions arising from the review have been mapped where appropriate to the transformation programme workstreams.<br>• Follow up exercise to review capacity and capability for delivery of strategy and service transformation now commissioned and in progress | | |
| Strategy delivery – capacity assessment | • PWC commissioned to provide this. Exercise to be completed by mid September | • TBC |
| Leadership and talent development | • Plans outlined in Board and TMG papers<br>• Leadership in Action programme began in August and set to proigress with pace through management across the organisation | • TBC - workforce dashboard in development |
| Values and behaviours | • Project plan and workstreams progressing | • TBC - workforce dashboard in development |
| Quality Improvement | • Current year project plan and workstreams agreed and progressing.<br>• Currently working on next steps in plan for 2019/20 And beyond with focus on embedding QI in business as usual<br>• Active engagememnt with national Project A | • Projects delivered and specifc project quality and efficiency indicators<br>• Staff engagement<br>• Service user engagement |
| Devolved performance framework | • Programme Board and TEG have agreed  project focused on enabling devolved management accountability in operational service lines, underpinned by tailored information, aligned support functions and support for development of relevant skills and knowledge.<br>• BI team continuing to develop Qlikview dashboards for A&E, working alongside performance team and A&E management. | • TBC |
| VFM/productivity | • Carter report publication deferred nationally<br>• Further national corporate benchmarking exercise completd July<br>• Agreed that we will identify next phase priorities internally and for NAA based on available benchmarking information once this round is complete.<br>• Scoping meeting to be arranged to inform Programme Board when reports available.<br>• Next step will include exploration of potential benefits of NEAS subsidiary company<br>• October workshop planned for NAA to identify future priorities from benchmarking | • Productivity and quality improvements in target areas<br>• Cost reduction in target areas |

**4. SERVICE IMPROVEMENT**

4.1 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. The majority of projects now sit within the four transformational workstreams. Key workstreams outside of these programme groups are detailed below:

- Recruitment Process: Two workshops have now taken place with the HR operations team as an introduction to Quality Improvement with the team identifying processes that require review. These will form part of a larger to project improve recruitment timescales.
- A&E Job Cycle Time: The initial findings have been shared with the A&E ops Divisional Management board with further work now to commence on proposals for improvement projects in key areas highlighted to the group on hospital handover, wheels moving and on scene time.
- Statutory and Mandatory Training Compliance Reporting: Work is ongoing to ensure alignments to national standards a number of changes are required. This will allow accurate tracking of compliance for all Statutory and Mandatory training requirements.

**5. PROPOSALS/NEXT STEPS**

5.1 Over the next cycle of meetings the scopes of workstreams, PIDs, project plans and metrics for all concrete projects will be discussed and agreed. These will inform future highlight and escalation reports to the 4 Programme Boards and from there to the Executive Programme Board through the formal cycle of reporting.

**6. RISK ASSESSMENT**

6.1 A number of common themes have arisen from the first round of Programme Board meetings, as follows:

- The need for further work to produce clear, commonly understood definition of all workstreams and projects.
- The need to apply more rigorous project management processes to project implementation.
- The need to ensure clarity of leadership and project management for implementation of all key workstreams.
- A requirement for effective analytical capability across all workstreams
- The importance of a unified and more strategic approach to communications to support communications in relation to Trust strategy and service transformation priorities.

These issues will be addressed as part of the commissioned capacity and capability review, and this should help to inform ongoing discussions and decision-making via the Executive Programme Board and TMG.

6.2 Specific risks to delivery are outlined in the body of the paper. Ongoing risks to implementation and associated mitigation plans will be identified through the Programme Boards and escalated in future highlight reports to the Executive Programme Board, Committees and Trust Board as appropriate. A formal change control process has also been agred for operation in the Programme Boards.


## 7. RECOMMENDATIONS

It is recommended that the Trust Board;

- Notes the progress made to date across the four programmes and further planned development.
- Supports the current suggested priority areas outlined within each of the four programmes.


## 8. APPENDICES/BACKGROUND INFORMATION

8.1 Appendix 1 – Proposed mapping of strategic CIPs to Programme Boards

**APPENDIX 1 - PROPOSED MAPPING OF STRATEGIC CIPS TO PROGRAMME BOARDS**

| Programme Board | Strategic CIP | Next Steps |
|---|---|---|
| Capacity & Capability | Training delivery, incorporating estate requirements and utilisation. | Development of options appraisal for discussion at Programme Board. |
| | VFM/NAA – subsidiary company | YAS to explore potential opportunities in collaboration with NEAS |
| | Corporate Benchmarking/VfM and Model Ambulance Opportunities | Analyse outcomes of corporate benchmarking exercise and agree priorities – Oct 2018. |
| | | |
| Service Delivery | Call Centre Integration | Consideration of current options appraisal at Programme Board for recommendation to Executive Programme Group. |
| | Fleet/Vehicle Mix | Development of options appraisal aligned to ORH modelling. |
| | Integrated Workforce pipeline | Options to be developed aligned to Provider intentions, ORH modelling and delivery of relevant standards. |
| | Operational efficiency – mealbreaks and end of shift overtime | Implementation assurance via Programme Board |
| | | |
| Infrastructure | Logistics review | Diagnostic and Options appraisal. |
| | Unified Comms/Telephony/CAD | Business Case outline/ review of NAA opportunities via Programme Board |
| | Medium to long term Estates Strategy including tri-service collaboration | Options appraisal to Programme Board |
| | | |
| Place Based Care | Total Transport | Diagnostic and options appraisal informing longer term plan. |