Executive Transformation Dashboard	January 2019

Service Delivery & Integrated Workforce: ARP trajectory and clinical model which underpins the NHS 111/IUC tender.

Key Live Projects	objectives	KPI		Key Risks
LAT Development	Free up resource for Higher acuity	Budget workforce	64	• H& Treat rate remains behind Trajectory. The latest round of recruitment secured 1.5 WTE, 19/20 plans are currently under development and are to be presented in March.
		Actual workforce	34	
RRV-DCA	Delivery of ARP Standards In line with Trajectory	C1 Mean - Trajectory	00:07:42	• A&E Meal break and end of shift plan not yet agreed and will not be in place for April to deliver the required cost savings
		C1 Mean - Actual	00:06:59	• Integrated Workforce programme is currently developing a plan and establishing a working group in order to identify and initiate the required work streams.
		C1 90th - Trajectory	00:13:18	
		C1 90th - Actual	00:12:09	
		C2 Mean - Trajectory	00:20:50	• 111 clinicians may express interest in applying for EOC clinician role, leaving 111 understaffed. Workshop held to discuss new approaches to Clinical Adviser recruitment and retention.
		C2 Mean - Actual	00:19:49	
		C2 90th - Trajectory	00:44:35	
		C2 90th - Actual	00:41:20	• Training need identified for operational staff moving from RRV and Lifepak15 defib to DCA and Corpuls defib.
		C3 Mean - Trajectory	00:00:00	
		C3 Mean - Actual	00:47:38	• Some issues around KPI's set out in IUC contract that cannot be delivered due to system and technical issues. NHSE will clarify expectations in a letter shortly.
		C3 90th - Trajectory	01:59:19	
		C3 90th - Actual	01:58:12	
		C4 90th - Trajectory	03:16:55	
		C4 90th - Actual	03:52:27	
EOC Functional review/Hear and Treat	Increase Hear & Treat to 10%	H&T Trajectory	8.5%	
		H&T – Actual	6.7%	
Integrated Workforce Plan:- See, treat, refer	-Advanced and specialist model -rotational paramedics -nurse interns -recruitment &training	Recruitment/training v plan & Multi-professional skill mix		
A&E efficiencies including workforce CIPs and workforce policy alignment	Deliver staffing numbers required for ARP delivery	Budget	2410	
		Actual	2367	
NHS 111/IUC service design/mobilisation, OOH alliances	Mobilisation of IUC/111 service following successful tender	IUC contract measures		
EOC/NHS 111 'YAS CAS' Synergies		Clinical recruitment and retention		

Executive Transformation Dashboard

Place Based Care: Improving external engagement and development to support delivery of system benefits associated with IUC and the ARP standards and wider system resilience.

Key Live Projects	objectives	KPI	Key Risks & Issues
YAS place based plan for all health economies	Map and continued tracking of engagement and PBC activity	Activity vs overall engagement plan when finalised	• Place based plan for all health economies has been developed and is available to share. • Business case for contracting bid currently under development to secure Licences for use of NART tool - wider care home roll-out. • Data for UTC analysis is not accurate due to recording of where we take patients to other than A&E • Decision on options for rotational paramedics for 19/20 contracting is required • NY pendant scheme ready for go live in March • Review of RAIDR and EMS under way in system capacity escalation plan
YAS participation in UTC's	Improving pathways for staff & patients, developing clinical opportunities, reducing Ed conveyance	Urgent Treatment Centre Conveyance for 999 calls; ED conveyance Job Cycle time No staff in rotational roles	
Place level understanding of high volume urgent care flows.	our response - care homes, falls and mental health.	TBC	
Care Homes	Reduce Inappropriate YAS attendance for falls	Total falls Total calls to YAS by method of call and chief complaint Lie time H&T S&T ST&C	
NY Pendant scheme	Reduce falls conveyance	Fall conveyance rate for pendant users Number of non-injury falls assigned to CFR	
Community engagement	VCS directory	TBC	
System capacity Escalation plan	Improve ability to shift patient flow in areas of high demand	TBC	

Executive Transformation Dashboard

Infrastructure: focus on the development of Trust infrastructure, to underpin delivery of the corporate objectives.

Key Live Projects	objectives	KPI	Key Risks & Issues
Airwaves replacement	Increase Comms resilience	TBC	• Unified Comms benefits realisation plan requires work to pull the plan of how benefits will be realised into 19/20; re-submission is expected at March programme board. Spoke locations not yet identified for Doncaster with workstream reported as at risk • AVP Leeds & Huddersfield backlog maintenance will complete in March as planned. • MDT's risk reduced as we have procured 45 new devices to cover extended period for Airwaves replacement project rollout If there is an increase in volume of out of hours support calls as ePR is rolled out across the Trust then the current ePR Deployment Team resources may not be adequate. High level multi-phase plans for agile working/efficiency and logistics developments reviewed in programme board
Unified Comms	Improve remote working capability, reduce call costs. Enable future EOC,111 developments	Travel budget spend Call costs vs previous	
Hub and Spoke	Improved estates facilities. Increased vehicle availability through efficiency savings of spoke model	Vehicle % availability % Vehicles deployed from Hub Hub area response times Average Late keying on time Deep Clean Compliance	
AVP	Free up Clinician Time, Improve vehicle cleanliness and Consumables availability		
Tri-service developments		TBC	
Diiigital enablers - unified comms, EPR, mobile DOS, single YAS record, core internal comms	Removal of paper at point of care	Total trained 1889 Toughbooks deployed 305 ePR completed daily 1250	
Agile working/efficiency	Deliver national objective of paperless by 2020	Paper & stationary spend Hours saved	
Logistics/Estates/Facilities improvement project		TBC	

Executive Transformation Dashboard

Capacity & Capability: Ensuring that the Trust has the necessary capacity and capability to deliver its 5-year strategy and the associated transformation plans.

Key Live Projects	objectives	KPI	Key Risks & Issues
Strategy Delivery - Capacity assessment		TBC	• The second tranche of QI fellows have been identified with 10 candidates successfully securing a fellowship. • QI year 2 plan developed for key areas of embedding QI in everything we do, retention and use of QI fellows, recruitment of QI fellows, spread of QI methodology. Funding requirement. • Strategic CIP development requires further work to support 19/20 CIP delivery and reduce level of CIP target given to each function • Review of Carter actions aligned to current work (further discussion took place in NAA workshop 23rd November). Scheduled for TEG review. • Accountability framework group established to scope workstreams required • Future training delivery options appraisal due for presentation April.
Leadership & Talent Development	Improved training facilities, training tailored for future organisational needs	% staff would recommend YAS as a place to work: 2017 – 3.44/5.0 2016 – 3.39/5.0 2017 ambulance service average 3.44/5.0 Culture survey: Response rate 35% Overall staff engagement – 2016 – 3.38/5.0 2017 – 3.38/5.0 2017 ambulance service	
Future YAS training model		TBC	
Quality Improvement	Implement QI strategy	QI fellow numbers No QI projects delivered	
Service line performance framework	Develop tools, skills and process for effective performance management	A&E performance standards during trial	
VFM/Carter Model Ambulance	VFM/Carter Model Ambulance	Benchmark positions on areas of focus	

Service Delivery & Integrated Workforce Model

Work stream/ project	Current Status	Programme Board Indicators
LAT development (incl. PTS offer and patient flow) Low Acuity Transport	Plan for increased capacity of 14 crews within overall model Ongoing discussions about phase 2 and potential future operational models Link to wider strategic discussions on opportunities to better manage overall patient flow	• Operational LAT resources vs plan • % activity via LAT • Spend vs budget plan
RRV to DCA – increasing the number of DCAs in the operational model	Fleet plans complete RRV fleet reducing as planned and DCA fleet now at 379 operational vs plan of 380 Recruitment of ECAs reinstated Consultation with RRV staff complete CS consultation postponed Workforce elements of the programme remain the key risk at 43 FTE behind plan	• ARP performance vs trajectory (operational and clinical) • Fleet vs plan • Operational hours vs plan • Spend vs budget plan
EOC Functional review/H&T	Recruitment behind track with mitigating actions progressing H+T rate now behind trajectory due to above point Extension of functional redesign pilot delayed until building works complete in Wakefield EOC with go live now set for April 19	• Additional 30 Clinical Adviser recruitment vs plan • H&T vs plan • Spend vs budget plan
Integrated Workforce Plan -Advanced and specialist model -rotational paramedics -nurse interns -recruitment &training	A workshop was held to scope issues A project group is being established to develop detailed implementation plans on priority issues – short/medium and longer term	• Recruitment/training v plan • SP and AP staff to plan when agreed Multi-professional skill mix
A&E efficiencies (Inc. workforce CIPS and workforce policy alignment)	ARP Support cell up and running and key issues identified with unavailability reasons clearly showing as an area for focus SOP's from Support cell work are under development Wider review of operational workforce policy is under way	• Job cycle time • Meal breaks in window • End of shift overtime • CIP delivery
111/IUC Design/mobilisation, OOH alliances	Successful tender confirmed December 2018 Service design being considered in the context of the wider Trust operational model Project team in place for mobilisation which will then shift to SDIP after go live KPI clarification to be issue by NHSE on undeliverable KPI's	• Tender deadlines and evaluation
EOC/NHS 111 'YAS CAS' synergies	Opportunities for short/medium and longer terms options are under discussion which have the potential to support clinical and operational efficiency. Specific developments will be agreed now successful tender has been confirmed.	• Clinical recruitment and retention • CIP delivery
Future YAS Operating Model – Operational/place based working	Workstream to be developed	• TBC
Future YAS operating Model – call centres/control rooms	Workstream to be developed	• TBC

Operational Place Based Care

Overview
- Programme Board meetings commenced with 4th meeting in January
- Initial scoping of workstreams as outlined below

Work stream/ project	Current Status	Programme Board Indicators
YAS Place based plan for all health economies	• Current mapping of engagement and activities shared. Further work under way to supplement existing information. • Place Based Working Group reviewed to support process	• Activity vs overall engagement plan when finalised
YAS Participation in UTC	• Initial analysis completed which has highlighted data issues around details of where conveyed if not ED • Key workstreams now underdevelopment which will support reduction in ED conveyance	• TBC
Place level understanding of high volume urgent care flows and our response -	• Tool now developed to review urgent care flows and presented to programme board • Work now underway to identify areas of focus based on the data available from the tool	• Number of calls from care homes • Conveyance following care home calls
Care homes, falls, mental health	• PID developed for care home pilot across Leeds and Sheffield • KPI's identified to track progress • Highlight reporting of the project has commenced with tracked measures being reported in March meeting • NART tool to be purchased and tested as part of the project	• Lie time falls patients • Total calls/demand chief complaint • H&T, S&T, ST&C rates for falls response
North Yorkshire Pendant Scheme	• PID presented to programme board and supported • Work underway to progress implementation • Go live in March/April	• Reduction in response times for 'concern for welfare' calls • Reduction in response times for non-injury falls • Reduction in A&E crew attendances • Increase in resource hour availability for A&E crews in mobilisation areas • Number of 'safe and well' checks completed
Total Transport and PTS west service design		• TBC
Community engagement	• Funding secured to develop a VCS directory with PID in development	• TBC
System Capacity Escalation plan (proactive demand management)	• Exploration of potential approaches to supporting system demand, drawing on learning from other services.	• TBC

Infrastructure

Overview		
• Initial scoping of workstreams as outlined below • Subsequent discussion on ICT projects and alignment to Programme Board also completed. • Digital strategy under development and the programme will be aligned to this.		
Ambulance Radio Programme	• Plan to go live with control room solution now March 2020 • MDT 's risk reduced with 45 procured to cover extended period of roll out • Project implementation group, with operational leadership now being established J. Gill appointed as SRO	• TBC
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 • Business case was supported by finance and investment committee & TEG • Tender launched • Benefits realisation requires work to bring forward in to 19/20 and detail on how they will be delivered is required • Project plan presented to programme board	• TBC based on benefits realisation plan in business case
Hub and spoke – Doncaster, Sheffield, Bradford	• Plans for Doncaster progressing – Tender awarded with work set to complete on deadline in Jan 2020 • Training centre move complete • Work under way to identify future spoke locations, which will take into account the new ORH operational modelling. • Future review of wider Estate plan to ensure alignment and identify opportunities for external collaboration	• Vehicle availability • Operational hours saved • Quality – vehicle cleanliness and stock audits • Staff satisfaction
AVP Leeds and Huddersfield	• Both sites were operational by 3 December with further work to be carried out after go live • Backlog Maintenance work now commencing • Medicines Management module in development	• Vehicle availability • Operational hours saved • Quality – vehicle cleanliness and stock audits • Staff satisfaction
Tri-service developments		• TBC
Digital enablers – unified comms, EPR ,mobile DOS, single YAS record, Core internal communications	• Focused on basic internal communications – infrastructure and accessibility • Head of ICT drafting paper for TMG, with a view to implementation plan	• 100% staff connectivity • Staff survey measures – awareness of key developments, satisfaction
Agile working/efficiency	• Quick wins work presented back to programme board with up 250,000 sheets removed • Paperless classroom trial also presented with go live planned for Jan 19 • Plan for phased implementation presented in Feb meeting	• Reduced paper usage • Cost reduction • Process efficiency • Staff satisfaction
Logistics, Estates, Facilities improvement	• Update presented to Programme board with initial focus on consumables availability • 6 months of journey data collected for each service currently being analysed • Stock control system scoping has commenced which will include RFID tagging for Asset tracking • Plan for phased implementation presented in Feb meeting	• Process efficiency • Cost reduction • Staff satisfaction

Capacity & Capability

Overview		
• Initial scoping of workstreams as outlined below • 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. • 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 report reviewed and action plan presented to TEG	• TBC
Leadership and talent development/values and behaviours	• Plans outlined in Board and TMG papers • Leadership in Action programme began in August and set to progress with pace through management across the organisation • Employee voice – proposal to go to October programme Board for review prior to TMG	• TBC - workforce dashboard in development
Future YAS training model	• Development of an options appraisal is underway on future training facility and training delivery due to be submitted to the group in February • Options for reducing training abstraction in year to be reviewed	• TBC
Quality Improvement	• 18/19 project plan and workstreams agreed and progressing. • plan for 2019/20 And beyond with focus on embedding QI in business as usual developed • Active engagement with Project A with Head of Quality seconded 1 day per week to support development of Project A plans	• Projects delivered and specific project quality and efficiency indicators • Staff engagement • Service user engagement
Service Line performance frameworks/SLM Devolved performance framework (accountability 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. • BI team continuing to develop Qlikview dashboards for A&E, working alongside performance team and A&E management. • Options appraisal on reporting products presented to group requires further work • Accountability Framework approach presented to group and TEG • Workstream leads identified to scope required work	• TBC
VFM/productivity	• Carter report now out with key points to be reviewed in the Nov meeting • Agreed that we will identify next phase priorities internally and for NAA based on available benchmarking information once this round is complete. • Scoping meeting to be arranged to inform Programme Board when reports available.	• Productivity and quality improvements in target areas • Cost reduction in target areas