Yorkshire Ambulance Service
NHS Trust

MEETING TITLE			MEETING DATE	
Trust Board Meeting (In Public)			28/03/2019	
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 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 –
Informed by Service Delivery, Infrastructure, Place Based and Capacity & Capability Programme boards. Content discussed at the Executive Programme Board. Quality Committee – March 2019

PREVIOUSLY AGREED AT:	**Committee/Group:** Trust Executive Programme Board	**Date:** 18/02/19

RECOMMENDATION(S)	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.

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Equality Impact Assessment *If 'Yes' – expand in Section 2. / 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*	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	All All
NHSI Single Oversight Framework **Choose a THEME(s)**	1. All 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 Service Transformation Programme.

2. BACKGROUND/CONTEXT

2.1 The four Programme Boards have made significant progress across a broad range of workstreams in the last three months. Below is an overview of key projects sat within each Board

2.2 Priority workstreams shown in the table below:

Programme Board/Project	Performance / KPI's	Progress update
Service Delivery and Integrated Workforce RRV-DCA- Reduce RRV numbers down to 75 and increase DCA to 380	C1 Mean - Trajectory **00:07:42** C1 Mean - Actual **00:06:59** C1 90th - Trajectory **00:13:18** C1 90th - Actual **00:12:09** C2 Mean - Trajectory **00:20:50** C2 Mean - Actual **00:19:49** C2 90th - Trajectory **00:44:35** C2 90th - Actual **00:41:20** C3 Mean - Trajectory **00:00:00** C3 Mean - Actual **00:47:38** C3 90th - Trajectory **01:59:19** C3 90th - Actual **01:58:12** C4 90th - Trajectory **03:16:55** C4 90th - Actual **03:52:27**	Project now complete with close down report and lessons learned being presented to the Programme board in March. The performance shown is for January against the trajectory agreed with commissioners. Recruitment of ECA's is till behind track but mitigated with overtime. Category 4 performance can be erratic due to small job numbers. A small number of outlying job times have significant impact on performance. A&E team are closely tracking the tale of performance in Category 4 and investigating outliers. Plans are in development for 19/20 on workforce numbers and efficiency projects required to deliver ARP standards.
Service Delivery and Integrated workforce NHS 111/IUC service design/mobilisation, OOH alliances	Call Answer in 60 Secs target 90% Clinical call back in 1 hr >60% Core clinical advice 30%	Key workstreams have been scoped and broken down in to four areas consisting of Service Model, Financing & contracting, Comms & Engagement and IM&T. Significant engagement activity took place throughout February with STP's. The sub-contract with Vocare for clinical advice is live which will support delivery of the 30% target. Worsktreams within the mobilisation plan are on track with no areas currently at risk.
Service Delivery and Integrated Workforce Inegrated Workforce plan	-Advanced and specialist model -Rotational paramedics -Nurse interns -Recruitment & training	A workshop was held to scope issues, following which it was agreed that a working group would be established to developed detailed implementation plans aligned to strategy. This plan is currently under development.
.Capacity and Capability Carter / VFM	No KPI's to track at current. Model ambulance reviewed regularly for exceptions	A detailed review of all workstreams aligned to Carter recommendations has been presented to TEG and the programme board with a 1 page overview also circulated.
Capacity and Capability Accountability Framework	Workstreams under development	An overview was presented to TEG on current state, benefits of a Framework and key workstreams which are Workforce policies and SOP's, OD coaching on holding to account & Performance Improvement, Financial Control Framework, Intelligence and Analysis and a Business Partner Model. The leads for each work stream have been identified with scoping now taking place to be presented back to Programme Board at the end of March.
Infrastructure Unified Comms	Travel costs £ Telephone line costs £	Contract now awarded. Initial meetings with supplier planed for February and Internal engagement workshop set up.

		Further work being carried out on delivery of benefits.
Infrastructure paper light process & Agile working	Paper costs £ Printing costs £ Staff hours saved	Approach presented to TEG on 5 year plan to enable removal of paper, introduce more efficient process and move to agile working. The workstreams have been broken down into short term 19/20, medium term 2020-22 and long-term 2022-25. This was due to the scale and broad range of work required. Service Improvement team are progressing with process work in high user areas (HR services, PTS, Training) with £18K in efficiencies already realised.
Infrastructure Hub & Spoke – AVP	Hub & Spoke - Improved estates facilities. Increased vehicle availability through efficiency savings of spoke model. AVP - Free up Clinician Time, Improve vehicle cleanliness and Consumables availability	Decant from main station is due to complete imminently, Contractors arrived to commence works at Doncaster in February 2018. Based on the ORH data Estates have begun scoping potential spoke sites. Further work is underway to establish a robust medicines management/stock control system to support AVP efficiencies and quality.
Place Based Care High volume urgent care flows	TBC	Business intelligence has developed a tool to track high volume urgent care flows. Work is underway Coordinating a trust wide response to reflect the system wide pressures associated with falls and frailty. This includes the use of clinical evidence, cross Directorate intelligence and an analysis of the current interventions and projects, focussing on effectiveness and desired business approach.
Place Based ICS Engagement	TBC	A driver diagram has been developed to show all key pieces of work and relevant leads within each ICS. This provides colleagues outside the programme board that engage with ICS's an overview of work taking place and a contact for further details.

2.3   A detailed update on each of the four Programme Boards is as outlined in Appendix 1.

2.4   Project alignment to the Trust Strategy was reviewed and presented to TEG as proposed in the previous paper. All current and proposed projects fit well with The Trusts Ambitions and Priorities with good coverage seen across all the Trust Ambitions.

3.   PROPOSALS/NEXT STEPS

3.1   Over the next cycle of meetings highlight reporting will continue. Detailed project plans will be developed and presented to the programme boards which will support delivery of ARP standards, IUC contract delivery, Cost Improvement / Efficiency and Patient care.

4.   RISK ASSESSMENT

4.1   A number of common themes are being addressed through Programme Board meetings, as follows:

- 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.

4.2 Specific risks to delivery are outlined in Appendix 1.1. 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 agreed for operation in the Programme Boards.

5. RECOMMENDATIONS

5.1 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.

6. APPENDICES/BACKGROUND INFORMATION

6.1 Appendix 1 – Service Transformation Dashboard