

Executive Transformation Dashboard				April 2019	
Service Delivery & Integrated Workforce: ARP trajectory and clinical model which underpins the NHS 111/IUC tender.					
Live Projects	Objectives	KPIs			Key Developments and Risks
Low Acuity Transport (LAT) Development	Free up resource for Higher acuity	Budget Actual	64		<ul style="list-style-type: none"> 18/19 ARP plans complete with close down and lessons learned report received by programme board. Recruitment slightly behind plan but being mitigated by overtime. 19/20 trajectory presented to programme board with further work required to present CBU level information. Recruitment will be focussed on South. High level 19/20 plans presented to programme board with detailed plans to follow. Assurance required that work is not duplicated from the integrated workforce programme of work Recruitment figures to be presented to allow identification of slippage to plan and breakdown by CBU. A&E Meal break and end of shift plan options presented to TEG. H& treat rate remains behind Trajectory, EOC rotational paramedic pilot commencing. Estate work in EOC to enable functional redesign now under way. Early IUC performance is positive, with mitigating action in relation to excess dental calls arising from the contract changes. Focused work has been agreed on recruitment and retention of Clinical Adviser workforce, to support sustainable delivery of clinical advice requirements in IUC and EOC. Integrated Workforce programme work streams agreed through working group sessions. Programme lead role agreed for recruitment. High level scoping for next phase of LAT /patient flow development to be considered in June/July meeting. External reviews commissioned to support development of future YAS operating model
		Budget Workforce	27		
RRV-DCA (closed) 19/20 progress	Delivery of ARP Standards In line with Trajectory	C1 Mean	Trajectory	00:06:58	
			Actual	00:06:43	
		C1 90th	Trajectory	00:12:02	
			Actual	00:11:28	
		C2 Mean	Trajectory	00:18:40	
			Actual	00:17:43	
		C2 90th	Trajectory	00:39:54	
			Actual	00:35:43	
C3 Mean	Trajectory				
	Actual	00:38:17			
C3 90th	Trajectory	01:47:48			
	Actual	01:29:51			
C4 90th	Trajectory	02:58:20			
	Actual	03:00:08			
EOC Functional review/Hear and Treat	Increase Hear & Treat to 10%	H&T Trajectory	10%		
		H&T Actual	6.5%		
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	2,423		
		Actual	2,386		
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 and CIP delivery	Clinical recruitment and retention			

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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.

Live Projects	Objectives	KPIs	Key Developments and Risks
YAS place based plan for all health economies	Map and continued tracking of engagement and PBC activity	Activity vs overall engagement plan when finalised	<ul style="list-style-type: none"> • Work is under way to refine Trust plans for frailty, with a specific focus on falls and care homes, building on existing evidence and pilot developments. • Mental health programme agreed by programme board • Stock take of Urgent Treatment Centre developments completed and scoping of programme for 19/20 under way. • Review of rotational paramedics to follow publication of pilot evaluation. • YAS are working collaboratively with EMBED to trial NHS Service Finder for frontline staff • NY pendant scheme ready for go live in Quarter 1
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	

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

Live Projects	Objectives	KPIs	Key Developments and Risks	
Airwaves replacement (Emergency Services Radio Network (ESRN))	Increase Comms resilience	TBC	<ul style="list-style-type: none"> ESRN timelines have slipped further 29 Sep 2020. Contingency planning reviewed to ensure ongoing supply of MDT devices during the transition. Joint design meetings held to support further refinement of Unified Comms benefits realisation plan. Project plan for agile working through 19/20 presented to April programme board. Work to roll out SKYPE in meeting rooms commencing in March. Approach presented to TMG on 5 year plan to enable removal of paper, introduce more efficient process and move to agile working. Service Improvement team are progressing with process work in high user areas (HR services, PTS, Training) with £18K in efficiencies already realised. EPR Roll out continuing for completion during summer 2019. Feedback from staff remains very positive. Development plan to be reviewed in next programme board meeting. Hub and Spoke – temporary accommodation in Doncaster now in place. AVP sites in Leeds and Huddersfield now live and lessons learned review from implementation received by programme board. Future Hub & Spoke and AVP options appraisal in progress, aligned to wider Trust strategy and estate plan. Scope of logistics improvement project presented to programme board, including possible options for more cost effective warehouse solution aligned to wider estate plan. The 2nd Rapid Process Improvement Workshop takes place 20th of May focussed on standardising consumables store rooms and the process of delivering stock. 	
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		
AVP	Free up Clinician Time, Improve vehicle cleanliness and Consumables availability	Average Late keying on time Deep Clean Compliance		
Tri-service developments		TBC		
Digital enablers - unified comms, EPR, mobile DOS, single YAS record, core internal comms	Removal of paper at point of care	Total trained		2243
		Toughbooks deployed		391 Toughbooks deployed
		ePR completed daily		1,400 ePRs completed/day
Agile / paper efficient process	Deliver national objective of paperless by 2020			
Logistics/Estates/Facilities improvement project		TBC		

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

Live Projects	Objectives	KPIs	Key Developments and Risks
Strategy Delivery - Capacity assessment		TBC	<ul style="list-style-type: none"> • Work to support implementation of leadership and talent development continuing. • The second tranche of QI fellows began their placement in April. QI year 2 plan in place focused on embedding QI in everything we do, retention and use of QI fellows, recruitment of QI fellows, spread of QI methodology and application of improvement science to Trust priorities. • Strategic CIP development continuing to support strategic CIP delivery. • Accountability Framework work streams and resource requirements presented to programme board and agreed in TEG. Work in progress to put in place the necessary programme lead role and other supporting resources. • Work underway on options for future training model • Recommendations from Carter report and corporate services benchmarking considered in programme board. Further work being developed on priorities via NAA.
Leadership & Talent Development	Improved training facilities, training tailored for future organisational needs	Overall staff engagement = 6.3/10 34% Response rate 52% would recommend the Trust as a place of work 74% would be happy with the care provided by YAS to a friend/relative	
Future YAS training model		TBC	
Quality Improvement	Implement QI strategy	QI fellow numbers No QI projects delivered	
Service line performance framework (Accountability 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	