

# Executive Transformation Dashboard

## August 2019

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

Key Live Projects	Objectives	KPIs			Key Developments/Risks
LAT Development	Free up resource for Higher acuity	Budget Actual	154		<ul style="list-style-type: none"> <li>Integrated Workforce programme work streams identified</li> <li>Workshop to be held on rotational paramedic model for evaluation of pilots and scoping of future model</li> <li>Some slippage with workforce development workstream specifically around take up of AAP qualification. This will impact on development of paramedics. Paper to be presented to TEG.</li> <li>Recruitment and training vs Trajectory for ECA's – some slippage and mitigation plans under review</li> <li>Revised hear and Treat plan and associated clinician recruitment to be presented to Service Delivery &amp; Integrated Workforce programme board August.</li> <li>Scoping paper being prepared by EC and SD in relation to clinical hub integration IUC/EOC for review in PB prior to TEG strategy session</li> <li>Next steps for Zonal working within EOC - TEG review requested</li> <li>Options paper being prepared for September Programme Board on future options for 'Total Transport' development.</li> <li>Proposal to Executive Programme Board that an avoidable conveyance workstream be assigned to SDIW, aligned to national plan</li> </ul>
		Budget Workforce	104		
RRV-DCA <b>(Closed)</b> 19/20 progress	Delivery of ARP Standards In line with Trajectory	C1 Mean	Trajectory	00:07:00	
			Actual	00:06:53	
		C1 90th	Trajectory	00:15:00	
			Actual	00:12:11	
		C2 Mean	Trajectory	00:18:57	
			Actual	00:18:17	
		C2 90th	Trajectory	00:40:00	
			Actual	00:37:29	
C3 Mean	Trajectory	01:00:00			
	Actual	00:43:32			
C3 90th	Trajectory	02:00:00			
	Actual	01:42:47			
C4 90th	Trajectory	03:16:23			
	Actual	04:01:00			
EOC Functional review/Hear and Treat	Increase Hear & Treat to 10%	H&T Trajectory	9%		
		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	2,449		
		Actual	2,435		
NHS 111/IUC service design/mobilisation, OOH alliances	Mobilisation of IUC/111 service following successful tender <b>(Closed)</b> New IUC contract measures	IUC contract measures			
		Core Clinical Advice	Target	30%	
			Actual	33.4%	
		Call Backs Made within 1 hour %	Target	60%	
			Actual	59.6%	
		Direct Bookings - System Indicator	Target	30%	
Actual	44.7%				

		Bookings into IUC Treatment Centres	Target	95%	
			Actual	60.3%	
		Bookings into UTC	Target	50%	
			Actual	53.9%	
		ED Validations	Target	50%	
			Actual	63%	
		Ambulance Validations	Target	95%	
			Actual	98.6%	
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.

Key Live Projects	Objectives	KPIs	Key Risks/developments
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"> <li>Sheffield Care Homes pilot due for interim evaluation September. Further funding agreed to extend to pilot.</li> <li>Mental Health Programme Year 1 and Year 2 plans to be reviewed September.</li> <li>Patient advocate role pilot commenced of the two GPs surgeries taking part, patients to support the pilot have been received from just one at this stage.</li> <li>Falls strategy to be presented to programme board September.</li> <li>Plans for Mental Health lead role to be confirmed</li> <li>Successful WY&amp;H ICS bids will need to be aligned to work with programme board plans – pathway development, mental health, telecare, rotational paramedics</li> <li>New roles being introduced to support place based engagement.</li> </ul>
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.

Key Live Projects	Objectives	KPIs	Key Risks/developments	
Airwaves replacement	Increase Comms resilience	TBC	<ul style="list-style-type: none"> <li>Hub &amp; Spoke, local design workshops taking place to assess requirements of spoke sites.</li> <li>Discussions in relation to policy change to support future Hub &amp; Spoke operations in progress.</li> <li>Further information requested on plans for spoke usage</li> <li>Draft business case for single warehouse submitted with further finance work continuing</li> <li>The 2<sup>nd</sup> rapid process improvement workshop took place in May, an AVP pack consumable will be trialled from York off the back of this.</li> <li>Presentation of Microsoft 365 capabilities requested in TMG in relation to Document management, employee networking and requirements of other key programme board work streams.</li> <li>Unified comms. has experienced delays due to a lack of provider engagement - escalated appropriately and will continue to be monitored closely. Assurance received that programme remains on rack overall.</li> <li>NAA common CAD engagement and an initial plan to build a specification initiated. YAS has responded with requirements – Clarification regarding PMO support required from NAA perspective</li> <li>Agile project continues to progress – printer removal proposal at TMG August, PTS Driver/PTS leader applications under development and agile training mobile devices pilot.</li> <li>Issues raised with procurement of Toughbook replacement as devices do not support 5G with the ESN network set to be on 5G. Procurement temporarily delayed and clarification on implications.</li> </ul> <p>EPR Project plan phase one Complete, phase two underway, with focus on delivery of 95% usage compliance.</p>	
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	% YAS patient records electronic		82%
		ePR completed daily		1300
		ePR total completed		436,000
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.

Key Live Projects	Objectives	KPIs	Key Risks/developments
Strategy Delivery - Capacity assessment		TBC	<ul style="list-style-type: none"> <li>The second tranche of QI fellows began their placement in April QI, Year 2 plan in progress.</li> <li>Training Model options paper under development.</li> <li>Work required to identify key work streams based on benchmarking information is being managed via NAA programme.</li> <li>Information requests to feed latest corporate benchmarking data have been received; work is underway to provide an accurate response.</li> <li>Work to scope employee engagement platform in progress with options paper due to be presented to the programme board</li> <li>Cultural ambassador role Trust wide communication delivered, applications now being received.</li> <li>Early draft of Programme plan for accountability framework presented in last meeting.</li> <li>NAA workstreams to come through group for support as developed</li> </ul>
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	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	