

Executive Transformation Dashboard

October 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	174	<ul style="list-style-type: none"> Integrated Workforce (IW) Programme Group to commence from December 2019. Going forward the group will manage delivery of all IW projects. Pilot commenced to improve utilisation of Specialist Paramedics (SP) in West Yorkshire. This will feed into the rotational paramedic model. Current utilisation rate of SPs is 1.7 jobs per shift. Full costings of a rotational model being development in finance. Assessments to progress the AP training have commenced for EMT 1s. Revised 'Hear and Treat' plan and associated clinician recruitment presented at Service Delivery & Integrated Workforce programme board. Further work needed to track recruitment trajectory v's performance. Options paper being prepared for December Programme Board on future options for 'Total Transport' development. Operational performance is behind trajectory on four categories: C1 Mean, C2 Mean and 90th centile, C3 90th centile. EOC/111 'CAS synergies' – initial scoping completed and rescheduled for review in TEG before project mobilisation. 	
		Budget Workforce	61		
RRV-DCA (Closed) 19/20 progress	Delivery of ARP Standards In line with Trajectory	C1 Mean	Trajectory		00:07:00
			Actual		00:07:17
		C1 90th	Trajectory		00:15:00
			Actual		00:12:30
		C2 Mean	Trajectory		00:18:57
			Actual		00:21:53
		C2 90th	Trajectory		00:40:00
			Actual		00:45:15
C3 Mean	Trajectory	01:00:00			
	Actual	00:53:25			
C3 90th	Trajectory	02:00:00			
	Actual	02:09:46			
C4 90th	Trajectory	03:16:23			
	Actual	02:55:00			
EOC Functional review/Hear and Treat	Increase Hear & Treat to 10%	H&T Trajectory	10%		
		H&T Actual	6.6%		
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	2,497		
		Actual	2,475		
NHS 111/IUC service design/mobilisation, OOH alliances	Mobilisation of IUC/111 service following successful tender (Closed) New IUC contract measures	IUC contract measures			
		Core Clinical Advice	Target	30%	
			Actual	31.2%	
		Call Backs Made within 1 hour %	Target	60%	
			Actual	53.2%	
		Direct Bookings - System Indicator	Target	30%	
Actual	44.9%				

		Bookings into IUC Treatment Centres	Target	95%	
			Actual	61.2%	
		Bookings into UTC	Target	50%	
			Actual	54%	
		ED Validations	Target	50%	
			Actual	54.6%	
		Ambulance Validations	Target	95%	
			Actual	97.5%	
EOC/NHS 111 'YAS CAS' Synergies	Clinical recruitment and retention and CIP delivery	Clinical recruitment and retention. Operational efficiencies.			

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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"> Sheffield Care Homes pilot interim evaluation received. Mental Health Programme Year 1 and Year 2 plans to be reviewed. Lead now in post with PIDs being further developed for sign-off. North Yorkshire pendant scheme requires further work to agree clinical code sets. Operational ownership to be agreed. Falls strategy to be presented to the programme board in January 2020. The Academy proposal to be taken through the Gate process. The first of the new place based engagement roles now in post, others to follow in subsequent months.
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"> Hub and Spoke business case and plans for expansion of AVP progressed through the Gate process. Discussions in relation to policy change to support future Hub & Spoke operations in progress. Draft business case for single warehouse approved through the Gate process. Awaiting Capital funding decision. The third 'Rapid Process Improvement Workshop' took place in October, with a focus on staff uniform. A new online uniform ordering app was launched during the week. The thirty-day review is due in November. Presentation of Microsoft 365 capabilities requested by TMG in relation to Document management, employee networking and requirements of other key programme board work-streams. Unified comms; go live date slipped to January 2020. NAA common CAD being progressed via NAA with a PMO Lead in place to manage the process. Agile project continues to progress with printer removal underway. Savings to be tracked as part of ongoing evaluation. ePR Project plan phase one now complete, phase two underway, with focus on delivery of 95% usage compliance. 	
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		89%
		ePR completed daily		1800
		ePR total completed		573,434
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"> The second tranche of QI fellows began their placement in April QI - Year 2 plan in progress. QI training approach agreed in October 2019. Work required to identify key work streams based on benchmarking information is being managed via NAA programme. Employee engagement platform presented at Programme Board and agreed to progress as a pilot. Cultural Ambassador role applications re-opened to recruit sufficient numbers. Options appraisal for future business integrated reporting tool reviewed and recommendations agreed. Accountability Framework Programme Group agreed with first meeting due to take place in December 2019. Support for further development of the future training model currently being procured.
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	