

## Annex B Updated Go Live Criteria

1.1 The recommended Go Live criteria to ensure we can assess the breadth and depth of organisational and individual competency and readiness for Unity Go Live includes readiness assessment against measurable criteria at:

- **Trust level**
- **Directorate / Departmental level**
- **Individual / Team competency level**

These are set out in appendix 1.

1.2 **Trust level** Go Live criteria is mapped to IT, people and operational readiness. The criteria are largely Cerner recommended and have been cross referenced with other Trusts that have recently gone live to ensure learning from others. The assessment domains include cutover, clinical safety, business readiness, devices, project outputs (mitigating risks issues and hazards), IT and technical, unity work stream handover, back office and policies.

1.3 **Directorate readiness** is measured against operational activities that include:

- Engagement and communications
- System access
- Digital champions
- End user training
- IT equipment
- How we will work
- Business as usual
- Go live planning

1.4 **Individual and team based competency** readiness is measured through:

- Individuals demonstrating role based competencies identified for in patient ward nurse and health care assistant, outpatient nurse, clinical nurse specialist, doctors, ED nurse, ED administrator, ED doctor, critical care nurse, corporate administrator, midwife, therapists both in patient and out patient's based, medical secretaries and theatre practitioners
- Team based competencies will be developed based on tasks the team will have to have competency in eg handover from shift to shift, handover from department to department, board rounds, ward rounds, multidisciplinary team meetings

1.5 **The depth of readiness of departments and the individual members or teams will be risk stratified** based on volumes of patient activity and complexity of patients. Gold departments or staff groups will be those deemed as having particularly high patient volume or high acuity. Silver departments will host a majority of our staff.

- 1.6 Gold departments or staff groups will need to achieve 90% departmental readiness scores and 95% of individuals demonstrating competency against their role specification. Gold departments will include all emergency departments, all assessment units, critical care areas, theatres, maternity, chemotherapy and medical infusion suites. Gold staff groups will include junior doctors, pharmacists, capacity managers and porters.
- 1.7 Silver departments will include most wards, outpatients and administration functions. Departmental readiness and individual competencies will both be demonstrated at 80% for silver departments.

**Appendix 1 – Go live criteria****1. Trust Go Live criteria****Cutover**

Is the command centre structure in place and staffed?
Are all Cerner resources available for Cut-over?
Are staff scheduled/rostered?
Has a plan for Cutover been produced, agreed by the Organisation and the relevant resources prepared and available?
Is there is an issues capture and resolution process in place?
Is the Cerner Go Live/Early Live Support team resourced and documented?
Is the Trust Go Live/Early Live Support team resourced and documented?
Has the conversion/cutover plan, downtime strategy and all risks, issues and lessons learned been reviewed and agreed?
Is there a detailed communications and engagement plan in place for cutover that details what is happening when and how to access support?
Have Floorwalkers been sourced, training, rostered and have a published engagement plan.

**Clinical Safety Case**

Has the Trust approved the Clinical Safety Case/Report (CRM) and signed the Clinical Authority To Deploy (CATD) document?

**Business readiness**

Have all workflows, including those with printers and devices been defined, approved and tested?
Have all statutory, operational and management reports required for Go Live been produced and is the Trust satisfied that they have been fully tested?
Has a Disaster Recovery process been agreed, documented and tested?
Has the Operational Readiness (90, 60, 30 days) plan been implemented?
Have Digital Champions been trained, orientated in support procedures and aware of their engagement activities?
Has 80% of end user training been completed on schedule as per training plan?

Has 95% of critical end users been trained ready for cutover? (critical users = users that will be on duty over the 48h after the cutover)
Has the impact on the Trust (ED, inpatient, outpatient) been determined and catered for within the Trust's operational plans?
Do all staff rostered on for cutover know how to use new devices (e.g. hand held barcode scanner, label printer)?
Are all business continuity plans approved, published on Connect and known to staff?
Have all user access and permissions been verified?
Is the optimisation plan for 1-2 weeks, 3-6 weeks, 7-12 weeks and 12-24 weeks post Go-Live in place? Reports tested, management controls in place.

### **Devices**

Have all printers and devices required for Go Live been installed, configured, tested and signed-off by the Organisation?
Has 724 been tested for each area where it will be deployed?
Has a Lessons Learned session been held to understand how other clients have approached Cut-over compared to the approach Sandwell have taken?
Has the Printers and Devices DCW been completed, the data uploaded into Unity?
Has BMDI integration been configured and tested?
Is there a plan in place to ensure the batteries are tested and maintained?

### **Project outputs**

Have all Project Risks and Issues been reviewed and those with a classification of high (score equal or greater than 15) have a mitigation that has been agreed and signed off by all parties (excluding those in the Gateway criteria)?
Have all 'Unacceptable' hazards that were on the register been mitigated to a lesser score?
Have all relevant Corporate Risks and Issues that have not been generated from the Project been reviewed and mitigations applied?
Are there any outstanding issues on the programme or corporate risks / issues log that may prevent Go Live? If yes, how are they being addressed?
Have all Risks and Issues been reviewed and those with a classification of high (score equal or greater than 15) have a mitigation that has been agreed and signed off by all parties?
Have all deliverables and approvals required for the Project been stored on the Portal in the correct locations? Have all weekly reports been uploaded to the Portal?
Have project timelines been communicated at clinician meetings

## IT & Technical

Has all of the IT infrastructure work required for Go Live been completed?

Has the final DM Trial Load completed successfully and has the Report been approved and on the Portal?

Has Cerner completed the RFO - Ready For Operation - testing (e.g. performance, stability, penetration testing, environment lock-down) been carried out?

## Unity work stream readiness and handover

Has each Cerner work-stream completed their Conversion Readiness Assessment document?

Have the Quick Reference Guides, Videos and SOP's been produced and approved by the Organisation?

Have all critical for Go Live Change Requests been applied, and if not have mitigations been agreed and implemented?

Has the Test Issue exit criteria been met? If not have work off plans been agreed?

Have all deliverables and approvals required for the current stage been stored on the Portal in the correct locations? Have all weekly reports been uploaded to the Portal?

Are all DCWs up to date and been handed over to the Trust to maintain?

## Back Office

Has the Back Office structure and workforce been agreed and people in post?

Has all the required pre-Go Live maintenance training been carried out?

Has the Cerner hand-over to Live Service meeting taken place and agreement reached on the hand-over date agreed (i.e. the end of Early Live Support)?

Have all DCWs been handed over to the Trust Back Office for ongoing maintenance?

## Record keeping policies

Are there are formal written policies to handle lack of compliance with the use of the Electronic Medical Record?

Is there a policy related to hand written orders in place?

Is there a policy relating to verbal orders or telephone orders in place?

## 2. Directorate/ Department Readiness Checklist

<b>Engagement and Communications</b>	
Unity discussed at team/department meetings	Standing agenda item at all digital meetings
Unity team have visited department	Implementer for area
Staff newsletters and information on display	All staff within the area has knowledge of Unity. Evidence base; Spot checks
<b>System access</b>	
Basic IT skills, confidence is good	All staff requiring access to Unity are comfortable using a computer
Colleagues have network log ins	All staff requiring Unity access within the area have a SWBH log in and can log in.
Colleagues can log into Unity	All staff requiring Unity access within the area have a Unity log in and can log in.
<b>Digital Champions</b>	
Digital Champions (DC) identified	Appropriate number of DC's for area identified and trained
Digital Champions released for preparation activities	DC's for area released to support preparation activities
DC Trained	All identified DC's for area are trained

DC Rostered for Go live	All identified DC's for area are available across Go Live dates
<b>End user training</b>	
Colleagues identified	All staff on the area nominal roll who require access to Unity
Training attended	All staff on the area nominal roll who require access to Unity
Colleagues training and competency passed	All staff on the area nominal roll who require access to Unity
<b>IT Equipment</b>	
Completion of IT equipment audit	Devices checks, with completion of associated future state spreadsheet
WIFI checked	IT completed checks and designed off by area manager
Future state device plan signed off	Devices checks, with completion of associated future state spreadsheet
Appropriate hardware installed to include 724 configuration as required	Devices checks, with completion of associated future state spreadsheet
BMDI installed (CCS/NNU, Theatres)	Devices checks, with completion of associated future state spreadsheet

<b>How we will work</b>	
Every staff member understands the benefits of Unity	All staff within the area has knowledge of Unity. Evidence base; Spot checks
On site end to end process review completed	Focussed walkthroughs have tested future processes
Staff participated in FDR	Only complete if area is part of FDR
New processes understood	All staff within the area has knowledge of SOP's,Operational processes and QRG's. Evidence base; Spot checks and walk throughs
Staff have practised new processes	Practised during walk throughs and/or made use of play domain
Unity resource packs in place	Speciality specific pack containing relevant documents to support staff during Cutover and post go Live
<b>Business as usual</b>	
Staff able to access and maintain Unity	Post Go Live only
BCP updated to include 724 and available at service and ward level	Spot checks, Group Governance meetings agenda item



Obsolete paperwork identified	All paper documents <b>not</b> required at Go live have been identified
Obsolete paperwork removed	All paper documents <b>not</b> required post Go live have been removed
Business continuity plan updated	BCP has been updated and tested before FDR/cutover
IT support arrangements and fault reporting understood	All staff in the area are aware of IT escalation processes
Unity access protocols for Bank and agency staff understood	Area plans for ensuring bank/agency/Locum staff have access to training and are equally ready for Unity
<b>Go Live planning</b>	
Adequate staff rostered to cover the Go Live period	Eroster/Off duty completed as per schedule to accommodate Unity Go Live
Local go live activities and processes understood	Local plans in place and shared prior to FDR/ Go Live
Reference guides and cut over help understood	FDR/Go live information and briefings communicated
Patient information available	Patient Information readily available in area
All Future state Operational processes have been mapped and shared	Operational processes (with linked SOP/QRG) completed and shared

### 3. Individual competencies

Role	Competency
<b>In patient ward nurse</b>	Document Vital Signs Complete nursing assessments (e.g. Safety Assessment & MECC ) from CareCompass Know how to accept and personalise suggested care plan Administer simple medication (including allergy check) Document and complete a ward-to-ward handover Document IV Cannula/Catheter/NG tube insertion and assessment Request MRSA swab and collect on Unity Document oral intake/urine output on electronic fluid balance chart Create a ward meal plan Discharge a patient completing relevant checklist and TTO evaluation supply Complete the sepsis screening
<b>In patient health care assistant</b>	Document Vital Signs Document oral intake/urine output on electronic fluid balance chart Collect MRSA Swab and complete collection in Unity Document Nurse Rounding (Care Rounding) from Care Compass Record Emergency Contact details in Unity and via Care Compass Request (order) a food/stool chart (PRN) and complete chart Document removal of an IV Cannula Document hygiene assistance provided in relevant care plan Complete a MECC assessment from Care Compass Add patients dietary requirement via orders and view on Care Compass
<b>Outpatient nurse</b>	Setup a Clinic List in Unity using relevant clinic code Document vital signs Document patients height/weight Update patient status on the scheduling view Add a comment in the comments column (scheduling view)

	<p>Record patients allergy status within electronic record</p> <p>Complete the MECC assessment</p> <p>Create a Nursing Progress Note</p> <p>Administer medication (if appropriate)</p> <p>Request and collect specimen (if appropriate)</p>
<b>Clinical Nurse specialist</b>	<p>Setup a Clinic List in Unity using relevant clinic code</p> <p>Order laboratory requests and complete collection in Unity</p> <p>Create a Nursing Progress Note</p> <p>Update patient status on the scheduling view</p> <p>Add a comment in the comments column (scheduling view)</p> <p>Complete the nursing assessment (e.g. Safety Assessment or MECC) from CareCompass</p> <p>Prescribe medication (NMP's only)</p> <p>Record and amend allergy status</p> <p>Locate and view patient notes created in the patient record</p> <p>Complete the MECC assessment</p>
<b>Doctor</b>	<p>Prescribe oral medication &amp; variable rate infusion</p> <p>Complete workflow Page and Create associated note with correct type</p> <p>Document Problem, Past Medical History , Diagnosis and Procedure</p> <p>Document Home Medications &amp; Complete admission reconciliation</p> <p>Complete discharge reconciliation (TTOs)</p> <p>Record and amend allergy status</p> <p>Complete discharge summary and describe implications of finalising</p> <p>Order FBC/UE &amp; CXR</p> <p>Initiate Sepsis Plan</p> <p>Undertake mandatory assessments including VTE, MECC, Delirium and Accessibility</p>
<b>ED nurse</b>	<p>Complete triage form</p> <p>Document vital signs</p> <p>Administer simple medication including allergy check</p>

	<p>Document administration of a medication by PGD  Request FBC &amp; UEs and document collection on Unity  Document insertion and assessment of IV cannula  Document and complete handover to ward  Assign self to patient on Launchpoint  Complete MECC assessment  Complete the sepsis screening</p>
<b>ED administrator</b>	<p>Record the patient's registration / arrival  Amend the patient's registration / arrival details  Complete / attach pre-arrival form  Record fracture clinic appointment  Record Admin Note  Locate patient within the ED department  View recently discharged list  Print relevant documents from FirstNet</p>
<b>ED doctor</b>	<p>Create ED Definitive Assessment note using Clinical Workflow Page  Order and Collect FBC, UE, LFT  Order Chest X-Ray  Initiate Sepsis Plan  Document Home Medications  Document Problems and Past Medical History  Prescribe oral medication, in fluid bolus, in infusion and variable rate infusion  Record and amend allergy status  Complete DTA and describe implications of selecting incorrect consultant/treatment function  Complete depart process (admit or discharge) including TTO's  Complete MECC assessment</p>
<b>Critical care nurse</b>	<p>Complete Critical Care nursing assessments  Request FBC &amp; UEs and document collection within Unity  Document Insertion and assessment of IV cannula</p>

	<p>Document unit-to-ward handover</p> <p>Complete the sepsis screening</p> <p>Associate device to patient and record vital signs</p> <p>Accept and personalise a suggested care plan</p> <p>Administer an IV infusion and record within Unity</p> <p>Create nursing progress note</p> <p>Document oral intake/urine output on electronic fluid balance chart</p>
<b>Corporate administrators</b>	<p>Search for a patient and view the patient results such as vital signs or laboratory results</p> <p>Create custom list and add the relevant patients to your service</p> <p>Complete the nursing assessment (e.g. Safety Assessment or MECC) from CareCompass</p> <p>Locate and view patient notes created in the patient record</p> <p>Create a speciality progress note</p> <p>View the Drug Chart Summary and explain the drug chart components</p> <p>Find a patients out patient appointment</p> <p>Find the patients Emergency Contact Details</p> <p>Create a patient problem and add a Flag/Alert where necessary</p> <p>View your referrals (if appropriate - MPTL)</p>
<b>Midwife</b>	<p>Document patients weight on admission</p> <p>Review and record allergy status</p> <p>Request a FBC or MSU and document collect on Unity</p> <p>View drug chart and administer medication</p> <p>Prescribe Medication</p> <p>Document the supply of pre-packed drugs</p> <p>Demonstrate how to use Message Center</p> <p>Complete the MECC assessment</p> <p>Complete Depart process</p> <p>View outpatient clinic List via scheduling view</p> <p>Review patient results</p>

<p><b>In patient therapies</b></p>	<p>Create appropriate location list(s), including custom lists  Set up MPTL (Multi-Patient Task List) referrals and contacts tabs  Open/set up Whiteboard  Order / place a referral; Accept / Reject a referral  Review patient record (e.g. Clinical Workflow, Allergies, Documents)  Create a progress note  Complete discharge summary (additional contributors)  Record patients contacts and reschedule patient  Complete MECC assessment  Search for a patient and choose correct encounter  Complete therapy assessment documentation and modify</p>
<p><b>Outpatient therapies</b></p>	<p>Setup a Clinic List in Unity using relevant clinic code  Access Clinic List (Scheduling)  Review patient record (e.g. Clinical Workflow, Allergies, Documents)  View referral/clinical information  Record Clinical Summary/ Assessment and Plan via Clinical Workflow  Order diagnostics  Create an outpatient document  Update patient status  Add comment (scheduling view)  Complete eOutcome</p>
<p><b>Medical secretaries</b></p>	<p>Open a patient's record via PowerChart  Demonstrate how to find information from a patient's record - e.g. results and documentation  Document a telephone conversation using notes within Unity  Find a patient's diagnoses / problems  Use the Form Browser to access documentation  Find a patient's Histories (e.g. Social History)  Demonstrate how to use Message Center  Find an outpatient clinic via Scheduling view</p>

	<p>Print any relevant documents as required</p> <p>Demonstrate the use of single document capture</p>
<b>Theatre practitioners</b>	<p>Complete recovery quick view band</p> <p>Document oral intake/urine output on electronic fluid balance chart</p> <p>Set up intervals for vital signs and document patient observations</p> <p>Find and review operation notes</p> <p>Record medication administration inc. Control Drugs and IV fluids</p> <p>Collect specimen and complete collection in Unity</p> <p>Document IV Cannula/Catheter/NG tube insertion and assessment</p> <p>Complete recovery discharge criteria</p> <p>Understand where to find patient documentation and assessments</p>

**4. Team based competencies are still to be signed off.**

