SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 3rd October 2019

Unity Go Live – Initial Update

Overview of first 7 days of deployment

1. The Board approved Go Live on September 11th and we began cut-over from Saturday 21st September. I was able to approve prior-system switch off on Monday September 23rd. We continue with our Go Live fortnight until October 7th. In practice this means escalated support for front-line teams by way of additional staff, specific technical coaches, and an enhanced IT helpdesk. We have a command structure in place, which the Board saw at its prior meeting, and which we have adapted this week to give more site leadership at executive level, with delegated IT resource into those hubs. **In summary we moved more quickly than expected from a potential incident model to a project based improvement model.**

2. Go Live has inevitably given rise to very many IT-helpdesk incidents being raised, as we would expect. 2724 calls have been logged since Go Live of which 666 remain open. Calls are open either because they have not yet been resolved or because the reporting end-user has yet to confirm that they are content with resolution, often because they are off shift and unavailable. From Tuesday 24th we separated live helpdesk calls from the backlog over the initial weekend. That backlog is now reduced by two thirds. Over a 24 hour period we are keeping pace with IT only calls being logged. **In readiness for week 3 we will need to consider whether our escalated but smaller than current helpdesk will keep pace with continued demand**. Analysis of calls logged shows that the largest call reasons were:

    - Login and access
    - Powerchart
    - Capman
    - Medications
    - Printing and configuration

    Over the course of the week, login and access issues have reduced both in numbers and as a proportion, and the other reasons above, which are functions of use have risen. A new week may bring new staff cohorts not yet familiar with the arrangements.

3. **Since Tuesday 24th the focus of support to teams has changed, with floorwalkers, digital champions and super users, targeted at specific coaching work** to address both technical knowledge gaps around Capman, and end user system use, giving rise to unendorsed results, incomplete VTE assessment, and overrides on wrist band medication confirmation.

    - The expectation is that in week 2 this work will continue but be expanded to take a rounded approach to both medications and to power-chart, and sub analysis of each category of reporting is taking place this weekend to pinpoint the key themes on which help is needed.

- Since Wednesday 25th we have begun to see improvement in key Go Live fortnight metrics, with VTE assessment climbing to 86%, and endorsement now reaching 47%. Changes to both the technology and build are being made to address identified issues in prescribing via the scanners. What is clear is that where teams have embraced this approach they are reporting significant time savings.
- The cutover dataset, which proved problematic over the first weekend, has been overhauled and is now both assured in terms of data quality, and more readily available to local leaders. Communication efforts focus on emphasising our best performing teams currently, whilst directing additional support to areas that are struggling on one or a series of indicators.

4. **IT resilience during the first week of Go Live has held**. We made two material technical changes which had not been anticipated. Both have improved user experience, and whilst monitoring of switch load remains we have stayed below tolerable levels all week. The changes made stood down auto-enrol to Unity through tap and go and replaced this with desktop access. This was necessary because of an apparent conflict for a minority of users of IPM Lorenzo and Ormis. The functionality remains off in theatres. The project to develop tap & go as our single sign on remains in hand, but this specific issue does need to be better understood in the month ahead. In addition Cerner altered the back office permissions to automatically close down inactive log ins to Unity after three hours. The Trust successfully implemented whole site WiFi changes in July and August. There remain some HSCN issues with distal community locations to be worked through, and some drop off of Wifi issues on acute sites, of which City ED and Sandwell AMU are the key areas of concern. The fall away is sporadic and is being investigated.

5. **The dominant difficulty of deployment has been the rollout of the FirstNet product within Unity across our emergency departments.** Combined with high levels of demand and high acuity we have seen very slow throughput in A&E and extremely long waits for admission. For the first time in many months three patients waited beyond 12 hours for admission after decision. The peak difficulties occurred between Sunday 22nd and Tuesday 24th, and there is clear improvement on all three sites since. This reflects a series of interventions:

    - Dedicated operational and IT teams supporting just the A&E departments on an extended day basis
    - Senior leadership involvement clinically in both departments to midnight
    - Coaching as across the balance of the Trust by consistent individuals including some ED experts drawn from our IT teams and Cerner's
    - Improved flow and changes to handover practices between ED and other specialties
    - Even more devices being deployed

    Of course in reality the gains have come from the staff themselves, both in terms of familiarity with the product, confidence and problem solving. We will assess as we move through week 2 the best route to sustainable improvement. Only 70% of patients were seen within four hours on Thursday 26th, but we are currently anticipating that we will return to performance at 80% or above by the time we exit the Go live fortnight. Of even greater priority is to return to prior or better levels of truly long waits. Monday 30th- Oct 2nd data will be provided to the Board when we meet.

6. I have not outlined here every change to the system that we have made since Go Live. I can confirm that that number does not exceed those seen in other Cerner deployments in the first week, and that in general **the comparison of our rollout to others is highly favourable to the work done at the Trust**. A handful of data migration issues were identified and have been resolved, and likewise we continue to work to ensure that BAU reporting can be achieved by the end of the fortnight. A process for ongoing management of changes is in place and covered by our week 3 plan and longer term transitional arrangements.

Stepdown into optimisation

7. At the time of writing we would expect to meet the criteria agreed by the digital committee on September 20th to progressively stand down the project from October 7th. Among other indicators of performance, this is **dependent on satisfactory BAU arrangements being in hand across IT, HR and operational management**. This will be evaluated by the Unity Executive on October 3rd.

8. We have agreed to **maintain the current risks and hazards evaluation process** through until the end of November. That timetable is consistent with wider work on risk management and ensuring that directorates and groups have robust local arrangements in place.

9. The **Optimisation metrics** and process was discussed and confirmed with the Board at our meeting in September 2019. Each clinical group has developed their own approach to how that will be implemented during October, November and December. The work culminates in an expectation that each individual employee is able to demonstrate competence in deploying Unity by March 2020. Work is in hand presently to ensure that we know how to track and evaluate that, and it is fairly understood across the organisation.

10. Outwith considerations of safety, it is team performance on those metrics which will direct and prioritise the resources we have to develop the product further. At the same time we have a series of deferred aspects of the build which will be put into place during December and January, alongside **the project to implement both surginet and patient portal**. These remain on track for implementation by or in Q1 2020-21. Electronic prescribing in outpatient settings is being actively explored presently. The Board is also reminded that the long term future of our PAS system is being presently evaluated.

Conclusion

11. There is no scope for technical or operational complacency from this complex implementation. We are satisfactorily managing and mitigating those issues that can be seen or are alerted. We are monitoring both usage and back office datasets to issue spot. IR1s are being monitored and employees encouraged to raise concerns. We need however to be clear about what might be obscured by those approaches and present by December comparative information on our deployment as against those at West Suffolk and at Calderdale and Huddersfield. Employee satisfaction measures will form part of our evaluation as we re-commence weconnect work in Q4.

Toby Lewis
Chief Executive
September 26th 2019