Paper ref:	TB (09/19)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Unity Go Live		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	5th September 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board needs to decide whether its criteria to proceed have been (a) met now (b) will be met by November or (c) does not need to be met and are superseded by an alternative analysis. This paper seeks to set out the position on the criteria and to give the Board scope to examine readiness either by reference to Gold teams or the 'Go Live' period alone.

It needs to be understood that Go Live failure would manifest itself in two ways. Either poor use of the system leading to poor quality data and potentially poor decision making, or, more likely, by slow use of the system that is either more persistent than our plans provide for, or slower than estimated. The Board has also been clear throughout that Go Live is simply a 'lap-bell' in the race to Optimise use inside six months of Go Live. As such the primary question is not, 'are we ready to Go Live?' but are we ready to commence optimisation?

Technical failure is a low likelihood, high impact risk. Device testing over the weekend of August 31st went well. HSCN switchover on September 3rd was concluded satisfactorily. Product weakness is discussed in the paper and is not a discriminating date variable. The variable is sufficient readiness among sufficient people to begin Optimisation. In addition the Board should consider lessons learned and actions to be taken in coming days to achieve the precision needed to support either Go Live date.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research & Development		Estates Plan	
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Digital committee, CLE and DMPA

4. Recommendation(s)

The Trust Board is asked to:

a.	CONFIRM that it is satisfied by the Clinical Safety Case
b.	CONSIDER whether readiness supports 23/9 or should default to 25/11
c.	DELEGATE to the Chief Executive aborting that Go Live date

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Various					
Board Assurance Framework		SBAF x3					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	Duty fulfilled via CSC

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board: 5th September 2019

Unity Go Live

1. Introduction and background

1.1 The fundamental purpose for this paper and item is to decide whether we are ready to Go Live with Unity as part of our digital optimisation, and if so, whether we should go ahead from September 21st (as planned since June 4th) or delay to November 23rd. The cutover dates are 48 hours after commencement.

1.2 The Board agreed a series of Go Live criteria, understood at Trust, Group, directorate and team level. **The criteria which require training and socialisation have, largely, not yet been fully met. We therefore need to consider how to mitigate that position if we plan to proceed with the earlier date**.

1.3 Go Live necessarily includes a complex process of hazard and risk identification and migitation. That is summarised within the Clinical Safety Case (CSC) which is appended at Annex B. This assesses the safety of the product, as distinct from the implementation readiness.

2. Clinical safety case, hazards and risks

2.1 We procured Millennium, from Cerner, and locally the product is called Unity. Whilst the system is one widely used the NHS, the version that we are deploying is the most up to date, and as such has needed configuration anew and configuration to fit our clinical circumstances. That means that considerable detail has been gone into about how the system is set up, how it appears on screen, and how data pulls through on the system. In addition we have needed to consider how the system is used, and which is our human processes and workflows need to change to fit that system. It is those questions which have given rise to a series of risks and hazards, identified since 2017, and kept live by routine scrutiny. The CSC sets out the current state of that position, and in the judgement of the clinical safety officer, the medical director, and the digital committee, we consider that that case represents a safe basis for approving the product for use.

2.2 When we discussed the CSC at both the digital committee and the Digital MPA, we agreed that the undesirable remaining hazards should be discussed within the Board. The list has been separately circulated. The discussion was twofold – for awareness of potential issues after Go Live – and to consider whether any of these hazards was in reality not tolerable. This is an extra test on the due process we had agreed. My advice as SRO remains that these 6 hazards are correctly categorised and if all of our employees follow the Standard Operating Procedures that we have documented then the hazards will be safely managed. Our position is not different to other Trusts at Go Live, and many of the hazards apply in our current state to our processes.

2.3 The CSC does not consider the timing of Go Live. It is clearly the case that familiarity with the mitigations applied is part of the operational readiness considered below. Given the proximity of the two potential Go Live dates, there are no material opportunities for large scale fixes to product design issues between the two dates. The Trust retains a list of changes to product that we will make over the coming twelve months, which we consider are desirable but not essential. This includes changes to dual sign off on injections, and to a recently instructed change which will be in place from December around discharge summary 'lock down'.

2.4 A number of the hazards discussed within the CSC relate to device integration. In this case this relates to clinical information pulled from machinery and transferred electronically into the clinical record. In a few cases this replicates current process. In most cases it is a new benefit of our investment. Devices were subject to mass testing over the weekend of August 31st and September 1st. The outcome of that process is reassuring, is available for examination, and suggests that our device integration work is fit for purpose. Within NICU some product rationalisation work has taken place and so their device testing happened yesterday.

2.5 The balance of hazards has tended to relate to Standard Operating Procedures. Many but not all of these were developed prior to employee training. Go Live readiness packs are being made available in all areas by September 11th to ensure that, in addition to the functionality electronically available on Connect, employees have a paper consultable copy of their mainly used SOPs in situ within their department. The same approach is being taken to business continuity plans.

3. Technical readiness and product improvement

3.1 Digital MPA has overseen a process of improvement work during 2019 focused on the so-called "Unity 14" technical impairments of our infrastructure, applications, hardware and connectivity. As at September 4th, with the completion on September 3rd of our HSCN installation, the full suite of required actions has been completed. Many of these actions are not directly related to Unity's ability to function, but do bear on the workload of the IT department, with the need to ensure that we have focus, time and people available to support Unity, especially immediately after the Go Live fortnight.

3.2 Digital MPA asked for assurance that the workflow for employees reporting, and the Trust acting upon, immediate queries from end users was in place. The workflow starts with our first line response service which moved to a seven day basis at the start of August. An in house expert team overview these queries against a documented process, leaving permissions and access to be resolved by first line. That expert team is reinforced by the commissioned AMS service from Cerner. This service supports all queries requiring less than 200 hours of development time. We remain sub-optimally resourced for expertise in detailed Unity development in house. The CIO and Deputy COO have developed a detailed knowledge transfer programme to mitigate this risk from early 2020. The digital committee will take responsibility for tracking delivery of that programme. The IT human resources of the Trust, which we invested in April 2019,

is expected to become typically Unity expert, as the product develops as our main local system.

3.3 At the time of writing, not every local GP practice is ready for our Unity HIE connection. This is an enhancement of service. The expectation is that this will be fully deployed by Go Live, with the end of September as a back-up timetable if there are access issue to sites. HIE is a significant part of our work to create better data flow between primary and secondary care. Six months after Go Live we will implement our Patient Portal which will make 2020-21 a year in which our electronic communication with patients, and their delegates (for example relatives), will be materially enhanced.

3.4 We have a documented hierarchy and decision making process for agreeing and implementing enhancements to the Unity product. Evidence from other sites is clear that significant enhancement is an inevitable part of deployment. We have, as outlined above, a pre-considered list of changes that we plan to make, as well as some larger scale adaptations, and the theatres/surgical phase 2 deployment. 'Bottom up' enhancements will be prioritised on a safety-first basis, and quality enhancing changes will be prioritised in the main linked to the degree of Optimisation achieved by the requesting team. That reflects a decision made with consideration by the Clinical Leadership Executive that our emphasis for six months must be on how we adapt to the product, rather than how we adapt the product to our traditional way of working.

3.5 Devices are cited above in the context of BMDI. In terms of printers, mobile computers and other hardware, we completed deployment on September 2nd. Equipment within our clinical departments has been tested and the small number of fails remedied. That process of testing will be repeated in the week before Go Live. It is acknowledged by ourselves and Cerner that printer configuration has been an issue in past product Go Lives. That is why considerable emphasis has been placed on this to date and that emphasis will continue until Go Live. Some stock has been held back to support hot spot areas if the provided hardware proves operationally insufficient.

4. Organisational readiness

4.1 It is helpful to consider three dimensions to this:

- Our human capability to implement cutover to Unity
- Our human capacity to manage and improve Unity after cutover, including our reporting ability
- The readiness of end users to use and optimise the system

4.2 The Trust has completed two Dress Rehearsals for the system and for Go Live. Those reports have been considered by the Digital Committee and the DMPA. There are no material issues arising from either that are not mitigated in the arrangements since made. The principle issues in the larger, original FDR, related to access permissions, log in times, and label printing. Printing is discussed above. Log in timing is resolved by the deployment of Tap & Go. The expectation is that over the next two weeks over 4000 staff will have confirmed their log in. If necessary on September 17th and 18th we will mass deploy this detail across staff in our organisation. Permissions were set by role,

with roles then linked to ESR records. I am satisfied that the former process, overseen by senior clinicians, was adequate. The Board will understand that presently we have bank and agency staff who then use our computer systems. Deploying Unity does not elevate that risk for new agency staff, but have sought confirmation from all framework suppliers that their staff have been trained. Bank staff will only take on shifts having been trained as a condition – clearly they are typically familiar with our existing systems.

4.3 Annex A sets out in summary form the scrutiny report that we have been considering since June within the relevant committees of our governance structure. I precis below three views of our people mobilisation readiness. The data contains three inherent potential flaws. Firstly a judgement has been made on who needs to be trained in what, and that judgement could have been flawed. But that judgement has been made by groups of senior clinicians, and tested against other sites. Secondly, individuals may have undertaken non electronic training and that compliance may be omitted from the data below. Finally, individuals may have self-assessed their competency and overstated their ability. That is why we used a line manager validation process.

	Trust	**Criteria 31/8**	**Gold**	**Go Live active**	**Forward look to 12/9**
Individual validated 11 competencies	89%	100%	n/a	n/a	98% complete with validation required
Capman clinical administration etraining	67%	100%	402 untrained	n/a	Can reach 100% for Gold
Individual training or etraining	76 missing individuals	99%	n/a	n/a	Check doctor in training take compliance
Super user and digital champion training	560 not wholly compliant individuals	Full coverage	n/a	79 not wholly compliant individuals	**The focus is on ensuring everyone rostered over the Go Live period is compliant**
5 uniteam simulations (and audit visits)	**n/a**	**As left**	**71%**	**n/a**	**We must achieve the criteria in the next week**

4.4 In addition to the above we set out a series of input planning criteria. These have been met to a large extent. These criteria reflect best practice elsewhere with deployment of Millennium. The digital committee provides assurance of the completeness of this position. Annex A summarises these criteria.

4.5 We recognised that workload would need to be adjusted to meet the Go Live fortnight. For elective areas we agreed to do this by reducing volumes by 40% against our base plan. There are a handful of exceptions to that approach that have been agreed the Chief Operating Officer and Chief Executive. For emergency areas, be they ambulatory like fracture clinic, or areas of inpatient demand, we agreed to step up staffing to 110%

of base (silver) and 120% of base (gold). We continue to track against those rostering levels. There are a small number of areas where we have not yet achieved 80% take up of shifts. By Tuesday 10th we will have taken decisions about off-duties and rescinding agreed leave to ensure that this measure will be met. The position will be reviewed again on 17th to confirm that in gold and silver areas we will meet the uplift required.

4.6 The Board will infer that we need to consider staffing for the fortnight but also the exit from that fortnight. Further scrutiny will take place of that cutover to ensure that we are close to 100% staffed in gold areas for the third week after Go Live. A decision on further workload stand-down in elective areas will be made on September 27th if we Go Live in September.

4.7 Finally, we had agreed an ambition that all results in imaging for the period April 1st to September 10th would be acknowledged prior to Go Live. As the private board paper on this topic details huge progress has been made in the last 8 weeks. 400 red flag and 20000 other acknowledgements remain. However, in the vast majority of specialties a clear pattern of routine clearing at part of daily work is now apparent. The private board will consider, with Group Directors, the sanctions to be applied to individual non-compliance with our new standards after Go Live, remembering that from Go Live pathology results, as well as imaging results, will require acknowledgement by our teams.

4.8 All of the above items then need to be considered against our ability to manage a cutover period, and our management of Optimisation. Key to that is the reporting of the agreed data at the agreed intervals and our management model to make decisions with that data and take action. The required reports are scoped and are being finalised, but do not yet, in total, exist. All will exist by September 16th. The handling of those reports during cutover has been simulated. The handling of optimisation has not been simulated but has been extensively debated across the Clinical Leadership Executive, and is considered in a private Board paper today. The cutover plan is appended with considerable detail at Annex C.

5. Summary

5.1 The concern with delaying Go Live is that momentum is lost. This assumes we have sufficient momentum now. This is true of some areas of the Trust not evidently of all. It also assumes that a deferred date would lose us momentum, because implicitly the back-up date would not be held to be firm. It is clearly possible to manage this in how we confirm and communicate the November date now. Using the seven weeks between dates, or almost nine weeks otherwise, is a matter for us to choose. To delay we need definite actions which we will take in this period which will make the position better.

5.2 The concern with proceeding in September is that familiarity with using Unity in practice is insufficient now to use it well. The mitigation for that is fivefold:

- Absolutely ruthlessly diarised and **compulsory involvement simulation work between September 9th and September 12th**. To be explicit that makes participation mandatory by named individuals. This will be tested by walk-about activity in the week of September 9th and 16th.
- **Well trained Super Users scheduled** throughout the Go Live period, alongside floorwalkers and digital champions. The concern is that reliance on these people persists beyond October 6th, in effect compounding the delays that would arise with November.
- **Continued simulation** of the dataflow, data-use, and team response to be used over the cutover period to manage and intervene where take up or use of Unity is below the volume and capability required.
- **Direct contact with frontline clinicians** who will be working over the Go Live fortnight to identify any latent or unacknowledged risks beyond the scope of current processes
- Ensuring every doctor in training who has joined the Trust since August has completed their **e-training** by September 13th

The Trust Board is asked to:

a. CONFIRM that it is satisfied by the Clinical Safety Case
b. CONSIDER whether readiness supports 23/9 or should default to 25/11
c. DELEGATE to the Chief Executive aborting that Go Live date

Toby Lewis
Chief Executive

September 4th 2019

Annex A: Criteria summary report
Annex B: Clinical Safety Case – final
Annex C: Cutover plan approved by digital committee

NHS
Sandwell and West Birmingham
NHS Trust

Go Live Gateway
Trust Readiness Criteria & Evidence

Updated

Version 1.7

4/9/19

Unity Criteria & Evidence Pack - Overview

This document provides the current status as at **4/9/19** of the SWB Trust Readiness for Unity Go Live.

- 85% of Trust Unity Criteria Evidence is Green (**on track** with key risks accepted or with mitigating actions and issues being managed).

This document presents:

- A high-level summary of the readiness of the Trust Unity Criteria by IT Readiness, Go Live and Optimisation Readiness and People Readiness
- Overview of other key areas of concern for the Executive team which are not covered by other Trust Unity Criteria
- An individual assessment of readiness of each Trust Criteria, providing explanation of the evidence required and the programme assessment of the current status.

Appendix: Unity Criteria & Evidence Approval Milestones Plan & SWB Trust Approach for Approval

Overall Unity Trust Criteria & Evidence Approval

Updated with Status 04/09 for Trust Board						
Status as at: 04/09	**No of criteria**	**Red**	**Amber**	**Green**	**Total**	**% Readiness**
Technical	26	0	3	23	26	88%
GLO	21	0	4	17	21	81%
People	5	0	1	4	5	80%
Total - 04/09	**52**	**0**	**8**	**44**	**52**	85%
Total - Aug	52	0	9	43	52	83%
Total - July	52	0	28	24	52	46%

Each item of Trust Criteria Evidence Readiness is being tracked against the following definitions:

Red = Evidence is not on track; significant risks or issues identified with no mitigating actions
Amber = Evidence is behind track, but manageable; risks or issues with mitigating actions
Green = **Evidence is on track** with key risks accepted or with mitigating actions and issues being managed

Summary of Technical Criteria (Martin Sadler)

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
327	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?	Green
327	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?	Green
327	Has each Cerner work-stream completed their Conversion Readiness Assessment document?	Green
335	Is the Cerner Go Live/Early Live Support team resourced and documented?	Green
335	Are all Cerner resources available for Cut-over?	Green
339	Has the Back Office structure and workforce been agreed and people in post?	Amber
339	Has all the required pre-Go Live maintenance training been carried out?	Green
343	Has Cerner completed the RFO - Ready For Operation - testing (e.g. performance, stability, penetration testing, environment lock-down) been carried out?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
346	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)?	Amber
346	Have all relevant Corporate Risks and Issues that have not been generated from the Project been reviewed and mitigations applied?	Green
346	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?	Green
457/ 515	Has the Printers and Devices DCW been completed, the data uploaded into Unity?	Green
457/ 515	Are all DCWs up to date and been handed over to the Trust to maintain? As Trust not ready to receive handover by 05/08, BW Cerner proposed revision to: Are all Data Collection Workbooks (DCWs) up to date and has a hand-over document/plan been developed to handover their maintenance to the Trust during Early Life Support (ELS)?	Green
457/ 515	Have all DCWs been handed over to the Trust Back Office for ongoing maintenance?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
494	Devices: Has 724 been tested for each area where it will be deployed?	Green
495	Has all of the IT infrastructure work required for Go Live been completed?	Green
499	Devices: Has BMDI integration been configured and tested?	Amber
501	Has the Test Issue exit criteria been met? If not have work off plans been agreed?	Green
502	Have all critical for Go Live Change Requests been applied, and if not have mitigations been agreed and implemented?	Green
503	Have all 'Unacceptable' hazards that were on the register been mitigated to a lesser score?	Green
506	Devices: Have all existing printers and devices required for Go Live been installed, configured, tested and signed-off by the Organisation?	Green
506	Devices: Is there a plan in place to ensure the batteries are tested and maintained?	Green
511	Has the final DM Trial Load completed successfully and has the Report been approved and on the Portal?	Green
513	Have all user access and permissions been verified?	Green
514	Have all user access and permissions been verified?	Green

GLO Criteria (Rachel Barlow)

NHS
Sandwell and
West Birmingham

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
336	Is the Trust Go Live/Early Live Support team resourced and documented?	Green
336	Are staff scheduled/rostered?	Amber
336	Is the command centre structure in place and staffed?	Green
338	Has the conversion/cutover plan, downtime strategy and all risks, issues and lessons learned been reviewed and agreed?	Green
338	Is there is an issues capture and resolution process in place?	Green
338	Do all staff rostered on for cutover know how to use new devices (e.g. hand held barcode scanner, label printer?)	Amber
338	Has a plan for Cutover been produced, agreed by the Organisation and the relevant resources prepared and available?	Green
342	Clinical Safety Case: Has the Trust approved the Clinical Safety Case/Report (CRM) and signed the Clinical Authority To Deploy (CATD) document?	Green
417	Business Readiness: Has the impact on the Trust (ED, inpatient, outpatient) been determined and catered for within the Trust's operational plans?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
462	Business Readiness: Are all business continuity plans approved, published on Connect and known to staff?	Green
465	Trust Go Live Criteria: Have Floorwalkers been sourced, training, rostered and have a published engagement plan.	Green
497	Business Readiness: Have all statutory, operational and management reports required for Go Live been produced and is the Trust satisfied that they have been fully tested?	Amber
497	Business Readiness: Have Reports been tested?	Amber
498	Business Readiness: Have all workflows, including those with printers and devices been defined, approved and tested?	Green
498	Unity Workstream Readiness Handover: Have the Quick Reference Guides, Videos and SOP's been produced and approved by the Organisation?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
498	Record Keeping Policies: Are there are formal written policies to handle lack of compliance with the use of the Electronic Medical Record?	Green
498	Record Keeping Policies: Is there a policy related to hand written orders in place?	Green
498	Record Keeping Policies: Is there a policy relating to verbal orders or telephone orders in place?	Green
508	Business Readiness: Has the Operational Readiness (90, 60, 30 days) plan been implemented?	Green
509	Business Readiness: Has a Disaster Recovery process been agreed, documented and tested?	Green
510	Is a draft optimisation plan in place for Post Go Live covering 1-2 weeks, 3-6 weeks, 7-12 weeks and 12-24 weeks?	Green

People Criteria (Raffaela Goodby)

Sandwell and West Birmingham NHS Trust

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
330	Business Readiness: Have Digital Champions been trained, orientated in support procedures and aware of their engagement activities?	Amber
331	Business Readiness: Has 80% of end user training been completed on schedule as per training plan?	Green
332	Business Readiness: 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)	Green
500	Trust Go Live Criteria: Is there a detailed communications and engagement plan in place for cutover that details what is happening when and how to access support?	Green
500	Project Outputs: Have project timelines been communicated at clinician meetings	Green

Summary of Technical Criteria (Martin Sadler)

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327	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?	Green
327	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?	Green
327	Has each Cerner work-stream completed their Conversion Readiness Assessment document?	Green
335	Is the Cerner Go Live/Early Live Support team resourced and documented?	Green
335	Are all Cerner resources available for Cut-over?	Green
339	Has the Back Office structure and workforce been agreed and people in post?	Amber
339	Has all the required pre-Go Live maintenance training been carried out?	Green
343	Has Cerner completed the RFO - Ready For Operation - testing (e.g. performance, stability, penetration testing, environment lock-down) been carried out?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
346	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)?	Amber
346	Have all relevant Corporate Risks and Issues that have not been generated from the Project been reviewed and mitigations applied?	Green
346	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?	Green
457/ 515	Has the Printers and Devices DCW been completed, the data uploaded into Unity?	Green
457/ 515	Are all DCWs up to date and been handed over to the Trust to maintain? As Trust not ready to receive handover by 05/08, BW Cerner proposed revision to: Are all Data Collection Workbooks (DCWs) up to date and has a hand-over document/plan been developed to handover their maintenance to the Trust during Early Life Support (ELS)?	Green
457/ 515	Have all DCWs been handed over to the Trust Back Office for ongoing maintenance?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
494	Devices: Has 724 been tested for each area where it will be deployed?	Green
495	Has all of the IT infrastructure work required for Go Live been completed?	Green
499	Devices: Has BMDI integration been configured and tested?	Amber
501	Has the Test Issue exit criteria been met? If not have work off plans been agreed?	Green
502	Have all critical for Go Live Change Requests been applied, and if not have mitigations been agreed and implemented?	Green
503	Have all 'Unacceptable' hazards that were on the register been mitigated to a lesser score?	Green
506	Devices: Have all existing printers and devices required for Go Live been installed, configured, tested and signed-off by the Organisation?	Green
506	Devices: Is there a plan in place to ensure the batteries are tested and maintained?	Green
511	Has the final DM Trial Load completed successfully and has the Report been approved and on the Portal?	Green
513	Have all user access and permissions been verified?	Green
514	Have all user access and permissions been verified?	Green

Technical Criteria 327: Cerner Project Deliverables Assessment

Green Have all deliverables and approvals required for the project (e.g. evidence of mitigations, plans, weekly reports) been stored on the Portal in the correct locations?

Green Have all deliverables and approvals required this stage (e.g. evidence of mitigations, plans, weekly reports) been stored on the Portal in the correct locations?

Green Has each Cerner workstream completed their Conversion Readiness Assessment Document (CRAs)

Evidence & Programme Assessment

- Project plan (agreed), Cerner weekly reports are up to date
- Pre-conversion Gateway evidence – Meeting held with Cerner / Trust on 15/8 – continues to be refreshed
- Workflows – programme validation completed, workflows completed as at 28/08 – awaiting formal approval from Exec

Work-off plan

- Exec to approve Workflows
- Complete and approve CRAs – all reviewed and majority complete – minor queries outstanding which are due w/c 9/9.

Technical Criteria 327: Cerner Project Deliverables (evidence) including Conversion Readiness Assessments

Stage	Criteria ID	Deliverable	Description	Cerner Owner	Trust Owner	RAG Status
Pre-Conversion	327	High Level Plan	Excel plan of key activity in the Project, in weeks	Wilson,Barry	FREMPONG,SETH	Blue
Pre-Conversion	327	Weekly Reports	Every weekly report needs to be stored on the portal for audit purposes	Wilson,Barry	kowalski,kaz	Green
Pre-Conversion	327	Pre-Conversion Gateway Evidence	All evidence for each Gateway criteria to be collated and stored on the Portal	Wilson,Barry	kowalski,kaz	Green
Pre-Conversion	327	Workflows	All approved workflows to be on stored on the Portal	Threlfall,Stuart	kowalski,kaz	Green
Pre-Conversion	327	CRA - Capacity Management	Conversion Readiness Assessment			Green
Pre-Conversion	327	CRA - Clinical Documentation	Conversion Readiness Assessment			Green
Pre-Conversion	327	CRA - Critical Care	Cutover Readiness Assessments are produced by the Cerner workstreams in collaboration with their Trust counterparts	Haddad,Roy	FREMPONG,SETH	Green
Pre-Conversion	327	CRA - ED	Conversion Readiness Assessment			Green
Pre-Conversion	327	CRA - FSI		Kelly,Naiara	FREMPONG,SETH	Green
Pre-Conversion	327	CRA - Lighthouse	Conversion Readiness Assessment - Sepsis, RRT, AKI, Pressure Ulcers			Green
Pre-Conversion	327	CRA - Meds Management	Conversion Readiness Assessment	Sylvester,Mark	FREMPONG,SETH	Green
Pre-Conversion	327	CRA - OCS	Conversion Readiness Assessment	James,Jo	FREMPONG,SETH	Green
Pre-Conversion	327	CRA - Project Management	Conversion Readiness Assessment	Wilson,Barry	FREMPONG,SETH	Green

- Table provides all the Cerner deliverables for the current programme stage
- It includes the list of Conversion Readiness Assessments (CRAs) – work in progress – due w/c 2/9

Technical Criteria 335: Cerner Go Live/ELS team

Green Is the Cerner Go Live/ELS team resourced and documented?

Green Are all Cerner resources available for Cut-over?

Evidence: Cerner cutover staff roster

Programme Assessment:

Cerner Team rota is in draft and will be fully resourced for cut over.

Work-off Plan

Cerner project team cut-over rota to be aligned with Trust cutover Command and Control team rota w/c 9/9

Technical Criteria 339: Future Operating Model

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

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

Evidence: Back office strategy and Future Operating Model. Signed AMS Contract. IT Knowledge Transfer Paper.

Programme Assessment:

- AMS Contract signed, Back-office processes agreed
- AMS preparation and handover to Trust - weekly meetings with Cerner AMS team – target completion date 13/9
- Trust recruitment/training of Back Office support staff underway – see IT Knowledge Transfer paper (MS)
- Future Unity Subject Matter Experts resourcing proposal underway (MS)
- Forward Change Management Governance documented in IT Back Office Paper (MS)

Technical Criteria 343: Cerner RFO - Ready For Operation

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

Evidence: RFO documents & tracker

Programme Assessment:

Ready for Operation Checklist has been completed by Cerner. Ready for approval by MS.

Cross Cutting Criteria 346: Risks & Issues

Amber 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)?

Green Have all relevant Corporate Risks and Issues that have not been generated from the Project been reviewed and mitigations applied?

Green 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?

Evidence: Risk & Issues Log

Programme Assessment:

- **Devices rollout:** Risk remains Red until Mass Test successfully completed – expected to complete 5/9
- All cart deployment completed (Sandwell, City & Community sites), with snagging exceptions for NICU (requested deployment delay due to ward move – due 4/9). Mass device testing in progress – Sandwell gold completed, other sites in progress, due to complete 5/9. Interim report expected 3/9

- **Pyxis:** Red risk for Pyxis application (upgrade to enable barcode printing) now downgraded to Amber as partially complete – on target to complete before go live
- Application upgrade completed on server (02/09) & Medstation upgrade between 09/09 - 13/09, and staff training (by video – video shown at QIHD 3/9)

Technical Criteria 346: Risks & Issues

Programme Assessment for Corporate Risks:

Reviewed with Allison Binns/Martin Sadler, to ensure no Unity project related risks are on Corporate risks register (Any open Unity risks to be transferred to Corporate Register after go-live.)

Approved by Exec 06/08:

4 Corporate risks relating to IT are all mitigated either by IT Infrastructure projects or by EPR implementation:

a) Risk 221 is being mitigated by Unity 14 & other enabling projects

b) Risk 2642 is partially mitigated by introduction of EPR

c) Risks 3109 / 3110 are broader IT infrastructure risks, and do not relate directly to Unity EPR

Technical Criteria 494: 724 Rollout

Green Has 724 been rolled-out and tested in each area where it will be deployed?

Evidence: List of PCs with 724 installed and date tested

Programme Assessment:

- All known problematic PCs retested & proven at 3/9.

Technical Criteria 495: IT Infrastructure

Green

Has all of the infrastructure work required for Go Live (Unity IT enablers) been completed e.g. reliable infrastructure and Wi-Fi?

Evidence: List of infrastructure items and testing evidence - **see next slide for available evidence**

Programme Assessment:

- **Wi-Fi**
  - **100% complete,** customer acceptance and snagging in progress

- **HSCN**
  - City & SGH 1Gb lines installed
  - **SGH 5Gb Migration:** successfully completed 3/9

- **Find & Fix / Printing:** Setup complete, mass print tests for Unity due to complete 5/9

Tap & Go

- Rollout in progress (circa 350 / 4000 users successfully enrolled), to be completed in all clinical areas by 17/09
- Readers for Bronze areas and remaining non-clinical areas rollout by mid October.

Technical Criteria 495: IT Infrastructure

Unity 14 Gateway Review Update

R	Evidence not known
A	Evidence awaiting copy of it
G	Evidence available

Sandwell and West Birmingham NHS Trust

Issue	Evidence
1. Wi-Fi	Detailed Wi-Fi Tracker, EUD Tracker, UAT evidence
2. Network Bandwidth	Evidence from PRTG monitoring and email from L3 Manager
3. Citrix 4.9	EUD Tracker, Test Sign Off and UAT evidence
4. Citrix Screwdrivers	EUD Tracker, Test Sign Off and UAT evidence
5. Stability of Network	Evidence from PRTG monitoring and email from L3 Manager
6. Cerner Failover Line	Email confirming work complete and tested from Cerner
7. Printing	EUD Tracker, Rollout Plan and UAT evidence
8. 724 Viewer	EUD Tracker and UAT evidence
9. Back Office	Cerner AMS Tracker
10. IP Addresses	List of change requests raised to complete work
11. User Time Lag (Tap and Go)	EUD Tracker, Rollout Plan and UAT evidence
12. HSCN	Plan and Staged Rollout schedule
13. Remote Access	Reports to show usage and email from L3 Manager
14. Community Access	Enabled through HIE, HSCN and Remote Access

Technical Criteria 499: BMDI

Amber Has BMDI integration been configured and tested?

Evidence

Programme Assessment:

- Time synchronization issue in critical care/NICU – SOP/external clock solution implemented by Medical Devices
- BMDI for Adults Critical Care tested and functioning
- Day by day simulation plan completed and in process of being delivered – due to complete by 13/9
- NICU BMDI being managed as part of NICU Action Tracker.

Technical Criteria 501: Test report

Priority	Percentage of Test issues Resolved	Total issues logged
P1	100	
P2	100	
P3	>50 Percent of total issues logged	1132
P4	>25 percent of total issues logged	149
P5	>10 percent of total issues logged	41

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

Evidence: Test Report - Exit Criteria calculated against ALL TIs logged:

Programme Assessment:

- 7 P3s identified for Cerner to complete before Operational Go Live:

ID	Description	Current Status	Initial Grading	New Grading
1500	Train environment Date format incorrect (USA not UK)	Cerner in progress	P4	1
1438	Still showing in bed after ward transfer	Trust to test	P3	2
1540	Launch pharmacy med manager	Cerner investigating	P3	3
1584	Result in HIE do not match unity	Complete - Closed	P3	4
1590	Dx-BMDI - additional mode field unresponsive	Complete - Closed	P3	5
1596	Account required for Olympus	new – Question only	ungraded	6
1598	Medical record request error message	Cerner in progress	P3	7

Technical Criteria 501: Test report

All Test Issues Assigned to Cerner

ID	Status	Priority	Urgency	Current Action	Workstream	Subject
1363	Open	P3	4=Op Go Live	In Progress	Interfaces	No visitID in A04 Message
1460	Open	P3	4=Op Go Live	In Progress	Clinicals	Documented LD&T's missing in SBAR
1479	Open	P5	4=Op Go Live	Investigating	Clinicals	Hygiene Care Plan
1500	Open	P4	4=Op Go Live	New	Environment	Incorrect date format
1540	Open	P3		Investigating	Medications Process	Launch Pharmacy Med Manager
1596	Open	Question	6=Blank	New	Environment	Account required for Olympus.
1598	Open	P3		In Progress	Environment	Medical Record request error message
1604	Open	P3		Investigating	Clinicals	Error message when trying to create note
1606	Open	P4		New	Critical Care	NICU - Additional Mode on vent machine does not always correlately populate the right mode onto PowerChart
1610	Open	P4		In Progress	Clinicals	Fix broken links in Discern Rules

All Test Issues Assigned to Trust:

ID	Status	Priority	Urgency	Current Action	Workstream	Subject
1422	Open	P3		In Progress	Data Migration	Encntr_type_cd = 0 from migrated encounters
1491	Open	P3	4=Op Go Live	Re-Test	Clinicals	Plan of Care Components not showing in results review
1531	Open	P4	4=Op Go Live	In Progress	Lighthouse	Missing PowerPlan in Bedrock Wizard
1599	Open	P4	6=Blank	Awaiting Closure	Emergency Medicine	ED Revison DTA Conversation
1601	Open	P3	6=Blank	Awaiting Closure	Core	My logon does not give me support folders in Build
1609	Open	P4		More Info	Clinicals	Paed locations to be added in Discern Rules

Technical Criteria 502: Change Requests

Green

Have all Change Requests (CRs) deemed critical for Go Live been applied, and if not have mitigations been discussed, agreed and implemented?

Evidence: Change Request List reviewed with Trust (including deferred, cancelled and completed list)

Programme Assessment: Ongoing BAU changes included in list, these will continue post Go Live

2 x CR's Assigned to Cerner

ID	Project	Status	Workstream	Description
700	Phase 1	Ready for Test	Clinical Documentation and EDM	All EKM rules with location-based logic will require updating to match current location build as these have not been synchronised during pre-flight phase of project.
693	Phase 1	Further Information	Patient Flow	Default layout of capman to change to have titles at the top as per designed today Mo / Stephen to show and Cerner to build

17xCR's Assigned to Trust

ID	Project	Status	Workstream	Description
664	Phase 1	Ready for Test	Back office and Core Security	It is apparent that all positions do not have the ability to print the complete patient record. All positions need to be able to print the full patient record, to allow smooth transition of patient to another care hub. (eg a Neuro patient being transferred to QE at 5am on a Sunday morning)
695	Phase 1	Accepted Trust	Back office and Core Security	Those clinics that have been built in iPM during the lockdwon need to be built before migration. This CR is requesting the approval to build these missing clinic codes.
696	Phase 1	Accepted Trust	Back office and Core Security	Any locations changes that have occurred during the lockdown, need to be built before the data migration starts. eg NNU on D16 has only just been agreed, and there may be others.
697	Phase 1	Accepted Trust	Back office and Core Security	We need to build any new Clinicians created in iPM, and started in Trust during lockdown, this needs to be done on 27th August so that the data migration of those clinicians patients does not fail. This is an overarching CR for any new clinicians.
698	Phase 1	Accepted Trust	Back office and Core Security	We need to build the print queues that have been built during the lockdown. An import sheet of new queues is ready to be built, and can be done very quickly. This needs to be done before the devices testing window.
699	Phase 1	Accepted Trust	Back office and Core Security	We need to build the scanners for SDC in Olympus before the migration starts so that they are there for the Devices testing window.
701	Phase 1	Accepted Trust	Back office and Core Security	This is an overarching CR to enable the checking and building of staff in HNAUser. This will include: August 19 Junior Doc intake
607	Phase 1	Accepted Trust	Clinical Documentation	Discussed with Helen Cope, as a single DTA can only have a single reference range for a given age, she feels it is unsafe to have any reference ranges and to use the NEWS/PEWS EKM rules solely.
690	Phase 1	Ready for Test	Critical Care	Adult Discharge care plan should not fire on a NICU ward
694	Phase 1	Accepted Trust	ePMA(meds management)	Build order sets for chemotherapy services to enable them to efficiently prescribe chemo related meds Reason: Certain drugs (awaiting list of drugs) are almost always prescribed alongside/during chemotherapy administration.
680	Phase 1	Test Failed	HIE	There is a Service requirement, for new documents types to be created in Unity for viewing within HIE. The Service as always requested from the beginning of this project the following Maternal and Perinatal documents to be
707	Phase 1	Ready for Test	HIE	Currently we have a a test issue whereby pathology comments are not populating the result in HIE (they are doing in Unity) Therefore a decision was reached by Labs (Noman and James) and Ash (CCIO) to stop pathology results going into HIE –To avoid
688	Phase 1	Accepted Trust	Integration & Domain	Currently the abbot machiens are set up to integrate with Inpatients only In order to make this work with ED/OP The 'facility tree', in the back end of Abbott needs amending (ie duplicate tree by
703	Phase 1	Accepted Trust	Order Comms	Result endorsement pools required for all community ward areas
705	Phase 1	Accepted Trust	Order Comms	During the r2e confirm and challenge sessions it became clear community wards and community gs could not endorse results properly without pools set up for their locations
691	Phase 1	Further Information	Patient Flow	The change enables Disposition Delay Reasons for TDD to pull through from Powerchart to CapMan. Currently the delay reasons have be added in Powerchart as mandatory field and then again in CapMan as a delay reason.
692	Phase 1	Accepted Trust	Patient Flow	On current list add (OBI) (IMC)(MFFD) as abbreviations to the current naming at the end of the full name i.e, Own Bed Instead (OBI), Requires Intermediate Care Bed (IMC).

Technical Criteria 503: Hazards

Green

Have all 'Unacceptable' Clinical Risks (hazards) that were on the Clinical Risk register been mitigated to a lesser score?

Evidence: Hazard Log

Programme Assessment:

- All remaining Unacceptable Hazards have been mitigated
- Remaining Undesirable Hazards reviewed at Hazard Committee on 03/09 are as follows:
- 6 remaining undesirable hazards reviewed - 5 of which will carry into cutover period (BCP target sign off w/c 2/9)

Hazard	Description
9	There is a risk that an order request e.g a medication can be selected incorrectly from a drop down list resulting in the incorrect medication dose being given or an inappropriate or test/investigation being undertaken
15	There is a risk that the patient may not receive their usual home medication which may impact on their wellbeing including exacerbating the condition being treated
131	There is a risk that the PPID workflow is not followed when labels are required to be printed remotely from the patient.
421	There is a risk if the scanner is malfunctioning or unavailable and the user fails to carry out a manual ID procedure that the patient could be incorrectly identified and care or a treatment intervention given from another patient's record.
353	There is a risk that critical clinical data for clinical decision making and the integrity of the continuity of patient care may be compromised during periods of Unity unavailability. This may lead to patient harm
355	If the clerking prescriber does not follow the defined workflow precisely (and multiple steps in the workflow) then there is a very high probability medication will be double prescribed e.g when converting history to current meds in the Unity reconciliation screen.

Technical Criteria 506/512: Devices Update

Sandwell and West Birmingham NHS Trust

Green

Have all existing printers and devices required for Go Live been installed, configured, tested and signed-off by the Organisation? If not, is there a credible plan in place to complete the remaining deployment in time cut-over?

Evidence: Devices and Printers Roll-out Tracker (including test of print-outs all areas)

Programme Assessment:

- All cart deployment completed (Sandwell, City & Community sites), with snagging exceptions for NICU (requested deployment delay due to ward move – scheduled for AM 4/9)
- 38 Change Requests have been approved but not yet implemented
- Mass device testing in progress – Sandwell gold completed, other sites in progress, due to complete 5/9. Interim report expected 3/9
- Device use and maintenance video produced
- Battery maintenance and replacement approach produced.

Technical Criteria 506/512: Battery Management

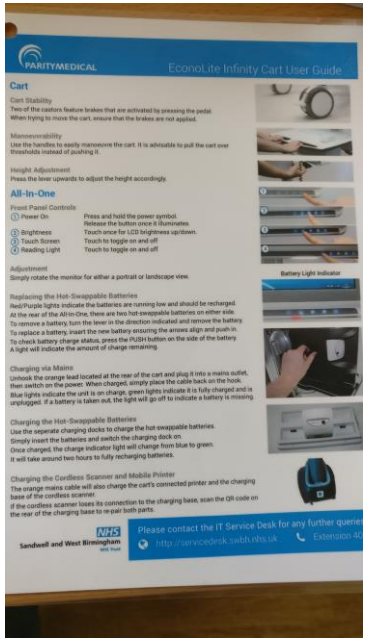
Sandwell and West Birmingham NHS Trust

Green

Is there a plan in place to ensure the batteries are tested and maintained?

Evidence:

- Normal PAT process will apply, no specific maintenance required
- Devices with batteries:
  - WOWs have 4 batteries, 2 installed, 2 on charge , can be run on 1 battery temporarily, recharge time 2 hours – If battery fails, call 4050 to report, request replacement from stock
  - Plan to hold 10-15% spare battery stock in short term, until volumes/MTBF clearer
  - User guide includes battery replacement instructions
- Laptops batteries – as per current process – dial 4050 to report
- Other devices:
  - wireless devices (e.g. scanners) with rechargeable batteries, call 4050 if a problem
  - plug-in devices are USB powered, no replacement needed.



Technical Criteria 457: DCW Handover

(Data Collection Workbook – details of how the system is configured)

Green — Are all Data Collection Workbooks (DCWs) up to date and has a hand-over document/plan been developed to handover their maintenance to the Trust during Early Life Support (ELS)?

Green — Has the Printers and Devices DCW been completed, the data uploaded into Unity?

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

Evidence: List of DCWs, identify Trust owners, Cerner owners, date of transfer undertaken.

Programme Assessment:

- All current DCW's loaded into Portal
- Trust owner for Handover – Suki Heer, Application Support & Development
- Application Support team assigned
- Complete handover plan - Phased handover to be complete to from Cerner to Trust IT by 2/10/19.

Technical Criteria 457: DCW Handover

(Data Collection Workbook – how the system is configured)

List of Data Collection Workbooks (DCWs) to be handed over to the Trust to maintain

BMDI
Capacity Management
Clinicals
Core
Critical Care
Devices and Printers
ED
Lighthouse
Meds Management
Order Comms
PAS
Reporting - Security Matrix for Reporting
Single Document Capture (SDC)
XR Reporting

Technical Criteria 511: Trial Load report

Green — Has the exit criteria for the Final Trial load been reviewed and have mitigations been put in place for any failures?

Evidence: Trial Load report (including Entry/Exit criteria)

- **Programme Assessment:**
  - Trial load report received
  - Exit criteria review completed and no mitigations are required – Reviewed with MS and approved
  - Outcome report from FDR Operational Testing has been produced.

Technical Criteria 513 End-users Log-in pre Go-Live

Green Have all end-users logged into their Pre-Production accounts prior to Go Live? / Have all user access and permissions been verified?

Evidence: List of users that have accessed the system from Lights On/Unity - for last month before go-live

Programme Assessment:

- End Users have been logging onto the Play Domain
- Unity log-ons given out at Training will be permanent user ids
- Sessions underway for staff to log into the Production Domain (Access Fairs & via Tap & Go registration early Sept)
- Numbers to be confirmed by 'Lights On' & Tap & Go registration reports.

Technical Criteria 514 Role based access

Green Have all colleagues checked that their role based access is correct?

Evidence: Validation of role profiles set up in system

- Roles and the functions that can be undertaken by a role have been determined and signed off by Programme and Groups (via GLO forum)
- Access Fairs will validate role profiles – due to finish on 14/9/19.

GLO Criteria (Rachel Barlow)

NHS
Sandwell and
West Birmingham

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
336	Is the Trust Go Live/Early Live Support team resourced and documented?	Green
336	Are staff scheduled/rostered?	Amber
336	Is the command centre structure in place and staffed?	Green
338	Has the conversion/cutover plan, downtime strategy and all risks, issues and lessons learned been reviewed and agreed?	Green
338	Is there is an issues capture and resolution process in place?	Green
338	Do all staff rostered on for cutover know how to use new devices (e.g. hand held barcode scanner, label printer?)	Amber
338	Has a plan for Cutover been produced, agreed by the Organisation and the relevant resources prepared and available?	Green
342	Clinical Safety Case: Has the Trust approved the Clinical Safety Case/Report (CRM) and signed the Clinical Authority To Deploy (CATD) document?	Green
417	Business Readiness: Has the impact on the Trust (ED, inpatient, outpatient) been determined and catered for within the Trust's operational plans?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
462	Business Readiness: Are all business continuity plans approved, published on Connect and known to staff?	Green
465	Trust Go Live Criteria: Have Floorwalkers been sourced, training, rostered and have a published engagement plan.	Green
497	Business Readiness: Have all statutory, operational and management reports required for Go Live been produced and is the Trust satisfied that they have been fully tested?	Amber
497	Business Readiness: Have Reports been tested?	Amber
498	Business Readiness: Have all workflows, including those with printers and devices been defined, approved and tested?	Green
498	Unity Workstream Readiness Handover: Have the Quick Reference Guides, Videos and SOP's been produced and approved by the Organisation?	Green

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
498	Record Keeping Policies: Are there are formal written policies to handle lack of compliance with the use of the Electronic Medical Record?	Green
498	Record Keeping Policies: Is there a policy related to hand written orders in place?	Green
498	Record Keeping Policies: Is there a policy relating to verbal orders or telephone orders in place?	Green
508	Business Readiness: Has the Operational Readiness (90, 60, 30 days) plan been implemented?	Green
509	Business Readiness: Has a Disaster Recovery process been agreed, documented and tested?	Green
510	Is a draft optimisation plan in place for Post Go Live covering 1-2 weeks, 3-6 weeks, 7-12 weeks and 12-24 weeks?	Green

GLO Criteria 336: Trust Go Live/ELS team

Green — Is the Trust Go Live/Early Live Support team resourced and documented?

Amber — Are staff scheduled/rostered?

Green — Is the command centre structure in place and staffed?

Evidence: Trust Cutover Rota (inclusive of DC, SU, Operational Leads, Patches staffing, floorwalkers) & Trust Command & Control paper

Programme Assessment:

- **Tactical Command & Control rota** - Trust project team rota has gaps identified primarily for Workstream Leads, these will be complemented by staff familiar with Unity. An exercise to review/align resources to those in the Cerner rota will be complete w/c 9/9.
- IT Rota / service desk staffing volumes under review 2/9
- **DC/SU/Floorwalker rota** - Groups have finalised DC/SU rota. Training have reviewed to identify / prioritise remaining training (names have been provided to Groups – groups need to ensure outstanding SU/DC are scheduled for training). 60 Floorwalkers are being procured to cover gaps in DC/SU coverage.
- **Main staff rota** - standard rota in place for week 1 & week 2. Rota for 110% staffing uplift silver areas /120% staffing uplift gold areas – for go live 2 week period. Bank fill rates provided to cutover team, All remaining shifts have been offered to higher pay rate agencies – continue monitoring

GLO Criteria 338: Trust Cutover Plan

Green Has the conversion/cutover plan, downtime strategy and all risks, issues and lessons learned been reviewed and agreed?

Green Is there is an issues capture and resolution process in place?

Amber Do all staff rostered on for cutover know how to use new devices (e.g. hand-held barcode scanner, label printer?)

Green Has a plan for Cutover been produced, agreed by the Organisation and the relevant resources prepared and available?

Evidence: Trust Cutover Plan, Tactical Command & Control, Cutover project team rota

Programme Assessment:

- **Cutover Plan** - documented and agreed
- **Tactical Command & Control** - process documented and agreed
- Video on device usage produced for Connect, device demonstration drop in sessions to be available in Sept.

GLO Criteria 342: Clinical Safety Case

Green

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

Evidence: Clinical Safety Case/Report (CRM), signed Clinical Authority To Deploy (CATD)

Programme Assessment:

- **Clinical Safety Case** - latest version with CEO for review & approval
- **Clinical Authority to Deploy (CATD)** – to follow on after approval of Clinical Safety Case / Report (CRM).

GLO Criteria 417: Reduced outpatient activity

Green

Has the impact on the Trust patient activity (e.g. reduced outpatient and elective inpatient admissions) been determined and catered for in the Trust's operational plans?

Evidence: Confirmation that outpatients clinics will be reduced, subject to review with each clinic

Programme Assessment:

- Planned maximum reduction of 40% in Outpatients for up to 2 week period from go live date

GLO Criteria 462: Business Continuity Plans

Green Are all business continuity plans approved, published on Connect and known to staff?

Evidence: Published BCP on Connect for every area (incl Downtime Strategy document)

Programme Assessment:

Process assurance complete for all areas except ED (scheduled for operational sign off 4/9)

GLO Criteria 509: Disaster Recovery (IT)

Green Has a Disaster Recovery process been agreed and documented?

Evidence: Approved DR Document

Programme Assessment:

- Process assurance in progress – table-top simulation undertaken in IT – completion report produced and with Operations (RB) for sign off w/c 2/9

GLO Criteria 465: Floorwalkers

Green Have Floorwalkers been sourced, trained, rostered and is there a published engagement pack?

Evidence: Published Floor walker Pack

Programme Assessment:

- Floorwalker requirements identified from gaps in DC/SU rotas
- 60 Floorwalkers in the process of being procured (supplier confirmed) – awaiting go live decision to confirm order
- Floorwalker training, rostering & engagement pack to be completed.

GLO Criteria 497: Reporting

Amber Have the critical operational, management and statutory reports required for Phase 1 been produced/tested to the satisfaction of the Trust?

Amber Have Reports been tested?

Evidence: List of the all Reports approved and signed off by all owners. Confirmation by COO.

Programme Assessment:

- 181 Operational reports built, 4 reports outstanding to complete by 6/9.
- Optimisation report development scoped, and development of 33 reports in progress. Target to complete by 16/9.
- Cutover Reports – scoping completed, all 12 reports developed. Target to sign off by 6/9.
- Progress comms, user set-up and training – in progress.

GLO Criteria 498: Workflows/SOPs/QRGs

Have the Policies, Procedures (SOPs) and QRGs required for cut-over been produced and approved by the Organisation?

Green Have all workflows, including those with printers and devices been defined, approved and tested?

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

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

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

Evidence: List of Workflows, SOPs and QRGs, approval date for each

Programme Assessment:

- Full audit of all Workflows, SOPs & QRGs completed, and process catalogue produced
- 5 remaining SOPs for NICU, to be completed w/c 2/9
- Remaining SOPs sign off for residual hazards agreed at Hazards Committee 3/9
- MDP SOPs produced, reviewed and published on Connect
- Top 12 SOPs for key roles (doctors, nursing, admin, AHP cohorts) have been published on Connect
- Next steps: Publish service specific SOPs both on Connect and through directorate leads w/c 02/09/19 to enable service level go live packs to be produced
- Change Control Process being put in place for future changes to workflows as part of the Future Operating Model.

GLO Criteria 508: Operational Readiness Trackers

Green Has the 90/60/30 day operational readiness plan been developed and is it being implemented as per the Operational Readiness Assessment?

Evidence: Group and Directorate readiness tracker (Operational Readiness Tracker) - including Change Action plans

Programme Assessment:

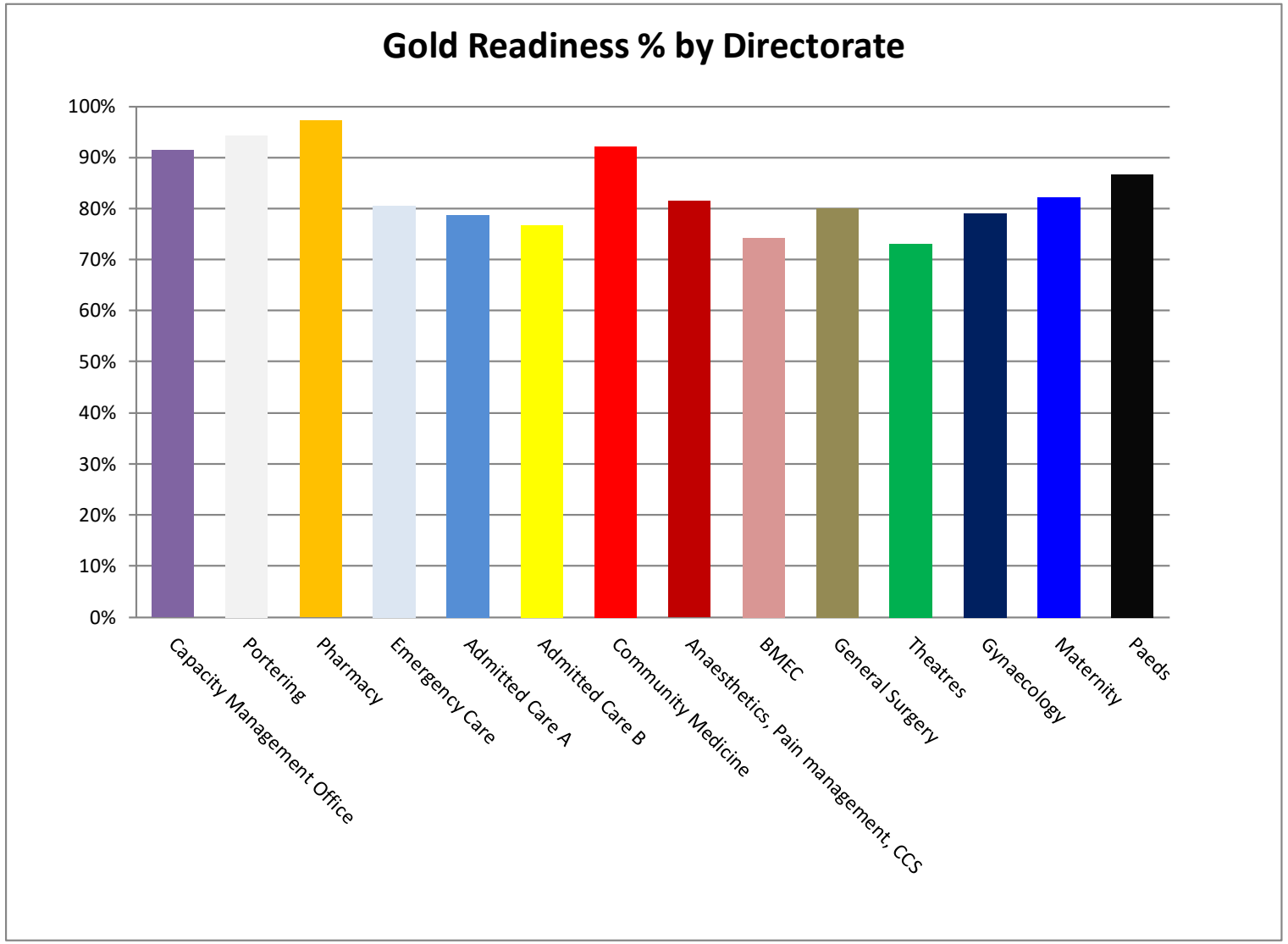
- Change Trackers and Action Plans owned by Directorates / Groups
- Submitted weekly & reviewed at GLO meeting with DGMs / Implementers
- Actions managed by services with support from Programme Team
- @ 29/08, Trust Readiness currently tracking at (1% increase on last week for both Gold & Silver):
  - Gold Areas (Target 95%): 82% (86% with all Programme dependent elements completed)
  - Silver Areas (Target 80%): 81% (85% with all Programme dependent elements completed)
  - Key area of focus for September: weekly Operational Readiness Implementation Activities take place within Groups, ensuring training capacity increased where necessary and active engagement from Exec & Programme (Implementers, Super Users Support Teams)

GLO Criteria 508: Operational Readiness Trackers – Detailed Status Update

Gold Readiness Report By Directorate

Need to attain 95% readiness score

Group	Directorate	Readiness %
Corporate	Capacity Management Office	91%
Corporate	Portering	94%
Corporate	Pharmacy	97%
MEC	Emergency Care	80%
MEC	Admitted Care A	79%
MEC	Admitted Care B	77%
PCCT	Community Medicine	92%
Surgery	Anaesthetics, Pain management, CCS	81%
Surgery	BMEC	74%
Surgery	General Surgery	80%
Surgery	Theatres	73%
WCH	Gynaecology	79%
WCH	Maternity	82%
WCH	Paeds	87%
	Total	**82%**

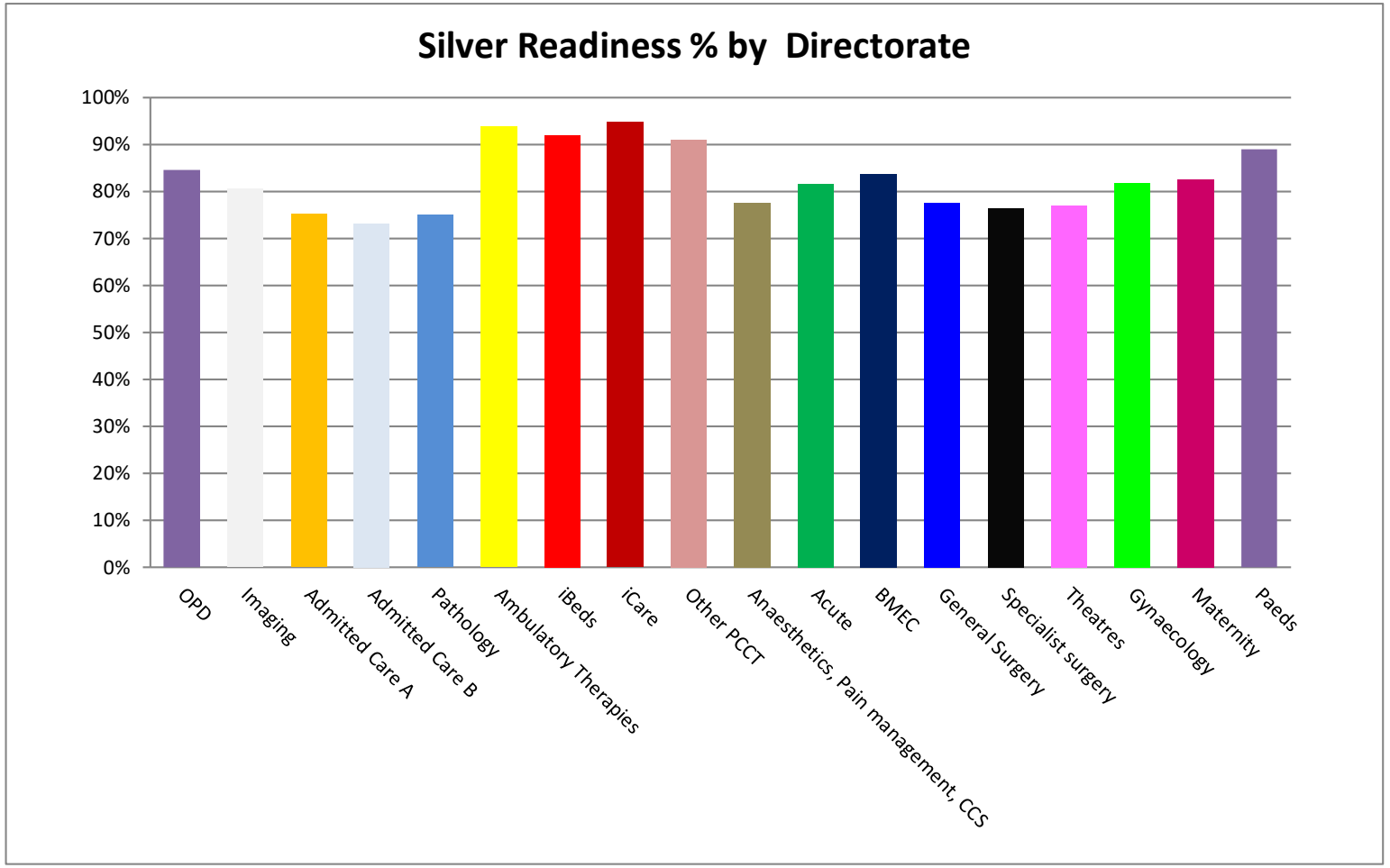


GLO Criteria 508: Operational Readiness Trackers – Detailed Status Update

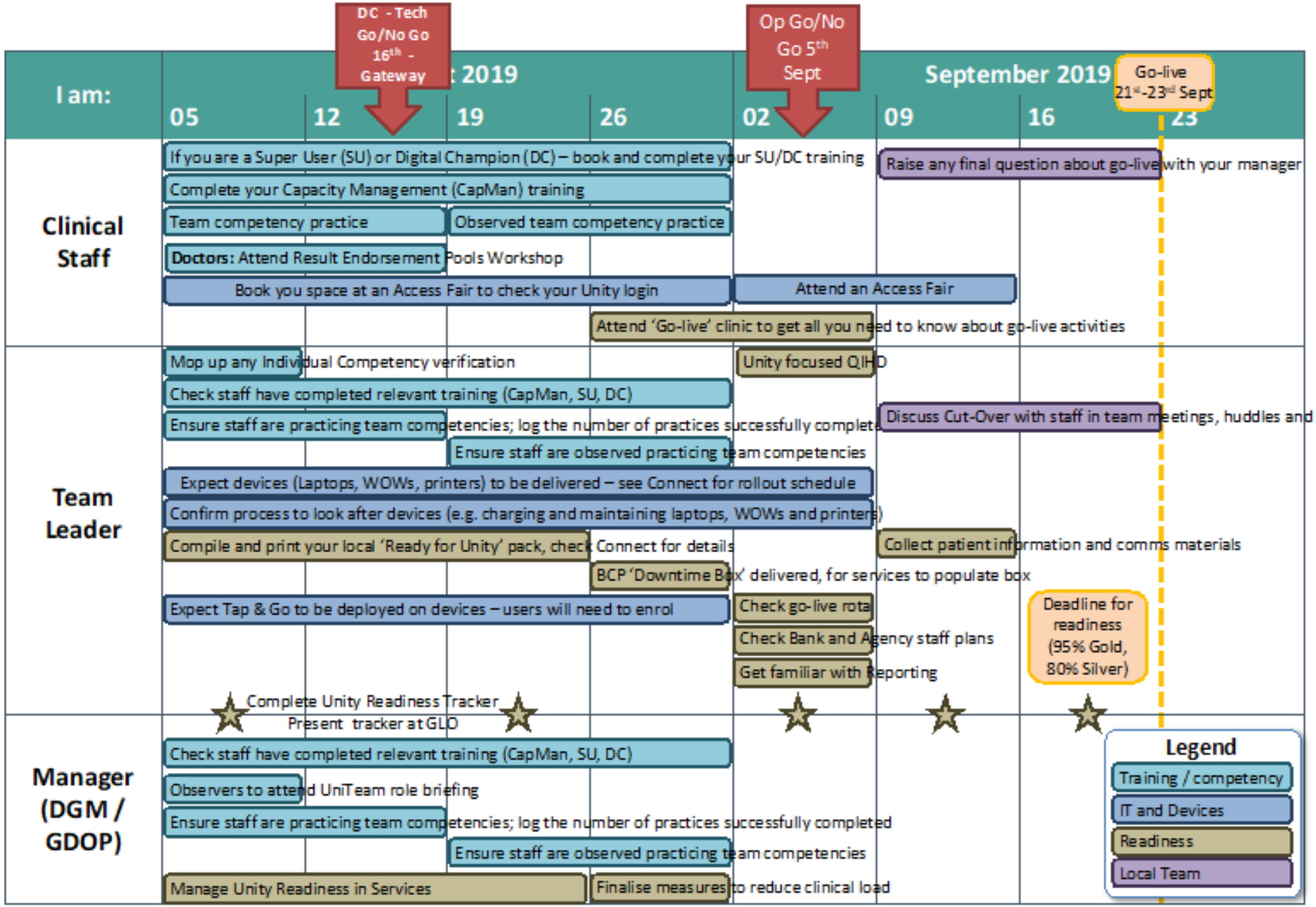
Silver Readiness Report By Directorate

Need to attain 80% readiness score

Group	Directorate	Readiness %
Corporate	OPD	84%
Imaging	Imaging	81%
MEC	Admitted Care A	75%
MEC	Admitted Care B	73%
Pathology	Pathology	75%
PCCT	Ambulatory Therapies	94%
PCCT	iBeds	92%
PCCT	iCare	95%
PCCT	Other PCCT	91%
Surgery	Anaesthetics, Pain management, CCS	78%
Surgery	Acute	82%
Surgery	BMEC	84%
Surgery	General Surgery	78%
Surgery	Specialist surgery	76%
Surgery	Theatres	77%
WCH	Gynaecology	82%
WCH	Maternity	83%
WCH	Paeds	89%
	Total	**81%**



GLO Criteria 508: 8 week Operational Readiness Implementation Activities for Groups



GLO Criteria 510: Optimisation Plan

Green Is a draft optimisation plan in place for Post Go Live covering 1-2 weeks, 3-6 weeks, 7-12 weeks and 12-24 weeks?

Evidence: Optimisation plan post Go Live

Programme Assessment:

In progress, presented to Digital Committee 16/08, and to CLE 27/08, GLO 02/09

GLO Criteria 510: Optimisation Plan

Optimisation is the foundation to enable innovation and development. We will achieve optimisation by end March 2020.

Readiness *Aug/Sep*	Go Live *21-23 Sep*	Stabilise *Month 1*	Optimise *Oct – Mar 2020*	Continuous Improvement *April onwards*
Preparing Technical, Operational and People Readiness	Transcription phase	Key Performance Indicators will help teams embed Unity in services	Staff use Unity effectively and efficiently	Continue to innovate and develop services to deliver the best **Integrated Care System**
Individuals and teams are confident and competent to use unity	Switch system on and use in every patient interaction	Unity use is mandated in services	Role specific measures of success	**Quality plan**
Everything is in place to go live locally	Supported by **Super Users**, Digital Champions, Trainers & floorwalkers	Switch off legacy systems	Supported by **Super Users**	**Research & development plan**
Super Users and line managers are confident of readiness		Supported by **Super Users**, Digital Champions & Trainers	Develop the Unity product to support local optimisation	**People plan**
				Estates plan (incl Midland Met)
				Achieve digital maturity

People Criteria (Raffaela Goodby)

Sandwell and West Birmingham NHS Trust

ID	Trust Level Criteria (Agreed at DMPA 29/03/19)	Current RAG status 04/09
330	Business Readiness: Have Digital Champions been trained, orientated in support procedures and aware of their engagement activities?	Amber
331	Business Readiness: Has 80% of end user training been completed on schedule as per training plan?	Green
332	Business Readiness: 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)	Green
500	Trust Go Live Criteria: Is there a detailed communications and engagement plan in place for cutover that details what is happening when and how to access support?	Green
500	Project Outputs: Have project timelines been communicated at clinician meetings	Green

People Criteria 330 331 332: Training

Amber Have all Digital Champions and Super Users been identified and a creditable plan in place for them to be trained, orientated in support procedures and aware of their engagement activities?

Green Has 80% of the total number of end users been trained on Unity, and are familiar with the functionality required for their roles?

Green Has 95% of users that will be on duty over the 48h after the cutover been trained on Unity, and are familiar with the functionality required for their roles?

Evidence: see Reports in following slides

Programme Assessment: Training, individual & team competencies practice in progress

- It's all about U – 89% verified as at 29/8
- 69% of Digital Champions trained (78% of DCs for Go Live period), 42% of Super Users trained (65% of SU for Go Live)
- Names of untrained DC/SUs identified and provided to Groups 2/9
- CapMan - 825 (59%) out of 1400 staff are compliant as of 2/9 - daily focus
- UniTeam 2/9 – 55% Gold Services / 66% Silver Services completed practices.

All About U – Individual Competencies

Sandwell and West Birmingham NHS Trust

Overall 89% verified

Burn-down Table

Group	No Checklist	Not Yet Verified	Total
Corporate	0	8	8
Imaging	0	7	7
Medicine & Emergency Care	21	97	118
Primary Care, Community and Therapies	0	0	0
Surgical Services	24	140	164
Women & Child Health	16	18	34
Grand Total	**61**	**270**	**331**

Plan for completion

- Groups to track action plan for individuals to complete checklist and gain verification
- List by individual of not trained shared with Groups 28/8/19.

CapMan Training Update

NHS Sandwell and West Birmingham NHS Trust

Group	Not Booked	Booked	Trained	Percentage Trained	Grand Total
Corporate			111	100%	111
Medicine & Emergency Care	214	47	339	57%	600
Primary Care, Community & Therapies	4	7	59	84%	70
Surgical Services	72	37	241	69%	350
Women & Child Health	13	8	78	79%	99
Grand Total	**303**	**99**	**828**	67%	**1230**
Gold	**164**	**30**			
Silver	**139**	**69**			

Plan for completion:

- Initial focus on chasing staff rostered for go-live fortnight in high volume Groups for completion of eLearning
- List of individuals has been circulated to Groups and are being targeted by GDOps & GDOns

SU/DC Rostered for Go-Live Training

Sandwell and West Birmingham NHS Trust

	All		Rostered for Go-Live	
	Complete / Booked	Not Complete	Complete / Booked	Not Complete
Digital Champions	526 *69%*	323	281 *85%*	48
Super Users	174 *42%*	238	148 *83%*	31

Plan for completion

- Remainder of residual rostered, sit with ED, AMU and Endoscopy. There is a catch all bespoke training event scheduled for 5/9/19
- Groups to track action plan for individuals to complete DC / SU training
- Groups to review roster looking for individuals already training to be included in go-live.

UniTeam Overall Summary

NHS
Sandwell and West Birmingham
NHS Trust

	No of Services / Areas	No of Competencies in Scope	Target No of Practices	No of Practices Complete	Percentage of Practices Complete
Gold	23	133	550	388	71%
Silver	58	291	1,455	568	39%

Analysis based on competency practices recorded by Services on Connect

Definitions

No of Competencies in Scope = No of Services x the number of competencies required for each service
Target No of Practices = No of Competencies in Scope x5 for each teams
No of Practices Complete = No of practices recorded by each service on Connect
Percentage of Practices Complete = No of Practices Complete / Target No of Practices

UniTeam Competency - Gold Service Detail

NHS
Sandwell and West Birmingham
NHS Trust

Group	Directorate	Area	No. of Competencies	Target No of Practices x Competencies	No of Practices Recorded	Percentage Complete
Corporate	Operations	Porters	2	5	5	100%
Corporate	Operations	Capacity Team	3	10	10	100%
Corporate	Operations	Pharmacy	N/a	N/a	N/a	100%
Medicine & Emergency Care	Admitted Care	Priory 5	7	30	18	60%
Medicine & Emergency Care	Admitted Care	Newton 4	7	30	25	83%
Medicine & Emergency Care	Admitted Care	Priory 4	7	30	25	83%
Medicine & Emergency Care	Admitted Care	Haemoglobinopathy Unit	5	20	20	100%
Medicine & Emergency Care	Emergency Care	ED (City)	7	30	16	53%
Medicine & Emergency Care	Emergency Care	ED (SGH)	7	30	8	27%
Medicine & Emergency Care	Emergency Care	AMUA	8	35	7	20%
Medicine & Emergency Care	Emergency Care	AMU1 (City)	9	40	3	8%
Medicine & Emergency Care	Emergency Care	AMU2 (City)	9	40	8	20%
PCCT	Community Medicine	MIS	6	25	25	100%
Surgical Services	Anaesthetics, Pain & Critical Care	Critical Care (SGH)	9	40	35	88%
Surgical Services	Anaesthetics, Pain & Critical Care	Critical Care (City)	9	40	36	90%
Surgical Services	General Surgery	SAU	9	40	12	30%
Surgical Services	General Surgery	CSU	9	40	40	100%
Surgical Services	Theatres	Theatres (City)	4	15	3	20%
Surgical Services	Theatres	Theatres (SGH)	4	15	15	100%
Surgical Services	Ophthalmology	ED	6	25	0	0%
Women & Child Health	Acute and Community Paediatrics	D19	10	45	45	100%
Women & Child Health	Gynae, Gynae Oncology	EGAU	8	35	9	26%
Women & Child Health	Maternity & Perinatal Medicine	Neonatal Ward	9	40	0	0%

UniTeam Gold Services Progress Commentary

NHS Sandwell and West Birmingham NHS Trust

- Pharmacy
  - Team practicing self-defined competencies that are appropriate to specific area
  - 1:1 assessment completed within teams with Super Users
  - Audit trail of assessment locally maintained therefore Connect data capture form is not relevant to this specific area
- AMU1 (City)
  - Practice begun across AMU1 and AMU2
  - Further support available from Improvement Team as required
- Ophthalmology ED
  - Support offered w/c 26th Aug
  - Carlene Oliver to contact Anne Townsend in the Improvement Team with what support is required
- Neonatal Ward
  - Awaiting solution build to enable UniTeam competency practice

Appendices

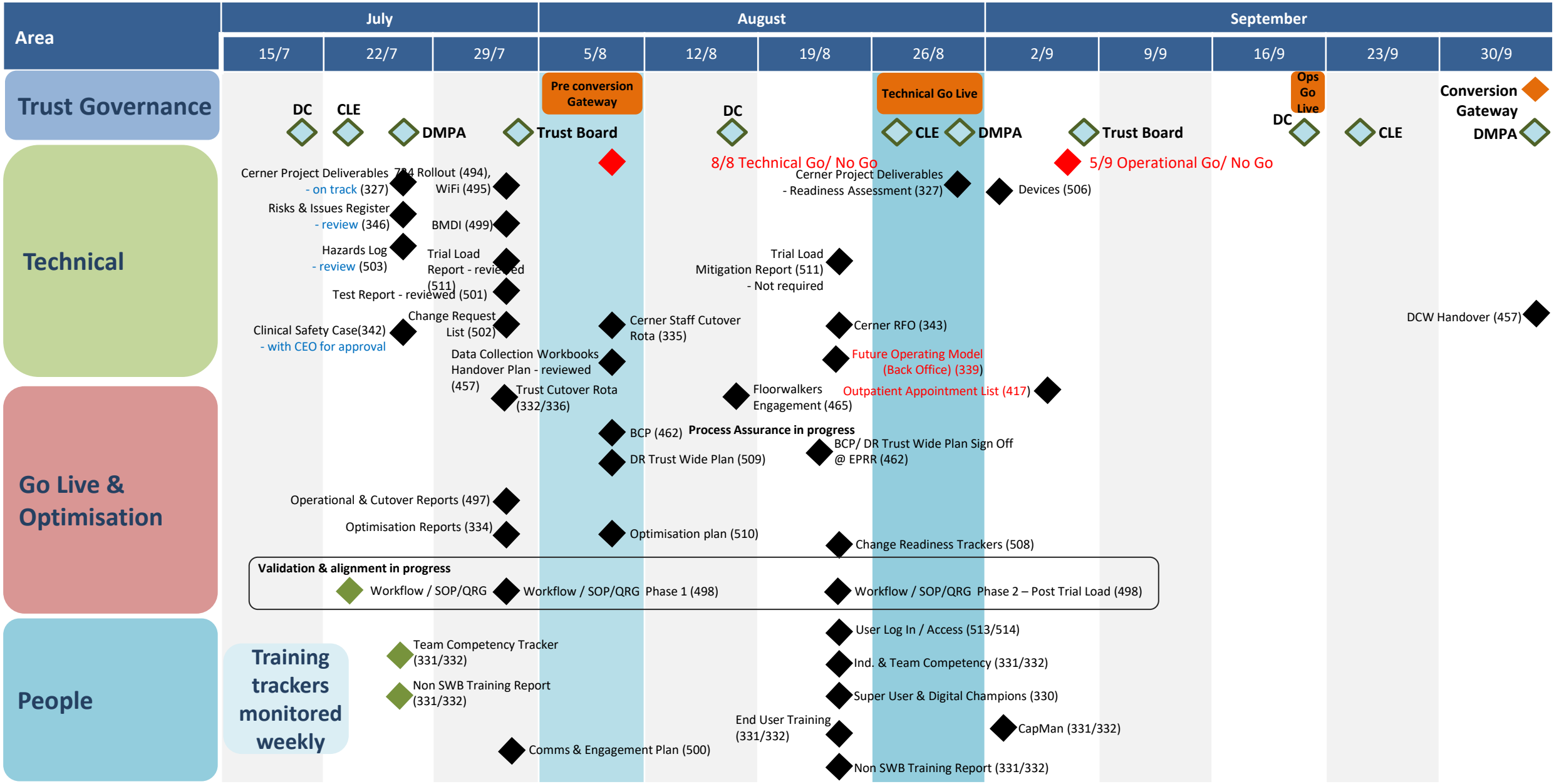
Sandwell and West Birmingham NHS Trust

Unity Criteria & Evidence Approval Milestones Plan

Unity Criteria & Evidence Approval Milestones - SWB Trust Approach for Approval

Unity Criteria & Evidence Approval Milestones Plan

Key
- Review tracker avail – Exec Reviews as required
- Criteria Final Sign Off Target
- Criteria Complete



Trust Readiness Weekly Target Trajectory	23%	67%	84%	98%	100%

Unity Criteria & Evidence Approval Milestones
SWB Trust Approach for Approval

- All Unity criteria/evidence reviewed by Executive Owners in advance of target sign off dates (milestones)
- Escalation to Unity Executive Steering by exception or as determined by CEO
- Trust & Cerner Pre Conversion Gateway Review completed 15/8 – included Executive Owners, Programme Mgrs and Cerner Representatives
- Trust Criteria and

Clinical Safety Case and Safety Closure Report for The Implementation of UNITY Electronic Patient Record.

Version 0.5

Date: 29th August 2019

Sandwell & West Birmingham NHS Trust

Document filename: Clinical Safety Case	
Directorate / Programme: Clinical Hazards Work Stream / Unity	**Project:** Clinical Risk Management (CRM) for implementation of UNITY Electronic Patient Record.
Document Reference: Clinical Safety Case	
Author: Leong Lee – Clinical Safety Officer	**Status: Final**
Owner: Clinical Hazards Committee	**Version: 0.5**
Contributors Amanda Geary – Director Of Operations/Chair of Clinical Hazards Committee Ash Sharma – Chief Clinical Informatics Officer Roger Stedman – EPMA lead and Senior Sponsor Clive Tomsett, Lead Regulatory Strategist and CSO, Cerner Ltd. Wale Lawal, Senior Physician Executive, Cerner Ltd. Stuart Threlfall, Manager/ Lead Clinical Consultant, Cerner Ltd.	Version issue date: 29th August 2019

Document Management

Revision History

Version	Date	Summary of Changes
V0.1	30-Oct-2018	Draft to consider Safety Case format and content for 2nd Clinical Safety Case Iteration
V0.2	14-Dec-2018	Review and comments, Clive Tomsett, Cerner CSO
V0.3	14-July-2019	Review and update.
V0.4	20-Aug-2019	Review and update.
V0.5	29-Aug-2019	Review and update of SOP sign off by David Carruthers, Medical Director

Author

Author Name	Role / Function
Leong Lee	Clinical Safety Officer (CSO)

Reviewers

This document must be reviewed by the following people:

Reviewer name	Role / Function	Date	Version
Amanda Geary	Director of Operations/Chair of Clinical Hazards Committee	16-July-2018	V0.3
Ash Sharma	CCIO, SWBH	18-July-2018, 28-Aug-2019	V0.3, V0.5
Clive Tomsett	CSO, Cerner Ltd.	14-Dec-2018	V0.2
Liam Kennedy	Deputy COO, SWBH	28-Aug-2019	V0.4
David Carruthers	Medical Director, SWBH	28-Aug-2019	V0.5

Approved by

This document must be approved by the following:

Name	Role / Function	Date	Version
Toby Lewis	CEO, SWBH		

Related Documents

These internal and external documents provide additional information and are specifically referenced within this document.

Doc Reference Number	Title	Version
Amd 25/2018	Data Coordination Board (DCB) 0160: Guidance on the management of clinical risk relating to the Deployment and Use of Health Software (07 06 2018) https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems	V3.0
Amd 24/2018	Data Coordination Board (DCB) 0129: Application of Patient Safety Risk Management to the Manufacture of Health Software (07 06 2018). Ref: Amd 24/2018 https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems	V4.0
Cerner UK CRMS Project File:	Clinical Safety Case & Safety Closure Report V6 RFH TBA on 8-12-17 Date: 17_DEC-2017 https://methodm.cerner.com/client/84102/RFL_Model/ProjectDeliverables/Clinical%20Safety%20Case%20and%20Safety%20Case%20Closure%20Report%20V6.0%20RFH%20TBA%20on%2008%2012%202017.xlsx	V0.4 (Draft)

Contents

Executive Summary

This Clinical Safety Case details the clinical risk management that has been undertaken by Sandwell and West Birmingham NHS Trust (SWBH) in partnership with Cerner Ltd. in relation to the deployment of the Electronic Patient Record (EPR) solution (hereafter referred to as UNITY). This document has been produced to support the SWBH Trust Board in their consideration for the deployment of UNITY and in line with DSB 0129 & DSB 0160 Requirements set-out by NHS Digital. This 5th iteration Clinical Safety Case is a key deliverable to meeting the gateway criteria for UNITY cutover to live service (anticipated for 23rd September 2019). The role of the safety case is to demonstrate the due diligence exercised in supporting the safe implementation of UNITY.

A clinical hazard is defined as any potential source of harm to a patient and in this document relates to any potential source of harm to the patient arising from the implementation of UNITY. A clinical risk refers to the combination of the probability of the materialisation of a clinical hazard and the impact of that occurrence. This is distinct from any risks or issues to the successful implementation of the UNITY programme.

The Clinical Safety Case includes a log of hazards that are deemed by the SWBH Clinical Hazards Committee to be new clinical risks that result from the implementation of UNITY. In developing the Clinical Safety Case, consideration has been given to each of the following key areas:

1. UNITY end-to-end clinical risk, including functionality and how that functionality is used.
2. UNITY messaging risk, including both inter- and intra- messaging in relation to information and data exchange between relevant systems.
3. UNITY technical risks that may lead to patient harm, to include design/architecture, testing, training and business process considerations.

It is essential to note that the Clinical Safety Case only considers those clinical risks that arise as a direct result of the implementation of UNITY that have been raised to the Clinical Hazards Committee. It does not consider:

- Clinical risks that already exist within the organisation.
- Clinical risks that are not a direct result of UNITY implementation.
- Existing clinical risks that will not be resolved as a result of the implementation of UNITY.
- Risks of the delivery of the project (which have been managed via the UNITY Risks and Issues Committee).
- IT infrastructure/software issues not directly related to clinical hazards.
- Clinical hazards that will arise by not implementing UNITY.

Similarly, as the Clinical Hazards Committee only considered clinical risks that were directly raised to it, there may be clinical risks relating to the implementation of UNITY that have not been raised to the committee and therefore do not appear on the hazard log. Horizon scanning was limited to a comprehensive review of known clinical hazards brought by Cerner from previous EPR implementations (including a review of Calderdale and Huddersfield NHS Foundation Trust's clinical hazards log). Hazards were also identified by the work-stream leads, subject matter experts, outputs from dress rehearsals and clinical sponsors.

The identified hazards that fell within the remit of the committee were reviewed and rated by the committee. Mitigations to the hazards were identified by the business owner in conjunction with the mitigation leads and monitored by the committee. The committee has received assurances of the implementation of mitigations only; it was not feasible for the committee to receive assurances of the effectiveness of all mitigations. The four primary streams for mitigation are Design, Training, Testing and Business Process. For example, the committee will receive assurances that the relevant item is included in training, but cannot be assured that the training of the item was sufficient to ensure that staff recall it.

The initial identified risk burden was unsurprising and workable. The current risk burden is dynamic and it should be noted that this iteration of the Clinical Safety Case represents the risk burden at the time of writing (29th of August 2019). The reader should also note that at this point in time the attached Hazard Log (Appendix 4) identifies a total of 57 clinical hazards related to UNITY implementation (Table 1). At time of writing there are 6 residual undesirable and 0 unacceptable hazards. The target level of 5 undesirable hazards will be achieved once Hazard 353 is mitigated to tolerable following teaching of the BCP process on the 3/9/19. Overall this represents a reduction from 22 undesirable and 21 unacceptable clinical risks at the outset of the programme. The target residual clinical risk burden for go-live of 5 undesirable and 0 unacceptable clinical hazards represents a tolerable deployment burden, but needs to be fully understood by all of the executives in partnership with the risks of the project that are held within other forums. Subsequent phases of the project may further mitigate some existing clinical risks identified and therefore further reduce the clinical risk burden.

A key part of the assurance is ensuring that processes and structures remain in place after go-live to support any subsequent phases of development and the on-going surveillance and management of newly identified clinically and operationally relevant UNITY hazards and risks. It is recommended that the UNITY Clinical Hazard Committee be continued in subsequent phases with on-going responsibility for oversights on clinical hazards that come to light following go live.

The initial, current and target clinical risk ratings are summarised in Table 1. The five clinical hazards with a target undesirable residual risk score are listed on Table 2.

Introduction

Purpose of the Clinical Safety Case Document

The principle reason for producing this Clinical Safety Case Report is to support Trust Board consideration in respect of transitioning from the pre-deployment phase to the go-live phase of deployment of the UNITY EPR. The Clinical Safety Case Report also supports the work which will be conducted over go-live / stabilisation phase, and further into Business-As-Usual (BAU) at Sandwell & West Birmingham NHS Trust.

This collaborative approach to the production of the Clinical Safety Case serves to evidence the collective Clinical Risk Management (CRM) requirement undertakings by both Cerner Ltd and Sandwell & West Birmingham NHS Trust as set-out in the respective Data Coordination Board (DCB) 0129 and DCB 0160 Standards produced by NHS Digital.

This 5th Iteration Clinical Safety Case is a key deliverable to meeting the gateway criteria to the UNITY Cutover to live service.

The Clinical Safety Case is supported by a structured body of evidence which is held within the Sandwell & West Birmingham NHS Trust Project Portal. The key artefact of this being the attached UNITY Hazard Log which essentially is concerned with the assembly, risk rating and mitigating of the relevant clinical risks that have been offered to the UNITY Clinical Hazard Committee. The Hazard Log contains a granular level of detail on the actions and journey taken to mitigate the 57 identified clinical hazards and directs the reader to the evidence for individual hazards, which provides additional assurances.

With respect to the requirements set-out in both DCB 0129 and DCB 0160 and in regard to CRM activities and governance (which matured in April 2018) this Clinical Safety Case provides a comprehensible and valid case that there are adequate mitigation controls in place in respect to unacceptable and undesirable clinical hazards as these relate to UNITY'S intended use at Sandwell & West Birmingham NHS Trust.

The CRM deliverables have been jointly sponsored, produced and reviewed by the Cerner and Sandwell & West Birmingham NHS Trust Clinical Safety Officers (CSOs) to ensure compliance with both Trust UNITY Project governance requirements and those of NHS Digital.

Governance: UNITY Clinical Hazards Committee

The primary role of the Sandwell & West Birmingham NHS Trust UNITY Clinical Hazards Committee is to track the implementation of the surfaced and purported CRM controls through to delivery.

The UNITY Clinical Hazards Committee has established processes and quality artefacts[1], which should serve to provide the necessary confidence as to the quality of the clinical risk management endeavour. The committee tracks those efforts required by both the UNITY Project Team and the business to deliver the required mitigation controls (or 'barriers').[2] Appendix 1 summarises this process.

The CRM process has not been applied in isolation and the integrity of the hazard mitigation efforts build on ensuring a wider and functioning relationship with the other UNITY work-streams as summarised in the table below:

Infrastructure, e.g. Printers, BMDI, networks	Essential for the safe and effective use of the UNITY Solution to deliver care and manage the service.
Program Risks and Issues	Risk/issues impacting on the ability of the team to implement the UNITY Program safely and on time.
Benefits	Reference to the Program benefits is yet to be confirmed.
Change Request management	Changes to the UNITY Solution configuration required to mitigate the risk.

UNITY Clinical Hazards Committee Terms of Reference

Terms of reference for the UNITY Clinical Hazards Committee were agreed by the committee when it was established in June 2017 and were updated April 2018. The scope of the committee is to consider risk management processes required to ensure patient safety in respect to the deployment and use of the UNITY solution. The committee's Terms of Reference provides oversight in respect to the review and application of the indicated clinical risk mitigations arising from the implementation of the UNITY Solution. The committee scope is confined to those hazards that are directly raised to the UNITY Solution and that may occur as a direct result of the implementation of UNITY. To that effect, there are clinical risks that already exist within the organisation that have not arisen from UNITY implementation. Similarly, there may be clinical risks relating to the implementation of the UNITY Solution that have not been raised to the committee and therefore do not appear on the hazard log.

Meeting Structure

The clinical risk management of the UNITY Solution is performed in partnership between Cerner Ltd and the Sandwell & West Birmingham NHS Trust. At the beginning

[1] Established Terms of Reference, Agendas, Minutes, Action Log, 'Barrier' control trackers, Proformas for escalation

[2] The 'Barrier' controls are concerned with the application and review of mitigations within the EPR System functional areas of (1) system design / configuration (2) testing (3) training and (4) business process review

of the project, Cerner Ltd provided a log of 46 hazards that had been raised in previous implementations of the UNITY Solution. These were reviewed by the committee who confirmed whether the clinical risk was relevant to the deployment of the Sandwell & West Birmingham NHS Trust UNITY Solution and whether it was a new clinical risk to the organisation as a result of the implementation. Any clinical risks that were either deemed not to be relevant to the Sandwell & West Birmingham NHS Trust UNITY Solution or were deemed not to be as a direct result of the implementation of the new UNITY system were rejected.

For each of the clinical risks accepted on to the hazard log the group discussed and agreed the initial clinical risk rating, appropriate mitigation and residual target clinical risk ratings assuming that all mitigation is implemented completely. Mitigations fall under the following headings:

- Design (where the system can be amended to reduce or eliminate the clinical risk)
- Testing (where testing of the system will confirm whether the design works as expected)
- Business change (in which business processes are updated to reflect the new system, e.g. standard operating procedures)
- Training (in which staff are trained to perform the task in a way to reduce or eliminate the clinical risk or are informed of the clinical risk).

The relevant mitigation leads are required to provide updates to the committee on a weekly basis for monitoring and escalation of any barriers to achieve. A dashboard of mitigation progress is provided and reviewed by the committee on a weekly basis as part of the mitigation progress updates, alongside a graph detailing the movement of risk ratings. These are contained within the attached Hazard Log.

Reporting

The UNITY Clinical Hazards Committee reports to the Unity Executive Committee and Digital Committee, a subcommittee of the Clinical Leadership Executive (CLE) .

The 5th Iteration of the Clinical Safety Case

The Clinical Safety Case is an output from the work of the trust Clinical Hazards Committee. This committee is responsible for considering the hazards brought into the UNITY project by the supplier and establishing a baseline set which along with the addition of further surfaced hazards during the UNITY project which form in total the 57 hazards on the hazard log.

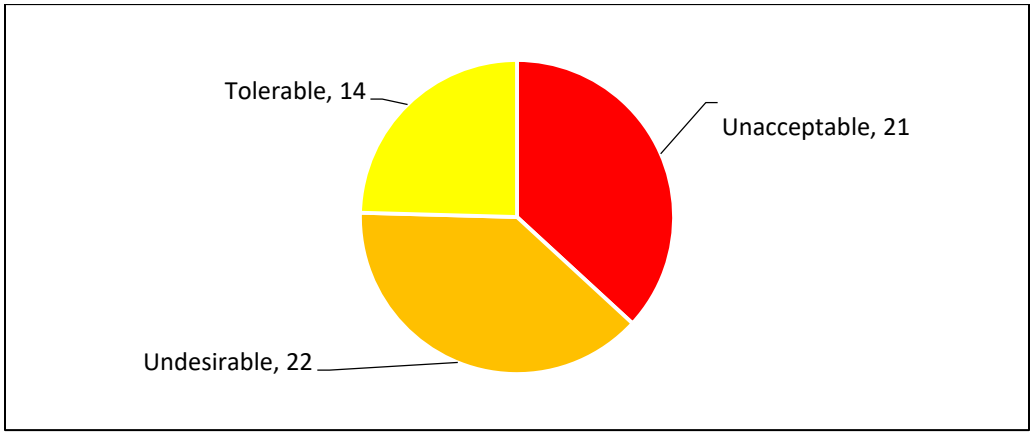
Risks are rated in line with the Sandwell & West Birmingham NHS Trust's clinical risk management policy. A 5 x 5 clinical risk rating matrix (Appendix 2) is used to assess the potential consequence of the clinical risk occurring and the likelihood of that consequence occurring. The resulting clinical risk ratings fall in to the following categories:

- Acceptable – a risk rating of 1-3
- Tolerable – a risk rating of 4-8
- Undesirable –a risk rating of 9-12
- Unacceptable – a risk rating of 15-25

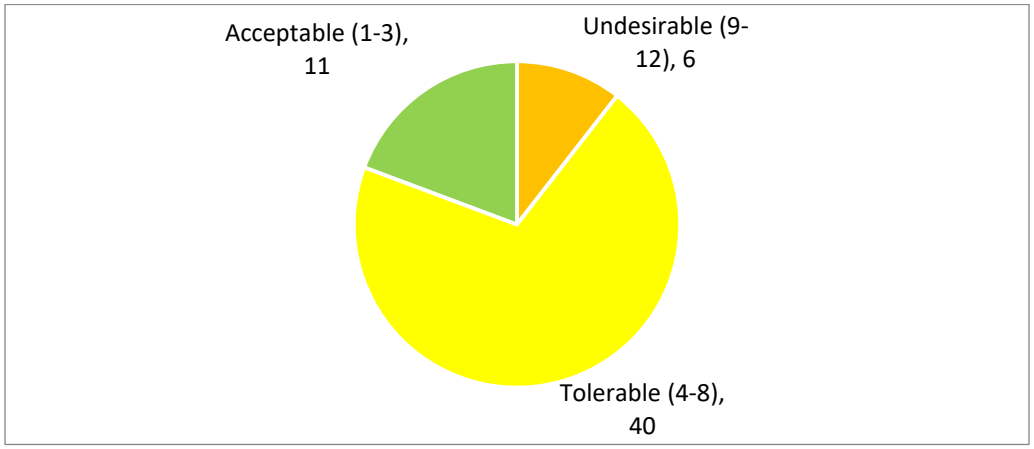
The table and chart below shows the clinical risk rating of those hazards at the outset (initial clinical risk rating) at the point of the creation of this safety case (current clinical risk rating) and an expected position once all of the mitigations have been completed for the respective hazards (target residual clinical risk rating).

Table 1: Hazard Log

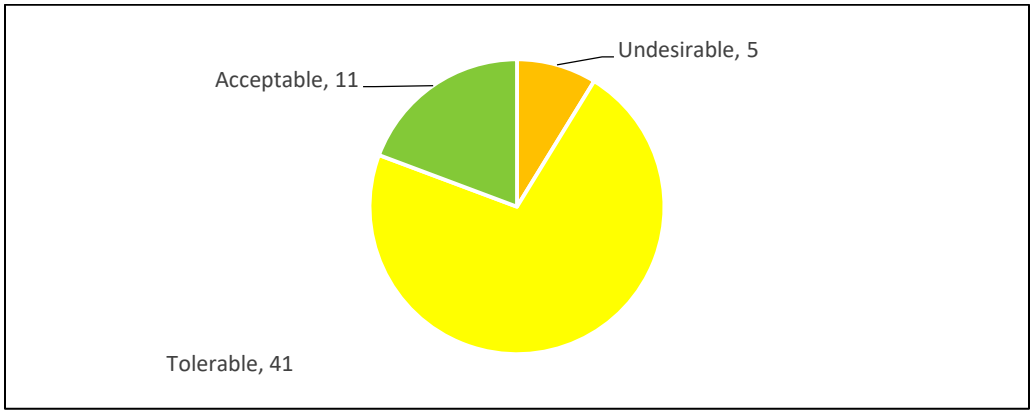
Initial Clinical Risk



Current Clinical Risk (As of 29th August 2019)



Target Residual Clinical Risk



Clinical Risks the UNITY Clinical Hazards Committee are flagging

The following table provides the reader with a focus, on the residual undesirable hazards.

One current undesirable clinical hazard (353) will be mitigated on the 3/9/19 on completion of BCP training during QIHD sessions and videos circulated via communications.

It was the unanimous view of the Clinical Hazards Committee that the remaining five residual undesirable clinical risks be accepted as the benefits of UNITY implementation outweigh any residual risk from these individual hazards.

Table 2: Target residual undesirable hazards

Hazard ID	Description
9	There is a risk that an order request e.g a medication can be selected incorrectly from a drop down list resulting in the incorrect medication dose being given or an inappropriate or test/investigation being undertaken.
15	There is a risk that the patient may not receive their usual home medication which may impact on their wellbeing including exacerbating the condition being treated.
131	There is a risk that the PPID workflow is not followed when labels are required to be printed remotely from the patient.
241	There is a risk if the scanner is malfunctioning or unavailable and the user fails to carry out a manual ID procedure that the patient could be incorrectly identified and care or a treatment intervention given from another patient's record.
353	There is a risk that critical clinical data for clinical decision making and the integrity of the continuity of patient care may be compromised during periods of Unity unavailability. This may lead to patient harm
355	If the clerking prescriber does not follow the defined workflow precisely (and multiple steps in the workflow) then there is a very high probability medication will be double prescribed e.g when converting history to current meds in the Unity reconciliation screen.

Trust Clinical Safety Officer Comments

The implementation of the EPR Solution UNITY represents one of the most important undertakings by the Trust since its inception and brings with it putative benefits to patient safety, patient care and workflow. The clinical risk management process ensures its deployment with as low a risk to patient safety as reasonably possible. This iteration of the Clinical Safety Case is an important pillar in providing assurance that due diligence has been applied prior to the deployment of UNITY.

The following allowed the Clinical Hazards Committee to fulfil its role effectively and transparently, which has led to delivery of this clinical safety case:

1) Collaboration between key trust stakeholders and Cerner. The membership of this committee comprises senior clinicians, operational officers, work-stream leads and Cerner representatives including the Cerner CSO. This allowed for high level discussions around hazard mitigation drawing from previous experiences of EPR implementation, a sound knowledge of trust operations and clinician input.

2) Engagement with senior sponsors, digital champions, PMOs and IT. Several hazards workshops were also held to more accurately define certain key clinical hazards, assign ownership of clinical hazards and set deadlines for mitigation.

3) Contemporaneous updating of the hazard log, which is on the Cerner Portal available for everyone involved in the project to view, is performed after the weekly Hazard Committee meeting. Risk ratings agreed by the Clinical Hazard Committee, mitigation strategies and hazard ownership can be viewed and challenged if necessary.

4) A hazard mitigation evidence repository is available for each individual hazard. This includes links to lesson plans, SOPs, QRGs and other evidence for mitigation.

With the high degree of clinical risk management that has been applied to this project, there is a good level of confidence that the targeted date for UNITY implementation (23rd September 2019) is realistic with Clinical Authority To Deploy (CATD) being granted once the pre-defined target residual risk scores are achieved. This will allow the implementation of an EPR solution with as low a clinical risk as is reasonably possible.

It should be noted that there are significant clinical hazards posed to the Trust by failing to implement the UNITY EPR solution, which are beyond the scope of the Clinical Hazards Committee. Briefly, these include but are not limited to, results acknowledgement, VTE assessments, prescribing errors, lost or illegible patient documentation, sepsis screening, ordering of investigations using outdated software and the inability to view complete patient records.

Cerner Clinical Safety Officer Comments

The Safety Case summarises all the knowledge that has been acquired relating to the clinical risks associated with the UNITY Solution at that point in the lifecycle and encompasses a clear and concise record of the process that has been applied to determine the clinical safety case.

- There is a summary of the outcomes of the assessment procedures applied [record of Clinical Hazard Committee meetings)
- There is a clear listing of any residual clinical risks that have been identified and the related operational constraints and limitations that are applicable
- There is evidence of Clinical Risk Analysis Hazard Identification; Description of patient safety consequences; explanation of hazard causes and contributory conditions; identification of existing mitigating controls; estimation of clinical risk
- There is evidence of Clinical Risk Evaluation: Evaluation of initial level of risk of each identified hazard using pre-defined criteria
- There is evidence of Clinical Risk Control: Identification, justification, implementation and verification of adequate risk controls; residual clinical risk evaluation and completion of controls
- Hazard Log: Presentation of associated Hazard Log (Appendix 4)
- The risk level reduction is consistent with requirements set-out by the Trust with respect to the required criteria contained within the Cerner CRMS
- Cerner's CSO is assured that good CRM practices - evident through the Governance Tracker have been applied
- That UNITY solutions being deployed support good clinical practice.

Noting that this is the 5th Iteration of the Clinical Safety case and that the CRM has some work to be completed prior to the final gateway deliverable prior to go-live, there is a good degree of confidence that the target residual clinical risks will be landed as set out above.

CRM sustainability approach

The role of the safety case is to demonstrate the due diligence exercised in ensuring the safe implementation of the UNITY Project. A key part of this assurance is ensuring that processes and structures remain in place after go-live to support subsequent phases and the ongoing surveillance and management of newly identified clinically and operationally relevant UNITY hazards and risks.

The section below outlines what is required to remain in place to meet the objectives stated above.

Governance

Structure: The function of the UNITY Clinical Hazards Committee will transition to support subsequent phases of the UNITY project once its mandate has been fulfilled.

Clinical Safety Case and UNITY Hazard Log

The Clinical Safety Case working document will continue to be used by the committee and the hazard log contained within will be maintained.

Surveillance

Hazards will be identified through the following means:

- By the UNITY clinical work streams, raised to the committee via the UNITY programme managers
- Service issues directly attributable to the UNITY Solution that are identified as hazards and have the potential to cause patient harm.
- Configuration/enhancement requests made of the BAU/back-office service that may inadvertently introduce hazards and have the potential to cause patient harm
- Serious Incidents (SIs), incidents and near misses with direct/indirect UNITY causality will continue to be logged on Safeguard and managed in line with current Sandwell & West Birmingham NHS Trust incident reporting procedures.
- Monitoring via the solution's lights on function.

Conclusions

The Clinical Safety Case summarises the work of the Clinical Hazards Committee including governance, the management of a hazard log and the application of mitigations, which includes the tracking of implementation of such endeavours. The CRM process has highlighted 5 undesirable residual clinical risks. Consideration of these residual clinical risks need to be given by the Trust executives prior to the final pre go-live gateway, to consider whether all has been done to mitigate these and that the mitigation and residual clinical risk is as low as reasonably possible.

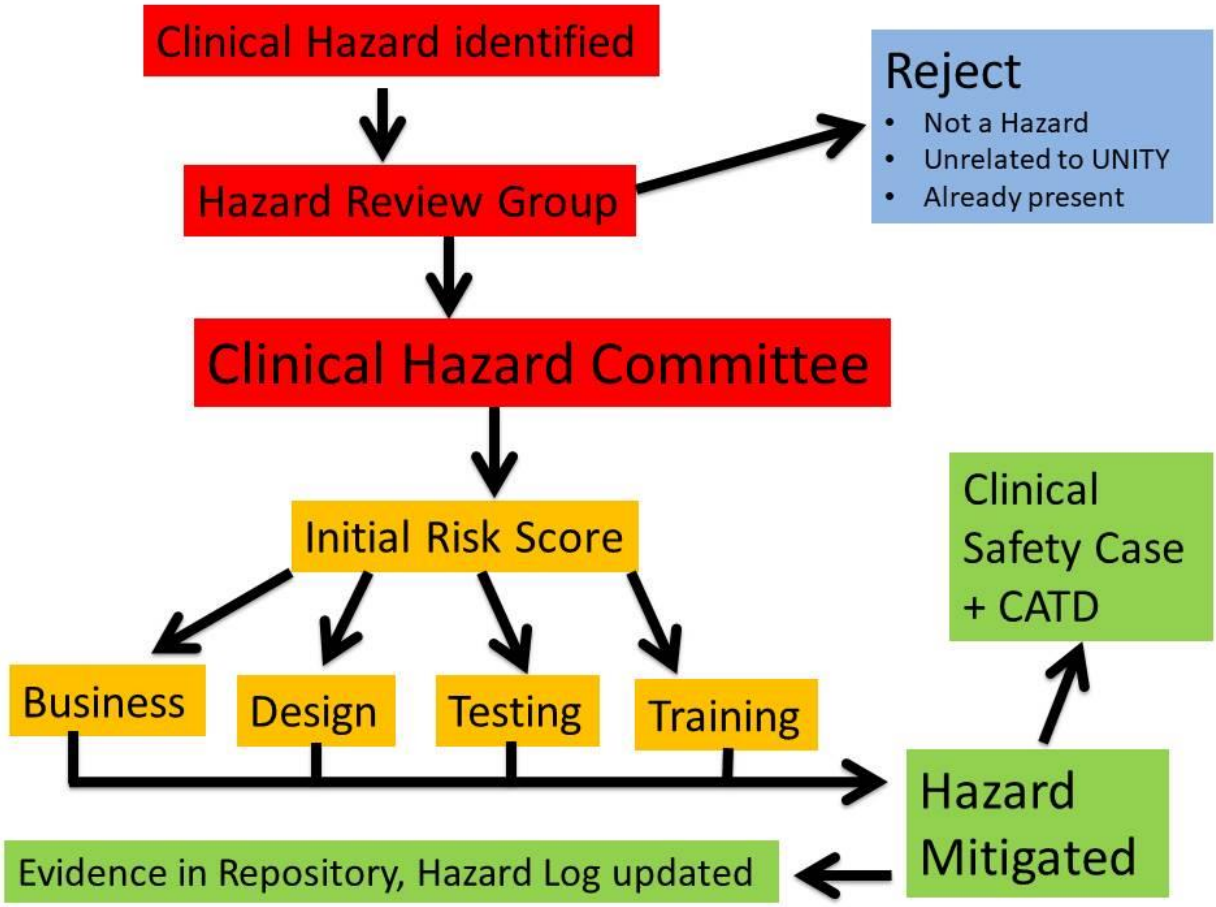
Limitations of the UNITY Clinical Risk Management process

The UNITY Clinical Hazards Committee only considered those clinical risks that were raised to it. Whilst no additional horizon scanning for potential clinical risks was performed by the committee, there have been significant opportunities (e.g. dress rehearsals, engagement events, walk-throughs) for those involved in the project and users to raise clinical hazards. In addition, reminders were sent to work stream leads and sponsors to highlight any potential hazards. It is possible that there are other clinical risks of the implementation of the UNITY Solution that have not been raised to the committee and therefore are not captured in the hazard log.

The committee have received assurances of the proposed implementation of mitigations only; it was not feasible for the committee to receive assurances of the effectiveness of all mitigations. For example, the committee will receive assurances that the relevant item is included in training, but cannot be assured that staff recall it.

Appendices

1. Sandwell & West Birmingham NHS Trust clinical hazard management process.



2. Sandwell & West Birmingham NHS Trust clinical risk scoring matrix.

		Clinical Risk Classification Matrix				
Consequence (Severity) ↓	Likelihood (Probability) →	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)		Tolerable (5)	Undesirable (10)	Unacceptable (15)	Unacceptable (20)	Unacceptable (25)
Major (4)		Tolerable (4)	Tolerable (8)	Undesirable (12)	Unacceptable (16)	Unacceptable (20)
Moderate (3)		Acceptable (3)	Tolerable (6)	Undesirable (9)	Undesirable (12)	Unacceptable (15)
Minor (2)		Acceptable (2)	Tolerable (4)	Tolerable (6)	Tolerable (8)	Undesirable (10)
Negligible (1)		Acceptable (1)	Acceptable (2)	Acceptable (3)	Tolerable (4)	Tolerable (5)

3. Glossary of CRM Terms

Definition	Meaning
Acceptable	means an acceptable level of residual risk that may be accepted in a given context as categorised in the residual risk acceptance categories. A low rated risk.
Clinical Hazard	means a potential source of harm to a patient, or state of a system or an event, that presents the potential for such harm to arise.
Clinical Risk	means the combination of the probability of the materialisation of a clinical hazard and the impact of that occurrence.
Clinical Risk Management	means with respect to the Supplier, management of any clinical hazards and clinical risks in relation to delivering and operating the UNITY Solution. This involves placing emphasis on identifying circumstances where use of the UNITY Solution may put patients at risk of harm and proposing actions to prevent or control those risks, but excludes, for example, consideration by the Supplier of any security, information governance, Health and Safety related issues or any damage that might be caused by a defect in a product, strict liability for which is governed by the General Product Safety Regulations (2005).
Clinical Risk Management Activities	means the clinical risk management activities carried out by the Supplier as part of CRM.
Clinical Risk Management Products (Deliverables)	means the products related to clinical risk management which the Supplier is required to deliver to the Healthcare Organisation being the Safety Case and Clinical Safety Closure Report (sometimes combined). The Safety Case is an iterative deliverable.
Clinical Risk Management System (CRMS)	Means the Supplier's document (process and documentation) which provides guidance supporting the requirements in terms of the due diligence and governance for ensuring the clinical safety of Health IT Products through the application and operational management of clinical risk management and provides the interpretation of the clinical risk management requirements defined in the DCB 0129 Standard.
Clinical Safety	means the safety of patients from clinical hazards.
Safety Case	means the first of the two (2) clinical risk management products (deliverables) to be provided by the Supplier to the Healthcare Organisation (sometimes combined).
Clinical Safety	means the second of the two (2) clinical risk management products (deliverables) to be provided by the Supplier to the Healthcare

Definition	Meaning
Closure Report	Organisation (sometimes combined).
Frequency	means a measure of the rate at which an event such as a clinical hazard might occur.
Hazard Assessment	means the Supplier's examination of the UNITY Solution to: • identify associated clinical hazards; • the context of the clinical hazards; • potential patient impact(s); • Provided Supplier and / or Healthcare Organisation recipient mitigations and / or controls; and, • Residual risks for the Healthcare Organisation, which forms the hazard log.
Hazard Log	means a register produced by the Supplier of clinical hazards which contains the outcome of the hazard assessments and forms part of the Safety Case and Clinical Safety Closure Report (in this case combined) deliverables.
Healthcare Professional	means anybody involved professionally in the provision of healthcare or social care.
Likelihood (Probability)	means a set of qualitative definitions of the probability that a clinical hazard might occur
Severity (Consequence)	means a set of qualitative definitions for impact of harm arising from a clinical hazard
[the] Supplier	means Cerner Corporation and Cerner Limited (collectively 'Cerner Ltd.').
Tolerable	means a tolerable level of residual risk that may be accepted in a given context as categorised in the residual risk acceptance categories. A moderate rated risk
Unacceptable	means an unacceptable level of residual risk that may be accepted in a given context as categorised in the residual risk acceptance categories An extreme rated risk
Undesirable	means an undesirable level of residual risk that may be accepted in a given context as categorised in the residual risk acceptance categories. A high rated risk

4. SWBH Hazard Log

SWBH Hazard Log
29th Aug 2019.xlsx

UNITY

Tactical& Operational Command Guide

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23/08/19

Command & Control

Command and control comprises of two main areas:

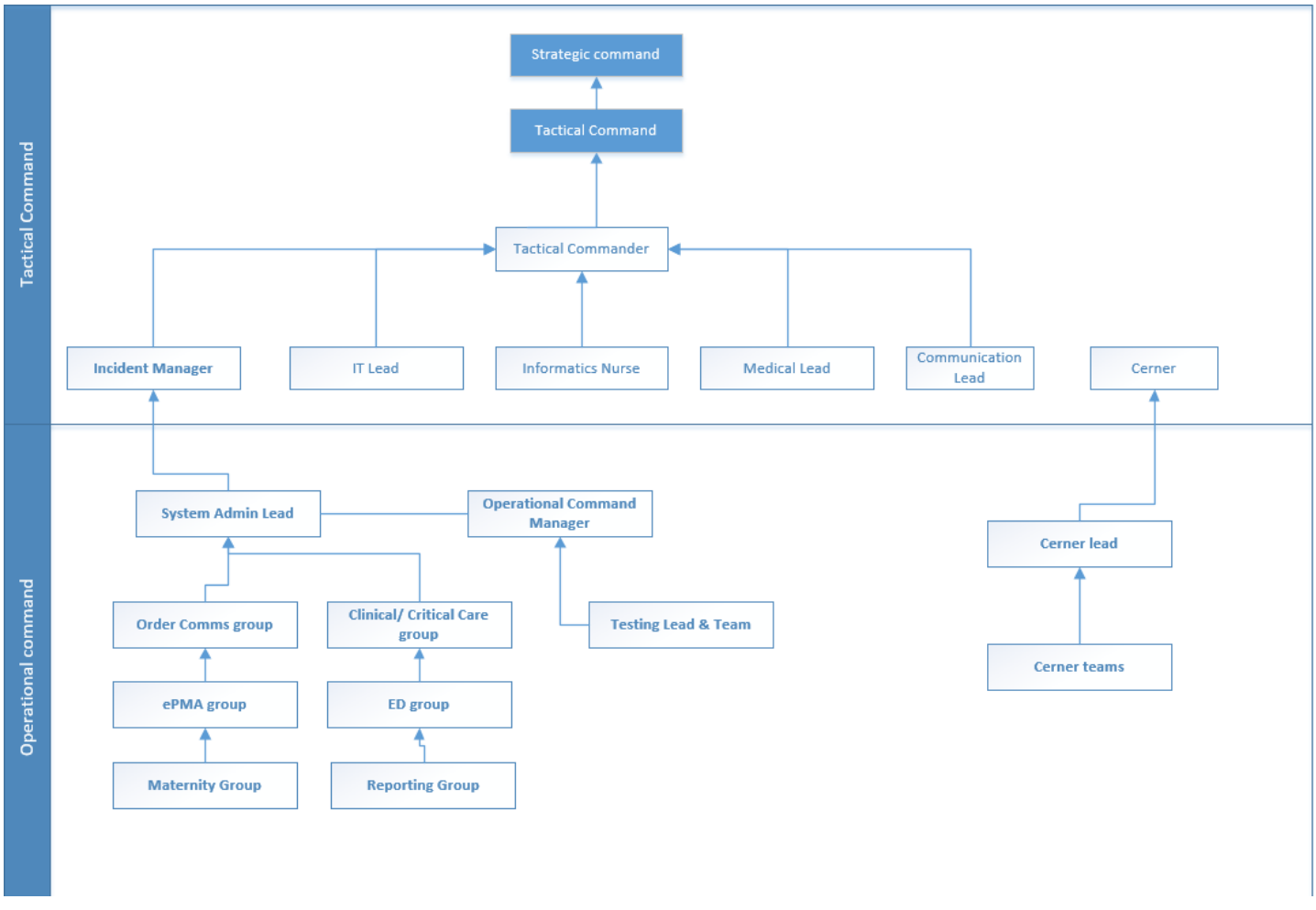
1) Operational Command

This will be where the escalations from the Hub will be designated to. Membership includes Workstream Leads, Cerner and Testing team.

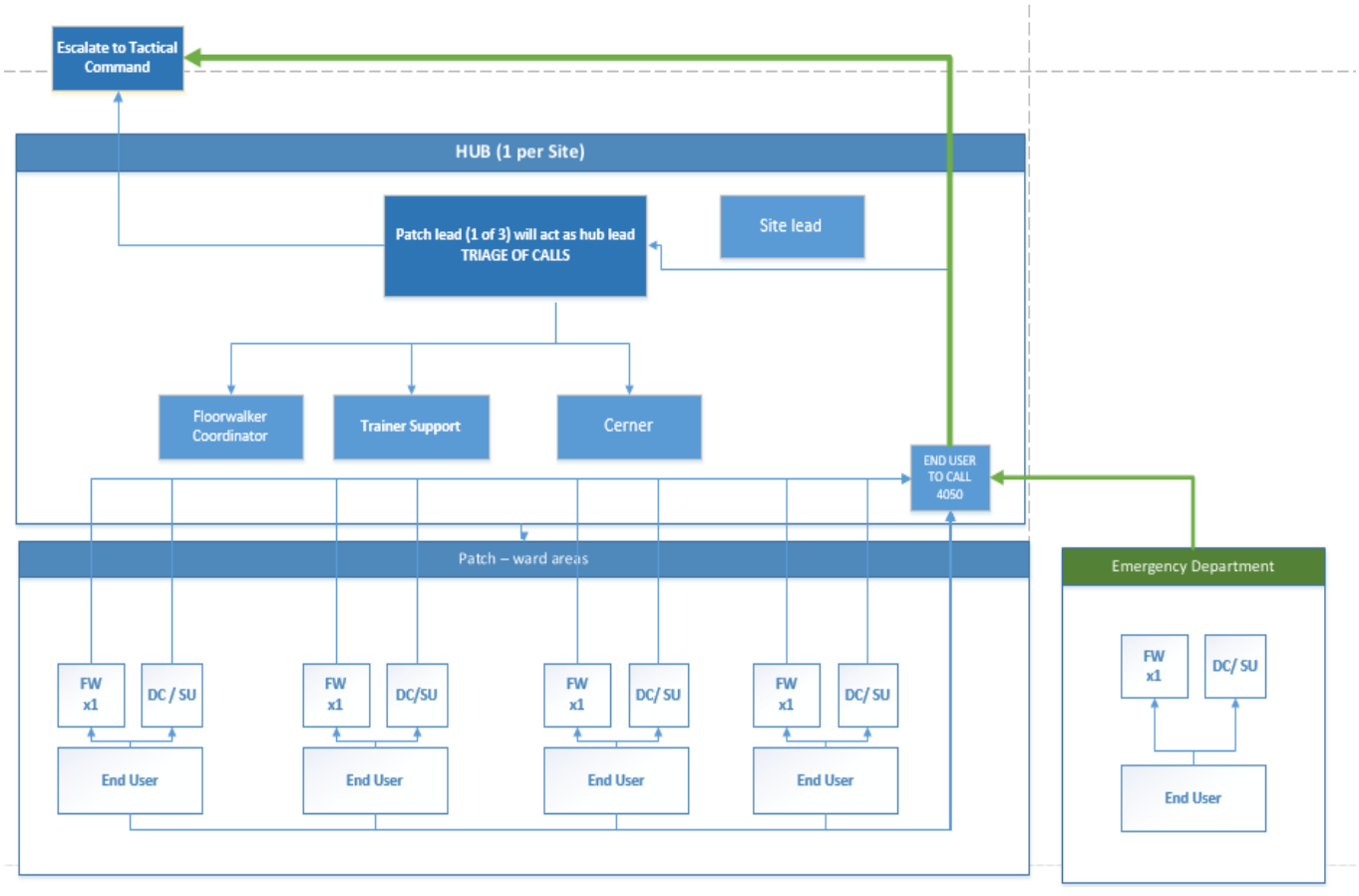
2) Tactical Command team

This is led by Senior members of the organisation who will make decisions and advise on any escalations which require Clinical and Operational input.
Membership will include, Medical, Clinical, Operational & IT advisers

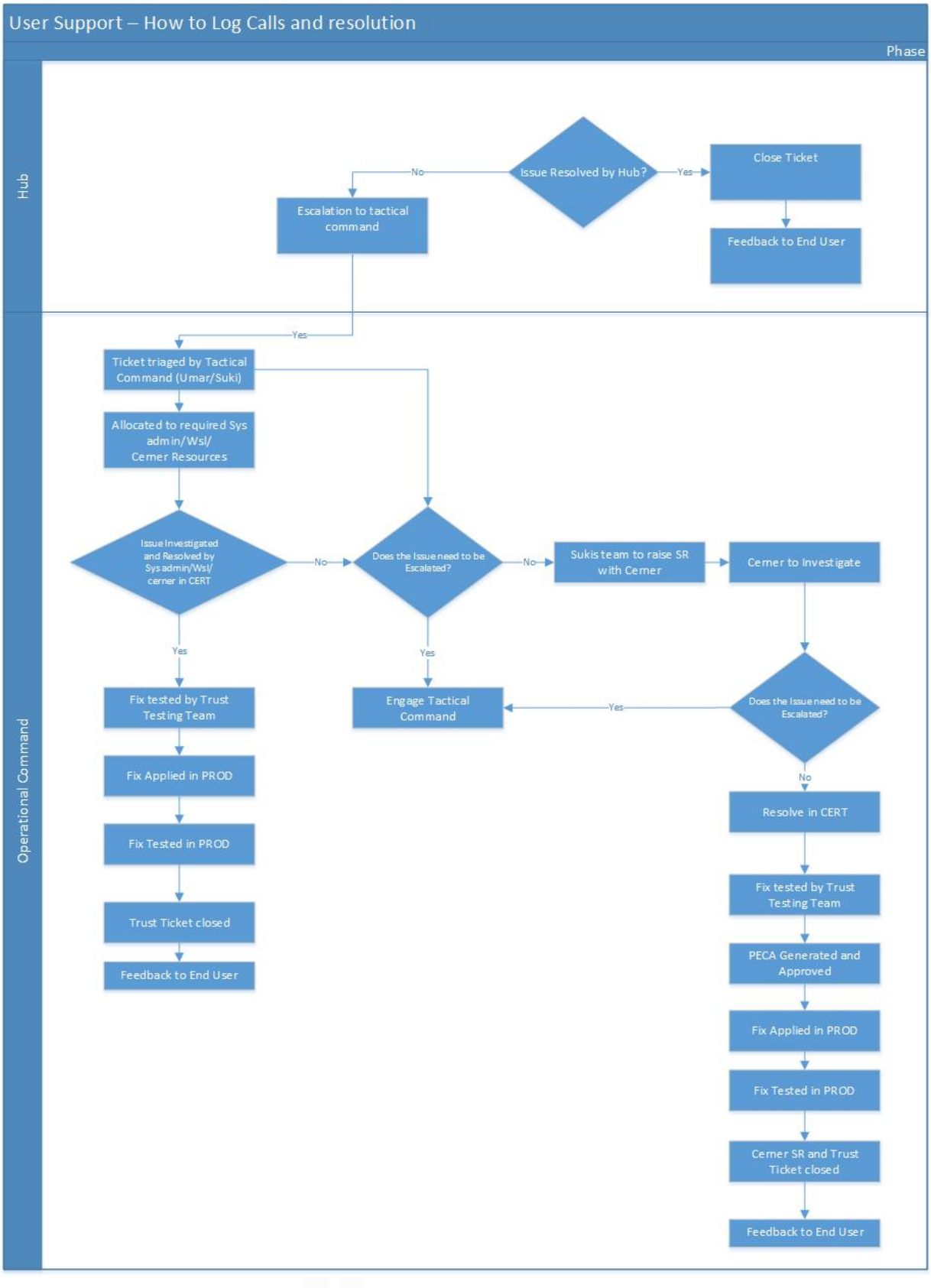
Reporting Structure Operational/ Tactical Command



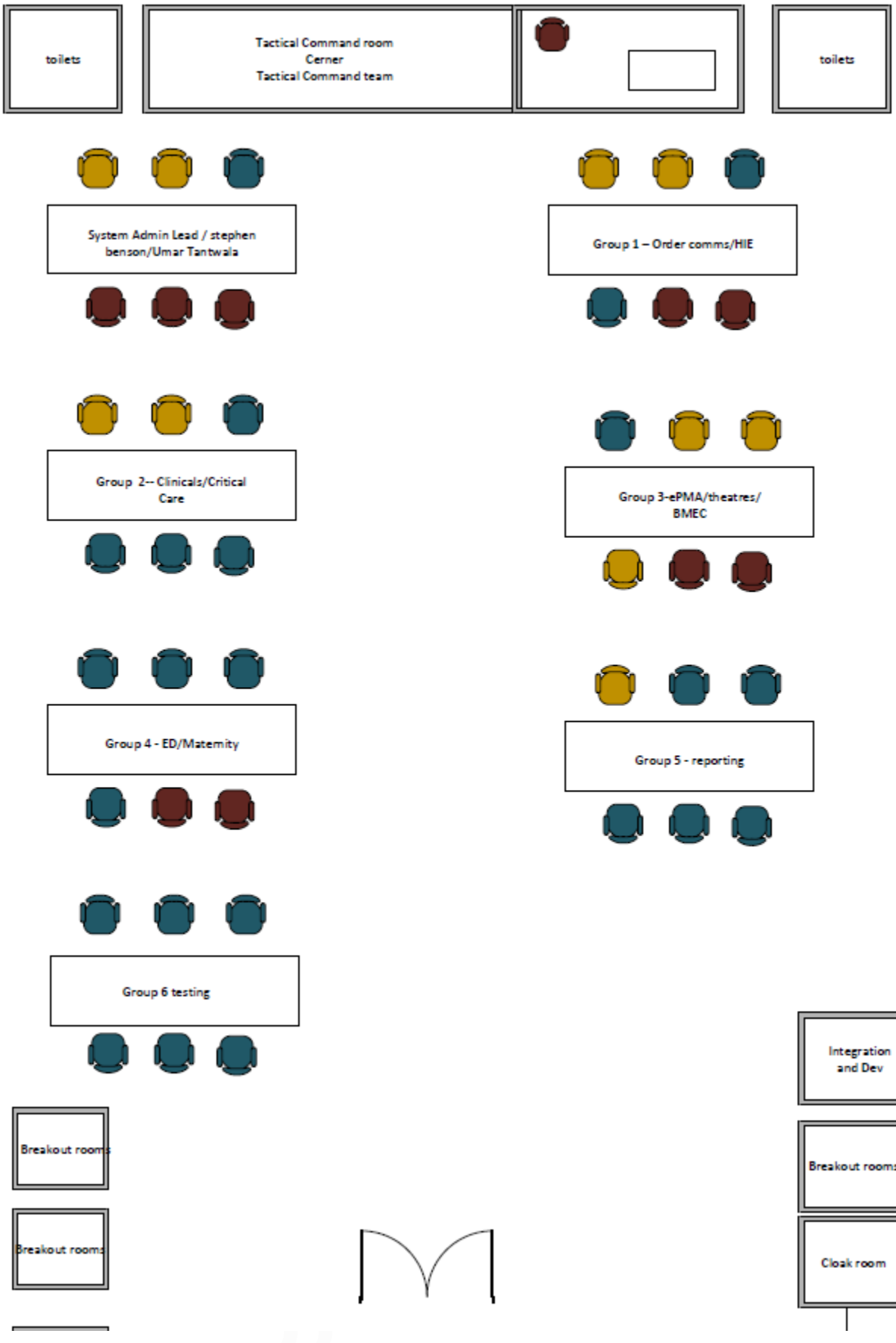
Escalation Process End User to Hub



Escalation Process Hub to Operational/Tactical Command



Operational Command Seating Chart



Tactical Command

General Information

- The Tactical Command Centre will operate a 24/7 service
- Upon arrival into Tactical Command, sign in and when leaving - sign out
- Inform the Tactical Command coordinator that you are present
- Seats will be allocated to members on the tactical command rota
- Members who do not have an agreed role by Cerner or Trusts Cutover Lead in tactical command will be need authorisation by the Tactical Command Lead to remain or asked to leave. (Executive Members are excluded)
- Refer to the tactical action cards for clarity on the role and what is required.

Operating Guidelines for Operational Command

General Information

- The Operational Command Centre will operate a 24/7 service and access will be via a access card only
- Upon arrival into Operational Command Centre D29, sign in and when leaving, sign out
- Inform the Operational Command coordinator that you are present
- Tables will be allocated to named members. Seating Charts are on the wall n the entrance ;if your name is not available inform the operational command coordinator and they will identify the correct location for you
- Members who do not have an agreed role by Cerner or Trusts Cutover Lead in operational command will be need authorisation by the Operational Command Lead to remain or asked to leave (Executive Members excluded)
- Keep the noise down to a minimum in the operational command
- It is the responsibility of all members to keep the area clean and tidy

Tactical Command Escalation Calls

Tactical Command will receive the following calls for action

1) Ward is live with Unity - all transcription completed > This will trigger VitalPac Lockdown

2) Escalation for Transcription Mop Up team via 4050

3) List of site transfers for monitoring on Sunday

Check Point Call Agenda

Call Information:
Dial: 03300 945 940
Room number: 96454473 #
Guest PIN: 2734 #

Item Number	Agenda Item	Report Owner
1	Incident Report	Incident Manager
2	Operational Command Report– WSL update	Operational Command Lead
3	PECA	Cerner
4	Performance Dashboard update	Performance Lead Clinical/Medical/Ops lead to review report (refer to dashboard at the end of the document)
5	Clinical/Medical Advisor –escalation report	Medical/Clinical Nursing Lead
6	Site Lead update City SGH inc Rowley	Site Leads
7	Operational Lead Update Capacity Office Medicine &EC Surgery WCH PCCT	Operational Leads

The below points detail what is expected on the Cutover Check Point calls:

1) Join the call promptly prior to the start time
2) Please mute your line when not speaking
3) Please unmute your line when invited to speak, or needing to ask a question or respond
4) Please keep any updates and answers to questions minimal and to the point. This is due to time pressures and the number of people on the call
5) Please keep comments professional, respecting the wide audiences that will be on the call
6) Remember: The calls are for updates only, not a forum for detailed issue discussion

Check Point Call Schedule

21st September

Decision Point 5 (DP5) – Begin City & Transcribing Activity & ED - 03:00 – 03:15

Checkpoint Call 1 - 07:00 – 07:30
Checkpoint Call 2 - 10:00 – 10:30
Checkpoint Call 3 - 13:00 – 13:30
Checkpoint Call 4 - 17:00 - 17:30
Checkpoint Call 5 - 19:00 – 19:30
Checkpoint Call 6 - 23:00 - 23:30

22nd September

Decision Point 6 (DP6) – Begin City & Transcribing Activity & ED - 03:00 – 03:15

Checkpoint Call 1 - 07:00 – 07:30
Checkpoint Call 2 - 10:00 – 10:30
Checkpoint Call 3 - 13:00 – 13:30
Checkpoint Call 4 - 17:00 - 17:30
Checkpoint Call 5 - 19:00 – 19:30
Checkpoint Call 6 - 23:00 - 23:30

23rd September

Decision Point 7 (DP7) – Begin OP and DC activities - 07:00 - 07:30

Checkpoint Call 1 - 10:00 – 10:30
Checkpoint Call 2 - 13:00 – 13:30
Checkpoint Call 3 - 17:00 - 17:30
Checkpoint Call 4 - 19:00 – 19:30
Checkpoint Call 5 - 23:00 - 23:30

24th September - 4th October

Checkpoint Call 1 - 07:00 – 07:30
Checkpoint Call 2 - 10:00 – 10:30
Checkpoint Call 3 - 13:00 – 13:30
Checkpoint Call 4 - 17:00 - 17:30
Checkpoint Call 5 - 19:00 – 19:30
Checkpoint Call 6 - 23:00 - 23:30

Action Card- Tactical Lead

Role: Tactical Lead

Reports and escalates to: Strategic Command

Must Attend: Daily Conference calls with Exec and Chair conference calls with organisation

Daily conference calls – Refer to the Call Schedule

Location: Tactical command room, D29

Key Roles and Responsibilities

· Review known information on all incidents / issues
· Chair the regular conference calls ensuring they are aware of all Unity and Operational issues
· Ensure they are kept updated of any operational issues and decide on course of action with input from others
· Review regularly agreed metrics for cutover
· Ensure Loggist function is actioned
· Ensure incident action lists are started
· Delegate core responding roles to others in tactical as set out in structure and action cards
· Ensure welfare and safety of staff
· Undertake an assessment of the impact of incidents
· At regular intervals assess progress against agreed objectives
· Ensure effective and proportionate response by Operational areas
· Agree with Strategic command any recovery strategy
· Ensure logs are up to date and handed over at switch points

Action Card - Clinical Nurse Advisor

Role: Clinical Nurse Advisor
The role of the CNA is to provide nursing leadership and clinic advise to tactical lead

Reports and escalates to: Tactical Commander

Must Attend: Daily conference calls – Refer to the Call Schedule

Location: Tactical command room, D29

Key Roles and Responsibilities
· Arrive 20 minutes before shift commencement for handover
· Handover to be undertaken with CNA on shift
· Review of clinical issues and SitRep on outstanding clinical issues
· Monitor the clinical dashboards to determine areas not fully using Unity via care compass or with large numbers of outstanding actions
· Advise tactical on the clinical impact of changes to workflows
· Advise on the potential workarounds to clinical care and use of Unity when fixes are being applied to the system and end users require resolutions urgently
· Key point of contact for nursing escalations where patient safety issues are raised
· To review the incidents with the incident manager to determine if any clinical care is impacted

Action Card- Medical Advisor

Role: Medical Advisor
Role of the medical lead is to provide medical leadership

Reports and escalates to: Tactical Commander

Must Attend: Daily conference calls – Refer to the Call Schedule

Location: Tactical command room, D29

Key Roles and Responsibilities
· Arrive 15 minutes before shift commencement for handover
· Handover to be undertaken with medical lead on shift
· Review of clinical issues and SitRep on outstanding clinical issues
· Monitor the clinical dashboards to determine areas not fully using Unity via care compass
· Advise tactical lead on the clinical impact of changes to workflows
· Advise on the potential workarounds to clinical care and use of Unity when fixes are being applied to the system and end users require resolutions urgently
· Key point of contact for nursing escalations where patient safety issues are raised
· To review the incidents with the incident manager to determine if any clinical care is impacted

Action Card - IT Lead

Role: IT Lead
Role of the IT Lead is to provide advice and guidance on any escalations relating to IT/Infrastructre and devices

Reports and escalates to: Tactical Commander

Must Attend: Daily conference calls – Refer to the Call Schedule

Location: tactical command room, D29

Key Roles and Responsibilities

· Arrive 15 minutes before shift commencement for handover to your designated location of work
· Handover to be undertaken with IT lead on shift
· Act as IT decision maker to provide tactical leadership and ensure appropriate decisions are supported
· Asses issues to ensure an impact analysis is carried out and that the short term and medium term concerns are identified
· Advise Tactical Commander on the priorities of the incident and their management requirements
· Review of IT issues and SitRep on outstanding IT issues from the incident manager report
· Monitor the service manager dashboards to determine areas with IT issues, both unity and across trust
· Key escalation point for hardware/infrastructure/network issues
· Act as the key point of contact for IT escalations where
· To review the incidents with the incident manager to determine if any clinical care is impacted

Action Card - Communication Lead

Role: Communication Lead
Role of the communication lead is to distribute messages out to end users/Unity support/external stakeholders

Reports and escalates to: Tactical Commander

Must Attend: Daily conference calls – Refer to the Call Schedule

Location: Tactical command room, D29

Key Roles and Responsibilities
· Arrive 15 minutes before shift commencement for handover to your designated location of work
· Handover to be undertaken with Comms lead
· Log into WhatsApp
· Take key messages from tactical meetings and disseminate out to appropriate groups via:
· WhatsApp
· Email
· Phone calls
· Send out key messages to all external stakeholders via email where appropriate and as signed off by strategic

Action Card - Incident Manager

Role: Incident Manager

Role of the incident manager is to review the tickets which have been logged across City, SGH and the operational command room.

Reports and escalates to: Tactical Commander

Must Attend: Daily conference calls – Refer to the Call Schedule

Location: Tactical command room, D29

Key Roles and Responsibilities:

· Arrive for shift before shift commencement

· Log into service manager and review the tickets which are still open

· Review Service Manager tickets from City Hub, City Operational Command, Sandwell Hub

· Asses the tickets coming in to determine if there common themes developing

· Report the number of tickets, number unresolved, nature, average time to resolution and any exceptions from each site at the checkpoint calls

· Close down tickets from shift

Report Dashboard

No	Lead	Title	Description	Source
1	Ops lead	Gender	Use the Gender Non Conformance Report- Ultimately dependent on how Unity Beds are set up to be non compliant	PI Explorer -Information
2	Medical Advisor	Results to Endorse	Amend the Results to endorse Report	PI Explorer -Information
3	Nurse Advisor	Sepsis/VTE	VTE screening completed	PI Explorer -Information
4	Medical Advisor	Meds administered	Check on use of Unity - Drug Admin	PI Explorer -Information
5	Ops lead	Clinical Docs on attended OPA	This needs to be the number of OPA who are checked in who have a clinical document.There should be a check in indicator that is populated through the message from the checkin desk	PI Explorer -Information
6	Medical Advisor	Discharge Letters	Total Number of Discharges, and also total number of discharges with finalised discharge summaries	PI Explorer -Information
7	Medical Advisor	Saved and Unsigned Letters	There should be tick boxes	PI Explorer -Information
8	Medical Advisor	Completion of Clerking Admission Task-Clerking Note Template	Completion of clerking template	PI Explorer -Information
9	Nurse Advisor	Safety Plan Missed indicators	Missed Indicators	PI Explorer -Information
10	Ops lead	Live ED (capman)	Top-down C&C	UNITY LIVE
11	Nurse Advisor	Number of care plans initiated		UNITY LIVE
12	Informatics Lead	Logon Times	LIGHTS ON	OPTIMISATION
13	Ops lead	Portering	Any To Be Used	OPTIMISATION
14	Pharmacy	Pharmacy KPI	drug history at 48 hours - use from day 3	OPTIMISATION
15	Nurse Advisor	Red tasks outstanding at handover at end of each shift		UNITY LIVE