

<b>Report Title</b>	Leavers' Summary Audit		
<b>Sponsoring Executive</b>	Rachel Barlow, Chief Operating Officer		
<b>Report Author</b>	Liam Kennedy, Deputy Chief Operating Officer		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	7 <sup>th</sup> November 2019

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

Discussion of the Leavers audit paper might usefully focus on the following:

1. The Leavers process that has been implemented following the paper that went to Trust Board last year
2. Discuss the improvement that has been made and the new measures that are being put in place to eradicate issues identified.
3. The future developments that have been identified since the last review

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

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input checked="" type="checkbox"/>

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

Trust Board

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **DISCUSS** the leavers process that was implemented after the review last year
- b. **REVIEW** the issues that are still exist
- c. **APPROVE** and challenge the future developments that will be implemented

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

Trust Risk Register	<input type="checkbox"/>	n/a			
Board Assurance Framework	<input type="checkbox"/>	n/a			
Equality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> X	If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to Trust Board on 7th November 2019

### Leavers' Summary Audit

#### 1. Introduction

- 1.1 The paper is a follow on from last year's review of our process for clinicians leaving the organisation and how we ensure that we manage their clinics and waiting lists. The paper also covers the changes in process for managing results acknowledgment and ensuring that we can't inadvertently admit patients under clinicians no longer with the Trust.

#### 2. Clinics

- 2.1 The review last year highlighted that over 300 clinics were still active under clinicians that no longer worked in the organisation and that over 3300 clinics existed with no activity in the last 12 months.
- 2.2 Upon review, there are currently 23 active clinics against clinicians who have left the organisation or have retired. There are still 138 clinics active where no activity has appeared in the past 6 months. This demonstrates good progress from the last report but demonstrates that there is some tweaking of the process still required to ensure all clinics are captured.
- 2.3 Most of the active clinics are diagnostic clinics that remain open and performed by other staff groups, but have the clinicians name attached to it. Therefore there is no impact on patient care but does demonstrate a process flaw in the current SOP checklist (appendix 1) which will be updated to include diagnostic clinics.
- 2.4 Following the previous review, a process was identified to ensure that not only would clinicians who left the organisation have their clinics end dated, but also that any clinics that did not have activity would be closed down on a regular 6 monthly cycle.
- 2.5 A report has now been written which highlights where this process has failed, which highlighted the 23 active clinics and the 138 with no activity. This report will be run monthly and circulated through Planned Care Board for review and rectification.

#### 3. Transfer of results across to other clinicians

- 3.1 Following on from the previous board report, discussions took place about the results that needed to be followed up after a clinician leaves the organisation. A large results acknowledgement project was undertaken and the future plan was to implement Unity so that results could be pooled between members of a clinical team.

- 3.2 Unity now offers the ability to ensure results are transferred by proxy to an allocated consultant when another one leaves. This will be built into the SOP process for all leavers so that we can ensure that all results are reviewed for clinicians who have left the organisation, something that was not commonly completed pre Unity.

#### **4. System closure**

- 4.1 As well as the clinic and waiting list transfer, clinicians who leave the organisation must be removed from other IT systems to ensure that patients are not allocated incorrectly against them (e.g admitted under their care from A&E)
- 4.2 The IT department has developed a process where they remove clinicians from all systems when they are informed a clinician has left. This information is provided by medical workforce and a cross check can now be conducted via Unity reports to ensure that the clinician's activity is not appearing in the system.
- 4.3 As part of each employee's digital identity this process will need to become even more important. As such, a secondary check is now performed that individuals have been removed from the system with a double sign off process much like that performed for drugs administration.

#### **5. Summary**

- 5.1 Overall the clean-up exercise following the previous board report was completed successfully, however evidenced by a small growth again in clinics allocated against clinicians no longer with the Trust demonstrates the requirement for much greater assurance going forward.
- 5.2 The implementation of the report, which has now been created, will highlight on a monthly basis any exceptions to the rules and will be managed through planned care Board to ensure appropriate actions are completed. The IT process of double sign off will also add another level of assurance to the process with the Unity reporting acting as the final failsafe.

#### **6. Recommendations**

- a) Discuss the Leavers process that has been implemented following the paper that went to Board last year
- b) Discuss the improvement that has been made and the new measures that are being put in place to eradicate issues identified.
- c) Recommend any further developments that have been omitted from the processes highlighted.

Liam Kennedy  
Deputy Chief Operating Officer  
October 2019

**Appendix 1: The clinics close form completed by the operations teams when a consultant leaves, this is found in the SOP for a leaving clinician.**

END DATING A CLINIC CODE/SESSION CODE ON IPM Due to medical professional Leaving the trust.	
<ul style="list-style-type: none"> <li>Please complete the below form to remove a Clinic or Session Code off IPM.</li> <li>Once complete and authorised the below must be sent to <b>Swbh-Gm-New-Clinic-Requests</b>.</li> </ul>	
<u>Requesting details-</u>	<b>Please complete below:</b>
Requesting Clinical Group	
Request has been made by	
Date of request	
Clinic Code(s) to be end dated	
Session Code(s) to be end dated	
Last live Clinic date (i.e. Last day you want the clinic to run on IPM)	
Are there any patients booked in the Clinic that will need moving	Yes/No
If yes, please advise where the patients will need to be moved to i.e. Clinic Code, Session Code and date of Clinic	
Which consultant is taking over the care of follow up patients and patient's results?	
Is the Clinic Code active on the InTouch system (PAT will remove this)	Yes/No
Is the Clinic Code on ERS	Yes/No
Please give the reason for End Dating this Clinic Code	<ul style="list-style-type: none"> <li>➤ Consultant/Nurse Leaving</li> <li>➤ Other reason _____</li> </ul>
<u>Demand and Capacity Impact-</u>	
Will this End Dating impact on your D&C If yes, is there a contingency plan in place Who is taking clinical oversight of patients under the leaving practitioner? What clinic codes do patients need to be booked to?	Yes/No Please specify _____ Please specify _____ Please specify _____ Please specify _____
<u>Authorisation</u> This needs to be signed off by the Group Director Of Operations/Divisional General Manager	Signature: _____ Date: _____

