Sandwell and West Birmingham Hospitals NHS

NHS Trust

Report Title	Optimisation trajectories Q4		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	Date	2nd January 2020

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

Clinical Group digital boards have bene repositioned post go-live to a broader digital programme and unity optimisation. Half of the optimisation KPIs have active work in progress with trajectories for delivery in January / February. The remainder will be fully mobilised as improvement projects in January for deliver in Q4 or early Q1.

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		x	Research and Development		Estates Plan	
Financial Plan			Digital Plan	x	Other *[specify in the paper]*	

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

Digital Committee of CLE in November. Clinical Leadership Executive in December

4.	**Recommendation(s)**

The Trust Board is asked to:

a.	**TEST** the credibility of plans for improvement
b.	**DISCUSS** any additional assurance required

5.	**Impact** *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*						
Trust Risk Register							
Board Assurance Framework	x						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 2nd January 2020

Optimisation trajectories Q4

1. Introduction

1.1 The Trust went live with Unity the new electronic patient record in September 2019. An optimisation period was designed into the implementation programme which includes:

- Transition of the programme to business with unity i.e. business as usual
- Development of group digital boards to drive local digital plans (not unity excusive)
- Devolvement of optimisation activities to clinical groups
- Delivery of optimisation KPIs by the end of March 2020

Additional focus cross cutting optimisation work has been commissioned since go live on CAPMAN and discharge administration, ED data quality issues and outpatient optimisation.

1.2 Reporting support to the Optimisation programme was flawed. It was signed off as complete prior to go live in September, but was not delivered until early December. This has given time for digital committees to mobilise but in practice means we are doing November's work in January. Attention is drawn to paragraph 3.6.

2. Business with unity and development of clinical group digital boards

2.1 The programme governance has been stood down and handed over to clinical group digital boards who report through Group Reviews to the Digital Committee.

2.2 In December's CLE there was a focus session on optimisation where the groups presented back on their digital board function, focus work plans and optimisation activities.

2.3 The clinical group digital board work plans are summarised below:

Clinical group	Digital board focus
Medicine and emergency care	• Unity optimisation KPIS and focus on AMAA – ED tracker solution, CAPMAN and echo referrals • McKesson 24.7 contract management
Surgery	• Unity optimisation KPIS and focus on CAPMAN and discharge letters • Surginet phase X project • Ophthalmology image store • List builder AI solution
PCCT	• Unity optimisation KPIS and focus on OP, CAPMAN and VTE and sepsis pathway • Sexual health system 1 requirements

Clinical group	Digital board focus
Women and Children	• Unity optimisation with focus on OP and device audit • LMS digital programme
Imaging	• Unity optimisation with focus on pathology reception / specimen pathway • PACS upgrade • AI clinical review • Pathology server upgrade

3.   Optimisation where we are now and Q4 plans

3.1   After a faltering start, **a majority of the optimisation KPIs are available and in use**. The exceptions remain portering and initiated care plan reconciliation both of which we still need Cerner's input to resolve.

3.2   The **safety plan data** is recently available and with a data quality check, will be circulated into the clinical groups to use in January. Improvement team resource will be put into support embedding the safety plan successfully again after the unity data 'pause'.

3.3   There are 2 sets of KPIs that need historical data backlog clearance; these are patients discharged without a discharge letter and unendorsed results.

a) **Patients discharged without a discharge letter**

All clinical groups have a trajectory to clear the backlog of letters and sustain real time measures of a discharge letter on day of discharge by end of January.
As groups have started to use the available optimisation data they have identified some residual data quality issues that will be corrected in early January and assist in improving the results. The current effort with individual staff can be seen in the improvement made in both medicine and surgery recently as specific staff are supported to administer discharge effectively with the backlog of letters nearly halved.

b) **Unendorsed results**

All clinical groups have a trajectory to clear unendorsed results for in patients and outpatients by the end of March. Improvements are being managed at speciality level with the outstanding teams that are not working through pools, set up to work in that way and training in endorsement of whole blood sets supported by a new training video. The pathway related to nurses ordering bloods and acknowledgment is being worked through as a remaining issue for advanced practitioners and nurse specialists.

ED results endorsement has a significant backlog with a trajectory to clear by the end of March. In practice many results are viewed in real time. A schedule of daily review of outstanding results via the on call consultant will be fully implemented in

January. The backlog will be enabled by potential consideration of writing off negative MRSA swabs and hiring additional time to manage the backlog clearance.

3.4 **Each clinical group has taken ownership of an optimisation KPI to drill down and investigate themes of underperformance** and where suitable conduct a PDSA process to learn how focussed improvement can move the indicator towards expected optimisation. The idea is to then share the learning at the end of January in order to make substantial Trust wide improvement. The deep dive improvement themes are:

   a) **MPTL** – allied health professional referral to be responded to in 4 hours. This improvement is led by the PCCT clinical group. Clock pauses need to be applied to the data set to deal with out of hours service impact. Once these changes are applied the performance against the 4 hour standard is 92%. Improvement activities are biased towards hotspot teams and individuals and a review of QRGs ad SOPs to support efficiency in this optimisation areas will be completed in January. Optimisation is forecast to be delivered by the end of January.

   b) **Barcode scanning** measures the % of drugs administered with barcode scanning in line with prescription times. This improvement is led by the Medicine and Emergency Care clinical group. Improvement activities based on 2 wards include review of drug stock list vs missed drugs, observation and reinforcement of protected drug round time, detailed route cause for each 'miss' in the latter part of December on Priory 4 and D5/7 wards. The route cause of 'misses' will inform PDSA improvement locally and shared with all ward teams in January. New wrist bands that better distinguish and space out 2 separate barcodes and will contribute to operator error in scanning are due to be rolled out in January. Pending the outcome of the PDSA cycle optimisation should be expected on the 3 pilot wards by end of January with full optimisation by 7th February.

   c) **No discharge letter** optimisation has been a deep dive led by the Surgery clinical group. Their work has informed the data quality clean of the data set aligned to day case pathways.

   d) **Unendorsed results** has been a deep dive focus of Women and Children clinical group. Management of doctors who have left the organisation and worked outside of pools has been a go live residual issue that the team are working through with the advice of the Medical Director and Unity team.

   e) **Sepsis improvement** will be supported across the Trust by the improvement team. As well as screening compliance, we now have access to the end to end process of screening to antibiotic administration. January will see the scoping of improvement activities designed to make progress over Q4 to achieve the optimisation goals, led by a deep dive in Surgery wards.

3.5 The **forward trajectory of activities to deliver optimisation over Q4** and Q1 is outlined in a high level summary in annex 1. There are 2 sets of indicators that are likely to optimise in Q1; these are safety plan sepsis and uncompleted tasks. Improvement support is available to develop the outstanding delivery plans in January.

3.6   A further activity to support optimisation in January is to refine and review for **publishing individual and team data**.

4.   **Focussed cross cutting optimisation work**

4.1   CAPMAN cascade training is being rolled out with competency assessment to all ward teams by mid-January.

4.2   ED data quality issues mainly related to discharge letters and coding will be largely concluded by the end of January. Cenrer's help is required with coding alignment. A local set of optimisation data will then be tracked related to coding, data completeness, diagnostic order set compliance and results acknowledgement in ED.

4.3   Outpatients optimisation includes coding and creating auto text and order sets for tests. In Q4 local specialty pathways will be supported to redesign and upgrade to Nuance from Winscribe will better enable digital dictation into Unity.

5.   **Summary**

5.1   Half of the optimisation KPIs have active work in progress with trajectories for delivery in January / February. The remainder will be fully mobilised as improvement projects in January for deliver in Q4 or early Q1.

6.   **Recommendations**

6.1   The Trust Board is asked to:

- **TEST** the credibility of plans for improvement
- **DISCUSS** any additional assurance required

Rachel Barlow
Chief Operating Officer

27th December 2019

Annex 1 Q4 optimisation plan