



*All systems go*

**Are you ready for  
the Autumn  
switch over to our  
new systems?**

# All Systems Go



In the last newsletter I talked about what we were planning to do as part of the Transformation Through Technology programme. In this newsletter I am

delighted to say we are now all systems go and implementation is underway of the three new systems:

- Clinical Portal
- Electronic Patient Record
- Electronic Document Management System

We have had significant clinical and non clinical staff involvement in the design and evaluation process and we have now chosen the suppliers and systems we will be using.

Advanced technology is changing the way hospitals care for patients, and for the better. For example, by streamlining, digitizing and integrating its IT systems, Hull and East Yorkshire Hospitals NHS Trust has improved the management of patients waiting in the emergency department and seen a dramatic decrease in the time it takes to transfer patients from one ward to another. The technology they have adopted is the same as we are now implementing and you can read more about this on page 6.

One of our clinical areas is already piloting the Single Sign On facility which is a development many of you have been asking for because of the time it takes logging onto up to 20 different clinical systems several times throughout the day and with numerous passwords.

And finally we have appointed an Operational Change Manager for every Care Group, together with a number of clinical leads to help clinical and non-clinical teams plan and implement the new ways of working which will maximise the benefits of the new technology. See pages 4 & 5 for details of your Operational Change Lead.

**Dr David Throssell**  
Medical Director

# Clinical Portal set to go live this Autumn



The Trust has now appointed HP Enterprise Services UK to develop our new clinical portal which is due to go live in August 2015.

The portal will bring together patient information and results from different departments and, ultimately, other NHS organisations, in a bid to give a total picture of a patient's care.

Dr David Throssell, Trust Medical Director explains: "We need to have a complete picture of each patient when providing care. This portal will act as an umbrella across a number of our systems, meaning hospital and community health staff will only have to log in once to view different patient information systems.

It will enable a single, clinical view of every patient and enable more joined-up working between community, acute and primary care professionals. The more information we have, the better the quality of care we can offer. The portal will give us the ability to access key patient information, wherever we are. Many of our staff work outside the hospital in the community or patients' homes and having the right information available is key.

## The facts:

The clinical portal will enable clinicians and other staff to get a holistic view of each patient's records and any other associated results and information about a particular patient. You will be able to log on with a single password which will then take you to a 'landing page' where you can view all the relevant information

## Key Benefits

- More accurate information which in turn will lead to better decisions and better outcomes
- Reduces searching time - one single search facility
- More online collaboration - liaising with other experts to make decisions about patient care
- Safe, secure way to share patient information
- Individual specialties will be able to view bespoke patient information in a single view
- Can track and audit who views patient records
- Web-based service to enable mobile working and quicker access

# Hospital of the Future opens its doors

We are one of the first hospitals in the country to have a 'Hospital of the Future' innovation centre - an ideal environment for staff to come and try out our new technology.

The Hospital of the Future, is based in the old Admissions Assessment Unit, B Floor at the Hallamshire Hospital. It is a fully equipped clinical environment which includes our planned clinical information systems, so staff can experience, influence and familiarise themselves with how care will be delivered and our business will operate in the future.

It is a showcase environment which recreates the patient pathway and demonstrates how the new Electronic Patient Record, Electronic Document Management System and Clinical Portal will support patient care. Staff are able to see how patient data will flow through the system in practice and how



this could help save time, improve safety and be more efficient.

The Hospital of the Future has mock A&E, Triage, Ward, Outpatients Clinic and Community settings to demonstrate how the new technology will support care in these areas and how better integration and flow of information between the areas will work.

Some of our systems validation and staff training will also take place in our

new Hospital of the Future. We are also inviting our future suppliers to support the facility by using it to demonstrate future technologies.

Over the next few months we will be inviting staff to come along to the Hospital of the Future to see first-hand how we are changing the way we work. If you want to schedule a visit to the Hospital of the Future, please contact your Operational Change Manager.

## Let us have your views

You may remember that we carried out a staff survey about the Transformation Through Technology programme last year so that we could gauge the level of awareness and improve the way we communicate to staff. We hope that people are now more aware of the programme and we will be carrying out a further staff survey in March. To help us keep you informed please complete the online survey and feedback your views.



## Do you want to be one of the first people to use our new technology?

We're searching for staff to be trained up as Champions to help with the introduction of the new technology this year. Champions will get special training to use the Clinical Portal, Electronic Patient Record and Electronic Document Management Systems before everyone else. They will act as experts in their department to help others, if needed, when we go live.

You will get intense training up front, early access to the systems and will also have the opportunity to test the new technology to make sure it is right for us. Champions will get the chance to be part of the biggest transformational change in the history of this Trust which is an excellent addition to your CV. To find out more, please contact the Operational Change Manager for your Directorate or Kathryn Cox, T3 training lead at [Kathryn.cox@sth.nhs.uk](mailto:Kathryn.cox@sth.nhs.uk)

## Upper GI and Infectious Diseases test new Electronic Document Management System

Two specialities will begin to pilot the new Electronic Document Management System in March. Upper GI and Infectious Diseases will start to use the system with Upper GI using the system in parallel to existing patient case notes until the new system goes live across the Trust later this year.

## Does your computer need updating?

Please contact the IT Service Desk on ext: 15369 if you haven't got a New Corporate Desktop computer. Some people still have Windows XP computers and these will need to be updated to the New Corporate Desktop in order to access the new technology. Computers which have New Corporate Desktop installed will say "Windows 7 enterprise" when you log on. Computers which are still Windows XP and need to be updated, will say "Windows XP" when you click "ctrl, alt, delete".

# MEET THE TEAM SUPPORTING

Now that we have moved into the implementation phase of the new programme, it is incredibly important that we have maximum involvement and planning from clinical and other front line staff to ensure the systems support our new ways of working. The following roles and groups are now in place to ensure this happens.

## Chief Clinical Information Officers (CCIOs)

The Programme is supported by two Chief Clinical Information Officers (CCIOs) who also sit on the Working Group.



**Karen Selby**

Consultant, Obstetrics, Gynaecology and Neonatology



**Rhona Maclean**

Consultant Haematologist

## Nursing and Midwifery Clinical Information Officers (NMCIO)

The Working Group is supported by a Nursing and Midwifery Clinical Information Officer and a Deputy Nursing and Midwifery Clinical Information Officer



**Lisa Locker**

Nursing and Midwifery Clinical Information Officer



**Lisa Leach**

Deputy Nursing and Midwifery Clinical Information Officer

## Clinical leads

We're pleased to have a number of clinicians join the team. The following staff will link up to our two Chief Clinical Information Officers and support the implementation of the programme across the Trust.



**Dr Joanne Hornbuckle**, Consultant Medical Oncologist



**Dr Nick Fardon**  
Renal Consultant



**Dr Adrian Scott**  
Consultant/Clinical Lead for Diabetes



**Mr Tom Carroll**  
Consultant Neurosurgeon



**Dr Ganesh Rao**  
Consultant Neurophysiologist



**Mr Chris Baldwin**  
Consultant Plastic Surgeon



**Mr AJ Stephenson**  
Consultant Plastic and Burns Surgeon



**Mr Ken Hastie**,  
Consultant Urological Surgeon/Clinical Lead for Urology



**Dr Peter Jackson**  
Consultant in Medicine and Therapeutics



**Dr Guy Veall**  
Consultant Anaesthetist



**Mr Andrew Gordon**  
Consultant Orthopaedic Surgeon

**Dr Smitha Rajaram**  
Radiology Consultant

**Mr Luke Durham**  
Consultant ENT Surgeon

**Mr Athur Harikrishnan**  
General Surgery Consultant

# YOU TO CHANGE.

## Chief Operational Change Lead

Eight Operational Change Managers will lead the programme within each of the eight Care Groups. They are managed by the appointment of a new Chief Operational Change Lead who also sits on the Programme Working Group.

### Operational Change Managers for each Directorate are:



**Lisa Needham**

Chief Operational Change Lead  
Lisa formally worked as a general manager, special projects at STH. She worked most recently on surgical flow and theatre productivity.



**Anne Hilton**

Specialised Cancer, Medicine and Rehabilitation



**Ayesha Heaton**

Combined Community and Acute



**Gillian Piper**

Head & Neck



**Lance Burn**

Emergency Care



**Lorraine Rogers**

South Yorkshire Regional Services



**Louise Jepson**

LEGION (Laboratories, Engineering, Gynaecology, Imaging, Obstetrics, Neonatal)



**Nazreen Iqbal**

Surgical Services



**Jon Wrend**

Operating Services, Critical Care and Anaesthesia (OSCCA)

## Get Ready for Training

Training to use the new systems will take place over the coming months and will include:

- Face to face practical sessions
- E-learning, tailored to job roles and tasks
- Supporting literature including crib sheets, flow charts and aid memoires as follow up to formal training

Other options are also being explored to minimise the time impact on clinical staff.

Other support for staff will include:

- Series of Frequently Asked Questions to deal with reoccurring themes and problems
- Support from floor walkers at 'Go Live'
- Back up team and named helpers available to give support
- Care Group Operational Change Leads

The main focus will be on training sessions for small groups of staff within their work place. Staff will be booked onto the training sessions by their line managers, so service provision within clinical areas can be maintained.

We are also looking to hold some overview sessions of the various aspects for 'Champions' in the coming weeks. This will include demonstrations of the three new systems so staff can become more familiar with the possibilities of what they can do.

If you would like us to hold this type of session in your area and have space for about 10 interested people to attend or would like more details, please contact [Kathryn.Cox@sth.nhs.uk](mailto:Kathryn.Cox@sth.nhs.uk)

### Would you like some basic IT training?

We will also be offering general IT training on a rolling programme over the next 12 months. If any staff have concerns about IT literacy skills, they should highlight this now with their line manager.

# Surviving the worst winter the NHS has ever seen

How Hull and East Yorkshire Hospitals NHS Trust is benefitting from the deployment of e-whiteboards which are planned to be used within STH as part of the Transformation Through Technology programme

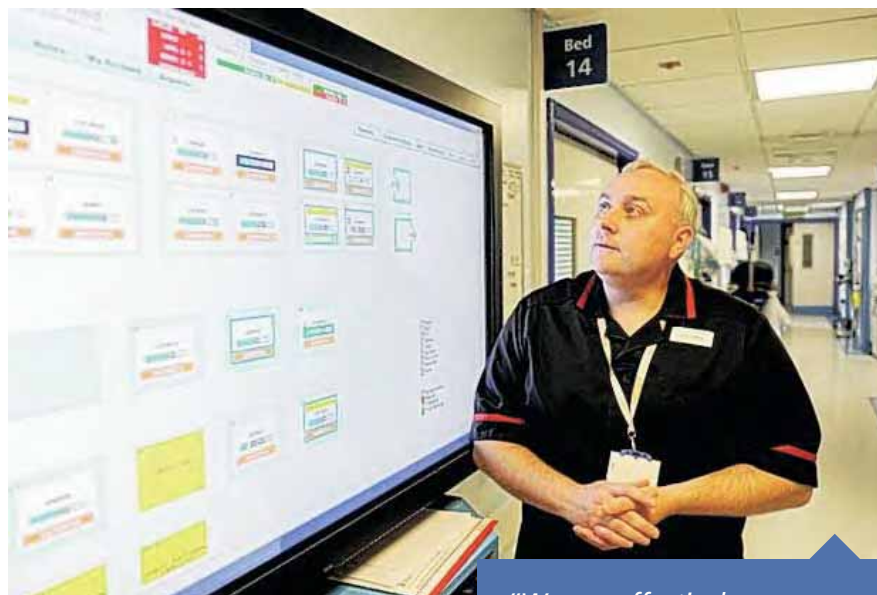
Hull and East Yorkshire Hospitals NHS Trust is managing to deal with a huge influx of patients thanks to technology that is helping address patient flow, improve safety, join up care and save many hours of time for clinical staff

The Trust's Chief Nursing Information Officer, Steve Jessop, takes time out to give his view on how technology is supporting front line staff at this busy time.

*"A nurse can also now discharge a patient at the touch of a button, or by just marking their finger across a screen to place a patient into a discharge box - much more quickly than the five or 10 minutes that the paper-based system used to take."*

Back in 2011, the flow of patients through our organisation was managed in a relatively basic way. In the acute assessment unit (AAU) alone we admitted 100 patients every day during the winter, turning over each bed at least twice, with referrals from GPs, ambulatory care, walk-in patients, and patients admitted from the A&E department. We averaged at least 400 attendances per day. I suspect this is not dissimilar to your own Trust.

Patient movements were made even more complicated by the fact that the acute trust is split over two sites, with Hull Royal Infirmary located six miles from Castle Hill Hospital, making communication even more challenging. But, despite this complex situation,



medical staff in the AAU wrote with coloured pens on a large whiteboard to record patient names and other details. Doctors were writing on the board to prioritise patients, having to tick a box to indicate a patient had been seen and they were then forced to telephone around to find bed availability for patients.

A spreadsheet did exist in which all wards would record bed availability six

*"We can effectively communicate from one ward to another and safely transfer that patient without the need of picking up the telephone, getting somebody to answer it, and giving lots of details,"*

times per day. But there was no live system. Medical staff were running around, collecting lists of jobs, tasks and patient numbers.

Something had to be done differently for the next winter - and we made sure it happened.

One Winter later, it is a very different story. The reason: the introduction of new technology that is providing a clear view of where patients are in the system and that is saving medical staff huge amounts of time.

Two electronic white boards were deployed in the AAU to replace the physical whiteboard. The 55-inch

**Did you know?**  
**We are hoping to introduce new electronic white boards in some areas to start using electronic bed management as part of the Electronic Patient Record system.**

*“Transferring one patient’s records from an assessment unit to a ward used to take an average of 22 minutes. It now takes 90 seconds to do that via electronic transfer”*

electronic whiteboards provide the ability to immediately manage patients coming onto the ward safely - removing the risk of patients being lost in the system. The boards in the AAU provide a complete overview and a ward view of beds, allowing staff to instantly see tasks and manage patients. And the technology is being rolled out across the trust and beyond, starting a journey that is transforming how patients are managed from pre-admission to discharge.

Following the early successes in the AAU, 39 wards now have the technology in place and it is being applied in ways that are freeing up huge amounts of time for frontline clinical staff to focus their efforts on patients.

The boards have now been deployed in medical, surgical, oncology and haematology wards and in our surgical assessment lounge. And all 45 electronic whiteboards are connected on a patient flow module, showing a live bed state across the organisation. In every instance of deployment, department staff have led the design of their board configuration.

Getting senior doctors, nurses and therapy staff to decide what information the boards need to collect and how they wanted to use the technology has been crucial. The process as a consequence is not only about replicating what sat on a physical whiteboard, but has led to other additions that benefit both patients and staff. Patients can now be transferred electronically across wards - reducing transfer times dramatically to less than five minutes down from 22.



Now a short conversation takes place and staff on the receiving ward are able to glance at the e-whiteboard to find the clinical information they need about the patient. Electronic transfers mean that at least an hour of clinical time is saved on each and every ward in the organisation every time a patient is transferred. A nurse can also now discharge a patient at the touch of button, or by just marking their finger across a screen to place a patient into a discharge box - much more quickly than the five or 10 minutes that the paper-based system used to take.

So in summary as far as Hull and East Yorkshire is concerned, the e-whiteboards have been so successful in taking away the high-intensity pressure often associated with managing patient flow that if we tried to take away the technology now, there would probably be a mini-revolution from staff.

*“The e-whiteboards have been so successful in taking away the high-intensity pressure often associated with managing patient flow that if we tried to take away the technology now, there would probably be a mini-revolution from staff”*

## **Other areas where Electronic whiteboards are supporting efficient safe care:**

### **Supporting Pharmacy**

Our chief pharmacist is now doing things that they would have never before dreamed they could do with existing resources. Now with two electronic white boards medicine reconciliation can be done quickly and the pharmacy can prioritise its workload by knowing which patients are likely to be discharged.

### **Supporting care for diabetes patients**

A virtual ward has also been created for patients across the trust who have diabetes, allowing the diabetic inreach team to manage care and referrals and to give advice and support much faster than the previous manual referral processes allowed.

### **Safety briefings**

The boards are used every morning for safety briefings. All ward staff, congregate for two to three minutes around the board for a safety briefing in which the boards show who is being discharged, as well as safety information. Then a formal ward round can take place to obtain more-detailed clinical information.

### **Supporting patients with Dementia**

Treating patients with dementia is also now far more effective. The boards display a butterfly symbol next to patients with dementia, allowing anyone working on the ward to instantly know which patients have dementia and need to be supported accordingly. But there is an argument that patients with dementia should not be managed in an acute hospital setting - an environment which could make their condition worse. And so the Cayder boards are now helping to integrate care with community so that we can ensure we release patients from hospital to a setting where their care can be monitored.

### **Integration with social care information**

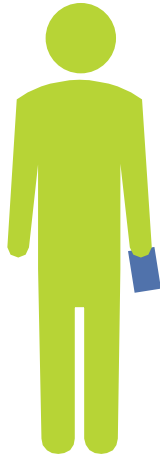
Our local authority partners now have a real appetite to procure their own electronic boards, which will integrate with the trust's, allowing patients to be transferred more effectively and information to be shared much more readily. Information from social care will appear on the ward's e-whiteboard, which will allow staff to inform patients precisely where they are in discharge planning.

# How will electronic 'single sign on' change your day?



Using your new SMART card, the new 'single sign on' technology will provide fast, secure access to patient information enhancing care delivery and saving wasted time.

A tap of the badge logs me in - no more typing my username and password.



## No Click Access

Single sign on and authentication will provide fast, secure access to patient information with the tap of a badge.



As I move throughout the hospital I can easily access patient information where ever I am



Single sign on lets me focus on my patients - not on usernames and passwords

## Pilot begins for Single Sign On

Haematology staff will be trying out the new Single Sign On facility in February during an initial pilot. Clinicians will be piloting the new software which will let them access up to nineteen different systems with one single log in. Subject to the pilot completing successfully, Single Sign On functionality will be rolled out across the organisation from April 2015 onwards.

## Good filing practice now will mean a smooth transition to new electronic system

To ensure the new Electronic Document Management System works well, it is vital that staff who deal with casenotes adhere to good filing practice.

It is important to be aware that casenotes will not be culled or refilled by the team undertaking scanning. They will be scanned exactly as they are ordered within the paper files.

To enable users to make a smoother transition to the new system, therefore, please take every opportunity available to tidy up your own sections of the paper casenotes. Ensuring that notes are correctly filed now will save frustration later.

## Have you got your SMART CARD yet?

It is estimated that around 4,000 staff need to get a new Smartcard to get secure access to the new systems being implemented as part of Transformation Through Technology. Over the next few months the project team will be visiting wards and departments to start the process of giving out new Smartcards.

NHS Care Records Service



For more information about the SMART CARDS please contact the IT Service Desk or your Operational Change Manager.

For further information on Transformation Through Technology email: [Transformation@sth.nhs.uk](mailto:Transformation@sth.nhs.uk)

