

CNTW Playbook Mobile Working

Requirement

- The Trust covers a geographical area of over 4,800mi². Staff work from over 70 Trust sites, as well as patient homes, GP practices and community based sites.
- As a MH and LD Trust, patients can be vulnerable and often high risk. Staff frequently travel to multiple appointments each day with limited or no ability to return to a Trust base.
- Staff therefore required access to up to date information when attending or preparing for an appointment.

- Implemented Direct Access a reliable, authenticated, secure and bi-directional connection to all Trust systems, solutions and online resources.
- A mobile connected laptop for all staff with an 'Always on' connection, with no requirement for additional passwords, authentication or tokens.
- Allows staff to access the EPR, MS Teams and GP data regardless of location.
- Updated processes and tools to ensure ongoing management of security and safety of the solution.

Benefits

- Improved ability to access and update service user information at the point of care. Information is able to be immediately updated on the EPR, for visibility by all staff.
- Improve ability to personalise treatment for patients due to immediate access to Trust, GP and regional information shares regardless of location. e.g. Street triage services, using mobile kit, reduced use of Section 136 by 80% across the North East.
- Improved compliance with staff essential training.
- Supporting tool in Trust business continuity and disaster recovery plans – less reliance on Trust direct network links.

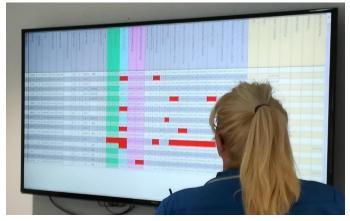


CNTW Playbook Clinical Dashboard and At a Glance Boards

Requirement

- A solution to remove handwritten and illegible boards from inpatient wards.
- To provide all HCP on wards with an easy to view summary of key information on the patient record.
- To support patient and carer communication and support professionals with MDT tasks.

- Developed in house and presented on 2 boards per ward, the AAG reports were designed for each pathway and are colour coded to show missing, out of date and due information.
- A task list was included to share MDT and personal tasks for patients and professionals on the ward.
- Used by discharge facilitators and bed management team to support flow of patients through wards.



Engagement and Observation Level Physical Health Completed Accommodation Available Consent and Capacity
Consent to Share ntended Discharge Date Leave Status



Benefits

- Reduced clinical duplication of information all information is taken from the EPR, with less use of manual handover and ward diaries.
- Improved data quality showed a 59% increase in completion of key data fields due to colour coding and visibility of information.
- Financial savings from task list, which supports ease of access to information in finding tasks allocated from MDT. Approx £32,700 per quarter over 60 wards using the AAG boards.



CNTW Playbook Online Consultations

Requirement

- To provide an online consultation solution to contribute to improving access to services for service users.
- Improve service users' choice for treatments by offering online consultations.
- To provide an online consultation solution that enables service users to access care via their domestic or care setting.

- Used G:Cloud Digital Marketplace to identify Modality
 OneConsultation as the preferred online consultation solution.
- OneConsultation is an online consultation tool that links a clinician to a service user through a video call via the internet.
- The chosen online consultation solution is implemented across 141 teams with over 3,000 staff having access to the solution within the Trust.
- Provides services with one to one consultations or group consultations via a unique link.
- End of consultation survey for service users to complete.

Benefits

- A trust-wide online consultation solution will reduce the need for patients to travel to a hospital site.
 - 3,834 services users out of 4,701 who have responded to the survey have saved up to 30 minutes or more of travel time.
- A trust-wide online consultation solution will result in the reduction in Co2 emissions for the service user. The service users will have the ability to meet digitally and therefore not be required to travel to clinics.
 - From a sample of service users (1547) it was found that 24935.3 miles were travelled, equating to 30p CO2 emissions saved per consultation.