

**Appendix AF – eHospital, Workforce Plan and Estates Strategy linkages**

eHospital Domain / Timeline	2018 : In progress	2019/20	2020/23	Link to Workforce and Estates
<b>Real Time Patient location</b>	Bed management - real time updating and identification of free beds and patient flow	<p>Integration of TTOs into patient flow on bed management to reduce bed blocking</p> <p>RFID tracking capability to locate patients and equipment</p>	<p>Integration of ED flow, bed management and patient transfers into portering workflow to improve patient flow.</p> <p>OP Booking in Kiosks</p> <p>Voice / Video conferencing for patient care supporting virtual clinics</p>	<p>Improved staff task allocation and workflow</p> <p>Reduced need for clinic reception and supports virtual clinics &amp; less clinic room space</p>
<b>Scheduling</b>	<p>Roll out of Bookwise to improve clinic room utilisation</p> <p>Two way texting to manage cancellations and reduce DNA rates</p>	<p>Improve patient appointment bookings integration with ERS, workflow and the Booking Centre</p> <p>Integration of patient Acuity to Workforce Scheduling to aid staff rosters is this part of Bookwise or are you making reference to continued use of Allocate and introduction of Medirota for medical staff e rostering</p> <p>Transfer of ED attendees to GP Hubs - appts and referrals</p>	<p>Multi-resource Scheduling - linking up all assets required for patient care from rooms to equipment</p> <p>Completion of Medirota roll out programme</p>	<p>Optimises patient bookings into the right place &amp; right time and the use of rooms - less redundant equipment and facilities. Reduces admin/clinical effort in bookings and managing resources</p> <p>Improved matching of demand and supply between activity and workforce deployment</p>



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<b>Patient Diagnosis &amp; Treatment</b>	Localisation OF GE PACS & clinical photography All diagnostic results online and acknowledging / acting on results	Patient care plan online following acting on results ECGs/EEGs online & accessible anywhere	Patient wearables, enabling remote real monitoring & alerting inc offsite	Clinical diagnosis and review can be undertaken anywhere/anytime not dependent on location/space at UHL More pressure on data centre space & power (GEPACS)
<b>e-Meds</b>	e-Meds Roll out LRI	eMeds Rollout across UHL and commence closed loop medication		Automating processes will have a direct impact in releasing staff back on to the wards. Improves patient care & reduces Length Of Stay
<b>e-Assessment</b>	Paperless Nursing Forms - Assessment Forms , Observations & Clinical records.	Paperless Nursing Forms - Assessment Forms, Observations & Clinical records.  Device integration - Blood glucose monitor & Welch Allyn devices.	Device integration - other devices.	Releases nurses & clinicians back into clinical care rather than transcribing observations. (reduces impact of vacancy gaps). Auto alerting of the deteriorating patient.



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<b>Patient Record Store (CDR) and eCorrespondence</b>	<p>Accessing primary care records (EPRcore &amp; SCR)</p> <p>Electronic transmission of clinical correspondence to primary care</p>	<p>Paperless OP -SNOMED clinical noting; eCorrespondence, all patient letters, docs &amp; diagnostic results online.</p> <p>Moving towards paperless wards with Inpatient SNOMED clinical noting</p> <p>Sharing of patient information and correspondence online with patients</p> <p>Shared datasets - Trusted Assessments and Mental Health through Nerve Centre supporting patient transfers</p>	<p>Auto capture of verbal communications and escalations into the online patient record</p> <p>Continuation of SNOMED clinical noting for IP and OP settings</p> <p>Summary extraction of records from operational systems into a patient repository - removing the need for the paper record.</p>	<p>Reduces requirement for Medical Records - releasing A&amp;C staff and storage space as records could move to cheaper deep archive off-site. Removes need to transport records across sites, supports virtual clinics &amp; less clinic room space.</p> <p>Reduces printing and posting demand More efficient use of workforce because change enables improved adoption of Trusted Assessor practices and less repetition of assessment and tests.</p>
<b>Intelligence</b>	<p>e-obs escalations for the deteriorating patient. Dashboards for real time patient locations and flow</p>	<p>Additional care alerts, early warning scores and decision support tools.</p> <p>Integration of auto alerting from pagers and bleeps into mobile devices</p> <p>Big Data Analytics &amp; research</p>	<p>Big Data Analytics &amp; research supporting evidence based change to clinical care</p> <p>Artificial Intelligence - taking patient observation, diagnostic results, SNOMED codes and modelling patient treatment plans</p>	<p>Auto alerting of the deteriorating patient to reduce Length of Stay, frees up beds / space and potentially clinical time.</p>



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<b>e-Quip</b>	END USER COMPUTE - Desktop and Apple Device replacement programme over a 5 year programme with significant deployment of 5,500 devices in the first year		Continued rollout replacement programme trust wide to update hardware over 5 years old and mobile devices over 3 years old consider offering alternative working solutions by replacing laptops for desktops	Advances in hardware investment in the Trust will be a key enabler in promoting working practice changes and encouragement to culturally shift towards flexible and agile working.  Agile work spaces / hot desking solution working with Estates to find multi purpose and shared working spaces