

## The Challenge

- Inefficient use of resident doctors at night using bleeps
- Repetition of tasks and care procedures
- Increased clinical risk

## Our Solution

Digitising and prioritising resident doctors tasks at night.

Using mobile phone technology and Infinity tasking linked to EPR

## Outcomes Delivered

- 91 minutes saved per user, per shift
- 13,400 fewer non-emergency bleeps per year
- 85.4% of users reported improved task allocation
- 62.5% of users reported reduced risk of error

## Success Stories

“Because tasks are triaged before being assigned to me, I am only allocated the most appropriate ones and can use my time much more efficiently as a result.”



- PIFU rate missing target
- Too many patients being seen that didn't need to be.
- Clinical risk – no visibility of patients deterioration whilst on pathway

Digital solution designed to automate and manage long term condition pathways that creates clinical capacity amongst existing resources.

- 56,000 appointments saved
- Cost avoidance of circa £1.5m p/a
- 47 specialties and 196 active pathways with more being added every day
- Substantial DNA reductions
- Average patient satisfaction score 4.2/5

“We can now send online assessment forms to patients to help monitor outpatients with longer-term follow up needs. This helps to free up clinician time for new appointments, procedures and for outpatients who need us the most.”



## The Challenge

- Poor patient flow and productivity
- Need for a true hospital at home solution
- Increased demand from patients without bed space in hospital

## Our Solution

Digitised all tasks required to discharge patients to avoid delays and increase flow.

Assigned tasks monitored and reassigned if not meeting target timescales.

## Outcomes Delivered

- Discharging patients 5 days sooner with over £5m costs saved
- 43% capacity increase
- Saves 20,000 bed days in a year
- 100 patients at any one time in hospital at home

## Success Stories

“It has helped us to manage our caseload safely and efficiently and support more patients to recover in their own home. This helps to free up beds for patients who need to receive treatment in hospital.”



- Theatre equipment order request processes includes manual processes.
- Opportunity to streamline to create Theatre efficiencies and cost saving in sterilisation and external kit hiring.

Digitise the order request process that is flexible enough to allow for last minute patient changes.

- More efficient process
- Workforce productivity gains
- More efficient theatres
- Cost savings on hiring external kit

Roll out to 36 operating theatres across the Trust in early 2025.



### The Challenge

- Cancer treatment coordination
- Avoiding wasting expensive chemotherapy drugs

### Our Solution

Use of clinical task coordination in Interventional Radiology process flow.

The better coordination of Inpatient TTO Review and Inpatient Medicines Reconciliation.

### Expected Outcomes

- Removal of manual process and manual care coordination
- Improved patient satisfaction, care and outcomes
- Quicker deliver of patient medication
- Increased workforce productivity
- Improved patient flow

- ADHD and Autism waiting lists are growing and trusts are unable to see patients for first appointments.
- Waiting list 3-5 years for CAMS.

Digitising the check in service to keep in touch with patients on the waiting list, current status verified via assessments.

- Patient waiting list can be re-stratified based on those in most need based on assessment forms
- Patient experience is enhanced
- Patients don't feel lost on a waiting list