Re: Your request made under the Freedom of Information Act 2000

Dear Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,
Please can you supply the following details for the tablets / I pads/ touch screen devices that have been installed in the A&E department reception area

1. What is the breakdown of the costs for installing these cubicles and the touch screen devices?

 No actual costing available as advised within allocated budget for environment.

2. Which company/ ies installed them?

This was achieved through contactors via our usual estates outsourcing processes.

3. How long were they used before they were abandoned?

The boothes have not been abandoned we are in the process of procuring more resilient hardware to support the usage as below.

The booths are part of the front door redesign, incorporating 111 algorithms as part of the streaming, redirection and assessment processes at the front door. They were initially implemented 2022, due to new releases and improvements to technology, we are in the process of reviewing and improving this. The benefits have been improving consistency in assessment, reducing the waits patients experience to book in improving streaming numbers.

4. What costs were incurred after installation up to the present time?

No Cost

6. What is going to happen with them now, and what cost will that incur?

As Above

Also can I ask the same set of questions for a similar installation of computers that were installed on the opposite side to where these cubicles are now?

There is no memory of the booths opposite- post 2019. I am assuming this relates to SMART-ER a system that has not been in use since 2018ish- the comparison would not be fair due to inflation and the purpose of the 2 systems being entirely different in function. The 111 algorithms are NHSE/ECIST best practice for streaming and redirection.

One further question have there been any reports or discussions over these two projects and what were the outcomes? What lessons were learnt?

Smart-ER was a system that created patients a space to receive information and offered health promotion with inconsistent outcomes and the potential was recognised as less appropriate for the emergency environment but potential success in urgent care environments, the project plan was led by a clinical lead that no longer works for the trust who was responsible for the reporting etc- very little was

shared with the wider team regards implementation and outcomes. The trust took the decision to cease the project.

The 111 streaming and redirection is part of a national forum attempting to standardise and optimise TTIA and streaming. Lessons learned are in their infancy and shared across trusts and those involved in the pilot.

It is unfair to compare the two as described they are two different systems.

Happy to discuss further in a conversation if required.