

Welcome to the 18th NHS Patient Flow Conference!

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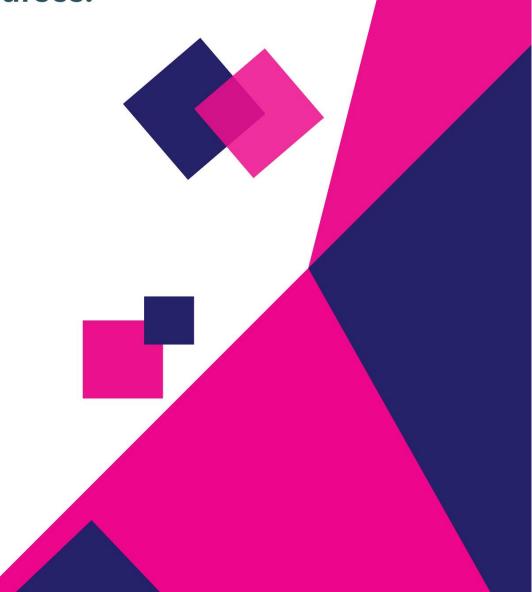


18th November 2025 etc venues Manchester, 8th Floor, 11 Portland Street, M1 3HU



Please scan the QR Code on the screen below to register your interest for our accredited training courses.









Join the Healthcare **Engagement Society (HES)**

- What it is A secure, year-round platform bringing NHS professionals together across six specialist communities.
- Why it matters Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- Your benefits Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- How to join Simply scan the QR code, choose your community, and start connecting today.



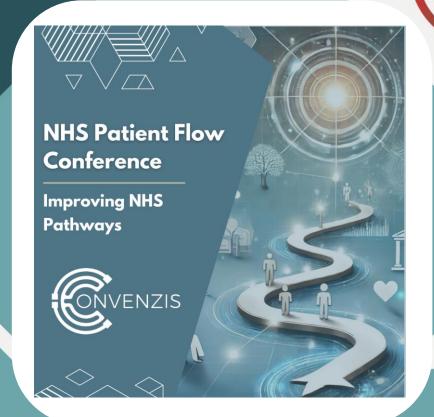


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Chair Opening Address

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Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England







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Emily Godfrey
Implementation Manager
NHS England



Ross Dawson
Improvement Practice
Programme Manager
East Lancashire Hospitals NHS
Trust (ELHT)



East Lancashire ED Streaming Model

November 2025



Local context

Population – 566,000

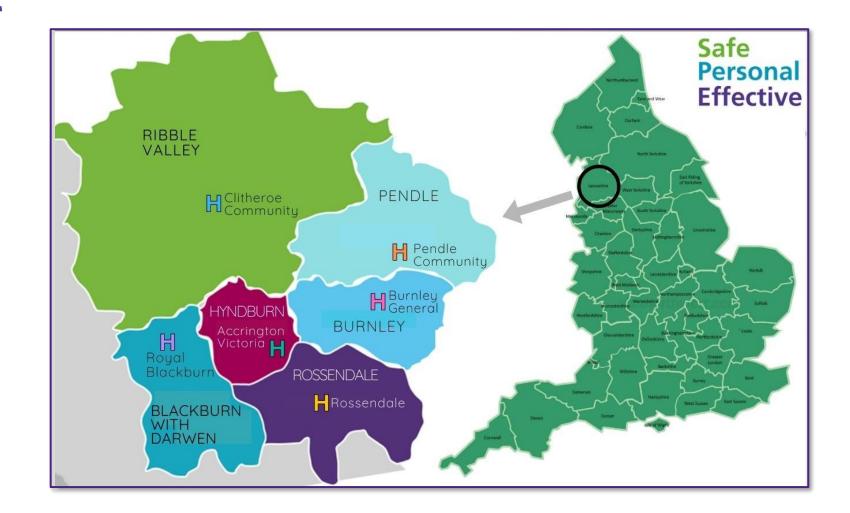
Royal Blackburn Hospital ED with co-located UTC 24/25 attendance – 155,307

Burnley General Hospital UTC

24/25 attendance - 99,688

Accrington Victoria
Nurse Led MIU
24/25 attendance – 24,257

Total attendances 24/25 - 279,257



- Front door waiting times have worsened significantly in recent years
- Increased number of walk-in patients
- Demand for services and growing staff shortages can mean lengthy waits for patients



Over 2 million patients attended ED in England in March 2025. The busiest March on record.



4-hour performance stood at 60.9%

Rationale for change



Attendance

Urgent care visits
have been
consistently rising,
causing significant
delays in meeting
triage time targets.



Patients

Patient experience was poor, with many facing overcrowded waiting rooms and long waits for treatment.



Staff

Staff were feeling overwhelmed with their workload and were experiencing abuse from frustrated patients.



Demand

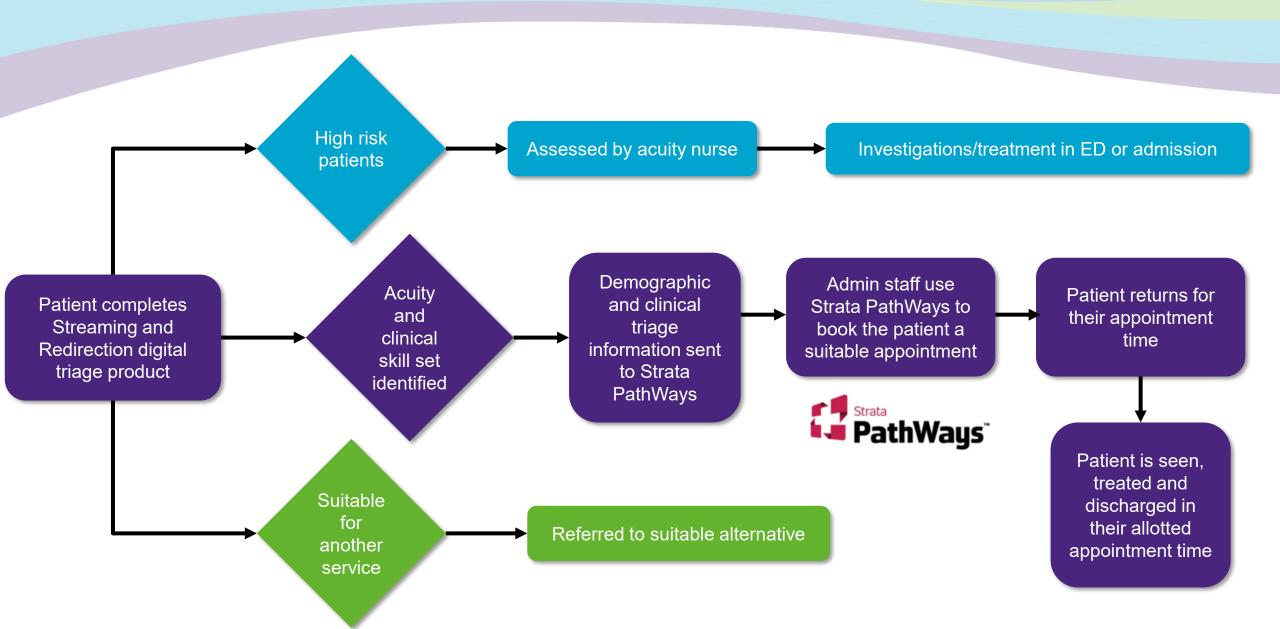
The workload was not being managed effectively, leading to spikes in demand, especially in the early morning and late evening.



Services

Efforts to direct patients to the right services were obstructed by an inefficient referral process.

The patient journey



Patient flow

Appointment Patient enters booked using department **Strata PathWays** Strata
PathWays **Triaged by** Clinician **Streaming and** assessment during Redirection appointment time

Streaming and Redirection

- Patient facing digital front door triage tool
- Commissioned by NHS England for ED/UTC's
- Live since Jan 2021
- Over 1 million patients triaged
- Accredited medical device



Why digital?

- ED walk-in numbers are 18% higher than 10 years ago
- Quick initial assessment.
 Average time 3 mins
- Captures demographic details and matches to NHS number
- Potential to stream/redirect over 30% of patients

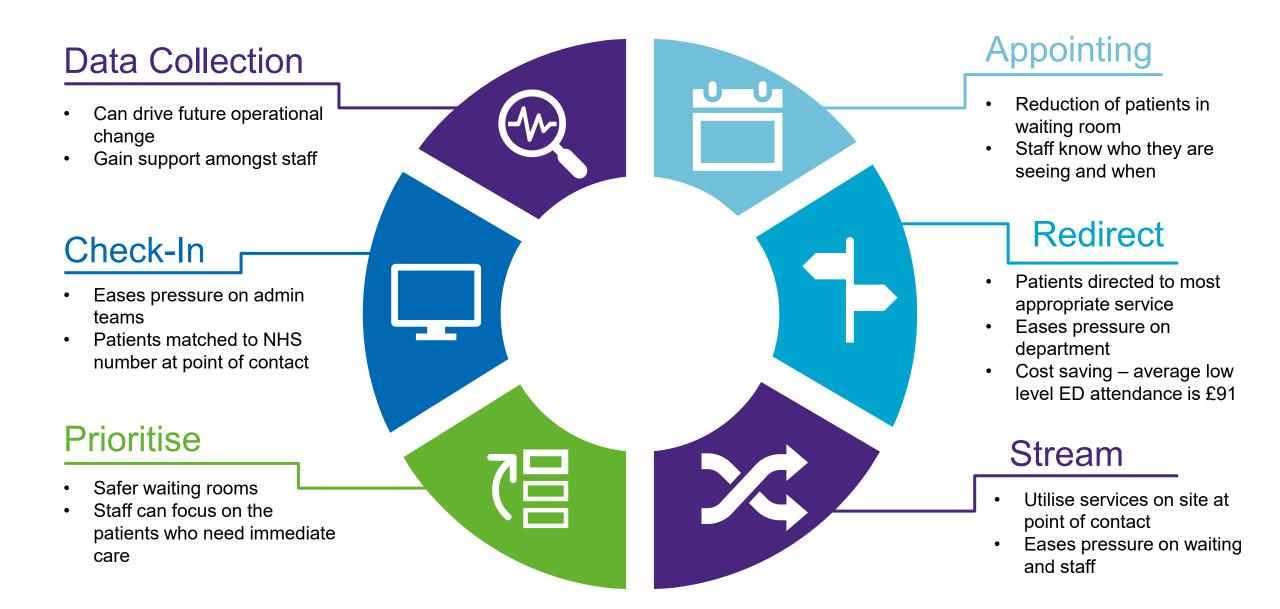


Why digital?

- Consistent safe clinical assessment
- Robust clinical governance structure
- Customisable outcomes using Directory of Services
- Integration with EPR's using Booking and Referral Standard (BaRs)



Product Capabilities



Key statistics



Patients suitable for an appointment to return

later

Up to 75%



> 98%

Attendance rate for patient appointments



5 minutes

For a patient to complete triage and leave with an appointment



<5 seconds

Data transfer from Streamer to Strata PathWays



30 minutes

Appointment slot time for each patient with an appropriate clinician



37 services

Developed in the Directory of Services to support the model



Impact - Patients

Was given an appointment for 2 hours later which meant I could go home and come back later rather than a lengthy wait in the waiting room. Really excellent service.

I first went to Accrington minor injuries and they made an appointment for me at Burnley. I was called five minutes early. I had to have blood tests and these were back within an hour and a half. Excellent service.

I thought the appointment booking service for A&E is an excellent idea it saves hanging around for hours, and the treatment I got was first class.

Very satisfactory service. We appreciate new appointment system.

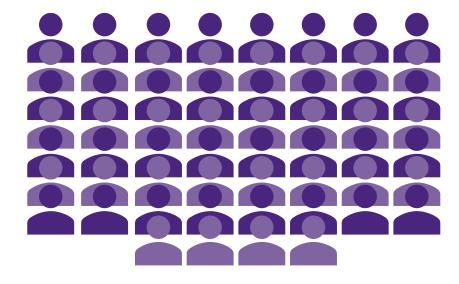
Your appointment system is fabulous it really works because you're not waiting around for hours to see a doctor.

The process was quick and straightforward. I liked the appointment system of returning as it meant I didn't need to wait with other people who could pass airborne viral/bacterial infections.



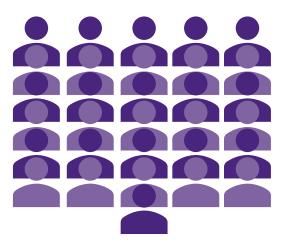
Impact - Patients

BEFORE



Typical number of patients in the waiting room at 8pm in Burnley UTC

AFTER



Typical number of patients in the waiting room at 8pm in Burnley UTC



Impact - Patients

< 18</p> minutes

Time taken for identification and treatment of sepsis patients at the Royal Blackburn Hospital.



Impact - Staff

We're getting the right clinician, to the right type of patient, in the right time.

A much more pleasant environment to work in.



It's improved the service tremendously.



We've reduced the wait time in triage and reduced the wait to be seen.

A wonderful experience for the patient because they don't have to wait in the department.

I'd never suggest a return to first come, first served.







Impact - Demand

	August 2021	August 2024
Total Attendances	4759	8653
4 Hour Performance	87.71%	94.88%
Average time spent in department	178 mins	94 mins



Impact - Services

99 referrals to SDEC



378 referrals to CAS



48 referrals for dental callback



263 hours

Clinician time saved

Between 1 July and 27 Aug 2024 from patients being referred to suitable alternatives.

Questions?



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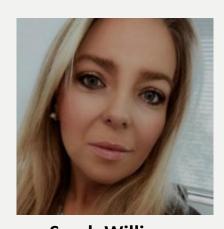
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Sarah Williams
Associate Director for UEC
and Patient Flow
Herefordshire and
Worcestershire ICB



Tom MickelwrightMedical Director
ORCHA Health



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Case Study





NHS Patient Flow

Conference

Improving NHS

Pathways

Case Study



Rob Hurrell
Senior Business Development Manager – Health
Enovation UK Limited



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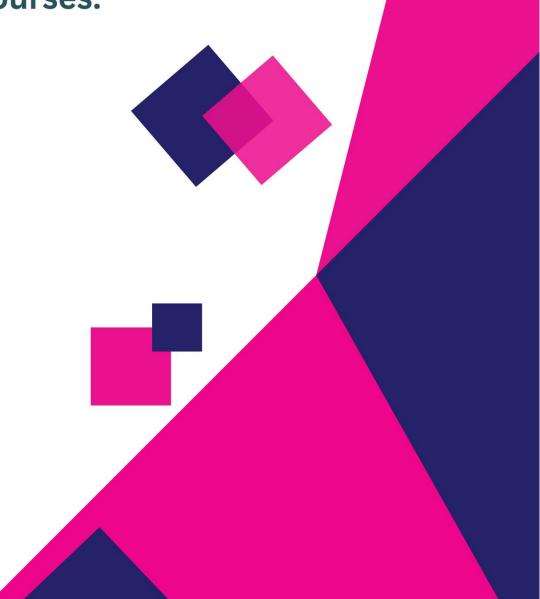


Refreshments & Networking



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Chair Morning Reflection

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Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England



Conference

Improving NHS

Pathways

Case Study





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Case Study





Patient Flow Beyond the Hospital Walls:

From Backlog Clearance to Prevention and Independence



For more information on how we could help your Trust or Organisation scan below:





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Keynote Presentation

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Sandra Cooper

AACC Clinical Lead

NHS Midlands & Lancashire CSU





Improving patient outcomes through Discharge to Assess (D2A) and Continuing Healthcare (CHC) process

Sandra Cooper AACC Clinical Lead

NHS Midlands and Lancashire CSU

Introduction

- In this presentation we will explore the implementation of the Discharge to Assess pathway to support participants to gain an understanding of the process requirements which enable assessment outside of hospital.
- In addition, to gain an understanding of the processes which enable patients and families to engage in an ongoing assessment to determine their future care needs.
- COVID pandemic prompted a whole system shift to implement a process
- Discharge to Assess not a new concept but has developed further post pandemic.
- NHS Acute Trusts & ICB/CSUs worked in partnership to develop and implement system wide Discharge to Assess (D2A) pathways and operational protocols in line with NHSE guidelines.
- MLCSU Central Review Team is a dedicated provider of a range of CHC services including projects for CHC reviews, Discharge to Assess and other services. Working in multiple systems and ICB's across the country.

Aims of Discharge to Assess (D2A)

- Understand the connection of Discharge to Assess in effective discharge planning
- Ensuring the patient assessment is conducted at the right time in the right place to determine future care needs
- Facilitating positive outcomes for patients and families by enabling active involvement in the process and ensuring the care package is appropriate to meet the patient's needs
- Understand what information is required and by who?
 - > How is this shared? And what format?
 - ➤ Pathways 0,1, 2 & 3
 - ➤ Understanding the link between D2A and CHC

What is Discharge to Assess (D2A)

- A set period of funded care, usually 28 days, for patient's health and recovery to be optimised and enable a
 full assessment of health & social care needs in a 'out of hospital' setting.
- 4 Pathways Department of Health & Social Care Statutory guidance Hospital discharge and Community Support Guidance Updated 26 January 2024 Hospital discharge and community support guidance - GOV.UK
- CHC Checklist may be used to determine if a full MDT is required
- Conversion rates to CHC from D2A circa 10%

Pathways of Discharge to Assess (D2A)

Pathway 3- complex care needs in the community or a nursing care home setting. Need to be assessed with consideration for CHC

Pathway 2- require more care at home or a residential care setting predominantly social care needs

Pathway 1- support to recover at home or original care home with a small package of care

Pathway 0 – simple discharge, no new or additional support from health / social care. Restart pre-existing package

Requirements for Discharge to Assess (D2A)

- Process & information required? referral form and process.
- Patients & families referrer to provide them with information and manage expectations of the process and ongoing care.
- How is this shared? And what format?
- Is Fast Track for CHC appropriate for a rapid discharge?
- This should only be used for:

^{&#}x27;Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS Continuing Healthcare.'

Our MLCSU Team role in Discharge to Assess

- Dedicated team of administrators & experienced Clinical CHC Assessors
- Scheduling and completion of Multi-Disciplinary Team (MDT) Meetings
- Range of clinical health professionals
- Dedicated project so doesn't impact on CHC service
- Collaborative working across Local Authority footprints
- Provide an end-to end or bespoke service delivery
- Maintain electronic patient records with direct system entries. Familiar with different data case management systems

How D2A supports patient flow and outcomes

- Assessment right time, right place, timely assessments for the benefit of patients.
- Patient needs fully assessed and future care needs identified.
- Patient / family outcome Check for DoLS, placement satisfaction, consideration for referrals to other services, patient wishes i.e.returning home
- Collaborative partnership working with Local Authority, care providers, other health professionals working with the individual.
- Facilitate access to therapy services to support recovery
- Signpost to other services

How D2A supports patient flow and outcomes

- Ensure compliance with the Mental Capacity Act (MCA) and appropriateness of the care package
- ICB Assurance CHC Framework compliance consideration for CHC prior to Funded Nursing Care (FNC) if remaining in long term care. Identify appropriate care package to meet the patient's needs, transfer to appropriate funding stream. Identify risks, funding issues, safeguarding, Deprivation of Liberty Safeguards (DoLS).
- Alert ICB to any concerns patient safety, safeguarding, placement issues
- Recommendation to the ICB on CHC / FNC eligibility
- Identify savings and potential for future investment to ICB's
- Bespoke reporting to ICB's according to requirements supports population health management and planning.

Summary

- Effective discharge planning and ongoing assessment post discharge through a D2A pathway is essential to ensuring good outcomes for the patient & family
- Enables hospital beds to be released for acutely ill patients.
- Identifies current care received, future care needs and the placement or care package to meet those needs.
- Assessment takes place in an 'out of hospital' environment, facilitating recuperation and recovery.
- Can identify risks or concerns and enable referral to processes to support the individual and reduce risk.
- Promotes patient experience and satisfaction with services, alongside supporting patients and families to engage and plan for their future care.

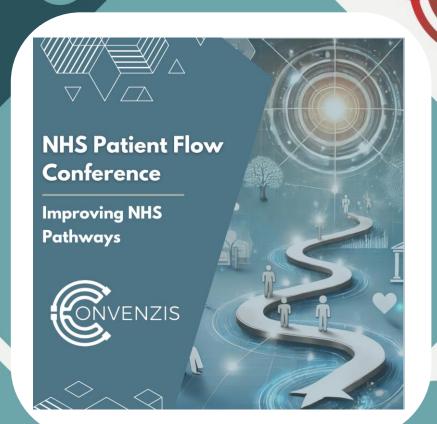


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Case Study

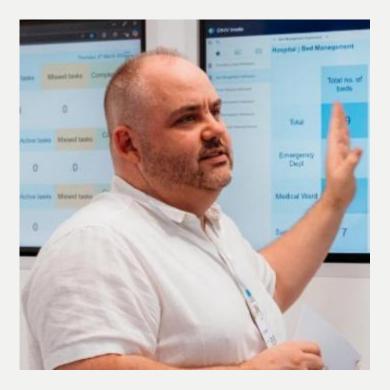
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Case Study

ONVENZIS



Will Broadbent
Commercial Director
Wandsworth Healthcare
(representing DNV Imatis)

DNV Imatis Case Study







A Collaboration





Ambition

Unlock the UK's capacity to care by becoming the partner of choice for digital patient journey.

We will deliver this ambition by:



Focusing on the needs of patients and staff



Enabling digital transformation



Unlocking efficiency



Making data meaningful

A Wide Data Set DNV Imatis











46 300 **Professional Users**



A Deep Data Set DNV Imatis











34,600 **Professional Users**



....

Improving productivity in healthcare operations by 15-20%



Patient Flow



Admission

Imaging

Transfers

Labs

Visitors

Medication

Housekeeping

Porters

Discharge

The Norway Way...

















Patient centered



Staff friendly



Audited



Secure Joined up



Digital Co-ordination...

Powered by



DNV Imatis solutions



Digital Co-ordination

Secure mobile apps | Powerful dashboards | Interactive screens























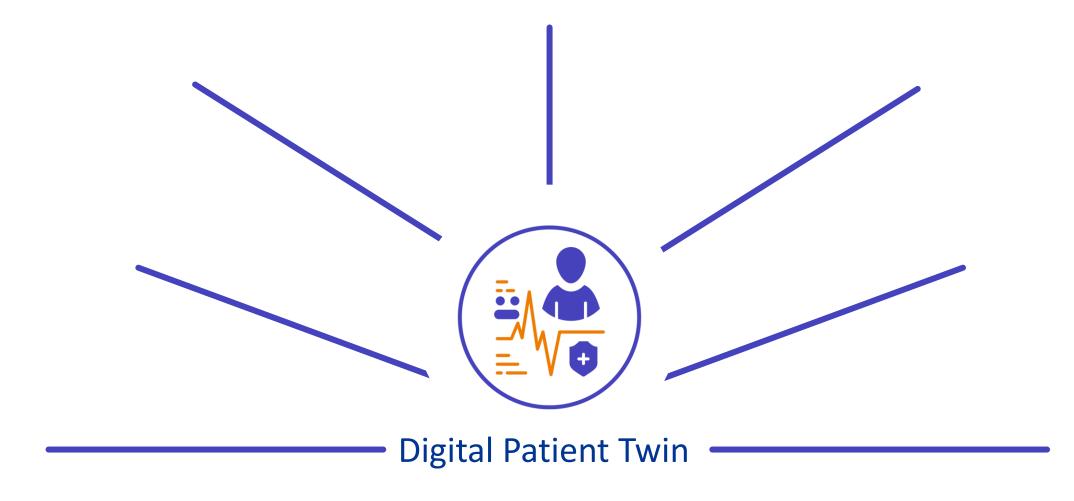




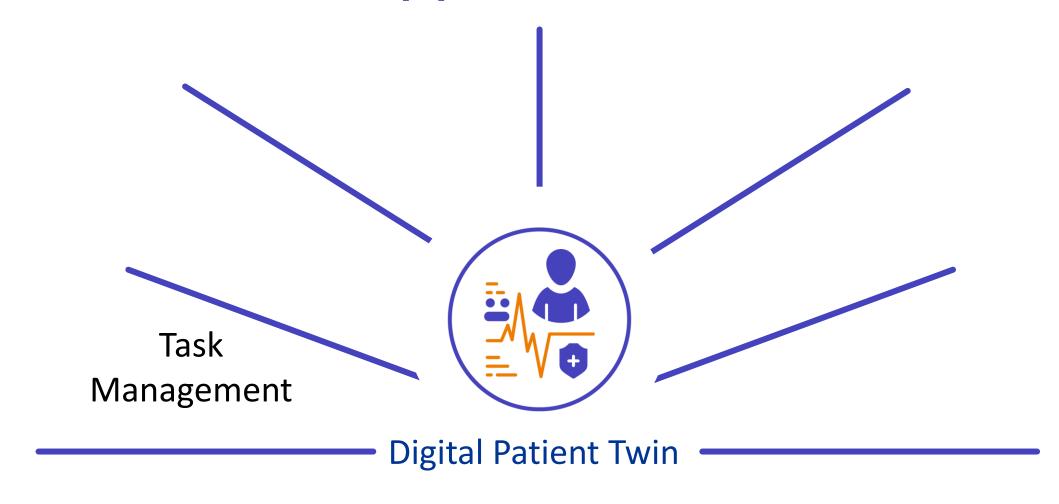
The Platform

The **Ecosystem**

Workflow First Approach



Workflow First Approach











■ Medical Inpatient Dashboard X Medical Inpatient Whiteboard X Porter Request Dashboard X Wandsworth Cleaning Request Dashboard X Cleaning Task Manager X

NUTRITION QSOFA

BEDSORES FALL







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NC	BED	LINKS	INFECTION	NAME	BED STATUS	ARRIVAL	EPR	PRESCRIPTIONS	LEVEL OF CARE	RESPONSIBLE NURSE	DOCTOR	EDD	DISCHARGE READY	TASK STATUS	
0	Day Room	ල	©	Jane Doe	Occupied	03/11 11:53 AM		Tramadol	II	Nurse 1 07785926582	Doctor 1				^
0	Room A1	6			Available 🛈					Nurse 1 07785926582					
0	Room B1	6		Maggy Nesium	Occupied	03/11 11:53 AM		Amoxycillin		Nurse 1 07785926582	× Doctor 1	06/11	Not ready		
0	Secure Room	8	هُ		Available 🛈					Nurse 1 07785926582					
0	Treatment Room	ල		Christopher Betts	Occupied	19/10 12:26 PM		Amoxycillin Paracetamol	П	Nurse 1 07785926582	➤ Doctor 1	06/11	Not ready		
0	Bed Space 02	ල	©	Arther Right	Occupied	03/11 11:53 AM		Morphine	III	Nurse 1 07785926582	× Doctor 1	07/11	Not ready		
	Bed Space 03	ල			Pending cleaning					Nurse 1 07785926582					

DNV Imatis

MY PATIENTS

ARRIVING

NEWS

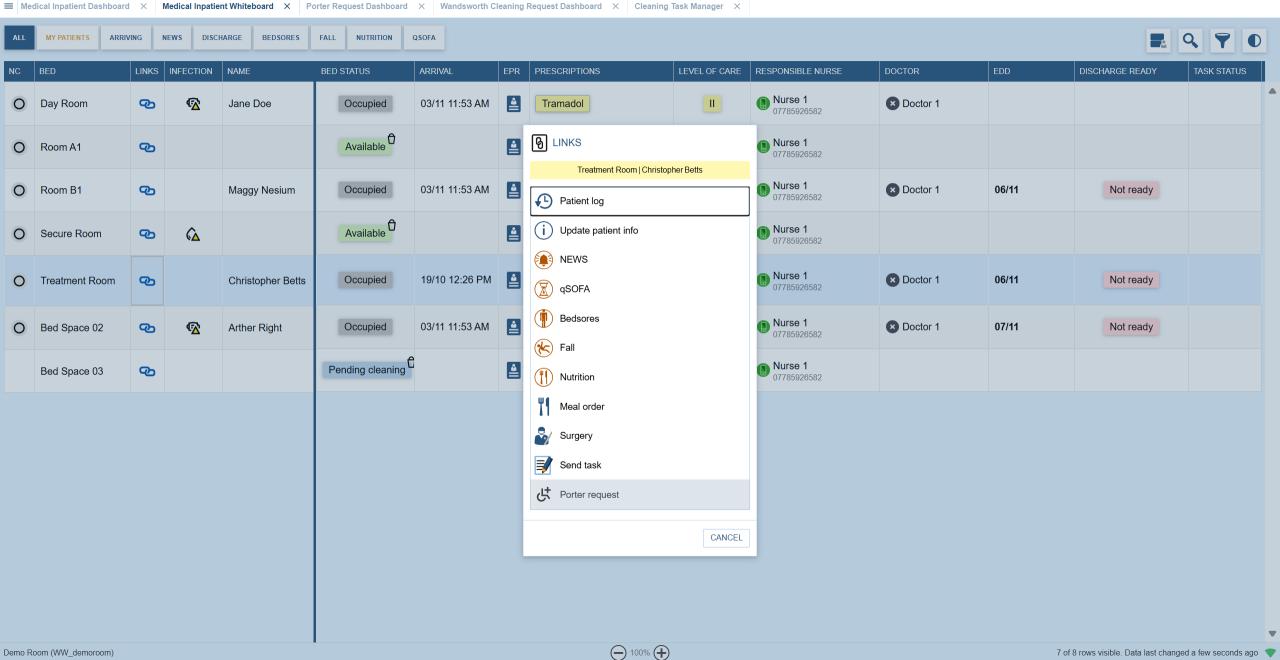
DISCHARGE

Demo Room Wandsworth | Wandsworth









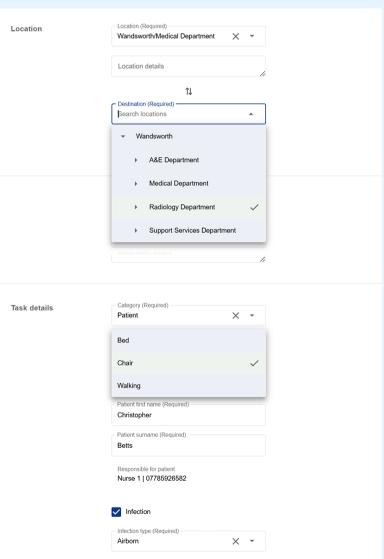








Wandsworth Portage: New task



Demo Room Wandsworth | Wandsworth





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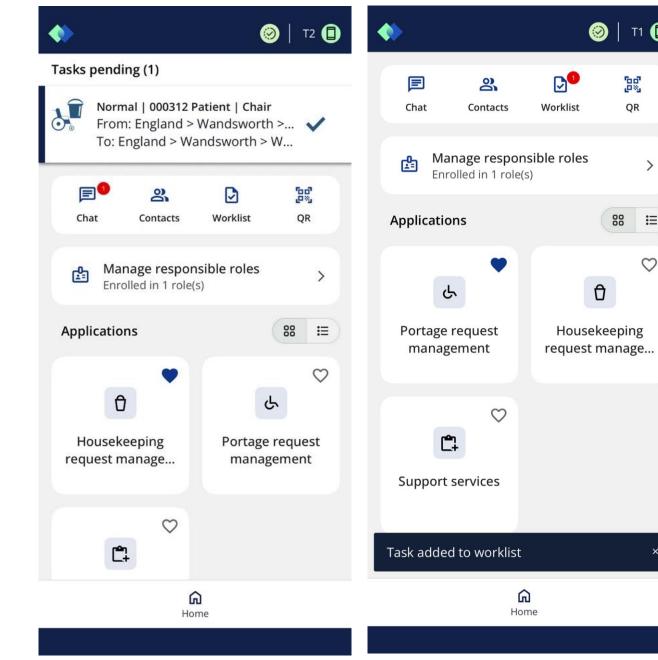
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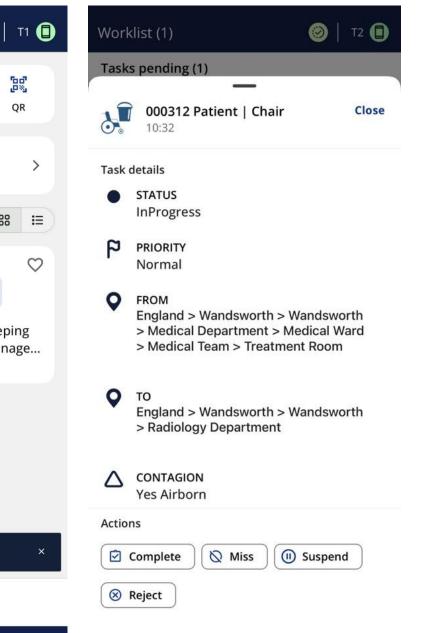




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0	Room A1	ල		Mat Holliday	Occupied	03/11 11:53 AM		NSAIDs	II	Nurse 1 +447523730650	■ Doctor 1		Ready	13/11/2025 10:22 AM	
0	Room B1	8		Maggy Nesium	Occupied	03/11 11:53 AM		Amoxycillin		Nurse 1 +447523730650	■ Doctor 1	06/11	Not ready	Por (Registered)	j
0	Secure Room	ල			Available					Nurse 1 +447523730650					
0	Treatment Room	8	Δ	Christopher Betts	Occupied	19/10 12:26 PM		Amoxycillin Paracetamol	П	Nurse 1 +447523730650	➤ Doctor 1	06/11	Not ready		
0	Bed Space 02	ල	®	Arther Right	Occupied	03/11 11:53 AM		Morphine	III	Nurse 1 +447523730650	■ Doctor 1	07/11	Not ready		
	Bed Space 03	8			Pending cleaning					Nurse 1 +447523730650					





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MY PATIENTS ARRIVING DISCHARGE QSOFA NEWS BEDSORES FALL NUTRITION

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0	Room A1	ල		Mat Holliday	Occupied	03/11 11:53 AM		NSAIDs	II	Nurse 1 +447523730650	Doctor 1		Ready	13/11/2025 10:22 AM	
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	Bed Space 03	ල			Pending cleaning					Nurse 1 +447523730650					

90% 🕀

Max waiting time

6mins

Max waiting time

10mins

Max waiting time

10mins

Registered tasks

Registered tasks

Completed tasks

10

Completed tasks

6

Completed tasks







Registered tasks

■ Medic

Active tasks

Friday, 14 November 2025

Active tasks

Active tasks

Porter | Task Dashboard

Ward transfer

3

Discharge today

All tasks

16

Emergency | patients

5

Medical wards | patients

3

DNV Imatis

12:12:48

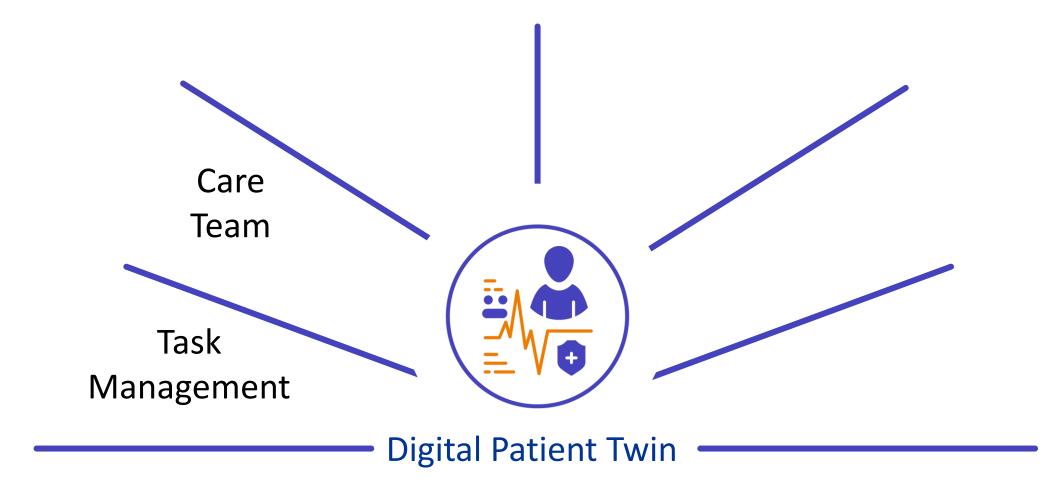
Missed tasks

Missed tasks

Missed tasks

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QSOFA

Demo Room Wandsworth | Wandsworth







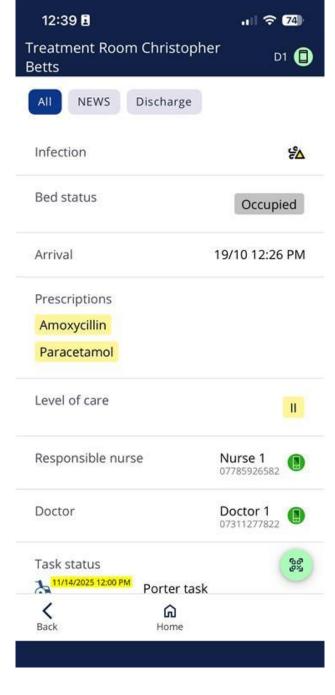
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ALL	MY PATIENTS	ARRIVING	NEWS	DISCHARGE	BEDSORES	FALL	NUTRITION

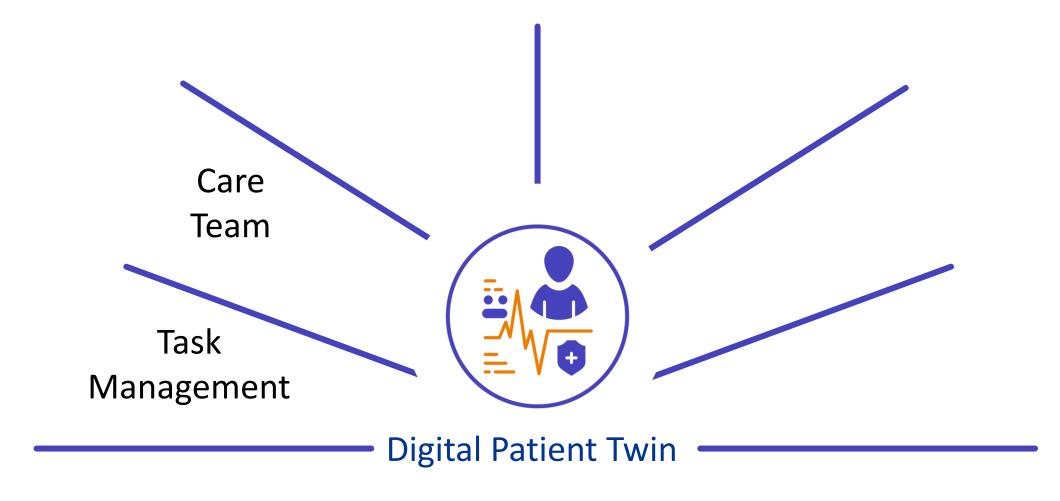


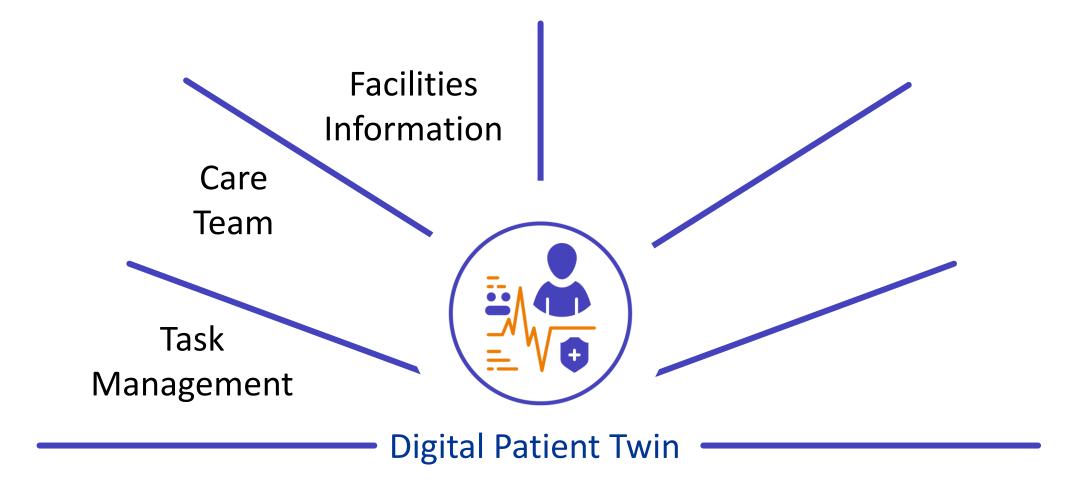




NAME	NC	BED	LINKS	INFECTION	BED STATUS	ARRIVAL	EPR	MEDS REC	PRESCRIPTIONS	RESPONSIBLE NU	DOCTOR	LOS	EDD	DISCHARGE R	DISCHARGE
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Jane Doe	0	Day Room	ල	©	Occupied	03/11 11:5			Tramadol	Nurse 1 +447523730650	■ Doctor 1	3d 7h 2m			0/9
Maggy Ne	0	Room B1	©		Occupied	03/11 11:5			Amoxycillin	Nurse 1 +447523730650	× Doctor 1	2d 12h 10m	06/11	Not ready	0/9
Mat Holliday	0	Secure Room	®	هک	Occupied 0	03/11 11:5		=	NSAIDs	Nurse 1 +447523730650	Doctor 1	3d 1h 25m		Ready	0/9
Christophe	0	Treatment Room	®	Δ	Occupied	19/10 12:2		F	Amoxycillin Paracetamol	Nurse 1 +447523730650	× Doctor 1	1d 1h 5m	06/11	Not ready	0/9
Arther Right	0	Bed Space 02	ලා	©	Occupied	03/11 11:5		=0	Morphine	Nurse 1 +447523730650	■ Doctor 1	1h 25m	07/11	Not ready	0/9







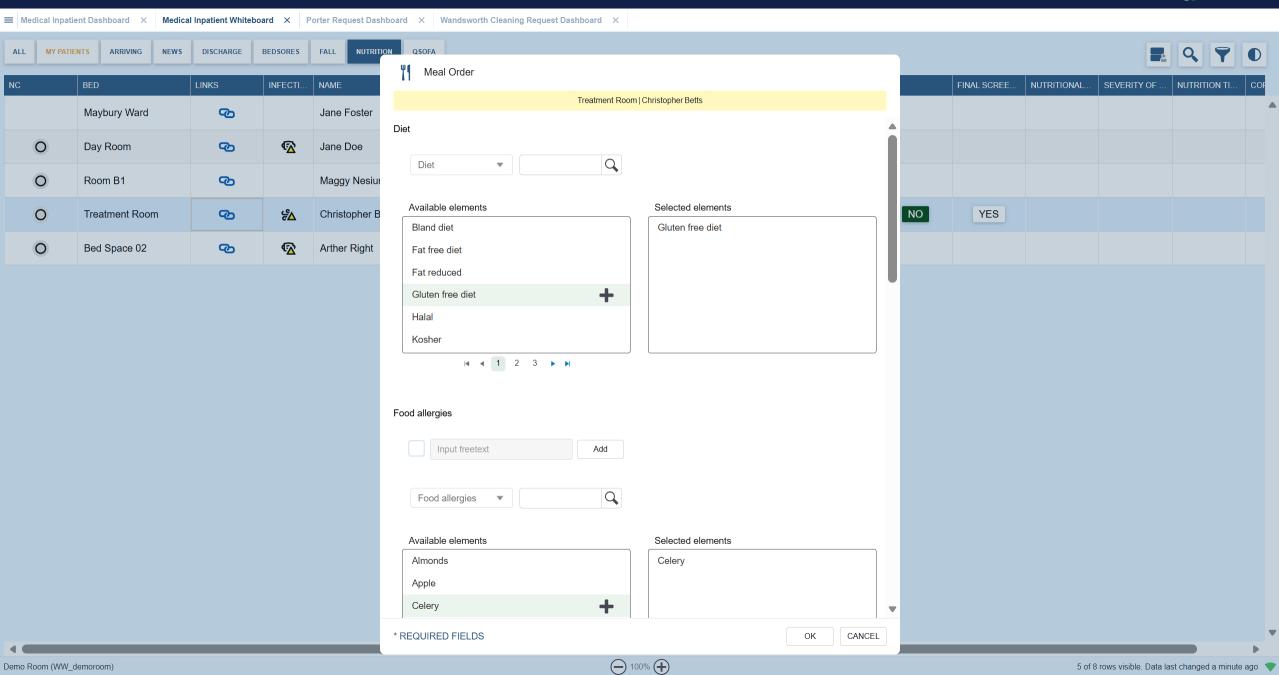














MY PATIENTS

ARRIVING

NEWS

Demo Room Wandsworth | Wandsworth





=	Medical Inpatient Dashboard	×	Medical Inpatient Whiteboard	×	Porter Request Dashboard	×	Wandsworth Cleaning Request Dashboard	×
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BEDSORES FALL NUTRITION QSOFA

DISCHARGE



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NC	BED	LINKS	INFECTI	NAME	EPR	NUTRITION	NUTRITION S	ВМІ	WEIGHT LOSS	REDUCED DIE	ICU	FINAL SCREE	NUTRITIONAL	SEVERITY OF	NUTRITION TI	COF
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0	Room B1	6		Maggy Nesium												
0	Treatment Room	P	ęδ	Christopher Betts		T.		YES	NO	YES	NO	YES				
0	Bed Space 02	ල	©	Arther Right												







Housekeeping | Task Dashboard

Friday, 14 November 2025

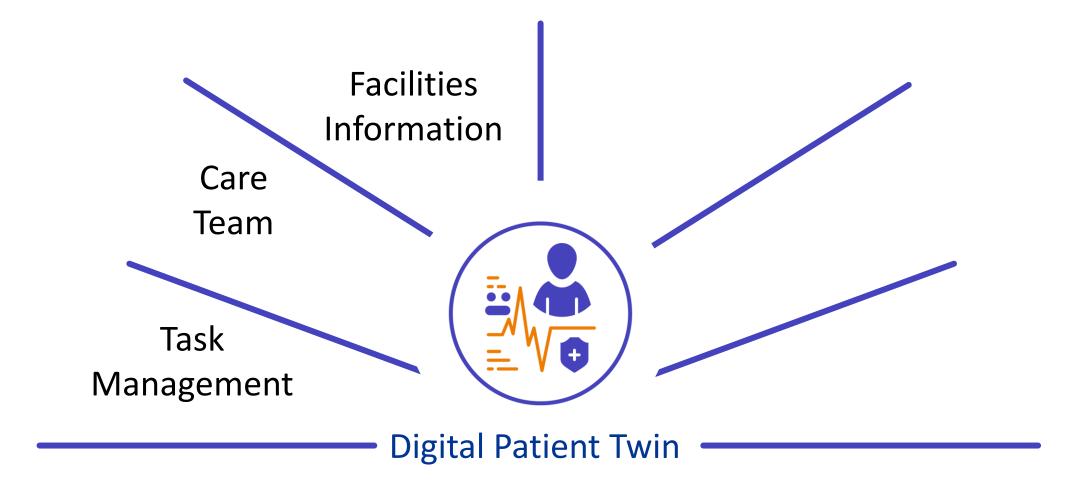
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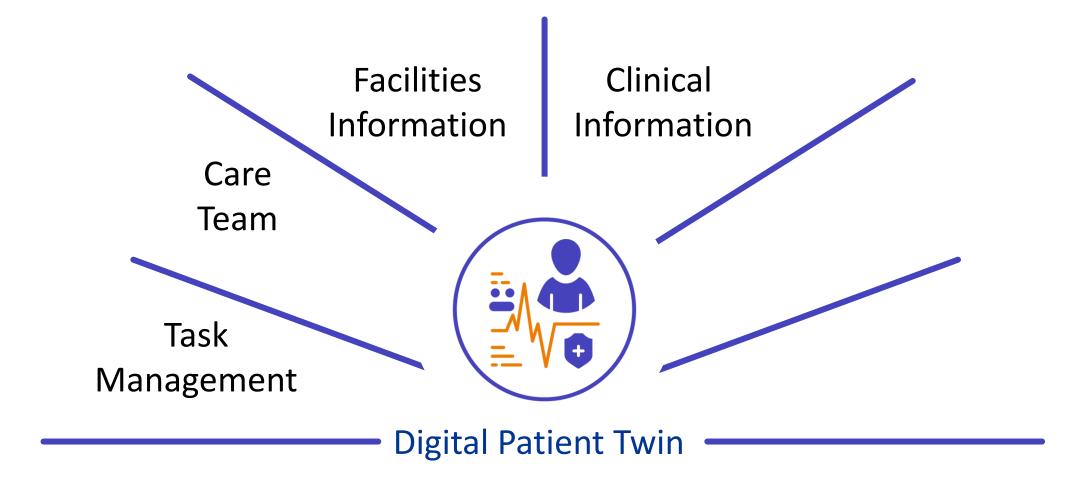
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NV Imatis

All tasks	♠ Infection	Registered tasks	Waiting time	Active tasks	Missed tasks	Completed tasks
8	4	2	7mins	2	0	8
A & E Tasks	Infection	Registered tasks	Waiting time	Active tasks	Missed tasks	Completed tasks
4	3	2	6mins	1	0	6
Medical Tasks	Infection	Registered tasks	% Waiting time	Active tasks	Missed tasks	Completed tasks

8mins









=	Medical Inpatient Dashboard	×	Medical Inpatient Whiteboard	×	Porter Request Dashboard	×	Wandsworth Cleaning Request Dashboard	×

FALL

NUTRITION

QSOFA

BEDSORES



7	•

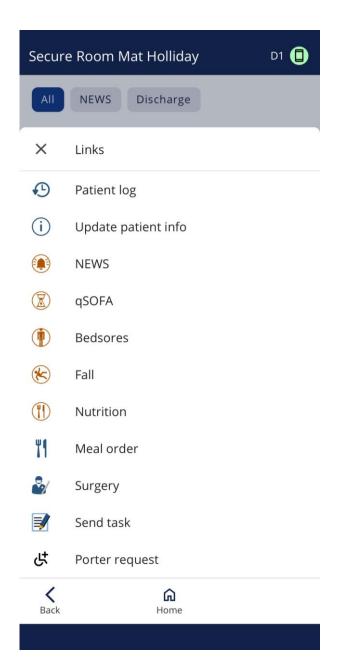
NC	BED	INFECTION	NAME	EPR	NEWS SCORE	RESPIRATION	HYPERCAPNIC RES	SP02 1	SPO2 2	O2	SYSTOLIC BP	PULSE	CONSCIOUSN	TEMPERATURE	COPY
	Maybury Ward		Jane Foster		7	2	NO	2		0	1	1	0	1	<u> </u>
0	Day Room	©	Jane Doe		6	2	YES		1	0	1	1	0	1	<u>_</u>
0	Room B1		Maggy Nesium		9	1	YES		2	2	2	1	0	1	<u>_</u>
0	Treatment Room	⊱∕∆	Christopher Betts		81	2	NO	2		0	2	1	0	1	<u>_</u>
0	Bed Space 02	©	Arther Right	≜	0=	0	NO	0		0	0	0	0	0	<u>_</u>

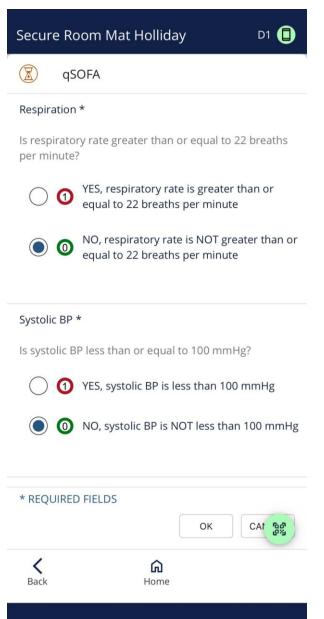
DNV Imatis

MY PATIENTS

ARRIVING

DISCHARGE









=	Medical Inpatient Dashboard	×	Medical Inpatient Whiteboard	×	Porter Request Dashboard	×	Wandsworth Cleaning Request Dashboard	×

FALL

NUTRITION

QSOFA

BEDSORES



7	•

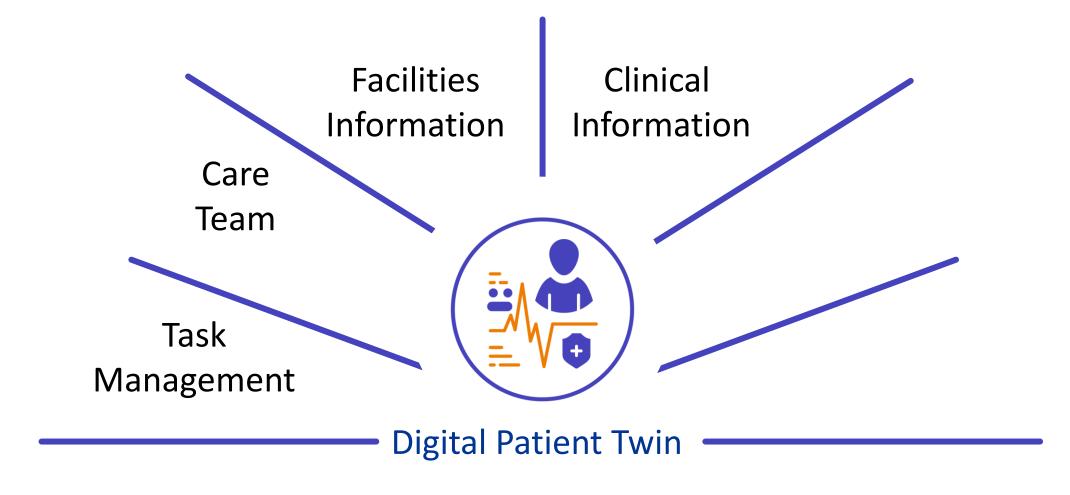
NC	BED	INFECTION	NAME	EPR	NEWS SCORE	RESPIRATION	HYPERCAPNIC RES	SP02 1	SPO2 2	O2	SYSTOLIC BP	PULSE	CONSCIOUSN	TEMPERATURE	COPY
	Maybury Ward		Jane Foster		7	2	NO	2		0	1	1	0	1	<u> </u>
0	Day Room	©	Jane Doe		6	2	YES		1	0	1	1	0	1	<u>_</u>
0	Room B1		Maggy Nesium		9	1	YES		2	2	2	1	0	1	<u>_</u>
0	Treatment Room	⊱∕∆	Christopher Betts		81	2	NO	2		0	2	1	0	1	<u>_</u>
0	Bed Space 02	©	Arther Right	≜	0=	0	NO	0		0	0	0	0	0	<u>_</u>

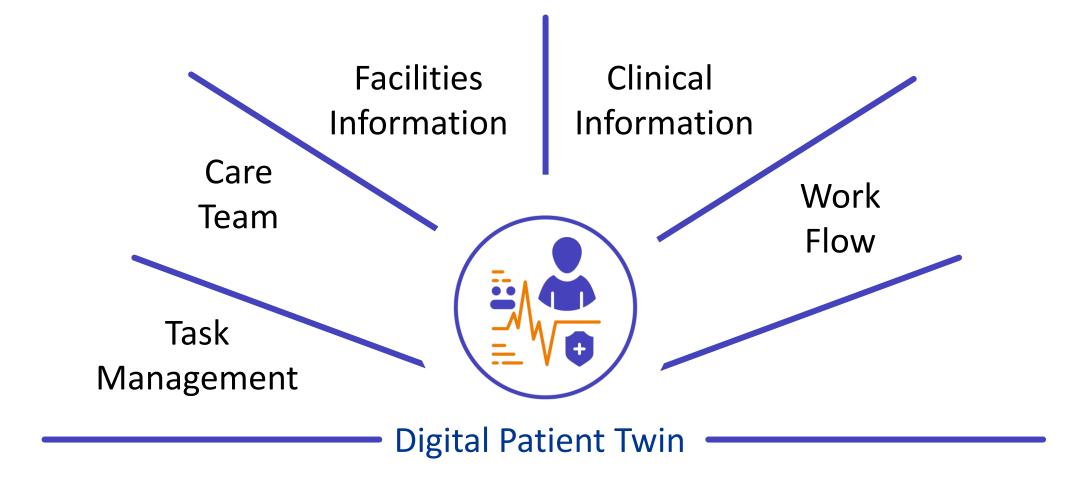
DNV Imatis

MY PATIENTS

ARRIVING

DISCHARGE







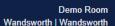




=	Medical Inpatient Whiteboard	×	Wandsworth Cleaning Request Dashboard	×

ALL	MY PATIENTS	ARRIVING	NEWS	DISCHARGE	BEDSORES	FALL	NUTRITION	QSOFA									E Q	7 0	
NAME	N	ıc	BED		LINKS	IN	IFECTION	BED STATUS	ARRIVAL	EPR	MEDS REC	PRESCRIPTIONS	RESPONSIBLE NU	DOCTOR	LOS	EDD	DISCHARGE R	DISCHARGE	
Jane I	-oster		Maybur	y Ward	ල			Occupied	05/11 12:1		F				6d 1h 25m		Ready	9/9	•
Jane I	Doe	0	Day Ro	oom	ල		®	Occupied	03/11 11:5		=	Tramadol	Nurse 1 +447523730650	■ Doctor 1	3d 7h 2m			0/9	
Magg	y Ne	0	Room E	31	69			Occupied	03/11 11:5			Amoxycillin	Nurse 1 +447523730650	■ Doctor 1	2d 12h 10m	06/11	Not ready	0/9	
Mat H	olliday	0	Secure	Room	ල		(<u>\(\)</u>	Occupied	03/11 11:5		₽	NSAIDs	Nurse 1 +447523730650	■ Doctor 1	3d 1h 25m		Ready	0/9	
Christ	ophe	0	Treatmo	ent Room	ල		Δ	Occupied	19/10 12:2		=	Amoxycillin Paracetamol	Nurse 1 +447523730650	Doctor 1	1d 1h 5m	06/11	Not ready	0/9	
Arther	Right	0	Bed Sp	ace 02	ල		©	Occupied	03/11 11:5			Morphine	Nurse 1 +447523730650	⊗ Doctor 1	1h 25m	07/11	Not ready	0/9	

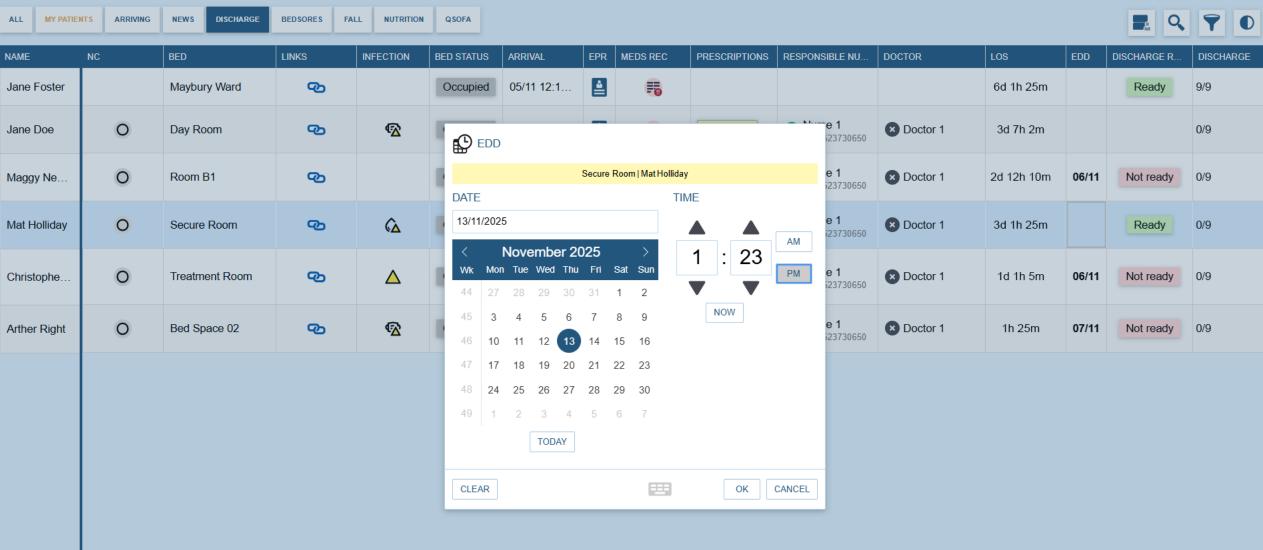








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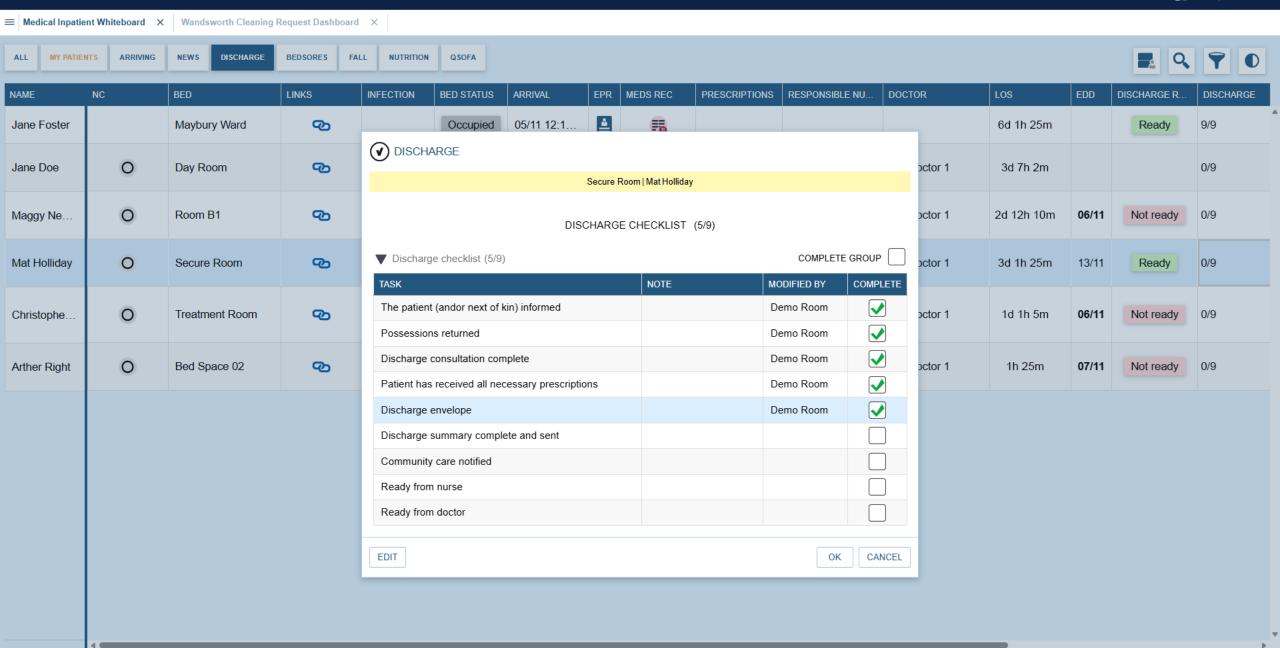






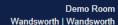






100%

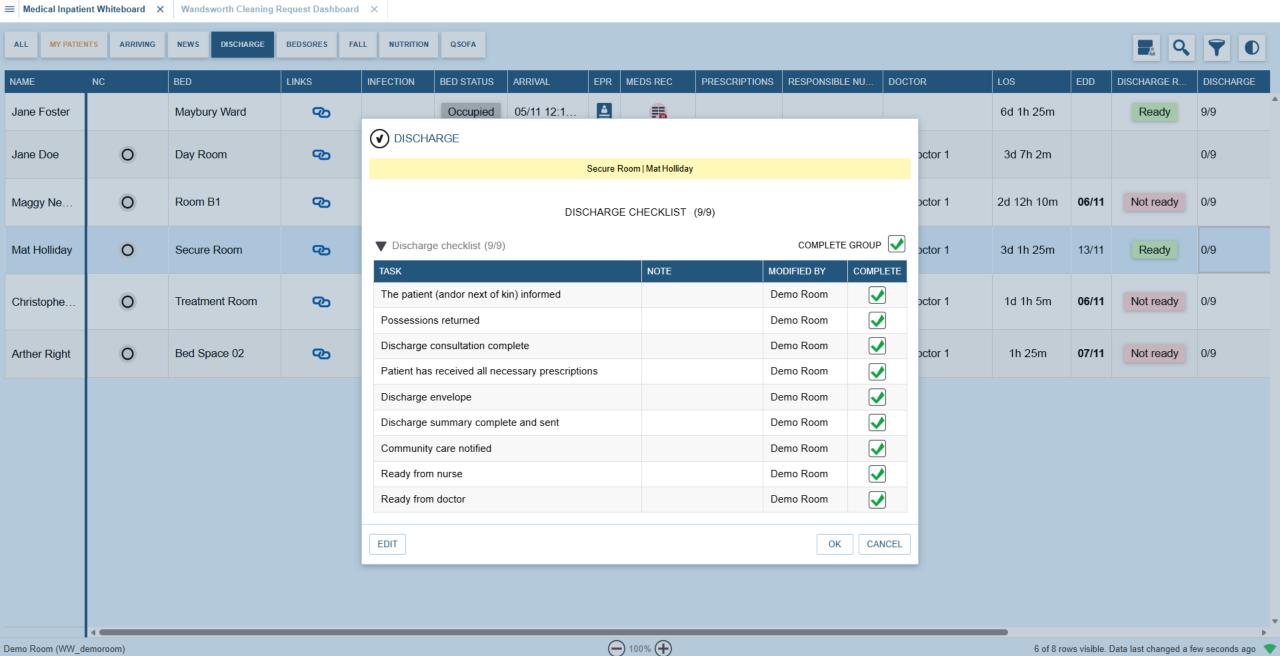


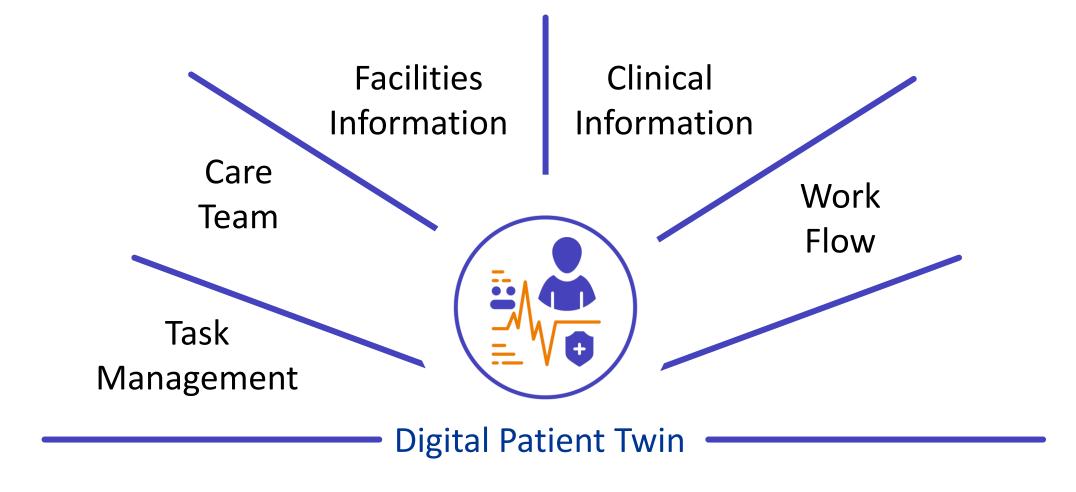


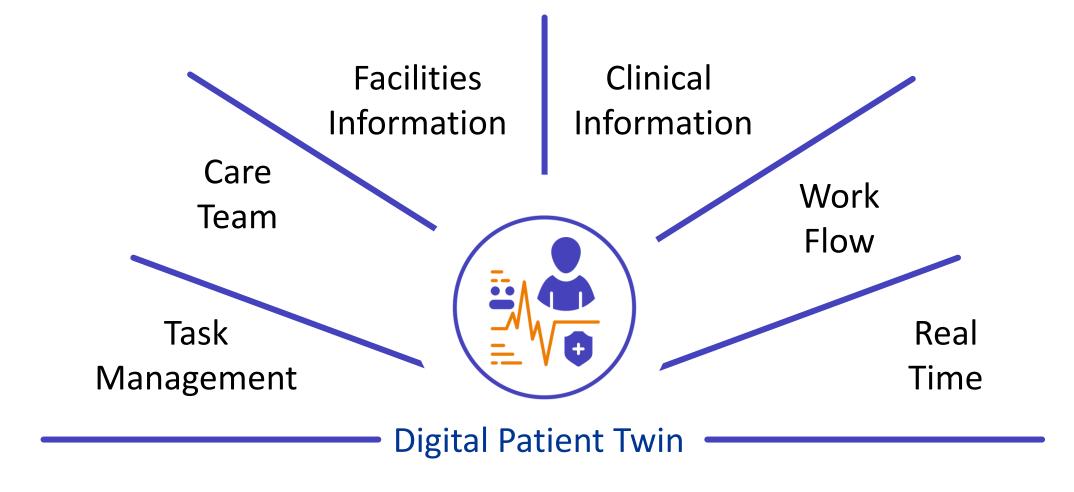














Planned Discharges

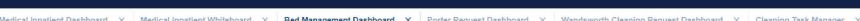
5



11:28:03

Arriving patients

5



Friday, 14 November 2025

Total no. of beds

20

6

Total

Emergency Dept

Medical Ward

Surgical Ward

matrix Medical Inpatient Dashboard X Medical Inpatient Whiteboard X Bed Management Dashboard X Porter Request Dashboard X Wandsworth Cleaning Request Dashboard X Cleaning Task Manager X

Inpatients

10

5

Hosp	ital Bed Management			

lospitai	Bed Management	

Housekeeping

Available beds

5

NV Imatis



Admitted patients

Medical Ward Inpatient | Dashboard

Average LOS

Friday, 14 November 2025

13:00:24

Max LOS

Infection

Level of care III

10

2d 2hrs 33mins

3d 6hrs 10mins

Discharge tomorrow

Available beds

Arriving ward transfers

3

Housekeeping

5

Discharge today

3

5

¡♠ Fall risk

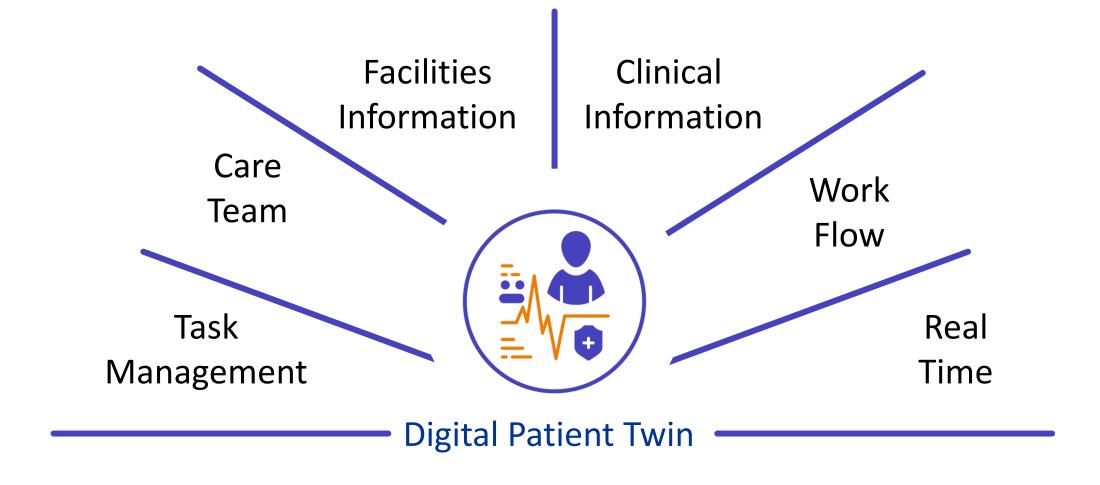
Malnutrition risk

NEWS - deterioration

R qSOFA - sepsis

** Bedsore risk

Real-world Benefits











About the hospital

Yaraldsplass diaconal hospital (HDS) is ocal hospital in Bergen, Norway. It is a private, non-commercial hospital with around 1250 employees. Specialist health services are offered in internal medicine, surgery, orthopaedics, and radiology, along with associated outpatient activity. The hospital has approximately 170 beds and most patients are admitted through the emergency department. On average, 40 patients go through the emergency department daily, of which about 90% of these need immediate help.

Troublesome transfers

HDS was early in adopting digital solutions. As early as 2018, they introduced digital boards from DNV Imatis on all wards to achieve a better overview of patients and staff resources. With all patient information available in the digital board, the next step was to look at how the transfer between the emergency department and the wards could be improved.

The emergency department had systems that worked well internally in the department but lacked a tool for transferring patients. One of the biggest challenges was that the shift leader in the emergency department had almost

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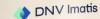
all responsibility for patient flow. The shift leader had to call the wards to find out who they should talk to, and then verbally share all the information that was already registered in the digital board from DNV Imatis verbally. This took precious time, both for the shift leader and for the coordinator at the receiving ward. In addition, important information that was often written down on yellow notes could disappear, which in turn created unnecessary time use and confusion. Verbal communication became a source of

Time-saving and precise communication

To improve internal communication in the transfer of patients, the hospital set up a project group that involved employees on both the ward and the emergency department. After mapping the flow, a new solution was designed that was named "Reported to" in the existing boards. The solution was first piloted between the emergency department and the surgical ward.

In the new solution, patients were reported directly to the post from the board at the emergency department. The shift leader had a complete overview of the ward and

Part of the DNV Group



could assign patients directly based on the overall situation. Instead of giving verbal messages through several people to get to the right person, communication was given through standardised messages. Notification that the patient was reported to the ward went directly to the mobile of the responsible nurse, who could assign the patient a bed and a responsible resource. Then the responsible person could press one button to notify the emergency department that they were ready to receive the patient. The information was also not lost, as it was available at all times - all through the same board.

"An interesting observation was that we thought it was extremely important to have verbal discussions. We assumed that conversations were the key to effective communication. However, it turned out that this was not always the case. especially when it came to the large volume of patients to be transferred"

- Former system manager HDS, Michael Fieldstad

By utilising the functionality of the boards in the transfer of patients, the information was available to all involved parties. When the emergency department reported the patient to the surgical ward, they agreed on the same information about the patient, which reduced discussions and time for clarifications. The porters were informed about which room the patient was to be transported directly to so that the patient did not have to lie in the hallway waiting for the responsible nurse.

From pilot to successful operation

During the pilot, two important prerequisites were identified for the logistics from the emergency department to the wards to work as well as possible. The first was that the shift leader in the emergency department had a comprehensive occupancy overview. It was made available in the shift leader's overview by collecting key figures/real-time data on occupancy from all wards. The second was that all patients were classified with level of care so that the overall care demand per department was available. This meant that the shift leader could distribute the load more evenly between the wards. This degree of planning required that the wards, on their part, actively updated the status of their patients on their ward boards.



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15-17 hours saved

per shift per day on coordination and manual routines >

€4,400 saved per bed

annually as a result of coordinated workflows, real-time decision support and role-based task management >

50% reduction

in bed turnaround time by coordinating cleaning and discharge >

Two hour reduction

in lab result turnaround time >

£3,000 saved per bed

as a result of digitising and silencing nurse calls >

Missed orderly tasks

down by 2-7%

Fewer unnecessary porter trips and improved task flow >



€130,000 saved

in yearly improvements as a result of improved communication and digital cleaning coordination

50% noise reduction

and 12% increase in sleep quality as a result of a Silent Hospital approach >

Cost savings estimated to

€8.5 million

by smoother patient flow with digital check-in and queue management >



by streamlining administrative and logistical coordination >

The use of interactive digital whiteboards and interaction with other departments helps staff to easily visualise and act on potential bottlenecks. We have a better overall overview of our occupancy rate, and we can more easily predict how the next 24 hours will be.

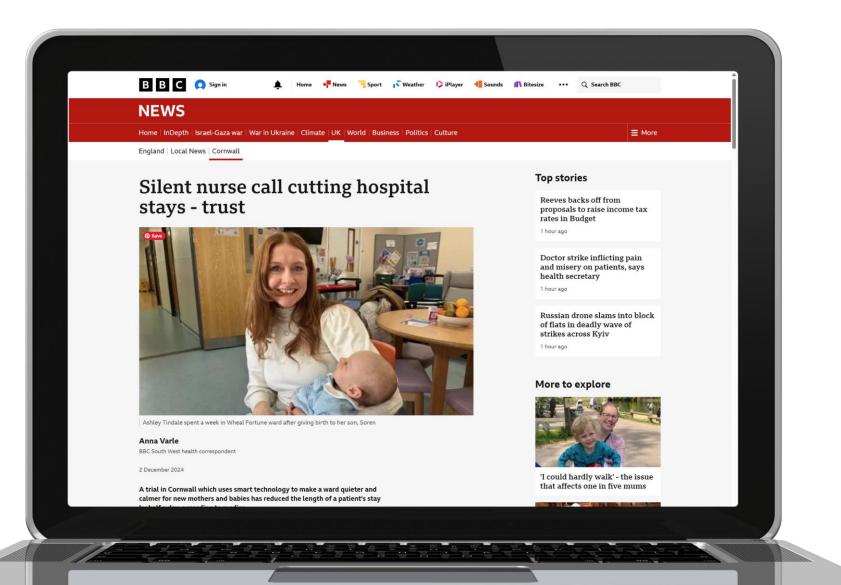
Anette Siebenherz, Østfold Hospital Trust, Norway >

No-show rate

cut by 34%

with digital appointment reminders and self-check-in >



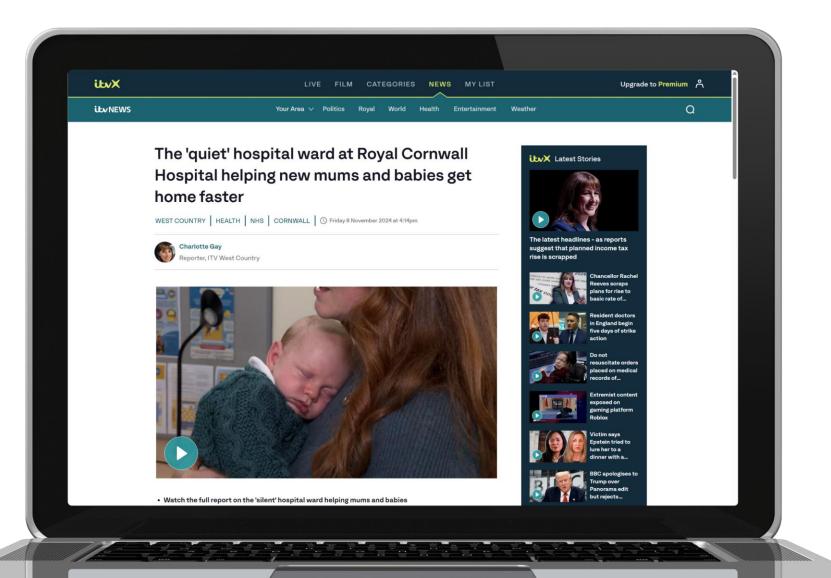




Royal Cornwall Hospitals

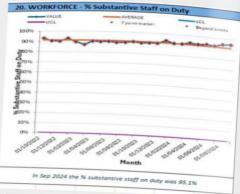
NHS Trust











4.3.3 Benefit 3: Reduce the Average Length of Stay (ALOS)

Benefit Type: Non-Cash Releasing Benefit

It was proposed that reducing noise levels on the ward might lead to faster recovery times and enable a reduction in the ALOS. The implementation of the DNV Fundamentum platform on the ward did result in a statistically significant reduction in ALOS which was measured by tracking the ALOS for the patients during trial period and comparing that figure with the ALOS for the previous 2 years (baseline). Historical data was used to identify any seasonal trends which may occur and to seek to confirm that the reduction in ALOS was because of the project.

The findings on ALOS were:

April 15th 2024

Days

Post Implementation

1.72

Days

A reduction in average length of stay of 0.5 days per post-natal patient was measured over the 6month pilot. This could result in a non-cash releasing benefit of circa £75k for a 25-bed ward over a

There was a large site wide network disruption on 16 June 2024 which caused disruption across the network infrastructure. network infrastructure and RCHT digital systems. The pilot was suspended, and the nurse call

system reverted to audible call bells while the network issues were resolved. Analysis of the data system reverted to addition and a spike in ALOS for patients on the ward during the return to audible call during this period shows a spike in ALOS for patients on the ward during the return to audible call during this period side again once the silent operation of call bells resumed. This potentially bells, with ALOS rosative effect the silent call bell system had on the ALOS however it is recognized demonstrates in ALOS might be due to the more general impact of the IT subsection. demonstrates the demonstrates are demonstrates and the straight be due to the more general impact of the IT outage on patient care. that the increase in the trial through 2025 provides the opportunity to verify under more controlled.

Graph 2



4.3.4 Benefit 4: Improved measurement of call bell response times

Benefit Type: Unmonetisable

With the implementation of DNV Fundamentum, the Ward Manager on Wheal Fortune Ward was able to collect and interrogate data, for the first time, on the time taken for staff to answer the call

The assumption supporting this benefit is that having the ability to record and analyse call bell response activity will lead to improved call bell response times and greater staff accountability for the delivery of care. Being able to track call bell response times also provides important clinical governance data which could be used when responding to complaints or investigations.

The findings on call bell response times were that there was a continuation of response time aligned with results and data from pre-pilot audible bells. There was a qualitative impact that showed improved responses from staff resulting from nurse calls being routed to the primary care giver

4.3.5 Benefit 5: Reduction in the number of patient safety incidents

This benefit was retired due to insufficient data to show either improvement or worsening from the baseline data for baseline data for patient safety incidents on Wheal Fortune Ward.

13



Royal Cornwall Hospitals

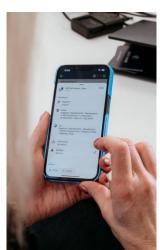
NHS Trust



Questions?



Digital Patient Journey Experience Centre













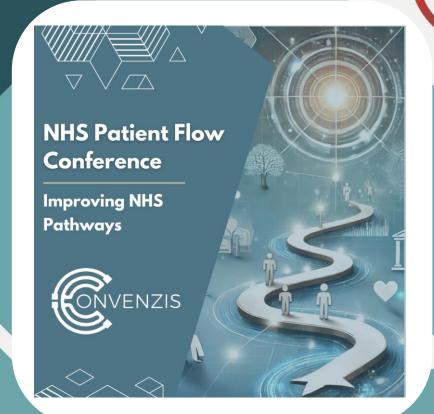








Lunch & Networking



Chair Afternoon Address

ONVENZIS



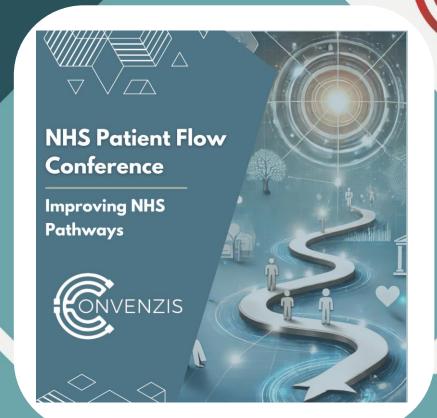
Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England





Case Study





Case Study

ONVENZIS



Kris Khambhaita
Director of Infection Prevention &
Control, Trust Decontamination Lead,
Dartford and Gravesham NHS Trust





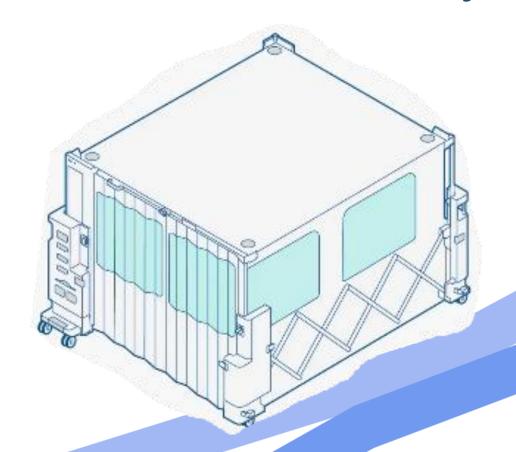
Instant Isolation for Patient Safety & Flow

Kris Khambhaita

Director of Infection Prevention & Control Dartford and Gravesham NHS Trust (DGT) Email: dgn-tr.infectionpreventionandcontrol@nhs.net









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Dawn March
Trainee Health Psychologist
Central and North West London
(CNWL) NHS Foundation Trust



Bhavani Harshini Atmakur
Team Lead Physiotherapist
Home1st WICU/Seacole
Inpatient Pathway
Central North West London
(CNWL) NHS Foundation Trust

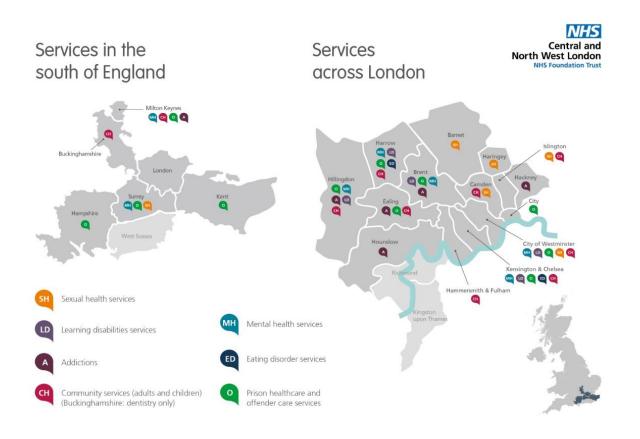


Redefining Care Pathways for Patients with Cognitive Impairment: A Collaborative Approach to Rehabilitation and Discharge **Planning** Bhavani 'Hari' Atmakur – Lead Physiotherapist Dawn March - Psychologist



Who we are.

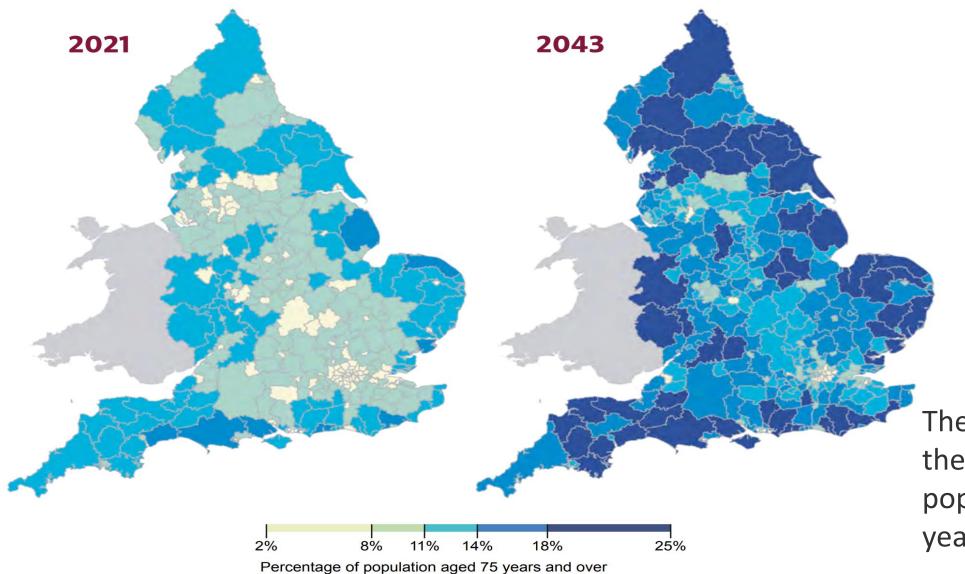


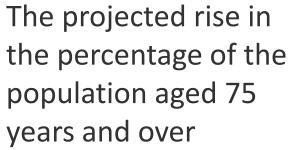


Seacole Community Hospital, Milton Keynes

52 beds across 4 units
Windsor Intermediate Care Unit (WICU) –
staffed directly by CNWL staff

Therapies provided by CNWL Home 1st – mix of physical and psychological therapy across all Seacole units





Source data: Office for National Statistics (ONS), 2021 mid-year estimates by local authority,³ and 2018-based subnational population projections for 2043⁴









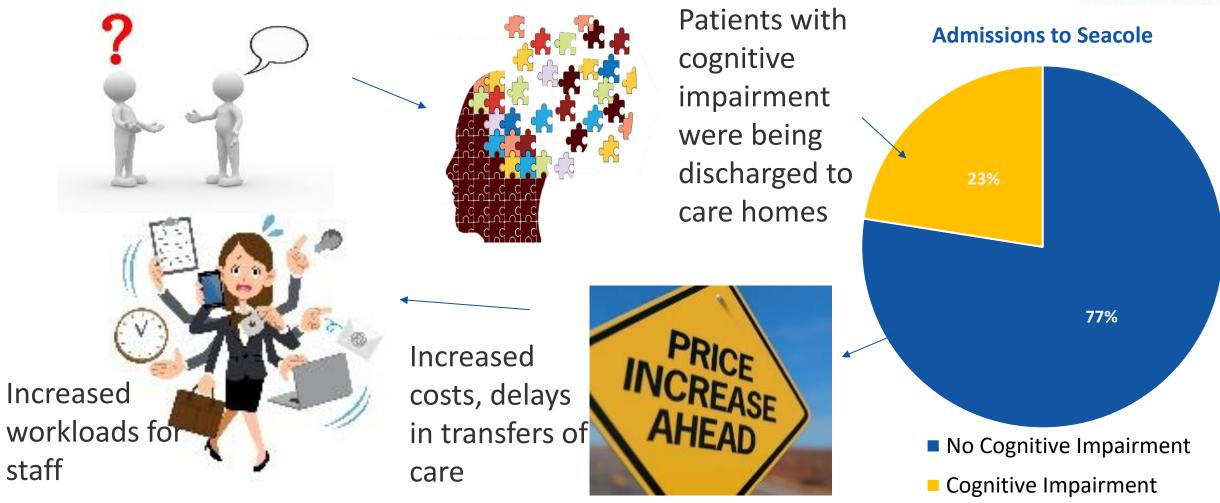
Central and

NHS Foundation Trust

North West London

It started with a conversation...



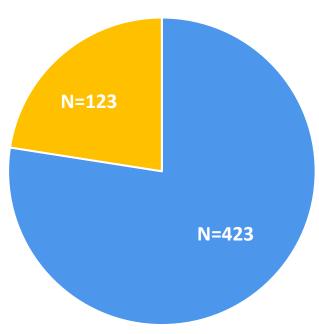




Statistics 2022 to 2023

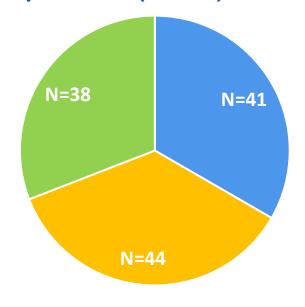


Admissions to Seacole



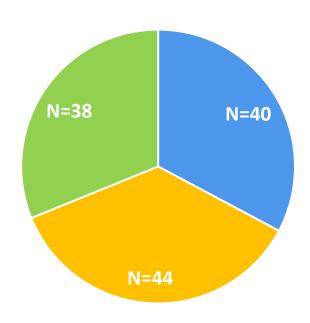
- No cognitive impairment 77.5%
- Some history of cognitive impairment 22.5%

Patients with cognitive impairment (n=123)



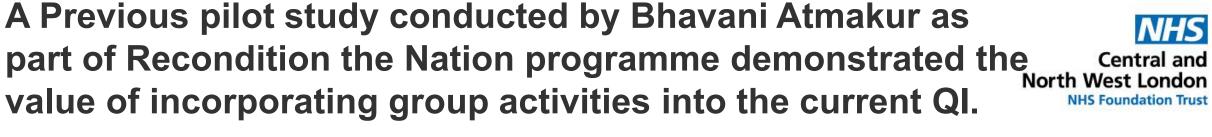
- Dementia 34%
- 6CIT score moderate to significant 35% Dementia 32.7%
- History of cognitive impairment 39% History of cognitive impairment 31.3%

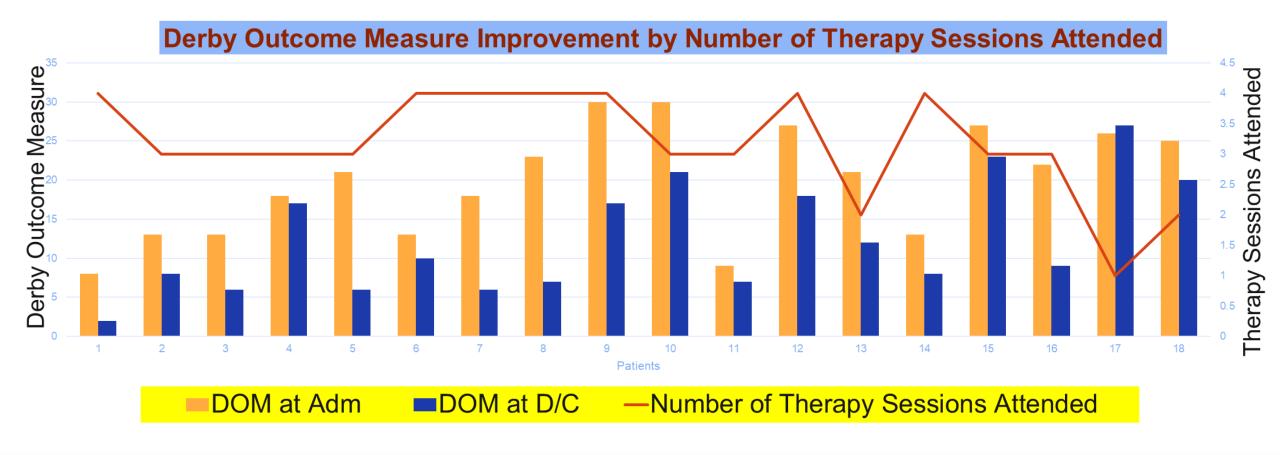
Discharges to care Homes (n=122)





A Previous pilot study conducted by Bhavani Atmakur as part of Recondition the Nation programme demonstrated the







Opportunity: Lack of meaningful activities and social support in Seacole

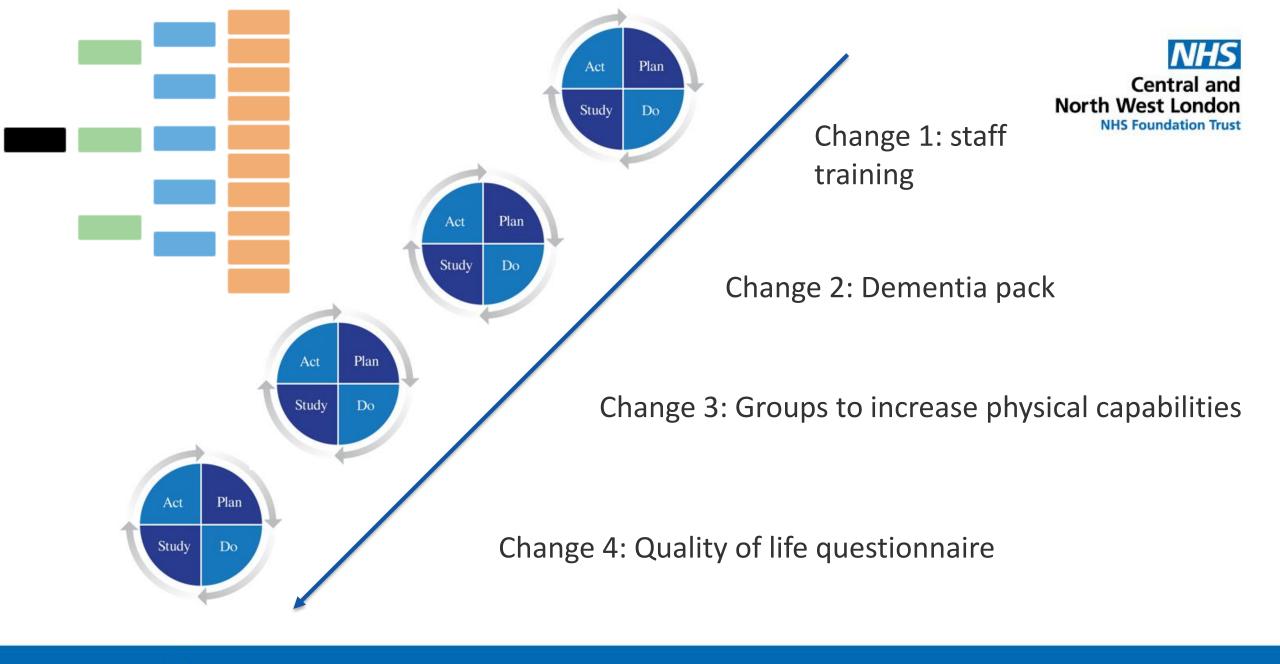


Capability: Not understanding the benefits of therapy

Motivation: "Why should I do therapy if I'm being discharged to a care home?"

Target Behaviour: Increase engagement with therapy to increase discharges to own home

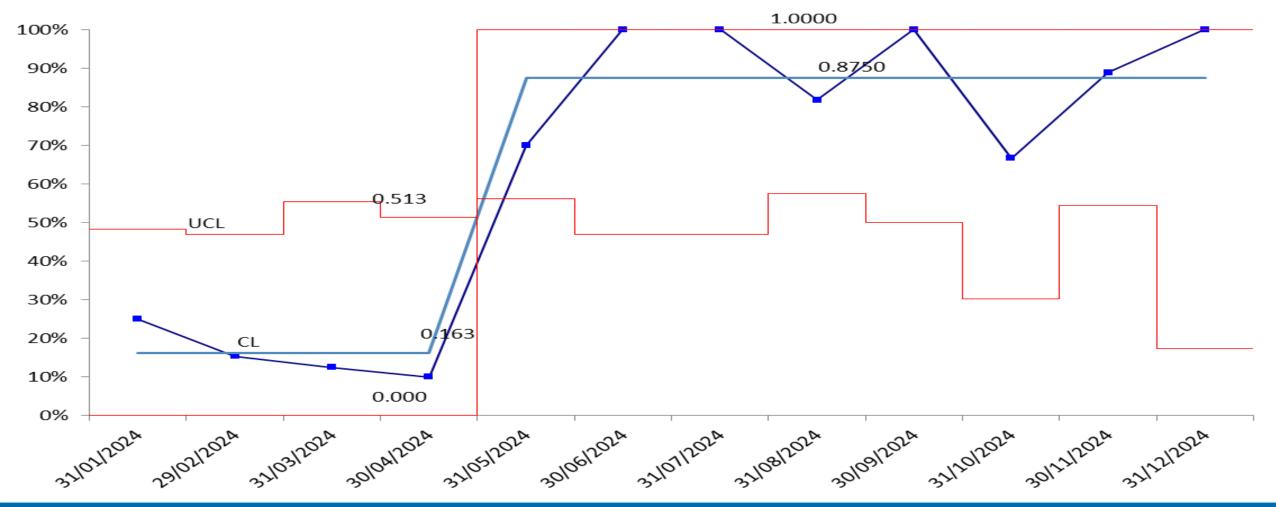






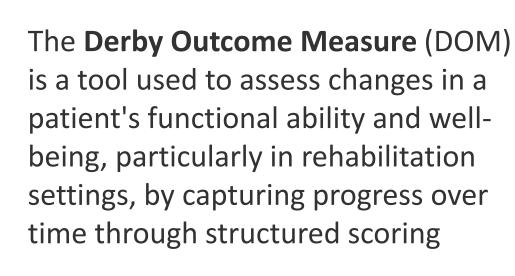
87% of eligible patients discharged home Average length of stay reduced by 14 days





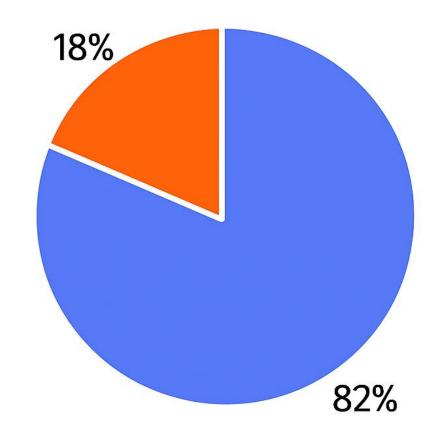








No Improvement/Same : Smaller proportion improvement or same score.









Progress so far: soft data





















"I feel a sense of pride when I do the groups... It gives patients an opportunity for them to get together, helping form friendships and reduces social isolation"





"The progress my husband has made is beyond what I had imagined."



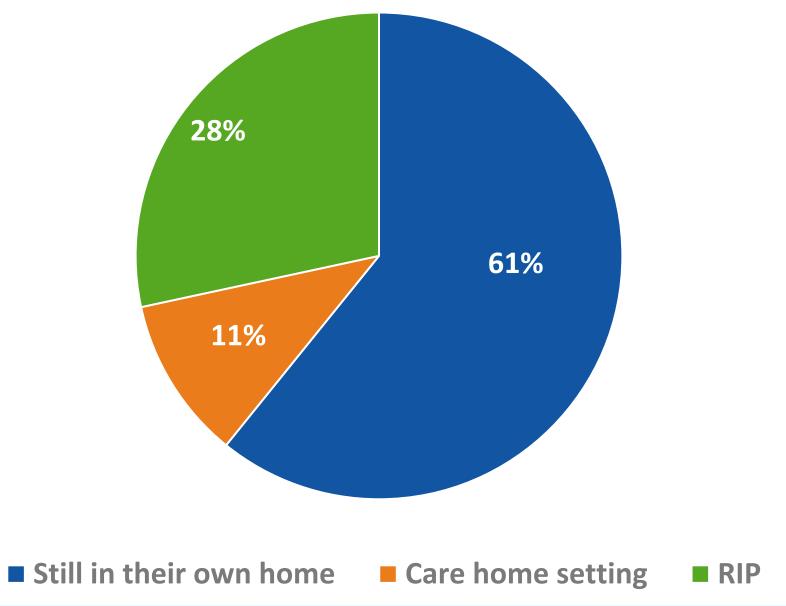


"I love your group; it is always interesting and I always want to be part of it."



Follow-up data







Key messages for shared learning:



The importance of listening





Care homes do not have to be the default discharge destination







Physiotherapy



The International Foundation for **Integrated Care**

AWARD THIS CERTIFICATE OF PRESENTATION TO

Mrs Dawn March Mrs Bhavani Harshini Atmakur

Presented a Paper at The 25th International Conference on Integrated Care (ICIC25) 14 - 16 May 2025, Lisbon

Rethinking discharge destinations for cognitively impaired patients. A Home 1st approach combining physiotherapy and psychology to reduce care home



Professor Áine Carroll

Chair, International Foundation for Integrated Care (IFIC) Wolfson College, Linton Rd, Oxford OX2 6UD www.integratedcarefoundation.org



Synergising Health and Care: Leveraging Integrated Care for a Sustainable Future







Home first – Transforming discharge destinations for patients with cognitive impairment following a period

Central and North West London FT

Presented at the HSJ Patient Safety Awards on the 15th of September 2025.





Frontline staff rethinking traditional care pathways to ensure person-centred, cost effective and outcome driven care.







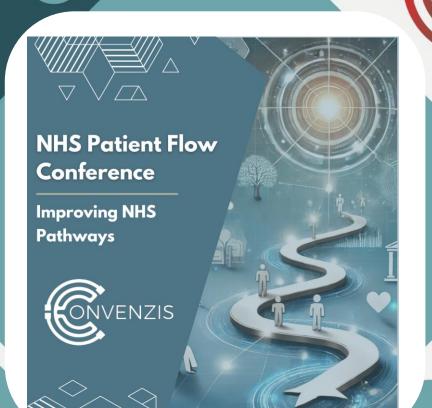


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Panel Discussion



NVENZIS

Sarah Williams
Associate Director for UEC and Patient
Flow, Herefordshire and Worcestershire
ICB



Tom MickelwrightMedical Director
ORCHA Health



Edward Chinwendu Oforka

Hon. Associate Professor of Medical Education & Consultant in Emergency Medicine, Leicester Medical School & University Hospital of Derby & Burton (UHDB) NHS Trust



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Food, Drinks & Networking