

2026 Innovator Showcase + Enabling Fund

10th September 2026

Dawn Plummer – Digital Innovation Lead, HIEM

Jo Mewis – Senior Project Manager, HIWM

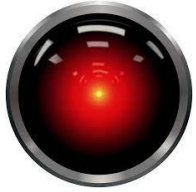
Nick Hamilton – Digital Navigator, HIEM



Office for
Life Sciences



Housekeeping



- The session is being recorded and will be shared publicly after the event for those that could not attend



- Please keep your microphone on mute if you are not speaking



- We don't have dedicated Q&A time for this session, but we want to hear from you! Please share any questions in the chat plus your contact details for follow-up after the webinar



Welcome!



Purpose

- Overview Grow Digital Health Midlands - it's structure, aims and objectives
- See the transformative impact of digital health at the Dudley Group NHS Foundation Trust
- Showcase the 9 digital health technologies that make up the Grow 2026 cohort
- Broker connections with local health systems
- Open the Grow 2026 Enabling Fund to Midlands-based NHS and public sector organisations



Schedule

Time	Topic	Presenter
11:00	Welcome, intro and quick recap on Grow Digital Health Midlands	Nick Hamilton – Digital Navigator, Grow / Health Innovation East Midlands
11:05	Keynote address – the journey to digital maturity	Ravinder Kaur Sahota - Group Chief Information Officer, The Dudley Group NHS Foundation Trust
11.20 – 12.20 innovator presentations (6 minutes each)	MEMORI	Benedikt von Thüngen – Founder and CEO, Sanome
	Upskill.Health	Andrew Darby-Smith – Founder, Upskill Health
	Beam Health	Sharlene Greenwood – Co-founder, Kidney Beam
	Written Medicine	Ghalib Khan – Founder and Director, Written Medicine
	Concentric	Patrick Hart – Growth and Partnerships Clinician, Concentric Health
	Evira	Malin Ramkloo – Head of Clinical Success, Evira Health
	Heim	Eve Corner – Software Partnerships Lead, Heim Health
	SuperPenguin	Orla Purdon – Project and Partnerships Manager, Benetalk
	Prostate Intelligence (Pi)	Opey Olorunlero - UK Business Development Manager, Lucida Medical
12.20	Enabling fund	Dawn Plummer – Digital Innovation Lead, Grow / Health Innovation East Midlands
	Close	Grow team



Programme summary

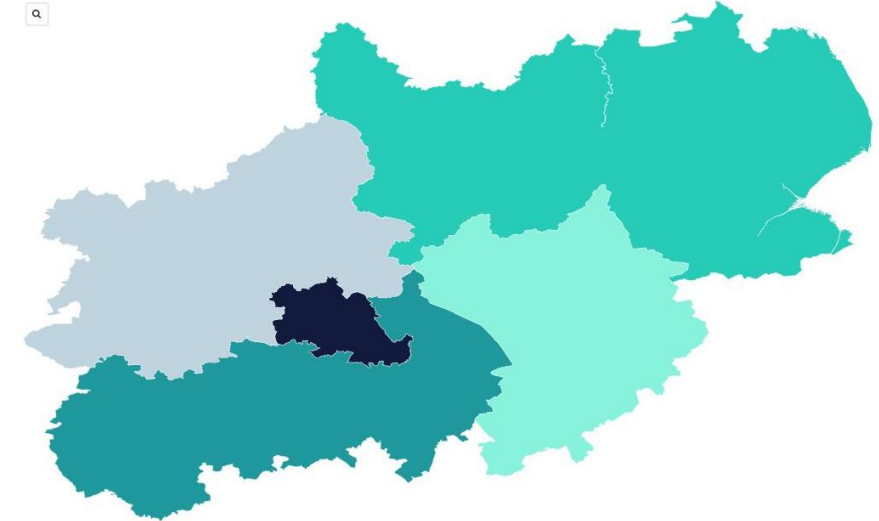


Context

- Grow Digital Health Midlands is a collaboration between Health Innovation East Midlands and Health Innovation West Midlands, now in its second year
- Formerly the East Midlands Digital Health Accelerator, the programme builds on a strong legacy of digital innovator support
- Designed to help UK technology companies develop and scale high potential digital health innovations within the NHS and care sector
- Leverages combined resource, expertise and networks of HIEM and HIWM with reach into NHS Midlands – 5x ICB clusters and a population of ~11m

Midlands region: ICB cluster geographies

■ Birmingham, Solihull and Black Country cluster ■ Derbyshire, Nottinghamshire and Lincolnshire cluster
■ Herefordshire, Worcestershire, Coventry and Warwickshire cluster ■ Leicester, Leicestershire, Rutland and Northamptonshire cluster
■ Staffordshire and Stoke on Trent and Shropshire, Telford and Wrekin cluster



* Population projections (2025/26) from NHSE, 2023 ICB boundaries from Open Geography Portal
Information correct as at 6 October 2025.

NHS Confederation



Grow desired outcomes (ABC!)

Adoption

Supported digital health innovations are adopted and used in the Midlands health and care system.

Benefit

Innovators produce credible and generalisable evidence of benefit to support wider spread and adoption.

Commercialisation

Supported companies grow and are able to sustain their innovation, generating economic growth and investment into the UK life sciences sector along with the Midlands health economy.



Grow 2025 alumni...

appthealth



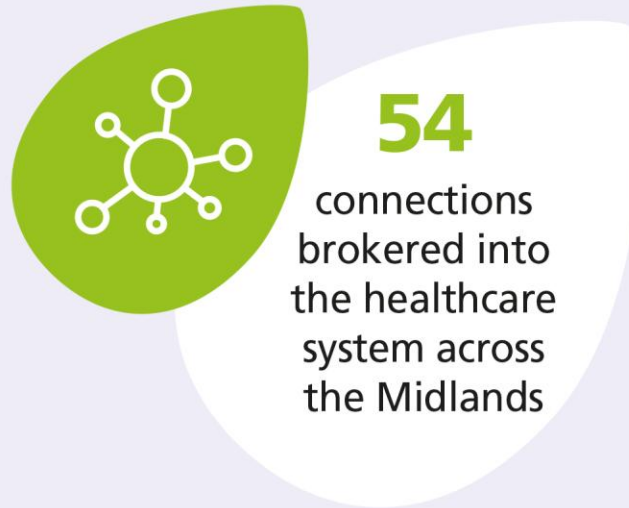
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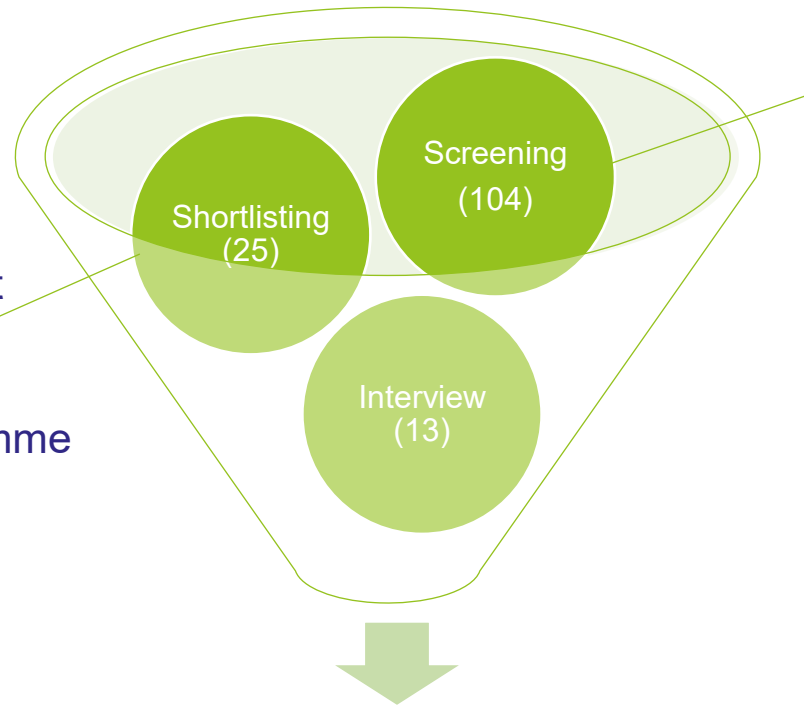
Grow Digital Health Midlands 2025 impacts:



Selection in 2026

Scored (0-5)

- Theme alignment
- Patient and health system benefit
- Economic growth potential
- Compatibility of support needs / potential benefit from the programme



Pass / fail

- ✓ UK-registered SME
- ✓ Digital health technology
- ✓ Value proposition
- ✓ Theme + exclusions check
- ✓ Implemented in healthcare
- ✓ Commercialisation plan / model

Grow 2026 Cohort (9)



Supporting the three national shifts



Analogue to digital

Concentric

An NHS approved digital consent to treatment application, replacing the traditional paper based process enabling shared decision making and remote consent. It delivers improvements across patient safety and workforce productivity.

Lucida Medical

Uses Pi™ (Prostate Intelligence), an AI tool that interprets prostate MRI scans and risk-stratifies patients. It supports earlier diagnosis, reduces waiting times and unnecessary prostate biopsies.

SuperPenguin

A clinically validated digital platform providing personalised speech, language and communication support for children. Integrated into NHS Speech and Language Therapy pathways, it gives families structured support while reducing demand on clinical services.



Hospital to community

Heim Health

A productivity platform for NHS community care teams providing real-time visibility of demand and capacity. It helps optimise workforce allocation, reduce travel and can unlock up to 30% additional clinical capacity.

Sanome (MEMORI)

An AI-powered clinical decision support tool that predicts hospital-acquired infections up to seven days before clinical signs appear, enabling earlier intervention, saving 7–10 bed days per patient and improving patient flow.

Written Medicine

A digital tool helping healthcare professionals create accessible, personalised medicines information at prescribing, dispensing or discharge. It supports safer medicine use, smoother care transitions and better self-management at home.



Treatment to prevention

Beam

A clinically proven digital rehabilitation app supporting people with cardio-kidney-metabolic conditions through personalised exercise, education and health coaching, supporting prevention, self-management and healthier lifestyles.

Evira

A clinically and scientifically evaluated digital weight management solution for children, young people and adults. It combines continuous home-based support with clinical oversight, enabling earlier intervention and more sustainable outcomes.

Upskill

A mobile-based training platform delivering bite-sized, curriculum-aligned learning for NHS maternity staff. It combines app-based learning and AI-powered roleplay using real-life case studies to support safer frontline care.



Keynote



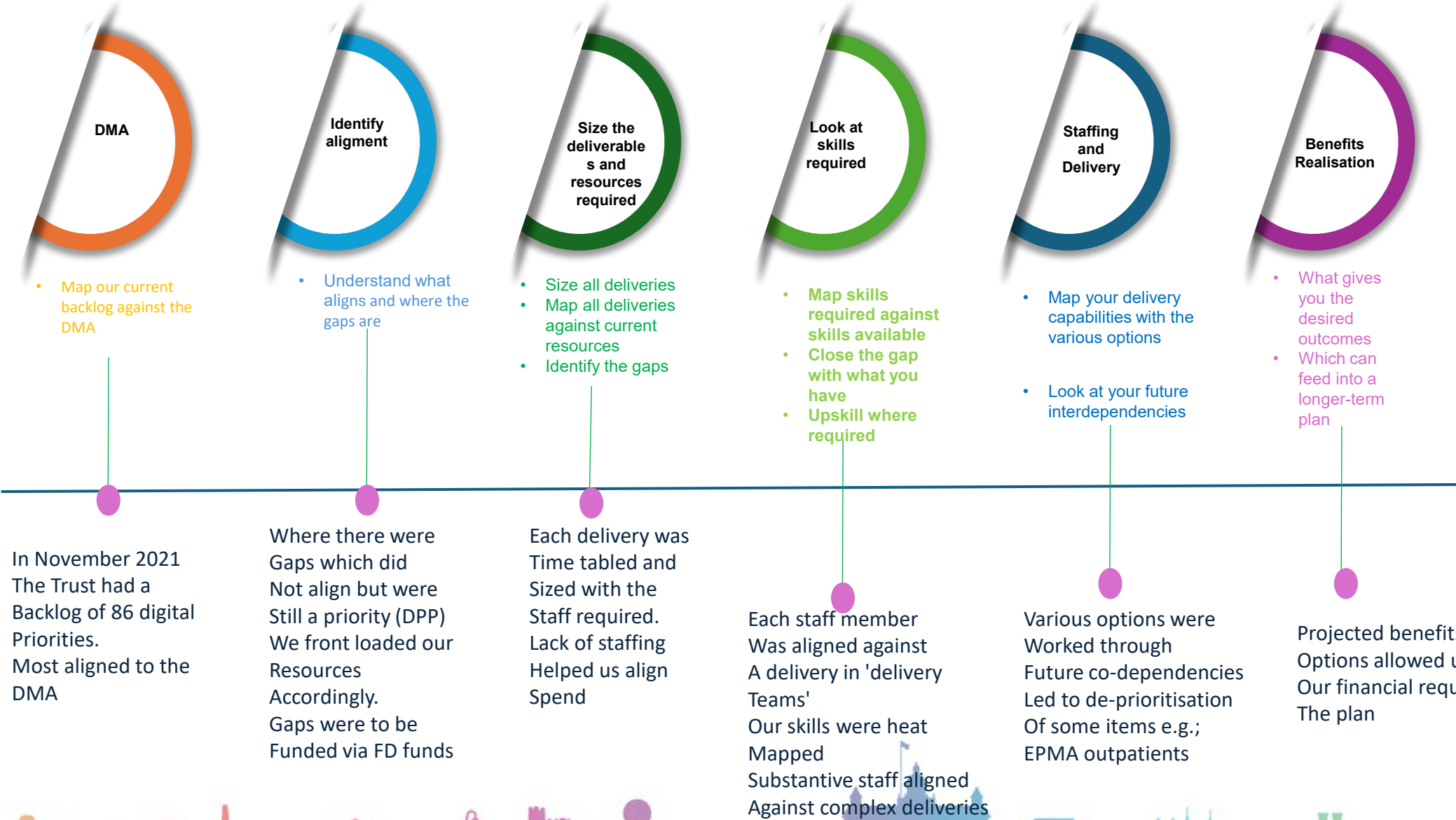
Dudley Group NHS Foundation Trust Comprehensive Digital Maturity Assessment Overview 2018 - 2025

Welcome to our comprehensive overview of the Trust's digital transformation journey. This presentation showcases our strategic digital initiatives from 2018 through 2025, exploring how the trust has become one of the most digitally enabled trusts in the region.

This analytical review provides insights into our digital maturity progression and strategic focus areas across clinical systems, infrastructure and cultural changes.



Our Approach



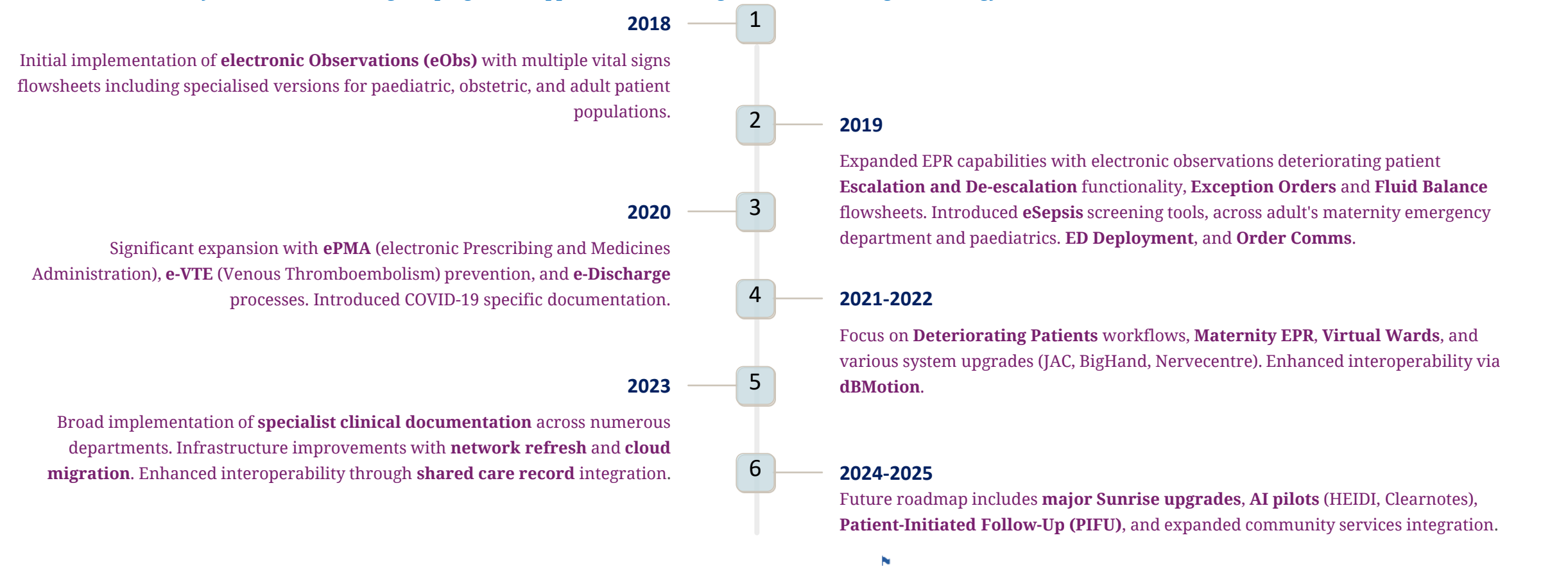
Quarterly and yearly reviews were undertaken. We will keep repeating this cycle now, becoming more mature as we do. This year we have added in operational and annual planning asks



Dudley Project Portfolio Overview: 2018-2025



Our digital transformation journey spans a comprehensive range of clinical and operational systems. Below is a timeline of key deliverables, showing our progressive approach to enhancing clinical care through technology.



This progressive implementation strategy demonstrates our commitment to building a comprehensive digital foundation before advancing to more complex interoperability and AI-driven capabilities.



Dudley Informatics Overview: Cloud & Data Platform

At Dudley Group NHS Foundation Trust, the 2021 Cloud Analytics pilot has evolved into a centralised cloud data warehouse integrating over 30 automated data sources. This has brought the organisation to Level 3 of the national Analytics Maturity Adoption Model, with secure, governed data enabling reliable self-service reporting, including mobile access. The Informatics team has embedded FinOps disciplines to control consumption-based costs, DevOps approaches to prioritise and deliver change effectively, and career pathways aligned to the SFIA framework to build sustainable digital skills.

The Trust is now migrating to Microsoft Fabric, providing real-time data services, advanced analytics, and a secure foundation for AI adoption. Early machine learning pilots on Fabric have been successful, leading to the creation of the RADAR Lab in partnership with Aston University. This initiative enables placement students and researchers to apply advanced analytical methods directly to redesign frontline services, embedding research-driven improvement into clinical practice.



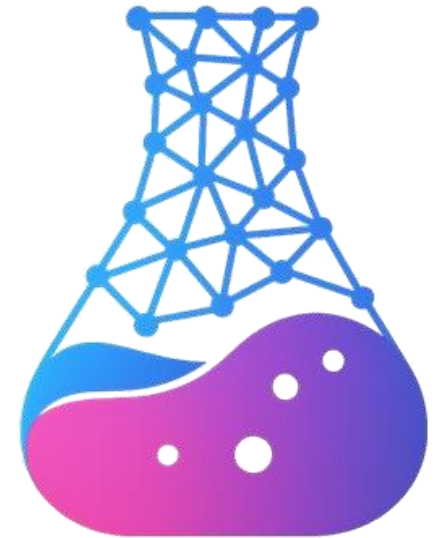
Dudley Innovation Overview: RADAR Lab

(Research, Analytics, Data, and AI for Redesign)

The RADAR Lab was established to embed advanced analytics and research methods into everyday NHS practice. Born from the success of DGFT's migration to Microsoft Fabric and initial machine learning pilots, the Lab provides a dedicated space for innovation, experimentation, and applied science:

- **Academic Partnership:** In collaboration with Aston University, placement students and researchers bring fresh expertise in data science, machine learning, and AI.
- **Applied Innovation:** Projects are designed to tackle real-world healthcare challenges such as emergency department flow, perioperative recovery, and maternity pathways — with outputs directly supporting service redesign.
- **Learning Health System:** By combining operational data with advanced analytics, the Lab supports the Trust's ambition to become a continuously learning organisation, where insight informs real-time decision making.
- **Workforce Development:** The Lab strengthens the digital career pathway, giving staff and students the opportunity to build skills in cloud-native technologies, AI governance, and applied healthcare research.

The RADAR Lab demonstrates how DGFT's digital foundations are enabling practical innovation that improves patient outcomes, supports staff, and builds long-term capability across the Trust and ICS.



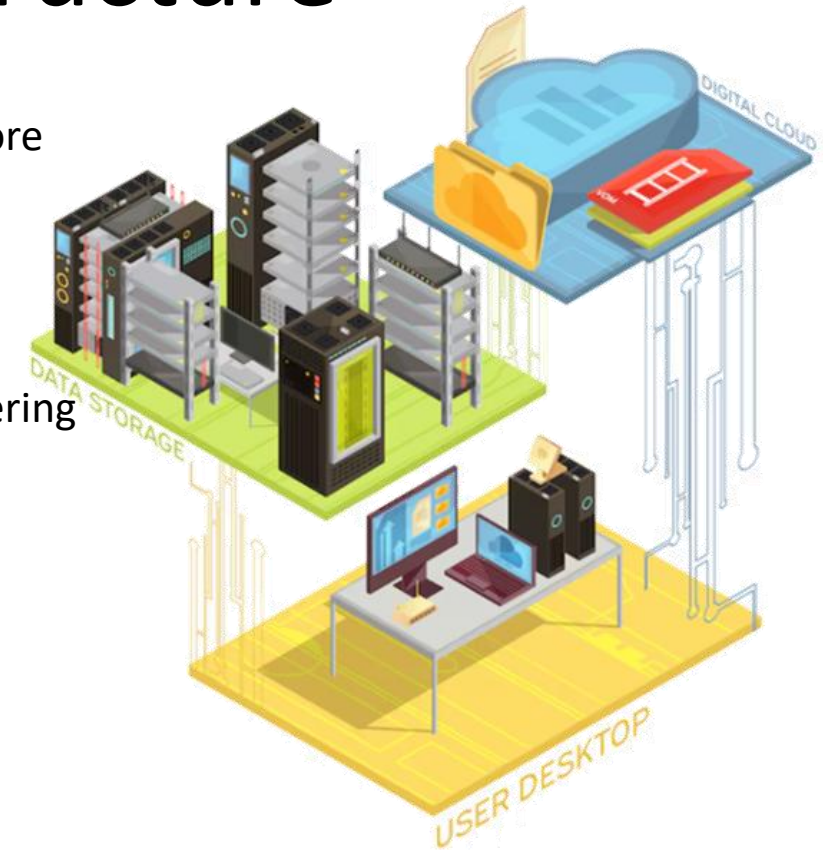
IT Operations Overview: Infrastructure

DGFT's cloud journey was driven by a critical risk position: in 2021, over 80% of core infrastructure was beyond end-of-life, with high likelihood of catastrophic failure, cyber vulnerabilities, and potential reversion to paper records. Phase 1 (2021) stabilised operations by replacing the most urgent hardware and trialing non-production workloads in the cloud. Phase 2 (2022–24) has shifted production workloads, backups, and disaster recovery into Microsoft Azure, significantly lowering corporate risk (COR1540 reduced from 20 to 16).

The move to cloud has delivered a resilient evergreen environment, decoupling patient safety from outdated investment cycles. IT Operations now benefit from:

- Modern cyber security controls and posture monitoring.
- Simplified disaster recovery and business continuity.
- Predictable operating costs replacing costly capital refreshes.
- Greater service resilience, scalability, and faster access to new functionality.

This shift enables the Trust to focus resources on supporting frontline services, building digital resilience, and contributing to ICS-wide system collaboration.



Digital Focus 2018-2025



2018-2020: Foundation Building

Early Digital Transformation Focused on Core Clinical Documentation

The initial phase of our digital transformation concentrated on establishing fundamental electronic documentation and clinical workflow systems. The primary focus was on ESF 9 domain projects, building the foundation for more advanced capabilities later.

2021-2022: System Expansion & Integration

Broadening Digital Capabilities and Enhancing Interoperability

This phase represents a significant evolution in our digital maturity, with projects spanning multiple DMA domains including ESF 9 (clinical documentation), ESF 13 (laboratory systems), IC 1 (interoperability), and ESF 4 (medical devices).

The diversification of our project portfolio during this period demonstrates a more strategic approach to digital transformation, addressing not only core clinical documentation but also the wider ecosystem of systems and integrations required for comprehensive digital healthcare delivery.

2023: Specialisation & Infrastructure

Unprecedented Expansion in Speciality Clinical Documentation

2023 represented a year of digital transformation, with an exceptional focus on implementing speciality-specific clinical documentation and modernising our technical infrastructure.

This extraordinary year demonstrates our shift from general digital capabilities to speciality-specific documentation while simultaneously modernising our technical infrastructure to support future innovation.

2024-2025: Advanced Capabilities & Integration

Future Direction: AI, Patient Engagement, and Service Integration

Strategic Focus Areas

Our forward-looking digital strategy for 2024-2025 centres on several key themes that represent significant advancements in our digital maturity

90%

ESF 9 Projects

Electronic documentation and clinical workflows dominated our early digital efforts, forming the cornerstone of our EPR implementation strategy.

15+

Early Warning Score Workflows

Specialised observation flowsheets were developed for different patient populations (adult, paediatric, obstetric) to support appropriate clinical monitoring.

3

Major System Enhancements

Significant expansions included eSepsis, ED deployment, and ePMA implementation, each representing major clinical workflow transformations.

Infrastructure Improvements

Critical technical upgrades supported system reliability and performance:

- Cyber Dashboard implementation enhanced security monitoring
- Multiple system upgrades (Insignia, JAC, BigHand, Nervecentre)

Expanded Clinical Scope

During this period, we expanded beyond general medical documentation to support specialised clinical areas:

- Maternity EPR deployment brought comprehensive digital documentation to obstetric services
- Paediatric Virtual Ward implementation supported remote monitoring of children
- Critical Care expansion enhanced documentation for high-acuity settings
- Deteriorating Patients initiative improved recognition and response to clinical decline

Enhanced Interoperability

Integration capabilities improved significantly:

- dbMotion implementation enabled cross-system data sharing
- Master Data Management project improved data consistency
- Black Country Pathology Service integration enhanced laboratory result availability
- GP Data Load project incorporated primary care information into the EPR

Expansion: Specialty Docs

The dramatic increase in EC3 domain projects represents a concerted effort to extend digital capabilities to over 90 speciality areas, including:

- Multiple medical specialties (Cardiology, Neurology, Gastroenterology)
- Surgical services (Breast, Colorectal, ENT, Orthopaedics)
- Community services (Dietetics, Physiotherapy, Podiatry)
- Specialist nursing roles across multiple disciplines

Alongside specialty documentation, significant infrastructure improvements

- Network refresh to enhance connectivity and reliability
- Cloud migration (phase 1) to improve system resilience
- Multiple system upgrades (CRIS, Dawn, VNA, Chemocare)
- Artificial intelligence initiatives (Rapid AI)
- Legacy system decommissioning (Attend Anywhere, Dbmotion)
- Summary Care Record integration to enhance continuity of care

- Infrastructure Modernisation: Complete migration to cloud infrastructure with major Sunrise upgrade across 5 releases
- Artificial Intelligence: Pilot implementations of HEIDI and Clearnotes AI solutions to enhance clinical documentation and decision support
- Patient Engagement: Expansion of Patient-Initiated Follow-Up (PIFU) capabilities across multiple specialties
- Interoperability: Enhanced integration between systems and care settings, particularly for community services
- Specialty-Specific Tools: Continued rollout of tailored digital solutions for specific clinical services

Key Initiatives

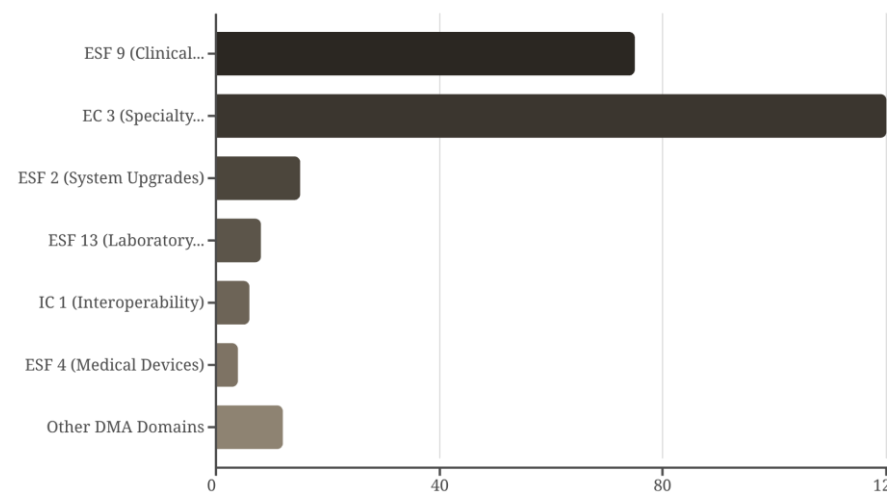
AI-Enabled Care
Outpatient Transformation
Patient Flow Optimisation
Community Integration



DMA Domain Analysis and Distribution



Strategic Focus and Digital Maturity Assessment



Domain Distribution Analysis

Our project portfolio shows a clear concentration in specific DMA domains:

- ESF 9 & EC 3 Dominance:** The overwhelming majority of our projects fall within clinical documentation and specialty engagement domains, reflecting our prioritisation of direct clinical care capabilities.
- Infrastructure Support:** ESF 2 projects represent our commitment to maintaining robust technical foundations through regular system upgrades.
- Diagnostic Integration:** ESF 13 projects demonstrate our focus on incorporating laboratory and diagnostic data into the clinical record.
- Interoperability Growth:** The gradual increase in IC 1 projects shows our evolving focus on system integration and data sharing.
- Emerging AI Focus:** The recent introduction of IC 5 projects signals our entry into artificial intelligence applications.



2018-2020: Foundation Building

Primary Focus: ESF 9 (Clinical Documentation)

This phase established core electronic obs and documentation capabilities, creating the essential foundation for digital clinical care.



2021-2022: Expansion & Integration

Primary Focus: ESF 9, ESF 13, IC 1

Our digital focus broadened to include specialty areas like maternity and critical care while beginning to address integration between systems.



2023: Specialisation & Infrastructure

Primary Focus: EC 3, ESF 2, ESF 9

An extraordinary expansion into specialty documentation occurred alongside significant technical infrastructure modernisation.



2024-2025: Advanced Capabilities

Primary Focus: IC 5, EC 2, ESF 9

Moving toward sophisticated AI applications, patient engagement tools, and integrated care pathways across settings.

The transition from predominantly ESF 9 projects to a more diverse portfolio encompassing interoperability (IC) and specialty engagement (EC) domains represents a natural maturation of our digital strategy, aligned with healthcare informatics best practices that advocate establishing core functionality before advancing to more complex capabilities.

This evolutionary progression demonstrates a methodical approach to digital maturity, beginning with essential clinical documentation capabilities and progressively building toward more advanced technologies and integration. Each phase builds upon previous implementations, creating a cumulative improvement in our digital capabilities.

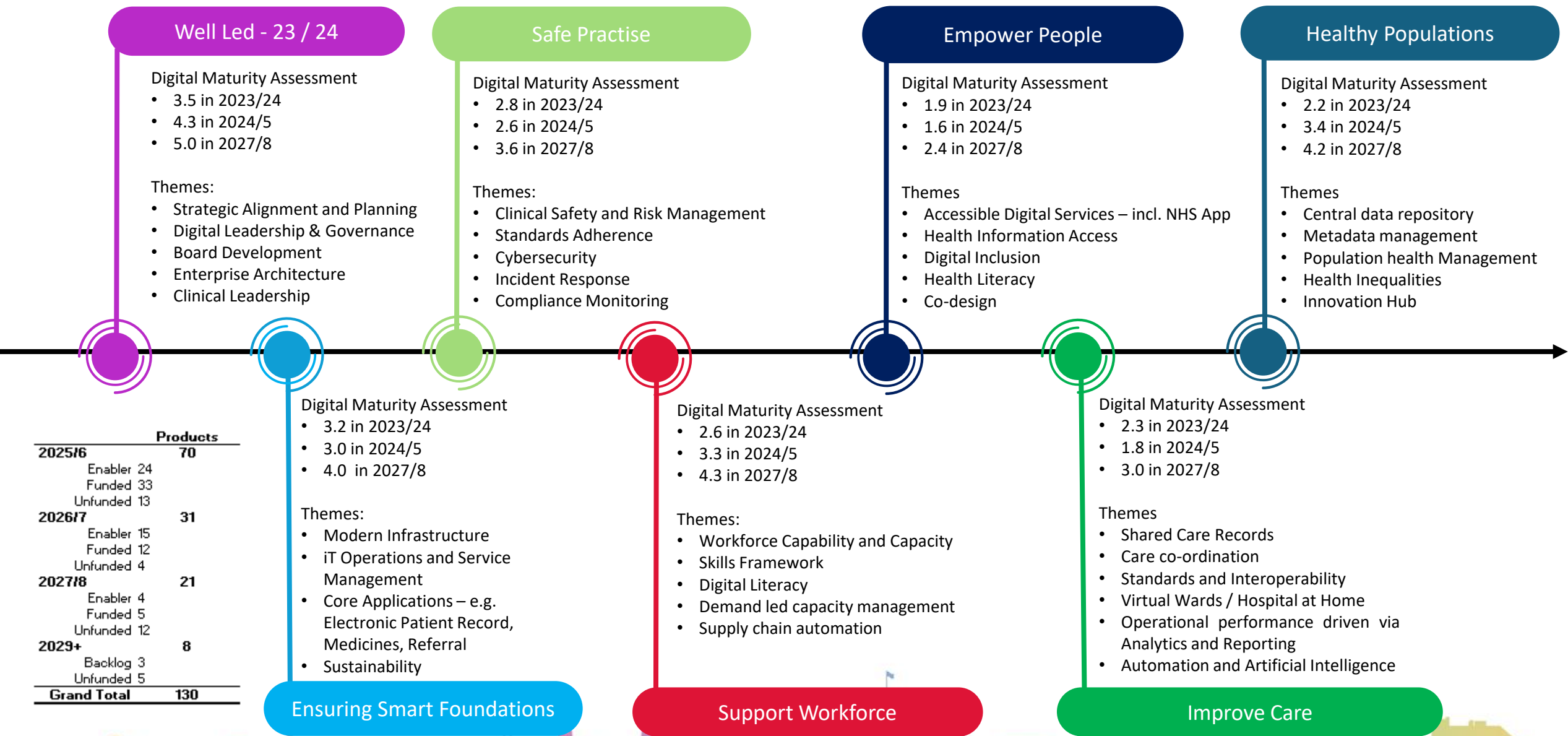
Digital Maturity Assessment (DMA) Blueprint

Creating a 3 year plan with maturity trajectory

Ravi Sahota-Thandi Neill Crump Sally Mole Dr Mike Perrins



Digital Maturity Trajectory – aligning local and national priorities



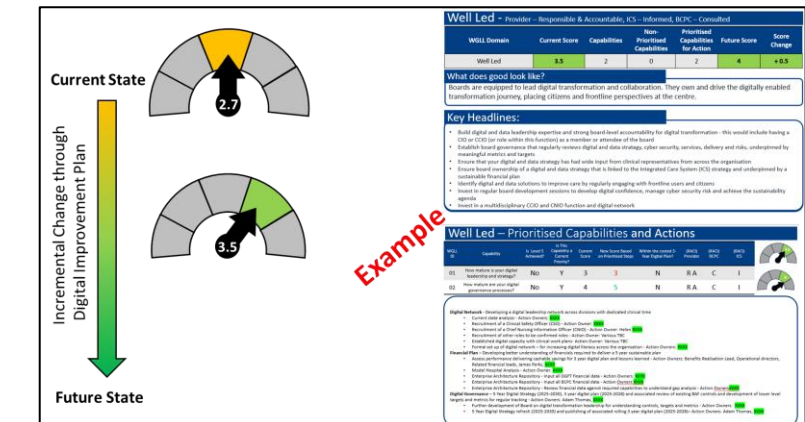
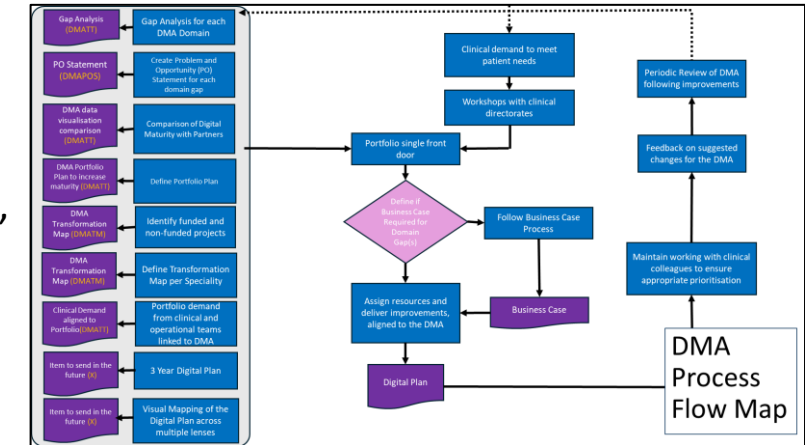
- Assess all DMA questions across the seven WGLL domains
- Establish the organisation's current digital maturity level

- Compare the current state with the future target state in the WGLL framework
- Identify gaps and prioritise focus areas for improvement – ‘digital projects’ and ‘enablers’

- Assign maturity scores to each category based on responses
- Calculate averages for each domain to determine overall digital capability

- Plan and size projects and enablers within 'single front door' programme management office (PMO) and map to DMA categories (e.g., ESF-2, SP-1)
- Use a Gantt chart to visualise timelines, dependencies, and incremental improvements
- Validate roles and skills required to deliver in line with skills for information age framework

- Model impact of projects and enablers on digital maturity over several years
- Track progress towards NHS digital transformation goals



DMA – Simplified Blueprint Checklist – what constitutes digital maturity



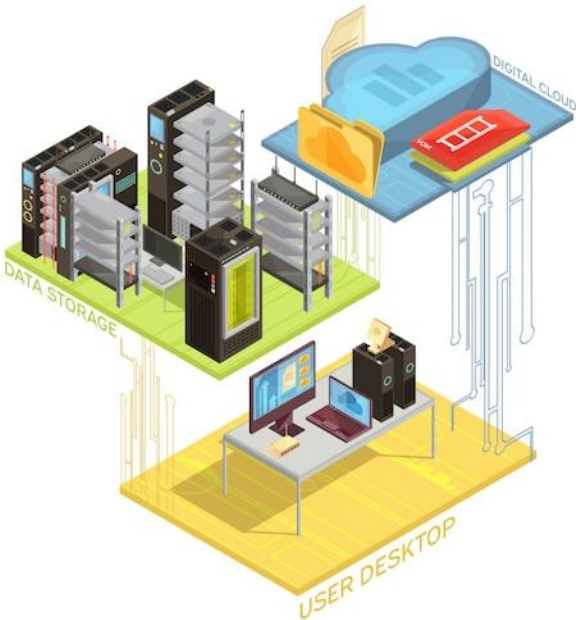
Digital Products (~30% of Digital Trajectory)

Delivery of Digital Products
(Portfolio – Funded, Unfunded, Backlog)



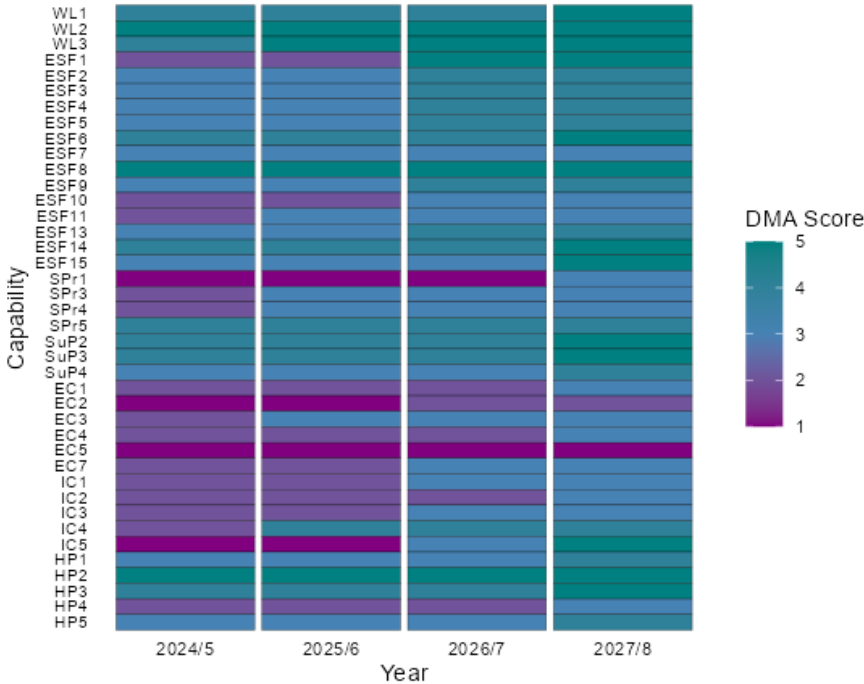
Digital Enablers (~70% of Digital Trajectory)

- Governance and assurance
- Planning
- Digital design
- Processes
- Standards
- Skills and Capabilities



Digital Maturity Trajectory

- Visualisation of DMA domains and capabilities
- Granular view of annual maturity increases



Digital Maturity Trajectory – Well Led



Where we were: 2023/24

- Digital Steering Group and Committee in place
- No costed 3 year digital plan
- No digital maturity trajectory
- No benefits realisation approach
- Board Development required
- No Clinical Safety Officer
- No Chief Nursing Information Officer
- Programme management office lack robust methods
- Backlog of 86 digital products
- No patient engagement
- No enterprise architecture approach

Where we are: 2024/25

- Costed 3 year digital plan with digital maturity trajectory
- Extensive Board Development with large appetite for digital change
- Clinical Safety Officer and Chief Nursing Information Officer appointed
- Well functioning Programme Management Office cleared huge volume of wide-reaching products
- Benefits management process in place
- 2 years of patient engagement
- Enterprise architecture repository

Where we are going to be: 2027/28

- Digital maturity trajectory of 3+ across all domains
- Digital embedded within transformation and improvement
- Continued Board Development
- Expansion of digital network
- System wide convergence of applications via enterprise architecture
- Continuous improvement via citizen engagement
- Research methods applied to benefit realisation

Level 5

Level 4

Level 3

Level 2

Level 1

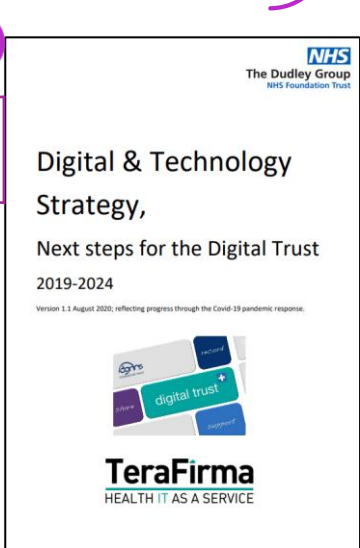
◀ 2027/8

◀ 2024/5

◀ 2023/4

Enablers

WL1	Financially Sustainable Digital Plan	2027/8
WL3	Digital Transformation Dashboard	2025/6



Digital Maturity Trajectory – Ensure Smart Foundations



2027/8

2023/4
to 24/5



ESF1	Tech Infrastructure Phase 2	2025/6
ESF1	ICE Upgrade	2025/6
ESF1	HCC Upgrade	2026/7
ESF1	Outreach Upgrade	2026/7
ESF1	NPEX Upgrade	2026/7
ESF1	Nerve Centre Upgrade	2026/7
ESF1	Chemocare upgrade	2026/7
ESF1	Bighand Upgrade	2026/7
ESF1	Qpulse Upgrade	2026/7
ESF1	PACS Upgrade	2025/6
ESF1	CRIS VR Upgrade	2025/6
ESF1	Medisight Upgrade	2025/6
ESF2	Cloud Infrastructure 2	2025/6

ESF2	Decommissioning of End of Life Operating Systems	2025/6
ESF2	Network Optimisation	2025/6
ESF2	Service Desk Improvement	2025/6
ESF10	PAS Patch Release	2025/6
ESF11	E-Referrals (Outpatient Improvement)	2025/6
ESF12	ePMA Outpatients (Outpatient Improvement)	2025/6
ESF12	ePMA Paediatrics	2025/6
ESF12	Chemocare upgrade	2026/7
ESF12	Omnicell integration with Sunrise - Automatic Dispensing Cabinets (ADC)	2025/6
ESF12	Trustwise roll out of Automatic Dispensing Cabinets (ADC) -	2025/6
ESF14	Pathology orders on paper / Antenatal	2025/6
ESF5	OS Deployment via BCM Design	2025/6
ESF9	Maternity Bereavement	2025/6

ESF9	Orthotic Patient Administration System (OPAS) EPR	2027/8
ESF9	Nursing Clin Docs Phase 2	2025/6
ESF9	Outpatient Clin Docs (Outpatient Improvement)	2025/6
ESF9	ED Redesign	2025/6
ESF9	Safeguarding Clin Docs	2026/7
ESF9	Bereavement Clin Docs Trustwide	2026/7
ESF9	Sunrise Upgrade	2026/7
ESF9	Community Portal	2025/6
ESF9	Paeds ClinDocs WS 2	2025/6
ESF9	Results Acknowledgement Solution	2025/6

ESF1	Application Lifecycle Management Planner	2025/6
ESF2	SharePoint Migration for IT Operations	2025/6
ESF10	Bidirectional Interface Design	2025/6
ESF2	Cloud Phase 3 Design and Business Case	2025/6
ESF5	Technology Data Mining of IT Assets	2025/6
ESF13	Vendor Neutral Archive (VNA) Design	2026/7
ESF13	CRIS Advanced Order Comms Design	2026/7
ESF13	West Midlands Imaging Network Business Case Sign off	2026/7
ESF3	(Migration of PACS and RIS)	2026/7
ESF3	Networking Lifecycle Management Planner	2026/7
ESF4	Hardware Device Lifecycle Management Planner	2026/7
ESF5	Asset Management Lifecycle Planner	2026/7
ESF6	IT Service Management Accreditation	2026/7
ESF9	External Access to Sunrise Design	2026/7
ESF14	Laboratory and pathology specimen management	2027/8
ESF15	and automation systems	2027/8
ESF15	Test management	2027/8

Projects in the 3-year digital plan

Enablers

116 Ensure Smart Foundations projects 2018 - 2023
1300 BAU items between 2022-2025



- Large volume of technical and legacy debt
- Aged network
- PAS product not fit for purpose
- EPR basic footprint – ED and Medical Clinical Documents
- Low rate of first time fix
- No net zero approach
- Cloud business cases approved and infrastructure started
- ISO27001 accreditation

Where we were 2023/24

- 2 phases of cloud migration including EPR and removal of technical and legacy debt
- Network refreshed
- Electronic Patient Record meeting 95% of digital capabilities framework (DCF) – Acute Only
- No Community EPR
- High rate of first time fix
- Digital accelerating green plan
- Govwifi for community connectivity

Where we are 2024/5

Lens: Analogue to Digital

- Closure of Data Centre(s)
- Modern and interoperable Patient Administration System (PAS)
- Electronic Patient Record optimisation and AI integration – Acute only
- Community Portal
- e-referral optimisation
- Digital medicines – prescribing and administration expansion and improvements to interoperability
- Regional cloud based imaging
- Improved pathology automation

Where we are going to be 2027/8

Digital Maturity Trajectory – Safe Practice



Where we were 2023/24

- Clinical safety sign off by Executives
- IT Vetting process
- Embryonic cyber resilience

Where we are 2024/25

- Clinical safety by design
- Digital Technology Assessment Criteria (DTAC) for 60% of applications
- Matrix and team approach to cyber security
- Secure by design principles embedded
- Cyber skills professionalism
- Cyber incident response exercises – ward to board and across system

Where we are going to be 2027/28

- Digital Technology Assessment Criteria (DTAC) compliance for 90% of applications
- Zero Trust Architecture approach to cyber resilience
- Improved identity access governance
- Multi-factor authentication expansion
- Defined data ownership

Level 5

Level 4

Level 3

Level 2

Level 1

2027/8

2023/4 to 24/5

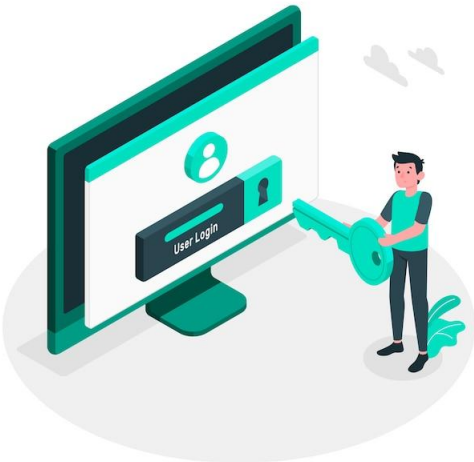
Projects in the 3-year digital plan

SPr3	Active Directory Optimisation	2025/6
SPr4	Data Modelling	2025/6



Enablers

	Clinical Safety DTAC Review of Current Application Portfolio	2027/8
SPr1		
SPr2	ICS Cyber Strategy	2025/6
SPr2	Testing of the Disaster Recovery and Business Continuity Plan	2025/6
SPr2	Remedial actions from penetration testing	2025/6
SPr2	Zero Trust Architecture (ZTA) Design	2026/7
SPr3	Single Sign On (SSO) Optimisation Design	2026/7
SPr3	Joiner, Mover, Leaver Process Design	2026/7



Digital Maturity Trajectory – Support Workforce



Level 5
Level 4
Level 3
Level 2
Level 1

2027/8
2024/5
2023/4



GOLD PARTNER



PLATINUM PARTNER



SuP3	Electronic Staff Record (ESR)	2027/8
SuP3	Discharge Planning	2025/6
SuP3	Real Time Bed Management (Using New Functionality)	2025/6

Projects in the 3-year digital plan

SuP1	Cross-skilling of Analysts	2025/6
SuP1	Digital Network	2025/6
SuP1	Skills Framework for the Information Age (SFIA) Programme	2025/6
SuP2	An Annual Workforce Digital Literacy Survey	2025/6
SuP3	Real-time Bed Management Analysis (Using Current PAS Functionality)	2025/6

Enablers



- Gaps in key digital people capabilities
- No skills framework
- No digital career pathways
- No digital professionalism approach
- Low continuous professional development
- Embryonic engagement with local schools and colleges
- Demand led capacity improvements for Community teams

Where we were 2023/24

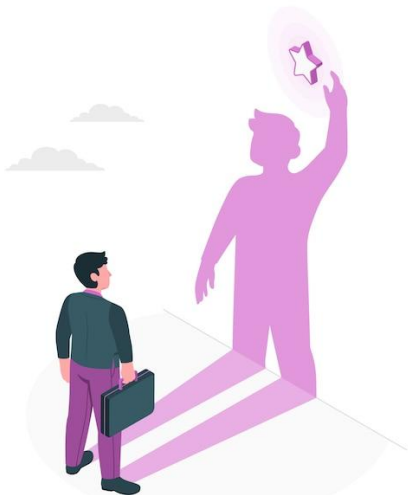
- Skills for Information Age (SFIA) certified
- Digital, data and technology roles mapped to SFIA
- BCS Gold Partner
- Dedicated time for skills development
- Team skills and capabilities enhanced – e.g. cloud, advanced analytics, cyber
- Supported apprenticeships and placements with local schools and colleges

Where we are 2024/25

- BCS Platinum Status
- Clinical digital roles mapped to Skills for Information Age (SFIA)
- Continuous professional development (CPD) linked to SFIA
- Chair national SFIA user group
- Digital literacy surveys and skills improvement trajectory for clinical, operational, and corporate
- Expansion of Digital Network
- Electronic Bed Management
- Electronic Discharging
- Supply chain automation

Where we are going to be: 2027/28

Digital Maturity Trajectory – Empower Citizens



Where we were 2023/24

- Posted appointment and clinical letters
- No digital booking processes
- No digitally accessible services
- No citizen accessible health records
- No patient engagement digital tools
- No remote monitoring or wearables

Where we are 2024/25

- Patient engagement portal across all services led to improved patient engagement and accessibility
- NHS App integration
- Substantial cost avoidance for digitising appointment and clinical letters
- Appointments available via digital channels
- Digital clinics pre-surgery optimised citizen health and length of stay
- Remote monitoring and wearables for certain specialities

Where we are going to be 2027/28

- Citizens accessing records and appointments via NHS App
- Expansion of digital patient engagement (e.g. eForms, patient initiated follow-up)
- New website to support citizen digital engagement
- Working with partners to improve digital inclusion
- Device redistribution to citizens in need
- Expansion of remote monitoring

Lens: Treatment to Prevention

Projects in the 3-year digital plan

EC1	Care Navigation Centre Implementation	2026/7
EC2	Patient Portal	2025/6
EC3	E-forms (Outpatient Improvement)	2025/6
EC4	Patient appointment booking system Implementation (Outpatient Digitisation)	2027/8
EC4	Self-Service Kiosk (Outpatient Digitisation)	2027/8
EC7	Patient Initiated Follow Up [PIFU] (Outpatient Improvement)	2025/6
EC7	Perioperative Patient Portal	2025/6

Enablers

EC1	Care Navigation Centre Design	2025/6
EC4	Patient appointment booking system Design	2025/6

Level 5

Level 4

Level 3

Level 2

Level 1

2027/8

2023/4 to 24/5

113 Empower Citizens projects 2018 - 2023

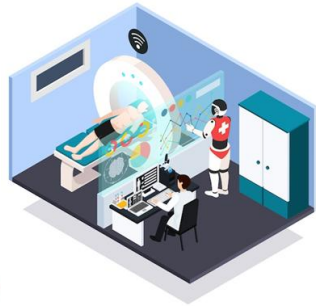


Digital Maturity Trajectory – Improve Care



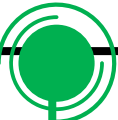
IC2	Electronic Insulin authorisation form for community	2026/7
IC5	Radiology Clinical Decision Support (CDS) iRefer - Secondary Care	2025/6
IC5	Pilot of Risk-adjusted triage & prioritisation of Outpatients	2025/6
IC5	Pilot Risk Stratification - Primary and Secondary Care	2025/6

IC3	Remote Monitoring and Virtual Ward Capability Analysis	2025/6
IC5	Artificial Intelligence Analysis	2025/6
IC5	Patient Flow Machine Learning Development	2025/6
IC4	Analysis of Monitoring and Reporting on Operational Performance	2026/7
IC2	Care Coordination Capability Analysis	2026/7



- Initial shared care record implemented
- No care co-ordination information sharing platform
- Limited use of APIs
- Basic virtual wards for respiratory using paper based systems
- Dedicated data and analytics team servicing full organisation to improve operational performance, however capacity constrained
- Little or no use of artificial intelligence

Where we were 2023/4



- Health and care professionals regularly accessing shared care record
- Real-time care coordination system enables system capacity
- Joined up care provision improved by interoperability and automation
- Digitised Virtual wards across many specialities
- Continued automation of analytics to free up capacity
- Advanced analytics focused on non clinical areas
- AI tools in place across some key clinical and administrative functions

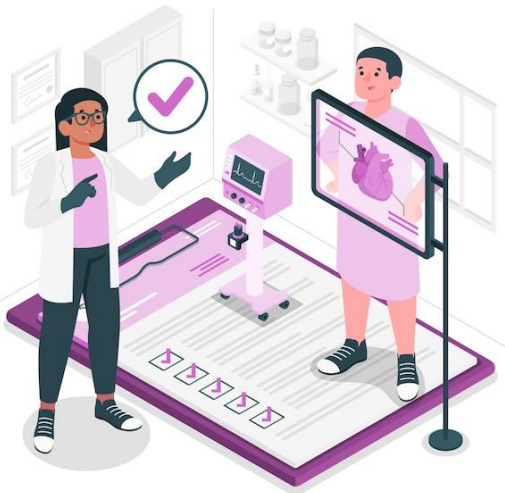
Where we are 2024/5



Lens: Hospital to Community

- Health and care professionals can edit shared care record for select use cases
- Shared surgery hub to co-ordinate and improve elective care
- Information made available to people at right time and place
- Virtual wards integrated with EPR
- Clear AI governance framework
- AI contributing to research and improvement methods

Where we are going to be 2027/8



Digital Maturity Trajectory – Healthy Populations



Where we were 2023/4

- Well defined cloud datawarehouse for key datasets enables accessibility of structured reports
- No data cataloguing system
- Broad prediction of health needs
- Innovation hub in place via Dudley Improvement Practice

Where we are 2024/5

- Datalake infrastructure in place for future expansion of insight
- Risk stratification applied to some cohorts of patients
- Innovation Hub works with variety of industry and system partners

Where we are going to be 2027/8

- Data lake expansion
- Federated data platform (FDP) in use for key needs
- Data cataloguing introduced for better accessibility of insight and asset ownership
- Data science providing insight for key clinical pathways which enables pathway redesign focused on prevention
- Clear roadmap for Innovation Hub

Level 5

Level 4

Level 3

Level 2

Level 1

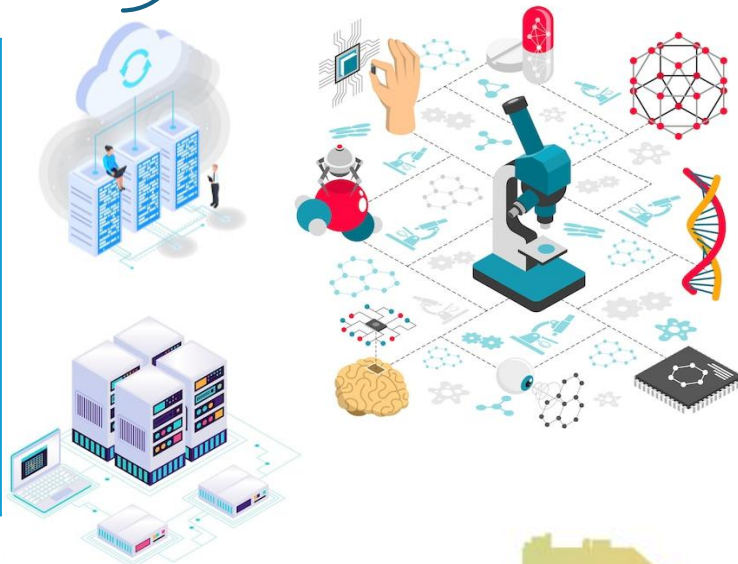
2027/8

2024/5

2023/4

HP1	PowerBI Reporting Migration to Cloud	2027/8
HP1	Data Warehouse Modelling	2027/8
HP2	Cancer Care Observatory	2027/8

HP1	SharePoint Migration	2025/6
HP1	Data Lake Design	2025/6
HP1	Searchable Reporting Catalogue Design	2025/6
HP1	Federated Data Platform (FDP) Design	2025/6
HP1	Annual Planning	2025/6
HP3	Analysis of how predictive analytics will improve population health	2026/7
HP4	Analysis of how interventions will improve health outcomes	2026/7



Our Innovation Examples



Benefit Realisation

Efficiency & Time Savings

- Consent information is now shared and completed digitally.
- Significant reduction in physical outpatient appointments.
- Remote consent improves patient convenience and reduces travel.
- Automated data fields save 2 minutes per consent episode.
- Real-time visibility of consent status improves theatre scheduling and reduces on-the-day cancellations.

Quality, Safety & Governance

- Standardised, evidence-based information shared consistently across all specialities.
- Full digital audit trail improves traceability and governance assurance.
- Digital validation prevents omissions and transcription errors.
- Medico-legal risk reduced through accurate, legible, and secure consent records.
- Clinicians and patients have instant access to verified consent documentation.

Experience & Accessibility

- Patients can consent remotely via video or phone consultations.
- Enhanced patient understanding and engagement in shared decision-making.
- Improved collaboration across clinical teams and with GPs.

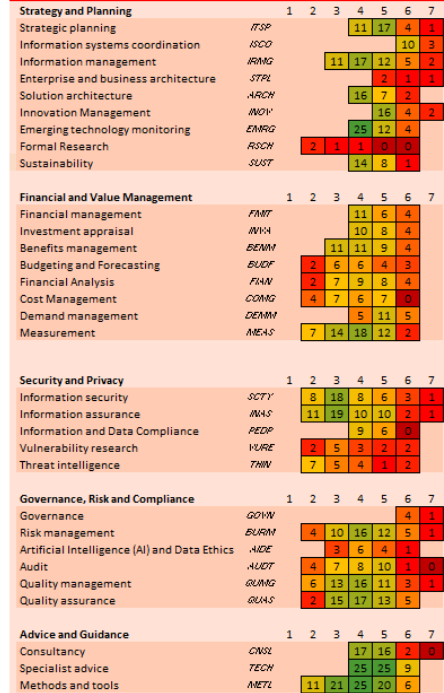
Sustainability & Cost Benefits

- Transition to paperless consent has removed printing and storage needs.
- **Approx. £50,000 annual saving** from reduced paper and print usage.
- Supports Trust sustainability and carbon-reduction objectives.

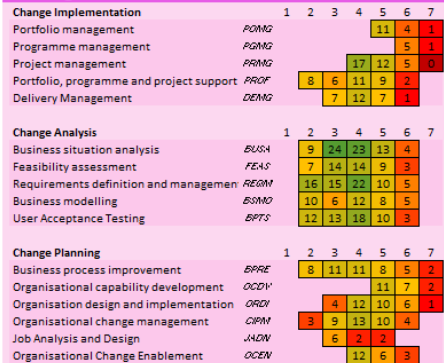


Dudley SFIA skills heat map

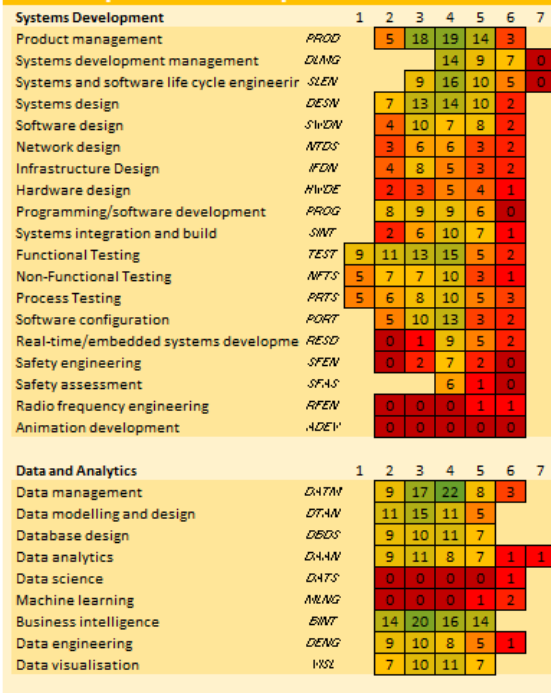
Strategy and Architecture



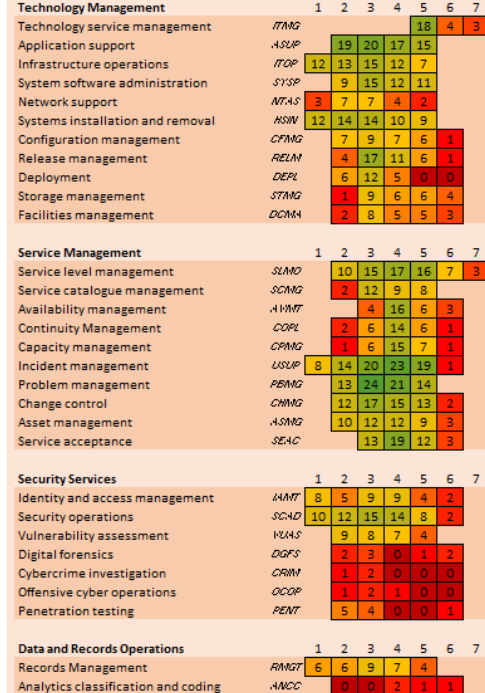
Change and Transformation



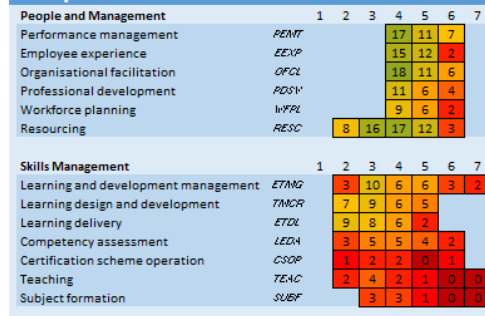
Development and Implementation



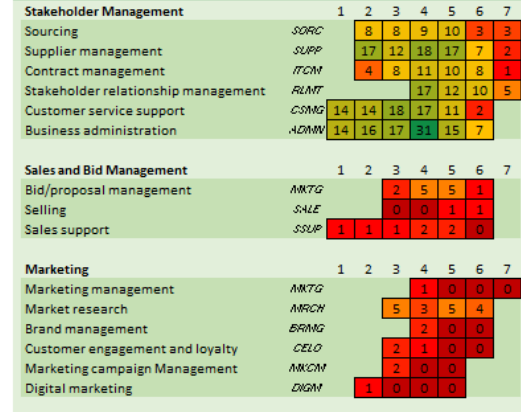
Delivery and Operation



People and Skills



Relationships and Engagement



The full IT Department carried out a detailed review of 60 roles' skills and responsibilities.

This resulted in a full departmental map using the SFIA framework as a skills library

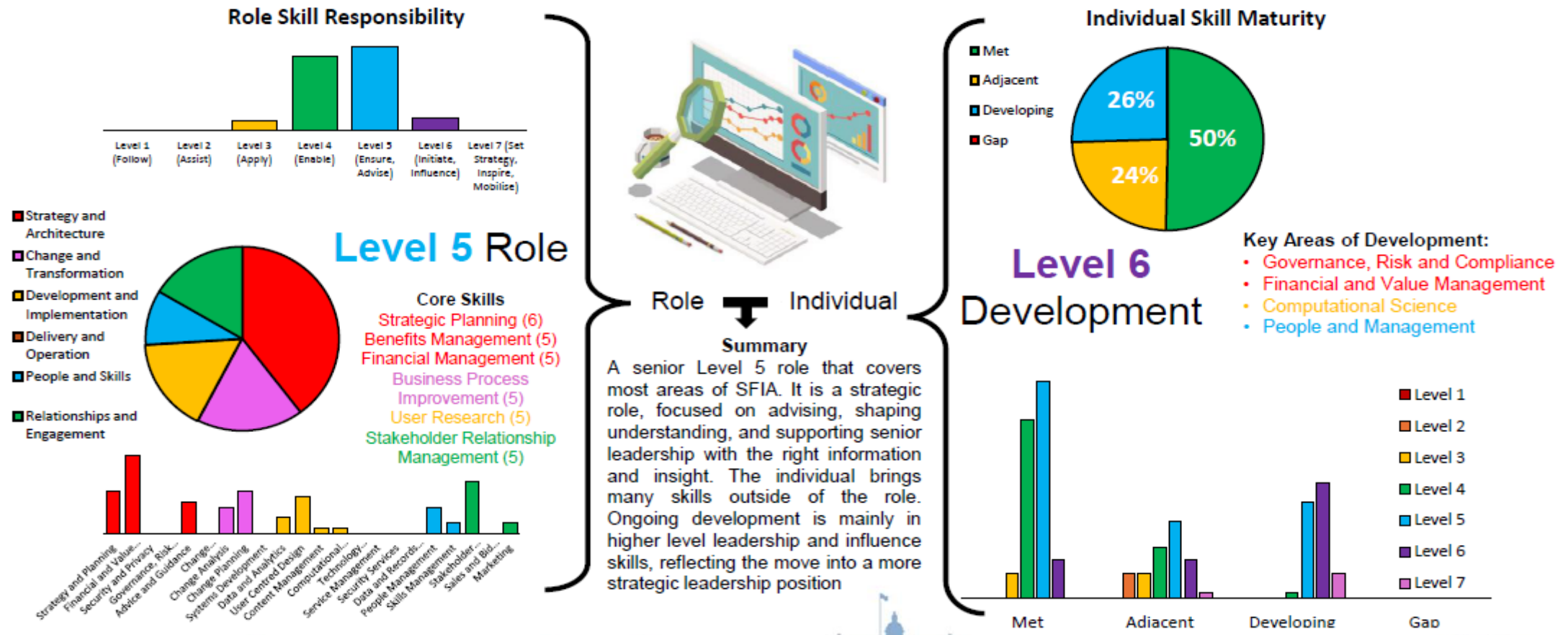
In addition to this wider map, a directorate map view revealed team based specialities

Green = Several roles with this responsibility
Red = Limited skills responsibility

Strategy in Action

Skills Framework Profile Example

Real world example of how this impacts people and their development plan



Strategy in Action

Example 3 – Digital Plans

Portfolio at a glance

187

Total Initiatives

Comprehensive portfolio spanning three years

16

Funding Gap

Partly or non-funded initiatives requiring resolution

110

Fully Funded

Secured funding for core programmes

61

Governance Items

Internal capability and skills development

16

National Mandates

47

Risks removed from the Risk Register

BAF 6 or Patient Safety

93

Patient Safety Risks

5

Cash releasing benefits
Direct savings that reduce actual spending

88

Productivity benefits
Enables productivity

93

Cost Avoidance
Measured benefits without a financial value

1

Unquantifiable benefits
Benefits that cannot be measured or valued

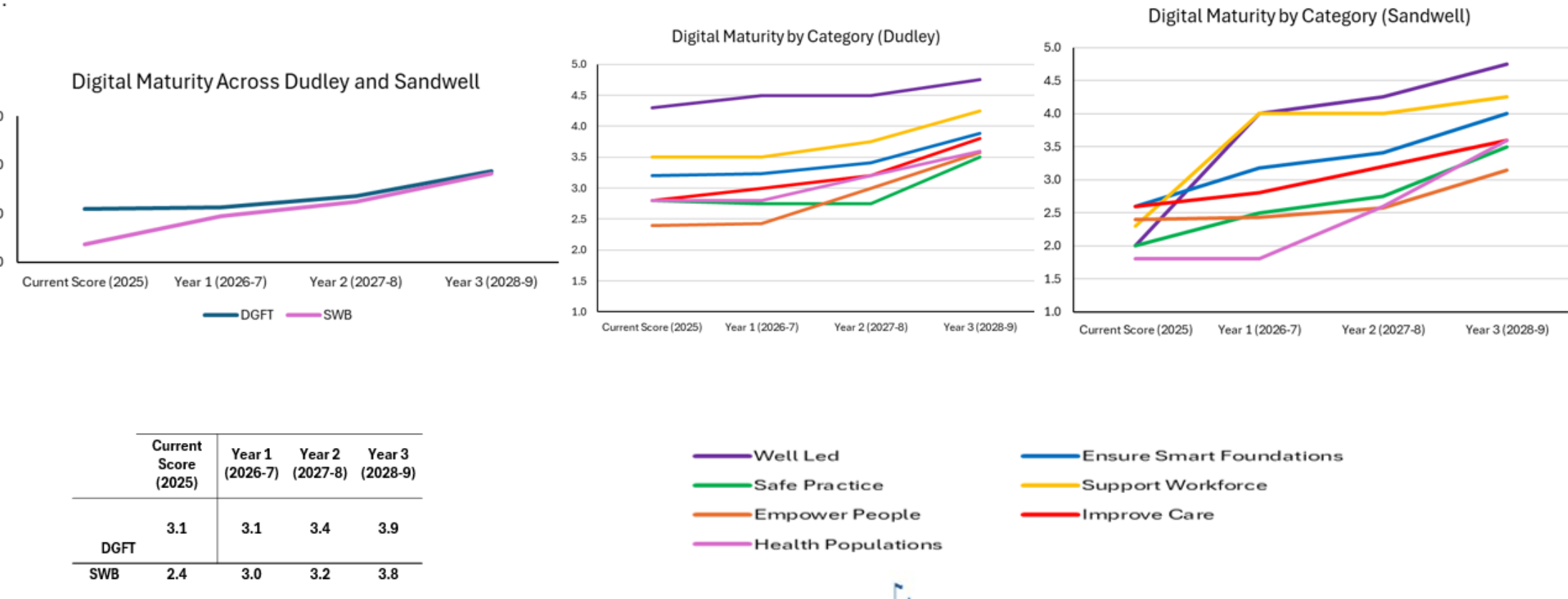


Teams	Total Deliverables	Yr 1	Yr 2	Yr 3	Total
PMO	145	78	33	34	
Data and Development	7	2	2	3	
IT Ops	25	11	7	7	
Enablers	10	3	1	6	187

Strategy in Action

Example 3 – Digital Plans

The assessment shows a sudden increase in digital maturity for Sandwell at the start (In particular the Well Led and Support Workforce categories), and then an incremental increase in digital maturity for both Trusts over the 3 years



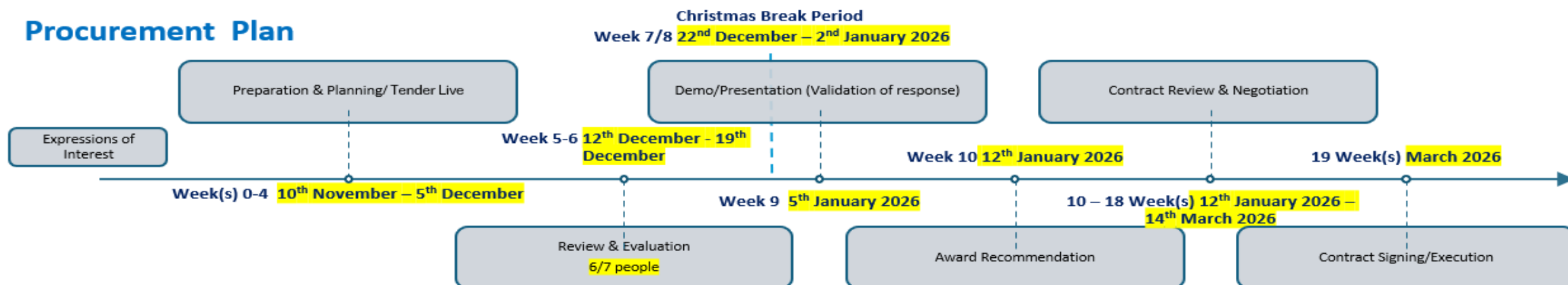
Strategy in Action

Example 2 - Ambient Voice at Scale

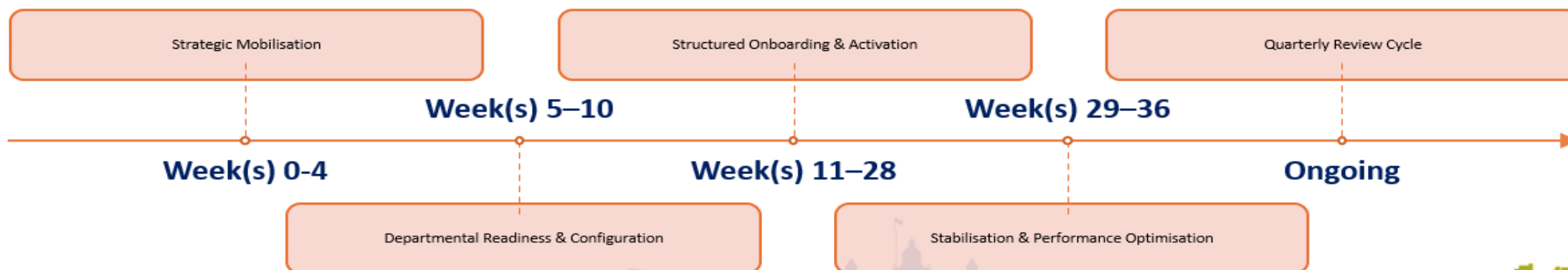
Midlands Timeline: AVT Procurement to Implementation



Procurement Plan



Implementation Plan



Strategy in Action

Example 2 - Ambient Voice at Scale

Site wide licences, unlimited usage	Savings between suppliers 1 and 2 (Full year effect)
Site Cost - Small <= 500	£197,501
Site Cost - Medium (501 - 2,000)	£552,480
Site Cost - Large (2,001 - 5,000)	£205,200
Site Cost - Very Large (5,001 - 10,000)	£312,552

Named User Licence Model, unlimited usage	Savings between suppliers 1 and 2 (Full year effect, per licence)
1-500	£381
Site Cost - Medium (501 - 2,000)	£301
Site Cost - Large (2,001 - 5,000)	£21
Site Cost - Very Large (5,001 - 10,000)	£13

Organisational discounts

No of Organisations	Discount
5-10	2%
11-20	3%
21-30	5%
31-40	7%
41-50	10%



Thank you

Ravi Kaur Sahota
Group CIO



Innovator presentations





AI-powered clinical decision support, within the EPR

Sep 2026





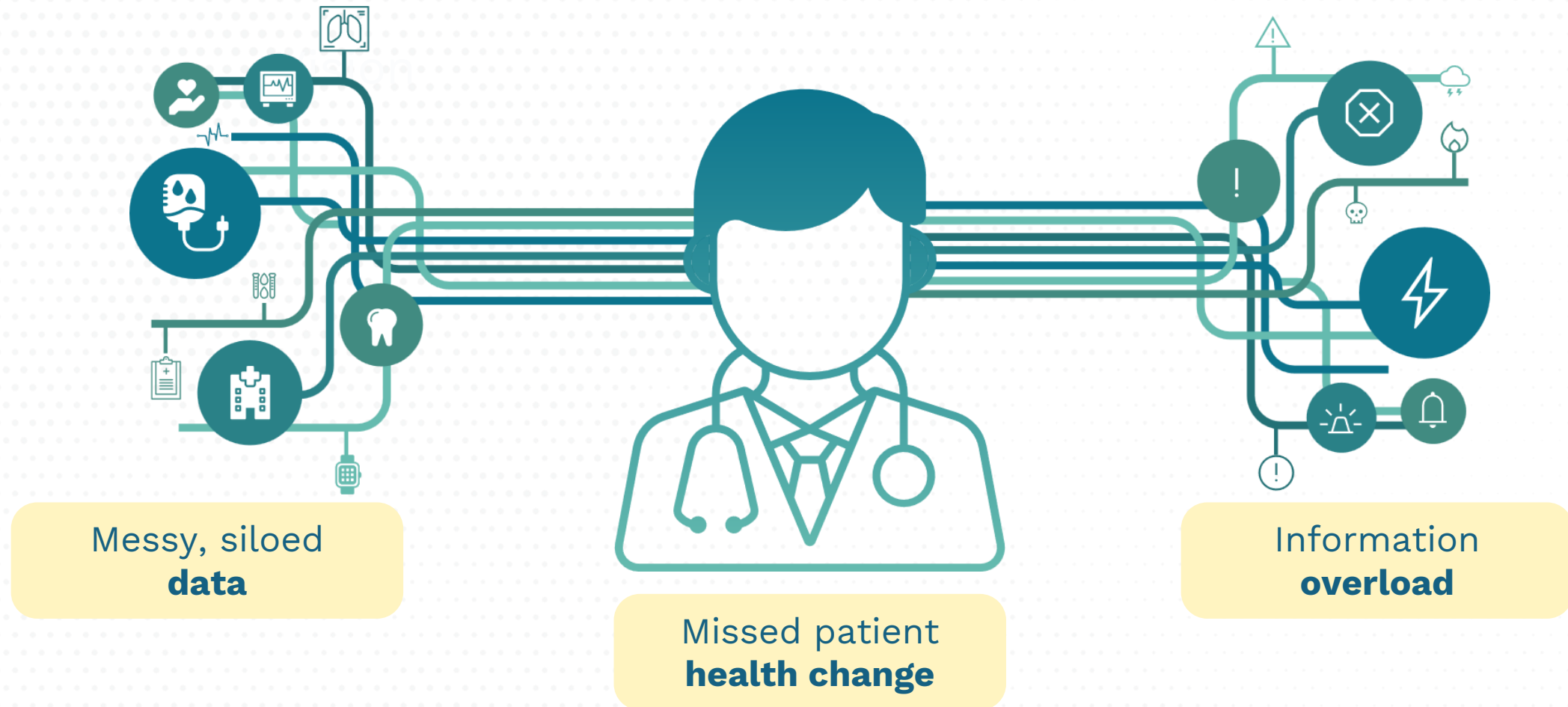
I lost my father because his
deterioration was detected too late.

With overstretched clinicians,
this is still a reality in 2025.

**>1M avoidable deaths
pa (EU)**



Life or death decisions without the right information



We support clinical teams to understand and detect emerging risks

WHO

Understand Patient

01

PATIENT SUMMARIES*

At-a-glance clinical context

02

PATIENT SUMMARIES & TRENDS

Combines vitals, labs, meds in one view



WHAT'S HAPPENING

Decision Support

03

RISK STRATIFICATION

Flags emerging infection risk in EPR

04

EXPLAINABLE AI & NEXT BEST ACTIONS

Shows the drivers behind every alert & what to do next

Embedded in the EPR



3022

NEWS

[Home](#) | [UK](#) | [World](#) | [Business](#) | [Culture](#) | [Politics](#) | [Health](#) | [Tech](#) | [InDepth](#) | [BBC Verify](#) | [Climate](#)[England](#) | [Local News](#) | [Kent](#)

Hospital first to use AI for spotting infections



MARK NORMAN / BBC

NHS
East Kent
Hospitals University
NHS Foundation Trust

 Royal Hospital for
Neuro-disability

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

SANOME

Case study – Early outcomes evidence from live clinical deployment



“

I just like to have this clinical copilot, gives me confidence (Registered Nurse, RHN)

“

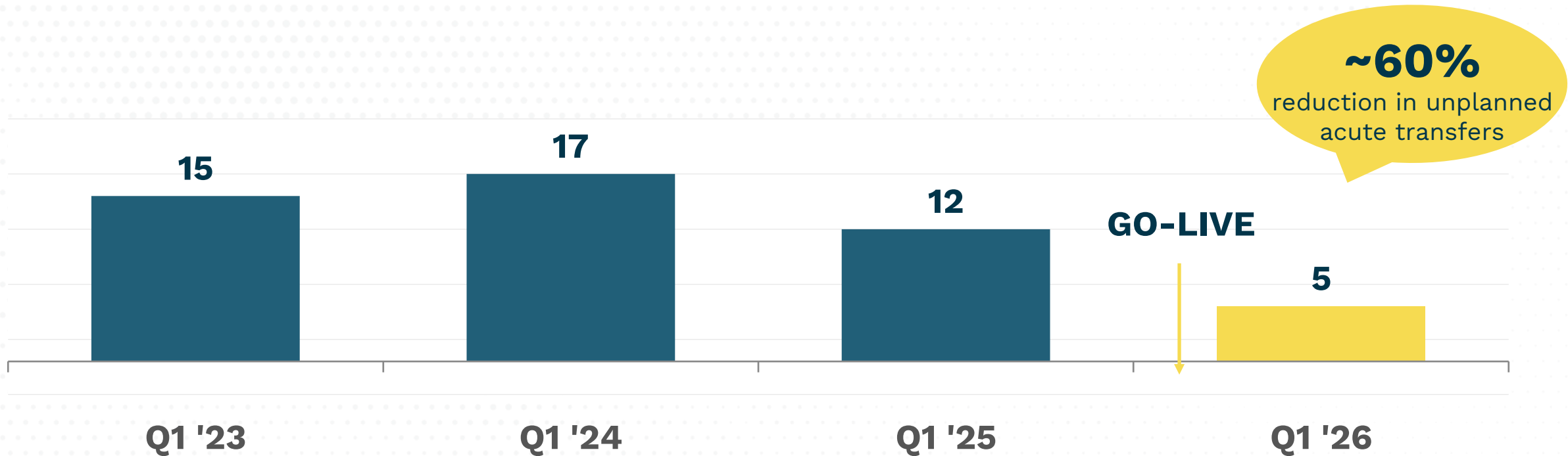
*MEMORI helps nurses say out loud, **could this be sepsis**, far better than NEWS2 ever could. The knock-on effect of that is quicker recognition, quicker treatment. (Matron, RHN)*

CLINICAL SETTING

- A 220-bed specialist neuro-rehab hospital for patients with a range of neurological conditions and brain injuries in London, UK
- MEMORI is now live across 4 wards (neuro-rehab, ventilator) supporting ~60 patients, embedded in PatientSource EPR. **See early signal data below.**

0	Serious incidents or adverse events (M6 PMS/PMCF)
67-85%	Clinician adoption (n=65) sustained over 5 months
23.6-69.3h	Earlier detection than NEWS2
54.5% vs 36.4%	True positive rate compared to NEWS2 (n=33 cases)
7 FP / 5 FN	All linked to prophylactic or procedural prescribing. No inappropriate prescribing, no harm identified.
0.154 → 0.221	PPV Precision improving in live deployment, no model drift
99.96%	Service availability

Observed reduction in unplanned acute transfers (Q1 comp) Correlation not Causation (yet)



- Continuous safety & adverse event reporting
- Clinical utility & health economic benefit
- Early, observational, single-site data. Correlation not causation!

ASK: AI trailblazer partnership



Benedikt von Thüngen

CEO & Founder

benedikt@sanome.com



SANO ME

Your health. Understood.

Upskill

Turning investigation data into safer NHS maternity care

DR ANDREW DARBY-SMITH
FOUNDER, UPSKILL HEALTH



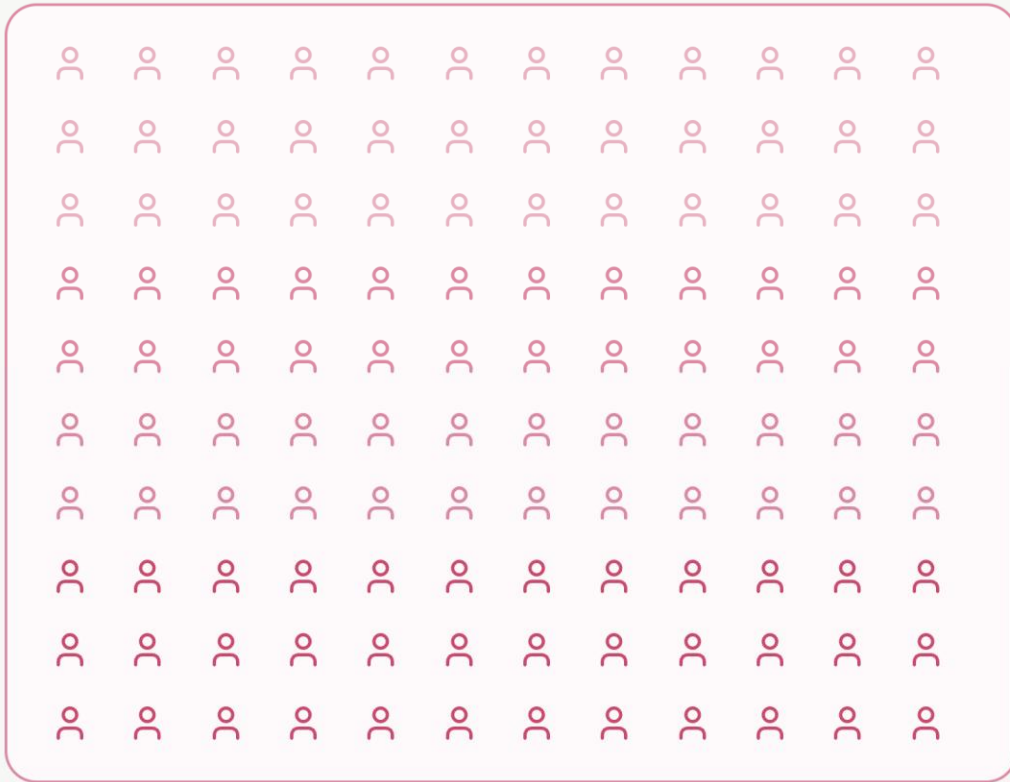
MATERNITY AND NEWBORN SAFETY INVESTIGATIONS, 2025

**We keep making
the same mistakes
and repeating harm**



Human cost

↗ RISING



1000s of mothers and babies harmed, with the same themes recurring in every national investigation

MBRRACE-UK 2024 • MNSI 2025

Financial cost

↗ RISING

£1.3bn
per year

Spiralling maternity clinical negligence costs — the largest single category of NHS harm claims

NHS RESOLUTION, 2024/25

We've reached a tipping point for NHS maternity safety



2026

Amos National Rapid Review

12 NHS TRUSTS



2026

Ockenden Nottingham Review

2,500 FAMILIES



2026

Maternity Incentive Scheme Year 8

6 SAFETY ACTIONS

Why the current approach doesn't work



Operational

FOR NHS TRUSTS

📺 Too expensive

👤 Too many rota gaps

📋 Too much admin



Educational

FOR NHS CLINICIANS

📅 Too infrequent

🕒 Too slow to update

😐 Too boring



Logistical

FOR NHS SYSTEMS

🔄 Too disjointed

⌛ Too slow to learn

→ Too "one way"

Bitesize training *in the flow* of clinical work

- ✓ Case-based learning in under 10 minutes
- ✓ On mobile and on-demand
- ✓ Spaced repetition of learning over months
- ✓ Based on real MNSI and service user insights



Bitesize training *in the flow* of clinical work



CONTENT TYPES

📖 Case stories

❓ Quizzes

💡 Explainers

🎬 Short films

🎧 AI roleplay

🌀 360° scenarios

EDUCATIONAL APPROACHES

🔄 Spaced repetition

❓ Active recall

📁 Real cases, told as stories

🎧 Deliberate practice

✍️ Reflective practice

⌛ Flipped classroom

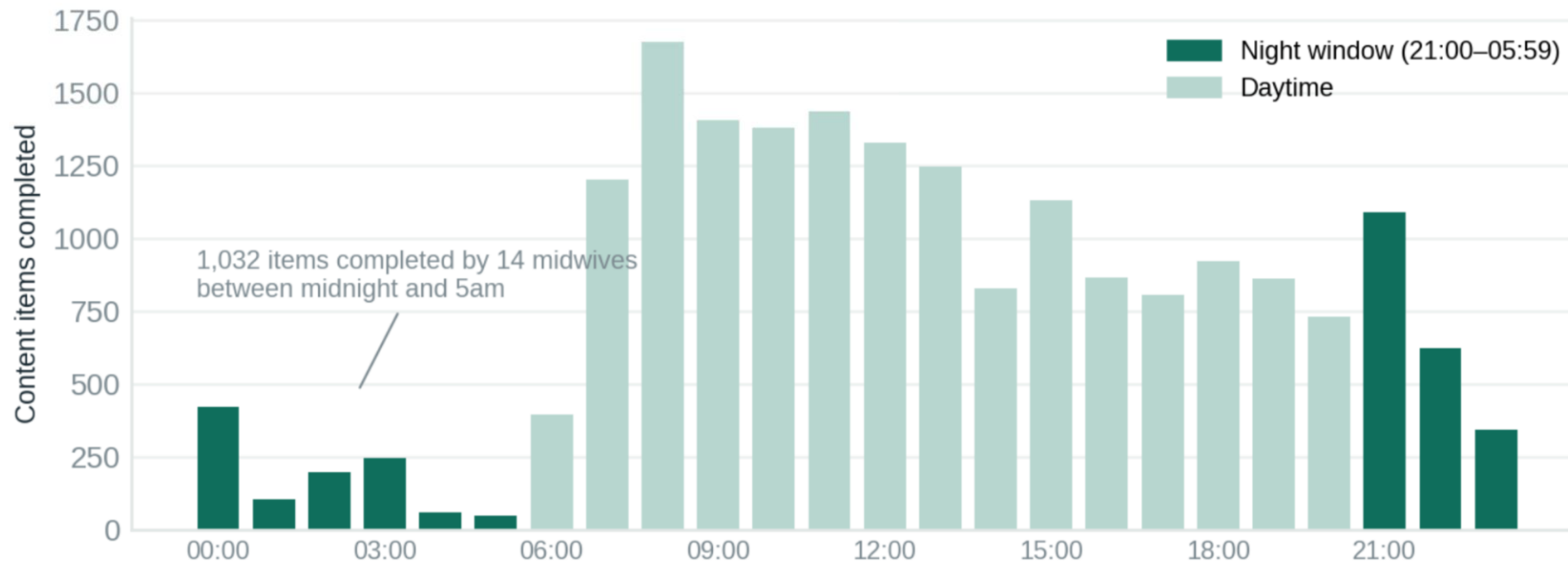
2 × NHS Trust deployments



NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

NHS
King's College Hospital
NHS Foundation Trust

Training that suits staff around the clock



2 × NHS Trust deployments

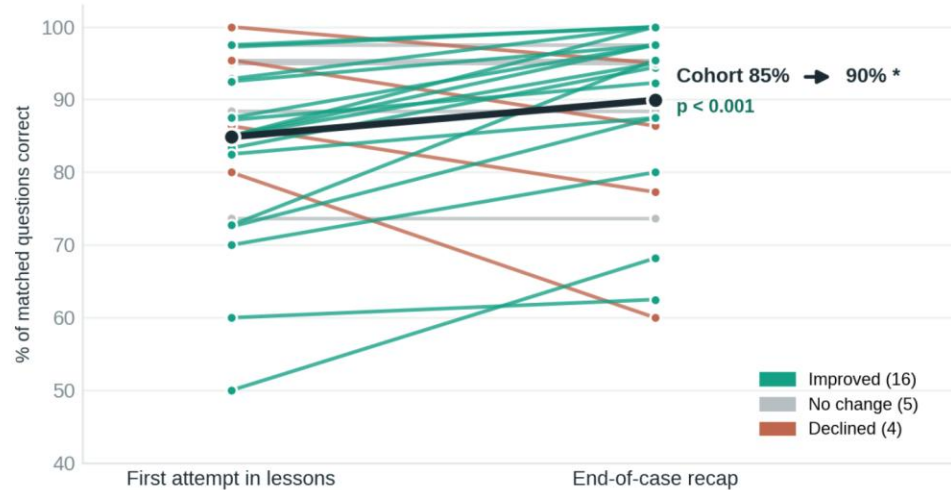


Knowledge & confidence improved in all measured areas

Knowledge

85% → 90%

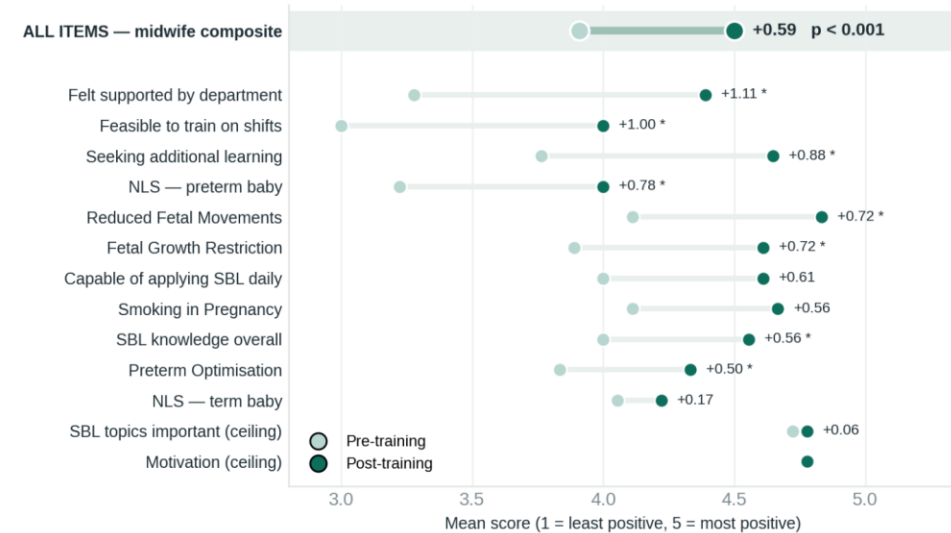
Same questions asked in-lesson and again at the case recap, weeks apart — 25 midwives



Confidence

+0.59

Self-rated confidence before and after, across 13 clinical and workplace items — 18 midwives



2 × NHS Trust deployments



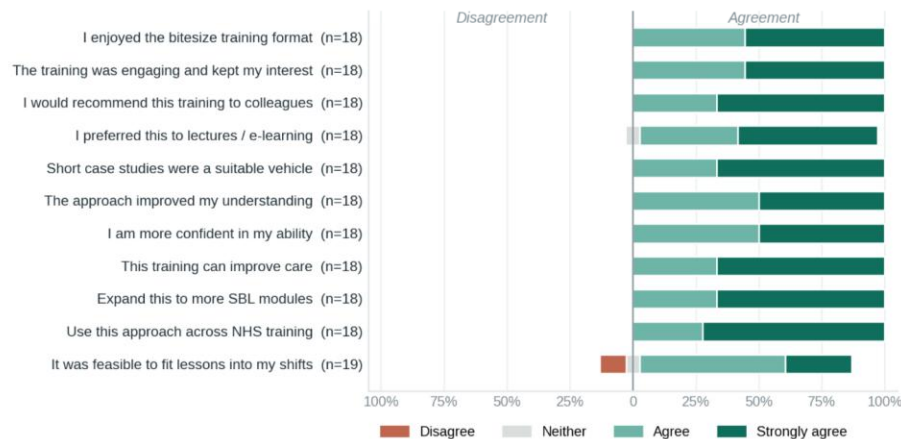
NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

NHS
King's College Hospital
NHS Foundation Trust

Overwhelmingly positive staff experience

Experience

Post-training reaction survey — agreement with 11 statements about the format, its value and its feasibility on shift (n=18–19)



18 of 18 enjoyed the bitesize format



17 of 18 preferred it to alternatives



18 of 18 are more confident



18 of 18 want Upskill as part of mandatory training

100% report changing clinical practice

100% would recommend to a colleague

Our three focus areas

01



**Extending our
collaboration
with MNSI**

From Autumn 2026

02



**New training for
the Maternal Care
Bundle**

Recruiting NHS trusts now

03



**New training for
the Maternity
Triage spec**

Recruiting NHS trusts now



A dynamic learning system for NHS maternity safety

- 📶 Every trust learns from every investigation, not just its own
- ↻ Learning reaches the frontline in weeks, not years
- 📢 Women's voices shape how the whole workforce is trained

Upskill

Turning investigation data into
safer NHS maternity care

Become a pilot site

andrew@upskill.health



SCAN TO LEARN MORE



IIElevenLabs



Accelerating
FemTech





The cardio-kidney-metabolic exercise & lifestyle management app



The problem

1 in 10



adults in the UK have kidney disease, 800M people worldwide
(and **98%** of these people have other comorbidities)

In the Midlands..

459,015

people with stage 3-5 chronic
kidney disease*

* UK Prevalence QOF

£989M

estimated cost of CKD care,
treatment and provision**

**Based on [Kidney Research UK's
health economic report \(2023\)](#)

Meet Mrudula

Mrudula is a 78 yr old lady with CKD and other comorbidities. She is approaching end stage kidney disease where she will need to commence dialysis treatment or have a kidney transplant.

Mrudula reports that she is struggling with her walking and getting up and down stairs, and feels anxious and worried about how she is going to cope.

If Mrudula had a cardiac or pulmonary, or even Cancer diagnosis, she would get routine access to specialist rehabilitation at a local hospital.

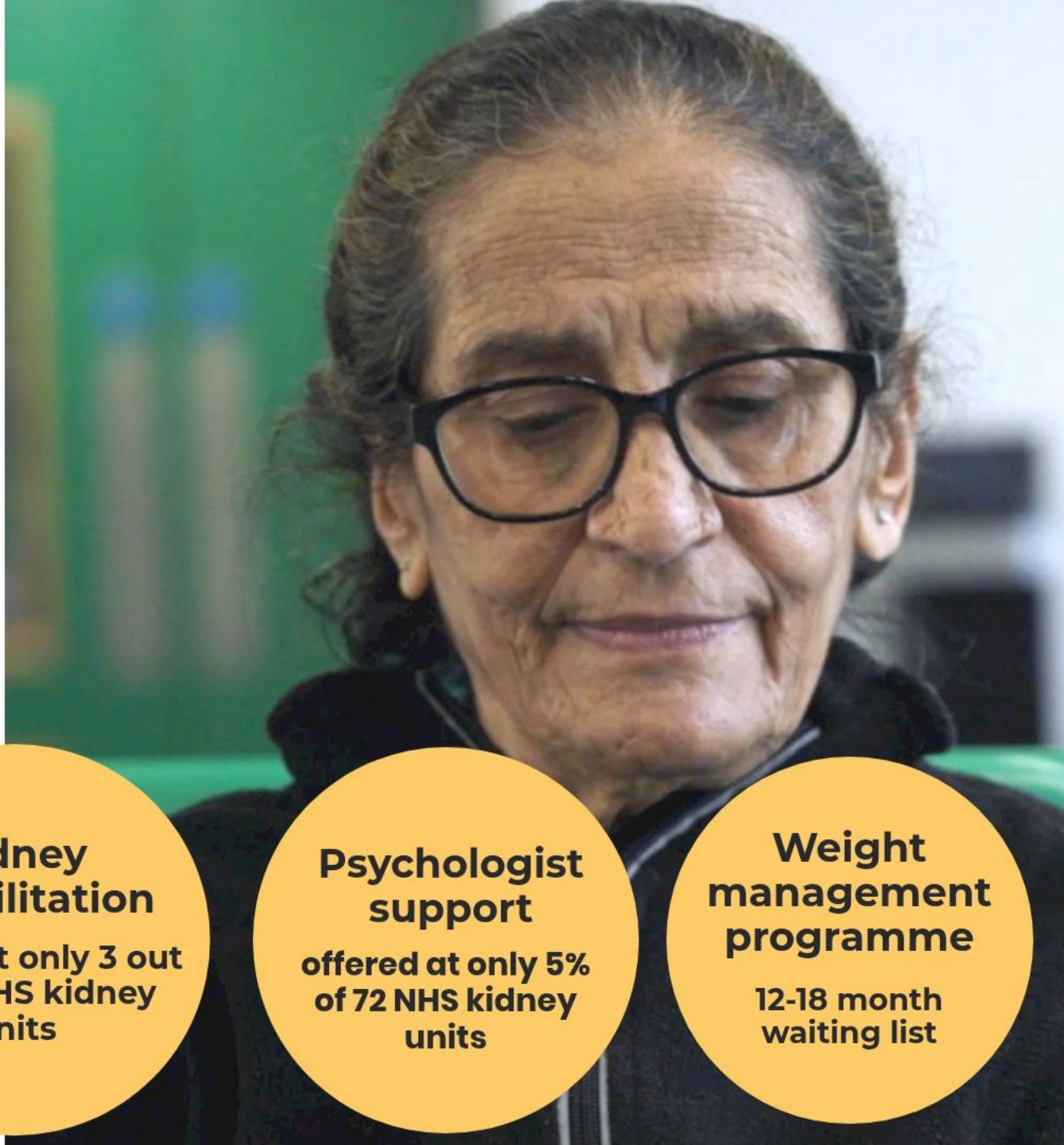


But...

Because there are only 3 out of 72 kidney units in England that offer any cardio-kidney-metabolic rehabilitation (London x2 and York),

and no skilled workforce to deliver more.....

Mrudula isn't able to access the care she desperately needs to be able to stay independent and have a good quality of life.



**Kidney
rehabilitation**
offered at only 3 out
of 72 NHS kidney
units

**Psychologist
support**
offered at only 5%
of 72 NHS kidney
units

**Weight
management
programme**
12-18 month
waiting list

THAT'S WHY WE BUILT BEAM

A scientifically-proven¹ app delivering CKM-specific exercise & lifestyle management support for people like Mrudula...

1 | Tailored content

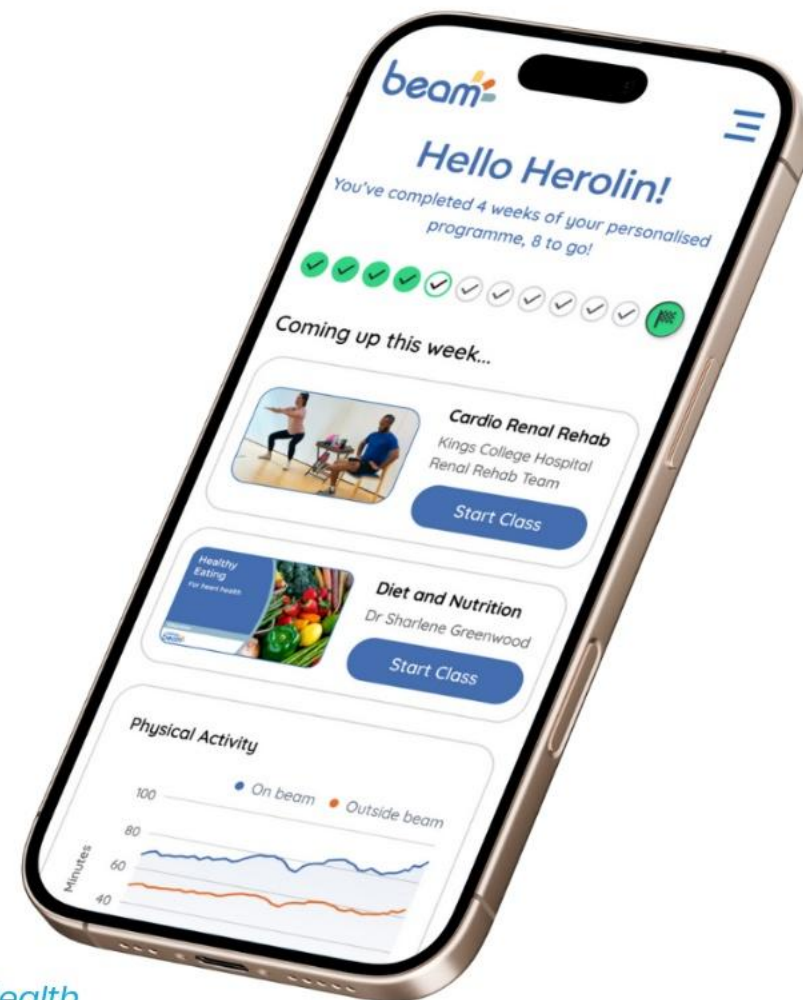
Exercise and educational content designed by expert clinicians covering a wide range of needs

2 | Multi-format delivery

Structured programmes and classes delivered both live and on-demand, suitable for all people with CKD

3 | Health coach and peer support

Through engagement with instructors and peers before/after live classes and health coaching options



¹ Greenwood et al (2023) *The Lancet Digital Health*

CREATED BY EXPERT PHYSIOTHERAPISTS AND DIETITIANS

Beam hosts a range of specialist programmes designed by expert physiotherapists for a variety of CKM-specific treatment scenarios



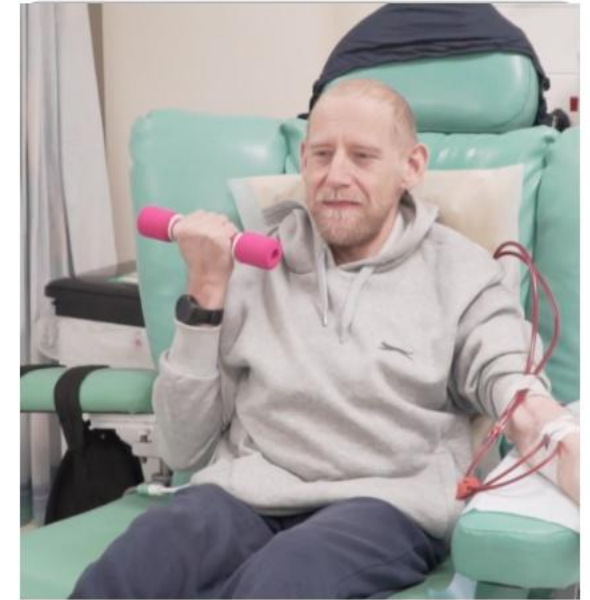
Digital physio-led rehab for CKM disease



Wrap-around weight management exercise and dietary care to accompany prescription of anti-obesity medications



Prehabilitation and post-kidney transplant programmes



Remote dialysis exercise classes

THE EVIDENCE

Beam has been scientifically proven¹ to **significantly improve health outcomes for patients** compared to usual care.

For patients it improves...

- Mental health & physical function
- Ability to self-manage their care
- Symptoms of fatigue, anxiety & depression
- Social engagement & reduce social isolation

¹ Evidenced by a 340 person clinical trial **published in The Lancet Digital Health**

THE EVIDENCE

Beam has been scientifically proven² to be a **cost-effective solution for the NHS** compared to usual care.

The average impact of 12 weeks of the Beam intervention on NHS costs is a **reduction of £580 per patient**. A cost-benefit of 1:6, for every £1 spent, **a ROI of £6.35**



£95 in-patient days



£19 A&E attendances



£32 in primary and community care



£425 in out-patient attendances



£7 in social care contacts



£2 in medication spend

² Evidenced by a 340 person clinical trial published in **The Kidney International Reports**

PROJECTED SAVINGS

Implementing Beam to reach 10% of the Midlands CKM population, with expected 70% completion rate, could reduce NHS costs by **£18,637,140**

With **32,133 patients** completing the programme over 3 years, this could reduce healthcare usage and service demand as follows:

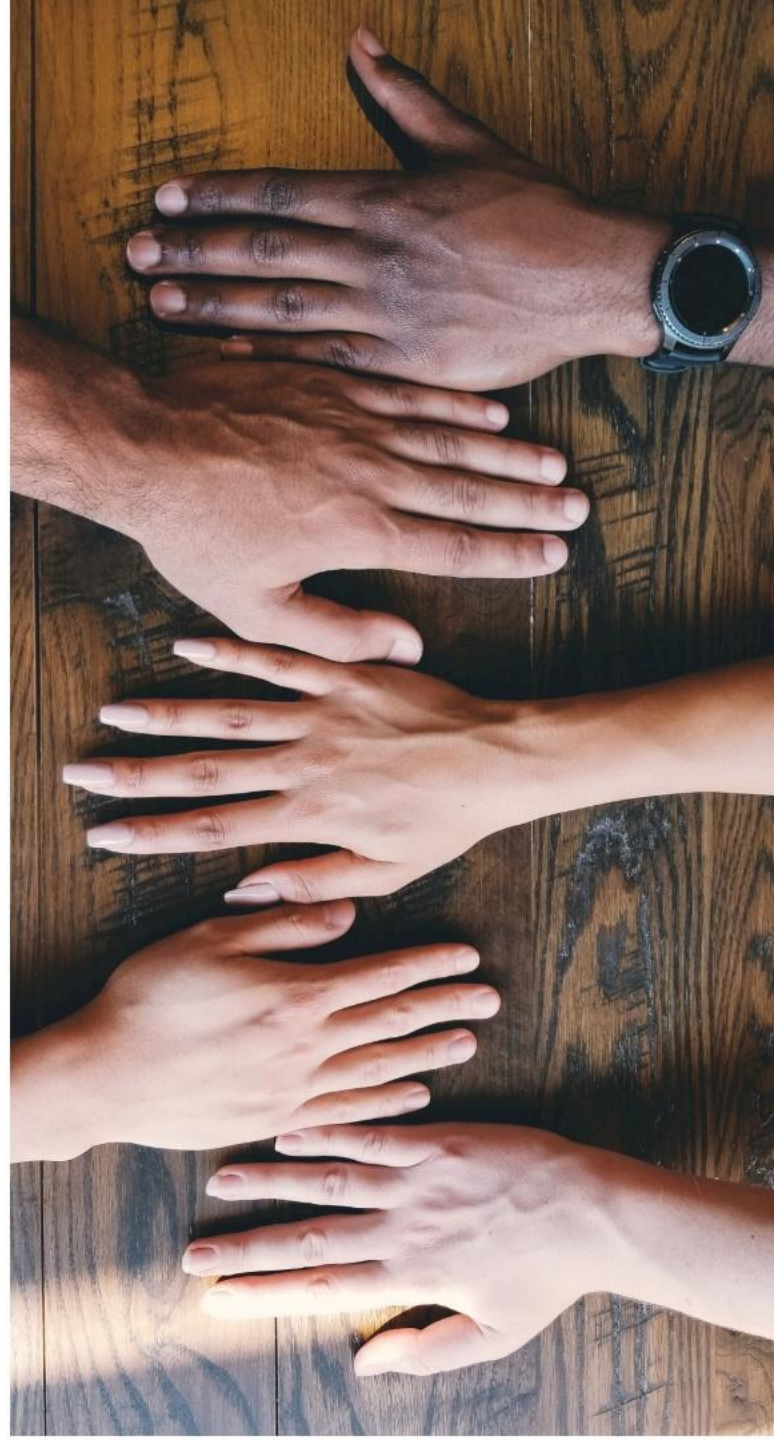
	2,892 in-patient days		1,928 A&E attendances		3,535 home health visits
	23,136 out-patient attendances		1,928 ambulance calls		55 community OT / physio visits
	643 day hospital appointments		5,463 GP visits		£64,266 in medication spend

COLLABORATING WITH THE LEADING NAMES IN CARDIO-KIDNEY-METABOLIC DISEASE IN THE UK AND BEYOND

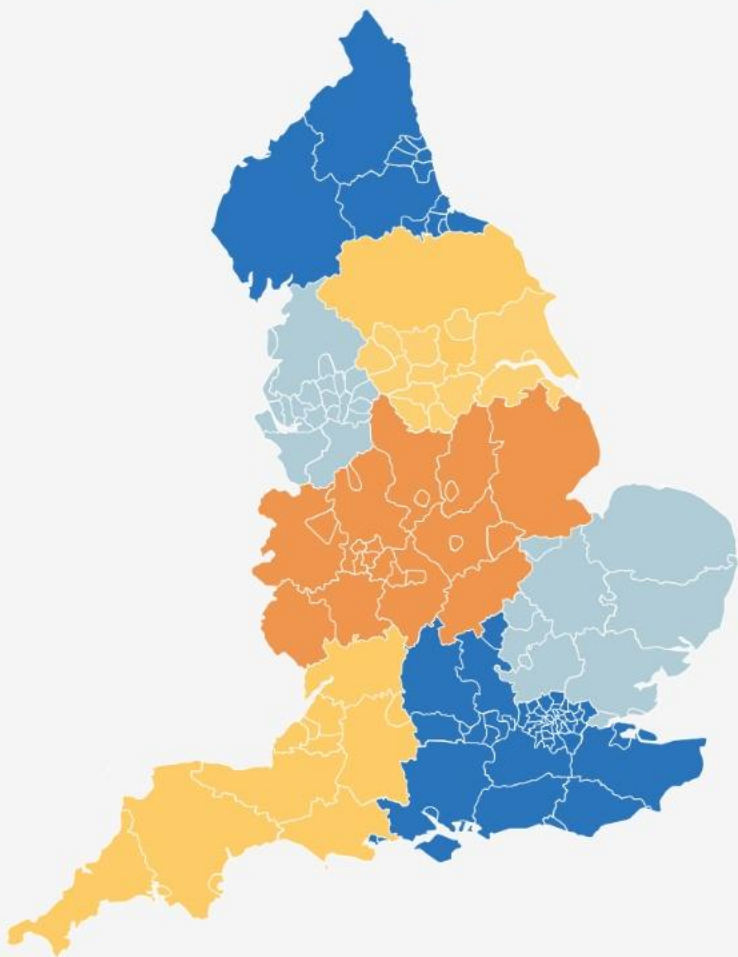
Charity partners



Research sites



Implementation trial
completed across **all 8 NHS
England renal networks** and
all 72 kidney units.



30k+

classes delivered

6k+

people with CKD recruited

4.7/5

average class rating

"Thanks to Beam i feel fitter as a person. Everyone with health challenges should join in for the structure, guidance and education. I continue to eat more carefully and between the diet efforts and the exercise regime my blood pressure has dropped to 125/85 from 140/90. My weight has also dropped from 77kg to 73.5kg."

Gloria, Beam user

TRACTION TO DATE - WEST MIDLANDS

Warm discussions

Birmingham, Solihull and Black Country

Coventry, Warwickshire, Herefordshire and Worcestershire

Yet to target:

Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent



TRACTION TO DATE - EAST MIDLANDS

Warm discussions

Lincolnshire

Derby

Yet to target:

Nottingham and Nottinghamshire

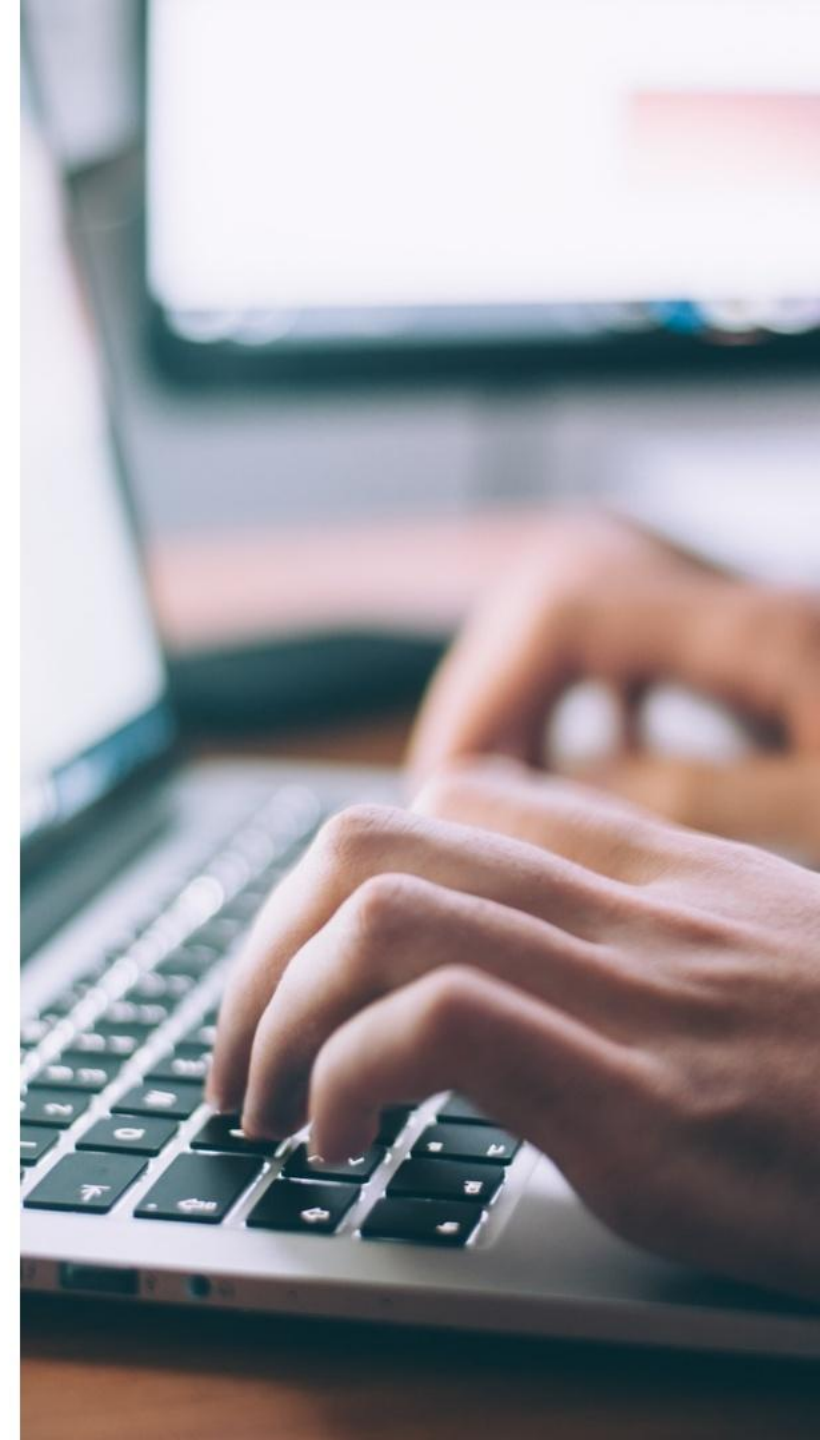
Leicestershire

Northamptonshire



ADDRESSING STRATEGIC PRIORITIES FOR MIDLANDS ICBs

- The 3 shifts - Beam provides safe, scalable and cost effective **DIGITAL PREVENTION** management in a **COMMUNITY** setting
- Evidence-based supported self management, and wellbeing support for highly prevalent CKM disease
- Providing support for the **WHOLE PERSON** to increase healthy life expectancy
- Reducing health system pressures: A&E visits, hospital bed days, outpatient appointments
- Adhere with anticipated NHSE Standards of Care for Renal Services, and RSTP toolkit for commissioning
- Targeted prevention opportunities for Core20PLUS5 and other minority groups
- Patient experience: improve access, reach, convenience



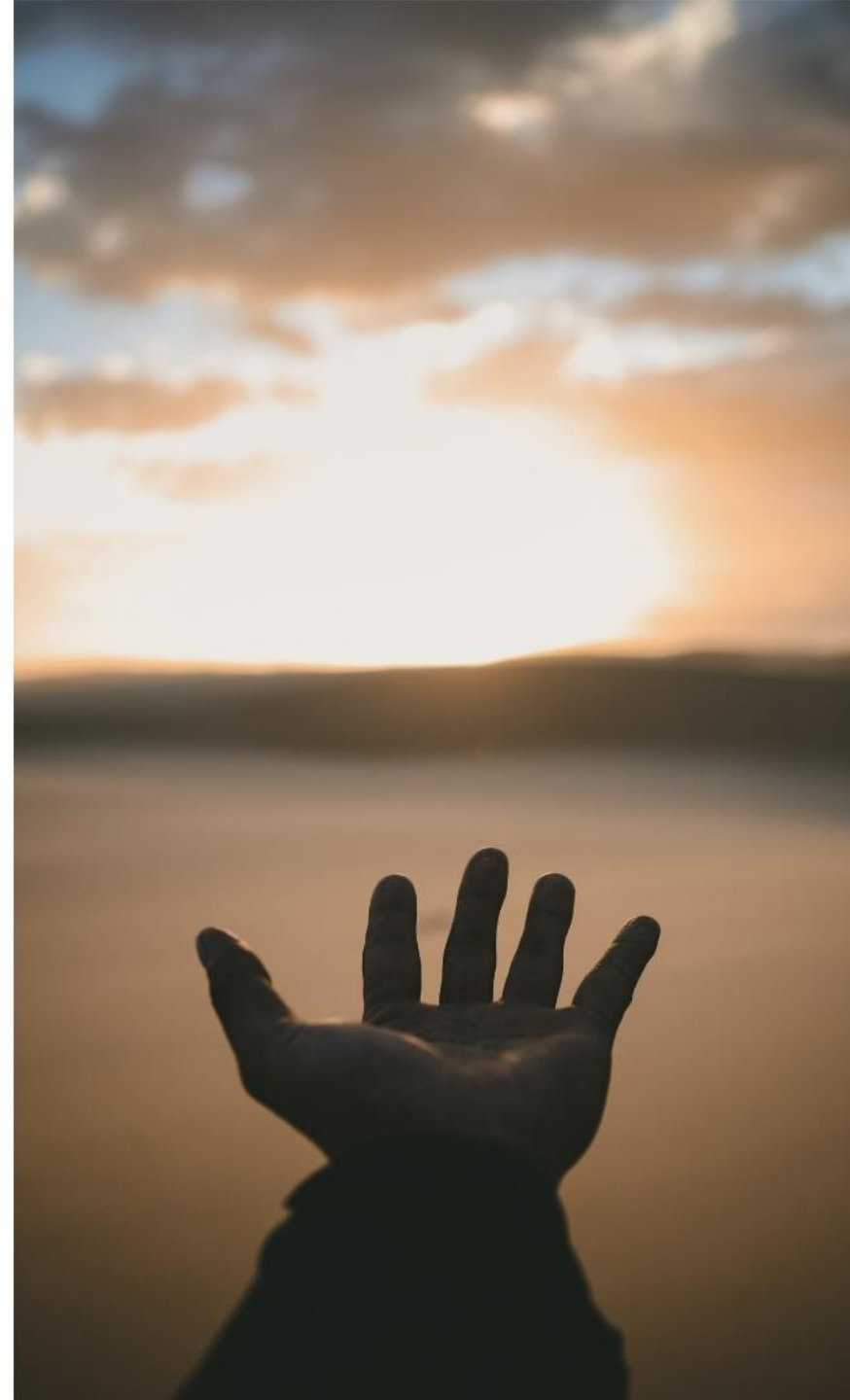


“The platform is invaluable to patients and the Midlands Renal Clinical Network would be delighted to see this intervention commissioned across the Midland region and nationally so that this digital health intervention remains freely available at point of contact for the many patients who need to utilise this resource as part of their kidney care in England.”

Marie Atkins, Midlands Renal Operational Delivery Network Manager

WE ARE READY TO ROLL OUT THROUGHOUT THE MIDLANDS REGION

- Endorsed by the NHSE Midlands Operational Renal Delivery Network
- NHS Innovation Accelerator and Clinical Entrepreneur Programme backed company
- Digital compliance in place (DTAC, Cyber Essentials Plus, DPIA, DCBs)
- Budget Impact Model and Cost Calculator ready for use
- Template business case developed
- Project plan and risk register in place
- Net Zero, Equalities Impact Assessment complete
- Ready for procurement through Spark DPS Framework / G Cloud 14
- Investment backed (investors including Kidney Research UK, National Kidney Federation and Sheffield Kidney Patient Association)



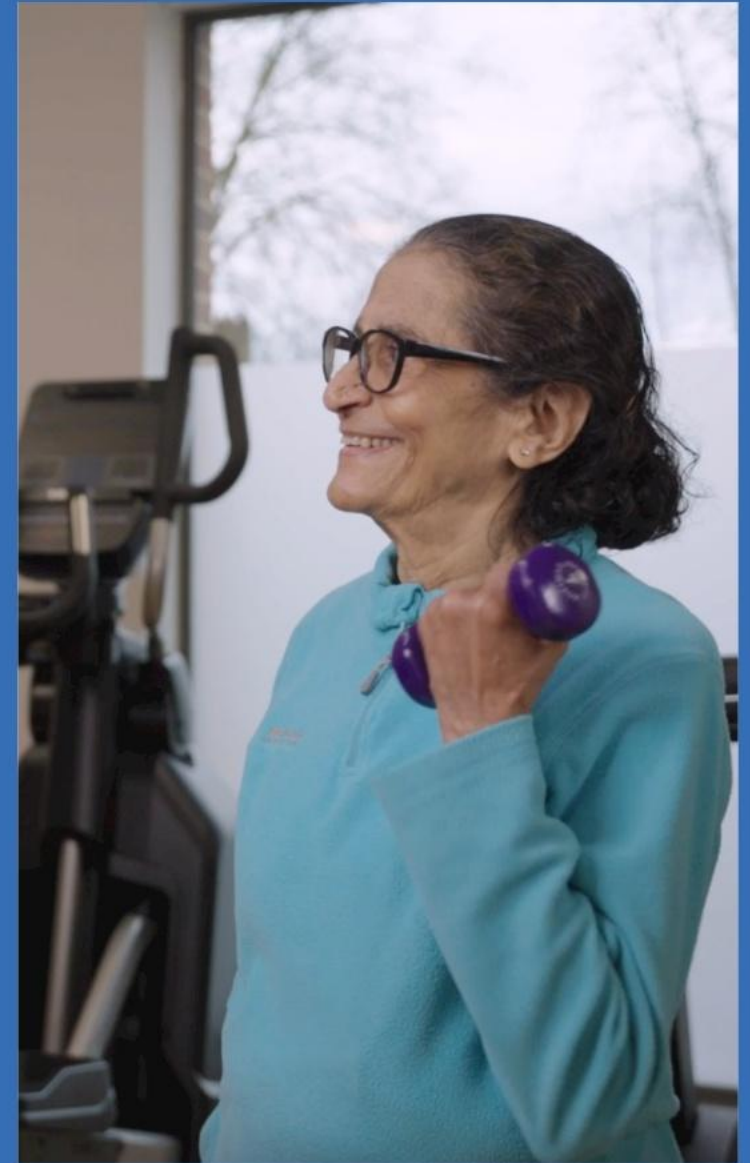
" It gives us the ability to reclaim control of our lives and our health. Beam has transformed my life. Beam has allowed me to safely exercise with other people like me. It's like a small family! "

Mrudula, 78 years old, Beam member since October 2020
329 classes completed on Beam to date

Any questions?

Contact

sharlene.greenwood@nhs.net



Safer Use of Medicines Through Clearer Information

Improving patient safety while creating
value across the NHS

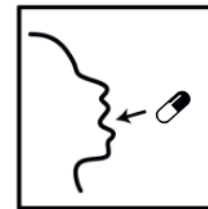
21 Amoxicillin 500mg Capsules

Take ONE capsule
THREE times a day
for 7 days

خذ(ي) كبسولة واحدة ثلاث
مرات في اليوم لسبعة أيام

Try spacing the doses evenly
throughout the day and finish the
course, unless told to stop.

يقسم إلى جرعات متساوية على مدار
اليوم. خذ(ي) هذا الدواء حتى تنتهي
المدة العلاجية أو توقف(ي) تحت
إشراف الطبيب.



MORNING	AFTERNOON	EVENING	NIGHT



A Patient Name
Birmingham Women's Hospital
B4 6NH. Tel: 0121 345 6781

3-June-2026

Arabic

Keep out of the sight and reach of children
يحفظ بعيداً عن أنظار ومتناول الأطفال

The Patient Information Gap

Written Medicine

Current system

THE  TIMES

Mixing pills sends 1,000 elderly people a day to A&E

Our investigation shows millions are at risk of avoidable reactions to overprescribed drugs



ILLUSTRATION BY JAMES COWEN

This week's Sunday Times investigation highlights the scale of avoidable medicines harm in the community.

Patient-facing medicines information is often unclear and does not explain what medicines are for.

Who struggles most?



Limited English proficiency



Low or limited literacy



Learning disabilities



Sensory or cognitive needs

What happens

Unclear information



Misunderstanding



Poor adherence



Unplanned hospital visit

Avoidable NHS Pressure



£21bn+

NHS annual spend on medical products



~1,000/day

older people admitted for emergency care after preventable adverse drug reactions



1.3 Billion

prescription items dispensed in the community in England in 2025/26.

We are a digital health social enterprise improving medication information at prescribing, dispensing & discharge

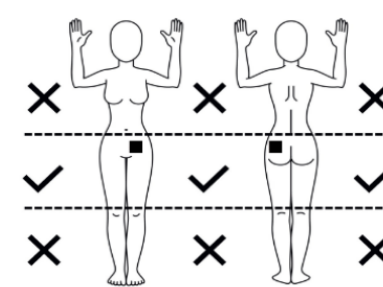
- Written Medicine transforms how patients receive this information and makes it into a gateway of personalised medication information.

This QR code leads to –

- Audio in different languages
- Administration video
- Pharma approved URLs
- Customisable URLs

8 EVOREL 50 patch

Apply ONE patch as directed every 72 hours
ضع (ي) لصقة واحدة حسب التعليمات كل ٧٢ ساعة

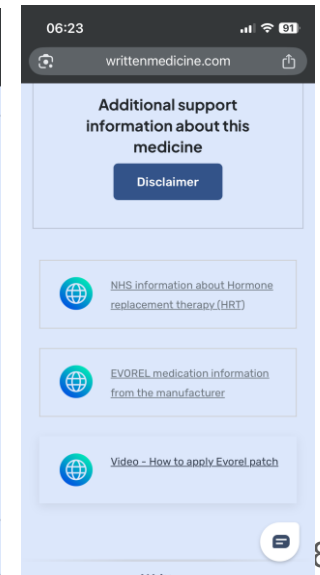
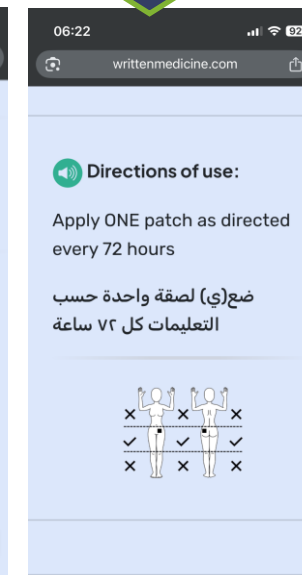
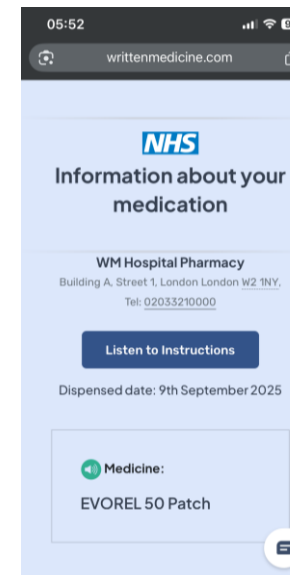


A Patient Name

9-Jul-2025 Arabic

Address A, Steelhouse Ln, Queensway,
Birmingham, B4 6NH. Tel: 01213456781

Keep out of the sight and reach of children
يحفظ بعيداً عن أنظار ومتناول الأطفال □.



What WM Already Delivers Across the NHS

Written Medicine

Delivering safe, accessible medication information

Key Features:

- Translates & prints in over 25 languages
- Co-produced pictograms for all patients
- Encompassing 3,500 posology phrases and warnings
- Cloud solution and terminology API service
- Information can be displayed digitally or printed anywhere

200 paracetamol 120mg/5ml oral suspension paediatric

Give 2.5mL using oral syringe THREE times a day

أعطي ٢,٥ مل باستخدام حقنة الفم ثلاث مرات في اليوم

Arabic Patient Name 27-Feb-2025 Arabic
Address A, Steelhouse Ln, Queensway, Birmingham, B4 6NH. Tel: 01213456781
Keep out of the sight and reach of children
يُحفظ بعيداً عن أنظار ومتناول الأطفال

200 paracetamol 120mg/5ml oral suspension paediatric

Contains paracetamol. Do not take anything else containing paracetamol.

يحتوي على الباراسيتامول. لا تتناول (ي) أي شيء آخر يحتوي على الباراسيتامول مع هذا الدواء.

Arabic Patient Name 27-Feb-2025 Arabic
Address A, Steelhouse Ln, Queensway, Birmingham, B4 6NH. Tel: 01213456781
Keep out of the sight and reach of children
يُحفظ بعيداً عن أنظار ومتناول الأطفال

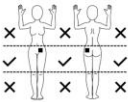
Bilingual Label

Medication Summary Sheet
This Is Not A Prescription

A Patient Name
Date of Birth: 10 May 1973
NHS/Hosp Number: 22873465

WM Demo
Address A, Steelhouse Ln, Queensway, Birmingham, B4 6NH, PH: 01213456781

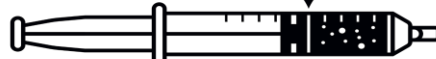
Translated into **Arabic** | Printed on **9-Jul-2025**
Keep out of the sight and reach of children يُحفظ بعيداً عن أنظار ومتناول الأطفال

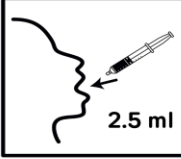
10 dexamethasone 0.1% eye drops Put ONE drop into the left eye ONCE daily	ضع (ي) قطرة واحدة في العين اليسرى مرة في اليوم		<table><tr><th>MORNING</th><th>AFTERNOON</th><th>EVENING</th><th>NIGHT</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MORNING	AFTERNOON	EVENING	NIGHT									
MORNING	AFTERNOON	EVENING	NIGHT													
8 EVOREL 50 patch Apply ONE patch as directed every 72 hours	ضع (ي) لصقة واحدة حسب التعليمات كل ٧٢ ساعة		<table><tr><td></td><td></td><td></td><td></td></tr><tr><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr><tr><td>×</td><td>×</td><td>×</td><td>×</td></tr></table>					✓	✓	✓	✓	×	×	×	×	
✓	✓	✓	✓													
×	×	×	×													

A4 Medication Summary Sheet

200 paracetamol 120mg/5ml oral suspension paediatric

2.5 ml





MORNING	AFTERNOON	EVENING	NIGHT
2.5 ml	2.5 ml	2.5 ml	

Arabic Patient Name 27-Feb-2025 Arabic
Address A, Steelhouse Ln, Queensway, Birmingham, B4 6NH. Tel: 01213456781
Keep out of the sight and reach of children
يُحفظ بعيداً عن أنظار ومتناول الأطفال

Pictogram label

WM is used across the UK

Written Medicine

Ready for pharma content at scale

Hospitals

- Supports safe discharge
- Helps patients understand complex medicines

Community Pharmacy

- Improves dispensing safety
- Reduces avoidable queries

Primary Care

- Used in consultations
- Reduces post-appointment confusion

Secure & Specialist Settings

- Supports patients with high communication needs

Clinical Trials

- Aiding inclusive recruitment



Proven Impact on Patient Understanding

Written Medicine

Funded by



Health Education England

Academic Partner



Published in



Provision of Bilingual Dispensing
Labels to Non-Native English
Speakers: An Exploratory Study

- 62% discovered they had been making mistakes with English labels.
- Understanding increased from 38% to 89%
- Patient independence increased from 23% to 75%
- 82% said translated information improved adherence
- 80% wanted translated labels regularly
- 66% said it would influence their choice of pharmacy

**Clear instructions improve understanding Understanding
improves adherence and loyalty**



Patient Stories: The Real Difference

NHS

**Birmingham Women's
and Children's**
NHS Foundation Trust

- Testimonial: A mother can now safely leave her child with family thanks to translated labels

-The impact is wider reaching that just the medications coming out of our dispensaries!

- How many of your own experiences can you relate to with patients that could benefit from this practice? How much more can we achieve without stretching our teams further?

1 Symbicort 100/6 Turbohaler

Inhale TWO puffs in
the MORNING and in
the EVENING

2 ਘੰਟੇ (ਸਾਹ) ਨਹੀਂ ਸਵੇਰ ਅਤੇ ਸ਼ਾਮ ਦੇ
ਸਮੇਂ



New Patient

29-Nov-2023 Punjabi

1 Symbicort 100/6 Turbohaler

Warning: Read the additional information given with this medicine.

ਚੇਤਾਵਨੀ: ਇਹ ਦਵਾਈ ਦੇ ਨਾਲ ਦਿੱਤੀ
ਗਈ ਵਾਧੂ ਜਾਣਕਾਰੀ ਪੜ੍ਹੋ।

Keep out of the sight and reach of children

New Patient

29-Nov-2023 Punjabi

1 Symbicort 100/6 Turbohaler

Warning: Do not stop
taking this medicine
unless your doctor
tells you to stop.

ਚੇਤਾਵਨੀ: ਇਸ ਦਵਾਈ ਨੂੰ ਉਦੋਂ ਤੱਕ ਲੈਣਾ
ਬੰਦ ਨਾ ਕਰੋ ਜਦੋਂ ਤੱਕ ਤੁਹਾਡਾ ਡਾਕਟਰ
ਤੁਹਾਨੂੰ ਬੰਦ ਕਰਨ ਲਈ ਨਹੀਂ ਕਹਿੰਦਾ।

Keep out of the sight and reach of children

New Patient

29-Nov-2023 Punjabi

Direct alignment with productivity, communication and neighbourhood health

Written **Medicine**

Enhancing communication

Accessible medication information for people facing language, literacy, learning disability or sensory barriers.

Releasing time to care

Consistent information patients can take away, reducing repeated explanation and avoidable confusion.

Patient self-management

Helps patients and carers understand what to take, when to take it and why.

Care closer to home

Supports medicines use in community pharmacy, primary care, neighbourhood teams and at home.

Any Questions

Written Medicine

Ghalib Khan



+447747074797



ghalib@writtenmedicine.com



Transforming consent: a system-wide driver of safer, more efficient care

Say hello to Concentric.

✓ Consent confirmed

Laparoscopic
cholecystectomy

 View consent form PDF

Dr Patrick Hart
Growth and Partnerships Clinician
hello@concentric.health



Consent today is not fit for purpose



Even in advanced hospitals, consent is still largely paper based, leading to major clinical and operational problems:

- **Incomplete or inconsistent documentation creates medicolegal risk.**
 - Errors/omissions in over 50% of paper consent forms
- **Consent is often completed too late, contributing to theatre delays.**
 - Over 50% of consent completed on day of surgery
 - Paper consent causes 10% of theatre delays
- **Patients often lack time and support to make informed decisions.**
 - 28% gold-standard shared decision making

A sample paper consent form titled "Patient Agreement to Investigation or Treatment" with the subtitle "(Procedures where consciousness is impaired)". The form includes sections for "Patient Details (or printed label)" with fields for Hospital No., Patient's First Name, Patient's Surname / Family Name, Date of Birth, and Gender (Male/Female). It also has a section for "Name of proposed course of treatment" with a note to include a brief explanation if the medical term is not clear. A "Statement of health professional" section contains checkboxes for "I have explained the procedure to the patient" and "In particular I have explained" followed by lines for "The intended benefits", "Serious or frequently occurring risks", and "which may become necessary during the procedure". A "Responsible Health Professional" section includes fields for Job Title, Patient's Special Requirements, and a signature line.

Concentric: digital consent at scale

Transforming how hospitals manage consent, shared-decision making, and medicolegal risk



- Used by 1 in 4 NHS hospitals.
- **30,000+** clinicians using Concentric with **2 million patients** per year.
- **70%** of digital consent usage in the UK.
- **4.6/5** average patient rating (n= 226,627).

The proven standard for digital consent in modern healthcare.



Concentric: personalised digital consent

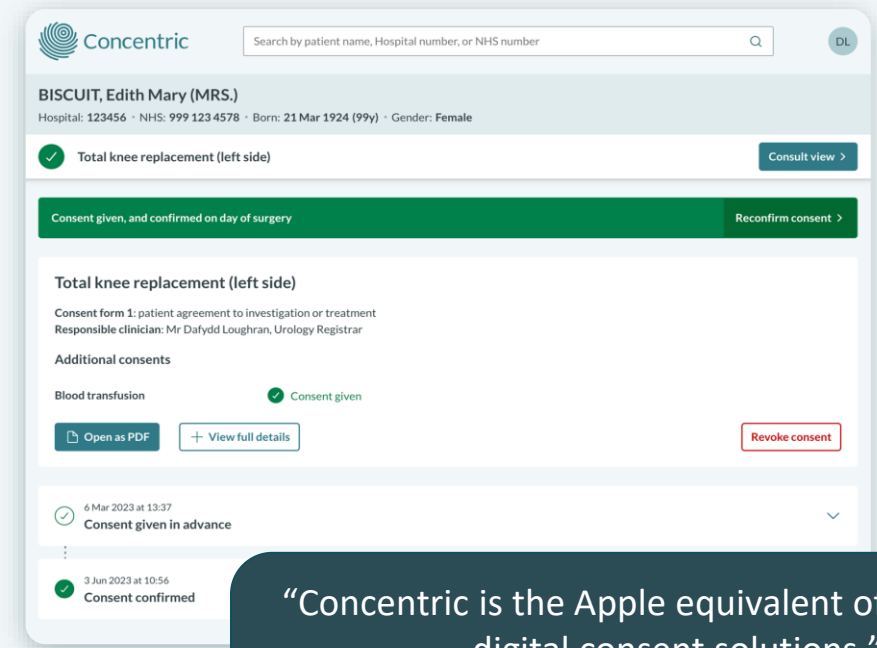


Concentric replaces paper consent with a secure digital workflow:

- (1) Clinicians create personalised, evidence-based consent from 3,000+ procedure templates.
- (2) Consent information is securely shared with patients ahead of procedures, enabling two-stage consent.
- (3) Patients review the information in their own time, and give consent remotely or in person.
- (4) Completed consent PDF automatically sent to EHR.

Key capabilities:

- Personalised, evidence-based consent info
- Seamless integration with hospital EHR systems
- Multilingual patient info
- Remote and two-stage consent pathways
- Secure cloud platform with full audit trail



“Concentric is the Apple equivalent of digital consent solutions.”

Theresa Richardson, Consultant
at Imperial College NHS Trust



Improving consent → system-wide impact



Reduced medicolegal risk

- Standardised evidence-based consent information
- 50% reduction in consent-related medicolegal risk (NHS Trust estimates)

Improves hospital efficiency

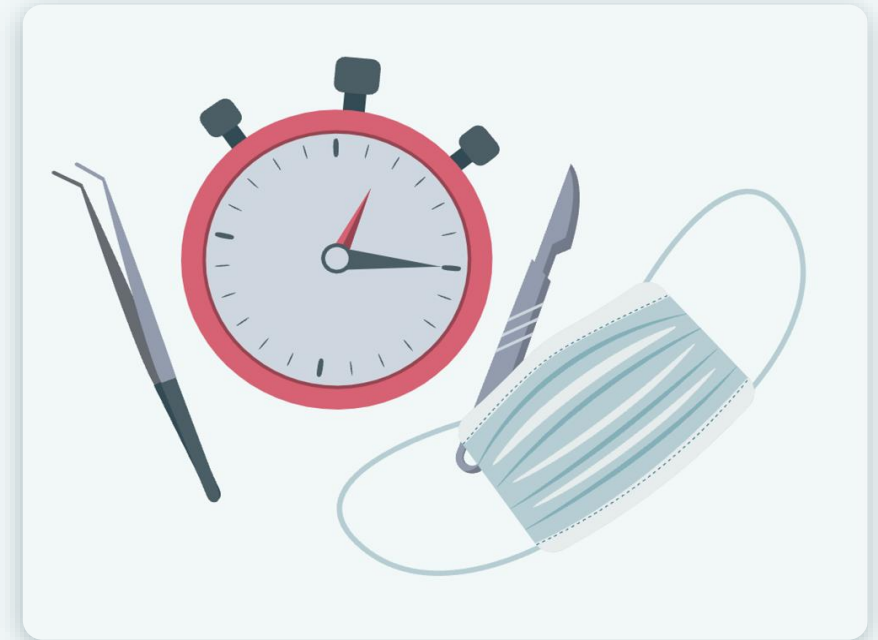
- Remote consent before procedures
- Eliminates paper consent process, with no scanning, storing or locating paper forms
- 5% reduction in day-of-treatment delays (Imperial College)

Improves patient understanding

- Gold-standard shared decision making improved from 28% → 72% ([Dyke et al.](#))

Cost saving and reduces carbon

- £5.64 saved per consent episode ([Health Innovation Oxford & Thames Valley](#))



“Of all the bits of software we are asked to use, at last this is one piece of software that actually makes our lives better.”

Dr Warren Hyer, Paediatric Gastroenterologist, Chelsea and Westminster Hospital





Concentric is the proven standard for digital consent in modern healthcare

- Live across 50+ large healthcare organisations.
- Trusted by 30,000 clinicians.
- Supporting 2 million patients every year.

See Concentric today: <https://concentric.health/demo/product/>





Continuous digital support for obesity care

Exploring implementation opportunities across the Midlands

Grow Digital Health Midlands Showcase

September 2026

Obesity care requires continuous support.

Much of that support needs to happen between visits.

Evira helps make that possible.

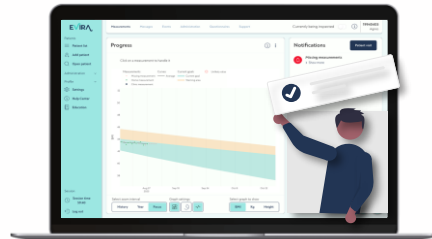


Evira Bridges the Gap Between Visits



CLINIC

Real-time dashboard
Proactive interventions
Identify early deviation



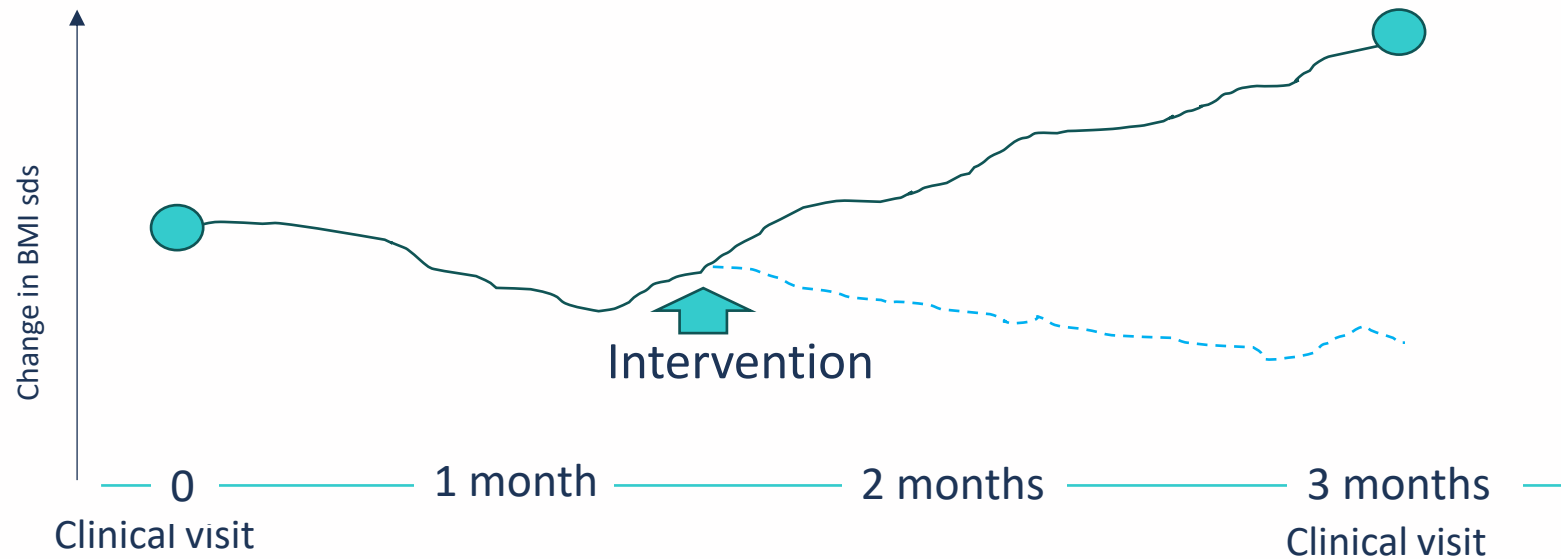
HOME

At home monitoring
Trend-based feedback
No weight display



From scheduled follow-up to needs-based support

Helping care teams step in when support is needed most

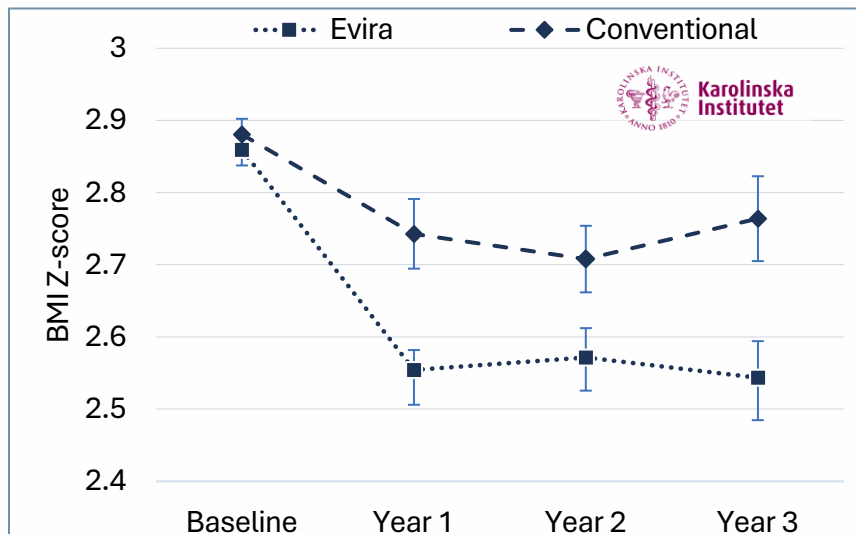


"It provides us an opportunity to step in and support families when they need it most."

— Sarah Say, Clinical Nurse Specialist, Birmingham CEW clinic

Published evidence- Improved and sustained outcomes

Preliminary NHS CEW results are in line with published outcomes



2× average treatment effect at 1 year

Sustained treatment effect at 3 years

31.8% vs 18.7% obesity remission at 3 years

Hagman E et al. IJO 2022; Hagman E et al. IJO 2025.

NIHR ENHANCE evaluation – findings expected September 2026

Ongoing international RCTs generating further evidence



Already relevant to the Midlands

Evira is already being used within specialist obesity care in the region.

Existing experience in Birmingham, Nottingham and Leicester CEW services, for children and young people

7,000+

paediatric patients

6,000+

adult users

7

countries

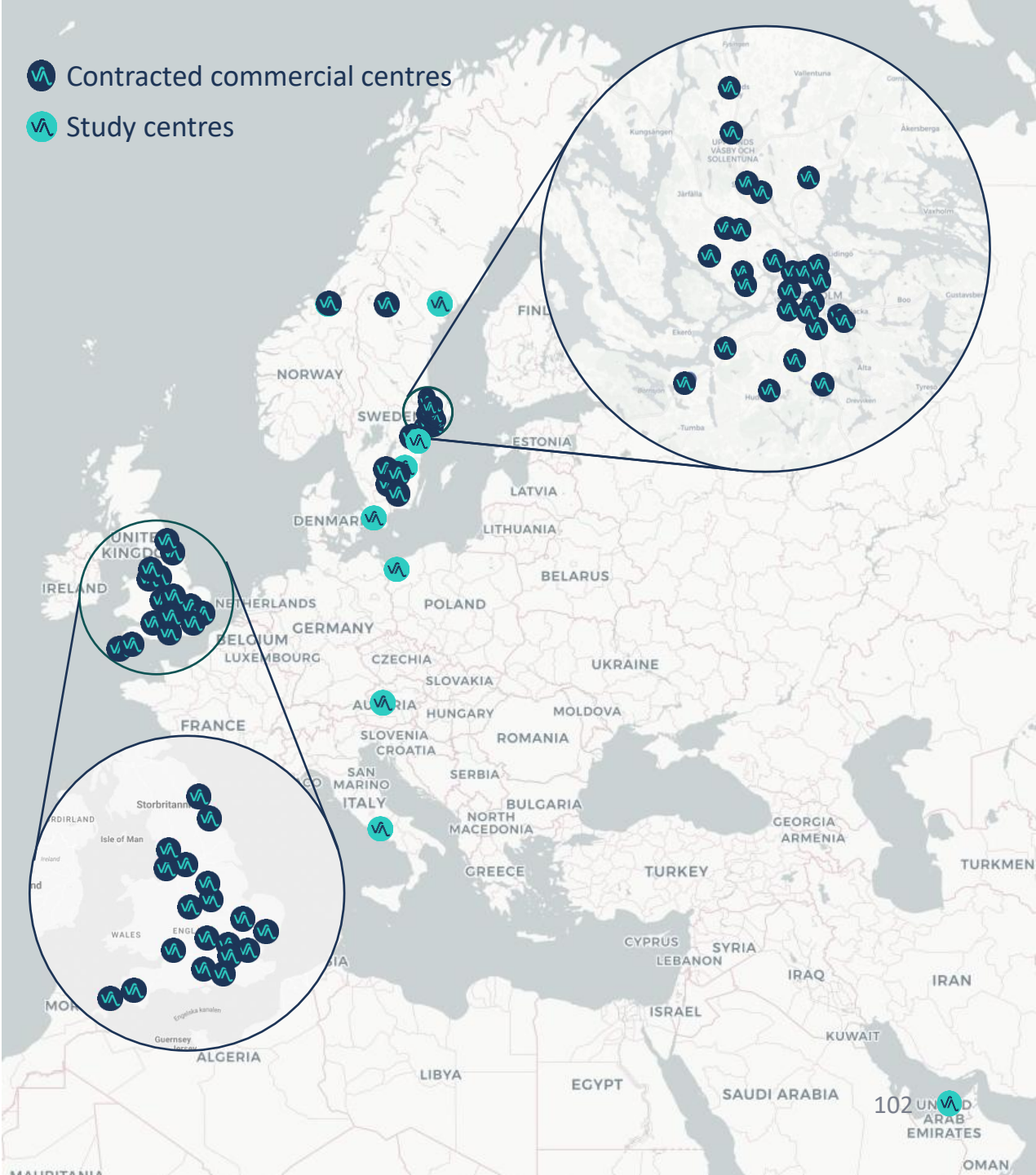
60+

centres

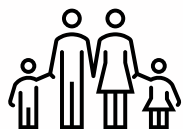
20+

UK Trusts

The Grow Enabling fund can support a new local implementation, building on existing regional learning.

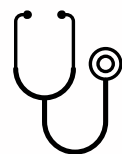


Where could Evira be explored next?



Community & Tier 2

Digital support for children and families earlier in the pathway, complementing community-based weight management services with more continuous follow-up and greater accessibility



Primary Care/GP-led

Remote monitoring and follow-up within primary care obesity pathways, including support alongside obesity medication/GLP-1



Prevention & early intervention

Supporting earlier identification, family engagement and follow-up through child health, health visiting or community prevention services

These are examples only – we are keen to explore other locally identified needs and new implementation opportunities.

Have an idea? Let's shape a project together.



What could you gain from a Grow project?

A funded opportunity to test Evira in your own service and generate local evidence.

- Test Evira with a defined patient group
- Learn how to use Evira and how best to integrate it into your local pathway.
- Evaluate patient engagement and clinical workflow
- Generate local outcome and service data
- Build evidence for future commissioning and sustainability

Have a challenge in your service?

Let's explore whether Evira could be part of the solution.

Funding can support the implementation of Evira as part of a locally designed project, alongside the organisation's own project activity and evaluation.

Evira can support with:

- shaping the project and application
- defining the pathway and patient group
- Evira implementation and onboarding
- training and ongoing support
- data and evaluation planning
- an agreed in-kind contribution

Interested?

Contact us at: info@evira.se





Anna's Journey

A composite day, built from thousands of hours of clinical observation — brought to life by AI.

Heim

GROW DIGITAL HEALTH MIDLANDS

So your team can focus on patients,
not paperwork.

Connected intelligence for community care

Heim connects EPR, GPS and roster data to help community providers understand demand, coordinate their workforce and respond more efficiently.

Heim Insights

Connects EPR, GPS and roster data to give operational teams a real-world view of service demand, capacity, travel, deferred care and skill mix.

Plan My Day

Optimises clinicians' working days based on clinical need and geography.

Grace

RAG-based operational search and question answering, in the field.

Heim Find

Lets staff check in and out, supports lone-worker safety, and helps operational teams spot who in the field is best placed to respond to urgent care.

Grace — intelligent support across Heim

Search and question answering in the Companion App today; data discovery, custom views and task automation next, through co-design.

Built with community teams

We work in co-design partnerships, continually developing intelligent capabilities that help providers release time, respond to demand and deliver care more efficiently.

Measured impact in over 10,000 hours of community care

2–5 months



Typical time for Heim to pay for itself

Up to $\frac{1}{3}$

Of the working day saved

35%

Average increase in capacity

52%

Reduction in mileage

Already working with NHS trusts and community providers

Heim

Giving Midlands community teams their
time back.

Dr Eve Corner MBE

Software Partnerships
eve.corner@heim.health



Turn waiting time into therapy time

GROW September 2026

FUNDED BY

NIHR

NHS

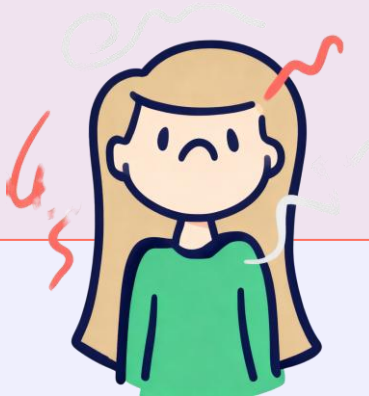


orla@superpenguin.com

Families need support before the first appointment

+77%

rise in referrals since 2021



1+ yrs

most families wait more than 1 year for support



£150 /hr

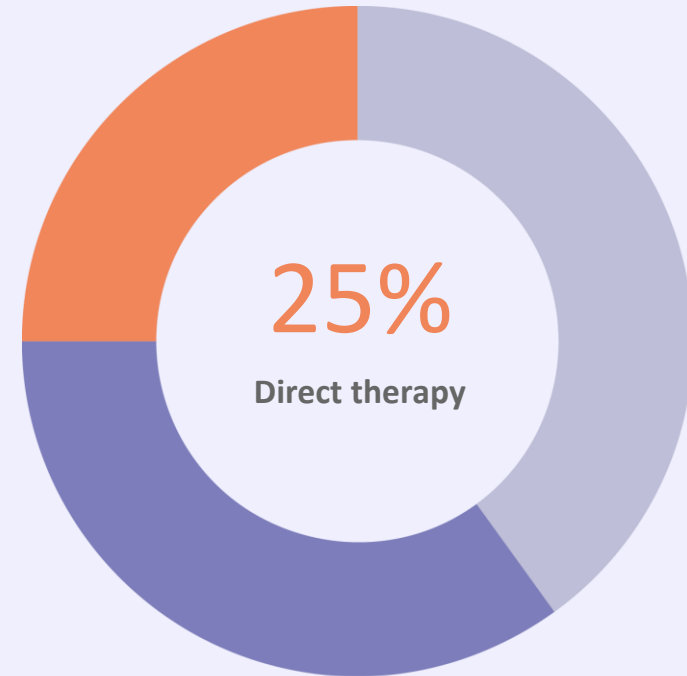
cost per SLT session,
prohibitive for most families



Demand is rising while clinical time is scarce

3x

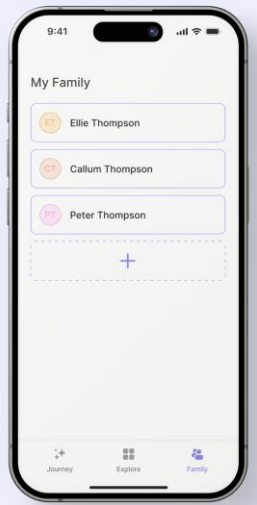
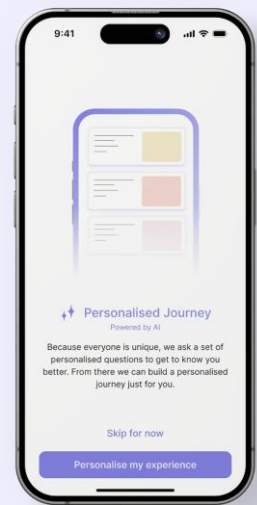
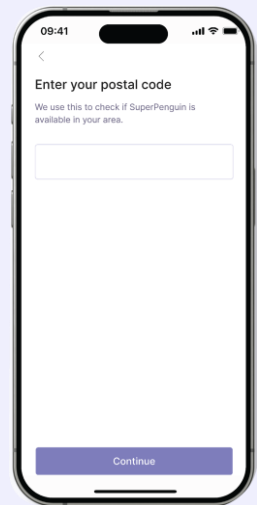
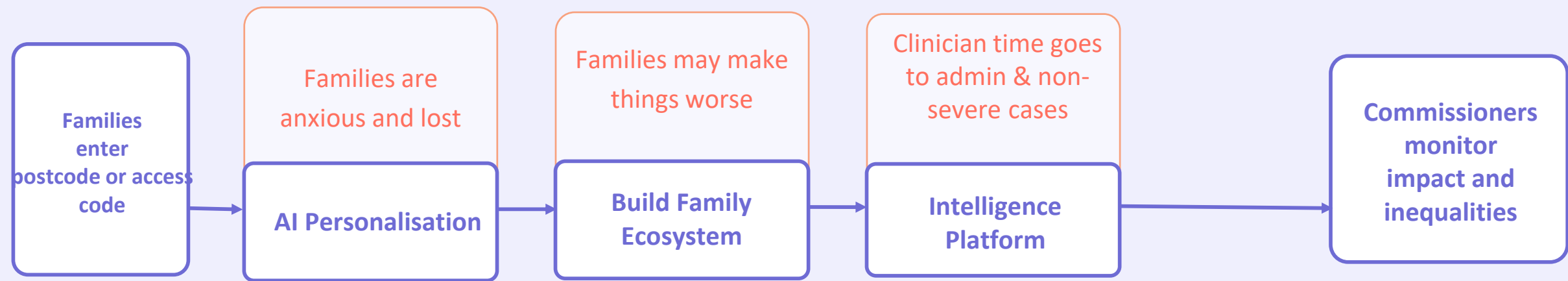
more SLT vacancies than average



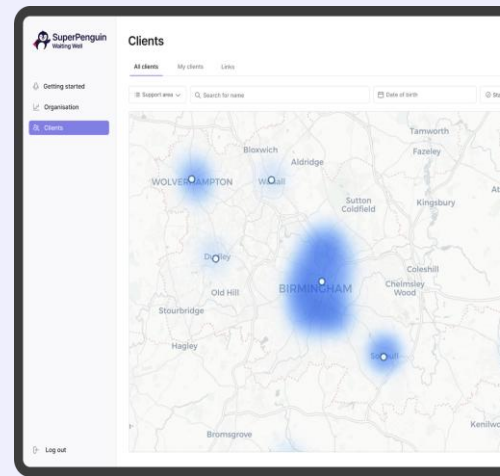
How clinicians spend their time

- Administrative tasks (40%)
- Assessment & reporting (35%)
- Direct therapy (25%)

One pathway can support families and free clinical time

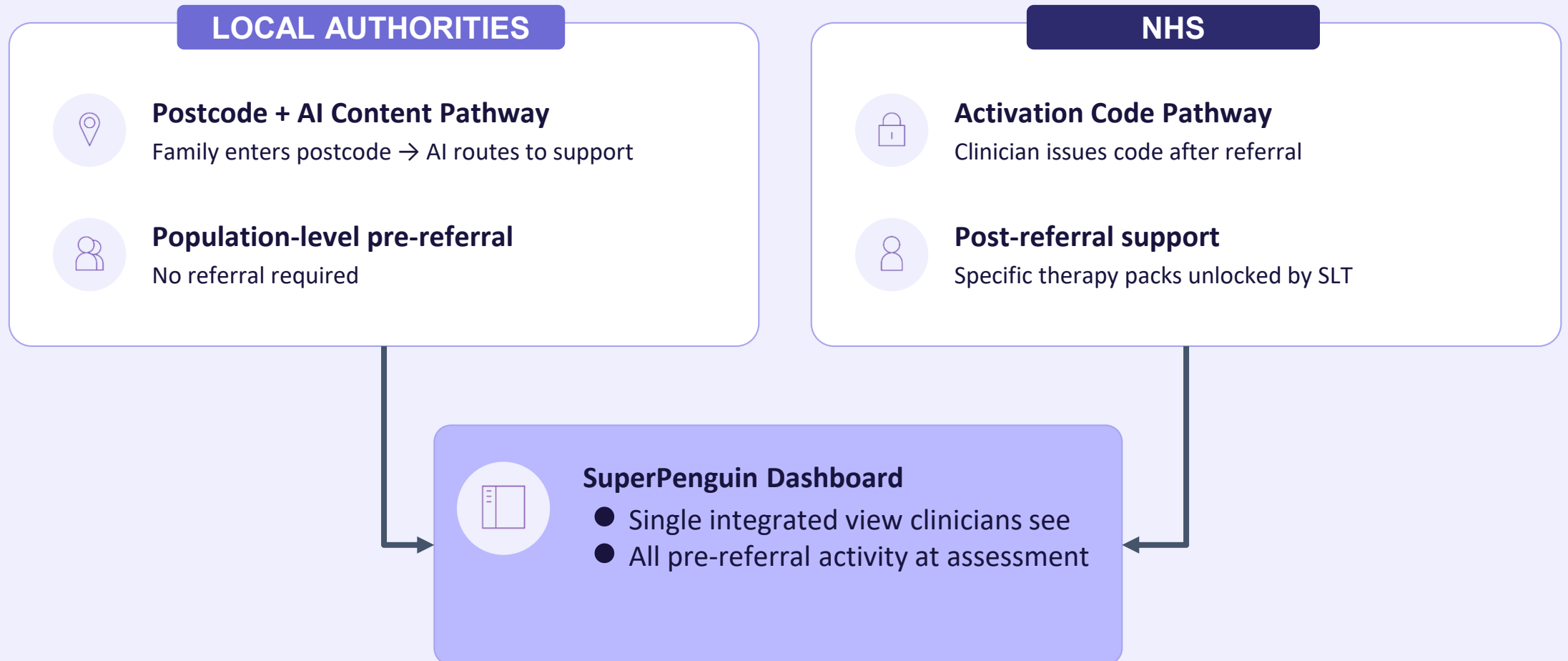


Client name	Date of birth	Support area	Cases	Case status	My client
Oliver Bennett	04/04/2005	Stammering	Sarah Bennett Sam Bennett	Active	☐
Amelia Carter	13/07/2019	Language Difficulty	Natalie Carter Leo Carter	Active	☐
Harry Singh	08/10/2005	Speech sound	Anika Singh	Active	☐
Isla Green	22/02/2001	Stammering	Lary Green	Connected	☐
Jack Taylor	12/04/2018	Acquired Brain Injury	Past Taylor	Active	☒
Lily Robinson	26/06/2016	Autism Spectrum Disorder	Chloe Robinson	Connected	☐
Noah Murphy	30/12/2015	Acquired Brain Injury	Jessica Murphy Mia Murphy	Active	☒
Freddie Ahmed	06/08/2002	Stammering	Saima Ahmed	Connected	☐
Eve Johnson	29/05/2007	Language Difficulty	Mark Johnson	Active	☒
Oliver Williams	01/05/2014	Stammering	Hannah Williams Craig Williams Ben Williams	Active	☐
Stephen Davies	22/06/2013	Speech sound	Kelly Davies	Connected	☒
Leo Patel	06/11/2018	Language Difficulty	Priya Patel	Connected	☒
Ella Watson	25/06/2019	Stammering	Gemma Watson Luke Watson	Active	☒
Charles O'Connor	10/02/2016	Acquired Brain Injury	Sean O'Connor Mary O'Connor	Active	☒



NHS and local authorities can connect one pathway

Families receive support earlier. Clinicians see one joined-up journey.



AI-driven, population-level SLT support

Client name	Date of birth	Support area	Cases	Case status	My client
Oliver Bennett	04/04/2010	Stammering	South Bennett Tom Bennett	Active	☐
Amelia Carter	15/07/2009	Language Difficulty	Amelia Carter Sam Carter	Active	☐
Harry Singh	09/10/2010	Speech sound	Arsha Singh	Active	☐
Max Green	22/10/2007	Stammering	Lara Green	Contacted	☐
Jack Taylor	12/04/2009	Acquired Brain Injury	Paul Taylor	Active	☐
Lily Robinson	26/06/2010	Autism Spectrum Disorder	Olivia Robinson	Contacted	☐
Naah Murphy	30/11/2009	Acquired Brain Injury	Joseph Murphy Mia Murphy	Active	☐
Freddie Ahmed	06/08/2002	Stammering	Samira Ahmed	Contacted	☐
Ella Johnson	21/05/2007	Language Difficulty	Mark Johnson	Active	☐
Oliver Williams	01/05/2014	Stammering	Harvey Williams Craig Williams Ben Williams	Active	☐
Sophie Davies	22/06/2010	Speech sound	Billy Davies	Contacted	☐
Leo Patel	06/11/2009	Language Difficulty	Prisha Patel	Contacted	☐
Ella Watson	29/09/2010	Stammering	Samira Watson Lara Watson	Active	☐
Charlie O'Connor	10/03/2009	Acquired Brain Injury	Sam O'Connor Mia O'Connor	Active	☐

SPECIALIST F2F SUPPORT

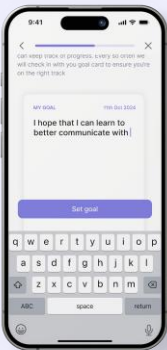
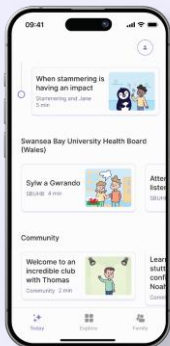
Provide clinical with intelligence and visibility of pre-referral and home activities

TARGETED SUPPORT (0 to 18)

Several targeted needs (0–18), including but not limited to Language Speech Sound, Stammering, Autism, Developmental Language Disorder.

UNIVERSAL SUPPORT (0 to 10)

Universal Early Years (0–4) + Social Communication (0–10)



Proven delivery, evidence and NHS readiness

**71% of carers
reports increase
of confidence**

**Resulting in
30% fewer sessions
needed**

**8 NHS trusts
procured**

**45 NHS trusts
piloted**

**£3M public
funding
to date**
Mainly public funding

RCT

NIHR-Funded
Trial Underway

**Class I
Medical Device**

ISO 13485 + 27001

**+13
speech areas
in pipeline**

Families and clinicians already see the value

“For the first time, I felt like I could actually help my daughter instead of just waiting and worrying.”

Parent of a 5-year-old on NHS waiting list

“

It's exactly what we need in a really nice format.

NHS SLT

Speech and Language Therapist

“

It all means they require fewer sessions with me.

NHS SLT

Speech and Language Therapist

“

It's the only thing honestly that I've recommended with confidence to families.

NHS SLT

Speech and Language Therapist

This partnership supports NHS priorities

01 From hospital to community

Moves intervention beyond clinics

Supports homes, schools,
communities

Reduces demand on SLT
services

02 From analogue to digital

One scalable digital platform

Real-time data insights

Consistent support across
services

Replaces paper-based
resources

03 From sickness to prevention

Early support at referral and pre-referral stages

Strengthens prevention

Reduces need for specialist
care



Collaboratively we can transform care for families

orla@superpenguin.com

Agree local priorities

Launch a measurable pilot

Improve care pathways



Prostate Intelligence™ (Pi™)

Delivering earlier, more accurate diagnosis of
clinically significant prostate cancers in the
NHS

Presented by Opey Olorunlero



Challenges in the Prostate Cancer Pathway

Demand is outpacing supply

Demand for scans is growing at more than twice the rate of radiologists to interpret them, and cancer incidence is rising. Meanwhile, nearly half (44%) of clinical oncologists and 2 in 5 (39%) radiologists are set to retire within 10 years.



Dr Stephen Harden, President of the Royal College of Radiologists, said:

“For the first time, our census shows that patients’ conditions are deteriorating because of workforce shortages. Delays to diagnosis and cancer treatment are extremely dangerous, particularly in deprived and rural communities where shortages are worst.”



The shortage of radiologists is much worse in small acute hospitals (43% shortfall) than in large teaching hospitals (30% shortfall). The North of Scotland, North and West Wales, and the North East and East Midlands in England have some of the worst shortages.



In practice - optimising the prostate cancer pathway

Save Radiologists
Time and Effort

Pi™

Reduce Unnecessary
Biopsies by 20%
whilst maintaining
CDR

Earlier & More
Accurate Diagnosis of
Clinically Significant
Prostate Cancers

Reduce Waiting
Times in the Pathway

More Targeted
Biopsies & Treatment
Planning

About the Grow Digital Health Midlands Enabling Fund



The coalescing theme for the Enabling Fund is **‘Earlier Intervention, Better Flow, Smarter Care’**

Programme Themes:

Enhancing NHS productivity and communication through:

- Releasing time to care and support our workforce
- Increasing productivity, through initiatives such as
 - DNA (did not attend) identification, easy rescheduling and cancellations
 - Demand and capacity planning
 - Intelligent rostering and demand prediction
- Enabling patient self-management in the community
- Building capacity for neighbourhood health, bringing care closer to home

Grow Enabling Fund Theme Addressed: **Smarter Care**

1) Pi™ reduces demand for prostate biopsies by improving biopsy selectivity

MRI

Prostate AI
analysis of MRI

Clinical data

- PSAD computed using clinical PSA and AI prostate and T2 volume

Key Findings of AI Decision Support System (AI-DSS) Research Study:

- About **20% reduction in biopsies** at **same CDR**
- 79% improvement in biopsy efficiency
- Significant improvements in grade selectivity and selective biopsy avoidance

10.7937/K9TCIA.2017.MURS5CL

See DOI here: <https://doi.org/10.1007/s00330-026-12361-6>

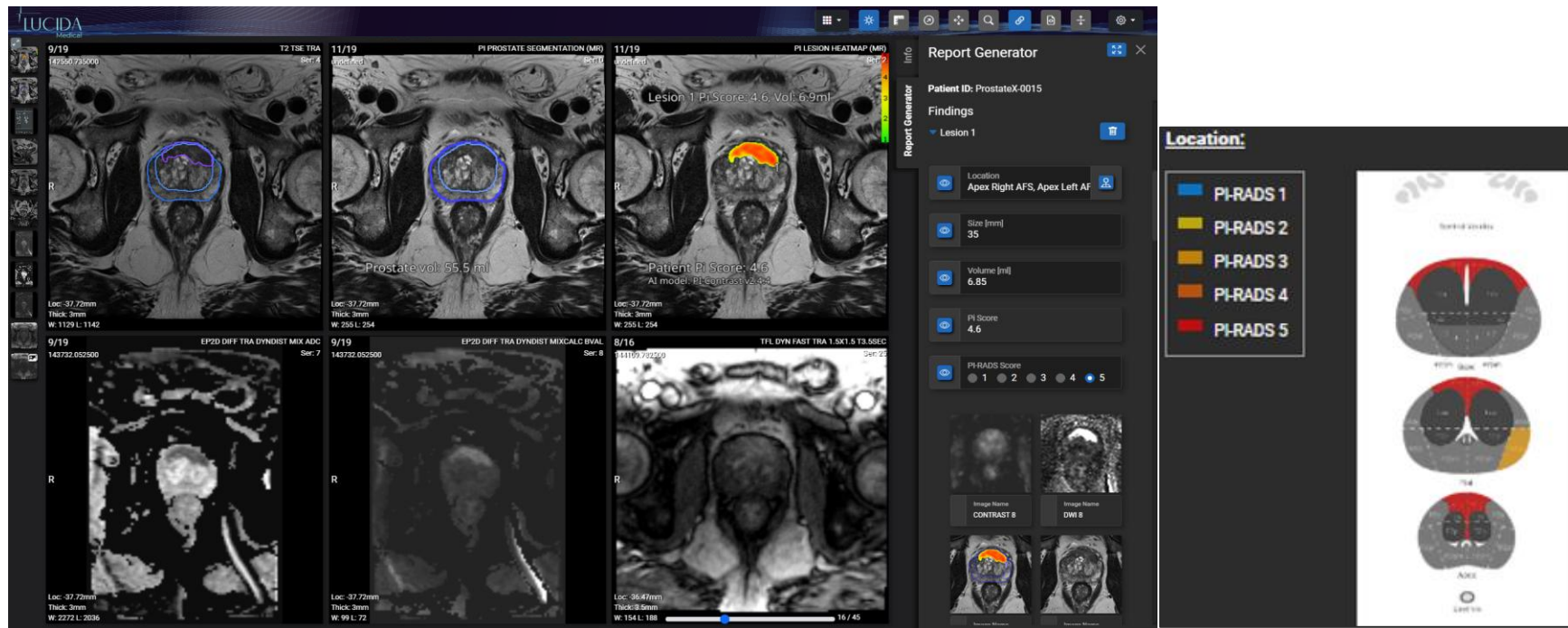
Grow Enabling Fund Theme Addressed: **Smarter Care**

2) Pi™ enables better productivity in MRI Prostate reporting

Pi™ User Interface (UI)

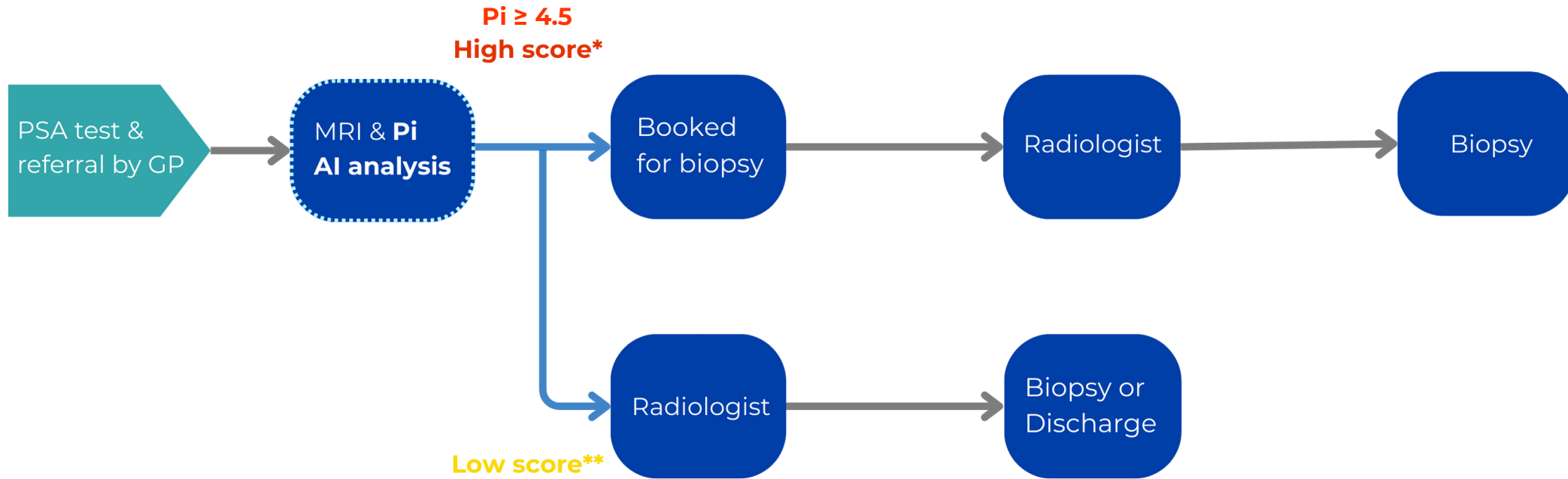
One Stop Shop for Prostate Cancer Radiology Reporting

- ✓ Automated PSA density calculation
- ✓ Automated lesion identification and contouring
- ✓ Automated segmentation of the prostate*, seminal vesicle and transition zone
- ✓ Automated prostate volume & lesion volume measurement
- ✓ Auto-generated preliminary reports
- ✓ Digital prostate sector map which can be annotated by Radiologists



Grow Enabling Fund Theme Addressed: **Better Flow**

3) Pi™ cuts waiting times in the prostate cancer pathway



Pi score ≥ 4.5: Patient automatically booked for next available biopsy based on Pi score, urgently reviewed by radiologist prior to biopsy

Pi score <4.5: Patient follows standard pathway, radiologist review followed by biopsy booking or discharge

3) Pi™ cuts waiting times in the prostate cancer pathway



Somerset
NHS Foundation Trust

Key Results:

- Pi saved a relative average of **11 days from MRI report to biopsy** for men with csPCa (data compared to a pre-defined control period) using threshold of 4.5
- High **PPV of 85%** at a Pi™ threshold of 4.5
- **96% agreement** between radiologist and Pi score ≥ 4.5 for biopsy selectivity (4% cancelled biopsies)

csPCa (GG2+)	Pi score ≥ 4.5 N=89/334
Agreement with radiologist	96%
Sensitivity	48 (40-56)%
False positive rate	7 (4-12)%
PPV (rule-in)	85 (76-92)%

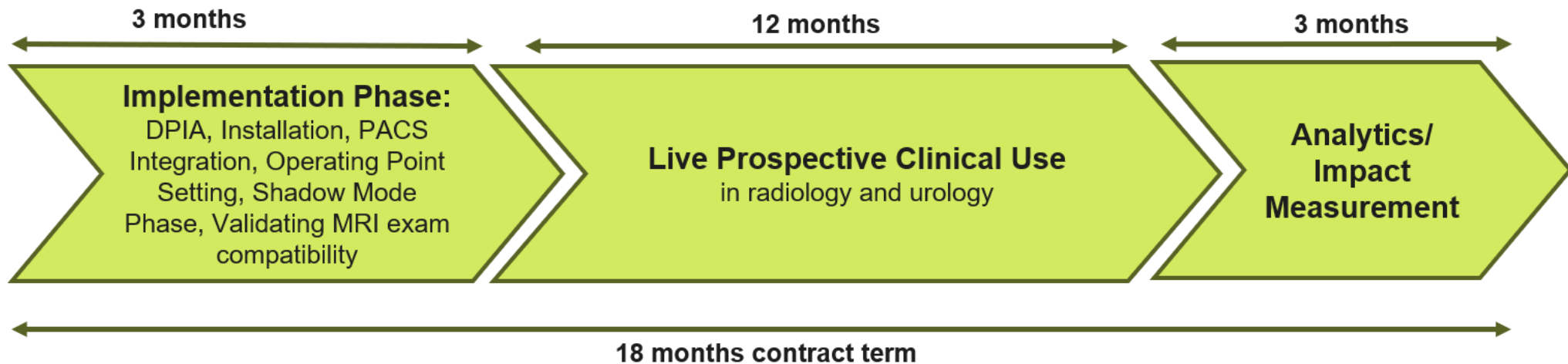
Full report can be downloaded here:

https://healthinnovationsouthwest.com/wp-content/uploads/2025/10/Lucida-Pi_RWE-final-report_Sep-2025.pdf

Support offered by Lucida Medical to Midland Trusts applying for the Grow Enabling Fund

Exclusive offer of support from Lucida Medical:

- 100% discount on the one-off Pi™ implementation professional services fee - £22,000
- 6 months Pi™ license provided free of charge on the basis of an 18 months contract term. This equates to a saving of between £14,000 and £24,000 depending on the Trust's MRI Prostate Annual Study Volume



>> Lucida's support totaling approximately £36,000.00

Join us on this purposeful journey

Thank You

opecy.olorunlero@lucidamedical.com

www.lucidamedical.com

Lucida Medical – passionate about prostate cancer diagnosis



Enabling Fund



What is the innovation enabling fund?

- Pots of up to £20k available to organisations seeking to deploy one of today's innovations
- **Only eligible** to the innovations you have seen today
- Must be novel to the organisation (i.e. not an extension of an existing project with one of these solutions)
- Applications should have an exec level sponsor and there should be a plan for longer term sustainability
- There can be more than one application per region/organisation, each application is scored on its own merit
- Open to all Midlands health and care organisations



Timeline

- Opens today!
- Organisations have until **COP on Sunday 27th September** to apply through our Awardforce competition platform
- EOI initially for stage 1
- Detailed documentation will be requested for projects progressed to stage 2
- Projects selected from stage 2 will be invited to an interview to enable a final decision on allocation of funding



Interested and want to know more?

- Drop in session for Q&As - applicants can sign-up to join us on Tuesday 15th September 11-12
- Email us with any queries:
 - dawn.plummer@nottingham.ac.uk
 - nick.hamilton@nottingham.ac.uk



Further information

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