

East Midlands Digital Health Accelerator 2023 Showcase Event

Thursday 30th November 2023



Introduction

Tim Robinson

Commercial Director - Health Innovation East Midlands



Welcome!



Schedule

Time	Item	Lead
13:00 – 13:10	Introductions and overview of Health Innovation East Midlands	Tim Robinson
13:10 – 13:20	Overview of East Midlands Digital Health Accelerator	Dawn Plummer
Innovator showcase		
13:20 – 13:35	Compassly	Jonathan Knight
13:35 – 13:50	Download Learning / Atrainability	Adam Beard / Trevor Dale
13:50 – 14:05	Fika	Nick Bennett
14:05 – 14:20	MyOpNotes	Grant Nolan
Break		
14:30 – 14:40	Digital and Data Transformation providing effective solutions to the challenges faced in the NHS	Will Monaghan
14:40 – 15:10	Open forum / audience Q&A	All
15:10 – 15:20	Looking ahead to East Midlands Digital Health Accelerator 2024	Nick Hamilton
15:20 – 15:30	Closing remarks	Tim Robinson



Our support and expertise

- One of 15 health innovation networks across England, we are the East Midlands NHS innovation arm.
- With 10 years expertise at adoption of transformative technologies and pathways, via our pipeline we help identify and import solutions to their challenges
- We are funded by the NHS – our core support and services are free to local NHS partners
- Outside our core support we take on additional paid commissioners via our commercial vehicle 'Ignite'



A unique role

- The value of the health innovation network lies in the collective expertise and knowledge of its 15 members
- We have agility within our local regions and an ability to respond to local needs, coupled with a drive to tackle national priorities at pace and scale
- We are the only NHS agencies that collaborate across all sectors with a role in health innovation, transformation and improvement.



Our mission

Our continuing mission is to spread healthcare innovation at pace and scale



Improving
health



Driving down
costs



Stimulating
economic growth

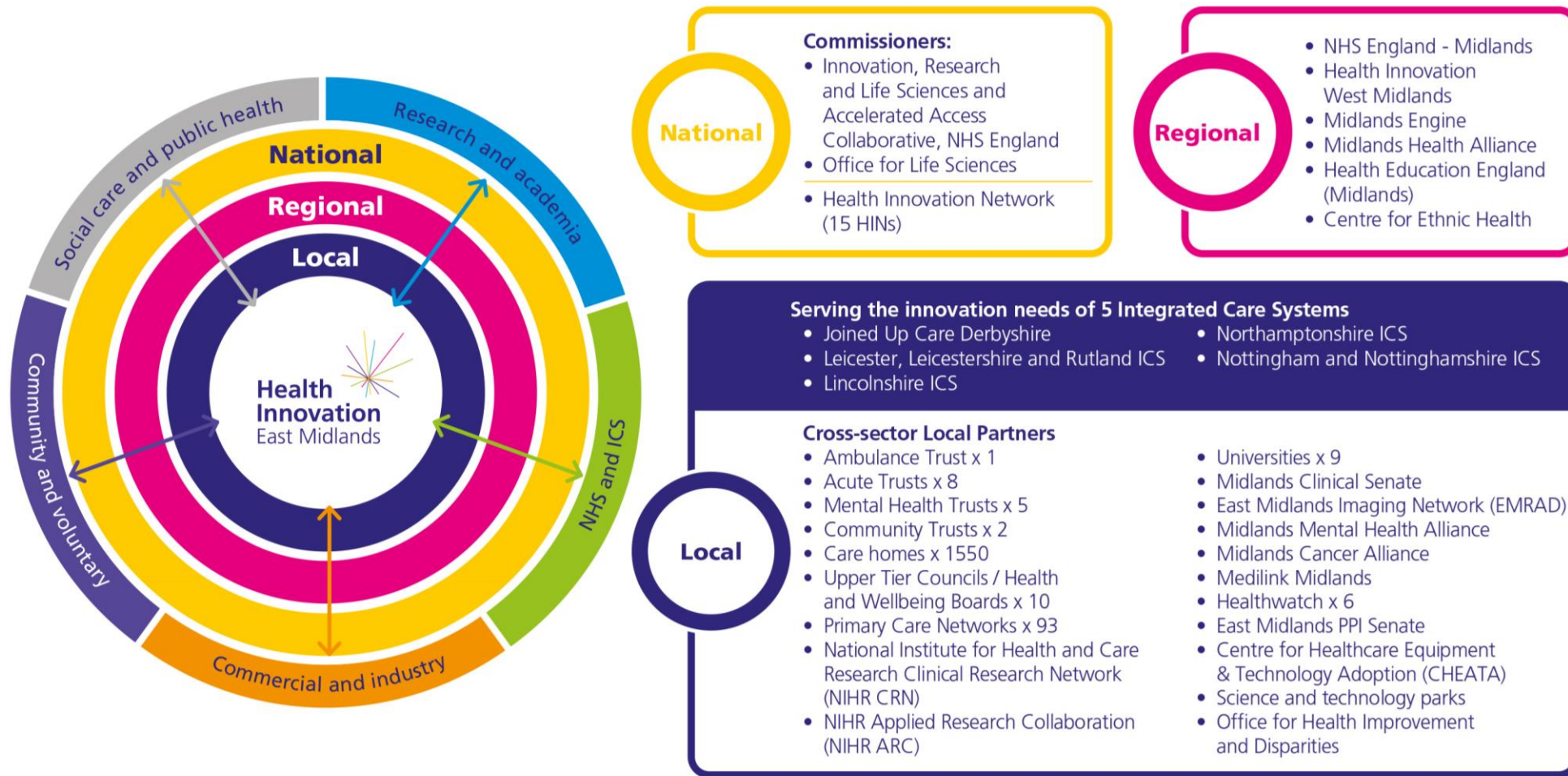


East Midlands region

- Population of **4.9 million**
- **5** Integrated Care Systems (ICS)
- **93** Primary Care Networks (PCNs)
- **1** Ambulance Trust
- **8** Acute Trusts
- **5** Mental Health Trusts
- **2** Community Trusts
- **10** Upper Tier / Unitary Councils
- **9** Universities



Innovation landscape



Our 10-year impacts 2013 to 2023

780,000

Patients have been
positively impacted through
our work

£153.7M

Our value to the East Midlands
health & care system –
achieved against a funding
envelope of £46.7M

1,082

East Midlands
organisations benefiting
from our expertise



Our next licence: Same support and expertise, new name

- The Department for Health and Social Care announced on 26 May that England's 15 AHSNs will be **relicensed for five more years from October 2023**
- Our name also changed to **'Health Innovation East Midlands'** to better reflect our role as the innovation arm of the NHS for the region
- We will build on our positive contribution since we were set up in 2013 – over the past 10 years across the East Midlands we have **benefited over 1.1M patients** and **generated £133M of value** for the East Midlands health and care system, achieved against £46.7M funding.
- Our remit will stay the same – **providing you with access to proven innovations and expert services.**



East Midlands Digital Health Accelerator

Dawn Plummer

Digital Health Innovation Lead – Health Innovation East
Midlands



Purpose

The East Midlands Digital Health Accelerator (EMDHA) is designed to help high potential start-ups and SMEs to refine, develop and scale their digital innovations in the East Midlands

The programme provides tailored support to these high potential start-ups, such as:



1 to 1 advice



Guidance and direction



Masterclasses with subject matter experts



Opportunities to showcase their innovations with stakeholders

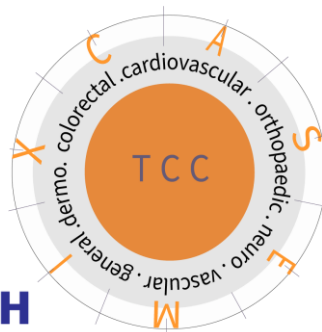


Brokering connections and providing resource to support adoption

We have successfully supported a number of companies to scale their business and created spread and adoption opportunities in the region and nationally across the Health Innovation Network



Alumni



East Midlands Digital Health Accelerator highlights

19

companies supported since the East Midlands Digital Health Accelerator programme began in 2018

9

connections brokered into the East Midlands health and care system as part of our current cohort

8/10

companies have used our support to spread their innovations outside of the East Midlands

Supported the economic growth of:

17

jobs created or safeguarded

£789k

public investment secured

£4.58m

private investment secured

EMDHA desired outcomes (ABC!)

Adoption

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

Benefit

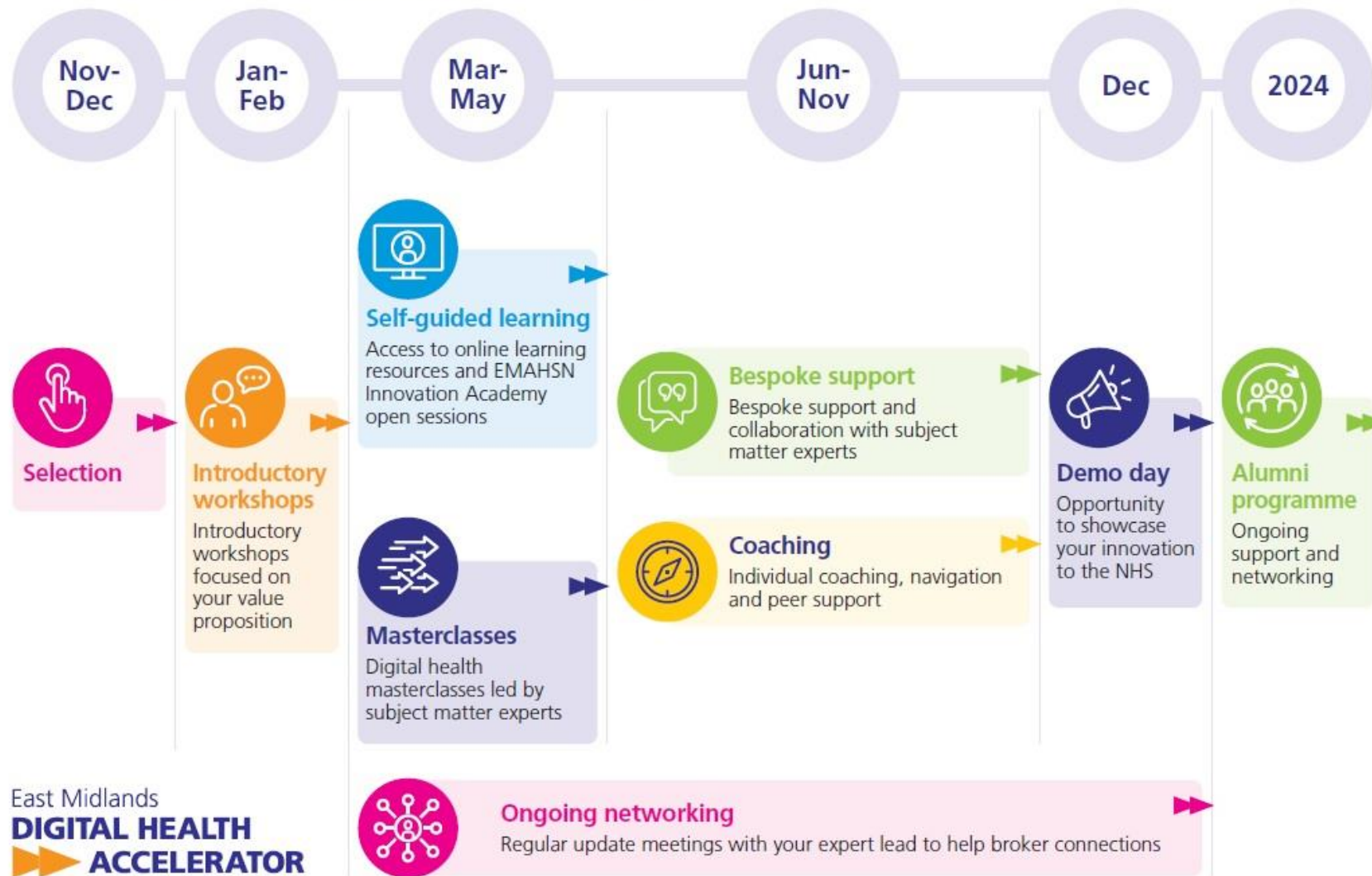
Innovators produce credible and generalisable evidence of benefit and efficacy to support wider spread and adoption.

Commercialisation

Supported companies grow and are able to sustain their innovation, generating economic growth and investment into the sector.



Accelerator programme



Pioneer

MILLS & REEVE
Achieve more. Together.

ETHOS

ORCHA

Waymark[®]
Dynamic Digital Futures[™]

Impacts – what have we delivered this year?

- Delivered 5 masterclasses to the group on a range of topics
- Pre-accelerator 3 day session covering topics including customer discovery, value proposition and elevator pitch
- ORCHA subscriptions for DTAC accreditation for 3 innovators
- Brokered conversations to interested stakeholders within our region



Projects emerging from this years cohort...

- Download Learning / EMAS
 - Transforming the practice educator training module to condense from 2 days to a half day session.
 - HIEM are evaluating the impact on training times and acceptability during 23/24.
- Compassly
 - Aiming to evaluate the impact of their upcoming roll out at NGH
 - Exploring other Acute trust implementations



Our 2023 theme and cohort

- Our theme for 2023 was ‘workforce’ recognising that recruiting, supporting and retaining our staff is one of the biggest challenges for health and social care currently
- Our cohort provide a wide range of innovations that aim to improve the experience of our staff within their working environments and reduce some of their burdens
- Our innovators are here today to introduce their solutions and the benefits they can offer to our local organisations



Innovator Showcase

East Midlands Digital Health Accelerator 2023 Cohort



Compassly

Jonathan Knight – CEO & Co-Founder





Compassly
Competency Passport



Jonathan Knight
CEO & Co-founder



jonathan@tefogo.com

What are clinical competencies?



Competencies are critical for:

- Safety and care of patients
- Professional development of staff
- Understanding skills of workforce



A major challenge:

- Hundreds of competencies
- >1 million UK HCPs, thousands in each provider
- All healthcare settings

Why is this a challenge?

Forms are printed for each staff member

... and stored in folders on the ward

University of Leicester
Kettering General Hospital NHS
NHS Foundation Trust

Cathe

Supervised Practice Assessment
For assessed practice to be competent a full pass would demonstrate competency at this skill.

Please insert P for Pass and F for Fail

Date: 28/10	Date:	Date:	Date:	Date:	Date:
Clinical Skill	P/F	P/F	P/F	P/F	Final sign off P/F
Simulation					
Communication - KGH Care Values Engaging: Respectful: Compassionate					
1 Introduces self to patient/family/carers	P				
2 Checks patient experience and understanding	P				
3 Ensures privacy and dignity/offers chaperone	P				
4 Explains risks and benefits as appropriate	P				
5 Gains valid informed consent	P				
6 Encourage questions, responds appropriately and provides reassurance	P				
7 Maintains confidentiality	P				
8 Respects the patients religious, cultural and spiritual beliefs	P				
9 Use communication skills (verbal/non/listening)	P				
10 Documentation	P				
Safety - KGH Care Values Accountable: Engaging: Respectful: Compassionate					
1 Checks 3 points of ID, Name, DOB, NHS number and wrist band	P				
2 Understands contraindications to procedure	P				
3 Checks for allergies	P				
4 Checks expiry dates and package integrity of equipment	P				
5 Demonstrates an awareness of relevant trust/national policies	P				
6 Leaves the clinical area clean and tidy	P				
Infection Control - KGH Care Values Accountable: Respectful					
1 Decontaminates hands pre procedure (Bare below the elbows)	P				
2 Cleans preparation area, i.e. trolley, tray, surface	P				

Page 6 of 9



Real-life example from a single ward – each folder represents an individual person

Competencies are not portable

Organisation 1



Build up competencies



Organisation 2



Move to a new hospital



Documentation paper-based on the ward



Paper records cannot move

Organisation 2 must make a choice...



Take it all on trust

--- Or ---



Waste their & supervisor's time repeating



These records too will stay on the ward...

The workforce issues caused by competencies are widespread

Poor competency management...



Paper records lead to haphazard competency management



Causes numerous issues...



Staff repeat competencies – a waste of time and insulting



Assigned competencies are not completed and drift over time



Prejudice and unequal opportunities are easily hidden



Competencies inconsistently assigned, creating uncertainty



Impacts on staff...



Nurses fail to progress and professionally develop



Teamwork breaks down, resentment builds



Staff become disengaged and disheartened



Impacts on hospitals



Staff get stuck, and cannot operate at their full potential

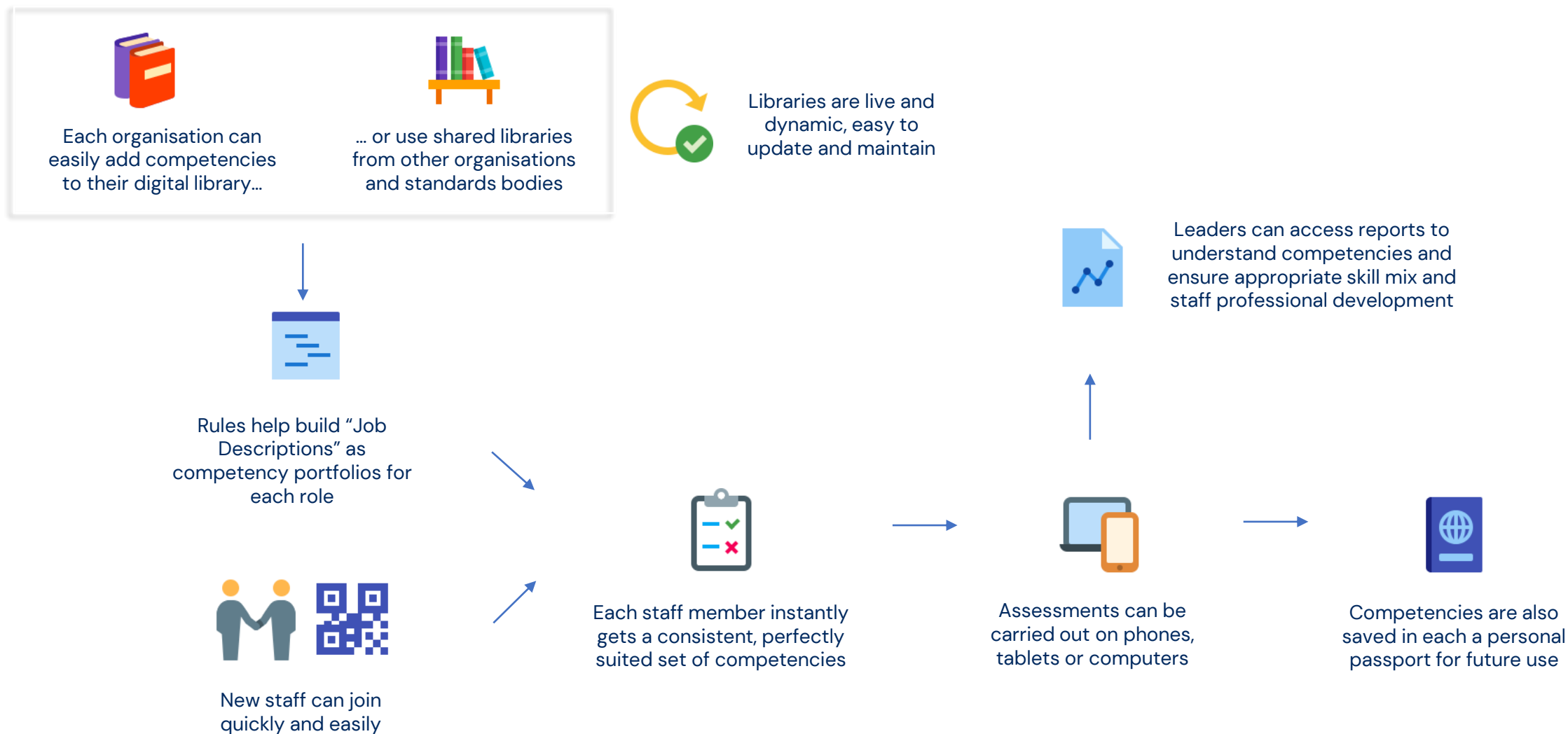


Retention and recruitment even more challenging

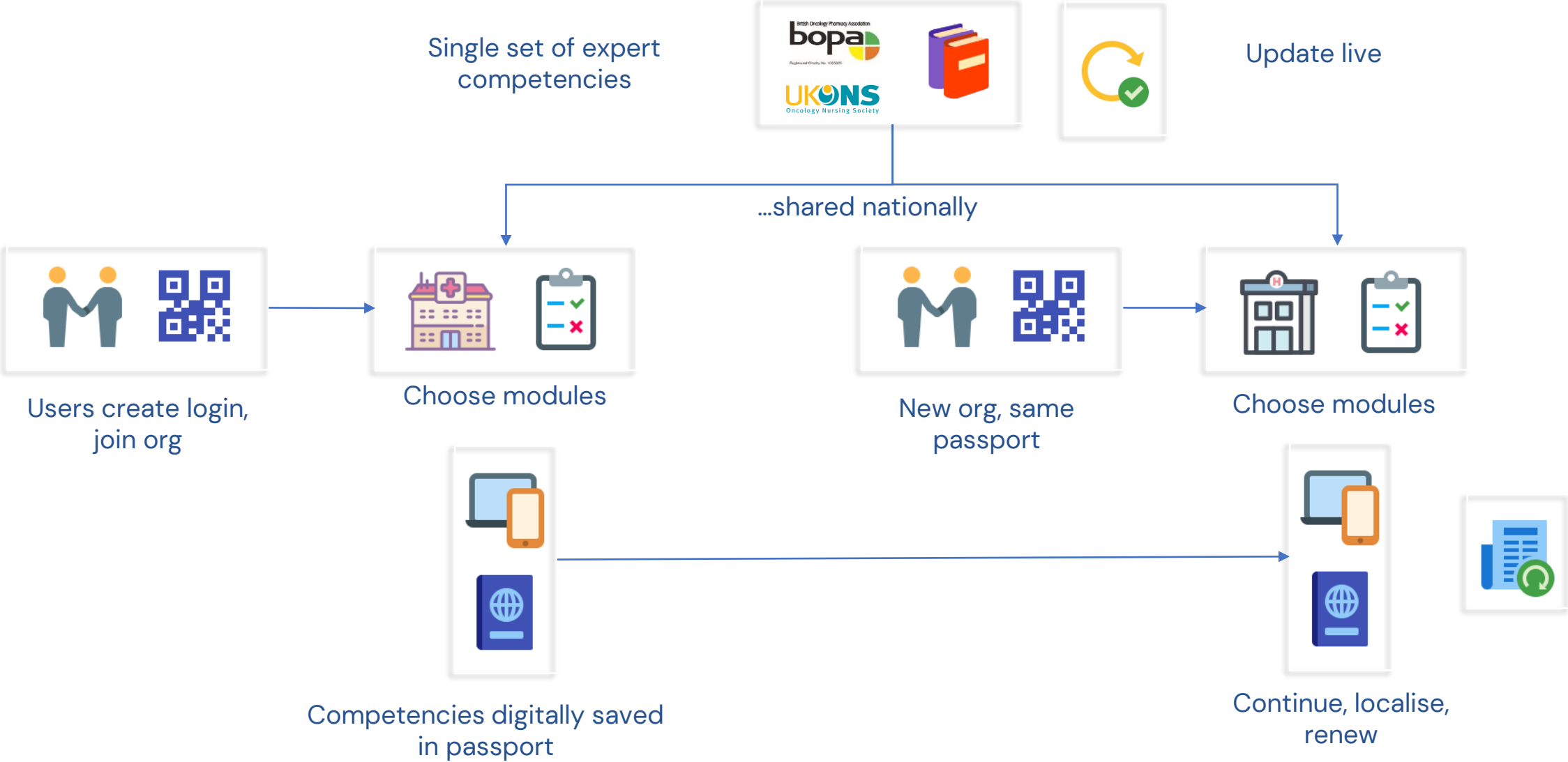


Remaining staff come under greater pressure

Compassly (Competency Passport) makes all of this simple

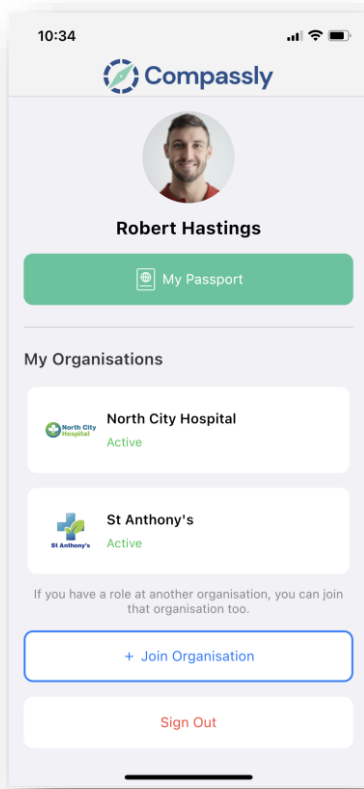


It also works across organisations

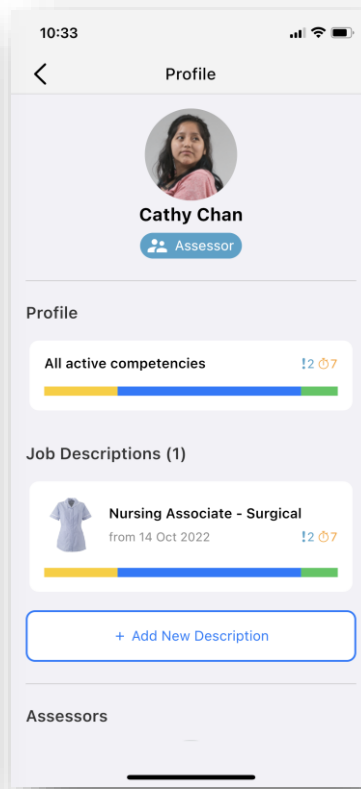


Beautifully simple. Incredibly powerful.

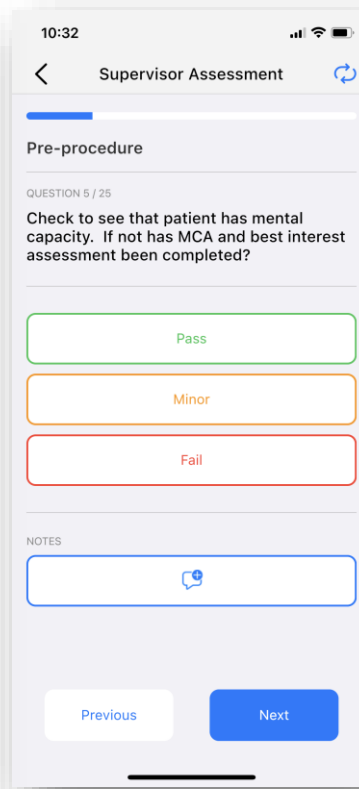
Portable



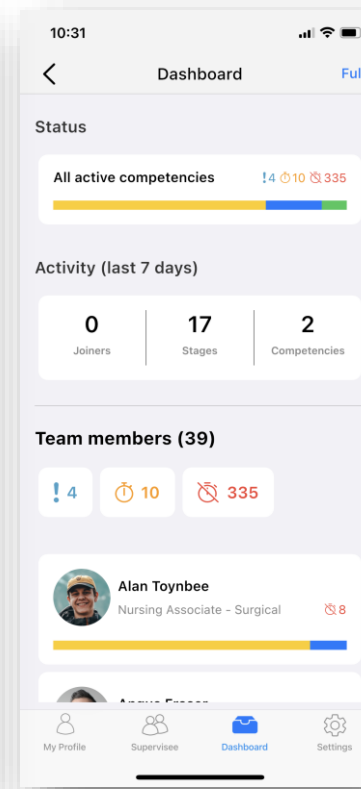
Personalised



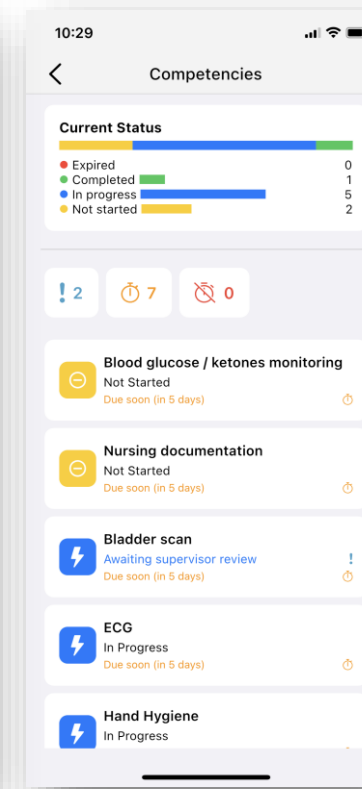
Quick



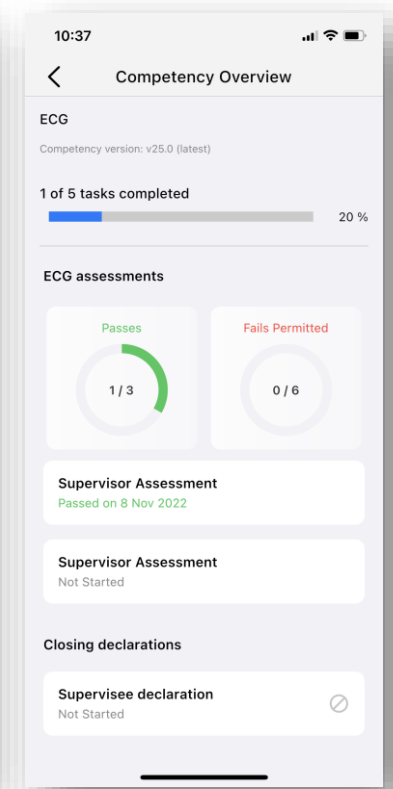
Live



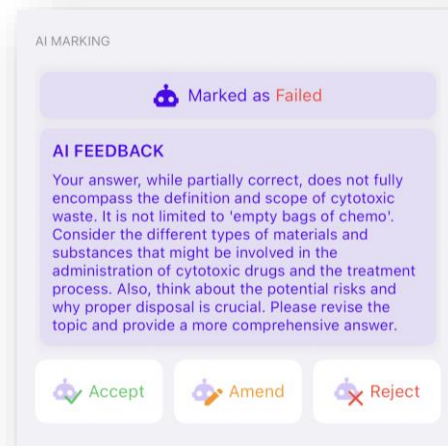
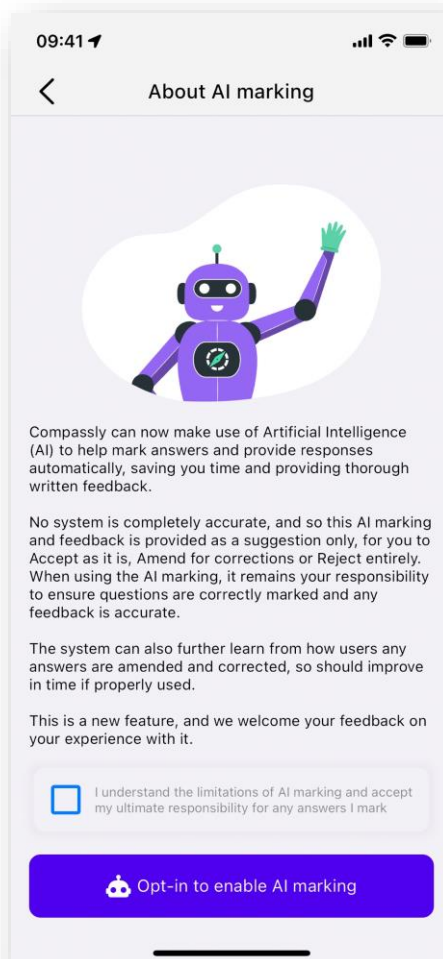
Actionable



Configurable



Innovative use of Artificial Intelligence



Releases tons of time



Detailed, precise feedback



Rapid turnaround



Consistently high standard



Reduces drudgery

Innovative IP

Patent Pending
UK Patent 2216842.1
International Patent 1200509166



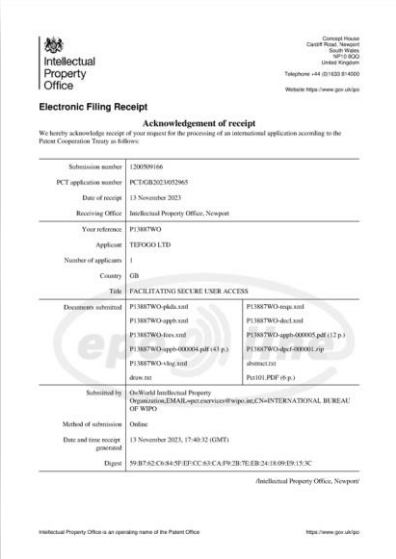
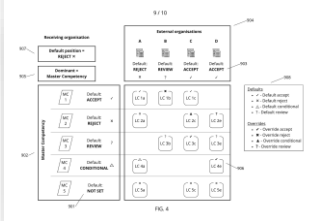
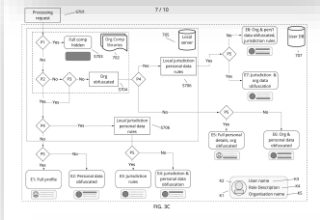
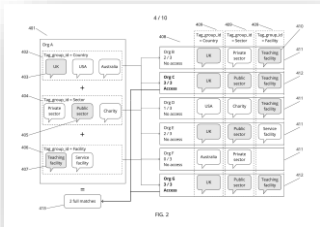
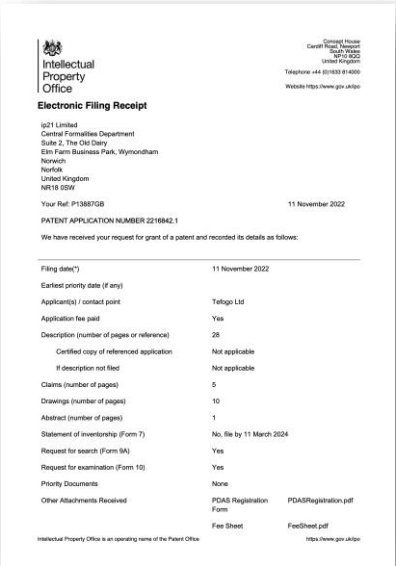
Grant (2020)
Sustainable Innovation Fund



Winner (2021)
IP Audit Plus Scheme



Winner (2022)
IP Access Grant



Brings a wide range of benefits



Empowers the workforce



Transferable & recognised skills



Motivation, reducing attrition



Clear role expectations



Competencies completed on time



Transparent and fair for all staff



Supports the organisation



Frees up time to care



Teams operate at full capability



Full workforce oversight



Optimal workforce deployment



Eliminate all paper



Across the whole system



Maintain latest standards



Easily scalable, hospital to national



Full assurance for regulators



Sharing best-practice



Relevant & consistent skills



Safer, more effective care

EMDHA highlights: Working in the region



Kettering General Hospital
NHS Foundation Trust



Northampton General Hospital
NHS Trust



EMDHA highlights: NHS Confed Expo innovation zone



EMDHA highlights: Round table events in the region

Participant intros

 Birmingham Community Healthcare NHS Foundation Trust	 Leeds Community Healthcare NHS Trust
 Hounslow and Richmond Community Healthcare NHS Trust	 Leicestershire Partnership NHS Trust
 Derbyshire Community Health Services NHS Foundation Trust	 Nottingham and Nottinghamshire
 England	 Nottinghamshire Healthcare NHS Foundation Trust

Please keep your intro short:

- First person intro the organisation
- Name and job title
- Overall experience / perspective on competencies
- Pass onto a colleague

We would propose sharing email addresses afterwards; please email me if you do not want me to share yours

Mandy Lowery

Jonathan Knight

EAGLEFIELD, Vanessa (DE...)

MARTIN, J...

Claire Tow...

DREW, Ge...

POSTON, ...

Hanga Ngwenya
Matron Urgent Care

NGWENY...

MORRISO...

JB

+9

© Tefogo Ltd - CONFIDENTIAL

Jonathan Knight

10

Launch of national passports

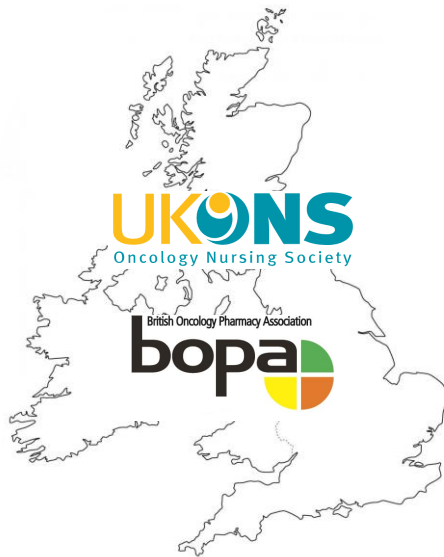


Compassly is already in use in more than 60 NHS organisations



2024: Reaching more healthcare professionals

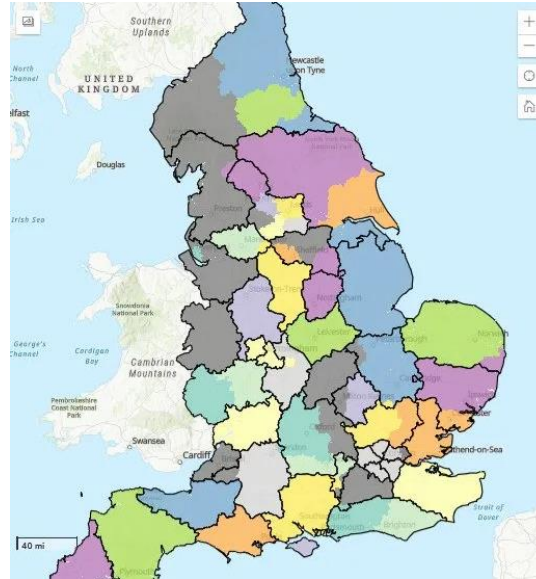
National roll-out



>150 NHS Trusts
(90% of acute providers)

>10,000 clinical users

ICS-level projects

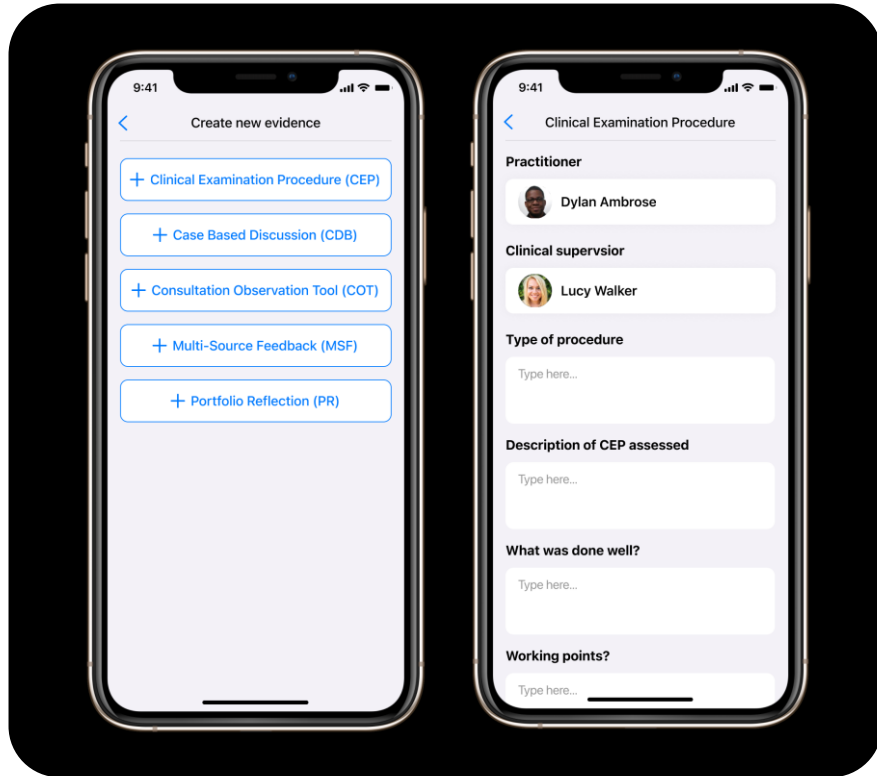


Trust-level implementations

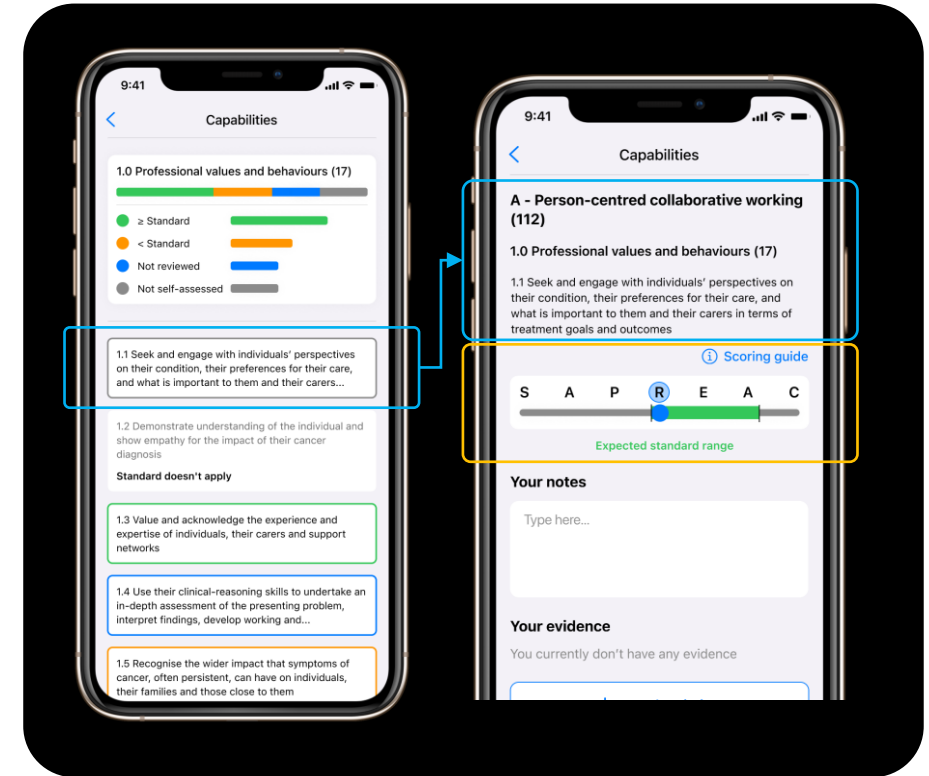


2024: Product extension

Preceptorship (Induction and other programmes)



Capability frameworks (Local & national)



Our ask to you today

The response has been fantastic...

*It's a great app
and the whole
thing has been
set up very
well.*

*I feel like you've
looked into my soul,
found our greatest
problems and
answered them all*

*It's so easy to use.
Love that the
references are in
the app*

*It's amazing –
marked the core
section in 20 mins
while drinking tea*

... but we want to reach more people

Our asks today:

- Contacts in your Trust or ICS
- Nursing, workforce, practice development
- Make the introduction & we will send them this overview

Our promise to you:

- Respectful of their time
- Interesting and valuable
- No hard sell

Thank you – and any questions?

Ask me now

Send me an email



Jonathan Knight
CEO & Co-founder



jonathan@tefogo.com



Compassly
Competency Passport

Download Learning Atrainability

Adam Beard – Managing Director & Co-Founder

Trevor Dale - Director





Download™

Changing the Learning Paradigm

in Order to Improve Patient Safety

Are Current Training Methods Working?

Compensation claims cost the NHS £2.5bn in 2021/22

Recurrent avoidable patient safety issues;

- Sepsis (Deteriorating Patient)
- Medicine management
- Surgical errors
- Maternity...



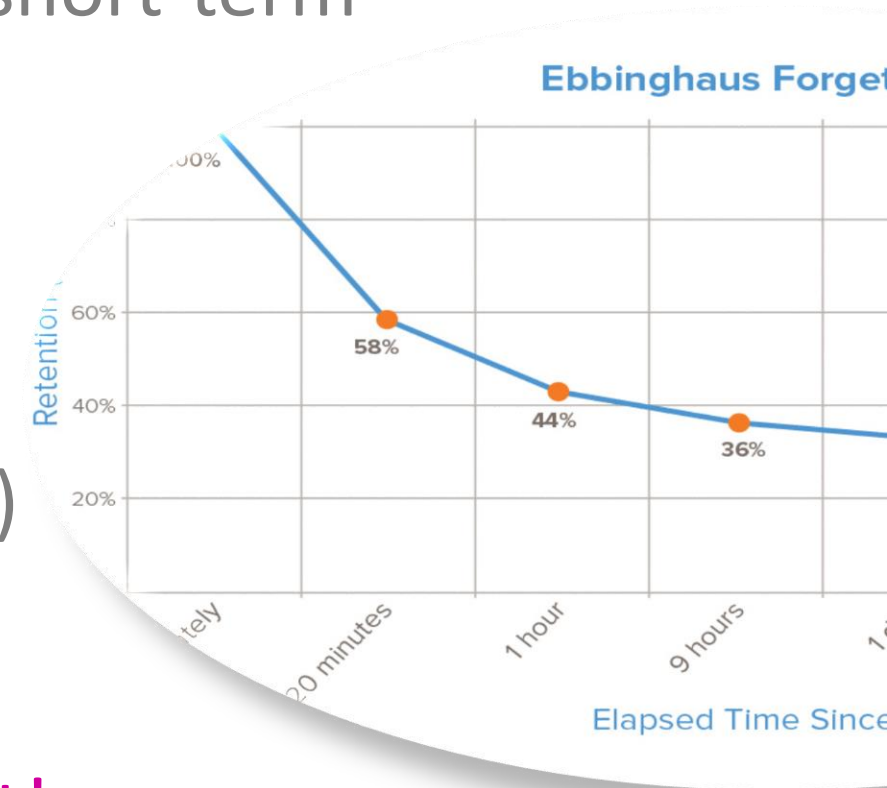
The Current Learning Paradigm

All current learning methods address the short-term (working) memory

The short-term memory:

- Degrades (Ebbinghaus Forgetting Curve)
- Has limited capacity (Magic Number 7)

If you can't remember it, you can't apply it!



The Neuroscience of Learning

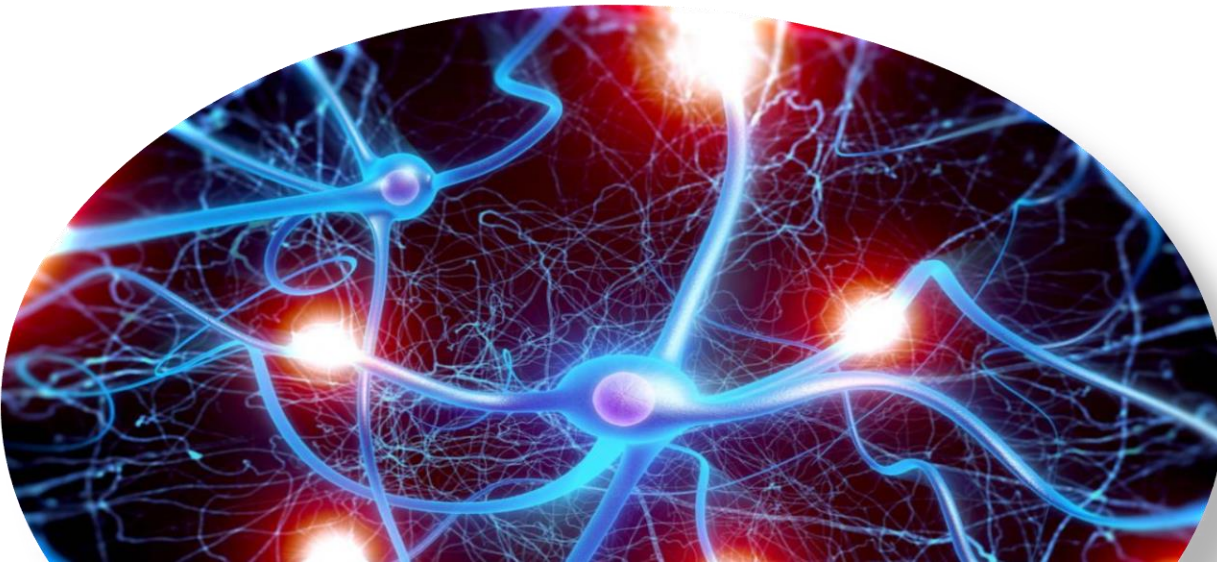


Short-term Memory

- Dedicated synapses
- Synapses randomly reset
- Memory lost

Long-term Memory

- Dedicated synapses
- Reset in a set sequence
- Three stimuli to 'fix' a synapse
- Memory embedded
- 300,000 times more powerful than the short-term memory



Time Sequenced Learning (TSL)

- Embeds knowledge directly into the long-term memory within one learning period
 - Reduces learning times by 75-96%
 - Improved knowledge acquisition
 - Improved knowledge retention
 - Improved application
 - Improved confidence



Validation

- Douglas R Fields; the neuroscience
- Dr Paul Kelly; the application
- University of Surrey Learning Tournament
- UCL Time Sequenced Learning Action Research
- Case Studies
- EMAS pilot
- PubMed;
 - Spaced education Improves the Retention of Laparoscopic Suturing Skills
 - Spaced learning for continuous professional development in primary care



Benefits

- Improved learning outcomes = improved behaviours
- Reduced training time;
 - reduces operational impact of training
 - reduces backfill with cost and continuity benefits
 - reduces time pressures (stress) on learners

Reduced training time + better learning outcomes = improved patient care



Time Sequenced Learning in Action

Private Healthcare Provider

- High level of patient safety incidents
- CQC threat of licence withdrawal
- Download HF and Just Culture modules made mandatory
- Dramatic drop in incidents

Police Stop & Search

- Two-day classroom-based course
- One-hour TSL module
- 17,000 training days saved (3 Forces)
- No loss of learning outcome



Offering

- Identification of training needs and scalable solutions
- Business case development
- Co-creation of solutions
- Testing and metrics
- £2-20 per head training cost





Any Questions?

Fika

Nick Bennett – Co-Founder & Co-CEO



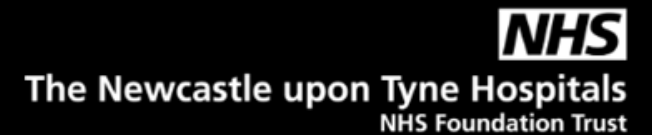


Micro-training performance platform

Trusted by the leaders of 50 organisations



The ROYAL MARSDEN
NHS Foundation Trust



Nick Bennett
Co-Founder & Co-CEO

nick@fika.community





**What is declining performance and
staff attrition costing your NHS trust?**

Fika predicts the risk

Burnout

59%

Disengagement

45%

Job satisfaction

6/10

Productivity

74%

Thinking of quitting

54%

[All of the science references and conditions](#)





Fika predicts the risk		Prevents the risk with micro-training	
Burnout	59%	↓ 20%	Reducing teams mental overload builds stamina and focus
Disengagement	45%	↓ 13%	Boosting engagement helps your teams thrive and hit targets
Job satisfaction	6/10	↑ 8/10	Happy teams who respect and trust each other stay together
Productivity	74%	↑ 78%	Help your teams work at peak and win without burning out
Thinking of quitting	54%	↓ 21%	Reducing impact of quiet quitting and save on re hiring costs

[All of the science references and conditions](#)





Fika predicts the risk		Prevents the risk with micro-training		Calculates the cost avoidance
Burnout	59%	↓	20% Reducing teams mental overload builds stamina and focus	750 Employee number
Disengagement	45%	↓	13% Boosting engagement helps your teams thrive and hit targets	30 Avg. Hours worked per week
Job satisfaction	6/10	↑	8/10 Happy teams who respect and trust each other stay together	£30k Avg. Annual salary
Productivity	74%	↑	78% Help your teams work at peak and win without burning out	Annual cost avoidance £904k ROI of 1:47
Thinking of quitting	54%	↓	21% Reducing impact of quiet quitting and save on re hiring costs	

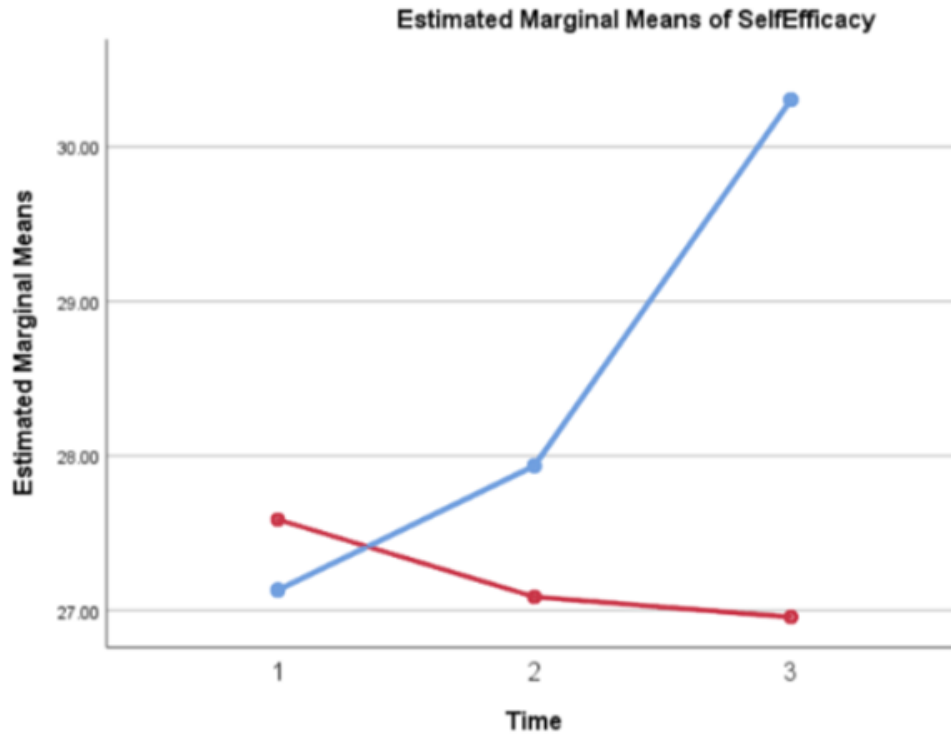
[All of the science references and conditions](#)



RCT evidence base

Fika prevents performance and health decline and increases performance.

Prevention not treatment





Reach out to see how we can reduce
risk for the people of your NHS trust



The ROYAL MARSDEN
NHS Foundation Trust

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust



Nick Bennett

Co-Founder & Co-CEO

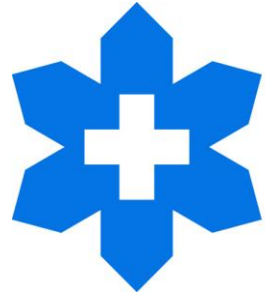
nick@fika.community



MyOpNotes

Grant Nolan – Co-Founder



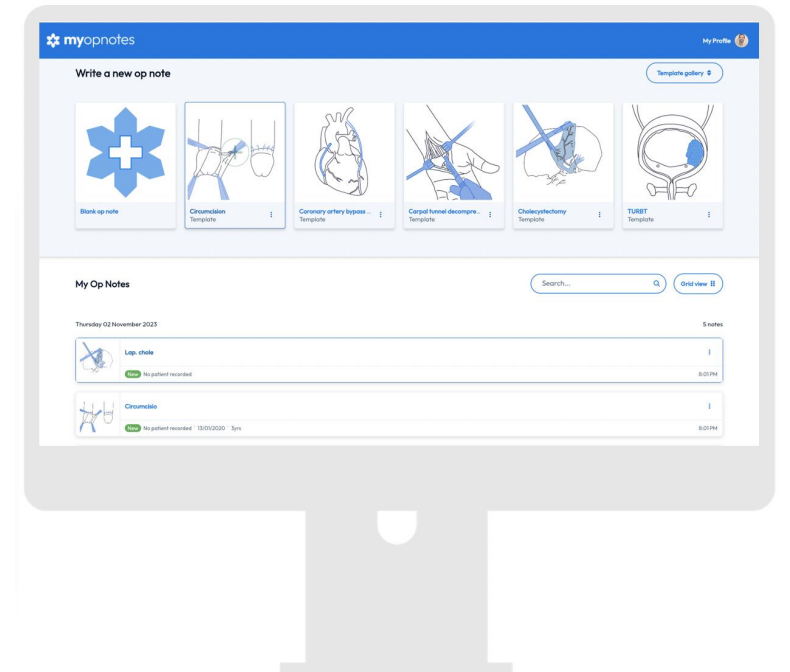


myopnotes

We help hospitals get fairly paid for surgery

Digital surgical documentation that:

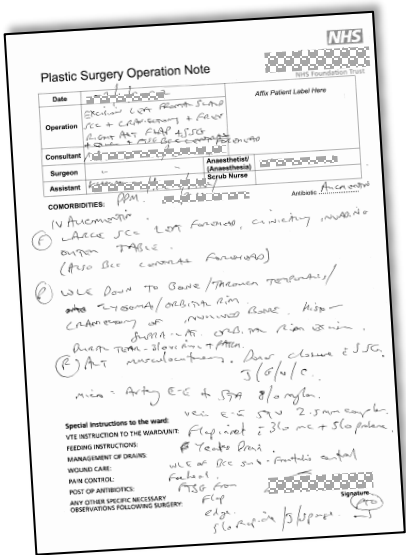
- Saves surgeons' time
- Improves patient outcomes
- Increases revenue



Clinical coding is how NHS hospitals get paid



1. Patient discharged



2. Notes reviewed

J19
GA0

3. Codes assigned

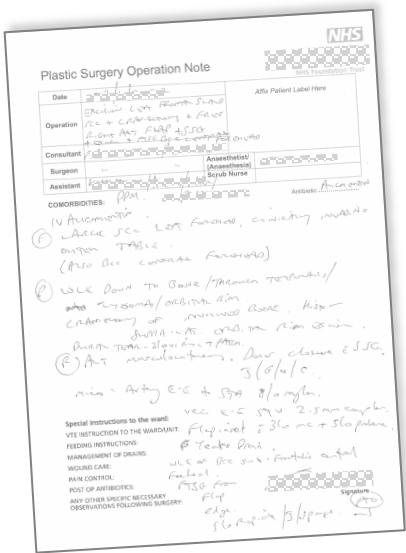


4. Hospital reimbursed

Clinical coding is how NHS hospitals get paid



1. Patient discharged



2. Notes reviewed

Up to
67%
inaccurate

3. Codes assigned

£

4. Hospital reimbursed

The cost of inaccurate clinical coding

-£6.7M

Per NHS Trust

-£1.52Bn

Across the NHS



Dr Grant Nolan

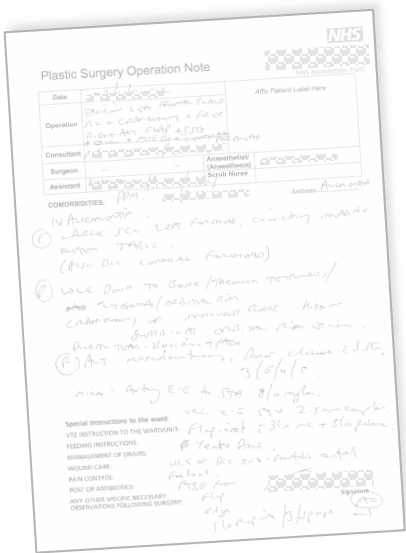
Plastic Surgery Registrar



Clinical coding is how NHS hospitals get paid



1. Patient discharged



2. Notes reviewed

Up to
67%
inaccurate

3. Codes assigned

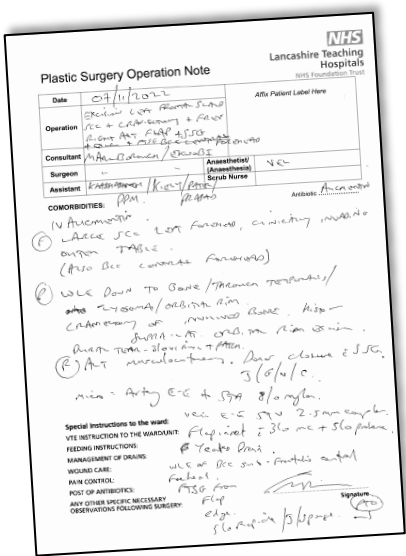


4. Hospital reimbursed

Clinical coding is how NHS hospitals get paid



1. Patient discharged



2. Notes reviewed

Up to
67%
inaccurate



3. Codes assigned

4. Hospital reimbursed

For clinical coding, Sh*t in = Sh*t out

NHS
NHS Foundation Trust

Plastic Surgery Operation Note

Date: 20/10/2011

Operation: Excision Left Forearm Scar
SCE + CRANIOSTOMY + FLEP
R. Gnt Ant Flap + JSG
+ Gnt + JSG Buccal + FLEP on Ant

Consultant: [Signature]

Surgeon: [Signature]

Assistant: [Signature]

Anaesthetist/ (Anaesthesia) Scrub Nurse: [Signature]

Antibiotic: Augmentin

COMORBIDITIES: PPM

IN AUGMENTIN

(F) LARGE SCE LEFT FOREARM, CIVICITY INVASIVE
OUTER TABLE.
(Also see contrast forearm)

(P) WENT DOWN TO BONE / THROUGH TENDONS /
into CYSTOMA / ORBITAL RIM
CRANIOSTOMY OF INVOLVED BONE. Histo -
SUPRA-CLAV. ORBITAL RIM CYSTOMA.
Duct tear - bloodiness + PAIN.

(P) Ant musculocutaneous. Duct closure + JSG.
J/G/V/C.

Micro - Artery E-E + SGA 8/0 nylon.

Special Instructions to the ward: vein E-E suture 2.5mm coagula.
VTE INSTRUCTION TO THE WARD/UNIT: Flap inset + 3/0 mc + 5/0 polylene.

FEEDING INSTRUCTIONS: 1 Teaspoon

MANAGEMENT OF DRAINS: WLE of BCC site - Antidote central

WOUND CARE: FLEP

PAIN CONTROL: JSG from

POST OP ANTIBIOTICS: FLEP

ANY OTHER SPECIFIC NECESSARY OBSERVATIONS FOLLOWING SURGERY: edge.
5/0 Polylene 5/0 polylene.

Signature: [Signature]

"If it wasn't written down, it didn't happen"

Omissions & Inaccuracies

- 90% of unstructured surgical documentation

Unstandardised nature

- Makes it easy to forget key details

~~Illegibility~~

- ~~Up to 70%~~ in some cases

Only part that is solved by an EPR!

Introducing:

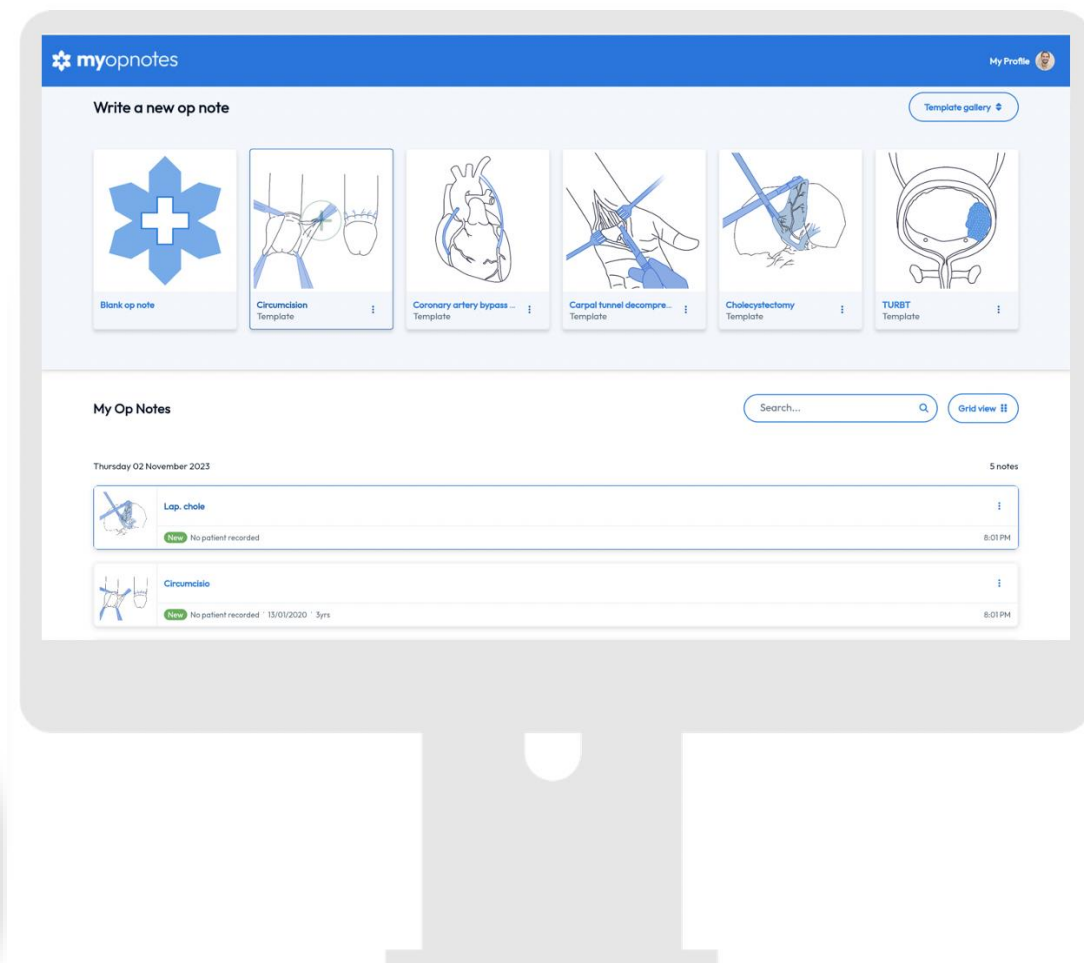


- myopnotes is a **digital platform** containing a **library** of standardised **smart templates**.
- These are designed by surgeons for surgeons to **address inaccurate reimbursement**.

USP: *Captures high-accuracy & complete data*

Improved **patient care**

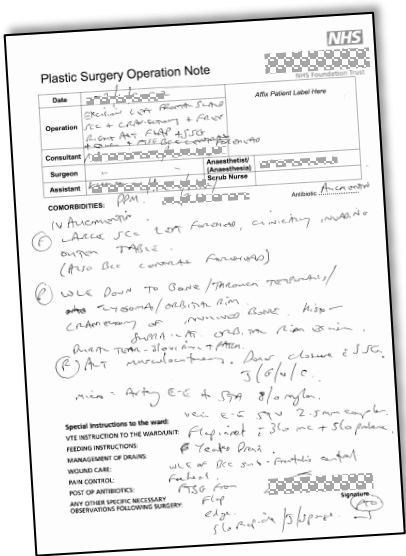
Enhanced **hospital reimbursement** via **improved Clinical Coding**



With myopnotes



1. Patient discharged



2. Notes reviewed

J19
GA0

3. Codes assigned



4. Hospital reimbursed

With myopnotes



1. Patient discharged



Page 1 of 2
Operations and Anaesthetic Report
Chorley & South Ribblesdale District General Hospital

Wide local excision of BCC dorsum of nose + FTSG

Patient details

Name	Mr John Parker
Date of birth	05/07/1977 (45yrs)
NHS number	232 403 1075
Hospital number	F 102886

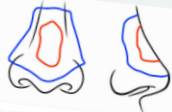
Surgery details

Hospital	Chorley & South Ribblesdale District General Hospital
Theatre	Theatre 3
Date & time of surgery	Monday 20 March 2023 - 10:00pm
Consultant	Mr Alexander Davidson
Surgeon	Mr David Hale
Assistant	Mr Vikas Lomax
Anesthetist	Dr Karen Kibler
Performed	Consultant
Assisting	

Operative findings

Diagnosis	Basal Cell Carcinoma (BCC)
Location of lesion	Nose (front)
Size of lesion	10cm diameter
Other pre-operative notes	Discussed options of delayed reconstruction with patient, wants to go for single stage operation hence FTSG

Diagrams



2. Notes reviewed



J19
GA0

3. Codes assigned



4. Hospital reimbursed

With myopnotes



1. Patient discharged



Operations and Anaesthetic Report
Chorley & South Ribbleside District General Hospital

Wide local excision of BCC dorsum of nose + FTSG

Patient details

Name: Mr John Parker
Date of birth: 05/07/1977 (45yrs)
NHS number: 232 403 1075
Hospital number: F 102886

Surgery details

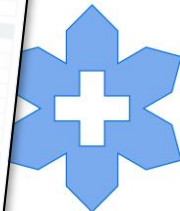
Hospital: Chorley & South Ribbleside District General Hospital
Theatre: Theatre 3
Date & time of surgery: Monday 20 March 2023 - 10:00pm
Consultant: Mr Alexander Davidson
Specialist: Mr David Hogg
Assistant: Mr Vikram Lall
Anaesthetist: Dr Karen Kibbi

Operating Surgeon

Diagnosis: Basal Cell Carcinoma (BCC)
Location of lesion: Nose
Size of lesion: 2cm diameter
Other pre-operative notes: Discussed options of delayed reconstruction with patient, wants to go for single stage operation hence FTSG

Diagrams

2. Notes reviewed



J19.2
GA0.5
N30.4
M81.4

3. Codes assigned



4. Hospital reimbursed

With myopnotes



1. Patient discharged



Operations and Anaesthetic Report
Chorley & South Ribbleside District General Hospital

Wide local excision of BCC dorsum of nose + FTSG

Patient details
Name: Mr John Parker
Date of birth: 05/07/1977 (45yrs)
NHS number: 232 403 1075
Hospital number: F 102886

Surgery details
Hospital: Chorley & South Ribbleside District General Hospital
Theatre: Theatre 3
Date & time of surgery: Monday 20 March 2023 - 10:00pm
Consultant: Mr Alexander Izzett
Specialist: Mr David Hales
Assistant: Mr Vikas Lomax
Anaesthetist: Dr Karen Kibbi
Performed: Consultant
Assisting:

Operative findings
Diagnosis: Basal Cell Carcinoma (BCC)
Location of lesion: Nose
Size of lesion: 3cm diameter
Other pre-operative notes: Discussed options of delayed reconstruction with patient, wants to go for single stage operation hence FTSG

Diagrams
Two diagrams of a nose showing surgical incisions: one with a red outline and one with a blue outline.

2. Notes reviewed

J19.2
GA0.5
N30.4
M81.4

3. Codes assigned



4. Hospital reimbursed

Does **myopnotes** only improve clinical coding?



Healthcare professionals

- Time savings
- Reduces complaints and litigation
- Safe task delegation
- Data for research / audit



Patients

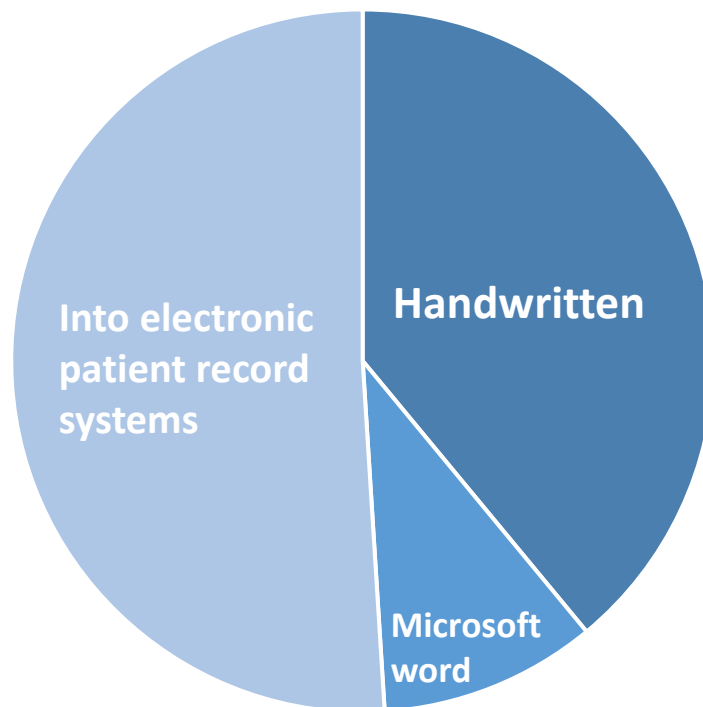
- Improved care
- Less ambiguity in care

Healthcare systems

- Reduced medico-legal risk
- Standardisation of care
- Data driven decision making
- Accurate financing

Competitors

How surgical documentation is currently written:



n = 668 doctors

All competitors = **unstructured** and **unstandardised** format.

- Inaccurate data with omissions.

myopnotes is focus on data accuracy & completeness

NHS Practice Transformed

Plastic Surgery Operation Note

NHS Foundation Trust

Date: 05/07/2023

Operation: Excision of BCC dorsum of nose + FTSG

Consultant: Mr. Grant Nolan

Surgeon: Mr. Grant Nolan

Assistant: Mr. Viktor Lowsz

Anaesthetist/Scrub Nurse: Dr. Karen Kidner

COMORBIDITIES: PPM, Antibiotic Augmentation

IV Augmentation

① Large SCC not finished, circling, inwards on table. (Also see connective tissues)

② WLE down to bone through temporalis/alis zygomatic/orbital rim. CRAMMING OF INVOLVED BONE. Hiss - SUMA - AT. ORB. M. Rim & rim. Over turn - blowing + ATCH.

③ AT musculocutaneous. Dorsal closure & STS. 3/6/4/c.

Wound: Arty E-C & STA 8/0 nylon.

Special instructions to the ward: vein E-C STS 2.5mm caplan.

VTE INSTRUCTION TO THE WARD/UNIT: Flap inset & 3lo met + 5lo polene.

FEEDING INSTRUCTIONS: Yeates Drain.

MANAGEMENT OF DRAINS: WLE of BCC sub - frontal central

WOUND CARE: Flap

PAIN CONTROL: Fentanyl

POST OF ANTIBIOTICS: FTSG from

ANY OTHER SPECIFIC NECESSARY OBSERVATIONS FOLLOWING SURGERY: Flap edge. 5lo repair 15/10/2023.

Signature: [Signature]

Operations and Anaesthetic Report

Lancashire Teaching Hospitals NHS Foundation Trust

Wide local excision of BCC dorsum of nose + FTSG

Patient details

Name: Mr. John Parker

Date of birth: 05/07/1977 (45yrs)

NHS number: 232 693 1375

Hospital number: F 1528580

Surgery details

Hospital: Chorley & South Ribble District General Hospital

Theatre: Theatre 3

Date & time of surgery: Monday 20 March 2023 - 3:00pm

Consultant: Mr. Alexander Hamilton

Surgeon: Mr. Grant Nolan ST4

Assistant: Mr. Viktor Lowsz CT1

Anaesthetist: Dr. Karen Kidner Consultant

Operative findings

Diagnosis: Basal Cell Carcinoma (BCC)

Biopsy proven? No

Location of lesion: Nose

Size of lesion: 10mm diameter

Other pre-operative info: Discussed options of delayed reconstruction with patient, wants to go for single stage operation hence FTSG

Diagram



AutoSave | Off

Book1

Calibri (Body)

12

A^A

A^A

General

Merge & Centre

Office Update To keep up to date with security updates, fixes and improvements, choose Check for Updates.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	MRN	Age	Gender	Num. excise	Preop. diag.	Biopsy	Site	Excision type	Date excise	Antibiotics	Anaesthetic	Planned per	Planned decomp	Recon	Skigraft ty	
1	123456	81	Female	2	SCC	No	Leg	Primary	03/04/2020	No	LA	10	Fascia	2	Graft	SSG
2	323456	81	Female	2	SCC	No	Leg	Primary	03/04/2020	No	LA	10	Fascia	2	Graft	SSG
3	123456	68	Male	1	SCC	No	Leg	Primary	03/04/2020	Yes - post-op	LA	10	Fascia	2	Graft	SSG
4	523456	72	Male	1	BCC	Yes	Leg	Primary	05/05/2020	No	LA	5	fascia	2	Graft	SSG
5	523456	90	Female	2	SCC	No	Leg	Primary	06/05/2020	No	LA	10	fascia	2	Graft	SSG
6	623456	85	Female	2	BCC	Yes	Leg	Primary	13/05/2020	No	LA	5	fascia	2	Graft	SSG
7	723456	71	Female	1	BCC	Yes	Leg	Primary	28/04/2020	Yes - post-op	LA	4		Graft	SSG	
8	823456	71	Female	1	SCC	No	Leg	Primary	18/06/2020	No	LA	4		Graft	SSG	
9	923456	89	Female	1	SCC	No	Leg	Primary	23/03/2020	No	LA	4	Muscle	4	Graft	FTSG
10	123456	68	Female	2	BCC	No	Leg	Primary	14/04/2020	No	LA	4	subcutaneous	1	Graft	SSG
11	323456	87	Male	2	SCC	No	Leg	Recurrent leg	16/04/2020	No	LA	10	fascia	2	Graft	SSG
12	123456	90	Female	1	SCC	No	Leg	Primary	16/04/2020	No	LA	6	deep fascia	3	Graft	SSG
13	523456	90	Male	1	SCC	No	Leg	Primary	17/04/2020	No	LA	6	deep fascia	3	Graft	SSG
14	523456	77	Female	1	SCC	No	Leg	Primary	20/04/2020	No	LA	6	fascia	2	Graft	SSG
15	123456	73	Female	1	SCC	Yes	Leg	Re-excision	06/04/2020	No	LA	6	to fascia	1	Graft	SSG
16	323456	86	Male	1	BCC	Yes	Leg	Primary	28/04/2020	No	LA	4	To fascia	1	Graft	SSG
17	123456	73	Female	1	SCC	No	Leg	Primary	06/04/2020	No	LA	6	To fascia	1	Graft	SSG
18	523456	75	Female	2	SCC	Yes	Leg	Re-excision	19/03/2020	No	LA	5		Graft	SSG	
19	523456	79	Male	1	SCC	Yes	Leg	Primary	20/03/2020	No	LA	10	Fascia	2	Graft	SSG
20	123456	85	Female	1	SCC	No	Leg	Primary	17/03/2020	No	LA	10	Deep Fascia	3	Graft	SSG
21	323456	80	Female	1	SCC	No	Leg	Primary	16/03/2020	No	LA	6	Fascia	2	Graft	SSG
22	123456	78	Male	1	BCC	No	Leg	Primary	25/03/2020	No	LA	10	Deep fascia	3	Graft	SSG
23	523456	73	Female	2	SCC	No	Leg	Primary	25/03/2020	No	LA	5	Deep fascia	3	Graft	SSG
24	523456	88	Female	3	SCC	No	Leg	Primary	31/03/2020	No	LA	4	fascia	2	Graft	SSG
25	123456	90	Female	1	SCC	Yes	Leg	Primary	01/04/2020	No	LA	10		Graft	SSG	
26	323456	70	Female	1	SCC	No	Leg	Primary	29/04/2020	No	LA	5		Graft	SSG	
27	123456	67	Male	1	BCC	Yes	Leg	Primary	19/05/2020	No	LA	6	DOW TO, NC	1	Graft	SSG
28	523456	88	Female	1	SCC	Yes	Leg	Primary	01/06/2020	Yes - post-op	LA	10	fascia	2	Graft	SSG
29	523456	76	Female	2	SCC	Yes	Leg	Primary	01/06/2020	No	LA	5	fascia	2	Graft	FTSG
30	123456	82	Male	1	SCC	Yes	Leg	Primary	04/06/2020	No	LA	6	fascia	2	Graft	FTSG
31	323456	93	Female	2	SCC	No	Leg	Primary	02/06/2020	No	LA	4	fascia	2	Graft	FTSG

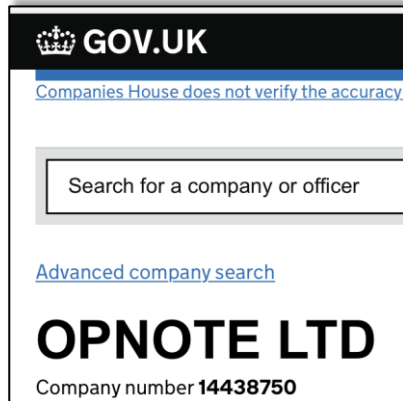


High accuracy, standardised, structured data which is immediately fully accessible



Exported as a .CSV or Excel File
Data used to optimise coding

Our journey with EMDHA

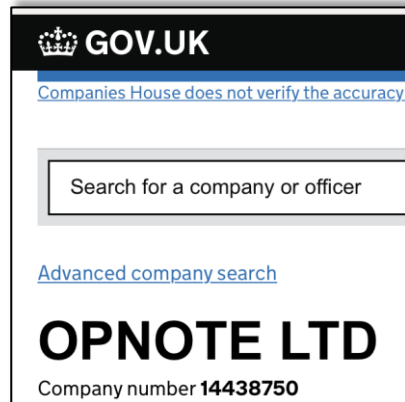


Incorporated
October 22

Pilot confirmed
December 22

Accelerator
January 23

Our journey with EMDHA



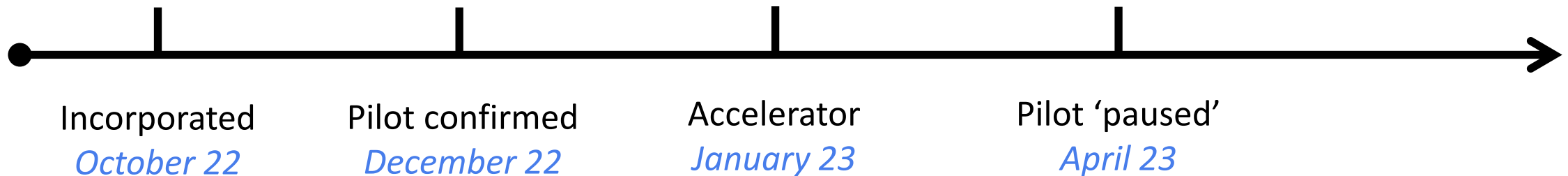
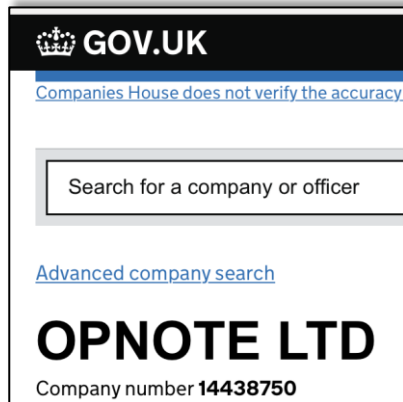
Incorporated
October 22

Pilot confirmed
December 22

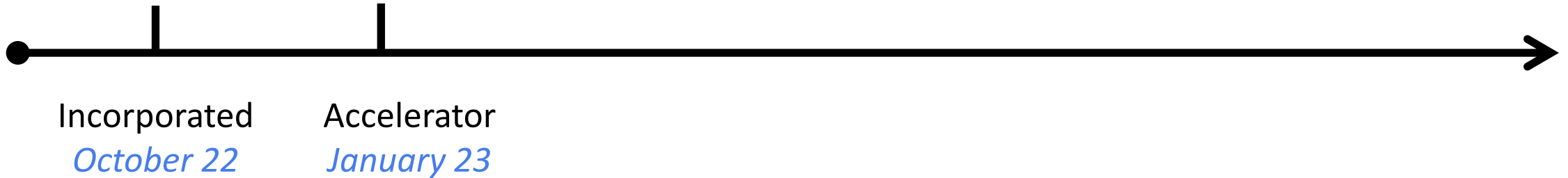
Accelerator
January 23

Pilot 'paused'
April 23

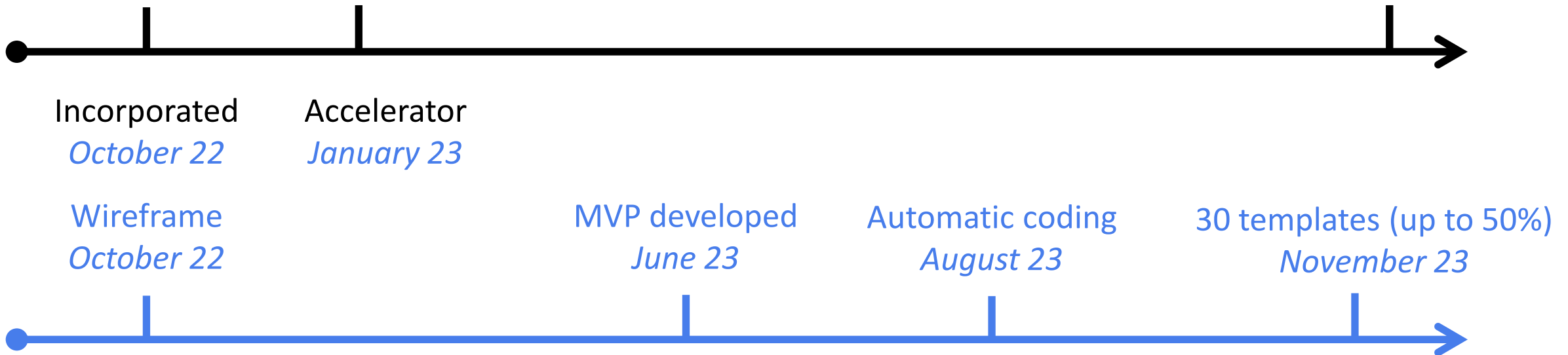
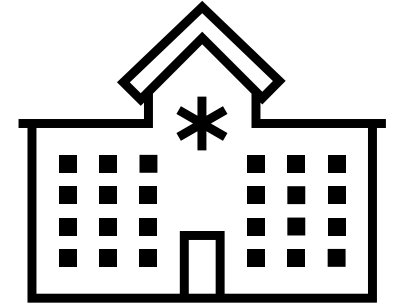
Our journey with EMDHA



Our journey with EMDHA



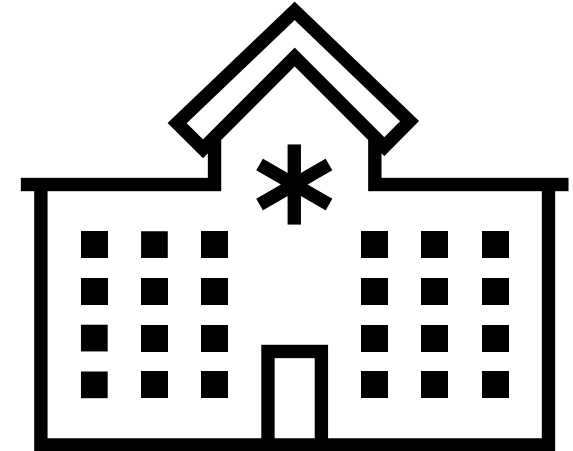
Our journey with EMDHA



myopnotes is actively identifying hospitals for deployment

Key benefits

1. Saves surgeons' time
2. Improves patient outcomes
3. Enhances revenue through clinical coding improvements



Platinum Innovation Partners

Up to 80% discount for initial 3 NHS Trusts

The journey continues in 2024



- 3-5 NHS Trust deployments
- Pre-seed investment round



- Coverage of 66% of surgery by volume
- Advanced automated clinical coding

Way forward?

Deployment process

1. Further exploration of local coding challenges
2. Demo experience and clinician sign-off
3. Pilot – one or two surgical departments initially
4. Initial engagement with widespread roll out

Includes

- **Connected:** Simplified integration with existing solutions & single sign on.
- **Education:** Training of surgeons and clinical staff
- **Confidence:** Clear success criteria for engagement – if not achieved then no obligation



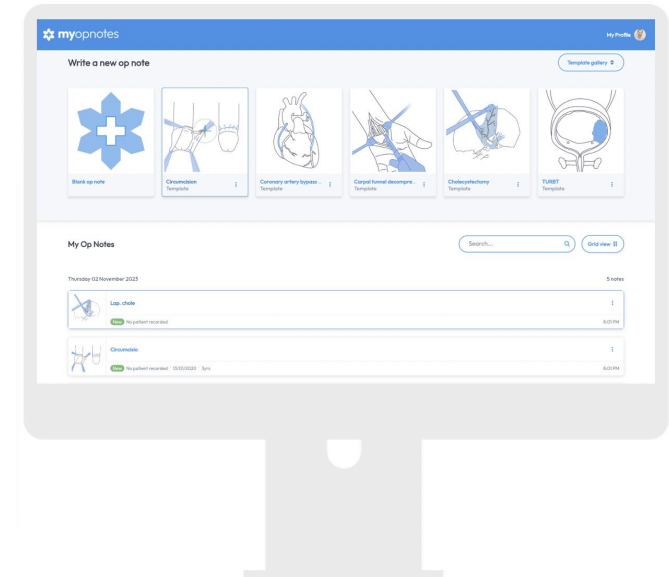
We help hospitals get fairly paid for surgery



Digital surgical documentation that:

- Saves surgeons time
- Improves patient outcomes
- Increases revenue

Dr Grant Nolan
Plastic Surgery Registrar



Break

10 minutes



Innovator follow-ups

Would you like a follow-up meeting with our innovators?



<https://www.surveymonkey.com/r/NNMPJ8V>



Guest Speaker

Will Monaghan - Executive Chief Digital Information Officer
University Hospitals of Derby and Burton NHS Foundation Trust





**University Hospitals of
Derby and Burton**
NHS Foundation Trust

**Digital and Data
Transformation providing
effective solutions to the
challenges faced in the NHS**

**Will Monaghan
Executive Chief Digital Information Officer
(CDIO)**



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

The Challenge



NHS Waiting List



Clinical Drag



Paper and Processes



Funding



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD

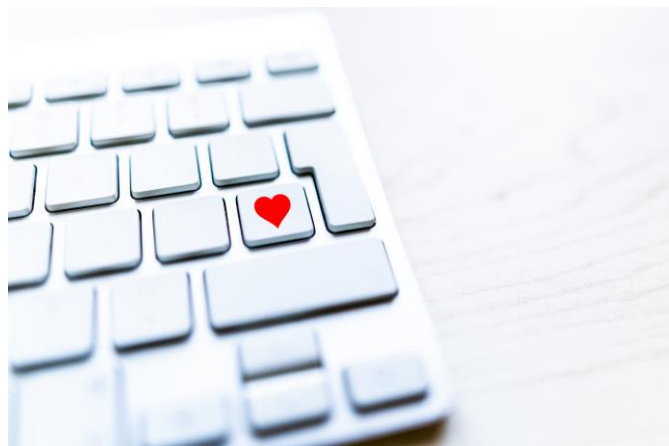


Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

Digital Transformation



Communication



Collaboration



Safety



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD

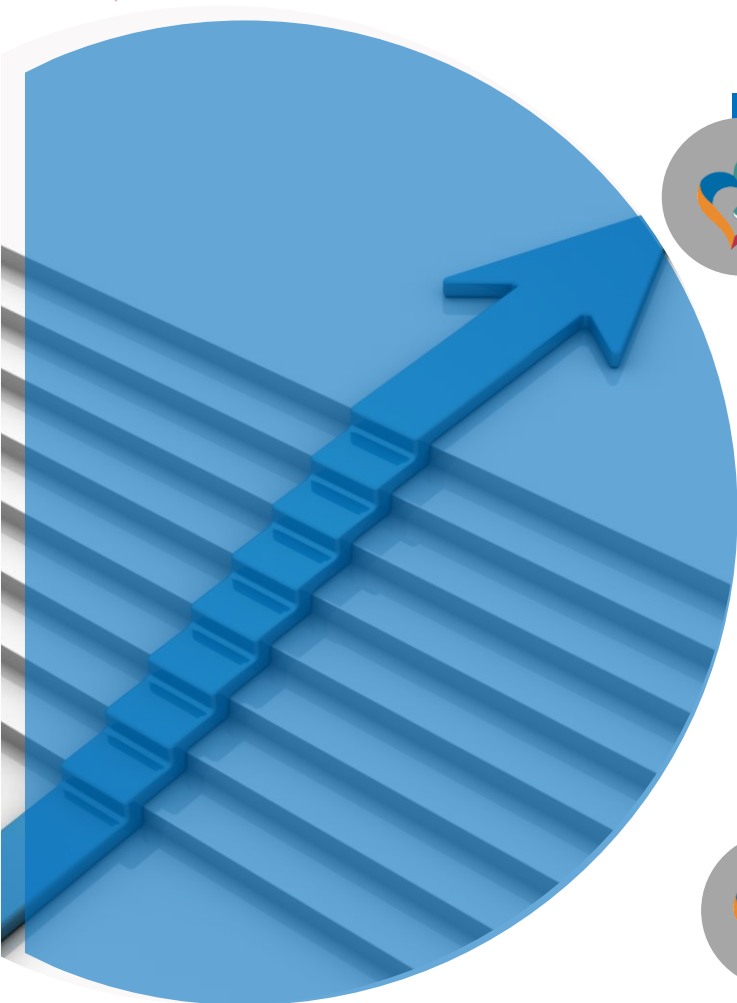


Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

Digital Transformation



Federated Data Platform



**Improving Elective Care Co-ordination
Programme**



Patient Experience Portals



**Robotic Process Automation, Intelligent Automation
and Artificial Intelligence**



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD

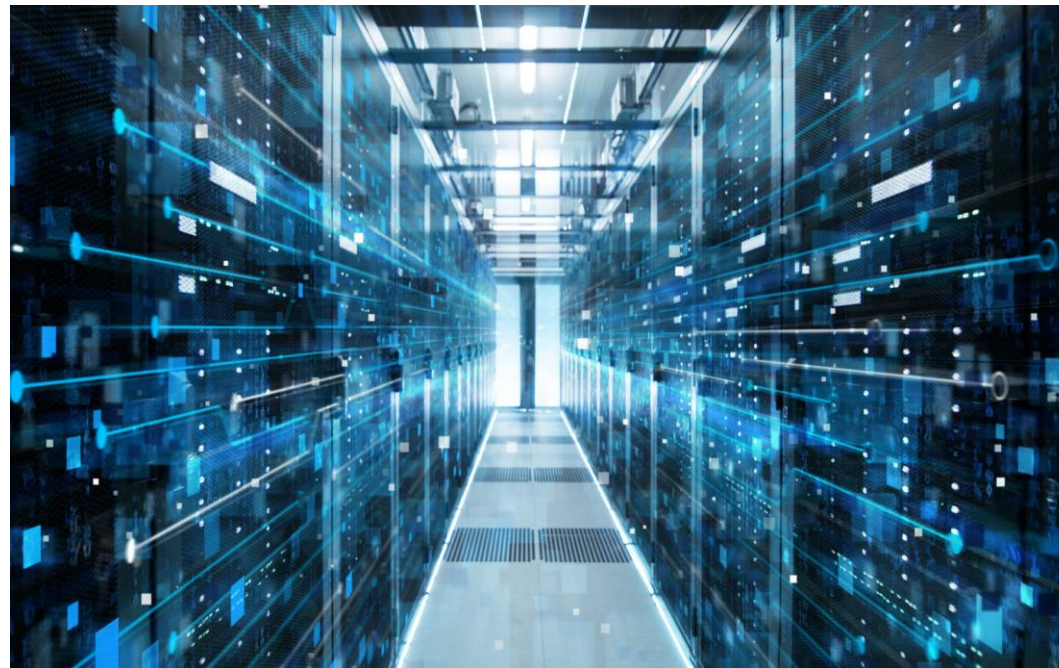


Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

Federated Data Platform

 NHS Data Data Federation The Platform Individual Organisations Removal of Waste

The federated data platform programme represents a major strategic shift in the way that the NHS can use data to transform the delivery of healthcare services.



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



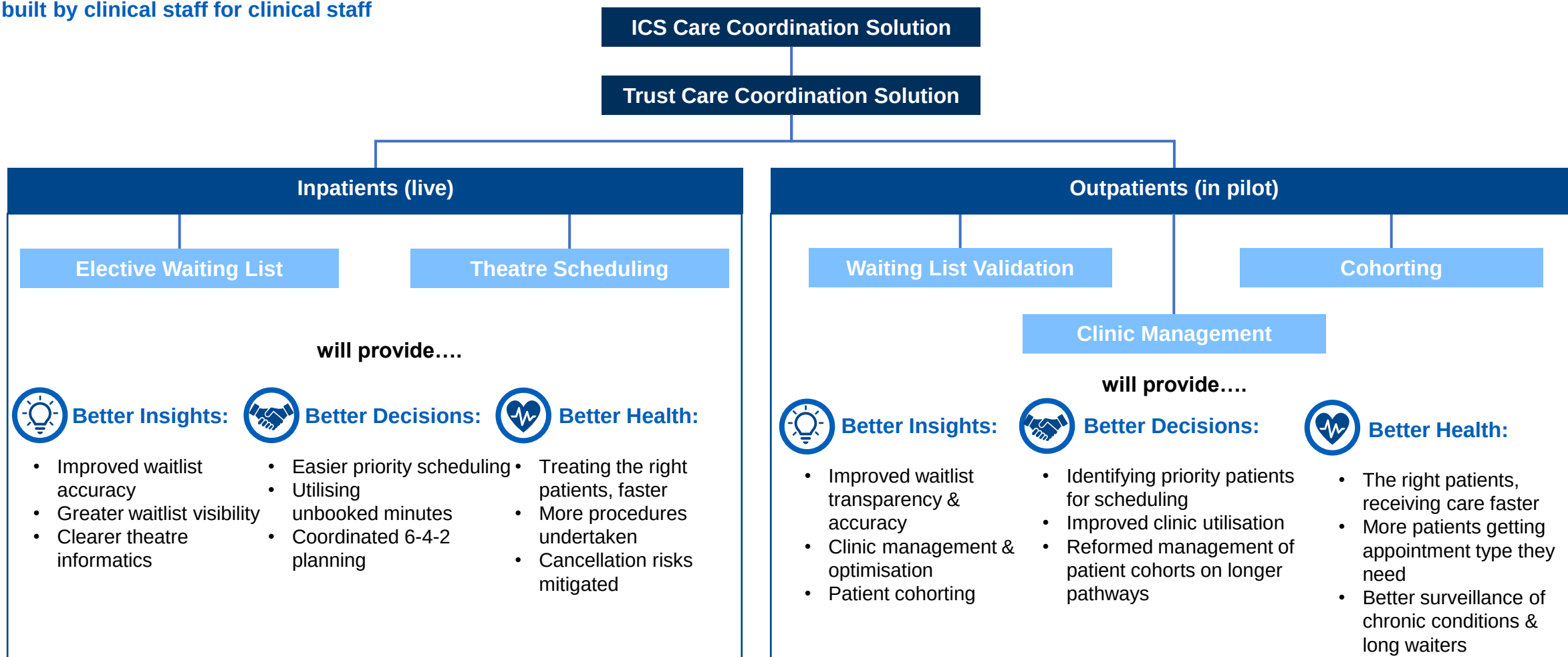
Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

Improving Elective Care Coordination Programme

Care Coordination Solution
- built by clinical staff for clinical staff



Patient Experience Portals



Book, View and Cancel Appointments



Advice and Guidance



Clinical letters and Test Results



Questionnaires



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



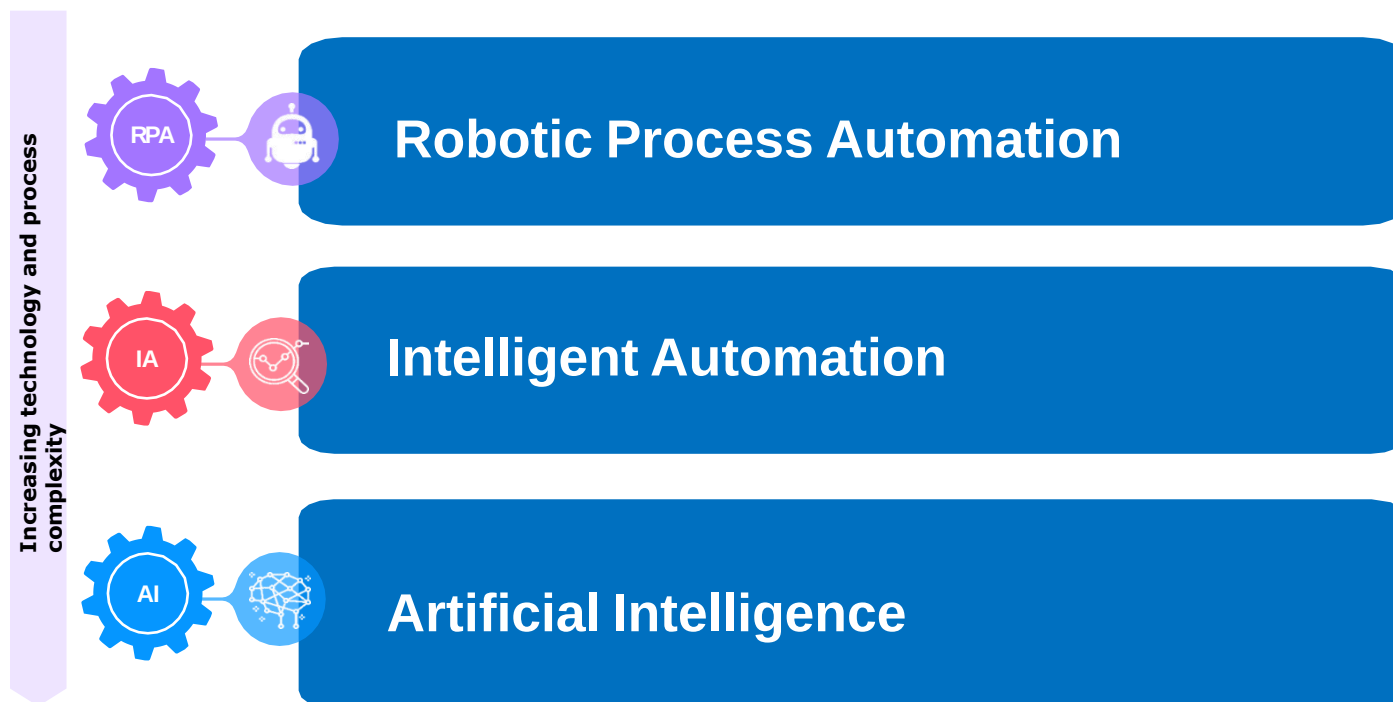
Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

Automation

Automation can support and enable staff to digitise and/or enhance clinical and business processes across all levels of the organisation



Example technologies

- Intelligent content recognition or extraction
 - Natural language processing
-
- Natural language generation
 - Machine learning

Thank you for listening
Any Questions?



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



Sir Robert Peel
TAMWORTH



Florence Nightingale
DERBY

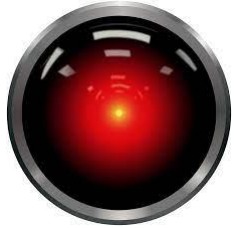
Open Forum

Tim Robinson

Commercial Director - Health Innovation East Midlands



Housekeeping



- This session is being recorded and will be shared publicly after the event



- Please mute your microphone if you are not speaking



- Either raise your hand (using the Teams function), or type in the chat while we are presenting



East Midlands Digital Health Accelerator 2024

Nick Hamilton

Digital Health Navigator – Health Innovation East Midlands



What's new in 2024?

A larger and more varied cohort of up to 8 digital health innovators with technologies that can support:



Theme 1: Self-care in the community



Theme 2: Tackling NHS waiting lists



Cross-cutting: Digital inclusion and accessibility



What's new in 2024?

Refined selection criteria to target innovations that have been demonstrated in a live (ideally healthcare) environment

Increased flexibility and variety of subject matter expert support offers to participants



Who is the programme aimed at?

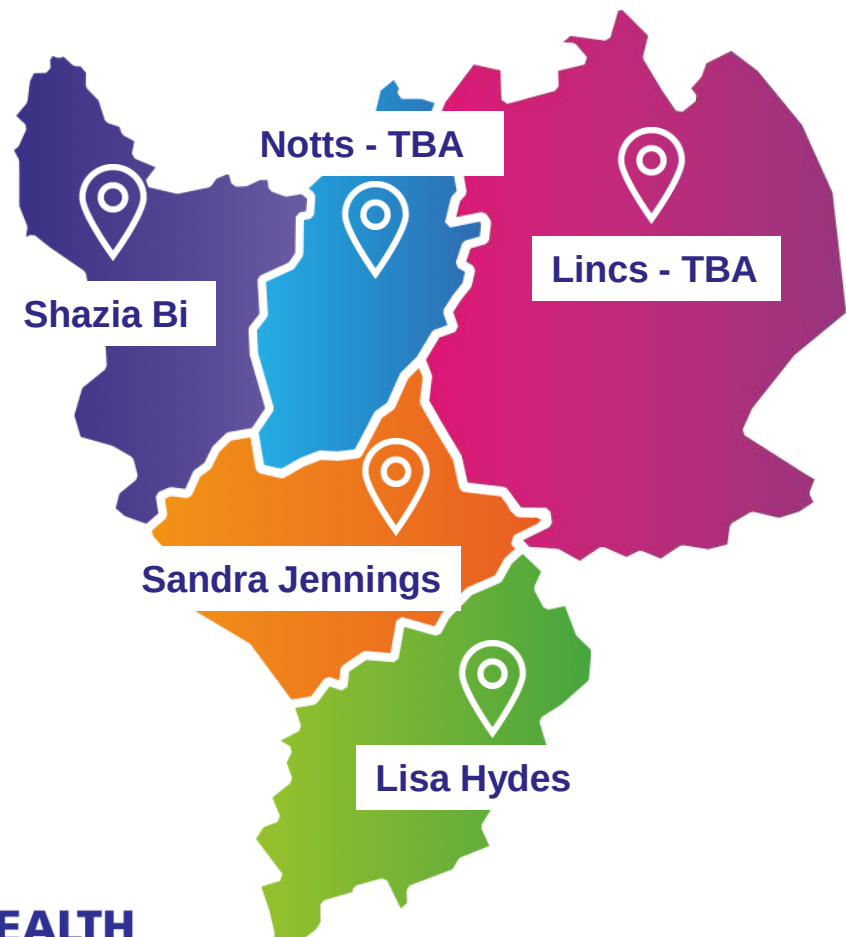
- Open to new applicants now
- Closes midday on Friday 8th December

Open to UK-registered small to medium enterprises with:

- ✓ Technology meeting the definition of a digital health innovation
- ✓ A solution to a clearly identified problem for the health and care system
- ✓ Clear application and benefit of the technology in at least one of the defined themes
- ✓ A minimum viable product that has been used in a live environment (ideally healthcare)
- ✓ Commitment to doing business and/or economic growth in the East Midlands
- ✓ Sufficient commitment in time and resource to effectively participate and benefit



How did we identify our themes?



NHS
Derbyshire Healthcare
NHS Foundation Trust

 **Leicestershire
County Council**

NHS
University Hospitals of
Derby and Burton
NHS Foundation Trust

NHS
Leicester, Leicestershire
and Rutland
Integrated Care Board




Joined Up Care
Derbyshire

NHS
University Hospitals
of Leicester
NHS Trust





What were the responses?

Rank	Topic	Frequency
1	Care at home / self-care / advice guidance and support	11
2	Inclusion / health inequalities / accessibility	6
3	Waiting lists	5
4	Remote observation / management	4
5=	Virtual wards / early supported discharge	3
5=	Efficient resource allocation / productivity	3



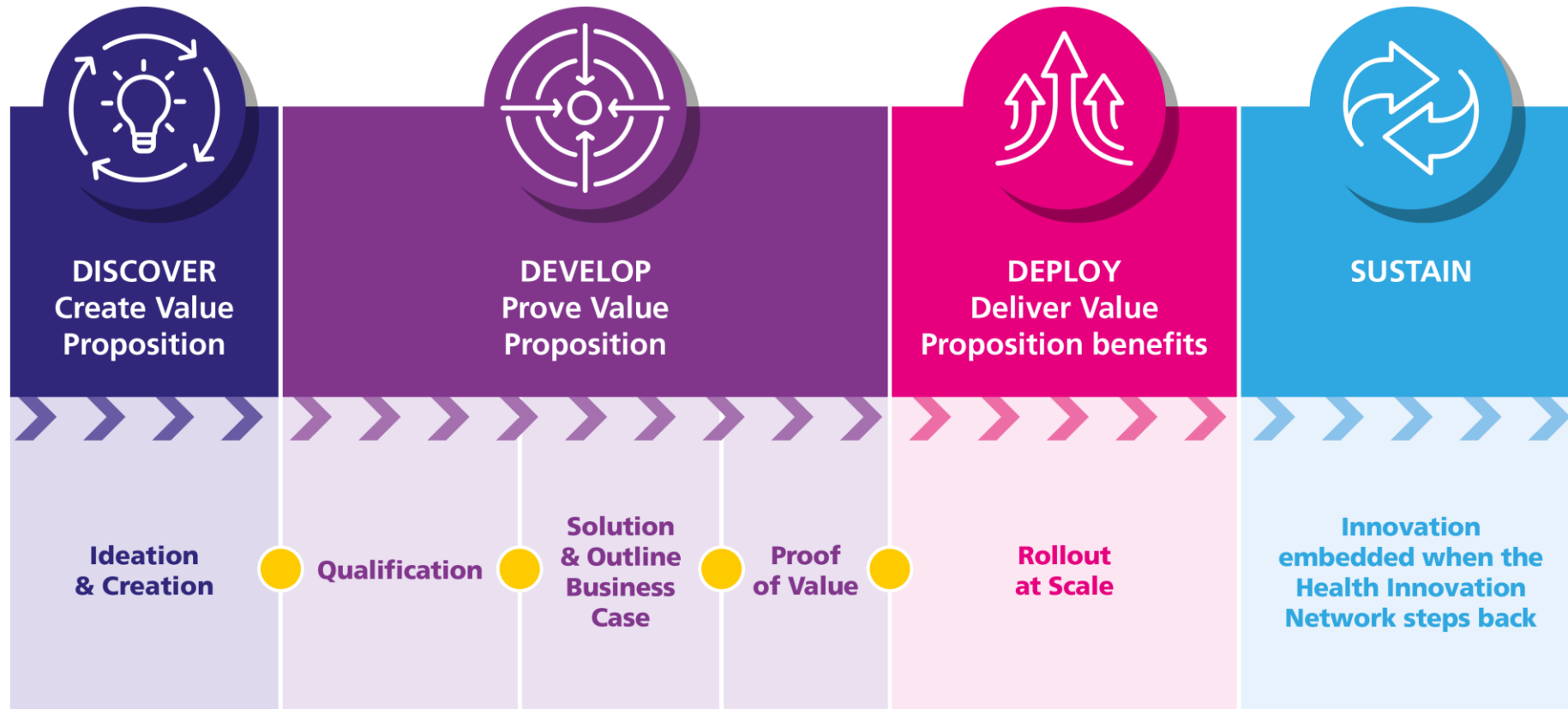
Ask of East Midlands ICSs



- Help us select the new cohort in January!
- Engage with ICS Innovation Leads
- Join our quarterly forum
- Identify local opportunities for adoption

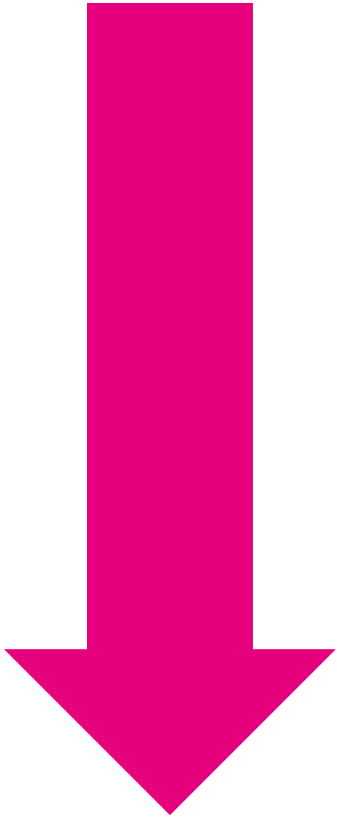


Innovation pipeline



● Go / No Go Decision Gates

What is the application process?



- Apply via our online portal by **Friday 8th December**
- Assessment – Stage I (screening)
- Assessment – Stage II (shortlisting)
- Panel interview:
 - Value proposition
 - Product demo
 - Panel Q&A

We plan to interview candidates w/c 8th January 2024



Closing remarks

Tim Robinson

Commercial Director - Health Innovation East Midlands



Innovator follow-ups

Would you like a follow-up meeting with our innovators?



<https://www.surveymonkey.com/r/NNMPJ8V>



Thank you!

nick.hamilton@nottingham.ac.uk

dawn.plummer@nottingham.ac.uk

@Healthinn_em

#EMDigitalHealthAccelerator

