Case study:
Scaling clinical excellence and elective recovery

Learn how Chelsea and Westminster Hospital NHS Foundation Trust saved over **£731k** through increased theatre efficiency and admin reduction.

Chelsea and Westminster Hospital
NHS Foundation Trust

Content

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Executive summary

Chelsea and Westminster Hospital NHS Foundation Trust is a leading healthcare provider serving a community of over **1.5 million people**. Since the 2015 merger of Chelsea and Westminster and West Middlesex University Hospitals, the Trust has used its **7,500 staff** to deliver high-quality clinical expertise.

To manage patient demand, Chelsea and Westminster embraces innovations that will improve health outcomes, increase clinical effectiveness, and enhance patient experience. This is where Isla's Digital Pathway Platform (DPP) came in.

The Trust is leveraging Isla's capabilities, which feed into their **Federated Data Platform (FDP)** pathways and align with the **Getting It Right First Time (GIRFT)** workflows. Chelsea and Westminster is tackling surgical backlogs, increasing theatre capacity, and clinical teams are now using remote monitoring and secure image capture to enhance wound care.

This shift has simplified clinical pathways and empowered professionals with real-time documentation, ensuring care is both high-quality and efficient. The result:

- **£731,852** total efficiency savings across 12 specialties.
- **17,000+** patients safely removed from theatre waiting lists.
- **57%** reduction of on-the-day theatre cancellations related to pre-operative assessment (POA).
- **135+** clinical hours recovered from automating triage.

The Trust currently utilises Isla across 25 specialties, including; Prostate-Specific Antigen (PSA), Dermatology, Burns, Plastics, MSK Physiotherapy and Gynaecology to name a few.

Discover how Chelsea and Westminster transformed their care service, and the learnings you could apply to your organisation to save money and increase clinical capacity.

> "We have implemented Isla as our remote monitoring solution across a huge range of specialties, delivering benefits for our patients as well as saving time and money - all with excellent feedback from clinicians.
>
> **Bruno Botelho,** Director for Digital Operations and Innovation and Northwest London Programme Director for the Federated Data Platform

> "A brilliant idea. Why has it taken so long to come up with this idea?
>
> **Patient**

Aligning Trust performance with the NHS 10-Year Health Plan

National focus: Clear backlogs and embrace digital efficiencies

The NHS is navigating significant operational pressure. Nationally, elective recovery is the priority, with over 7.3 million cases on the waiting list (1).

To meet this challenge, the **Getting It Right First Time (GIRFT)** programme was launched to review health services in England, examine how things are currently being done and how they could be improved (2). Alongside this, the **National Cancer Plan** aims to ensure 80% of patients get a diagnosis within 28 days, 85% of patients start treatment within 62 days of referral, and 96% of patients start treatment within 31 days of a decision to treat (3).

Both projects align with the broader 10-Year Health Plan. One of the fundamental shifts to make these plans a success is the **switch from analogue to digital**, giving healthcare professionals the data and tech they need for faster diagnosis and treatment.

NHS England

Elective recovery:
7.3 million cases on the waiting list

Programmes:
Getting It Right First Time (GIRFT) and National Cancer Plan

Shift:
Switch from analogue to digital

Chelsea and Westminster Hospital NHS Foundation Trust

Serves:
Population of over 1.5 million

Performs:
Surgery on a patient every 17 minutes

Locations:
Chelsea and Westminster Hospital and West Middlesex University Hospital

Chelsea and Westminster: A digital-first Trust

Chelsea and Westminster Hospital NHS Foundation Trust is actively addressing these systemic challenges. Serving **1.5 million people,** the Trust performs surgery every **17 minutes**.

Chelsea and Westminster has consistently sought out solutions to modernise patient care and is focused on achieving the 2025/26 national priorities. These national mandates challenge Trusts to make 70% of elective appointments digitally accessible and 30% of outpatient activity remote, while delivering a 4% productivity improvement (4).

Like all major healthcare providers across England, Chelsea and Westminster faced approximately 14% increase in patients (4). The Trust recognised that managing the elective backlog required more than incremental change. It required a new way to manage the ever growing patient demand.

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Chelsea and Westminster: setting a new standard for efficiency

Chelsea and Westminster's move to a digital-first Trust saw profound results. The Trust has transformed its financial, clinical, and patient-centred metrics by positioning Isla as a core strategic partner.

Operational and financial value for the Trust

£731,852
Cost saved
£731,852 total saved across 12 specialties through tracked efficiency, reduction of administrative overhead and improved resource allocation.

17,000
Removed from the waiting list
The Trust safely removed over **17,000 patients** from the waiting list, providing a much clearer picture of actual surgical demand.

£286,450
Saved in clinical capacity
Direct wound image uploads saved approximately **14 minutes** per nurse, creating an estimated annual clinical capacity saving of **£286,450** across 12 wards.

135 hours
Clinicians time saved
Clinical teams saved over **135 hours** of face-to-face appointment time, which was redirected toward treating more complex cases.

Optimising theatre throughput

94%
Increase in surgery prep time
By triaging patients digitally, the Trust increased the average time to prepare for surgery from **17 to 33 days**.

7,800
Short-notice readiness
The system identified **7,800+ patients available** at short notice, allowing the Trust to fill last-minute gaps in the surgical schedule that would have previously remained empty.

-57%
On-the-day cancellations
On-the-day theatre cancellations related to **POA issues fell by 57%**, from 2.8% to just 1.2%.

+8%
Theatre utilisation
The Trust saw an **8% increase** in overall theatre utilisation, driven by a 15% increase in booked utilisation.

Patient perspective and sustainability

92%
Patient satisfaction
An overwhelming **92% of patients** reported that they would recommend the Isla Digital Pathway Platform (DPP).

86%
User engagement
The simplicity of the Isla platform resulted in an **86% response rate** within 6 days.

180
POA appointments avoided
Approximately **180 face-to-face** unnecessary POA appointments were avoided over a five-month period, saving an average of **10 miles** per patient.

1.6 tonnes
CO2 saved
Saving on patient travel contributes to the Trust's net zero pledge for influenced emissions by 2045. **1.6 tonnes of CO2** direct emissions (net zero aim: 2040) has been saved in Dermatology alone.

Nurse spotlight: efficiency in action

Giving nurses time back to focus on patients

Chelsea and Westminster continues to expand their use of the Isla Digital Pathway Platform across multiple departments and specialties, to improve patient pathways between teams and meet the 2025/26 national priorities. Nursing, is an example of an area primed for success.

Trust-wide financial & time savings

£3,978
Saving per nurse
Calculated as the annual Whole Time Equivalent (WTE) value of time reclaimed through increased efficiency per individual nurse.

£572,900
Nursing time reclaimed
Projected trust-wide saving based on the rollout of the Isla platform across all 25 wards.

14 minutes
Saved per wound review
A time-in-motion study showed a reduction from 17 minutes (manual SD card process) to **3 minutes** using Isla.

Specialist nursing productivity

30 minutes
Saved per patient (Rheumatology)
Specialist nurses use digital forms to automate the collection of patient data, replacing a lengthy clinical conversation.

200+ hours
Saved annually (Tissue Viability)
Specifically related to the time saved on inpatient wound reviews across the team.

5 minutes
Saved per follow-up (Dermatology)
Nurses and clinicians save time during acne and skin lesion pathways by reviewing high-quality patient-submitted photos prior to or during the consultation.

Administrative & ward efficiency

2.5 - 5 hours
Saved weekly (Ward Managers/ Matrons)
Reclaimed from manual administrative tasks, filing, and managing physical cameras/ SD cards.

66 hours
Clinical time saved in 1 month
During the initial inpatient pilot involving the first 220 patients imaged using Isla.

Nursing sentiment

83%
Nurse approval
Nursing staff agreed that the platform provided clear clinical benefits.

> "Nursing should always be this easy.
>
> **Acute Assessment Unit (AAU) nurse**

Performance pre vs. post Isla implementation

Workflow	Before Isla implementation	9 months after Isla implementation
Waiting list size	Growing backlog of legacy pathways	**17,000+** patients safely removed
Theatre utilisation	Gaps due to manual scheduling	**8% overall increase** (15% increase in booked slots)
POA-related cancellations	2.8% of all theatre slots	**Reduced to 1.2%** (57% improvement)
Surgical lead time	17 days to prepare	**33 days to prepare** (94% increase)
Patient assessment	Primarily face-to-face	**36% reduction** in F2F POA
Travel impact	Multiple hospital visits required	**10 miles** saved per patient on average
Response time	Manual outreach (slow)	**86% response rate** within 6 days
Staff productivity	Heavy manual triage burden	**135+ hours** of clinical time recovered

The growing challenges of modern healthcare

The bottleneck of manual triage

The scale of the elective surgery and recovery monitoring pathways is a significant national challenge. A GIRFT survey found that over five years, 383 medical negligence claims for surgical site infections (SSI) cost NHS Trusts an estimated £35.2 million(5). NHS elective care waiting list sits at approximately 7.3 million, with 2.75 million patients (37.7%) waiting longer than the 18-week target for treatment, set out by the 2025/26 national priorities.

What that looked like at Chelsea and Westminster

Unknown patient status
Legacy lists were often cluttered with thousands of patients who no longer need surgery or have moved, inflating admin and making it hard to see actual demand.

Manual Pre-Operative Assessment (POA)
Mandatory face-to-face checks for every patient (even those who are healthy or undergoing minor procedures) took up valuable clinic space and blocked rooms needed for complex cases.

Underutilised theatres
Last-minute cancellations and "no-shows" frequently left operating theatres empty. Without the ability to fill slots at short notice, precious surgical capacity was often wasted.

Barriers to care
Patients faced long, costly commutes for brief check-ins, which fuelled dissatisfaction and significantly increased the healthcare system's carbon footprint.

The main focus areas

The Trust reviewed their existing pathways and processes. They found key areas to focus on that, if improved, would free up clinical capacity, protect patient experience and meet the national priorities.

Unsustainable administrative burden due to the growing demand for elective surgery.

Extended waiting times for appointments and procedures.

Lack of visibility of how patient conditions changed at home.

Traditional manual triage was time-consuming, and theatre slots were often wasted due to last-minute cancellations.

Lists contained patients who were no longer fit for surgery or whose clinical status had changed, making it difficult to see the true demand.

Long travel for face-to-face appointments, e.g. for specialties like Gender Affirmation, where patients travel from all across the South of England for appointments.

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Introducing a more digital approach to save money and see more patients

Digital validation

Clinical teams use automated text messages to validate whether patients still need to be on a waiting list.

Remote screening

Implementation of Digital Health Questionnaires (DHQ) sent via SMS for patients to complete at home.

Short-notice readiness

Patients were identified as available at short notice through digital forms, to fill gaps caused by cancellations.

Clinical tagging

Isla automatically tagged responses to help clinicians prioritise those who need in-person appointments.

> I use the information I get from Isla and check it against medical records, and then I can FRAX the patient. I then order all the tests and send a GP letter with the plans and FRAX results. So ultimately it saves me a 30 min conversation.

**Hayley Fay
Hand Therapy
Clinical Lead**
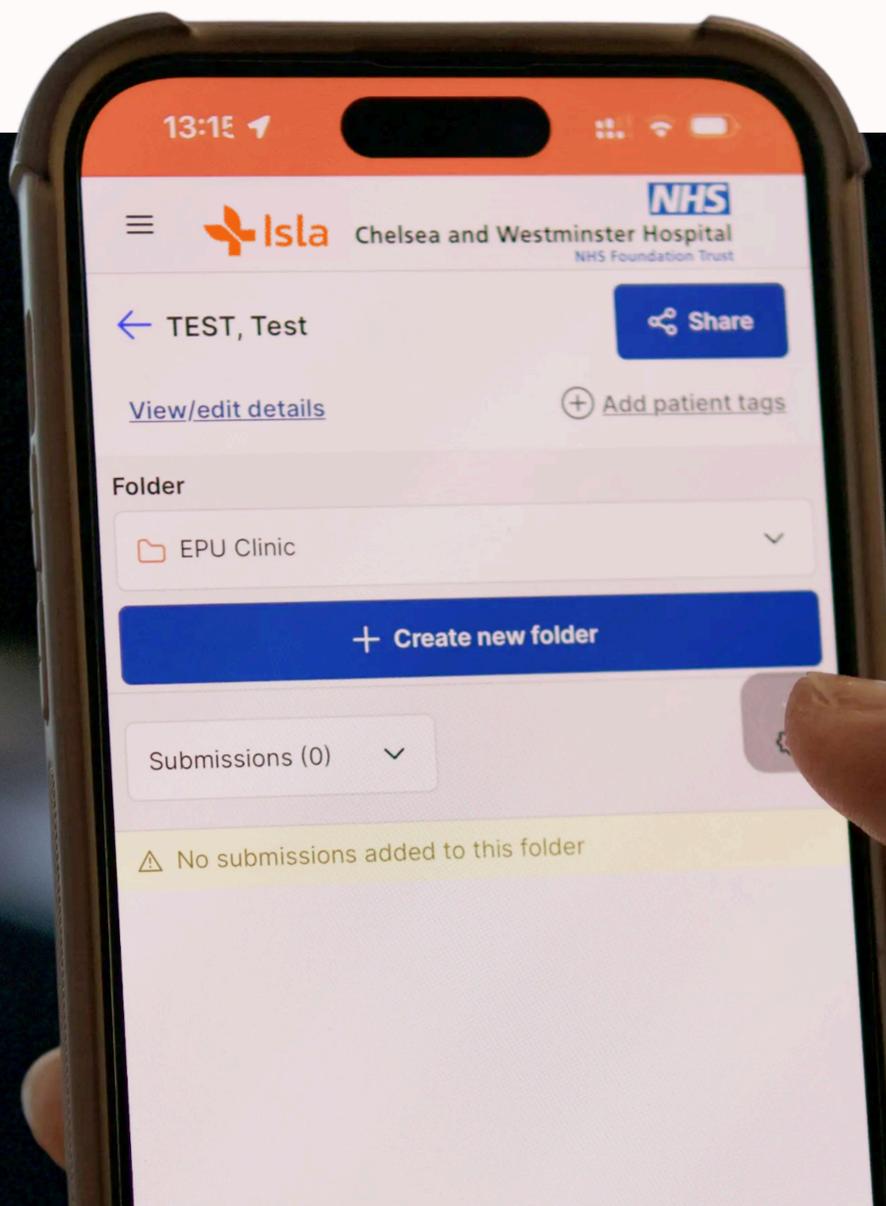
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Embracing digital pathways

Safely removing 17,000+ patients from a waiting list required more than a communication tool. It required a digital infrastructure capable of supporting clinical decisions. The Trust used Isla's Digital Pathway Platform to create a closed-loop system to improve data gathering and filtered it to increase surgical throughput.

Strategic innovation at the Trust

To increase theatre capacity and reduce the inpatient backlog, Chelsea and Westminster integrated the Isla Digital Pathway Platform into their existing e-RS and other NHS systems. Isla supported:

- **Pre-surgical triage & validation:** Automating the 12-week referral to treatment (RTT) validation cycle to ensure data quality and patient readiness.
- **Remote monitoring:** Reducing unnecessary diagnostic referrals and freeing up high-value clinical hours.
- **Enhanced documentation:** Providing clinicians with high-fidelity image storage and multi-disciplinary collaborative tools to support rapid decision-making.
- **Optimised communications:** Both between clinicians and nursing staff, as well as between specialties.

This empowered the staff to deliver high-quality care while maintaining fiscal and operational efficiency.
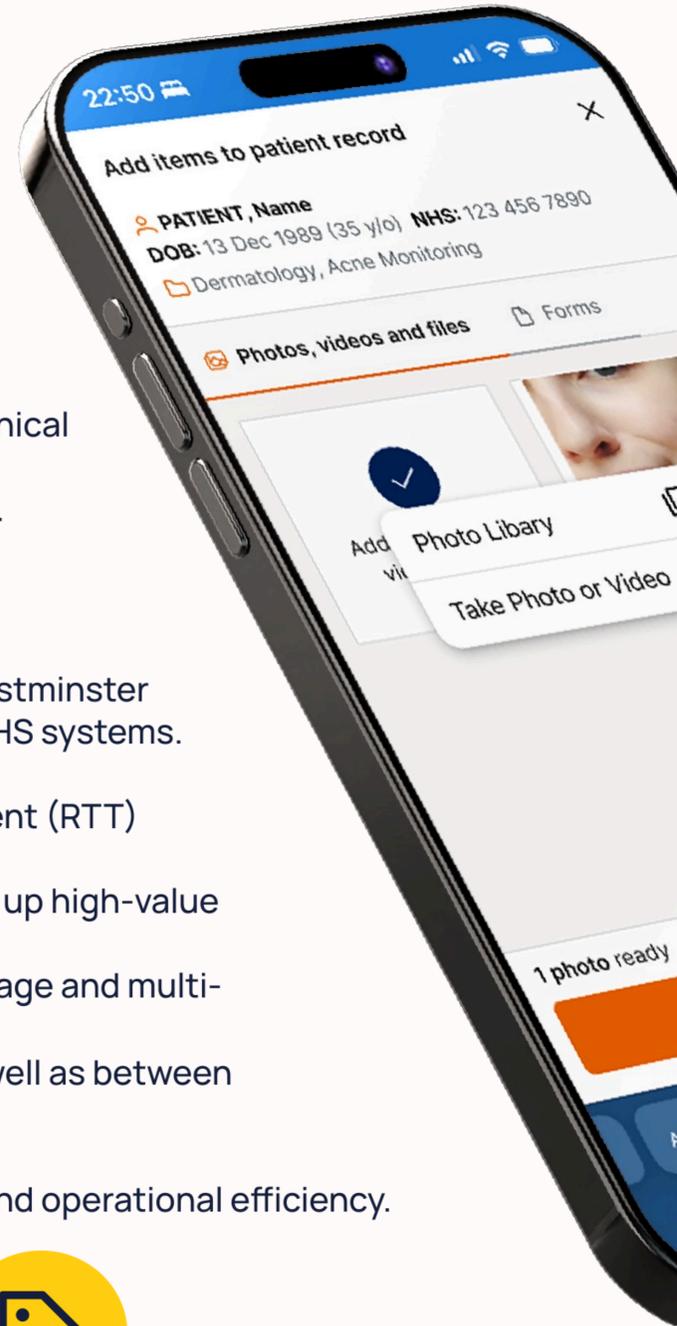
Automated workflow integration

The core of the implementation relied on a seamless prep-to-procedure digital pathway.

- **Triggered communications:** The system was configured to send automated text messages to patients as soon as they reached specific milestones on the elective waiting list.

- **Digital Health Questionnaires (DHQ):** These were designed as mobile-first, web-based forms that patients could access without needing to download an app or manage login credentials, achieving an **86% response rate** observed by the Trust.

- **Asynchronous review:** By enabling off-site clinicians to review data asynchronously, the platform allowed the Trust to decouple the assessment process from physical clinic space, **saving 135+ hours of face-to-face time.**

Intelligent surgery triage and data tagging

The platform categorised incoming data to prevent clinical teams from being overwhelmed by the volume of responses.

- **Data tagging:** Custom image tagging and metadata allowed for precise tracking of patient status, identifying **7,800+ patients available** for surgery at short notice.

- **Worklist generation:** The platform automatically generated prioritised worklists based on questionnaire responses. Healthy patients were 'green-lighted' for direct surgical listing, while complex cases were flagged for immediate specialist review.

- **Theatre efficiency:** The technical workflow added an average of 7 days between the pre-operative assessment (POA) and surgery, providing a buffer that **reduced on-the-day cancellations to 1.2%.**

Bruno Botelho

Meet Bruno

Bruno is the **Director for Digital Operations and Innovation** at Chelsea and Westminster. He is also the Northwest London Programme Director for the Federated Data Platform (FDP).

Technology and innovation is a focus for Bruno, both in a clinical setting and in his interests outside of the hospital, particularly Formula One.

A former nurse with over a decade of experience across operational and digital roles, he bridges the gap between frontline clinical needs and technical innovation.

Favourite things about Isla:

True co-design: Bruno emphasises that the product isn't just "bought"; it is co-developed and co-designed with the clinicians who actually use it.

Operational efficiency: By automating the "fit for surgery" process, the hospital can manage complex patients in a more organised way, while fast-tracking simple cases.

Paper-light advancement: While the Trust was already "digitally mature," Isla helped them move even further away from manual, paper-based dependencies.

Scalability: The partnership has grown from a startup collaboration to a regional solution covering Northwest London, ensuring a patient's information follows them regardless of location.

Isla in 3 words

Innovation
Opportunity
Partnership

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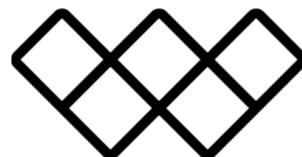
The work with Isla is a true collaboration, and I think the real focus on a mutual ambition: To drive and support better patient outcomes.

Some of the pathways we had on collecting images, were fragmented, and relying, quite heavily on manual processes. We were able to automate, simplify, come up with a better process, better integration, with some of our existing systems, and that then grew to other opportunities.

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Miti Rach

Meet Miti

Miti is the **Clinical Lead Pelvic Health Physiotherapist and Independent Prescriber** at Chelsea and Westminster, where she manages cross-site services integrated across nine specialties.

Originally trained in India, she moved to the UK in 2008 to complete a rare, specialised Master's in Pelvic Health (formerly Women's Health and Continence).

Since joining the Trust in 2017, Miti has combined her extensive international experience with a focus on digital innovation, successfully transitioning her department from manual, paper-based workflows to streamlined, tech-enabled clinical pathways.
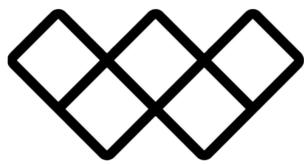
Isla in 3 words

Easy-to-use
Reliable
Non-clunky

Favourite things about Isla:

Versatility: Beyond simple text, the platform handles complex data like body charts for marking pain locations and open-ended questionnaires.

Centralised communication: Isla serves as a hub for sending educational leaflets and virtual session links.

Technical support: Miti noted the "fantastic" back-office support, with technical bugs typically resolved within 24 hours.

> Instantly the first week we went live, it was a hundred percent turnaround and we've consistently had a hundred percent with the forms that we've been sending out, and the prompts that we've been sending out. And it has made everything quite easy.

Alex Dudbridge

Meet Alex

Alex is a **Digital Change Manager** at Chelsea and Westminster.

Originally from Bristol, he followed a non-traditional academic path, using BTECs in health and public services as a "springboard" into a nursing career.

His clinical foundation is deeply rooted in frontline care, having worked as a Healthcare Assistant in York before earning his nursing degree at the University of York.

Favourite things about Isla:

Simplicity by design: By ditching the "multiple workflow" confusion of other platforms, Isla provides a clear, one-stop shop for clinicians.

Support that listens: With late-night technical support and a relationship built on actionable feedback, Isla feels more like a partner than a vendor.

Inclusive access: A clean UI means better outcomes. It's simple enough to ensure that age and tech-fluency are never hurdles to receiving quality care.

Operational efficiency: Drastic reduction in hospital "footfall" and clinician administrative burden.

Patient safety: Enhanced documentation through concurrent image review, ensuring treatment plans are demonstrably effective.

Scalability: A modular system capable of expanding from simple wound photos to full multimedia home assessments.
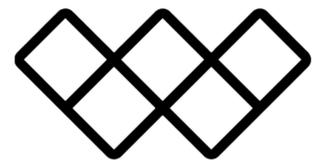
Isla in 3 words

Simple
Multifaceted
Productive

> Nurses or healthcare assistants can autonomously look at a wound image, add that into the patient record, send it to the appropriate clinician to be able to review and provide advice. That's time saving for our teams and enhances our documentation.
>
> It improves the patient experience as well, because we have a level of assurance through the data, that they are receiving the best care.

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Natalie Nunes

Isla in 3 words

Automated
Beautiful
Slick

Meet Natalie

Dr. Natalie Nunes is a **Consultant Obstetrician and Gynaecologist** at Chelsea and Westminster, where she leads the Early Pregnancy Unit and the Digital Maternity Transformation team.

With over 11 years at the Trust and a background in advanced ultrasound scanning, she is a strong advocate for using digital innovation to help the NHS "work smarter."

Outside of her clinical leadership, Natalie is a dedicated scuba diver who enjoys exploring remote underwater locations like Socorro, Mexico.

Favourite things about Isla:

Clinical accuracy: Patients can double-check surgery dates and details at home rather than guessing under pressure in a waiting room.

Visual aesthetics: Unlike DOS (Disk Operating System) medical software, the data is clear and the PDF layouts are "very neat."

Remote expertise: Features like the photo/video upload allow specialists to review cases (like lumps or bumps) remotely, preventing patients from undergoing repeated physical exams.

Trend tracking: The "trend button" allows for instant comparison of current scores against previous ones to visualise the patient's recovery journey.

Multi-site utility: Seamlessly links different hospital sites (Chelsea and West Middlesex), allowing for consistent care regardless of the consultant's physical location.

> I love that Chelsea and Westminster are very open to digital development because the NHS will always be struggling with staffing.
>
> Everything costs more money. So everybody's working harder, but we also need to work smarter. And I think this digital product, Isla, is a smart product and it helps us work smarter alongside working harder.

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Siona King

Meet Siona

Siona a **Senior Nurse** in the Adult Burns Outpatient Department at Chelsea and Westminster, where she has been a specialist for over three years.

A graduate of King's College London, she built her clinical foundation in general medicine, surgery, and intensive care during the COVID-19 pandemic.

Driven by a long-standing passion for tissue viability, she now supports with the running of the outpatient department, balancing precise clinical wound care with her love for patient interaction. She is a digital champion who spearheaded a project using automation to reduce patient pain scores, helping her department "work smarter" while delivering regional specialist care.
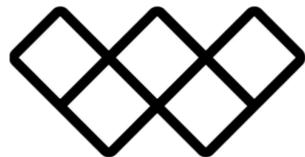
Isla in 3 words

User-friendly
Convenient
Helpful

Favourite things about Isla:

Surgical precision: Allows surgeons to review progress photos of grafts and deep burns in weekly meetings without needing the patient to be physically present every time.

MDT collaboration: Images can be shared instantly during multidisciplinary meetings, ensuring all consultants have high-quality visual data.

Staff confidence: The platform is so intuitive that even those who might be less tech-savvy find it comfortable and easy to use on a daily basis.

> We're a regional unit, we're not people's local hospital. People live miles away and they don't have the time or the money to come all the way here, week after week, but they still want the specialised Burns care. We can do that and review them remotely, and they feel really good about having still specialised burns care, but not having to travel for hours and hours twice a week.

Scaling from pilot to multi-specialty adoption

By moving to a digital-first strategy, Chelsea and Westminster has tackled its backlog and created a more efficient, accessible, and supportive healthcare system. The success of the elective surgery pathway is a catalyst for further innovation. The Trust is now scaling these principles across multiple specialties to ensure care works better for everyone.

The Trust is applying these digital pathways to other specialties, such as Dermatology, Burns, and Pain Management. Isla pathways are now active in 25 of the Trust's specialties.

The Trust is already seeing results:

- **Dermatology**: **15% decrease in follow-up** appointments in the acne pathway.
- **Burns: £85k annual saving** by avoiding 40 face-to-face follow-ups per month.
- **Maternity (C-Section Wounds): 70% reduction in readmissions** for wound infections because mothers can share photos from home.
- **Fracture Liaison Service: 40% reduction in time-to-triage,** directly hitting RTT targets.

What's next? AI integration: Partnering with **MetaOptima** to explore AI-ready databases for faster skin cancer diagnoses.

> "
>
> Our work with Isla is a great example of how we are working with digital health partners to benefit our patients. The Isla team fully understands the realities and needs of image management in clinical practice and how this can transform virtual practice, reducing hospital visits for patients. We look forward to our ongoing collaboration as we roll-out the technology more broadly across North West London, and hopefully throughout the NHS in the future.
>
> **Dr Claire Fuller,**
> **Consultant Dermatologist**

Live specialties at the Trust

- Anaesthetics
- Bariatrics
- Burns
- Colorectal Surgery
- Dermatology
- Diabetes
- Endocrinology
- Gender Affirmation
- Genitourinary Medicine
- Gynaecology
- Obstetrics
- Occupational Therapy
- Ophthalmology
- Paediatric Neurology
- Paediatric Surgery
- Pain Management
- Physiotherapy
- Plastics
- Podiatry
- Prostate-Specific Antigen (PSA)
- Rheumatology
- Sexual Health
- Tissue Viability
- T&O
- Vulval Clinic

How to transform your clinical capacity

Chelsea and Westminster Hospital NHS Foundation Trust's approach to optimising theatre capacity and clinician time shows how it's possible to overcome operational challenges, while saving the Trust money and protecting patient care.

Every organisation is unique, but the principles of Chelsea and Westminster's success can be tailored to suit your needs, so we can support you in transforming your clinical pathways.

Isla is committed to helping NHS Trusts replicate the success achieved at Chelsea and Westminster.

The 25 specialties we currently support the Trust with, are a sample of the 44+ we have already implemented across the NHS, and that list is constantly growing.

> I have worked with the Trust for around 4 years now, and I am amazed by how the organisation are so driven by innovation.
>
> They are full of new ideas and ways of working and often challenge us to build new features for the platform to help streamline their care pathways.

Zawadi Shongwe
Senior Technical Programme Manager

Case study:
Chelsea and Westminster Hospital NHS Foundation Trust

Our impact guarantee

We know investing in a new product or process is a big decision. We're so confident that you'll see a return on your investment in the first 12 months, that if you don't, we'll pause billing until you do.

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How you can meet 2025/26 national priorities and save money like Chelsea and Westminster

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Exploring how to optimise your clinical pathways

The Trust needed to address the growing demand for elective surgeries and increase theatre capacity.

They required a way to simplify patient pathways and monitor recovery that that fits into their existing infrastructure. With **Isla's Digital Pathway Platform (DPP)**, the Trust implemented **remote pre-surgical pathways.** This allowed pre-operative assessments (POA) to happen earlier, and **reduced unnecessary hospital visits.** Isla's complete, real-time data fed into the Trust's Federated Data Platform (FDP) and aligned with the Getting It Right First Time (GIRFT) initiative, by providing the granular data needed to track theatre readiness.

As patients are added to the waiting list, they receive a **digital health questionnaire (DHQ)** via text message. This covers surgery needs, health status, and availability at short notice. Isla automatically tags responses and generates work lists for easy clinical review, helping them to identify which patients required in-person appointments.

Patients are **booked for surgery using an automated system** based on their questionnaire responses, and many are informed that they don't require a face-to-face POA. Clinical teams send automated text messages to patients to validate whether a patient needs to be kept on a waiting list or whether they are fit to be listed directly for their procedure.

1 **Automated waiting list validation**

The first step was to "clean" the data. Using Isla, the Trust implemented an automated text messaging system to validate waiting lists. This allowed the Trust to focus its resources on patients with active needs while safely removing those who no longer required surgery.

2 **Digital health questionnaires**

Once a patient was confirmed for the waiting list, the digital journey began. Patients were sent a comprehensive Digital Health Questionnaire (DHQ) via a secure link. There were no downloads or logins for patients, just secure links via SMS or email APIs. The questionnaire covered surgical needs, current comorbidities, and general health status. Crucially, the DHQ asked patients if they were available for surgery at short notice (within 24 to 48 hours).

3 **Smart triage and clinical worklists**

Isla's Digital Pathway Platform didn't just collect data; the platform organised it. The system automatically tagged patient responses based on their health risk.

Green-light patients

Healthy patients without complexities were identified as suitable for direct listing, meaning they could bypass the face-to-face POA and go straight to surgery.

Complex cases

Patients with comorbidities were flagged for immediate clinical review, ensuring they received the in-person attention they required much earlier in the process.

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Building a Trust that achieves national priorities

Setting the standard for elective recovery

The transformation at Chelsea and Westminster Hospital NHS Foundation Trust shows how the 2025/26 national priorities shift from analogue to digital can work in practice. By replacing manual triage with a proactive, remote-first pathway, the Trust has addressed the elective backlog and built a sustainable model for the future and have turned pressure into success.

17,000+ patients safely removed from the waiting list.

8% increase in theatre utilisation.

57% reduction in on-the-day cancellations.

The national targets to make 70% of elective appointments digitally accessible and 30% of outpatient activity remote can seem like a daunting challenge. Chelsea and Westminster's 86% patient response rate and an average of 10 miles saved per patient, proves that digital-first care is achievable, while benefiting both the Trust and the patient. Their partnership with Isla provides a clear path for any NHS organisation looking to meet the 18-week elective standard and deliver excellence in the NHS landscape.

> If we start using Isla more, we will have empty Wednesdays. This will be a change to the way we work!
>
> **Burns Matron**

> Isla really surprised me as they got in touch with me within 24 hours after my appointment and the referral. Really fantastic service so have to highly commend them. They are thorough and precise but simplified too.
>
> **Patient**
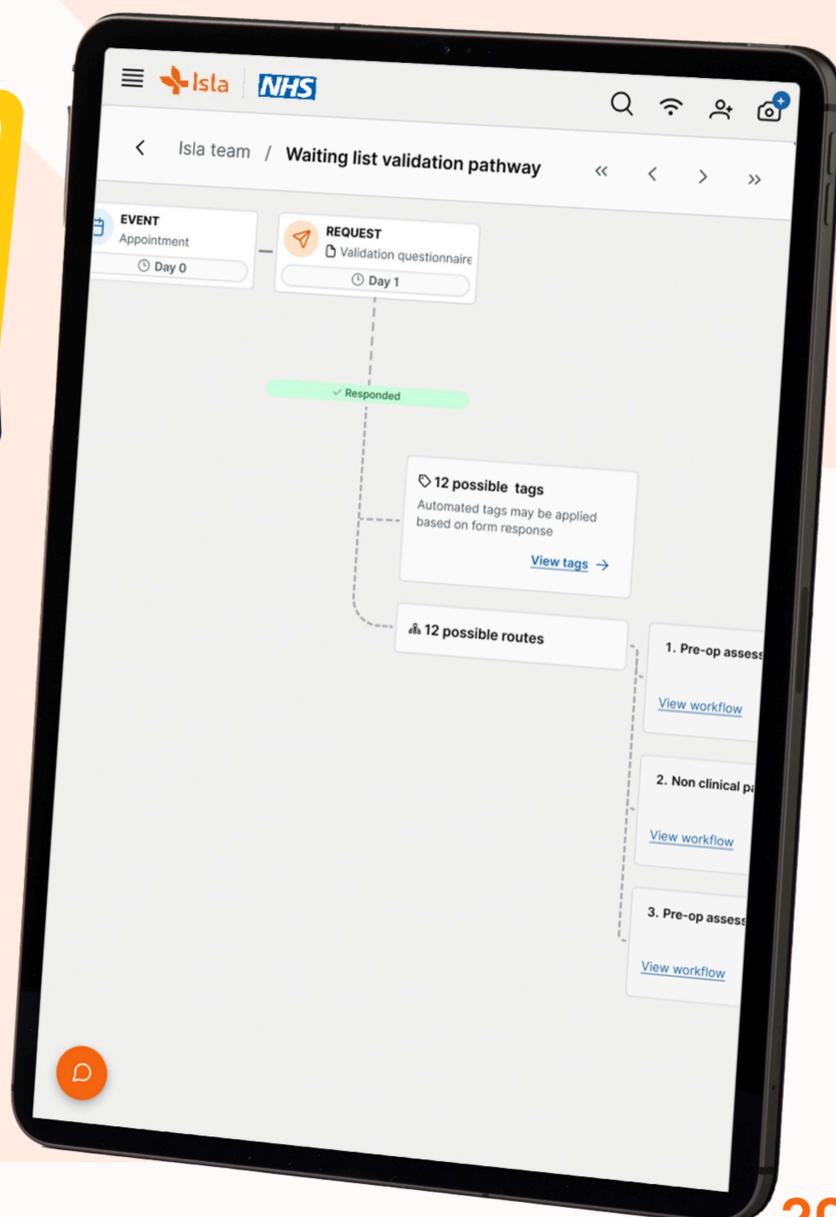
Get started with these steps

1 **Assess your current pathway**

Map out your existing clinical pathways, identifying bottlenecks, challenges, and areas for improvement. Engage clinicians, administrative teams, and patients to understand their experiences and needs.

Define your goals

Decide what you want to achieve. This could include reducing face-to-face appointments, increasing surgical theatre utilisation, improving patient access, or building a database for AI development. **2**

3 **Engage stakeholders**

Secure buy-in from your team and key decision-makers by sharing the potential benefits of adopting a digital pathway solution. Highlight success stories like Chelsea and Westminster, covered in this document to show the impact.

Collaborate with the right digital partner

Explore solutions with our team tailored to your Trust's specific needs. Isla's Digital Pathway Platform can help you build effective pathways, with intuitive, scalable integrations like remote pre-operative assessment (POA) and wound monitoring. **4**

5 **Develop your implementation plan**

Identify the roles and training required for staff, such as nursing teams to capture wound or burns images.
- Pilot the new pathway in a specific area to test the approach and gather feedback.
- Refine processes and ensure a seamless rollout.

Train and empower your team

Provide training and resources for staff to build confidence and ensure high-quality implementation. Isla offers tailored training programmes, including online modules and hands-on sessions. **6**

7 **Track outcomes and share results**

Collect data on patient flow, appointment reductions, and care quality. Share these results internally and externally to demonstrate impact and build support for scaling up.

Expand and innovate

Once your initial pathway is running successfully, consider scaling to other services, such as Gynaecology. Isla's platform is built to grow with you, supporting further transformation. **8**

Isla

40+ Trusts and counting

Chelsea and Westminster is one of the **41 Trusts** that Isla currently proudly supports.

We are helping each of them be more efficient, protect their staff's time, repurpose their finances to areas that need it and work towards national priorities, while providing patients with the best possible care.

| Community | Acute | Private/ International |

North West

NHS Alder Hey Children's NHS Foundation Trust

NHS Mid Cheshire Hospitals NHS Foundation Trust

NHS Liverpool Heart and Chest Hospital NHS Foundation Trust

NHS Wirral Community Health and Care NHS Foundation Trust

Republic of Ireland

The Coombe Hospital

THE ROTUNDA HOSPITAL GROUP

West Midlands

NHS Birmingham Community Healthcare NHS Foundation Trust

ST. MICHAEL'S DERMATOLOGY CLINIC - SHREWSBURY Part of The Dermatology Partnership

NHS Sandwell and West Birmingham NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

South West

NHS Royal Cornwall Hospitals NHS Trust

Sirona care health

London

BSGE

NHS Croydon Health Services NHS Trust

NHS Central London Community Healthcare NHS Trust

DMC

NHS Imperial College Healthcare NHS Trust

NHS Chelsea and Westminster Hospital NHS Foundation Trust

Evelina London

NHS Homerton Healthcare NHS Foundation Trust

NHS Royal Brompton & Harefield NHS Foundation Trust

CITY AND HACKNEY INTEGRATED PRIMARY CARE

NHS Guy's and St Thomas' NHS Foundation Trust

NHS London North West University Healthcare NHS Trust

NHS Whittington Health NHS Trust

North East & Cumbria

NHS South Tyneside and Sunderland NHS Foundation Trust

The Caribbean

ERHA

Yorkshire and Humber

NHS Harrogate and District NHS Foundation Trust

NHS Humber Health Partnership

East Midlands

NHS Kettering General Hospital NHS Foundation Trust

NHS Nottingham University Hospitals NHS Trust

NHS Leicestershire Partnership NHS Trust

NHS Nottinghamshire Healthcare NHS Foundation Trust

NHS Lincolnshire Community Health Services NHS Trust

NHS University Hospitals of Derby and Burton NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

NHS University Hospitals of Leicester NHS Foundation Trust

NHS Northamptonshire Healthcare NHS Foundation Trust

South East

NHS Buckinghamshire Healthcare NHS Trust

NHS University Hospitals Sussex NHS Foundation Trust

NHS Medway NHS Foundation Trust

Considering becoming one of our partner Trusts?

Get in touch with us via the contact page on our website and one of our team will be in touch to explore how Isla can support your Trust.

Isla

References and additional resources

1   NHS backlog data analysis, British Medical Association, February 2026

2   About the GIRFT programme, NHS England, May 2021

3   The National Cancer Plan for England: Delivering world class cancer care, Department of Health & Social Care, February 2026

4   2025/26 priorities and operational planning guidance, NHS England, January 2025

5   GIRFT SSI National Survey, NHS England, April 2019

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